The Gambia

Demographic and Health Survey

2013

Republic of The Gambia

REPUBLIC OF THE GAMBIA

The Gambia Demographic and Health Survey 2013

Gambia Bureau of Statistics
Banjul, The Gambia

ICF International
Rockville, Maryland USA

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This report summarizes the findings of the 2013 Gambia Demographic and Health Survey (GDHS) carried out by The Gambia Bureau of Statistics (GBOS). The survey was funded by the government of The Gambia, the US Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the Global Fund. ICF International provided technical assistance through its MEASURE DHS program, which is designed to collect data on fertility, family planning, maternal and child health, maternal mortality, and domestic violence.

Additional information about The Gambia DHS survey may be obtained from The Gambia Bureau of Statistics, Kanifing Institutional Layout, PO Box 3504, Serrekunda, The Gambia; Telephone: (220) 437-7847; Fax: (220) 437-7848/437-7917.

Information about the DHS Program may be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850-5971, USA; Telephone: +1-301-407-6500; Fax: +1-301-407-6501; Email: reports@DHSprogram.com; Internet: www.DHSprogram.com.

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FOREWORD

The 2013 Gambia Demographic and Health Survey (GDHS) was conducted by the Gambia Bureau of Statistics (GBoS) in collaboration with the Ministry of Health and Social Welfare and the National Population Secretariat Commission. The National Public Health Laboratory Services was responsible for HIV testing of dried blood samples. This is the first Demographic and Health Survey (DHS) conducted in The Gambia under the worldwide DHS programme, a project funded by the United States Agency for International Development (USAID) that provides support and technical assistance in the implementation of population and health surveys in countries worldwide.

The main objective of the survey was to provide comprehensive data on fertility and mortality, family planning, maternal and child health and nutrition, as well as information on maternal mortality and domestic violence. The survey also provides household-based data on the prevalence of malaria and HIV, two of the most life-threatening infectious diseases in sub-Saharan Africa. The survey was intentionally planned to be fielded at the beginning of the last term of the Millennium Development Goals (MDGs) reporting period so that it would provide information on progress towards the attainment of set MDG targets in The Gambia. Furthermore, the 2013 GDHS, in conjunction with statistical information obtained from the Integrated Household Survey (2010), provides critical information for monitoring and evaluating targets set in the Programme for Accelerated Growth and Employment as well as various sector development policies and programmes.

The survey covers a nationally representative sample and was designed to produce estimates of the major survey variables at the national, urban and rural areas, and Local Government Area levels (Banjul municipality, Kanifing municipality, Brikama, Mansakonko, Kerewan, Kuntaur, Janjanbureh, and Basse). A total of 6,217 households were contacted during the survey. In these households, 10,233 women age 15-49 and 3,821 men age 15-59 were interviewed.

Major stakeholders from various government, nongovernmental, and United Nations (UN) agencies were involved in contributing technically and financially towards the success of the survey. The GBoS management and staff appreciate the individual and institutional contributions in various ways to the successful completion of the 2013 GDHS. The Bureau is grateful for the commitment of the Government of The Gambia towards the success of the survey. On behalf of the Government, I wish to express sincere appreciation for all the support received from USAID, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Health Organization (WHO), the Global Fund (through the Malaria, HIV/AIDS, and TB grants and ActionAid Gambia); and the Joint United Nations Programme on HIV/AIDS (UNAIDS). In addition, the Bureau wishes to express its gratitude to ICF International, which provided technical assistance through the worldwide DHS programme.

On behalf of the Bureau I wish to extend special thanks to the Office of The Vice President for the overall coordination of the implementation process; the Ministry of Finance and Economic Affairs for ensuring that government commitments in terms of financial contributions were fulfilled; and the Ministry of Health and Social Welfare for coordination and undertaking of voluntary counselling and testing activities. We are also appreciative of the invaluable contribution of all to the institutions represented in the 2013 GDHS Steering Committee and Technical Advisory Committee (Office of the Vice President, the Ministry of Finance and Economic Affairs, the Ministry of Health and Social Welfare, the Ministry of Agriculture, the Ministry of Information and Communication Technology, the Ministry of Basic and Secondary Education, the National Nutrition Agency, the National Malaria Control Programme, the National AIDS Secretariat, the National Leprosy and Tuberculosis Programme, the Women's Bureau, the National Population Commission Secretariat, the Association of Non-Governmental Organisations, the Department

of Social Welfare, UNICEF, UNDP, WHO, UNAIDS, UNFPA, and USAID) towards the success of GDHS. Special thanks also go to the National Public Health Laboratory Services, which handled the complicated task of testing the dry blood samples collected in the field and worked with a consultant to determine survey respondents' HIV status.

We also wish to acknowledge the tireless efforts of all Bureau staff who were in the field or the office that made this survey a success. The contribution of every staff member of the Bureau was critical to the successful completion of this survey.

Nyakassi M.B. Sanyang
Statistician General
Gambia Bureau of Statistics

MILLENNIUM DEVELOPMENT GOAL INDICATORS

Millennium Development Goal Indicators

Gambia 2013

Indicator		Sex		
		Female	Male	Total
1. Eradicate extreme poverty and hunger				
1.8	Prevalence of underweight children under age 5	14.9	17.5	16.2
2. Achieve universal primary education				
2.1	Net attendance ratio in primary education[1]	61.0	60.8	60.9
2.3	Literacy rate of 15-24 year-olds[2]	62.7	76.7[a]	69.7[b]
3. Promote gender equality and empower women				
3.1	Ratio of girls to boys in primary, secondary, and tertiary education			
3.1a	Ratio of girls to boys in primary education[3]	na	na	1.0
3.1b	Ratio of girls to boys in secondary education[3]	na	na	0.9
3.1c	Ratio of girls to boys in tertiary education[3]	na	na	1.0
4. Reduce child mortality				
4.1	Under-5 mortality rate[4]	59	65	54
4.2	Infant mortality rate[4]	38	42	34
4.3	Proportion of 1-year-old children immunized against measles	88.1	87.6	87.8
5. Improve maternal health				
5.1	Maternal mortality ratio[5]	na	na	433
5.2	Percentage of births attended by skilled health personnel[6]	na	na	57.2
5.3	Contraceptive prevalence rate[7]	9.0	na	na
5.4	Adolescent birth rate[8]	88.1	na	na
5.5	Antenatal care coverage			
5.5a	Antenatal care coverage: at least one visit[9]	98.9	na	na
5.5b	Antenatal care coverage: four or more visits[10]	77.6	na	na
5.6	Unmet need for family planning	24.9	na	na
6. Combat HIV/AIDS, malaria, and other diseases				
6.1	HIV prevalence among the population age 15-24	0.4	0.2	0.3
6.2	Condom use at last high-risk sex[11]	26.7	59.8	43.3
6.3	Percentage of the population age 15-24 with comprehensive correct knowledge of HIV/AIDS[12]	25.8	32.3[a]	29.1[b]
6.4	Ratio of school attendance of orphans to school attendance of non-orphans age 10-14	0.92	0.88	0.90
6.7	Percentage of children under 5 sleeping under insecticide-treated bed nets	46.6	47.3	47.0
6.8	Percentage of children under 5 with fever who are treated with appropriate antimalarial drugs[13]	5.9	7.4	6.7
		Urban	Rural	Total
7. Ensure environmental sustainability				
7.8	Percentage of population using an improved drinking water source[14]	94.3	84.8	89.6
7.9	Percentage of population with access to improved sanitation[15]	50.4	29.0	39.8

na = Not applicable

[1] The ratio is based on reported attendance, not enrolment, in primary education among primary school age children (age 7-12). The rate also includes children of primary school age enrolled in secondary education. This is a proxy for MDG indicator 2.1, Net enrolment ratio.

[2] Refers to respondents who attended secondary school or higher or who could read a whole sentence or part of a sentence

[3] Based on reported net attendance, not gross enrolment, among 7-12 year-olds for primary, 13-17 year-olds for secondary, and 18-22 year-olds for tertiary education

[4] Expressed in terms of deaths per 1,000 live births. Mortality by sex refers to a 10-year reference period preceding the survey. Mortality rates for males and females combined refer to the 5-year period preceding the survey.

[5] Expressed in terms of maternal deaths per 100,000 live births in the 7-year period preceding the survey

[6] Among births in the five years preceding the survey

[7] Percentage of currently married women age 15-49 using any method of contraception

[8] Equivalent to the age-specific fertility rate for women age 15-19 for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19

[9] With a skilled provider

[10] With any health care provider

[11] High-risk sex refers to sexual intercourse with a nonmarital, noncohabitating partner. Expressed as a percentage of men and women age 15-24 who had high-risk sex in the past 12 months.

[12] Comprehensive knowledge means knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission or prevention of HIV.

[13] Measured as the percentage of children age 0-59 months who were ill with a fever in the two weeks preceding the interview and received any antimalarial drug

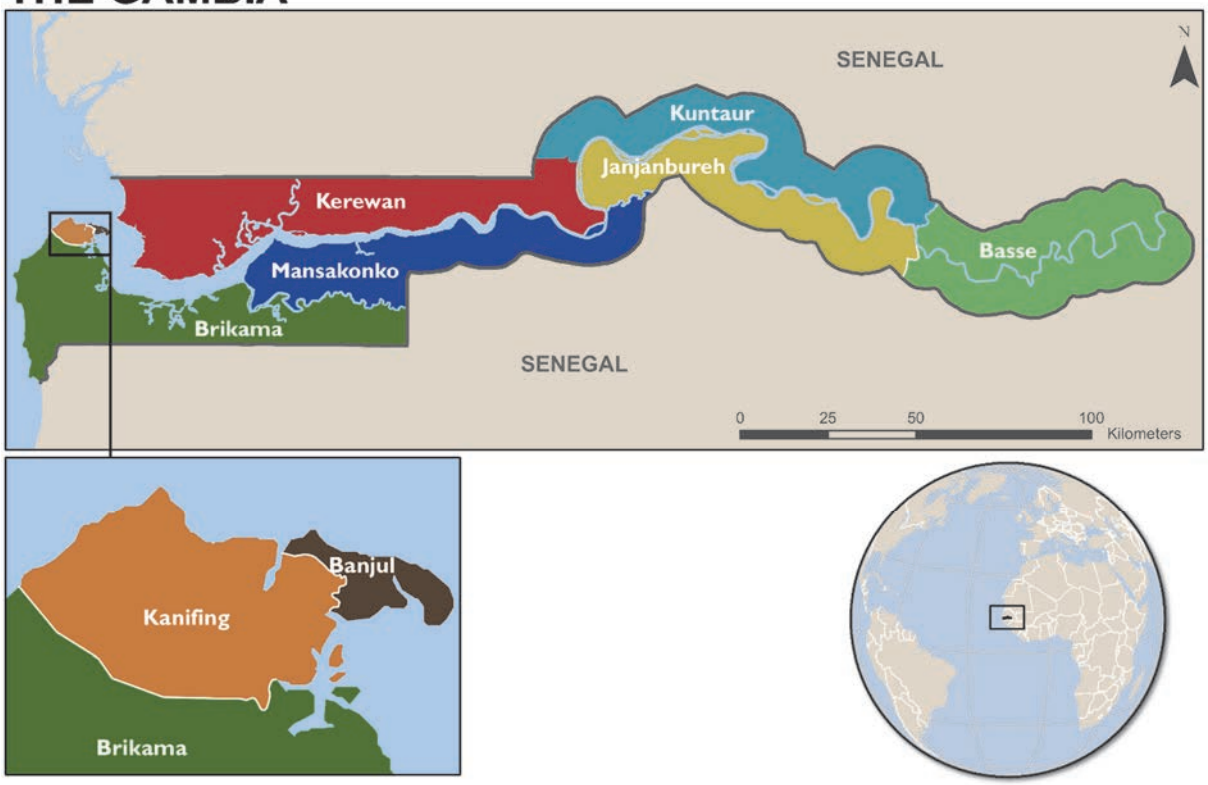
[14] Percentage of de jure population whose main source of drinking water is a household connection (piped), public tap or standpipe, tubewell or borehole, protected dug well, or bottled water.

[15] Percentage of de jure population whose household has a flush toilet, ventilated improved pit latrine, pit latrine with a slab, or composting toilet and does not share this facility with other households

[a] Restricted to men in sub-sample of households selected for the male interview

[b] The total is calculated as the simple arithmetic mean of the percentages in the columns for male and females.

THE GAMBIA


N
SENEGAL
Kuntaur
Janjanbureh
Kerewan
Mansakonko
Brikama
Basse
SENEGAL
0
25
50
100
Kilometers
Banjul
Kanifing
Brikama

INTRODUCTION 1

Key Findings

- The 2013 Gambia Demographic and Health Survey (GDHS) is a nationally representative survey of 10,233 women age 15-49 and 3,821 men age 15-59.
- The 2013 GDHS is the first comprehensive survey conducted in The Gambia as part of the worldwide Demographic and Health Surveys program.
- The primary purpose of the GDHS is to furnish policymakers and planners with detailed information on fertility; family planning; infant, child, adult, and maternal mortality; maternal and child health; nutrition; and knowledge of HIV/AIDS and other sexually transmitted infections.
- A subsample of one in every two households was selected for the male survey and for collection of blood samples for HIV, anaemia, and malaria testing.

1.1 HISTORY, GEOGRAPHY, AND ECONOMY

1.1.1 History

After over two centuries of colonial rule under the British, The Gambia became self-governing in 1963 and gained full independence and dominion status on February 18, 1965. The country became a sovereign republic in 1970. Maintenance of multiparty democracy, adherence to the rule of law, and preservation of fundamental human rights are integral parts of the country's political framework.

In July 1994, the country came under military rule following a coup d'état. After a two-year transition period, presidential elections were held in September 1996, and the democratic civilian rule was restored. Since then, presidential and parliamentary elections have been held every five years. The president nominates five non-voting members to the National Assembly. Council members are selected through local government elections held every four years.

The country is divided into seven administrative areas (two municipalities and five regions): Banjul municipality (the seat of the government), Kanifing municipality, and the West Coast, Lower River, North Bank, Central River, and Upper River regions. The municipalities are headed by mayors and the regions by governors. The regions are administered by chiefs. Councils in the provincial regions are headed by elected chairpersons. Districts and municipalities are divided into wards headed by elected councillors. For the purposes of surveys and censuses, the country is divided into eight Local Government Areas (LGAs): Banjul, Kanifing, Brikama, Mansakonko, Kerewan, Kuntaur, Janjabureh, and Basse.

1.1.2 Geography

The Gambia is located midway on the bulge of the West Africa coast and stretches over 400 kilometres inland from west to east on either side of the River Gambia, varying in width from about 50 km near the mouth of the river to about 24 km upstream. The country is bound to the north, south, and east by the Republic of Senegal and to the west by the Atlantic Ocean. The River Gambia, which runs the entire length of the country from the Futa Jallon highlands in the Republic of Guinea to the Atlantic Ocean, divides the country's land area of 10,689 square kilometres almost equally into two halves: the South Bank and the North Bank (Gambia Bureau of Statistics [GBoS], 2007).

The Gambian climate is typically Sahelian, with a long dry season from November to May and a short rainy season between June and October. The estuary basin of the River Gambia is virtually a tidal inlet with salt water intrusion ranging from 180 km upstream in the rainy season to 250 km in the dry season. Irrigable land areas are limited, and therefore agriculture, which is the backbone of the Gambian economy, is mostly rain fed. As a result, agricultural activities are subject to wide seasonal fluctuations and production levels are vulnerable to variations in rainfall.

1.1.3 Economy

The Gambia has a market-based economy characterised by traditional subsistence agriculture and a significant tourism industry. The World Bank estimates the 2012 gross domestic product (GDP) in The Gambia at $944 million (current prices) and $707 million (constant prices). The services sector continues to be the leading contributor to the GDP. Agriculture accounted for roughly 22 percent of the GDP in 2012 and 2013, and this sector employs about 70 percent of the labour force.[1]

The Gambian economy continues to recover from the drought experienced in 2011, which caused a decrease in GDP of 4.3 percent. This was due to a fall in crop production of about 40 percent (Ministry of Agriculture, 2013). Preliminary figures show a rebound in GDP growth of 6.1 percent in 2012 as a result of recovery in crop production and strong growth in tourism, wholesale and retail, and construction activities. The increase in crop production is largely attributed to the significant investments made in the agricultural sector by the government and its development partners to mitigate the effects of the drought.

1.2 POPULATION

The 2003 population and housing census estimated the population of The Gambia at 1.4 million (GBoS, 2007). The 2013 census estimated it at 1.9 million, an annual growth rate of 3.3 percent (GBoS, 2013). According to the 2003 census, 50 percent of the country's residents live in rural areas, and women constitute 51 percent of the total population. The total fertility rate is 5.4 births per woman. This high fertility level has resulted in a very youthful population structure. Forty-two percent of the country's residents are below age 15, and about 22 percent are between age 15 and age 24. Average life expectancy at birth is 63.4 years (62.5 years for males and 65 years for females) (GBoS, 2007). Life expectancy increased between the 1993 and 2003 censuses (GBoS, 1994; GBoS, 2007). Table 1.1 provides a summary of the basic demographic indicators for The Gambia from the 1993, 2003, and 2013 censuses.

Table 1.1 Basic demographic indicators

Indicator	1993 census[1]	2003 census[2]	2013 census[3]
Population (millions)	1.0	1.4	1.9
Growth rate (percentage)	4.2	2.7	3.1
Density (population/km^2)	97	127	173.7
Percentage urban	37.1	50	na
Life expectancy (years)			
Male	58.3	62.5	na
Female	60.0	65.0	na

na = Not available
[1] GBoS, 1994
[2] GBoS, 2007
[3] GBoS, 2013

1.3 POPULATION AND HEALTH POLICIES

1.3.1 National Population Policy

The overall goal of the 2007-2015 National Population Policy is to improve quality of life in The Gambia by raising the standard of living (National Population Commission Secretariat, 2010). The

[1] Source: L. Fox, C. Haines, J.H. Munoz, and A. Thomas. 2013. *Africa's Got Work to Do: Employment Prospect in the New Century*. IMF Working Paper.

National Population Policy responds to the priorities reflected in Vision 2020 and the Programme for Accelerated Growth and Employment (PAGE). It seeks to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress toward Millennium Development Goal (MDG) 5 and the International Conference on Population and Development agenda. The National Population Policy is implemented through the collaborative participation of national, regional, and district entities.

1.3.2 National Health Policy

The main philosophy of the National Health Policy 2012-2020 is that "a healthy population is a wealthy population." This philosophy is based on the belief that a healthy population can contribute to improved productivity, increased GDP, and sustained economic growth (MoH&SW, 2011). The National Health Policy seeks to make quality health care accessible for the country's population by providing services within an enabling environment and ensuring that care at all levels is delivered by adequately trained, skilled, and motivated personnel. Thus, services will be accessible at the point of demand, especially for women, children, and marginalised and underserved individuals, irrespective of political, ethnic, or religious affiliations; in addition, gender-sensitive issues, including equal involvement of women in decision making, will be addressed in care delivery.

The National Health Policy is expected to reform the health system by addressing both the major traditional health problems and new challenges, as well as the double burden of communicable and noncommunicable diseases and the HIV and AIDS pandemic. Its primary objective is "to reduce morbidity and mortality in The Gambia in order to contribute significantly to the improvement of quality of life of the population." This reform is in line with local government decentralisation and planning based on the 2002 Local Government Act, Vision 2020, and PAGE.

Thus, implementation of the National Health Policy is expected to result in reductions in morbidity and mortality related to major diseases, to promote healthy lifestyles, and to reduce health risks and exposures associated with negative environmental consequences. Morbidity and mortality rates due to both communicable and noncommunicable diseases are high in The Gambia, especially among infants, children, and women. Some of the diseases and conditions of concern include malaria, pneumonia, anaemia, diarrhoeal diseases, pregnancy complications, cardiovascular diseases, tuberculosis, and HIV and AIDS. Other important factors that contribute to high morbidity among the country's population include poverty, unhealthy environments, unsafe working conditions, poor sanitation, poor nutrition, road traffic accidents, lack of or poor access to safe water, and poor housing conditions.

The National Health Policy provides an institutional and legal framework for implementation of the various measures it entails. Furthermore, it identifies relevant stakeholders that can contribute to health service delivery and mobilises sector-wide resources for health development. The policy provides an impetus and a new direction for health sector development that will serve as the basis for driving the health sector in the next few years.

1.4 OBJECTIVES OF THE 2013 GAMBIA DEMOGRAPHIC AND HEALTH SURVEY

The 2013 Gambia Demographic and Health Survey (GDHS) is the first survey conducted in The Gambia under the auspices of the worldwide Demographic and Health Surveys (DHS) programme. The primary objective of the 2013 GDHS is to provide current data on fertility and family planning behaviour, child mortality, adult and maternal mortality, children's nutritional status, use of maternal and child health services, knowledge of HIV/AIDS, and the prevalence of HIV/AIDS and anaemia. The specific objectives are to:

- Collect data at the national level that will allow calculation of key demographic trends
- Analyse the direct and indirect factors that determine fertility levels and trends

- Measure women's and men's contraceptive knowledge and practices
- Collect high-quality data on family health, including immunisation coverage among children, prevalence and treatment of diarrhoea and other diseases among children under age 5, and maternity care indicators such as antenatal visits and assistance at delivery
- Collect data on infant and child mortality and maternal mortality
- Obtain data on child feeding practices, including breastfeeding, and administer anthropometric measurements to assess the nutritional status of women and children
- Estimate the prevalence of malaria among children
- Collect data on women's and men's knowledge of and attitudes toward sexually transmitted diseases and HIV/AIDS and evaluate condom use patterns
- Conduct haemoglobin testing among women age 15-49 and children age 6-59 months to provide information on the prevalence of anaemia in these groups
- Carry out anonymous HIV testing among women and men of reproductive age to provide information on the prevalence of HIV

The medium- and long-term objectives of the survey include strengthening the technical capacity of the Gambia Bureau of Statistics and other partners in the National Statistical System to plan, conduct, and process and analyse data from complex national population and health surveys.

The 2013 GDHS provides national and regional estimates on population and health that are comparable to information collected in similar surveys in other developing countries and to data that will be gathered in future DHS surveys in The Gambia. Data collected in the 2013 GDHS add to the large and growing international database of demographic and health indicators.

1.5 ORGANISATION OF THE SURVEY

The 2013 GDHS was conducted at the request of the Gambian government, the Ministry of Health and Social Welfare (MoH&SW), the Gambia Bureau of Statistics, the National Population Secretariat Office of the Vice President, key stakeholders, and donors and partners. All parties played an important role in the planning of the survey and in the analysis of the results.

The GBoS and the MoH&SW served as the implementing agencies for the GDHS. The Gambia Bureau of Statistics was responsible for operational matters, including planning and conducting fieldwork, data entry and processing, and report writing. More specifically, the GBoS was in charge of recruitment and training of the field, data entry, and data processing personnel; of transportation during fieldwork; and of supervision of survey activities. The MoH&SW provided the laboratory staff for HIV testing and malaria microscopy, as well as health technicians for the field teams.

The 2013 GDHS was funded by the government of The Gambia, the U.S. Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the Global Fund. ICF International provided technical assistance through the worldwide Demographic and Health Surveys programme.

1.6 SAMPLE DESIGN

The Gambia is divided into eight Local Government Areas. In turn, each LGA is subdivided into districts and each district (with the exception of Banjul) into settlements. An enumeration area (EA) is a

geographic section delineated so that a team of enumerators can easily cover it during a census. In the case of The Gambia, an EA can be a settlement, a cluster of small settlements, or part of a large settlement.

The 2013 GDHS sample was designed to produce reliable estimates of the most important variables for the country as a whole, for urban and rural areas, and for each of the municipalities and LGAs. The sampling frame used for the 2013 GDHS was the latest population and housing census, conducted in 2003 (census data were provided by the Gambia Bureau of Statistics). The frame excluded individuals living in collective housing units such as hotels, hospitals, work camps, prisons, and boarding schools.

The 2013 GDHS sample was a stratified sample selected in two stages. Stratification was done by dividing each LGA into urban and rural areas (except Banjul and Kanifing, which are entirely urban settlements), achieving a total of 14 sampling strata. In the first stage, 281 EAs were selected with probability proportional to size and with independent selection in each sampling stratum. These EAs constituted the primary sampling units (PSUs).

After selection of the EAs and before the main fieldwork, a household listing operation was carried out in all of the selected EAs. The listing operation consisted of visiting each of the 281 selected EAs, drawing a location map and detailed sketch map, and recording on the household listing forms all structures found in the EA, as well as all residential households within these structures (including the address and name of the household head). The resulting list of households served as the sampling frame for the selection of households in the second stage of sampling. In the second stage, 25 households per EA were selected via equal probability systematic selection. All women age 15-49 who were usual household members or who spent the night before the survey in the selected households were eligible for individual interviews. A subsample of one in every two sampled households was selected for the male survey (all men age 15-59 who were usual household members or who spent the night before the survey in the household were eligible for individual interviews) as well as for collection of blood samples for HIV, anaemia, and malaria testing.

1.7. QUESTIONNAIRES

Three questionnaires were used in the 2013 GDHS: the Household Questionnaire, the Woman's Questionnaire, and the Man's Questionnaire. These questionnaires were based on the models developed by the DHS programme and were adapted to reflect The Gambia's specific needs, based on discussions between ICF International and a technical working group that included staff from various governmental institutions, nongovernmental organisations, donors, and development partners.

The Household Questionnaire was used to list all usual household members as well as non-members who spent the night preceding the interview in the selected households. Information was obtained on relationship to the head of the household and the age, sex, and educational attainment of each individual age 3 or older listed in the household. In addition, several questions were included to determine the physical characteristics of the dwelling, such as source of water, presence of sanitation facilities, and availability of durable goods.

The Household Questionnaire was also used to identify women and men eligible for individual interviews (women age 15-49 in all households and men age 15-59 in half of the households). In the households selected for the male survey, the Household Questionnaire was used to determine individuals eligible for anthropometry measurements and collection of biomarkers as follows:

- All women age 15-49 were eligible for anthropometry measurements and for anaemia and HIV testing.
- All men age 15-59 were eligible for HIV testing.

- All children age 0-59 months were eligible for anthropometry measurements.
- All children age 6-59 months were tested for anaemia and malaria.

The Woman's Questionnaire was administered to women age 15-49 in all of the survey households. Information was collected on the following topics:

- Background characteristics
- Birth history
- Knowledge of, attitudes toward, and use of family planning and exposure to family planning messages
- Maternal health, including antenatal, delivery, and postnatal care
- Immunisation and health of children under age 5
- Breastfeeding and infant feeding practices
- Marriage, sexual activity, and husband's background characteristics
- Fertility preferences
- Employment
- Knowledge of AIDS and sexually transmitted infections
- Other women's health issues, including female circumcision
- Maternal mortality
- Domestic violence

The Man's Questionnaire was administered to all men age 15-59 in half of the households. It collected much of the same information as the Woman's Questionnaire but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health.

1.8 LISTING, PRETEST, MAIN TRAINING, FIELDWORK, AND DATA PROCESSING

1.8.1 Listing

Training of trainers (of mapping and listing supervisors) took place in April 2012 and was led by a specialist from ICF. A manual that described the listing and mapping procedures was prepared as a guideline, and the training involved both classroom demonstrations and field practice. Training of trainers was followed by the recruitment and training of 30 mappers and listers and three coordinators in August 2012.

After the selection of the 281 clusters throughout the eight regions, a listing operation was conducted for six weeks, starting in August 2012. The listing was performed by organising the listing staff into 15 teams, each composed of one lister and one mapper. Three supervisors from the GBoS were also assigned to perform quality checks and handle all of the administrative and financial aspects of the listing operation.

1.8.2 Pretest and Main Training

The training of interviewers and supervisors was conducted from November 26 through December 14, 2012, and training of health technicians took place from December 10-14, with assistance from ICF consultants. Because of some delays with the schedule, a decision was made to train all of the main fieldwork interviewers during the pretest training and provide a two-week refresher training session prior to launching the main fieldwork.

A total of 105 individuals were recruited for training. Interviewer training consisted of instructions on interviewing techniques and field procedures, a detailed review of the questionnaire content, instruction and practice in weighing and measuring children, mock interviews between participants in the classroom, and practice interviews with real respondents in areas outside the 2013 GDHS sample points. Team supervisors and editors were trained in data quality control procedures and fieldwork coordination.

Sixteen individuals with previous experience in lab techniques and handling blood samples were trained as health technicians for the survey. In addition, three interviewers were trained in the preparation of dry blood spot samples and in conducting anaemia and rapid diagnostic tests to support the health technicians in the field if necessary.

Pretest fieldwork was carried out from December 15-21, 2012, in four areas that were not selected for the main survey. A total of 24 field staff participated, divided into four teams. Each team consisted of three female interviewers, one male interviewer, one health technician, and one supervisor. Four field coordinators were also assigned to coordinate and supervise the teams in the field.

A total of 90 interviewers were selected for the main fieldwork. They underwent a six-day refreshment training session that was conducted between January 28 and February 2, 2013.

1.8.3 Fieldwork

A total of 15 teams carried out data collection for the 2013 GDHS. Each team consisted of one supervisor, one editor, two female interviewers, one male interviewer, one health technician, and one driver. Data collection took place between February 2 and April 28, 2013.

Six regional coordinators, three from the GBoS, two from the MoH&SW, and one from the National Population Commission Secretariat, were responsible for supervising the data collection teams and monitoring data quality. They regularly visited the field teams, checked the quality of the data collected in the field, and transported completed questionnaires and blood samples to GBoS.

1.8.4 Data Processing

All questionnaires and blood samples for the 2013 GDHS were returned to the GBoS office in Kanifing for data processing, which consisted of office editing, coding of open-ended questions, data entry, and editing computer-identified errors. The data were processed by a team of data entry operators, office editors, secondary editors, and supervisors, supported with technical assistance from ICF International. Data entry and editing were accomplished using CSPro software. Processing of data was initiated in March 2013 and completed in May; tabulations were completed in July 2013 by the GBoS in collaboration with ICF International.

Analyses of blood tests were conducted at the National Public Health Laboratories (NPHL) in Kotu. Questionnaires were incinerated to ensure that HIV data could not be linked to individual respondents.

The 2013 GDHS preliminary report was prepared and launched in July 2013.

1.9 ANTHROPOMETRY, ANAEMIA, MALARIA, AND HIV TESTING

Anthropometry measurements and biomarker testing were done in half of the households selected for the male survey.

1.9.1 Height and Weight Measurements

Height and weight measurements were carried out on women age 15-49 and children age 0-59 months in half of the households selected for the male survey. Weight measurements were obtained using lightweight SECA mother-infant scales with digital screens, designed and manufactured under the guidance of UNICEF. Height measurements were carried out using a measuring board. Children younger than age 24 months were measured for height while lying down, and older children were measured while standing.

1.9.2 Anaemia Testing

Blood specimens were collected for anaemia testing from all children age 6-59 months and from women age 15-49 who voluntarily consented to testing. Blood samples were drawn from a drop of blood taken from a finger prick (or a heel prick in the case of young children with small fingers) and collected in a microcuvette. Haemoglobin analysis was carried out on-site using a battery-operated portable HemoCue analyser. Results were given verbally and in writing.

Parents of children with a haemoglobin level under 7 g/dl (considered to be severely anaemic) were instructed to take the child to a health facility for follow-up care. Likewise, non-pregnant women were referred for follow-up care if their haemoglobin level was below 7 g/dl and pregnant women were referred to a health facility for follow-up care if their haemoglobin level was below 9 g/dl.

1.9.3 Malaria Testing

Children age 6-59 months were also tested for malaria in the field using SDBioline Malaria Ag P.f/Pan, a rapid diagnostic test. This high-sensitivity and high-specificity test detects malaria antigens from capillary blood samples. Respondents were informed of their results, and a free referral was given to the nearest health facility.

In addition, blood was collected on glass slides and sent to the NPHL for malaria microscopy through reading of thick-smear slides.

1.9.4 HIV Testing

Blood specimens for laboratory testing of HIV were collected by the GDHS health technicians from all women age 15-49 and men age 15-59 who consented to the test. The protocol for blood specimen collection and analysis was based on the anonymous linked protocol developed for the DHS programme. This protocol allows for the merging of HIV test results with sociodemographic data collected in the individual questionnaires after all information that can potentially identify an individual respondent has been destroyed.

Interviewers explained the procedure, the confidentiality of the data, and the fact that the test results would not be made available to the respondent. If a respondent consented to HIV testing, five blood spots from the finger prick were collected on a filter paper card labelled with a barcode unique to the respondent. Respondents were asked whether they would consent to having the laboratory store their blood sample for future unspecified testing. If they did not consent to additional testing using their sample, the words “no additional testing” were written on the filter paper card.

For each barcoded blood sample, a duplicate label was attached to the biomarker data collection form. A third copy of the same barcode was affixed to the blood sample transmittal form to track the blood

samples from the field to the laboratory. Blood samples were dried overnight and packaged for storage the following morning. Samples were periodically collected in the field, along with the completed questionnaires, and transported to the GBoS in Kanifing to be logged in and checked; the samples were then transported to the National Public Health Laboratories in Kotu and submitted for testing.

Upon arrival at the NPHL, each blood sample was logged into the CSPro HIV Test Tracking System (CHTTS) database, given a laboratory number, and stored at −20˚C until tested. The HIV testing protocol stipulates that testing of blood can be conducted only after questionnaire data entry is completed, verified, and cleaned and all unique identifiers except the anonymous barcode number are removed from the questionnaire file. At the first level, the protocol used the Vironostika HIV Ag/Ab; positive samples in the first level and 10 percent of negative samples were tested with the Enzygnost HIV Integral II assay, and discordant samples were tested with the Western blot. The final result was considered positive if the Western blot confirmed it to be positive and negative if the Western blot confirmed it to be negative. When the Western blot results were indeterminate, the sample result was recorded as indeterminate.

Following laboratory testing, the HIV test results for the 2013 GDHS were entered into the CHTTS database with a barcode as the unique identifier. The barcodes identifying HIV test results were linked with the data from the individual interviews to enable analysis and publication of HIV data linked with other GDHS data.

1.10 RESPONSE RATES

Table 1.2 shows household and individual response rates for the 2013 GDHS. A total of 7,009[2] households were selected for the sample, of which 6,543 were occupied during data collection. Of the occupied households, 6,217 were successfully interviewed, yielding a response rate of 95 percent.

In the interviewed households, 11,279 eligible women were identified for individual interviews. Complete interviews were conducted with 10,233 women, yielding a response rate of 91 percent. Similarly, a total of 4,668 eligible men were identified for individual interviews in the households selected for the male survey. Complete interviews were conducted with 3,821 men, yielding a response rate of 82 percent. In general, response rates were higher in rural areas than urban areas among both women and men.

[2] Two of the 281 EAs had less than 25 listed households (11 and 23 households, respectively), resulting in a total of 7,009 households.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), The Gambia 2013

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	3,661	3,348	7,009
Households occupied	3,322	3,221	6,543
Households interviewed	3,095	3,122	6,217
Household response rate[1]	93.2	96.9	95.0
Interviews with women age 15-49			
Number of eligible women	5,043	6,236	11,279
Number of eligible women interviewed	4,498	5,735	10,233
Eligible women response rate[2]	89.2	92.0	90.7
Interviews with men age 15-59			
Number of eligible men	2,343	2,325	4,668
Number of eligible men interviewed	1,831	1,990	3,821
Eligible men response rate[2]	78.1	85.6	81.9

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

HOUSING CHARACTERISTICS AND HOUSEHOLD POPULATION 2

Key Findings

- Ninety-one percent of households in The Gambia use an improved source of drinking water.
- Thirty-seven percent of households in The Gambia use improved toilet facilities that are not shared with other households.
- Forty-five percent of households have access to electricity, with a large disparity between urban and rural areas (66 percent and 13 percent, respectively).
- Ninety-one percent of households use solid fuel for cooking.
- More than seven in ten children under age 5 (72 percent) have been registered with civil authorities and more than half (57 percent) have a birth certificate.
- Approximately 8 percent of children under age 18 are orphaned (that is, one or both parents are not living).
- Fifty-two percent of females and 43 percent of males age 6 and older have never attended school.

This chapter summarises demographic and socioeconomic characteristics of the population sampled in the 2013 GDHS. The survey collected information from all usual residents of a selected household (the de jure population) and persons who had stayed in the household the night before the interview (the de facto population). Since the difference between these two populations is very small, and to maintain comparability with other DHS reports, all tables in this report refer to the de facto population unless otherwise specified. In the GDHS, a household was defined as a person or a group of related or unrelated persons who live together in the same dwelling unit(s) or in connected premises, who acknowledge one adult member as the head of the household, and who have common arrangements for cooking and eating. The Household Questionnaire (see Appendix E) included a schedule collecting basic demographic and socioeconomic information (e.g., age, sex, educational attainment, and current school attendance) from all usual residents and from visitors who spent the night preceding the interview in the household. The Household Questionnaire also obtained information on housing characteristics (e.g., sources of water supply and sanitation facilities) and household possessions.

The information presented in this chapter is intended to facilitate interpretation of the key demographic, socioeconomic, and health indices presented later in the report. It is also intended to assist in the assessment of the representativeness of the survey sample.

2.1 HOUSEHOLD CHARACTERISTICS

The physical characteristics of a household's environment are important determinants of the health status of household members, especially children. They can also serve as indicators of the socioeconomic status of households. The 2013 GDHS asked respondents about their household environment, including access to electricity, source of drinking water, type of sanitation facility, type of flooring material, and number of rooms in the dwelling. Results are presented for households and for the de jure population.

2.1.1 Drinking Water

Increasing access to improved drinking water is one of the Millennium Development Goals being adopted worldwide (United Nations General Assembly, 2002). Table 2.1 includes a number of indicators

that are useful in monitoring household access to improved drinking water (WHO and UNICEF, 2012a). The source of drinking water is an indicator of whether it is suitable for drinking. Sources that are more likely to provide water suitable for drinking are identified in Table 2.1 as improved sources. These include a piped source within the dwelling, yard, or plot; a public tap, tube well, or borehole; a hand pump/protected well or protected spring; and rainwater or bottled water.[1] Lack of ready access to a water source may limit the quantity of suitable drinking water that is available to a household. Even if the water is obtained from an improved source, it may be contaminated during transport or storage if it is fetched from a source that is not immediately accessible to the household,. Home water treatment can be effective in improving the quality of household drinking water.

Table 2.1 Household drinking water

Percent distribution of households and the de jure population by source of drinking water, time to obtain drinking water, and treatment of drinking water, according to residence, The Gambia 2013

	Households			Population		
Characteristic	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	95.3	84.7	91.0	94.3	84.8	89.6
Piped into dwelling	5.5	0.4	3.4	4.3	0.3	2.3
Piped to yard/plot	60.4	6.1	38.2	59.2	5.0	32.5
Public tap/standpipe	24.6	44.7	32.8	25.2	44.7	34.8
Tubewell or borehole	1.8	18.9	8.8	1.6	18.6	10.0
Protected well	2.4	14.5	7.4	3.9	16.1	9.9
Bottled water	0.6	0.1	0.4	0.1	0.0	0.1
Non-improved source	3.7	14.5	8.1	4.3	14.6	9.4
Unprotected well	3.7	14.3	8.0	4.3	14.5	9.3
Surface water	0.0	0.2	0.1	0.0	0.1	0.1
Other source	0.9	0.7	0.8	1.3	0.5	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)						
Water on premises	69.8	11.8	46.1	67.2	10.8	39.4
Less than 30 minutes	24.6	67.7	42.3	25.6	67.2	46.1
30 minutes or longer	5.1	19.3	10.9	6.6	21.1	13.8
Don't know/missing	0.4	1.2	0.7	0.6	1.0	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking[1]						
Boiled	0.3	0.2	0.2	0.2	0.1	0.1
Bleach/chlorine added	2.9	3.1	3.0	3.0	3.1	3.1
Strained through cloth	5.1	23.5	12.6	7.3	25.5	16.2
Ceramic, sand, or other filter	0.3	0.1	0.2	0.2	0.1	0.1
Other	0.2	0.4	0.3	0.2	0.2	0.2
No treatment	91.2	73.5	84.0	89.7	71.9	81.0
Percentage using an appropriate treatment method[2]	3.4	3.3	3.4	3.3	3.3	3.3
Number	3,671	2,546	6,217	25,939	25,202	51,142

[1] Respondents may report multiple treatment methods, so the sum of treatment may exceed 100 percent.
[2] Appropriate water treatment methods include boiling, bleaching, filtering, and solar disinfecting.

Table 2.1 shows that 9 out of 10 households in The Gambia (91 percent) get their drinking water from an improved source. However, disparities exist by urban-rural residence, with a higher proportion of urban households (95 percent) than rural households (85 percent) having an improved source of drinking water. The most common source of improved drinking water is piped water into the plot (38 percent), with a much higher percentage in urban than in rural areas (60 percent versus 6 percent). Thirty-three percent of households have access to drinking water from a public tap/standpipe, and this is the leading improved drinking water source among rural households (45 percent). Eight percent of households in The Gambia get their drinking water from a non-improved source, mainly unprotected wells (8 percent). More than three times as many rural households as urban households use non-improved sources of drinking water (15 percent versus 4 percent).

[1] The categorisation into improved and non-improved categories follows that proposed by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (WHO/UNICEF, 2012).

Forty-six percent of all households have water on their premises, with a huge urban-rural disparity (70 percent of urban households compared with 12 percent of rural households). Overall, 42 percent of households report that it takes less than 30 minutes for the round trip to obtain drinking water (25 percent in urban areas and 68 percent in rural areas). The remaining households (11 percent) must travel 30 minutes or longer (round trip) to obtain their drinking water (19 percent of rural households versus 5 percent of urban households).

Very few households (3 percent) in The Gambia treat their drinking water using an appropriate treatment method, and there are no urban-rural differences. The main method of treatment is straining through cloth (13 percent of households), with 24 percent of rural households following this method compared with only 5 percent of households in urban areas. Three percent of households add bleach or chlorine to make water safer for drinking.

2.1.2 Household Sanitation Facilities

Ensuring adequate sanitation facilities is another Millennium Development Goal that The Gambia shares with other countries. A household is classified as having an improved toilet if the toilet is used only by members of one household (i.e., it is not shared) and if the facility used by the household separates waste from human contact (WHO and UNICEF, 2012a). The types of facilities considered improved are toilets that flush or pour flush into a piped sewer system, septic tank, or pit latrine; ventilated improved pit (VIP) latrines; and pit latrines with a slab.

As shown in Table 2.2, more than one-third (37 percent) of households in The Gambia use an improved toilet facility that is not shared with other households. Urban households are much more likely than rural households to have an improved toilet facility that is not shared (46 percent and 24 percent, respectively). Twenty-four percent of all households use an improved toilet facility that is shared with other households (32 percent of households in urban areas compared with 13 percent of those in rural areas). About four in ten households use a non-improved sanitation facility, with a much higher percentage in rural than in urban areas (63 percent and 23 percent, respectively). Overall, only 2 percent of households have no toilet facility at all, almost all in rural areas (5 percent).

Table 2.2 Household sanitation facilities

Percent distribution of households and the de jure population by type of toilet/latrine facilities, according to residence, The Gambia 2013

	Households			Population		
Type of toilet/latrine facility	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility	45.9	24.3	37.0	50.4	29.0	39.8
Flush/pour flush to piped sewer system	2.0	0.0	1.2	1.9	0.0	1.0
Flush/pour flush to septic tank	26.2	2.0	16.3	25.6	1.7	13.8
Flush/pour flush to pit latrine	2.1	0.4	1.4	2.2	0.5	1.4
Ventilated improved pit (VIP) latrine	4.3	4.2	4.2	5.8	4.2	5.0
Pit latrine with slab	11.3	17.7	13.9	14.8	22.5	18.6
Shared facility[1]	31.5	12.8	23.8	26.8	10.8	18.9
Flush/pour flush to piped sewer system	2.3	0.0	1.3	1.2	0.0	0.6
Flush/pour flush to septic tank	4.6	0.2	2.8	3.9	0.1	2.1
Flush/pour flush to pit latrine	1.5	0.2	1.0	1.3	0.2	0.8
Ventilated improved pit (VIP) latrine	6.9	2.1	4.9	6.1	1.7	4.0
Pit latrine with slab	16.3	10.2	13.8	14.1	8.8	11.5
Non-improved facility	22.6	62.9	39.1	22.9	60.2	41.3
Pit latrine without slab/open pit	22.1	58.0	36.8	22.6	56.5	39.3
No facility/bush/field	0.3	4.7	2.1	0.2	3.5	1.8
Other	0.1	0.2	0.1	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,671	2,546	6,217	25,939	25,202	51,142

[1] Facilities that would be considered improved if they were not shared by 2 or more households

The most common types of facilities among urban households are toilets that flush or pour flush into a septic tank (26 percent), followed by pit latrines with a slab (11 percent not shared and 16 percent shared). In rural areas, the leading type of sanitation facility is an open pit latrine without a slab or an open pit (58 percent), followed by a pit latrine with a slab (18 percent not shared and 10 percent shared).

2.1.3 Housing Characteristics

Table 2.3 presents information on housing characteristics in The Gambia, which reflect a household's socioeconomic situation. They also may influence environmental conditions (for example, use of biomass fuels and resulting exposure to indoor air pollution) that have a direct bearing on the health and welfare of household members.

Table 2.3 Household characteristics

Percent distribution of households by housing characteristics, percentage using solid fuel for cooking, and percent distribution by frequency of smoking in the home, according to residence, The Gambia 2013

	Residence		
Housing characteristic	Urban	Rural	Total
Electricity			
Yes	66.4	12.9	44.5
No	33.6	87.0	55.5
Total	100.0	100.0	100.0
Flooring material			
Earth, sand	2.7	40.9	18.4
Parquet or polished wood	0.0	0.3	0.1
Vinyl or asphalt strips	0.0	0.2	0.1
Ceramic tiles	27.9	4.0	18.1
Cement	24.4	41.1	31.3
Carpet	5.7	1.0	3.8
Plastic carpet	38.6	12.1	27.8
Other	0.5	0.1	0.3
Total	100.0	100.0	100.0
Rooms used for sleeping			
One	24.6	9.5	18.4
Two	29.8	19.3	25.5
Three or more	44.3	70.7	55.1
Missing	1.3	0.5	1.0
Total	100.0	100.0	100.0
Place for cooking			
In the house	4.3	1.2	3.1
In a separate building	54.0	81.0	65.0
Outdoors	32.4	15.2	25.3
No food cooked in household	9.2	2.5	6.5
Total	100.0	100.0	100.0
Cooking fuel			
Electricity	0.0	0.0	0.0
LPG/natural gas/biogas	3.6	0.4	2.3
Kerosene	0.2	0.0	0.1
Charcoal	41.0	4.1	25.9
Wood	44.3	92.7	64.1
Straw/shrubs/grass	0.1	0.2	0.1
Saw dust	1.4	0.1	0.9
No food cooked in household	9.2	2.5	6.5
Total	100.0	100.0	100.0
Percentage using solid fuel for cooking[1]	86.8	97.1	91.0
Frequency of smoking in the home			
Daily	22.2	26.5	24.0
Weekly	2.2	2.4	2.3
Monthly	0.5	0.8	0.6
Less than monthly	0.7	0.8	0.8
Never	74.3	69.3	72.2
Total	100.0	100.0	100.0
Number	3,671	2,546	6,217

LPG = Liquid petroleum gas
[1] Includes charcoal, wood/straw/shrubs/grass, and saw dust

Less than half (45 percent) of households in The Gambia have electricity, with a large disparity between urban (66 percent) and rural (13 percent) areas.

About three in ten households (31 percent) live in dwellings with floors made of cement (24 percent of urban households and 41 percent of rural households). The next most common type of flooring material is plastic carpet, accounting for 28 percent of all households (39 percent in urban areas compared with 12 percent in rural areas). Earth or sand floors and ceramic floors each account for 18 percent of flooring materials. As expected, earth or sand floors are much more common in rural households than in urban households (41 percent versus 3 percent), while floors made of ceramic tiles are much more common in urban than in rural households (28 percent versus 4 percent).

The number of rooms used for sleeping is an indicator of the extent of crowding in households. Overcrowding increases the risk of contracting diseases such as acute respiratory infections, tuberculosis, and skin diseases. Overall, more than half of households in The Gambia use three or more rooms for sleeping (55 percent), while slightly more than one-quarter (26 percent) use two rooms. The remainder (18 percent) use one room for sleeping. Urban households tend to have fewer rooms for sleeping; 25 percent use only one room for sleeping (compared with 10 percent of rural households), and 44 percent use three or more rooms (compared with 71 percent of rural households).

With regard to cooking arrangements, the large majority of households in The Gambia (65 percent) cook in a separate building (54 percent in urban households compared with 81 percent in rural households). One in four households (25 percent) do their cooking outdoors (32 percent in urban areas and 15 percent in rural areas). Very few households in The Gambia (3 percent) do their cooking inside the house (4 percent of urban households compared with 1 percent of rural households).

Cooking and heating with solid fuels can lead to high levels of indoor smoke, a complex mix of health-damaging pollutants that can increase the risk of acute respiratory diseases. Solid fuels are defined as charcoal, wood, straw, shrubs, and saw dust. In the 2013 GDHS, household respondents were asked about their primary source of fuel for cooking. Table 2.3 shows that 91 percent of households use solid fuel for cooking (87 percent of urban households and 97 percent of rural households). The most common cooking fuel in The Gambia is wood, used by close to two-thirds (64 percent) of households, with a much higher percentage in rural (93 percent) than urban (44 percent) households. Twenty-six percent of households use charcoal as cooking fuel, with the proportion being substantially higher in urban households (41 percent) than in rural households (4 percent). Use of other types of cooking fuels is not common in The Gambia.

Information on frequency of smoking inside the home was obtained to assess the percentage of households in which there is exposure to second-hand smoke, which causes health risks in children and adults who do not smoke. Pregnant women who are exposed to second-hand smoke have a higher risk of delivering a low birth weight baby (Windham et al., 1999), and children exposed to second-hand smoke are at increased risk for respiratory and ear infections and poor lung development (U.S. Department of Health and Human Services, 2006). About one in four (24 percent) households in The Gambia report that someone smokes at the home daily, 2 percent report that someone smokes at least once a week, and less than 1 percent report that someone smokes monthly or less frequently than once a month. In 72 percent of households, smoking never occurs in the home. Overall, smoking inside the home is somewhat less frequent in urban areas than in rural areas; 74 percent of urban households report that smoking never occurs in the home, as compared with 69 percent of rural households.

2.1.4 Household Possessions

Possession of durable consumer goods is another indicator of a household's socioeconomic status. Moreover, particular goods have specific benefits. For instance, a radio or a television can bring household members information and new ideas, a refrigerator prolongs the wholesomeness of foods, and a means of transport can increase access to many services that are beyond walking distance.

Table 2.4 shows the extent of possession of selected consumer goods by urban-rural residence. Ownership of durable goods varies according to residence and the nature of the asset. Of the 12 selected items asked about in the survey, mobile phones and radios stand out as the assets most commonly owned by households. More than 9 in every 10 households in The Gambia (91 percent) own a mobile phone and about three-fourths (74 percent) own a radio, with no major difference by residence. About half (49 percent) of households own a television, and less than one in four (23 percent) own a refrigerator. Television ownership is about three times as high in urban as in rural households (67 percent versus 22 percent). Similarly, 35 percent of urban households own a refrigerator, as compared with only 5 percent of rural households.

Looking at means of transport, less than half of households own a bicycle (47 percent), with a much higher percentage in rural areas (56 percent) than in urban areas (41 percent). Animal-drawn carts are owned by 16 percent of households (2 percent in urban areas compared with 35 percent in rural areas). Eleven percent of households own a car or truck, with the percentage being three times as high in urban as in rural areas (15 percent versus 5 percent).

Agricultural land is owned by 37 percent of households, and 51 percent own farm animals (cattle, cows, bulls, horses, donkeys, mules, goats, sheep, or chickens). As expected, ownership of agricultural land and farm animals is notably higher among rural households (74 percent and 85 percent, respectively) than among urban households (12 percent and 28 percent, respectively).

Table 2.4 Household possessions

Percentage of households possessing various household effects, means of transportation, agricultural land, and livestock/farm animals by residence, The Gambia 2013

	Residence		
Possession	Urban	Rural	Total
Household effects			
Radio	72.9	74.7	73.6
Television	66.6	22.4	48.5
Mobile telephone	93.4	86.6	90.6
Non-mobile telephone	5.7	1.3	3.9
Refrigerator	34.8	5.3	22.7
Means of transport			
Bicycle	41.1	55.6	47.0
Animal-drawn cart	2.3	35.0	15.7
Motorcycle/scooter	4.8	10.4	7.1
Car/truck	15.3	5.3	11.2
Boat with a motor	0.2	0.6	0.4
Ownership of agricultural land	11.8	73.8	37.2
Ownership of farm animals[1]	27.6	85.1	51.1
Number	3,671	2,546	6,217

[1] Cattle, cows, bulls, horses, donkeys, goats, sheep, or chickens

2.2 WEALTH INDEX

Information on household assets was used to create an index that is used throughout this report to represent the wealth of the households interviewed in the 2013 GDHS. This method for calculating a country-specific wealth index was developed and tested in a large number of countries in relation to inequalities in household income, use of health services, and health outcomes (Rutstein and Johnson, 2004). It has been shown to be consistent with expenditure and income measures.

The wealth index is constructed using household asset data, including ownership of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics, such as source of drinking water, sanitation facilities, and type of flooring material. In its current form, which takes account of urban-rural differences in these items and characteristics, the wealth index is created in three steps. In the first step, a subset of indicators common to urban and rural areas is used to create wealth scores for

households in both areas. For purposes of creating scores, categorical variables are transformed into separate dichotomous (0-1) indicators. These indicators and those that are continuous are then examined using a principal components analysis to produce a common factor score for each household. In the second step, separate factor scores are produced for households in urban and rural areas using area-specific indicators (Rutstein, 2008). The third step combines the separate area-specific factor scores to produce a nationally applicable combined wealth index by adjusting area-specific scores through a regression on the common factor scores. The resulting combined wealth index has a mean of zero and a standard deviation of one. Once the index is computed, national-level wealth quintiles (from lowest to highest) are formed by assigning the household score to each de jure household member, ranking each person in the population by that score, and then dividing the ranking into five equal categories, each comprising 20 percent of the population. Thus, throughout this report, wealth quintiles are expressed in terms of quintiles of individuals in the overall population rather than quintiles of individuals at risk for any one health or population indicator. For example, quintile rates for infant mortality refer to infant mortality rates per 1,000 live births among all people in the population quintile concerned, as distinct from quintiles of live births or newly born infants, who constitute the only members of the population at risk of mortality during infancy.

Table 2.5 presents wealth quintiles by residence and Local Government Area (LGA). Also included in the table is the Gini coefficient, which indicates the level of concentration of wealth (0 being an equal distribution and 1 a totally unequal distribution). Wealth is concentrated in urban areas, with 36 percent and 39 percent of the population in these areas falling in the fourth and highest wealth quintiles, respectively. In contrast, those living in rural areas are poorer, with 37 percent and 35 percent, respectively, falling in the lowest and second lowest wealth quintiles. Less than 1 percent of the rural population falls in the highest wealth quintile.

In the urban LGAs of Banjul and Kanifing, 68 percent and 52 percent of residents, respectively, are in the highest wealth quintile. By contrast, 44 percent of the population in Mansakonko, a predominantly rural LGA, falls in the lowest wealth quintile, and 32 percent falls in the second lowest quintile.

Table 2.5 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini coefficient, according to residence and Local Government Area, The Gambia 2013

Residence/Local Government Area	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	3.7	5.3	16.3	35.6	39.1	100.0	25,939	0.15
Rural	36.7	35.2	23.8	4.0	0.3	100.0	25,202	0.08
Local Government Area								
Banjul	0.0	0.2	1.5	30.5	67.8	100.0	989	0.03
Kanifing	0.0	3.0	10.9	34.1	52.0	100.0	9,890	0.13
Brikama	18.2	14.8	18.1	25.8	23.0	100.0	17,656	0.28
Mansakonko	44.1	32.1	15.7	6.3	1.7	100.0	2,696	0.06
Kerewan	31.8	35.9	21.5	8.6	2.2	100.0	6,043	0.33
Kuntaur	35.6	35.4	22.9	6.0	0.2	100.0	3,173	0.03
Janjanbureh	36.0	29.8	23.2	9.7	1.3	100.0	4,009	0.18
Basse	19.8	29.4	38.2	10.9	1.7	100.0	6,687	0.25
Total	20.0	20.0	20.0	20.0	20.0	100.0	51,142	0.25

2.3 HAND WASHING

Hand washing with soap and water is ideal. However, hand washing with a non-soap cleansing agent such as ash or sand is an improvement over not using any cleansing agent.

To obtain information on hand washing, interviewers asked to see the place where members of the household most often washed their hands; information on the availability of water, cleansing agents, or both was recorded only for households where a hand washing place was observed. Interviewers observed a place for hand washing in only 10 percent of households.

Among the households where a hand washing place was observed, 61 percent had soap and water, less than 1 percent had water and a cleansing agent other than soap, 19 percent had only water, 3 percent had soap but no water, and 13 percent had no water, soap, or any other cleansing agent at the hand washing place (Table 2.6). The percentage of households using soap and water for hand washing was higher in urban than rural areas (66 percent versus 26 percent) and increased with increasing wealth, reaching 79 percent among households in the highest wealth quintile.

Table 2.6 Hand washing

Percentage of households in which the place most often used for washing hands was observed, and among households in which the place for hand washing was observed, percent distribution by availability of water, soap, and other cleansing agents, The Gambia 2013

Background characteristic	Percentage of households where place for washing hands was observed	Number of households	Among households where place for hand washing was observed, percentage with:							Number of households with place for hand washing observed
			Soap and water[1]	Water and cleansing agent[2] other than soap only	Water only	Soap but no water[2]	No water, no soap, no other cleansing agent	Missing	Total	
Residence										
Urban	14.9	3,671	66.4	0.2	20.2	2.5	10.2	0.4	100.0	546
Rural	3.1	2,546	25.8	0.0	10.0	2.1	33.1	29.0	100.0	79
Local Government Area										
Banjul	21.5	188	62.1	0.4	24.1	4.6	7.7	1.0	100.0	40
Kanifing	17.1	1,520	68.9	0.3	16.6	3.0	11.2	0.0	100.0	260
Brikama	13.2	2,160	59.6	0.0	22.2	1.8	15.3	1.0	100.0	284
Mansakonko	5.1	356	(10.2)	(0.0)	(10.7)	(2.5)	(23.1)	(53.5)	100.0	18
Kerewan	2.1	721	*	*	*	*	*	*	100.0	15
Kuntaur	0.3	296	*	*	*	*	*	*	100.0	1
Janjanbureh	1.1	410	*	*	*	*	*	*	100.0	5
Basse	0.2	566	*	*	*	*	*	*	100.0	1
Wealth quintile										
Lowest	2.5	1,423	(4.1)	(0.0)	22.2)	(3.3)	(47.8)	(22.6)	100.0	35
Second	3.5	995	28.3)	(0.0)	(7.7)	(0.0)	(32.4)	(31.5)	100.0	35
Middle	4.0	1,053	23.5)	(0.0)	23.0)	(6.3)	(37.7)	(9.5)	100.0	42
Fourth	6.7	1,404	31.9	0.0	47.3	3.6	15.1	2.1	100.0	94
Highest	31.2	1,342	79.3	0.2	12.7	2.0	5.7	0.1	100.0	419
Total	10.1	6,217	61.3	0.2	18.9	2.5	13.1	4.1	100.0	625

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Soap includes soap or detergent in bar, liquid, powder, or paste form. This column includes households with soap and water only as well as those that had soap and water and another cleansing agent.
[2] Includes households with soap only as well as those with soap and another cleansing agent

2.4 POPULATION BY AGE AND SEX

Age and sex are important demographic variables and are the primary basis for demographic classifications in vital statistics, censuses, and surveys. They are also very important variables in the study of mortality, fertility, and marriage. The distribution of the de facto household population in the 2013 GDHS is shown in Table 2.7 by five-year age groups, according to sex and residence. A total of 49,553 individuals resided in the 6,217 households successfully interviewed; the female population (25,649) was slightly higher than the male population (23,904).

Table 2.7 Household population by age, sex, and residence

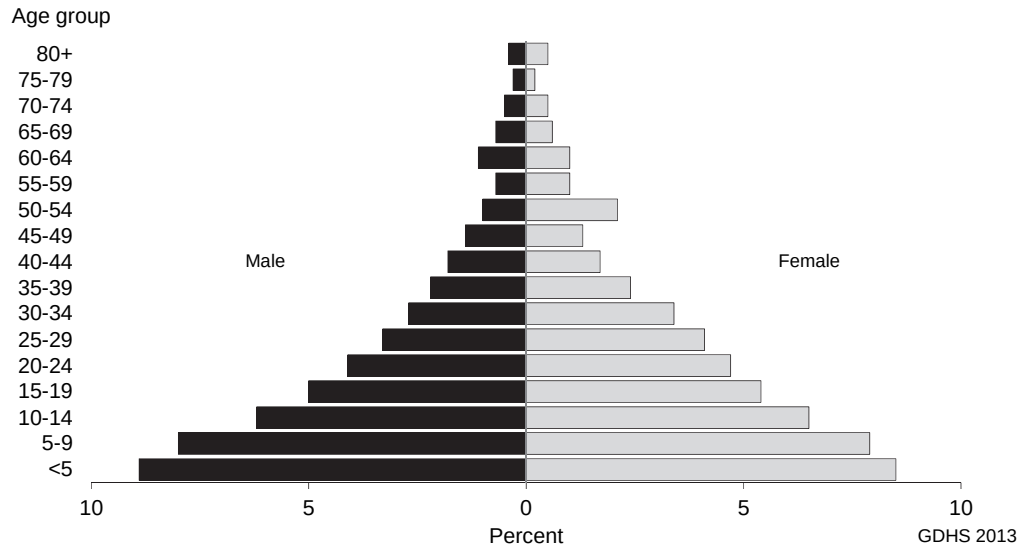
Percent distribution of the de facto household population by five-year age groups, according to sex and residence, The Gambia 2013

	Urban			Rural					
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	16.2	15.3	15.7	21.0	17.6	19.2	18.5	16.4	17.4
5-9	14.3	13.7	14.0	19.2	16.9	18.0	16.6	15.3	15.9
10-14	11.6	11.7	11.7	14.1	13.3	13.7	12.8	12.5	12.6
15-19	11.0	11.3	11.2	9.5	9.5	9.5	10.3	10.4	10.3
20-24	10.2	10.8	10.5	6.7	7.4	7.1	8.5	9.1	8.8
25-29	8.3	9.3	8.8	5.1	6.6	5.9	6.8	8.0	7.4
30-34	6.7	7.3	7.0	4.2	5.7	5.0	5.5	6.5	6.0
35-39	5.4	5.0	5.2	3.5	4.4	4.0	4.5	4.7	4.6
40-44	4.4	3.2	3.8	3.1	3.3	3.2	3.8	3.3	3.5
45-49	3.0	2.5	2.7	2.7	2.4	2.5	2.9	2.4	2.6
50-54	2.2	3.7	3.0	1.9	4.4	3.2	2.1	4.1	3.1
55-59	1.6	1.5	1.6	1.5	2.4	1.9	1.5	1.9	1.7
60-64	2.1	1.6	1.9	2.4	2.1	2.3	2.3	1.9	2.1
65-69	1.4	1.2	1.3	1.6	1.2	1.4	1.5	1.2	1.3
70-74	0.8	0.7	0.7	1.2	1.2	1.2	1.0	0.9	1.0
75-79	0.4	0.3	0.3	1.0	0.6	0.8	0.7	0.5	0.6
80+	0.5	0.8	0.7	1.1	1.3	1.2	0.8	1.0	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	12,462	12,891	25,352	11,443	12,758	24,201	23,904	25,649	49,553

The age-sex structure of the population is shown in the population pyramid in Figure 2.1. The broad base of the pyramid indicates that the population in The Gambia is young, a scenario typical of countries with high fertility rates. The proportion of the population under age 15 was 46 percent in 2013. Individuals age 15-64 accounted for 50 percent of the total population, and those age 65 and older made up 4 percent of the population. This indicates an age dependency ratio of 99 in The Gambia.[2]

The pyramid shows a rather sharp increase in population size between women age 45-49 and those age 50-54. To a certain extent, this may be due to a tendency on the part of some interviewers to estimate the ages of women as above the cut-off age of 49 for eligibility for individual interviews, thus reducing their workload. A similar trend is observed for men age 55-59 and those age 60-64.

Figure 2.1 **Population pyramid**



[2] The age dependency ratio is defined as the sum of all persons under age 15 or over age 64 divided by the number of persons age 15-64, multiplied by 100.

2.5 HOUSEHOLD COMPOSITION

Table 2.8 presents information about the composition of households by sex of the household head and size of the household. These characteristics are important because they are associated with household welfare. Results show that households in The Gambia are predominantly headed by men (78 percent). Twenty-two percent of households are headed by women, and such households are more common in urban areas (26 percent) than in rural areas (17 percent).

The average household size is 8.2 persons, with rural households (9.9 persons) having more members than urban households (7.1 persons). Overall, more than one-third of households have nine or more members (37 percent), and households of this size are more common in rural (48 percent) than urban (30 percent) areas.

Table 2.8 Household composition

Percent distribution of households by sex of head of household and by household size, mean size of household, and percentage of households with orphans and foster children under age 18, according to residence, The Gambia 2013

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	73.9	83.1	77.7
Female	26.1	16.9	22.3
Total	100.0	100.0	100.0
Number of usual members			
1	11.2	4.5	8.5
2	7.2	2.9	5.5
3	8.5	5.2	7.1
4	8.6	5.7	7.4
5	11.1	7.9	9.8
6	9.4	9.4	9.4
7	8.1	8.8	8.4
8	5.8	7.5	6.5
9+	30.1	48.0	37.4
Total	100.0	100.0	100.0
Mean size of households	7.1	9.9	8.2
Percentage of households with orphans and foster children under age 18			
Foster children[1]	32.7	40.6	35.9
Double orphans	2.4	2.7	2.5
Single orphans[2]	12.9	18.2	15.1
Foster and/or orphan children	36.1	46.4	40.3
Number of households	3,671	2,546	6,217

Note: Table is based on de jure household members (i.e., usual residents).
[1] Foster children are those under age 18 living in households with neither their mother nor their father present.
[2] Includes children with one dead parent and an unknown survival status of the other parent

Table 2.8 also provides information on the proportion of households with foster children (that is, children who live in households with neither biological parent present), double orphans (children with both parents dead), and single orphans (children with one parent dead). Overall, 40 percent of households in The Gambia have foster children and/or orphans under age 18. Thirty-six percent of households have foster children (33 percent in urban areas and 41 percent in rural areas). In addition, 3 percent of households have double orphans (2 percent of urban households and 3 percent of rural households) and 15 percent have single orphans, with a higher percentage in rural than in urban areas (18 percent versus 13 percent).

2.6 BIRTH REGISTRATION

Birth registration is the inscription of the facts of the birth into an official log kept at the registrar's office. A birth certificate is issued as proof of the registration of the birth. Birth registration is basic to ensuring a child's legal status and, thus, fundamental rights (UNICEF, 2006; United Nations General Assembly, 2002).

Table 2.9 shows the percentage of children under age 5 whose births were officially registered and the percentage who had a birth certificate at the time of the survey. Not all children who are registered have a birth certificate because some certificates may have been lost or never issued. However, all children with a certificate have been registered.

More than seven in ten children under age 5 in The Gambia (72 percent) have been registered with civil authorities; more than half (57 percent) have a birth certificate, and 15 percent have been registered but do not have a birth certificate. The percentage of children whose births have been registered is higher among those age 2-4 (78 percent) than among those younger than age 2 (64 percent). There are only slight variations by sex, urban-rural residence, and wealth. There are, however, variations by LGA; the percentage of registered births ranges from a high of 77 percent in Brikama to a low of 62 percent in Mansakonko.

Table 2.9 Birth registration of children under age 5

Percentage of de jure children under age 5 whose births are registered with the civil authorities, according to background characteristics, The Gambia 2013

Background characteristic	Children whose births are registered			Number of children
	Percentage with a birth certificate	Percentage without a birth certificate	Percentage registered	
Age				
<2	44.9	19.4	64.4	3,689
2-4	65.9	11.6	77.5	5,077
Sex				
Male	58.2	15.1	73.3	4,485
Female	55.9	14.7	70.6	4,281
Residence				
Urban	58.4	13.3	71.7	4,011
Rural	55.9	16.3	72.2	4,755
Local Government Area				
Banjul	54.5	16.8	71.4	128
Kanifing	47.9	16.4	64.3	1,475
Brikama	67.3	10.0	77.3	2,910
Mansakonko	45.0	16.5	61.5	463
Kerewan	58.1	17.3	75.4	1,069
Kuntaur	60.2	13.0	73.2	618
Janjanbureh	52.2	13.7	65.9	746
Basse	49.8	22.8	72.6	1,356
Wealth quintile				
Lowest	55.4	13.2	68.5	1,867
Second	56.1	17.6	73.7	1,960
Middle	55.8	17.5	73.4	1,809
Fourth	58.5	11.5	70.0	1,666
Highest	60.5	14.3	74.8	1,464
Total	57.1	14.9	72.0	8,765

2.7 CHILDREN'S LIVING ARRANGEMENTS AND PARENTAL SURVIVAL

Information was collected on the living arrangements and parental survival status of all children under age 18 residing in the GDHS sample households to assess the potential burden on households of the need to provide for orphaned or foster children. These data were also used to assess the situation from the perspective of the children themselves. Table 2.10 presents the proportion of children under age 18 who are not living with one or both parents, either because the parent(s) died or for other reasons.

Forty percent of children under age 18 in The Gambia are not living with both parents. Twelve percent are not living with either parent, even if both are alive. Eight percent of children under age 18 are orphaned (that is, one or both parents are dead).

The percentage of orphaned children increases rapidly with age, from 3 percent among children under age 5 to 17 percent among children age 15-17. There is no variation in the percentage of orphans by sex or urban-rural residence. Mansakonko and Kuntaur have the lowest percentage of orphaned children (6 percent each), while Banjul and Kanifing have the highest percentage (9 percent each). The percentage of children with one or both parents dead is somewhat higher among those in the lowest wealth quintile (10 percent) than among those in the other wealth quintiles (7 to 8 percent).

Table 2.10 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, The Gambia 2013

Background characteristic	Living with both parents	Living with mother but not with father		Living with father but not with mother		Not living with either parent					Total	Percentage not living with a biological parent	Percentage with one or both parents dead[1]	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father/ mother				
Age														
0-4	68.8	22.3	1.6	1.2	0.2	4.9	0.2	0.3	0.1	0.2	100.0	5.6	2.5	8,765
<2	71.2	26.1	1.0	0.4	0.1	0.8	0.1	0.0	0.0	0.3	100.0	0.9	1.2	3,689
2-4	67.1	19.6	2.0	1.8	0.3	7.9	0.3	0.5	0.2	0.2	100.0	9.0	3.5	5,077
5-9	60.9	14.8	3.2	3.9	0.8	13.3	0.9	1.1	0.7	0.4	100.0	16.0	6.7	7,994
10-14	53.7	12.0	5.4	5.3	1.3	16.2	1.6	2.8	1.2	0.5	100.0	21.8	12.3	6,333
15-17	44.6	9.0	7.3	4.7	1.7	21.0	1.8	4.7	1.9	3.3	100.0	29.4	17.4	2,900
Sex														
Male	61.8	15.7	3.6	3.8	0.9	10.4	0.8	1.6	0.7	0.6	100.0	13.5	7.7	12,977
Female	58.2	16.3	3.7	3.0	0.7	13.7	1.1	1.7	0.8	0.8	100.0	17.3	8.0	13,016
Residence														
Urban	58.0	17.2	3.5	3.5	0.5	12.7	1.2	1.7	0.9	0.8	100.0	16.5	7.8	12,052
Rural	61.7	15.0	3.8	3.4	1.1	11.5	0.8	1.6	0.6	0.6	100.0	14.5	7.9	13,941
Local Government Area														
Banjul	51.3	23.0	4.5	2.8	0.4	13.1	0.8	3.0	0.5	0.7	100.0	17.5	9.2	404
Kanifing	54.8	18.9	3.7	3.8	0.5	13.2	0.9	2.0	1.3	0.8	100.0	17.5	8.6	4,453
Brikama	61.3	13.9	3.3	3.8	0.9	12.2	1.1	1.9	0.8	0.8	100.0	16.0	8.0	8,610
Mansakonko	55.7	19.2	3.2	3.3	0.8	15.0	0.4	1.0	0.3	1.2	100.0	16.6	5.6	1,463
Kerewan	59.5	15.4	3.0	3.3	0.8	14.1	1.1	1.8	0.5	0.5	100.0	17.5	7.2	3,316
Kuntaur	68.3	10.5	2.2	3.2	0.9	11.6	0.9	1.6	0.2	0.6	100.0	14.3	5.8	1,826
Janjanbureh	59.1	16.0	4.0	4.0	1.3	12.1	1.2	1.3	0.8	0.4	100.0	15.3	8.5	2,156
Basse	62.9	18.5	5.6	2.2	0.8	7.4	0.5	0.8	0.7	0.5	100.0	9.5	8.5	3,765
Wealth quintile														
Lowest	61.4	13.3	4.9	2.9	1.4	11.9	1.0	1.5	1.0	0.7	100.0	15.4	9.8	5,544
Second	62.4	14.4	3.3	3.3	1.0	12.1	0.8	1.7	0.4	0.6	100.0	15.1	7.1	5,602
Middle	60.2	16.4	3.2	4.5	0.7	11.1	0.9	1.6	0.6	0.7	100.0	14.3	7.1	5,475
Fourth	62.7	15.4	2.9	2.9	0.7	10.9	1.0	1.7	0.9	0.9	100.0	14.5	7.2	4,969
Highest	51.9	21.5	4.0	3.4	0.2	14.6	1.1	1.7	0.8	0.7	100.0	18.2	7.9	4,403
Total <15	61.9	16.9	3.2	3.3	0.7	10.9	0.8	1.3	0.6	0.4	100.0	13.6	6.6	23,093
Total <18	60.0	16.0	3.6	3.4	0.8	12.1	0.9	1.6	0.8	0.7	100.0	15.4	7.8	25,993

Note: Table is based on de jure household members (i.e., usual residents).
[1] Includes children with father dead, mother dead, both dead, and one parent dead but missing information on the survival status of the other parent

2.8 EDUCATION OF THE HOUSEHOLD POPULATION

Education is a key determinant of individual opportunities, attitudes, and economic and social status. Studies have consistently shown that educational attainment has a strong effect on reproductive behaviour, fertility, infant and child mortality and morbidity, and attitudes and awareness related to family health, use of family planning, and sanitation. The 2013 GDHS collected data on educational attainment among household members and school attendance among youth.

In The Gambia, the basic structure of the education system includes preschool, lower basic education (grades 1-6), upper basic education (grades 7-9), senior secondary education (grades 10-12), and postsecondary or tertiary education (grades higher than 12). Tertiary education covers all postsecondary education programmes, particularly technical education, teacher education, university education, and research. The official age of school enrolment is 7 years.

2.8.1 School Attendance by Survivorship of Parents

The survival status of parents has an impact on their children's school attendance. Table 2.11 shows the percentage of children age 10-14 attending school by parental survival, along with the ratio of attendance by parental survival, according to background characteristics. Children with both parents dead are less likely to attend school (67 percent) than children who have both parents alive and who are living with at least one parent (74 percent), resulting in a ratio of 0.90 between the percentage of children with both parents deceased and the percentage with both parents alive and living with a parent.

Table 2.11 School attendance by survivorship of parents

Among de jure children age 10-14, the percentage attending school by parental survival and the ratio of the percentage attending by parental survival, according to background characteristics, The Gambia 2013

	Percentage attending school by survivorship of parents				
Background characteristic	Both parents deceased	Number	Both parents alive and living with at least one parent	Number	Ratio[1]
Sex					
Male	(66.7)	43	75.4	2,265	0.88
Female	(66.9)	30	73.0	2,229	0.92
Residence					
Urban	(71.2)	37	84.7	2,091	0.84
Rural	(62.3)	36	65.1	2,403	0.96
Local Government Area					
Banjul	*	1	89.7	68	0.65
Kanifing	*	25	85.6	752	0.82
Brikama	*	20	84.3	1,463	0.85
Mansakonko	*	2	83.2	270	1.20
Kerewan	*	6	66.6	583	1.00
Kuntaur	*	1	45.4	337	0.00
Janjanbureh	*	3	57.1	349	0.82
Basse	*	14	64.3	671	0.88
Wealth quintile					
Lowest	*	13	66.6	921	1.30
Second	*	11	66.7	934	0.82
Middle	*	14	68.8	982	0.56
Fourth	*	19	79.9	933	0.87
Highest	*	15	93.6	724	0.86
Total	66.8	73	74.2	4,494	0.90

Notes: Table is based only on children who usually live in the household. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Ratio of the percentage with both parents deceased to the percentage with both parents alive and living with a parent

2.8.2 Educational Attainment

The 2013 GDHS results can be used to look at educational attainment among household members and school attendance ratios among youth. Tables 2.12.1 and 2.12.2 show the percent distribution of the de facto female and male household population age 6 and older by highest level of education attended or completed, according to background characteristics.

A comparison of the two tables reveals that there is a substantial gap in educational attainment between females and males. There are proportionally more females than males with no education (52 percent versus 43 percent). By contrast, a higher percentage of males than females have attended or completed secondary school (27 percent versus 21 percent) or have more than a secondary education (5 percent versus 3 percent). The gap in the proportion of females and males who have no education exists for all age categories other than the 6-9 age group, wherein females are slightly less likely to have no education than males (57 percent versus 58 percent). The disparity is highest in the 55-59 age group, with a gap of 30 percentage points (93 percent of women in this age group have no education, as compared with 63 percent of men).

Educational attainment differs markedly by residence and among LGAs. Forty-one percent of females and 33 percent of males in urban areas have no education, as compared with 62 percent of females and 54 percent of males in rural areas. By LGA, the largest proportion of the household population over age 6 that has never been to school is found in Kuntaur (72 percent for both females and males). Banjul has the lowest proportion of household members who have never attended school (33 percent of females and 30 percent of males). The percentage of males and females with no education is inversely associated with wealth. For example, the percentage of females with no education decreases from 63 percent among those in the lowest wealth quintile to 30 percent among those in the highest quintile.

Nationally, the median number of years of schooling completed is slightly higher for males (1.1 years) than females (0.0 years). Median number of years of schooling completed is highest among females age 15-24 and males age 20-29, among urban residents, among those in Banjul and Kanifing, and among those in the highest wealth quintile.

Table 2.12.1 Educational attainment of the female household population

Percent distribution of the de facto female household population age 6 and over by highest level of schooling attended or completed and median years completed, according to background characteristics, The Gambia 2013

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number	Median years completed
Age										
6-9	56.6	42.9	0.1	0.0	0.0	0.0	0.5	100.0	3,165	0.0
10-14	25.8	60.7	3.7	9.2	0.4	0.0	0.3	100.0	3,201	2.3
15-19	24.8	13.9	7.1	49.8	2.9	1.1	0.3	100.0	2,662	6.2
20-24	32.2	6.6	5.1	31.0	16.7	8.3	0.1	100.0	2,326	7.6
25-29	47.6	7.9	4.2	19.6	11.7	8.4	0.5	100.0	2,046	2.9
30-34	58.7	7.9	4.6	14.2	9.1	5.5	0.1	100.0	1,670	0.0
35-39	68.4	7.4	4.8	9.7	5.3	4.2	0.3	100.0	1,200	0.0
40-44	74.5	3.2	5.4	10.5	2.5	3.5	0.5	100.0	836	0.0
45-49	80.0	2.5	4.3	7.0	2.6	3.1	0.3	100.0	623	0.0
50-54	90.3	2.7	0.8	3.4	1.5	1.0	0.4	100.0	1,040	0.0
55-59	92.8	1.1	1.0	2.9	1.3	0.8	0.1	100.0	498	0.0
60-64	92.8	0.3	1.4	1.2	1.5	2.5	0.3	100.0	480	0.0
65+	94.2	0.3	0.6	1.3	0.6	1.7	1.3	100.0	925	0.0
Residence										
Urban	41.1	19.0	4.1	21.9	8.1	5.5	0.3	100.0	10,570	2.2
Rural	62.3	22.5	3.1	9.7	1.5	0.5	0.5	100.0	10,111	0.0
Local Government Area										
Banjul	32.9	17.9	4.4	26.2	11.3	6.7	0.5	100.0	414	4.7
Kanifing	37.4	19.4	3.8	22.8	10.0	6.5	0.2	100.0	4,176	3.3
Brikama	44.3	20.5	4.5	20.0	6.1	4.1	0.4	100.0	6,906	1.0
Mansakonko	53.1	26.6	3.5	13.0	2.3	1.1	0.4	100.0	1,110	0.0
Kerewan	63.0	20.5	2.8	10.7	2.2	0.4	0.4	100.0	2,472	0.0
Kuntaur	72.0	16.5	2.6	7.8	0.7	0.1	0.4	100.0	1,258	0.0
Janjanbureh	62.9	19.6	2.8	12.1	1.2	0.9	0.5	100.0	1,656	0.0
Basse	67.0	24.1	2.7	5.5	0.3	0.2	0.3	100.0	2,689	0.0
Wealth quintile										
Lowest	62.8	22.4	3.1	9.5	1.5	0.2	0.5	100.0	4,056	0.0
Second	60.7	22.0	3.3	11.0	1.8	0.8	0.4	100.0	4,080	0.0
Middle	58.9	21.3	3.6	13.0	2.1	0.7	0.3	100.0	4,084	0.0
Fourth	46.8	20.8	4.1	19.8	5.3	3.0	0.3	100.0	3,998	0.3
Highest	30.2	17.4	3.9	25.5	12.8	9.9	0.3	100.0	4,464	5.5
Total	51.5	20.7	3.6	15.9	4.9	3.0	0.4	100.0	20,681	0.0

Note: Total includes 8 cases for whom information on age is missing.
[1] Completed grade 6 at the primary level
[2] Completed grade 12 at the secondary level

Table 2.12.2 Educational attainment of the male household population

Percent distribution of the de facto male household population age 6 and over by highest level of schooling attended or completed and median years completed, according to background characteristics, The Gambia 2013

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number	Median years completed
Age										
6-9	57.6	41.9	0.0	0.0	0.0	0.0	0.5	100.0	3,237	0.0
10-14	24.0	62.7	3.7	9.1	0.2	0.0	0.2	100.0	3,062	2.2
15-19	21.9	15.7	6.8	52.2	2.6	0.6	0.1	100.0	2,458	6.3
20-24	24.0	7.2	4.7	36.4	19.0	8.4	0.4	100.0	2,039	8.3
25-29	34.3	5.6	3.8	22.3	21.6	12.2	0.1	100.0	1,616	8.1
30-34	43.1	4.3	5.1	18.6	19.3	9.4	0.2	100.0	1,323	5.5
35-39	43.5	6.6	6.4	18.6	17.2	7.1	0.5	100.0	1,077	4.8
40-44	54.5	4.2	4.8	17.6	9.6	9.0	0.3	100.0	899	0.0
45-49	60.5	3.6	5.0	13.7	9.5	7.2	0.5	100.0	684	0.0
50-54	65.6	3.0	2.1	9.1	7.5	11.2	1.5	100.0	495	0.0
55-59	63.2	6.7	4.9	7.6	8.7	8.3	0.7	100.0	367	0.0
60-64	81.6	1.8	1.4	6.4	3.2	4.7	0.8	100.0	541	0.0
65+	89.8	0.7	0.3	2.0	3.0	3.3	1.0	100.0	939	0.0
Residence										
Urban	32.6	20.1	4.2	23.9	11.9	6.9	0.4	100.0	10,122	4.2
Rural	54.2	24.5	3.1	12.4	3.6	1.8	0.4	100.0	8,621	0.0
Local Government Area										
Banjul	30.1	18.1	5.0	26.9	13.1	6.5	0.4	100.0	406	5.3
Kanifing	31.8	19.5	3.6	23.5	12.6	8.5	0.6	100.0	3,788	4.6
Brikama	33.6	22.0	4.3	23.8	10.5	5.5	0.3	100.0	6,905	3.5
Mansakonko	39.8	29.9	3.9	17.2	5.6	3.3	0.3	100.0	946	0.9
Kerewan	51.0	25.2	3.7	13.6	4.2	2.0	0.3	100.0	2,118	0.0
Kuntaur	72.0	15.3	2.2	7.2	1.9	0.6	0.7	100.0	1,036	0.0
Janjanbureh	58.3	18.9	3.4	12.5	4.0	2.5	0.4	100.0	1,381	0.0
Basse	61.1	26.6	2.4	6.9	1.9	0.7	0.3	100.0	2,164	0.0
Wealth quintile										
Lowest	53.8	24.6	3.5	12.8	3.8	1.2	0.4	100.0	3,515	0.0
Second	51.6	24.6	3.1	14.1	4.0	2.1	0.5	100.0	3,550	0.0
Middle	48.6	22.8	3.7	16.4	5.7	2.5	0.4	100.0	3,723	0.0
Fourth	38.4	20.4	4.4	22.9	9.0	4.6	0.4	100.0	4,018	2.7
Highest	22.8	18.8	3.6	25.8	16.9	11.8	0.4	100.0	3,937	6.9
Total	42.5	22.1	3.7	18.6	8.1	4.6	0.4	100.0	18,744	1.1

Note: Total includes 5 cases for whom information on age is missing.
[1] Completed grade 6 at the primary level
[2] Completed grade 12 at the secondary level

2.8.3 School Attendance Ratios

Table 2.13 shows data on net attendance ratios (NARs) and gross attendance ratios (GARs) for the de facto household population by school level and sex, according to residence, region, and wealth index. The NAR for primary school is the total number of students of primary school age (age 7-12), expressed as the percentage of the population of primary school age. The NAR for secondary school is the percentage of the population of secondary school age (age 13-18) that attends secondary school. By definition, the NAR cannot exceed 100 percent.

Table 2.13 School attendance ratios

Net attendance ratios (NARs) and gross attendance ratios (GARs) for the de facto household population by sex and level of schooling, and the Gender Parity Index (GPI), according to background characteristics, The Gambia 2013

Background characteristic	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
	PRIMARY SCHOOL							
Residence								
Urban	73.4	72.6	73.0	0.99	96.7	97.0	96.8	1.00
Rural	57.8	61.3	59.5	1.06	83.8	83.5	83.7	1.00
Local Government Area								
Banjul	76.5	79.6	78.0	1.04	99.3	108.8	104.0	1.10
Kanifing	73.7	77.2	75.4	1.05	98.5	101.5	100.0	1.03
Brikama	72.7	71.2	72.0	0.98	99.4	95.4	97.5	0.96
Mansakonko	73.2	76.9	75.0	1.05	104.0	102.5	103.3	0.99
Kerewan	60.8	58.2	59.6	0.96	84.7	83.8	84.3	0.99
Kuntaur	35.7	44.2	40.0	1.24	51.7	61.2	56.5	1.18
Janjanbureh	52.0	53.6	52.8	1.03	73.2	74.2	73.7	1.01
Basse	56.9	63.7	60.3	1.12	82.1	84.3	83.2	1.03
Wealth quintile								
Lowest	60.8	61.1	61.0	1.00	88.2	80.8	84.4	0.92
Second	59.1	62.4	60.7	1.06	84.3	85.0	84.7	1.01
Middle	60.5	62.6	61.5	1.04	81.4	86.7	83.9	1.07
Fourth	69.0	72.7	70.8	1.05	95.0	95.8	95.4	1.01
Highest	78.8	76.3	77.6	0.97	103.6	104.0	103.8	1.00
Total	64.8	66.4	65.6	1.02	89.6	89.5	89.6	1.00
	SECONDARY SCHOOL							
Residence								
Urban	53.7	50.0	51.8	0.93	72.4	65.0	68.6	0.90
Rural	31.5	26.4	28.8	0.84	46.0	32.9	39.1	0.71
Local Government Area								
Banjul	55.0	63.0	59.3	1.15	75.0	76.4	75.8	1.02
Kanifing	53.1	52.6	52.8	0.99	72.3	65.9	68.9	0.91
Brikama	51.4	45.6	48.5	0.89	70.1	61.1	65.7	0.87
Mansakonko	45.4	37.5	41.5	0.83	63.7	46.1	55.1	0.72
Kerewan	36.3	32.2	34.1	0.89	54.5	40.4	47.0	0.74
Kuntaur	23.7	26.0	25.0	1.10	34.1	33.8	33.9	0.99
Janjanbureh	34.7	34.5	34.6	0.99	51.5	42.2	46.0	0.82
Basse	19.3	10.3	14.4	0.53	25.3	12.7	18.5	0.50
Wealth quintile								
Lowest	35.7	26.6	30.8	0.75	53.5	32.5	42.2	0.61
Second	32.5	31.4	32.0	0.97	46.0	38.1	42.0	0.83
Middle	34.7	29.7	32.0	0.86	51.7	38.8	44.8	0.75
Fourth	47.7	44.4	46.1	0.93	61.6	58.6	60.2	0.95
Highest	65.8	59.4	62.2	0.90	87.9	77.4	82.1	0.88
Total	43.5	38.8	41.0	0.89	60.3	49.8	54.8	0.83

[1] The NAR for primary school is the percentage of the primary school age (7-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary school age (13-18 years) population that is attending secondary school. By definition, the NAR cannot exceed 100 percent.
[2] The GAR for primary school is the total number of primary school students expressed as a percentage of the official primary school age population. The GAR for secondary school is the total number of secondary school students expressed as a percentage of the official secondary school age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.
[3] The Gender Parity Index for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR(GAR) for females to the NAR (GAR) for males.

The GAR for primary school is the total number of primary school students of any age, expressed as a percentage of the official primary school age population. The GAR for secondary school is the total number of secondary school students of any age, expressed as a percentage of the official secondary school age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

Finally, the gender parity index (GPI), which is the ratio of female to male attendance rates at the primary and secondary levels, indicates the magnitude of the gender gap in school attendance. A GPI below one indicates that a smaller proportion of females than males attend school. Individuals are considered to be attending school currently if they attended formal academic school at any point during the school year.

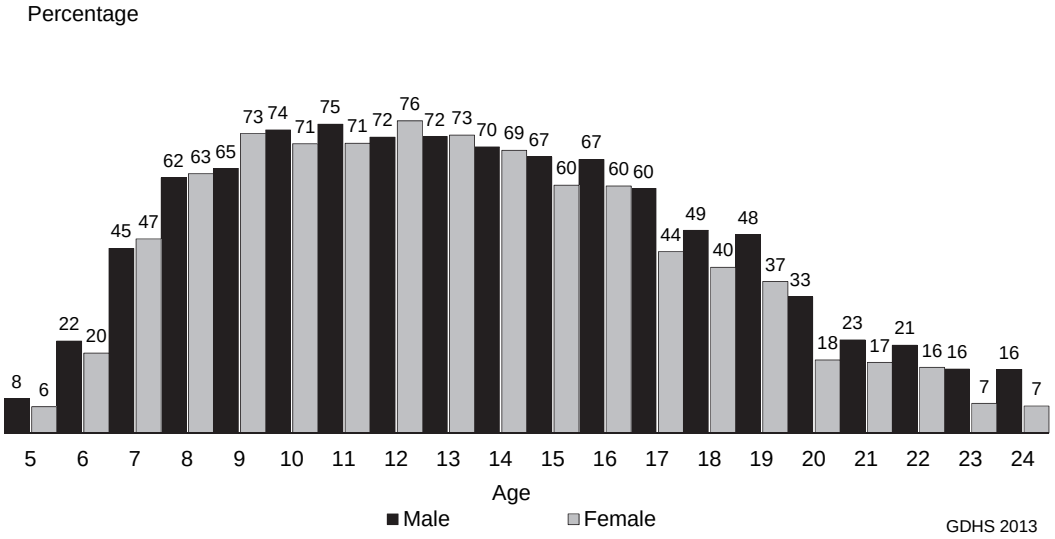
The results in Table 2.13 show that 66 percent of primary school age children attend primary school (65 percent of males and 66 percent of females) and that 41 percent of secondary school age youth attend secondary school (44 percent of males and 39 percent of females). At both levels, the NAR is much higher in urban areas than in rural areas (73 percent and 60 percent, respectively, at the primary school level and 52 percent and 29 percent, respectively, at the secondary school level). There are also large differences by LGA. For example, at the primary level, Banjul has the highest NAR (78 percent) and Kuntaur has the lowest (40 percent). At the secondary level, the NAR ranges from 14 percent in Basse to 59 percent in Banjul. The NAR is highest among children in the wealthiest households (78 percent at the primary level and 62 percent at the secondary level).

The GAR at the primary school level is 90 percent. This figure exceeds the primary school NAR (66 percent) by 24 percentage points, indicating that a large number of children outside the official school age population are attending primary school. At the secondary level, the GAR (55 percent) is somewhat closer to the NAR (41 percent), indicating that fewer youth outside of the official school age population are attending secondary school than is the case for primary school.

At the primary school level, the GPI is 1.02 for the NAR and 1.00 for the GAR, indicating that there is gender parity in primary school. However, at the secondary school level, the GPI is 0.89 for the NAR and 0.83 for the GAR, pointing to gender disparity in favour of males. This disparity is especially pronounced in rural areas. The GPI associated with the secondary school NAR is 0.84 in rural areas, as compared with 0.93 in urban areas; the GPI associated with the secondary school GAR is 0.71 and 0.90 in rural areas and urban areas, respectively. Large GPI differences are also observed according to LGA and wealth. The GPI for the NAR and GAR at the secondary school level is lowest among children living in Basse (0.53 and 0.50, respectively) and among children in the poorest households (0.75 and 0.61, respectively).

Figure 2.2 shows the age-specific attendance rates (ASARs) for the population age 5 and over, by sex. The ASAR indicates participation in schooling at any level, from primary to higher levels of education. At age 5 and age 6, attendance among males (8 percent and 22 percent, respectively) is higher than that among females (6 percent and 20 percent, respectively). However, from age 7 to age 9, female attendance is higher than male attendance. Attendance peaks at age 11 for males and age 12 for females. As school attendance begins to decline from age 14 onward, the gender differential increases, with more male than female youths attending.

Figure 2.2 **Age-specific attendance rates**



2.9 DISABILITY

In the 2013 GDHS, the Household Questionnaire asked if any household member(s) age 7 to age 69 had any form of disability and, if so, what type of disability. The objective of these questions was to provide estimates of the prevalence of physical disability among the household population, which are important for policy formulation and programmatic interventions. For example, disaggregating physical disability prevalence by LGA allows identification of areas in The Gambia where the problem is more common and, consequently, targeting of those areas with educational and rehabilitation programmes.

Table 2.14 shows the prevalence of physical disability among the de facto household population by various background characteristics, such as age, sex, residence, LGA, education, and wealth, according to type of disability. The total prevalence of any physical disability among household members age 7-69 is 3 percent; 2 percent have difficulty seeing, less than 1 percent have difficulty hearing, and slightly over 1 percent have difficulty using their legs. Very few household members age 7-69 (less than 1 percent) use crutches, canes, or a wheelchair.

Physical disability increases with increasing age, reaching its peak at 13 percent among individuals age 55-64. There are no major variations by sex, residence, or wealth. The prevalence of physical disability is lowest among those living in Basse (1 percent) and highest among those living in Banjul and Janjanbureh (6 percent each). In addition, physical disability is most common among individuals with no education and those in the lowest wealth quintile (4 percent each).

Table 2.14 Prevalence of physical disability

Percentage of de facto household members age 7-69 with a reported physical disability[1] by type of disability, according to background characteristics, The Gambia 2013

Background characteristic	Type of disability			Any disability	Use crutches, canes, or wheelchair	Number
	Difficulty seeing	Difficulty hearing	Difficulty using the legs			
Age						
7-14	0.4	0.2	0.2	0.9	0.0	10,830
15-24	0.8	0.3	0.3	1.4	0.0	9,486
25-34	1.0	0.4	1.1	2.3	0.1	6,657
35-44	1.9	0.6	1.4	3.5	0.1	4,012
45-54	4.4	1.1	3.8	7.7	0.2	2,842
55-64	6.8	1.9	6.7	12.8	0.8	1,887
65+	2.4	1.2	3.5	5.7	0.7	1,864
Sex						
Male	1.3	0.5	1.0	2.6	0.2	17,827
Female	1.7	0.5	1.5	3.2	0.1	19,763
Residence						
Urban	1.4	0.5	1.4	2.9	0.2	19,856
Rural	1.6	0.5	1.2	2.9	0.1	17,734
Local Government Area						
Banjul	2.9	0.8	2.9	5.6	0.2	795
Kanifing	1.8	0.4	1.4	3.2	0.1	7,648
Brikama	1.3	0.5	1.1	2.5	0.1	13,190
Mansakonko	0.9	0.3	0.5	1.6	0.1	1,958
Kerewan	2.0	0.6	2.2	4.1	0.2	4,373
Kuntaur	1.4	0.4	1.0	2.3	0.1	2,158
Janjanbureh	3.1	1.6	2.2	5.6	0.1	2,877
Basse	0.3	0.3	0.5	1.0	0.2	4,591
Education						
No education	1.9	0.7	1.9	3.8	0.2	17,108
Primary	0.8	0.3	0.6	1.5	0.0	9,554
Secondary or higher	1.5	0.5	1.0	2.6	0.1	10,792
Wealth quintile						
Lowest	1.9	0.7	1.4	3.5	0.2	7,133
Second	1.6	0.4	1.3	2.9	0.1	7,264
Middle	1.2	0.5	1.1	2.4	0.2	7,420
Fourth	1.0	0.5	1.1	2.3	0.1	7,669
Highest	1.8	0.5	1.5	3.4	0.1	8,104
Total	1.5	0.5	1.3	2.9	0.1	37,590

Note: Total includes 13 cases for whom information on age is missing and 136 cases for whom information on education level is missing.

[1] Disability as reported by the respondent on the Household Questionnaire

CHARACTERISTICS OF RESPONDENTS 3

Key Findings

- Sixty-six percent of women and 38 percent of men are married, while 5 percent of women and 1 percent of men are divorced, separated, or widowed.
- Forty-seven percent of women have no education, as compared with 31 percent of men.
- A large majority of the respondents (96 percent of both women and men) are Muslims.
- The majority of the respondents are members of the Mandinka/Jahanka ethnic group (34 percent of women and 35 percent of men), followed by the Fula/Tukulur/Lorobo ethnic group (22 percent of women and 23 percent of men).
- Literacy rates are 45 percent for women and 70 percent for men.
- Thirty percent of women and 16 percent of men do not have weekly access to newspapers, television, or a radio.
- Ten percent of women working in agriculture are not paid.
- Twenty-two percent of men age 15-49 use tobacco products.

This chapter provides a demographic and socioeconomic profile of the respondents interviewed in the 2013 GDHS, that is, women and men age 15-49. Information is presented on a number of basic characteristics including age at the time of the survey, religion, marital status, residence, education, literacy, media access, smoking status, and health insurance coverage. In addition, the chapter explores adults' employment status, occupation, and earnings. An analysis of these variables provides the socioeconomic context within which demographic and reproductive health issues are examined in the subsequent chapters.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Table 3.1 presents the percent distribution of women and men age 15-49 by age, marital status, residence, Local Government Area (LGA), education, wealth, religion, and ethnicity. The distribution of the respondents according to age shows a generally similar pattern for men and women. As expected, the proportion of women and men in each age group declines with increasing age. Forty-four percent of women and 47 percent of men are in the 15-24 age group, 33 percent of women and 28 percent of men are age 25-34, and the remaining respondents are age 35-49.

Sixty-six percent of women are currently married, as compared with 38 percent of men. On the other hand, 61 percent of men age 15-49 have never been married, compared with 29 percent of women. About 2 percent of women are widowed and 3 percent are either divorced or separated. Among men, these proportions are 1 percent or lower.

Overall, 56 percent of women and 62 percent of men live in urban areas, while 44 percent and 38 percent, respectively, live in rural areas. Within the eight LGAs, Brikama has the largest proportions of both female and male respondents (35 percent and 41 percent, respectively), and Banjul has the smallest proportions (2 percent each).

Table 3.1 Background characteristics of respondents

Percent distribution of women and men age 15-49 by selected background characteristics, The Gambia 2013

Background characteristic	Women			Men		
	Weighted percentage	Weighted number	Unweighted number	Weighted percentage	Weighted number	Unweighted number
Age						
15-19	23.5	2,407	2,463	23.4	836	867
20-24	20.8	2,125	2,101	23.7	849	789
25-29	17.8	1,822	1,755	16.4	586	547
30-34	14.7	1,504	1,480	11.9	425	399
35-39	10.3	1,056	1,098	10.9	391	385
40-44	7.4	761	765	7.6	270	274
45-49	5.5	559	571	6.2	220	261
Religion						
Islam	95.7	9,793	9,916	95.9	3,430	3,425
Christianity	4.2	427	302	4.0	144	93
No religion	0.1	6	3	0.0	2	2
Missing	0.1	6	12	0.0	1	2
Ethnic group						
Mandinka/Jahanka	33.8	3,462	3,366	34.5	1,234	1,153
Wollof	12.2	1,253	1,387	13.6	485	484
Jola/Karoninka	10.9	1,119	851	10.0	359	278
Fula/Tukulur/Lorobo	22.1	2,262	2,470	23.1	826	901
Serere	3.2	323	388	3.3	117	111
Serahuleh	7.0	714	744	5.4	192	208
Creole/Aku Marabout	0.8	79	88	0.6	21	33
Manjago	2.1	218	143	2.1	74	49
Bambara	1.0	107	123	1.1	38	52
Other	0.9	95	105	1.0	35	38
Non-Gambian	5.2	528	479	5.3	191	212
Missing	0.7	72	89	0.1	5	3
Marital status						
Never married	29.0	2,963	2,866	60.9	2,177	2,093
Married	66.1	6,764	6,871	38.0	1,358	1,385
Living together	0.3	27	34	0.1	2	3
Divorced/separated	3.2	326	321	1.1	38	37
Widowed	1.5	153	141	0.1	2	4
Residence						
Urban	56.0	5,730	4,498	62.3	2,228	1,692
Rural	44.0	4,503	5,735	37.7	1,349	1,830
Local Government Area						
Banjul	2.2	225	1,073	2.4	85	411
Kanifing	22.9	2,342	1,506	24.0	858	553
Brikama	34.7	3,550	1,833	40.6	1,454	742
Mansakonko	4.8	490	1,041	3.9	141	339
Kerewan	10.8	1,107	1,448	9.0	323	455
Kuntaur	5.1	526	1,039	4.0	141	310
Janjanbureh	7.2	739	1,024	6.7	240	326
Basse	12.3	1,254	1,269	9.4	336	386
Education						
No education	46.5	4,757	5,079	30.5	1,090	1,229
Primary	13.7	1,405	1,438	13.8	493	512
Secondary	34.3	3,512	3,268	46.5	1,665	1,508
More than secondary	5.5	559	448	9.2	330	273
Wealth quintile						
Lowest	17.1	1,745	2,144	14.4	517	680
Second	18.4	1,882	2,251	17.2	614	747
Middle	18.8	1,927	1,991	16.4	588	621
Fourth	20.9	2,135	1,714	26.3	940	700
Highest	24.9	2,545	2,133	25.7	919	774
Total 15-49	100.0	10,233	10,233	100.0	3,577	3,522
50-59	na	na	na	na	244	299
Total 15-59	na	na	na	na	3,821	3,821

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
na = Not applicable

Table 3.1 also shows that men are more educated than women. Forty-seven percent of women age 15-49 have no education, as compared with 31 percent of men. Furthermore, 56 percent of men have a secondary education or higher, compared with 40 percent of women. About half of the respondents (46 percent of women and 52 percent of men) are in the highest two wealth quintiles, and the smallest proportions are in the lowest quintile (17 percent of women and 14 percent of men).

The distribution of respondents by religion shows that the vast majority of both women and men (96 percent) believe in Islam, whereas 4 percent believe in Christianity. A negligible proportion of respondents (less than 1 percent) claimed to have no religion.

Ethnic affiliation is associated with various demographic behaviours because of differences in cultural beliefs. For example, in The Gambia, certain ethnic groups encourage the practice of female genital cutting. Survey data show that the majority of the respondents are from the Mandinka/Jahanka ethnic group (34 percent of women and 35 percent of men), followed by the Fula/Tukulur/Lorobo ethnic group (22 percent of women and 23 percent of men).

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Tables 3.2.1 and 3.2.2 summarise the educational attainment of women and men, respectively, by their highest level of schooling attended or completed according to background characteristics.

Table 3.2.1 Educational attainment: Women

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, The Gambia 2013

Background characteristic	Highest level of schooling						Total	Median years completed	Number of women
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-24	27.9	10.2	6.4	41.5	9.0	5.0	100.0	6.7	4,532
15-19	23.9	13.4	7.8	50.7	3.1	1.3	100.0	6.4	2,407
20-24	32.5	6.6	4.9	31.1	15.7	9.3	100.0	7.5	2,125
25-29	47.9	8.4	4.5	20.0	10.7	8.5	100.0	2.7	1,822
30-34	58.0	8.2	4.2	14.9	9.0	5.8	100.0	0.0	1,504
35-39	69.4	6.8	4.8	9.5	5.0	4.4	100.0	0.0	1,056
40-44	74.8	2.8	6.0	11.0	1.8	3.6	100.0	0.0	761
45-49	79.8	2.5	4.6	7.4	2.9	2.8	100.0	0.0	559
Residence									
Urban	34.1	6.2	5.7	33.0	12.2	8.9	100.0	6.8	5,730
Rural	62.3	10.9	5.2	17.9	2.7	1.0	100.0	0.0	4,503
Local Government Area									
Banjul	25.7	7.4	4.3	38.0	14.1	10.5	100.0	8.3	225
Kanifing	31.5	5.9	4.9	33.0	14.6	10.3	100.0	7.4	2,342
Brikama	36.9	7.6	7.0	31.8	9.4	7.2	100.0	5.7	3,550
Mansakonko	51.4	11.7	6.0	24.1	4.7	2.0	100.0	0.0	490
Kerewan	60.0	9.3	4.5	20.5	4.6	1.0	100.0	0.0	1,107
Kuntaur	73.9	6.7	2.9	14.9	1.6	0.1	100.0	0.0	526
Janjanbureh	61.8	8.2	4.0	21.5	2.6	1.9	100.0	0.0	739
Basse	71.0	13.2	4.9	9.9	0.7	0.3	100.0	0.0	1,254
Wealth quintile									
Lowest	62.7	11.2	5.6	17.5	2.4	0.5	100.0	0.0	1,745
Second	59.1	9.2	5.5	21.2	3.5	1.5	100.0	0.0	1,882
Middle	56.8	10.4	5.9	21.8	3.7	1.4	100.0	0.0	1,927
Fourth	42.5	7.4	5.9	30.9	8.0	5.2	100.0	5.0	2,135
Highest	21.5	4.7	4.6	35.8	18.3	15.1	100.0	8.8	2,545
Total	46.5	8.3	5.5	26.3	8.0	5.5	100.0	3.2	10,233

[1] Completed 6th grade at the primary level
[2] Completed 12th grade at the secondary level

Table 3.2.1 shows that 47 percent of women age 15-49 have no education. Fourteen percent have some primary education, 34 percent have some secondary education, and 6 percent have more than a secondary education. The percentage of women with no education increases steadily with age, from 24 percent among women age 15-19 to 80 percent among those age 45-49. A higher proportion of women in rural areas have no education (62 percent) than those in urban areas (34 percent). Fifty-four percent of urban women have attended or completed schooling at a secondary level or higher, as compared with only 22 percent of rural women. The percentage of women with no education ranges from a low of 26 percent in Banjul to a high of 74 percent in Kuntaur. The percentage of women with no education decreases steadily from 63 percent among the poorest women to 22 percent among those in the highest wealth quintile. By contrast, less than 1 percent of women in the lowest quintile have more than a secondary education, compared with 15 percent of women in the highest quintile.

Table 3.2.2 shows that a much lower percentage of men than women have no education (31 percent versus 47 percent). Overall, patterns among men are similar to those among women. Men age 45-49 are most likely to have no education (64 percent), whereas the youngest men (age 15-19) are least likely to have no education (18 percent). Twenty-one percent of urban men have no education, as compared with 47 percent of rural men. By LGA, the lowest percentage of men with no education is in Kanifing (19 percent), and the highest is in Kuntaur (67 percent). The percentage of uneducated men ranges from 13 percent among those in the highest wealth quintile to 43 percent among those in the lowest quintile.

Table 3.2.2 Educational attainment: Men

Percent distribution of men age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, The Gambia 2013

Background characteristic	Highest level of schooling						Total	Median years completed	Number of men
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-24	19.6	10.6	6.5	44.8	13.1	5.4	100.0	7.5	1,685
15-19	18.0	14.7	7.5	55.1	3.8	0.9	100.0	6.7	836
20-24	21.3	6.6	5.4	34.8	22.2	9.7	100.0	8.6	849
25-29	27.2	6.3	4.7	24.4	21.6	15.8	100.0	8.4	586
30-34	39.7	5.8	5.9	18.0	16.4	14.3	100.0	5.8	425
35-39	42.7	5.1	6.6	22.0	14.0	9.6	100.0	5.3	391
40-44	45.5	5.0	5.9	24.9	4.7	14.0	100.0	4.7	270
45-49	63.9	4.2	3.3	19.8	4.0	4.7	100.0	0.0	220
Residence									
Urban	20.6	6.3	5.7	37.0	18.2	12.2	100.0	8.6	2,228
Rural	46.8	10.5	6.1	25.8	6.5	4.3	100.0	2.8	1,349
Local Government Area									
Banjul	20.6	7.7	5.8	39.5	14.9	11.6	100.0	8.5	85
Kanifing	18.6	4.6	5.1	38.1	19.4	14.3	100.0	9.0	858
Brikama	22.6	7.8	5.9	37.8	15.9	10.1	100.0	8.1	1,454
Mansakonko	28.8	12.4	8.0	34.5	7.4	8.9	100.0	6.1	141
Kerewan	39.4	8.8	8.3	30.8	8.4	4.4	100.0	5.2	323
Kuntaur	67.4	7.6	3.6	16.6	3.3	1.6	100.0	0.0	141
Janjanbureh	47.7	7.6	6.2	20.6	11.1	6.8	100.0	3.0	240
Basse	61.8	14.7	5.3	12.6	4.1	1.6	100.0	0.0	336
Wealth quintile									
Lowest	43.1	11.8	7.4	27.7	7.3	2.7	100.0	4.1	517
Second	40.7	9.7	5.5	29.5	8.1	6.4	100.0	4.9	614
Middle	38.3	10.1	8.3	27.8	10.1	5.4	100.0	5.2	588
Fourth	29.4	6.3	4.5	36.2	14.3	9.4	100.0	7.8	940
Highest	12.6	4.6	5.2	37.4	23.1	17.0	100.0	9.9	919
Total 15-49	30.5	7.9	5.9	32.8	13.8	9.2	100.0	7.1	3,577
50-59	61.9	7.8	4.1	11.3	6.3	8.7	100.0	0.0	244
Total 15-59	32.5	7.9	5.8	31.4	13.3	9.2	100.0	6.7	3,821

[1] Completed 6th grade at the primary level
[2] Completed 12th grade at the secondary level

3.3 LITERACY

The ability to read and write is an important personal asset, increasing an individual's opportunities in life. In addition, literacy statistics can help programme managers, especially those working in health and family planning, decide how to reach women and men with their messages. The literacy status of 2013 GDHS respondents was determined by assessing their ability to read all or part of a simple sentence from a card. The literacy test was administered only to respondents who had less than a secondary school education; those with a secondary education or higher were assumed to be literate. Tables 3.3.1 and 3.3.2, respectively, present literacy results for women and men age 15-49.

Table 3.3.1 Literacy: Women

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, The Gambia 2013

Background characteristic	Secondary school or higher	No schooling or primary school: Can read a whole sentence	No schooling or primary school: Can read part of a sentence	No schooling or primary school: Cannot read at all	No schooling or primary school: No card with required language	No schooling or primary school: Missing	Total	Percentage literate[1]	Number of women
Age									
15-24	55.5	2.7	4.5	36.8	0.2	0.2	100.0	62.7	4,532
15-19	55.0	4.1	5.8	34.7	0.1	0.4	100.0	64.8	2,407
20-24	56.0	1.1	3.1	39.2	0.4	0.1	100.0	60.3	2,125
25-29	39.2	0.5	2.9	57.0	0.2	0.2	100.0	42.5	1,822
30-34	29.6	1.3	2.8	65.8	0.3	0.2	100.0	33.7	1,504
35-39	18.9	0.5	3.3	77.0	0.0	0.3	100.0	22.7	1,056
40-44	16.4	0.2	2.3	80.5	0.3	0.3	100.0	18.9	761
45-49	13.0	1.5	2.2	82.4	0.4	0.6	100.0	16.7	559
Residence									
Urban	54.1	2.1	3.2	40.1	0.3	0.2	100.0	59.3	5,730
Rural	21.6	1.0	4.0	72.9	0.1	0.3	100.0	26.7	4,503
Local Government Area									
Banjul	62.6	1.1	3.2	32.4	0.1	0.5	100.0	66.9	225
Kanifing	57.8	2.1	2.3	36.8	0.6	0.4	100.0	62.2	2,342
Brikama	48.4	2.0	4.1	45.0	0.3	0.2	100.0	54.5	3,550
Mansakonko	30.9	1.4	5.4	62.1	0.3	0.0	100.0	37.7	490
Kerewan	26.2	1.4	4.3	67.8	0.0	0.3	100.0	31.9	1,107
Kuntaur	16.6	1.1	3.2	78.8	0.0	0.3	100.0	20.9	526
Janjanbureh	26.0	0.8	2.7	70.3	0.0	0.2	100.0	29.5	739
Basse	10.8	0.8	3.7	84.6	0.0	0.1	100.0	15.4	1,254
Wealth quintile									
Lowest	20.5	1.3	3.7	73.8	0.4	0.4	100.0	25.4	1,745
Second	26.2	0.7	4.2	68.7	0.0	0.1	100.0	31.1	1,882
Middle	26.9	1.6	4.1	66.8	0.4	0.2	100.0	32.6	1,927
Fourth	44.2	1.8	3.3	50.1	0.4	0.2	100.0	49.3	2,135
Highest	69.2	2.3	2.8	25.4	0.1	0.3	100.0	74.3	2,545
Total	39.8	1.6	3.6	54.6	0.2	0.2	100.0	45.0	10,233

[1] Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

The data reveal that men are more literate than women (70 percent versus 45 percent). Among both women and men, the percentage who are literate decreases with age. For example, 65 percent of women age 15-19 are literate, as compared with only 17 percent of women age 45-49. In addition, literacy is much more common in urban areas (59 percent of women and 80 percent of men) than in rural areas (27 percent of women and 53 percent of men). Only 15 percent of women in Basse are literate, as compared with 67 percent of women in Banjul. Similarly, literacy among men ranges from a low of 38 percent in Basse to a high of 81 percent in Banjul.

Respondents in the lowest wealth quintile have the lowest level of literacy (25 percent of women and 55 percent of men). Literacy increases substantially with wealth to 74 percent of women and 88 percent of men in the highest wealth quintile.

Table 3.3.2 Literacy: Men

Percent distribution of men age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, The Gambia 2013

Background characteristic	Secondary school or higher	No schooling or primary school: Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/ visually impaired	Missing	Total	Per-centage literate[1]	Number of men
Age										
15-24	63.3	2.8	10.6	22.5	0.1	0.0	0.6	100.0	76.7	1,685
15-19	59.9	4.0	12.5	22.7	0.1	0.0	0.8	100.0	76.4	836
20-24	66.7	1.7	8.7	22.2	0.2	0.0	0.5	100.0	77.1	849
25-29	61.8	1.4	8.0	27.5	0.4	0.0	0.8	100.0	71.2	586
30-34	48.6	3.8	11.8	35.3	0.5	0.0	0.0	100.0	64.2	425
35-39	45.5	3.4	16.0	34.7	0.1	0.0	0.3	100.0	64.9	391
40-44	43.6	3.7	14.6	36.3	1.1	0.0	0.7	100.0	61.9	270
45-49	28.6	5.1	10.0	55.8	0.0	0.0	0.6	100.0	43.7	220
Residence										
Urban	67.4	2.7	10.2	18.8	0.4	0.0	0.5	100.0	80.2	2,228
Rural	36.6	3.4	12.8	46.5	0.1	0.0	0.6	100.0	52.8	1,349
Local Government Area										
Banjul	66.0	4.9	9.6	18.0	0.9	0.0	0.7	100.0	80.5	85
Kanifing	71.8	2.8	5.2	18.9	0.8	0.0	0.5	100.0	79.8	858
Brikama	63.7	2.6	13.6	19.3	0.2	0.0	0.6	100.0	79.9	1,454
Mansakonko	50.7	4.1	13.1	31.1	0.2	0.0	0.7	100.0	68.0	141
Kerewan	43.6	2.3	11.5	42.7	0.0	0.0	0.0	100.0	57.3	323
Kuntaur	21.5	6.6	11.3	60.1	0.0	0.0	0.6	100.0	39.4	141
Janjanbureh	38.5	1.5	11.1	48.1	0.0	0.0	0.8	100.0	51.1	240
Basse	18.2	4.2	15.3	61.7	0.0	0.0	0.6	100.0	37.7	336
Wealth quintile										
Lowest	37.6	3.8	13.3	44.4	0.1	0.0	0.8	100.0	54.7	517
Second	44.0	3.0	10.8	41.2	0.5	0.0	0.6	100.0	57.7	614
Middle	43.3	4.0	11.4	40.5	0.0	0.0	0.7	100.0	58.8	588
Fourth	59.8	2.1	13.4	23.6	0.5	0.0	0.6	100.0	75.3	940
Highest	77.5	2.7	7.8	11.4	0.3	0.0	0.3	100.0	88.1	919
Total 15-49	55.8	3.0	11.2	29.3	0.3	0.0	0.6	100.0	69.9	3,577
50-59	26.3	4.5	13.6	54.8	0.3	0.3	0.2	100.0	44.5	244
Total 15-59	53.9	3.1	11.3	30.9	0.3	0.0	0.5	100.0	68.3	3,821

[1] Refers to men who attended secondary school or higher and men who can read a whole sentence or part of a sentence

3.4 ACCESS TO MASS MEDIA

The 2013 GDHS collected information on respondents' exposure to common print and electronic media. Respondents were asked how often they read a newspaper, listened to the radio, or watched television. This information is important because it indicates the extent to which people in The Gambia are regularly exposed to mass media, which are often used to convey messages on family planning and other health topics.

Tables 3.4.1 and 3.4.2 show the percentages of female and male respondents, respectively, who were exposed to different types of mass media by age, residence, LGA, level of education, and wealth quintile. Sixty percent of women and 73 percent of men listen to the radio at least once a week, 47 percent of women and 61 percent of men watch television on a weekly basis, and 9 percent of women and 20 percent of men read newspapers at least once a week. Overall, only 7 percent of women and 14 percent of men are exposed to all three media at least once per week. Three in ten women (30 percent) and one in six men (16 percent) are not exposed to any of the three media on a regular basis.

There are only slight variations by age, with the youngest and oldest age groups having a tendency to be less exposed to any of the three media than the other age groups. Huge disparities exist in media exposure by urban-rural residence. For example, 14 percent of women and 27 percent of men in urban areas read a newspaper at least once a week, as compared with only 3 percent of women and 9 percent of men in rural areas. Exposure to newspapers and television is highest among women and men in Banjul and Kanifing. For example, 23 percent of women in Banjul and 18 percent of those on Kanifing read a newspaper weekly, compared with 1 percent to 10 percent of women from other LGAs. Women and men with higher levels of education and in the higher wealth quintiles are more likely to access any of the three media. For example, less than 1 percent of women with no education have access to all three media, as compared with 16 percent of women with a secondary education or higher. Eighteen percent of women in the highest wealth quintile and only 1 percent of those in the lowest quintile have weekly access to all three media.

Table 3.4.1 Exposure to mass media: Women

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, The Gambia 2013

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age						
15-19	9.3	48.6	58.6	7.1	30.3	2,407
20-24	11.9	51.8	64.7	8.6	25.3	2,125
25-29	10.8	46.5	61.8	8.2	29.1	1,822
30-34	7.6	47.4	60.1	6.0	29.3	1,504
35-39	6.3	44.1	58.7	5.5	30.8	1,056
40-44	4.6	39.9	52.8	2.6	36.0	761
45-49	6.0	35.9	59.4	5.0	34.6	559
Residence						
Urban	14.1	62.8	63.5	10.8	22.8	5,730
Rural	2.5	26.7	56.2	1.8	38.3	4,503
Local Government Area						
Banjul	22.5	77.1	61.9	16.4	14.0	225
Kanifing	18.2	72.4	66.6	14.4	16.3	2,342
Brikama	10.2	53.4	67.5	7.6	23.3	3,550
Mansakonko	2.0	34.1	67.9	1.2	27.6	490
Kerewan	2.9	26.7	35.9	1.9	56.1	1,107
Kuntaur	1.5	22.8	44.8	1.1	48.7	526
Janjanbureh	1.9	17.0	36.4	1.2	58.5	739
Basse	1.4	26.2	66.7	0.8	27.4	1,254
Education						
No education	0.2	32.0	51.4	0.1	40.1	4,757
Primary	2.1	46.9	63.8	1.8	26.7	1,405
Secondary or higher	21.7	64.2	69.4	16.4	18.3	4,071
Wealth quintile						
Lowest	2.2	20.2	53.2	1.2	42.8	1,745
Second	3.2	29.7	56.6	2.5	37.1	1,882
Middle	3.5	34.7	57.8	2.5	34.4	1,927
Fourth	8.2	61.0	62.0	6.4	25.2	2,135
Highest	22.8	75.3	68.3	17.6	15.1	2,545
Total	9.0	46.9	60.3	6.8	29.6	10,233

Table 3.4.2 Exposure to mass media: Men

Percentage of men age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, The Gambia 2013

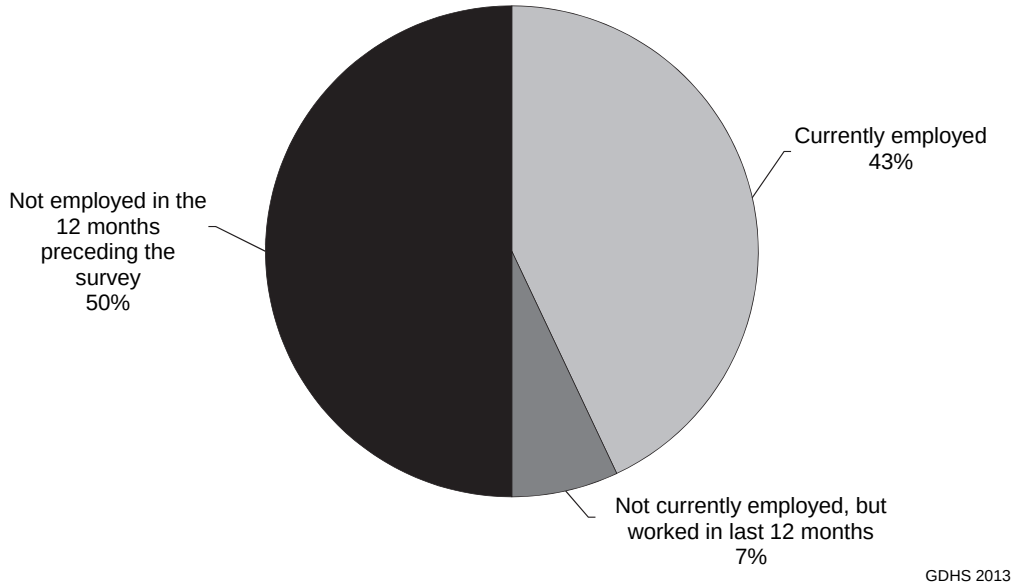
Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of men
Age						
15-19	11.7	58.9	68.2	7.0	17.8	836
20-24	22.0	66.6	75.7	17.0	14.5	849
25-29	25.1	61.6	72.5	15.6	13.0	586
30-34	22.3	67.9	74.4	17.6	13.0	425
35-39	25.7	59.3	76.5	18.3	13.2	391
40-44	22.4	51.4	73.2	17.4	18.4	270
45-49	12.7	44.0	71.9	9.0	21.9	220
Residence						
Urban	26.5	74.1	76.1	19.4	10.0	2,228
Rural	9.3	38.8	67.7	5.5	24.5	1,349
Local Government Area						
Banjul	32.6	79.2	73.7	24.5	9.7	85
Kanifing	28.1	76.1	75.1	20.3	11.4	858
Brikama	24.2	65.5	76.3	17.3	11.8	1,454
Mansakonko	4.3	39.3	70.6	2.2	19.0	141
Kerewan	12.4	43.0	62.4	8.1	27.5	323
Kuntaur	3.9	28.7	49.1	1.5	39.4	141
Janjanbureh	10.1	40.6	73.0	7.2	18.3	240
Basse	5.5	51.2	73.5	3.3	18.1	336
Education						
No education	3.6	46.3	68.3	3.3	23.5	1,090
Primary	3.8	59.7	71.6	2.8	17.9	493
Secondary or higher	33.0	69.0	75.8	22.9	10.4	1,994
Wealth quintile						
Lowest	8.7	34.4	71.9	6.4	22.2	517
Second	11.0	42.2	69.5	5.3	22.1	614
Middle	13.9	51.4	71.3	8.7	19.3	588
Fourth	24.1	72.9	77.0	18.3	10.5	940
Highest	32.1	81.7	72.6	23.7	9.8	919
Total 15-49	20.0	60.8	72.9	14.2	15.5	3,577
50-59	16.0	41.6	71.6	11.1	20.1	244
Total 15-59	19.7	59.6	72.8	14.0	15.8	3,821

3.5 EMPLOYMENT

Respondents were asked whether they were employed at the time of the survey (i.e., whether they had worked in the past 7 days) and, if not, whether they were employed at any time in the 12 months that preceded the survey. Because employment is viewed as a stock concept (measured at a particular point in time), the corresponding statistics must, in principle, refer to a precise moment in time. Respondents were asked a number of questions to elicit their current employment status and continuity of employment in the 12 months prior to the survey.

Figure 3.1 and Table 3.5.1 present the proportion of women who were currently employed, the proportion who were not currently employed but had been employed at some time during the 12 months before the survey, and the proportion who had not been employed at any time during the 12-month period. Table 3.5.2 presents employment status data for men. Overall, 43 percent of women reported that they were currently employed. An additional 7 percent of women were not currently employed but had worked in the 12 months preceding the survey.

Figure 3.1 Women's employment status in the past 12 months



Sixty-six percent of men were currently employed, and an additional 6 percent had worked in the year prior to the survey.

The proportion of currently employed respondents is lowest in the 15-19 age group (17 percent of women and 30 percent of men), mostly due to the fact that many in this age cohort are students. Women and men who have never been married are less likely to be currently employed (25 percent and 50 percent, respectively) than those currently or previously married. Respondents with no children are less likely to be employed than those who have children. The percentage of women who are currently employed increases with increasing number of living children, while there are no variations among men according to number of children. A higher percentage of rural than urban women are currently employed (45 percent versus 41 percent), while the opposite is true among men; urban men are somewhat more likely to be currently employed than rural men (68 percent versus 64 percent).

Women from Janjanbureh are least likely to be currently employed (38 percent), and those from Mansakonko and Banjul are most likely to be employed (50 percent and 49 percent, respectively). By contrast, men from Janjanbureh have the highest level of current employment (79 percent). Respondents with no education are more likely to be currently employed (51 percent of women and 80 percent of men) than respondents in the other education categories.

Table 3.5.1 Employment status: Women

Percent distribution of women age 15-49 by employment status, according to background characteristics, The Gambia 2013

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed[1]	Not currently employed			
Age					
15-19	16.7	4.6	78.7	100.0	2,407
20-24	33.6	6.7	59.6	100.0	2,125
25-29	50.7	8.7	40.6	100.0	1,822
30-34	53.7	8.5	37.8	100.0	1,504
35-39	59.0	10.2	30.8	100.0	1,056
40-44	67.7	8.8	23.4	100.0	761
45-49	67.5	7.9	24.6	100.0	559
Marital status					
Never married	24.5	3.1	72.4	100.0	2,963
Married or living together	49.5	9.3	41.2	100.0	6,791
Divorced/separated/widowed	57.9	7.1	35.0	100.0	478
Number of living children					
0	25.2	4.0	70.8	100.0	3,530
1-2	45.2	8.4	46.4	100.0	2,644
3-4	50.8	9.5	39.8	100.0	1,955
5+	61.2	10.1	28.7	100.0	2,103
Residence					
Urban	40.8	2.8	56.4	100.0	5,730
Rural	44.9	13.3	41.7	100.0	4,503
Local Government Area					
Banjul	49.0	3.4	47.6	100.0	225
Kanifing	41.8	2.5	55.7	100.0	2,342
Brikama	41.8	4.0	54.2	100.0	3,550
Mansakonko	49.8	3.5	46.6	100.0	490
Kerewan	46.4	1.9	51.7	100.0	1,107
Kuntaur	42.9	13.6	43.5	100.0	526
Janjanbureh	37.7	9.3	53.0	100.0	739
Basse	42.2	29.6	28.1	100.0	1,254
Education					
No education	50.5	10.3	39.2	100.0	4,757
Primary	39.1	9.2	51.8	100.0	1,405
Secondary or higher	34.7	3.4	61.9	100.0	4,071
Wealth quintile					
Lowest	45.8	11.0	43.1	100.0	1,745
Second	45.3	11.1	43.5	100.0	1,882
Middle	43.0	9.8	47.1	100.0	1,927
Fourth	42.9	4.3	52.8	100.0	2,135
Highest	37.9	3.1	59.0	100.0	2,545
Total	42.6	7.4	49.9	100.0	10,233

[1] "Currently employed" is defined as having done work in the past 7 days. Includes persons who did not work in the past 7 days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.5.2 Employment status: Men

Percent distribution of men age 15-49 by employment status, according to background characteristics, The Gambia 2013

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of men
	Currently employed[1]	Not currently employed			
Age					
15-19	30.3	5.9	63.8	100.0	836
20-24	54.8	5.5	39.6	100.0	849
25-29	81.5	6.1	12.4	100.0	586
30-34	89.2	6.0	4.8	100.0	425
35-39	91.1	5.1	3.9	100.0	391
40-44	92.6	3.4	3.9	100.0	270
45-49	87.0	10.0	2.9	100.0	220
Marital status					
Never married	50.4	5.5	44.1	100.0	2,177
Married or living together	91.2	6.3	2.5	100.0	1,360
Divorced/separated/widowed	(90.8)	(4.6)	(4.6)	100.0	40
Number of living children					
0	52.8	5.5	41.7	100.0	2,282
1-2	90.1	6.2	3.7	100.0	558
3-4	90.1	6.5	3.4	100.0	336
5+	90.4	6.6	3.0	100.0	400
Residence					
Urban	67.7	2.0	30.3	100.0	2,228
Rural	64.2	12.1	23.7	100.0	1,349
Local Government Area					
Banjul	73.8	5.0	21.2	100.0	85
Kanifing	67.1	2.7	30.1	100.0	858
Brikama	64.8	1.8	33.4	100.0	1,454
Mansakonko	61.9	4.1	34.0	100.0	141
Kerewan	69.6	0.5	29.8	100.0	323
Kuntaur	59.2	19.8	21.0	100.0	141
Janjanbureh	78.7	8.1	12.8	100.0	240
Basse	61.8	29.5	8.7	100.0	336
Education					
No education	80.2	10.2	9.6	100.0	1,090
Primary	68.1	5.7	26.3	100.0	493
Secondary or higher	58.3	3.5	38.2	100.0	1,994
Wealth quintile					
Lowest	66.0	8.3	25.7	100.0	517
Second	66.4	8.7	24.9	100.0	614
Middle	65.4	10.3	24.3	100.0	588
Fourth	70.0	3.5	26.4	100.0	940
Highest	63.3	2.0	34.6	100.0	919
Total 15-49	66.3	5.8	27.8	100.0	3,577
50-59	84.3	6.8	8.9	100.0	244
Total 15-59	67.5	5.9	26.6	100.0	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] "Currently employed" is defined as having done work in the past 7 days. Includes persons who did not work in the past 7 days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

3.6 OCCUPATION

Respondents who were currently employed were asked about their occupation. The results are presented in Tables 3.6.1 and 3.6.2 for women and men age 15-49, respectively. The highest proportion of working women (44 percent) are engaged in sales and services, while the highest proportion of working men (40 percent) are engaged in skilled manual work. The next major occupation category among working women and men is agriculture (41 percent of women and 19 percent of men). Among women, 5 percent work in professional, technical, or managerial jobs, and 3 percent each work in domestic service and skilled manual labour. Among men, 19 percent are employed in sales and services; 14 percent work in professional, technical, or managerial jobs; and 2 percent are employed in unskilled manual labour.

Table 3.6.1 Occupation: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, The Gambia 2013

Background characteristic	Pro-fessional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of women
Age										
15-19	0.9	0.0	32.0	3.0	0.1	1.8	58.7	3.5	100.0	512
20-24	5.2	2.2	43.1	2.6	1.1	3.7	40.6	1.6	100.0	858
25-29	7.1	1.2	48.5	2.0	0.8	3.4	34.4	2.7	100.0	1,083
30-34	6.2	0.9	43.9	3.0	1.4	3.0	40.1	1.4	100.0	936
35-39	5.4	0.7	45.9	2.0	1.2	2.8	40.9	1.0	100.0	731
40-44	5.4	0.0	43.5	3.3	1.5	4.4	41.2	0.6	100.0	582
45-49	4.8	0.4	45.1	1.4	1.3	3.4	42.9	0.6	100.0	421
Marital status										
Never married	8.7	2.5	47.6	3.5	1.0	6.9	26.7	3.2	100.0	819
Married or living together	4.6	0.6	41.9	2.1	1.1	2.3	45.9	1.5	100.0	3,993
Divorced/separated/widowed	5.9	1.2	59.1	4.8	1.3	6.1	20.5	1.1	100.0	311
Number of living children										
0	7.8	2.3	42.2	2.9	0.9	3.6	36.9	3.4	100.0	1,031
1-2	8.1	1.1	45.2	2.5	1.1	3.2	36.7	2.1	100.0	1,416
3-4	4.6	0.6	45.7	2.6	0.9	3.9	40.4	1.2	100.0	1,178
5+	1.7	0.0	42.4	2.0	1.3	2.5	49.4	0.7	100.0	1,498
Residence										
Urban	8.9	1.7	67.6	3.9	1.4	5.9	7.8	2.7	100.0	2,501
Rural	2.0	0.2	21.2	1.1	0.8	0.7	73.2	0.8	100.0	2,623
Local Government Area										
Banjul	11.0	2.0	62.5	6.2	1.8	12.7	1.1	2.8	100.0	118
Kanifing	9.9	2.6	66.2	4.3	2.6	9.0	2.1	3.3	100.0	1,038
Brikama	7.6	0.8	65.8	3.0	1.1	3.0	17.0	1.7	100.0	1,626
Mansakonko	4.7	0.5	30.3	1.0	1.0	0.7	61.2	0.6	100.0	261
Kerewan	2.2	0.2	28.5	1.0	1.0	1.1	64.9	1.1	100.0	535
Kuntaur	0.3	0.3	9.1	2.0	0.0	0.0	87.0	1.4	100.0	297
Janjanbureh	2.5	0.3	24.2	1.5	0.0	0.5	69.5	1.6	100.0	347
Basse	0.3	0.0	8.3	0.8	0.0	0.0	90.0	0.7	100.0	901
Education										
No education	0.5	0.0	38.6	1.9	1.1	2.5	54.7	0.8	100.0	2,893
Primary	1.0	0.0	44.3	3.0	0.5	4.5	46.0	0.8	100.0	678
Secondary or higher	16.4	3.0	53.6	3.3	1.3	4.1	14.3	3.8	100.0	1,553
Wealth quintile										
Lowest	1.4	0.0	29.4	0.7	0.9	1.1	65.5	1.0	100.0	993
Second	2.3	0.5	29.3	1.6	1.0	1.7	62.4	1.2	100.0	1,061
Middle	3.1	0.0	32.6	1.8	0.2	2.8	58.8	0.6	100.0	1,019
Fourth	5.0	0.3	61.8	4.6	1.6	7.0	17.3	2.3	100.0	1,007
Highest	14.8	3.6	66.1	3.8	1.6	3.7	2.9	3.4	100.0	1,043
Total	5.4	0.9	43.9	2.5	1.1	3.3	41.3	1.7	100.0	5,123

Urban women are most often employed in sales and services (68 percent) and urban men in skilled manual labour (46 percent). As expected, the majority of women (73 percent) and men (45 percent) in rural areas are employed in agriculture. The highest percentage of women and men who work in agriculture is in Basse (90 percent and 59 percent, respectively) and Kuntaur (87 percent and 60 percent, respectively). Kanifing and Brikama have the highest proportion of women working in sales and services (66 percent each) and the highest proportion of men engaged in skilled manual labour (44 percent and 49 percent, respectively).

Occupation also varies with level of education. Sixteen percent of women and 24 percent of men with a secondary education or higher are employed in the professional, technical, and managerial sector, as compared with 1 percent to 6 percent of respondents with no education or a primary education. On the other hand, women and men with no education are much more likely to work in agriculture (55 percent of women and 35 percent of men). Employed women and men in the bottom three wealth quintiles are much more likely to work in agriculture. The percentage of women and men employed in professional, technical, or managerial jobs increases notably with increasing wealth.

Table 3.6.2 Occupation: Men

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, The Gambia 2013

Background characteristic	Pro-fessional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of men
Age										
15-19	1.2	0.1	10.1	45.9	1.7	1.2	34.6	5.1	100.0	302
20-24	12.3	0.5	14.5	47.8	2.6	1.2	17.0	4.2	100.0	512
25-29	19.5	1.6	19.4	37.2	3.9	0.5	12.4	5.4	100.0	513
30-34	13.8	2.2	23.1	38.5	1.0	0.8	16.7	4.0	100.0	404
35-39	16.4	1.5	25.9	37.8	0.8	0.4	14.3	2.8	100.0	376
40-44	17.3	1.2	22.7	31.2	1.7	0.7	21.2	4.0	100.0	259
45-49	11.9	0.6	16.4	31.9	3.2	1.8	30.7	3.6	100.0	214
Marital status										
Never married	11.4	0.9	16.0	44.8	2.9	1.2	17.5	5.4	100.0	1,217
Married or living together	15.8	1.4	21.2	34.9	1.6	0.6	21.2	3.3	100.0	1,326
Divorced/separated/widowed	(15.6)	(0.7)	33.1)	38.5)	(1.4)	(0.0)	(8.9)	(1.8)	100.0	38
Number of living children										
0	12.4	0.5	16.6	43.4	2.8	1.0	18.0	5.4	100.0	1,330
1-2	16.0	2.6	22.2	38.8	1.1	0.6	15.6	3.1	100.0	538
3-4	14.4	2.8	22.0	37.1	1.6	0.4	19.0	2.8	100.0	325
5+	14.9	0.1	20.1	29.8	2.1	1.0	28.9	3.2	100.0	388
Residence										
Urban	18.2	1.8	23.3	46.0	2.5	0.9	2.3	4.9	100.0	1,553
Rural	7.0	0.1	12.4	30.0	1.8	0.7	44.9	3.2	100.0	1,029
Local Government Area										
Banjul	13.8	2.7	29.8	40.0	5.1	1.2	2.4	5.0	100.0	67
Kanifing	19.6	3.3	24.5	44.0	2.1	0.8	1.4	4.2	100.0	600
Brikama	16.5	0.6	19.0	48.6	3.4	0.6	5.5	5.7	100.0	969
Mansakonko	15.1	0.0	13.8	40.3	0.3	0.9	28.9	0.8	100.0	93
Kerewan	9.9	0.0	16.8	37.9	1.2	0.8	31.4	2.0	100.0	226
Kuntaur	3.5	0.0	9.8	24.3	0.9	0.0	60.0	1.6	100.0	112
Janjanbureh	8.4	0.3	14.0	24.4	1.5	3.2	42.3	5.9	100.0	209
Basse	3.2	0.4	15.4	19.3	0.3	0.4	59.1	1.9	100.0	306
Education										
No education	3.6	0.0	20.1	37.2	1.6	0.4	34.7	2.5	100.0	986
Primary	5.8	0.1	14.6	53.4	1.0	0.6	22.1	2.4	100.0	364
Secondary or higher	24.2	2.4	19.3	37.4	3.1	1.3	6.1	6.2	100.0	1,232
Wealth quintile										
Lowest	8.4	0.0	13.5	34.1	2.4	0.4	37.2	4.0	100.0	384
Second	6.3	0.5	11.7	36.7	2.2	0.6	39.2	2.9	100.0	461
Middle	10.5	0.4	14.9	41.0	2.3	1.2	26.2	3.4	100.0	445
Fourth	14.6	1.1	24.9	43.4	1.2	1.0	7.8	6.0	100.0	691
Highest	24.3	2.9	24.1	39.9	3.2	1.0	0.6	4.0	100.0	601
Total 15-49	13.7	1.1	19.0	39.6	2.2	0.9	19.3	4.2	100.0	2,581
50-59	13.1	1.5	21.9	27.3	1.2	2.0	27.9	5.1	100.0	222
Total 15-59	13.7	1.2	19.2	38.6	2.1	0.9	20.0	4.3	100.0	2,803

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 3.7 presents the percent distribution of employed women age 15-49 by type of earnings and employer characteristics, according to type of employment (agricultural or nonagricultural). Sixty-five percent of women receive cash only for their work, 26 percent are paid in cash and in-kind, and 6 percent are not paid at all. Women employed in agricultural work are much more likely to be paid in cash and in-kind only (45 percent) or not be paid at all (10 percent) than women employed in nonagricultural work (13 percent and 2 percent, respectively).

Sixty-six percent of women are self-employed, 20 percent are employed by a non-family member, and 14 percent are employed by a family member. Women working in the agricultural sector are more likely to be self-employed (74 percent) or employed by a family member (21 percent) than are women working in nonagricultural jobs (61percent and 8 percent, respectively). By contrast, women who do nonagricultural work (31 percent) are more likely to be employed by non-family members than those who work in agriculture (5 percent).

Most women who work in agriculture are engaged in seasonal work (66 percent), while the majority of women who do nonagricultural work have continuous yearly employment (81 percent).

Table 3.7 Type of employment: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), The Gambia 2013

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	39.8	83.1	64.9
Cash and in-kind	45.0	13.0	26.2
In-kind only	4.8	1.2	2.8
Not paid	10.1	2.3	5.6
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	20.8	8.2	13.5
Employed by non-family member	4.7	30.9	20.4
Self-employed	74.1	60.7	65.7
Total	100.0	100.0	100.0
Continuity of employment			
All year	32.2	81.3	60.7
Seasonal	66.1	13.8	35.6
Occasional	1.4	4.7	3.3
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	2,116	2,919	5,123

Note: Total includes women with missing information on type of employment who are not shown separately.

3.7 HEALTH INSURANCE COVERAGE

Medical insurance provides peace of mind and, most importantly, essential care to save the life and/or ensure the well-being of the person with insurance coverage. In the 2013 GDHS, women and men were asked if they were covered by any health insurance and, if so, what type of insurance. Tables 3.8.1 and 3.8.2 indicate that only a small percentage of women and men in The Gambia have health insurance coverage (2 percent and 3 percent, respectively), mostly employer-based insurance. Health insurance coverage is more common among urban women and men (4 percent each), those in Banjul (5 percent and 6 percent, respectively), those with a secondary education or higher (5 percent each), and those in the highest wealth quintile (6 percent and 7 percent, respectively).

Table 3.8.1 Health insurance coverage: Women

Percentage of women age 15-49 with specific types of health insurance coverage, according to background characteristics, The Gambia 2013

Background characteristic	Employer-based insurance	Privately purchased commercial insurance	None	Number of women
Age				
15-19	0.6	0.4	98.9	2,407
20-24	2.1	0.2	97.8	2,125
25-29	3.0	0.2	96.7	1,822
30-34	2.6	0.5	96.9	1,504
35-39	2.7	0.4	96.8	1,056
40-44	1.0	0.0	99.0	761
45-49	1.4	1.0	97.6	559
Residence				
Urban	3.2	0.6	96.3	5,730
Rural	0.3	0.1	99.5	4,503
Local Government Area				
Banjul	4.9	0.5	94.5	225
Kanifing	3.6	0.6	95.9	2,342
Brikama	2.6	0.5	96.9	3,550
Mansakonko	0.3	0.1	99.6	490
Kerewan	0.4	0.2	99.4	1,107
Kuntaur	0.4	0.0	99.5	526
Janjanbureh	0.3	0.2	99.5	739
Basse	0.0	0.0	99.9	1,254
Education				
No education	0.5	0.1	99.4	4,757
Primary	0.9	0.0	99.1	1,405
Secondary or higher	4.0	0.8	95.3	4,071
Wealth quintile				
Lowest	0.2	0.0	99.8	1,745
Second	0.3	0.0	99.6	1,882
Middle	0.8	0.2	98.9	1,927
Fourth	1.8	0.3	97.8	2,135
Highest	5.2	1.0	93.9	2,545
Total	1.9	0.3	97.7	10,233

Table 3.8.2 Health insurance coverage: Men

Percentage of men age 15-49 with specific types of health insurance coverage, according to background characteristics, The Gambia 2013

Background characteristic	Employer-based insurance	Privately purchased commercial insurance	None	Number of men
Age				
15-19	0.2	0.1	99.4	836
20-24	1.1	0.4	98.5	849
25-29	3.6	0.4	95.5	586
30-34	4.1	0.1	95.8	425
35-39	3.5	0.7	95.5	391
40-44	9.7	0.1	90.1	270
45-49	3.5	0.0	96.5	220
Residence				
Urban	3.9	0.4	95.4	2,228
Rural	0.7	0.1	99.2	1,349
Local Government Area				
Banjul	6.1	0.3	93.4	85
Kanifing	5.0	0.3	94.5	858
Brikama	2.6	0.4	96.6	1,454
Mansakonko	0.3	0.2	99.5	141
Kerewan	0.6	0.1	99.3	323
Kuntaur	0.0	0.4	99.6	141
Janjanbureh	0.7	0.2	99.1	240
Basse	2.0	0.0	98.0	336
Education				
No education	0.7	0.0	99.3	1,090
Primary	0.8	0.1	99.1	493
Secondary or higher	4.3	0.4	94.9	1,994
Wealth quintile				
Lowest	0.0	0.1	99.9	517
Second	1.6	0.1	98.3	614
Middle	0.3	0.0	99.7	588
Fourth	2.8	0.4	96.8	940
Highest	6.4	0.5	92.3	919
Total 15-49	2.7	0.3	96.8	3,577
50-59	2.7	1.4	95.9	244
Total 15-59	2.7	0.3	96.7	3,821

3.9 SMOKING

Smoking and other forms of tobacco use can cause a wide variety of diseases and can lead to death. Smoking is a risk factor for cardiovascular disease, lung cancer, and other forms of cancer, and it contributes to the severity of pneumonia, emphysema, and chronic bronchitis symptoms. Also, second-hand smoke may adversely affect the health of children and aggravate childhood illnesses. In the 2013 GDHS, both women and men were asked a number of questions to ascertain the prevalence of use of tobacco products, and cigarette smokers were asked about the number of cigarettes smoked in the last 24 hours.

Less than 1 percent of women age 15-49 smoke cigarettes or use any other types of tobacco (data not shown).

Table 3.9 presents information on use of tobacco among men. Twenty-six percent of men age 15-49 use tobacco products. The majority (20 percent) smoke cigarettes, and 5 percent use other forms of tobacco. Use of tobacco gradually increases with age. For example, only 4 percent of men age 15-19 smoke cigarettes; this percentage peaks in the 35-39 age group (36 percent), after which it drops slightly. Cigarette smoking among men is highest in Janjanbureh (27 percent), while use of other types of tobacco is highest in Basse (13 percent). Tobacco use is highest among men with no education and those in the lowest wealth quintile.

Among men who smoke cigarettes, the largest proportion (50 percent) smoked 10 or more cigarettes during the 24 hours preceding the survey; 30 percent smoked 3-5 cigarettes, and 11 percent smoked 6-9 cigarettes.

Table 3.9 Use of tobacco: Men

Percentage of men age 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in the preceding 24 hours, according to background characteristics, The Gambia 2013

Background characteristic	Uses tobacco			Does not use tobacco	Number of men	Percent distribution of men who smoke cigarettes by number of cigarettes smoked in the past 24 hours						Total	Number of cigarette smokers
	Cigarettes	Pipe	Other tobacco			0	1-2	3-5	6-9	10+	Don't know/ missing		
Age													
15-19	3.6	0.0	1.1	95.8	836	(12.6)	(6.8)	(17.1)	(8.6)	(42.3)	(12.6)	100.0	30
20-24	16.3	0.1	4.6	82.8	849	1.3	7.2	46.9	8.8	33.1	2.8	100.0	139
25-29	23.7	0.3	6.1	74.1	586	0.5	6.4	31.3	16.4	40.9	4.5	100.0	139
30-34	28.5	0.1	8.7	67.5	425	0.0	0.7	43.2	10.2	44.3	1.7	100.0	121
35-39	35.7	0.1	5.1	62.5	391	0.7	7.9	16.8	9.2	65.4	0.0	100.0	140
40-44	34.2	0.3	9.2	62.2	270	0.2	2.0	18.0	13.1	65.9	0.8	100.0	92
45-49	29.6	0.2	8.8	65.9	220	1.1	5.1	20.4	9.6	62.6	1.1	100.0	65
Residence													
Urban	19.8	0.0	4.8	78.2	2,228	1.1	5.0	27.0	10.6	53.1	3.2	100.0	440
Rural	21.2	0.3	5.7	77.1	1,349	1.2	5.5	35.2	12.0	44.9	1.2	100.0	285
Local Government Area													
Banjul	22.0	0.0	8.6	74.5	85	7.1	7.2	32.7	11.0	39.8	2.1	100.0	19
Kanifing	17.1	0.1	4.7	81.0	858	1.6	7.9	24.1	8.4	53.3	4.7	100.0	147
Brikama	21.0	0.0	4.4	76.9	1,454	0.7	4.1	31.3	11.4	49.9	2.6	100.0	305
Mansakonko	23.2	0.0	4.3	75.1	141	1.2	5.7	28.0	13.5	51.6	0.0	100.0	33
Kerewan	22.3	0.3	4.6	75.5	323	2.6	2.7	26.7	10.7	55.3	2.1	100.0	72
Kuntaur	12.7	2.2	2.3	85.3	141	(0.0)	(10.6)	27.3)	(22.3)	(39.8)	(0.0)	100.0	18
Janjanbureh	26.6	0.2	3.1	71.6	240	0.0	5.4	29.6	15.9	48.1	1.0	100.0	64
Basse	20.5	0.0	12.5	78.5	336	0.0	4.6	44.1	8.3	43.0	0.0	100.0	69
Education													
No education	22.7	0.3	6.9	75.0	1,090	0.7	5.2	27.8	10.0	53.4	2.9	100.0	247
Primary	23.0	0.1	4.2	75.4	493	0.3	3.0	32.9	14.2	48.1	1.6	100.0	114
Secondary or higher	18.3	0.1	4.5	79.9	1,994	1.7	5.9	31.0	11.0	48.0	2.3	100.0	365
Wealth quintile													
Lowest	26.1	0.7	5.5	71.6	517	0.3	6.2	39.1	9.4	42.9	2.0	100.0	135
Second	19.8	0.1	5.5	78.6	614	1.4	5.0	28.7	11.9	48.0	5.0	100.0	121
Middle	20.4	0.1	5.2	77.5	588	2.0	3.1	33.6	15.1	45.5	0.6	100.0	120
Fourth	20.6	0.0	6.0	78.0	940	0.8	5.0	28.4	8.6	54.3	2.9	100.0	194
Highest	17.0	0.1	3.9	80.7	919	1.3	6.4	23.4	12.3	55.1	1.4	100.0	156
Total 15-49	20.3	0.1	5.2	77.8	3,577	1.1	5.2	30.2	11.2	49.9	2.4	100.0	726
50-59	23.3	0.4	5.5	73.6	244	0.3	5.7	21.7	18.2	54.1	0.0	100.0	57
Total 15-59	20.5	0.2	5.2	77.5	3,821	1.1	5.2	29.6	11.7	50.2	2.2	100.0	782

Note: Figures in parentheses are based on 25-49 unweighted cases.

MARRIAGE AND SEXUAL ACTIVITY 4

Key Findings

- Women are much more likely than men to be married: 66 percent of women and 38 percent of men age 15-49 are currently married.
- Polygynous marriages are common in The Gambia, with 39 percent of currently married women and 18 percent of currently married men living in polygynous unions.
- Women in The Gambia tend to marry much earlier in life than men. The median age at first marriage is 18.6 years for women age 25-49 and 28.4 years for men age 30-49.
- Among those in the 25-49 age group, women initiated sexual activity much earlier than men (18.6 years versus 23.1 years).
- Among women and men age 15-49 who have never been married, men are five times as likely to report having had sexual intercourse in the past four weeks (10 percent versus 2 percent).

This chapter addresses the principal factors, other than contraception, that affect a woman's risk of becoming pregnant. These factors include marriage, polygyny, age at marriage, age at first sexual intercourse, and recent sexual activities. The chapter also includes information on direct measures of the beginning of exposure to pregnancy and level of exposure.

4.1 CURRENT MARITAL STATUS

Marriage is a primary indication of the regular exposure of women to the risk of pregnancy, and therefore it is important for an understanding of fertility. Populations in which age at first marriage is low tend to have early childbearing and high fertility.

Table 4.1 presents the percent distribution of all women and men by marital status, according to age. The term married refers to legal or formal marriage, and the phrase living together designates an informal union in which a man and a woman live together even if a formal civil or religious ceremony has not occurred. In the tables that do not list living together as a separate category, these women and men are included in the currently married group.

About three in ten women age 15-49 (29 percent) have never been married. Sixty-six percent of women are either married or living together with a man, and the remaining 5 percent are divorced, separated, or widowed. Very few women age 30 and older have never been married (5 percent or less).

A much higher percentage of men than women (61 percent versus 29 percent) have never been married. Thirty-eighty percent of men are currently married or living together with a woman, while only 1 percent are divorced, separated, or widowed.

Table 4.1 Current marital status

Percent distribution of women and men age 15-49 by current marital status, according to age, The Gambia 2013

Age	Marital status						Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed			
					WOMEN				
15-19	75.7	23.8	0.0	0.5	0.0	0.1	100.0	23.8	2,407
20-24	38.8	58.1	0.1	2.0	0.4	0.6	100.0	58.2	2,125
25-29	12.6	83.3	0.5	2.8	0.3	0.4	100.0	83.9	1,822
30-34	4.5	87.6	0.1	4.5	1.4	1.9	100.0	87.7	1,504
35-39	1.4	90.7	0.8	4.4	0.5	2.2	100.0	91.5	1,056
40-44	0.2	88.0	0.3	4.4	1.3	5.8	100.0	88.4	761
45-49	0.6	88.4	0.3	3.5	0.9	6.3	100.0	88.7	559
Total	29.0	66.1	0.3	2.6	0.5	1.5	100.0	66.4	10,233
					MEN				
15-19	99.7	0.3	0.0	0.0	0.0	0.0	100.0	0.3	836
20-24	93.0	6.8	0.0	0.2	0.0	0.0	100.0	6.8	849
25-29	65.6	33.2	0.4	0.5	0.3	0.0	100.0	33.6	586
30-34	26.0	72.3	0.0	1.2	0.5	0.0	100.0	72.3	425
35-39	9.7	88.0	0.0	1.3	0.9	0.1	100.0	88.0	391
40-44	6.0	90.6	0.0	1.9	1.0	0.4	100.0	90.6	270
45-49	1.9	94.3	0.0	2.1	1.5	0.2	100.0	94.3	220
Total 15-49	60.9	38.0	0.1	0.7	0.4	0.1	100.0	38.0	3,577
50-59	2.1	95.5	0.1	1.4	0.5	0.3	100.0	95.6	244
Total 15-59	57.1	41.6	0.1	0.7	0.4	0.1	100.0	41.7	3,821

4.2 POLYGYNY

Polygyny (having more than one wife) is common in Africa and has implications for frequency of sexual activity and fertility. Table 4.2.1 shows the percent distribution of currently married women by number of co-wives, according to background characteristics. Polygyny was measured by asking all currently married female respondents whether their husband or partner had other wives and, if so, how many.

About four in ten currently married women (39 percent) live in polygynous unions (i.e., they have one or more co-wife). Older women are much more likely to be in polygynous unions than younger women. Polygyny is more prevalent in rural than in urban areas. The distribution by Local Government Area (LGA) shows substantial variation, with Basse having the highest proportion of women in polygynous marriages (53 percent) and Banjul having the lowest proportion (23 percent). The percentage of women in polygynous marriages decreases with increasing education, from 47 percent among women with no education to 22 percent among those with a secondary or higher education. Women in the highest two wealth quintiles are least likely to have co-wives (32-33 percent).

Men were also asked if they had more than one wife. Data on polygynous unions among currently married men age 15-49 are shown in Table 4.2.2. Eighteen percent of currently married men report having more than one wife. Variations in polygyny among men by background characteristics follow patterns similar to those observed for women.

Table 4.2.1 Number of women's co-wives

Percent distribution of currently married women age 15-49 by number of co-wives, according to background characteristics, The Gambia 2013

Background characteristic	Number of co-wives			Total	Number of women
	0	1	2+		
Age					
15-19	84.0	13.1	2.7	100.0	573
20-24	76.9	19.3	3.4	100.0	1,237
25-29	70.2	23.8	5.5	100.0	1,528
30-34	58.3	32.1	9.0	100.0	1,319
35-39	46.8	35.8	17.2	100.0	966
40-44	38.0	40.6	21.3	100.0	673
45-49	31.4	44.6	23.5	100.0	496
Residence					
Urban	68.2	23.1	8.3	100.0	3,356
Rural	53.8	34.0	11.8	100.0	3,435
Local Government Area					
Banjul	76.7	20.3	2.3	100.0	114
Kanifing	68.8	23.9	6.8	100.0	1,258
Brikama	66.7	24.0	8.8	100.0	2,282
Mansakonko	54.4	31.6	13.9	100.0	344
Kerewan	59.1	31.7	9.0	100.0	801
Kuntaur	50.5	36.3	12.7	100.0	427
Janjanbureh	56.3	32.8	10.8	100.0	550
Basse	46.9	36.6	15.9	100.0	1,015
Education					
No education	52.3	34.0	13.3	100.0	4,125
Primary	67.8	25.0	6.6	100.0	912
Secondary or higher	77.6	17.8	4.3	100.0	1,754
Wealth quintile					
Lowest	61.0	31.7	7.0	100.0	1,303
Second	53.9	33.6	11.9	100.0	1,404
Middle	56.1	29.2	14.1	100.0	1,386
Fourth	66.8	23.8	9.3	100.0	1,344
Highest	67.2	24.5	7.8	100.0	1,354
Total	60.9	28.6	10.1	100.0	6,791

Table 4.2.2 Number of men's wives

Percent distribution of currently married men age 15-49 by number of wives, according to background characteristics, The Gambia 2013

Background characteristic	Number of wives		Total	Number of men
	1	2+		
Age				
15-19	*	*	100.0	2
20-24	99.5	0.5	100.0	57
25-29	95.9	4.1	100.0	197
30-34	93.8	6.2	100.0	307
35-39	85.3	14.7	100.0	344
40-44	68.6	31.4	100.0	245
45-49	58.8	41.2	100.0	208
Residence				
Urban	88.3	11.7	100.0	758
Rural	74.8	25.2	100.0	602
Local Government Area				
Banjul	89.0	11.0	100.0	30
Kanifing	89.4	10.6	100.0	286
Brikama	86.7	13.3	100.0	508
Mansakonko	78.0	22.0	100.0	59
Kerewan	73.8	26.2	100.0	143
Kuntaur	70.7	29.3	100.0	73
Janjanbureh	81.6	18.4	100.0	92
Basse	70.3	29.7	100.0	170
Education				
No education	75.2	24.8	100.0	649
Primary	85.1	14.9	100.0	161
Secondary or higher	89.9	10.1	100.0	550
Wealth quintile				
Lowest	77.9	22.1	100.0	247
Second	78.1	21.9	100.0	248
Middle	82.8	17.2	100.0	246
Fourth	82.0	18.0	100.0	330
Highest	89.7	10.3	100.0	289
Total 15-49	82.3	17.7	100.0	1,360
50-59	65.1	34.9	100.0	233
Total 15-59	79.8	20.2	100.0	1,593

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

4.3 AGE AT FIRST MARRIAGE

Marriage is generally associated with fertility because it is correlated with exposure to risk of conception. Duration of exposure to the risk of pregnancy depends primarily on the age at which women first marry. Women who marry earlier, on average, have their first child earlier and give birth to more children, contributing to higher fertility rates.

Table 4.3 shows the percentages of women and men who have married by specific ages, according to their current age. Sixteen percent of women age 20-49 married by age 15, and 41 percent married by age 18. The proportion of women who were married by age 15 and age 18 rises substantially with increasing age. For example, 25 percent of women in the 45-49 age group married by age 15, as compared with only 6 percent of those age 15-19. Almost no men age 20-49 married by age 15, and only 2 percent married before their 18th birthday.

Table 4.3 Age at first marriage

Percentage of women and men age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, The Gambia 2013

	Percentage first married by exact age:					Percentage never married	Number of respondents	Median age at first marriage
Current age	15	18	20	22	25			
				WOMEN				
15-19	6.0	na	na	na	na	75.7	2,407	a
20-24	9.3	30.4	46.9	na	na	38.8	2,125	a
25-29	13.0	36.7	52.7	65.5	80.5	12.6	1,822	19.6
30-34	17.1	42.1	59.5	71.4	82.9	4.5	1,504	18.8
35-39	20.2	50.1	67.3	79.2	89.2	1.4	1,056	18.0
40-44	23.9	53.8	68.4	78.2	89.2	0.2	761	17.6
45-49	25.2	58.2	73.7	84.2	90.7	0.6	559	17.3
20-49	15.7	41.0	57.4	na	na	14.6	7,826	19.0
25-49	18.1	45.0	61.4	73.1	84.9	5.6	5,701	18.6
				MEN				
15-19	0.0	na	na	na	na	99.7	836	a
20-24	0.0	0.7	2.6	na	na	93.0	849	a
25-29	0.0	0.7	3.8	7.4	20.4	65.6	586	a
30-34	0.0	2.0	8.0	12.8	22.8	26.0	425	28.4
35-39	0.0	4.3	7.5	14.6	24.8	9.7	391	28.4
40-44	0.0	2.6	10.1	20.0	34.2	6.0	270	28.1
45-49	0.0	2.4	9.3	14.1	25.4	1.9	220	28.5
20-49	0.0	1.8	5.7	na	na	49.0	2,741	a
25-49	0.0	2.2	7.0	12.7	24.4	29.2	1,892	a
20-59	0.0	1.9	5.6	na	na	45.2	2,985	a
25-59	0.0	2.4	6.8	12.2	24.3	26.1	2,136	a

Note: Age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women or men began living with their spouse or partner for the first time before reaching the beginning of the age group

Table 4.4 shows the median age at first marriage for women and men according to background characteristics. Because of the small numbers of married respondents below age 20 among women and below age 30 among men, these data have been omitted.

Urban women age 25-49 tend to marry about two years later than their rural counterparts. The difference by LGA is more pronounced. Women from Banjul and Kanifing marry at older ages than women from other areas. For example, the median age at marriage among women in Banjul is four years older than that among women in Kuntaur (21.0 versus 17.0). Median age at marriage among women increases in a linear manner with increases in education and wealth.

Men tend to marry later in life. The median age at marriage among men age 30-49 is 28.4 years. Similar to women, men in urban areas marry more than two years later than their rural counterparts (29.3 versus 27.0). Median age at marriage among men age 30-49 by background characteristics follows patterns similar to those for women.

Table 4.4 Median age at first marriage by background characteristics

Median age at first marriage among women age 20-49 and age 25-49, and median age at first marriage among men age 30-49 and age 30-59, according to background characteristics, The Gambia 2013

Background characteristic	Women age		Men age	
	20-49	25-49	30-49	30-59
Residence				
Urban	a	19.7	29.3	29.2
Rural	17.7	17.5	27.0	27.1
Local Government Area				
Banjul	a	21.0	a	a
Kanifing	a	20.1	a	29.7
Brikama	19.5	19.0	28.2	28.3
Mansakonko	17.9	17.3	28.5	28.1
Kerewan	17.7	17.3	27.9	28.2
Kuntaur	17.2	17.0	26.3	26.4
Janjanbureh	18.3	18.1	27.0	27.2
Basse	17.5	17.6	27.2	27.4
Education				
No education	17.4	17.3	26.9	27.2
Primary	18.2	18.2	28.9	29.5
Secondary or higher	a	22.2	29.7	29.4
Wealth quintile				
Lowest	17.6	17.2	27.1	27.2
Second	17.9	17.6	27.3	27.4
Middle	18.3	17.9	28.2	28.2
Fourth	19.5	19.3	29.1	29.1
Highest	a	20.8	29.8	29.5
Total	19.0	18.6	28.4	28.3

Note: Age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.
a = Omitted because less than 50 percent of the respondents began living with their spouse/partner for the first time before reaching the beginning of the age group

4.4 AGE AT FIRST SEXUAL INTERCOURSE

Although age at first marriage is often used as a proxy for first exposure to intercourse, the two events do not necessarily occur at the same time. Women and men sometimes engage in sexual relations before marriage. In the 2013 GDHS, women and men were asked how old they were when they first had sexual intercourse. The percentage of women and men who had sexual intercourse by exact ages is shown in Table 4.5.

Overall, 15 percent of women age 20-49 had sex before age 15 and 42 percent before age 18. The proportion of women who first had sexual intercourse by the ages of 15 and 18 is notably higher among older age groups, peaking at 24 percent and 54 percent, respectively, among women age 45-49.

The median age at first sexual intercourse for women age 25-49 years is 18.6 years, which is the same as the median age at first marriage of 18.6 years. This suggests that women in The Gambia generally begin sexual intercourse at the time of their first marriage. Women's sexual debut occurs much earlier than that of men (18.6 years for women versus 23.1 years for men).

Table 4.5 Age at first sexual intercourse

Percentage of women and men age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had sexual intercourse, and median age at first sexual intercourse, according to current age, The Gambia 2013

Current age	Percentage who had first sexual intercourse by exact age: 15	18	20	22	25	Percentage who never had intercourse	Number	Median age at first intercourse
				WOMEN				
15-19	5.7	na	na	na	na	75.2	2,407	na
20-24	10.1	34.3	51.7	na	na	32.3	2,125	19.8
25-29	13.2	38.5	55.5	67.8	80.2	9.1	1,822	19.3
30-34	15.3	40.4	58.4	70.7	81.3	2.9	1,504	18.9
35-39	20.0	49.8	65.3	75.0	83.5	0.7	1,056	18.0
40-44	23.2	53.5	67.5	77.4	86.4	0.0	761	17.6
45-49	23.9	54.4	71.9	79.1	85.5	0.0	559	17.6
20-49	15.4	41.8	58.7	na	na	11.5	7,826	18.9
25-49	17.4	44.6	61.3	72.3	82.4	3.8	5,701	18.6
15-24	7.8	na	na	na	na	55.1	4,532	a
				MEN				
15-19	6.1	na	na	na	na	77.3	836	a
20-24	3.0	22.2	38.9	na	na	46.6	849	a
25-29	1.5	17.2	34.6	48.4	64.5	23.2	586	22.4
30-34	1.0	11.3	28.4	46.6	54.8	6.9	425	23.4
35-39	0.8	15.2	29.3	45.1	61.7	1.3	391	22.7
40-44	1.1	8.2	22.7	42.4	54.6	0.7	270	23.4
45-49	0.2	4.7	19.1	36.5	47.1	1.0	220	25.5
20-49	1.7	15.7	31.8	na	na	20.8	2,741	a
25-49	1.1	12.7	28.6	45.1	58.3	9.2	1,892	23.1
15-24	4.6	na	na	na	na	61.8	1,685	a
20-59	1.7	15.1	30.5	na	na	19.1	2,985	a
25-59	1.1	12.2	27.2	43.6	57.2	8.2	2,136	23.3

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents had sexual intercourse for the first time before reaching the beginning of the age group

Differentials in median age at first sexual intercourse among women age 25-49 and men age 25-59 by background characteristics are shown in Table 4.6. Women in rural areas begin engaging in sexual activity about one and a half years earlier than their urban counterparts (17.7 versus 19.4). The median age at first sexual intercourse among women is youngest in Kuntaur (17.0) and oldest in Banjul (20.8). With respect to education, women with a secondary or higher education begin engaging in sexual activity almost four years later than those with no education (21.5 versus 17.5). Age at first sexual intercourse increases steadily with increasing wealth, from 17.4 years among the poorest women to 20.6 years among those in the highest quintile.

The data for men show no major differences in median age at first sexual intercourse by urban-rural residence, LGA, education, or wealth.

Table 4.6 Median age at first sexual intercourse by background characteristics

Median age at first sexual intercourse among women age 25-49, and median age at first sexual intercourse among men age 25-59, according to background characteristics, The Gambia 2013

Background characteristic	Women age 25-49	Men age 25-59
Residence		
Urban	19.4	23.4
Rural	17.7	23.3
Local Government Area		
Banjul	20.8	22.8
Kanifing	19.7	22.7
Brikama	18.9	23.5
Mansakonko	17.4	21.9
Kerewan	17.4	22.4
Kuntaur	17.0	a
Janjanbureh	18.5	23.3
Basse	17.9	24.2
Education		
No education	17.5	23.8
Primary	18.2	21.0
Secondary or higher	21.5	23.1
Wealth quintile		
Lowest	17.4	23.1
Second	17.7	23.4
Middle	18.0	24.7
Fourth	19.0	23.4
Highest	20.6	22.7
Total	18.6	23.3

a = Omitted because less than 50 percent of the respondents had sexual intercourse for the first time before reaching the beginning of the age group

4.5 RECENT SEXUAL ACTIVITY

In the absence of contraception, the probability of pregnancy is related to the frequency of intercourse. Thus, information on sexual activity can be used to refine measures of exposure to pregnancy. Tables 4.7.1 and 4.7.2 show the percent distribution of women and men age 15-49, respectively, by timing of last sexual intercourse, according to background characteristics.

Table 4.7.1 Recent sexual activity: Women

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, The Gambia 2013

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of women
Age							
15-19	12.6	9.5	2.6	0.0	75.2	100.0	2,407
20-24	33.1	22.5	11.9	0.3	32.3	100.0	2,125
25-29	49.5	29.1	12.1	0.2	9.1	100.0	1,822
30-34	56.4	24.3	16.3	0.1	2.9	100.0	1,504
35-39	60.7	24.3	14.3	0.0	0.7	100.0	1,056
40-44	58.6	23.2	17.9	0.4	0.0	100.0	761
45-49	65.3	15.9	18.7	0.0	0.0	100.0	559
Marital status							
Never married	1.7	5.0	5.3	0.2	87.8	100.0	2,963
Married or living together	60.9	27.1	10.4	0.1	1.5	100.0	6,791
Divorced/separated/widowed	4.8	27.9	65.6	0.4	1.3	100.0	478
Marital duration[2]							
0-4 years	53.3	32.6	8.5	0.0	5.6	100.0	1,696
5-9 years	55.7	30.2	13.1	0.3	0.7	100.0	1,311
10-14 years	62.3	26.4	11.3	0.0	0.0	100.0	1,070
15-19 years	66.5	22.0	11.5	0.0	0.0	100.0	824
20-24 years	69.9	20.0	10.0	0.0	0.0	100.0	578
25+ years	67.5	21.8	10.4	0.2	0.0	100.0	541
Married more than once	67.0	25.4	7.4	0.2	0.0	100.0	771
Residence							
Urban	37.8	18.0	12.3	0.2	31.7	100.0	5,730
Rural	45.4	24.3	10.4	0.1	19.9	100.0	4,503
Local Government Area							
Banjul	31.5	18.1	15.6	0.7	34.1	100.0	225
Kanifing	32.3	19.0	13.8	0.2	34.7	100.0	2,342
Brikama	42.3	18.9	11.0	0.2	27.6	100.0	3,550
Mansakonko	43.2	23.6	9.8	0.1	23.4	100.0	490
Kerewan	51.3	19.5	5.4	0.0	23.7	100.0	1,107
Kuntaur	51.1	23.7	8.0	0.0	17.2	100.0	526
Janjanbureh	39.1	25.7	13.4	0.0	21.9	100.0	739
Basse	43.2	25.5	14.1	0.1	17.1	100.0	1,254
Education							
No education	54.8	23.9	12.8	0.1	8.4	100.0	4,757
Primary	38.3	24.4	8.8	0.3	28.1	100.0	1,405
Secondary or higher	26.1	15.8	10.8	0.1	47.1	100.0	4,071
Wealth quintile							
Lowest	45.9	24.5	10.0	0.1	19.5	100.0	1,745
Second	44.7	23.8	10.4	0.1	20.9	100.0	1,882
Middle	44.5	21.6	11.6	0.2	22.1	100.0	1,927
Fourth	40.8	19.5	11.3	0.2	28.3	100.0	2,135
Highest	32.9	16.3	13.4	0.2	37.3	100.0	2,545
Total	41.1	20.8	11.5	0.1	26.5	100.0	10,233

[1] Excludes women who had sexual intercourse within the last 4 weeks
[2] Excludes women who are not currently married

Table 4.7.2 Recent sexual activity: Men

Percent distribution of men age 15-49 by timing of last sexual intercourse, according to background characteristics, The Gambia 2013

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the past 4 weeks	Within 1 year[1]	One or more years	Missing			
Age							
15-19	4.8	8.6	9.3	0.0	77.3	100.0	836
20-24	15.7	19.0	18.6	0.1	46.6	100.0	849
25-29	32.3	26.7	17.1	0.7	23.2	100.0	586
30-34	52.4	28.9	10.5	1.3	6.9	100.0	425
35-39	58.4	34.4	5.7	0.2	1.3	100.0	391
40-44	68.5	21.9	8.1	0.8	0.7	100.0	270
45-49	75.2	16.2	6.4	1.3	1.0	100.0	220
Marital status							
Never married	10.4	16.9	17.0	0.2	55.5	100.0	2,177
Married or living together	67.6	27.0	3.9	0.8	0.6	100.0	1,360
Divorced/separated/widowed	(45.7)	(17.5)	(36.7)	(0.0)	(0.0)	100.0	40
Marital duration[2]							
0-4 years	58.2	35.2	3.4	1.5	1.8	100.0	393
5-9 years	67.5	30.0	2.5	0.0	0.0	100.0	305
10-14 years	69.2	25.4	5.0	0.3	0.0	100.0	184
15-19 years	68.2	24.5	6.7	0.7	0.0	100.0	97
20-24 years	(58.8)	(25.7)	(11.8)	(3.8)	(0.0)	100.0	39
25+ years	*	*	*	*	*	100.0	8
Married more than once	79.4	15.8	3.8	0.8	0.3	100.0	334
Residence							
Urban	30.1	22.5	13.0	0.5	33.8	100.0	2,228
Rural	36.6	17.7	11.0	0.3	34.3	100.0	1,349
Local Government Area							
Banjul	33.4	25.3	14.7	1.1	25.5	100.0	85
Kanifing	31.8	22.9	12.5	1.2	31.5	100.0	858
Brikama	29.2	21.6	13.6	0.1	35.5	100.0	1,454
Mansakonko	33.1	23.7	9.4	0.8	33.1	100.0	141
Kerewan	38.1	16.8	8.8	0.4	35.8	100.0	323
Kuntaur	41.7	12.9	4.8	0.9	39.7	100.0	141
Janjanbureh	31.0	24.6	17.2	0.0	27.2	100.0	240
Basse	40.4	13.6	9.0	0.0	37.0	100.0	336
Education							
No education	45.1	21.2	9.7	0.5	23.6	100.0	1,090
Primary	28.6	16.0	11.0	0.3	44.2	100.0	493
Secondary or higher	26.7	21.7	14.0	0.5	37.2	100.0	1,994
Wealth quintile							
Lowest	37.1	18.7	9.8	0.0	34.5	100.0	517
Second	34.3	20.0	11.8	0.2	33.7	100.0	614
Middle	29.5	21.2	12.7	0.5	36.1	100.0	588
Fourth	28.1	23.4	14.2	0.6	33.7	100.0	940
Highest	35.4	19.4	11.7	0.7	32.8	100.0	919
Total 15-49	32.6	20.7	12.2	0.5	34.0	100.0	3,577
50-59	75.1	11.1	13.0	0.7	0.2	100.0	244
Total 15-59	35.3	20.1	12.3	0.5	31.8	100.0	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Excludes men who had sexual intercourse within the last 4 weeks
[2] Excludes men who are not currently married

Twenty-seven percent of women and 34 percent of men age 15-49 have never had sexual intercourse. The percentages of respondents who have never had sexual intercourse are highest among those in the youngest age group, with three-quarters of women and men age 15-19 never having had sex.

More than one in ten women and men age 15-49 (12 percent each) report that their last sexual encounter occurred more than one year before the survey, and 41 percent of women and 33 percent of men reported that it occurred in the past four weeks. Recent sexual activity is more common among currently married respondents, with 61 percent of women and 68 percent of men having had sex in the four weeks before the survey. Among never-married respondents, the proportion of men who report a recent sexual encounter is five times that of women (10 percent and 2 percent, respectively). Respondents who live in rural areas, those with no education, and the poorest respondents are most likely to report recent sexual activity.

FERTILITY LEVELS, TRENDS, AND DIFFERENTIALS 5

Key Findings

- The total fertility rate for the three years preceding the survey is 5.6 births per woman.
- Childbearing begins early in The Gambia. Thirty-one percent of women age 25-49 have given birth by age 18 and 49 percent by age 20.
- The median birth interval for women in The Gambia is 34.2 months; 15 percent of non-first births occur within 24 months following a previous birth.
- The median age at first birth among women age 25-49 is 20.1 years.
- Almost one in five (18 percent) adolescent women age 15-19 are already mothers or pregnant with their first child.

5.1 INTRODUCTION

This chapter focuses on a number of fertility indicators including levels, patterns, and trends in both current and cumulative fertility; the length of birth intervals; and the age at which women begin childbearing. Information on current and cumulative fertility is essential for monitoring population growth, which guides population policies and programmes. Birth intervals are important because short intervals are associated with high childhood mortality. The age at which childbearing begins can also have a major impact on the health and well-being of both the mother and the child.

To generate data on fertility, a birth history was collected from each woman interviewed in the 2013 GDHS. Women were asked to report the total number of sons and daughters to whom they had given birth in their lifetime. To ensure that all information was reported, women were asked separately about children still living at home, those living elsewhere, and those who had died. Data on the sex, date of birth, and survival status of each child were obtained, and age at death for children who had died was recorded.[1]

5.2 CURRENT FERTILITY

Findings on measures of current fertility are presented in Table 5.1. These include the total fertility rate (TFR), general fertility rate (GFR), crude birth rate (CBR), and age-specific fertility rates (ASFRs) for women by five-year age groups. ASFRs are calculated by dividing the number of births to women in a specific age group by the number of woman-years lived during a given period.[2] The TFR is defined as the average number of children a woman would have if she went through her entire reproductive period, from age 15 to 49, reproducing at the prevailing ASFRs. The GFR represents the annual number of births per 1,000 women age 15-44, and the CBR represents the annual number of births per 1,000 population. The CBR was estimated using birth history data in conjunction with the population data collected in the Household Questionnaire.

[1] The survey results in this chapter are presented for the country as a whole, by urban-rural residence, and by Local Government Area.

[2] Numerators for age-specific fertility rates are calculated by summing all births that occurred during the period 1 to 36 months preceding the survey, classified by the age of the mother at the time of the birth in five-year age groups. The denominators are the number of woman-years lived in each specific five-year age group during the 1 to 36 months preceding the survey.

As shown in Table 5.1, the TFR was 5.6 births per woman for the three years preceding the survey. The TFR in rural areas was higher than in urban areas (6.8 and 4.7 births per woman, respectively). This pattern is reflected across each age group. Nationally and in both rural and urban areas, peak fertility occurs at age 25-29. Fertility rates fall drastically after age 39 in both rural and urban areas.

Table 5.1 further shows a GFR of 185 live births per 1,000 women age 15-44 and a CBR of 40.5 births per 1,000 population. Both rates are higher in rural than in urban areas.

The disparities in fertility among rural and urban women can be attributed to the significant role played by education in population growth. When women's literacy improves, fertility rates tend to decrease. Similarly, fertility rates tend to be lower where women have access to formal jobs and good health care, which are more available in urban areas than in rural ones.

Table 5.2 shows differentials in total fertility rates by residence, Local Government Area (LGA), education, and wealth quintile. Fertility is lowest in Banjul (3.9) and highest in Kuntaur (7.2). LGA differentials in fertility are closely associated with disparities in educational levels and in knowledge and use of family planning methods (see Chapter 7).

Table 5.1 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, The Gambia 2013

	Residence		
Age group	Urban	Rural	Total
15-19	63	119	88
20-24	171	281	215
25-29	242	312	271
30-34	212	269	237
35-39	167	207	185
40-44	71	131	99
45-49	5	42	24
TFR (15-49)	4.7	6.8	5.6
GFR	155	223	185
CBR	37.7	43.4	40.5

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

Table 5.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49, by background characteristics, The Gambia 2013

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	4.7	6.6	5.3
Rural	6.8	10.0	6.7
Local Government Area			
Banjul	3.9	5.8	4.3
Kanifing	4.0	5.9	5.1
Brikama	5.6	7.7	5.9
Mansakonko	6.0	9.1	7.0
Kerewan	6.3	8.8	6.9
Kuntaur	7.2	11.5	6.6
Janjanbureh	6.8	9.2	6.5
Basse	7.0	10.9	6.2
Education			
No education	6.6	10.2	6.3
Primary	6.6	10.9	6.5
Secondary or higher	4.1	4.7	4.5
Wealth quintile			
Lowest	6.7	9.9	6.7
Second	6.8	9.2	6.8
Middle	6.2	10.4	6.4
Fourth	5.3	6.2	5.5
Highest	3.8	5.9	4.6
Total	5.6	8.1	6.0

Note: Total fertility rates are for the period 1-36 months prior to the interview.

Several studies have shown that educational level is inversely related to fertility. In the 2013 Gambia DHS, the difference in TFR between women with no education and women with a secondary education or higher is 2.5 births per woman (6.6 and 4.1, respectively). Fertility also decreases steadily as wealth increases. The lowest TFR is seen among women in the highest wealth quintile (3.8), and the highest is seen among women in the lowest two quintiles (6.7 and 6.8, respectively).

Table 5.2 further shows that 8 percent of interviewed women were pregnant at the time of the survey. Differentials in pregnancy rates are generally consistent with the pattern of fertility depicted across the various subgroups. Kuntaur had the highest proportion of women who were pregnant (12 percent), while Banjul and Kanifing had the lowest (6 percent each). Women with no education or a primary education were twice as likely to be pregnant at the time of the survey (10 percent and 11 percent, respectively) as those with a secondary education or higher (5 percent).

A comparison of the mean number of lifetime births to older women with the current TFR can provide insight into changes in fertility over the previous two decades or so. For example, the mean number of children ever born to women age 40-49 is 6.0, slightly higher than the TFR of 5.6 births per woman. On average, women age 40-49 in rural areas have given birth to 6.7 children, as compared with only 5.3 children among their urban counterparts. Differences by LGA show that women age 40-49 in Banjul have the lowest mean number of children ever born (4.3), while women in Mansakonko have the highest (7.0). Mean number of children ever born is inversely related to education and wealth.

5.3 FERTILITY TRENDS

Table 5.3 uses information from the retrospective birth histories obtained in the 2013 GDHS to examine trends in age-specific fertility rates for successive five-year periods before the survey. To calculate these rates, births are classified according to the period of time in which the birth occurred and the mother's age at the time of the birth. Because birth histories were not collected for women age 50 and older, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 45-49 for periods 5-9 years or more preceding the survey because women in that age group would have been age 50 or older at the time of the survey.

Table 5.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, The Gambia 2013

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	87	109	115	146
20-24	212	239	232	262
25-29	261	276	268	257
30-34	230	247	235	[222]
35-39	182	184	[176]	
40-44	93	[122]		
45-49	[29]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of the interview.

The results in Table 5.3 show that age-specific fertility rates decreased between the two five-year periods prior to the survey for all age groups. The largest decrease in fertility over time occurred among women giving birth between age 15 and age 24.

5.4 CHILDREN EVER BORN AND CHILDREN SURVIVING

The distributions of all women and currently married women age 15-49 by number of children ever born are presented in Table 5.4. Overall, 34 percent of all women age 15-49 have never given birth, and this percentage decreases substantially with age. As expected, a large proportion of women age 15-19 (86 percent) have never given birth. This indicates that the vast majority of women age 15-19 delay the onset of childbearing, with only 14 percent having already given birth. More than four in ten women age 20-24 (44 percent) and 16 percent of those age 25-29 have never given birth. However, this proportion declines rapidly to about 7 percent or even less among women age 30 and older, indicating that childbearing among women in The Gambia is nearly universal.

Table 5.4 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born, and mean number of living children, according to age group, The Gambia 2013

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	85.7	12.5	1.6	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,407	0.17	0.15
20-24	44.0	25.8	19.2	7.4	2.3	1.0	0.2	0.1	0.0	0.0	0.0	100.0	2,125	1.02	0.96
25-29	16.0	15.2	22.2	22.2	13.4	7.3	2.6	0.9	0.2	0.0	0.0	100.0	1,822	2.40	2.27
30-34	7.1	10.6	13.2	16.5	16.6	15.5	11.5	5.0	2.5	1.4	0.2	100.0	1,504	3.69	3.43
35-39	1.9	3.9	6.8	9.7	15.2	17.4	17.0	13.1	8.2	4.3	2.4	100.0	1,056	5.18	4.74
40-44	2.5	3.4	5.0	5.5	9.9	15.2	17.0	14.1	14.5	7.0	6.0	100.0	761	5.88	5.28
45-49	2.6	1.4	4.0	10.3	9.0	11.4	12.3	18.3	10.4	9.1	11.1	100.0	559	6.19	5.44
Total	33.7	13.3	11.5	9.9	8.1	7.3	5.9	4.3	2.9	1.7	1.3	100.0	10,233	2.53	2.32
CURRENTLY MARRIED WOMEN															
15-19	48.0	44.5	6.3	0.9	0.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0	573	0.61	0.56
20-24	18.5	34.1	29.9	11.7	3.5	1.7	0.4	0.1	0.0	0.0	0.0	100.0	1,237	1.55	1.45
25-29	7.7	14.0	25.0	24.9	15.4	8.6	3.0	1.1	0.3	0.0	0.0	100.0	1,528	2.71	2.56
30-34	3.7	8.8	12.6	17.0	18.0	17.1	12.6	5.7	2.9	1.5	0.2	100.0	1,319	3.96	3.68
35-39	1.0	2.8	5.7	9.6	15.5	17.5	17.9	13.9	8.7	4.7	2.6	100.0	966	5.36	4.90
40-44	1.7	2.4	4.5	5.6	9.6	14.1	18.3	15.2	14.6	7.8	6.3	100.0	673	6.06	5.44
45-49	2.2	1.4	3.3	9.2	8.0	10.8	12.2	20.1	10.6	9.9	12.5	100.0	496	6.42	5.62
Total	10.4	15.6	15.5	13.7	11.4	10.2	8.4	6.3	4.1	2.4	2.0	100.0	6,791	3.54	3.25

The data further show that women age 45-49 have given birth to a mean of 6.2 children. This is 0.6 children higher than the TFR (5.6), a discrepancy that is attributable to the decline in fertility during the previous decades.

Similar patterns are observed among currently married women. The only difference is that the percentage of currently married women age 15-19 and age 20-24 who have never given birth (48 percent and 19 percent, respectively) is much lower than that of all women in the same age groups (86 percent and 44 percent, respectively). Similar to all women, this proportion diminishes rapidly, to 8 percent or less among married women age 25 and older. These differences in childbearing can be explained by the presence in the "all women" category of unmarried women, who are less exposed to the risk of conception than married women and exhibit lower fertility. On average, currently married women age 45-49 have borne 6.4 children.

As expected, currently married women age 40 and older have much higher parities, with substantial proportions having given birth to eight or more children. For example, 33 percent of currently married women age 45-49 have given birth to eight or more children.

The mean number of children ever born and the mean number of living children increase with increasing age, as expected in a normal population. This indicates minimal or no recall bias, which heightens confidence in the birth history reports.

5.5 BIRTH INTERVALS

The length of intervals between births contributes greatly to the level of fertility and also affects the health of both the mother and the child. Examining birth intervals provides insights into birth patterns and maternal and child health. Studies have shown that children born fewer than 24 months after a previous sibling are at greater risk of having poor health and that such births threaten maternal health. Table 5.5 shows the percent distribution of non-first births in the five years before the survey by the number of months since the preceding birth, according to background characteristics.

Table 5.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, The Gambia 2013

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	5.9	19.4	56.0	13.5	2.3	2.9	100.0	51	30.6
20-29	6.2	12.4	45.5	20.3	7.8	7.8	100.0	2,682	32.2
30-39	3.2	8.4	40.1	21.7	12.6	13.9	100.0	2,764	35.4
40-49	1.9	7.4	27.8	26.1	12.3	24.4	100.0	683	41.1
Sex of preceding birth									
Male	4.9	10.8	40.1	22.1	9.3	12.8	100.0	3,107	34.2
Female	3.9	9.5	42.3	20.8	11.6	11.9	100.0	3,073	34.3
Survival of preceding birth									
Living	3.3	9.4	42.2	21.9	10.8	12.4	100.0	5,804	34.5
Dead	21.0	21.7	25.8	14.8	5.4	11.2	100.0	377	25.9
Birth order									
2-3	4.7	10.1	40.4	22.1	9.3	13.4	100.0	2,693	34.4
4-6	4.1	11.1	41.7	19.7	11.2	12.3	100.0	2,504	34.0
7+	4.1	8.1	42.3	24.4	11.6	9.6	100.0	983	34.4
Residence									
Urban	5.4	9.6	35.9	22.1	12.2	14.8	100.0	2,849	35.7
Rural	3.5	10.6	45.8	21.0	8.9	10.2	100.0	3,331	33.3
Local Government Area									
Banjul	4.5	7.0	28.1	25.3	15.8	19.4	100.0	92	40.0
Kanifing	5.1	10.4	33.7	20.6	15.2	15.0	100.0	1,028	36.2
Brikama	5.5	10.6	38.6	22.1	10.2	13.1	100.0	2,120	34.6
Mansakonko	2.9	11.1	44.0	19.5	9.6	12.8	100.0	317	33.1
Kerewan	2.9	10.8	45.6	22.0	9.4	9.4	100.0	710	33.2
Kuntaur	4.3	9.7	44.6	22.3	8.5	10.7	100.0	444	33.8
Janjanbureh	3.5	8.6	43.2	21.1	11.8	11.8	100.0	515	34.5
Basse	3.2	9.3	49.7	21.0	6.8	10.0	100.0	954	32.8
Education									
No education	3.5	9.5	43.3	21.6	11.0	11.1	100.0	3,995	34.2
Primary	5.6	11.1	42.4	18.8	8.1	14.0	100.0	872	33.7
Secondary or higher	6.1	11.6	34.1	22.9	10.4	14.9	100.0	1,313	35.1
Wealth quintile									
Lowest	3.0	10.4	45.0	21.4	10.2	10.0	100.0	1,311	33.7
Second	3.9	10.4	45.9	20.8	10.0	9.1	100.0	1,392	33.2
Middle	4.1	9.0	41.6	22.8	10.8	11.7	100.0	1,250	35.0
Fourth	5.1	10.1	40.2	22.1	9.9	12.5	100.0	1,246	34.0
Highest	6.3	11.0	30.3	20.1	11.7	20.6	100.0	981	36.8
Total	4.4	10.2	41.2	21.5	10.4	12.3	100.0	6,180	34.2

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

The median birth interval for women in The Gambia is 34.2 months. The median birth interval increases as women's age increases. It is shorter among children whose preceding sibling died (25.9 months), children in rural areas (33.3 months), and children in Basse (32.8 months). It is highest among children born to women age 40-49 (41.1 months), children in Banjul (40.0 months), children born to women with a secondary education or higher (35.1 months), and children from the richest households (36.8 months).

The data show that 15 percent of children in The Gambia are born fewer than 24 months following a previous birth. A short birth interval may increase the risk to the health of both the mother and the child. The highest proportion of children with a short interval following a preceding birth are born to women age 15-19 (25 percent) and born after a preceding sibling died (43 percent).

5.6 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea is defined as the period between childbirth and the resumption of menstruation, which generally approximates the return of ovulation. This period is largely determined by the duration and intensity of breastfeeding. The risk of conception in this period is very low. The duration of postpartum amenorrhoea and sexual abstinence after childbirth determines the length of the insusceptibility period. Thus, women are considered insusceptible if they either are abstaining from sex after childbirth or are amenorrhoeic. In the 2013 GDHS, women who gave birth in the five years preceding the survey were asked about the duration of amenorrhoea and sexual abstinence after each birth. The results are presented in Table 5.6 for the three years before the survey.

Table 5.6 Postpartum amenorrhoea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, The Gambia 2013

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible[1]	
<2	96.7	96.3	99.6	240
2-3	83.2	79.2	92.2	371
4-5	76.4	59.5	88.5	327
6-7	67.7	39.4	80.6	332
8-9	61.2	37.6	75.5	244
10-11	66.5	30.1	73.1	261
12-13	41.3	26.4	54.5	357
14-15	37.7	16.9	47.4	355
16-17	24.7	19.6	38.2	272
18-19	27.5	15.9	37.7	232
20-21	11.2	10.9	17.8	204
22-23	8.2	12.0	19.1	257
24-25	2.1	6.6	8.4	244
26-27	1.7	4.2	5.5	269
28-29	1.3	3.4	3.8	265
30-31	3.3	6.0	8.1	273
32-33	1.8	5.4	7.2	209
34-35	0.6	4.3	5.0	215
Total	37.0	28.2	45.6	4,929
Median	11.7	6.0	14.0	na
Mean	12.5	9.7	15.5	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable
[1] Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

The results show that almost all women are insusceptible to pregnancy within the first two months after childbirth due to amenorrhoea and abstinence. After the second month, the proportion of women who are amenorrhoeic or abstaining steadily declines to 41 percent and 26 percent, respectively, in the period 12-13 months after the birth. By that same time period, insusceptibility among women has dropped to 55 percent.

The overall median duration of postpartum insusceptibility is 14.0 months; the median duration of postpartum amenorrhoea is 11.7 months, and the median duration of postpartum abstinence is 6.0 months. Postpartum amenorrhoea is the most influential determinant in the length of the insusceptibility period.

Table 5.7 shows that the median duration of postpartum insusceptibility is longest among women age 30-49 (15.1 months), women in rural areas (15.7 months), those with no education (14.5 months), and those in the poorest households (16.4 months).

Table 5.7 Median duration of amenorrhoea, postpartum abstinence, and postpartum insusceptibility

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, The Gambia 2013

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility[1]
Mother's age			
15-29	10.9	6.0	13.3
30-49	13.1	5.8	15.1
Residence			
Urban	9.2	5.8	11.9
Rural	13.4	6.1	15.7
Local Government Area			
Banjul	7.3	*	*
Kanifing	6.1	6.6	13.6
Brikama	10.0	6.0	11.7
Mansakonko	*	(7.2)	*
Kerewan	14.7	3.9	15.2
Kuntaur	(14.7)	(4.2)	*
Janjanbureh	(12.6)	(9.2)	(15.9)
Basse	13.5	7.1	16.4
Education			
No education	12.8	5.7	14.5
Primary	9.9	7.9	14.1
Secondary or higher	8.8	5.7	12.2
Wealth quintile			
Lowest	13.6	6.0	16.4
Second	12.8	6.0	15.4
Middle	11.9	6.4	13.8
Fourth	9.1	6.8	11.7
Highest	8.6	4.1	11.0
Total	11.7	6.0	14.0

Note: Medians are based on status at the time of the survey (current status). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

5.7 MENOPAUSE

Infecundity is the inability to reproduce. One cause of infecundity in women is the onset of menopause. The 2013 GDHS defines menopausal women as women who are neither pregnant nor postpartum amenorrhoeic and who have not had a menstrual period in the six months before the survey. Women would also cease to have a menstrual period if they were sterilised. However, the rate of female sterilisation in The Gambia is very low (see Chapter 7).

Table 5.8 shows the percentage of women age 30-49 who are menopausal. Overall, only 7 percent of women in this age group are menopausal. As expected, the proportion of women who are menopausal increases steadily with age, from less than 1 percent among women age 30-34 to 40 percent among women age 48-49.

Table 5.8 Menopause

Percentage of women age 30-49 who are menopausal, by age, The Gambia 2013

Age	Percentage menopausal[1]	Number of women
Age		
30-34	0.8	1,504
35-39	1.9	1,056
40-41	3.7	376
42-43	9.8	292
44-45	19.9	283
46-47	30.1	190
48-49	40.1	180
Total	6.7	3,879

[1] Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred 6 or more months preceding the survey

5.8 AGE AT FIRST BIRTH

Because the reproductive period is biologically limited, the onset of childbearing has a direct effect on fertility. Early initiation of childbearing lengthens the reproductive period and subsequently increases fertility, which is likely to pose a risk for socioeconomic disadvantages in later life—even for adolescent mothers from relatively comfortable backgrounds.

Table 5.9 shows the percentage of women age 15-49 who have given birth by exact ages, the percentage who have never given birth, and the median age at first birth, according to their current age. The youngest women for whom median age at first birth can be calculated are those in the 25-29 age group. The medians for women age 15-19 and 20-24 cannot be determined because less than half of these women had given birth before reaching the beginning of the age group.

Table 5.9 Age at first birth

Percentage of women age 15-49 who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, The Gambia 2013

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
Age								
15-19	1.8	na	na	na	na	85.7	2,407	a
20-24	4.1	19.4	38.4	na	na	44.0	2,125	a
25-29	5.0	23.1	42.0	59.0	76.3	16.0	1,822	20.9
30-34	8.4	28.3	46.5	62.9	77.7	7.1	1,504	20.4
35-39	9.4	37.1	55.1	70.6	84.9	1.9	1,056	19.4
40-44	10.1	39.3	55.2	68.7	83.7	2.5	761	19.3
45-49	11.1	39.7	60.6	76.9	86.3	2.6	559	19.0
25-49	8.0	30.9	49.2	65.2	80.2	7.9	5,701	20.1

na = Not applicable due to censoring
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

In The Gambia, 8 percent of women age 25-49 have given birth by age 15, 31 percent by age 18, and 49 percent by age 20. Comparing the proportions of women who have given birth by age 15 across age groups provides another way to view trends in age at first birth over time. The results indicate a decrease in early childbearing over time. The percentage of women who had given birth by age 15 is less than 2 percent among those age 15-19, as compared with 11 percent among those age 45-49. The decrease in the percentage of women giving birth early in life supports the finding that age at first childbirth has been increasing slowly in The Gambia.

A younger median age at first birth usually has a positive effect on fertility levels because the exposure period is increased. Table 5.10 presents median age at first birth among women age 25-49 by background characteristics. As expected, women in urban areas have a higher median age at first birth than their rural counterparts (20.9 and 19.2 years, respectively). The highest median age at first birth is seen among women in Banjul and Kanifing (21.5 years each), women with a secondary education or higher (22.8 years), and women in the richest households (22.1 years).

Table 5.10 Median age at first birth

Median age at first birth among women age 25-49, according to background characteristics, The Gambia 2013

Background characteristic	Women age 25-49
Residence	
Urban	20.9
Rural	19.2
Local Government Area	
Banjul	21.5
Kanifing	21.5
Brikama	20.2
Mansakonko	19.2
Kerewan	18.9
Kuntaur	19.4
Janjanbureh	19.6
Basse	19.3
Education	
No education	19.1
Primary	19.7
Secondary or higher	22.8
Wealth quintile	
Lowest	18.8
Second	19.4
Middle	19.6
Fourth	20.4
Highest	22.1
Total	20.1

5.9 TEENAGE FERTILITY

Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and the child. In addition, childbearing during the teenage years frequently has adverse social consequences, particularly regarding educational attainment, because women who become mothers in their teens are more likely to curtail their education. Table 5.11 shows the percentage of women age 15-19 who have had a live birth or who are pregnant with their first child.

Table 5.11 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, The Gambia 2013

Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	1.3	1.8	3.1	476
16	6.1	2.8	8.8	449
17	15.7	5.6	21.3	399
18	18.3	3.8	22.1	625
19	29.3	2.3	31.6	459
Residence				
Urban	10.1	2.0	12.1	1,321
Rural	19.4	4.8	24.2	1,086
Local Government Area				
Banjul	7.9	0.5	8.4	48
Kanifing	7.8	1.2	9.0	516
Brikama	11.8	2.2	13.9	822
Mansakonko	13.5	6.7	20.2	119
Kerewan	14.0	3.9	17.9	283
Kuntaur	21.6	5.2	26.7	124
Janjanbureh	22.0	4.6	26.6	194
Basse	26.0	6.4	32.5	300
Education				
No education	29.2	6.8	36.1	575
Primary	15.9	5.2	21.1	509
Secondary or higher	7.2	0.9	8.2	1,323
Wealth quintile				
Lowest	20.1	4.8	24.8	428
Second	14.8	4.1	18.9	436
Middle	20.1	4.3	24.5	492
Fourth	13.9	2.2	16.2	481
Highest	5.0	1.3	6.3	571
Total	14.3	3.2	17.5	2,407

Overall, 18 percent of young women age 15-19 have begun childbearing; 14 percent have had a live birth, and 3 percent are pregnant with their first child. The percentage of teenagers who have begun childbearing increases with age. Furthermore, twice as many teenagers in rural areas as in urban areas have begun childbearing (24 percent versus 12 percent). At the LGA level, the percentage of teenagers who have started childbearing is highest in Basse (33 percent) and lowest in Banjul (8 percent). This percentage decreases drastically with increasing education, from 36 percent among young women with no education to only 8 percent among those with a secondary education or higher. Teenagers in the highest wealth quintile are less likely to have started childbearing (6 percent) than those in the other quintiles (16 percent to 25 percent).

FERTILITY PREFERENCES 6

Key Findings

- Sixteen percent of currently married women and 3 percent of currently married men do not want to have more children. The percentage wanting no more children increases with the number of living children.
- The ideal family size among currently married women age 15-49 is 6.5 children, as compared with 9.2 children among currently married men age 15-59.
- The total wanted fertility rate is 4.7 children per woman, close to one child lower than the actual fertility rate (5.6 children per woman).

The underlying rationale of family planning programmes in The Gambia is to give couples sufficient freedom and ability to bear the number of children they want and achieve their desired spacing of births. These programmes are becoming increasingly universal in the country. This chapter is designed to address some fundamental questions that allow an assessment of family sizes: Does the respondent want more children? How long would she choose to wait before the next child? How many children would she want altogether? The 2013 Gambia DHS collected information from both women and men on their fertility preferences, including their desire to have a (another) child, their ideal number of children, and the length of time they would like to wait before their next birth.

6.1 DESIRE FOR MORE CHILDREN

Many married couples in The Gambia have plans for the number of children they want to have. Information on married couples' desire for children can provide an indication of their future reproductive behaviours.

Table 6.1 shows the percent distribution of currently married women and married men age 15-49 by desire for children, according to number of living children. Overall, 16 percent of women and 3 percent of men want no more children or have been sterilised. Three in ten married women (30 percent) and married men (31 percent) want to have another child within two years. Almost half of married women (47 percent) and 58 percent of married men want to have another child in two or more years. The proportion of women wanting no more children increases steadily and sharply from 1 percent among those with one living child to 46 percent among those with six or more living children. On the other hand, the proportion of women wanting to have another child soon (within two years) decreases sharply from 89 percent among childless women to 9 percent among women with six or more living children.

The desire for more children is much higher among men than among women. For instance, 9 percent of married women with six or more living children want to have a child soon, as compared with 23 percent of married men with the same number of living children.

Table 6.1 Fertility preferences by number of living children

Percent distribution of currently married women and currently married men age 15-49 by desire for children, according to number of living children, The Gambia 2013

Desire for children	Number of living children							Total 15-49	Total 15-59
	0	1	2	3	4	5	6+		
				WOMEN[1]					
Have another soon[2]	89.0	36.2	30.8	29.8	24.2	18.1	9.4	30.4	na
Have another later[3]	6.9	57.7	60.6	57.3	55.6	49.7	31.9	47.3	na
Have another, undecided when	1.2	3.7	2.5	1.3	2.0	1.3	1.1	1.9	na
Undecided	0.5	0.6	1.2	1.8	2.5	3.1	7.2	2.7	na
Want no more	0.4	0.9	3.7	6.9	13.6	24.3	46.1	15.2	na
Sterilised[4]	0.0	0.1	0.6	0.9	0.6	0.1	1.4	0.6	na
Declared infecund	1.7	0.1	0.3	1.3	0.7	2.7	2.0	1.2	na
Missing	0.4	0.9	0.3	0.7	0.8	0.7	1.0	0.7	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	na
Number of women	615	1,101	1,131	1,011	859	748	1,325	6,791	na
				MEN[5]					
Have another soon[2]	81.9	34.4	23.7	26.0	26.8	21.5	22.5	30.7	31.6
Have another later[3]	11.5	61.0	71.0	62.7	59.6	62.8	54.8	57.5	52.5
Have another, undecided when	2.8	2.4	0.4	2.5	1.2	2.5	5.7	2.7	2.8
Undecided	1.0	0.0	3.4	4.9	4.8	8.4	10.3	4.9	6.4
Want no more	0.0	0.5	1.0	3.7	7.7	3.6	4.7	2.9	5.3
Missing	2.8	1.8	0.4	0.2	0.0	1.2	2.0	1.2	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	114	252	229	189	139	142	296	1,360	1,593

na = Not applicable
[1] The number of living children includes the current pregnancy.
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilisation
[5] The number of living children includes one additional child if the respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

6.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

Tables 6.2.1 and 6.2.2 present information on desire to limit childbearing among currently married women and currently married men age 15-49, respectively, according to background characteristics.

Table 6.2.1 shows that, overall, 16 percent of married women indicate no desire for more children. Urban women are slightly more likely than rural women to want to limit childbearing (17 percent and 15 percent, respectively). There are large variations in desire to limit childbearing across Local Government Areas (LGAs). Banjul, the capital and a major urban area, has the highest proportion of married women who want no more children (24 percent). Kuntaur, a predominantly rural area, has the lowest proportion (11 percent). Education has an impact on desire to limit childbearing. Namely, women with no education are almost twice as likely as women with any education to want to limit childbearing. On the other hand, wealth does not have a strong relationship with fertility preferences. Overall, however, women in the highest wealth quintile are much more likely than women in the lower quintiles to want no more children.

Table 6.2.1 Desire to limit childbearing: Women

Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, The Gambia 2013

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	0.4	1.0	5.9	10.1	18.8	31.9	51.5	16.5
Rural	0.4	0.9	2.4	4.9	10.0	18.1	44.9	15.2
Local Government Area								
Banjul	(0.0)	0.8	13.5	18.1	41.7	40.8	65.0	23.6
Kanifing	0.8	1.8	7.2	13.0	18.2	42.8	56.5	17.7
Brikama	0.0	0.0	4.0	7.3	16.2	25.8	51.3	17.0
Mansakonko	0.0	1.2	1.1	6.8	8.7	10.1	38.8	13.2
Kerewan	1.2	1.6	1.5	6.1	10.4	16.8	47.4	16.9
Kuntaur	1.4	1.9	0.0	0.9	8.1	11.0	37.1	11.0
Janjanbureh	0.0	1.1	0.7	4.0	9.8	21.2	34.9	12.3
Basse	0.0	0.6	5.6	7.1	11.4	20.4	46.3	14.0
Education								
No education	0.9	1.5	4.2	7.9	12.8	23.1	48.0	19.2
Primary	0.0	0.6	2.4	7.5	7.2	15.9	40.5	10.8
Secondary or higher	0.0	0.4	5.2	7.8	23.5	40.3	52.3	10.5
Wealth quintile								
Lowest	0.0	1.5	0.9	5.0	7.0	19.7	41.0	14.6
Second	0.5	0.6	2.1	7.0	9.3	14.5	48.1	15.5
Middle	0.6	0.4	5.1	3.6	12.1	20.1	48.6	16.1
Fourth	1.0	0.6	2.6	6.6	15.3	35.6	51.4	16.0
Highest	0.0	1.4	9.4	14.7	30.2	36.4	51.9	17.0
Total	0.4	0.9	4.3	7.8	14.2	24.5	47.5	15.8

Note: Women who have been sterilised are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases.
[1] The number of living children includes the current pregnancy.

Table 6.2.2 shows that 3 percent of married men indicate no desire to have more children. The table includes only total percentages because the unweighted number of men is too small to show desire to limit childbearing by number of living children. The desire to limit childbearing is similar among men in urban and rural areas but varies across LGAs, ranging from less than 1 percent in Kuntaur to 7 percent in Banjul. Desire to limit childbearing increases with increasing education, from 2 percent among men with no education to 5 percent among men with a secondary education or higher. There is no clear pattern in the relationship between wealth and desire to limit childbearing. However, men in the highest wealth quintile are most likely to desire no more children (5 percent).

6.3 IDEAL NUMBER OF CHILDREN

Family planning programmes in The Gambia provide opportunities for women and men to decide on the number of children they would like to have. The 2013 GDHS ascertained ideal number of children by asking respondents to consider, abstractly and independently of their actual family size, the number of children they would like to have if they could start building their family again. There is usually a correlation between respondents' actual and ideal

Table 6.2.2 Desire to limit childbearing: Men

Percentage of currently married men age 15-49 who want no more children by background characteristics, The Gambia 2013

Background characteristic	Total
Residence	
Urban	3.3
Rural	2.5
Local Government Area	
Banjul	6.5
Kanifing	5.1
Brikama	2.5
Mansakonko	2.2
Kerewan	3.0
Kuntaur	0.3
Janjanbureh	0.8
Basse	2.4
Education	
No education	1.8
Primary	2.2
Secondary or higher	4.5
Wealth quintile	
Lowest	2.6
Second	3.3
Middle	0.9
Fourth	2.5
Highest	5.2
Total 15-49	2.9
50-59	19.0
Total 15-59	5.3

Note: Men who have been sterilised or who state in response to the question about desire for children that their wife has been sterilised are considered to want no more children. The table shows only the total column because the percentages of men who want no more children by number of living children are largely based on fewer than 25 unweighted cases and would have been suppressed.
[1] The number of living children includes one additional child if the respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

number of children. The reason is twofold. First, to the extent that respondents implement their preferences, those who want larger families will tend to achieve larger families. Second, respondents may adjust their ideal family size upward as their actual number of children increases. It is also possible that respondents with large families, being on average older than those with small families, have larger ideal family sizes because of attitudes they acquired 20 to 30 years ago. Despite the likelihood that some rationalisation occurs, however, it is common to find that many respondents state ideal sizes lower than their actual number of surviving children. Respondents fall into three categories: those whose ideal family size is greater than their actual family size, those whose ideal family size is less than their actual family size, and those whose ideal family size and actual family size are the same. The second category is of particular interest, because it is an indicator of surplus or unwanted fertility.

Table 6.3 shows the distribution of respondents by their ideal number of children, according to number of living children. Fifty percent of women consider six or more children to be ideal, 21 percent consider five or more children to be ideal, and 17 percent consider four children to be ideal. Altogether, an overwhelming 88 percent of all women consider four or more children to be ideal.

Table 6.3 Ideal number of children by number of living children

Percent distribution of women and men age 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to the number of living children, The Gambia 2013

Ideal number of children	Number of living children							Total
	0	1	2	3	4	5	6+	
				WOMEN[1]				
0	0.2	0.1	0.1	0.0	1.3	0.4	0.2	0.3
1	0.3	0.2	0.3	0.2	0.7	0.0	0.2	0.3
2	3.4	2.0	1.6	1.1	1.3	1.5	1.4	2.1
3	9.7	8.9	5.0	4.0	2.0	3.0	2.3	6.2
4	25.2	17.0	18.6	16.3	9.0	6.7	7.3	17.0
5	24.4	25.7	23.4	21.6	18.6	14.7	12.5	21.3
6+	35.0	43.6	47.6	53.7	64.5	70.9	70.4	50.0
Non-numeric responses	1.9	2.4	3.4	3.1	2.6	2.8	5.7	2.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,363	1,406	1,267	1,094	916	810	1,377	10,233
Mean ideal number of children for:[2]								
All women	5.3	5.7	5.9	6.1	6.6	6.9	7.3	6.0
Number of women	3,300	1,372	1,224	1,060	892	787	1,298	9,934
Currently married women	6.1	6.0	6.0	6.2	6.6	7.0	7.4	6.5
Number of currently married women	607	1,075	1,093	979	836	729	1,246	6,565
				MEN[3]				
0	0.2	0.0	0.0	0.1	2.6	1.6	0.8	0.3
1	0.4	0.3	0.0	0.0	0.0	0.0	0.0	0.3
2	2.0	0.9	2.3	0.0	0.0	2.4	0.7	1.6
3	9.0	7.4	4.7	7.1	1.9	0.0	1.4	7.2
4	16.4	15.9	17.1	9.9	7.0	3.3	2.0	14.0
5	19.8	16.4	18.7	16.9	8.5	8.2	1.8	16.9
6+	49.1	52.0	52.1	57.8	71.4	74.4	84.9	54.9
Non-numeric responses	3.2	7.1	5.1	8.2	8.6	10.0	8.4	4.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	2,250	307	246	195	140	143	296	3,577
Mean ideal number of children for men age 15-49:[2]								
All men	7.0	7.1	7.2	7.8	8.3	10.3	12.5	7.7
Number of men	2,179	285	234	179	128	129	271	3,405
Currently married men	6.7	7.5	7.3	7.9	7.9	10.4	12.5	8.9
Number of currently married men	102	230	216	175	127	128	271	1,249
Mean ideal number of children for men age 15-59:[2]								
All men	7.0	7.1	7.1	7.9	8.0	10.0	12.7	7.9
Number of men	2,185	289	250	189	146	170	386	3,615
Currently married men	6.7	7.5	7.3	7.9	7.7	10.0	12.7	9.2
Number of currently married men	104	233	231	184	144	169	385	1,451

[1] The number of living children includes the current pregnancy for women.
[2] Means are calculated excluding respondents who gave non-numeric responses.
[3] The number of living children includes one additional child if the respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

The mean ideal number of children is 6.0 among all women and 6.5 among currently married women. Mean ideal number of children increases with number of living children, from 5.3 among women with no children to 7.3 among women with six or more children. This indicates that women who have more living children have higher ideal family sizes than women with smaller families.

In general, men want more children than women. The mean ideal number of children ranges from 7.0 among men with no children to 12.5 among men with six or more living children. There are no differences between all men and currently married men in ideal number of children.

Overall, 55 percent of men consider six or more children to be ideal, 17 percent consider five or more children to be ideal, and 14 percent consider four children to be ideal. Eighty-six percent of all men consider four or more children to be ideal.

6.4 MEAN IDEAL NUMBER OF CHILDREN BY BACKGROUND CHARACTERISTICS

There are variations in mean ideal number of children by background characteristics among all women age 15-49 (Table 6.4). The data show that the mean ideal number of children among women in The Gambia increases steadily with age, from 5.4 children among women age 15-19 to 6.9 children among those age 45-49. Urban women prefer to have fewer children than rural women (5.5 and 6.7 children, respectively). Among LGAs, the mean ideal number of children ranges from 4.5 for women in Banjul to 7.1 for women in Mansakonko.

Table 6.4 Mean ideal number of children

Mean ideal number of children for all women age 15-49 by background characteristics, The Gambia 2013

Background characteristic	Mean	Number of women[1]
Age		
15-19	5.4	2,364
20-24	5.7	2,068
25-29	6.0	1,767
30-34	6.4	1,466
35-39	6.5	1,012
40-44	6.7	725
45-49	6.9	532
Residence		
Urban	5.5	5,626
Rural	6.7	4,308
Local Government Area		
Banjul	4.5	219
Kanifing	5.1	2,314
Brikama	5.9	3,472
Mansakonko	7.1	485
Kerewan	6.4	957
Kuntaur	6.8	511
Janjanbureh	6.7	722
Basse	6.9	1,253
Education		
No education	6.8	4,541
Primary	6.2	1,376
Secondary or higher	5.1	4,016
Wealth quintile		
Lowest	6.8	1,662
Second	6.6	1,803
Middle	6.4	1,863
Fourth	5.8	2,092
Highest	5.0	2,514
Total	6.0	9,934

[1] Number of women who gave a numeric response

Desire for children decreases as education and wealth increase. For example, whereas women with no education want 6.8 children, those with a secondary education or higher want 5.1 children. Similarly, women in the lowest wealth quintile want 6.8 children on average, as compared with 5.0 children among women in the highest wealth quintile.

6.5 FERTILITY PLANNING STATUS

The 2013 GDHS asked women with births in the five years preceding the survey whether the births were wanted at the time (planned), wanted at a later time (mistimed), or not wanted at all (unwanted). Table 6.5 shows the findings.

The data show that almost nine in ten births in the five years preceding the survey (86 percent) were wanted at the time, 12 percent were mistimed, and only 1 percent were unwanted. The proportion of births wanted at the time of conception decreases slightly with increasing birth order and mother's age, while the proportion of unwanted births increases with increasing birth order and mother's age. Among women age 45-49, 19 percent of births in the five years before the survey were unwanted.

Table 6.5 Fertility planning status

Percent distribution of births to women age 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, The Gambia 2013

Birth order and mother's age at birth	Planning status of birth: Wanted then	Wanted later	Wanted no more	Missing	Total	Number of births
Birth order						
1	88.1	10.9	0.2	0.9	100.0	1,885
2	88.8	10.6	0.2	0.5	100.0	1,634
3	85.7	13.6	0.3	0.4	100.0	1,341
4+	84.4	12.6	2.2	0.8	100.0	3,876
Mother's age at birth						
<20	86.2	12.4	0.3	1.2	100.0	1,170
20-24	86.7	12.5	0.1	0.7	100.0	2,276
25-29	87.4	12.1	0.2	0.3	100.0	2,445
30-34	86.9	11.5	0.8	0.8	100.0	1,577
35-39	83.1	11.5	4.3	1.1	100.0	904
40-44	80.5	10.2	8.0	1.3	100.0	326
45-49	69.4	10.0	19.0	1.6	100.0	39
Total	86.2	12.0	1.1	0.7	100.0	8,736

6.6 WANTED FERTILITY RATES

The wanted fertility rate measures the potential demographic impact of avoiding unwanted births. A birth is considered wanted if the number of living children at the time of conception is lower than the ideal number of children reported by the respondent. The difference between wanted and actual fertility gives an indication of how successful women are in achieving their reproductive aspirations. Table 6.6 shows a comparison of the total wanted fertility rate with the total fertility rate for the three years preceding the survey by background characteristics.

Overall, the total fertility rate in The Gambia (5.6 children per woman) is 0.9 children higher than the total wanted fertility rate (4.7 children per woman). Urban women are closer to achieving wanted fertility than rural women; the difference between wanted and actual fertility rates is 0.6 children among urban women and 1.2 children among rural women. Across LGAs, women in Kanifing are closest to achieving wanted fertility, with a difference in wanted and actual fertility rates of 0.6 children. Kerewan has the largest gap in wanted and actual fertility, with a difference of 1.8 children.

The difference between total wanted and actual fertility rates decreases steadily with increasing education. In addition, women in the highest wealth quintile are much closer to achieving wanted fertility than those in the lower quintiles. For example, women in the lowest wealth quintile have a gap of 1.2 children, as compared with 0.5 children among those in the highest quintile.

Table 6.6 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, The Gambia 2013

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	4.1	4.7
Rural	5.6	6.8
Local Government Area		
Banjul	3.1	3.9
Kanifing	3.4	4.0
Brikama	4.8	5.6
Mansakonko	5.0	6.0
Kerewan	4.5	6.3
Kuntaur	5.9	7.2
Janjanbureh	6.0	6.8
Basse	6.3	7.0
Education		
No education	5.6	6.6
Primary	5.5	6.6
Secondary or higher	3.5	4.1
Wealth quintile		
Lowest	5.5	6.7
Second	5.6	6.8
Middle	5.3	6.2
Fourth	4.6	5.3
Highest	3.3	3.8
Total	4.7	5.6

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 5.2.

FAMILY PLANNING 7

Key Findings

- Almost all married women in The Gambia have heard of at least one method of family planning.
- Only 9 percent of currently married women are using a method of contraception; 8 percent are using a modern method.
- The methods most commonly used by married women are injectables and the pill.
- The public sector serves 60 percent of contraceptive users, while the private sector serves one-quarter and nongovernmental groups serve 8 percent. Government health centres are the most important single source, serving 41 percent of users of modern family planning methods.
- Overall, 28 percent of contraceptive users discontinued an episode within 12 months of starting its use, although 5 percent switched to another method following discontinuation. The main reasons for discontinuation are a desire to become pregnant and side effects/health concerns.
- One-quarter of married women have an unmet need for family planning, mostly for spacing births.

To attain a balance between resources and population, population policies in The Gambia promote family planning as an entitlement that is based on informed and voluntary choices. Couples are motivated to adopt a family planning method when they are offered access to high-quality reproductive health services. Adequate information about methods of contraception enables couples to develop a rational approach to planning their families. Therefore, a primary objective of this survey was to assess knowledge and use of contraceptive methods. This chapter covers women's knowledge, history of use, and current use of contraceptive methods, as well as sources of modern methods and informed choice. In addition, exposure to family planning messages and level of contact with family planning providers are assessed.

7.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One of the major objectives of the survey was to develop a profile concerning knowledge of family planning methods, since knowledge of at least one method is essential for making a decision to initiate contraceptive use. Broader knowledge of many methods can facilitate the choice of the most appropriate method.

Information about knowledge of contraceptive methods was collected from both women and men by reading the name of each method of family planning and asking whether the respondent had ever heard of it. If necessary, the interviewer read a brief description of the method.

Information was collected on 11 modern methods (female sterilisation, male sterilisation, the pill, the intrauterine device (IUD), injectables, implants, male condoms, female condoms, the lactational amenorrhoea method (LAM), diaphragm/foam/jelly, and emergency contraception). Two traditional methods were also included (rhythm/calendar method and withdrawal). In addition, provision was made in the questionnaire to record any other methods named spontaneously by the respondent.

Table 7.1 shows the level of knowledge of contraceptive methods among all women and men age 15-49, as well as among those who are currently married and those who are unmarried but sexually active.

Knowledge of any contraceptive method is generally high in The Gambia, with 96 percent of currently married women and 99 percent of currently married men knowing at least one method. Although women are the users of most of these methods, the mean number of methods known is higher among married men than women (7.3 and 6.1, respectively). Sexually active unmarried respondents are most likely to have heard of any method (100 percent of both women and men), followed by those who are currently married (96 percent of women and 99 percent of men) and all respondents (96 percent of women and 98 percent of men).

Table 7.1 Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents, and sexually active unmarried respondents age 15-49 who have heard of any contraceptive method, by specific method, The Gambia 2013

	Women			Men		
Method	All women	Currently married women	Sexually active unmarried women[1]	All men	Currently married men	Sexually active unmarried men[1]
Any method	95.6	96.3	100.0	98.2	98.9	100.0
Any modern method	95.3	95.8	100.0	97.9	98.1	100.0
Female sterilisation	69.0	73.7	80.0	57.0	67.2	64.9
Male sterilisation	11.6	11.8	21.9	27.0	31.1	35.3
Pill	89.1	91.9	95.4	82.4	87.7	91.4
IUD	39.5	44.3	54.6	26.3	33.1	31.6
Injectables	87.3	91.3	95.4	76.1	86.9	81.0
Implants	30.2	32.9	48.3	19.0	27.1	17.3
Male condom	86.5	85.5	99.2	97.1	96.9	99.9
Female condom	21.2	20.3	46.8	39.3	42.8	52.5
Diaphragm/foam/jelly	11.9	12.7	16.4	20.8	25.8	33.2
Lactational amenorrhoea (LAM)	11.6	13.2	13.2	20.8	25.8	33.2
Emergency contraception	14.5	15.0	33.1	33.4	39.8	46.1
Any traditional method	61.9	70.1	78.6	77.9	87.8	84.0
Rhythm	37.3	41.8	66.3	48.2	62.3	58.3
Withdrawal	48.9	56.5	69.3	72.1	82.5	78.7
Other	19.2	24.0	17.0	13.6	19.7	7.2
Mean number of methods known by respondents age 15-49	5.8	6.1	7.6	6.3	7.3	7.3
Number of respondents	10,233	6,791	73	3,577	1,360	245
Mean number of methods known by respondents age 15-59	na	na	na	6.4	7.3	7.3
Number of respondents	na	na	na	3,821	1,593	246

na = Not applicable
[1] Had last sexual intercourse within 30 days preceding the survey

Among women, modern methods are more widely known than traditional methods; 96 percent of married women know at least one modern method, while only 70 percent know at least one traditional method. Married women are most likely to have heard of pills (92 percent), injectables (91 percent), and male condoms (86 percent). Among currently married women, more than seven in ten have heard of female sterilisation, more than four in ten have heard of the IUD, three in ten have heard about implants, and two in ten have heard of female condoms. The least known modern methods are male sterilisation, diaphragm/foam/jelly, lactational amenorrhoea, and emergency contraception, all of which are known by 15 percent or less of married women. With regard to traditional methods, over half of married women know about withdrawal, while only four in ten know about the rhythm method.

As might be expected, married men are more likely than women to know about the male-oriented methods such as male sterilisation, male condoms, and withdrawal. However, they are also more likely than women to know about female condoms, diaphragm/foam/jelly, LAM, emergency contraception, and the rhythm method. Women are more likely than men to know about the pill, female sterilisation, the IUD, injectables, and implants.

7.2 KNOWLEDGE OF CONTRACEPTIVE METHODS BY BACKGROUND CHARACTERISTICS

Table 7.2 presents data on the proportion of currently married women and men who have heard of at least one contraceptive method by background characteristics. The proportion of currently married women and men who have heard of at least one contraceptive method and at least one modern contraceptive method exceeds 90 percent in all categories by age, residence, Local Government Area (LGA), education, and wealth.

Among women, there is a tendency for the proportions who have heard of any method or any modern method to rise slightly with age, education, and wealth. This correlation does not hold among men. Both women and men in urban areas are slightly more likely to have heard of a contraceptive method than those in rural areas. Currently married women and men in Brikama are slightly more likely to have heard of a method than those in other LGAs.

Table 7.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and currently married men age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method, by background characteristics, The Gambia 2013

	Women			Men		
Background characteristic	Heard of any method	Heard of any modern method[1]	Number of women	Heard of any method	Heard of any modern method[1]	Number of men
Age						
15-19	91.1	90.9	573	*	*	2
20-24	95.8	95.4	1,237	100.0	100.0	57
25-29	97.1	96.6	1,528	97.5	95.8	197
30-34	96.4	95.9	1,319	99.7	99.4	307
35-39	97.3	97.1	966	99.3	98.7	344
40-44	97.0	96.3	673	98.5	97.6	245
45-49	98.0	97.2	496	98.8	97.3	208
Residence						
Urban	97.9	97.9	3,356	99.3	98.7	758
Rural	94.7	93.8	3,435	98.4	97.3	602
Local Government Area						
Banjul	96.8	96.6	114	97.6	97.2	30
Kanifing	97.8	97.8	1,258	98.5	97.3	286
Brikama	98.5	98.5	2,282	100.0	99.7	508
Mansakonko	95.5	95.1	344	97.9	94.5	59
Kerewan	95.8	93.2	801	99.2	97.4	143
Kuntaur	95.8	95.0	427	99.3	98.9	73
Janjanbureh	91.9	91.1	550	98.5	98.5	92
Basse	92.6	92.5	1,015	96.9	95.9	170
Education						
No education	94.8	94.1	4,125	98.2	96.7	649
Primary	98.0	98.0	912	99.8	99.5	161
Secondary or higher	98.8	98.7	1,754	99.5	99.3	550
Wealth quintile						
Lowest	93.6	92.8	1,303	98.1	96.4	247
Second	95.8	95.0	1,404	99.4	98.7	248
Middle	96.4	95.9	1,386	99.1	98.5	246
Fourth	96.3	96.3	1,344	99.2	97.8	330
Highest	99.2	99.1	1,354	98.9	98.9	289
Total 15-49	96.3	95.8	6,791	98.9	98.1	1,360
50-59	na	na	na	99.4	95.5	233
Total 15-59	na	na	na	99.0	97.7	1,593

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Female sterilisation, male sterilisation, pill, IUD, injectables, implants, male condom, female condom, diaphragm/foam/jelly, lactational amenorrhoea method (LAM), and emergency contraception

7.3 CURRENT USE OF CONTRACEPTIVE METHODS

Table 7.3 shows the percent distribution of all women, currently married women, and sexually active unmarried women age 15-49 by contraceptive method currently used, according to age.

The data show that only 9 percent of currently married women in The Gambia are using a contraceptive method; 8 percent are using modern methods and 1 percent are using traditional methods. Injectables are the most commonly used method (4 percent) among married women, followed by the pill (2 percent).

Contraceptive use differs according to age. Use among currently married women is lowest among those age 15-19 (3 percent), peaks among women age 35-39 (12 percent), and then declines among those age 45-49 (8 percent). Injectables are the most common method used by married women in all age groups up to age 40-49, at which point use of the pill becomes slightly higher.

Contraceptive use is lower among all women than among currently married women (7 percent and 9 percent, respectively), but the patterns of use are similar in the two groups. Sexually active unmarried women are by far the most likely to be using contraception (44 percent), and male condoms are the most widely used method in this group.

A comparison of the data from the 2013 GDHS with previous data shows that contraceptive use may be declining in The Gambia. The proportion of married women currently using any method declined from 13 percent in the 2010 Multiple Indicator Cluster Survey (GBoS and UNICEF, 2011) to 9 percent in 2013. However, most of the apparent decline is related to use of traditional methods; the proportion of married women using modern methods is virtually indistinguishable between the two surveys (9 percent in 2010 and 8 percent in 2013).

Table 7.3 Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women age 15-49 by contraceptive method currently used, according to age, The Gambia 2013

			Modern method							Traditional method					
Age	Any method	Any modern method	Female sterili-sation	Pill	IUD	Inject-ables	Implants	Male condom	Any tradi-tional method	Rhythm	With-drawal	Other	Not currently using	Total	Number of women
							ALL WOMEN								
15-19	1.1	0.8	0.0	0.1	0.0	0.3	0.0	0.4	0.3	0.0	0.0	0.3	98.9	100.0	2,407
20-24	5.3	4.8	0.0	0.6	0.0	2.9	0.3	1.0	0.5	0.0	0.2	0.2	94.7	100.0	2,125
25-29	8.8	8.5	0.1	2.4	0.4	3.6	0.4	1.5	0.3	0.1	0.2	0.1	91.2	100.0	1,822
30-34	11.9	10.6	0.4	2.3	0.4	5.3	1.5	0.7	1.3	0.3	0.7	0.3	88.1	100.0	1,504
35-39	12.4	11.9	0.3	3.1	0.5	6.8	0.4	0.7	0.6	0.1	0.1	0.4	87.6	100.0	1,056
40-44	10.8	9.4	1.5	3.3	1.1	2.7	0.8	0.0	1.3	0.5	0.2	0.6	89.2	100.0	761
45-49	7.0	5.9	3.4	1.0	0.2	1.0	0.0	0.3	1.0	0.0	0.0	1.0	93.0	100.0	559
Total	7.1	6.5	0.4	1.5	0.3	3.0	0.5	0.8	0.6	0.1	0.2	0.3	92.9	100.0	10,233
							CURRENTLY MARRIED WOMEN								
15-19	3.3	2.2	0.0	0.1	0.2	1.1	0.0	0.8	1.1	0.0	0.0	1.1	96.7	100.0	573
20-24	6.4	5.7	0.0	1.0	0.0	3.8	0.1	0.8	0.7	0.0	0.4	0.2	93.6	100.0	1,237
25-29	8.4	8.0	0.1	2.5	0.4	3.6	0.4	0.9	0.4	0.1	0.2	0.1	91.6	100.0	1,528
30-34	11.6	10.2	0.4	2.4	0.4	5.1	1.6	0.4	1.3	0.3	0.6	0.4	88.4	100.0	1,319
35-39	12.1	11.5	0.3	3.3	0.4	6.7	0.5	0.3	0.6	0.1	0.1	0.4	87.9	100.0	966
40-44	11.1	9.6	1.7	3.2	0.8	3.0	0.9	0.0	1.5	0.6	0.2	0.7	88.9	100.0	673
45-49	7.7	6.6	3.8	1.2	0.2	1.1	0.0	0.3	1.2	0.0	0.0	1.2	92.3	100.0	496
Total	9.0	8.1	0.6	2.1	0.3	3.9	0.6	0.6	0.9	0.2	0.3	0.4	91.0	100.0	6,791
							SEXUALLY ACTIVE UNMARRIED WOMEN[1]								
Total	43.8	42.0	0.0	6.5	1.9	10.6	0.0	23.0	1.8	0.0	0.0	1.8	56.2	100.0	73

Note: If more than one method is used, only the most effective method is considered in this tabulation. Methods that are not currently used by any women are not shown.
[1] Women who had sexual intercourse within 30 days preceding the survey

7.4 DIFFERENTIALS IN CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS

Current use of contraceptive methods also differs by background characteristics (Table 7.4). Use of contraception increases with increasing number of living children, from 1 percent among currently married women with no children to 11 percent among women with five or more children. Urban women are much more likely to use a contraceptive than rural women (13 percent and 5 percent, respectively).

Contraceptive use is highest in the capital city of Banjul (21 percent), followed by Kanifing (15 percent) and Brikama (11 percent). Basse has the lowest contraceptive prevalence rate (1 percent).

Current use of contraception increases steadily with increasing education, from 6 percent among married women with no education to 8 percent among women with only a primary education and 17 percent among women with a secondary education or higher. Similarly, use of any method of contraception increases with increasing wealth, from 5 percent among married women in the lowest wealth quintile to 17 percent among those in the highest quintile.

Table 7.4 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, The Gambia 2013

			Modern method						Any traditional method	Traditional method					
Background characteristic	Any method	Any modern method	Female sterilisation	Pill	IUD	Injectables	Implants	Male condom		Rhythm	Withdrawal	Other	Not currently using	Total	Number of women
Number of living children															
0	1.1	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.1	0.0	0.1	0.0	98.9	100.0	771
1-2	8.6	7.6	0.3	1.5	0.4	4.0	0.5	0.8	1.0	0.0	0.5	0.4	91.4	100.0	2,212
3-4	10.3	9.3	0.8	2.6	0.2	4.4	0.8	0.5	1.0	0.5	0.2	0.3	89.7	100.0	1,818
5+	11.3	10.3	1.0	3.1	0.5	4.9	0.6	0.2	0.9	0.0	0.1	0.8	88.7	100.0	1,990
Residence															
Urban	13.0	11.8	0.8	3.5	0.5	5.0	1.2	0.9	1.2	0.3	0.4	0.4	87.0	100.0	3,356
Rural	5.0	4.4	0.4	0.7	0.2	2.8	0.0	0.2	0.6	0.0	0.1	0.4	95.0	100.0	3,435
Local Government Area															
Banjul	21.1	20.7	0.8	8.1	0.9	9.9	0.2	0.6	0.4	0.4	0.0	0.0	78.9	100.0	114
Kanifing	14.6	13.4	0.6	4.2	0.5	5.4	1.6	1.1	1.3	0.4	0.7	0.1	85.4	100.0	1,258
Brikama	11.1	9.9	1.0	2.5	0.4	4.6	0.7	0.6	1.2	0.2	0.3	0.7	88.9	100.0	2,282
Mansakonko	8.0	7.0	0.7	0.6	0.3	4.1	0.0	1.3	0.9	0.4	0.0	0.5	92.0	100.0	344
Kerewan	7.1	6.4	0.6	0.8	0.3	4.2	0.1	0.3	0.7	0.0	0.1	0.5	92.9	100.0	801
Kuntaur	4.2	4.0	0.1	1.3	0.0	2.4	0.0	0.2	0.2	0.0	0.1	0.1	95.8	100.0	427
Janjanbureh	5.8	5.1	0.3	1.5	0.3	2.7	0.3	0.1	0.7	0.0	0.0	0.7	94.2	100.0	550
Basse	1.3	1.0	0.0	0.1	0.0	0.8	0.0	0.1	0.3	0.0	0.1	0.1	98.7	100.0	1,015
Education															
No education	6.0	5.5	0.5	1.4	0.1	3.1	0.2	0.2	0.5	0.0	0.1	0.4	94.0	100.0	4,125
Primary	7.7	6.4	0.6	1.4	0.2	3.7	0.2	0.4	1.2	0.2	0.5	0.5	92.3	100.0	912
Secondary or higher	16.7	15.0	0.8	4.1	1.0	6.0	1.6	1.6	1.7	0.5	0.6	0.6	83.3	100.0	1,754
Wealth quintile															
Lowest	4.7	4.2	0.2	0.5	0.0	3.2	0.0	0.2	0.4	0.0	0.2	0.2	95.3	100.0	1,303
Second	5.9	4.8	0.3	1.3	0.3	2.8	0.0	0.2	1.0	0.0	0.0	1.0	94.1	100.0	1,404
Middle	5.8	5.5	1.0	0.8	0.2	2.7	0.0	0.8	0.3	0.0	0.1	0.2	94.2	100.0	1,386
Fourth	12.1	10.8	0.2	3.4	0.6	4.8	1.2	0.5	1.3	0.6	0.4	0.3	87.9	100.0	1,344
Highest	16.5	15.1	1.3	4.3	0.6	6.1	1.7	1.2	1.4	0.2	0.7	0.5	83.5	100.0	1,354
Total	9.0	8.1	0.6	2.1	0.3	3.9	0.6	0.6	0.9	0.2	0.3	0.4	91.0	100.0	6,791

Note: If more than one method is used, only the most effective method is considered in this tabulation. Methods that are not currently used by any women are not shown.

7.5 SOURCE OF CONTRACEPTION

Information on where women obtain their contraceptive methods is useful for family planning programme managers and implementers for logistics planning. In the 2013 GDHS, all women who reported that they were using a modern contraceptive method at the time of the survey were asked where they obtained the method the last time. Since women may not know exactly in which category the source falls (e.g., government or private, health centre or clinic), interviewers were instructed to write the full

name of the source or facility on the questionnaire to allow checking and possible recoding after the interview.

Table 7.5 shows the percent distribution of users of modern contraceptive methods by the most recent method source. Sixty percent of users obtain their method from a public (government) facility, while 26 percent were supplied through private medical sources, 8 percent through the nongovernmental (NGO) medical sector, and 4 percent through other sources. The most common single source of contraceptives in The Gambia is government health centres, which supply about two-fifths (41 percent) of all users of modern methods. Private pharmacies supply about one-fifth (21 percent) of users, and government hospitals supply 16 percent.

The sources of contraceptive methods vary by method used. Government hospitals are by far the predominant source for female sterilisations (93 percent). Public sector sources also supply 69 percent of injectable users, two-thirds of IUD users, and just over half of pill users, mainly through government health centres. Private pharmacies are the main suppliers of male condoms (48 percent), followed by friends and relatives (30 percent).

Table 7.5 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, The Gambia 2013

Source	Female sterilisation	Pill	IUD	Injectables	Male condom	Total
Public sector	(93.3)	52.3	(65.5)	69.1	12.4	60.1
Government hospital	(91.9)	9.8	(15.8)	10.8	1.8	15.6
Government health centre	(0.0)	38.4	(49.7)	52.8	9.7	40.8
Government health post	(1.4)	3.9	(0.0)	3.6	1.0	2.8
Government fieldworker	(0.0)	0.2	(0.0)	1.9	0.0	0.9
Private medical sector	(6.7)	38.9	(20.3)	20.0	47.6	25.5
Private hospital/clinic	(6.7)	4.3	(14.2)	3.3	0.0	3.6
Private pharmacy	(0.0)	31.1	(0.0)	16.2	47.6	20.6
Private doctor	(0.0)	3.5	(6.1)	0.2	0.0	1.2
Private fieldworker	(0.0)	0.0	(0.0)	0.3	0.0	0.1
NGO medical sector	(0.0)	4.5	(14.3)	9.2	0.7	7.7
NGO hospital/clinic/mobile clinic	(0.0)	0.5	(0.0)	1.5	0.0	0.8
Family planning clinic	(0.0)	4.0	(14.3)	7.7	0.7	6.9
Other source	(0.0)	1.6	(0.0)	0.0	30.2	3.9
Shop	(0.0)	0.0	(0.0)	0.0	0.5	0.1
Friend/relative	(0.0)	1.6	(0.0)	0.0	29.7	3.9
Other	(0.0)	0.0	(0.0)	0.0	5.0	0.8
Missing	(0.0)	2.7	(0.0)	1.6	4.0	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	42	158	29	312	78	666

Note: Total includes other modern methods, such as implants, but excludes lactational amenorrhoea method (LAM). Figures in parentheses are based on 25-49 unweighted cases.

7.6 BRANDS OF PILLS USED AND INFORMED CHOICE

Women age 15-49 who were currently using oral contraceptives and condoms were asked for the brand name of the pills and condoms they last used. Among pill users, 75 percent use Microgynon and 25 percent use Microlut (data not shown).

Users of contraceptive methods who are informed of potential side effects or problems associated with each method are best able to make an informed choice about the method they would like to use. In the 2013 GDHS, current users of various modern contraceptive methods who started the most recent episode of use within the five years preceding the survey were asked whether they were informed of possible side effects or problems with the methods they were using, whether they were told what to do if they experienced side effects, and whether they were informed about other methods of contraception they could use. Table 7.6 presents the results by method type and source of the method.

Table 7.6 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, the percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use, by method and initial source, The Gambia 2013

	Among women who started last episode of modern contraceptive method within five years preceding the survey:			
Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if side effects experienced	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women
Method				
Pill	46.3	36.5	56.4	149
Injectables	44.2	38.5	55.0	296
Initial source of method[1]				
Public sector	45.0	40.6	57.7	370
Government hospital	42.9	35.2	45.7	89
Government health centre	44.9	41.5	61.2	262
Private medical sector	42.3	33.1	43.5	103
Private pharmacy	33.7	25.2	42.1	73
NGO medical sector	(47.0)	(40.8)	(67.2)	52
Family planning clinic	(43.2)	(36.6)	(64.9)	48
Total	43.8	38.5	54.4	543

Note: Table includes users of only the methods listed individually and methods with 25 or more unweighted numbers of users. Figures in parentheses are based on 25-49 unweighted cases.
[1] Source at start of current episode of use

The results show that less than half (44 percent) of users were informed of the side effects of the method they were provided, and only 39 percent were informed of what to do if they experienced side effects. More than half (54 percent) of users of modern contraceptive methods were informed of other methods that could be used.

Only two methods are used by numbers of women sufficiently large for tabulation (pill and injectables), and the results do not show any large differences in measures of informed choice between users of these methods. However, differences by the source of the method are larger. Women who obtained their method from a public (government) source were more likely than those who used a private medical source to be informed about side effects of the method, about what to do if they experienced side effects, and about other methods they could use. Levels of all three measures of informed choice were particularly low for private pharmacies.

7.7 CONTRACEPTIVE DISCONTINUATION

Couples can realise their reproductive goals only when they use contraceptive methods continuously. A prominent concern for managers of family planning programmes is discontinuation of methods. All segments of contraceptive use between January 2008 and the date of the interview were recorded in the calendar section of the questionnaire, along with reasons for any discontinuations. Five-year contraceptive discontinuation rates based on the calendar data are presented in Table 7.7.[1]

[1] The discontinuation rates presented here include only those segments of contraceptive use initiated since January 2008. The rates apply to the 3- to 62-month period prior to the survey; exposure during the month of the interview and the two months prior is excluded to avoid the biases that may be introduced by unrecognised pregnancies. These cumulative discontinuation rates represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of women discontinuing a method by the number exposed at that duration. The single-month rates are then cumulated to produce a one-year rate.

Table 7.7 Twelve-month contraceptive discontinuation rates

Among women age 15-49 who started an episode of contraceptive use within the five years preceding the survey, the percentage of episodes discontinued within 12 months, by reason for discontinuation and specific method, The Gambia 2013

Method	Method failure	Desire to become pregnant	Other fertility-related reasons[1]	Side effects/ health concerns	Wanted more effective method	Other method-related reasons[2]	Other reasons	Any reason[3]	Switched to another method[4]	Number of episodes of use[5]
Pill	2.2	7.0	3.2	6.9	1.9	6.1	9.6	36.7	6.7	289
Injectables	1.6	7.0	0.9	10.4	1.1	1.5	4.5	27.1	4.0	414
All methods	2.0	7.0	1.9	7.1	1.9	2.9	5.5	28.3	4.6	946

Note: Figures are based on life table calculations using information on episodes of use that began 3-62 months preceding the survey.
[1] Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation
[2] Includes lack of access/too far, costs too much, and inconvenient to use
[3] Reasons for discontinuation are mutually exclusive and add to the total given in this column.
[4] The episodes of use included in this column are a subset of the discontinued episodes included in the discontinuation rate. A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave "wanted a more effective method" as the reason for discontinuation and started another method within 2 months of discontinuation.
[5] Number of episodes of use includes both episodes of use that were discontinued during the period of observation and episodes of use that were not discontinued during the period of observation.

Overall, more than one-quarter of women (28 percent) who start using a contraceptive method discontinue the method within 12 months. The main reasons for stopping use are side effects/health concerns (7 percent) and a desire to get pregnant (7 percent). Three percent of users stop because of method-related reasons such as lack of access, excessive costs, and inconvenience of the method. Two percent of women discontinue because the method failed (i.e., they became pregnant while using). Similar proportions stopped using because they wanted a more efficient method or for fertility-related reasons such as infrequent sexual exposure or menopause. It is encouraging to note that 5 percent of women discontinued a method but started using another method soon thereafter.

As expected, discontinuation rates are much higher among pill users (37 percent) than among users of injectables (27 percent). For each reason presented, discontinuation rates are equal or higher for the pill than for injectables with the exception of side effects/health concerns, which is given as a reason for 10 percent of discontinuations of injectables.

Table 7.8 provides information about women's reasons for discontinuing contraception. The table includes all discontinuations in the five years preceding the survey, regardless of whether they occurred during the first 12 months of use or later. The reason given most frequently for discontinuation was the desire to get pregnant (40 percent), followed by side effects or health concerns (17 percent), method failure (8 percent), and desire for a more effective method (7 percent). The other reasons cited by women for discontinuation were husband's disapproval (5 percent), infrequent sex or husband's absence (4 percent), and inconvenience of use (3 percent). Only 2 percent of discontinuations were due to lack of access and to excessive cost.

With regard to specific methods, discontinuations of the pill are somewhat more likely than discontinuations of injectables to be due to method failure or inconvenience of the method. Users of injectables are more likely than pill users to discontinue because of side effects or health concerns with the method and because of a desire to get pregnant.

Table 7.8 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method, The Gambia 2013

Reason	Pill	Injectables	Male condom	Other	All methods
Became pregnant while using	8.0	5.6	(0.3)	(32.8)	7.5
Wanted to become pregnant	36.6	43.4	(37.5)	(35.4)	39.6
Husband disapproved	6.8	3.2	(0.0)	(0.0)	4.6
Wanted a more effective method	4.3	5.6	(21.4)	(14.3)	6.6
Side effects/health concerns	16.5	21.5	(0.0)	(0.0)	17.0
Lack of access/too far	3.4	2.3	(0.4)	(0.0)	2.3
Cost too much	1.6	1.6	11.8)	(0.0)	2.3
Inconvenient to use	4.9	0.8	(7.5)	(0.0)	3.3
Up to God/fatalistic	0.0	0.1	(0.0)	(0.0)	0.0
Infrequent sex/husband away	3.5	3.5	(8.8)	(0.0)	3.6
Marital dissolution/separation	0.0	0.2	(0.0)	(0.0)	0.1
Other	3.4	3.9	(0.0)	(0.0)	3.0
Missing	10.9	8.3	(12.3)	(17.5)	10.2
Total	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	216	251	46	23	577

Note: Table shows only methods with more 25 or more unweighted numbers of users. Figures in parentheses are based on 25-49 unweighted cases.

7.8 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-associated methods such as withdrawal and condoms. Such knowledge is particularly critical in the use of the rhythm method. The 2013 GDHS included a question designed to obtain information on the respondent's understanding of when a woman is most likely to become pregnant during her menstrual cycle. Respondents were asked "From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?" If the reply was yes, the respondent was further asked whether that time was just before a woman's period begins, during her period, right after her period has ended, or halfway between two periods.

Table 7.9 Knowledge of fertile period

Percent distribution of women age 15-49 by knowledge of the fertile period during the ovulatory cycle, The Gambia 2013

Perceived fertile period	All women
Just before her menstrual period begins	11.9
During her menstrual period	4.5
Right after her menstrual period has ended	32.3
Halfway between two menstrual periods	25.9
No specific time	13.7
Don't know	11.1
Missing	0.5
Total	100.0
Number of women	10,233

The data show that women's knowledge of the fertile period is generally low. Only 26 percent of women correctly identified a woman's fertile period as occurring halfway between two menstrual periods (Table 7.9). One-third of women think that a woman is most fertile right after her period has ended, while 12 percent think that the fertile period occurs just before her period begins. Fourteen percent of women report that there is no specific time when a woman is more fertile, and 11 percent report that they do not know when a woman's fertile period occurs (data not shown).

7.9 NEED FOR FAMILY PLANNING SERVICES

This section focuses on the extent of need and potential demand for family planning services in The Gambia. Family planning methods can be used to either space or limit childbearing. The proportion of women who want to stop childbearing or who want to space their next birth is a crude measure of the extent of the need for family planning, given that not all of these women are exposed to the risk of pregnancy and some of them may already be using contraception.

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone their next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have an unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have an unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant.

Women who are using contraception are considered to have a met need. Women using contraception who say they want no (more) children are considered to have a met need for limiting, and women who are using contraception and say they want to delay having a child or are unsure if or when they want a (another) child are considered to have a met need for spacing.

Unmet need, total demand, percentage of demand satisfied, and percentage of demand satisfied by modern methods are defined as follows:

- **Unmet need:** the sum of unmet need for spacing and unmet need for limiting
- **Total demand for family planning:** the sum of unmet need and total contraceptive use
- **Percentage of demand satisfied:** total contraceptive use divided by the sum of unmet need and total contraceptive use
- **Percentage of demand satisfied by modern methods:** total modern contraceptive use divided by the sum of unmet need and total contraceptive use

Table 7.10 presents information on unmet need, met need, total demand for family planning services among currently married women, and percentage of the demand for contraception that is satisfied, according to background characteristics.

Overall, one in every four currently married women in The Gambia have an unmet need for family planning - 20 percent have an unmet need for spacing, and 5 percent have an unmet need for limiting births. Need for family planning varies by age group. Women in the youngest and oldest age groups have the lowest unmet need (17 percent and 19 percent, respectively), whereas unmet need is relatively high and stable among women age 20-44. Unmet need for spacing is highest among women age 25-29 (27 percent), while unmet need for limiting is highest in the 40-44 age group (17 percent). Up to age 39, the majority of unmet need for family planning is related to spacing, while for women age 40-49 unmet need mainly relates to limiting.

Unmet need for family planning is only slightly higher among rural women (25 percent) than urban women (24 percent). At the LGA level, total unmet need for family planning is highest in Janjanbureh (33 percent) and lowest in Mansakonko and Basse (21 percent each). Unmet need varies little by education or wealth quintile.

Table 7.10 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, The Gambia 2013

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning[1]			Percentage of demand satisfied[2]	Percentage of demand satisfied by modern methods[3]	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	16.8	0.0	16.9	3.3	0.0	3.3	20.1	0.0	20.2	16.4	10.9	573
20-24	23.3	0.2	23.5	6.3	0.0	6.4	29.6	0.3	29.9	21.3	19.1	1,237
25-29	27.4	0.7	28.2	8.2	0.2	8.4	35.6	1.0	36.6	23.0	21.9	1,528
30-34	22.4	3.2	25.6	9.6	2.0	11.6	32.0	5.2	37.2	31.1	27.5	1,319
35-39	16.6	9.9	26.4	5.6	6.5	12.1	22.1	16.4	38.5	31.3	29.7	966
40-44	11.2	16.6	27.8	3.5	7.6	11.1	14.8	24.2	38.9	28.6	24.7	673
45-49	4.7	14.3	18.9	0.9	6.8	7.7	5.5	21.1	26.6	29.0	24.6	496
Residence												
Urban	19.1	5.2	24.4	9.5	3.5	13.0	28.6	8.8	37.4	34.8	31.6	3,356
Rural	20.8	4.6	25.4	3.3	1.7	5.0	24.1	6.3	30.4	16.4	14.5	3,435
Local Government Area												
Banjul	19.4	6.8	26.2	14.1	7.0	21.1	33.5	13.8	47.3	44.7	43.8	114
Kanifing	20.1	5.7	25.8	11.2	3.5	14.6	31.2	9.2	40.4	36.2	33.1	1,258
Brikama	19.3	5.2	24.5	7.2	3.9	11.1	26.6	9.1	35.6	31.2	27.8	2,282
Mansakonko	16.9	3.7	20.6	6.1	1.9	8.0	22.9	5.7	28.6	27.9	24.6	344
Kerewan	22.4	4.8	27.2	4.8	2.3	7.1	27.2	7.1	34.3	20.6	18.7	801
Kuntaur	18.9	4.0	22.9	3.0	1.3	4.2	21.9	5.2	27.1	15.6	14.7	427
Janjanbureh	27.1	5.4	32.5	5.0	0.9	5.8	32.0	6.3	38.3	15.2	13.3	550
Basse	17.3	3.7	21.0	1.0	0.3	1.3	18.2	4.0	22.3	5.8	4.6	1,015
Education												
No education	18.5	6.2	24.7	3.7	2.3	6.0	22.2	8.4	30.7	19.5	17.9	4,125
Primary	24.2	3.3	27.5	5.5	2.2	7.7	29.7	5.4	35.1	21.8	18.3	912
Secondary or higher	21.2	2.9	24.1	13.0	3.7	16.7	34.2	6.6	40.8	40.9	36.9	1,754
Wealth quintile												
Lowest	19.9	4.5	24.3	3.4	1.2	4.7	23.3	5.7	29.0	16.1	14.6	1,303
Second	22.0	4.7	26.7	3.7	2.1	5.9	25.7	6.8	32.5	18.0	14.9	1,404
Middle	19.9	5.3	25.2	3.7	2.0	5.8	23.6	7.3	30.9	18.6	17.7	1,386
Fourth	19.9	4.9	24.8	9.0	3.1	12.1	28.9	8.0	36.9	32.8	29.3	1,344
Highest	18.3	5.3	23.5	11.8	4.7	16.5	30.1	10.0	40.0	41.2	37.7	1,354
Total	20.0	4.9	24.9	6.3	2.6	9.0	26.3	7.6	33.9	26.5	23.8	6,791

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.
[1] Total demand is the sum of unmet need and met need.
[2] Percentage of demand satisfied is met need divided by total demand.
[3] Modern methods include female sterilisation, pill, IUD, injectables, implants, and male condom. No currently married women report current use of the other modern methods.

As mentioned above, 9 percent of currently married women are using contraception, so they are considered to have a met need for family planning. Six percent of these women are using contraception to space births and 3 percent to limit childbearing.

The total demand for family planning (the sum of met and unmet need) among currently married women is 34 percent, 26 percent for spacing purposes and 8 percent for limiting births. Only 27 percent of the total demand is satisfied, with 24 percent satisfied by modern family planning methods. The total demand for family planning and the proportion of demand that is satisfied increase with increasing education and wealth, but this pattern is due entirely to the fact that current use (met need) increases with these two variables.

7.10 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which nonusers plan to use contraceptive methods in the future. In the 2013 GDHS, women age 15-49 who were not using any contraceptive method at the time of the survey were asked about their intention to use family planning in the future. Table 7.11 shows that 21 percent of currently married nonusers intend to use a method of contraception in the future, 6 percent are unsure of their intentions, and 73 percent have no intention of using any method in the future.

Notably, intentions for future use of a contraceptive method vary only minimally according to number of living children. Nonetheless, the proportion of women who intend to use contraception increases slightly with increasing numbers of living children.

Table 7.11 Future use of contraception

Percent distribution of currently married women age 15-49 who are not using a contraceptive method by intention to use in the future, according to number of living children, The Gambia 2013

	Number of living children[1]					
Intention	0	1	2	3	4+	Total
Intends to use	17.1	19.8	20.6	21.7	21.0	20.5
Unsure	9.1	8.5	5.2	5.0	4.4	5.8
Does not intend to use	73.5	71.2	74.0	72.6	73.3	73.0
Missing	0.3	0.5	0.3	0.7	1.2	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	606	1,025	1,018	916	2,617	6,182

[1] Includes current pregnancy

7.11 EXPOSURE TO FAMILY PLANNING MESSAGES IN THE MEDIA

Exposure to family planning messages is a vital component in delivering family planning services to both urban and rural residents. Information on the level of public exposure to a particular type of media allows policymakers to use the most effective media for various target groups in the population. In order to assess the effectiveness of such media in disseminating family planning information, women and men interviewed in the 2013 GDHS were asked whether, in the few months before the survey, they had heard or seen family planning messages on the radio or television, in a newspaper or magazine, through peer health education, from friends or relatives, from traditional communicators, through the Internet, or from health personnel. Table 7.12 shows the percentage of women and men who were exposed to family planning messages through the various types of media.

Friends and relatives are the most frequent source of family planning messages for both women (43 percent) and men (48 percent) age 15-49, followed by radio (34 percent of women and 43 percent of men) and television (22 percent of women and 29 percent of men). The Internet is the least common source of family planning messages among both women and men (2 percent and 8 percent, respectively). Men are more likely than women to be exposed to family planning messages; this is true for each specific type of source other than health personnel, who are slightly more likely to reach women than men. The sharpest difference by gender occurs for peer health education, which reaches 22 percent of men with a family planning message as opposed to only 8 percent of women. Women are more likely than men to have no exposure to any of the eight sources of family planning messages (41 percent and 32 percent, respectively).

As expected, family planning media exposure varies by background characteristics for both women and men. Exposure to family planning messages is generally more common among those age 20-44 and is more common in urban than rural areas. Among both women and men, exposure to family planning messages is highest in Kuntaur and lowest in Basse. The data also show that the higher a respondent's educational level, the greater the likelihood that she or he has been exposed to a family planning message through at least one of the eight types of media. Media exposure also generally increases with increasing wealth.

Table 7.12 Exposure to family planning messages

Percentage of women and men age 15-49 who heard or saw a family planning message on radio, on television, or in a newspaper or magazine, or through peer health education, friends or traditional communicators, in the past few months, according to background characteristics, The Gambia 2013

	Women										Men									
Background characteristic	Radio	Television	News-paper/ magazine	Peer health education	Friends/ relatives	Tra-ditional communi-cators	Internet	Health person-nel/ worker	None of these eight media sources	Number of women	Radio	Television	News-paper/ magazine	Peer health education	Friends/ relatives	Tra-ditional communi-cators	Internet	Health person-nel/ worker	None of these eight media sources	Number of men
Age																				
15-19	23.3	15.6	2.7	13.4	30.0	8.0	1.6	6.9	53.5	2,407	33.1	19.7	4.8	28.8	42.4	11.6	3.4	6.9	39.3	836
20-24	36.4	23.9	5.1	9.4	44.6	13.0	3.3	17.8	39.0	2,125	41.5	28.9	11.5	23.4	47.9	17.0	7.6	12.6	32.2	849
25-29	37.1	24.2	4.6	6.3	49.5	13.8	2.4	23.3	35.1	1,822	42.8	31.7	12.4	23.8	53.7	18.7	12.8	20.1	27.1	586
30-34	38.4	25.3	4.5	6.4	47.6	15.2	1.6	22.8	35.7	1,504	47.7	38.2	14.1	22.6	50.7	20.8	10.9	23.1	25.4	425
35-39	41.7	25.1	2.9	4.7	47.0	13.4	1.1	23.0	35.7	1,056	46.2	30.8	9.5	12.3	47.1	17.0	8.1	20.6	31.7	391
40-44	36.8	24.2	3.3	4.4	43.0	16.4	1.2	20.7	39.0	761	55.1	31.4	16.8	20.6	51.9	23.3	8.9	21.0	28.1	270
45-49	36.6	22.0	4.2	4.4	42.3	15.7	1.2	15.8	42.5	559	48.6	28.1	5.9	10.0	43.4	17.9	0.8	17.2	34.7	220
Residence																				
Urban	38.4	32.5	5.7	10.0	46.4	12.1	2.8	14.6	36.7	5,730	43.3	34.3	13.7	25.5	51.6	15.7	10.7	16.1	28.4	2,228
Rural	29.2	9.3	1.7	5.9	37.5	13.5	1.0	21.4	46.6	4,503	41.2	19.3	4.6	17.2	41.5	19.1	2.5	14.6	38.0	1,349
Local Government Area																				
Banjul	33.2	38.5	8.8	18.6	49.4	15.3	6.5	16.5	34.3	225	35.4	34.8	13.7	21.4	43.5	9.0	12.1	16.6	34.6	85
Kanifing	36.5	35.7	7.4	11.6	45.2	11.8	3.8	15.9	35.7	2,342	38.8	33.0	15.9	19.6	43.3	10.0	10.0	14.5	34.0	858
Brikama	37.8	27.4	4.7	9.4	49.1	16.7	2.3	17.8	36.4	3,550	43.7	32.0	11.3	27.7	55.4	18.5	10.2	16.3	27.4	1,454
Mansakonko	30.4	9.1	1.4	8.6	40.7	17.6	0.3	15.8	46.5	490	40.9	19.8	3.0	12.8	28.9	13.5	1.9	11.6	41.5	141
Kerewan	28.2	16.4	2.0	6.0	36.0	8.1	0.9	20.8	43.2	1,107	50.2	21.4	5.9	27.7	59.3	28.8	2.6	18.9	19.2	323
Kuntaur	48.6	9.2	0.7	7.0	58.5	24.4	0.3	34.0	24.7	526	61.5	29.8	2.0	26.6	65.6	35.9	0.4	36.1	17.6	141
Janjanbureh	47.0	8.1	1.6	5.8	34.1	5.9	0.9	15.2	40.7	739	38.5	21.7	8.7	21.4	38.3	16.7	5.0	17.6	38.2	240
Basse	14.2	3.8	0.2	0.3	22.1	4.0	0.0	12.9	68.7	1,254	36.5	16.7	2.0	4.7	23.8	12.7	1.0	2.9	56.0	336
Education																				
No education	32.5	15.2	0.7	2.2	38.8	11.8	0.2	17.0	45.6	4,757	45.6	23.1	1.9	10.1	43.4	18.2	0.6	12.1	37.0	1,090
Primary	31.5	18.4	1.2	5.3	40.2	12.7	0.8	17.2	43.3	1,405	37.7	22.3	2.6	12.2	40.2	14.9	1.2	6.4	39.4	493
Secondary or higher	37.4	31.9	8.8	16.2	47.6	13.8	4.5	18.4	35.0	4,071	41.9	33.3	16.7	31.6	52.1	16.8	13.0	19.7	27.4	1,994
Wealth quintile																				
Lowest	30.4	9.0	1.4	6.0	40.0	14.7	0.6	19.5	44.7	1,745	40.6	15.1	5.5	16.5	43.1	15.4	2.4	15.4	36.9	517
Second	33.2	11.7	2.5	6.2	40.4	14.0	1.1	22.1	41.5	1,882	44.6	20.4	5.7	19.0	44.4	19.7	3.8	13.0	35.5	614
Middle	30.5	13.3	1.6	5.8	37.0	12.3	0.9	16.8	48.8	1,927	42.6	24.7	4.6	20.3	42.1	18.0	3.0	15.3	38.3	588
Fourth	36.5	28.6	4.2	8.1	44.1	13.2	1.7	15.1	38.8	2,135	43.5	31.9	10.3	21.9	50.3	15.8	6.2	11.0	29.5	940
Highest	38.9	40.7	8.3	13.1	48.5	10.3	4.8	15.7	34.4	2,545	41.0	41.1	19.5	29.8	53.9	16.6	17.5	22.1	25.4	919
Total 15-49	34.3	22.3	4.0	8.2	42.5	12.7	2.0	17.6	41.1	10,233	42.5	28.7	10.2	22.4	47.8	17.0	7.6	15.5	32.0	3,577
50-59	na	na	na	na	na	na	na	na	na	na	48.9	26.4	11.7	8.1	41.5	19.7	3.5	15.8	35.3	244
Total 15-59	na	na	na	na	na	na	na	na	na	na	42.9	28.5	10.3	21.5	47.4	17.2	7.3	15.6	32.2	3,821

na = Not applicable

7.12 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

In the 2013 GDHS, women were asked whether they had been visited by a health worker who talked with them about family planning in the 12 months preceding the survey. This information is useful for determining whether family planning outreach programmes are reaching nonusers. Women were also asked if they had visited a health facility in the past 12 months for any reason and, if so, whether any staff member at the facility had spoken to them about family planning.

The results shown in Table 7.13 indicate that only a small proportion (3 percent) of nonusers are being reached by fieldworkers who discuss family planning issues. The proportion of women who were visited by a fieldworker varied minimally by background characteristics; however, women in Mansakonko (9 percent) and Janjanbureh (6 percent) were more likely than other women to be visited by a fieldworker who discussed family planning.

Table 7.13 also shows that, overall, about nine in ten women who came into contact with family planning providers did not in fact discuss family planning with them. While almost two-thirds of women (65 percent) visited a health facility in the 12 months preceding the survey, only 6 percent said they discussed family planning during their visit.

Table 7.13 Contact of nonusers with family planning providers

Among women age 15-49 who are not using contraception, the percentage who during the past 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, The Gambia 2013

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who:		Percentage of women who did not discuss family planning either with fieldworker or at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	1.1	1.1	43.1	97.9	2,381
20-24	2.6	6.9	60.4	91.2	2,013
25-29	3.0	8.9	66.7	88.9	1,662
30-34	2.7	9.6	66.8	88.3	1,325
35-39	4.7	10.5	66.5	86.1	924
40-44	2.4	7.0	64.5	91.4	679
45-49	3.1	2.6	56.5	94.7	520
Residence					
Urban	1.8	4.9	57.1	93.6	5,193
Rural	3.4	7.9	60.7	89.5	4,311
Local Government Area					
Banjul	2.8	4.5	51.5	92.9	194
Kanifing	1.8	5.0	53.2	93.7	2,103
Brikama	2.0	6.7	60.4	91.8	3,251
Mansakonko	8.8	9.9	63.5	82.8	459
Kerewan	1.6	10.6	58.4	88.5	1,047
Kuntaur	3.2	12.4	58.1	85.8	506
Janjanbureh	6.0	3.8	60.5	91.1	704
Basse	1.1	1.6	62.7	97.2	1,241
Education					
No education	2.9	7.3	64.6	90.5	4,498
Primary	3.0	6.8	58.7	90.9	1,319
Secondary or higher	1.9	4.9	51.6	93.6	3,687
Wealth quintile					
Lowest	3.6	8.3	62.1	89.1	1,672
Second	2.9	8.1	60.5	89.9	1,791
Middle	3.4	6.5	58.4	90.9	1,828
Fourth	1.6	5.6	61.1	93.0	1,941
Highest	1.5	3.8	53.2	94.9	2,271
Total	2.5	6.3	58.7	91.8	9,504

Staff at health facilities are most likely to discuss family planning with women age 35-39. Similarly, women in rural areas are more likely than women in urban areas to visit a health facility and discuss family planning (8 percent versus 5 percent). The proportion of nonusers who visited a health facility and discussed family planning is higher in Kuntaur and Kerewan (12 percent and 11 percent, respectively) than in other LGAs. Women with less education and those in the lower wealth quintiles are more likely than their counterparts to visit a health facility and discuss family planning with a provider.

Overall, a large majority of nonusers (92 percent) did not discuss family planning with a fieldworker or at a health facility during the 12 months prior to the survey.

INFANT AND CHILD MORTALITY 8

Key Findings

- One in every 29 children in The Gambia die before their first birthday, and one in every 19 children die before their fifth birthday.
- Infant mortality declined by 32 percent over the 15-year period preceding the survey, from 50 deaths per 1,000 live births to 34 deaths per 1,000 live births.
- Under-5 mortality declined by 39 percent over the 15-year period preceding the survey, from 89 deaths per 1,000 live births to 54 deaths per 1,000 live births.
- Childhood mortality is higher in rural areas than in urban areas.
- The neonatal mortality rate is 22 deaths per 1,000 live births, the postneonatal mortality rate is 12 deaths per 1,000 live births, and the perinatal mortality rate is 30 deaths per 1,000 pregnancies.

This chapter describes levels of and trends and differentials in early childhood mortality in The Gambia. Infant and child mortality rates are important indicators of a country's socioeconomic development and quality of life, as well as the population's health status. Measures of childhood mortality also contribute to a better understanding of the progress of population and health programmes and policies. Analyses of mortality measures are useful in identifying promising directions for health and nutrition programmes and improving child survival efforts. Disaggregation of mortality measures by socioeconomic and demographic characteristics helps to identify differentials in population subgroups and target high-risk groups for effective programmes. Measures of childhood mortality are also useful for population projections.

Childhood mortality in general and infant mortality in particular are often used as broad indicators of socioeconomic development or specific indicators of health status. Childhood mortality rates are used for monitoring a country's progress toward Millennium Development Goal (MDG) 4, which aims for a two-thirds reduction in child mortality by the year 2015 (United Nations Development Programme, 2013). Results from the 2013 GDHS can be used to monitor the impact of major national neonatal and child health interventions, strategies, and policies.

This chapter presents information on neonatal, postneonatal, infant, child, and under-5 mortality. In addition, it includes information on perinatal mortality and patterns of fertility related to mortality. Mortality estimates are disaggregated by socioeconomic characteristics, such as urban-rural residence, mother's level of education, and household wealth, as well as selected demographic characteristics, such as child sex, mother's age at birth, birth order, birth interval, and birth size.

The data used to estimate infant and childhood mortality were collected in the birth history section of the Woman's Questionnaire. The 2013 GDHS asked women age 15-49 to provide a complete history of their live births. The birth history section begins with questions about the respondent's experience with childbearing (i.e., the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died). These questions are followed by a retrospective birth history in which each respondent is asked to list each of her births, starting with the first birth. For each birth, data were obtained on sex, month and year of birth, survivorship status, and current age or, if the child is dead, age at death. This information is used to directly estimate mortality rates. In this report, age-specific mortality rates are categorised and defined as follows:

- Neonatal mortality (NN): the probability of dying within the first month of life
- Postneonatal mortality (PNN): the probability of dying after the first month of life but before the first birthday (the difference between infant and neonatal mortality)
- Infant mortality ($_1q_0$): the probability of dying before the first birthday
- Child mortality ($_4q_1$): the probability of dying between the first and fifth birthdays
- Under-5 mortality ($_5q_0$): the probability of dying between birth and the fifth birthday

All rates are expressed as deaths per 1,000 live births, except in the case of child mortality, which is expressed as deaths between age 1 and age 4 per 1,000 children surviving to age 1.

Information on stillbirths and deaths that occurred within seven days of birth is used to estimate perinatal mortality, which is the number of stillbirths and early neonatal deaths per 1,000 stillbirths and live births.

8.1 ASSESSMENT OF DATA QUALITY

The quality of mortality estimates calculated from retrospective birth histories depends on the mother's ability to recall all of the children she has given birth to, as well as their birth dates and ages at death. Potentially the most serious data quality problem is the selective omission from the birth histories of those births that did not survive. If the problem of omission is serious, it can result in underestimation of childhood mortality. If selective omission of childhood deaths occurs, it is usually most severe for deaths early in infancy. Generally, if deaths are substantially underreported, the result is a low ratio of early neonatal deaths (deaths within the first week of life) to all neonatal deaths and a low ratio of neonatal deaths to infant deaths.

An examination of the proportion of early neonatal deaths (0-6 days) to all neonatal deaths (0-30 days) shows that early neonatal deaths represented 87 percent of all neonatal deaths for the five-year period prior to the 2013 GDHS (Appendix Table C.5).[1] During the period 5-19 years preceding the survey, this proportion ranged between 79 percent and 88 percent.

An examination of the proportion of neonatal deaths to infant deaths (Appendix Table C.6) shows that neonatal deaths represented 66 percent of infant deaths for the five-year period prior to the 2013 GDHS. This is similar to the proportion reported in the period 5-19 years before the survey, which ranged between 61 percent and 71 percent.

Another potential data quality problem involves the displacement of birth dates, which may distort mortality trends. This can occur if an interviewer knowingly records a birth as occurring in a different year, which could happen if an interviewer were trying to cut down on his or her overall work load, because live births occurring during the five years preceding the interview are the subject of a lengthy set of additional questions. In the 2013 GDHS questionnaire, the cut-off year for these questions was 2008. Appendix Table C.4 shows evidence of transference of children from 2008 to earlier years. For example, there were 1,448 children born in 2007 compared with 1,299 born in 2008, an 11 percent increase.

A third factor that affects childhood mortality estimates is the quality of reporting of age at death. Misreporting of the child's age at death may distort the age pattern of mortality, especially if the net effect of the age misreporting is to transfer deaths from one age bracket to another. For example, a net transfer of deaths from under 1 month to a higher age will affect the estimates of neonatal and postneonatal mortality. To minimize errors in reporting age at death, GDHS interviewers were instructed to record age at death in

[1] There are no models for mortality patterns during the neonatal period. However, one review of data from several developing countries concluded that, at neonatal mortality levels of 20 per 1,000 or higher, approximately 70 percent of neonatal deaths occur within the first six days of life (Boerma, 1988).

days if the death took place in the month following the birth, in months if the child died before age 2, and in years if the child was at least age 2. They also were asked to probe for deaths reported at age 1 to determine a more precise age at death in terms of months. Despite the emphasis during interviewer training and fieldwork monitoring on probing for accurate age at death, Appendix Table C.6 shows that, for the five years preceding the survey, there is considerable heaping of deaths at age 6 months and age 12 months. However, only the heaping at age 12 months can potentially bias the mortality rates reported in the tables in this chapter. Age heaping at 12 months is likely to result in some underestimation of infant mortality and some overestimation of child mortality, especially for the earlier five-year periods.

Finally, any method of measuring childhood mortality that relies on mothers' reports (e.g., birth histories) assumes that female adult mortality is not high, or if it is high, that there is little or no correlation between the mortality risks of the mothers and those of their children. In countries like The Gambia that have low rates of female adult mortality due to HIV (see Chapter 14), these assumptions are likely valid.

8.2 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

8.2.1 Early Childhood Mortality Rates

Table 8.1 shows neonatal, postneonatal, infant, child, and under-5 mortality rates for successive five-year periods before the survey. For the five years preceding the survey (2009-2013), the infant mortality rate was 34 per 1,000 live births, the child mortality rate was 20 per 1,000 children surviving to age 1, and the under-5 mortality rate was 54 per 1,000 live births. This implies that one in about 29 children in The Gambia die before their first birthday and that one in about 19 die before their fifth birthday. During the same five-year period, the neonatal mortality rate was 22 deaths per 1,000 live births, and the postneonatal mortality rate was 12 deaths per 1,000 live births.

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for five-year periods preceding the survey, The Gambia 2013

Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0-4	22	12	34	20	54
5-9	32	14	46	27	72
10-14	31	19	50	41	89

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

8.2.2 Trends in Early Childhood Mortality

Mortality trends can be examined by comparing mortality rates for the three five-year periods preceding the survey. The 2013 GDHS data show a steady decline in all levels of childhood mortality over the last 15 years. Infant mortality declined by 32 percent over the 15-year period preceding the survey, from 50 deaths per 1,000 live births to 34 deaths per 1,000 live births. Under-5 mortality declined by 39 percent over the same period, from 89 deaths per 1,000 live births to 54 deaths per 1,000 live births. Finally, neonatal mortality decreased by 29 percent, from 31 deaths per 1,000 live births to 22 deaths per 1,000 live births.

Mortality trends can also be examined by comparing data from the 2013 GDHS with data from the 2010 Gambia Multiple Indicator Cluster Survey. The data show that between 2010 and 2013, infant mortality declined from 81 deaths per 1,000 live births to 34 deaths per 1,000 live births. During the same period, under-5 mortality declined from 109 deaths per 1,000 live births to 54 deaths per 1,000 live births. However, caution should be exercised when comparing rates from different surveys. In particular,

sampling errors associated with early childhood mortality estimates are large and should be taken into account when examining trends between surveys.

8.3 EARLY CHILDHOOD MORTALITY RATES BY SOCIOECONOMIC CHARACTERISTICS

Mortality differences by place of residence, Local Government Area (LGA), mother's education, and household wealth are presented in Table 8.2. Mortality rates are presented for the 10-year period preceding the survey to ensure a sufficient number of births to study mortality differentials across population subgroups. The table shows that infant and child survival are strongly influenced by background characteristics. Mortality rates are consistently lower in urban areas than in rural areas, although the difference is quite small for neonatal and postneonatal mortality. Infant mortality is 44 deaths per 1,000 live births in rural areas, as compared with 35 deaths per 1,000 live births in urban areas. Similarly, there is an urban-rural difference in under-5 mortality (69 deaths per 1,000 live births in rural areas versus 53 deaths per 1,000 live births in urban areas). Wide differences in early childhood mortality are also observed by LGA. For example, under-5 mortality rates range from a low of 52 per 1,000 live births in Kanifing and Kerewan to a high of 92 per 1,000 live births in Basse.

Table 8.2 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by background characteristics, The Gambia 2013

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Residence					
Urban	24	11	35	19	53
Rural	29	15	44	27	69
Local Government Area					
Banjul	27	8	35	21	55
Kanifing	24	7	32	21	52
Brikama	27	17	43	18	61
Mansakonko	30	13	42	22	63
Kerewan	26	9	35	18	52
Kuntaur	33	12	45	26	70
Janjanbureh	12	10	22	16	38
Basse	35	18	52	42	92
Mother's education					
No education	29	15	44	26	69
Primary	30	12	42	26	67
Secondary or higher	18	8	26	12	37
Wealth quintile					
Lowest	29	18	47	25	70
Second	30	13	43	26	68
Middle	32	14	45	26	70
Fourth	28	14	42	19	60
Highest	12	6	18	17	34

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

As expected, mother's education is inversely related to a child's risk of dying. Under-5 mortality among children born to mothers with no education is 69 per 1,000 live births, as compared with 37 per 1,000 live births among children born to mothers with a secondary education or higher. The beneficial effect of educating mothers is evident for all childhood mortality categories. Also, childhood mortality generally decreases as wealth increases and is lowest among children in the highest wealth quintile.

8.4 DEMOGRAPHIC DIFFERENTIALS IN EARLY CHILDHOOD MORTALITY

The demographic characteristics of both mothers and children have been found to play an important role in child survival. Table 8.3 presents childhood mortality rates according to sex of the child, mother's age at birth, birth order, previous birth interval, and the infant's size at birth.

The data show that mortality rates are generally higher among male children than female children. This is true for all mortality categories with the exception of postneonatal mortality. Infant mortality is highest for mothers under age 20 (51 per 1,000 live births) and for first births (47 per 1,000 live births). Short birth intervals, especially intervals of less than two years, substantially reduce children's chances of survival. For example, children born less than two years after the preceding birth are more than twice as likely to die within the first year of life and within the first five years of life as children born three years after the preceding birth. These findings are consistent with observations from other sources (Cecatti et al., 2008; Rutstein, 2005).

Table 8.3 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by demographic characteristics, The Gambia 2013

Demographic characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Child's sex					
Male	28	13	42	24	65
Female	25	13	38	22	59
Mother's age at birth					
<20	31	19	51	20	70
20-29	25	11	36	24	59
30-39	27	15	43	23	64
40-49	26	(6)	(33)	*	*
Birth order					
1	32	14	47	19	64
2-3	21	13	34	22	55
4-6	28	12	40	27	66
7+	29	14	43	25	67
Previous birth interval[2]					
<2 years	54	18	72	38	107
2 years	20	9	29	26	55
3 years	18	14	32	15	47
4+ years	16	13	30	14	44
Birth size[3]					
Small/very small	29	13	41	na	na
Average or larger	19	12	30	na	na

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death. An asterisk indicates that a figure is based on fewer than 250 unweighted person-years of exposure to the risk of death and has been suppressed.
na = Not available
[1] Computed as the difference between the infant and neonatal mortality rates
[2] Excludes first-order births
[3] Rates for the five-year period before the survey

In the 2013 GDHS, mothers were asked whether their children born in the past five years were very large, larger than average, average, smaller than average, or very small at birth, since this has been found to be a good proxy for a child's weight. As expected, the size of the baby at birth and mortality are negatively associated. For example, the infant mortality rate among very small or small children is 41 per 1,000 live births, as compared with 30 per 1,000 live births among children regarded as average or large in size.

8.5 PERINATAL MORTALITY

The 2013 GDHS asked women to report on any pregnancy losses that had occurred in the five years preceding the survey. For each pregnancy that did not end in a live birth, the duration of pregnancy was recorded. In this report, perinatal deaths include pregnancy losses of at least seven months' gestation (stillbirths) and deaths to live births within the first seven days of life (early neonatal deaths). The perinatal mortality rate is the sum of stillbirths and early neonatal deaths divided by the sum of all stillbirths and live births. Information on stillbirths and infant deaths within the first week of life is highly susceptible to omission and misreporting. Nevertheless, retrospective surveys in developing countries provide more

representative and accurate perinatal death rates than do vital registration systems and hospital-based studies. The distinction between a stillbirth and an early neonatal death may be a fine one, depending often on the observed presence or absence of faint signs of life after delivery.

Table 8.4 Perinatal mortality

Number of stillbirths and early neonatal deaths and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, The Gambia 2013

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies of 7+ months' duration
Mother's age at birth				
<20	13	22	32	1,077
20-29	38	84	28	4,333
30-39	26	39	29	2,245
40-49	12	6	55	341
Previous pregnancy interval in months[4]				
First pregnancy	25	45	41	1,698
<15	7	7	65	216
15-26	10	31	27	1,574
27-38	18	20	16	2,376
39+	28	48	36	2,131
Residence				
Urban	34	85	31	3,805
Rural	55	66	29	4,190
Local Government Area				
Banjul	2	3	36	128
Kanifing	19	37	40	1,394
Brikama	28	59	32	2,724
Mansakonko	6	5	27	403
Kerewan	9	9	19	915
Kuntaur	6	11	30	540
Janjanbureh	7	8	22	669
Basse	14	19	27	1,222
Mother's education				
No education	49	87	29	4,757
Primary	11	33	38	1,142
Secondary or higher	29	31	28	2,096
Wealth quintile				
Lowest	16	23	24	1,607
Second	27	26	30	1,773
Middle	19	39	36	1,605
Fourth	13	43	35	1,606
Highest	14	20	24	1,405
Total	89	151	30	7,995

[1] Stillbirths are foetal deaths in pregnancies lasting 7 or more months.
[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of 7 or more months' duration, expressed per 1,000
[4] Categories correspond to birth intervals of <24 months, 24-35 months, 36-47 months, and 48+ months.

Table 8.4 shows that of the 7,995 reported pregnancies of at least seven months' gestation in the five years preceding the survey, 89 were stillbirths and 151 were early neonatal deaths, yielding an overall perinatal mortality rate of 30 deaths per 1,000 pregnancies. Because the rate is subject to a high degree of sampling variation, differences by background characteristics should be interpreted with caution. The perinatal mortality rate is highest among mothers age 40-49 (55 deaths per 1,000 pregnancies) and among births that occur less than 15 months after the previous birth (65 deaths per 1,000 pregnancies). Also, perinatal mortality is higher in urban areas (31 deaths per 1,000 pregnancies) and in Kanifing (40 deaths per 1,000 pregnancies). There is no clear pattern in the relationship between perinatal mortality and mother's education and household wealth.

8.6 HIGH-RISK FERTILITY BEHAVIOUR

The survival of infants and children depends in part on the demographic and biological characteristics of their mothers. Typically, the probability of dying in infancy is much greater among children born to mothers who are too young (under age 18) or too old (over age 34), children who are too closely spaced (children born less than 24 months after the preceding birth), and children born to mothers of high parity (more than three children). First births may be at increased risk of dying relative to births of other orders; however, this distinction is not included in the risk categories in Table 8.5 because it is not considered avoidable fertility behaviour. Also, for the short birth interval category, only children with a preceding interval of less than 24 months are included. Short succeeding birth intervals are not included, even though they can influence the survivorship of a child, because of the problem of reverse causal effect (i.e., a short succeeding birth interval can be the result of the death of a child rather than being the cause of the death of a child). The risk is elevated when a child is born to a mother who has a combination of these risk characteristics.

Table 8.5 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality, the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, The Gambia 2013

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high risk category	27.7	1.00	17.0[a]
Unavoidable risk category			
First-order births between ages 18 and 34	17.4	1.36	8.3
Single high-risk category			
Mother's age <18	5.0	2.72	1.6
Mother's age >34	0.7	2.70	2.7
Birth interval <24 months	4.8	0.92	11.6
Birth order >3	25.3	1.03	15.2
Subtotal	35.8	1.28	31.1
Multiple high-risk category			
Age <18 and birth interval <24 months[2]	(0.3)	(2.46)	0.4
Age >34 and birth interval <24 months	*	*	0.4
Age >34 and birth order >3	12.5	1.14	23.2
Age >34 and birth interval <24 months and birth order >3	1.2	2.81	6.3
Birth interval <24 months and birth order >3	5.2	1.92	13.3
Subtotal	19.1	1.48	43.5
In any avoidable high-risk category	54.9	1.35	74.7
Total	100.0	na	100.0
Number of births/women	7,906	na	6,791

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. Figures in parentheses are based on 25-49 unweighted births. An asterisk indicates that a figure is based on fewer than 25 unweighted births and has been suppressed.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the category age <18 and birth order >3
[a] Includes sterilised women

Table 8.5 shows the percentages of births occurring in the five years before the survey that fall into the various risk categories. A total of 55 percent of births in the last five years are in an avoidable high-risk category. In 36 percent of the cases, the risk is higher only because of a single high-risk category (mother's age, birth order, or birth interval), and in 19 percent of cases the risk is higher because of

multiple high-risk categories. The largest groups of children at risk are those who are of a high birth order (25 percent) and those who are of a high birth order and whose mothers are over age 34 (13 percent).

Table 8.5 also shows the relative risk of dying for children born in the last five years by comparing the proportion dead in each risk category with the proportion dead among children with no risk factors. The most detrimental factors are young age at birth, older age at birth, and the combination of older age at birth, short birth interval, and high birth order. Children in these groups are 2.7 to 2.8 times more likely to die than children not in any risk category. Fortunately, only 7 percent of births fall into these categories.

The last column of Table 8.5 shows the distribution of currently married women by the risk category into which a birth would fall if conceived at the time of the survey. The information in this column is purely hypothetical and does not take into consideration the protection provided by postpartum insusceptibility, prolonged abstinence, or family planning methods other than sterilisation. However, it provides insight into the potential magnitude of high-risk births. Overall, 75 percent of currently married women have the potential for a high-risk birth, with 31 percent falling into a single high-risk category and 44 percent falling into a multiple high-risk category.

REPRODUCTIVE HEALTH 9

Key Findings

- Eighty-six percent of women receive antenatal care from a skilled provider.
- Seventy-eight percent of women make four or more antenatal care visits during their pregnancy. The median duration of pregnancy at the first antenatal visit is 4.5 months.
- Seventy-one percent of mothers with a birth in the five years preceding the survey had their last birth protected against neonatal tetanus.
- Fifty-seven percent of births in the past five years were assisted by a skilled provider.
- Seventy-six percent of women giving birth in the two years preceding the survey received postnatal care for their most recent birth in the first two days after delivery.
- Fifteen percent of infants born outside a health facility in the two years preceding the survey received a postnatal checkup in the first two days after birth.
- Forty-three percent of women face at least one problem in seeking health care for themselves when they are sick.

The major objective of antenatal care (ANC) is to ensure optimal health outcomes for the mother and the baby. Antenatal care from a skilled provider is important to monitor the pregnancy and reduce morbidity risks for the mother and child during pregnancy and delivery. Antenatal care provided by a skilled provider enables (1) early detection of complications and prompt treatment (e.g., detection and treatment of sexually transmitted infections), (2) prevention of diseases through immunisation and micronutrient supplementation, (3) birth preparedness and complication readiness, and (4) health promotion and disease prevention through health messages and counselling of pregnant women.

9.1 ANTENATAL CARE

Mothers who had a live birth in the five years preceding the survey were asked whether they had obtained antenatal care during the pregnancy for their most recent birth. Table 9.1 presents information on the source of antenatal care services for that pregnancy.

The data show that among the 5,305 women age 15-49 who had a live birth in the five years preceding the survey, 86 percent received ANC from a skilled health provider, 11 percent from a doctor, 75 percent from a nurse or midwife, and 13 percent from an auxiliary nurse.

There were no major variations in the percentage of women who received ANC from a skilled provider by most of the background characteristics, except for urban-rural residence and Local Government Areas (LGA). Rural women were somewhat less likely to receive antenatal care from a skilled provider (85 percent) than their urban counterparts (88 percent). By LGA, the percentage of women who received ANC from a skilled provider ranged from 63 percent in Janjanbureh to 96 percent in Kanifing.

Women with a secondary education or higher are much more likely to receive antenatal care from a doctor than those with no education (17 percent versus 9 percent). Similarly, women in the highest wealth quintile are more likely to receive antenatal care from a doctor.

Table 9.1 Antenatal care

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, The Gambia 2013

Background characteristic	Antenatal care provider						No ANC	Total	Percentage receiving antenatal care from a skilled provider[1]	Number of women
	Doctor	Nurse/ midwife	Auxiliary nurse	Com-munity/ village health worker	Traditional birth attendant	Missing				
Mother's age at birth										
<20	9.7	74.7	15.4	0.0	0.0	0.1	0.2	100.0	84.3	697
20-34	11.9	74.6	12.3	0.1	0.1	0.2	0.9	100.0	86.5	3,704
35-49	9.5	77.0	12.2	0.1	0.2	0.6	0.5	100.0	86.4	905
Birth order										
1	11.6	73.1	14.9	0.1	0.1	0.1	0.1	100.0	84.7	1,114
2-3	13.9	73.3	11.6	0.1	0.0	0.2	0.9	100.0	87.3	1,797
4-5	9.2	76.3	13.3	0.0	0.2	0.4	0.6	100.0	85.4	1,208
6+	8.8	78.1	11.6	0.1	0.1	0.3	1.1	100.0	86.8	1,187
Residence										
Urban	16.0	71.5	11.1	0.0	0.0	0.2	1.2	100.0	87.5	2,643
Rural	6.5	78.5	14.2	0.1	0.2	0.3	0.2	100.0	84.9	2,663
Local Government Area										
Banjul	27.2	64.4	7.4	0.0	0.0	0.0	1.1	100.0	91.5	93
Kanifing	20.3	75.3	3.1	0.0	0.0	0.4	1.0	100.0	95.6	982
Brikama	11.8	76.0	11.0	0.0	0.0	0.1	1.1	100.0	87.8	1,820
Mansakonko	6.4	79.2	13.8	0.0	0.2	0.0	0.5	100.0	85.6	265
Kerewan	18.9	66.6	14.3	0.0	0.0	0.0	0.3	100.0	85.5	589
Kuntaur	3.7	86.2	9.4	0.0	0.0	0.1	0.7	100.0	89.9	336
Janjanbureh	3.0	60.4	34.5	0.9	0.3	0.6	0.3	100.0	63.4	451
Basse	0.2	82.2	16.6	0.0	0.3	0.7	0.0	100.0	82.4	769
Education										
No education	8.5	75.3	14.6	0.1	0.1	0.3	1.1	100.0	83.8	3,082
Primary	11.5	79.1	9.0	0.0	0.1	0.0	0.2	100.0	90.6	747
Secondary or higher	16.7	72.3	10.5	0.0	0.0	0.3	0.3	100.0	89.0	1,476
Wealth quintile										
Lowest	6.4	81.1	11.5	0.1	0.1	0.1	0.6	100.0	87.5	1,027
Second	7.3	77.3	14.3	0.2	0.0	0.6	0.3	100.0	84.6	1,114
Middle	5.8	76.3	16.7	0.0	0.3	0.1	0.9	100.0	82.1	1,074
Fourth	13.5	74.6	10.5	0.0	0.0	0.1	1.2	100.0	88.1	1,072
Highest	23.6	65.5	10.1	0.0	0.0	0.4	0.5	100.0	89.1	1,019
Total	11.2	75.0	12.7	0.1	0.1	0.3	0.7	100.0	86.2	5,305

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.
[1] Skilled provider includes doctor, nurse, or midwife.

9.1.1 Number and Timing of Antenatal Visits

Prenatal care is more effective in preventing adverse pregnancy outcomes when it is sought early in the pregnancy and continued through delivery. Health professionals recommend that the first prenatal visit occur within the initial 12 to 16 weeks of the pregnancy. The second visit should occur at 28 weeks, the third visit at 32 weeks, and the fourth visit at 36 weeks. Under normal circumstances, the World Health Organization (WHO) recommends that a woman without complications have at least four visits. Women with complications, special needs, or conditions beyond the scope of basic care may require additional visits.

In the 2013 GDHS, women with a live birth in the five years preceding the survey were asked how many prenatal care visits they made during the pregnancy for their most recent live birth and how many months pregnant they were at the time of the first visit. Table 9.2 shows that more than three-fourths of pregnant women (78 percent) make four or more antenatal visits, with no major difference between urban and rural women.

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, The Gambia 2013

	Residence		
Number and timing of ANC visits	Urban	Rural	Total
Number of ANC visits			
None	1.4	0.4	0.9
1	2.0	1.0	1.5
2-3	19.6	20.2	19.9
4+	77.0	78.3	77.6
Don't know/missing	0.1	0.2	0.1
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	1.4	0.4	0.9
<4	34.9	40.4	37.7
4-5	41.0	41.0	41.0
6-7	20.4	17.2	18.8
8+	2.2	1.0	1.6
Don't know/missing	0.2	0.1	0.1
Total	100.0	100.0	100.0
Number of women	2,643	2,663	5,305
Median months pregnant at first visit (for those with ANC)	4.6	4.4	4.5
Number of women with ANC	2,606	2,653	5,260

The data also show that most women do not receive antenatal care early in their pregnancy. Only 38 percent of women obtain antenatal care in the first trimester of pregnancy. Overall, the median length of pregnancy at the first visit is 4.5 months.

9.1.2 Components of Antenatal Care

Measuring the content of antenatal care is essential for assessing the quality of antenatal care services, given that pregnancy complications are a primary source of maternal and child morbidity and mortality. Pregnant women should routinely receive information on the signs of complications and should be assessed for their risk of complications. Table 9.3 presents information on the percentage of women who took iron tablets or syrup during the pregnancy for their most recent birth in the last five years, along with the percentage who took medicine for intestinal parasites, who were informed of the signs of pregnancy complications, and who received selected services during antenatal care visits.

Table 9.3 shows that almost all (97 percent) women with a live birth in the last five years took iron tablets or syrup during the pregnancy for their most recent live birth, and two-fifths (40 percent) took intestinal parasite drugs. Among women who received antenatal care for their most recent birth, 73 percent reported that they had been informed of the signs of pregnancy complications. Furthermore, 99 percent reported that they had their blood pressure measured, 95 percent had a urine sample taken, and 98 percent had a blood sample taken.

Table 9.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, The Gambia 2013

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy of their last birth:		Number of women with a live birth in the past five years	Among women who received antenatal care for their most recent birth in the past five years, the percentage with selected services				Number of women with ANC for their most recent birth
	Took iron tablets or syrup	Took intestinal parasite drugs		Informed of signs of pregnancy complications	Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth								
<20	97.5	41.4	697	66.0	98.6	92.8	97.5	695
20-34	96.7	40.5	3,704	73.6	99.1	95.6	98.3	3,669
35-49	95.7	38.5	905	74.6	99.3	95.9	99.0	895
Birth order								
1	97.4	38.5	1,114	70.8	98.9	93.7	98.0	1,111
2-3	96.5	41.6	1,797	73.8	99.1	95.6	98.2	1,781
4-5	97.0	42.3	1,208	72.3	99.0	95.8	98.6	1,198
6+	95.7	38.1	1,187	73.6	99.3	95.8	98.5	1,170
Residence								
Urban	95.2	36.0	2,643	73.6	99.5	97.2	98.8	2,606
Rural	98.0	44.6	2,663	72.0	98.7	93.4	97.8	2,653
Local Government Area								
Banjul	94.2	37.0	93	61.1	98.4	96.9	97.6	92
Kanifing	95.2	36.5	982	71.8	99.9	98.1	99.4	969
Brikama	95.7	34.1	1,820	76.4	99.6	96.9	98.9	1,798
Mansakonko	97.9	36.1	265	65.5	97.8	87.2	97.7	264
Kerewan	98.9	37.6	589	75.7	99.1	95.1	98.7	587
Kuntaur	98.6	31.7	336	79.4	98.3	89.4	97.1	334
Janjanbureh	97.2	68.8	451	78.7	97.5	96.4	97.2	447
Basse	97.5	50.9	769	60.8	98.7	92.7	96.7	769
Education								
No education	96.6	41.3	3,082	72.0	99.0	95.4	98.3	3,046
Primary	95.9	43.3	747	74.3	99.3	94.5	98.5	746
Secondary or higher	97.0	36.7	1,476	73.6	99.2	95.6	98.4	1,468
Wealth quintile								
Lowest	98.3	41.5	1,027	68.2	99.0	93.8	98.6	1,019
Second	98.0	42.7	1,114	76.2	98.9	95.5	98.4	1,108
Middle	95.2	46.5	1,074	74.0	98.7	93.1	96.7	1,064
Fourth	95.6	34.5	1,072	70.5	99.3	96.4	99.0	1,057
Highest	95.9	36.0	1,019	74.6	99.7	97.8	99.0	1,011
Total	96.6	40.3	5,305	72.8	99.1	95.3	98.3	5,260

9.1.3 Tetanus Toxoid Injections

Neonatal tetanus is a leading cause of neonatal death in developing countries, where a high proportion of deliveries take place at home or in places where hygienic conditions do not exist. Tetanus toxoid (TT) immunisations are given to pregnant women to prevent neonatal tetanus. If a woman has received no previous TT injections, she needs two doses of TT during pregnancy for full protection. However, if a woman was immunised before she became pregnant, she may require one injection or may not require any TT injections during pregnancy, depending on the number of injections she has already received and the timing of the last injection. Five doses are required for lifetime protection.

Table 9.4 shows that 42 percent of women received two or more doses of tetanus toxoid during the pregnancy for their most recent birth in the last five years. The percentage of women who received a TT injection decreases substantially with mother's age at birth and with increasing birth order. Rural women are slightly more likely than urban women to have received two or more TT injections during their last pregnancy. Coverage with at least two doses ranges from 38 percent of women in Kanifing to 54 percent of women in Janjanbureh.

Table 9.4 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, The Gambia 2013

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus[1]	Number of mothers
Mother's age at birth			
<20	56.5	65.0	697
20-34	40.8	72.7	3,704
35-49	32.9	67.6	905
Birth order			
1	57.8	59.2	1,114
2-3	40.5	77.0	1,797
4-5	38.2	76.9	1,208
6+	31.2	66.2	1,187
Residence			
Urban	39.9	67.3	2,643
Rural	43.2	74.3	2,663
Local Government Area			
Banjul	39.6	65.8	93
Kanifing	37.9	67.8	982
Brikama	38.9	69.6	1,820
Mansakonko	52.9	87.4	265
Kerewan	40.4	72.3	589
Kuntaur	48.3	67.9	336
Janjanbureh	53.9	69.2	451
Basse	39.5	73.5	769
Education			
No education	41.2	71.6	3,082
Primary	40.5	75.1	747
Secondary or higher	42.7	67.0	1,476
Wealth quintile			
Lowest	42.9	71.4	1,027
Second	43.0	75.1	1,114
Middle	40.3	70.8	1,074
Fourth	40.8	70.4	1,072
Highest	40.7	65.9	1,019
Total	41.5	70.8	5,305

[1] Includes mothers with 2 injections during the pregnancy of their last birth or 2 or more injections (the last within 3 years of the last live birth), 3 or more injections (the last within 5 years of the last birth), 4 or more injections (the last within 10 years of the last live birth), or 5 or more injections at any time prior to the last birth

Seventy-one percent of women reported that their last live birth was protected against neonatal tetanus. First-order births (59 percent), births to women in urban areas (67 percent), births to women residing in Banjul (66 percent), births to women with a secondary education or higher (67 percent), and births to women in the highest wealth quintile (66 percent) are least likely to be protected against neonatal tetanus.

9.2 DELIVERY

9.2.1 Place of Delivery

Delivery in a health facility is an important factor in reducing health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infections.

Table 9.5 presents the distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics. The data show that 63 percent of births in The Gambia are delivered in a health facility and 37 percent take place at home. The majority of births (57 percent) take place in a public health facility.

Births to women less than age 20 (68 percent), first-order births (79 percent), and births to women with four or more ANC visits (67 percent) are more likely to be delivered at a health facility than other births. In addition, births in urban areas are substantially more likely to be delivered at a health facility that those in rural areas (83 percent versus 44 percent). The proportion of births delivered at a health facility ranges from 31 percent in Basse to 93 percent in Banjul. Health facility deliveries increase steadily with increases in mother's education and wealth. For example, only 54 percent of births to mothers with no education occur at a health facility, as compared with 82 percent of births to mothers with a secondary education or higher.

Table 9.5 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, The Gambia 2013

Background characteristic	Health facility			Home	Other	Missing	Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	NGO medical sector						
Mother's age at birth									
<20	63.6	3.1	1.2	31.7	0.0	0.4	100.0	67.9	1,063
20-34	55.6	4.9	1.2	37.5	0.4	0.5	100.0	61.7	5,703
35-49	58.5	2.3	1.3	36.8	0.3	0.8	100.0	62.1	1,140
Birth order									
1	70.7	5.9	2.3	20.3	0.2	0.6	100.0	78.9	1,726
2-3	56.1	5.7	0.9	36.5	0.2	0.5	100.0	62.8	2,693
4-5	53.1	2.4	1.1	42.8	0.3	0.4	100.0	56.5	1,849
6+	48.9	2.4	0.7	46.9	0.5	0.4	100.0	52.1	1,638
Antenatal care visits[1]									
None	(7.5)	(0.0)	(0.0)	(75.1)	(0.0)	(17.4)	100.0	(7.5)	46
1-3	55.7	2.1	0.9	41.2	0.1	0.1	100.0	58.6	1,133
4+	60.5	5.5	1.4	32.1	0.3	0.1	100.0	67.4	4,119
Residence									
Urban	73.2	8.1	1.8	16.0	0.4	0.5	100.0	83.1	3,771
Rural	42.4	0.9	0.7	55.4	0.2	0.4	100.0	44.0	4,135
Local Government Area									
Banjul	88.1	4.1	1.2	5.2	0.0	1.3	100.0	93.4	126
Kanifing	73.7	11.7	2.3	10.8	0.3	1.1	100.0	87.7	1,376
Brikama	67.6	5.7	1.9	24.0	0.3	0.5	100.0	75.2	2,697
Mansakonko	51.3	1.4	0.9	46.2	0.1	0.1	100.0	53.6	397
Kerewan	51.9	0.7	0.0	46.7	0.6	0.1	100.0	52.6	906
Kuntaur	38.0	0.0	0.0	61.4	0.4	0.1	100.0	38.1	534
Janjanbureh	47.6	1.2	1.1	49.3	0.3	0.6	100.0	49.8	663
Basse	31.1	0.1	0.0	68.6	0.0	0.2	100.0	31.2	1,208
Mother's education									
No education	51.5	2.2	0.5	45.2	0.2	0.4	100.0	54.2	4,708
Primary	58.1	4.2	0.7	36.2	0.6	0.1	100.0	63.0	1,131
Secondary or higher	69.4	9.1	3.0	17.3	0.4	0.8	100.0	81.5	2,067
Wealth quintile									
Lowest	47.3	0.7	0.9	50.1	0.3	0.6	100.0	48.9	1,591
Second	47.8	1.4	0.7	49.4	0.1	0.5	100.0	49.9	1,746
Middle	49.3	1.3	1.3	47.8	0.1	0.4	100.0	51.8	1,586
Fourth	71.7	4.6	0.5	22.7	0.2	0.3	100.0	76.7	1,593
Highest	72.1	15.2	3.1	8.1	0.8	0.6	100.0	90.4	1,391
Total	57.1	4.3	1.2	36.6	0.3	0.5	100.0	62.6	7,906

Note: Figures in parentheses are based on 25-49 unweighted cases. Total includes 7 cases for whom information on number of ANC visits is missing.
[1] Includes only the most recent birth in the 5 years preceding the survey

9.2.2 Assistance during Delivery

In addition to place of birth, assistance during childbirth is an important variable that influences birth outcomes and the health of mothers and infants. The skills and performance of the birth attendant determine whether he or she can manage complications and observe hygiene practices.

Table 9.6 shows the percent distribution of live births in the five years preceding the survey by the person providing assistance, according to background characteristics. The table also presents data on the prevalence of births delivered via caesarean section (C-section). The results show that 57 percent of births in The Gambia are delivered under the supervision of a skilled provider, mostly a nurse or midwife (50

percent). Traditional birth attendants play a vital role, assisting in 27 percent of deliveries. Relatives and others assist with 7 percent of deliveries, and 2 percent of deliveries are not assisted by anyone.

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of births assisted by a skilled provider, and percentage delivered via caesarean section, according to background characteristics, The Gambia 2013

Background characteristic	Person providing assistance during delivery								Percentage delivered by a skilled provider[1]	Percentage delivered by C-section	Number of births
	Doctor	Nurse/ midwife	Auxiliary nurse	Traditional birth attendant	Relative/ other	No one	Don't know/ missing	Total			
Mother's age at birth											
<20	7.2	54.3	7.4	25.7	4.8	0.3	0.5	100.0	61.5	1.9	1,063
20-34	7.0	49.2	7.0	27.4	7.2	1.8	0.4	100.0	56.2	1.9	5,703
35-49	7.2	50.8	5.9	26.0	6.5	2.9	0.8	100.0	58.0	2.7	1,140
Birth order											
1	11.0	60.6	7.8	15.9	3.6	0.4	0.6	100.0	71.6	3.4	1,726
2-3	7.1	50.2	6.8	26.4	7.7	1.4	0.3	100.0	57.3	1.9	2,693
4-5	5.1	45.8	7.6	32.0	7.6	1.5	0.4	100.0	50.9	1.1	1,849
6+	4.9	43.9	5.2	33.8	7.7	3.9	0.7	100.0	48.8	1.8	1,638
Antenatal care visits[2]											
None	(1.1)	(0.6)	(5.8)	(30.9)	(22.4)	(21.8)	(17.4)	100.0	(1.7)	(0.0)	46
1-3	5.9	44.6	9.1	29.4	8.1	2.6	0.1	100.0	50.5	1.4	1,133
4+	8.4	53.8	6.7	23.9	5.9	1.3	0.0	100.0	62.2	2.8	4,119
Place of delivery											
Health facility	11.0	78.6	10.1	0.1	0.1	0.0	0.1	100.0	89.6	3.2	4,950
Elsewhere	0.3	2.3	1.5	72.9	18.1	4.6	0.3	100.0	2.6	0.0	2,917
Residence											
Urban	11.7	63.6	8.8	8.8	5.0	1.6	0.5	100.0	75.3	2.9	3,771
Rural	2.8	37.8	5.1	43.5	8.4	1.8	0.5	100.0	40.6	1.1	4,135
Local Government Area											
Banjul	21.9	66.8	5.3	0.8	2.5	1.9	0.8	100.0	88.7	10.5	126
Kanifing	13.7	71.1	3.6	3.7	5.1	1.8	0.9	100.0	84.8	4.0	1,376
Brikama	8.5	59.8	8.0	15.4	6.5	1.4	0.4	100.0	68.3	1.6	2,697
Mansakonko	2.2	52.6	1.0	33.0	9.4	1.7	0.2	100.0	54.8	1.7	397
Kerewan	7.7	36.7	10.7	30.8	10.0	4.0	0.2	100.0	44.3	1.4	906
Kuntaur	2.6	30.7	4.8	52.0	9.5	0.3	0.1	100.0	33.3	0.5	534
Janjanbureh	2.0	32.6	21.1	33.3	7.4	2.5	1.1	100.0	34.6	1.3	663
Basse	0.4	30.5	0.4	62.6	5.0	0.7	0.4	100.0	30.9	1.3	1,208
Mother's education											
No education	5.5	42.9	7.4	34.0	7.7	2.0	0.5	100.0	48.5	1.7	4,708
Primary	5.9	56.0	2.7	26.6	7.4	1.3	0.1	100.0	61.9	1.4	1,131
Secondary or higher	11.1	63.3	8.0	11.0	4.4	1.4	0.7	100.0	74.4	3.1	2,067
Wealth quintile											
Lowest	2.9	42.5	5.1	36.8	10.6	1.9	0.3	100.0	45.5	1.1	1,591
Second	3.4	42.3	6.5	37.6	7.2	2.1	0.9	100.0	45.7	0.8	1,746
Middle	3.6	43.4	6.1	36.7	7.3	2.4	0.5	100.0	47.0	1.7	1,586
Fourth	10.7	59.0	7.6	15.7	5.5	1.3	0.3	100.0	69.7	2.2	1,593
Highest	16.0	66.2	9.5	4.2	2.9	0.7	0.5	100.0	82.2	4.7	1,391
Total	7.0	50.1	6.9	27.0	6.8	1.7	0.5	100.0	57.2	2.0	7,906

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Figures in parentheses are based on 25-49 unweighted cases. Total includes 7 cases for whom information on number of ANC visits is missing and 39 cases for whom information on place of delivery is missing.

[1] Skilled provider includes doctor, nurse, or midwife.

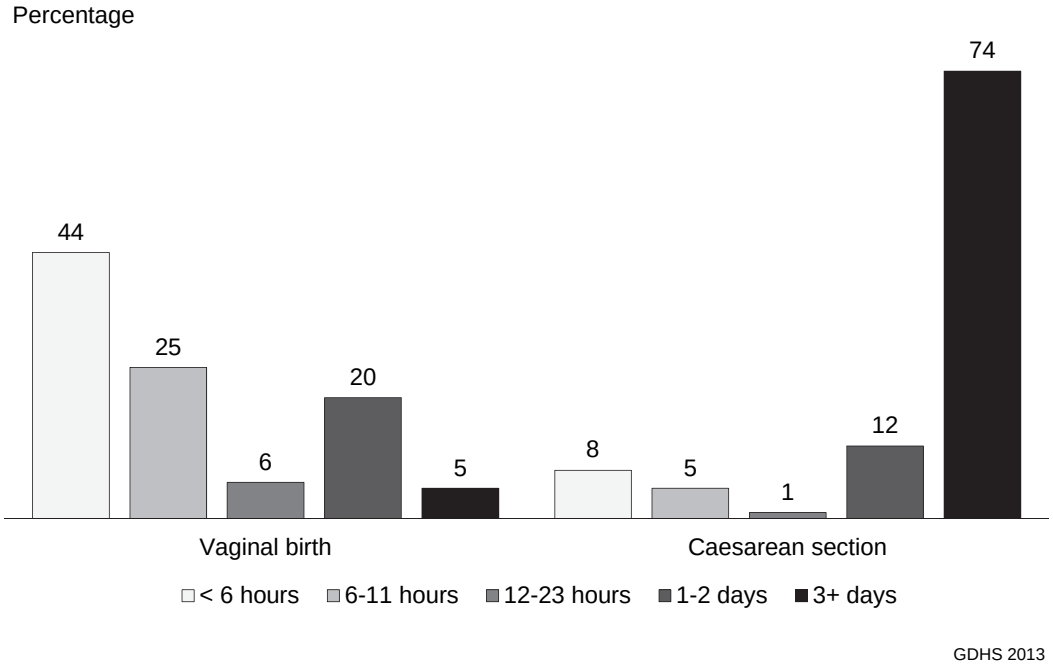
[2] Includes only the most recent birth in the 5 years preceding the survey

Births to women under age 20 (62 percent), first-order births (72 percent), and births to women with four or more ANC visits (62 percent) are more likely to be attended by a skilled provider than other births. As expected, births that occur in health facilities are much more likely to be attended by a skilled provider than those delivered elsewhere (90 percent versus 3 percent), and births to women in urban areas are much more likely to be assisted by a skilled provider than births to rural women (75 percent versus 41 percent). LGA differentials in type of assistance at delivery are also pronounced, with the lowest proportion of births assisted by a skilled provider occurring in Basse (31 percent) and the highest in Banjul (89 percent). The proportion of births assisted by a skilled provider increases notably with increasing education and wealth.

Overall, only 2 percent of births are delivered via caesarean section. There are no major variations by background characteristics other than the proportion of caesarean section deliveries being higher in Banjul (11 percent) than in other LGAs.

Figure 9.1 presents data on mothers' duration of stay in the health facility after giving birth, according to type of birth. The majority of women who had a vaginal delivery spent less than 12 hours at the health facility (69 percent); on the other hand, only 13 percent of women with a caesarean delivery spent less than 12 hours at the health facility. By contrast, 74 percent of women who had a Caesarean delivery spent three or more days at the health facility, as compared with only 5 percent of women who had a vaginal delivery.

Figure 9.1 **Mother's duration of stay in the health facility after giving birth**



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9.3 POSTNATAL CARE

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, postnatal care is important for both the mother and the child to treat complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. It is recommended that all women receive a health check within two days of delivery. To assess the extent of postnatal care utilisation, respondents were asked whether, for their most recent birth in the two years preceding the survey, they had received a health check after the delivery and, if so, the timing of the first checkup and the type of health provider performing it.

9.3.1 Timing of First Postnatal Checkup for the Mother

Table 9.7 shows that, overall, 76 percent of women who gave birth in the two years preceding the survey received a postnatal checkup in the first two days after birth. About seven in ten women (69 percent) received postnatal care within 4 hours of delivery, 5 percent received care between 4 and 23 hours after delivery, and 2 percent a postnatal checkup 1-2 days following delivery. One percent of women received postnatal care 3-41 days following the delivery.

The percentage of women who received postnatal care within the first two days after the delivery decreases with increasing birth order. As expected, women who give birth in a health facility (92 percent) are more likely to receive postnatal care in the first two days after birth than women who deliver elsewhere

(47 percent). Women in rural areas are less likely to receive postnatal care than urban women (68 percent and 85 percent, respectively). The percentage of women who receive timely postnatal care is lowest in Kerewan and Kuntaur (61 percent each) and highest in Banjul (84 percent). The percentage of women who receive postnatal care within two days of birth increases with increasing education and tends to increase with wealth, although not in a linear manner.

Table 9.7 Timing of first postnatal checkup

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution of the mother's first postnatal checkup for the last live birth by time after delivery, and the percentage of women with a live birth in the two years preceding the survey who received a postnatal checkup in the first two days after giving birth, according to background characteristics, The Gambia 2013

Background characteristic	Time after delivery of mother's first postnatal checkup						No postnatal checkup[1]	Total	Percentage of women with a postnatal checkup in the first two days after birth	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know/ missing				
Mother's age at birth										
<20	71.7	5.0	0.8	0.0	0.2	1.2	21.0	100.0	77.5	471
20-34	69.2	4.2	2.0	0.3	1.0	0.9	22.4	100.0	75.4	2,403
35-49	66.4	6.8	1.3	0.6	1.5	1.5	21.9	100.0	74.5	519
Birth order										
1	76.4	4.5	0.9	0.3	0.5	1.3	16.0	100.0	81.9	736
2-3	68.0	5.2	2.3	0.1	0.7	1.1	22.7	100.0	75.5	1,138
4-5	67.9	4.1	2.0	0.2	1.7	1.0	23.2	100.0	73.9	781
6+	65.0	4.9	1.2	0.7	1.0	0.9	26.2	100.0	71.1	737
Place of delivery										
Health facility	84.5	6.1	1.5	0.1	0.3	1.6	5.9	100.0	92.1	2,156
Elsewhere	42.5	2.4	2.0	0.7	2.2	0.1	50.1	100.0	46.9	1,232
Residence										
Urban	76.4	5.7	2.4	0.4	0.8	1.1	13.1	100.0	84.5	1,565
Rural	62.9	3.9	1.1	0.2	1.1	1.0	29.8	100.0	67.9	1,828
Local Government Area										
Banjul	65.0	13.4	5.5	0.9	1.1	2.4	11.8	100.0	83.9	51
Kanifing	70.4	9.6	3.1	0.3	1.0	2.4	13.1	100.0	83.1	517
Brikama	78.0	2.7	1.8	0.5	1.2	0.9	15.0	100.0	82.5	1,171
Mansakonko	68.1	7.1	0.9	0.5	2.0	0.0	21.2	100.0	76.2	169
Kerewan	55.0	5.3	0.4	0.3	0.6	1.3	37.1	100.0	60.7	419
Kuntaur	53.6	5.5	2.3	0.0	1.0	0.6	37.1	100.0	61.3	227
Janjanbureh	70.1	3.4	2.7	0.0	0.7	0.2	22.9	100.0	76.2	298
Basse	66.3	2.9	0.3	0.1	0.5	0.9	29.1	100.0	69.5	541
Education										
No education	64.6	4.2	1.9	0.3	1.1	1.3	26.6	100.0	70.7	1,951
Primary	68.8	5.6	1.8	0.3	1.1	0.7	21.7	100.0	76.2	502
Secondary or higher	78.7	5.5	1.3	0.3	0.7	0.7	12.9	100.0	85.5	940
Wealth quintile										
Lowest	66.1	3.6	1.7	0.5	1.4	1.3	25.4	100.0	71.4	703
Second	62.9	4.4	1.2	0.4	1.3	0.7	29.1	100.0	68.4	757
Middle	68.5	3.6	0.8	0.0	1.1	0.8	25.2	100.0	72.9	702
Fourth	70.6	6.3	3.1	0.2	0.7	1.5	17.7	100.0	79.9	681
Highest	80.6	6.2	1.8	0.4	0.1	1.1	9.8	100.0	88.7	549
Total	69.1	4.7	1.7	0.3	1.0	1.1	22.1	100.0	75.6	3,392

Note: Total includes 4 cases for whom information on place of delivery is missing.
[1] Includes women who received a checkup after 41 days

9.3.2 Type of Provider of First Postnatal Checkup for the Mother

Table 9.8 presents information on the type of provider of women's first postnatal checkup. Fifty-five percent of women who gave birth in the two years preceding the survey received postnatal care from a skilled provider (i.e., a doctor, nurse, or midwife). Twelve percent of women received postnatal care from a traditional birth attendant, 7 percent from an auxiliary nurse, and 1 percent from a community or village health worker.

Differentials in type of postnatal care provider show that women with first-order births (67 percent), women who deliver at a health facility (82 percent), and urban women (70 percent) are more

likely than other women to receive their first postnatal checkup from a skilled provider. LGA differentials in the percentage of women who receive a postnatal checkup from a skilled provider are notable, with Basse having the lowest proportion (33 percent) and Banjul the highest (77 percent).

Overall, the proportion of women who received their first postnatal checkup from a skilled provider increases notably with increasing education and wealth. For example, 48 percent of women in the lowest wealth quintile received their first postnatal checkup from a doctor, nurse, or midwife, as compared with 78 percent of women in the highest quintile.

Table 9.8 Type of provider of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check in the two days after the last live birth, according to background characteristics, The Gambia 2013

Background characteristic	Type of health provider of mother's first postnatal checkup				No postnatal checkup in the first two days after birth	Total	Number of women
	Doctor/ nurse/ midwife	Auxiliary nurse	Community/ village health worker	Traditional birth attendant			
Mother's age at birth							
<20	58.5	7.5	0.8	10.6	22.5	100.0	471
20-34	54.8	6.7	1.4	12.6	24.6	100.0	2,403
35-49	54.0	7.5	1.0	12.1	25.5	100.0	519
Birth order							
1	67.1	7.0	0.7	7.1	18.1	100.0	736
2-3	56.2	6.6	1.0	11.6	24.5	100.0	1,138
4-5	50.9	8.1	2.2	12.7	26.1	100.0	781
6+	46.2	6.1	1.1	17.8	28.9	100.0	737
Place of delivery							
Health facility	82.3	9.6	0.0	0.2	7.9	100.0	2,156
Elsewhere	7.9	2.4	3.4	33.2	53.1	100.0	1,232
Residence							
Urban	70.3	9.2	0.2	4.8	15.5	100.0	1,565
Rural	42.2	5.0	2.1	18.5	32.1	100.0	1,828
Local Government Area							
Banjul	76.6	6.8	0.5	0.0	16.1	100.0	51
Kanifing	76.2	5.5	0.0	1.4	16.9	100.0	517
Brikama	67.4	7.1	0.7	7.3	17.5	100.0	1,171
Mansakonko	60.1	3.1	1.1	11.9	23.8	100.0	169
Kerewan	43.7	8.1	0.4	8.5	39.3	100.0	419
Kuntaur	34.4	5.5	1.8	19.7	38.7	100.0	227
Janjanbureh	37.2	19.7	3.6	15.6	23.8	100.0	298
Basse	32.6	1.6	2.9	32.4	30.5	100.0	541
Education							
No education	45.9	7.6	1.5	15.6	29.3	100.0	1,951
Primary	59.1	4.0	1.5	11.5	23.8	100.0	502
Secondary or higher	72.3	7.1	0.5	5.6	14.5	100.0	940
Wealth quintile							
Lowest	47.8	4.7	1.3	17.6	28.6	100.0	703
Second	44.9	6.6	2.5	14.4	31.6	100.0	757
Middle	46.3	7.6	1.9	17.1	27.1	100.0	702
Fourth	64.8	7.7	0.1	7.3	20.1	100.0	681
Highest	78.1	8.4	0.0	2.1	11.3	100.0	549
Total	55.2	6.9	1.2	12.2	24.4	100.0	3,392

Note: Total includes 4 cases for whom information on place of delivery is missing.

9.3.3 Timing of First Postnatal Checkup for the Newborn

Table 9.9 shows the timing of the first postnatal checkup for infants born outside a heath facility in the two years preceding the survey. Overall, only 15 percent of newborns delivered outside a health facility received a postnatal checkup in the first two days after birth.

The percentage of non-institutional births with a postnatal checkup within the first two days after delivery is lowest among births to older women (age 35-49) and higher order births. Newborns in urban areas (22 percent) are more likely to receive postnatal care in the first two days after birth than newborns in rural areas (13 percent). The percentage of newborns who receive timely postnatal care is lowest in Basse

and Kuntaur (5 percent each) and highest in Mansakonko (35 percent). Newborn postnatal care within two days of birth increases steadily with increasing mother's education and fluctuates with wealth.

Table 9.9 Timing of first postnatal checkup for the newborn

Percent distribution of last non-institutional births in the two years preceding the survey by time after birth of first postnatal checkup, and the percentage of non-institutional births with a postnatal checkup in the first two days after birth, according to background characteristics, The Gambia 2013

Background characteristic	Time after birth of newborn's first postnatal checkup						No postnatal checkup[1]	Total	Percentage of births with a postnatal checkup in the first two days after birth	Number of non-institutional births
	Less than 1 hour	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know/ missing				
Mother's age at birth										
<20	3.0	4.4	1.8	4.3	2.0	0.1	84.3	100.0	13.5	127
20-34	2.3	7.0	2.6	4.1	3.5	0.2	80.2	100.0	16.0	913
35-49	2.8	2.3	1.4	3.1	3.8	0.0	86.6	100.0	9.6	192
Birth order										
1	5.8	6.5	1.8	3.6	3.1	0.1	79.0	100.0	17.7	135
2-3	1.9	7.4	2.0	4.3	3.1	0.4	80.8	100.0	15.6	409
4-5	1.3	7.7	2.0	3.0	2.5	0.0	83.6	100.0	13.9	317
6+	2.7	2.9	3.3	4.6	4.6	0.1	81.8	100.0	13.4	372
Residence										
Urban	1.1	11.3	3.0	6.6	1.9	0.6	75.5	100.0	22.0	257
Rural	2.8	4.6	2.2	3.2	3.8	0.1	83.3	100.0	12.8	976
Local Government Area										
Banjul	*	*	*	*	*	*	*	100.0	*	3
Kanifing	(0.0)	(13.7)	(6.7)	(8.4)	(0.0)	(2.6)	(68.6)	100.0	(28.9)	55
Brikama	6.0	10.9	3.0	6.4	2.9	0.0	70.7	100.0	26.4	278
Mansakonko	7.2	18.3	4.6	4.5	4.4	0.0	61.1	100.0	34.6	70
Kerewan	2.7	4.5	3.5	1.5	6.1	0.4	81.3	100.0	12.3	199
Kuntaur	0.0	1.6	1.4	2.3	2.4	0.0	92.3	100.0	5.3	133
Janjanbureh	1.9	4.4	1.7	6.7	1.8	0.0	83.5	100.0	14.7	136
Basse	0.0	1.6	0.7	2.2	3.7	0.0	91.8	100.0	4.5	358
Mother's education										
No education	1.7	4.4	2.2	3.2	3.4	0.0	85.1	100.0	11.5	873
Primary	1.8	8.4	2.0	7.4	5.0	0.2	75.2	100.0	19.6	191
Secondary or higher	6.6	12.0	3.3	4.0	2.0	1.2	71.0	100.0	25.9	169
Wealth quintile										
Lowest	2.6	5.2	2.1	6.0	3.3	0.0	80.8	100.0	15.9	336
Second	3.0	4.7	3.6	1.2	4.8	0.1	82.6	100.0	12.5	369
Middle	2.3	4.7	0.5	2.5	3.3	0.1	86.6	100.0	9.9	320
Fourth	1.8	7.3	4.6	7.8	1.8	0.1	76.6	100.0	21.5	159
Highest	(0.0)	(25.8)	(0.0)	(7.3)	(0.0)	(2.8)	(64.1)	100.0	(33.1)	50
Total	2.4	6.0	2.3	4.0	3.4	0.2	81.6	100.0	14.7	1,232

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes newborns who received a checkup after the first week

9.3.4 Type of Provider of First Postnatal Checkup for the Newborn

Table 9.10 shows the type of provider of the first postnatal checkup for infants born outside a heath facility in the two years preceding the survey. The results indicate that 10 percent of newborns received their first postnatal checkup from a skilled provider (i.e., a doctor, nurse, or midwife). Two percent each received postnatal care from an auxiliary nurse or a traditional birth attendant, and less than 1 percent received care from a community health worker.

Newborns of mothers age 20-34 (11 percent), those of birth order six or higher (10 percent), newborns in urban areas (17 percent), and those in Kanifing (19 percent) are more likely than other newborns to receive their first postnatal checkup from a skilled provider. The proportion of newborns who receive their first postnatal checkup from a skilled provider increases steadily with increasing mother's education. However, there are no clear patterns according to wealth.

Table 9.10 Type of provider of first postnatal checkup for the newborn

Percent distribution of last non-institutional births in the two years preceding the survey by type of provider of the newborn's first postnatal health check during the two days after the last live birth, according to background characteristics, The Gambia 2013

Background characteristic	Type of health provider of newborn's first postnatal checkup					No postnatal checkup in the first two days after birth	Total	Number of non-institutional births
	Doctor/ nurse/ midwife	Auxiliary nurse	Community health worker	Other health worker	Traditional birth attendant			
Mother's age at birth								
<20	8.1	0.6	0.2	0.0	4.6	86.5	100.0	127
20-34	10.7	2.4	0.6	0.0	2.3	84.0	100.0	913
35-49	6.1	1.0	0.5	0.0	1.9	90.4	100.0	192
Birth order								
1	9.7	1.8	0.0	0.0	6.2	82.3	100.0	135
2-3	9.4	2.8	0.5	0.0	2.9	84.4	100.0	409
4-5	9.7	2.0	1.1	0.0	1.1	86.1	100.0	317
6+	10.1	1.2	0.4	0.0	1.7	86.6	100.0	372
Residence								
Urban	16.5	5.4	0.1	0.0	0.0	78.0	100.0	257
Rural	8.0	1.1	0.7	0.0	3.1	87.2	100.0	976
Local Government Area								
Banjul	*	*	*	*	*	*	100.0	3
Kanifing	(19.4)	(9.4)	(0.0)	(0.0)	(0.0)	(71.1)	100.0	55
Brikama	17.7	2.8	1.9	0.0	4.1	73.6	100.0	278
Mansakonko	14.4	2.7	0.7	0.0	16.7	65.4	100.0	70
Kerewan	9.0	2.6	0.0	0.0	0.6	87.7	100.0	199
Kuntaur	3.9	0.8	0.0	0.0	0.6	94.7	100.0	133
Janjanbureh	9.6	2.5	0.0	0.0	2.6	85.3	100.0	136
Basse	3.7	0.0	0.3	0.0	0.5	95.5	100.0	358
Mother's education								
No education	8.2	1.1	0.2	0.0	2.1	88.5	100.0	873
Primary	12.2	2.3	1.9	0.0	3.1	80.4	100.0	191
Secondary or higher	15.0	6.3	1.0	0.0	3.6	74.1	100.0	169
Wealth quintile								
Lowest	10.9	0.5	0.4	0.0	4.1	84.1	100.0	336
Second	6.8	1.7	1.0	0.0	2.9	87.5	100.0	369
Middle	6.2	1.5	0.5	0.0	1.7	90.1	100.0	320
Fourth	18.8	2.6	0.2	0.0	0.0	78.5	100.0	159
Highest	(17.6)	(15.4)	(0.0)	(0.0)	(0.0)	(66.9)	100.0	50
Total	9.7	2.0	0.6	0.0	2.4	85.3	100.0	1,232

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

9.4 PROBLEMS IN ACCESSING HEALTH CARE

Many factors prevent women from obtaining medical advice or treatment for themselves when they are sick. Information on such factors is particularly important in understanding and addressing the barriers that some women face in seeking care during pregnancy and at delivery. Women were asked whether each of the following factors would be a significant problem in seeking medical care: getting permission to go for treatment, getting money for treatment, distance to a health facility, and not wanting to go alone.

Forty-three percent of women age 15-49 reported that they have at least one problem in accessing health care (Table 9.11). Thirty percent of women reported getting money for treatment as a problem, and 28 percent noted that distance to a health facility is a concern. Furthermore, 10 percent of women cited not wanting to go alone for treatment as a problem in accessing health care, and 5 percent reported that getting permission for treatment is a hindrance.

Table 9.11 Problems in accessing health care

Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, The Gambia 2013

Background characteristic	Problems in accessing health care					
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	Number of women
Age						
15-19	6.1	28.9	28.1	11.9	43.9	2,407
20-34	5.0	27.3	26.9	9.0	40.9	5,451
35-49	5.0	35.9	30.6	9.4	46.8	2,375
Number of living children						
0	5.9	25.0	24.7	10.0	39.6	3,530
1-2	4.9	27.1	26.9	9.4	39.7	2,644
3-4	5.6	31.1	29.6	9.1	44.1	1,955
5+	4.4	39.5	33.6	10.5	51.7	2,103
Marital status						
Never married	5.9	26.0	24.6	10.5	40.3	2,963
Married or living together	5.1	31.2	30.0	9.7	44.4	6,791
Divorced/separated/widowed	4.1	30.0	21.4	7.4	39.9	478
Employed in last 12 months						
Not employed	6.5	28.4	26.5	8.4	41.2	5,110
Employed for cash	4.2	29.9	28.4	10.9	43.7	4,668
Employed not for cash	2.5	42.0	41.8	13.8	56.1	431
Residence						
Urban	5.6	21.5	16.0	5.8	32.1	5,730
Rural	4.9	40.1	43.3	14.8	56.8	4,503
Local Government Area						
Banjul	3.9	17.8	11.4	7.4	26.9	225
Kanifing	4.3	20.2	12.8	6.8	30.8	2,342
Brikama	5.7	25.7	20.2	7.5	37.4	3,550
Mansakonko	4.1	27.2	32.2	12.8	42.7	490
Kerewan	13.5	37.2	42.0	13.9	53.7	1,107
Kuntaur	2.8	49.7	63.9	14.2	72.8	526
Janjanbureh	4.4	47.9	43.7	8.7	60.2	739
Basse	0.7	35.9	43.3	16.2	52.3	1,254
Education						
No education	5.0	37.5	35.0	10.4	50.3	4,757
Primary	4.7	30.9	28.5	11.3	44.5	1,405
Secondary or higher	5.8	20.1	19.7	8.5	33.9	4,071
Wealth quintile						
Lowest	5.4	45.3	43.9	14.0	59.3	1,745
Second	5.7	40.2	42.5	14.2	57.0	1,882
Middle	3.9	33.4	32.0	10.8	47.8	1,927
Fourth	4.9	25.1	20.2	6.5	35.6	2,135
Highest	6.1	12.1	10.0	5.5	24.0	2,545
Total	5.3	29.7	28.0	9.8	43.0	10,233

Note: Total includes 24 cases for whom information on employment in the last 12 months is missing.

CHILD HEALTH 10

Key Findings

- Fifty-nine percent of live births in the five years preceding the survey had a reported birth weight, and 12 percent of infants with a reported birth weight were of low birth weight (less than 2.5 kilograms).
- Seventy-six percent of children age 12-23 months were fully vaccinated at the time of the survey.
- Five percent of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey; treatment was sought for 68 percent of symptomatic children, and 49 percent were given antibiotics.
- Twelve percent of children under age 5 had a fever in the two weeks preceding the survey; treatment was sought for 61 percent, 7 percent took antimalarial drugs, and 40 percent took antibiotics.
- Seventeen percent of children under age 5 had diarrhoea in the two weeks preceding the survey. Treatment was sought for 68 percent of these children, 79 percent received oral rehydration therapy (ORT) or increased fluids, and 27 percent received antibiotic drugs.

This chapter presents findings on several areas of importance relating to child health, including infant birth weight; childhood vaccination coverage by timing, source of information on coverage, and background characteristics; prevalence and treatment of symptoms of acute respiratory infections (ARIs) (a proxy for pneumonia); prevalence and treatment of fever; and prevalence and treatment of diarrhoea, feeding practices during diarrhoea, knowledge of oral rehydration salt (ORS) packets, and disposal of children's stools.

Information on birth weight or size at birth is important for the design and implementation of programmes aimed at reducing neonatal and infant mortality. Vaccination coverage information focuses on the 12- to 23-month age group (i.e., the typical age by which children should have received all basic vaccinations). Data on differences in vaccination coverage between subgroups of the population aid in programme planning. Data on treatment practices and contact with health services among children ill with the three most important childhood illnesses (acute respiratory infection, fever, and diarrhoea) help in the assessment of national programmes aimed at reducing the mortality impact of these illnesses. Information is provided on the prevalence and treatment of ARIs, including treatment with antibiotics, and the prevalence of fever and its treatment with antimalarial drugs and antibiotics. Data on the treatment of diarrhoeal disease with oral rehydration therapy and increased fluids help in the assessment of programmes that recommend such treatments. Because sanitary practices can help prevent and reduce the severity of diarrhoeal disease, information is also provided on disposal of children's faecal matter. The information on child health presented in this chapter pertains only to children born during the five years preceding the survey unless otherwise specified.

10.1 CHILD'S SIZE AT BIRTH

A child's birth weight or size at birth is an important indicator of the child's vulnerability to childhood illnesses and chance of survival. Children with a birth weight of less than 2.5 kilograms and children reported to be "very small" or "smaller than average" are considered to have a higher than average risk of early childhood death.

Table 10.1 presents information on children's weight and size at birth according to background characteristics. The results show that birth weight was reported for only 59 percent of the live births that occurred in the five years preceding the survey. This is not surprising given that about four in ten births do not take place in a health facility, and children are less likely to be weighed at birth in a non-institutional setting.

Among children born in the five years before the survey with a reported birth weight, 12 percent were of low birth weight (less than 2.5 kg). There are slight variations in the percentage of children with low birth weights by most background characteristics. Children of young mothers (less than age 20), children of birth order one, children in Banjul, and children of women in the lowest wealth quintile are somewhat more likely than children in other groups to have low birth weights.

In the absence of birth weight, a mother's subjective assessment of the size of her baby at birth may be a useful proxy. Nine percent of children were reported to be very small at birth, 12 percent were reported to be smaller than average, and 78 percent were reported to be average or larger in size. Differences in children's size by background characteristics follow a pattern similar to that observed for reported birth weight.

Table 10.1 Child's size and weight at birth

Percent distribution of live births in the five years preceding the survey by mother's estimate of baby's size at birth, percentage of live births in the five years preceding the survey that have a reported birth weight, and among live births in the five years preceding the survey with a reported birth weight, percentage less than 2.5 kg, according to background characteristics, The Gambia 2013

Background characteristic	Percent distribution of all live births by size of child at birth					Percentage of all births that have a reported birth weight[1]	Number of births	Births with a reported birth weight[1]	
	Very small	Smaller than average	Average or larger	Don't know/ missing	Total			Percentage less than 2.5 kg	Number of births
Mother's age at birth									
<20	8.8	13.3	77.1	0.7	100.0	57.3	1,063	13.5	609
20-34	8.9	11.6	78.6	0.8	100.0	59.4	5,703	11.1	3,386
35-49	11.0	11.6	76.1	1.3	100.0	60.9	1,140	13.1	694
Birth order									
1	9.5	13.1	76.2	1.2	100.0	66.8	1,726	13.6	1,154
2-3	8.0	13.0	78.3	0.6	100.0	61.4	2,693	9.6	1,655
4-5	10.5	8.8	80.0	0.7	100.0	55.2	1,849	12.2	1,021
6+	9.4	12.1	77.5	1.0	100.0	52.5	1,638	12.8	860
Residence									
Urban	10.1	11.7	77.4	0.8	100.0	76.1	3,771	11.9	2,870
Rural	8.4	12.0	78.7	0.9	100.0	44.0	4,135	11.5	1,818
Local Government Area									
Banjul	12.2	12.8	73.7	1.3	100.0	85.8	126	14.3	108
Kanifing	12.6	11.9	74.3	1.1	100.0	83.0	1,376	13.4	1,141
Brikama	8.8	11.7	78.6	0.8	100.0	71.2	2,697	11.8	1,920
Mansakonko	5.7	11.4	82.1	0.8	100.0	59.7	397	9.6	237
Kerewan	11.3	14.2	73.9	0.5	100.0	40.9	906	12.1	370
Kuntaur	12.9	11.3	75.0	0.7	100.0	31.3	534	9.9	167
Janjanbureh	10.7	8.8	79.3	1.2	100.0	58.2	663	9.3	386
Basse	3.1	12.2	84.1	0.6	100.0	29.7	1,208	10.1	359
Mother's education									
No education	10.4	11.8	77.1	0.7	100.0	50.3	4,708	12.6	2,366
Primary	7.6	13.8	78.2	0.4	100.0	59.7	1,131	11.8	675
Secondary or higher	7.4	11.0	80.3	1.3	100.0	79.7	2,067	10.5	1,647
Wealth quintile									
Lowest	10.1	12.0	77.0	0.9	100.0	47.4	1,591	14.0	754
Second	8.9	10.1	79.8	1.1	100.0	48.5	1,746	10.0	846
Middle	7.4	13.8	77.9	1.0	100.0	51.0	1,586	9.6	809
Fourth	10.3	11.6	77.8	0.4	100.0	68.6	1,593	12.7	1,093
Highest	9.5	12.0	77.7	0.8	100.0	85.3	1,391	12.1	1,187
Total	9.2	11.9	78.1	0.8	100.0	59.3	7,906	11.7	4,689

[1] Based on either a written record or the mother's recall

10.2 VACCINATION COVERAGE

Vaccination coverage is one of the indicators used to monitor progress toward the achievement of Millennium Development Goal 4 and the reduction of child morbidity and mortality, as it is one of the most cost-effective public health interventions for reaching these goals. Differences in vaccination coverage among subgroups of the population are useful for programme planning and targeting resources toward areas most in need.

According to the guidelines developed by the World Health Organization (WHO) and adopted by The Gambia, children are considered fully vaccinated when they have received a vaccination against tuberculosis (also known as BCG), three doses each of the DPT-HepB-Hib (also called pentavalent; introduced in August 2009) and polio vaccines, and a vaccination against measles. The BCG vaccine is usually given at birth or at first clinical contact, while the DPT-HepB-Hib and polio vaccines are administered at approximately age 6, 10, and 14 weeks. The measles vaccine should be given at or soon after age 9 months.

The GDHS collected information on vaccination coverage in two ways: from vaccination cards shown to the interviewer and from mothers' verbal reports. If the cards were available, the interviewer copied the vaccination dates directly onto the questionnaire. When there was no vaccination card for the child or if a vaccine had not been recorded on the card as being given, the respondent was asked to recall the vaccines given to her child.

Table 10.2 shows information on vaccination coverage among children age 12-23 months by source of information (i.e., vaccination record or mother's report). This is the youngest cohort of children who have reached the age by which they should be fully immunised. Overall, 68 percent of children age 12-23 months were fully immunised by the time of the survey. With regard to specific vaccines, 99 percent of children had received the BCG immunisation, and 88 percent had been immunised against measles. Coverage of the first dose of the DPT/pentavalent and polio vaccines was relatively high (98 percent each). However, only 88 percent and 90 percent of these children, respectively, went on to receive the third doses of these vaccines, contributing to a dropout of 11 percent and 8 percent between the first and third doses of the DPT/pentavalent and polio vaccines, respectively. There are minimal differences between DPT and polio vaccine coverage, because these vaccines are administered at the same time. The findings show that only 1 percent of children age 12-23 months did not receive any vaccine at all.

Table 10.2 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by age 12 months, The Gambia 2013

Source of information	BCG	DPT/ penta-valent 1	DPT/ penta-valent 2	DPT/ penta-valent 3	Polio 0[1]	Polio 1	Polio 2	Polio 3	Measles	All basic vaccina-tions[2]	No vaccina-tions	Number of children
Vaccinated at any time before survey												
Vaccination card	90.0	89.7	87.4	82.1	89.9	89.5	88.2	87.3	79.3	73.7	0.0	1,496
Mother's report	8.8	8.4	7.9	5.5	7.4	8.3	7.4	2.7	8.5	2.3	1.0	163
Either source	98.9	98.1	95.3	87.7	97.3	97.8	95.6	90.0	87.8	76.0	1.0	1,660
Vaccinated by age 12 months[3]	98.6	97.5	94.6	86.2	97.0	97.2	95.2	88.6	78.8	68.0	1.3	1,660

[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and 3 doses each of DPT or pentavalent and polio vaccine (excluding polio vaccine given at birth)
[3] For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccination.

10.2.1 Vaccination Coverage by Background Characteristics

Table 10.3 shows the percentage of children age 12-23 months who received specific vaccines at any time before the survey, according to background characteristics. Boys are slightly more likely than girls to be fully immunised (78 percent versus 74 percent). Birth order varies inversely with immunisation coverage; as birth order increases, immunisation coverage generally decreases. Sixty-eight percent of first-born children have been fully immunised, as compared with 81 percent of children of birth order six and above.

Table 10.3 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, The Gambia 2013

Background characteristic	BCG	DPT/ penta-valent 1	DPT/ penta-valent 2	DPT/ penta-valent 3	Polio 0[1]	Polio 1	Polio 2	Polio 3	Measles	All basic vaccina-tions[2]	No vaccina-tions	Percent-age with a vaccina-tion card seen	Number of children
Sex													
Male	99.4	98.2	95.5	89.1	98.0	98.7	96.3	91.8	87.6	78.0	0.5	92.5	853
Female	98.3	97.9	95.0	86.2	96.4	96.7	94.8	88.1	88.1	73.9	1.5	87.7	807
Birth order													
1	98.1	96.9	94.3	85.1	96.8	97.8	96.8	88.3	81.6	67.6	1.9	87.6	368
2-3	99.1	98.2	95.4	88.6	96.6	98.2	95.9	90.2	90.4	78.4	0.7	89.9	570
4-5	99.3	98.5	95.8	88.1	97.5	97.2	95.6	91.6	87.8	75.6	0.2	90.5	360
6+	98.8	98.5	95.6	88.3	98.5	97.6	93.9	89.8	90.2	81.2	1.2	92.7	363
Residence													
Urban	98.1	97.5	93.4	84.0	96.4	96.2	94.2	87.1	82.0	67.1	1.7	87.5	776
Rural	99.5	98.5	96.9	90.9	98.0	99.1	96.8	92.5	92.9	83.9	0.4	92.5	884
Local Government Area													
Banjul	93.7	92.7	91.1	76.1	91.7	91.3	87.6	76.2	81.8	58.8	5.5	75.9	21
Kanifing	95.1	94.7	89.3	82.7	91.9	91.9	88.9	83.4	84.3	70.9	4.9	83.0	240
Brikama	99.5	98.8	95.8	85.7	98.3	98.6	96.6	90.5	82.9	69.5	0.2	89.5	599
Mansakonko	99.2	98.0	97.4	94.5	98.8	98.0	96.8	92.2	92.4	85.5	0.8	92.0	80
Kerewan	99.4	98.5	96.0	88.3	97.5	98.0	95.6	89.2	93.3	78.9	0.6	92.6	214
Kuntaur	99.0	98.7	96.2	89.3	96.6	99.3	98.0	90.2	94.5	81.0	0.3	88.9	105
Janjanbureh	100.0	97.5	93.0	84.1	99.0	99.7	95.3	87.3	86.8	71.8	0.0	92.5	144
Basse	100.0	99.6	99.6	96.5	98.8	99.6	99.1	97.4	95.1	92.2	0.0	96.1	257
Mother's education													
No education	99.0	98.5	95.7	89.6	98.1	97.8	95.9	90.5	89.1	78.3	0.7	91.5	943
Primary	99.0	96.2	91.7	85.6	96.0	97.0	92.3	89.5	92.5	81.8	0.9	90.2	247
Secondary or higher	98.4	98.1	96.3	84.9	96.3	98.0	96.7	89.1	82.9	68.2	1.6	87.5	470
Wealth quintile													
Lowest	99.0	98.2	95.5	90.0	98.1	98.5	95.8	91.9	93.0	83.7	0.5	93.2	333
Second	99.4	98.0	95.8	88.1	97.8	99.0	95.4	88.5	89.4	76.6	0.5	89.2	370
Middle	99.4	99.1	94.8	88.3	97.0	97.5	95.2	91.3	89.3	80.3	0.5	93.4	357
Fourth	98.5	97.2	92.9	88.5	98.0	96.9	95.6	90.2	89.4	76.8	1.5	89.7	319
Highest	97.7	97.7	97.7	82.7	95.0	96.5	96.1	87.7	76.2	59.7	2.2	84.3	281
Total	98.9	98.1	95.3	87.7	97.3	97.8	95.6	90.0	87.8	76.0	1.0	90.2	1,660

[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and 3 doses each of DPT or pentavalent and polio vaccine (excluding polio vaccine given at birth)

Urban-rural differences in immunisation coverage are substantial, with children residing in urban areas much less likely to be fully immunised (67 percent) than children in rural areas (84 percent). There are differences in coverage by Local Government Area (LGA), with 59 percent of children fully immunised in Banjul, compared with 92 percent in Basse. Immunisation coverage is notably higher among children born to uneducated women and women with a primary education (78-82 percent) than among children whose mothers have a secondary education or higher (68 percent). Children in households in the highest wealth quintile (60 percent) are much less likely to be fully immunised than those in households in the lower wealth quintiles (77-84 percent).

Table 10.3 also shows that an immunisation card was seen for 90 percent of children age 12-23 months. Cards were somewhat less likely to have been seen for girls and for children living in urban areas

(88 percent each), as well as for children living in Banjul (76 percent), children of mothers with a secondary education or higher (88 percent), and children of mothers in the highest wealth quintile (84 percent).

10.3 TRENDS IN VACCINATION COVERAGE

One way of measuring trends in vaccination coverage is to compare coverage among children of different ages in the 2013 GDHS. Table 10.4 shows the percentage of children who received vaccinations during the first year of life by current age (12-59 months). These data provide information on trends in vaccination coverage over the past five years.

The percentage of children who have received all basic vaccinations is inversely associated with age. Vaccination coverage is 68 percent among children age 12-23 months, as compared with 53 percent among those age 48-59 months. Similar trends are observed for individual vaccines.

Younger children are substantially more likely to have a vaccination card than older children. Sixty-three percent of children age 48-59 months have a vaccination card, compared with 90 percent of those age 12-23 months.

Table 10.4 Vaccinations in first year of life

Percentage of children age 12-59 months at the time of the survey who received specific vaccines by age 12 months, and percentage with a vaccination card, by current age of child, The Gambia 2013

Age in months	BCG	DPT/ penta-valent 1	DPT/ penta-valent 2	DPT/ penta-valent 3	Polio 0[1]	Polio 1	Polio 2	Polio 3	Measles	All basic vaccina-tions[2]	No vaccina-tions	Percent-age with a vaccina-tion card seen	Number of children
12-23	98.6	97.5	94.6	86.2	97.0	97.2	95.2	88.6	78.8	68.0	1.3	90.2	1,660
24-35	96.9	94.9	91.4	83.0	94.2	96.4	92.3	80.7	78.9	63.8	2.8	79.9	1,426
36-47	97.1	93.7	90.5	79.0	92.8	94.9	90.3	74.0	78.7	58.7	2.3	69.9	1,396
48-59	95.9	91.5	87.7	74.9	88.9	94.1	88.2	70.9	74.8	53.1	3.1	62.9	1,369
12-59	97.2	94.6	91.4	81.4	93.4	95.8	91.8	79.4	78.3	61.7	2.3	76.4	5,850

Note: Information was obtained from the vaccination card or, if there was no written record, from the mother. For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccinations.
[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and 3 doses each of DPT or pentavalent and polio vaccine (excluding polio vaccine given at birth)

10.4 ACUTE RESPIRATORY INFECTION

Acute respiratory infection (ARI) is one of the leading causes of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can prevent a large number of deaths caused by ARI. In the 2013 GDHS, the prevalence of ARI was estimated by asking mothers whether their children under age 5 had been ill in the two weeks preceding the survey with a cough accompanied by short, rapid breathing that the mother considered to be chest related. These symptoms are compatible with pneumonia. It should be noted that the morbidity data collected are subjective in the sense that they are based on the mother's perception of illness without validation by medical personnel.

Table 10.5 shows that 5 percent of children under age 5 had a cough accompanied by short, rapid breathing in the two weeks before the survey. There are no major differences by most background characteristics. Among LGAs, Banjul and Kanifing have the highest prevalence of ARI symptoms at 7 percent each.

Among children with the ARI symptoms, advice or treatment was sought from a health facility or a health care provider for 68 percent, and 49 percent received antibiotics. While advice or treatment from a health facility or provider was sought more for male than female children (72 percent versus 63 percent), a higher percentage of females than males received antibiotics (52 percent versus 47 percent). There are no

clear patterns in the relationship between the percentage of children with ARI symptoms for whom advice or treatment was sought from a health facility or provider and mother's education or household wealth.

Children of mothers with a secondary education or higher (57 percent) were more likely to receive antibiotics for their ARI symptoms than children of mothers with a primary education or no education (42-46 percent). There does not appear to be an association between wealth quintile and the percentage of children with ARI symptoms who received antibiotics.

Table 10.5 Prevalence and treatment of symptoms of ARI

Among children under age 5, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey and among children with symptoms of ARI, the percentage for whom advice or treatment was sought from a health facility or provider and the percentage who received antibiotics as treatment, according to background characteristics, The Gambia 2013

	Among children under age 5:		Among children under age 5 with symptoms of ARI:		
Background characteristic	Percentage with symptoms of ARI[1]	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider[2]	Percentage who received antibiotics	Number of children
Age in months					
<6	3.0	931	(46.7)	(23.9)	28
6-11	5.8	805	63.6	48.5	46
12-23	4.8	1,660	71.0	50.8	80
24-35	6.4	1,426	64.4	54.5	91
36-47	3.6	1,396	75.4	49.4	50
48-59	3.9	1,369	(78.0)	(48.1)	54
Sex					
Male	5.3	3,846	72.0	46.5	204
Female	3.9	3,740	62.5	51.7	145
Cooking fuel					
Electricity or gas	*	19	*	*	1
Kerosene	*	15	*	*	0
Charcoal	5.4	1,444	69.5	47.9	78
Wood/straw[3]	4.4	6,097	67.7	48.9	268
No food cooked in household	*	5	*	*	0
Residence					
Urban	4.8	3,605	68.1	46.4	173
Rural	4.4	3,981	68.0	51.0	175
Local Government Area					
Banjul	7.1	121	(54.6)	(41.8)	9
Kanifing	6.5	1,317	(68.6)	(43.3)	86
Brikama	4.6	2,566	69.8	56.3	118
Mansakonko	3.1	385	*	*	12
Kerewan	5.7	890	71.2	67.7	51
Kuntaur	3.7	514	(54.6)	(26.7)	19
Janjanbureh	6.3	644	66.6	21.7	41
Basse	1.2	1,151	*	*	14
Mother's education					
No education	3.8	4,504	71.4	45.6	171
Primary	5.5	1,071	55.2	41.5	59
Secondary or higher	5.9	2,011	69.6	56.7	118
Wealth quintile					
Lowest	4.5	1,525	69.7	47.7	69
Second	4.1	1,686	70.1	51.2	70
Middle	4.5	1,512	70.8	61.9	67
Fourth	4.5	1,509	62.4	27.0	69
Highest	5.5	1,354	67.3	55.4	74
Total	4.6	7,586	68.0	48.7	349

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Symptoms of ARI (cough accompanied by short, rapid breathing that is chest-related and/or by difficult breathing that is chest-related) are considered a proxy for pneumonia.
[2] Excludes pharmacy, shop, and traditional practitioner
[3] Includes grass, shrubs, and crop residues

10.5 FEVER

Fever is a major manifestation of malaria and other acute infections in children. Malaria and fever contribute to high levels of malnutrition and morbidity. While fever can occur year-round, malaria is more prevalent following the end of the rainy season. For this reason, temporal factors must be taken into account when interpreting fever as an indicator of malaria prevalence. Since malaria is a major contributory cause of death in infancy and childhood in many developing countries, presumptive treatment of fever with antimalarial medication is advocated in a number of countries where malaria is endemic. The 2013 GDHS fieldwork was carried out from early February to the end of April 2013, which is outside the malaria season.

In the 2013 GDHS, mothers were asked whether their children under age 5 had a fever in the two weeks preceding the survey and, if so, whether any treatment was sought. Table 10.6 shows that 12 percent of children were reported to have had a fever in the two weeks preceding the survey. Fever was least common among children age 48-59 months (7 percent) and most common among those age 6-11 months (17 percent). Fever prevalence varied little by sex or residence. The proportion of children with fever was highest in Banjul (19 percent) and Kuntaur (16 percent) and lowest in Basse (8 percent) and Janjanbureh (7 percent).

Table 10.6 Prevalence and treatment of fever

Among children under age 5, the percentage who had a fever in the two weeks preceding the survey, and among children with fever, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who received antibiotics as treatment, by background characteristics, The Gambia 2013

	Among children under age 5:		Among children under age 5 with fever:			
Background characteristic	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider[1]	Percentage who took antimalarial drugs	Percentage who took antibiotic drugs	Number of children
Age in months						
<6	11.2	931	52.3	0.4	32.8	104
6-11	17.0	805	52.1	2.9	46.5	137
12-23	15.1	1,660	59.7	7.8	35.0	250
24-35	12.6	1,426	67.5	10.1	40.6	180
36-47	9.5	1,396	74.2	9.4	42.2	132
48-59	7.0	1,369	58.4	5.9	42.9	96
Sex						
Male	12.3	3,846	59.9	7.4	37.4	473
Female	11.4	3,740	62.7	5.9	41.9	425
Residence						
Urban	10.6	3,605	62.9	7.4	37.6	380
Rural	13.0	3,981	60.0	6.1	40.9	518
Local Government Area						
Banjul	19.4	121	58.1	1.6	39.8	23
Kanifing	14.6	1,317	57.2	9.1	34.4	192
Brikama	12.1	2,566	68.6	8.9	41.0	309
Mansakonko	9.1	385	54.8	8.0	34.7	35
Kerewan	12.6	890	67.6	4.9	56.7	112
Kuntaur	16.4	514	57.1	2.3	25.4	84
Janjanbureh	6.9	644	49.0	4.7	30.3	44
Basse	8.4	1,151	50.5	2.3	43.2	97
Mother's education						
No education	10.8	4,504	59.6	6.4	38.2	484
Primary	13.3	1,071	60.8	9.3	37.1	142
Secondary or higher	13.5	2,011	64.4	5.8	43.1	272
Wealth quintile						
Lowest	12.4	1,525	63.9	4.9	39.9	189
Second	13.7	1,686	57.3	7.9	40.9	232
Middle	11.0	1,512	60.8	5.2	40.8	166
Fourth	9.9	1,509	62.8	7.1	41.1	149
Highest	11.9	1,354	62.6	8.2	34.3	162
Total	11.8	7,586	61.2	6.7	39.5	898

[1] Excludes pharmacy, shop, market, and traditional practitioner

Sixty-one percent of children with a fever were taken to a health facility or provider for treatment. Children age 36-47 months, female children, those living in urban areas, and those living in Brikama were more likely than other children to receive treatment from a health facility or provider. The percentage of children with fever taken to a health facility or provider increases with increasing mother's education and it is highest for children in the richest households.

Table 10.6 also shows that 7 percent of children with fever took antimalarial drugs and 40 percent received antibiotics. Younger children (under age 6 months), male children, urban children and those living in Kuntaur, children of mothers with a primary or no education, and children in the wealthiest households were less likely than other children to receive treatment with antibiotics. Malaria is discussed in detail in Chapter 12.

10.6 DIARRHOEAL DISEASE

Dehydration from diarrhoea is a major cause of death in infancy and childhood. This is unfortunate since the condition is easily treated with oral rehydration therapy (ORT). The combination of high cause-specific mortality and the existence of effective treatment makes diarrhoea and its treatment a priority concern for health services. Exposure to diarrhoea-causing agents is frequently related to the use of contaminated water and to unhygienic practices in food preparation and disposal of excreta. Diarrhoea with blood in the stool is indicative of specific diseases and needs to be treated somewhat differently than diarrhoea without blood. In the 2013 GDHS, mothers were asked whether any of their children under age 5 had diarrhoea at any time during the two-week period preceding the survey. If the child had diarrhoea, the mother was asked about feeding practices during the diarrhoeal episode. The validity of this indicator is affected by the mother's perception of diarrhoea as an illness and her capacity to recall the events. Moreover, the prevalence of diarrhoea varies seasonally.

10.6.1 Prevalence of Diarrhoea

Table 10.7 shows the percentage of children under age 5 with diarrhoea in the two weeks preceding the survey, by selected background characteristics. Seventeen percent of children had a diarrhoeal episode in the two weeks preceding the survey, and 1 percent had blood in their stools.

Table 10.7 Prevalence of diarrhoea

Percentage of children under age 5 who had diarrhoea in the two weeks preceding the survey, by background characteristics, The Gambia 2013

Background characteristic	Diarrhoea in the two weeks preceding the survey: All diarrhoea	Diarrhoea in the two weeks preceding the survey: Diarrhoea with blood	Number of children
Age in months			
<6	12.7	0.4	931
6-11	27.9	1.5	805
12-23	26.8	2.7	1,660
24-35	22.3	1.6	1,426
36-47	8.5	0.8	1,396
48-59	6.9	0.7	1,369
Sex			
Male	18.7	1.4	3,846
Female	16.0	1.3	3,740
Source of drinking water[1]			
Improved	17.5	1.4	6,759
Not improved	16.6	1.0	817
Toilet facility[2]			
Improved, not shared	17.5	1.5	2,906
Shared[3]	20.7	1.5	1,424
Non-improved	15.8	1.2	3,242
Residence			
Urban	18.4	1.3	3,605
Rural	16.4	1.5	3,981
Local Government Area			
Banjul	26.0	1.2	121
Kanifing	22.3	1.6	1,317
Brikama	19.0	1.4	2,566
Mansakonko	14.4	0.9	385
Kerewan	12.9	1.8	890
Kuntaur	20.3	1.9	514
Janjanbureh	14.4	1.4	644
Basse	12.0	0.5	1,151
Mother's education			
No education	16.1	1.4	4,504
Primary	21.0	2.2	1,071
Secondary or higher	18.3	0.9	2,011
Wealth quintile			
Lowest	16.1	1.3	1,525
Second	17.2	1.5	1,686
Middle	16.7	1.3	1,512
Fourth	18.3	1.5	1,509
Highest	18.7	1.3	1,354
Total	17.4	1.4	7,586

Note: Total includes 9 cases for whom information on source of drinking water is missing and 13 cases for whom information on the toilet facility is missing.
[1] See Table 2.1 for definition of categories.
[2] See Table 2.2 for definition of categories.
[3] Facilities that would be considered improved if they were not shared by 2 or more households

The prevalence of diarrhoea varies by the age of the child. Children age 6-11 months had a higher prevalence of diarrhoea than children in other age groups. Diarrhoea is more prevalent among children whose household shares a toilet facility with other households (21 percent) than among children in households that have an improved, non-shared toilet facility (18 percent) or a non-improved facility (16 percent). The prevalence of diarrhoea varies by LGA, with children in Banjul having the highest prevalence (26 percent) and children in Basse the lowest (12 percent). There is no clear pattern in diarrhoea prevalence by mother's education or household wealth.

10.6.2 Treatment of Diarrhoea

In the 2013 NDHS, mothers of children who had diarrhoea were asked about what was done to treat the illness. Table 10.8 shows the percentage of children with diarrhoea who received specific treatments, according to background characteristics. Sixty-eight percent of children with diarrhoea were taken to a health care facility or provider for advice or treatment. This proportion was highest for children age 6-11 months (74 percent) and lowest for children under age 6 months (48 percent). Treatment was sought from a health facility or health provider for a slightly higher percentage of male than female children (69 percent versus 66 percent). Treatment and advice were sought more often for children in rural areas (69 percent) than their urban counterparts (66 percent). With respect to other characteristics, children with blood in their stools (83 percent), children in Kerewan (74 percent), and children of mothers with no education (69 percent) were more likely than other children to be taken to a health care facility or provider for advice or treatment.

Table 10.8 also includes information on oral rehydration therapy and other treatments. Seventy-nine percent of children with diarrhoea in the last two weeks were treated with ORT or increased fluids, 59 percent were treated with ORS (a mixture prepared from a packet of oral rehydration solution), and 46 percent received increased fluids. Children age 24-35 months (87 percent), children with bloody diarrhoea (84 percent), children living in Kerewan (92 percent), children of mothers with a primary education or no education (80-81 percent), and children in the fourth wealth quintile (83 percent) were most likely to receive ORT or increased fluids.

Twenty-seven percent of children were given antibiotic drugs, and 26 percent received home remedies or other treatments. Twelve percent of children with diarrhoea received no treatment.

Table 10.8 Diarrhoea treatment

Among children under age 5 who had diarrhoea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage given other treatments, by background characteristics, The Gambia 2013

Background characteristic	Percentage of children with diarrhoea for whom advice or treatment was sought from a health facility or provider[1]	Oral rehydration therapy (ORT)					Other treatments				Number of children with diarrhoea
		Fluid from ORS packets or pre-packaged liquid	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	ORT or increased fluids	Antibiotic drugs	Antimotility drugs	Home remedy/ other	No treatment	
Age in months											
<6	48.0	32.0	4.5	35.0	24.4	47.7	17.0	0.0	19.0	35.7	118
6-11	73.9	60.3	9.2	64.1	43.5	78.5	37.7	1.1	29.0	11.9	224
12-23	72.2	60.9	13.4	67.5	48.7	81.0	30.7	0.0	26.3	9.0	445
24-35	63.9	64.0	18.4	70.6	50.8	86.7	15.8	1.6	25.9	9.9	317
36-47	63.7	60.2	10.8	66.7	48.4	83.9	30.8	0.0	26.5	9.8	118
48-59	70.9	64.7	14.4	71.0	49.3	81.3	25.0	0.0	21.3	12.4	94
Sex											
Male	68.9	59.2	15.1	66.1	48.0	80.0	28.5	0.6	25.9	11.7	718
Female	65.7	59.1	10.3	63.6	44.0	78.3	24.5	0.6	25.5	13.3	599
Type of diarrhoea											
Non-bloody	65.8	58.1	12.6	64.1	45.0	78.6	25.9	0.5	24.3	13.4	1,180
Bloody	83.4	67.6	14.7	71.5	59.1	84.4	35.7	1.5	35.3	3.9	104
Residence											
Urban	65.9	61.5	10.5	65.7	43.8	78.7	28.1	1.1	20.9	13.8	665
Rural	69.0	56.8	15.4	64.2	48.5	79.8	25.3	0.1	30.5	11.0	653
Local Government Area											
Banjul	63.5	60.5	9.3	63.5	46.8	75.1	15.9	0.0	22.7	19.3	31
Kanifing	64.8	57.2	13.4	63.8	42.0	75.6	28.3	1.1	21.6	14.8	293
Brikama	68.8	62.3	12.2	66.7	47.5	81.2	30.0	0.8	26.1	10.7	488
Mansakonko	68.4	57.9	14.8	66.4	38.9	75.7	21.0	0.8	14.5	15.8	55
Kerewan	73.6	63.9	22.0	72.7	68.9	91.7	18.0	0.0	40.3	6.0	115
Kuntaur	64.7	55.0	8.1	59.4	58.3	84.0	12.1	0.0	35.6	11.2	104
Janjanbureh	68.3	59.0	19.8	67.6	24.6	76.6	33.2	0.0	9.3	13.5	93
Basse	65.2	52.0	5.9	57.1	39.5	70.3	30.3	0.0	29.4	15.9	138
Mother's education											
No education	69.0	60.6	12.1	65.8	44.7	80.8	27.0	0.2	24.4	9.6	724
Primary	65.3	63.5	13.6	69.0	51.5	80.4	26.5	1.3	26.0	14.5	225
Secondary or higher	65.6	53.7	14.0	60.9	45.8	75.4	26.2	0.8	28.1	16.6	368
Wealth quintile											
Lowest	67.0	55.8	16.7	62.0	45.7	78.6	24.3	0.0	20.9	14.7	245
Second	71.0	56.8	9.8	61.3	43.6	74.6	28.3	0.2	30.7	10.1	290
Middle	67.2	60.7	14.4	67.7	48.9	81.0	30.0	1.0	34.2	10.1	252
Fourth	65.6	64.4	13.1	68.9	48.9	82.7	25.9	0.0	17.4	13.8	276
Highest	66.1	57.9	11.2	64.9	43.8	79.7	24.7	1.8	25.1	13.5	254
Total	67.5	59.2	12.9	65.0	46.2	79.2	26.7	0.6	25.7	12.4	1,318

Note: ORT includes fluid prepared from oral rehydration salt (ORS) packets, pre-packaged ORS fluid, and recommended home fluids (RHF).
[1] Excludes pharmacy, shop, and traditional practitioner

10.6.3 Feeding Practices during Diarrhoea

When a child has diarrhoea, mothers are encouraged to continue feeding the child the same amount of food as they would if the child did not have diarrhoea. Mothers are also encouraged to increase the child's fluid intake. These practices help to reduce dehydration and minimise the adverse consequences of diarrhoea for the child's nutritional status. In the 2013 GDHS, mothers were asked whether they gave their child with diarrhoea less, the same amount, or more fluids and food than usual.

Table 10.9 shows the percent distribution of children under age 5 who had diarrhoea in the two weeks preceding the survey by feeding practices, according to background characteristics. Forty-six percent of children with diarrhoea were given more liquids than usual, and 24 percent were given the same amount. It is of concern that 15 percent of children were given somewhat less to drink than usual, 13 percent were given much less to drink, and 2 percent were given nothing to drink during the diarrhoea episode.

In terms of food, 12 percent of children were given more than usual and 27 percent were given the same amount. On the other hand, 27 percent of children were given somewhat less to eat, 23 percent were given much less, and 4 percent were given no food at all.

Overall, only 30 percent of children continued feeding and were given increased fluids, and 51 percent continued feeding and were given ORT and/or increased fluids.

Table 10.9 Feeding practices during diarrhoea

Percent distribution of children under age 5 who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhoea episode, and the percentage who continued feeding and were given ORT and/or increased fluids during the episode of diarrhoea, by background characteristics, The Gambia 2013

	Amount of liquids given							Amount of food given										
Background characteristic	More	Same as usual	Some-what less	Much less	None	Don't know/ missing	Total	More	Same as usual	Some-what less	Much less	None	Never gave food	Don't know/ missing	Total	Percentage given increased fluids and continued feeding[1]	Percentage who continued feeding and were given ORT and/or increased fluids[1]	Number of children with diarrhoea
Age in months																		
<6	24.4	35.6	19.2	9.6	11.2	0.0	100.0	1.4	28.4	6.4	7.9	2.1	47.5	6.2	100.0	5.8	14.7	118
6-11	43.5	19.3	22.0	13.0	2.3	0.0	100.0	9.1	25.4	25.8	21.5	6.9	11.3	0.0	100.0	25.5	45.9	224
12-23	48.7	19.6	13.7	15.9	1.4	0.7	100.0	11.7	21.8	30.4	27.2	5.7	2.6	0.7	100.0	31.5	50.0	445
24-35	50.8	27.8	12.2	9.0	0.2	0.0	100.0	14.8	35.7	26.5	21.6	1.5	0.0	0.0	100.0	38.1	65.5	317
36-47	48.4	25.2	12.7	12.4	0.0	1.3	100.0	15.1	27.5	27.8	27.6	0.9	0.0	1.1	100.0	32.3	58.0	118
48-59	49.3	21.9	15.6	10.9	0.0	2.3	100.0	12.9	19.4	35.6	28.9	0.9	0.0	2.3	100.0	33.2	53.6	94
Sex																		
Male	48.0	22.8	15.3	12.0	1.8	0.1	100.0	11.4	26.2	28.7	24.4	3.0	5.4	0.8	100.0	31.0	51.9	718
Female	44.0	24.6	15.3	13.0	2.1	1.0	100.0	11.6	27.2	24.3	21.9	4.7	9.1	1.3	100.0	28.8	49.5	599
Type of diarrhoea																		
Non-bloody	45.0	24.8	15.4	12.5	2.0	0.3	100.0	11.7	27.9	25.8	22.6	3.6	7.5	0.9	100.0	29.6	51.1	1,180
Bloody	59.1	14.8	11.3	13.1	1.7	0.0	100.0	8.2	13.8	32.6	34.5	7.1	3.8	0.0	100.0	31.7	43.2	104
Residence																		
Urban	43.8	24.9	15.2	14.9	1.1	0.0	100.0	8.6	28.4	29.3	26.0	2.5	4.7	0.5	100.0	27.3	50.4	665
Rural	48.5	22.3	15.4	10.0	2.8	1.0	100.0	14.4	24.9	24.0	20.5	5.1	9.5	1.6	100.0	32.6	51.3	653
Local Government Area																		
Banjul	46.8	33.5	8.8	9.7	0.8	0.4	100.0	9.0	24.8	24.9	34.6	1.1	5.1	0.4	100.0	19.8	41.7	31
Kanifing	42.0	24.1	17.4	15.5	1.1	0.0	100.0	11.0	29.3	30.9	23.7	2.2	2.9	0.0	100.0	27.8	51.8	293
Brikama	47.5	25.8	12.4	13.1	0.5	0.7	100.0	9.6	28.9	24.2	27.6	3.0	5.4	1.3	100.0	28.9	49.7	488
Mansakonko	38.9	31.1	10.6	12.2	3.8	3.4	100.0	14.3	39.8	19.7	16.4	1.6	5.3	2.9	100.0	29.5	57.3	55
Kerewan	68.9	10.0	7.5	10.0	3.7	0.0	100.0	20.1	18.8	18.1	24.2	6.3	12.6	0.0	100.0	42.1	54.0	115
Kuntaur	58.3	19.8	13.5	6.8	1.0	0.7	100.0	5.3	24.6	33.0	25.0	3.2	8.2	0.7	100.0	35.0	52.2	104
Janjanbureh	24.6	18.4	26.4	20.9	9.1	0.6	100.0	10.6	20.3	23.0	22.0	16.2	7.4	0.6	100.0	19.9	40.2	93
Basse	39.5	27.2	24.8	5.7	2.8	0.0	100.0	16.4	20.9	34.5	6.2	1.5	17.3	3.2	100.0	33.7	55.8	138
Mother's education																		
No education	44.7	24.1	16.2	12.3	2.1	0.6	100.0	10.5	27.8	28.1	20.2	5.0	7.2	1.2	100.0	30.5	53.3	724
Primary	51.5	23.2	13.0	11.3	1.0	0.0	100.0	13.5	20.9	22.9	29.0	3.5	9.1	1.1	100.0	30.1	46.4	225
Secondary or higher	45.8	22.8	14.9	13.6	2.2	0.7	100.0	12.0	28.0	26.3	26.0	1.6	5.6	0.6	100.0	28.8	48.7	368
Wealth quintile																		
Lowest	45.7	22.1	17.2	10.9	3.2	0.8	100.0	11.8	25.3	20.0	25.9	4.4	10.2	2.4	100.0	27.5	45.5	245
Second	43.6	25.1	14.7	13.1	2.0	1.6	100.0	14.3	24.9	23.8	18.7	7.7	8.8	1.8	100.0	30.3	48.8	290
Middle	48.9	21.0	20.9	7.2	2.0	0.0	100.0	13.0	22.7	34.6	18.4	3.4	6.9	1.0	100.0	34.1	54.8	252
Fourth	48.9	25.3	9.2	14.7	1.9	0.0	100.0	11.1	31.6	27.2	23.0	1.0	6.1	0.0	100.0	33.9	56.8	276
Highest	43.8	24.1	15.1	16.3	0.6	0.0	100.0	6.7	28.8	27.8	31.3	2.1	3.3	0.0	100.0	23.5	48.0	254
Total	46.2	23.6	15.3	12.5	1.9	0.5	100.0	11.5	26.7	26.7	23.3	3.8	7.1	1.0	100.0	30.0	50.8	1,318

Note: It is recommended that children be given more liquids to drink during diarrhoea and that food not be reduced. Total includes 32 cases for whom information on type of diarrhoea is missing.
[1] Continued feeding practices includes children who were given more, the same as usual, or somewhat less food during the diarrhoea episode.

10.7 KNOWLEDGE OF ORS PACKETS

To ascertain respondents' knowledge of ORS in The Gambia, women were asked whether they knew about ORS packets. Table 10.10 presents information on the percentage of mothers with a birth in the five years preceding the survey who had heard about ORS packets.

Ninety-four percent of women age 15-49 have heard about ORS. Knowledge is somewhat higher among women age 35-49 (96 percent), women in rural areas (95 percent), and women living in Basse (97 percent).

Table 10.10 Knowledge of ORS packets or pre-packaged liquids

Percentage of women age 15-49 with a live birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea, by background characteristics, The Gambia 2013

Background characteristic	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
Age		
15-19	88.4	339
20-24	92.5	1,147
25-34	94.5	2,544
35-49	96.2	1,275
Residence		
Urban	93.2	2,643
Rural	94.9	2,663
Local Government Area		
Banjul	91.6	93
Kanifing	92.1	982
Brikama	95.4	1,820
Mansakonko	96.1	265
Kerewan	88.8	589
Kuntaur	96.2	336
Janjanbureh	93.4	451
Basse	96.6	769
Education		
No education	93.8	3,082
Primary	93.7	747
Secondary or higher	94.8	1,476
Wealth quintile		
Lowest	93.9	1,027
Second	94.8	1,114
Middle	93.1	1,074
Fourth	94.0	1,072
Highest	94.4	1,019
Total	94.1	5,305

ORS = Oral rehydration salts

10.8 STOOL DISPOSAL

If human faeces are left uncontained, disease may spread by direct contact or by animal contact with the faeces. Proper disposal of children's stools is extremely important in preventing the spread of disease. Table 10.11 presents information on disposal of children's stools by background characteristics.

The stools of 82 percent of children are disposed of safely; 6 percent of children under age 5 use a toilet or latrine, the stools of 75 percent of children are disposed of in a toilet or latrine, and the stools of 1 percent of children are buried. On the other hand, the stools of 6 percent of children are put or rinsed into a drain or ditch, the stools of 12 percent are thrown into the garbage, and the stools of 1 percent are left in the open.

Safe stool disposal varies by background characteristics. A higher proportion of stools are disposed of safely in rural areas (89 percent) than in urban areas (74 percent). By LGA, Basse has the highest proportion of safe stool disposal (95 percent) and Banjul the lowest (70 percent). For the most part, safe stool disposal is inversely associated with increasing mother's education and household wealth. The stools of 84 percent of children of mothers with a primary or no education are disposed of safely, as compared with 76 percent among children whose mothers have a secondary education or higher. Among children in the lowest wealth quintile, 86 percent of stools are disposed of safely, compared with 69 percent among those in the highest wealth quintile.

Table 10.11 Disposal of children's stools

Percent distribution of youngest children under age 5 living with their mother by the manner of disposal of the child's last faecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, The Gambia 2013

Background characteristic	Manner of disposal of children's stools								Percentage of children whose stools are disposed of safely[1]	Number of children
	Child used toilet or latrine	Put/ rinsed into toilet or latrine	Buried	Put/ rinsed into drain or ditch	Thrown into garbage	Left in the open	Missing	Total		
Age in months										
<6	2.2	70.8	0.4	5.9	19.3	1.0	0.3	100.0	73.4	913
6-11	1.0	76.2	0.4	5.4	15.3	0.8	0.8	100.0	77.6	795
12-23	1.3	77.5	0.8	5.7	13.4	0.7	0.5	100.0	79.6	1,568
24-35	7.6	80.6	0.5	4.1	5.9	0.7	0.6	100.0	88.7	961
36-47	13.9	75.4	1.3	5.9	2.5	0.6	0.5	100.0	90.5	513
48-59	28.4	58.9	0.5	6.8	2.2	0.4	2.6	100.0	87.8	338
Toilet facility[2]										
Improved, not shared	7.0	72.2	0.7	6.6	12.3	0.3	0.8	100.0	80.0	1,966
Shared[3]	4.6	74.7	0.1	6.2	14.0	0.1	0.3	100.0	79.4	980
Non-improved or shared	4.9	78.3	0.8	4.0	9.7	1.4	0.7	100.0	84.1	2,134
Residence										
Urban	6.1	67.8	0.5	9.4	15.4	0.2	0.7	100.0	74.4	2,499
Rural	5.2	82.4	0.8	1.7	7.8	1.3	0.6	100.0	88.5	2,589
Local Government Area										
Banjul	6.5	63.9	0.0	7.5	21.3	0.0	0.8	100.0	70.4	87
Kanifing	6.9	71.3	0.5	6.7	13.2	0.0	1.4	100.0	78.7	921
Brikama	4.9	68.9	0.4	10.0	14.6	0.8	0.3	100.0	74.3	1,740
Mansakonko	2.1	86.8	0.4	2.2	6.3	2.0	0.2	100.0	89.4	257
Kerewan	4.1	80.3	0.0	2.9	12.0	0.1	0.7	100.0	84.4	575
Kuntaur	3.1	81.0	0.9	1.6	10.6	2.2	0.6	100.0	85.0	326
Janjanbureh	4.9	76.5	4.0	0.8	11.8	1.1	0.4	100.0	85.4	433
Basse	9.7	85.0	0.0	0.8	2.9	0.7	0.8	100.0	94.7	748
Mother's education										
No education	5.9	77.5	0.5	3.6	10.7	0.9	0.9	100.0	83.9	2,957
Primary	4.7	77.7	1.7	7.1	7.4	0.6	0.8	100.0	84.1	715
Secondary or higher	5.6	69.4	0.5	8.6	15.3	0.4	0.2	100.0	75.5	1,417
Wealth quintile										
Lowest	5.1	79.9	1.1	1.4	9.8	2.0	0.6	100.0	86.1	992
Second	4.9	82.7	0.7	2.0	8.5	0.8	0.5	100.0	88.2	1,080
Middle	5.5	80.8	0.2	2.5	9.0	0.5	1.3	100.0	86.5	1,030
Fourth	3.9	72.6	0.9	9.6	12.4	0.2	0.4	100.0	77.3	1,023
Highest	9.2	59.0	0.4	12.4	18.5	0.0	0.6	100.0	68.6	963
Total	5.7	75.2	0.7	5.5	11.5	0.7	0.7	100.0	81.6	5,088

Note: Total includes 8 cases for whom information on type of facility is missing.
[1] Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the faecal matter was put/rinsed into a toilet or latrine, or if it was buried.
[2] See Table 2.2 for definition of categories.
[3] Facilities that would be considered improved if they were not shared by 2 or more households

NUTRITION OF WOMEN AND CHILDREN 11

Key Findings

- Twenty-five percent of children under age 5 in The Gambia are stunted (short for their age), 12 percent are wasted (thin for their height), and 16 percent are underweight (thin for their age). Only 3 percent of children are overweight (heavy for their height).
- Almost all (99 percent) last-born children under age 2 were breastfed at some point in their life. Forty-seven percent of children under age 6 months are exclusively breastfed, and 54 percent of children age 6-8 months are breastfeeding and consuming complementary foods.
- Only 8 percent of children age 6-23 months are fed in accordance with the three core infant and young child feeding (IYCF) practices.
- Sixty-nine percent of children age 6-59 months received vitamin A supplements in the past six months, 17 percent received iron supplements in the past seven days, 34 percent received deworming medication in the past six months, and 76 percent live in households with iodised salt.
- Overall, 61 percent of women have a body mass index (BMI) in the normal range. Almost one in four women are overweight or obese.
- Among women age 15-49 with a child born in the past five years, 85 percent received a vitamin A dose postpartum.
- Forty-five percent of women took iron tablets for the recommended period of 90 or more days, and 40 percent took deworming medication during the pregnancy of their last birth.

This chapter presents findings on the nutritional status of women and children. A specific focus is infant and young child feeding practices, including early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, continued breastfeeding until at least age 2, timely introduction of complementary foods at age 6 months (with increasing frequency of feeding solid and semisolid foods), and diet diversity. Data on nutritional status, diversity of foods consumed, micronutrient intake, vitamin A supplementation and iron deficiency anaemia are presented for women and for children under age 5, along with the results of household testing of salt for adequate levels of iodine. A summary indicator that describes the quality of infant and young child feeding (IYCF) practices for infants age 6-23 months is included.

Good nutrition is a basic building block of human capital and, as such, contributes to economic development. Adequate nutrition is critical to child development, with the period from birth to age 2, referred to as the critical window of opportunity, being important for optimal growth, health, and development. Unfortunately, this period is often marked by growth faltering, micronutrient deficiencies, and common childhood illnesses such as malaria, diarrhoea, and acute respiratory infections.

A woman's nutritional status has important implications for her health as well as the health of her children. Malnutrition in women results in reduced productivity, an increased susceptibility to infections, slow recovery from illness, and heightened risks of adverse pregnancy outcomes. For example, a woman who has poor nutritional status, as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies, has a greater risk of obstructed labour, of having a baby with a low birth weight, of producing lower quality breast milk, of mortality due to postpartum haemorrhage, and of morbidity for both herself and her baby.

11.1 NUTRITIONAL STATUS OF CHILDREN

The anthropometric data on height and weight collected in the 2013 GDHS permit the measurement and evaluation of the nutritional status of young children in The Gambia. This evaluation allows identification of subgroups of the child population that are at increased risk of growth faltering, diseases, impaired mental development, and death. Marked differences, especially with regard to height-for-age, weight-for-height, and weight-for-age, are often seen among different subgroups of children within the country.

11.1.1 Measurement of Nutritional Status among Young Children

The 2013 GDHS collected data on the nutritional status of children by measuring the height and weight of all children under age 5. Data were collected with the aim of calculating three indices—namely, weight-for-age, height-for-age, and weight-for-height—all of which take age and sex into consideration. Weight measurements were obtained using lightweight, bathroom-type scales with a digital screen designed and manufactured under the guidance of UNICEF. Height measurements were carried out using a measuring board. Children younger than age 24 months were measured lying down (recumbent length) on the board, while standing height was measured for older children.

For this report, indicators of the nutritional status of children were calculated using growth standards published by WHO in 2006. These growth standards were generated through data collected in the WHO Multicentre Growth Reference Study (WHO, 2006). That study, whose sample included 8,440 children in six countries, was designed to provide a description of how children should grow under optimal conditions. The WHO child growth standards can therefore be used to assess children all over the world, regardless of ethnicity, social and economic influences, and feeding practices. The three nutritional status indicators described below are expressed in standard deviation units from the median of the Multicentre Growth Reference Study sample.

Each of these indices provides different information about growth and body composition. The height-for-age index is an indicator of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the WHO reference population are considered short for their age (stunted) and are chronically malnourished. Children who are below minus three standard deviations (-3 SD) from the reference median are considered severely stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and is affected by recurrent and chronic illness. Height-for-age, therefore, represents the long-term effects of malnutrition in a population and is not sensitive to recent, short-term changes in dietary intake.

The weight-for-height index measures body mass in relation to height or length and describes current nutritional status. Children whose Z-scores are below minus two standard deviations (-2 SD) from the reference median are considered thin (wasted) and are acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children whose weight-for-height is below minus three standard deviations (-3 SD) from the reference median are considered severely wasted.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. Children whose weight-for-age is below minus two standard deviations (-2 SD) from the reference median are classified as underweight. Children whose weight-for-age is below minus three standard deviations (-3 SD) from the reference median are considered severely underweight.

11.1.2 Data Collection

Height and weight measurements were obtained for 3,372 children under age 5 who were present in the households selected for the GDHS at the time of the survey. The following analysis focuses on children for whom complete and credible anthropometric data and valid age data were collected. Table 11.1 shows the percentage of children under age 5 classified as malnourished according to the three anthropometric indices of nutritional status (height-for-age, weight-for-height, and weight-for-age).

Although data were collected for all children under age 5, for purposes of comparability, the analysis is limited to children under age 5. Height and weight measurements were obtained for 81 percent of the 4,312 eligible children (unweighted). Height and weight were missing for 11 percent of children, the data for 7 percent were flagged (out-of-range), and 1 percent had incomplete information on age in months.

11.1.3 Levels of Child Malnutrition

Table 11.1 indicates the nutritional status of children under age 5 as measured by stunting (low height-for-age) and various background characteristics. Nationally, 25 percent of children under age 5 are stunted, and 8 percent are severely stunted. Analysis by age groups shows that stunting is highest (34 percent) among children age 24-35 months and lowest (9 percent) among children age 6-8 months (Figure 11.1). Severe stunting shows a similar trend, with children age 24-35 months having the highest proportion of severe stunting (12 percent) and those age 6-8 months having the lowest proportion (3 percent).

More than one-quarter (26 percent) of male children are stunted, as compared with 23 percent of female children. There is an inverse relationship between the length of the preceding birth interval and the proportion of children who are stunted. The longer the interval, the less likely the child is to be stunted. For example, 26 percent of non-first-born children with a preceding birth interval of less than 24 months are stunted, compared with 21 percent with a birth interval of 48 months or more. The mother's body mass index tends to have an inverse relationship with severe stunting levels. For example, 10 percent of children of mothers who are thin (BMI less than 18.5) are severely stunted, as compared with 7 percent of children whose mothers are overweight or obese (BMI of 25 or above).

Children in rural areas are more likely than those in urban areas to be moderately stunted (29 percent and 19 percent, respectively) and severely stunted (10 percent and 6 percent, respectively). At the Local Government Area (LGA) level, Janjanbureh (35 percent) and Basse (32 percent) have the highest proportion of stunted children, while Banjul has the lowest (12 percent).

Mother's level of education generally has an inverse relationship with stunting levels. For example, children of mothers with a secondary education or higher are less likely to be stunted (15 percent) than children whose mothers have a primary education or no education (27-30 percent). A similar inverse relationship is observed between household wealth and stunting, with children living in households in the lowest wealth quintile most likely to be moderately and severely stunted (30 percent and 11 percent, respectively).

Table 11.1 also shows the nutritional status of children under age 5 as measured by wasting (low weight-for-height). Overall, 12 percent of children are wasted and 4 percent are severely wasted. Basse and Kuntaur have the highest levels of wasting (17 percent and 16 percent, respectively). These levels may reflect food stress in these regions, which traditionally encounter food deficits. Children whose mothers have a primary education are most likely to be wasted and severely wasted (15 percent and 7 percent, respectively).

Table 11.1 Nutritional status of children

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, The Gambia 2013

Background characteristic	Height-for-age[1]			Weight-for-height				Weight-for-age				Number of children
	Percentage below -3 SD	Percentage below -2 SD[2]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	
Age in months												
<6	7.7	13.9	-0.0	9.7	18.8	9.5	-0.5	3.4	8.5	1.1	-0.4	365
6-8	2.5	9.0	-0.2	8.3	16.5	2.9	-0.8	5.3	11.9	1.2	-0.7	202
9-11	7.3	17.4	-0.5	6.1	14.2	3.6	-0.7	3.6	17.8	1.0	-0.9	174
12-17	9.7	23.5	-1.0	5.7	18.0	1.7	-0.8	5.8	17.8	0.4	-1.0	413
18-23	11.1	32.3	-1.5	2.4	10.4	1.4	-0.6	3.7	19.7	0.4	-1.1	310
24-35	12.4	34.2	-1.4	2.5	7.7	1.2	-0.4	4.8	18.4	0.9	-1.1	630
36-47	7.0	25.5	-1.2	2.3	8.3	2.5	-0.6	3.1	16.3	0.6	-1.1	662
48-59	5.6	23.5	-1.2	2.8	8.1	1.6	-0.7	2.7	16.6	0.0	-1.2	616
Sex												
Male	9.5	26.2	-1.1	4.7	12.7	2.6	-0.6	4.1	17.5	0.5	-1.0	1,731
Female	6.9	22.7	-1.0	3.7	10.2	2.9	-0.6	3.8	14.9	0.7	-0.9	1,641
Birth interval in months[3]												
First birth[4]	8.7	24.4	-1.1	3.2	11.8	2.8	-0.6	3.8	16.6	0.2	-1.1	616
<24	5.1	26.1	-0.9	6.3	11.1	2.4	-0.6	3.6	14.8	1.1	-0.9	330
24-47	8.5	25.1	-1.0	4.6	12.5	2.5	-0.6	4.2	17.8	0.5	-1.0	1,473
48+	8.5	20.6	-0.8	5.9	12.8	3.5	-0.6	3.9	12.8	0.8	-0.9	536
Size at birth[3]												
Very small	10.3	32.5	-1.3	5.7	22.2	3.3	-1.1	7.1	34.0	0.2	-1.5	254
Small	9.4	23.4	-1.2	4.5	13.1	2.4	-0.7	3.9	19.0	1.1	-1.2	349
Average or larger	7.7	23.4	-0.9	4.7	10.9	2.7	-0.5	3.7	13.9	0.5	-0.9	2,330
Mother's interview status												
Interviewed	8.2	24.3	-1.0	4.7	12.2	2.7	-0.6	4.0	16.3	0.5	-1.0	2,955
Not interviewed but in household	10.1	27.7	-1.1	0.5	7.7	2.7	-0.6	4.3	16.7	2.1	-1.1	223
Not interviewed and not in the household[5]	7.8	24.3	-1.2	0.3	4.0	2.9	-0.3	2.1	14.7	0.3	-0.9	194
Mother's nutritional status[6]												
Thin (BMI <18.5)	10.4	23.8	-1.1	4.6	17.7	3.8	-0.9	7.4	22.0	0.9	-1.3	311
Normal (BMI 18.5-24.9)	8.1	24.4	-1.0	4.7	12.6	2.4	-0.6	4.1	16.1	0.4	-1.0	1,647
Overweight/ obese (BMI ≥25)	7.4	22.2	-0.9	2.9	8.4	2.9	-0.4	2.3	12.5	0.7	-0.8	525
Residence												
Urban	5.6	19.2	-0.7	4.0	10.3	3.2	-0.5	2.5	10.6	0.9	-0.8	1,470
Rural	10.3	28.5	-1.2	4.3	12.4	2.4	-0.7	5.0	20.6	0.4	-1.2	1,902
Local Government Area												
Banjul	3.4	12.2	-0.6	3.1	9.2	1.7	-0.6	2.6	12.2	1.4	-0.7	47
Kanifing	6.7	23.3	-0.8	3.1	11.3	3.5	-0.5	3.5	11.7	2.0	-0.8	499
Brikama	5.6	17.8	-0.7	3.8	9.0	2.9	-0.5	1.6	10.2	0.4	-0.8	1,140
Mansakonko	7.4	27.3	-1.2	4.1	10.5	3.3	-0.7	3.8	18.5	0.5	-1.1	211
Kerewan	8.8	24.9	-1.2	2.5	9.5	2.9	-0.5	3.4	15.9	0.2	-1.0	420
Kuntaur	9.9	29.3	-1.2	6.0	16.1	1.6	-0.9	6.4	25.6	0.6	-1.3	233
Janjanbureh	14.7	34.5	-1.4	3.2	11.4	2.6	-0.7	6.2	26.9	0.2	-1.3	275
Basse	11.6	32.1	-1.3	7.1	16.9	2.0	-0.8	7.4	23.2	0.4	-1.3	546
Mother's education[7]												
No education	9.5	27.0	-1.2	4.6	11.8	2.1	-0.7	4.9	18.9	0.6	-1.1	1,931
Primary	8.2	30.3	-1.1	6.9	14.9	3.5	-0.7	5.9	19.6	0.4	-1.1	444
Secondary or higher	5.4	15.3	-0.5	2.7	10.5	3.8	-0.5	0.8	8.4	1.0	-0.6	802
Wealth quintile												
Lowest	10.7	29.5	-1.2	3.4	11.0	2.2	-0.6	4.4	21.8	0.4	-1.1	725
Second	9.4	27.2	-1.2	4.3	12.0	3.3	-0.6	4.6	17.8	0.5	-1.1	822
Middle	8.8	25.2	-1.0	5.8	13.6	2.6	-0.7	4.0	17.9	1.0	-1.1	636
Fourth	7.4	22.4	-1.0	4.1	9.6	3.4	-0.5	3.9	11.8	0.0	-0.9	652
Highest	3.7	15.2	-0.5	3.5	11.0	1.9	-0.6	2.1	9.7	1.4	-0.7	537
Total	8.3	24.5	-1.0	4.2	11.5	2.7	-0.6	3.9	16.2	0.6	-1.0	3,372

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO child growth standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used NCHS/CDC/WHO reference. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Total includes 19 cases for whom information on size at birth is missing and 1 case for whom information on mother's education is missing.

[1] Recumbent length is measured for children under age 2 and in the few cases when the age of the child is unknown and the child is less than 85 cm; standing height is measured for all other children.

[2] Includes children who are below -3 standard deviations (SD) from the WHO child growth standards population median

[3] Excludes children whose mothers were not interviewed

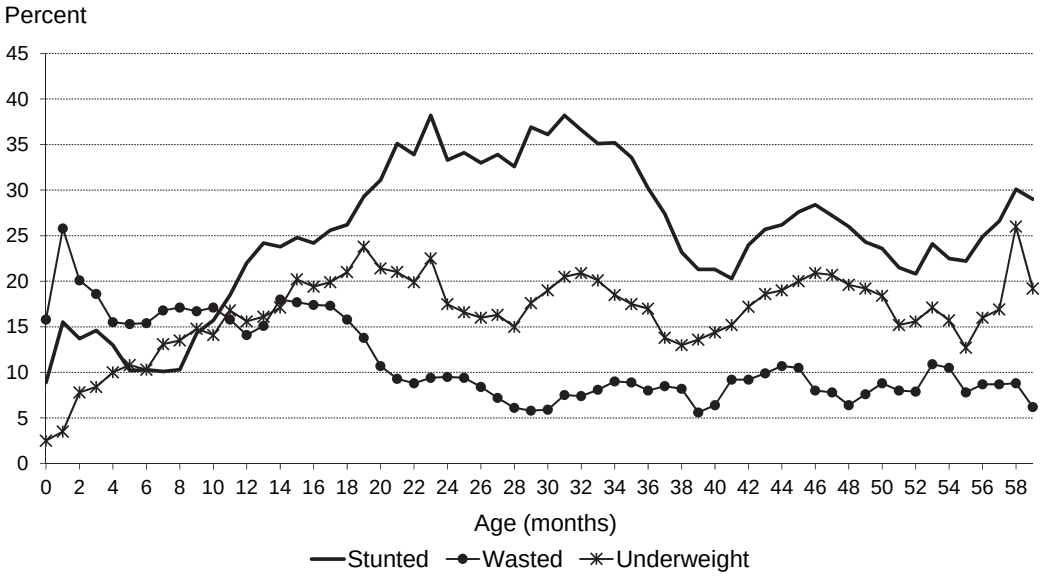
[4] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

[5] Includes children whose mothers are deceased

[6] Excludes children whose mothers were not weighed and measured, children whose mothers were not interviewed, and children whose mothers are pregnant or gave birth within the preceding two months. Mother's nutritional status in terms of BMI (body mass index) is presented in Table 11.10.

[7] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

Figure 11.1 **Nutritional status of children by age**



Note: *Stunting* reflects chronic malnutrition; *wasting* reflects acute malnutrition; *underweight* reflects chronic or acute malnutrition or a combination of both. Plotted values are smoothed by a five-month moving average.

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Finally, 16 percent of children under age 5 are underweight (low weight-for-age) and 4 percent are severely underweight (Table 11.1). The proportion of underweight children is highest (20 percent) among those age 18-23 months, which might be explained by the fact that this is the period when breastfeeding frequency is reduced and consumption of adult foods increased. It also typify the period when children are more exposed to the environment, thus increasing their exposure to infections and susceptibility to illness. Coupled with inappropriate and/or inadequate feeding practices, this tendency may contribute to faltering nutritional status among children in this group. Female children (15 percent) are slightly less likely to be underweight than male children (18 percent). Similar to stunting, the percentage of underweight children decreases as the preceding birth interval lengthens. Rural children are more likely to be underweight (21 percent) than urban children (11 percent). At the LGA level, Janjanbureh has the highest proportion of underweight children (27 percent), while Brikama has the lowest proportion (10 percent). The proportion of underweight children is inversely associated with mother's level of education and household wealth.

11.2 INITIATION OF BREASTFEEDING

Early breastfeeding practices determine the successful establishment and duration of breastfeeding. Moreover, during the first three days after delivery, colostrum, an important source of nutrition and protection for the newborn, is produced and should be given to the newborn while awaiting the let-down of regular/mature breast milk. Thus, it is recommended that children be put to the breast immediately or within one hour after birth and that prelacteal feeding (i.e., feeding newborns anything other than breast milk before breast milk is initiated) be discouraged.

Table 11.2 shows the percentage of children born in the five years before the survey by breastfeeding status and the timing of initial breastfeeding, according to background characteristics. The results indicate that 99 percent of children are breastfed at some point. Overall, 52 percent of children are breastfed within one hour of birth and 94 percent within one day after delivery.

The practice of giving prelacteal feeds limits the frequency of suckling by the infant and exposes the baby to the risk of infection. Seventeen percent of children are given a prelacteal feed before initiating breastfeeding. Prelacteal feeding is most common in Banjul and Kanifing (27 percent and 25 percent, respectively) and least common in Kerewan (9 percent). Children delivered at home are slightly more

likely to be given a prelacteal feed (18 percent) than those delivered at a health facility (16 percent). Children whose delivery was assisted by someone other than a health professional, an auxiliary nurse, or a traditional birth attendant are more likely to receive a prelacteal feed (29 percent) than other children. Contrary to expectations, the proportion of children who receive a prelacteal feed does not have a clear correlation with mother's education. Children whose mothers have no education are less likely to receive a prelacteal feed (15 percent) than those whose mothers have some education (17-20 percent). The proportion of children who receive a prelacteal feed is somewhat higher among those in the wealthiest households (21 percent).

Table 11.2 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentages who started breastfeeding within one hour and within one day of birth, and among last-born children born in the two years preceding the survey who were ever breastfed, the percentage who received a prelacteal feed, by background characteristics, The Gambia 2013

	Among last-born children born in the past two years:				Among last-born children born in the past two years who were ever breastfed:	
Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth[1]	Number of last-born children	Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	98.7	51.4	94.1	1,685	16.6	1,663
Female	98.7	51.6	93.8	1,708	16.6	1,686
Assistance at delivery						
Health professional[3]	98.6	48.0	93.4	1,944	16.6	1,917
Auxiliary nurse	99.2	63.4	95.7	253	9.5	251
Traditional birth attendant	99.3	56.4	95.2	910	15.3	903
Other	99.2	51.6	93.7	214	28.5	212
No one	97.9	45.9	90.7	66	24.3	65
Place of delivery						
Health facility	98.6	49.6	93.5	2,156	15.7	2,126
At home	99.2	55.3	94.9	1,223	18.4	1,214
Residence						
Urban	98.1	47.2	91.9	1,565	18.6	1,535
Rural	99.2	55.2	95.6	1,828	15.0	1,814
Local Government Area						
Banjul	98.7	40.6	82.6	51	26.6	50
Kanifing	97.8	45.6	89.6	517	25.2	506
Brikama	98.3	44.8	92.2	1,171	18.2	1,151
Mansakonko	100.0	56.8	95.9	169	10.6	169
Kerewan	100.0	50.7	99.3	419	9.4	419
Kuntaur	99.4	51.3	95.9	227	11.4	225
Janjanbureh	97.7	60.2	93.5	298	15.1	291
Basse	99.3	66.9	97.3	541	14.9	537
Mother's education						
No education	98.9	55.1	94.9	1,951	15.4	1,930
Primary	99.2	46.8	93.4	502	20.3	498
Secondary or higher	98.1	46.6	92.2	940	17.3	921
Wealth quintile						
Lowest	99.1	54.8	95.1	703	15.1	697
Second	99.2	54.0	95.6	757	16.0	751
Middle	99.5	55.6	94.7	702	13.8	699
Fourth	97.3	48.3	91.5	681	18.3	663
Highest	98.4	42.6	92.1	549	21.1	540
Total	98.7	51.5	93.9	3,392	16.6	3,349

Note: Table is based on last-born children born in the two years preceding the survey regardless of whether the children were living or dead at the time of the interview. Total includes 6 cases for whom information on type of assistance at delivery is missing and 4 cases for whom information on place of delivery is missing.

[1] Includes children who started breastfeeding within 1 hour of birth

[2] Children given something other than breast milk during the first 3 days of life

[3] Doctor, nurse, or midwife

11.3 BREASTFEEDING STATUS BY AGE

UNICEF and WHO recommend that children be exclusively breastfed during the first six months of life and that they be given age-appropriate solid or semisolid complementary food in addition to continued breastfeeding from age 6 months to at least age 24 months. Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all of the nutrients necessary for children in the first few months of life. In addition, the mother's antibodies in breast milk provide immunity to disease or infections. Early supplementation is discouraged for several reasons. First, it exposes infants to pathogens and increases their risk of infection. Second, it decreases infants' intake of breast milk and therefore suckling, which reduces breast milk production. Third, in low-resource settings, supplementary food is often nutritionally inferior.

Information on complementary feeding was obtained by asking mothers about the current breastfeeding status of all children under age 5 and, for the youngest child born in the three-year period before the survey and living with the mother, the foods and liquids given to the child the day and night before the survey.

Table 11.3 shows breastfeeding practices by child age. Only 47 percent of infants under age 6 months are exclusively breastfed. Contrary to the recommendation that children under age 6 months be exclusively breastfed, 35 percent of infants consume plain water, 4 percent consume non-milk liquids, 3 percent consume other milk, and 11 percent consume complementary foods in addition to breast milk. Fifty-four percent of children age 6-8 months receive timely complementary foods, and nearly half of children age 18-23 months have been weaned.

Feeding children using a bottle with a nipple is discouraged and remains a relatively uncommon practice in The Gambia; 8 percent of children below age 6 months are fed using a bottle with a nipple. The prevalence of bottle-feeding is highest among children age 6-8 months (14 percent).

Table 11.3 Breastfeeding status by age

Percent distribution of youngest children under age 2 who are living with their mother by breastfeeding status and the percentage currently breastfeeding, and the percentage of all children under age 2 using a bottle with a nipple, according to age in months, The Gambia 2013

	Breastfeeding status										
Age in months	Not breast-feeding	Exclusively breastfed	Breast-feeding and consu-ming plain water only	Breast-feeding and consu-ming non-milk liquids[1]	Breast-feeding and consu-ming other milk	Breast-feeding and consu-ming comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest children under age 2 living with their mother	Percentage using a bottle with a nipple	Number of all children under age 2
0-1	0.8	70.2	25.2	2.5	0.1	1.2	100.0	99.2	238	4.4	244
2-3	0.6	53.9	33.8	5.5	2.6	3.6	100.0	99.4	356	8.7	361
4-5	0.9	21.3	42.7	3.7	5.1	26.3	100.0	99.1	319	11.1	325
6-8	1.5	6.1	26.5	4.4	7.4	54.2	100.0	98.5	428	14.1	432
9-11	2.4	1.9	9.2	5.5	2.5	78.4	100.0	97.6	367	6.2	373
12-17	5.3	0.1	1.9	1.6	1.7	89.4	100.0	94.7	941	4.7	973
18-23	45.8	0.3	0.9	0.6	0.1	52.3	100.0	54.2	627	4.9	686
0-3	0.7	60.4	30.3	4.3	1.6	2.6	100.0	99.3	594	7.0	606
0-5	0.8	46.8	34.6	4.1	2.8	10.9	100.0	99.2	913	8.4	931
6-9	1.6	4.9	23.3	5.7	6.7	57.9	100.0	98.4	549	13.4	558
12-15	2.2	0.1	1.8	2.0	1.1	92.8	100.0	97.8	682	5.0	702
12-23	21.5	0.2	1.5	1.2	1.0	74.6	100.0	78.5	1,568	4.8	1,660
20-23	57.8	0.5	0.4	0.6	0.0	40.7	100.0	42.2	403	5.2	458

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

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

Figure 11.2 depicts the transition of feeding practices among children up to age 2. The rapid drop in exclusive breastfeeding from 70 percent among infants under age 2 months to 21 percent among children age 4 to 5 months demands attention.

Figure 11.2 **Infant feeding practices by age**

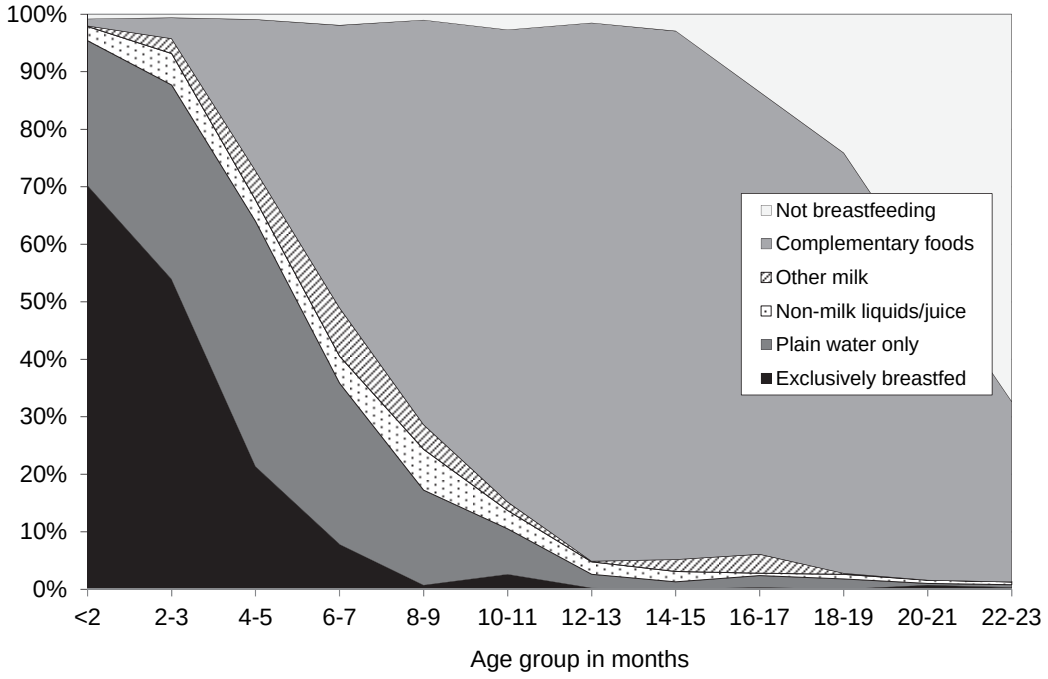

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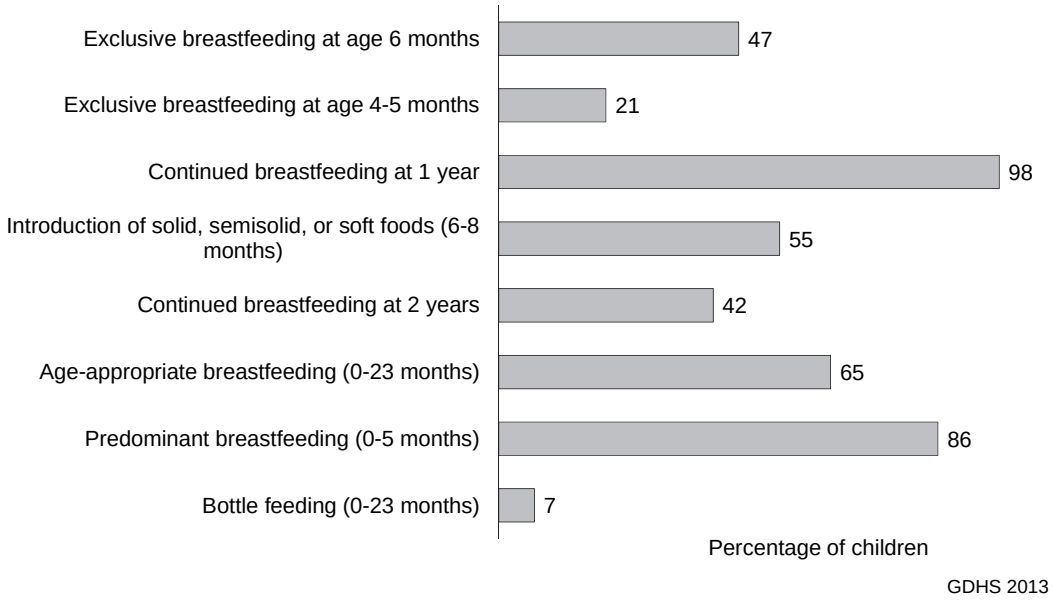
Figure 11.3 presents the 2013 GDHS results on infant and young child feeding (IYCF) indicators related to breastfeeding status. Detailed descriptions of these indicators can be found in various WHO publications (WHO, 2008; WHO, 2010). As noted above, 47 percent of children under age 6 months are exclusively breastfed, and 55 percent of children age 6-8 months (both breastfed and nonbreastfed) are introduced to complementary foods at an appropriate time. Ninety-eight percent of all children are still breastfeeding at age 1, and 42 percent are still breastfeeding at age 2. Sixty-five percent of children age 0-23 months are breastfed appropriately for their age. This includes exclusive breastfeeding for children age 0-5 months and continued breastfeeding along with complementary foods for children age 6-23 months. Almost nine in ten children under age 6 months (86 percent) are predominantly breastfed. This percentage includes children who are exclusively breastfed and those who receive breast milk and only plain water or non-milk liquids such as juice. Finally, 7 percent of children under age 2 are bottle fed.

Figure 11.3 IYCF indicators on breastfeeding status



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11.4 DURATION OF BREASTFEEDING

Table 11.4 shows the median duration of breastfeeding (i.e., the length of time in months for whom information on half of children are breastfed) by selected background characteristics. Estimates of median and mean durations of breastfeeding are based on current status data, that is, the proportion of children born in the three years preceding the survey who were being breastfed at the time of the survey.

Overall, the median duration of any breastfeeding among children in The Gambia is 20 months, which is similar to the duration documented in the 2010 MICS (Gambia Bureau of Statistics [GboS], 2011), implying that there has been little change in breastfeeding patterns over time. The median duration of exclusive breastfeeding is 2 months, with a mean duration of 4 months. Median duration of any breastfeeding varies only minimally by background characteristics.

11.5 TYPES OF COMPLEMENTARY FOODS

UNICEF and WHO recommend the introduction of solid food to infants after age 6 months because by that age breast milk alone is no longer sufficient to maintain a

Table 11.4 Median duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, by background characteristics, The Gambia 2013

Background characteristic	Median duration (months) of breastfeeding among children born in the past three years[1]		
	Any breast-feeding	Exclusive breastfeeding	Predominant breastfeeding[2]
Sex			
Male	20.5	2.0	5.8
Female	20.2	2.2	6.1
Residence			
Urban	19.5	1.8	5.2
Rural	21.1	2.5	6.5
Local Government Area			
Banjul	*	*	(5.4)
Kanifing	*	(1.6)	4.3
Brikama	19.7	2.0	5.6
Mansakonko	*	(3.1)	(5.5)
Kerewan	(20.6)	1.8	(7.0)
Kuntaur	(22.0)	(0.9)	6.4
Janjanbureh	(22.4)	2.3	6.0
Basse	(21.1)	(2.9)	(7.1)
Mother's education			
No education	21.0	1.9	6.2
Primary	(18.8)	2.3	6.5
Secondary or higher	19.8	2.2	5.3
Wealth quintile			
Lowest	20.6	2.7	6.4
Second	21.4	2.7	6.8
Middle	20.7	1.7	6.0
Fourth	20.1	1.3	5.3
Highest	18.4	2.2	(4.9)
Total	20.4	2.1	5.9
Mean for all children	20.4	3.5	7.1

Note: Median and mean durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] It is assumed that non-last-born children and last-born children not currently living with their mother are not currently breastfeeding.

[2] Either exclusively breastfed or received breast milk and plain water and/or non-milk liquids only

child's optimal growth. Appropriate nutrition includes feeding children a variety of foods to ensure that nutrient requirements are met. Fruits and vegetables rich in minerals and vitamins, especially in vitamin A, should be consumed daily. Although eating a range of fruits and vegetables, especially those rich in vitamin A, is important, studies have shown that plant-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients. Therefore, it has been recommended that meat, poultry, fish, or eggs be eaten daily or as often as possible (WHO, 1998).

Table 11.5 is based on information from mothers about the foods and liquids consumed by their youngest child during the day or night preceding the interview. As expected, the proportions of children consuming foods or liquids included in the various food groups generally increase with age. Children who are still breastfed are less likely than children who are not being breastfed to consume other types of liquids and solid/semisolid foods. For example, 92 percent of nonbreastfeeding children age 6-23 months consumed foods made from grains the day or night preceding the interview, compared with 72 percent of breastfeeding children in that age group. Similarly, 31 percent of nonbreastfeeding children age 6-23 months consumed foods rich in vitamin A, as compared with 14 percent of breastfeeding children in the same age group. Sixty-one percent of nonbreastfeeding children and 36 percent of breastfeeding children age 6-23 months consumed meat, fish, and poultry.

Table 11.5 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under age 2 who are living with their mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, The Gambia 2013

	Liquids			Solid or semisolid foods										
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods	Food made from grains[3]	Fruits and vege-tables rich in vitamin A[4]	Other fruits and vege-tables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry	Eggs	Cheese, yogurt, other milk products	Any solid or semi-solid food	Number of children
BREASTFEEDING CHILDREN														
0-1	0.3	0.1	2.7	0.7	0.4	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.2	236
2-3	2.3	1.1	6.1	1.7	2.4	0.0	0.6	0.0	0.0	1.3	0.9	0.2	3.6	354
4-5	3.6	4.7	9.3	12.7	10.3	1.7	0.0	0.7	0.3	0.4	0.7	1.5	26.5	316
6-8	7.6	7.8	16.0	23.0	31.5	3.5	3.4	2.9	1.5	6.1	0.5	2.1	55.0	421
9-11	5.8	7.8	36.3	24.2	65.2	9.2	10.1	8.0	8.0	29.1	6.4	8.1	80.3	358
12-17	4.4	10.8	35.7	18.7	86.0	18.1	11.7	9.8	10.8	46.7	9.0	8.1	94.4	891
18-23	2.0	13.7	40.1	9.4	91.6	22.0	15.1	11.4	15.2	53.5	11.7	11.8	96.4	340
6-23	4.9	10.1	32.4	19.0	71.8	14.1	10.2	8.3	9.1	36.2	7.2	7.5	84.0	2,011
Total	4.1	7.6	24.3	14.7	50.9	9.9	7.1	5.8	6.3	25.2	5.2	5.3	61.3	2,917
NONBREASTFEEDING CHILDREN														
6-23	2.6	16.7	48.5	7.7	92.4	31.4	22.7	25.7	13.8	61.0	14.4	13.0	97.7	352
Total	2.7	16.3	47.7	7.5	90.7	30.8	22.3	25.7	13.6	59.8	14.1	12.8	96.4	359

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night).
[1] Other milk includes fresh, tinned, and powdered cow or other animal milk.
[2] Does not include plain water
[3] Includes fortified baby food
[4] Includes pumpkins, carrots, squash, sweet potatoes, dark green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A

11.6 INFANT AND YOUNG CHILD FEEDING PRACTICES

Appropriate IYCF practices include breastfeeding through age 2, introduction of solid and semisolid foods at age 6 months, and gradual increases in the amount of food given and frequency of feeding as the child gets older. The minimum frequencies for feeding children in developing countries are defined according to the energy output of complementary foods. Energy needs of children are based on age-specific total daily energy requirements plus two standard deviations (to cover almost all children), minus the average energy intake from breast milk. Infants with low breast milk intake need to be fed more frequently than those with high intake. However, care should be taken that feeding frequencies do not

exceed the recommended input from complementary foods because excessive feeding can result in displacement of breast milk (PAHO/WHO, 2003).

According to recommendations, breastfed children age 6-23 months should receive animal-source foods and vitamin A-rich fruits and vegetables daily (PAHO/WHO, 2003). Because first foods almost always include a grain- or tuber-based staple, it is unlikely that young children who eat food from less than three groups will receive both an animal-source food and a vitamin A-rich fruit or vegetable. Therefore, three food groups are considered the minimum number appropriate for breastfed children (Arimond and Ruel, 2004). Breastfed infants age 6-8 months should receive complementary foods two to three times a day with one or two snacks; breastfed children age 9-23 months should receive meals three to four times a day with one or two snacks (PAHO/WHO, 2003; WHO, 2008; WHO, 2010).

Nonbreastfed children age 6-23 months should receive milk or milk products two or more times a day to ensure that their calcium needs are met. In addition, they need animal-source foods and vitamin A-rich fruits and vegetables. Four food groups are considered the minimum number appropriate for nonbreastfed young children. Nonbreastfed children age 12-23 months should be fed meals four to five times each day, with one or two snacks (WHO, 2005; WHO, 2008; and WHO, 2010).

Table 11.6 presents summary indicators of IYCF practices. The indicators take into account the percentages of children for whom feeding practices meet minimum standards with respect to food diversity (i.e., the number of food groups consumed) and feeding frequency (i.e., the number of times the child was fed), as well as consumption of breast milk or other milks or milk products. Breastfed children are considered as being fed in accordance with the minimum standards if they consume at least four food groups and receive foods other than breast milk at least twice per day in the case of infants age 6-8 months and at least three times per day in the case of children age 9-23 months. Nonbreastfed children are considered to be fed in accordance with the minimum standards if they consume milk or milk products, consume food from four or more food groups (including milk products), and are fed at least four times per day.

Only 8 percent of children age 6-23 months are fed in accordance with all IYCF practices (Table 11.6). Although 87 percent of children receive either breast milk or other milk products and 58 percent are fed the minimum number of times, only 13 percent are fed from the required number of food groups. Nonbreastfed children are much more likely to consume a diverse diet (27 percent) than breastfed children (11 percent). By contrast, breastfed children seem to be more likely than nonbreastfed children to consume solid or semisolid foods the recommended number of times.

An analysis by background characteristics indicates apparent differences in feeding practices by place of residence and mother's education. Children residing in urban areas are more likely to be fed according to the three IYCF practices (11 percent) than rural children (6 percent). At the LGA level, the proportion of children who are fed according to the IYCF recommendations is lowest in Kuntaur (3 percent) and highest in Banjul (14 percent) and Kanifing (12 percent). Seven percent of children whose mothers have no education are fed according to the recommended practices, as compared with 9 percent of children whose mothers have a primary education and 12 percent of those whose mothers have a secondary education or higher.

Overall, these findings suggest that feeding practices in The Gambia are poor across the board, and there is an urgent need to accelerate awareness about optimum feeding practices for infants and young children.

Table 11.6 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, The Gambia 2013

	Among breastfed children 6-23 months, percentage fed:				Among nonbreastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
Background characteristic	4+ food groups[1]	Minimum meal frequency[2]	Both 4+ food groups and minimum meal frequency	Number of breastfed children 6-23 months	Milk or milk products[3]	4+ food groups[1]	Minimum meal frequency[4]	With 3 IYCF practices[5]	Number of nonbreastfed children 6-23 months	Breast milk, milk, or milk products[6]	4+ food groups[1]	Minimum meal frequency[7]	With 3 IYCF practices	Number of all children 6-23 months
Age in months														
6-8	2.2	46.7	2.2	421	*	*	*	*	6	98.6	2.2	46.0	2.2	428
9-11	9.0	44.3	6.3	358	*	*	*	*	9	97.6	8.8	43.7	6.2	367
12-17	12.6	65.5	11.7	891	(14.1)	(32.8)	(51.7)	(8.9)	50	95.4	13.6	64.7	11.6	941
18-23	17.8	68.2	15.3	340	11.3	27.3	56.1	1.3	287	59.4	22.1	62.7	8.9	627
Sex														
Male	10.4	57.6	8.4	1,041	11.2	25.7	53.9	3.7	175	87.2	12.6	57.0	7.7	1,216
Female	10.9	58.9	10.4	970	11.5	28.2	53.3	1.0	177	86.3	13.6	58.1	8.9	1,148
Residence														
Urban	14.6	58.3	12.7	883	13.4	32.3	59.3	3.6	186	84.9	17.7	58.5	11.1	1,069
Rural	7.5	58.2	6.8	1,128	9.1	20.9	47.3	0.9	166	88.3	9.2	56.8	6.0	1,294
Local Government Area														
Banjul	20.1	53.7	14.3	24	(15.7)	(22.5)	(33.6)	(11.9)	7	81.9	20.6	49.4	13.8	31
Kanifing	16.0	55.6	14.6	273	(8.4)	(40.1)	(42.9)	(1.2)	58	83.9	20.2	53.3	12.2	331
Brikama	14.5	61.6	12.2	689	16.9	32.8	62.6	4.5	141	85.9	17.6	61.8	10.9	830
Mansakonko	11.5	53.7	8.5	103	(7.2)	21.5)	34.2)	(0.0)	13	89.3	12.7	51.4	7.6	117
Kerewan	5.8	60.7	5.5	269	(3.7)	26.1)	68.3)	(0.0)	32	89.7	8.0	61.5	4.9	301
Kuntaur	3.5	48.9	3.5	148	(8.1)	(5.6)	30.8)	(2.5)	22	88.3	3.8	46.6	3.4	169
Janjanbureh	5.5	49.8	5.5	183	(5.4)	(9.1)	41.2)	(0.0)	24	89.2	5.9	48.9	4.9	207
Basse	7.0	61.9	7.0	322	9.0	16.5	54.8	0.0	55	86.6	8.4	60.9	6.0	378
Mother's education														
No education	8.3	56.7	7.5	1,234	7.6	17.4	53.4	0.3	176	88.5	9.4	56.3	6.6	1,410
Primary	13.1	57.4	10.6	246	7.0	26.0	46.3	2.8	74	78.5	16.0	54.8	8.8	320
Secondary or higher	15.0	62.0	13.2	531	21.0	44.1	59.3	5.5	102	87.2	19.7	61.6	11.9	633
Wealth quintile														
Lowest	7.5	55.8	6.2	432	8.0	21.3	45.5	0.0	64	88.1	9.3	54.5	5.4	496
Second	8.7	57.7	8.2	467	12.5	16.0	48.2	0.0	69	88.8	9.6	56.5	7.1	536
Middle	9.3	58.3	9.2	431	6.0	22.3	56.3	1.5	66	87.5	11.0	58.0	8.1	498
Fourth	16.0	64.6	13.9	372	(8.0)	(31.0)	(57.2)	(4.0)	70	85.4	18.3	63.5	12.4	441
Highest	13.4	54.5	10.5	309	20.0	40.7	59.2	5.4	83	83.0	19.2	55.5	9.4	392
Total	10.6	58.2	9.4	2,011	11.3	27.0	53.6	2.4	352	86.8	13.1	57.5	8.3	2,363

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.
[2] For breastfed children, minimum meal frequency is receiving solid or semisolid food at least twice a day for infants age 6-8 months and at least 3 times a day for children age 9-23 months.
[3] Includes 2 or more feedings of commercial infant formula; fresh, tinned, and powdered animal milk; and yogurt
[4] For nonbreastfed children age 6-23 months, minimum meal frequency is receiving solid or semisolid food or milk feeds at least 4 times a day.
[5] Nonbreastfed children age 6-23 months are considered to be fed with a minimum standard of 3 IYCF practices if they receive other milk or milk products at least twice a day, receive the minimum meal frequency, and receive solid or semisolid foods from at least 4 food groups not including the milk or milk products food group.
[6] Breastfeeding, or not breastfeeding and receiving 2 or more feedings of commercial infant formula; fresh, tinned, and powdered animal milk; and yogurt
[7] Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in notes 2 and 4.

11.7 PREVALENCE OF ANAEMIA IN CHILDREN

Anaemia, characterised by a low level of haemoglobin in the blood, is a major health problem in The Gambia, especially among young children and pregnant women. Anaemia may be an underlying cause of maternal mortality, spontaneous abortions, premature births, and low birth weight. The most common cause of anaemia is inadequate dietary intake of nutrients necessary for synthesis of haemoglobin, such as iron, folic acid, and vitamin B12. Anaemia also results from sickle cell disease, malaria, and parasitic infections. A number of interventions have been put in place to address anaemia in children. These include expanded distribution of multi-micronutrient powders; deworming of children age 1 to 5 every six months, along with vitamin A distribution; and promotion of environmental sanitation and the use of insecticide-treated mosquito nets for children under age 5 in malaria-endemic areas.

In the 2013 GDHS, the HemoCue rapid testing methodology was used to determine anaemia levels among women age 15-49 and children under age 5. Table 11.7 presents anaemia levels among children age 6-59 months according to selected background characteristics. The results are based on children who stayed in the household the night before the interview. Haemoglobin was measured in 3,238 children. Unadjusted (i.e., measured) haemoglobin values were obtained using the HemoCue instrument. Given that haemoglobin requirements differ substantially depending on altitude, an adjustment to sea-level equivalents was made using CDC formulas before classifying children according to level of anaemia (CDC, 1998).

Overall, 73 percent of children suffer from some level of anaemia, with 26 percent, 43 percent, and 4 percent being mildly, moderately, and severely anaemic, respectively (Table 11.7). Male children (74 percent) are slightly more likely to be anaemic than female children (72 percent). The prevalence of anaemia is higher among children in rural areas than among urban children (78 percent versus 67 percent). Kuntaur has the highest proportion of children with anaemia (85 percent), while Banjul has the lowest proportion (61 percent). There is an inverse relationship between anaemia prevalence by mother's level of education. Wealth quintile is also inversely related to the prevalence of anaemia among children. Seventy-eight percent of children in households in the lowest wealth quintile are anaemic, as compared with 63 percent of those in households in the highest quintile.

Table 11.7 Prevalence of anaemia in children

Percentage of children age 6-59 months classified as having anaemia, by background characteristics, The Gambia 2013

Background characteristic	Anaemia status by haemoglobin level				
	Any anaemia (<11.0 g/dl)	Mild anaemia (10.0-10.9 g/dl)	Moderate anaemia (7.0-9.9 g/dl)	Severe anaemia (<7.0 g/dl)	Number of children
Age in months					
6-8	82.1	29.0	51.5	1.6	189
9-11	90.4	25.1	61.5	3.7	188
12-17	85.2	23.9	54.3	7.0	442
18-23	88.3	25.8	56.8	5.6	351
24-35	78.5	22.6	50.5	5.4	677
36-47	60.7	27.0	31.3	2.5	717
48-59	56.3	26.7	27.4	2.2	673
Sex					
Male	73.7	25.0	44.8	4.0	1,687
Female	71.8	26.0	41.8	4.0	1,551
Mother's interview status					
Interviewed	73.5	25.3	44.0	4.2	2,769
Not interviewed but in household	70.2	27.1	40.3	2.8	238
Not interviewed and not in the household[1]	67.3	25.7	38.6	3.0	231
Residence					
Urban	66.7	27.5	36.6	2.6	1,433
Rural	77.6	23.8	48.7	5.1	1,805
Local Government Area					
Banjul	61.3	27.7	31.3	2.2	41
Kanifing	63.1	24.6	34.6	3.9	482
Brikama	67.7	29.6	36.0	2.1	1,127
Mansakonko	79.2	27.1	49.0	3.0	186
Kerewan	73.3	25.6	44.2	3.6	432
Kuntaur	84.5	18.8	57.6	8.1	225
Janjanbureh	81.4	24.3	51.1	6.0	255
Basse	82.5	19.6	56.4	6.5	491
Mother's education[2]					
No education	75.5	23.1	47.6	4.8	1,846
Primary	73.3	25.8	44.7	2.9	405
Secondary or higher	67.8	31.0	33.9	2.9	755
Wealth quintile					
Lowest	77.8	22.9	49.8	5.0	704
Second	76.6	25.2	48.8	2.6	778
Middle	75.7	24.8	44.2	6.7	601
Fourth	68.3	27.2	37.9	3.2	632
Highest	62.6	27.9	32.2	2.5	525
Total	72.8	25.5	43.4	4.0	3,238

Note: Table is based on children who stayed in the household on the night before the interview and who were tested for anaemia. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using formulas in CDC, 1998. Haemoglobin is in grams per decilitre (g/dl). Total includes 1 case for whom information on mother's education is missing.

[1] Includes children whose mothers are deceased

[2] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

11.8 MICRONUTRIENT INTAKE AMONG CHILDREN

Micronutrient deficiency is a major contributor to childhood morbidity and mortality. Children can receive micronutrients from foods, fortified foods, and direct supplementation. The 2013 GDHS collected information on consumption of foods rich in vitamin A and iron and the status of children receiving vitamin A capsules, iron supplements, and deworming during national campaigns.

Vitamin A is an essential micronutrient for the immune system that plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency (VAD) can cause eye damage. VAD can also increase the severity of infections, such as measles and diarrhoeal diseases in children, and slow recovery from illness. Vitamin A is found in breast milk, other milk, liver, eggs, fish, butter, mangoes, papayas, carrots, pumpkins, and dark green leafy vegetables. The liver can store an adequate amount of the vitamin for four to six months.

Table 11.8 presents data on intake of key micronutrients among children by background characteristics. The table shows the percentage of youngest children age 6-23 months living with their mother who consumed foods rich in vitamin A and iron in the day or night preceding the survey, the

percentage of all children age 6-59 months who were given vitamin A supplements in the six months preceding the survey and who were given iron supplements in the past seven days, the percentage of children age 12-59 months who were given deworming medication in the six months preceding the survey, and, among all children age 6-59 months living in households that were tested for the presence of iodised salt, the percentage who lived in households with iodised salt.

Table 11.8 Micronutrient intake among children

Among youngest children age 6-23 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey; among all children age 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, and who were given deworming medication in the six months preceding the survey; and among all children age 6-59 months who live in households that were tested for iodised salt, the percentage who live in households with iodised salt, by background characteristics, The Gambia 2013

	Among youngest children age 6-23 months living with their mother:			Among all children age 6-59 months:				Among children age 6-59 months living in households tested for iodised salt	
Background characteristic	Percentage who consumed foods rich in vitamin A in last 24 hours[1]	Percentage who consumed foods rich in iron in last 24 hours[2]	Number of children	Percentage given vitamin A supplements in last 6 months	Percentage given iron supplements in last 7 days	Percentage given deworming medication in last 6 months[3]	Number of children	Percentage living in households with iodised salt[4]	Number of children
Age in months									
6-8	8.4	6.4	428	63.3	18.1	16.1	432	73.8	407
9-11	33.4	30.6	367	82.0	15.4	27.7	373	71.0	353
12-17	56.9	50.0	941	87.0	18.6	37.6	973	77.1	914
18-23	68.8	62.1	627	83.1	15.6	36.5	686	75.3	648
24-35	na	na	na	71.6	18.4	38.2	1,426	74.8	1,328
36-47	na	na	na	60.5	15.9	35.9	1,396	77.5	1,317
48-59	na	na	na	51.9	14.1	30.6	1,369	76.5	1,269
Sex									
Male	47.5	41.1	1,216	68.1	17.0	33.9	3,417	75.8	3,202
Female	47.8	43.6	1,148	69.3	16.1	33.9	3,238	75.9	3,034
Breastfeeding status									
Breastfeeding	43.1	38.3	2,011	80.8	17.5	31.8	2,109	74.2	1,982
Not breastfeeding	73.7	65.3	352	63.2	16.2	34.9	4,471	76.6	4,184
Mother's age at birth									
15-19	44.2	40.0	156	71.2	15.2	32.4	246	68.1	230
20-29	46.1	40.8	1,236	67.5	15.6	32.2	3,322	77.3	3,112
30-39	51.0	44.6	798	69.5	17.8	35.4	2,488	75.4	2,329
40-49	46.3	44.9	173	70.9	17.1	37.2	599	72.7	564
Residence									
Urban	49.6	44.8	1,069	65.7	16.5	31.9	3,169	90.7	2,943
Rural	46.1	40.2	1,294	71.5	16.6	35.7	3,486	62.6	3,292
Local Government Area									
Banjul	41.9	40.1	31	72.1	14.4	40.0	103	87.5	34
Kanifing	47.0	40.9	331	69.9	21.8	38.1	1,147	91.4	1,106
Brikama	53.0	48.7	830	66.8	15.6	32.3	2,272	85.4	2,173
Mansakonko	39.4	37.7	117	76.6	18.6	38.4	334	50.3	326
Kerewan	59.2	55.7	301	70.8	16.2	32.5	777	46.6	763
Kuntaur	35.4	30.3	169	79.1	8.4	34.3	460	64.2	431
Janjanbureh	31.0	22.8	207	74.9	25.5	46.4	562	78.4	438
Basse	44.8	36.5	378	58.8	11.2	24.3	1,001	71.8	966
Mother's education									
No education	44.0	39.4	1,410	68.6	16.7	33.3	4,015	72.6	3,778
Primary	55.7	45.4	320	66.6	16.6	33.9	910	75.7	846
Secondary or higher	51.7	47.2	633	70.0	16.2	35.3	1,731	83.4	1,612
Wealth quintile									
Lowest	45.9	41.6	496	69.4	20.7	36.2	1,340	64.4	1,257
Second	45.7	40.8	536	70.9	14.8	34.5	1,476	62.1	1,403
Middle	47.3	39.5	498	69.5	15.3	32.3	1,327	77.8	1,248
Fourth	51.4	46.2	441	65.8	14.3	32.9	1,294	84.5	1,210
Highest	48.8	44.4	392	67.4	17.7	33.4	1,218	94.3	1,117
Total	47.7	42.3	2,363	68.7	16.5	33.9	6,655	75.8	6,236

Note: Information on vitamin A is based on both mother's recall and the immunisation card (where available). Information on iron supplements and deworming medication is based on mother's recall. Total includes 69 cases for whom information on breastfeeding status is missing.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A
[2] Includes meat (and organ meat), fish, poultry, and eggs
[3] Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.
[4] Any level of iodine present in the salt. Excludes children in households in which salt was not tested.

Forty-eight percent of children age 6-23 months consumed foods rich in vitamin A the day or night preceding the survey. There is no difference in the consumption of vitamin A-rich foods between boys and girls, but consumption of such foods is considerably higher among nonbreastfeeding (74 percent) than breastfeeding (43 percent) children. Children living in urban areas are somewhat more likely than children in rural areas to consume foods rich in vitamin A (50 percent versus 46 percent). At LGA level, children in Kerewan (59 percent) are most likely to consume vitamin A-rich foods, and those in Janjanbureh are least likely to do so (31 percent).

Forty-two percent of children age 6-23 months consumed iron-rich foods in the day and night preceding the survey. Consumption of iron-rich foods is slightly higher among girls (44 percent) than boys (41 percent), and it is substantially higher among nonbreastfeeding than breastfeeding children (65 percent versus 38 percent). Urban children (45 percent) are more likely than rural children (40 percent) to consume iron-rich foods. Children in Kerewan (56 percent) are most likely to consume iron-rich foods, and those in Janjanbureh (23 percent) are least likely to do so. The percentage of children who consume iron-rich foods increases with increasing mother's education, from 39 percent among children whose mothers have no education to 47 percent among those whose mothers have a secondary education or higher.

The 2013 GDHS also collected data on vitamin A supplementation and iron supplementation among children under age 5. According to Table 11.8, 69 percent of children age 6-59 months were given vitamin A supplements in the six months before the survey. The proportion of children receiving vitamin A supplementation is highest among those age 12-17 months (87 percent). Children who are still breastfeeding (81 percent) are more likely to receive vitamin A supplements than those who are not breastfeeding (63 percent). At the LGA level, the proportion of children receiving vitamin A supplements is highest in Kuntaur (79 percent) and lowest in Basse (59 percent).

Survey data on iron supplementation indicate that 17 percent of children received supplements in the seven days preceding the survey. There are no major variations by most background characteristics, except at the LGA level. Children in Janjanbureh (26 percent) are three times as likely to be given iron supplements as children in Kuntaur (8 percent).

Certain types of intestinal parasites can cause anaemia. Periodic deworming for organisms such as helminthes and schistosomiasis (bilharzia) can improve children's micronutrient status. Table 11.8 shows that about one- third of children age 6-59 months (34 percent) received deworming medication in the six months before the survey. Older children, those living in rural areas, and those living in Janjanbureh were more likely than other children to have been given deworming medication.

Inadequate amounts of iodine in the diet are related to serious health risks for young children. Salt is used for several purposes in a household. It plays a role in cooking and food preservation. In line with 2006 Food Fortification and Salt Iodisation Regulations for The Gambia, household salt should be fortified with iodine (as potassium iodate) to at least 34 - 66 parts per million (ppm), with 50 – 80ppm at the point of entry and at production site. The 2013 GDHS tested for the presence of iodine in household salt. Overall, salt was tested in 84 percent of households (Table 11.9). Slightly less than eight in ten households (78 percent) have iodised salt. Urban households are more likely to have iodised salt (91 percent) than those in rural areas (62 percent). The presence of iodised salt is highest among households in Kanifing (93 percent) and lowest among households in Kerewan (50percent). The presence of iodised salt is positively correlated with wealth.

Table 11.9 Presence of iodised salt in household

Among all households, the percentage with salt tested for iodine content and the percentage with no salt in the household, and among households with salt tested, the percentage with iodised salt, according to background characteristics, The Gambia 2013

Background characteristic	Among all households, the percentage: With salt tested	With no salt in the household	Number of households	Among households with tested salt: Percentage with iodised salt	Number of households
Residence					
Urban	78.6	21.4	3,671	90.5	2,884
Rural	91.3	8.7	2,546	61.7	2,326
Local Government Area					
Banjul	26.8	73.2	188	83.6	50
Kanifing	79.4	20.6	1,520	92.9	1,207
Brikama	87.6	12.4	2,160	84.5	1,893
Mansakonko	90.4	9.6	356	52.5	322
Kerewan	91.1	8.9	721	49.9	657
Kuntaur	93.2	6.8	296	64.9	276
Janjanbureh	68.9	31.1	410	77.6	283
Basse	92.2	7.8	566	73.8	522
Wealth quintile					
Lowest	88.2	11.8	1,423	63.3	1,255
Second	92.6	7.4	995	63.4	922
Middle	82.2	17.8	1,053	80.5	865
Fourth	74.9	25.1	1,404	87.6	1,051
Highest	83.2	16.8	1,342	93.8	1,116
Total	83.8	16.2	6,217	77.6	5,210

11.9 NUTRITIONAL STATUS OF WOMEN

Anthropometric data on height and weight were collected for women age 15-49 interviewed in the survey. In this report, two indicators of nutritional status based on these data are presented: body mass index (BMI) and the percentage of women of very short stature (less than 145 cm). The body mass index, or the Quetelet index, is used to measure thinness or obesity. BMI is expressed as weight in kilograms divided by height squared in meters (kg/m^2). A cutoff point of 18.5 is used to define thinness or acute undernutrition, and a BMI of 25.0 or above usually indicates overweight or obesity. The height of a woman is associated with past socioeconomic status and nutrition during childhood and adolescence. Low pre-pregnancy BMI and short stature are risk factors for poor birth outcomes and obstetric complications. In developing countries, maternal underweight is a leading risk factor for preventable death and diseases.

Table 11.10 presents mean BMI values and the proportions of women falling into various BMI categories, according to background characteristics. Respondents for whom there was no information on height and/or weight and for whom a BMI could not be estimated were excluded from this analysis.

Overall, less than 1 percent of women fall below the 145-cm cutoff point for height. The mean BMI for women age 15-49 is 22.5. At the national level, 17 percent of women are thin (BMI below 18.5) and 23 percent are overweight or obese. Being thin, overweight, or obese is inversely related to age. Women age 15-19 are nearly three times as likely as those age 40-49 to be thin (27 percent versus 10 percent), while the opposite is true for women who are overweight or obese. Women living in rural areas are more likely to be thin (20 percent) than those living in urban areas (14 percent), while urban women are more likely to be overweight or obese than rural women (27 percent versus 17 percent). At the LGA level, the proportion of thin women is highest in Janjanbureh (24 percent) and lowest in Kanifing (11 percent). The percentage of women who are thin tends to decrease with increasing wealth. As one would expect, overweight and obesity show a positive relationship with wealth.

Table 11.10 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, The Gambia 2013

	Height		Body mass index[1]								
Background characteristic	Percent-age below 145 cm	Number of women	Mean BMI	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moder-ately and severely thin)	≥25.0 (total over-weight or obese)	25.0-29.9 (over-weight)	≥30.0 (obese)	Number of women
Age											
15-19	0.9	1,031	20.6	63.9	27.0	18.6	8.5	9.1	6.9	2.2	962
20-29	0.0	1,753	22.1	64.0	16.3	10.4	5.9	19.7	14.6	5.1	1,524
30-39	0.1	1,120	23.7	59.2	11.1	8.7	2.4	29.7	19.3	10.4	992
40-49	0.1	572	24.9	48.4	9.7	6.5	3.3	41.9	24.9	17.0	546
Residence											
Urban	0.1	2,414	23.3	58.4	14.4	10.2	4.3	27.2	17.0	10.2	2,232
Rural	0.4	2,061	21.6	63.6	19.5	12.9	6.6	16.9	13.2	3.8	1,792
Local Government Area											
Banjul	0.5	97	24.4	47.9	12.0	7.6	4.4	40.1	23.9	16.2	90
Kanifing	0.0	997	24.1	55.3	10.9	7.2	3.7	33.7	21.3	12.4	930
Brikama	0.0	1,484	22.5	62.2	16.5	12.3	4.2	21.3	13.4	7.9	1,346
Mansakonko	0.4	223	21.6	60.7	21.5	14.3	7.2	17.8	14.1	3.7	197
Kerewan	0.8	528	21.4	63.0	21.4	13.4	8.0	15.6	11.7	3.9	465
Kuntaur	1.2	239	21.5	66.2	18.8	11.7	7.1	15.0	11.6	3.4	204
Janjanbureh	0.3	334	21.8	56.4	23.8	15.4	8.4	19.8	14.5	5.2	301
Basse	0.2	572	21.6	67.1	17.2	11.7	5.5	15.7	13.6	2.1	492
Education											
No education	0.2	2,114	22.6	60.7	15.5	10.5	5.1	23.8	17.3	6.5	1,859
Primary	0.6	621	22.5	64.3	14.5	9.6	4.9	21.2	15.1	6.2	545
Secondary or higher	0.2	1,740	22.5	59.4	18.8	13.1	5.7	21.8	13.1	8.7	1,620
Wealth quintile											
Lowest	0.6	776	21.7	66.1	18.5	11.5	7.0	15.4	11.3	4.1	674
Second	0.2	913	21.5	62.6	21.7	15.9	5.8	15.7	12.8	3.0	796
Middle	0.3	783	22.0	59.7	19.3	12.8	6.5	21.0	15.3	5.7	677
Fourth	0.1	940	23.3	58.0	14.2	8.9	5.3	27.8	17.5	10.3	874
Highest	0.0	1,064	23.6	58.4	11.9	9.0	2.9	29.6	18.1	11.6	1,003
Total	0.2	4,475	22.5	60.7	16.7	11.4	5.3	22.6	15.3	7.3	4,024

Note: Body mass index is expressed as the ratio of weight in kilograms to the square of height in metres (kg/m^2).
[1] Excludes pregnant women and women with a birth in the preceding two months

As is the case with many developing countries, The Gambia is facing the emergence of a number of diet-related noncommunicable diseases such as diabetes, hypertension, coronary heart disease, obesity, and some forms of cancer. The prevalence of noncommunicable diseases is increasing in The Gambia, especially in urban areas. Factors such as changes in diets and lifestyles, specifically among the affluent, have contributed to the increased occurrence of these diseases. With infectious diseases a major public health burden, the increase in the prevalence of diet-related noncommunicable diseases poses challenges with respect to allocation of scarce resources and is exerting immense pressure on an already overstretched health budget. The results from the GDHS indicate that, among women, overweight and obesity are more of a concern than underweight.

11.10 PREVALENCE OF ANAEMIA IN WOMEN

Table 11.11 shows the prevalence of anaemia among women age 15-–49 by background characteristics. Overall, 60 percent of women are anaemic, with 41 percent, 17 percent, and 2 percent being mildly, moderately, and severely anaemic, respectively. The prevalence of anaemia is highest among women age 20-29 (63 percent), women who have given birth to six or more children (64 percent), and pregnant women (68 percent).

All forms of anaemia (mild, moderate, and severe) are more prevalent among women living in rural areas than among women in urban areas. Overall, 68 percent of rural women are anaemic, as compared with 53 percent of urban women. At the LGA level, anaemia prevalence ranges from 51 percent in Kanifing to 74 percent each in Janjanbureh and Kuntaur. The prevalence of anaemia among women is

inversely correlated with education and tends to decrease with wealth. For example, 67 percent of women in the lowest wealth quintile are anaemic, as compared with 49 percent in the highest quintile.

Table 11.11 Prevalence of anaemia in women

Percentage of women age 15-49 with anaemia, by background characteristics, The Gambia 2013

Background characteristic	Anaemia status by haemoglobin level				Number of women
	Any	Mild	Moderate	Severe	
	Not pregnant <12.0 g/dl Pregnant <11.0 g/dl	10.0-11.9 g/dl 10.0-10.9 g/dl	7.0-9.9 g/dl 7.0-9.9 g/dl	<7.0 g/dl <7.0 g/dl	
Age					
15-19	58.2	43.5	13.2	1.5	1,008
20-29	62.7	42.1	19.3	1.4	1,718
30-39	59.3	40.5	16.5	2.3	1,110
40-49	58.2	37.1	18.4	2.7	557
Number of children ever born					
0	56.9	42.5	13.2	1.3	1,408
1	61.1	43.4	15.9	1.8	609
2-3	60.7	40.1	18.9	1.6	957
4-5	61.6	36.2	23.3	2.1	673
6+	64.1	44.0	17.2	2.8	745
Maternity status					
Pregnant	67.9	25.6	36.8	5.5	347
Breastfeeding	62.5	44.4	16.4	1.7	1,343
Neither	58.2	41.9	14.9	1.4	2,702
Residence					
Urban	53.3	38.9	13.4	1.1	2,362
Rural	68.4	44.3	21.4	2.7	2,030
Local Government Area					
Banjul	52.7	39.6	11.8	1.3	96
Kanifing	50.5	38.5	9.9	2.0	976
Brikama	56.3	40.0	15.5	0.8	1,451
Mansakonko	67.1	40.2	26.2	0.8	221
Kerewan	59.6	41.3	16.8	1.5	517
Kuntaur	73.5	41.1	28.5	3.9	238
Janjanbureh	74.3	42.7	27.4	4.2	331
Basse	72.7	50.1	20.0	2.6	561
Education					
No education	64.6	41.7	20.6	2.3	2,078
Primary	62.8	46.5	14.2	2.1	610
Secondary or higher	54.0	39.1	13.7	1.2	1,704
Wealth quintile					
Lowest	67.3	44.5	20.3	2.5	768
Second	66.0	42.4	21.4	2.2	902
Middle	67.1	45.1	20.6	1.5	768
Fourth	55.6	38.8	14.8	2.1	925
Highest	49.0	37.8	10.2	1.0	1,029
Total	60.3	41.4	17.1	1.8	4,393

Note: Prevalence is adjusted for altitude and for smoking status if known using formulas in CDC, 1998.

11.11 MICRONUTRIENT INTAKE AMONG MOTHERS

Adequate micronutrient intake has important benefits for both women and their children. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects the mother and infant against anaemia, which is considered a major cause of perinatal and maternal mortality. Anaemia also results in an increased risk of premature delivery and low birth weight. Finally, iodine deficiency is related to a number of adverse pregnancy outcomes including abortion, faetal brain damage and congenital malformation, stillbirth, low intelligent quotient (IQ) and prenatal death.

The 2013 GDHS collected data on use of vitamin A and iron-folic acid supplements among women age 15-49 with a child born in the past five years, use of deworming medication during the last pregnancy, and the percentage of women living in households with iodised salt.

A single dose of vitamin A is typically given to women within 45 days of childbirth, aimed at increasing the mother's vitamin A level and the content of the vitamin in her breast milk for the benefit of her child. Because of the risk of teratogenesis (abnormal development of the foetus) resulting from high doses of vitamin A during pregnancy, the dose should not be given to pregnant women.

Table 11.12 includes measures that are useful in assessing micronutrient intake by women during pregnancy and the two months after birth (postpartum period). The results show that, overall, 85 percent of women age 15–49 years received vitamin A supplementation within the first two months after the birth of their last child. Intake of vitamin A is higher among women in rural than urban areas (88 percent versus 82 percent). The proportion of women receiving postpartum vitamin A is lowest among those age 15–19 (76 percent). In terms of LGAs, the proportion of women receiving postpartum vitamin A is highest in Kerewan and Mansakonko (92 percent each) and lowest in Banjul (81 percent). The percentage of women receiving postpartum vitamin A decreases with increasing education and wealth.

With regard to iron supplementation during pregnancy, 45 percent of women reported taking iron tablets or syrup for 90 or more days during the pregnancy of their most recent birth. Only 3 percent did not take any iron supplements during pregnancy. Almost half of women age 15-19 (49 percent) consumed iron tablets or syrup 90 or more days. Rural women (49 percent) were more likely than urban women (40 percent) to take iron tablets or syrup for 90 or more days during their most recent pregnancy. Kerewan has the highest proportion of women who consumed iron supplements for 90 or more days (67 percent).

Forty percent of women reported having taken deworming medication during the pregnancy of their most recent birth. Women residing in rural areas (45 percent) and those living in Janjanbureh (69 percent) are most likely to take deworming medicine.

Seventy-six percent of women with a child born in the last five years live in households with iodised salt. The percentage of women who live in households with iodised salt is higher in urban areas (91 percent) than in rural areas (62 percent). Kerewan has the lowest proportion of women living in households with iodised salt (46 percent), and Kanifing has the highest proportion (92 percent). Consumption of iodised salt is inversely associated with women's education and household wealth.

Table 11.12 Micronutrient intake among mothers

Among women age 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child, the percent distribution by number of days they took iron tablets or syrup during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child, and among women age 15-49 with a child born in the past five years and who live in households that were tested for iodised salt, the percentage who live in households with iodised salt, by background characteristics, The Gambia 2013

		Number of days women took iron tablets or syrup during pregnancy of last birth						Percentage of women who took deworming medication during pregnancy of last birth	Number of women	Among women with a child born in the last five years who live in households that were tested for iodised salt	
Background characteristic	Percentage who received vitamin A dose postpartum[1]	None	<60	60-89	90+	Don't know/ missing	Total			Percentage living in households with salt with any iodine[2]	Number of women
Age											
15-19	75.8	2.2	34.8	11.5	48.8	2.7	100.0	42.0	339	72.0	312
20-29	84.8	3.0	32.7	15.5	43.5	5.3	100.0	40.5	2,545	77.2	2,378
30-39	86.7	3.6	30.2	14.5	45.8	5.9	100.0	39.5	1,910	75.9	1,780
40-49	84.6	3.6	30.8	16.9	42.8	5.9	100.0	41.0	511	75.3	482
Residence											
Urban	81.8	4.6	35.0	12.6	40.1	7.7	100.0	36.0	2,643	90.6	2,437
Rural	88.0	1.9	28.5	17.5	49.0	3.1	100.0	44.6	2,663	62.3	2,516
Local Government Area											
Banjul	80.8	5.6	34.3	12.4	37.6	10.1	100.0	37.0	93	87.8	32
Kanifing	79.7	4.5	37.2	17.5	33.9	7.0	100.0	36.5	982	91.7	935
Brikama	82.2	4.2	35.0	11.8	43.9	5.1	100.0	34.1	1,820	84.8	1,746
Mansakonko	91.9	2.1	22.7	36.5	36.6	2.1	100.0	36.1	265	51.2	259
Kerewan	92.2	1.1	11.8	12.3	66.7	8.0	100.0	37.6	589	46.3	578
Kuntaur	91.3	1.3	44.8	9.7	41.6	2.7	100.0	31.7	336	63.5	317
Janjanbureh	89.5	2.2	20.3	18.9	50.2	8.4	100.0	68.8	451	78.1	343
Basse	84.9	2.5	36.0	14.7	44.6	2.2	100.0	50.9	769	72.8	743
Education											
No education	85.4	3.3	30.3	16.3	44.6	5.6	100.0	41.3	3,082	72.8	2,887
Primary	86.7	4.1	37.2	15.3	40.8	2.7	100.0	43.3	747	76.8	702
Secondary or higher	83.1	2.7	32.0	12.3	46.6	6.3	100.0	36.7	1,476	83.1	1,363
Wealth quintile											
Lowest	90.1	1.6	29.1	22.7	44.1	2.5	100.0	41.5	1,027	64.8	957
Second	86.8	1.8	29.9	15.6	48.9	3.8	100.0	42.7	1,114	61.5	1,062
Middle	86.1	4.8	33.1	11.6	45.3	5.2	100.0	46.5	1,074	78.0	1,005
Fourth	81.2	4.2	37.3	12.9	37.8	7.8	100.0	34.5	1,072	84.2	1,002
Highest	80.2	3.8	29.1	12.5	46.8	7.8	100.0	36.0	1,019	94.3	927
Total	84.9	3.2	31.7	15.0	44.6	5.4	100.0	40.3	5,305	76.2	4,953

[1] In the first two months after delivery of last birth
[2] Any level of iodine present in the salt. Excludes women in households where salt was not tested.

MALARIA 12

Key Findings

- Seventy-two percent of households have at least one mosquito net; 69 percent have at least one insecticide-treated mosquito net (ITN), the majority of which are long-lasting insecticidal nets.
- Thirty percent of households reported that they had received indoor residual spraying during the past 12 months.
- On the night before the survey, 47 percent of children under age 5 slept under an ITN. Among households with at least one ITN, 59 percent of children under age 5 slept under an ITN.
- Overall, 46 percent of pregnant women slept under an ITN the night before the survey. Among pregnant women living in households that possess an ITN, 61 percent slept under an ITN the night before the survey.
- Sixty-two percent of women who had their last birth in the two years preceding the survey received intermittent preventive treatment during their pregnancy; that is, they took two or more doses of SP/Fansidar and received at least one during an antenatal care visit.
- Twelve percent of children age 6-59 months had a low haemoglobin level (less than 8.0 g/dl), indicating possible malarial infection.
- Two percent of children age 6-59 months have malaria according to rapid diagnostic testing (RDT) in the field, and 1 percent have malaria based on microscopy of thick blood smear slides.

Malaria remains a disease of public health importance in The Gambia. According to the country's National Malaria Strategic Plan 2013-2020, malaria is a leading cause of morbidity and mortality, especially among children under age 5 (MoH&SW, 2013a).

The endemic nature of the disease is influenced by ecological factors that favour breeding of the malarial vectors. Malaria is meso-endemic in The Gambia and has a marked seasonal variation; about 90 percent of cases occur in the rainy season, which usually lasts from June to October. The most common malaria parasite in The Gambia is *Plasmodium falciparum*, which accounts for more than 95 percent of all reported malaria cases. *Plasmodium malariae* and *Plasmodium ovale* account for the remainder of cases. The distribution of malaria vectors is well defined in the country. Members of the *Anopheles gambiae* species complex are the main vectors. These include *Anopheles gambiae senso stricto*, *Anopheles arabiensis*, and *Anopheles melas*. Although they are found throughout The Gambia, *Anopheles gambiae senso stricto* and *Anopheles arabiensis* are concentrated in the middle parts of the country. *Anopheles melas* can be found only in Brikama (Jawara et al., 2008).

A malaria-free Gambia is the vision of the National Malaria Control Program (NMCP), with the goal of eliminating malaria infections in the country by 2020. To achieve this goal, the National Malaria Control Policy outlines seven key intervention strategies:

- Programme management and partnership building
- Malaria case management
- Malaria control during pregnancy
- Seasonal malaria chemoprevention
- Integrated vector management

- Procurement supply management
- Advocacy and behaviour change communication
- Malaria surveillance, monitoring, evaluation, and operational research

Specific objectives of the NMCP strategic interventions include the following.

Prevention

- Consistent use of long-lasting insecticidal nets (LLINs) by 85 percent of the population at risk by 2015 and maintained through 2020
- 80 percent coverage for indoor residual spraying (IRS) in all regions of the country by 2015 and maintained through 2020
- Use of intermittent preventive treatment during pregnancy (IPTp) by 85 percent of pregnant women with two doses by 2015, and 95 percent use of IPTp with four doses by 2020
- 80 percent coverage of complete treatment courses of sulphadoxine-pyrimethamine (SP) and amodiaquine for all infected children between age 3 months and age 10 during the peak transmission season by 2015

Case management

- Achieve 85 percent malaria case management according to the national standard treatment guidelines by 2015, maintained through 2020

Advocacy, social mobilization, behavioural change, and communication

- Malaria prevention and treatment messages to reach all households by 2015
- Proportion of households that adopt recommended malaria prevention and control behaviours to reach 80 percent by 2015 and 90 percent by 2020

Surveillance, monitoring and evaluation, and operational research

- Conduct stratification and risk mapping by 2015, updated in 2017
- Establish a malaria information system capable of providing accurate, reliable, and timely information on malaria by 2015

12.1 OWNERSHIP OF MOSQUITO NETS

The use of insecticide-treated mosquito nets (ITNs) is a primary health intervention designed to reduce malaria transmission in The Gambia. An ITN is a factory-treated net that does not require any further treatment or a net that has been soaked with insecticide within the past 12 months. Long-lasting insecticidal nets (LLINs) are factory-treated mosquito nets made with netting material that has insecticide incorporated within or bound around the fibres. The current generation of LLINs lasts three to five years, after which the net should be replaced.

All households in the 2013 GDHS were asked whether they owned mosquito nets and, if so, how many. Table 12.1 shows household ownership of nets by type (any type, ITN, or LLIN) and average number of nets per household, by background characteristics. Overall, 72 percent of households in The Gambia own at least one net, regardless of type. Nearly seven in ten (69 percent) households own at least one net that meets one of the ITN criteria (i.e., a factory-treated net that does not require retreatment, a pretreated net obtained within the previous 12 months, or a net soaked in insecticide at some time within the 12 months prior to the survey). The majority of these ITNs are long-lasting insecticidal nets; 68 percent of households own at least one LLIN.

Ownership of ITNs is higher in rural than in urban households (80 percent and 61 percent, respectively). Among Local Government Areas (LGAs), ownership of an ITN is lowest in Banjul (55 percent) and highest in Kuntaur, Janjanbureh, and Basse (88 percent each). Households in the lowest three wealth quintiles are more likely than those in the highest two quintiles to own an ITN.

Although mosquito net ownership is a key indicator of the success of malaria control measures, it is also important to determine if a household has a sufficient number of nets for those sleeping within the home. Households in The Gambia own, on average, 2 ITNs, nearly all of which are LLINs.

Universal net coverage within the population can be measured by assuming that each net is shared by two people in the household. Table 12.1 also shows the percentage of households with at least one mosquito net for every two persons who stayed in the household the night before the interview. One in four (25 percent) households in The Gambia had at least one mosquito net of any type for every two persons who stayed in the household the night before the survey. A similar percentage, 23 percent, had at least one ITN for every two people.

Table 12.1 Household possession of mosquito nets

Percentage of households with at least one mosquito net (treated or untreated), insecticide-treated net (ITN), and long-lasting insecticidal net (LLIN); average number of nets, ITNs, and LLINs per household; and percentage of households with at least one net, ITN, and LLIN per two persons who stayed in the household the night before the survey, by background characteristics, The Gambia 2013

Background characteristic	Percentage of households with at least one mosquito net			Average number of nets per household			Number of households	Percentage of households with at least one net for every two persons who stayed in the household the night before the survey[1]			Number of households with at least one person who stayed in the household the night before the survey
	Any mosquito net	Insecticide-treated mosquito net (ITN)[2]	Long-lasting insecticidal net (LLIN)	Any mosquito net	Insecticide-treated mosquito net (ITN)[2]	Long-lasting insecticidal net (LLIN)		Any mosquito net	Insecticide-treated mosquito net (ITN)[2]	Long-lasting insecticidal net (LLIN)	
Residence											
Urban	65.1	61.1	60.5	1.5	1.4	1.4	3,671	20.6	18.2	17.9	3,658
Rural	82.4	80.2	79.7	2.9	2.7	2.7	2,546	32.1	29.0	28.5	2,541
Local Government Area											
Banjul	63.0	55.3	53.1	1.1	1.0	0.9	188	24.9	19.2	18.2	187
Kanifing	62.6	57.7	56.8	1.3	1.2	1.1	1,520	19.8	16.8	16.5	1,511
Brikama	67.2	63.5	63.1	1.8	1.7	1.7	2,160	17.8	15.8	15.3	2,155
Mansakonko	80.5	78.6	77.9	2.4	2.3	2.2	356	38.1	35.2	34.8	355
Kerewan	75.8	73.8	73.5	2.5	2.3	2.3	721	34.6	31.4	31.1	721
Kuntaur	89.1	88.3	88.3	3.3	3.2	3.2	296	37.1	34.6	34.6	296
Janjanbureh	89.3	88.4	88.4	3.3	3.1	3.1	410	41.9	38.6	38.6	409
Basse	89.0	87.6	86.9	3.3	3.2	3.2	566	30.4	28.7	27.9	566
Wealth quintile											
Lowest	79.5	76.7	76.2	2.2	2.1	2.1	1,423	36.4	32.9	32.3	1,418
Second	82.4	80.1	79.7	3.0	2.8	2.8	995	28.9	26.0	25.6	995
Middle	76.8	74.9	74.3	2.5	2.4	2.4	1,053	22.8	20.6	20.0	1,052
Fourth	66.7	62.4	61.7	1.6	1.5	1.5	1,404	20.7	18.5	18.1	1,393
Highest	59.0	54.6	53.8	1.4	1.3	1.3	1,342	17.6	15.3	15.1	1,342
Total	72.2	68.9	68.3	2.1	1.9	1.9	6,217	25.3	22.7	22.2	6,199

[1] De facto household members

[2] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.

12.2 INDOOR RESIDUAL SPRAYING

In The Gambia, indoor residual spraying (IRS) is part of the integrated vector management strategy, which is a key component of malaria prevention. IRS has a significant impact on the mosquito population and therefore can lead to rapid reductions in malaria transmission and subsequent mortality. IRS involves spraying of the interior walls with insecticide with the goal of killing mosquitoes when they rest on the sprayed wall. In addition to reducing the mosquito population and, in turn, human-vector contact, IRS decreases the population of other insects of public health importance, thus reducing overall morbidity and saving costs. Due to financial challenges, IRS in The Gambia has not been implemented nationally since 2012. It has been conducted in three out of seven health regions in past years with support from the Global Fund. The Malaria Global Fund Phase 2 also provides support for IRS national scaling up between 2013 and 2015.

To obtain information on the prevalence of indoor residual spraying, all households interviewed in the 2013 GDHS were asked whether the interior walls of their dwelling had been sprayed to protect against mosquitoes during the 12-month period before the survey and, if so, who had sprayed the dwelling. Table 12.2 shows that 30 percent of households had been sprayed in the past 12 months. There is a dramatic difference in IRS by residence, with rural households nearly five times more likely than urban households to report receiving IRS (57 percent and 12 percent, respectively).

Table 12.2 Indoor residual spraying against mosquitoes

Percentage of households in which someone has come into the dwelling to spray the interior walls against mosquitoes (IRS) in the past 12 months, the percentage of households with at least one ITN and/or IRS in the past 12 months, and the percentage of households with at least one ITN for every two persons and/or IRS in the past 12 months, by background characteristics, The Gambia 2013

Background characteristic	Percentage of households with IRS[1] in the past 12 months	Percentage of households with at least one ITN[2] and/or IRS in the past 12 months	Percentage of households with at least one ITN[2] for every two persons and/or IRS in the past 12 months	Number of households
Residence				
Urban	11.8	63.7	26.7	3,671
Rural	57.2	88.7	68.6	2,546
Local Government Area				
Banjul	4.7	56.4	22.6	188
Kanifing	7.9	60.1	23.4	1,520
Brikama	8.9	65.3	23.4	2,160
Mansakonko	75.4	94.4	85.5	356
Kerewan	45.9	85.0	64.5	721
Kuntaur	91.8	98.2	93.7	296
Janjanbureh	84.9	95.2	89.2	410
Basse	61.9	94.6	72.6	566
Wealth quintile				
Lowest	52.2	84.9	65.6	1,423
Second	52.4	88.1	63.6	995
Middle	32.7	79.7	46.5	1,053
Fourth	13.7	65.2	28.3	1,404
Highest	6.9	56.3	20.3	1,342
Total	30.4	73.9	43.8	6,217

[1] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private, or nongovernmental organisation (NGO).
[2] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.

Low urban coverage is also observed at the LGA level. Only 5-9 percent of households in Banjul, Brikama, and Kanifing, which are predominantly urban LGAs, reported having been sprayed. Wealthier households are also less likely to have been sprayed. For example, only 7 percent of households in the highest wealth quintile have been sprayed, as compared with 52 percent of households in the lowest quintile.

The combination of IRS and use of an ITN offers the greatest protection against malaria. Overall, 74 percent of households are protected by owning at least one ITN and/or by having received IRS in the past 12 months. However, ITNs must be available in sufficient quantities for use by household members. Less than half (44 percent) of all households have at least one ITN for every two persons and/or have been sprayed in the past 12 months. Differences by residence, LGA, and wealth are similar to those observed for IRS.

12.3 ACCESS TO AN INSECTICIDE-TREATED NET (ITN)

The 2013 GDHS gathered data on the proportion of the population that could sleep under an ITN if each ITN in the household were used by up to two people. This population is referred to as having access to an ITN. Coupled with mosquito net usage, ITN access can provide useful information on the magnitude of the gap between ITN ownership and use (in other words, the population with access to an ITN but not using it). If the difference between these indicators is substantial, the programme may need to focus on behaviour change and how to identify the main drivers of and barriers to ITN use in order to design an appropriate intervention. Such an analysis would help ITN programmes determine whether they need to achieve higher ITN coverage, promote ITN use, or both. Table 12.3 shows the percent distribution of the de facto household population by the number of ITNs owned by the household, according to the number of persons who stayed in the household the night before the survey.

Nationally, 45 percent of the population in The Gambia has access to an ITN. Access to ITNs fluctuates as household size increases. It is higher among households with two to six persons who stayed in the household the night before the survey (50-55 percent) than for households with one person or seven or more persons (43-47 percent).

Table 12.3 Access to an insecticide-treated net (ITN)

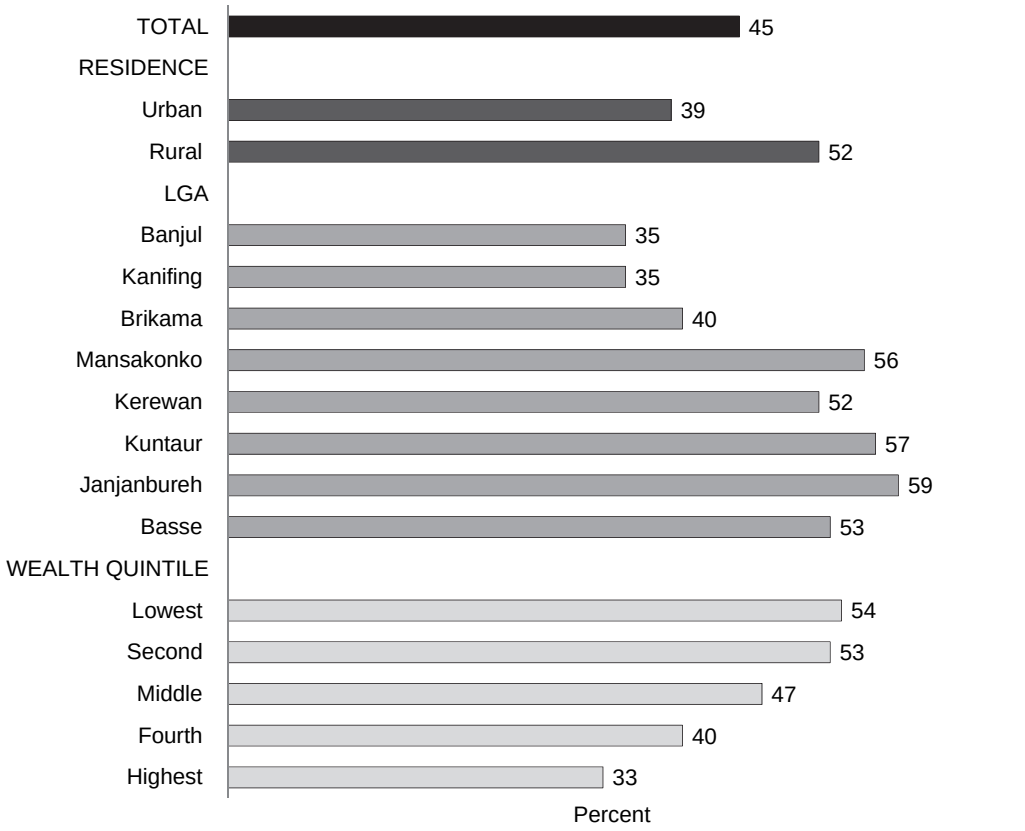
Percent distribution of the de facto household population by number of ITNs the household owns, according to number of persons who stayed in the household the night before the survey, The Gambia 2013

	Number of persons who stayed in the household the night before the survey								
Number of ITNs	1	2	3	4	5	6	7	8+	Total
0	56.1	45.1	37.4	30.6	28.0	31.2	30.6	22.0	25.2
1	38.3	36.8	35.2	30.8	21.8	16.4	14.7	7.5	12.0
2	4.6	14.5	19.8	27.0	33.6	22.4	22.8	9.9	14.1
3	0.5	2.2	6.2	7.9	10.1	18.6	18.2	12.8	12.7
4	0.4	0.8	1.5	3.5	4.7	8.4	11.3	15.2	12.6
5	0.0	0.6	0.0	0.1	1.0	2.5	1.1	8.2	6.1
6	0.0	0.0	0.0	0.1	0.7	0.4	1.0	7.5	5.4
7+	0.1	0.0	0.0	0.0	0.2	0.1	0.3	16.9	12.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	554	761	1,416	1,937	3,007	3,519	3,496	34,862	49,553
Percentage with access to an ITN[1]	43.9	54.9	50.9	54.0	52.3	50.4	46.5	43.1	45.3

[1] Percentage of the de facto household population that could sleep under an ITN if each ITN in the household were used by up to 2 people

Figure 12.1 shows the percentage of the household population with access to an ITN, by selected background characteristics. A lower percentage of urban than rural households have access to an ITN (39 percent and 52 percent, respectively). Among LGAs, the percentage of the population with access to an ITN is highest in Janjanbureh (59 percent) and lowest in Banjul and Kanifing (35 percent each). The percentage of the household population with access to an ITN decreases as wealth increases, from 54 percent of the population in the lowest quintile to 33 percent in the highest quintile.

Figure 12.1 **Percentage of the de facto population with access to an ITN in the household**



GDHS 2013

12.4 USE OF MOSQUITO NETS

Community-level protection against malaria helps reduce the spread of the disease and offers an additional level of protection for those most vulnerable: children under age 5 and pregnant women. This section describes use of mosquito nets among all persons in the household, among children under age 5, and among pregnant women.

12.4.1 Use of Mosquito Nets by Persons in the Household

Mosquito net coverage of the entire population is necessary to accomplish large reductions in the malaria burden. Although vulnerable groups (e.g., children under age 5 and pregnant women) should still be prioritised, the communal benefits of wide-scale ITN use by older children and adults should be promoted and evaluated by national malaria control programmes (Killeen et al., 2007).

Table 12.4 shows that, overall, 39 percent of the household population slept under a net the night before the survey; 37 percent slept under ITNs, nearly all of which are LLINs. Children under age 5 are most likely to use ITNs (47 percent). Females are more likely than males to sleep under an ITN (41 percent versus 33 percent). Substantial differences are observed by LGA, with Basse having the lowest percentage of household members who slept under an ITN the night before the survey (28 percent) and Mansakonko having the highest percentage (50 percent). The percentage of the population sleeping under an ITN decreases steadily from 44 percent among households in the lowest wealth quintile to 30 percent among those in the highest quintile.

Over half (58 percent) of the household population slept under an ITN the night before the survey or in a dwelling that was sprayed during the 12 months preceding the survey. Differences in the percentage

of the household population protected in this way by background characteristics are similar to those observed for the percentage of household members who slept under an ITN the night before the survey. The urban-rural difference is especially pronounced (74 percent and 44 percent, respectively).

In households that own at least one ITN, 49 percent of household members slept under an ITN the night before the survey, with children under age 5 (59 percent), female household members and those living in urban areas (54 percent each), those living in Mansakonko (63 percent), and those in the poorest households (57 percent) being most likely to do so.

Table 12.4 Use of mosquito nets by persons in the household

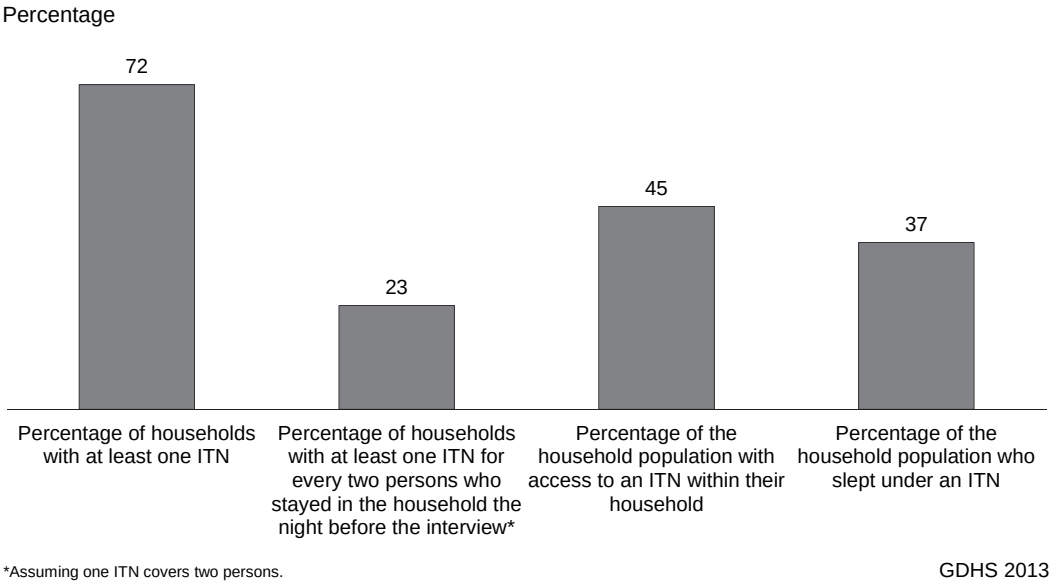
Percentage of the de facto household population that slept the night before the survey under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months, and among the de facto household population in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, The Gambia 2013

	Household population					Household population in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net the night before the survey	Percentage who slept under an ITN[1] the night before the survey	Percentage who slept under an LLIN the night before the survey	Percentage who slept under an ITN[1] the night before the survey or in a dwelling sprayed with IRS[2] in the past 12 months	Number	Percentage who slept under an ITN[1] the night before the survey	Number
Age							
<5	49.3	47.0	46.6	67.4	8,705	58.7	6,962
5-14	35.4	33.6	33.3	59.3	14,088	44.1	10,723
15-34	33.9	32.0	31.7	51.7	16,120	44.5	11,593
35-39	44.0	41.0	40.3	59.1	5,340	55.9	3,910
50+	44.6	40.5	40.1	61.7	5,288	55.1	3,892
Sex							
Male	34.7	32.5	32.2	55.1	23,904	43.9	17,691
Female	43.5	41.1	40.7	61.5	25,649	54.3	19,399
Residence							
Urban	39.5	36.6	36.2	43.8	25,352	54.2	17,138
Rural	39.0	37.2	37.0	73.8	24,201	45.2	19,952
Local Government Area							
Banjul	40.3	35.5	34.2	38.0	966	57.0	601
Kanifing	37.7	34.6	33.9	41.3	9,681	54.1	6,191
Brikama	37.7	34.9	34.5	41.3	17,197	49.7	12,079
Mansakonko	51.1	49.7	49.0	89.3	2,594	63.0	2,046
Kerewan	41.7	39.8	39.7	70.4	5,858	52.0	4,484
Kuntaur	43.8	41.9	41.8	95.2	2,983	48.2	2,591
Janjanbureh	53.3	51.0	51.0	91.3	3,904	58.8	3,385
Basse	28.0	27.5	27.4	73.1	6,370	30.6	5,713
Wealth quintile							
Lowest	46.1	44.0	43.6	70.5	9,718	56.8	7,530
Second	41.4	39.4	39.2	73.8	9,860	47.7	8,135
Middle	37.1	35.4	35.1	65.1	9,927	43.0	8,181
Fourth	39.1	36.2	35.8	48.3	9,972	50.2	7,190
Highest	32.8	29.9	29.5	35.4	10,076	49.8	6,055
Total	39.3	36.9	36.6	58.4	49,553	49.4	37,090

Note: Total includes 24 cases with missing information on age.
[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.
[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private, or nongovernmental organisation.

Figure 12.2 presents data on ownership and coverage of, access to, and use of ITNs in The Gambia. Although 72 percent of households own at least one ITN, only 23 percent have enough ITNs to cover their entire household population (assuming that one ITN is used by two persons). Forty-five percent of household members have access to an ITN, and 37 percent slept under an ITN the night before the survey. A comparison of the first two columns indicates that households in The Gambia do not have a sufficient number of ITNs to cover the population sleeping in the household. A comparison of the second two columns, on the other hand, suggests that ITN access is generally similar to usage.

Figure 12.2 Ownership of, access to, and use of ITNs



*Assuming one ITN covers two persons.

GDHS 2013

12.4.2 Use of Existing Mosquito Nets

Table 12.5 presents data on use of existing ITNs. Overall, 74 percent of ITNs were used by someone in the household the night before the survey. Sixty-eight percent of ITNs were used in rural areas, as compared with 82 percent in urban areas. This pattern is also evident in the distribution by LGA, with the predominantly urban areas of Banjul and Kanifing having higher levels of usage (87 percent and 86 percent, respectively) than rural Basse (50 percent). There is little variation in use of nets by wealth.

Table 12.5 Use of existing ITNs

Percentage of insecticide-treated nets (ITNs) that were used by anyone the night before the survey, by background characteristics, The Gambia 2013

Background characteristic	Percentage of existing ITNs[1] used last night	Number of ITNs[1]
Residence		
Urban	82.4	5,211
Rural	68.2	6,897
Local Government Area		
Banjul	87.1	183
Kanifing	85.7	1,769
Brikama	75.7	3,652
Mansakonko	82.0	812
Kerewan	72.8	1,680
Kuntaur	73.3	937
Janjanbureh	84.8	1,275
Basse	50.2	1,800
Wealth quintile		
Lowest	75.3	2,954
Second	69.4	2,835
Middle	69.9	2,499
Fourth	77.8	2,094
Highest	82.9	1,725
Total	74.3	12,108

[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.

12.4.3 Use of Mosquito Nets by Children Under Age 5

Malaria is endemic in The Gambia. Those living in areas of high malaria transmission acquire immunity to the disease over time (Doolan et al., 2009). Acquired immunity is not the same as sterile immunity; that is, acquired immunity does not prevent infection but rather protects against severe disease and death. Age is an important factor in determining levels of acquired immunity to malaria. For about six months following birth, antibodies acquired from the mother during pregnancy protect children born in areas of endemic malaria. This immunity gradually disappears, and children start to develop their own immunity. The pace at which immunity develops depends on the level of exposure to malarial infection; in highly malaria-endemic areas, children are thought to attain a high level of immunity by their fifth birthday. Such children may experience episodes of illness but usually do not suffer from severe, life-threatening malaria. Immunity in areas of low malaria transmission is acquired more slowly. Malaria affects all age groups of the population.

Prevention of children under age 5 and pregnant women from malaria is a primary area of intervention for both the government and through NMCP. As such, the use of nets and other malaria prevention strategies is a major concern. Table 12.6 shows the use of mosquito nets by children under age 5. Almost half of all children (49 percent) slept under a mosquito net the night before the survey; 47 percent slept under an ITN nearly all of which are LLIN. Additionally, 67 percent of children either slept under an ITN the night before the survey or slept within a dwelling that had been sprayed in the past 12 months. Among households with at least one ITN, about six in ten children (59 percent) slept under an ITN the night before the survey.

Female and male children have the same likelihood of sleeping under an ITN (47 percent each). Children age 23 months or younger (50 percent) are more likely than older children to have slept under an ITN the night before the survey. Urban children (50 percent), those residing in Mansakonko (58 percent), and those in the poorest households (52 percent) are most likely to sleep under an ITN.

A comparison of data from the 2010 MICS and the 2013 GDHS shows that there has been an increase in the use of ITNs by children under age 5 over the past few years (from 33 percent to 47 percent) (Gambia Bureau of Statistics [GBoS], 2011).

Table 12.6 Use of mosquito nets by children

Percentage of children under age 5 who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months, and among children under age 5 in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, The Gambia 2013

	Children under age 5 in all households					Children under age 5 in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net the night before the survey	Percentage who slept under an ITN[1] the night before the survey	Percentage who slept under an LLIN the night before the survey	Percentage who slept under an ITN[1] the night before the survey or in a dwelling sprayed with IRS[2] in the past 12 months	Number of children	Percentage who slept under an ITN[1] the night before the survey	Number of children
Age (in months)							
<12	52.1	50.0	49.7	70.0	1,872	60.3	1,551
12-23	52.2	50.2	49.8	69.3	1,845	61.8	1,499
24-35	47.2	44.5	43.8	65.3	1,636	57.1	1,274
36-47	47.3	44.4	44.1	64.3	1,718	56.8	1,341
48-59	47.0	45.0	44.8	67.4	1,635	56.7	1,298
Sex							
Male	49.6	47.3	47.0	68.0	4,458	58.8	3,588
Female	49.0	46.6	46.2	66.6	4,247	58.7	3,375
Residence							
Urban	53.5	50.1	49.5	55.6	4,014	67.3	2,985
Rural	45.7	44.3	44.1	77.4	4,691	52.2	3,977
Local Government Area							
Banjul	55.5	50.3	48.7	52.3	127	68.8	93
Kanifing	50.9	47.6	46.7	53.1	1,473	65.1	1,077
Brikama	50.1	46.9	46.4	51.9	2,932	62.0	2,216
Mansakonko	59.6	58.2	57.6	90.8	454	71.7	369
Kerewan	49.6	47.9	47.7	77.1	1,047	60.6	827
Kuntaur	52.1	50.1	50.1	95.8	594	56.3	528
Janjanbureh	59.1	57.3	57.3	91.6	757	65.4	664
Basse	34.4	34.2	34.2	76.4	1,321	38.0	1,188
Wealth quintile							
Lowest	54.1	52.3	51.8	75.7	1,831	65.2	1,468
Second	49.6	47.8	47.8	78.5	1,935	56.1	1,648
Middle	45.3	43.7	43.4	71.0	1,796	50.8	1,546
Fourth	49.3	45.6	45.2	57.5	1,668	59.2	1,284
Highest	47.8	44.7	44.1	49.1	1,475	64.9	1,017
Total	49.3	47.0	46.6	67.4	8,705	58.7	6,962

Note: Table is based on children who stayed in the household the night before the interview.
[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.
[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private, or nongovernmental organisation.

12.4.4 Use of Mosquito Nets by Pregnant Women

In malaria-endemic areas, adults usually have acquired some degree of immunity to severe, life-threatening malaria. However, pregnancy leads to suppression of the immune system, and thus pregnant women, especially those in their first pregnancy, have a higher risk of malarial infection. Moreover, malaria among pregnant women may be asymptomatic. Malaria during pregnancy is a major contributor to low birth weight, maternal anaemia, infant mortality, spontaneous abortion, and stillbirth. Pregnant women can reduce the risk of these adverse effects of malaria by sleeping under insecticide-treated mosquito nets.

Table 12.7 shows the use of mosquito nets by pregnant women, according to background characteristics. Overall, 47 percent of pregnant women age 15-49 slept under any net the night before the survey; 46 percent slept under an ITN, and 45 percent slept under an LLIN. Furthermore, 66 percent of pregnant women either slept under an ITN the night before the survey or slept in a dwelling that had been sprayed during the 12 months preceding the survey. Among households with at least one ITN, 61 percent of pregnant women slept under an ITN the night before the survey.

There are no major variations in use of ITNs among pregnant women by residence or education. By LGA, the percentage of women sleeping under an ITN ranges from 40 percent in Kerewan to 55 percent each in Banjul, Mansakonko, and Janjanbureh. ITN use decreases with increasing wealth, from 50

percent among pregnant women in the poorest households to 38 percent among those in the wealthiest households.

Table 12.7 Use of mosquito nets by pregnant women

Percentages of pregnant women age 15-49 who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months, and among pregnant women age 15-49 in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, The Gambia 2013

	Among pregnant women age 15-49 in all households					Among pregnant women age 15-49 in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net the night before the survey	Percentage who slept under an ITN[1] the night before the survey	Percentage who slept under an LLIN the night before the survey	Percentage who slept under an ITN[1] the night before the survey or in a dwelling sprayed with IRS[2] in the past 12 months	Number of women	Percentage who slept under an ITN[1] the night before the survey	Number of women
Residence							
Urban	47.7	45.9	45.0	50.4	376	67.2	257
Rural	47.0	45.6	45.5	79.0	465	56.7	375
Local Government Area							
Banjul	57.8	54.7	53.7	54.7	13	(73.6)	10
Kanifing	43.5	42.5	42.5	46.8	132	67.4	84
Brikama	47.7	45.5	44.4	49.4	276	65.0	193
Mansakonko	56.5	55.1	53.0	95.7	47	74.2	35
Kerewan	43.2	40.3	40.3	70.2	101	54.3	75
Kuntaur	51.7	48.9	48.9	95.0	61	55.1	54
Janjanbureh	54.5	54.5	54.5	94.7	69	63.7	59
Basse	43.8	43.8	43.8	79.1	142	50.6	123
Education							
No education	46.5	45.0	44.3	69.6	494	58.5	381
Primary	47.1	45.4	45.1	65.4	155	62.5	112
Secondary or higher	49.7	47.9	47.9	58.3	193	66.5	139
Wealth quintile							
Lowest	51.1	49.8	49.8	71.3	178	66.6	134
Second	50.4	49.1	48.8	81.0	178	61.6	142
Middle	48.0	46.9	45.4	73.5	204	57.4	167
Fourth	42.8	42.7	42.3	54.7	133	53.8	106
Highest	42.2	38.2	38.2	42.5	148	67.0	84
Total	47.3	45.8	45.3	66.2	842	60.9	632

Note: Table is based on women who stayed in the household the night before the interview. Figures in parentheses are based on 25-49 unweighted cases.
[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.
[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private, or nongovernmental organisation.

The use of ITNs by pregnant women has increased since the 2010 MICS, from 26 percent to 46 percent (GBoS, 2011).

12.5 USE OF INTERMITTENT PREVENTIVE TREATMENT OF MALARIA DURING PREGNANCY

Malaria prevention and control during pregnancy is another key intervention strategy. The primary aim is to improve pregnancy outcomes through prevention of malaria-related complications among pregnant women. Malaria poses major risks to pregnant women and newborns in The Gambia. It contributes to maternal anaemia, abortion, and low birth weight and increases the chances of perinatal and maternal death. Intermittent preventive treatment during pregnancy (IPTp) is one of the three components of preventing malaria in pregnancy. The provision of at least two doses of sulfadoxine-pyrimethamine (SP)/Fansidar protects the mother and her child from malaria and is given during routine antenatal care visits in the second and third trimesters of pregnancy.

During antenatal care (ANC) visits, pregnant women are given the required dose of SP/Fansidar and urged to consume it immediately. Women in the 2013 GDHS who had a live birth in the two years preceding the survey were asked whether they took any antimalarial medications during the pregnancy leading to their most recent birth and, if so, which ones. Women were also asked whether the drugs they took were received during an antenatal care visit. It should be noted that obtaining information about drugs

can be difficult because some respondents may not know or remember the name or the type of drug that they received.

More than nine in ten pregnant women with a live birth in the two years preceding the survey (92 percent) reported taking at least one dose of SP/Fansidar during an ANC visit, and more than six in ten (62 percent) reported taking two or more doses, at least one of which was received during an ANC visit (Table 12.8). Sixty percent of pregnant women in urban areas took two or more doses of SP/Fansidar and received at least one dose during an ANC visit, as compared with 65 percent of women in rural areas. By LGA, this percentage ranges from 51 percent of women in Banjul to 70 percent of those residing in Basse. Similar to use of mosquito nets, pregnant women in the highest wealth quintile are least likely to use IPTp (57 percent).

Table 12.8 Use of Intermittent Preventive Treatment (IPTp) by women during pregnancy

Percentage of women age 15-49 with a live birth in the two years preceding the survey who, during the pregnancy preceding the last birth, received any SP/Fansidar during an ANC visit and who took at least two doses of SP/Fansidar and received at least one dose during an ANC visit, by background characteristics, The Gambia 2013

Background characteristic	Percentage who received any SP/Fansidar during an ANC visit	Percentage who took 2+ doses of SP/Fansidar and received at least one during ANC visit	Number of women with a live birth in the two years preceding the survey
Residence			
Urban	90.2	59.5	1,565
Rural	94.0	64.6	1,828
Local Government Area			
Banjul	89.0	50.8	51
Kanifing	89.7	52.0	517
Brikama	89.6	59.8	1,171
Mansakonko	94.6	60.4	169
Kerewan	93.8	68.5	419
Kuntaur	95.3	65.0	227
Janjanbureh	94.4	67.9	298
Basse	96.4	70.1	541
Education			
No education	92.2	63.1	1,951
Primary	93.3	61.6	502
Secondary or higher	91.7	60.9	940
Wealth quintile			
Lowest	93.3	61.6	703
Second	92.6	62.6	757
Middle	94.5	69.8	702
Fourth	93.9	59.6	681
Highest	85.5	56.5	549
Total	92.3	62.3	3,392

12.6 PREVALENCE, DIAGNOSIS, AND PROMPT TREATMENT OF CHILDREN WITH FEVER

Fever is one of the most prominent symptoms of malaria, and prompt and effective malaria treatment is essential to prevent the disease from becoming severe. Important policy and strategic changes have been made with regard to the management of fever, including a change in the guidelines recommending confirmatory diagnosis of all fevers at all levels of care. The 2010 Integrated Management of Neonatal and Childhood Illness (IMNCI) guidelines were adapted to include confirmation of malaria before treatment.

Malaria case management is a key intervention area, and the NMCP goal is to reduce case severity and the rate of deaths due to malaria through effective case management. As mentioned above, one of the main objectives of the malaria case management intervention is to ensure that, by 2015, at least 85 percent of suspected malaria cases are correctly diagnosed and that all diagnosed patients receive prompt and effective treatment in accordance with the standard guidelines within 24 hours of symptom onset. The timeliness and quality of treatment and diagnosis have major impacts on determining whether those suffering from malaria recover and on the duration of the illness. Currently, the programme's main

strategies are to expand laboratory diagnostic capacity and to improve the quality of laboratory diagnosis and malaria treatment at the health facility and community levels (MoH&SW, 2013b).

Malaria case management, one of the most fundamental strategic areas of malaria control, is the identification, diagnosis, and prompt treatment of all malaria cases with appropriate and effective antimalarial drugs. As almost all treatment of malarial fevers occurs at home, caregivers are often trained in providing prompt and effective management to prevent the fever from becoming severe, thus preventing severe malaria-related morbidity and mortality.

In the 2013 GDHS, mothers were asked if their children under age 5 had experienced an episode of fever in the two weeks preceding the survey and, if so, whether treatment and advice were sought. Information was also collected on the type and timing of the treatment given.

Table 12.9 shows the percentage of children under age 5 who had a fever in the two weeks preceding the survey and, among those with a fever, the percentage for whom advice or treatment was sought from a health facility, provider, or pharmacy; the percentage of who had a drop of blood taken from a finger or heel (presumably for a malaria test); the percentage who took artemisinin-based combination therapy (ACT) or any antimalarial drugs; and the percentage who took drugs on the same or next day.

Table 12.9 Prevalence, diagnosis, and prompt treatment of children with fever

Percentage of children under age 5 with a fever in the two weeks preceding the survey, and among children under age 5 with fever, the percentage for whom advice or treatment was sought, the percentage who had blood taken from a finger or heel, the percentage who took any artemisinin-based combination therapy (ACT), the percentage who took ACT the same or next day following the onset of fever, the percentage who took antimalarial drugs, and the percentage who took the drugs the same or next day following the onset of fever, by background characteristics, The Gambia 2013

	Among children under age 5:		Among children under age 5 with fever:						
Background characteristic	Percentage with fever in the two weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought[1]	Percentage who had blood taken from a finger or heel for testing	Percentage who took any ACT	Percentage who took any ACT the same or next day	Percentage who took antimalarial drugs	Percentage who took antimalarial drugs the same or next day	Number of children
Age (in months)									
<12	13.8	1,736	55.6	26.1	0.0	0.0	1.8	1.7	240
12-23	15.1	1,660	62.7	41.7	2.4	2.4	7.8	7.5	250
24-35	12.6	1,426	71.4	36.0	5.6	2.1	10.1	6.5	180
36-47	9.5	1,396	76.7	45.0	2.7	1.9	9.4	6.5	132
48-59	7.0	1,369	62.7	37.5	3.4	2.6	5.9	5.1	96
Sex									
Male	12.3	3,846	63.5	35.9	1.9	1.6	7.4	6.5	473
Female	11.4	3,740	65.8	37.0	3.2	1.7	5.9	4.0	425
Residence									
Urban	10.6	3,605	68.0	40.7	0.7	0.3	7.4	6.3	380
Rural	13.0	3,981	62.1	33.2	3.9	2.6	6.1	4.6	518
Local Government Area									
Banjul	19.4	121	65.2	36.7	0.8	0.8	1.6	1.2	23
Kanifing	14.6	1,317	62.7	42.0	0.7	0.0	9.1	6.9	192
Brikama	12.1	2,566	71.4	37.7	3.2	2.7	8.9	8.4	309
Mansakonko	9.1	385	57.6	21.5	5.7	1.9	8.0	4.1	35
Kerewan	12.6	890	70.4	30.8	4.6	3.7	4.9	3.7	112
Kuntaur	16.4	514	59.5	34.7	0.7	0.7	2.3	2.3	84
Janjanbureh	6.9	644	52.4	27.4	3.1	1.6	4.7	1.6	44
Basse	8.4	1,151	52.5	38.6	2.3	0.0	2.3	0.0	97
Mother's education									
No education	10.8	4,504	63.2	33.3	3.4	2.3	6.4	5.1	484
Primary	13.3	1,071	66.1	32.4	0.5	0.5	9.3	7.5	142
Secondary or higher	13.5	2,011	66.4	44.0	2.0	0.9	5.8	4.6	272
Wealth quintile									
Lowest	12.4	1,525	66.3	30.0	2.3	1.4	4.9	3.6	189
Second	13.7	1,686	60.0	33.5	5.0	3.3	7.9	6.0	232
Middle	11.0	1,512	62.5	34.8	2.5	1.9	5.2	4.6	166
Fourth	9.9	1,509	66.7	37.6	0.6	0.6	7.1	5.1	149
Highest	11.9	1,354	69.5	48.6	1.0	0.1	8.2	7.3	162
Total	11.8	7,586	64.6	36.4	2.5	1.6	6.7	5.3	898

[1] Excludes market and traditional practitioner

Twelve percent of children under age 5 had a fever during the two weeks preceding the survey. The prevalence of fever is higher among children age 12-23 months (15 percent), rural children (13 percent), children in Banjul (19 percent), and children whose mothers have a primary education or higher (13-14 percent). There is no clear pattern in the relationship between fever prevalence and wealth.

Advice or treatment was sought for 65 percent of children with a fever, and 36 percent had blood taken from a finger or heel for testing. Three percent of children who had a fever took ACT, and 2 percent took ACT the same or the next day. Seven percent of children with a fever took antimalarial drugs. The differentials in treatment patterns in Table 12.9 must be interpreted with caution because of the comparatively small number of children with fever in some subgroups and the small percentage who took antimalarial drugs.

Table 12.10 shows the sources of advice or treatment for children with fever in the two weeks preceding the survey. The public sector was the principal source for advice or treatment (85 percent), followed by the private sector (17 percent). Other sources account only for 1 percent of the cases. Government health centres (60 percent) and government hospitals (15 percent) were the primary public sources of advice or treatment, and private hospitals (9 percent) and pharmacies (7 percent) were the primary private sources. NGO hospitals or clinics were the source of advice or treatment in 2 percent of the cases.

Table 12.10 Source of advice or treatment for children with fever

Percentage of children under age 5 with a fever in the two weeks preceding the survey for whom advice or treatment was sought from specific sources, and among children under age 5 with fever in the two weeks preceding the survey for whom advice or treatment was sought, the percentage for whom advice or treatment was sought from specific sources, by background characteristics, The Gambia 2013

	Percentage for whom advice or treatment was sought from each source:	
Source	Among children with fever	Among children with fever for whom advice or treatment was sought
Any public sector source	55.2	85.1
Government hospital	10.0	15.4
Government health centre	39.2	60.4
Government health post	5.8	9.0
Fieldworker	0.2	0.3
Any private sector source	11.2	17.2
Private hospital/clinic	5.6	8.7
Pharmacy	4.4	6.8
Private doctor	0.1	0.2
Fieldworker	0.0	0.1
NGO hospital/clinic	1.0	1.5
Any other source	0.8	1.2
Shop	0.2	0.4
Traditional practitioner	0.3	0.5
Other	0.2	0.4
Number of children	898	582

Nearly four in ten children under age 5 with a fever (38 percent) took ACT, 24 percent took chloroquine, 19 percent took SP/Fansidar, and 11 percent each took quinine or other antimalarials (data not shown due to the small numbers of children who had a fever and who took antimalarials).

12.7 PREVALENCE OF LOW HAEMOGLOBIN IN CHILDREN

One of the objectives of the 2013 GHDS was to assess the prevalence of anaemia among children age 6-59 months. Table 11.7 in the chapter on nutrition presents the percentage of children who are anaemic (children are classified as anaemic if their haemoglobin level is below 11.0 g/dl and as severely anaemic if their haemoglobin level is below 7.0 g/dl). However, poor dietary intake of iron is only one of numerous causes of anaemia; malaria infection can also result in a person becoming anaemic. A haemoglobin concentration of less than 8.0 g/dl is considered low and may be an indication that an individual has malaria (Korenromp et al., 2004).

Overall, 12 percent of children age 6-59 months have a haemoglobin level less than 8.0 g/dl (Table 12.11). Children age 12-17 months (22 percent); those residing in rural areas (16 percent); those in Basse (22 percent), Kuntaur (21 percent), and Janjanbureh (19 percent); those whose mothers have no education (14 percent); and those in the poorest households (16 percent) are most likely to have low haemoglobin levels.

Table 12.11 Haemoglobin <8.0 g/dl in children

Percentage of children age 6-59 months with haemoglobin lower than 8.0 g/dl, by background characteristics, The Gambia 2013

Background characteristic	Haemoglobin <8.0 g/dl	Number of children
Age (in months)		
6-8	5.5	189
9-11	10.8	188
12-17	21.5	442
18-23	16.2	351
24-35	16.5	677
36-47	7.5	717
48-59	6.1	673
Sex		
Male	12.4	1,687
Female	11.6	1,551
Mother's interview status		
Interviewed	12.1	2,769
Not interviewed but in household	12.9	238
Not interviewed and not in the household[1]	10.2	231
Residence		
Urban	7.2	1,433
Rural	15.9	1,805
Local Government Area		
Banjul	4.1	41
Kanifing	9.3	482
Brikama	5.5	1,127
Mansakonko	10.1	186
Kerewan	13.0	432
Kuntaur	21.2	225
Janjanbureh	18.8	255
Basse	22.4	491
Mother's education[2]		
No education	14.0	1,846
Primary	9.3	405
Secondary or higher	9.2	755
Wealth quintile		
Lowest	15.7	704
Second	13.2	778
Middle	14.8	601
Fourth	9.6	632
Highest	5.0	525
Total	12.0	3,238

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anaemia is based on haemoglobin levels. Haemoglobin is measured in grams per decilitre (g/dl). Total includes 1 case with missing information on mother's education.
[1] Includes children whose mothers are deceased
[2] For women who are not interviewed, information is taken from the Household Questionnaire. Children whose mothers are not listed in the Household Questionnaire are excluded.

12.8 PREVALENCE OF MALARIA IN CHILDREN

One of the objectives of the 2013 GHDS was to test children age 6-59 months for malaria. Field health technicians collected capillary blood samples from children in this age group in half of the households surveyed. Testing for malaria was done in the field using a rapid diagnostic test (RDT). The SD Bioline Malaria Ag P.f/Pan is a high-sensitivity and high-specificity test that detects malaria antigens from capillary blood samples.[1] Thick blood smear samples were prepared and sent to the National Public Health Laboratories to be read.

Table 12.12 shows that 85 percent of the 3,816 eligible children age 6-59 months had their blood tested for malaria with RDT and 86 percent had their blood tested with microscopy. There are no major variations by background characteristics, except for children whose mothers were in the household but were not interviewed (56 percent coverage with each test).

[1] Sensitivity is estimated at 99.7 percent for *Plasmodium falciparum* and at 95.5 percent for non-*Plasmodium falciparum*; specificity is estimated at 99.5 percent (http://www.pantech.co.za/products/details/sd_bioline_malaria_antigen_pf_pan_test).

Table 12.12 Coverage of malaria testing among children by background characteristics

Percentage of children age 6-59 months eligible for the rapid diagnostic test (RDT) and for microscopy, according to background characteristics (unweighted), The Gambia 2013

Background characteristic	Percentage by type of test		Number of children
	Rapid Diagnostic Test (RDT)	Microscopy	
Age (in months)			
6-8	80.1	79.4	272
9-11	88.4	88.4	225
12-17	84.5	85.7	477
18-23	89.2	90.0	381
24-35	85.2	86.3	831
36-47	86.2	87.3	818
48-59	84.6	85.1	812
Sex			
Male	85.8	86.4	1,975
Female	85.1	85.9	1,841
Mother's interview status			
Interviewed	89.4	90.3	3,144
Not interviewed but in household	56.4	56.4	374
Not interviewed and not in the household[1]	79.9	80.2	298
Residence			
Urban	82.3	83.1	1,237
Rural	86.9	87.7	2,579
Region			
Banjul	81.3	81.7	230
Kanifing	77.9	77.9	393
Brikama	87.9	88.5	688
Mansakonko	85.6	92.7	409
Kerewan	92.8	93.6	597
Kuntaur	81.7	82.3	530
Janjanbureh	80.0	80.5	436
Basse	89.3	86.5	533
Mother's education[2]			
No education	86.9	87.4	2,299
Primary	87.0	87.0	471
Secondary or higher	82.4	84.4	744
Wealth quintile			
Lowest	88.6	90.6	971
Second	86.0	86.2	1,060
Middle	85.8	86.4	711
Fourth	85.3	85.4	597
Highest	77.4	77.8	477
Total	85.4	86.2	3,816

Note: Table is based on children who stayed in the household the night before the interview. Total includes 1 case for whom information on mother's education is missing.
[1] Includes children whose mothers are deceased
[2] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

Table 12.13 shows the prevalence of malaria among children age 6-59 months by background characteristics. Overall, according to rapid diagnostic testing performed in the field, the malaria prevalence among children is 2 percent. Additionally, only 1 percent of the thick blood smear samples were found to be positive for malaria based on microscopic reading of the slides at the laboratory. The malaria prevalence based on RDT may be higher than that according to microscopy because the antigens may still be present in the child's blood after the parasites have disappeared. Children age 9-11 months, those whose mothers were not in the household and not interviewed, and those living in Basse are somewhat more likely to have malaria than other children.

One reason for the low malaria prevalence among children age 6-59 months in the 2013 GDHS is that fieldwork was conducted between February and April, which falls in the dry, low-malaria season.

Table 12.13 Prevalence of malaria in children

Percentage of children age 6-59 months classified as having malaria by type of test, according to background characteristics, The Gambia 2013

Background characteristic	RDT		Microscopy	
	Percentage positive	Number	Percentage positive	Number
Age (in months)				
6-8	0.0	189	0.0	187
9-11	4.6	187	0.0	186
12-17	1.2	434	0.0	439
18-23	0.3	344	0.2	347
24-35	2.0	673	1.8	679
36-47	4.0	706	1.1	710
48-59	2.5	666	0.5	667
Sex				
Male	2.4	1,668	0.9	1,676
Female	2.2	1,531	0.6	1,540
Mother's interview status				
Interviewed	2.2	2,731	0.7	2,749
Not interviewed but in household	0.6	239	0.0	239
Not interviewed and not in the household[1]	5.4	229	1.8	229
Residence				
Urban	2.4	1,421	1.1	1,432
Rural	2.2	1,779	0.5	1,784
Region				
Banjul	0.0	40	0.0	40
Kanifing	3.2	482	1.2	483
Brikama	2.6	1,110	1.1	1,117
Mansakonko	0.5	179	0.0	189
Kerewan	0.2	423	0.1	428
Kuntaur	0.7	224	0.2	225
Janjanbureh	1.7	255	0.3	257
Basse	4.5	487	1.0	478
Mother's education[2]				
No education	2.6	1,824	1.1	1,834
Primary	0.6	402	0.0	401
Secondary or higher	1.4	741	0.1	750
Wealth quintile				
Lowest	2.7	687	0.8	699
Second	1.5	770	0.5	769
Middle	3.9	592	0.7	594
Fourth	2.7	628	1.7	631
Highest	0.6	522	0.0	523
Total	2.3	3,199	0.8	3,216

Note: Table is based on children who stayed in the household the night before the interview. Total includes 1 case for whom information on mother's education is missing.

[1] Includes children whose mothers are deceased

[2] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

HIV- AND AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR 13

Key Findings

- Almost all women and men age 15-49 in The Gambia have heard of AIDS.
- Knowledge of HIV transmission is limited, and men are better informed about AIDS transmission than women. Overall, only 27 percent of women and 36 percent of men age 15-49 have comprehensive knowledge about AIDS.
- Fifty-six percent of women and 33 percent of men know that HIV can be transmitted through breastfeeding and that the risk can be reduced by taking drugs.
- Ten percent of men and 5 percent of women express accepting attitudes in four situations related to HIV/AIDS stigma.
- Eight percent of sexually active women and 3 percent of sexually active men reported having had a sexually transmitted infection (STI) and/or STI symptoms in the 12 months prior to the survey.
- About one-quarter of young women (26 percent) and one-third of young men age 15-24 (32 percent) have comprehensive knowledge of AIDS.

The data obtained in the 2013 GDHS provide an opportunity to assess some of the factors contributing to the spread of HIV/AIDS and sexually transmitted infections (STIs). The key objective of this chapter is to present information on HIV/AIDS-related knowledge, perceptions, and behaviours at the national and regional levels. This information can be used to develop strategies to target groups that are most in need of information and services and most vulnerable to the risk of HIV. Many of the indicators reported are included among the United Nations General Assembly Special Session (UNGASS) indicators.

13.1 KNOWLEDGE OF AIDS AND OF HIV PREVENTION METHODS

The 2013 GDHS respondents were asked whether they had ever heard of HIV/AIDS. Table 13.1 shows that knowledge of AIDS in The Gambia is almost universal; 98 percent of women and men age 15-49 say that they have heard of AIDS. This percentage varies little across subgroups of women and men.

HIV in adults is mainly transmitted through heterosexual contact between an HIV-positive partner and an HIV-negative partner. Consequently, HIV prevention programmes focus their messages and efforts on three important aspects of behaviour: use of condoms, limiting the number of sexual partners or staying faithful to one uninfected partner, and delaying young people's sexual debut (abstinence). To ascertain whether programmes have effectively communicated these messages, GDHS respondents were asked specific questions about whether it is possible to reduce the chances of getting HIV by using a condom during every sexual encounter and limiting sexual intercourse to one partner.

Table 13.1 Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, The Gambia 2013

Background characteristic	Women		Men	
	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
Age				
15-24	97.8	4,532	96.9	1,685
15-19	97.0	2,407	95.6	836
20-24	98.7	2,125	98.1	849
25-29	98.8	1,822	98.8	586
30-39	98.8	2,559	99.1	816
40-49	98.9	1,320	98.9	490
Marital status				
Never married	98.2	2,963	97.4	2,177
Ever had sex	98.7	359	99.4	966
Never had sex	98.1	2,604	95.9	1,211
Married/living together	98.3	6,791	98.8	1,360
Divorced/separated/widowed	99.7	478	(100.0)	40
Residence				
Urban	99.3	5,730	99.2	2,228
Rural	97.1	4,503	96.0	1,349
Local Government Area				
Banjul	98.8	225	99.1	85
Kanifing	99.0	2,342	99.5	858
Brikama	99.5	3,550	98.3	1,454
Mansakonko	98.8	490	99.1	141
Kerewan	98.3	1,107	99.2	323
Kuntaur	93.6	526	97.7	141
Janjanbureh	95.1	739	91.5	240
Basse	97.8	1,254	95.5	336
Education				
No education	97.4	4,757	96.0	1,090
Primary	97.8	1,405	96.5	493
Secondary or higher	99.7	4,071	99.4	1,994
Wealth quintile				
Lowest	97.2	1,745	96.3	517
Second	97.6	1,882	96.0	614
Middle	98.3	1,927	97.3	588
Fourth	98.5	2,135	99.1	940
Highest	99.7	2,545	99.5	919
Total 15-49	98.4	10,233	98.0	3,577
50-59	na	na	99.5	244
Total 15-59	na	na	98.1	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

Table 13.2 shows that, overall, 71 percent of women and 78 percent of men age 15-49 know that using condoms during every sexual encounter can reduce the risk of HIV transmission; 86 percent and 87 percent of women and men, respectively, know that limiting sexual intercourse to one partner who has no other partners can reduce the chances of contracting HIV; and 68 percent of women and 72 percent of men say that using condoms during every sexual encounter and limiting sexual intercourse to one partner can reduce the risk of HIV infection.

Knowledge of HIV prevention methods (using condoms and limiting sexual intercourse to one partner) among women and men shows no clear pattern by age or marital status. Knowledge of HIV prevention methods is higher among women and men in urban than in rural areas. For example, 73 percent of women in urban areas know about using condoms and limiting sexual intercourse to one partner, as compared with 60 percent in rural areas. Knowledge of HIV prevention methods increases with increasing education and wealth.

Table 13.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, by background characteristics, The Gambia 2013

	Women				Men			
Background characteristic	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Number of women	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Number of men
Age								
15-24	69.1	84.1	65.6	4,532	74.9	83.5	68.7	1,685
15-19	65.6	80.6	61.5	2,407	71.2	78.7	63.6	836
20-24	73.0	88.1	70.2	2,125	78.6	88.2	73.7	849
25-29	73.6	87.8	70.0	1,822	82.1	88.7	77.2	586
30-39	73.1	87.9	69.8	2,559	80.6	90.0	76.2	816
40-49	69.4	89.1	67.2	1,320	76.5	89.9	72.9	490
Marital status								
Never married	71.9	85.6	68.4	2,963	76.4	84.7	70.6	2,177
Ever had sex	79.6	88.3	76.8	359	81.7	89.6	76.5	966
Never had sex	70.8	85.3	67.2	2,604	72.1	80.8	65.8	1,211
Married/living together	70.1	86.4	67.0	6,791	79.7	90.2	75.6	1,360
Divorced/separated/widowed	77.1	91.0	72.9	478	(73.1)	(77.4)	(59.7)	40
Residence								
Urban	76.0	90.2	73.3	5,730	80.4	88.2	75.4	2,228
Rural	64.4	81.5	60.4	4,503	72.9	84.3	67.4	1,349
Local Government Area								
Banjul	79.4	91.6	74.9	225	80.9	87.2	75.7	85
Kanifing	75.0	92.0	72.3	2,342	81.6	86.9	76.4	858
Brikama	74.3	88.5	71.5	3,550	77.1	86.6	70.8	1,454
Mansakonko	80.8	94.5	79.5	490	81.1	89.5	76.5	141
Kerewan	75.1	90.9	73.2	1,107	73.7	89.7	69.8	323
Kuntaur	42.5	57.0	30.8	526	90.6	88.6	82.9	141
Janjanbureh	43.7	59.2	37.5	739	68.3	79.0	62.2	240
Basse	72.4	90.0	70.3	1,254	72.4	87.5	71.4	336
Education								
No education	65.4	83.3	62.0	4,757	72.4	85.3	68.2	1,090
Primary	68.6	85.9	65.7	1,405	73.6	81.8	67.0	493
Secondary or higher	78.1	90.1	74.9	4,071	81.4	88.7	76.0	1,994
Wealth quintile								
Lowest	66.5	81.3	62.6	1,745	72.1	80.0	63.9	517
Second	64.8	82.4	61.0	1,882	74.6	85.0	70.3	614
Middle	69.5	84.5	66.1	1,927	77.7	88.7	74.1	588
Fourth	70.8	88.1	68.0	2,135	79.1	86.6	73.7	940
Highest	79.7	92.6	76.9	2,545	81.1	90.4	76.1	919
Total 15-49	70.9	86.4	67.6	10,233	77.6	86.7	72.4	3,577
50-59	na	na	na	na	70.3	80.9	65.9	244
Total 15-59	na	na	na	na	77.1	86.3	72.0	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners

13.2 COMPREHENSIVE KNOWLEDGE ABOUT AIDS

As part of the effort to assess HIV and AIDS knowledge, the 2013 GDHS collected information on common misconceptions about HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have HIV and whether they believe HIV is transmitted through mosquito bites, supernatural means, or sharing food with a person who has HIV or AIDS. Comprehensive knowledge is defined as knowing that consistent condom use and having just one faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about HIV transmission in The Gambia: that HIV can be transmitted by mosquito bites and that HIV can be transmitted by sharing food with a person who has AIDS.

Tables 13.3.1 and 13.3.2 present data on knowledge about the ways in which the AIDS virus is transmitted. Men are better informed about AIDS transmission than women. About six in ten women (58 percent) and seven in ten men age 15-49 (71 percent) know that a healthy-looking person can have HIV. Sixty-five percent of women and 61 percent of men know that HIV cannot be transmitted by mosquito bites. Three-fourths of women 15-49 (75 percent) and about eight in ten men 15-49 (81 percent) know that HIV cannot be transmitted by supernatural means, and 72 percent of women and 76 percent of men know that a person cannot be infected by sharing food with someone who is infected with HIV.

Overall, only 27 percent of women and 36 percent of men age 15-49 have comprehensive knowledge about AIDS.

Table 13.3.1 Comprehensive knowledge about AIDS: Women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of the AIDS virus, and the percentage with comprehensive knowledge about AIDS, by background characteristics, The Gambia 2013

Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local miscon-ceptions[1]	Percentage with comprehensive knowledge about AIDS[2]	Number of women
Age							
15-24	55.8	65.0	74.2	70.0	31.7	25.8	4,532
15-19	51.1	62.3	71.0	65.9	28.0	21.9	2,407
20-24	61.0	68.0	77.9	74.6	35.9	30.4	2,125
25-29	61.4	67.6	75.5	74.4	36.8	29.6	1,822
30-39	60.4	65.0	75.0	74.7	34.7	29.1	2,559
40-49	59.6	58.6	74.4	71.1	29.4	23.7	1,320
Marital status							
Never married	57.2	70.1	77.8	73.1	35.3	29.0	2,963
Ever had sex	60.0	68.3	76.0	69.6	33.6	30.5	359
Never had sex	56.8	70.3	78.1	73.6	35.5	28.8	2,604
Married/living together	58.6	61.7	72.9	71.3	31.7	25.9	6,791
Divorced/separated/widowed	63.1	71.8	80.0	77.4	39.3	31.4	478
Residence							
Urban	61.9	73.6	81.4	79.2	40.0	33.5	5,730
Rural	54.0	53.2	66.0	63.0	24.3	18.9	4,503
Local Government Area							
Banjul	58.1	72.7	82.2	79.5	37.1	30.4	225
Kanifing	65.8	74.2	84.4	80.4	45.2	36.9	2,342
Brikama	62.0	67.7	76.5	73.2	34.9	29.5	3,550
Mansakonko	75.3	65.3	67.0	70.2	40.2	36.2	490
Kerewan	39.5	60.4	78.9	64.5	19.6	17.0	1,107
Kuntaur	38.3	37.1	62.8	54.8	14.3	8.5	526
Janjanbureh	47.9	60.7	56.6	69.3	22.9	14.0	739
Basse	59.1	53.8	64.7	68.4	27.5	22.0	1,254
Education							
No education	53.2	54.8	66.9	66.1	23.9	18.9	4,757
Primary	58.2	59.2	68.9	65.7	28.6	23.2	1,405
Secondary or higher	64.6	78.0	85.8	81.3	45.3	38.0	4,071
Wealth quintile							
Lowest	54.9	53.1	60.7	60.4	23.3	19.1	1,745
Second	54.5	55.1	71.1	65.1	25.8	20.3	1,882
Middle	53.0	56.4	70.7	69.7	24.8	19.6	1,927
Fourth	57.1	70.2	79.4	77.7	35.2	28.5	2,135
Highest	68.9	81.1	86.0	82.4	49.7	42.0	2,545
Total 15-49	58.4	64.6	74.7	72.1	33.1	27.1	10,233

[1] Two most common local misconceptions: that the AIDS virus can be transmitted by mosquito bites and that a person can become infected by sharing food with a person who has the AIDS virus

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

Table 13.3.2 Comprehensive knowledge about AIDS: Men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of the AIDS virus, and the percentage with comprehensive knowledge about AIDS, by background characteristics, The Gambia 2013

Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with comprehensive knowledge about AIDS[2]	Number of men
Age							
15-24	63.6	61.3	78.2	71.9	39.4	32.3	1,685
15-19	55.3	57.0	74.7	66.6	33.1	26.5	836
20-24	71.7	65.5	81.6	77.2	45.7	38.0	849
25-29	77.2	62.2	83.0	78.3	45.7	39.0	586
30-39	78.8	63.9	85.1	82.6	49.6	41.0	816
40-49	77.1	56.2	83.3	77.7	43.3	35.5	490
Marital status							
Never married	66.3	61.9	79.7	74.0	40.8	33.7	2,177
Ever had sex	72.9	64.1	84.9	78.6	43.6	36.0	966
Never had sex	61.1	60.2	75.5	70.4	38.6	31.8	1,211
Married/living together	79.0	60.6	83.6	79.4	47.4	39.5	1,360
Divorced/separated/widowed	(66.4)	(52.3)	(85.8)	(82.9)	(38.4)	(27.1)	40
Residence							
Urban	73.3	67.4	86.7	83.7	49.5	41.6	2,228
Rural	67.5	51.3	72.2	63.8	33.1	26.2	1,349
Local Government Area							
Banjul	68.4	68.3	85.8	82.0	45.7	38.5	85
Kanifing	73.1	69.8	84.4	83.3	48.9	41.5	858
Brikama	71.4	63.5	83.7	80.5	46.3	37.9	1,454
Mansakonko	65.8	50.8	74.3	68.3	32.5	29.9	141
Kerewan	78.7	75.6	86.0	83.3	56.4	42.1	323
Kuntaur	63.5	33.8	64.7	56.7	19.2	18.1	141
Janjanbureh	57.8	43.5	62.5	57.6	22.2	15.8	240
Basse	73.5	43.6	80.0	56.0	32.8	29.4	336
Education							
No education	65.8	50.0	73.4	67.0	32.9	27.7	1,090
Primary	62.9	46.3	74.4	68.6	30.6	23.1	493
Secondary or higher	76.1	71.3	87.2	83.1	52.2	43.4	1,994
Wealth quintile							
Lowest	66.2	48.6	69.3	65.3	30.5	22.7	517
Second	65.9	54.6	74.0	64.6	33.4	26.7	614
Middle	70.8	49.6	78.2	72.2	35.6	31.6	588
Fourth	73.3	67.8	85.6	80.2	48.0	40.2	940
Highest	75.4	73.8	90.3	88.4	57.3	47.4	919
Total 15-49	71.1	61.3	81.2	76.2	43.3	35.8	3,577
50-59	69.8	61.3	78.4	83.3	45.4	32.8	244
Total 15-59	71.1	61.3	81.1	76.6	43.4	35.6	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases.

[1] Two most common local misconceptions: that the AIDS virus can be transmitted by mosquito bites and that a person can become infected by sharing food with a person who has the AIDS virus

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

13.3 KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Increasing knowledge about prevention of mother-to-child transmission (PMTCT) of HIV to reduce transmission is critical. To assess PMTCT knowledge, respondents in the 2013 GDHS were asked whether HIV can be transmitted from a mother to a child during pregnancy, during delivery, and through breastfeeding.

Table 13.4 shows that among respondents age 15-49, women are more likely than men to know about HIV transmission from mother to child by breastfeeding (72 percent versus 54 percent). Knowledge about special drugs that can be taken during pregnancy to reduce the risk of contracting HIV is also higher among women than among men (66 percent and 49 percent, respectively). While more than half (56 percent) of women know that HIV can be transmitted through breastfeeding and that the risk can be reduced by taking drugs, only 33 percent of men have this knowledge. There are notable variations across subgroups of women and men.

Table 13.4 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women and men age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics, The Gambia 2013

	Women				Men			
Background characteristic	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of women	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of men
Age								
15-24	68.2	59.7	50.2	4,532	50.7	45.7	30.0	1,685
15-19	64.8	53.9	45.3	2,407	49.3	41.7	29.4	836
20-24	72.1	66.4	55.7	2,125	52.1	49.7	30.6	849
25-29	73.7	69.7	59.0	1,822	57.5	48.6	35.1	586
30-39	75.6	72.7	61.1	2,559	54.3	53.7	35.2	816
40-49	75.2	66.9	58.3	1,320	56.9	55.4	37.3	490
Marital status								
Never married	66.4	56.9	47.1	2,963	52.3	47.7	31.7	2,177
Ever had sex	71.1	66.3	51.1	359	56.3	54.4	34.8	966
Never had sex	65.7	55.6	46.5	2,604	49.1	42.4	29.3	1,211
Married/living together	74.5	69.1	59.2	6,791	55.0	52.1	35.4	1,360
Divorced/separated/widowed	70.5	71.3	56.1	478	(68.9)	(42.8)	(24.8)	40
Residence								
Urban	73.0	67.8	56.9	5,730	52.2	51.1	32.5	2,228
Rural	70.6	62.9	53.8	4,503	55.7	46.5	34.0	1,349
Local Government Area								
Banjul	66.4	64.1	48.9	225	45.0	45.5	26.2	85
Kanifing	69.4	68.1	54.9	2,342	51.5	52.3	32.8	858
Brikama	76.5	68.6	59.7	3,550	51.3	48.8	31.1	1,454
Mansakonko	84.1	79.6	72.1	490	60.7	47.0	33.6	141
Kerewan	78.5	62.3	59.0	1,107	53.4	70.1	45.8	323
Kuntaur	69.6	51.2	46.8	526	75.4	50.9	45.7	141
Janjanbureh	68.0	66.9	51.7	739	58.8	32.2	25.7	240
Basse	57.7	56.0	42.3	1,254	54.5	37.8	31.0	336
Education								
No education	70.8	64.2	54.9	4,757	51.2	46.6	31.2	1,090
Primary	70.8	63.3	53.9	1,405	48.5	40.0	27.9	493
Secondary or higher	73.7	68.3	56.7	4,071	56.0	53.1	35.3	1,994
Wealth quintile								
Lowest	73.2	66.3	57.2	1,745	55.3	41.1	30.0	517
Second	72.0	64.2	55.1	1,882	55.1	43.9	30.1	614
Middle	67.8	63.6	51.6	1,927	53.5	49.4	32.7	588
Fourth	72.8	63.7	54.4	2,135	54.0	49.4	33.7	940
Highest	73.5	69.6	58.6	2,545	51.0	57.4	36.2	919
Total 15-49	72.0	65.7	55.5	10,233	53.5	49.3	33.0	3,577
50-59	na	na	na	na	48.6	53.3	31.0	244
Total 15-59	na	na	na	na	53.2	49.6	32.9	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

13.4 ATTITUDES TOWARDS THOSE LIVING WITH HIV AND AIDS

The HIV/AIDS epidemic has generated fear, anxiety, and prejudice against people living with HIV and AIDS, and people who are HIV positive face widespread stigma and discrimination. These societal attitudes can adversely affect both people's willingness to be tested for HIV and their initiation of and adherence to antiretroviral therapy. Thus, reduction of stigma and discrimination is an important indicator of the success of programmes targeting HIV and AIDS prevention and control.

To assess levels of stigma, 2013 GDHS respondents who had heard of AIDS were asked if they would be willing to care for a family member sick with AIDS in their own households, if they would be willing to buy fresh vegetables from a market vendor who had the AIDS virus, if they thought a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching, and if they would want to keep a family member's HIV status secret.

Tables 13.5.1 and 13.5.2 show the results for women and men, respectively. Overall, a small percentage of women and men age 15-49 (5 percent and 10 percent, respectively) express acceptance on all four measures. With respect to individual indicators, 88 percent of women and 95 percent of men are willing to care for a family member with AIDS in their own home. Accepting attitudes are generally more common among women and men in urban than in rural areas and increase with increasing education and wealth.

Table 13.5.1 Accepting attitudes toward those living with HIV/AIDS: Women

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics, The Gambia 2013

	Percentage of women who:					
Background characteristic	Are willing to care for a family member with AIDS in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher who has the AIDS virus but 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	Percentage expressing accepting attitudes on all four indicators	Number of women who have heard of AIDS
Age						
15-24	87.2	44.1	49.7	27.0	4.5	4,432
15-19	85.4	39.9	44.0	28.6	4.2	2,334
20-24	89.2	48.8	56.1	25.3	4.9	2,098
25-29	87.7	47.4	54.8	27.5	4.7	1,801
30-39	88.5	49.7	53.4	26.9	5.4	2,527
40-49	89.1	47.9	49.9	31.1	7.3	1,306
Marital status						
Never married	88.3	46.5	54.0	27.1	5.0	2,911
Ever had sex	86.8	44.7	52.1	25.1	4.5	355
Never had sex	88.5	46.7	54.2	27.4	5.1	2,556
Married/living together	87.3	46.1	50.1	28.0	5.1	6,679
Divorced/separated/widowed	93.1	53.9	58.3	25.7	6.8	477
Residence						
Urban	92.4	53.3	62.5	24.6	6.2	5,691
Rural	82.0	37.9	37.3	31.5	3.8	4,375
Local Government Area						
Banjul	91.7	58.1	68.4	32.5	13.5	223
Kanifing	91.2	54.5	65.8	27.8	7.9	2,319
Brikama	90.8	47.8	56.0	27.0	6.0	3,531
Mansakonko	81.1	50.6	39.2	50.3	8.2	484
Kerewan	94.0	43.2	40.8	14.2	1.2	1,088
Kuntaur	80.5	17.9	18.1	47.2	1.4	492
Janjanbureh	59.5	31.2	29.6	48.2	2.7	703
Basse	88.8	48.0	49.4	11.3	1.3	1,227
Education						
No education	84.7	40.9	41.9	27.9	3.5	4,633
Primary	87.3	39.8	45.9	25.9	3.0	1,374
Secondary or higher	91.6	55.4	64.6	27.9	7.7	4,059
Wealth quintile						
Lowest	84.0	38.2	33.5	31.4	4.2	1,696
Second	83.5	38.9	41.0	30.8	4.1	1,836
Middle	83.6	40.6	44.1	27.0	3.1	1,895
Fourth	90.9	49.0	58.9	26.1	5.8	2,103
Highest	94.2	60.3	70.9	24.5	7.6	2,536
Total 15-49	87.8	46.6	51.6	27.6	5.2	10,066

Table 13.5.2 Accepting attitudes toward those living with HIV/AIDS: Men

Among men age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics, The Gambia 2013

Background characteristic	Percentage of men who:				Percentage expressing accepting attitudes on all four indicators	Number of men who have heard of AIDS
	Are willing to care for a family member with AIDS in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher who has the AIDS virus but 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		
Age						
15-24	92.8	45.8	56.3	26.8	8.5	1,632
15-19	91.5	40.2	48.3	22.8	7.1	799
20-24	94.1	51.1	63.9	30.6	9.8	833
25-29	98.7	55.1	61.8	29.6	13.6	579
30-39	96.4	62.2	65.8	25.9	10.2	809
40-49	95.5	59.2	64.2	26.0	12.3	485
Marital status						
Never married	94.0	49.0	59.0	28.6	9.6	2,121
Ever had sex	96.7	52.9	62.5	27.8	9.4	960
Never had sex	91.8	45.8	56.1	29.2	9.7	1,161
Married/living together	96.5	59.2	63.1	24.7	11.5	1,344
Divorced/separated/widowed	(94.5)	(54.1)	(54.4)	(13.0)	(4.8)	40
Residence						
Urban	95.6	58.3	68.0	28.9	12.7	2,210
Rural	93.9	43.9	47.7	23.6	6.2	1,295
Local Government Area						
Banjul	96.3	58.1	67.9	26.7	11.4	84
Kanifing	96.0	60.8	72.7	23.3	11.1	853
Brikama	95.2	56.6	63.9	31.5	13.1	1,429
Mansakonko	97.6	44.2	50.8	15.4	5.1	139
Kerewan	90.0	54.2	55.6	44.0	15.7	320
Kuntaur	94.9	57.9	67.8	21.9	3.1	138
Janjanbureh	94.1	33.0	40.5	20.2	2.0	220
Basse	95.5	28.7	30.8	10.9	1.1	321
Education						
No education	94.1	48.3	50.2	24.5	8.3	1,046
Primary	95.1	40.8	43.0	23.6	5.3	476
Secondary or higher	95.5	58.4	70.2	29.0	12.5	1,983
Wealth quintile						
Lowest	94.7	42.4	45.1	24.3	4.1	498
Second	94.6	46.4	51.3	24.8	8.5	589
Middle	95.9	48.9	55.4	22.5	8.1	571
Fourth	94.0	55.2	63.9	30.6	11.6	932
Highest	95.9	63.2	74.6	28.8	14.8	915
Total 15-49	95.0	53.0	60.5	26.9	10.3	3,505
50-59	98.3	60.7	74.1	27.2	18.3	243
Total 15-59	95.2	53.5	61.4	27.0	10.8	3,747

Note: Figures in parentheses are based on 25-49 unweighted cases.

Men age 15-49 are also more likely than women of the same age range to say that they would buy fresh vegetables from a shopkeeper who has HIV (53 percent versus 47 percent) and to think that a female teacher with HIV should be allowed to continue teaching (61 percent versus 52 percent). Similar proportions of men and women report that they would not to want to keep secret a family member's infection with HIV (27 percent and 28 percent, respectively).

The proportion of women and men who express accepting attitudes toward people infected with HIV/AIDS on all four measures generally increases with age. By Local Government Area (LGA), accepting attitudes toward HIV-infected people on all measures are least common in Kuntaur, Janjanbureh, and Basse (1-3 percent).

Education has no clear relationship with positive attitudes toward those who are HIV positive. However, the proportion of respondents who express accepting attitudes on all four measures is highest among those with a secondary education or higher.

Socioeconomic status is strongly related to accepting attitudes toward people infected with HIV, especially among men. For example, men in the highest wealth quintile are almost four times as likely as those in the lowest quintile to express accepting attitudes on all four measures (15 percent and 4 percent, respectively).

13.5 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

Knowledge about HIV transmission and ways to prevent transmission is less useful if people feel powerless to negotiate safer sex with their partners. To assess attitudes toward safer sex, GDHS respondents were asked if they think a wife is justified in refusing to have sex with her husband and in asking that they use a condom if she knows he has an infection that can be transmitted through sexual intercourse.

Table 13.6 shows that 52 percent of women and 61 percent of men in The Gambia believe that if a wife knows that her husband has sex with other women, she is justified in refusing to have sexual intercourse with him. Additionally, 84 percent of women and 89 percent of men believe that if a wife knows that her husband has a sexually transmitted infection, she is justified in asking him to use a condom.

Table 13.6 Attitudes toward negotiating safer sexual relations with husband

Percentage of women and men age 15-49 who believe that a woman is justified in refusing to have sexual intercourse with her husband if she knows that he has sexual intercourse with other women, and percentage who believe that a woman is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection (STI), by background characteristics, The Gambia 2013

	Women			Men		
Background characteristic	Refusing to have sexual intercourse with her husband if she knows he has sex with other women	Asking that they use a condom if she knows that her husband has an STI	Number of women	Refusing to have sexual intercourse with her husband if she knows he has sex with other women	Asking that they use a condom if she knows that her husband has an STI	Number of men
Age						
15-24	50.9	81.2	4,532	59.7	83.9	1,685
15-19	49.1	76.9	2,407	59.4	81.9	836
20-24	52.9	86.0	2,125	60.1	85.9	849
25-29	51.5	85.9	1,822	60.2	89.2	586
30-39	52.2	86.2	2,559	60.5	93.9	816
40-49	53.1	83.4	1,320	63.3	94.1	490
Marital status						
Never married	53.6	82.0	2,963	59.6	85.3	2,177
Ever had sex	60.4	87.7	359	61.6	91.3	966
Never had sex	52.6	81.2	2,604	58.0	80.6	1,211
Married/living together	50.5	83.8	6,791	61.5	93.1	1,360
Divorced/separated/widowed	54.7	89.5	478	(75.6)	(99.3)	40
Residence						
Urban	54.3	88.2	5,730	62.0	90.9	2,228
Rural	48.1	77.6	4,503	57.9	84.4	1,349
Local Government Area						
Banjul	60.0	84.7	225	59.7	90.5	85
Kanifing	58.0	84.3	2,342	63.1	89.4	858
Brikama	54.2	88.8	3,550	58.4	89.2	1,454
Mansakonko	51.3	84.9	490	54.8	89.3	141
Kerewan	48.5	87.5	1,107	51.6	87.9	323
Kuntaur	35.3	58.0	526	76.9	95.0	141
Janjanbureh	43.9	59.3	739	64.4	78.4	240
Basse	45.2	88.0	1,254	64.1	87.2	336
Education						
No education	47.1	80.8	4,757	56.2	86.5	1,090
Primary	51.0	79.4	1,405	63.6	85.3	493
Secondary or higher	57.1	88.2	4,071	62.1	90.3	1,994
Wealth quintile						
Lowest	49.0	78.6	1,745	55.4	82.8	517
Second	50.0	79.8	1,882	58.9	85.8	614
Middle	48.9	80.7	1,927	66.0	87.8	588
Fourth	52.9	87.0	2,135	56.9	89.7	940
Highest	55.5	89.0	2,545	64.5	92.6	919
Total 15-49	51.6	83.5	10,233	60.5	88.5	3,577
50-59	na	na	0	67.5	87.8	244
Total 15-59	na	na	0	60.9	88.4	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

Residents in rural areas have less favourable attitudes toward a wife negotiating safer sex with her husband. For example, 78 percent of women in rural areas have a favourable attitude toward safer sex, as compared with 88 percent of women in urban areas. Among men, the corresponding figures are 84 percent and 91 percent. Agreement with a wife's ability to negotiate safer sex with her husband increases with increasing age, education, and wealth quintile.

13.6 ADULT SUPPORT FOR EDUCATION ABOUT CONDOM USE

Condom use is one of the main strategies for combating the spread of HIV. However, educating youths about condoms is sometimes controversial, with some believing that it promotes early sexual experimentation. To assess attitudes toward condom education, GDHS respondents were asked if they thought that children age 12-14 should be taught about using condoms to avoid getting AIDS.

Because the data focus on adult opinions, results are tabulated for respondents age 18-49. Table 13.7 shows that 31 percent of women and 37 percent of men agree that children age 12-14 should be taught about using condoms to avoid AIDS. Women and men in the oldest age group (40-49 years) are less likely than younger respondents to agree with teaching children age 12-14 about using condoms to avoid AIDS. Respondents who are married or living together with a partner are less likely to agree with condom education for youths than those who have never been married and those who are divorced, separated, or widowed. Support for educating children about condom use for protection against AIDS is stronger in urban areas than in rural areas. Among women, approval of educating children on condom use ranges from 18-19 percent in Kuntaur and Janjanbureh to 36 percent in Banjul and Kanifing. Among men, approval ranges from 27 percent in Kerewan to 64 percent in Kuntaur.

Table 13.7 Adult support of education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 should be taught about using a condom to avoid AIDS, by background characteristics, The Gambia 2013

Background characteristic	Women		Men	
	Percentage who agree	Number of women	Percentage who agree	Number of men
Age				
18-24	31.2	3,209	38.0	1,236
18-19	30.1	1,084	31.1	386
20-24	31.7	2,125	41.2	849
25-29	32.3	1,822	37.1	586
30-39	31.0	2,559	38.6	816
40-49	26.5	1,320	30.1	490
Marital status				
Never married	35.6	1,872	39.1	1,727
Married/living together	28.9	6,563	33.5	1,360
Divorced/separated/widowed	36.1	475	(46.2)	40
Residence				
Urban	34.2	5,032	38.5	1,986
Rural	26.0	3,878	33.8	1,142
Local Government Area				
Banjul	35.8	199	37.0	76
Kanifing	35.8	2,070	38.0	783
Brikama	34.5	3,133	35.7	1,265
Mansakonko	32.5	417	33.9	113
Kerewan	25.1	959	26.7	275
Kuntaur	18.2	450	64.3	120
Janjanbureh	19.3	622	45.6	216
Basse	24.8	1,060	30.0	280
Education				
No education	24.5	4,436	31.5	1,015
Primary	33.4	1,083	32.5	366
Secondary or higher	37.9	3,392	40.7	1,746
Wealth quintile				
Lowest	24.5	1,503	32.9	437
Second	27.6	1,631	34.5	525
Middle	26.3	1,641	32.5	503
Fourth	32.3	1,883	38.1	833
Highest	38.8	2,252	41.4	829
Total 18-49	30.7	8,910	36.8	3,128
50-59	na	0	29.9	244
Total 18-59	na	0	36.3	3,371

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

In general, support for teaching children about using condoms to avoid AIDS increases with increasing education and wealth.

13.7 HIGHER-RISK SEX

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of HIV. The 2013 GDHS included questions on respondents' sexual partners over the 12 months preceding the survey and during their lifetime. For male respondents, an additional question asked whether they had paid for sex during the 12 months preceding the interview. Information was collected from both women and men on use of condoms during their most recent sexual intercourse. These questions are sensitive, and it is recognised that some respondents may have been reluctant to provide information on recent sexual behaviours.

13.7.1 Multiple Sexual Partners

Tables 13.8.1 and 13.8.2 show the proportion of women and men age 15-49 who had sexual intercourse with more than one partner in the preceding 12 months by background characteristics. Very few women had sex with two or more partners in the past 12 months. The average number of lifetime sexual partners among women is 1.2. There is little variation in these figures across subgroups of women.

Table 13.8.1 Multiple sexual partners: Women

Among all women age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months and the mean number of sexual partners during their lifetime for women who ever had sexual intercourse, by background characteristics, The Gambia 2013

	All women		Among women who ever had sexual intercourse[1]:	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of women	Mean number of sexual partners in lifetime	Number of women
Age				
15-24	0.1	4,532	1.1	2,026
15-19	0.1	2,407	1.1	594
20-24	0.1	2,125	1.1	1,432
25-29	0.3	1,822	1.2	1,643
30-39	0.3	2,559	1.3	2,496
40-49	0.6	1,320	1.4	1,309
Marital status				
Never married	0.2	2,963	1.6	355
Married/living together	0.2	6,791	1.2	6,652
Divorced/separated/widowed	1.4	478	1.6	467
Residence				
Urban	0.4	5,730	1.3	3,888
Rural	0.1	4,503	1.2	3,587
Local Government Area				
Banjul	0.4	225	1.4	147
Kanifing	0.6	2,342	1.3	1,525
Brikama	0.2	3,550	1.3	2,550
Mansakonko	0.2	490	1.2	372
Kerewan	0.0	1,107	1.2	840
Kuntaur	0.0	526	1.1	434
Janjanbureh	0.0	739	1.2	575
Basse	0.1	1,254	1.1	1,032
Education				
No education	0.2	4,757	1.2	4,338
Primary	0.3	1,405	1.3	1,002
Secondary or higher	0.3	4,071	1.3	2,135
Wealth quintile				
Lowest	0.1	1,745	1.2	1,400
Second	0.0	1,882	1.2	1,478
Middle	0.2	1,927	1.3	1,494
Fourth	0.4	2,135	1.3	1,522
Highest	0.4	2,545	1.3	1,581
Total 15-49	0.2	10,233	1.2	7,475

[1] Means are calculated excluding respondents who gave non-numeric responses.

Table 13.8.2 shows that 8 percent of men age 15-49 had two or more sexual partners in the past 12 months. The proportion of men with multiple sexual partners varies widely by background characteristics. Men age 40-49, ever-married men, and those with no education are more likely than other men to have multiple sexual partners. As expected, men in polygynous unions are most likely to have multiple partners (82 percent). Across LGAs, men in Brikama (6 percent) are least likely to have two or more partners, and men in Basse and Kuntaur are most likely to have multiple partners (13-14 percent).

Table 13.8.2 Multiple sexual partners: Men

Among all men age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and the mean number of sexual partners during their lifetime for men who ever had sexual intercourse, by background characteristics, The Gambia 2013

	All men		Among men who had 2+ partners in the past 12 months:		Among men who ever had sexual intercourse[1]:	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Mean number of sexual partners in lifetime	Number of men
Age						
15-24	2.4	1,685	(51.1)	40	2.8	640
15-19	1.4	836	*	12	2.2	190
20-24	3.3	849	56.8)	28	3.1	450
25-29	4.7	586	40.3)	27	2.7	442
30-39	11.3	816	23.9	92	2.9	759
40-49	27.5	490	1.4	135	3.1	468
Marital status						
Never married	3.1	2,177	59.2	68	3.1	957
Married/living together	16.1	1,360	5.4	219	2.7	1,314
Divorced/separated/widowed	(18.8)	40	*	8	(3.8)	38
Type of union						
In polygynous union	82.0	240	1.5	197	3.2	235
In non-polygynous union	1.9	1,120	*	21	2.6	1,079
Not currently in union	3.4	2,217	57.6	76	3.1	995
Residence						
Urban	6.6	2,228	29.2	147	3.2	1,437
Rural	10.9	1,349	8.4	147	2.4	873
Local Government Area						
Banjul	9.1	85	(48.2)	8	3.7	59
Kanifing	7.9	858	(35.9)	68	3.5	566
Brikama	5.7	1,454	17.0)	82	2.9	920
Mansakonko	10.1	141	(14.5)	14	2.5	92
Kerewan	10.6	323	(10.8)	34	2.6	206
Kuntaur	13.1	141	(3.9)	19	1.7	85
Janjanbureh	9.5	240	(21.2)	23	3.0	171
Basse	13.8	336	(4.0)	46	1.9	210
Education						
No education	13.7	1,090	4.8	149	2.3	817
Primary	5.8	493	(21.0)	28	3.1	267
Secondary or higher	5.9	1,994	36.0	117	3.2	1,225
Wealth quintile						
Lowest	9.3	517	10.4	48	2.4	332
Second	11.3	614	21.4	69	2.6	402
Middle	6.9	588	11.5	41	2.4	369
Fourth	6.7	940	5.8	63	2.9	612
Highest	8.0	919	37.2	73	3.6	595
Total 15-49	8.2	3,577	18.8	294	2.9	2,310
50-59	25.3	244	2.0	62	2.7	230
Total 15-59	9.3	3,821	15.9	356	2.9	2,540

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses.

The average number of lifetime sexual partners among men is 2.9. Unlike the proportion of men who have multiple partners, lifetime average number of partners varies little across subgroups of men. Interestingly, men who are most likely to have multiple partners do not necessarily have the largest number of sexual partners.

13.7.2 Point Prevalence

UNAIDS defines concurrent sexual partnerships as "overlapping sexual partnerships where intercourse with one partner occurs between two acts of intercourse with another partner" (UNAIDS, 2009). Moreover, according to UNAIDS, concurrent sexual partnerships (as compared with serial monogamous partnerships) can increase the spread of HIV by reducing the time between which HIV is acquired and passed along to an uninfected individual, as well as by creating more connected sexual networks.

The 2013 GDHS collected information on the time since the first and most recent sexual intercourse with each sexual partner in the past 12 months. This information is used to determine if sexual intercourse with one partner occurred between two acts of intercourse with another partner (i.e., whether two partnerships are concurrent). Two indicators are used to measure concurrent sexual partnerships. The point prevalence of concurrent sexual partnerships is defined as the proportion of women and men age 15-49 with more than one ongoing sexual partnership at the point in time six months before the survey. The cumulative prevalence of concurrent sexual partnerships is defined as the proportion of women and men age 15-49 who had any overlapping sexual partnerships in the 12 months preceding the survey (UNAIDS, 2009). A partnership that consists of a single sexual encounter is considered overlapping if it occurs during another ongoing partnership. The point prevalence is generally lower than the cumulative prevalence because the point prevalence includes only relationships ongoing on a particular day rather than over an entire year. In the case of male respondents, overlapping polygynous unions are considered concurrent partnerships in both the point prevalence and cumulative prevalence concurrency indicators.

Data for women are not presented because very few women had concurrent sexual partners. Table 13.9 shows that among men age 15-49, 6 percent had concurrent sexual partnerships according to the point prevalence indicator and 7 percent had concurrent sexual partnerships according to the cumulative prevalence indicator. Point prevalence is substantially higher among men age 40-49 (21 percent), men who are married or living together with a partner (12 percent), and men in polygynous unions (65 percent) than among other men.

Differences across subgroups of men according to the cumulative prevalence indicator are the same as those observed for point prevalence.

Table 13.9 Point prevalence and cumulative prevalence of concurrent sexual partners

Percentage of all men age 15-49 who had concurrent sexual partners six months before the survey (point prevalence[1]), percentage of all men age 15-49 who had any concurrent sexual partners during the 12 months before the survey (cumulative prevalence[2]), and among men age 15-49 who had multiple sexual partners during the 12 months before the survey, percentage who had concurrent sexual partners, by background characteristics, The Gambia 2013

	Among all men:			Among all men who had multiple partners during the 12 months before the survey:	
Background characteristic	Point prevalence of concurrent sexual partners[1]	Cumulative prevalence of concurrent sexual partners[2]	Number of men	Percentage who had concurrent sexual partners[2]	Number of men
Age					
15-24	0.8	1.3	1,685	(53.2)	40
15-19	0.5	0.8	836	*	12
20-24	1.1	1.7	849	(52.7)	28
25-29	1.9	3.7	586	(79.4)	27
30-39	8.4	10.3	816	91.0	92
40-49	21.0	26.9	490	97.8	135
Marital status					
Never married	1.3	2.0	2,177	64.4	68
Married/living together	12.2	15.3	1,360	94.9	219
Divorced/separated/widowed	(7.5)	(18.4)	40	*	8
Type of union					
In polygynous union	65.0	80.1	240	97.7	197
In non-polygynous union	0.9	1.3	1,120	*	21
Not currently in union	1.4	2.3	2,217	67.7	76
Residence					
Urban	4.0	5.5	2,228	83.1	147
Rural	7.9	10.1	1,349	92.7	147
Total 15-49	5.5	7.2	3,577	87.9	294
50-59	22.5	25.2	244	99.6	62
Total 15-59	6.6	8.4	3,821	89.9	356

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Two sexual partners are considered to be concurrent if the date of the most recent sexual intercourse with the earlier partner is after the date of the first sexual intercourse with the later partner.

[1] The percentage of men who had 2 (or more) sexual partners that were concurrent at the point in time 6 months before the survey

[2] The percentage of men who had 2 (or more) sexual partners that were concurrent at any time during the 12 months preceding the survey

13.7.3 Payment for Sex

Transactional sex is the exchange of money, favours, or gifts for sexual intercourse. This type of sexual intercourse is associated with a greater risk of contracting HIV and other STIs because of compromised power relations and the likelihood of multiple partners. Male respondents in the 2013 GDHS were asked if they had ever paid anyone in exchange for sex. Men who had sexual intercourse in the 12 months preceding the survey were asked if they had paid anyone for sexual intercourse during that time. Furthermore, men who had engaged in paid sexual intercourse in the past 12 months were asked if they had used a condom the last time they paid for sex. The results are shown in Table 13.10.

Table 13.10 Payment for sexual intercourse and condom use at last paid sexual intercourse

Percentage of men age 15-49 who ever paid for sexual intercourse and percentage reporting payment for sexual intercourse in the past 12 months, by background characteristics, The Gambia 2013

Background characteristic	Percentage who ever paid for sexual intercourse	Percentage who paid for sexual intercourse in the past 12 months	Number of men
Age			
15-24	0.7	0.5	1,685
15-19	0.4	0.3	836
20-24	1.0	0.6	849
25-29	2.4	1.6	586
30-39	1.9	0.9	816
40-49	2.8	0.3	490
Marital status			
Never married	1.1	0.8	2,177
Married/living together	2.2	0.5	1,360
Divorced/separated/ widowed	(5.1)	(4.6)	40
Residence			
Urban	1.6	0.6	2,228
Rural	1.6	0.8	1,349
Local Government Area			
Banjul	5.4	2.1	85
Kanifing	2.6	1.4	858
Brikama	0.8	0.2	1,454
Mansakonko	0.6	0.2	141
Kerewan	1.9	0.4	323
Kuntaur	1.8	0.5	141
Janjanbureh	2.7	1.8	240
Basse	0.4	0.4	336
Education			
No education	2.1	0.7	1,090
Primary	2.2	1.5	493
Secondary or higher	1.2	0.5	1,994
Wealth quintile			
Lowest	1.2	0.8	517
Second	1.8	0.8	614
Middle	0.9	0.4	588
Fourth	2.0	0.8	940
Highest	1.6	0.8	919
Total 15-49	1.6	0.7	3,577
50-59	3.6	0.8	244
Total 15-59	1.7	0.7	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases.

Overall, 2 percent of men age 15-49 reported that they had paid someone in exchange for sex. By LGA, 5 percent of men in Banjul have paid for sex, as compared with less than 1 percent of men in Basse, Mansakonko, and Brikama. Less than 1 percent of men reported paying for sex at least once in the 12 months before the survey.

13.8 COVERAGE OF HIV TESTING AND COUNSELLING

Knowledge of HIV status enables HIV-negative individuals to make specific decisions that can reduce their risk of contracting HIV. For those who are HIV positive, knowledge of their HIV status allows them to take actions to protect their sexual partners, to access treatment, and to plan for the future.

To assess awareness and coverage of HIV testing services, GDHS respondents were asked whether they had ever been tested for HIV. Respondents who had had an HIV test were asked how long ago their most recent test occurred, whether they had received the results of their most recent test, and where they had been tested. Respondents who had never been tested were asked if they know a place they can go to get tested. Tables 13.11.1 and 13.11.2 present the results for women and men, respectively.

Among respondents age 15-49, 69 percent of women and 76 percent of men know a place where people can go to get tested for HIV. Young women and men age 15-19 and those who have never had sex are least likely to know of a place to get an HIV test. Knowledge of a place for HIV testing is higher among women and men in urban areas than among those in rural areas. Women in Kuntaur (57 percent) and men in Mansakonko (59 percent) are least likely to know a place for HIV testing. Knowledge of a place to obtain an HIV test is most prevalent among respondents with a secondary education or higher and those in the highest wealth quintile.

Overall, women are more likely than men to have been tested for HIV. However, despite the high level of knowledge of sources for HIV testing, only 39 percent of women and 19 percent of men have ever been tested. The majority of those who had been tested reported that they had received their results. Younger women and men age 15-19 are least likely to have ever been tested (11 percent and 4 percent, respectively). HIV testing is more common among urban residents. Across LGAs, women in Kerewan and men in Kanifing are most likely to have been tested for HIV and to have received the results (43 percent and 29 percent, respectively). On the other hand, women and men in Kuntaur are least likely to have been tested for HIV (24 percent and 5 percent, respectively). Coverage of HIV testing does not have a linear relationship with education or wealth.

Tables 13.11.1 and 13.11.2 also show coverage with respect to recent HIV testing. Fourteen percent of women and 7 percent of men age 15-49 were tested for HIV and received their results in the 12 months before the survey. Recent testing is higher among urban residents.

Table 13.11.1 Coverage of prior HIV testing: Women

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 by testing status and by whether they received the results of the last test, the percentage of women ever tested, and the percentage of women age 15-49 who were tested in the past 12 months and received the results of the last test, according to background characteristics, The Gambia 2013

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women
		Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age								
15-24	58.9	23.9	3.5	72.6	100.0	27.4	10.1	4,532
15-19	48.8	11.4	1.7	86.9	100.0	13.1	5.9	2,407
20-24	70.3	38.1	5.5	56.4	100.0	43.6	14.8	2,125
25-29	78.4	54.1	4.0	41.9	100.0	58.1	20.8	1,822
30-39	78.2	54.7	5.1	40.2	100.0	59.8	16.5	2,559
40-49	69.0	37.9	3.9	58.2	100.0	41.8	12.0	1,320
Marital status								
Never married	51.8	10.4	1.3	88.2	100.0	11.8	3.8	2,963
Ever had sex	69.0	36.6	2.6	60.8	100.0	39.2	16.2	359
Never had sex	49.4	6.8	1.1	92.0	100.0	8.0	2.0	2,604
Married/living together	75.2	51.0	5.4	43.7	100.0	56.3	18.5	6,791
Divorced/separated/widowed	76.6	41.8	2.3	55.9	100.0	44.1	10.1	478
Residence								
Urban	70.7	39.6	3.5	56.9	100.0	43.1	14.5	5,730
Rural	65.7	37.7	4.8	57.5	100.0	42.5	13.0	4,503
Local Government Area								
Banjul	74.8	38.3	3.0	58.7	100.0	41.3	17.2	225
Kanifing	69.4	36.7	3.1	60.2	100.0	39.8	14.6	2,342
Brikama	73.2	42.8	3.6	53.6	100.0	46.4	15.5	3,550
Mansakonko	68.8	31.1	3.4	65.4	100.0	34.6	9.5	490
Kerewan	65.6	43.4	3.7	53.0	100.0	47.0	14.0	1,107
Kuntaur	56.5	23.5	6.8	69.7	100.0	30.3	8.2	526
Janjanbureh	59.1	35.6	11.6	52.8	100.0	47.2	13.4	739
Basse	65.4	38.8	2.2	59.0	100.0	41.0	11.6	1,254
Education								
No education	67.3	42.7	5.0	52.3	100.0	47.7	14.2	4,757
Primary	66.1	39.2	4.2	56.7	100.0	43.3	15.7	1,405
Secondary or higher	70.7	34.1	2.9	63.0	100.0	37.0	12.8	4,071
Wealth quintile								
Lowest	65.2	37.4	5.7	56.9	100.0	43.1	13.9	1,745
Second	66.4	38.4	4.4	57.3	100.0	42.7	13.9	1,882
Middle	65.5	39.0	3.8	57.2	100.0	42.8	12.8	1,927
Fourth	69.6	40.9	3.4	55.7	100.0	44.3	14.8	2,135
Highest	73.5	38.2	3.4	58.4	100.0	41.6	13.8	2,545
Total 15-49	68.5	38.8	4.0	57.2	100.0	42.8	13.9	10,233

[1] Includes “don’t know/missing”

Table 13.11.2 Coverage of prior HIV testing: Men

Percentage of men age 15-49 who know where to get an HIV test, percent distribution of men age 15-49 by testing status and by whether they received the results of the last test, the percentage of men ever tested, and the percentage of men age 15-49 who were tested in the past 12 months and received the results of the last test, according to background characteristics, The Gambia 2013

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of men by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of men
		Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age								
15-24	67.8	8.8	1.3	89.8	100.0	10.2	3.8	1,685
15-19	62.0	4.0	1.4	94.6	100.0	5.4	1.9	836
20-24	73.6	13.6	1.3	85.1	100.0	14.9	5.6	849
25-29	81.5	25.0	2.3	72.7	100.0	27.3	9.0	586
30-39	86.7	29.4	1.3	69.4	100.0	30.6	11.0	816
40-49	81.5	27.9	2.8	69.4	100.0	30.6	10.3	490
Marital status								
Never married	71.8	13.4	1.4	85.2	100.0	14.8	5.0	2,177
Ever had sex	77.8	21.3	1.6	77.1	100.0	22.9	8.1	966
Never had sex	67.1	7.1	1.2	91.7	100.0	8.3	2.5	1,211
Married/living together	82.8	27.2	1.9	70.9	100.0	29.1	10.9	1,360
Divorced/separated/widowed	(92.4)	(26.5)	(7.9)	(65.6)	100.0	(34.4)	(1.2)	40
Residence								
Urban	80.7	22.1	1.8	76.0	100.0	24.0	8.4	2,228
Rural	68.8	13.3	1.4	85.3	100.0	14.7	5.1	1,349
Local Government Area								
Banjul	77.0	25.9	3.6	70.5	100.0	29.5	10.2	85
Kanifing	79.7	28.9	0.8	70.4	100.0	29.6	11.9	858
Brikama	78.2	17.5	2.1	80.4	100.0	19.6	6.0	1,454
Mansakonko	59.0	16.3	1.1	82.6	100.0	17.4	4.2	141
Kerewan	87.1	14.2	2.3	83.5	100.0	16.5	6.1	323
Kuntaur	78.0	5.2	0.4	94.5	100.0	5.5	2.7	141
Janjanbureh	61.8	14.6	2.7	82.6	100.0	17.4	5.7	240
Basse	64.8	11.1	1.1	87.8	100.0	12.2	4.8	336
Education								
No education	70.4	14.8	1.5	83.7	100.0	16.3	4.8	1,090
Primary	65.8	12.5	2.6	85.0	100.0	15.0	5.5	493
Secondary or higher	82.0	22.5	1.5	75.9	100.0	24.1	8.9	1,994
Wealth quintile								
Lowest	65.0	13.6	1.3	85.1	100.0	14.9	5.4	517
Second	69.6	12.0	1.6	86.5	100.0	13.5	4.2	614
Middle	75.7	17.4	1.5	81.1	100.0	18.9	7.6	588
Fourth	78.0	19.0	1.7	79.4	100.0	20.6	7.3	940
Highest	85.5	27.0	2.1	71.0	100.0	29.0	9.8	919
Total 15-49	76.2	18.8	1.7	79.5	100.0	20.5	7.2	3,577
50-59	82.7	26.2	3.0	70.9	100.0	29.1	9.3	244
Total 15-59	76.7	19.3	1.8	79.0	100.0	21.0	7.3	3,821

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes "don't know/missing"

13.9 HIV TESTING DURING ANTENATAL CARE

Screening is an important tool in reducing mother-to-child transmission of HIV. Table 13.12 presents information on HIV screening of pregnant women age 15-49 who gave birth in the two years preceding the survey. Sixty-five percent of women who gave birth in the two years before the survey received HIV counselling during antenatal care (ANC). More than half of women who were tested for HIV during an antenatal care visit (52 percent) received the test results and post-test counselling, while 10 percent received the results but did not receive post-test counselling. Five percent of women were tested for HIV during an ANC visit but did not receive the results.

Overall, 54 percent of women received HIV counselling, an HIV test, and the test results during ANC for their most recent birth in the two years preceding the survey. Women age 25-39 (56–57 percent) were most likely to have been counselled and tested and to have received their HIV test result during ANC. Women were more likely to have been counselled and tested and to have received the test result if they

were married or living together with a partner (54 percent), lived in an urban area (60 percent), and lived in Brikama or Kerewan (63-64 percent). The proportion of women who were counselled and tested and received the results is highest among those with a primary education (59 percent), those with a secondary education or higher (58 percent), and those in the highest two wealth quintiles (59-60 percent).

Table 13.12 Pregnant women counselled and tested for HIV

Among all women age 15-49 who gave birth in the two years preceding the survey, the percentage who received HIV pretest counselling, the percentage who received an HIV test during antenatal care (ANC) for their most recent birth by whether they received their results and post-test counselling, and the percentage who received an HIV test at the time of ANC or labour for their most recent birth by whether they received their test results, according to background characteristics, The Gambia 2013

Background characteristic	Percentage who received counselling on HIV during antenatal care[1]	Percentage who were tested for HIV during antenatal care and who:			Percentage who received counselling on HIV and an HIV test during ANC, and the results	Percentage who had an HIV test during ANC or labour and who:[2]		Number of women who gave birth in the past two years[3]
		Received results and:						
		Received post-test counselling	Did not receive post-test counselling	Did not receive results		Received results	Did not receive results	
Age								
15-24	61.0	48.1	10.2	6.2	49.7	58.5	6.3	1,106
15-19	56.4	45.6	7.2	7.9	45.3	52.9	7.9	280
20-24	62.6	48.9	11.2	5.6	51.2	60.4	5.8	826
25-29	66.0	55.5	9.2	4.0	57.1	64.7	4.1	924
30-39	67.2	53.3	10.5	5.3	55.7	64.2	5.3	1,132
40-49	64.8	56.1	7.8	4.6	52.1	63.9	4.6	230
Marital status								
Never married	56.8	41.8	12.1	5.5	44.7	54.1	5.5	118
Married/living together	65.0	52.9	9.8	5.3	54.4	62.9	5.3	3,201
Divorced/separated/widowed	66.2	45.8	8.5	1.7	46.4	60.0	1.7	73
Residence								
Urban	71.1	59.0	9.4	4.2	60.4	68.8	4.2	1,565
Rural	59.3	46.8	10.2	6.0	48.3	57.1	6.1	1,828
Local Government Area								
Banjul	52.4	55.5	11.7	3.7	47.1	68.0	3.7	51
Kanifing	64.5	52.5	14.9	4.3	54.0	68.7	4.3	517
Brikama	75.4	63.6	6.6	3.2	64.4	70.2	3.3	1,171
Mansakonko	54.8	26.1	18.1	5.8	34.4	44.7	5.8	169
Kerewan	69.8	48.0	22.7	3.7	62.9	70.6	3.8	419
Kuntaur	45.1	27.7	6.4	8.0	30.5	34.3	8.3	227
Janjanbureh	67.7	43.8	6.7	19.0	44.4	50.5	19.0	298
Basse	48.5	54.4	2.4	2.6	45.7	56.9	2.6	541
Education								
No education	61.1	49.4	9.5	5.8	50.5	59.0	5.8	1,951
Primary	68.3	57.0	10.6	4.9	59.3	67.7	5.0	502
Secondary or higher	70.3	56.2	10.1	4.1	58.0	67.0	4.2	940
Wealth quintile								
Lowest	63.7	46.9	9.3	7.1	50.5	56.4	7.1	703
Second	58.5	45.7	13.6	5.3	48.3	59.8	5.6	757
Middle	64.1	52.0	8.8	5.3	53.2	60.8	5.3	702
Fourth	67.5	59.0	8.3	4.9	59.7	67.3	4.9	681
Highest	71.9	61.1	8.6	2.7	59.4	70.2	2.7	549
Total 15-49	64.7	52.4	9.8	5.2	53.9	62.5	5.3	3,392

[1] In this context, "pretest counselling" means that someone talked with the respondent about all 3 of the following topics: (1) babies getting the AIDS virus from their mother, (2) preventing the virus, and (3) getting tested for the virus.
[2] Women were asked whether they received an HIV test during labour only if they were not tested for HIV during ANC.
[3] Denominator for percentages includes women who did not receive antenatal care for their last birth in the past 2 years.

Sixty-three percent of women who gave birth in the two years before the survey were tested for HIV during ANC or labour. Only 5 percent did not receive the results. Differentials by background characteristics are similar to those observed for HIV counselling, testing, and receipt of results during ANC.

13.10 SELF-REPORTED SEXUALLY TRANSMITTED INFECTIONS

In the 2013 GDHS, respondents who had ever had sexual intercourse were asked if in the past 12 months they experienced an infection acquired through sexual contact or if they experienced either of two symptoms associated with STIs: a bad-smelling, abnormal discharge from the vagina or penis or a genital sore or ulcer. Table 13.13 shows the self-reported prevalence of STIs and STI symptoms among women and men.

The self-reported prevalence of STIs and STI symptoms is higher among women than among men. Overall, 8 percent of women and 3 percent of men reported having had an STI or experiencing STI symptoms during the 12 months preceding the survey. Two percent of women and 1 percent of men reported having an STI, 4 percent of women and 2 percent of men had a bad-smelling or abnormal genital discharge, and 4 percent of women and 1 percent of men reported having had a genital sore or ulcer in the 12 months before the survey.

Table 13.13 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Among women and men age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, The Gambia 2013

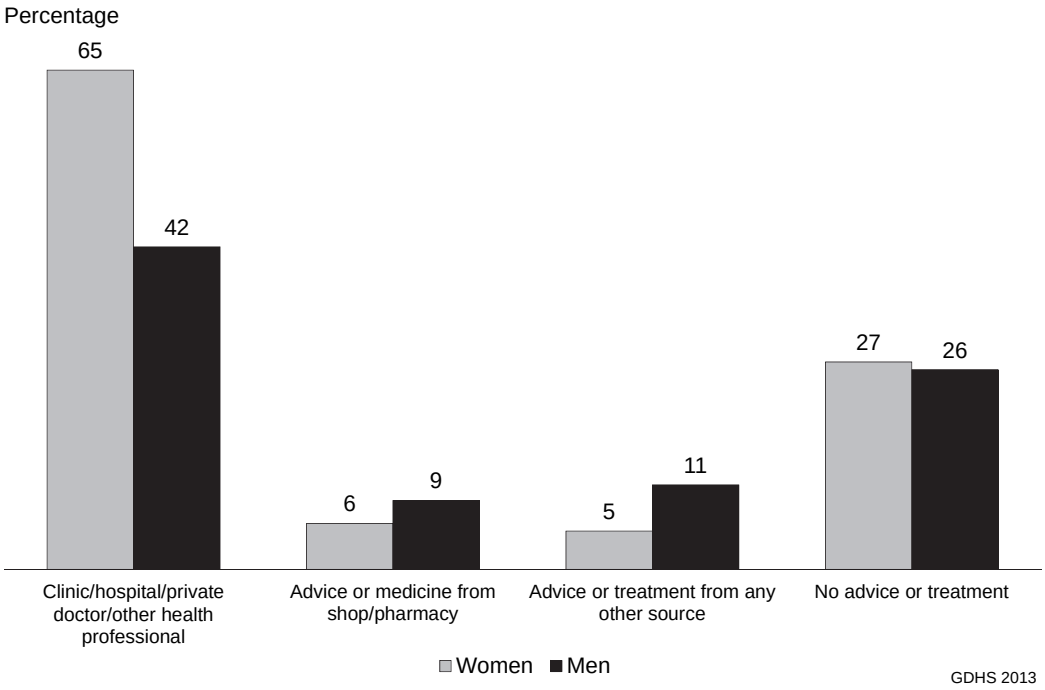
	Women					Men				
	Percentage of women who reported having in the past 12 months:					Percentage of men who reported having in the past 12 months:				
Background characteristic	STI	Bad-smelling/ abnormal genital discharge	Genital sore/ ulcer	STI/genital discharge/ sore or ulcer	Number of women who ever had sexual intercourse	STI	Bad-smelling/ abnormal discharge from penis	Genital sore/ ulcer	STI/ abnormal discharge from penis/ sore or ulcer	Number of men who ever had sexual intercourse
Age										
15-24	1.8	4.5	4.7	7.8	2,032	1.0	1.6	2.4	4.2	644
15-19	1.0	4.5	3.3	6.4	596	1.3	0.6	3.9	4.7	190
20-24	2.1	4.5	5.3	8.4	1,437	0.9	2.0	1.7	4.0	453
25-29	2.7	4.7	5.3	9.2	1,653	1.7	1.8	1.4	4.1	449
30-39	2.2	3.6	4.1	7.6	2,508	0.6	1.3	0.4	1.9	776
40-49	1.4	2.4	3.1	5.6	1,318	2.4	1.9	0.8	3.1	480
Marital status										
Never married	4.5	9.6	4.9	12.0	359	1.2	1.5	2.1	3.9	966
Married/living together	1.9	3.4	4.3	7.3	6,680	1.4	1.7	0.5	2.7	1,343
Divorced/separated/widowed	2.1	6.2	5.7	9.8	472	(0.0)	(0.4)	(2.4)	(2.8)	40
Residence										
Urban	2.4	4.2	4.9	8.3	3,907	1.3	1.4	0.9	2.7	1,466
Rural	1.7	3.5	3.8	6.9	3,605	1.3	2.0	1.6	4.0	883
Local Government Area										
Banjul	2.0	5.2	4.7	9.3	148	1.1	3.9	0.5	4.8	62
Kanifing	3.1	6.4	6.4	10.7	1,528	1.4	1.0	1.4	2.8	579
Brikama	2.0	3.5	4.3	7.4	2,568	1.4	1.7	1.4	3.7	936
Mansakonko	2.2	2.8	2.0	4.9	375	3.4	1.8	1.9	4.4	94
Kerewan	1.4	1.1	5.2	7.1	844	1.3	3.6	0.9	4.2	207
Kuntaur	1.3	3.0	3.2	6.3	435	0.9	1.6	0.6	2.3	85
Janjanbureh	3.8	2.6	2.2	5.1	577	0.8	1.6	0.7	2.6	175
Basse	0.5	4.7	3.5	6.8	1,036	0.4	0.2	0.3	1.0	211
Education										
No education	1.4	2.7	3.7	6.3	4,355	0.9	1.1	0.5	1.8	828
Primary	1.5	3.7	4.4	7.4	1,005	1.0	1.6	1.2	3.1	275
Secondary or higher	3.6	6.2	5.7	10.6	2,152	1.6	1.9	1.6	4.2	1,246
Wealth quintile										
Lowest	1.6	3.0	3.8	6.3	1,404	1.6	2.0	1.8	4.0	339
Second	1.8	3.7	4.0	7.5	1,485	1.3	1.6	0.9	3.3	405
Middle	1.8	3.7	3.4	6.4	1,497	0.4	1.3	1.0	2.2	375
Fourth	1.7	3.6	5.1	7.6	1,529	1.3	1.0	1.5	3.1	620
Highest	3.3	5.2	5.5	10.2	1,596	1.7	2.2	0.8	3.5	611
Total 15-49	2.1	3.9	4.4	7.7	7,512	1.3	1.6	1.2	3.2	2,349
50-59	na	na	na	na	0	0.3	0.0	0.3	0.6	243
Total 15-59	na	na	na	na	0	1.2	1.5	1.1	3.0	2,591

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

Women who have never been married have a higher prevalence of STIs and STI symptoms (12 percent) than those currently or previously married (7-10 percent). By LGA, the highest prevalence of STIs and STI symptoms is reported among women in Kanifing (11 percent) and the lowest among those in Mansakonko and Janjanbureh (5 percent each). The prevalence of STIs and STI symptoms among women increases with increasing education and wealth.

Sixty-five percent of women and 42 percent of men sought advice or treatment from a clinic, hospital, private doctor, or other health professional for an STI or STI symptoms in the past 12 months. Twenty-seven percent of women and 26 percent of men did not seek any treatment or advice (Figure 13.1).

Figure 13.1 **Women and men seeking treatment for STIs**



13.11 PREVALENCE OF MEDICAL INJECTIONS

Use of nonsterile injections in a health care setting can contribute to the transmission of blood-borne pathogens. To measure the potential risk of transmission of HIV associated with medical injections, respondents in the 2013 GDHS were asked whether they had received an injection in the past 12 months; if so, they were asked how many injections they had received and whether their last injection was given with a syringe from a newly opened package.

Table 13.14 shows the reported prevalence of injections. Thirty-two percent of women and men reported receiving a medical injection from a health worker during the 12-month period preceding the survey. Generally, women and men received an average of one medical injection during that period. The vast majority of women (97 percent) and men (98 percent) reported that the last injection was given with a syringe from a newly opened package.

Table 13.14 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the last 12 months, the average number of medical injections per person in the last 12 months, and among those who received a medical injection, the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, by background characteristics, The Gambia 2013

	Women					Men				
Background characteristic	Percentage who received a medical injection in the last 12 months	Average number of medical injections per person in the last 12 months	Number of respon-dents	For last injection, syringe and needle taken from a new, unopened package	Number of respon-dents receiving medical injections in the last 12 months	Percentage who received a medical injection in the last 12 months	Average number of medical injections per person in the last 12 months	Number of respon-dents	For last injection, syringe and needle taken from a new, unopened package	Number of respon-dents receiving medical injections in the last 12 months
Age										
15-24	28.1	0.7	4,532	96.9	1,271	30.6	0.9	1,685	97.8	515
15-19	22.6	0.5	2,407	96.1	544	30.9	0.9	836	97.4	259
20-24	34.2	0.8	2,125	97.5	727	30.2	0.9	849	98.3	256
25-29	37.0	0.9	1,822	97.2	674	31.6	0.9	586	98.4	185
30-39	36.1	0.8	2,559	97.1	924	33.5	1.0	816	98.4	273
40-49	27.6	0.9	1,320	94.7	365	32.5	1.0	490	98.0	159
Marital status										
Never married	20.7	0.6	2,963	96.8	613	31.2	0.9	2,177	97.9	679
Ever had sex	32.6	0.8	359	95.2	117	33.8	1.1	966	97.6	327
Never had sex	19.1	0.5	2,604	97.2	496	29.1	0.8	1,211	98.2	352
Married/living together	36.7	0.9	6,791	96.7	2,496	32.0	0.9	1,360	98.3	435
Divorced/separated/ widowed	26.0	0.7	478	97.4	125	(45.5)	(1.5)	40	*	18
Residence										
Urban	30.0	0.8	5,730	97.4	1,718	32.4	1.0	2,228	99.1	722
Rural	33.6	0.8	4,503	96.0	1,515	30.4	0.8	1,349	96.2	411
Local Government Area										
Banjul	26.1	0.8	225	99.0	59	33.0	1.0	85	98.8	28
Kanifing	30.1	0.9	2,342	97.2	706	29.3	0.9	858	98.6	251
Brikama	31.9	0.8	3,550	97.0	1,132	35.3	1.1	1,454	99.0	513
Mansakonko	34.0	0.8	490	96.6	167	26.8	0.7	141	95.9	38
Kerewan	26.7	0.5	1,107	98.0	295	21.4	0.6	323	99.4	69
Kuntaur	32.3	0.7	526	96.5	170	22.4	0.5	141	93.6	32
Janjanbureh	28.8	0.7	739	92.7	212	28.1	0.7	240	93.8	68
Basse	39.3	0.9	1,254	96.6	493	39.9	1.0	336	96.7	134
Education										
No education	33.0	0.7	4,757	96.1	1,570	31.7	0.9	1,090	97.2	345
Primary	35.5	0.8	1,405	96.5	499	31.6	0.9	493	96.2	156
Secondary or higher	28.6	0.8	4,071	97.8	1,165	31.7	1.0	1,994	99.0	631
Wealth quintile										
Lowest	32.8	0.7	1,745	96.8	573	27.8	0.7	517	97.0	144
Second	33.0	0.8	1,882	95.7	621	28.8	0.8	614	98.2	177
Middle	33.7	0.8	1,927	95.7	650	32.5	0.9	588	96.1	191
Fourth	31.0	0.7	2,135	97.7	661	32.3	1.0	940	98.9	303
Highest	28.6	0.9	2,545	97.7	729	34.5	1.2	919	98.9	317
Total 15-49	31.6	0.8	10,233	96.8	3,234	31.7	0.9	3,577	98.1	1,132
50-59	na	na	0	na	0	29.4	1.1	244	98.8	72
Total 15-59	na	na	0	na	0	31.5	1.0	3,821	98.1	1,204

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist, or other health worker. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

13.12 HIV- AND AIDS-RELATED KNOWLEDGE AND BEHAVIOUR AMONG YOUTH

This section addresses HIV/AIDS-related knowledge and sexual behaviour among youth age 15-24. In addition to knowledge of HIV transmission, data are presented on age at first sex, condom use, and age differences between sexual partners.

Younger people are often at a higher risk of contracting STIs, as they are more likely to experiment with sex before marriage. Therefore, condom use among young adults plays an important role in preventing the transmission of HIV and other sexually transmitted infections, as well as in the

prevention of unwanted pregnancies. Likewise, knowledge of where to get condoms is an important prerequisite to their use.

13.12.1 Knowledge about HIV and AIDS and of Sources for Condoms

Knowledge of how HIV is transmitted is crucial for people to avoid contracting HIV. Young people are often at greater risk because they have short relationships with more partners or engage in other risky behaviours. Table 13.15 shows the level of comprehensive knowledge of HIV and AIDS among youth and the percentage of youth who know of a source where they can obtain condoms. As noted earlier, comprehensive knowledge of HIV and AIDS is defined as knowing that condom use and having just one HIV-negative faithful partner can reduce the chances of contracting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common misconceptions about HIV transmission in The Gambia (that HIV can be transmitted by mosquito bites and by sharing food with someone who has AIDS).

Table 13.15 Comprehensive knowledge about AIDS and of a source of condoms among youth

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by background characteristics, The Gambia 2013

	Women age 15-24			Men age 15-24		
Background characteristic	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[1]	Number of women	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[2]	Number of men
Age						
15-19	21.9	20.9	2,407	26.5	57.9	836
15-17	19.2	16.8	1,323	21.5	49.0	450
18-19	25.1	26.0	1,084	32.4	68.3	386
20-24	30.4	36.4	2,125	38.0	78.5	849
20-22	27.4	33.3	1,337	36.6	78.1	556
23-24	35.4	41.7	788	40.6	79.5	293
Marital status						
Never married	27.5	27.9	2,646	32.4	68.8	1,624
Ever had sex	30.2	51.1	245	35.0	83.3	588
Never had sex	27.3	25.5	2,401	30.8	60.6	1,036
Ever married	23.5	28.6	1,886	30.5	55.1	62
Residence						
Urban	32.1	35.3	2,580	38.8	77.0	1,046
Rural	17.6	18.7	1,952	21.6	54.1	639
Education						
No education	14.7	15.4	1,265	22.4	55.3	331
Primary	18.5	20.9	753	17.8	54.4	288
Secondary or higher	33.6	36.8	2,514	39.3	76.1	1,067
Total	25.8	28.2	4,532	32.3	68.3	1,685

[1] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the 2 most common local misconceptions about AIDS transmission or prevention of the AIDS virus. The components of comprehensive knowledge are presented in Tables 13.2, 13.3.1, and 13.3.2.
[2] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

The table shows that about one-quarter (26 percent) of young women and one-third (32 percent) of young men age 15-24 have comprehensive knowledge of AIDS. Knowledge of HIV and AIDS increases with age and is notably higher among urban residents (32 percent of young women and 39 percent of young men) than rural residents (18 percent and 22 percent, respectively). The proportion of youth with comprehensive knowledge is highest among those with a secondary education or higher (34 percent of young women and 39 percent of young men).

Because of the important role that condoms play in combating the transmission of HIV, respondents were asked whether they know of a source of condoms. Only responses about formal sources were considered (i.e., sources other than friends or family members). As shown in Table 13.15, young men are more than twice as likely as young women to know where to obtain a condom (68 percent versus 28

percent). Knowledge of a condom source increases with age. Knowledge is highest among young women and men who have never been married but have had sex (51 percent and 83 percent, respectively), those living in urban areas (35 percent and 77 percent, respectively), and those with a secondary education or higher (37 percent and 76 percent, respectively).

13.12.2 Age at First Sexual Intercourse among Youth

Age at first sex is an important indicator of both exposure to the risk of pregnancy and exposure to STIs. Young people who initiate sex at an early age are considered to be at a higher risk of becoming pregnant or contracting an STI than young people who delay initiation of sexual activity. Consistent use of condoms can reduce such risks.

Table 13.16 shows the proportion of young women and men age 15-24 who had sex before age 15 and before age 18. Eight percent of young women and 5 percent of young men had sex by age 15, and 32 percent of young women and 24 percent of young men had sex by age 18. Among young women, the proportion initiating sexual activity early is negligible among those who have not been married and higher among those who have been married. For example, 56 percent of ever-married young women had initiated sexual intercourse by age 18, as compared with just 7 percent of never-married young women. This pattern is reversed among men; those who have never been married are more likely to initiate sexual activity early than those who have been married. Sexual debut at an early age is more common among rural than urban young women: 12 percent of young women in rural areas had initiated sex by age 15, as compared with 5 percent of those in urban areas. Likewise, 45 percent of young women in rural areas had initiated sex by age 18, as compared with 23 percent of those in urban areas. Among young men, the urban-rural difference is insignificant. The likelihood of early sexual debut drops drastically among young women with a secondary education or higher. Among young men, the reverse pattern is observed: the likelihood of early sexual activity increases with increasing education.

Table 13.16 Age at first sexual intercourse among young people

Percentage of young women and young men age 15-24 who had sexual intercourse before age 15 and percentage of young women and young men age 18-24 who had sexual intercourse before age 18, by background characteristics, The Gambia 2013

	Women age 15-24		Women age 18-24		Men age 15-24		Men age 18-24	
Background characteristic	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
Age								
15-19	5.7	2,407	na	na	6.1	836	na	na
15-17	5.7	1,323	na	na	5.0	450	na	na
18-19	5.7	1,084	27.8	1,084	7.4	386	28.6	386
20-24	10.1	2,125	34.3	2,125	3.0	849	22.2	849
20-22	9.7	1,337	34.3	1,337	3.3	556	24.6	556
23-24	10.9	788	34.3	788	2.5	293	17.6	293
Marital status								
Never married	1.0	2,646	6.9	1,555	4.6	1,624	24.6	1,174
Ever married	17.3	1,886	55.8	1,654	2.5	62	17.5	62
Knows condom source[1]								
Yes	6.3	1,277	28.9	1,055	5.5	1,151	25.7	931
No	8.4	3,254	33.6	2,154	2.6	534	19.6	305
Residence								
Urban	4.9	2,580	23.2	1,882	4.9	1,046	23.3	803
Rural	11.6	1,952	44.7	1,326	4.1	639	26.0	432
Education								
No education	16.0	1,265	54.6	944	3.0	331	19.3	256
Primary	9.3	753	50.8	430	3.9	288	23.3	161
Secondary or higher	3.2	2,514	16.1	1,835	5.2	1,067	25.9	818
Total	7.8	4,532	32.1	3,209	4.6	1,685	24.2	1,236

na = Not available
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

13.12.3 Premarital Sex

The period between initiation of sexual intercourse and marriage is often a time of sexual experimentation. Table 13.17 presents information on premarital sexual intercourse and condom use among never-married youth age 15-24 in The Gambia. Ninety-one percent of never-married young women and 64 percent of never-married young men have never had sexual intercourse. Among never-married, sexually active young women and men, 28 percent and 59 percent, respectively, used a condom during their last sexual intercourse.

Table 13.17 Premarital sexual intercourse and condom use during premarital sexual intercourse among youth

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, The Gambia 2013

	Never married women age 15-24					Never married men age 15-24				
				Women who had sexual intercourse in the past 12 months					Men who had sexual intercourse in the past 12 months	
Background characteristic	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married women	Percentage who used a condom at last sexual intercourse	Number of women	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married men	Percentage who used a condom at last sexual intercourse	Number of men
Age										
15-19	96.0	2.3	1,821	(28.3)	42	77.2	13.5	834	43.5	113
15-17	98.0	0.7	1,092	*	8	87.8	7.1	450	(35.2)	32
18-19	92.8	4.6	730	(28.5)	34	64.8	21.0	384	46.8	81
20-24	79.3	11.6	825	27.8	95	49.6	30.5	790	66.6	241
20-22	80.4	10.8	597	(32.1)	64	52.4	26.5	539	65.3	143
23-24	76.3	13.6	228	*	31	43.7	39.1	251	68.5	98
Knows condom source[1]										
Yes	83.0	10.8	738	28.1	80	56.2	27.4	1,117	65.5	306
No	93.7	3.0	1,908	27.7	58	80.6	9.4	506	18.8	48
Residence										
Urban	90.2	6.0	1,756	33.8	105	61.9	22.7	1,023	66.1	232
Rural	91.8	3.7	891	(9.4)	33	67.0	20.3	601	46.1	122
Education										
No education	90.6	3.1	362	*	11	68.4	19.5	300	56.2	59
Primary	89.4	7.8	409	*	32	74.4	15.8	278	43.1	44
Secondary or higher	91.1	5.0	1,876	31.4	94	59.6	24.0	1,045	62.7	251
Total	90.8	5.2	2,646	28.0	137	63.8	21.8	1,624	59.2	354

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases.
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

13.12.4 Multiple Sexual Partners among Youth

Less than 1 percent of young women and 2 percent of young men age 15-24 had two or more sexual partners during the 12 months preceding the survey (data not shown). The numbers of cases are too small to show these proportions by background characteristics.

13.12.5 Age Mixing in Sexual Relationships among Young Women Age 15-19

In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the spread of HIV and other STIs because older men are more likely to have been exposed to these diseases. Using preventive methods such as negotiating safer sex is more difficult when age differences are large. To examine age mixing in the 2013 GDHS, young women age 15-19 who had sex in the 12 months preceding the survey were asked whether their partner was younger, about the same age, or older than they were. If the partner was older, they were asked whether they thought he was less than 10 years older or 10 or more years older.

Table 13.18 shows that, among young women age 15-19 who had sexual intercourse in the 12 months preceding the survey, 65 percent had sex with a man 10 or more years older. Age mixing in sexual relationships is highest among young women age 15-17 (68 percent), those who have been married (70 percent), and those who know of a condom source (68 percent). There is little variation by urban-rural residence. Age mixing decreases steadily with increasing education. Sixty-nine percent of young women with no education had sexual intercourse with a man 10 or more years older in the past 12 months, as compared with 56 percent of those with a secondary education or higher.

13.12.6 Recent HIV Tests among Youth

Table 13.19 shows the percentage of sexually active young women and men who were tested for HIV in the 12 months preceding the survey and received the test results, by selected background characteristics. Twenty-two percent of sexually active young women and 6 percent of sexually active young men age 15-24 were tested for HIV in the past 12 months and received the results. The percentage of sexually active young women who were tested for HIV in the past 12 months is highest among those age 23-24 (25 percent), those who have never been married (26 percent), those living in urban areas (27 percent), and those with a secondary education or higher (26 percent). Less pronounced differences are observed among young men.

Table 13.18 Age mixing in sexual relationships among women and men age 15-19

Among women and men age 15-19 who had sexual intercourse in the past 12 months, percentage who had sexual intercourse with a partner who was 10 or more years older than themselves, by background characteristics, The Gambia 2013

	Women age 15-19 who had sexual intercourse in the past 12 months	
Background characteristic	Percentage who had sexual intercourse with a man 10+ years older	Number of women
Age		
15-17	67.9	185
18-19	63.1	348
Marital status		
Never married	(9.8)	42
Ever married	69.5	491
Knows condom source[1]		
Yes	68.3	121
No	63.8	412
Residence		
Urban	66.1	212
Rural	63.9	321
Education		
No education	68.5	255
Primary	66.4	140
Secondary or higher	56.2	138
Total	64.8	533

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

Table 13.19 Recent HIV tests among youth

Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who were tested for HIV in the past 12 months and received the results of the last test, by background characteristics, The Gambia 2013

	Women age 15-24 who have had sexual intercourse in the past 12 months:		Men age 15-24 who have had sexual intercourse in the past 12 months:	
Background characteristic	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of men
Age				
15-19	21.0	533	4.3	113
15-17	21.5	185	(11.4)	32
18-19	20.7	348	1.4	81
20-24	23.0	1,181	6.9	295
20-22	21.3	679	3.2	159
23-24	25.3	502	11.3	135
Marital status				
Never married	26.1	137	5.9	354
Ever married	22.0	1,576	8.0	54
Knows condom source[1]				
Yes	22.2	548	7.1	336
No	22.4	1,166	1.8	71
Residence				
Urban	26.6	795	6.1	253
Rural	18.7	919	6.3	154
Education				
No education	19.3	783	3.6	82
Primary	22.8	320	6.8	53
Secondary or higher	26.0	611	6.8	272
Total	22.4	1,714	6.2	407

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

HIV PREVALENCE 14

Key Findings

- Only 1.9 percent of adults age 15-49 in The Gambia are infected with HIV.
- The HIV prevalence rate is 2.1 percent among women and 1.7 percent among men.
- Among both women and men, HIV prevalence peaks at 5.9 percent in the 35-39 age group.
- By residence, the HIV prevalence is 1.9 percent among urban respondents and 2.0 among rural respondents.
- The HIV prevalence is lowest in Banjul (1.1 percent) and highest in Mansakonko (2.9 percent).
- Only 0.3 percent of young people age 15-24 are infected with HIV.
- A majority of respondents who are HIV positive have not been previously tested (67.4 percent) or have been tested but have not received the results of their last test (1.9 percent).
- In 96.7 percent of the 1,193 cohabiting couples who were tested for HIV in the 2013 GDHS, both partners were HIV negative. In 0.8 percent of couples, both partners were HIV positive, and 2.5 percent of couples were discordant (that is, one partner was infected with HIV and the other was not).

In The Gambia, much of the information on national HIV prevalence estimates is derived from sentinel surveillance at antenatal care clinics. Although surveillance data do not provide estimates of HIV prevalence for the general population, they do provide results specific to women attending antenatal clinics.

As part of the 2013 GDHS, it was therefore decided to test a representative sample of women age 15-49 and men age 15-59 for HIV. For the first time, the 2013 GDHS provides direct estimates of HIV prevalence among the general adult female and male populations in The Gambia. HIV prevalence is disaggregated by various background characteristics, such as age, residence, Local Government Area (LGA), education, and wealth. In addition, HIV prevalence is analysed according to demographic characteristics and sexual behaviour to identify factors associated with the epidemic.

Test results will be used to refine HIV prevalence estimates based on the sentinel surveillance system and allow better monitoring of the epidemic. The HIV prevalence estimates from the 2013 GDHS will also be used to provide data for future policy planning and programme interventions to prevent the spread of the disease.

The HIV testing methodology is described in detail in Chapter 1. This chapter addresses the results of the testing and provides information on HIV testing coverage rates among eligible survey respondents.

14.1 COVERAGE RATES FOR HIV TESTING

Table 14.1 shows the distribution of women age 15-49 and men age 15-59 eligible for HIV testing by testing outcome. Overall, 77 percent of the GDHS respondents who were eligible for testing were both interviewed and tested, and 2 percent were tested but not interviewed. Testing coverage rates are higher

among women than among men (85 percent and 72 percent, respectively). Among all respondents eligible for testing, 8 percent refused to provide blood and 10 percent were absent at the time of blood collection.

Table 14.1 Coverage of HIV testing by residence and Local Government Area

Percent distribution of women age 15-49 and men age 15-59 eligible for HIV testing by testing status, according to residence and Local Government Area (unweighted), The Gambia 2013

	Testing status									
	DBS tested[1]		Refused to provide blood		Absent at the time of blood collection		Other/missing[2]			
Residence and Local Government Area	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Total	Number
WOMEN 15-49										
Residence										
Urban	78.7	2.0	4.8	4.8	2.6	4.1	1.7	1.5	100.0	2,418
Rural	86.5	2.1	2.1	1.2	1.4	4.0	1.6	1.2	100.0	2,988
Local Government Area										
Banjul	80.0	1.6	4.2	5.0	2.3	3.3	1.7	1.9	100.0	575
Kanifing	72.6	2.1	4.8	6.5	3.6	5.7	2.4	2.3	100.0	861
Brikama	82.5	1.6	4.3	2.8	2.2	4.1	1.0	1.5	100.0	928
Mansakonko	91.3	1.9	2.7	1.3	0.4	1.9	0.0	0.6	100.0	527
Kerewan	89.5	4.8	1.2	0.6	0.9	2.6	0.3	0.3	100.0	778
Kuntaur	84.5	0.7	2.7	2.3	1.9	5.7	0.7	1.6	100.0	566
Janjanbureh	87.4	1.1	2.5	1.0	2.1	4.8	0.6	0.6	100.0	523
Basse	80.9	1.9	3.2	1.5	1.2	3.9	5.9	1.5	100.0	648
Total	83.0	2.1	3.3	2.8	1.9	4.0	1.6	1.3	100.0	5,406
MEN 15-59										
Residence										
Urban	64.2	2.3	8.3	5.8	4.1	10.1	1.6	3.7	100.0	2,343
Rural	76.5	0.9	3.8	2.2	3.5	9.5	1.8	1.8	100.0	2,325
Local Government Area										
Banjul	65.5	1.8	8.8	4.8	2.8	7.6	2.0	6.6	100.0	603
Kanifing	61.0	3.1	7.8	6.4	4.6	11.7	2.1	3.3	100.0	779
Brikama	67.5	1.8	6.4	4.7	5.1	10.8	1.2	2.4	100.0	981
Mansakonko	85.4	0.7	4.7	2.7	0.2	5.0	0.2	1.0	100.0	403
Kerewan	83.6	1.6	2.3	1.8	1.6	6.9	0.4	1.9	100.0	568
Kuntaur	66.9	0.5	8.3	5.1	6.3	10.2	1.2	1.5	100.0	411
Janjanbureh	69.7	0.4	1.5	1.3	6.1	18.4	0.4	2.2	100.0	462
Basse	72.5	1.1	7.2	2.8	2.2	6.3	6.3	1.7	100.0	461
Total 15-59	70.3	1.6	6.1	4.0	3.8	9.8	1.7	2.8	100.0	4,668
TOTAL (WOMEN 15-49 AND MEN 15-59)										
Residence										
Urban	71.6	2.1	6.5	5.3	3.3	7.1	1.6	2.6	100.0	4,761
Rural	82.1	1.6	2.8	1.6	2.3	6.4	1.7	1.5	100.0	5,313
Local Government Area										
Banjul	72.6	1.7	6.5	4.9	2.5	5.5	1.9	4.3	100.0	1,178
Kanifing	67.1	2.6	6.2	6.5	4.1	8.5	2.3	2.8	100.0	1,640
Brikama	74.8	1.7	5.4	3.8	3.7	7.5	1.1	2.0	100.0	1,909
Mansakonko	88.7	1.4	3.5	1.9	0.3	3.2	0.1	0.8	100.0	930
Kerewan	87.0	3.4	1.6	1.1	1.2	4.4	0.3	1.0	100.0	1,346
Kuntaur	77.1	0.6	5.0	3.5	3.8	7.6	0.9	1.5	100.0	977
Janjanbureh	79.1	0.8	2.0	1.1	4.0	11.2	0.5	1.3	100.0	985
Basse	77.4	1.5	4.9	2.1	1.6	4.9	6.0	1.6	100.0	1,109
Total	77.1	1.8	4.6	3.3	2.8	6.7	1.6	2.0	100.0	10,074

[1] Includes all dried blood samples (DBS) tested at the lab and for which there is a result (i.e., positive, negative, or indeterminate). Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.
[2] Includes (1) other results of blood collection (e.g., technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

By residence, coverage of HIV testing is higher in rural areas (84 percent) than in urban areas (74 percent). Among LGAs, coverage rates are highest in Mansakonko and Kerewan (90 percent each) and lowest in Kanifing (70 percent).

Table 14.2 shows coverage of HIV testing by background characteristics. Among women, coverage of HIV testing ranges from 80 percent for the 40-49 age groups to 87 percent among those age 15-19. Among men, testing coverage is 64 percent among men age 40-44, as compared with 75 percent

among those age 15-19. There is little variation in testing coverage levels among women; in the case of men, coverage is lowest among those with no education (69 percent).

Additional tables describing the relationship between participation in HIV testing and characteristics related to HIV risk are presented in Appendix A (see Tables A.7-A.10). Overall, the results in Tables A.7-A.10 do not show a systematic relationship between participation in testing and variables associated with a higher risk of HIV infection.

Table 14.2 Coverage of HIV testing by selected background characteristics

Percent distribution of women age 15-49 and men age 15-59 eligible for HIV testing by testing status, according to selected background characteristics (unweighted), The Gambia 2013

Background characteristic	Testing status								Total	Number
	DBS tested[1]		Refused to provide blood		Absent at the time of blood collection		Other/missing[2]			
	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed		
WOMEN 15-49										
Age										
15-19	85.1	1.6	3.4	2.1	1.8	2.8	1.9	1.3	100.0	1,247
20-24	83.8	1.6	3.0	2.4	2.1	4.4	1.4	1.3	100.0	1,108
25-29	81.9	2.0	3.4	2.7	1.9	5.3	1.8	0.9	100.0	928
30-34	83.4	2.4	2.9	3.7	1.9	3.0	1.5	1.1	100.0	789
35-39	81.4	3.4	4.1	2.1	1.5	4.8	1.0	1.7	100.0	585
40-44	82.4	2.1	2.1	4.6	2.1	3.5	1.4	1.9	100.0	432
45-49	78.2	1.9	4.1	3.8	2.2	5.7	1.9	2.2	100.0	317
Education										
No education	83.3	2.5	2.7	2.9	1.6	3.9	1.5	1.6	100.0	2,689
Primary	87.4	1.5	2.7	2.1	0.9	2.9	1.9	0.5	100.0	747
Secondary or higher	82.4	1.6	3.9	2.7	2.4	4.4	1.4	1.2	100.0	1,804
Wealth quintile										
Lowest	88.6	1.7	1.8	1.7	1.4	3.0	0.7	1.0	100.0	1,095
Second	87.1	2.3	1.3	0.7	1.4	4.3	1.7	1.3	100.0	1,223
Middle	82.9	2.3	3.4	2.3	1.9	4.2	1.9	1.1	100.0	965
Fourth	80.9	2.1	5.8	2.9	1.3	4.2	1.7	1.1	100.0	958
Highest	75.3	1.9	4.5	6.4	3.5	4.5	2.1	2.0	100.0	1,165
Total	83.0	2.1	3.3	2.8	1.9	4.0	1.6	1.3	100.0	5,406
MEN 15-59										
Age										
15-19	73.5	1.9	4.0	3.4	4.6	8.3	1.9	2.4	100.0	1,036
20-24	72.7	0.9	5.6	3.2	3.9	8.7	2.1	2.9	100.0	932
25-29	70.4	1.9	5.8	4.1	3.2	11.2	1.3	2.1	100.0	678
30-34	68.3	1.2	5.9	6.1	2.2	10.8	2.2	3.3	100.0	508
35-39	69.2	2.1	7.0	3.4	3.8	10.8	1.3	2.5	100.0	474
40-44	63.0	1.1	7.5	3.9	5.0	14.2	0.8	4.5	100.0	359
45-49	68.6	1.6	8.8	4.7	3.8	9.1	0.9	2.5	100.0	318
50-54	67.4	2.2	9.3	4.8	3.5	9.3	1.8	1.8	100.0	227
55-59	69.1	2.2	8.8	4.4	2.9	5.9	2.2	4.4	100.0	136
Education										
No education	67.1	1.7	5.7	4.3	4.1	12.2	1.4	3.5	100.0	1,813
Primary	73.8	1.4	7.0	2.4	3.3	7.6	2.1	2.4	100.0	630
Secondary or higher	73.0	1.7	5.3	4.2	3.5	8.5	1.6	2.2	100.0	1,931
Wealth quintile										
Lowest	78.9	1.3	3.9	2.4	2.4	7.8	0.8	2.6	100.0	875
Second	76.3	0.6	4.3	3.0	3.0	9.8	1.5	1.4	100.0	951
Middle	68.7	1.1	5.0	4.0	5.2	11.6	2.6	1.7	100.0	801
Fourth	65.7	2.8	7.8	4.8	3.8	9.9	1.2	3.9	100.0	963
Highest	63.4	1.9	8.6	5.4	4.5	10.1	2.3	3.8	100.0	1,078
Total	70.3	1.6	6.1	4.0	3.8	9.8	1.7	2.8	100.0	4,668

Note: Total includes 5 men for whom information on education is missing.
[1] Includes all dried blood samples (DBS) tested at the lab and for which there is a result (i.e., positive, negative, or indeterminate). Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.
[2] Includes (1) other results of blood collection (e.g., technical problem in the field), (2) lost specimens, (3) non corresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

14.2 HIV PREVALENCE

14.2.1 HIV Prevalence by Age and Sex

Table 14.3 shows the percentage of respondents age 15-49 who are infected with HIV. The overall HIV prevalence among all women and men tested in the 2013 GDHS is 1.9 percent. The HIV prevalence among women is 2.1 percent, as compared with 1.7 percent among men. In general, HIV prevalence increases with age among both women and men, peaking at 5.9 percent in the 35-39 age group.

Table 14.3 HIV prevalence by age

Among de facto women age 15-49 and men age 15-59 who were interviewed and tested, the percentage HIV positive, by age, The Gambia 2013

	Women		Men		Total	
Age	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
15-19	0.4	943	0.3	818	0.4	1,761
20-24	0.3	859	0.0	827	0.1	1,686
25-29	2.5	746	0.6	581	1.7	1,327
30-34	2.5	613	3.9	407	3.1	1,020
35-39	5.9	414	5.9	367	5.9	781
40-44	4.9	299	3.2	251	4.1	550
45-49	3.4	213	2.7	200	3.1	413
50-59	na	na	3.3	230	na	na
Total 15-49	2.1	4,089	1.7	3,450	1.9	7,539
Total 15-59	na	na	1.8	3,680	na	na

na = Not applicable

14.2.2 HIV Prevalence by Socioeconomic Characteristics

Table 14.4 shows the variation in HIV prevalence by various socioeconomic characteristics (religion, employment, residence, region, educational level, and wealth quintile). In the case of both women and men, HIV prevalence is somewhat higher among Christians than Muslims (3.8 percent versus 1.8 percent); in addition, it is higher among respondents who are employed than among those who are not employed (2.3 percent versus 1.3 percent). By LGA, HIV prevalence is highest in Mansakonko and Brikama (2.9 percent and 2.5 percent, respectively) and lowest in Banjul (1.1 percent).

HIV prevalence decreases from 2.7 percent among respondents with no education to 1.2 percent among those with a secondary education or higher. Men and women in the lowest wealth quintile have the highest HIV prevalence (3.0 percent).

Table 14.4 HIV prevalence by socioeconomic characteristics

Percentage HIV positive among women and men age 15-49 who were tested, by socioeconomic characteristics, The Gambia 2013

Background characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Religion						
Islam	2.0	3,936	1.6	3,307	1.8	7,242
Christianity	4.5	150	3.0	140	3.8	290
Employment (past 12 months)						
Not employed	1.8	1,979	0.3	989	1.3	2,969
Employed	2.4	2,109	2.2	2,460	2.3	4,569
Residence						
Urban	2.4	2,291	1.3	2,150	1.9	4,441
Rural	1.8	1,798	2.3	1,300	2.0	3,098
Local Government Area						
Banjul	2.0	89	0.2	83	1.1	171
Kanifing	2.3	979	0.5	825	1.5	1,804
Brikama	2.6	1,362	2.4	1,403	2.5	2,765
Mansakonko	3.8	195	1.5	136	2.9	331
Kerewan	1.7	455	0.8	311	1.3	766
Kuntaur	1.4	216	1.3	138	1.4	353
Janjanbureh	2.8	291	1.3	231	2.1	521
Basse	0.2	503	3.0	323	1.3	826
Education						
No education	2.6	1,907	3.0	1,040	2.7	2,947
Primary	2.4	569	1.3	464	1.9	1,033
Secondary or higher	1.5	1,613	1.0	1,945	1.2	3,558
Wealth quintile						
Lowest	2.8	685	3.2	506	3.0	1,190
Second	1.5	804	1.4	602	1.5	1,406
Middle	2.8	703	2.8	549	2.8	1,252
Fourth	2.2	891	0.7	912	1.4	1,802
Highest	1.7	1,007	1.2	881	1.5	1,888
Total 15-49	2.1	4,089	1.7	3,450	1.9	7,539
50-59	na	na	3.3	230	3.3	230
Total 15-59	na	na	1.8	3,680	1.8	3,680

Note: Total includes 2 cases with no religion, 4 cases for whom information on type of religion is missing, and 1 case for whom information on current employment is missing.
na = Not applicable

14.2.3 HIV Prevalence by Demographic Characteristics

Table 14.5 shows HIV prevalence among women and men by marital status, type of union, number of times the respondent slept away from home in the 12 months before the survey, amount of time spent away from home in the past 12 months, and, among women, pregnancy status and use of antenatal care (ANC). Widowed respondents (13.3 percent), women in polygynous unions (3.3 percent), and men in non-polygynous unions (4.1 percent) are more likely than those in other subgroups to be HIV positive. HIV prevalence is higher among women and men who slept away from home five or more times in the past year (3.5 percent) and those who were away for more than one month (3.1 percent).

Women who are not pregnant or not sure whether they are pregnant (2.2 percent) are more likely to be HIV positive than pregnant women (1.4 percent). In addition, HIV prevalence is higher among women who received ANC from a non-public sector provider in the three years preceding the survey (3.0 percent) than among those who received ANC from a public sector provider (1.8 percent) and those who did not receive any ANC for their most recent birth or did not have a birth in the last three years (2.3 percent).

Table 14.5 HIV prevalence by demographic characteristics

Percentage HIV positive among women and men age 15-49 who were tested, by demographic characteristics, The Gambia 2013

Demographic characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Marital status						
Never married	0.7	1,148	0.3	2,140	0.5	3,288
Ever had sexual intercourse	2.3	145	0.5	968	0.7	1,113
Never had sexual intercourse	0.5	1,003	0.2	1,173	0.3	2,175
Married/living together	2.4	2,725	3.7	1,271	2.8	3,996
Divorced or separated	2.6	154	(6.7)	37	3.4	191
Widowed	13.7	62	*	2	13.3	64
Type of union						
In polygynous union	3.3	1,028	1.8	216	3.0	1,244
In non-polygynous union	1.7	1,682	4.1	1,054	2.6	2,736
Not currently in union	1.5	1,364	0.5	2,179	0.9	3,543
Times slept away from home in past 12 months						
None	2.3	2,231	0.7	1,730	1.6	3,961
1-2	2.0	1,324	2.5	814	2.2	2,138
3-4	0.8	353	1.3	330	1.0	683
5+	3.5	175	3.4	573	3.5	748
Time away in past 12 months						
Away for more than 1 month	2.8	655	3.5	602	3.1	1,257
Away for less than 1 month	1.4	1,197	2.1	1,114	1.7	2,311
Not away	2.3	2,232	0.7	1,730	1.6	3,962
Currently pregnant						
Pregnant	1.4	319	na	na	na	na
Not pregnant or not sure	2.2	3,770	na	na	na	na
ANC for last birth in the past 3 years						
ANC provided by the public sector	1.8	1,674	na	na	na	na
ANC provided by other than the public sector	3.0	109	na	na	na	na
No ANC/no birth in past 3 years	2.3	2,291	na	na	na	na
Total 15-49	2.1	4,089	1.7	3,450	1.9	7,539
50-59	na	na	3.3	230	na	na
Total 15-59	na	na	1.8	3,680	na	na

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 15 cases for whom information on type of union is missing, 8 cases for whom information on times slept away from home in the past 12 months is missing, 9 cases for whom information on times away in past 12 months is missing, and 15 cases for whom information on ANC for last birth in the last 3 years is missing.
na = Not applicable

14.2.4 HIV Prevalence by Sexual Behaviour

Table 14.6 presents HIV prevalence rates among respondents who have ever had sexual intercourse by sexual behaviour indicators. In reviewing these results, one should note that responses to questions about sexual risk behaviour may be subject to reporting bias. Also, sexual behaviour in the 12 months preceding the survey may not adequately reflect lifetime sexual risk.

Among all respondents age 15-49 who had ever had sex and were tested for HIV, 2.5 percent are HIV positive (2.6 percent of women and 2.4 percent of men). In the general population, there is no strong relationship between age at first sexual intercourse and HIV prevalence. Among women, HIV prevalence decreases slightly as age at first sexual intercourse increases. Among men, there is no clear pattern in variations by age. However, those whose sexual debut was at age 16-17 are more likely to be HIV positive (4.7 percent) than other men.

Caution should be used when interpreting HIV prevalence levels among women based on the number of sexual partners in the past 12 months because very few women report more than one partner. HIV prevalence was higher among women who had no sexual partners (3.6 percent) in the past 12 months than among those who had one partner (2.4 percent).

Table 14.6 HIV prevalence by sexual behaviour

Percentage HIV positive among women and men age 15-49 who ever had sex and were tested for HIV, by sexual behaviour characteristics, The Gambia 2013

Sexual behaviour characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age at first sexual intercourse						
<16	3.0	905	0.6	271	2.5	1,177
16-17	2.5	605	4.7	306	3.3	911
18-19	2.4	587	2.6	452	2.5	1,039
20+	2.0	746	2.2	1,159	2.1	1,906
Multiple sexual partners and partner concurrency in past 12 months						
0	3.6	513	1.4	433	2.6	945
1	2.4	2,517	2.7	1,555	2.5	4,072
2+	*	10	2.2	274	2.1	284
Had concurrent partners[1]	*	0	1.8	187	1.8	188
None of the partners were concurrent	*	9	3.1	87	2.8	96
Condom use at last sexual intercourse in past 12 months						
Used condom	3.1	82	0.7	496	1.0	578
Did not use condom	2.4	2,443	3.4	1,331	2.7	3,775
No sexual intercourse in last 12 months	3.6	513	1.3	436	2.5	949
Number of lifetime partners						
1	1.7	2,445	2.9	846	2.0	3,291
2	7.0	457	2.0	571	4.2	1,028
3-4	5.4	109	3.0	478	3.4	587
5-9	*	16	1.1	239	1.3	255
10+	*	0	2.3	90	2.3	90
Paid for sexual intercourse in past 12 months						
Yes	na	na	(6.8)	24	na	na
Used condom	na	na	*	17	na	na
Did not use condom	na	na	*	8	na	na
No/no sexual intercourse in last 12 months	na	na	2.4	2,241	na	na
Total 15-49	2.6	3,040	2.4	2,265	2.5	5,305
50-59	na	na	3.3	229	na	na
Total 15-59	na	na	2.5	2,494	2.5	2,494

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 272 cases for whom information on age at first sexual intercourse is missing, 4 cases for whom information on multiple sexual partners and partner concurrency in past 12 months is missing, 3 cases for whom information on condom use at last sexual intercourse in past 12 months is missing, and 54 cases for whom information on number of lifetime partners is missing.

[1] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with 2 or more people during the 12 months before the survey. (Respondents with concurrent partners include polygynous men who had overlapping sexual partnerships with 2 or more wives.)

na = Not applicable

Among men, HIV prevalence is higher among those with one partner in the past 12 months (2.7 percent) than among those who had no partners (1.4 percent) and those who had two or more partners (2.2 percent). HIV prevalence is lower among men who had concurrent partners (1.8 percent) than among those who did not (3.1 percent).

Among women, those with two lifetime partners are most likely to be HIV positive (7 percent), followed by those with three to four lifetime partners (5.4 percent). Women with one lifetime partner are least likely to be HIV positive (1.7 percent). In the case of men, there is no clear relationship between HIV prevalence and number of lifetime partners. However, HIV prevalence is lowest among those with five to nine partners (1.1 percent).

Table 14.6 also shows that there is no clear correlation between condom use during last sexual intercourse and HIV status. Among women, HIV prevalence is highest among those who did not have sexual intercourse in the past 12 months (3.6 percent), followed by those who used a condom (3.1 percent). In contrast, men who did not use a condom during their most recent sexual intercourse are more likely to be HIV positive (3.4 percent) than men who used a condom (0.7 percent) and those who had no sexual intercourse in the past 12 months (1.3 percent).

In summary, the results presented in Table 14.6 do not demonstrate a consistent relationship between sexual risk behaviour and HIV prevalence. Additional analysis may be necessary to understand these relationships because they are often confounded by other factors that are associated with both behavioural measures and HIV prevalence such as age, marital status, and residence. In addition, because HIV prevalence rates are low overall, it may not be possible to parse differences in prevalence even when they are linked with behaviour.

14.3 HIV PREVALENCE AMONG YOUNG PEOPLE

As specified in the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS, young people in the 15-24 age range are an important group to monitor with respect to reductions in HIV incidence at the population level.

Table 14.7 shows that HIV prevalence among youth age 15-24 is 0.3 percent (0.4 percent among young women and 0.2 percent among young men). Given the low overall HIV prevalence, there is little variation in prevalence by background characteristics.

Table 14.7 HIV prevalence among young people by background characteristics

Percentage HIV positive among women and men age 15-24 who were tested for HIV, by background characteristics, The Gambia 2013

Background characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age						
15-19	0.4	943	0.3	818	0.4	1,761
15-17	0.4	497	0.1	424	0.3	920
18-19	0.5	447	0.5	394	0.5	841
20-24	0.3	859	0.0	827	0.1	1,686
20-22	0.0	539	0.0	554	0.0	1,094
23-24	0.8	320	0.0	272	0.4	592
Marital status						
Never married	0.4	1,019	0.2	1,589	0.3	2,608
Ever had sex	0.0	97	0.0	585	0.0	681
Never had sex	0.4	923	0.3	1,004	0.3	1,927
Married/living together	0.2	741	0.0	53	0.2	795
Divorced/separated/widowed	(2.5)	42	*	2	(2.4)	44
Currently pregnant						
Pregnant	0.7	129	na	na	na	na
Not pregnant or not sure	0.3	1,674	na	na	na	na
Residence						
Urban	0.3	1,029	0.0	1,029	0.2	2,058
Rural	0.4	774	0.4	616	0.4	1,389
Local Government Area						
Banjul	0.0	38	0.0	35	0.0	73
Kanifing	0.7	434	0.0	400	0.3	834
Brikama	0.0	597	0.3	681	0.2	1,278
Mansakonko	1.0	84	0.0	67	0.6	151
Kerewan	0.7	217	0.4	139	0.6	356
Kuntaur	0.6	87	0.0	57	0.3	144
Janjanbureh	0.7	137	0.0	115	0.4	253
Basse	0.0	207	0.0	151	0.0	358
Education						
No education	0.5	515	0.0	317	0.3	832
Primary	0.2	302	0.2	265	0.2	567
Secondary or higher	0.3	986	0.2	1,062	0.3	2,048
Wealth quintile						
Lowest	0.5	277	0.3	205	0.4	482
Second	0.1	354	0.7	304	0.4	659
Middle	0.5	300	0.0	280	0.3	580
Fourth	0.9	393	0.0	440	0.4	833
Highest	0.0	478	0.0	416	0.0	894
Total 15-24	0.4	1,803	0.2	1,644	0.3	3,447

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

The 2013 GDHS collected data on behaviours that correlate with sexually transmitted infection (STI) rates. Information on sexual behaviours is important in designing, targeting, and monitoring HIV prevention interventions for young adults. Three sexual behaviour characteristics that correlate with STI rates are number of sexual partners, age at first sexual intercourse, and condom use. It is important to note that responses about sexual behaviour are subject to reporting bias.

Table 14.8 shows HIV prevalence among young people by sexual behaviour. Overall, 0.2 percent of respondents age 15-24 who have ever had sex and were tested in the 2013 GDHS are HIV positive. Because of the low HIV prevalence among youth age 15-24 who have ever had sex, there are no marked differences by background characteristics.

Table 14.8 HIV prevalence among young people by sexual behaviour

Percentage HIV positive among women and men age 15-24 who have ever had sex and were tested for HIV, by sexual behaviour, The Gambia 2013

	Women		Men		Total	
Sexual behaviour characteristic	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Multiple sexual partners and partner concurrency in past 12 months						
0	0.0	139	0.0	232	0.0	372
1	0.4	701	0.0	361	0.3	1,062
2+	*	2	(0.0)	41	(0.0)	43
Had concurrent partners[1]	*	0	*	13	*	13
None of the partners were concurrent	*	2	(0.0)	27	(0.0)	29
Condom use at last sexual intercourse in past 12 months						
Used condom	(0.0)	35	0.0	208	0.0	243
Did not use condom	0.4	668	0.0	194	0.3	862
No sexual intercourse in last 12 months	0.0	139	0.0	233	0.0	373
Total 15-24	0.3	843	0.0	635	0.2	1,478

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 1 case for whom information on multiple sexual partners and partner concurrency in past 12 months is missing and 1 case for whom information on condom use at last sexual intercourse in past 12 months is missing.

[1] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with 2 or more people during the 12 months before the survey. (Respondents with concurrent partners include polygynous men who had overlapping sexual partnerships with 2 or more wives.)

14.4 HIV PREVALENCE BY OTHER CHARACTERISTICS RELATED TO HIV RISK

A strong link exists between sexually transmitted infections and sexual transmission of HIV. Many studies have demonstrated that STIs are a co-factor in HIV transmission. Management and treatment of STIs can play an important role in the reduction of HIV transmission. The 2013 GDHS asked respondents who had ever had sex if they had contracted a disease through sexual contact in the past 12 months or if they had any symptoms associated with STIs (an abnormal discharge from the vagina or penis or a genital sore or ulcer).

Table 14.9 presents HIV prevalence by other characteristics related to HIV risk among women and men age 15-49 who have ever had sex. The table shows that women and men with a history of an STI are somewhat more likely to be HIV positive (3.2 percent and 2.8 percent, respectively) than those who have not had an STI or STI symptoms (2.5 percent and 2.4 percent, respectively). HIV prevalence is highest among respondents who had never been tested for HIV (2.9 percent) and lowest among those who had been tested but did not receive the results (1.6 percent).

Table 14.9 HIV prevalence by other characteristics

Percentage HIV positive among women and men age 15-49 who ever had sex and were tested for HIV, by whether they had an STI in the past 12 months and by prior testing for HIV, The Gambia 2013

	Women		Men		Total	
Characteristic	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Sexually transmitted infection in past 12 months						
Had STI or STI symptoms	3.2	249	2.8	76	3.1	325
No STI, no symptoms	2.5	2,765	2.4	2,160	2.5	4,926
Prior HIV testing						
Ever tested	2.4	1,668	1.0	579	2.0	2,247
Received results	2.5	1,540	0.9	535	2.1	2,075
Did not receive results	1.4	128	(2.1)	45	1.6	173
Never tested	2.9	1,341	2.9	1,684	2.9	3,025
Total 15-49	2.6	3,040	2.4	2,265	2.5	5,305

Note: Figures in parentheses are based on 25-49 unweighted cases. Total includes 54 cases for whom information on sexually transmitted infection in the past 12 months is missing and 33 cases for whom information on prior HIV testing is missing.

Table 14.10 provides further information about the relationship between prior HIV testing and the actual HIV status of respondents. The results show that about three in ten individuals who are HIV positive (30.7 percent) have been tested previously and received the result of their last test (45.6 percent of women and 8.1 percent of men). A majority of HIV-positive respondents either have never been tested (67.4 percent) or have not received the results of their last test (1.9 percent) and therefore do not know that they can transmit HIV if they have unprotected sex.

Table 14.10 Prior HIV testing by current HIV status

Percent distribution of women and men age 15-49 who tested HIV positive and who tested HIV negative by HIV testing status prior to the survey, The Gambia 2013

	Women		Men		Total	
HIV testing prior to the survey	HIV positive	HIV negative	HIV positive	HIV negative	HIV positive	HIV negative
Previously tested						
Received result of last test	45.6	38.6	(8.1)	18.0	30.7	29.2
Did not receive result of last test	2.0	4.1	(1.6)	1.7	1.9	3.0
Not previously tested	52.4	56.4	(90.3)	80.2	67.4	67.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	87	4,002	57	3,393	144	7,395

Note: Figures in parentheses are based on 25-49 unweighted cases.

14.5 HIV PREVALENCE AMONG COUPLES

A total of 1,193 cohabiting couples were tested for HIV in the 2013 GDHS. The results shown in Table 14.11 indicate that, among 96.7 percent of cohabiting couples, both partners tested negative for HIV. Both partners were HIV positive in 0.8 percent of cohabiting couples, while 2.5 percent of couples were discordant (i.e., one partner was infected and the other was not). In 1.6 percent of couples, the male partner was infected and the woman was not, while in 0.9 percent of couples, the woman was infected and the man was not.

Table 14.11 HIV prevalence among couples

Percent distribution of couples living in the same household, both of whom were tested for HIV, by HIV status, according to background characteristics, The Gambia 2013

Background characteristic	Both HIV positive	Man HIV positive, woman HIV negative	Woman HIV positive, man HIV negative	Both HIV negative	Total	Number
Woman's age						
15-19	0.8	0.0	0.0	99.2	100.0	79
20-29	0.7	1.0	0.3	98.0	100.0	540
30-39	1.1	1.3	1.7	95.9	100.0	441
40-49	0.2	6.0	0.9	92.9	100.0	133
Man's age						
20-29	0.0	0.0	0.0	100.0	100.0	138
30-39	0.6	1.7	1.4	96.4	100.0	441
40-49	0.3	2.7	0.1	96.9	100.0	414
50-59	3.0	0.2	1.9	94.8	100.0	199
Age difference between partners						
Woman older	*	*	*	*	100.0	14
Same age/man older by 0-4 years	1.8	4.0	3.0	91.3	100.0	155
Man older by 5-9 years	0.0	0.8	0.4	98.8	100.0	421
Man older by 10-14 years	0.1	2.0	0.4	97.5	100.0	316
Man older by 15+ years	2.2	0.2	0.9	96.6	100.0	287
Type of union						
Non-polygynous	0.9	1.5	1.0	96.5	100.0	836
Polygynous	0.6	1.8	0.5	97.2	100.0	352
Multiple partners in past 12 months[1]						
Both no	0.8	1.4	1.0	96.7	100.0	888
Man yes, woman no	0.7	2.1	0.4	96.8	100.0	300
Concurrent sexual partners in past 12 months[2]						
Both no	0.9	1.4	1.0	96.7	100.0	936
Man yes, woman no	0.6	2.2	0.5	96.7	100.0	257
Residence						
Urban	0.9	1.1	1.2	96.8	100.0	564
Rural	0.7	2.1	0.6	96.7	100.0	629
Local Government Area						
Banjul	0.0	0.0	1.1	98.9	100.0	26
Kanifing	0.8	0.0	1.9	97.4	100.0	190
Brikama	1.5	2.1	1.1	95.3	100.0	424
Mansakonko	0.6	0.0	0.0	99.4	100.0	53
Kerewan	0.3	0.9	0.0	98.8	100.0	150
Kuntaur	0.7	1.2	0.9	97.1	100.0	88
Janjanbureh	0.7	2.3	0.9	96.1	100.0	89
Basse	0.0	3.3	0.0	96.7	100.0	174
Woman's education						
No education	0.5	2.3	0.2	97.0	100.0	751
Primary	3.3	0.0	2.2	94.4	100.0	168
Secondary or higher	0.0	0.0	1.1	98.9	100.0	250
Man's education						
No education	1.1	1.2	0.7	97.0	100.0	633
Primary	0.0	4.4	0.0	95.6	100.0	131
Secondary or higher	0.7	1.0	1.0	97.3	100.0	363
Wealth quintile						
Lowest	1.6	3.8	2.3	92.2	100.0	272
Second	0.0	0.8	0.0	99.2	100.0	257
Middle	0.0	1.9	0.0	98.1	100.0	180
Fourth	1.9	1.2	0.0	96.9	100.0	268
Highest	0.0	0.0	1.8	98.2	100.0	216
Total couples	0.8	1.6	0.9	96.7	100.0	1,193

Note: The table is based on couples for whom a valid test result (positive or negative) is available for both partners. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 5 cases for whom information on type of union is missing and 5 cases for whom information on multiple partners in the past 12 months is missing.

[1] A respondent is considered to have had multiple sexual partners in the past 12 months if he or she had sexual intercourse with 2 or more people during this time period. (Respondents with multiple partners include polygynous men who had sexual intercourse with 2 or more wives.)

[2] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with 2 or more people during the 12 months before the survey. (Respondents with concurrent partners include polygynous men who had overlapping sexual partnerships with 2 or more wives.)

Differences by background characteristics are small. The percentage of couples in which the man is HIV positive and the woman is HIV negative is higher in couples in which the female partner is age 40-49 (6.0 percent), the partners are the same age or the man is older than the woman by four years or less (4.0 percent), and the man has a primary education (4.4 percent). Also, this percentage is highest among couples in the poorest households (3.8 percent).

WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES 15

Key Findings

- About six in ten currently married women and almost all currently married men age 15-49 were employed in the 12 months preceding the survey.
- Most women earn less than their husbands but make independent decisions about their own earnings.
- Overall, 25 percent of women in The Gambia own a house, and 21 percent own land.
- The majority of women participate in decisions about their own health care and visits to friends/family. However, men are more likely to make decisions about major household purchases.
- A higher percentage of women than men (58 percent versus 33 percent) agree that wife beating is justified.
- Women's access to antenatal, delivery, and postnatal care from a health professional is lowest among those who agree with all five reasons justifying wife beating.
- The likelihood of children surviving increases with improvements in women's empowerment status.
- Three-fourths (75 percent) of women who have heard of female genital circumcision are circumcised.
- Among the overwhelming majority of women (85 percent), circumcision involved cutting and removal of flesh.

Gender equality and women's empowerment are key factors in development strategies that focus on poverty reduction and an improved standard of living for people in The Gambia. The government of The Gambia has placed gender equality and women's empowerment as one of its top priorities in the national development agenda. The National Women's Council and Women's Bureau was established by the Council Act of 1980, and the first National Policy for the Advancement of Gambian Women (NPAGW 1999-2009) was formulated[1]. This policy provided a legitimate point of reference for addressing gender inequalities at all government levels and among all stakeholders. A review of the NPAGW in 2006, however, necessitated a policy shift from a women's development perspective to a gender and women's empowerment orientation with a rights-based approach. Thus, the revised National Gender and Women's Empowerment Policy (2010-2020)[1] aims to mainstream gender in all national and sectoral policies, programmes, plans, and budgets to achieve gender equity, equality, and women's empowerment in the development process.

This chapter presents information on factors that affect the status of women in society: employment, type of earnings, control over cash earnings, earnings relative to those of their husbands, and participation in decision making. It also defines two summary indices of empowerment derived from women's responses. The indices are based on the number of household decisions in which the respondent participates and her agreement with reasons for which wife beating is justified. The ranking of women on these indices is then related to selected demographic and health outcomes, including contraceptive use, ideal family size, unmet need for family planning, and maternal and child health care.

[1] Source: Women's Bureau, Office of the Vice President and Ministry of Women's Affairs, Banjul, The Gambia

15.1 WOMEN'S AND MEN'S EMPLOYMENT

Employment can be a source of empowerment for both women and men, especially if it puts them in control of income. In the 2013 GDHS, respondents were asked whether they were employed at the time of the survey and, if not, whether they were employed in the 12 months preceding the survey. Women's employment includes work in the home, on family farms, in family businesses, and in other informal sectors. It is important to be cautious when collecting data on women's employment because some activities are not perceived by women themselves as employment and hence may not be reported as such. To avoid underestimating women's employment, the 2013 GDHS asked women several questions to ascertain their employment status. First, they were asked "Aside from your own housework, have you done any work?" Women who answered no to this question were then asked the following: "As you know, some women take up jobs for which they are paid in cash or in kind. Others sell things, have a small business, or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?"

Table 15.1 presents data on employment and cash earnings of currently married women and men who were employed in the 12 months preceding the survey. While almost all currently married men age 15-49 (98 percent) were employed at some time in the past 12 months, only six in ten currently married women (59 percent) were employed. Among those who were employed in the past 12 months, 63 percent of women and 82 percent of men were paid in cash only. Women are slightly more likely than men to take up jobs for which they are not paid (5 percent and 3 percent, respectively). The proportion of women employed increases with age, from 32 percent among those age 15-17 to 75-77 percent among those age 40-49. The proportion of men who were employed in the past 12 months is consistent at 96-98 percent in all age groups.

Table 15.1 Employment and cash earnings of currently married women and men

Percentage of currently married women and men age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women and men employed in the past 12 months by type of earnings, according to age, The Gambia 2013

	Among currently married respondents:		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings					
Age	Percentage employed in past 12 months	Number of respondents	Cash only	Cash and in-kind	In-kind only	Not paid	Total	Number of women
				WOMEN				
15-19	31.7	573	44.9	38.5	6.7	8.9	100.0	182
20-24	44.0	1,237	59.7	32.1	3.4	4.8	100.0	545
25-29	58.7	1,528	65.2	27.5	2.6	4.6	100.0	897
30-34	61.4	1,319	65.6	26.8	2.1	5.4	100.0	810
35-39	69.4	966	65.4	26.2	2.5	5.4	100.0	670
40-44	76.9	673	66.3	27.6	1.6	4.3	100.0	517
45-49	75.1	496	61.3	31.9	1.5	4.9	100.0	373
Total 15-49	58.8	6,791	63.4	28.7	2.6	5.1	100.0	3,993
				MEN				
15-19	*	2	*	*	*	*	*	2
20-24	96.1	57	58.3	36.0	0.0	5.7	100.0	55
25-29	97.9	197	80.0	14.4	0.3	5.4	100.0	193
30-34	98.2	307	85.8	11.5	0.1	2.6	100.0	302
35-39	98.2	344	88.1	9.0	0.4	2.5	100.0	338
40-44	96.0	245	82.6	14.1	0.6	2.7	100.0	235
45-49	97.0	208	72.9	20.7	1.7	4.7	100.0	201
Total 15-49	97.5	1,360	81.8	14.2	0.5	3.4	100.0	1,326
50-59	91.2	233	82.0	14.3	0.9	2.5	100.0	213
Total 15-59	96.6	1,593	81.9	14.2	0.6	3.3	100.0	1,539

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

15.2 WOMEN'S CONTROL OVER THEIR OWN EARNINGS AND RELATIVE MAGNITUDE OF WOMEN'S EARNINGS

Table 15.2.1 shows the percent distribution of currently married women who received cash earnings in the past 12 months by the person who controls their earnings and by their perception of the magnitude of their earnings relative to those of their husband. Overall, 80 percent of women reported that they mainly decide how their cash earnings are used, 11 percent indicated that the decision is made jointly with their husband, and almost 8 percent said that the allocation of their earnings is decided mainly by their husband. Five percent of women earn more than their husbands, while 84 percent report earning less. Three percent of women say that their husband has no cash earnings.

Currently married women age 45-49 are more likely than women in other age groups to have sole control over their cash earnings. Also, women with no children are more likely than women with living children to mainly decide themselves how their earnings are spent. Sole decision making on earnings by women is slightly higher in rural than in urban areas (82 percent and 78 percent, respectively). However, joint decision making is more common in urban than rural areas (13 percent and 10 percent, respectively). By Local Government Area (LGA), married women in Janjanbureh are least likely to make decisions on how to use their own money (61 percent), and women in Basse are most likely to do so (94 percent). Joint decision making on how women's cash earnings are spent is more common among married women with a secondary education or higher than among women with no education (16 percent and 10 percent, respectively). Older, urban, more educated, and wealthier women and those with five or more living children are more likely to report that their earnings exceed those of their husband.

Table 15.2.2 shows the percent distributions of currently married men age 15-49 who receive cash earnings and of currently married women age 15-49 whose husbands receive cash earnings by the person who decides how the husband's earnings are used. The results indicate that a large majority of women and men report that the husband usually decides on how his cash earnings are spent (76 percent and 73 percent, respectively). Twenty-five percent of men and 17 percent of women report that these decisions are jointly made. Only 1 percent of men and 7 percent of women report that the wife is the main financial decision maker regarding the husband's earnings.

Eighty-seven percent of men age 20-24 say that they are the main decision maker with respect to how their income is spent, as compared with 78 percent of women in the same age group. Men with no children (82 percent), those in urban areas (74 percent) and Kerewan (86 percent), those with no education (76 percent), and those in the lowest wealth quintile (76 percent) are more likely than other men to decide alone on how their incomes are spent. Among women, those with no living children (78 percent), those in rural areas (82 percent) and Basse (92 percent), those with a primary or no education (79 percent each), and those in the lower three wealth quintiles (79-82 percent) are more likely than other women to report that their husband decides alone.

Table 15.2.1 Control over women's cash earnings and relative magnitude of women's cash earnings

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey, by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, The Gambia 2013

	Person who decides how the wife's cash earnings are used:					Wife's cash earnings compared with husband's cash earnings:						
Background characteristic	Mainly wife	Wife and husband jointly	Mainly husband	Missing	Total	More	Less	About the same	Husband has no earnings	Don't know	Total	Number of women
Age												
15-19	79.4	10.0	8.2	2.0	100.0	0.0	90.2	1.2	0.9	7.7	100.0	151
20-24	78.8	10.3	10.1	0.4	100.0	2.5	87.3	3.7	3.5	3.0	100.0	500
25-29	79.5	13.0	6.3	0.7	100.0	3.2	88.7	2.6	1.3	4.1	100.0	831
30-34	78.6	13.5	7.7	0.2	100.0	4.5	85.8	3.2	3.0	3.5	100.0	748
35-39	79.7	11.3	7.1	1.9	100.0	4.5	82.4	3.8	4.4	4.8	100.0	614
40-44	82.2	10.7	6.5	0.6	100.0	9.2	78.0	5.0	4.6	3.2	100.0	486
45-49	85.3	5.9	8.8	0.0	100.0	7.7	74.6	5.1	7.0	5.6	100.0	347
Number of living children												
0	84.1	9.5	4.7	1.1	100.0	3.6	84.6	1.7	3.5	6.7	100.0	270
1-2	79.3	12.0	8.3	0.2	100.0	3.9	87.2	3.1	2.6	3.1	100.0	1,106
3-4	79.8	11.4	7.4	1.2	100.0	4.2	84.3	3.7	3.7	4.0	100.0	995
5+	80.4	11.2	7.7	0.7	100.0	5.8	81.4	4.3	3.9	4.6	100.0	1,307
Residence												
Urban	78.3	13.1	7.2	1.2	100.0	7.3	79.4	3.7	4.2	5.3	100.0	1,654
Rural	81.6	9.9	7.9	0.4	100.0	2.5	88.1	3.5	2.8	3.2	100.0	2,024
Local Government Area												
Banjul	76.8	13.1	8.3	1.1	100.0	11.1	77.5	1.1	3.9	6.4	100.0	66
Kanifing	79.8	11.7	5.9	2.6	100.0	7.7	76.0	3.0	5.9	7.3	100.0	626
Brikama	77.4	14.3	7.7	0.3	100.0	6.7	81.2	4.5	3.8	3.7	100.0	1,219
Mansakonko	75.2	13.5	10.6	0.5	100.0	3.3	83.8	9.6	1.9	1.4	100.0	178
Kerewan	83.6	9.0	6.5	0.3	100.0	2.6	79.8	3.4	5.6	8.6	100.0	405
Kuntaur	68.0	15.2	16.2	0.5	100.0	1.2	91.6	1.9	1.2	4.2	100.0	216
Janjanbureh	61.0	17.4	20.3	1.0	100.0	3.8	88.5	5.0	1.0	1.6	100.0	234
Basse	94.3	3.8	1.9	0.1	100.0	0.8	95.6	1.4	1.3	0.9	100.0	734
Education												
No education	81.0	9.6	8.6	0.7	100.0	3.6	84.5	3.8	4.1	4.0	100.0	2,329
Primary	81.7	10.9	5.9	0.9	100.0	4.2	88.3	1.9	1.5	4.2	100.0	474
Secondary or higher	76.9	16.4	5.8	0.7	100.0	7.7	81.0	4.1	2.8	4.4	100.0	876
Wealth quintile												
Lowest	78.1	10.7	10.5	0.3	100.0	3.4	85.8	3.5	3.4	3.9	100.0	720
Second	81.8	11.5	6.3	0.3	100.0	3.6	86.1	4.0	2.5	3.8	100.0	832
Middle	82.9	9.9	6.8	0.4	100.0	3.8	87.4	3.5	2.0	3.3	100.0	779
Fourth	79.5	8.6	10.5	0.9	100.0	6.2	82.5	2.6	4.7	4.1	100.0	680
Highest	77.7	16.4	4.0	1.9	100.0	6.8	78.1	4.3	5.0	5.9	100.0	668
Total	80.1	11.4	7.6	0.7	100.0	4.7	84.2	3.6	3.4	4.1	100.0	3,678

Table 15.2.2 Control over men's cash earnings

Percent distributions of currently married men age 15-49 who receive cash earnings and of currently married women age 15-49 whose husbands receive cash earnings, by person who decides how husband's cash earnings are used, according to background characteristics, The Gambia 2013

Background characteristic	Men							Women						
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number of men
Age														
15-19	*	*	*	*	*	100.0	2	3.3	12.7	83.3	0.5	0.2	100.0	547
20-24	0.0	10.2	87.1	1.6	1.1	100.0	52	5.4	16.3	77.8	0.1	0.4	100.0	1,198
25-29	0.3	27.2	69.6	1.7	1.2	100.0	182	6.0	16.5	77.2	0.1	0.1	100.0	1,505
30-34	0.5	24.3	74.3	0.7	0.3	100.0	294	7.2	18.7	73.9	0.1	0.1	100.0	1,275
35-39	0.8	20.3	78.2	0.3	0.4	100.0	328	9.6	19.7	69.9	0.0	0.7	100.0	932
40-44	1.8	31.6	66.0	0.0	0.6	100.0	227	6.6	17.7	75.4	0.0	0.3	100.0	639
45-49	1.9	25.5	72.1	0.5	0.0	100.0	188	7.5	13.6	78.4	0.0	0.5	100.0	461
Number of living children														
0	0.3	16.0	81.5	0.8	1.4	100.0	137	6.2	15.7	77.9	0.0	0.1	100.0	739
1-2	0.1	23.7	74.3	1.3	0.6	100.0	462	6.2	17.3	75.9	0.2	0.5	100.0	2,158
3-4	3.0	29.8	66.7	0.0	0.5	100.0	309	8.2	18.0	73.6	0.1	0.0	100.0	1,744
5+	0.6	24.4	74.8	0.2	0.0	100.0	365	5.6	16.2	77.8	0.1	0.4	100.0	1,917
Residence														
Urban	1.4	24.0	74.1	0.3	0.2	100.0	726	10.3	18.7	70.5	0.2	0.3	100.0	3,253
Rural	0.4	25.2	72.5	1.1	0.8	100.0	547	2.9	15.2	81.5	0.1	0.3	100.0	3,303
Local Government Area														
Banjul	0.6	20.8	78.6	0.0	0.0	100.0	28	14.6	22.9	62.1	0.4	0.0	100.0	111
Kanifing	1.5	27.0	70.5	0.5	0.6	100.0	273	14.6	21.6	63.2	0.2	0.4	100.0	1,205
Brikama	1.2	24.5	73.9	0.0	0.5	100.0	484	7.0	16.9	75.6	0.1	0.3	100.0	2,211
Mansakonko	2.3	19.3	75.5	2.8	0.0	100.0	53	2.8	21.1	76.0	0.0	0.1	100.0	340
Kerewan	0.0	13.6	85.6	0.3	0.5	100.0	119	1.8	9.1	88.5	0.2	0.4	100.0	752
Kuntaur	0.0	51.5	45.3	3.1	0.0	100.0	69	1.7	9.4	88.6	0.1	0.1	100.0	423
Janjanbureh	0.5	29.3	66.3	3.3	0.5	100.0	81	5.1	39.9	54.8	0.0	0.3	100.0	545
Basse	0.5	17.3	81.4	0.0	0.9	100.0	167	2.7	5.6	91.5	0.0	0.2	100.0	970
Education														
No education	0.4	23.2	75.6	0.6	0.2	100.0	596	5.8	14.7	79.2	0.1	0.3	100.0	3,964
Primary	0.3	23.6	73.3	2.0	0.9	100.0	155	4.7	16.5	78.6	0.1	0.1	100.0	885
Secondary or higher	1.9	26.3	71.0	0.2	0.7	100.0	522	9.4	22.5	67.5	0.1	0.4	100.0	1,708
Wealth quintile														
Lowest	0.7	21.8	75.8	1.2	0.5	100.0	230	3.5	16.8	79.2	0.1	0.4	100.0	1,252
Second	0.6	28.2	70.4	0.2	0.7	100.0	225	3.2	16.3	80.2	0.1	0.2	100.0	1,350
Middle	0.2	26.3	71.1	1.6	0.9	100.0	228	4.4	13.8	81.6	0.0	0.3	100.0	1,353
Fourth	1.6	23.6	74.2	0.4	0.2	100.0	318	9.2	14.0	76.0	0.2	0.5	100.0	1,300
Highest	1.5	23.4	74.8	0.0	0.3	100.0	273	12.7	24.0	63.2	0.1	0.1	100.0	1,303
Total 15-49	1.0	24.5	73.4	0.6	0.5	100.0	1,274	6.6	17.0	76.1	0.1	0.3	100.0	6,557
50-59	0.1	22.5	76.7	0.2	0.4	100.0	205	na	na	na	na	na	na	na
Total 15-59	0.9	24.3	73.8	0.6	0.5	100.0	1,479	na	na	na	na	na	na	na

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

Table 15.3 shows who controls the wife's and husband's earnings by the amount of the wife's earnings relative to her husband's. Among currently married women who earn more than their husband, 77 percent decide mainly by themselves and 16 percent decide jointly with their husbands on how their earnings are spent. Likewise, 15 percent of these women mainly decide how their husbands' earnings are spent, and an additional 21 percent make these decisions jointly with their husbands. Eighty-two percent of women who earn less than their husbands decide mainly themselves on their own earnings. The percentage of women who mainly decide themselves on how to spend their earnings is lowest (45 percent) among those who earn the same as their husbands. On the other hand, women who earn the same as their husbands are more likely than other women to decide how to use their earnings jointly with their husbands (47 percent). Women whose husbands have no cash earnings or do not work are more likely than others to be the main decision makers regarding their own earnings.

Table 15.3 Women's control over their own earnings and over those of their husbands

Percent distribution of currently married women age 15-49 with cash earnings in the last 12 months by person who decides how the wife's cash earnings are used and percent distribution of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between wife's and husband's cash earnings, The Gambia 2013

	Person who decides how the wife's cash earnings are used:						Person who decides how the husband's cash earnings are used:					
Women's earnings relative to husband's earnings	Mainly wife	Wife and husband jointly	Mainly husband	Missing	Total	Number of women	Mainly wife	Wife and husband jointly	Mainly husband	Missing	Total	Number of women
More than husband	77.4	15.6	6.8	0.0	100.0	171	14.9	21.2	63.9	0.0	100.0	171
Less than husband	82.0	10.1	7.6	0.1	100.0	3,096	7.3	16.3	76.3	0.1	100.0	3,096
Same as husband	45.0	47.2	7.8	0.0	100.0	132	5.6	65.7	28.7	0.0	100.0	132
Husband has no cash earnings or did not work	83.2	9.5	6.7	0.5	100.0	126	na	na	na	na	na	na
Woman worked but has no cash earnings	na	na	na	na	na	na	8.3	11.1	78.4	1.9	100.0	304
Woman did not work	na	na	na	na	na	na	5.0	15.9	78.6	0.4	100.0	2,701
Don't know/missing	73.3	2.1	9.2	15.0	100.0	152	7.5	15.2	76.2	0.2	100.0	152
Total[1]	80.1	11.4	7.6	0.7	100.0	3,678	6.6	17.0	76.1	0.3	100.0	6,557

na = Not applicable
[1] Includes cases where a woman does not know whether she earned more or less than her husband

15.3 OWNERSHIP OF ASSETS

Ownership and control of assets by women and men influence their individual participation in development processes at all levels. Lack of assets makes women vulnerable to various forms of violence and lessens their decision-making power in the household. Tradition and low economic status limit women's ownership of productive assets such as land and housing. Ownership of assets confers additional economic value, status, and bargaining power.

Table 15.4.1 shows the percent distribution of women age 15-49 by ownership of housing and land. Overall, 25 percent of women own a house and 21 percent own land. Seventeen percent of currently married women reported that they jointly own a house, and 15 percent jointly own land. Five percent and 4 percent, respectively, own a house alone and land alone.

Ownership of a house or land increases with women's age. Rural women are more likely than urban women to own a house (31 percent versus 20 percent). Women in the lowest wealth quintile are more likely to own a house (31 percent) than women in the other four wealth quintiles but less likely to own land (19 percent).

Table 15.4.1 Ownership of assets: Women

Percent distribution of women age 15-49 by ownership of housing and land, according to background characteristics, The Gambia 2013

Background characteristic	Percentage who own a house:					Percentage who own land:					Number of women
	Alone	Jointly	Alone and jointly	Percentage who do not own a house	Total	Alone	Jointly	Alone and jointly	Percentage who do not own land	Total	
Age											
15-19	3.2	17.2	1.6	77.9	100.0	1.9	12.8	0.7	84.5	100.0	2,407
20-24	3.8	17.1	1.7	77.3	100.0	2.9	16.3	0.5	80.3	100.0	2,125
25-29	4.0	15.6	3.0	77.4	100.0	4.3	15.6	0.9	79.2	100.0	1,822
30-34	5.5	17.8	3.1	73.6	100.0	4.8	15.8	1.4	78.0	100.0	1,504
35-39	6.2	17.9	3.2	72.7	100.0	6.6	16.5	1.2	75.6	100.0	1,056
40-44	10.7	18.9	2.9	67.4	100.0	8.5	17.9	1.0	72.0	100.0	761
45-49	10.4	18.5	2.1	68.7	100.0	9.9	15.5	1.3	73.3	100.0	559
Residence											
Urban	4.5	13.7	1.7	80.1	100.0	4.7	14.6	0.8	79.9	100.0	5,730
Rural	5.8	21.7	3.3	69.0	100.0	3.9	16.3	1.1	78.5	100.0	4,503
Local Government Area											
Banjul	2.9	13.7	2.1	81.3	100.0	4.6	12.2	1.7	81.5	100.0	225
Kanifing	6.4	14.8	2.2	76.6	100.0	6.1	15.2	0.2	78.4	100.0	2,342
Brikama	4.3	15.4	1.7	78.5	100.0	5.1	16.1	1.1	77.6	100.0	3,550
Mansakonko	12.7	11.6	6.9	68.6	100.0	9.4	10.1	2.9	77.6	100.0	490
Kerewan	3.3	8.8	0.9	87.1	100.0	2.8	12.5	0.5	84.3	100.0	1,107
Kuntaur	0.9	39.4	1.5	58.2	100.0	0.9	16.4	0.6	82.0	100.0	526
Janjanbureh	13.2	6.4	6.5	73.7	100.0	3.4	12.8	1.5	81.9	100.0	739
Basse	0.6	34.4	2.2	62.7	100.0	0.5	19.9	0.8	78.6	100.0	1,254
Education											
No education	5.6	16.9	3.1	74.3	100.0	3.6	14.9	0.9	80.5	100.0	4,757
Primary	4.8	20.1	1.8	73.3	100.0	4.0	14.1	1.1	80.6	100.0	1,405
Secondary or higher	4.5	16.7	1.8	76.9	100.0	5.4	16.4	0.9	77.3	100.0	4,071
Wealth quintile											
Lowest	9.4	18.1	3.4	69.0	100.0	5.0	12.8	1.1	81.0	100.0	1,745
Second	5.6	18.6	3.6	71.9	100.0	3.6	15.1	1.1	79.9	100.0	1,882
Middle	1.8	19.7	2.5	75.9	100.0	2.4	15.0	1.0	81.6	100.0	1,927
Fourth	2.5	15.3	1.6	80.6	100.0	3.1	17.0	0.7	79.2	100.0	2,135
Highest	6.3	15.4	1.4	76.9	100.0	7.1	16.2	0.8	75.9	100.0	2,545
Total	5.1	17.2	2.4	75.2	100.0	4.4	15.4	0.9	79.3	100.0	10,233

Table 15.4.2 shows the percent distribution of men age 15-49 by ownership of housing and land. Overall, 35 percent of men own a house and 29 percent own land (both percentages are higher than those for women). Similar to women, the data for men show that ownership of a house or land increases with age. Men with no education are more likely to own a home than men with a secondary education or higher (41 percent and 33 percent, respectively), but there is no variation in land ownership by education. The likelihood of men owning a house decreases steadily with increasing wealth, while land ownership fluctuates and does not follow a clear pattern.

Table 15.4.2 Ownership of assets; Men

Percent distribution of men age 15-49 by ownership of housing and land, according to background characteristics, The Gambia 2013

Background characteristic	Percentage who own a house: Alone	Jointly	Alone and jointly	Percentage who do not own a house	Total	Percentage who own land: Alone	Jointly	Alone and jointly	Percentage who do not own land	Total	Number of men
Age											
15-19	2.4	17.1	0.9	79.5	100.0	2.7	11.8	0.6	84.9	100.0	836
20-24	7.1	20.8	1.0	71.1	100.0	3.9	15.8	1.4	78.8	100.0	849
25-29	15.3	20.3	1.4	63.0	100.0	10.0	13.6	4.6	71.8	100.0	586
30-34	18.8	20.3	1.9	59.0	100.0	17.5	13.8	4.0	64.7	100.0	425
35-39	31.8	17.4	2.2	48.5	100.0	27.4	11.1	1.8	59.7	100.0	391
40-44	28.3	14.9	3.0	53.7	100.0	28.9	17.2	2.1	51.8	100.0	270
45-49	42.5	17.2	2.9	37.5	100.0	39.0	11.3	4.6	45.1	100.0	220
Residence											
Urban	8.9	15.9	0.8	74.4	100.0	11.9	12.1	1.1	74.9	100.0	2,228
Rural	25.7	23.6	2.7	48.1	100.0	14.5	15.9	4.4	65.2	100.0	1,349
Local Government Area											
Banjul	5.7	9.0	0.9	84.3	100.0	11.5	3.7	0.9	83.8	100.0	85
Kanifing	6.0	16.3	0.7	77.0	100.0	11.2	13.1	0.5	75.2	100.0	858
Brikama	14.1	17.7	0.4	67.8	100.0	13.5	14.7	1.2	70.5	100.0	1,454
Mansakonko	34.9	34.8	0.0	30.3	100.0	11.4	30.6	1.4	56.6	100.0	141
Kerewan	22.7	20.0	6.2	51.0	100.0	12.2	14.3	11.4	62.1	100.0	323
Kuntaur	28.9	11.2	12.9	46.9	100.0	20.7	9.1	13.3	56.9	100.0	141
Janjanbureh	22.1	23.6	1.6	52.4	100.0	8.3	8.1	0.2	83.0	100.0	240
Basse	20.0	23.9	0.0	56.1	100.0	16.1	10.0	0.6	73.2	100.0	336
Education											
No education	23.7	14.9	2.2	59.1	100.0	15.2	9.6	4.5	70.7	100.0	1,090
Primary	12.7	20.0	1.5	65.8	100.0	10.3	14.8	1.1	73.9	100.0	493
Secondary or higher	11.2	20.6	1.2	67.0	100.0	12.2	15.4	1.5	70.8	100.0	1,994
Wealth quintile											
Lowest	28.6	22.5	3.0	45.9	100.0	15.4	16.0	2.5	66.0	100.0	517
Second	22.4	24.9	2.5	50.1	100.0	12.2	15.3	4.6	67.8	100.0	614
Middle	14.3	20.1	1.1	64.4	100.0	15.4	15.6	2.9	66.1	100.0	588
Fourth	10.5	15.6	0.7	73.3	100.0	10.6	11.7	1.1	76.6	100.0	940
Highest	8.3	14.9	1.2	75.4	100.0	12.5	11.6	1.6	74.2	100.0	919
Total 15-49	15.2	18.8	1.5	64.5	100.0	12.9	13.6	2.3	71.2	100.0	3,577
50-59	54.5	18.1	3.1	24.1	100.0	46.4	10.0	3.7	39.6	100.0	244
Total 15-59	17.7	18.7	1.6	61.9	100.0	15.0	13.3	2.4	69.2	100.0	3,821

15.4 WOMEN'S PARTICIPATION IN HOUSEHOLD DECISION MAKING

The ability of women to make decisions that affect their personal circumstances is essential for their empowerment and serves as an important factor in national development. To assess women's decision-making autonomy, the 2013 GDHS collected information on women's participation in three types of decisions: their own health care, major household purchases, and visits to family or relatives. Women are considered to participate in decision making if they make decisions alone or jointly with their husband or someone else.

Table 15.5 shows the percent distribution of currently married women and currently married men age 15-49 by the person who usually makes decisions about these various issues. Women report that most decisions are made jointly with the exception of decisions regarding major household purchases, which are more likely to be made by their husband (49 percent). About seven in ten women participate (alone or jointly) in making decisions regarding their own health care (72 percent) and visiting their family or relatives (71 percent). Men are more likely to say that they are the sole decision maker when it comes to their own health care (59 percent) and major household purchases (58 percent).

Table 15.5 Participation in decision making

Percent distribution of currently married women and currently married men age 15-49 by person who usually makes decisions about various issues, The Gambia 2013

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Total	Number
			WOMEN			
Own health care	26.7	45.0	27.2	0.7	100.0	6,791
Major household purchases	6.5	42.4	49.4	1.0	100.0	6,791
Visits to her family or relatives	18.2	53.0	27.8	0.5	100.0	6,791
			MEN			
Own health care	2.6	37.1	59.4	0.3	100.0	1,360
Major household purchases	3.4	37.1	58.1	0.9	100.0	1,360

Table 15.6 shows the percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband by background characteristics. Nearly four in ten women (39 percent) report taking part in all three decisions, while 16 percent have no say in any of the three decisions. Women's participation in all three decisions increases with increasing age, parity, and education, and it generally increases with wealth. Women in Kuntaur are least likely to participate in all three decisions (16 percent), while women in Mansakonko and Janjanbureh are most likely to do so (51 percent each).

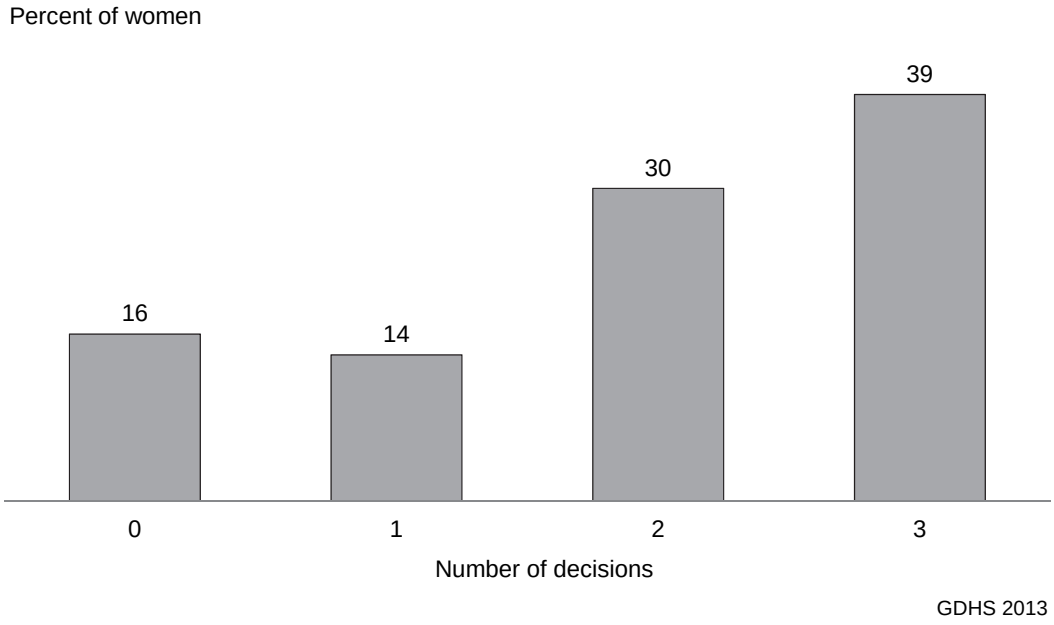
Table 15.6 Women's participation in decision making by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, The Gambia 2013

Background characteristic	Specific decisions			All three decisions	None of the three decisions	Number of women
	Woman's own health care	Making major household purchases	Visits to her family or relatives			
Age						
15-19	62.8	39.0	61.7	31.3	25.3	573
20-24	67.9	47.3	68.6	37.4	19.0	1,237
25-29	68.2	47.3	70.5	36.7	18.9	1,528
30-34	73.6	52.9	71.2	41.5	15.0	1,319
35-39	76.9	50.2	74.8	42.1	12.3	966
40-44	78.7	53.2	77.4	43.6	10.8	673
45-49	78.3	50.4	75.6	43.0	11.8	496
Employment (last 12 months)						
Not employed	65.8	44.4	68.6	36.4	20.8	2,797
Employed for cash	76.8	52.8	73.9	42.0	12.6	3,678
Employed not for cash	66.8	44.6	62.8	32.7	22.0	307
Number of living children						
0	66.5	43.9	67.9	35.1	19.7	771
1-2	71.0	48.6	69.6	38.5	17.3	2,212
3-4	72.1	50.4	72.6	40.2	15.5	1,818
5+	74.4	49.9	73.0	40.7	15.1	1,990
Residence						
Urban	71.7	52.0	71.4	41.4	15.7	3,356
Rural	71.8	45.9	71.0	37.1	17.2	3,435
Local Government Area						
Banjul	67.7	50.1	70.8	37.7	15.6	114
Kanifing	74.2	54.4	75.8	44.8	13.4	1,258
Brikama	68.4	49.0	67.2	38.3	18.5	2,282
Mansakonko	68.4	60.9	78.8	51.4	15.7	344
Kerewan	72.4	34.2	61.2	22.6	19.9	801
Kuntaur	51.8	28.9	47.2	15.7	35.1	427
Janjanbureh	69.7	62.6	73.2	50.5	17.1	550
Basse	86.8	50.3	88.9	47.3	5.1	1,015
Education						
No education	71.0	45.2	70.7	37.2	17.9	4,125
Primary	72.4	49.1	72.4	39.2	14.7	912
Secondary or higher	73.3	57.6	71.8	43.9	13.9	1,754
Wealth quintile						
Lowest	71.8	49.4	69.3	40.9	18.9	1,303
Second	71.0	44.4	70.0	35.5	18.0	1,404
Middle	71.6	49.2	72.9	39.6	15.8	1,386
Fourth	70.0	45.9	71.5	34.7	15.3	1,344
Highest	74.4	55.9	72.2	45.6	14.3	1,354
Total	71.8	48.9	71.2	39.2	16.4	6,791

Figure 15.1 shows the number of decisions in which currently married women participate. Fewer than four in ten women (39 percent) participate in all three decisions, 30 percent participate in two of the three decisions, 14 percent participate only in one decision, and 16 percent do not participate in any decisions.

Figure 15.1 **Number of decisions in which currently married women participate**



Married men's participation in specific decisions is uniformly high and consistently above 90 percent regardless of background characteristic (data not shown).

15.5 ATTITUDES TOWARD WIFE BEATING

Wife beating is a form of gender-based violence that degrades women's humanity. It is also a violation of women's human rights. Abuse by physical violence is one of the most common forms of abuse in many developing countries, including The Gambia. Acceptance of this practice reflects women's low status and the perception that men are superior to women. In addition to negative physical health outcomes, this form of violence lowers a woman's self-esteem and her image in society, leading to her disempowerment. Moreover, it is clear that all violence against women has serious consequences for their mental and physical well-being, including their reproductive and sexual health.

Tables 15.7.1 and 15.7.2 show the percentages of women and men, respectively, who agree that a husband is justified in hitting or beating his wife in each of the following five situations: if the wife burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sexual intercourse with him. Agreement that wife beating is acceptable among a high proportion of women is an indication that women generally accept the right of a man to control his wife's behaviour even by means of violence. If a low proportion of women agree that wife beating is acceptable, then the majority of women reject beliefs and behaviours that place them at a low status relative to men.

Eleven percent of women report that a husband is justified in hitting or beating his wife if she burns the food, 24 percent if she argues with him, 42 percent if she goes out without telling him, 35 percent if she neglects the children, and 45 percent if she refuses to have sexual intercourse with him. Overall, 58 percent of women age 15-49 agree with at least one of specified reasons.

The percentage of women who agree with at least one of the specified reasons increases with increasing parity. It is lowest among women who are not employed (53 percent) and highest among those

who are employed but not for cash (67 percent). Currently married women are more likely to agree with at least one reason than are never-married women (63 percent and 50 percent, respectively). Women in rural areas are much more likely than urban women to believe that wife beating is justified for at least one of the specified reasons (73 percent and 47 percent, respectively). Agreement with wife beating for at least one of the specified reasons is highest in Basse (87 percent) and Kuntaur (82 percent) and lowest in Kanifing (42 percent). The percentage of women who believe that wife beating is justified for at least one of the specified reasons tends to decrease with increasing wealth.

Table 15.7.1 Attitude toward wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, The Gambia 2013

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	13.2	25.4	43.0	37.3	41.6	58.3	2,407
20-24	10.7	24.4	39.5	35.1	43.4	56.7	2,125
25-29	9.7	23.5	40.2	33.2	43.7	55.4	1,822
30-34	8.3	24.2	44.9	35.2	48.8	62.6	1,504
35-39	10.5	22.5	42.8	36.2	46.8	60.2	1,056
40-44	9.9	22.9	43.3	34.3	47.1	59.0	761
45-49	9.2	23.6	42.4	33.0	47.5	59.2	559
Employment (last 12 months)							
Not employed	8.8	20.2	36.4	30.4	39.7	52.8	5,109
Employed for cash	12.5	27.8	47.2	39.8	49.6	63.8	4,668
Employed not for cash	12.1	30.2	53.1	44.6	51.4	67.2	431
Number of living children							
0	10.7	20.4	35.5	31.6	36.7	51.8	3,530
1-2	10.1	25.0	42.2	36.7	45.0	58.8	2,644
3-4	9.4	25.7	45.1	36.2	49.1	61.6	1,955
5+	12.3	27.7	49.9	38.7	53.6	66.1	2,103
Marital status							
Never married	9.4	18.1	33.3	30.5	33.6	50.0	2,963
Married or living together	11.5	27.4	46.5	38.1	50.1	62.9	6,791
Divorced/separated/widowed	5.2	14.4	32.0	25.4	36.6	46.9	478
Residence							
Urban	4.8	13.8	29.7	23.4	33.1	47.1	5,730
Rural	18.0	37.2	57.7	50.4	59.5	72.7	4,503
Local Government Area							
Banjul	5.3	14.4	26.3	28.0	31.6	50.7	225
Kanifing	3.4	10.6	23.8	20.5	27.7	42.3	2,342
Brikama	7.6	17.3	34.8	27.5	38.4	52.5	3,550
Mansakonko	8.8	28.8	45.6	39.3	53.8	64.8	490
Kerewan	13.5	31.1	46.0	30.5	51.7	62.3	1,107
Kuntaur	17.6	34.9	68.6	62.9	68.0	81.7	526
Janjanbureh	16.3	32.4	53.6	43.4	51.9	65.2	739
Basse	25.3	52.7	76.3	72.4	72.8	86.9	1,254
Education							
No education	13.4	29.8	52.0	42.1	54.7	67.8	4,757
Primary	13.7	29.8	49.7	40.9	53.3	66.8	1,405
Secondary or higher	6.3	15.5	27.6	25.3	30.0	44.5	4,071
Wealth quintile							
Lowest	15.6	34.5	53.9	44.5	56.7	68.9	1,745
Second	16.2	34.0	53.6	44.2	55.1	68.7	1,882
Middle	15.0	29.8	55.5	46.4	56.3	70.4	1,927
Fourth	6.4	16.7	34.4	30.2	39.3	54.8	2,135
Highest	3.3	11.5	21.4	18.1	24.5	37.5	2,545
Total	10.6	24.1	42.0	35.3	44.7	58.4	10,233

Among men, 6 percent report that a husband is justified in hitting or beating his wife if she burns the food, 11 percent if she argues with him, 21 percent if she goes out without telling him, and 19 percent, each, if she neglects the children or if she refuses to have sexual intercourse with him Table 15.7.2. A lower proportion of men than women agree that a husband is justified in beating his wife for at least one of the specific reasons mentioned (33 percent versus 58 percent).

Men age 15-19 (42 percent), those employed but not for cash (47 percent), those with no living children (36 percent), and those who have never been married (37 percent) are more likely than other groups to agree with at least one specified reason to justify wife beating. Similar to women, rural men are notably

more likely than urban men to believe that wife beating is justified for at least one of the specified reasons (41 percent versus 28 percent). By LGA, more than half of men in Mansakonko (51 percent) and Janjanbureh (50 percent) believe that wife beating is justified for at least one of the specified reasons. Wealth is inversely associated with the percentage of men who agree with at least one of the specified reasons.

Table 15.7.2 Attitude toward wife beating: Men

Percentage of all men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, The Gambia 2013

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of men
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	11.8	17.2	30.6	25.2	25.4	41.9	836
20-24	6.5	11.4	21.9	19.7	21.5	35.7	849
25-29	4.7	10.9	18.3	17.0	15.5	30.8	586
30-34	3.8	8.0	16.2	16.7	17.4	30.0	425
35-39	3.0	5.8	12.9	11.6	13.6	22.6	391
40-44	3.9	8.7	14.7	14.5	12.3	23.0	270
45-49	2.4	9.9	17.1	19.6	19.8	31.5	220
Employment (last 12 months)							
Not employed	9.7	12.3	24.1	20.6	20.0	35.4	995
Employed for cash	4.3	9.8	17.8	16.8	18.2	30.3	2,298
Employed not for cash	10.7	20.7	35.3	30.5	25.7	47.4	278
Number of living children							
0	7.9	13.2	24.2	20.9	21.4	36.3	2,282
1-2	3.6	7.9	12.9	12.7	14.0	25.8	558
3-4	4.6	6.4	14.3	17.0	17.8	26.0	336
5+	2.3	9.7	18.1	17.9	16.2	30.3	400
Marital status							
Never married	8.1	13.6	24.7	21.5	22.0	37.2	2,177
Married or living together	3.5	7.9	14.7	14.8	15.1	26.6	1,360
Divorced/separated/widowed	(3.9)	(6.7)	(17.2)	(17.7)	(16.1)	(26.4)	40
Residence							
Urban	4.2	8.8	17.0	15.6	16.0	28.3	2,228
Rural	9.7	15.6	27.2	24.4	24.7	40.8	1,349
Local Government Area							
Banjul	3.0	5.0	9.6	11.9	11.5	21.4	85
Kanifing	4.1	7.2	15.2	14.4	14.3	25.8	858
Brikama	5.0	9.8	18.5	15.7	18.1	30.7	1,454
Mansakonko	16.5	29.3	41.9	33.1	31.1	51.1	141
Kerewan	9.9	12.8	26.8	19.0	25.8	43.1	323
Kuntaur	3.3	8.3	10.1	17.8	12.0	25.6	141
Janjanbureh	14.0	25.6	34.9	39.8	31.0	49.8	240
Basse	6.1	12.7	28.2	25.5	22.6	38.2	336
Education							
No education	4.7	12.0	24.6	19.9	23.4	35.2	1,090
Primary	10.2	16.6	27.9	23.0	26.4	41.9	493
Secondary or higher	6.2	9.7	17.0	17.4	15.3	29.7	1,994
Wealth quintile							
Lowest	10.6	17.0	25.2	25.0	25.5	42.8	517
Second	7.4	11.9	25.6	19.9	22.1	35.9	614
Middle	8.9	13.3	24.5	24.3	21.2	35.7	588
Fourth	4.6	11.6	20.4	18.7	19.3	33.5	940
Highest	3.1	6.3	13.3	11.6	12.8	23.5	919
Total 15-49	6.3	11.4	20.8	18.9	19.3	33.0	3,577
50-59	2.5	6.4	13.8	9.9	15.4	21.3	244
Total 15-59	6.0	11.0	20.4	18.3	19.0	32.3	3,821

Notes: Figures in parentheses are based on 25-49 unweighted cases. Total includes 6 cases for whom information on employment in the last 12 months is missing.

15.6 WOMEN'S EMPOWERMENT INDICATORS

The two sets of empowerment indicators, namely women's participation in making household decisions and their attitude toward wife beating, can be summarised in two separate indices. The first index shows the number of decisions (see Table 15.6 for the list of decisions) in which women participate alone

or jointly with their husband or partner. This index ranges in value from 0 to 3 and relates positively to women's empowerment. It reflects the degree of control that women are able to exercise in areas that affect their own lives and environments. The second index, which ranges in value from 0 to 5, is the total number of reasons (see Table 15.7.1 for the list of reasons) for which the respondent feels that a husband is justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and higher status.

Table 15.8 shows the percentage of currently married women age 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife beating by the value on each of the indicators of women's empowerment. The table also shows how these two indices relate to each other.

The proportion of women who disagree with all reasons for wife beating is highest among those who participate in making all three of the specified household decisions (39 percent) and lowest among those who do not participate in any of the decisions (30 percent). However, the percentage of women who participate in all five household decisions is highest among those who agree with all five reasons justifying wife beating (44 percent).

Table 15.8 Indicators of women's empowerment

Percentage of currently married women age 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife beating, by value on each of the indicators of women's empowerment, The Gambia 2013

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all reasons justifying wife beating	Number of women
Number of decisions in which women participate[1]			
0	na	29.7	1,117
1-2	na	37.9	3,011
3	na	39.4	2,663
Number of reasons for which wife beating is justified[2]			
0	41.6	na	2,522
1-2	39.0	na	1,996
3-4	34.4	na	1,735
5	44.3	na	537

na = Not applicable
[1] See Table 15.6 for the list of decisions.
[2] See Table 15.7.1 for the list of reasons.

15.7 CURRENT USE OF CONTRACEPTION BY WOMEN'S EMPOWERMENT STATUS

A woman's desire and ability to control her fertility and her choice of contraceptive methods are affected by her status in the household and her own sense of empowerment. A woman who is unable to control other aspects of her life may be less able to make decisions regarding her fertility. She may also feel the need to choose contraceptive methods that are less obvious or do not need the approval or knowledge of her husband.

Table 15.9 shows the percent distribution of currently married women age 15-49 by contraceptive method used. It also illustrates the relationship of each of the two indicators of women's empowerment (number of decisions in which the woman participates and number of reasons that wife beating is justified) with current contraceptive method.

Caution is advised when interpreting these numbers since the vast majority of women in The Gambia are not currently using any contraceptive method. Use of modern contraceptive methods tends to increase as women agree with fewer reasons justifying wife beating. There is no correlation with the number of decisions in which a woman participates.

Table 15.9 Current use of contraception by women's empowerment

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, The Gambia 2013

Empowerment indicator	Any method	Modern methods				Any traditional method	Not currently using	Total	Number of women
		Any modern method	Female sterili-sation	Temporary modern female methods[1]	Male condom				
Number of decisions in which women participate[2]									
0	9.3	8.3	1.0	6.8	0.6	1.0	90.7	100.0	1,117
1-2	8.6	7.6	0.5	6.4	0.6	1.1	91.4	100.0	3,011
3	9.2	8.5	0.5	7.5	0.5	0.6	90.8	100.0	2,663
Number of reasons for which wife beating is justified[3]									
0	11.8	11.2	0.8	9.6	0.8	0.7	88.2	100.0	2,522
1-2	8.5	7.3	0.7	6.3	0.3	1.2	91.5	100.0	1,996
3-4	6.7	5.7	0.3	5.0	0.5	0.9	93.3	100.0	1,735
5	4.5	3.8	0.3	3.2	0.3	0.8	95.5	100.0	537
Total	9.0	8.1	0.6	6.9	0.6	0.9	91.0	100.0	6,791

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly, and lactational amenorrhoea method
[2] See Table 15.6 for the list of decisions.
[3] See Table 15.7.1 for the list of reasons.

15.8 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

As a woman becomes more empowered, she is more likely to have a say in the number (ideal family size) and spacing of children she desires. She therefore has more control over her own fertility. Women who have a desire to limit their births but who are not using family planning are defined as having an unmet need for family planning.

Table 15.10 shows the mean ideal number of children for women age 15-49 and the percentage of currently married women with an unmet need of family planning by the two indicators of women's empowerment. There is little correlation between a woman's status and her mean ideal number of children. However, women who believe that wife beating is justified tend to want more children. For example, women who agree with all five reasons for wife beating have the highest mean ideal number of children (7.2), while women who do not believe that wife beating is ever justified have the lowest mean ideal family size (5.5). There is no clear relationship between the indices of woman's status and unmet need for family planning.

Table 15.10 Ideal number of children and unmet need for family planning by women's empowerment

Mean ideal number of children for women age 15-49 and the percentage of currently married women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, The Gambia 2013

Empowerment indicator	Mean ideal number of children[1]	Number of women	Percentage of currently married women with an unmet need for family planning[2]			Number of women
			For spacing	For limiting	Total	
Number of decisions in which women participate[3]						
0	6.6	1,032	21.8	2.2	24.0	1,117
1-2	6.4	2,909	19.0	5.5	24.5	3,011
3	6.5	2,624	20.4	5.4	25.8	2,663
Number of reasons for which wife beating is justified[4]						
0	5.5	4,197	19.5	5.1	24.7	2,522
1-2	6.1	2,868	19.8	5.0	24.8	1,996
3-4	6.6	2,191	20.8	4.5	25.3	1,735
5	7.2	677	20.2	5.2	25.4	537
Total	6.0	9,934	20.0	4.9	24.9	6,791

[1] Mean excludes respondents who gave non-numeric responses.
[2] See Table 7.10 for the definition of unmet need for family planning.
[3] Restricted to currently married women. See Table 15.6 for the list of decisions.
[4] See Table 15.7.1 for the list of reasons.

15.9 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Women's empowerment affects their ability to access reproductive health services. Higher levels of empowerment are likely to increase women's ability to seek out and use health services to better meet their reproductive health goals, including safe motherhood. Table 15.11 shows the percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from skilled providers for their most recent birth, according to indicators of women's empowerment.

Because most women in The Gambia receive antenatal care from skilled providers, there are no major differences by empowerment indicators in receipt of ANC from a skilled provider (doctor, nurse, or midwife). The percentage of women receiving ANC from a skilled provider is lowest among those who participate in three decisions (83 percent) and those who agree with all five reasons for which wife beating is justified (75 percent).

The number of reasons for which wife beating is justified is negatively associated with women's access to delivery care from a skilled provider. Women who agree with all five reasons justifying wife beating are least likely to receive delivery care from a skilled provider (35 percent), and those who agree with none of the reasons are most likely to receive delivery care (68 percent).

The proportion of women who received postnatal care from health personnel within the first two days after delivery increases from 64 percent among those who have no say in decision making to 82 percent among those who take part in making all three types of decisions. Similar to delivery care, women who agree with none of the reasons justifying wife beating are most likely to receive postnatal care from health personnel (81 percent), and those who agree with all five reasons are least likely to receive postnatal care (69 percent).

Table 15.11 Reproductive health care by women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, The Gambia 2013

Empowerment indicator	Percentage receiving antenatal care from a skilled provider[1]	Percentage receiving delivery care from a skilled provider[1]	Received postnatal care from health personnel within the first two days since delivery[2]	Number of women with a child born in the last five years
Number of decisions in which women participate[3]				
0	85.3	56.0	64.3	849
1-2	89.1	58.3	73.2	2,171
3	83.4	58.1	82.1	1,870
Number of reasons for which wife beating is justified[4]				
0	84.5	67.9	80.6	1,919
1-2	88.4	59.2	74.3	1,547
3-4	89.5	54.5	70.6	1,406
5	75.4	34.5	68.9	434
Total	86.2	59.1	75.1	5,305

[1] "Skilled provider" includes doctor, nurse, or midwife.
[2] Includes women who received a postnatal checkup from a doctor, nurse, midwife, community health worker, or traditional birth attendant in the first 2 days after the birth. Includes women who gave birth in a health facility and those who did not give birth in a health facility.
[3] Restricted to currently married women. See Table 15.6 for the list of decisions.
[4] See Table 15.7.1 for the list of reasons.

15.10 DIFFERENTIALS IN INFANT AND CHILD MORTALITY BY WOMEN'S STATUS

The ability of women to access information and make decisions and their ability to act effectively in their own interests or the interests of those who depend on them are essential aspects of empowerment. If

women, the primary caretakers of children, are empowered, the health and survival of their infants will be enhanced. In fact, maternal empowerment fits into Mosley and Chen's framework on child survival as an individual-level variable that affects child survival through proximate determinants (Mosley and Chen, 1984).

Table 15.12 presents childhood mortality rates by the two indices of women's status (participation in household decision making and attitudes toward wife beating). It shows that the likelihood of children surviving increases with improvements in women's empowerment status. For instance, the infant mortality rate and under-5 mortality rate are 28 and 43 deaths per 1,000 live births, respectively, among children whose mothers believe that there is no justified reason for a husband to beat his wife. In contrast, among children whose mothers agree with all five reasons for wife beating, the infant mortality rate is 50 deaths per 1,000 live births and the under-5 mortality rate is 90 deaths per 1,000 live births. There is little difference in child mortality by number of decisions in which the mother participates.

Table 15.12 Early childhood mortality rates by women's status

Infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by indicators of women's empowerment, The Gambia 2013

Empowerment indicator	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Number of decisions in which women participate[1]			
0	41	26	65
1-2	36	25	61
3	44	21	64
Number of reasons for which wife beating is justified[2]			
0	28	15	43
1-2	42	18	59
3-4	50	33	81
5	50	42	90

[1] Restricted to currently married women. See Table 15.6 for the list of decisions.
[2] See Table 15.7.1 for the list of reasons.

15.11 FEMALE GENITAL CUTTING

Female genital cutting (FGC), also known as female circumcision or female genital mutilation, is a common practice in many societies in Africa. Nearly universal in a few countries, it is practiced by various groups in at least 25 African nations, in Yemen, and in immigrant African populations in Europe and North America (Yoder, Abderrahim, and Zhuzhuni, 2004). In a few societies the procedure is routinely carried out when a girl is a few weeks or a few months old (e.g., Eritrea, Yemen), while in most others it occurs later in childhood or adolescence. In the case of the latter, FGC is typically part of a ritual initiation into womanhood that includes a period of seclusion and education about the rights and duties of a wife.

The 2013 GDHS collected data on the practice of female circumcision from women age 15-49. This section discusses knowledge and prevalence of female circumcision and attitudes toward the practice. Among women who were circumcised, information about the type of circumcision, age at circumcision, and person who performed the circumcision was also collected. The terms FGC and female circumcision are used interchangeably in this section.

15.11.1 Knowledge of Female Genital Cutting

Table 15.13 presents data on women's knowledge of female circumcision. Almost all women in The Gambia (99 percent) have heard of the practice. There are no notable variations in knowledge of female circumcision by background characteristics.

Table 15.13 Knowledge of female circumcision

Percentage of women age 15-49 who have heard of female circumcision, according to background characteristics, The Gambia 2013

Background characteristic	Percentage of women who have heard of female circumcision	Number of women
Age		
15-19	99.4	2,407
20-24	98.9	2,125
25-29	99.0	1,822
30-34	99.5	1,504
35-39	99.1	1,056
40-44	99.2	761
45-49	99.3	559
Religion		
Islam	99.3	9,793
Christianity	96.3	427
Residence		
Urban	99.4	5,730
Rural	98.9	4,503
Local Government Area		
Banjul	98.5	225
Kanifing	99.6	2,342
Brikama	99.4	3,550
Mansakonko	99.9	490
Kerewan	96.4	1,107
Kuntaur	99.9	526
Janjanbureh	99.3	739
Basse	99.8	1,254
Education		
No education	98.8	4,757
Primary	99.1	1,405
Secondary or higher	99.7	4,071
Wealth quintile		
Lowest	99.1	1,745
Second	98.6	1,882
Middle	99.6	1,927
Fourth	99.0	2,135
Highest	99.6	2,545
Total	99.2	10,233

Note: Total includes 6 cases with no religion and 6 cases for whom information on religion is missing.

15.11.2 Prevalence of Female Genital Cutting

Table 15.14 shows the prevalence of female circumcision by background characteristics. The overall prevalence of FGC among women age 15-49 in The Gambia is 75 percent, slightly lower than 76 percent as reported in the 2010 MICS (GBoS, 2011). The practice of FGC varies little by age. It is higher among women in rural (79 percent) than in urban (72 percent) areas. The proportion of women who are circumcised is highest in Basse and Mansakonko (97 percent and 94 percent, respectively) and lowest in Banjul (47 percent).

As noted, women who reported that they had been circumcised were asked about the type of circumcision. Table 15.14 indicates that among the overwhelming majority of women, circumcision involved cutting and removal of flesh (85 percent). Less than 1 percent of women reported that they were cut but that no flesh was removed.

Table 15.14 Prevalence of female circumcision

Percentage of women circumcised and the percent distribution of circumcised women by type of circumcision, according to background characteristics, The Gambia 2013

Background characteristic	Percentage of women circumcised	Number of women	Type of circumcision			Total	Number of circumcised women
			Cut, no flesh removed	Cut, flesh removed	Don't know/ missing		
Age							
15-19	76.3	2,407	0.3	84.7	15.1	100.0	1,837
20-24	74.1	2,125	0.3	82.6	17.1	100.0	1,574
25-29	73.5	1,822	0.4	84.5	15.0	100.0	1,340
30-34	73.9	1,504	0.1	87.1	12.8	100.0	1,111
35-39	76.8	1,056	0.0	86.2	13.7	100.0	811
40-44	74.9	761	0.0	85.6	14.4	100.0	570
45-49	75.9	559	0.0	91.9	8.1	100.0	424
Religion							
Islam	77.3	9,793	0.2	85.2	14.6	100.0	7,568
Christianity	20.9	427	0.3	82.7	17.0	100.0	90
Residence							
Urban	71.6	5,730	0.3	84.0	15.7	100.0	4,104
Rural	79.1	4,503	0.1	86.6	13.3	100.0	3,564
Local Government Area							
Banjul	47.4	225	1.5	81.9	16.7	100.0	107
Kanifing	69.7	2,342	0.4	84.1	15.5	100.0	1,631
Brikama	77.6	3,550	0.1	88.9	11.0	100.0	2,757
Mansakonko	94.0	490	0.1	99.0	0.9	100.0	460
Kerewan	58.6	1,107	0.0	95.0	5.0	100.0	649
Kuntaur	57.1	526	0.3	89.0	10.7	100.0	300
Janjanbureh	74.7	739	0.6	82.4	17.0	100.0	552
Basse	96.7	1,254	0.0	68.4	31.6	100.0	1,212
Total	74.9	10,233	0.2	85.2	14.6	100.0	7,668

Note: Total includes 6 cases with no religion and 6 cases for whom information on religion is missing.

Table 15.15 shows the percent distribution of women by age at circumcision. In The Gambia, female circumcision is done throughout childhood, with 55 percent of women reporting that they were circumcised before age 5. Another 28 percent of women were circumcised between age 5 and age 9, and 7 percent were circumcised between age 10 and 14.

Table 15.15 Age at circumcision

Percent distribution of circumcised women age 15-49 by age at circumcision, according to background characteristics, The Gambia 2013

Background characteristic	Age at circumcision					Total	Number of circumcised women
	<5[1]	5-9	10-14	15+	Don't know/ missing		
Age							
15-19	59.6	23.7	5.5	0.5	10.7	100.0	1,837
20-24	57.1	28.5	5.5	0.7	8.2	100.0	1,574
25-29	58.4	26.6	4.9	1.2	8.9	100.0	1,340
30-34	52.5	30.0	8.1	0.5	8.8	100.0	1,111
35-39	46.9	33.1	8.9	0.9	10.2	100.0	811
40-44	47.5	29.2	12.3	1.0	10.0	100.0	570
45-49	44.0	34.4	11.1	2.8	7.6	100.0	424
Religion							
Islam	54.8	28.2	6.8	0.8	9.3	100.0	7,568
Christianity	45.1	20.9	17.5	10.2	6.4	100.0	90
Residence							
Urban	49.5	30.0	8.3	1.1	11.1	100.0	4,104
Rural	60.8	25.9	5.3	0.7	7.3	100.0	3,564
Local Government Area							
Banjul	34.9	32.1	12.5	3.2	17.2	100.0	107
Kanifing	42.7	31.9	9.9	1.1	14.5	100.0	1,631
Brikama	53.7	31.0	7.6	1.3	6.4	100.0	2,757
Mansakonko	50.7	36.5	5.8	0.2	6.8	100.0	460
Kerewan	41.7	29.7	7.7	0.8	20.1	100.0	649
Kuntaur	51.7	29.7	4.1	0.6	14.0	100.0	300
Janjanbureh	57.1	24.7	4.1	0.1	14.0	100.0	552
Basse	83.3	13.3	3.0	0.2	0.2	100.0	1,212
Total	54.8	28.1	6.9	0.9	9.3	100.0	7,668

Note: Total includes 6 cases with no religion and 6 cases for whom information on religion is missing.
[1] Includes women who reported that they were circumcised during infancy but did not provide a specific age

The percentage of women who were circumcised before age 5 is highest among those age 15-19 (60 percent) and those who practice Islam (55 percent). Rural women (61 percent) are more likely than urban women (50 percent) to have been circumcised by age 5. By LGA, the proportion of women who were circumcised before age 5 is highest in Basse (83 percent) and lowest in Banjul (35 percent).

Table 15.16 shows the person who performed the circumcision among circumcised women age 15-49. Almost all circumcisions (96 percent) were performed by traditional circumcisers. Traditional birth attendants performed only 1 percent of circumcisions, and medical practitioners performed less than 1 percent.

Table 15.16 Person performing circumcision among circumcised women age 15-49

Percent distribution of circumcised women age 15-49 according to person performing the circumcision, The Gambia 2013

Background characteristic	Women age 15-49
Person who performed the circumcision	
Traditional circumciser	95.7
Traditional birth attendant	1.2
Medical professional	0.3
Don't know/missing	2.8
Total	100.0
Number of circumcised women	7,668

Note: The circumcision status of girls is reported by their mothers.

15.11.3 Attitudes Toward Female Genital Cutting

Women who had heard of female circumcision were asked if they thought the practice should be continued or discontinued. Table 15.17 indicates that the majority of women who have heard of female circumcision (65 percent) believe that the practice should be continued; 33 percent believe that it should be discontinued.

Table 15.17 Attitudes towards female genital cutting

Percent distribution of all women who have heard of female circumcision by opinion on whether female genital cutting should be continued, according to selected background characteristics, The Gambia 2013

Background characteristic	Women				
	Continued	Not continued	Don't know/ missing/depends	Total	Number of women
Female circumcision status					
Circumcised	84.2	14.8	1.0	100.0	7,668
Not circumcised	5.4	91.3	3.2	100.0	2,462
Age					
15-19	66.8	31.9	1.3	100.0	2,393
20-24	63.9	34.3	1.9	100.0	2,102
25-29	65.1	33.3	1.6	100.0	1,805
30-34	63.6	35.1	1.2	100.0	1,496
35-39	64.4	34.0	1.5	100.0	1,046
40-44	63.8	34.0	2.1	100.0	755
45-49	67.0	30.3	2.7	100.0	555
Religion					
Islam	67.0	31.4	1.6	100.0	9,728
Christianity	16.0	82.2	1.8	100.0	412
Residence					
Urban	61.3	37.0	1.7	100.0	5,697
Rural	69.7	28.8	1.5	100.0	4,455
Local Government Area					
Banjul	38.5	58.2	3.3	100.0	222
Kanifing	56.9	41.5	1.7	100.0	2,333
Brikama	69.4	29.2	1.4	100.0	3,530
Mansakonko	81.7	16.9	1.4	100.0	489
Kerewan	53.3	42.7	4.0	100.0	1,067
Kuntaur	40.8	58.1	1.1	100.0	525
Janjanbureh	57.0	42.1	0.9	100.0	734
Basse	90.5	9.0	0.6	100.0	1,252
Education					
No education	67.1	31.0	1.8	100.0	4,701
Primary	72.7	25.3	2.0	100.0	1,392
Secondary or higher	59.8	39.0	1.2	100.0	4,059
Wealth quintile					
Lowest	70.3	27.7	1.9	100.0	1,729
Second	67.9	30.6	1.4	100.0	1,856
Middle	71.8	26.6	1.6	100.0	1,918
Fourth	65.7	32.9	1.4	100.0	2,114
Highest	53.3	44.9	1.7	100.0	2,534
Total 15-49	65.0	33.4	1.6	100.0	10,152

Note: Total includes 5 cases for whom information on female circumcision status is missing, 6 cases with no religion, and 6 cases for whom information on religion is missing.

As expected, the proportion of women who say that female circumcision should continue is much higher among circumcised women than among those who are not circumcised (84 percent versus 5 percent). Support for FGC is greater among rural women (70 percent) than urban women (61 percent). By LGA, the percentage of women who think that FGC should continue is highest in Basse (91 percent) and lowest in Banjul (39 percent). In general, support for continuation of FGC decreases with increasing education and wealth.

DOMESTIC VIOLENCE 16

Key Findings

- Forty-one percent of women age 15-49 have experienced physical violence at least once since age 15, and 10 percent experienced physical violence within the 12 months prior to the survey.
- Five percent of women age 15-49 report having experienced sexual violence at least once in their lifetime.
- Overall, about one in four ever-married women (26 percent) report having experienced emotional, physical, or sexual violence from their spouse, and 12 percent report having experienced one or more of these forms of violence in the past 12 months.
- Among ever-married women who had experienced spousal violence (physical or sexual) in the past 12 months, 24 percent reported experiencing physical injuries.
- It is not common for women in The Gambia to seek assistance from any source for violence they have experienced. Only 38 percent of abused women sought help to stop the violence.

Gender-based violence is defined as any act that results in or is likely to result in physical, sexual, or psychological harm or suffering among women, including threats of such acts and coercion or arbitrary deprivations of liberty, whether occurring in public or in private life (United Nations, 1993; United Nations, 1995). One form of gender-based violence is domestic violence, also known as domestic abuse, spousal violence, family violence, or intimate partner violence. Domestic violence, broadly defined as a pattern of abusive behaviours by one or both partners in an intimate relationship, has many forms, including physical aggression (hitting, kicking, biting, shoving, restraining, slapping, or throwing objects) and threats, sexual and emotional abuse, controlling or domineering behaviours, intimidation, stalking, and passive or covert abuse (e.g., neglect or economic deprivation).

Domestic violence continues to be a problem in The Gambia despite the ongoing efforts undertaken by the government of The Gambia and civil society organisations. Challenges include a culture where survivors suffer in silence, constrained factors such as fear of reprisals, unequal power relations, stigma, discrimination, and undue pressure from family and friends, especially if the perpetrator is a family member. As a result, most cases of violence against women, especially those occurring at home (e.g., wife beating, incest), go unreported.

The Gambian government is committed to ending violence against women and girls. This is made clear in the passage of the Women's Act of 2010 and the ratification of the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW). The Gambia is a signatory to the Protocol on the African Charter on Human and People's Rights, the Rights of Women in Africa, and the African Union's Solemn Declaration on Gender Equality in Africa. The signing of these declarations and conventions demonstrates the government's recognition of the need for addressing the problem of domestic violence in The Gambia. The Sexual Offence and Domestic Violence Bill, enacted by the National Assembly in 2013, addresses issues associated with violence and the socioeconomic empowerment of women. In the same vein, the 2013-2017 National Plans of Action for addressing gender-based violence and female genital mutilation/cutting has been developed and is being implemented.

16.1 VALID MEASURES OF DOMESTIC VIOLENCE

Collection of valid, reliable, and ethical data on domestic violence involves particular challenges because what constitutes violence or abuse varies across cultures and individuals, and a culture of silence usually affects reporting of violence. Moreover, the sensitivity of the topic must be addressed. Assuring the safety of respondents and interviewers when asking about domestic violence in a familial setting, protecting women who disclose violence, and reducing the risk of double victimisation of respondents as they relive their experiences are all ethical concerns. Responses to these challenges in the 2013 GDHS are described below.

16.1.1 Use of Valid Measures of Violence

In the 2013 GDHS, information was obtained from ever-married respondents on violence committed by their current and former spouses and by others. Information was collected from never-married respondents on violence committed by anyone. Since international research shows that intimate partner violence is one of the most common forms of violence against women, spousal violence was measured in more detail than violence committed by other perpetrators. These detailed measurements were made using a shortened and modified version of the Conflict Tactics Scale (Straus, 1990).

Specifically, spousal physical violence by the husband for currently married women and the most recent husband for formerly married women was measured by asking all ever-married women the following set of questions.

Does (did) your (last) husband/partner ever:

(a) Push you, shake you, or throw something at you?
(b) Slap you?
(c) Twist your arm or pull your hair?
(d) Punch you with his fist or with something that could hurt you?
(e) Kick you, drag you, or beat you up?
(f) Try to choke you or burn you on purpose?
(g) Threaten or attack you with a knife, gun, or any other weapon?
(h) Physically force you to have sexual intercourse with him when you did not want to?
(i) Physically force you to perform any other sexual acts you did not want to?
(j) Force you with threats or in any other way to perform sexual acts you did not want to?

For every question that a woman answered "yes," she was asked about the frequency of the act in the 12 months preceding the survey. A yes answer to one or more of items (a) to (g) above constitutes evidence of physical violence, and a yes answer to one or more of items (h) to (j) constitutes evidence of sexual violence.

Similarly, emotional violence among ever-married women was measured with the following questions.

Does (did) your (last) husband/partner ever:

(a) Say or do something to humiliate you in front of others?
(b) Threaten to hurt or harm you or someone close to you?
(c) Insult you or make you feel bad about yourself?

This approach of asking about specific acts to measure different forms of violence has the advantage of not being affected by different understandings of what constitutes a summary term such as violence. By including a wide range of acts, the approach has the additional advantage of giving the respondent multiple opportunities to disclose any experience of violence.

In addition to these questions, women were asked about physical violence from persons other than the current or most recent spouse. Respondents who answered this question in the affirmative were asked who committed the violence against them and the frequency of such violence during the 12 months preceding the survey. Although this approach to questioning is generally considered to be optimal, the possibility of underreporting of violence cannot be entirely ruled out in any survey, and this survey is no exception.

16.1.2 Ethical Considerations in the 2013 GDHS

In recognition of the challenges in collecting data on violence, the interviewers in the 2013 GDHS were given special training. The training focused on how to ask sensitive questions, ensure privacy, and build rapport between interviewer and respondent. Rapport with the interviewer, confidentiality, and privacy are all keys to building respondents' confidence so that they can safely share their experiences with the interviewer. Also, placement of the violence questions at the end of the questionnaire provided time for the interviewer to develop a certain degree of intimacy that should have further encouraged respondents to share their experiences of violence, if any. In addition, the following protections were built into the survey in keeping with the World Health Organization's ethical and safety recommendations for research on domestic violence (WHO, 2001):

1. Only one woman per household was administered the questions on violence to maintain confidentiality. The random selection of one woman was done through a simple selection procedure based on the Kish grid, which was built into the Household Questionnaire (Kish, 1965).

2. As a means of obtaining additional consent beyond the initial consent provided at the start of the interview, the respondent was informed that the questions could be sensitive and was reassured regarding the confidentiality of her responses.

3. The violence module was implemented only if privacy could be obtained. The interviewers were instructed to skip the module, thank the respondent, and end the interview if they could not maintain privacy.

4. A brochure that included information on domestic violence and contact information for service centres across the country was provided to all eligible respondents after the interview was completed, irrespective of whether or not they were selected for the module. This was done to safeguard against identifying the respondent selected for the module and to provide information to all respondents so that they could access the services and be informed about what to do in the event of domestic violence.

16.1.3 Sample for the Violence Module

As mentioned above, in keeping with ethical requirements, only one woman per household was selected for the module. This restriction resulted in a total of 4,594 women being eligible for the module, of whom 4,525 were successfully interviewed. Twenty-seven eligible women were not interviewed because complete privacy could not be obtained, and there were 42 missing cases for which information was not collected due to other reasons. Specially constructed weights were used to adjust for the selection of only one woman per household and to ensure that the domestic violence sub-sample was nationally representative.

16.2 WOMEN EXPERIENCING PHYSICAL VIOLENCE

Table 16.1 shows the percentage of women age 15-49 who have experienced physical violence since age 15 and the percentage who experienced violence during the 12 months preceding the survey. More than four in ten women (41 percent) have experienced physical violence since age 15. However, only 10 percent reported experiencing physical violence often (1 percent) or sometimes (8 percent) in the past 12 months.

Table 16.1 Experience of physical violence

Percentage of women age 15-49 who have ever experienced physical violence since age 15 and percentage who experienced violence during the 12 months preceding the survey, by background characteristics, The Gambia 2013

Background characteristic	Percentage who have ever experienced physical violence since age 15[1]	Percentage who experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes[2]	
Age					
15-19	37.8	1.7	10.9	12.6	1,084
20-24	38.7	0.6	8.0	8.7	993
25-29	44.7	1.8	9.3	11.1	743
30-39	42.3	1.5	7.6	9.2	1,106
40-49	43.0	1.6	4.3	6.0	599
Religion					
Islam	40.5	1.4	8.0	9.4	4,342
Christianity	50.0	0.8	17.9	18.6	180
Residence					
Urban	40.9	1.9	8.6	10.5	2,516
Rural	41.0	0.8	8.1	8.9	2,009
Local Government Area					
Banjul	40.6	2.5	15.0	17.5	96
Kanifing	45.3	2.3	9.8	12.1	998
Brikama	43.2	1.5	9.2	10.7	1,577
Mansakonko	44.6	1.0	7.9	8.9	234
Kerewan	33.2	0.5	3.0	3.5	507
Kuntaur	31.4	0.4	7.8	8.2	231
Janjanbureh	47.8	1.1	7.0	8.0	322
Basse	32.2	0.9	8.4	9.3	559
Marital status					
Never married	40.9	1.3	10.8	12.1	1,288
Married/living together	40.3	1.4	7.1	8.5	3,018
Divorced/separated/widowed	49.2	1.9	11.8	13.7	219
Number of living children					
0	39.9	1.2	10.4	11.6	1,571
1-2	39.1	1.0	7.3	8.4	1,223
3-4	44.8	2.8	7.8	10.6	809
5+	41.8	1.0	6.7	7.8	923
Employment					
Employed for cash	44.3	1.5	8.0	9.5	2,093
Employed not for cash	36.7	4.4	8.7	13.1	175
Not employed	38.1	1.1	8.6	9.7	2,253
Education					
No education	38.1	1.3	5.9	7.2	2,146
Primary	41.9	1.3	10.1	11.4	644
Secondary or higher	44.0	1.6	10.7	12.3	1,734
Wealth quintile					
Lowest	42.1	1.0	8.4	9.4	773
Second	42.8	0.8	6.5	7.3	832
Middle	39.1	1.5	8.2	9.7	877
Fourth	38.8	2.0	9.3	11.4	941
Highest	41.9	1.6	9.0	10.6	1,102
Total	40.9	1.4	8.4	9.8	4,525

Note: Total includes 1 case with no religion, 2 cases for whom information on religion is missing, and 5 cases for whom information on employment is missing.
[1] Includes violence in the past 12 months. For women who were married before age 15 and who reported physical violence by a spouse, the violence could have occurred before age 15.
[2] Includes women for whom frequency in the past 12 months is not known

The percentage of women who have experienced physical violence since age 15 varies by background characteristics. It is highest among women age 25-29 (45 percent), Christian women (50 percent), women in Janjanbureh (48 percent), women employed for cash (44 percent), and women with three to four children (45 percent). Forty-nine percent of women who are divorced, separated, or widowed have experienced physical violence since age 15, as compared with 40 percent of currently married women and 41 percent of never-married women. The percentage of women who have experienced physical violence since age 15 increases with increasing education, from 38 percent among those with no education to 44 percent among those with a secondary education or higher. There is no clear pattern according to wealth.

16.3 PERSONS COMMITTING PHYSICAL VIOLENCE

Table 16.2 shows the perpetrators of physical violence, according to women's marital status. Among ever-married women, the most commonly reported perpetrator of physical violence is their current husband or partner (42 percent), followed by their mother or stepmother (39 percent). Furthermore, 20 percent of ever-married women reported their father or stepfather as the perpetrator, and 18 percent reported a sister or brother.

Among never-married women who have experienced physical violence since age 15, the most common perpetrators of violence are their mother or stepmother (56 percent), followed by their father or stepfather (28 percent) and sister or brother (21 percent).

Table 16.2 Persons committing physical violence

Among women age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, according to the respondent's current marital status, The Gambia 2013

Person	Marital status: Ever married	Marital status: Never married	Total
Current husband/partner	42.0	na	30.1
Former husband/partner	12.6	na	9.0
Current boyfriend	0.3	0.6	0.3
Former boyfriend	1.4	1.4	1.4
Father/stepfather	19.5	27.7	21.8
Mother/stepmother	38.6	56.4	43.6
Sister/brother	17.5	20.5	18.3
Daughter/son	0.2	0.3	0.2
Other relative	6.0	11.8	7.7
Mother-in-law	0.2	na	0.1
Other in-law	0.3	na	0.3
Teacher	3.7	12.4	6.2
Other	2.1	2.8	2.3
Number of women who have experienced physical violence since age 15	1,326	526	1,852

Note: Women can report more than one person who committed the violence.
na = Not applicable

16.4 EXPERIENCE OF SEXUAL VIOLENCE

Table 16.3 shows the percentage of women who have ever experienced sexual violence and the percentage who experienced sexual violence in the past 12 months. Overall, 5 percent of women age 15-49 have ever experienced sexual violence, and 1 percent experienced such violence in the past 12 months.

There are notable variations in the experience of sexual violence by age. Overall, younger women (age 15-19) are slightly less likely than older women to report having ever experienced sexual violence and having experienced sexual violence in the past 12 months. The percentage of women who have experienced sexual violence since age 15 ranges from 2 percent in Kerewan to 8 percent in Janjanbureh and Banjul. Four percent each of never-married women and those who are currently married or living together with a partner have experienced sexual violence, as compared with 12 percent of divorced, separated, or widowed women. The prevalence of sexual violence is somewhat lower among women with no children. Unemployed women are less likely than those who are employed to have experienced sexual violence since age 15. There are slight variations in the experience of sexual violence by education and wealth.

Table 16.3 Experience of sexual violence

Percentage of women age 15-49 who have ever experienced sexual violence and percentage who experienced sexual violence in the 12 months preceding the survey, by background characteristics, The Gambia 2013

Background characteristic	Percentage who have experienced sexual violence: Ever[1]	In the past 12 months	Number of women
Age			
15-19	3.1	0.8	1,084
20-24	4.4	1.7	993
25-29	6.1	1.7	743
30-39	5.4	1.1	1,106
40-49	3.9	0.5	599
Religion			
Islam	4.5	1.2	4,342
Christianity	5.0	0.4	180
Residence			
Urban	4.5	1.1	2,516
Rural	4.7	1.3	2,009
Region			
Banjul	7.8	2.4	96
Kanifing	6.5	1.4	998
Brikama	4.3	1.1	1,577
Mansakonko	3.2	1.8	234
Kerewan	1.6	0.0	507
Kuntaur	4.3	1.8	231
Janjanbureh	8.0	2.3	322
Basse	2.5	0.6	559
Marital status			
Never married	4.3	1.4	1,288
Married or living together	4.2	1.1	3,018
Divorced/separated/widowed	11.5	1.1	219
Employment			
Employed for cash	5.6	1.1	2,093
Employed not for cash	6.1	4.3	175
Not employed	3.5	1.0	2,253
Number of living children			
0	3.8	1.2	1,571
1-2	4.9	1.1	1,223
3-4	5.6	1.6	809
5+	4.6	0.9	923
Education			
No education	3.9	0.7	2,146
Primary	3.8	1.5	644
Secondary or higher	5.7	1.6	1,734
Wealth quintile			
Lowest	4.1	1.3	773
Second	4.2	1.0	832
Middle	4.4	0.5	877
Fourth	6.0	2.1	941
Highest	4.0	0.9	1,102
Total 15-49	4.6	1.2	4,525

Note: Total includes 1 case with no religion, 2 cases for whom information on religion is missing, and 5 cases for whom information on employment is missing.
[1] Includes violence in the past 12 months

16.5 PERSONS COMMITTING SEXUAL VIOLENCE

Table 16.4 shows perpetrators of sexual violence among women who have ever experienced such violence. The most commonly reported perpetrators of sexual violence among ever-married women are their current (47 percent) and former (20 percent) husbands or partners. Additionally, 10 percent of women reported sexual violence from their current or former boyfriend.

Among never-married women, the most commonly reported perpetrators of sexual violence are their current or former boyfriends (45 percent), followed by other relatives (22 percent) and strangers (18 percent).

Table 16.4 Persons committing sexual violence

Among women age 15-49 who have experienced sexual violence, percentage who report specific persons who committed the violence according to the respondent's current marital status, The Gambia 2013

	Marital status		
Person	Ever married	Never married	Total
Current husband/partner	47.1	*	34.4
Former husband/partner	19.8	*	14.4
Current/former boyfriend	10.1	(45.4)	19.6
Father/stepfather	1.0	(1.6)	1.2
Brother/stepbrother	1.8	(3.6)	2.3
Other relative	2.9	(22.2)	8.1
In-law	0.3	*	0.2
Own friend/acquaintance	6.4	(0.0)	4.7
Family friend	1.2	(2.4)	1.5
Teacher	1.1	(0.0)	0.8
Employer/someone at work	0.0	(0.0)	0.0
Police/soldier	0.0	(0.1)	0.0
Priest/religious leader	0.0	(0.0)	0.0
Stranger	6.8	(17.7)	9.7
Other	12.1	(7.0)	10.7
Missing	0.0	(0.0)	0.0
Number women who have experienced sexual violence	150	56	206

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Women can report more than one person who committed the violence.

16.6 AGE AT FIRST EXPERIENCE OF SEXUAL VIOLENCE

The survey data show that among the 5 percent of women who have ever experienced sexual violence, the percentages who have experienced such violence by age are distributed equally at age 10, 12, 15, 18, and 22; 1 percent or less of women first experienced sexual violence at each of these ages (data not shown).

16.7 EXPERIENCE OF DIFFERENT FORMS OF VIOLENCE

Table 16.5 presents information on the experience of various forms of violence among women age 15-49. Thirty-seven percent of women have experienced physical violence only, 1 percent have experienced sexual violence only, and 4 percent have experienced both physical and sexual violence.

Overall, 42 percent of women reported that they have experienced

Table 16.5 Experience of different forms of violence

Percentage of women age 15-49 who have ever experienced different forms of violence by current age, The Gambia 2013

Age	Physical violence only	Sexual violence only	Physical and sexual violence	Physical or sexual violence	Number of women
15-19	36.0	1.4	1.8	39.1	1,084
15-17	34.3	1.0	1.9	37.2	561
18-19	37.8	1.7	1.6	41.1	523
20-24	35.0	0.7	3.7	39.4	993
25-29	39.5	0.9	5.2	45.6	743
30-39	37.6	0.6	4.7	43.0	1,106
40-49	39.1	0.1	3.9	43.1	599
Total	37.2	0.8	3.8	41.7	4,525

either physical or sexual violence. In general, the percentage of women who have ever experienced physical or sexual violence increases slightly with age.

16.8 VIOLENCE DURING PREGNANCY

Respondents who had ever been pregnant were asked specifically whether they had ever experienced physical violence while pregnant and, if so, who the perpetrators of the violence were. Table 16.6 shows that 4 percent of women have experienced physical violence during pregnancy.

There is little variation in the experience of physical violence during pregnancy by most background characteristics. It tends to increase with age, rising from 2 percent among women age 15-19 to 6 percent among those age 25-39 and decreasing thereafter. The percentage of women who have experienced physical violence during pregnancy is highest among those who are divorced, separated, or widowed (12 percent); those who reside in Mansakonko (7 percent); and those with a primary education (9 percent).

Table 16.6 Experience of violence during pregnancy

Among women age 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, The Gambia 2013

Background characteristic	Percentage who experienced violence during pregnancy	Number of women who have ever been pregnant
Age		
15-19	2.4	219
20-24	3.3	643
25-29	6.0	623
30-39	5.0	1,059
40-49	3.2	583
Religion		
Islam	4.4	3,022
Christianity	3.5	103
Residence		
Urban	4.1	1,583
Rural	4.6	1,545
Local Government Area		
Banjul	5.7	63
Kanifing	4.7	600
Brikama	5.1	1,062
Mansakonko	6.8	178
Kerewan	2.5	367
Kuntaur	5.3	176
Janjanbureh	3.1	228
Basse	2.7	455
Marital status		
Never married	3.6	122
Married/living together	3.8	2,807
Divorced/separated/widowed	12.3	199
Number of living children		
0	1.3	173
1-2	4.5	1,223
3-4	4.0	809
5+	4.9	923
Education		
No education	3.3	1,874
Primary	9.0	434
Secondary or higher	4.1	820
Wealth quintile		
Lowest	4.7	591
Second	4.1	619
Middle	3.6	649
Fourth	4.7	643
Highest	4.5	627
Total	4.3	3,128

Note: Total includes 1 case with no religion and 2 cases for whom information on religion is missing.

16.9 MARITAL CONTROL BY HUSBAND

Attempts by husbands to closely control and monitor their wives' behaviour are known to be an important warning sign and correlate of violence in a relationship. A series of questions were included in the 2013 GDHS to elicit the degree of marital control exercised by husbands over wives. Controlling behaviours most often manifest themselves in terms of extreme possessiveness, jealousy, attempts to isolate the wife from her family and friends, and not trusting her with money. To determine the degree of marital control husbands exercise over their wives, ever-married women were asked whether their current or former husband exhibited each of the following controlling behaviours: (1) he is jealous or angry if she talks to other men, (2) he frequently accuses her of being unfaithful, (3) he does not permit meetings with female friends, (4) he tries to limit contact with her family, and (5) he insists on knowing where she is at all times. Because the concentration of such behaviours is more significant than the display of any single behaviour, the proportion of women whose husbands display at least three of the specified behaviours is highlighted. Table 16.7 presents the percentage of ever-married women whose husbands display each of the listed behaviours, by selected background characteristics.

The main controlling behaviours reported by women were that their husband was jealous or angry if they talked to other men (38 percent) and insisted on knowing where they are at all times (30 percent). The next most common controlling behaviours were the husband not permitting them to meet their female friends (10 percent) and trying to limit their contact with family (7 percent).

Overall, 10 percent of ever-married women say that their husband displays three or more of the specified behaviours, while 49 percent say that he does not display any. Women living in Banjul (20 percent), formerly married women (26 percent), and those who are afraid of their husband or partner most of the time (24 percent) are substantially more likely than other subgroups to report that their husbands display three or more of the controlling behaviours. The percentage of women whose husbands display three or more controlling behaviours increases somewhat with increasing education.

Table 16.7 Marital control exercised by husbands

Percentage of ever-married women age 15-49 whose husbands/partners have ever demonstrated specific types of controlling behaviours, by background characteristics, The Gambia 2013

Background characteristic	Percentage of women whose husband/partner: Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Displays 3 or more of the specific behaviours	Displays none of the specific behaviours	Number of ever-married women
Age								
15-19	34.8	3.7	7.3	4.9	23.3	6.9	55.4	287
20-24	45.4	5.5	9.2	7.2	29.2	9.7	44.5	624
25-29	40.1	7.7	15.2	8.9	33.4	12.2	45.2	645
30-39	36.2	8.3	10.1	6.2	31.1	11.0	50.0	1,084
40-49	34.7	3.9	7.2	7.7	26.1	6.6	51.8	597
Religion								
Islam	38.5	6.4	9.8	6.7	30.0	9.8	48.8	3,136
Christianity	32.4	8.5	20.7	19.3	15.2	8.4	49.1	99
Residence								
Urban	37.8	7.6	11.1	8.0	31.5	10.7	48.0	1,622
Rural	38.9	5.2	9.2	6.2	27.7	8.9	49.6	1,616
Local Government Area								
Banjul	39.3	6.6	19.2	14.1	39.1	19.5	45.6	62
Kanifing	41.1	9.7	13.0	11.5	35.7	13.0	43.3	585
Brikama	38.4	6.1	12.7	8.5	35.2	11.3	45.0	1,108
Mansakonko	36.9	7.7	14.9	10.5	38.3	14.8	45.0	183
Kerewan	15.5	3.0	3.9	1.1	23.4	3.7	69.1	391
Kuntaur	38.1	5.3	6.9	3.6	22.0	7.7	57.3	194
Janjanbureh	39.6	7.9	11.0	9.4	14.9	11.9	55.0	238
Basse	53.5	5.1	3.9	1.5	19.9	3.9	43.0	476
Marital status								
Married/living together	37.3	5.6	9.6	6.3	28.4	8.6	49.8	3,018
Divorced/separated/ widowed	53.0	17.3	18.3	18.8	46.1	25.9	35.0	219
Number of living children								
0	37.9	4.9	10.3	9.1	26.0	7.6	50.2	401
1-2	41.0	6.6	10.6	8.3	32.3	11.9	45.8	1,111
3-4	39.8	7.3	10.4	5.6	30.9	9.7	48.6	802
5+	34.0	6.1	9.4	6.1	26.7	8.3	52.0	923
Employment								
Employed for cash	39.7	7.7	10.4	8.1	32.9	10.9	45.5	1,810
Employed not for cash	36.9	7.2	11.0	5.3	19.9	10.3	58.7	132
Not employed	36.4	4.6	9.8	5.9	26.0	8.2	52.6	1,292
Education								
No education	34.1	5.0	7.6	5.0	25.4	7.2	53.9	1,952
Primary	42.7	6.9	11.3	6.8	30.7	12.3	45.6	448
Secondary or higher	45.8	9.5	15.5	12.2	38.7	14.5	38.8	838
Wealth quintile								
Lowest	36.1	6.7	10.5	6.9	27.1	10.4	51.8	619
Second	37.1	5.5	9.0	6.5	27.8	9.3	51.5	629
Middle	40.8	4.7	8.4	5.3	25.2	7.9	49.9	656
Fourth	41.0	7.3	10.7	6.0	31.6	9.9	44.6	671
Highest	36.6	7.8	12.2	10.9	35.9	11.4	46.6	662
Woman afraid of husband/partner								
Afraid most of the time	66.3	16.6	22.6	12.6	44.8	23.6	20.8	254
Sometimes afraid	47.4	5.3	9.1	5.5	32.8	9.7	39.5	1,034
Never afraid	29.8	5.5	9.1	7.3	25.8	7.9	57.4	1,928
Total	38.3	6.4	10.2	7.1	29.6	9.8	48.8	3,237

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Total includes 2 cases for whom information on religion is missing, 4 cases for whom information on employment is missing, and 22 cases for whom information on whether the woman is afraid of the husband/partner is missing.

16.10 EXPERIENCE OF SPOUSAL VIOLENCE

Different types of violence are not mutually exclusive, and women may report multiple forms of violence. Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and, in one-third to more than one-half of cases, by sexual abuse (Krug et al., 2002). Table 16.8 shows the percentage of ever-married women who have experienced various forms of violence by their spouse ever and in the 12 months preceding the survey. Note that respondents who are currently married reported on violence by their current spouse, and respondents who are widowed, divorced, or separated reported on violence by their most recent spouse.

Table 16.8 Forms of spousal violence

Percentage of ever-married women age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey committed by their husband/partner, The Gambia 2013

		In the past 12 months		
Type of violence	Ever	Often	Sometimes	Often or sometimes
Spousal violence committed by current or most recent husband/partner				
Physical violence				
Any physical violence	19.6	1.4	5.5	6.9
Pushed her, shook her, or threw something at her	4.1	0.2	1.3	1.6
Slapped her	13.5	1.0	3.5	4.4
Twisted her arm or pulled her hair	2.9	0.2	1.0	1.2
Punched her with his fist or with something that could hurt her	2.8	0.2	0.7	0.9
Kicked her, dragged her, or beat her up	11.3	0.8	2.4	3.2
Tried to choke her or burn her on purpose	1.6	0.0	0.9	1.0
Threatened her or attacked her with a knife, gun, or other weapon	0.8	0.0	0.1	0.1
Sexual violence				
Any sexual violence	2.7	0.2	0.9	1.1
Physically forced her to have sexual intercourse with him when she did not want to	2.5	0.1	0.8	1.0
Physically forced her to perform any other sexual acts she did not want to	0.7	0.0	0.2	0.2
Forced her with threats or in any other way to perform sexual acts she did not want to	0.8	0.1	0.2	0.2
Emotional violence				
Any emotional violence	15.8	2.1	6.5	8.5
Said or did something to humiliate her in front of others	7.8	1.1	3.7	4.8
Threatened to hurt or harm her or someone she cared about	4.1	0.5	1.6	2.0
Insulted her or made her feel bad about herself	11.7	1.7	4.6	6.3
Any form of physical and/or sexual violence	20.1	1.5	5.8	7.3
Any form of emotional and/or physical and/or sexual violence	26.2	2.7	9.6	12.3
Spousal violence committed by any husband/partner				
Physical violence	21.3	na	na	6.9
Sexual violence	3.0	na	na	1.1
Physical and/or sexual violence	21.9	na	na	7.3
Number of ever-married women	3,237	3,237	3,237	3,237

na = Not applicable

One in five (20 percent) ever-married women reported having experienced physical violence committed by their current or most recent husband or partner, 3 percent reported sexual violence, and 16 percent reported emotional violence. Seven percent of women reported experiencing spousal physical violence in the past 12 months.

With respect to specific types of abuse, the most common form of spousal physical violence is being slapped (14 percent), followed by being kicked, dragged, or beaten (11 percent).

Overall, 26 percent of women have ever experienced emotional, physical, or sexual violence from their spouse, and 12 percent experienced one or more of these forms of violence in the past 12 months.

16.11 SPOUSAL VIOLENCE BY BACKGROUND CHARACTERISTICS

Table 16.9 shows the percentage of ever-married women age 15-49 who have experienced spousal emotional, physical, or sexual violence by selected background characteristics. More than one in four women (26 percent) have experienced at least one form of spousal violence.

The percentage of women who have ever experienced at least one form of spousal violence tends to increase with age and number of living children. The highest levels of spousal violence are found among women in Mansakonko (38 percent) and those who are divorced, separated, or widowed (46 percent).

Table 16.9 Spousal violence by background characteristics

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical, or sexual violence committed by their husband/partner, by background characteristics, The Gambia 2013

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical, sexual, and emotional	Physical or sexual	Physical, sexual, or emotional	Number of ever-married women
Age								
15-19	9.0	10.0	0.8	0.8	0.6	10.0	13.8	287
20-24	12.1	12.2	3.0	1.8	1.8	13.3	18.9	624
25-29	16.4	23.4	4.3	3.8	2.2	24.0	28.7	645
30-39	18.8	23.8	2.6	2.1	1.8	24.2	30.6	1,084
40-49	17.0	20.0	1.7	1.5	1.1	20.3	29.3	597
Religion								
Islam	15.6	19.6	2.7	2.2	1.7	20.1	26.2	3,136
Christianity	22.0	19.2	0.7	0.5	0.5	19.4	27.6	99
Residence								
Urban	16.5	17.0	2.4	2.0	1.7	17.5	24.5	1,622
Rural	15.1	22.2	2.9	2.4	1.6	22.7	28.0	1,616
Local Government Area								
Banjul	21.5	21.9	6.1	3.9	2.7	24.1	33.1	62
Kanifing	21.8	21.4	3.3	2.8	2.6	21.9	31.3	585
Brikama	15.0	17.2	2.4	1.7	1.1	17.9	24.1	1,108
Mansakonko	24.9	27.8	2.8	2.2	2.0	28.5	38.0	183
Kerewan	7.7	11.1	0.5	0.3	0.2	11.4	15.7	391
Kuntaur	10.1	27.2	2.9	2.9	0.3	27.3	30.4	194
Janjanbureh	18.9	19.9	6.1	5.7	5.3	20.2	27.6	238
Basse	13.6	23.1	2.1	1.7	1.4	23.6	25.8	476
Marital status								
Married/living together	14.5	18.3	2.3	1.8	1.2	18.9	24.8	3,018
Divorced/separated/widowed	34.3	36.5	7.5	7.4	7.4	36.5	46.2	219
Number of living children								
0	6.6	9.2	1.6	1.1	1.1	9.7	12.1	401
1-2	17.1	17.8	3.3	2.7	2.5	18.5	24.3	1,111
3-4	17.6	23.0	3.2	2.5	1.2	23.7	30.7	802
5+	16.7	23.1	2.0	1.7	1.2	23.3	30.8	923
Employment								
Employed for cash	16.9	23.3	3.3	2.6	2.0	24.0	29.9	1,810
Employed not for cash	19.6	25.2	2.4	2.4	1.0	25.2	32.4	132
Not employed	13.8	13.8	1.9	1.6	1.2	14.1	20.5	1,292
Education								
No education	14.6	20.1	2.1	1.9	1.1	20.3	26.0	1,952
Primary	18.0	21.7	2.7	1.9	1.4	22.5	30.0	448
Secondary or higher	17.5	17.2	4.1	3.0	3.0	18.2	24.8	838
Wealth quintile								
Lowest	17.3	24.6	2.9	2.4	1.6	25.1	31.6	619
Second	14.4	19.2	2.5	1.7	1.6	19.9	25.3	629
Middle	14.3	21.1	2.1	1.7	1.1	21.5	26.1	656
Fourth	13.8	18.2	4.0	3.2	2.2	18.9	23.2	671
Highest	19.3	15.2	1.9	1.7	1.7	15.3	25.2	662
Total	15.8	19.6	2.7	2.2	1.6	20.1	26.2	3,237

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Total includes 2 cases for whom religion is missing and 4 cases for whom information on employment is missing.

16.12 SPOUSAL VIOLENCE BY HUSBAND'S CHARACTERISTICS AND WOMEN'S EMPOWERMENT INDICATORS

Table 16.10 presents information on ever-married women age 15-49 who have experienced emotional, physical, or sexual violence committed by their spouse, according to spousal characteristics and empowerment indicators.

Table 16.10 Spousal violence by husband's characteristics and empowerment indicators

Percentage of ever-married women age15-49 who have ever experienced emotional, physical, or sexual violence committed by their husband/partner, by husband's characteristics and empowerment indicators, The Gambia 2013

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical, sexual, and emotional	Physical or sexual	Physical, sexual, or emotional	Number of ever-married women
Husband's/partner's education								
No education	14.1	19.8	2.3	1.9	1.3	20.3	25.6	1,814
Primary	17.9	24.8	5.7	5.6	3.6	24.8	31.0	207
Secondary	15.6	18.2	3.0	2.6	2.2	18.7	24.7	834
More than secondary	19.6	17.0	0.5	0.2	0.2	17.3	26.1	257
Don't know/missing	30.9	21.7	4.9	2.1	1.9	24.5	38.4	126
Husband's/partner's alcohol consumption								
Does not drink	15.6	19.4	2.6	2.1	1.6	19.9	25.9	3,182
Drinks/never gets drunk	*	*	*	*	*	*	*	3
Gets drunk sometimes	(31.3)	(35.1)	(8.9)	(3.4)	(3.4)	(40.7)	(49.5)	28
Gets drunk very often	*	*	*	*	*	*	*	14
Spousal education difference								
Husband better educated	15.0	16.4	1.7	1.3	0.7	16.8	23.4	942
Wife better educated	17.8	22.6	6.1	5.0	5.0	23.7	28.4	523
Both equally educated	17.2	16.4	1.4	1.4	0.2	16.4	25.6	164
Neither educated	13.6	20.4	2.0	1.7	1.1	20.7	25.9	1,444
Don't know/missing	32.4	23.9	5.2	3.0	2.7	26.2	39.1	165
Spousal age difference[1]								
Wife older	(17.3)	(20.8)	(3.5)	(3.5)	(3.2)	(20.8)	(32.5)	30
Wife is same age	(14.1)	(21.1)	(2.7)	(0.0)	(0.0)	(23.8)	(36.2)	30
Wife is 1-4 years younger	12.9	17.9	0.5	0.2	0.2	18.2	23.1	333
Wife is 5-9 years younger	15.2	17.0	2.7	2.0	1.8	17.7	24.9	836
Wife is 10+ years younger	14.5	19.0	2.5	2.0	1.2	19.5	24.9	1,715
Missing	12.3	18.4	0.5	0.5	0.0	18.4	22.1	75
Number of marital control behaviours displayed by husband/partner[2]								
0	5.9	9.8	1.5	1.1	0.9	10.2	12.2	1,580
1-2	21.9	25.8	2.1	1.7	1.0	26.2	36.1	1,341
3-4	37.8	40.3	9.4	8.1	6.5	41.6	53.0	273
5	50.7	50.7	21.7	18.3	14.4	54.1	61.2	44
Number of decisions in which women participate[3]								
0	12.1	17.4	2.8	2.3	0.6	17.8	23.2	495
1-2	14.1	19.8	2.4	1.6	1.1	20.5	25.6	1,373
3	15.9	17.1	2.0	1.7	1.6	17.4	24.6	1,151
Number of reasons for which wife beating is justified[4]								
0	16.5	13.4	2.2	1.9	1.8	13.7	21.8	1,249
1-2	17.9	24.2	2.8	2.3	1.8	24.8	31.0	917
3-4	14.0	24.4	3.3	2.3	1.3	25.3	29.1	807
5	10.9	17.9	2.8	2.7	1.5	18.1	21.8	264
Woman's father beat her mother								
Yes	29.1	29.2	7.2	5.9	4.1	30.4	40.6	300
No	13.9	17.8	2.2	1.7	1.3	18.2	24.3	2,555
Don't know/missing	18.3	23.8	2.7	2.1	1.8	24.5	28.1	382
Woman afraid of husband/ partner								
Afraid most of the time	35.0	46.2	8.0	7.0	2.9	47.2	53.7	254
Sometimes afraid	19.5	28.2	3.6	3.3	2.9	28.5	34.9	1,034
Never afraid	11.4	11.4	1.4	0.8	0.8	12.0	18.0	1,928
Total	15.8	19.6	2.7	2.2	1.6	20.1	26.2	3,237

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 10 cases for whom information on husband's/partner's alcohol consumption is missing and 22 cases for whom information on whether the woman is afraid of her husband/partner is missing.

[1] Includes only women who have been married only once

[2] According to the wife's report. See Table 16.7 for list of behaviours.

[3] According to the wife's report. See Table 15.6 for list of decisions.

[4] According to the wife's report. See Table 15.7.1 for list of reasons.

Women whose husbands have only a primary education (31 percent) and women who are better educated than their husbands (28 percent) are most likely to have experienced any of the three types of spousal violence. Among women whose husbands exhibit all five controlling behaviours, more than six in ten (61 percent) have experienced one or more forms of violence. In contrast, among women whose husbands display none of the five controlling behaviours, only 12 percent have experienced any form of spousal violence. Women whose father beat their mother are much more likely to experience any type of violence from their husband than women whose father did not beat their mother (41 percent and 24 percent, respectively). Finally, as expected, women who are often afraid of their husband are more likely to report experiencing any form of spousal violence than women who are never afraid of their husband (54 percent and 18 percent, respectively).

16.13 RECENT PHYSICAL OR SEXUAL VIOLENCE BY ANY HUSBAND OR PARTNER

Table 16.11 shows the percentage of ever-married women who have experienced physical or sexual violence by any husband or partner in the past 12 months. Overall, 7 percent of women experienced either type of violence in the past 12 months. Women age 25-29 (11 percent), Christian women (9 percent), women living in rural areas (8 percent), and women living in Banjul (15 percent) are more likely than women in other groups to have experienced recent physical or sexual spousal violence.

Women who are divorced, separated, or widowed are more likely than those who are currently married to have experienced physical or sexual violence by any husband or partner in the past 12 months (10 percent and 7 percent, respectively). Recent spousal violence is lowest among women who have no living children (4 percent), those who are not employed (6 percent), and those with no education (6 percent).

Table 16.11 Physical or sexual violence in the past 12 months by any husband/partner

Percentage of ever-married women who have experienced physical or sexual violence by any husband/partner in the past 12 months, by background characteristics, The Gambia 2013

Background characteristic	Percentage of women who have experienced physical or sexual violence in the past 12 months from any husband/partner	Number of ever-married women
Age		
15-19	5.0	287
20-24	6.6	624
25-29	10.6	645
30-39	8.0	1,084
40-49	4.3	597
Religion		
Islam	7.3	3,136
Christianity	9.2	99
Residence		
Urban	6.9	1,622
Rural	7.7	1,616
Local Government Area		
Banjul	15.1	62
Kanifing	7.1	585
Brikama	8.1	1,108
Mansakonko	8.4	183
Kerewan	1.7	391
Kuntaur	8.3	194
Janjanbureh	6.5	238
Basse	8.9	476
Marital status		
Married/living together	7.1	3,018
Divorced/separated/widowed	10.3	219
Number of living children		
0	4.3	401
1-2	7.3	1,111
3-4	9.7	802
5+	6.6	923
Employment		
Employed for cash	8.5	1,810
Employed not for cash	8.6	132
Not employed	5.6	1,292
Education		
No education	6.1	1,952
Primary	9.4	448
Secondary or higher	8.9	838
Wealth quintile		
Lowest	8.0	619
Second	5.9	629
Middle	8.2	656
Fourth	8.9	671
Highest	5.6	662
Woman afraid of husband/partner		
Afraid most of the time	22.4	254
Sometimes afraid	7.9	1,034
Never afraid	4.9	1,928
Total	7.3	3,237

Note: Any husband/partner includes all current, most recent, and former husbands/partners. Total includes 7 cases for whom information on religion is missing, 4 cases for whom information on employment is missing, and 22 cases for whom information on whether the woman is afraid of her husband/partner is missing.

16.14 EXPERIENCE OF SPOUSAL VIOLENCE BY DURATION OF MARRIAGE

To obtain information on the onset of marital violence, the 2013 GDHS asked ever-married women how long after marriage the onset of spousal violence occurred, if ever. Table 16.12 shows that 81 percent of women have never experienced physical or sexual violence by their current or most recent husband.

The onset of spousal violence tends to occur later in the marriage. Only 5 percent of women reported that spousal violence began within the first two years of marriage, while 17 percent reported that it began within the first 10 years of marriage.

Table 16.12 Experience of spousal violence by duration of marriage

Among currently married women age 15-49 who have been married only once, the percentage who first experienced physical or sexual violence committed by their current husband/partner by specific exact years since marriage, according to marital duration, The Gambia 2013

	Percentage who first experienced spousal physical or sexual violence by exact marital duration:				Percentage who have not experienced spousal sexual or physical violence	Number of currently married women who have been married only once
Duration of marriage	Before marriage	2 years	5 years	10 years		
Years since marriage						
<2	0.1	na	na	na	93.3	349
2-4	0.0	6.7	na	na	84.3	461
5-9	0.1	6.2	15.4	na	81.1	578
10+	0.0	4.1	14.8	20.2	76.5	1,273
Total	0.1	5.3	13.8	17.1	81.1	2,662

na = Not applicable

16.15 PHYSICAL CONSEQUENCES OF SPOUSAL VIOLENCE

In the 2013 GDHS, ever-married women were asked whether they had sustained some form of injury as a result of physical or sexual violence inflicted by their spouse. Among women who reported having ever experienced physical or sexual spousal violence, 15 percent suffered cuts, bruises, or aches; 6 percent had eye injuries, sprains, dislocations, or burns; and 3 percent had deep wounds, broken bones, broken teeth, or other serious injuries (Table 16.13).

Table 16.13 Injuries to women due to spousal violence

Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence, according to the type of violence and whether they experienced the violence ever and in the 12 months preceding the survey, The Gambia 2013

Type of violence	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	Number of ever-married women who have ever experienced any physical or sexual violence
Experienced physical violence[1]					
Ever[2]	15.3	6.6	3.2	19.8	634
In the past 12 months	17.8	8.8	5.8	24.8	223
Experienced sexual violence					
Ever[2]	31.6	11.2	6.2	37.2	87
In the past 12 months	(19.1)	(12.2)	(4.0)	(23.9)	34
Experienced physical or sexual violence[1]					
Ever[2]	14.9	6.4	3.1	19.4	650
In the past 12 months	16.9	8.4	5.4	23.5	236

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Figures in parentheses are based on 25-49 unweighted cases.

[1] Excludes women who reported violence only in response to a direct question on violence during pregnancy

[2] Includes violence in the past 12 months

Among ever-married women who had experienced spousal violence (physical or sexual) in the past 12 months, 24 percent reported experiencing physical injuries.

16.16 WOMEN'S VIOLENCE AGAINST THEIR HUSBANDS

In cases of domestic violence, either person (husband or wife) can be the perpetrator of violence. In the 2013 GDHS, ever-married women were asked about instances when they were the instigator of spousal violence. Specifically, they were asked whether they had initiated physical violence against their husband or partner when he was not already hitting or beating them.

Table 16.14 shows the percentage of ever-married women age 15-49 who reported initiating physical violence against their spouse ever and in the 12 months prior to the survey. Overall, just over 1 percent of women reported that they had initiated physical violence against their husbands, and just below 1 percent had done so in the past 12 months. Women who have been physically abused by their husband ever and in the past 12 months (3 percent and 5 percent, respectively); women in Kanifing (4 percent); women who are divorced, separated, or widowed (3 percent); and women in the highest wealth quintile (3 percent) are somewhat more likely than other groups to commit physical violence against their husbands or partners.

The percentage of women who have committed physical violence against their spouse is small and varies little by husbands' characteristics (Table 16.15). It is worth noting that women's violence against their spouse is substantial (12 percent) among those whose husbands display five or more controlling behaviours.

Table 16.14 Women's violence against their spouse

Percentage of ever-married women age 15-49 who have committed physical violence against their current or most recent husband/partner when he was not already beating or physically hurting them, ever and in the past 12 months, according to women's own experience of spousal violence and background characteristics, The Gambia 2013

Background characteristic	Percentage who have committed physical violence against their husband/partner		Number of ever-married women
	Ever[1]	In the past 12 months	
Woman's experience of spousal physical violence			
Ever[1]	3.4	2.1	634
In the past 12 months	5.0	4.5	223
Never	0.6	0.5	2,604
Age			
15-19	0.0	0.0	287
20-24	0.5	0.4	624
25-29	0.7	0.6	645
30-39	2.1	1.6	1,084
40-49	1.3	0.1	597
Religion			
Islam	1.2	0.8	3,136
Christianity	1.1	0.8	99
Residence			
Urban	1.8	1.3	1,622
Rural	0.5	0.3	1,616
Local Government Area			
Banjul	1.6	0.6	62
Kanifing	4.0	3.0	585
Brikama	0.5	0.4	1,108
Mansakonko	0.1	0.1	183
Kerewan	0.8	0.3	391
Kuntaur	0.4	0.0	194
Janjanbureh	1.2	0.0	238
Basse	0.2	0.2	476
Marital status			
Married/living together	1.0	0.7	3,018
Divorced/separated/ widowed	3.4	1.4	219
Employment			
Employed for cash	0.8	0.5	1,810
Employed not for cash	1.6	1.1	132
Not employed	1.6	1.1	1,292
Number of living children			
0	0.4	0.2	401
1-2	1.6	1.4	1,111
3-4	1.2	0.7	802
5+	1.0	0.3	923
Wealth quintile			
Lowest	1.0	0.5	619
Second	0.4	0.0	629
Middle	0.4	0.4	656
Fourth	1.0	0.4	671
Highest	3.0	2.5	662
Total	1.2	0.8	3,237

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Total includes 2 cases for whom information on religion is missing and 4 cases for whom information on employment is missing.
[1] Includes violence in the past 12 months

Table 16.15 Women's violence against their spouse

Percentage of ever-married women age 15-49 who have committed physical violence against their current or most recent husband/partner when he was not already beating or physically hurting her, ever and in the past 12 months, according their husband's characteristics, The Gambia 2013

Background characteristic	Percentage who have committed physical violence against their husband/partner		Number of ever-married women
	Ever[1]	In the past 12 months	
Husband's/partner's education			
No education	1.2	0.8	1,814
Primary	2.0	1.9	207
Secondary	1.2	0.7	810
More than secondary	0.6	0.3	281
DK/missing	0.1	0.0	126
Husband's/partner's alcohol consumption			
Does not drink	1.2	0.8	3,182
Drinks/never gets drunk	*	*	3
Gets drunk sometimes	(3.9)	(2.8)	28
Gets drunk very often	*	*	14
Spousal education difference			
Husband better educated	1.1	0.8	932
Wife better educated	1.3	0.9	532
Both equally educated	1.0	0.5	165
Neither educated	1.3	0.8	1,444
DK/missing	0.1	0.0	165
Spousal age difference[2]			
Wife older	(0.0)	(0.0)	30
Wife is same age	(0.0)	(0.0)	30
Wife's 1-4 years younger	0.6	0.3	333
Wife's 5-9 years younger	1.9	1.5	836
Wife's 10+ years younger	0.7	0.5	1,715
Missing	0.0	0.0	75
Number of marital control behaviors displayed by husband/partner[3]			
0	0.5	0.2	1,580
1-2	1.6	1.2	1,341
3-4	1.3	1.1	273
5-6	11.8	5.9	44
Number of decisions in which women participate[4]			
0	0.7	0.7	495
1-2	0.6	0.3	1,373
3	1.7	1.3	1,151
Number of reasons for which wife-beating is justified[5]			
0	1.2	0.9	1,249
1-2	1.9	1.1	917
3-4	0.4	0.4	807
5	0.5	0.3	264
Woman's father beat her mother			
Yes	1.1	0.7	300
No	1.3	0.9	2,555
DK/Missing	0.5	0.0	382
Woman afraid of husband/partner			
Most of the time afraid	1.0	0.8	254
Sometimes afraid	2.1	1.6	1,034
Never afraid	0.6	0.3	1,928
Total	1.2	0.8	3,237

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 10 cases for whom information on husband's/partner's alcohol consumption is missing and 22 cases for whom information on whether the woman is afraid of her husband/partner is missing.

[1] Includes in the past 12 months

[2] Includes only women who have been married only once.

[3] According to the wife's report. See Table 16.7 for list of behaviors.

[4] According to the wife's report. See Table 15.6 for list of decisions.

[5] According to the wife's report. See Table 15.7 for list of decisions.

16.17 HELP-SEEKING BEHAVIOUR BY WOMEN WHO EXPERIENCE VIOLENCE

Table 16.16 shows the percent distribution of women who have ever experienced physical or sexual violence committed by anyone, according to whether they sought help to stop the violence and, among those who did not seek help, whether or not they told anyone about the violence.

Table 16.16 Help seeking to stop violence

Percent distribution of women age 15-49 who have ever experienced physical or sexual violence by their help-seeking behaviour, according to type of violence and background characteristics, The Gambia 2013

Background characteristic	Sought help to stop violence	Never sought help but told someone	Never sought help, never told anyone	Missing/ don't know	Total	Number of women who have ever experienced any physical or sexual violence
Type of violence experienced						
Physical only	35.2	13.0	42.2	9.6	100.0	1,681
Sexual only	(45.5)	(6.9)	(37.7)	(10.0)	100.0	36
Physical and sexual	64.7	9.8	21.1	4.4	100.0	171
Age						
15-19	29.8	17.6	40.5	12.2	100.0	424
20-24	40.0	12.9	37.0	10.1	100.0	391
25-29	38.9	13.1	40.7	7.3	100.0	339
30-39	41.9	6.6	45.5	6.0	100.0	476
40-49	40.6	14.2	34.0	11.2	100.0	258
Religion						
Islam	37.5	12.4	40.9	9.2	100.0	1,789
Christianity	48.6	15.4	27.2	8.8	100.0	96
Residence						
Urban	37.3	13.6	37.7	11.4	100.0	1,048
Rural	39.0	11.3	43.3	6.4	100.0	839
Region						
Banjul	34.1	16.0	40.2	9.6	100.0	40
Kanifing	36.8	10.9	40.4	11.9	100.0	459
Brikama	38.0	14.3	37.0	10.7	100.0	698
Mansakonko	39.9	16.2	41.9	2.0	100.0	106
Kerewan	45.3	6.4	41.1	7.2	100.0	169
Kuntaur	23.1	7.7	60.0	9.2	100.0	74
Janjanbureh	44.4	20.5	26.0	9.2	100.0	158
Basse	35.1	8.1	54.2	2.6	100.0	182
Marital status						
Never married	31.3	18.1	38.0	12.6	100.0	541
Married or living together	39.3	11.0	41.6	8.2	100.0	1,238
Divorced/separated/widowed	58.1	3.7	34.7	3.4	100.0	109
Number of living children						
0	30.5	17.5	40.2	11.8	100.0	646
1-2	46.8	9.5	36.1	7.6	100.0	485
3-4	40.3	9.4	45.5	4.8	100.0	368
5+	37.8	11.2	40.2	10.9	100.0	388
Employment						
Employed for cash	42.2	9.7	38.7	9.5	100.0	944
Employed not for cash	41.5	9.7	40.7	8.1	100.0	65
Not employed	33.6	15.7	41.8	9.0	100.0	874
Education						
No education	38.6	8.9	43.7	8.7	100.0	828
Primary	48.8	11.2	31.0	9.0	100.0	274
Secondary or higher	33.7	16.9	39.6	9.7	100.0	786
Wealth quintile						
Lowest	39.6	10.6	40.0	9.7	100.0	331
Second	37.3	7.5	46.5	8.8	100.0	367
Middle	41.2	16.2	37.2	5.4	100.0	346
Fourth	40.9	14.7	36.4	8.0	100.0	374
Highest	33.1	13.5	40.6	12.8	100.0	470
Total	38.1	12.6	40.2	9.2	100.0	1,887

Note: Women can report more than one source from which they sought help. Figures in parentheses are based on 25-49 unweighted cases. Total includes 1 case with no religion, 2 cases for whom information on religion is missing, and 4 cases for whom information on employment is missing.

Overall, only 38 percent of women sought help from any source to stop the violence. Forty percent never sought help and never told anyone, while 13 percent never sought help but told someone that they were victims of violence. Women who have experienced both physical and sexual violence are most likely to seek help (65 percent). By age, young women (15-19 years) are least likely to seek help (30 percent). Christian women (49 percent); those who are divorced, separated, or widowed (58 percent); those with one or two children (47 percent); those living in Kerewan (45 percent) and Janjanbureh (44 percent); and those with a primary education (49 percent) are more likely than other groups to seek help.

16.18 SOURCES OF HELP TO STOP VIOLENCE

Table 16.17 shows the percentage of physically abused women who reported seeking help by the sources from which help was sought. Among women who experienced physical violence, the most common source of help is their own family (56 percent), followed by neighbours (28 percent), their husband or partner's family (14 percent), and friends (8 percent).

Women who experienced both physical and sexual violence also reported their family as the most common source of help (56 percent). Other sources included their husband or partner's family (25 percent), friends (20 percent), and neighbours (17 percent).

Table 16.17 Sources of help to stop the violence

Percentage of women age 15-49 who have experienced physical or sexual violence and sought help by sources from which they sought help, according to the type of violence that women reported, The Gambia 2013

	Type of violence experienced			
Person	Physical only	Sexual only	Physical and sexual	Total
Own family	55.6	*	56.2	56.4
Husband/partner's family	13.6	*	25.3	15.1
Husband/partner	1.0	*	0.0	0.8
Boyfriend	0.0	*	1.1	0.2
Friend	8.2	*	19.9	10.1
Neighbour	28.0	*	17.4	25.7
Religious leader	1.3	*	1.9	1.4
Police	3.7	*	1.0	3.2
Social work organisation	0.3	*	0.3	0.3
Other	0.6	*	0.5	0.5
Number of women who have experienced violence and sought help	592	16	110	719

Note: Women can report more than one source from which they sought help. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

ADULT AND MATERNAL MORTALITY 17

Key Findings

- Adult mortality is slightly higher among men than women (2.4 male deaths and 2.3 female deaths per 1,000 population, respectively).
- Between age 15 and age 50, approximately 99 women per 1,000 and 102 men per 1,000 are likely to die.
- Maternal deaths account for 36 percent of all deaths among women age 15-49. The maternal mortality rate for the seven-year period preceding the survey was 0.77 maternal deaths per 1,000 woman-years of exposure.
- The maternal mortality ratio was 433 maternal deaths per 100,000 live births for the seven-year period preceding the survey.

Adult and maternal mortality rates are key indicators of the health status of a population. In The Gambia, population and housing censuses are the main source of data on adult mortality. Adult mortality levels and trends over time have important implications for the country's health and social programmes, especially with regard to the impact of noncommunicable diseases such as diabetes and hypertension on adult health and mortality. Census data show that adult mortality has been declining over time. This decline is a result of improvements in the socioeconomic status of the population, including increased availability of and accessibility to health facilities and services (particularly among children and pregnant and postpartum women), improved nutrition, increased access to safe drinking water, and improvements in other sanitary conditions.

Estimation of mortality rates requires comprehensive and accurate reporting of adult deaths, including maternal deaths. The maternal mortality module included in the 2013 GDHS gathered the valuable information needed to determine maternal mortality. This chapter includes results based on sibling history data collected in the sibling survival module (commonly referred to as the maternal mortality module) of the 2013 GDHS Woman's Questionnaire. In addition to adult mortality rates for five-year age groups, a summary measure ($_{35}q_{15}$) is included that represents the probability of dying between exact ages 15 and 50.

The term *maternal mortality* used in this chapter corresponds to the term *pregnancy-related mortality* defined in the latest version of the International Classification of Diseases (ICD-10). The ICD-10 definition of a pregnancy-related death is "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death" (WHO, 2011). In keeping with this definition, the sibling survival module used in the DHS surveys measures only the timing of deaths and not the cause. The data collected in the GDHS questionnaire are based on information about deaths that occur during the two months following a birth rather than the 42 days following a birth.

17.1 ASSESSMENT OF DATA QUALITY

To obtain a sibling history, the 2013 GDHS first asked each female respondent to list all children born to her biological mother, starting with the firstborn. The respondent was then asked whether each of these siblings was still alive. For living siblings, the interviewer asked the current age of each sibling. For deceased siblings, the age at death and the number of years since death were recorded. When a respondent could not provide precise information on age at death or years since death, approximate but quantitative answers were accepted. For sisters who died at age 12 or older, three questions were asked to determine whether the death was maternal: "Was [NAME] pregnant when she died?" and, if the response was

negative, “Did she die during childbirth?” and, if not, “Did she die within two months after the end of a pregnancy or childbirth?”

Table C.7 in Appendix C shows that, in the 2013 GDHS, a total of 55,064 siblings were recorded in the sibling histories. The survival status was not reported for 33 siblings (0.1 percent). Among surviving siblings, current age was not reported for 267 siblings (0.6 percent). For 98 percent of deceased siblings, both age at death (AD) and years since death (YSD) were reported. In 0.5 percent of cases, age at death and years since death were missing. The sex ratio of the enumerated siblings (the ratio of brothers to sisters multiplied by 100) is 104.4, which is within the range of the acceptable sex ratio at birth (Table C.8).

17.2 ESTIMATES OF ADULT MORTALITY

One way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility and stability of adult mortality estimates. If the overall estimated rates of adult mortality are implausible, rates based on a subset of deaths—maternal mortality, in particular—are likely to have serious problems. Moreover, levels and trends in overall adult mortality have important implications for health and social welfare programmes in The Gambia, especially with regard to the potential impact of limited access to health care services, an inadequately qualified and skilled health work force, and the emergence of infectious and noncommunicable diseases.

The direct estimation of adult mortality uses the reported ages at death and years since death of the respondents’ brothers and sisters. Mortality rates are calculated by dividing the number of deaths in each age group of women and men by the total person-years of exposure to the risk of dying in that age group during a specified period prior to the survey. To have a sufficiently large number of adult deaths to generate a robust estimate, the rates are calculated for the seven-year period preceding the survey (approximately 2006 to 2013). Nevertheless, age-specific mortality rates obtained in this manner are subject to considerable sampling variation.

Table 17.1 Adult mortality rates

Direct estimates of female and male mortality rates for the seven years preceding the survey, by five-year age groups, The Gambia 2013

Age	Deaths	Exposure years	Mortality rate[1]
FEMALE			
15-19	21	25,886	0.82
20-24	25	28,043	0.91
25-29	41	23,528	1.75
30-34	79	17,635	4.46
35-39	36	12,292	2.94
40-44	31	7,064	4.34
45-49	23	4,148	5.57
15-49	256	118,595	2.28[a]
MALE			
15-19	39	25,803	1.52
20-24	50	27,579	1.82
25-29	47	24,305	1.92
30-34	44	18,087	2.43
35-39	35	12,464	2.79
40-44	34	7,404	4.53
45-49	26	3,991	6.51
15-49	274	119,633	2.41[a]

[1] Expressed per 1,000 population
[a] Age-adjusted rate

Table 17.1 shows age-specific mortality rates (ASMRs) among women and men age 15-49 for the seven-year period preceding the survey. Overall, the level of adult mortality is slightly higher among men (2.4 deaths per 1,000 population) than among women (2.3 deaths per 1,000 population). Age-specific mortality rates are higher for men than for women except in the 30-34 and 35-39 age groups, where the reverse is true.

Generally, ASMRs show the expected increases with age among both women and men. The confidence intervals for many of the five-year mortality rates overlap and can be found in Appendix Table B.13.

Table 17.2 shows the summary measure of the risk of dying between the exact ages of 15 and 50 ($_{35}q_{15}$). That is, $_{35}q_{15}$ represents the risk of a 15-year-old person dying before age 50. According to the 2013 GDHS, 99 of 1,000 young women age 15 and 102 of 1,000 young men age 15 are likely to die before reaching age 50. The confidence limits for the $_{35}q_{15}$ estimates can be found in Appendix Table B.13.

Table 17.2 Adult mortality probabilities

The probability of dying between the ages of 15 and 50 among young women and men for the seven years preceding the survey, The Gambia 2013

	Women	Men
Survey	$_{35}q_{15}$[1]	$_{35}q_{15}$[1]
2013 GDHS	99	102

[1] The probability of dying between exact ages 15 and 50, expressed per 1,000 person-years of exposure

17.3 ESTIMATES OF MATERNAL MORTALITY

In this survey, maternal deaths are defined as any deaths that occur during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy. Estimates of maternal mortality are therefore based solely on the timing of the death in relationship to the pregnancy.[1] Maternal mortality in The Gambia and other developing countries can be estimated using two procedures: the indirect sisterhood method (Graham et al., 1989) or a direct estimation variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation variant is used to estimate maternal mortality.

Table 17.3 presents direct estimates of maternal mortality for the seven-year period preceding the survey. The maternal mortality rate among women age 15-49 is 0.77 maternal deaths per 1,000 woman-years of exposure. By five-year age groups, the maternal mortality rate is highest among women age 30-34 (1.96), followed by those age 45-49 (1.33). The confidence limits for maternal mortality rates can be found in Appendix Table B.13.

Table 17.3 Maternal mortality

Direct estimates of maternal mortality rates for the seven years preceding the survey, by five-year age groups, The Gambia 2013

Age	Percentage of female deaths that are maternal	Maternal deaths	Exposure years	Maternal mortality rate[1]
15-19	34.7	7	25,886	0.28
20-24	48.2	12	28,043	0.44
25-29	50.4	21	23,528	0.88
30-34	43.9	35	17,635	1.96
35-39	23.8	9	12,292	0.70
40-44	6.7	2	7,064	0.29
45-49	23.9	6	4,148	1.33
Total 15-49	35.5	91	118,595	0.77[a]

General fertility rate (GFR)[2]	178[a]
Maternal mortality ratio (MMR)[3]	433 CI: (299, 567)
Lifetime risk of maternal death[4]	0.024

CI = Confidence interval
[1] Expressed per 1,000 woman-years of exposure
[2] Expressed per 1,000 women age 15-49
[3] Expressed per 100,000 live births; calculated as the age-adjusted maternal mortality rate multiplied by 100 and divided by the age-adjusted general fertility rate
[4] Calculated as $1-(1-MMR)^{TFR}$, where TFR represents the total fertility rate for the seven years preceding the survey
[a] Age-adjusted rate

[1] This time-dependent definition includes all deaths that occurred during pregnancy and two months after the pregnancy, even if the death was due to non-maternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths among women during this two-month period are due to maternal causes.

In the 2013 GDHS, maternal deaths represent 36 percent of all deaths among women age 15-49. The percentage of female deaths that are maternal varies by age and ranges from 7 percent of all deaths among women age 40-44 to 50 percent of deaths among women age 25-29.

The maternal mortality rate can be converted to a maternal mortality ratio (expressed as deaths per 100,000 live births) by dividing the total maternal mortality rate (0.77) by the general fertility rate of 178 that prevailed during the same time period and multiplying the result by 100,000. The resulting maternal mortality ratio is 433 deaths per 100,000 live births during the seven-year period preceding the survey. In other words, for every 1,000 live births in The Gambia during the seven years preceding the 2013 GDHS, about four women died during pregnancy, during childbirth, or within two months of childbirth. The lifetime risk of maternal death of 0.024 indicates that about 2 percent of women die during pregnancy, during childbirth, or within two months of childbirth. These figures should be viewed with caution because the number of female deaths occurring during pregnancy, at delivery, or within two months of delivery is small (91). As a result, the maternal mortality estimates are subject to larger sampling errors than the adult mortality estimates. Confidence limits are presented in Appendix Table B.13.

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SAMPLE DESIGN

Appendix A

A.1 INTRODUCTION

The 2013 Gambia Demographic and Health Survey (GDHS) is the first DHS to be undertaken in The Gambia. The survey used a nationally representative sample of about 7,000 households. The main objectives of the 2013 GDHS survey were to provide up-to-date information on fertility and childhood mortality levels; fertility preferences; awareness, approval, and use of family planning methods; maternal and child health and nutrition; knowledge and attitudes toward HIV/AIDS and other sexually transmitted infections (STIs); HIV prevalence among the adult population age 15-49; anaemia prevalence among women; and anaemia and malaria prevalence among children age 6-59 months. All women age 15-49 who were usual members of the selected households or who spent the night in the selected households the day before the survey were eligible for the survey. The survey was expected to successfully interview about 11,300 women from this group. The goal was to produce representative results for the country as a whole, for the urban and the rural areas separately, and for each of the eight Local Government Areas (LGAs): two municipalities and six LGAs[1].

In addition to the survey of women, a survey of men was also conducted in a sub-sample of every other household selected for the women's survey. All men age 15-59 who were usual members of the selected households or who spent the night in the selected households the day before the survey were eligible. The survey collected information on men's basic demographic status; use of family planning methods; and knowledge and attitudes toward HIV/AIDS and other STIs. All women and men eligible for individual interviews in the sub-sample of men were also asked for consent for a dried blood spot (DBS) sample for HIV testing.

A.2 SAMPLING FRAME

The sampling frame used for the 2013 GDHS was the 2003 Gambia Population and Housing Census (Gambia Bureau of Statistics 2007). The sampling frame is a complete list of enumeration areas (EAs) across the country. An EA is a geographic area, consisting of a convenient number of households, which serves as a counting unit for the census. EAs have an average size of 64 households. The sampling frame contains information about the location, the administrative belongings, the type of residence, and the number of residential households and population of each EA. A sketch map, available for each EA, delimits its geographic boundaries.

Administratively, Gambia is divided into two urban municipalities (Banjul and Kanifing) and six LGAs. In turn, each LGA is sub-divided into districts, and each district into settlements. An EA is a settlement, a group of small settlements, or a part of a large settlement. These units allow the country as to be easily separated into small geographical area units, each with an urban or rural designation. There are 39 districts, 1,923 settlements, and 2,475 EAs in The Gambia.

Tables A.1 to A.3 show the distribution of the households, population, enumeration areas by LGA and urban-rural of residence. In The Gambia, 51 percent of the population lives in urban areas. More than half of the urban population lives in the two municipalities (Banjul and Kanifing). Urban population occupies 61percent of the households.

[1] For the purposes of surveys and censuses, the two municipalities are considered Local Government Areas, resulting in a total of eight LGAs for the entire country. The tables in this report show only LGAs, which include Banjul and Kanifing.

Table A.1 Households

Distribution of the households in the sampling frame by LGA and residence, Gambia 2013

LGA	Number of households in frame			Percentage of total households	Percentage urban
	Urban	Rural	Total		
Banjul	6,903	0	6,903	4.4	100.0
Kanifing	49,227	0	49,227	31.1	100.0
Brikama	28,387	16,832	45,219	28.6	62.8
Mansakonko	2,040	6,429	8,469	5.4	24.1
Kerewan	4,554	13,745	18,299	11.6	24.9
Kuntaur	614	6,526	7,140	4.5	8.6
Janjanbureh	2,139	7,999	10,138	6.4	21.1
Basse	3,167	9,472	12,639	8.0	25.1
Gambia	97,031	61,003	158,034	100.0	61.4

* Source: 2003 Gambia population and housing census (GBoS, 2007)

Table A.2 Population

Distribution of the population in the sampling frame by LGA and residence, Gambia 2013

LGA	Population in frame			Percentage of total population	Percentage urban
	Urban	Rural	Total		
Banjul	35,061	0	35,061	2.6	100.0
Kanifing	322,735	0	322,735	23.7	100.0
Brikama	235,798	153,796	389,594	28.6	60.5
Mansakonko	13,302	58,865	72,167	5.3	18.4
Kerewan	34,720	138,115	172,835	12.7	20.1
Kuntaur	5,040	73,451	78,491	5.8	6.4
Janjanbureh	16,836	90,376	107,212	7.9	15.7
Basse	23,729	158,857	182,586	13.4	13.0
Gambia	687,221	673,460	1,360,681	100.0	50.5

* Source: 2003 Gambia population and housing census (GBoS, 2007)

Table A.3 Enumeration areas

Distribution of the enumeration areas in the sampling frame by LGA and residence, Gambia 2013

LGA	Number of enumeration areas in frame			Average enumeration area size		
	Urban	Rural	Total	Urban	Rural	Total
Banjul	92	0	92	75	0	75
Kanifing	634	0	634	78	0	78
Brikama	427	295	722	66	57	63
Mansakonko	33	122	155	62	53	55
Kerewan	66	256	322	69	54	57
Kuntaur	11	113	124	56	58	58
Janjanbureh	40	139	179	53	58	57
Basse	57	190	247	56	50	51
Gambia	1,360	1,115	2,475	71	55	64

* Source: 2003 Gambia population and housing census (GBoS, 2007)

A.3 SAMPLE DESIGN AND IMPLEMENTATION

The sample for the 2013 GDHS survey was a stratified sample selected in two stages from the sampling frame. Stratification was achieved by separating each LGA into urban and rural areas. In total, 14 sampling strata were created because Banjul and Kanifing are entirely urban. Samples were selected independently in each stratum by a two-stage selection process. Implicit stratification and proportional allocation was achieved at each of the lower administrative levels by sorting the sampling frame within each sampling stratum before sample selection, according to administrative units, and by using a probability proportional to size selection at the first stage of sampling.

In the first stage, 281 EAs were selected with probability proportional to the EA size and with independent selection in each sampling stratum; the sample allocation is shown in Table A.4. The EA size is the number of residential households residing in the EA during the 2003 Population and Housing Census. After the selection of EAs and before the main survey, a household listing operation was carried

out in all selected EAs. The resulting lists of households served as the sampling frame for the selection of households in the second stage. If an EA was too large to be a DHS cluster (>200 households), the EA was segmented into smaller segments following specified guidelines, and one of the resulting segments was selected with probability proportional to size. The household listing was conducted only in the selected segment, and the listing of the segment was then used to help select the final household sample. So, a 2013 GDHS cluster was either an EA or a segment of an EA.

In the second stage of selection, a fixed number of 25 households per cluster were selected with an equal probability systematic selection from the newly created household listing. The survey interviewers were asked to interview only the pre-selected households. To prevent bias, no replacements and no changes of the pre-selected households were allowed in the implementing stages. All women age 15-49 who were usual members of the selected households or who spent the night prior to the survey in the selected households were eligible for the female survey. A sub-sample of one in every two households selected for the women's survey was selected for the men's survey. All men age 15-59 who were usual members of the selected households or who spent the night prior to the survey in the selected households were eligible for the men's survey.

Table A.4 shows the sample allocation of clusters and the sample allocation of households by LGA and according to residence. The sample allocation of the expected number of completed interviews with women and men, by LGA and according to residence, is shown in Table A.5. In order that the survey precisions are comparable across LGAs, the sample allocation figures a power allocation among LGAs and between urban-rural residence within each LGA. This allocation guarantees at least 800 interviews of women per LGA to ensure that the estimates of demographic indicators such as total fertility rates (TFRs) and early childhood mortality rates (CMRs) have the acceptable precision. The capital city of Banjul was over-sampled to better capture its social, economic, and cultural diversity. With a fixed sample size of 25 households per cluster, a total of 281 clusters were selected. Of the selected clusters, 147 were in urban areas and 134 were in rural areas. The selected sample size was 7,025 households, 3,675 in urban areas and 3,350 in rural areas. This sample size was expected to result in about 11,280 completed interviews with women, 5,272 in urban areas and 6,008 in rural areas.

The sample allocations were calculated based on findings from The Gambia 2005-06 MICS survey. The average number of women age 15-49 per household at the national level is 1.69. The range is from 1.2 women per household in Banjul to 2.7 in Basse. The estimated average number of men age 15-49 per household is 1.7 men (there was no male survey in the 2005-06 MICS).

The household response rate was 98 percent in both urban and rural areas; the woman's individual response rate was 97 percent in both urban and rural areas.

Table A.4 Sample allocation of clusters and households

Sample allocation of clusters and households by LGA, according to residence, Gambia 2013

	Allocation of clusters			Allocation of households		
LGA	Urban	Rural	Total	Urban	Rural	Total
Banjul	43	0	43	1,075	0	1,075
Kanifing	46	0	46	1,150	0	1,150
Brikama	29	21	50	725	525	1,250
Mansakonko	7	23	30	175	575	750
Kerewan	10	31	41	250	775	1,025
Kuntaur	3	22	25	75	550	625
Janjanbureh	5	19	24	125	475	600
Basse	4	18	22	100	450	550
Gambia	147	134	281	3,675	3,350	7,025

Table A.5 Sample allocation of completed interviews with women and men

Sample allocation of expected number of completed interviews with women and men by LGA, according to residence, Gambia 2013

	Women 15-49			Men 15-59*		
LGA	Urban	Rural	Total	Urban	Rural	Total
Banjul	1,261	0	1,261	652	0	652
Kanifing	1,681	0	1,681	869	0	869
Brikama	1,024	742	1,766	529	383	912
Mansakonko	275	900	1,175	141	464	605
Kerewan	345	1,073	1,418	179	555	734
Kuntaur	146	1,057	1,203	73	541	614
Janjanbureh	275	1,045	1,320	123	466	589
Basse	265	1,191	1,456	112	504	616
Gambia	5,272	6,008	11,280	2,678	2,913	5,591

*A survey of men was conducted in half of the households selected for the survey of women.

An examination of response rates for the 2013 GDHS indicates that the survey was successfully implemented. In the interviewed households, 11,279 eligible women were identified for individual interviews. Complete interviews were conducted with 10,233 women, yielding a response rate of 91 percent. Similarly, a total of 4,668 eligible men were identified for individual interviews in the households selected for the male survey. Complete interviews were conducted with 3,821 men, yielding a response rate of 82 percent.

Tables A.6 and A.7 present the interview response rates in the 2013 GDHS for women and men, respectively, both by urban and rural area and by LGA. Overall, the number of completed interviews is similar to the expected number for both women and men. Tables A.8 through A.11 present response rates for HIV testing by background characteristics.

Table A.6 Sample implementation: Women

Percent distribution of households and eligible women by results of the household and individual interviews; and household, eligible women, and overall women response rates, according to urban-rural residence and LGA (unweighted), The Gambia 2013

	Residence		LGA								
Result	Urban	Rural	Banjul	Kanifing	Brikama	Mansakonko	Kerewan	Kuntaur	Janjanbureh	Basse	Total
Selected households											
Completed (C)	84.5	93.2	81.0	86.8	88.7	92.7	89.3	93.6	90.5	93.6	88.7
Household present but no competent respondent at home (HP)	0.3	0.0	0.5	0.0	0.2	0.0	0.1	0.2	0.3	0.0	0.2
Postponed (P)	3.2	2.2	3.3	2.9	2.2	3.7	3.1	1.3	2.8	1.6	2.7
Refused (R)	1.1	0.2	1.0	1.3	0.8	0.0	0.3	0.0	0.3	0.7	0.6
Dwelling not found (DNF)	1.6	0.6	2.4	0.7	0.9	0.7	1.3	0.5	2.3	0.0	1.1
Household absent (HA)	3.8	1.0	4.9	4.0	2.2	0.5	1.4	1.8	1.7	0.7	2.4
Dwelling vacant/address not a dwelling (DV)	4.5	2.2	5.4	3.6	4.2	1.7	3.5	2.1	1.3	2.9	3.4
Dwelling destroyed (DD)	0.4	0.2	0.7	0.4	0.2	0.1	0.2	0.5	0.3	0.2	0.3
Other (O)	0.6	0.4	0.8	0.3	0.6	0.5	0.9	0.2	0.3	0.2	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	3,661	3,348	1,075	1,136	1,250	750	1,025	625	598	550	7,009
Household response rate (HRR)[1]	93.2	96.9	91.9	94.6	95.6	95.5	94.9	98.0	93.9	97.5	95.0
Eligible women											
Completed (EWC)	89.2	92.0	89.0	85.9	90.4	95.7	93.3	91.3	90.1	92.1	90.7
Not at home (EWNH)	6.4	5.4	5.6	8.5	6.3	2.2	4.5	6.5	7.6	4.5	5.9
Postponed (EWP)	0.1	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.1
Refused (EWR)	2.2	0.7	3.0	3.5	1.1	0.4	0.7	0.6	0.4	0.7	1.4
Partly completed (EWPC)	0.5	0.2	0.8	0.6	0.2	0.2	0.2	0.2	0.4	0.1	0.3
Incapacitated (EWI)	0.8	0.9	0.5	0.7	1.0	1.0	0.6	1.1	0.5	1.5	0.9
Other (EWO)	0.8	0.8	1.0	0.6	0.9	0.6	0.7	0.3	1.1	1.1	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	5,043	6,236	1,205	1,753	2,028	1,088	1,552	1,138	1,137	1,378	11,279
Eligible women response rate (EWRR)[2]	89.2	92.0	89.0	85.9	90.4	95.7	93.3	91.3	90.1	92.1	90.7
Overall women response rate (ORR)[3]	83.1	89.1	81.8	81.3	86.4	91.3	88.6	89.5	84.6	89.8	86.2

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC)

[3] The overall women response rate (OWRR) is calculated as:

$$OWRR = HRR * EWRR/100$$

Table A.7 Sample implementation: Men

Percent distribution of households and eligible men by results of the household and individual interviews; and household, eligible men, and overall men response rates, according to urban-rural residence and LGA (unweighted), The Gambia 2013

	Residence		LGA								
Result	Urban	Rural	Banjul	Kanifing	Brikama	Mansakonko	Kerewan	Kuntaur	Janjanbureh	Basse	Total
Selected households											
Completed (C)	84.1	93.5	79.7	85.7	89.5	91.4	91.1	94.7	89.6	93.6	88.6
Household present but no competent respondent at home (HP)	0.2	0.0	0.6	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1
Postponed (P)	3.4	2.3	2.5	3.1	2.8	4.4	2.4	1.7	3.8	1.9	2.9
Refused (R)	1.3	0.2	1.4	1.7	0.8	0.0	0.2	0.0	0.7	0.8	0.8
Dwelling not found (DNF)	1.5	0.5	2.5	0.7	0.3	0.6	1.0	0.3	2.4	0.0	1.0
Household absent (HA)	4.4	0.8	6.4	4.2	2.2	0.8	1.0	2.0	2.4	0.4	2.7
Dwelling vacant/address not a dwelling (DV)	4.2	2.1	5.4	4.2	3.7	2.2	3.0	0.7	0.3	3.4	3.2
Dwelling destroyed (DD)	0.4	0.1	0.6	0.4	0.0	0.0	0.4	0.3	0.3	0.0	0.3
Other (O)	0.5	0.4	1.0	0.0	0.5	0.6	0.8	0.3	0.3	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,757	1,608	516	545	600	360	492	300	288	264	3,365
Household response rate (HRR)[1]	93.0	96.8	91.9	94.0	95.6	94.8	96.1	97.9	92.8	97.2	94.9
Eligible men											
Completed (EMC)	78.1	85.6	79.1	75.5	80.2	90.6	87.9	82.7	77.7	88.1	81.9
Not at home (EMNH)	16.8	10.9	14.8	18.9	15.6	4.2	8.8	15.6	20.3	7.4	13.9
Postponed (EMP)	0.1	0.1	0.0	0.1	0.1	0.2	0.4	0.0	0.0	0.0	0.1
Refused (EMR)	2.2	1.2	2.7	2.6	2.0	2.2	0.5	0.0	0.4	2.0	1.7
Partly completed (EMPC)	0.6	0.2	1.0	0.9	0.3	0.7	0.0	0.0	0.0	0.0	0.4
Incapacitated (EMI)	1.2	1.4	1.0	1.4	1.0	1.5	1.8	1.7	0.9	1.7	1.3
Other (EMO)	0.9	0.6	1.5	0.6	0.7	0.5	0.7	0.0	0.6	0.9	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	2,343	2,325	603	779	981	403	568	411	462	461	4,668
Eligible men response rate (EMRR)[2]	78.1	85.6	79.1	75.5	80.2	90.6	87.9	82.7	77.7	88.1	81.9
Overall men response rate (ORR)[3]	72.7	82.9	72.7	70.9	76.7	85.9	84.5	81.0	72.1	85.6	77.7

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] The eligible men response rate (EMRR) is equivalent to the percentage of interviews completed (EMC)

[3] The overall men response rate (OMRR) is calculated as:

$$OMRR = HRR * EMRR/100$$

A.4 SAMPLE PROBABILITIES AND SAMPLING WEIGHTS

Because of the nonproportional allocation of the sample across domains and urban-rural areas, and the differential response rates, sampling weights must be calculated using all analyses of the GDHS results to ensure that survey results are representative at both the national and domain level. The GDHS sample is a two-stage stratified cluster sample, so sampling weights are based on sampling probabilities calculated separately for each sampling stage and for each cluster where:

P_{1hi}: first-stage sampling probability of the i^{th} cluster in stratum h
P_{2hi}: second-stage sampling probability within the i^{th} cluster (households)

The following describes the calculation of these probabilities:

Let a_h be the number of clusters selected in stratum h, M_{hi} the number of households according to the sampling frame in the i^{th} cluster, and $\sum M_{hi}$ the total number of households in the stratum. The probability of selecting the i^{th} cluster in the 2013 LDHS sample is calculated as follows:

$$\frac{a_h \, M_{hi}}{\sum M_{hi}}$$

Let b_{hi} be the proportion of households in the selected cluster compared with the total number of households in cluster i in stratum h if the cluster is segmented, otherwise $b_{hi} = 1$. Then the probability of selecting cluster i in the sample is:

$$P_{1hi} = \frac{a_h \, M_{hi}}{\sum M_{hi}} \times b_{hi}$$

Let L_{hi} be the number of households listed in the household listing operation in cluster i in stratum h, and let g_{hi} be the number of households selected in the cluster. The second stage's selection probability for each household in the cluster is calculated as follows:

$$P_{2hi} = \frac{g_{hi}}{L_{hi}}$$

The overall selection probability of each household in cluster i of stratum h is therefore the product of the two stages of selection probabilities:

$$P_{hi} = P_{1hi} \times P_{2hi}$$

The design weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hi} = 1 / P_{hi}$$

Next, the design weight is adjusted for household non-response and individual non-response to get the sampling weights for households and for women and men, respectively. Non-response is adjusted at the sampling stratum level. For the household sampling weight, the household design weight is multiplied by the inverse of the household response rate, by stratum. For the women's individual sampling weight, the household sampling weight is multiplied by the inverse of the women's individual response rate, by stratum. For the men's individual sampling weight, the household sampling weight for the male sub-sample is multiplied by the inverse of the men's individual response rate, by stratum. After adjusting for non-response, the sampling weights are normalised to get the final standard weights that appear in the data

files. The normalisation process is done to obtain a total number of unweighted cases equal to the total number of weighted cases at the national level, for the total number of households, women, and men. Normalisation is done by multiplying the sampling weight by the estimated sampling fraction obtained from the survey for the household weight, the individual woman's weight, and the individual man's weight. The normalised weights are relative weights that are valid for estimating means, proportions, ratios, and rates, but they are not valid for estimating population totals or pooled data. The sampling weights for HIV testing are calculated in a similar way, but the normalisation of the HIV weights is done differently. The individual HIV testing weights are normalised at the national level for women and men together so that HIV prevalence estimates calculated for women and men together are valid.

Table A.8 Coverage of HIV testing by social and demographic characteristics: Women

Percent distribution of interviewed women age 15-49 by HIV testing status, according to social and demographic characteristics (unweighted), The Gambia 2013

Background characteristic	Testing status				Total	Number
	DBS Tested[1]	Refused to provide blood	Absent at the time of blood collection	Other/ missing[2]		
Marital status						
Never married	90.6	4.5	2.9	2.1	100.0	1,323
Ever had sexual intercourse	93.3	3.6	2.4	0.6	100.0	165
Never had sexual intercourse	90.2	4.6	2.9	2.3	100.0	1,158
Married/living together	93.2	3.3	1.9	1.6	100.0	3,299
Divorced or separated	92.3	4.8	1.8	1.2	100.0	168
Widowed	92.2	3.1	0.0	4.7	100.0	64
Type of union						
In polygynous union	92.9	3.3	2.2	1.7	100.0	1,343
In non-polygynous union	93.4	3.3	1.7	1.6	100.0	1,940
Not currently in union	90.8	4.4	2.6	2.1	100.0	1,555
Missing	100.0	0.0	0.0	0.0	100.0	16
Ever had sexual intercourse						
Yes	93.3	3.3	1.9	1.6	100.0	3,647
No	89.9	4.7	2.9	2.5	100.0	1,201
Missing	100.0	0.0	0.0	0.0	100.0	6
Currently pregnant						
Pregnant	94.6	2.6	1.3	1.5	100.0	389
Not pregnant or not sure	92.3	3.7	2.2	1.8	100.0	4,465
Times slept away from home in past 12 months						
None	92.1	4.0	2.0	1.9	100.0	2,610
1-2	92.9	3.2	2.3	1.6	100.0	1,602
3-4	92.3	3.5	2.1	2.1	100.0	428
5+	92.7	2.9	2.9	1.5	100.0	205
Missing	88.9	11.1	0.0	0.0	100.0	9
Time away in past 12 months						
Away for more than 1 month	92.2	3.9	2.6	1.3	100.0	797
Away for less than 1 month	93.3	2.8	2.1	1.8	100.0	1,433
No away	92.1	4.0	2.0	1.9	100.0	2,612
Missing	75.0	8.3	8.3	8.3	100.0	12
Religion						
Islam	92.7	3.6	2.0	1.7	100.0	4,713
Christianity	82.7	6.0	6.0	5.3	100.0	133
No religion	100.0	0.0	0.0	0.0	100.0	1
Missing	100.0	0.0	0.0	0.0	100.0	7
Total	92.4	3.6	2.1	1.8	100.0	4,854

[1] Includes all dried blood samples tested at the lab and for which there is a result (i.e., positive, negative, or indeterminate). Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.
[2] Includes (1) other results of blood collection (e.g., technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

Table A.9 Coverage of HIV testing by social and demographic characteristics: Men

Percent distribution of interviewed men 15-49[59] by HIV testing status, according to social and demographic characteristics (unweighted), The Gambia 2013

Characteristic	Testing status				Total	Number
	DBS Tested[1]	Refused to provide blood	Absent at the time of blood collection	Other/ missing[2]		
Marital status						
Never married	86.9	6.0	4.8	2.3	100.0	2,102
Ever had sexual intercourse	88.8	5.5	4.5	1.2	100.0	910
Never had sexual intercourse	85.5	6.4	5.0	3.1	100.0	1,192
Married/living together	84.9	8.8	4.4	1.8	100.0	1,665
Divorced or separated	76.6	19.1	2.1	2.1	100.0	47
Widowed	71.4	14.3	14.3	0.0	100.0	7
Type of union						
In polygynous union	84.3	11.1	3.0	1.5	100.0	396
In nonpolygynous union	85.1	8.1	4.9	1.9	100.0	1,269
Not currently in union	86.6	6.3	4.8	2.3	100.0	2,156
Ever had sexual intercourse						
Yes	86.2	7.8	4.4	1.6	100.0	2,611
No	85.5	6.3	5.2	3.1	100.0	1,197
Missing	61.5	30.8	0.0	7.7	100.0	13
Times slept away from home in past 12 months						
None	85.7	7.8	4.7	1.9	100.0	1,862
1-2	86.0	6.9	4.1	3.1	100.0	948
3-4	87.3	4.1	6.3	2.3	100.0	394
5+	85.6	9.2	4.2	1.0	100.0	612
Missing	80.0	20.0	0.0	0.0	100.0	5
Time away in past 12 months						
Away for more than 1 month	86.9	6.0	4.9	2.2	100.0	650
Away for less than 1 month	85.7	7.5	4.4	2.3	100.0	1,304
No away	85.7	7.8	4.7	1.9	100.0	1,862
Missing	80.0	20.0	0.0	0.0	100.0	5
Religion						
Islam	86.0	7.3	4.7	2.1	100.0	3,703
Christianity	81.4	12.4	3.5	2.7	100.0	113
No religion	100.0	0.0	0.0	0.0	100.0	3
Missing	100.0	0.0	0.0	0.0	100.0	2
Total	85.9	7.4	4.6	2.1	100.0	3,821

[1] Includes all dried blood samples tested at the lab and for which there is a result (i.e., positive, negative, or indeterminate). Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

[2] Includes (1) other results of blood collection (e.g., technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

Table A.10 Coverage of HIV testing by sexual behaviour characteristics: Women

Percent distribution of interviewed women age 15-49 who ever had sexual intercourse by HIV test status, according to sexual behaviour characteristics (unweighted), The Gambia 2013

Sexual behaviour characteristic	Testing status				Total	Number
	DBS Tested[1]	Refused to provide blood	Absent at the time of blood collection	Other/ missing[2]		
Age at first sexual intercourse						
<16	94.5	2.6	1.4	1.5	100.0	1,129
16-17	94.6	2.3	1.6	1.5	100.0	746
18-19	94.2	3.4	1.2	1.2	100.0	669
20+	90.4	5.0	2.7	2.0	100.0	863
Missing	90.8	3.8	3.8	1.7	100.0	240
Multiple sexual partners and partner concurrency in past 12 months						
0	90.7	4.7	3.0	1.6	100.0	570
1	93.7	3.1	1.7	1.6	100.0	3,064
2+	100.0	0.0	0.0	0.0	100.0	11
Had concurrent partners[3]	100.0	0.0	0.0	0.0	100.0	1
None of the partners were concurrent	100.0	0.0	0.0	0.0	100.0	10
Missing	100.0	0.0	0.0	0.0	100.0	2
Condom use at last sexual intercourse in past 12 months						
Used condom	88.5	5.3	3.5	2.7	100.0	113
Did not use condom	93.9	3.0	1.6	1.5	100.0	2,959
No sexual intercourse in last 12 months	90.7	4.7	3.0	1.6	100.0	572
Missing	100.0	0.0	0.0	0.0	100.0	3
Number of lifetime partners						
1	93.3	3.4	1.8	1.6	100.0	2,967
2	93.0	3.0	2.3	1.7	100.0	531
3-4	95.6	1.8	1.8	0.9	100.0	114
5-9	87.5	6.3	6.3	0.0	100.0	16
10+	0.0	0.0	0.0	100.0	100.0	1
Missing	88.9	11.1	0.0	0.0	100.0	18
Prior HIV testing						
Ever tested	93.6	2.7	2.0	1.7	100.0	1,884
Received results	93.6	2.8	1.8	1.8	100.0	1,702
Did not received results	94.0	2.2	3.3	0.5	100.0	182
Never tested	92.8	4.0	1.7	1.5	100.0	1,716
Missing	93.6	4.3	2.1	0.0	100.0	47
Total	93.3	3.3	1.9	1.6	100.0	3,647

[1] Includes all dried blood samples tested at the lab and for which there is a result (i.e., positive, negative, or indeterminate). Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

[2] Includes (1) other results of blood collection (e.g., technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

[3] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with two or more people during the 12 months before the survey.

Table A.11 Coverage of HIV testing by sexual behaviour characteristics: Men

Percent distribution of interviewed men age 15-59 who ever had sexual intercourse by HIV test status, according to sexual behaviour characteristics (unweighted), The Gambia 2013

Sexual behaviour characteristic	Testing status				Total	Number
	DBS Tested[1]	Refused to provide blood	Absent at the time of blood collection	Other/ missing		
Age at first sexual intercourse						
<16	87.9	6.6	4.4	1.1	100.0	272
16-17	86.3	6.0	5.7	1.9	100.0	315
18-19	88.1	6.3	4.5	1.0	100.0	489
20+	85.2	8.9	4.1	1.8	100.0	1,431
Missing	86.5	7.7	4.8	1.0	100.0	104
Multiple sexual partners and partner concurrency in past 12 months						
0	89.4	5.2	4.1	1.4	100.0	444
1	85.5	7.9	4.8	1.8	100.0	1,741
2+	85.9	9.8	3.3	1.0	100.0	418
Had concurrent partners[2]	85.1	9.7	4.2	1.0	100.0	288
None of the partners were concurrent	87.7	10.0	1.5	0.8	100.0	130
Missing	75.0	25.0	0.0	0.0	100.0	8
Condom use at last sexual intercourse in past 12 months						
Used condom	87.7	6.5	4.9	0.9	100.0	430
Did not use condom	85.1	8.7	4.4	1.8	100.0	1,727
No sexual intercourse in last 12 months	89.2	5.5	4.0	1.3	100.0	452
Missing	100.0	0.0	0.0	0.0	100.0	2
Paid for sexual intercourse in past 12 months						
Yes	96.8	3.2	0.0	0.0	100.0	31
Used condom	100.0	0.0	0.0	0.0	100.0	19
Did not use condom	91.7	8.3	0.0	0.0	100.0	12
No (No paid sexual intercourse/no sexual intercourse in last 12 months)	86.1	7.9	4.5	1.6	100.0	2,580
Number of lifetime partners						
1	86.2	6.9	5.2	1.6	100.0	936
2	85.9	8.8	3.2	2.1	100.0	682
3-4	89.2	6.4	3.7	0.7	100.0	566
5-9	85.1	8.2	5.2	1.5	100.0	268
10+	80.6	11.2	6.1	2.0	100.0	98
Missing	75.4	16.4	4.9	3.3	100.0	61
Prior HIV testing						
Ever tested	83.9	9.7	4.9	1.4	100.0	690
Received results	84.3	9.4	4.9	1.4	100.0	630
Did not received results	80.0	13.3	5.0	1.7	100.0	60
Never tested	87.0	7.1	4.2	1.6	100.0	1,920
Missing	100.0	0.0	0.0	0.0	100.0	1
Total	86.2	7.8	4.4	1.6	100.0	2,611

[1] Includes all Dried Blood Samples (DBS) tested at the lab and for which there is a result (i.e., positive, negative, or indeterminate). Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

[2] Includes: 1) other results of blood collection (e.g., technical problem in the field), 2) lost specimens, 3) non corresponding bar codes, and 4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

[3] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with two or more people during the 12 months before the survey. (Respondents with concurrent partners includes polygynous men who had overlapping sexual partnerships with two or more wives).

ESTIMATES OF SAMPLING ERRORS

Appendix B

The estimates from a sample survey are affected by two types of errors: nonsampling errors and sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions by either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2013 Gambia Demographic and Health Survey (GDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2013 GDHS is only one of many samples that could have been selected from the same population, using the same design and expected 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 among all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2013 GDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulas. Sampling errors are computed in either ISSA or SAS, using programs developed by ICF International. These programs use the Taylor linearization method of variance estimation for survey estimates that are means, proportions, or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, r = y/x, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2}\sum_{h=1}^{H}\left[\frac{m_h}{m_h-1}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}\text{, and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,

m_h is the total number of clusters selected in the h^{th} stratum,

y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,

x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and

f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulas. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2013 LDHS, there were 322 non-empty clusters. Hence, 322 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 322 clusters,

$r_{(i)}$ is the estimate computed from the reduced sample of 321 clusters (i^{th} cluster excluded), and

k is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is also calculated. The design effect is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error is due to the use of a more complex and less statistically efficient design. Relative standard errors and confidence limits for the estimates are also calculated.

Sampling errors for the 2013 GDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the eight Local Government Area (LGAs). For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 through B.12 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE) for each variable. The sampling errors for mortality rates are presented for the 5-year period preceding the survey for the whole country and for the 10-year period preceding the survey, by residence and region. The DEFT is considered undefined when the standard error considering a simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for children ever born to women age 40-49) can be interpreted as follows: the overall average from the national sample is 6.186 and its standard error is 0.126. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the

sample estimate, i.e., 6.186±2×0.126. There is a high probability (95 percent) that the true average number of children ever born to all women age 40 to 49 is between 5.935 and 6.438.

For the total sample, the value of the DEFT, averaged over all variables, is 1.80. This means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.80 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Gambia 2013

Variable	Estimate	Base population
	WOMEN	
Ownership of at least 1 insecticide treated net (ITN)	Proportion	Households
Urban residence	Proportion	All women 15-49
Literacy	Proportion	All women 15-49
No education	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Never married/in union	Proportion	All women 15-49
Currently married/in union	Proportion	All women 15-49
Married before age 20	Proportion	All women 20-49
Had sexual intercourse before age 18	Proportion	All women 20-49
Currently pregnant	Proportion	All women 15-49
Children ever born	Mean	All women 15-49
Children surviving	Mean	All women 15-49
Children ever born to women age 40-49	Mean	All women 40-49
Know any contraceptive method	Proportion	Currently married women 15-49
Know a modern method	Proportion	Currently married women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using a traditional method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using male condoms	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using implants	Proportion	Currently married women 15-49
Currently using rhythm	Proportion	Currently married women 15-49
Used public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay next birth at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Mothers protected against tetanus for last birth	Proportion	Women with a live birth in last five years
Had diarrhea in the past 2 weeks	Proportion	Children under 5
Treated with ORS	Proportion	Children under 5 with diarrhea in past 2 weeks
Sought medical treatment for diarrhea	Proportion	Children under 5 with diarrhea in past 2 weeks
Vaccination card seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received Pentavalent vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Received all vaccinations	Proportion	Children 12-23 months
Height-for-age (-2SD)	Proportion	Children under 5 who are measured
Weight-for-height (-2SD)	Proportion	Children under 5 who are measured
Weight-for-age (-2SD)	Proportion	Children under 5 who are measured
Body Mass Index (BMI) <18.5	Proportion	All women 15-49 who were measured
Had 2+ sexual partners in past 12 months	Proportion	All women 15-49
Condom use at last sex	Proportion	Women 15-49 with 2+ partners in past 12 months
Abstinence among youth (never had sex)	Proportion	Never-married women 15-24
Sexually active in past 12 months among never-married youth	Proportion	Never-married women 15-24
Had an HIV test and received results in past 12 months	Proportion	All women 15-49
Accepting attitudes towards people with HIV	Proportion	All women who have heard of HIV/AIDS
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Post-neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Infant mortality rate[1]	Rate	Children exposed to the risk of mortality
Child mortality rate[1]	Rate	Children exposed to the risk of mortality
Under-five mortality rate[1]	Rate	Children exposed to the risk of mortality
HIV prevalence among all women 15-49	Proportion	All interviewed women with DBS tested at the lab

Continued…

Table B.1—*Continued*

Variable	Estimate	Base population
MEN		
Urban residence	Proportion	All men 15-49
Literacy	Proportion	All men 15-49
No education	Proportion	All men 15-49
Secondary education or higher	Proportion	All men 15-49
Never married/in union	Proportion	All men 15-49
Currently married/in union	Proportion	All men 15-49
Had sexual intercourse before age 18	Proportion	All men 20-49
Know any contraceptive method	Proportion	Currently married men 15-49
Know a modern method	Proportion	Currently married men 15-49
Want no more children	Proportion	Currently married men 15-49
Want to delay next birth at least 2 years	Proportion	Currently married men 15-49
Ideal number of children	Mean	All men 15-49
Had 2+ sexual partners in past 12 months	Proportion	All men 15-49
Condom use at last sex	Proportion	Men 15-49 with 2+ partners in past 12 months
Abstinence among youth (never had sex)	Proportion	Never-married men 15-24
Sexually active in past 12 months among never-married youth	Proportion	Never-married men 15-24
Paid for sexual intercourse in past 12 months	Proportion	All men 15-49
Had an HIV test and received results in past 12 months	Proportion	All men 15-49
Accepting attitudes towards people with HIV	Proportion	All men who have heard of HIV/AIDS
HIV prevalence among all men 15-49	Proportion	All interviewed men with DBS tested at the lab
WOMEN AND MEN		
HIV prevalence among all women and men 15-49	Proportion	All interviewed women and men with DBS tested at the lab

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and regional samples, respectively

Table B.2 Sampling errors: Total sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.560	0.017	10233	10233	3.514	0.031	0.525	0.594
No education	0.465	0.011	10233	10233	2.253	0.024	0.443	0.487
Secondary or higher education	0.398	0.011	10233	10233	2.347	0.029	0.375	0.421
Never married (never in union)	0.290	0.008	10233	10233	1.756	0.027	0.274	0.305
Currently married (in union)	0.664	0.008	10233	10233	1.811	0.013	0.647	0.681
Married before age 20	0.574	0.010	7770	7826	1.856	0.018	0.553	0.595
Had sexual intercourse before age 18	0.418	0.009	7770	7826	1.595	0.021	0.401	0.436
Currently pregnant	0.081	0.004	10233	10233	1.308	0.044	0.074	0.088
Children ever born	2.531	0.035	10233	10233	1.329	0.014	2.460	2.601
Children surviving	2.322	0.030	10233	10233	1.262	0.013	2.261	2.383
Children ever born to women age 40-49	6.014	0.105	1336	1320	1.489	0.017	5.805	6.224
Know any contraceptive method	0.963	0.006	6905	6791	2.741	0.006	0.950	0.975
Know a mordern method	0.958	0.007	6905	6791	2.799	0.007	0.945	0.972
Currently using any method	0.090	0.007	6905	6791	2.025	0.078	0.076	0.104
Currently using a modern method	0.081	0.006	6905	6791	1.974	0.080	0.068	0.094
Currently using pill	0.021	0.003	6905	6791	1.472	0.121	0.016	0.026
Currently using condoms	0.006	0.001	6905	6791	1.268	0.203	0.003	0.008
Currently using female sterilization	0.006	0.001	6905	6791	1.479	0.228	0.003	0.009
Currently using rythm	0.002	0.001	6905	6791	1.607	0.479	0.000	0.003
Used public sector source	0.601	0.035	630	666	1.800	0.059	0.531	0.672
Want no more children	0.158	0.007	6905	6791	1.661	0.046	0.144	0.173
Want to delay next birth at least 2 years	0.473	0.008	6905	6791	1.324	0.017	0.457	0.489
Ideal number of children	6.020	0.051	9902	9934	2.161	0.008	5.917	6.122
Mothers protected against tetanus for last birth	0.708	0.014	5385	5305	2.305	0.020	0.679	0.737
Had diarrhea in the last 2 weeks	0.174	0.009	7788	7586	2.017	0.053	0.155	0.192
Treated with ORS	0.592	0.017	1340	1318	1.228	0.030	0.557	0.627
Sought medical treatment for diarrhea	0.675	0.018	1340	1318	1.345	0.027	0.638	0.711
Vaccination card seen	0.902	0.012	1648	1660	1.543	0.013	0.878	0.925
Received BCG vaccination	0.989	0.004	1648	1660	1.452	0.004	0.981	0.996
Received DPT vaccination (3 doses)	0.877	0.011	1648	1660	1.401	0.013	0.854	0.900
Received polio vaccination (3 doses)	0.900	0.010	1648	1660	1.382	0.012	0.879	0.921
Received measles vaccination	0.878	0.019	1648	1660	2.273	0.021	0.841	0.916
Received all vaccinations	0.760	0.022	1648	1660	2.039	0.029	0.717	0.803
Height-for-age (-2SD)	0.245	0.011	3484	3372	1.320	0.045	0.223	0.267
Weight-for-height (-2SD)	0.115	0.009	3484	3372	1.620	0.082	0.096	0.133
Weight-for-age (-2SD)	0.162	0.010	3484	3372	1.422	0.061	0.143	0.182
Prevalence of anemia (Children 6-59 months)	0.728	0.012	3300	3238	1.530	0.017	0.703	0.753
Prevalence of anemia (women 15-49)	0.603	0.013	4478	4393	1.804	0.022	0.576	0.629
Body Mass Index (BMI) < 18.5	0.167	0.008	4062	4024	1.420	0.050	0.150	0.184
Had 2+ sexual partners in past 12 months	0.002	0.001	10233	10233	1.342	0.265	0.001	0.004
Abstinence among never-married youth (never had sex)	0.907	0.009	2569	2646	1.557	0.010	0.889	0.925
Sexually active in past 12 months among never-married youth	0.052	0.007	2569	2646	1.528	0.129	0.039	0.065
Had an HIV test and received results in past 12 months	0.139	0.005	10233	10233	1.536	0.038	0.128	0.149
Accepting attitudes towards people with HIV	0.052	0.005	10018	10066	2.297	0.098	0.041	0.062
Total fertility rate (3 years)	5.603	0.133	28544	28602	1.571	0.024	5.337	5.870
Neonatal mortality rate (last 0-4 years)	22.127	2.058	8097	7938	1.199	0.093	18.011	26.243
Post-neonatal mortality rate (last 0-4 years)	12.194	2.389	8043	7902	1.919	0.196	7.417	16.971
Infant mortality rate (last 0-4 years)	34.321	2.929	8104	7943	1.366	0.085	28.462	40.180
Child mortality rate (last 0-4 years)	19.946	2.621	7622	7510	1.535	0.131	14.704	25.187
Under-five mortality rate (last 0-4 years)	53.582	4.387	8163	8011	1.575	0.082	44.807	62.357
HIV prevalence (Women 15-49)	0.021	0.003	4487	4089	1.344	0.136	0.015	0.027
MEN								
Urban residence	0.623	0.019	3522	3577	2.337	0.031	0.585	0.661
No education	0.305	0.015	3522	3577	1.897	0.048	0.275	0.334
Secondary or higher education	0.558	0.016	3522	3577	1.923	0.029	0.525	0.590
Never married (never in union)	0.609	0.015	3522	3577	1.792	0.024	0.579	0.638
Currently married (in union)	0.380	0.015	3522	3577	1.823	0.039	0.350	0.410
Had sexual intercourse before age 18	0.157	0.012	2655	2741	1.673	0.075	0.133	0.180
Know any contraceptive method	0.989	0.003	1388	1360	1.198	0.003	0.983	0.996
Know a modern method	0.981	0.004	1388	1360	1.205	0.005	0.972	0.990
Want no more children	0.029	0.006	1388	1360	1.220	0.188	0.018	0.040
Want to delay next birth at least 2 years	0.575	0.019	1388	1360	1.445	0.033	0.536	0.613
Ideal number of children	7.669	0.148	3320	3405	1.545	0.019	7.373	7.964
Had 2+ sexual partners in past 12 months	0.082	0.005	3522	3577	1.167	0.066	0.072	0.093
Condom use at last sex	0.188	0.030	327	294	1.373	0.158	0.129	0.248
Abstinence among never-married youth (never had sex)	0.638	0.018	1593	1624	1.488	0.028	0.602	0.674
Sexually active in past 12 months among never-married youth	0.218	0.016	1593	1624	1.504	0.071	0.187	0.249
Paid for sexual intercourse in past 12 months	0.007	0.002	3522	3577	1.243	0.248	0.004	0.011
Had an HIV test and received results in past 12 months	0.072	0.006	3522	3577	1.490	0.090	0.059	0.085
Accepting attitudes towards people with HIV	0.103	0.013	3443	3505	2.577	0.130	0.076	0.129
HIV prevalence (Men 15-49)	0.017	0.004	3090	3493	1.677	0.232	0.009	0.024
HIV prevalence (Men 15-59)	0.018	0.004	3273	3670	1.615	0.211	0.010	0.025
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.019	0.002	7522	7539	1.467	0.121	0.014	0.024

Table B.3 Sampling errors: Urban sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	4498	5730	na	0.000	1.000	1.000
No education	0.341	0.013	4498	5730	1.780	0.037	0.315	0.366
Secondary or higher education	0.541	0.013	4498	5730	1.792	0.025	0.514	0.567
Never married (never in union)	0.355	0.012	4498	5730	1.666	0.034	0.331	0.378
Currently married (in union)	0.586	0.013	4498	5730	1.740	0.022	0.560	0.611
Married before age 20	0.470	0.014	3426	4409	1.681	0.031	0.441	0.499
Had sexual intercourse before age 18	0.341	0.011	3426	4409	1.388	0.033	0.318	0.363
Currently pregnant	0.066	0.005	4498	5730	1.245	0.070	0.057	0.075
Children ever born	2.119	0.047	4498	5730	1.304	0.022	2.025	2.212
Children surviving	1.974	0.042	4498	5730	1.251	0.021	1.890	2.057
Children ever born to women age 40-49	5.327	0.132	528	670	1.231	0.025	5.064	5.590
Know any contraceptive method	0.979	0.005	2509	3356	1.819	0.005	0.969	0.990
Know a mordern method	0.979	0.005	2509	3356	1.814	0.005	0.969	0.990
Currently using any method	0.130	0.011	2509	3356	1.678	0.087	0.108	0.153
Currently using a modern method	0.118	0.010	2509	3356	1.615	0.088	0.097	0.139
Currently using pill	0.035	0.005	2509	3356	1.269	0.134	0.025	0.044
Currently using condoms	0.009	0.002	2509	3356	1.123	0.235	0.005	0.013
Currently using female sterilization	0.008	0.003	2509	3356	1.434	0.325	0.003	0.013
Currently using rythm	0.003	0.002	2509	3356	1.347	0.468	0.000	0.006
Used public sector source	0.519	0.049	415	495	1.992	0.095	0.421	0.617
Want no more children	0.165	0.012	2509	3356	1.609	0.072	0.141	0.189
Want to delay next birth at least 2 years	0.460	0.012	2509	3356	1.190	0.026	0.437	0.484
Ideal number of children	5.494	0.064	4413	5626	1.959	0.012	5.367	5.621
Mothers protected against tetanus for last birth	0.673	0.020	1965	2643	1.944	0.030	0.632	0.713
Had diarrhea in the last 2 weeks	0.184	0.016	2657	3605	2.044	0.086	0.153	0.216
Treated with ORS	0.615	0.027	512	665	1.179	0.043	0.562	0.668
Sought medical treatment for diarrhea	0.659	0.030	512	665	1.349	0.045	0.600	0.719
Vaccination card seen	0.875	0.022	521	776	1.554	0.025	0.830	0.919
Received BCG vaccination	0.981	0.008	521	776	1.372	0.008	0.965	0.996
Received DPT vaccination (3 doses)	0.840	0.020	521	776	1.329	0.024	0.799	0.881
Received polio vaccination (3 doses)	0.871	0.019	521	776	1.333	0.022	0.833	0.909
Received measles vaccination	0.820	0.035	521	776	2.193	0.043	0.750	0.891
Received all vaccinations	0.671	0.040	521	776	2.023	0.060	0.591	0.750
Height-for-age (-2SD)	0.192	0.014	1084	1470	1.184	0.074	0.164	0.221
Weight-for-height (-2SD)	0.103	0.016	1084	1470	1.745	0.153	0.071	0.134
Weight-for-age (-2SD)	0.106	0.013	1084	1470	1.466	0.127	0.079	0.133
Prevalence of anemia (children 6-59 months)	0.667	0.023	1022	1433	1.649	0.035	0.621	0.714
Prevalence of anemia (women 15-49)	0.533	0.021	1887	2362	1.788	0.039	0.491	0.574
Body Mass Index (BMI) < 18.5	0.144	0.012	1773	2232	1.456	0.085	0.120	0.169
Had 2+ sexual partners in past 12 months	0.004	0.001	4498	5730	1.228	0.305	0.001	0.006
Abstinence among never-married youth (never had sex)	0.901	0.012	1449	1756	1.512	0.013	0.877	0.925
Sexually active in past 12 months among never-married youth	0.060	0.009	1449	1756	1.499	0.157	0.041	0.078
Had an HIV test and received results in past 12 months	0.145	0.007	4498	5730	1.306	0.047	0.131	0.159
Accepting attitudes towards people with HIV	0.062	0.008	4461	5691	2.256	0.132	0.046	0.078
Total fertility rate (3 years)	4.651	0.171	12611	16077	1.661	0.037	4.308	4.993
Neonatal mortality rate (last 0-9 years)	24.376	3.703	5051	6938	1.588	0.152	16.969	31.783
Post-neonatal mortality rate (last 0-9 years)	10.939	2.395	5044	6926	1.663	0.219	6.149	15.730
Infant mortality rate (last 0-9 years)	35.315	3.783	5053	6940	1.390	0.107	27.750	42.881
Child mortality rate (last 0-9 years)	18.557	2.859	4767	6555	1.540	0.154	12.838	24.276
Under-five mortality rate (last 0-9 years)	53.217	4.853	5070	6961	1.458	0.091	43.510	62.924
HIV prevalence (Women 15-49)	0.024	0.004	1903	2291	1.273	0.186	0.015	0.033
MEN								
Urban residence	1.000	0.000	1692	2228	na	0.000	1.000	1.000
No education	0.206	0.018	1692	2228	1.827	0.087	0.170	0.242
Secondary or higher education	0.674	0.020	1692	2228	1.752	0.030	0.634	0.714
Never married (never in union)	0.648	0.021	1692	2228	1.824	0.033	0.605	0.690
Currently married (in union)	0.340	0.022	1692	2228	1.870	0.063	0.297	0.383
Had sexual intercourse before age 18	0.159	0.016	1324	1758	1.631	0.103	0.126	0.192
Know any contraceptive method	0.993	0.004	580	758	1.226	0.004	0.985	1.002
Know a modern method	0.987	0.005	580	758	1.142	0.005	0.977	0.998
Want no more children	0.033	0.008	580	758	1.093	0.247	0.016	0.049
Want to delay next birth at least 2 years	0.577	0.028	580	758	1.342	0.048	0.522	0.632
Ideal number of children	6.633	0.174	1616	2147	1.541	0.026	6.285	6.980
Had 2+ sexual partners in past 12 months	0.066	0.007	1692	2228	1.132	0.104	0.052	0.080
Condom use at last sex	0.292	0.057	129	147	1.420	0.196	0.178	0.407
Abstinence among never-married youth (never had sex)	0.619	0.024	770	1023	1.348	0.038	0.572	0.666
Sexually active in past 12 months among never-married youth	0.227	0.021	770	1023	1.406	0.094	0.184	0.269
Paid for sexual intercourse in past 12 months	0.006	0.002	1692	2228	1.111	0.334	0.002	0.011
Had an HIV test and received results in past 12 months	0.084	0.010	1692	2228	1.415	0.113	0.065	0.103
Accepting attitudes towards people with HIV	0.127	0.020	1679	2210	2.430	0.156	0.087	0.166
HIV prevalence (Men 15-49)	0.013	0.005	1420	2171	1.603	0.375	0.003	0.022
HIV prevalence (Men 15-59)	0.015	0.005	1501	2268	1.498	0.318	0.005	0.024
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.019	0.003	3301	4441	1.269	0.161	0.013	0.025

Table B.4 Sampling errors: Rural sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
	WOMEN							
Urban residence	0.000	0.000	5735	4503	na	na	0.000	0.000
No education	0.623	0.016	5735	4503	2.510	0.026	0.591	0.655
Secondary or higher education	0.216	0.014	5735	4503	2.641	0.066	0.187	0.245
Never married (never in union)	0.207	0.009	5735	4503	1.652	0.043	0.189	0.225
Currently married (in union)	0.763	0.009	5735	4503	1.568	0.012	0.745	0.780
Married before age 20	0.709	0.011	4344	3417	1.666	0.016	0.686	0.732
Had sexual intercourse before age 18	0.519	0.012	4344	3417	1.549	0.023	0.495	0.542
Currently pregnant	0.100	0.005	5735	4503	1.277	0.051	0.090	0.110
Children ever born	3.055	0.049	5735	4503	1.294	0.016	2.956	3.154
Children surviving	2.765	0.042	5735	4503	1.214	0.015	2.682	2.849
Children ever born to women age 40-49	6.724	0.120	808	650	1.367	0.018	6.484	6.964
Know any contraceptive method	0.947	0.011	4396	3435	3.351	0.012	0.924	0.970
Know a mordern method	0.938	0.012	4396	3435	3.411	0.013	0.913	0.963
Currently using any method	0.050	0.005	4396	3435	1.608	0.106	0.039	0.061
Currently using a modern method	0.044	0.005	4396	3435	1.720	0.121	0.034	0.055
Currently using pill	0.007	0.002	4396	3435	1.176	0.204	0.004	0.011
Currently using condoms	0.002	0.001	4396	3435	1.080	0.342	0.001	0.004
Currently using female sterilization	0.004	0.001	4396	3435	1.236	0.278	0.002	0.007
Currently using rythm	0.000	0.000	4396	3435	na	na	0.000	0.000
Used public sector source	0.840	0.033	215	171	1.297	0.039	0.775	0.905
Want no more children	0.152	0.008	4396	3435	1.566	0.056	0.135	0.169
Want to delay next birth at least 2 years	0.486	0.010	4396	3435	1.387	0.022	0.465	0.507
Ideal number of children	6.706	0.068	5489	4308	2.084	0.010	6.569	6.842
Mothers protected against tetanus for last birth	0.743	0.020	3420	2663	2.664	0.027	0.703	0.783
Had diarrhea in the last 2 weeks	0.164	0.010	5131	3981	1.836	0.062	0.144	0.184
Treated with ORS	0.568	0.023	828	653	1.265	0.041	0.522	0.615
Sought medical treatment for diarrhea	0.690	0.021	828	653	1.213	0.030	0.648	0.731
Vaccination card seen	0.925	0.009	1127	884	1.180	0.010	0.907	0.944
Received BCG vaccination	0.995	0.002	1127	884	1.144	0.002	0.991	1.000
Received DPT vaccination (3 doses)	0.909	0.011	1127	884	1.209	0.012	0.888	0.930
Received polio vaccination (3 doses)	0.925	0.010	1127	884	1.245	0.011	0.905	0.945
Received measles vaccination	0.929	0.010	1127	884	1.261	0.010	0.910	0.949
Received all vaccinations	0.839	0.014	1127	884	1.281	0.017	0.810	0.867
Height-for-age (-2SD)	0.285	0.014	2400	1902	1.359	0.050	0.257	0.314
Weight-for-height (-2SD)	0.124	0.011	2400	1902	1.544	0.090	0.102	0.146
Weight-for-age (-2SD)	0.206	0.012	2400	1902	1.275	0.056	0.183	0.229
Prevalence of anemia (children 6-59 months)	0.776	0.010	2278	1805	1.095	0.013	0.757	0.796
Prevalence of anemia (women 15-49)	0.684	0.015	2591	2030	1.588	0.021	0.655	0.713
Body Mass Index (BMI) < 18.5	0.195	0.011	2289	1792	1.278	0.054	0.174	0.216
Had 2+ sexual partners in past 12 months	0.001	0.001	5735	4503	1.181	0.473	0.000	0.002
Abstinence among never-married youth (never had sex)	0.918	0.012	1120	891	1.510	0.013	0.893	0.943
Sexually active in past 12 months among never-married youth	0.037	0.007	1120	891	1.297	0.199	0.022	0.051
Had an HIV test and received results in past 12 months	0.130	0.008	5735	4503	1.819	0.062	0.114	0.147
Accepting attitudes towards people with HIV	0.038	0.005	5557	4375	1.939	0.131	0.028	0.048
Total fertility rate (3 years)	6.805	0.139	15933	12525	1.390	0.020	6.527	7.083
Neonatal mortality rate (last 0-9 years)	29.010	2.291	9889	7731	1.204	0.079	24.427	33.593
Post-neonatal mortality rate (last 0-9 years)	14.896	1.822	9833	7686	1.358	0.122	11.253	18.539
Infant mortality rate (last 0-9 years)	43.906	3.111	9893	7734	1.292	0.071	37.684	50.129
Child mortality rate (last 0-9 years)	26.709	2.904	9387	7339	1.494	0.109	20.901	32.517
Under-five mortality rate (last 0-9 years)	69.443	4.711	9936	7771	1.542	0.068	60.020	78.865
HIV prevalence (Women 15-49)	0.018	0.003	2584	1798	1.286	0.188	0.011	0.025
	MEN							
Urban residence	0.000	0.000	1830	1349	na	na	0.000	0.000
No education	0.468	0.024	1830	1349	2.075	0.052	0.419	0.516
Secondary or higher education	0.366	0.025	1830	1349	2.236	0.069	0.315	0.416
Never married (never in union)	0.544	0.014	1830	1349	1.229	0.026	0.515	0.573
Currently married (in union)	0.446	0.014	1830	1349	1.223	0.032	0.418	0.475
Had sexual intercourse before age 18	0.152	0.015	1331	983	1.509	0.098	0.122	0.181
Know any contraceptive method	0.984	0.005	808	602	1.215	0.005	0.974	0.995
Know a modern method	0.973	0.007	808	602	1.280	0.008	0.958	0.987
Want no more children	0.025	0.007	808	602	1.357	0.297	0.010	0.040
Want to delay next birth at least 2 years	0.571	0.026	808	602	1.483	0.045	0.520	0.623
Ideal number of children	9.437	0.187	1704	1258	1.190	0.020	9.062	9.811
Had 2+ sexual partners in past 12 months	0.109	0.009	1830	1349	1.218	0.081	0.092	0.127
Condom use at last sex	0.084	0.023	198	147	1.146	0.270	0.039	0.130
Abstinence among never-married youth (never had sex)	0.670	0.027	823	601	1.654	0.041	0.616	0.724
Sexually active in past 12 months among never-married youth	0.203	0.022	823	601	1.552	0.108	0.159	0.246
Paid for sexual intercourse in past 12 months	0.008	0.003	1830	1349	1.422	0.369	0.002	0.014
Had an HIV test and received results in past 12 months	0.051	0.008	1830	1349	1.503	0.151	0.036	0.067
Accepting attitudes towards people with HIV	0.062	0.013	1764	1295	2.181	0.202	0.037	0.087
HIV prevalence (Men 15-49)	0.023	0.007	1670	1322	1.787	0.284	0.010	0.036
HIV prevalence (Men 15-59)	0.022	0.006	1772	1402	1.766	0.277	0.010	0.035
	WOMEN AND MEN							
HIV prevalence (Women and men 15-49)	0.020	0.004	4221	3098	1.707	0.185	0.013	0.027

Table B.5 Sampling errors: Banjul sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1073	225	na	0.000	1.000	1.000
No education	0.257	0.016	1073	225	1.168	0.061	0.226	0.288
Secondary or higher education	0.626	0.019	1073	225	1.304	0.031	0.587	0.665
Never married (never in union)	0.409	0.015	1073	225	1.024	0.038	0.378	0.440
Currently married (in union)	0.506	0.018	1073	225	1.201	0.036	0.469	0.542
Married before age 20	0.378	0.020	845	177	1.228	0.054	0.337	0.419
Had sexual intercourse before age 18	0.258	0.022	845	177	1.470	0.086	0.214	0.303
Currently pregnant	0.058	0.008	1073	225	1.072	0.132	0.043	0.073
Children ever born	1.851	0.059	1073	225	0.901	0.032	1.732	1.969
Children surviving	1.733	0.054	1073	225	0.882	0.031	1.626	1.841
Children ever born to women age 40-49	4.286	0.256	134	27	1.162	0.060	3.775	4.798
Know any contraceptive method	0.968	0.011	535	114	1.475	0.012	0.945	0.990
Know a mordern method	0.966	0.011	535	114	1.464	0.012	0.943	0.989
Currently using any method	0.211	0.019	535	114	1.053	0.088	0.174	0.248
Currently using a modern method	0.207	0.018	535	114	1.048	0.089	0.170	0.244
Currently using pill	0.081	0.013	535	114	1.090	0.159	0.055	0.106
Currently using condoms	0.006	0.004	535	114	1.156	0.645	0.000	0.014
Currently using female sterilization	0.008	0.004	535	114	1.060	0.513	0.000	0.016
Currently using rythm	0.004	0.003	535	114	1.003	0.686	0.000	0.009
Used public sector source	0.647	0.047	147	31	1.197	0.073	0.552	0.742
Want no more children	0.236	0.019	535	114	1.043	0.081	0.198	0.274
Want to delay next birth at least 2 years	0.380	0.022	535	114	1.058	0.059	0.335	0.424
Ideal number of children	4.492	0.080	1044	219	1.427	0.018	4.331	4.653
Mothers protected against tetanus for last birth	0.658	0.028	437	93	1.230	0.042	0.602	0.714
Had diarrhea in the last 2 weeks	0.260	0.027	567	121	1.404	0.104	0.206	0.314
Treated with ORS	0.605	0.045	145	31	1.076	0.074	0.516	0.694
Sought medical treatment for diarrhea	0.635	0.055	145	31	1.293	0.086	0.526	0.744
Vaccination card seen	0.759	0.048	103	21	1.113	0.064	0.662	0.856
Received BCG vaccination	0.937	0.025	103	21	0.998	0.026	0.888	0.986
Received DPT vaccination (3 doses)	0.761	0.051	103	21	1.174	0.067	0.659	0.863
Received polio vaccination (3 doses)	0.762	0.054	103	21	1.235	0.070	0.655	0.869
Received measles vaccination	0.818	0.045	103	21	1.154	0.055	0.728	0.909
Received all vaccinations	0.588	0.057	103	21	1.132	0.097	0.474	0.702
Height-for-age (-2SD)	0.122	0.021	214	47	0.881	0.172	0.080	0.164
Weight-for-height (-2SD)	0.092	0.027	214	47	1.282	0.296	0.037	0.147
Weight-for-age (-2SD)	0.122	0.026	214	47	1.144	0.211	0.070	0.173
Prevalence of anemia (children 6-59 months)	0.613	0.033	189	41	0.917	0.053	0.548	0.678
Prevalence of anemia (women 15-49)	0.527	0.030	458	96	1.303	0.058	0.466	0.587
Body Mass Index (BMI) < 18.5	0.120	0.015	429	90	0.939	0.123	0.090	0.149
Had 2+ sexual partners in past 12 months	0.004	0.002	1073	225	1.065	0.498	0.000	0.008
Abstinence among never-married youth (never had sex)	0.897	0.020	354	74	1.246	0.023	0.856	0.937
Sexually active in past 12 months among never-married youth	0.048	0.010	354	74	0.906	0.214	0.028	0.069
Had an HIV test and received results in past 12 months	0.172	0.016	1073	225	1.347	0.090	0.141	0.203
Accepting attitudes towards people with HIV	0.135	0.018	1062	223	1.724	0.134	0.098	0.171
Total fertility rate (3 years)	3.895	0.188	3028	635	1.117	0.048	3.520	4.271
Neonatal mortality rate (last 0-9 years)	26.683	5.238	1065	228	0.956	0.196	16.206	37.160
Post-neonatal mortality rate (last 0-9 years)	8.210	2.539	1067	229	0.939	0.309	3.132	13.289
Infant mortality rate (last 0-9 years)	34.893	6.419	1065	228	1.086	0.184	22.056	47.731
Child mortality rate (last 0-9 years)	21.181	6.226	1009	216	1.253	0.294	8.728	33.634
Under-five mortality rate (last 0-9 years)	55.335	8.421	1068	229	1.145	0.152	38.494	72.177
HIV prevalence (Women 15-49)	0.020	0.007	460	89	1.153	0.381	0.005	0.034
MEN								
Urban residence	1.000	0.000	411	85	na	0.000	1.000	1.000
No education	0.206	0.025	411	85	1.270	0.123	0.155	0.257
Secondary or higher education	0.660	0.031	411	85	1.324	0.047	0.598	0.722
Never married (never in union)	0.621	0.030	411	85	1.235	0.048	0.562	0.680
Currently married (in union)	0.351	0.030	411	85	1.267	0.085	0.291	0.411
Had sexual intercourse before age 18	0.192	0.020	331	69	0.931	0.105	0.152	0.233
Know any contraceptive method	0.976	0.013	139	30	1.030	0.014	0.950	1.003
Know a modern method	0.972	0.014	139	30	0.986	0.014	0.944	1.000
Want no more children	0.065	0.027	139	30	1.291	0.417	0.011	0.120
Want to delay next birth at least 2 years	0.573	0.042	139	30	1.006	0.074	0.488	0.658
Ideal number of children	5.871	0.297	382	77	1.349	0.051	5.278	6.465
Had 2+ sexual partners in past 12 months	0.091	0.017	411	85	1.227	0.192	0.056	0.126
Condom use at last sex	0.482	0.087	41	8	1.093	0.180	0.308	0.655
Abstinence among never-married youth (never had sex)	0.475	0.040	167	33	1.040	0.085	0.394	0.555
Sexually active in past 12 months among never-married youth	0.336	0.043	167	33	1.160	0.127	0.250	0.421
Paid for sexual intercourse in past 12 months	0.021	0.007	411	85	1.050	0.356	0.006	0.036
Had an HIV test and received results in past 12 months	0.102	0.019	411	85	1.254	0.184	0.064	0.139
Accepting attitudes towards people with HIV	0.114	0.023	407	84	1.440	0.199	0.069	0.160
HIV prevalence (Men 15-49)	0.002	0.002	356	86	0.871	1.005	0.000	0.006
HIV prevalence (Men 15-59)	0.006	0.003	395	95	0.898	0.606	0.000	0.012
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.011	0.004	805	171	1.068	0.355	0.003	0.019

Table B.6 Sampling errors: Kanifing sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1506	2342	na	0.000	1.000	1.000
No education	0.315	0.016	1506	2342	1.347	0.051	0.282	0.347
Secondary or higher education	0.578	0.017	1506	2342	1.325	0.029	0.544	0.612
Never married (never in union)	0.397	0.012	1506	2342	0.987	0.031	0.372	0.422
Currently married (in union)	0.537	0.014	1506	2342	1.053	0.025	0.510	0.564
Married before age 20	0.418	0.016	1155	1826	1.089	0.038	0.387	0.450
Had sexual intercourse before age 18	0.321	0.018	1155	1826	1.301	0.056	0.285	0.357
Currently pregnant	0.059	0.007	1506	2342	1.144	0.118	0.045	0.072
Children ever born	1.880	0.054	1506	2342	0.924	0.029	1.772	1.987
Children surviving	1.760	0.053	1506	2342	0.976	0.030	1.654	1.865
Children ever born to women age 40-49	5.074	0.212	163	250	1.119	0.042	4.649	5.499
Know any contraceptive method	0.978	0.007	786	1258	1.265	0.007	0.964	0.991
Know a mordern method	0.978	0.007	786	1258	1.265	0.007	0.964	0.991
Currently using any method	0.146	0.014	786	1258	1.143	0.099	0.118	0.175
Currently using a modern method	0.134	0.014	786	1258	1.182	0.107	0.105	0.163
Currently using pill	0.042	0.009	786	1258	1.277	0.219	0.023	0.060
Currently using condoms	0.011	0.004	786	1258	0.980	0.332	0.004	0.018
Currently using female sterilization	0.006	0.003	786	1258	0.948	0.440	0.001	0.011
Currently using rythm	0.004	0.003	786	1258	1.189	0.659	0.000	0.010
Used public sector source	0.330	0.034	138	222	0.845	0.103	0.262	0.398
Want no more children	0.177	0.014	786	1258	1.010	0.078	0.150	0.205
Want to delay next birth at least 2 years	0.439	0.017	786	1258	0.968	0.039	0.405	0.474
Ideal number of children	5.118	0.074	1487	2314	1.400	0.014	4.969	5.266
Mothers protected against tetanus for last birth	0.678	0.032	613	982	1.671	0.046	0.615	0.741
Had diarrhea in the last 2 weeks	0.223	0.025	816	1317	1.635	0.110	0.174	0.272
Treated with ORS	0.572	0.042	174	293	1.091	0.073	0.488	0.655
Sought medical treatment for diarrhea	0.648	0.042	174	293	1.162	0.065	0.564	0.732
Vaccination card seen	0.830	0.046	139	240	1.407	0.055	0.739	0.922
Received BCG vaccination	0.951	0.023	139	240	1.323	0.024	0.905	0.998
Received DPT vaccination (3 doses)	0.827	0.033	139	240	1.026	0.040	0.760	0.893
Received polio vaccination (3 doses)	0.834	0.033	139	240	1.018	0.039	0.768	0.899
Received measles vaccination	0.843	0.032	139	240	1.020	0.038	0.779	0.907
Received all vaccinations	0.709	0.036	139	240	0.945	0.051	0.637	0.781
Height-for-age (-2SD)	0.233	0.023	321	499	0.918	0.098	0.187	0.278
Weight-for-height (-2SD)	0.113	0.025	321	499	1.398	0.224	0.062	0.163
Weight-for-age (-2SD)	0.117	0.020	321	499	1.108	0.171	0.077	0.157
Prevalence of anemia (children 6-59 months)	0.631	0.028	305	482	0.997	0.044	0.575	0.686
Prevalence of anemia (women 15-49)	0.505	0.031	616	976	1.567	0.062	0.442	0.567
Body Mass Index (BMI) < 18.5	0.109	0.014	591	930	1.072	0.125	0.082	0.137
Had 2+ sexual partners in past 12 months	0.006	0.002	1506	2342	1.035	0.333	0.002	0.011
Abstinence among never-married youth (never had sex)	0.882	0.019	521	785	1.317	0.021	0.844	0.919
Sexually active in past 12 months among never-married youth	0.070	0.015	521	785	1.320	0.212	0.040	0.099
Had an HIV test and received results in past 12 months	0.146	0.009	1506	2342	1.024	0.064	0.127	0.164
Accepting attitudes towards people with HIV	0.079	0.012	1492	2319	1.758	0.155	0.055	0.104
Total fertility rate (3 years)	3.960	0.205	4225	6593	1.248	0.052	3.550	4.371
Neonatal mortality rate (last 0-9 years)	24.455	4.493	1572	2536	1.032	0.184	15.469	33.442
Post-neonatal mortality rate (last 0-9 years)	7.182	2.140	1567	2523	1.009	0.298	2.902	11.461
Infant mortality rate (last 0-9 years)	31.637	4.707	1572	2536	0.990	0.149	22.222	41.051
Child mortality rate (last 0-9 years)	20.933	4.385	1493	2408	1.205	0.209	12.163	29.704
Under-five mortality rate (last 0-9 years)	51.908	6.858	1578	2544	1.187	0.132	38.191	65.624
HIV prevalence (Women 15-49)	0.023	0.007	625	979	1.078	0.280	0.010	0.036
MEN								
Urban residence	1.000	0.000	553	858	na	0.000	1.000	1.000
No education	0.186	0.022	553	858	1.358	0.121	0.141	0.231
Secondary or higher education	0.718	0.026	553	858	1.344	0.036	0.666	0.769
Never married (never in union)	0.651	0.026	553	858	1.286	0.040	0.599	0.704
Currently married (in union)	0.333	0.027	553	858	1.343	0.081	0.279	0.387
Had sexual intercourse before age 18	0.184	0.028	444	696	1.533	0.154	0.127	0.240
Know any contraceptive method	0.985	0.011	185	286	1.195	0.011	0.963	1.006
Know a modern method	0.973	0.013	185	286	1.104	0.014	0.946	0.999
Want no more children	0.051	0.017	185	286	1.021	0.326	0.018	0.084
Want to delay next birth at least 2 years	0.512	0.039	185	286	1.057	0.076	0.434	0.590
Ideal number of children	6.061	0.225	528	820	1.259	0.037	5.612	6.510
Had 2+ sexual partners in past 12 months	0.079	0.009	553	858	0.753	0.109	0.062	0.097
Condom use at last sex	0.359	0.085	42	68	1.126	0.236	0.190	0.529
Abstinence among never-married youth (never had sex)	0.590	0.039	256	394	1.255	0.066	0.512	0.667
Sexually active in past 12 months among never-married youth	0.256	0.029	256	394	1.049	0.112	0.199	0.314
Paid for sexual intercourse in past 12 months	0.014	0.005	553	858	1.070	0.379	0.003	0.025
Had an HIV test and received results in past 12 months	0.119	0.014	553	858	1.021	0.118	0.091	0.148
Accepting attitudes towards people with HIV	0.111	0.020	550	853	1.464	0.177	0.071	0.150
HIV prevalence (Men 15-49)	0.005	0.003	454	836	0.894	0.587	0.000	0.011
HIV prevalence (Men 15-59)	0.007	0.003	475	872	0.876	0.497	0.000	0.013
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.015	0.004	1073	1804	1.098	0.272	0.007	0.023

Table B.7 Sampling errors: Brikama sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.727	0.028	1833	3550	2.725	0.039	0.670	0.784
No education	0.369	0.018	1833	3550	1.617	0.049	0.332	0.405
Secondary or higher education	0.484	0.020	1833	3550	1.674	0.040	0.445	0.524
Never married (never in union)	0.310	0.017	1833	3550	1.614	0.056	0.275	0.345
Currently married (in union)	0.643	0.019	1833	3550	1.676	0.029	0.605	0.680
Married before age 20	0.537	0.023	1407	2729	1.721	0.043	0.491	0.583
Had sexual intercourse before age 18	0.377	0.017	1407	2729	1.306	0.045	0.343	0.410
Currently pregnant	0.077	0.006	1833	3550	0.980	0.079	0.065	0.089
Children ever born	2.508	0.073	1833	3550	1.188	0.029	2.361	2.655
Children surviving	2.303	0.065	1833	3550	1.141	0.028	2.174	2.432
Children ever born to women age 40-49	5.890	0.209	250	477	1.334	0.036	5.471	6.308
Know any contraceptive method	0.985	0.007	1188	2282	1.906	0.007	0.972	0.999
Know a mordern method	0.985	0.007	1188	2282	1.906	0.007	0.972	0.999
Currently using any method	0.111	0.016	1188	2282	1.741	0.143	0.079	0.143
Currently using a modern method	0.099	0.015	1188	2282	1.674	0.147	0.070	0.128
Currently using pill	0.025	0.005	1188	2282	1.070	0.195	0.015	0.034
Currently using condoms	0.006	0.002	1188	2282	1.070	0.389	0.001	0.011
Currently using female sterilization	0.010	0.004	1188	2282	1.259	0.357	0.003	0.018
Currently using rythm	0.002	0.002	1188	2282	1.390	0.956	0.000	0.005
Used public sector source	0.695	0.068	126	271	1.629	0.097	0.560	0.830
Want no more children	0.170	0.017	1188	2282	1.520	0.098	0.137	0.203
Want to delay next birth at least 2 years	0.459	0.014	1188	2282	0.966	0.030	0.431	0.487
Ideal number of children	5.917	0.097	1798	3472	1.784	0.016	5.724	6.110
Mothers protected against tetanus for last birth	0.696	0.027	949	1820	1.783	0.038	0.642	0.749
Had diarrhea in the last 2 weeks	0.190	0.019	1363	2566	1.684	0.101	0.152	0.229
Treated with ORS	0.623	0.034	281	488	1.038	0.054	0.555	0.690
Sought medical treatment for diarrhea	0.688	0.034	281	488	1.093	0.049	0.620	0.756
Vaccination card seen	0.895	0.022	304	599	1.233	0.025	0.851	0.940
Received BCG vaccination	0.995	0.004	304	599	0.907	0.004	0.988	1.002
Received DPT vaccination (3 doses)	0.857	0.024	304	599	1.194	0.028	0.810	0.905
Received polio vaccination (3 doses)	0.905	0.021	304	599	1.206	0.023	0.864	0.947
Received measles vaccination	0.829	0.045	304	599	2.081	0.054	0.739	0.919
Received all vaccinations	0.695	0.051	304	599	1.932	0.074	0.592	0.798
Height-for-age (-2SD)	0.178	0.017	626	1140	0.999	0.098	0.143	0.213
Weight-for-height (-2SD)	0.090	0.017	626	1140	1.327	0.189	0.056	0.124
Weight-for-age (-2SD)	0.102	0.016	626	1140	1.146	0.152	0.071	0.134
Prevalence of anemia (children 6-59 months)	0.677	0.028	612	1127	1.392	0.042	0.620	0.733
Prevalence of anemia (women 15-49)	0.563	0.027	758	1451	1.505	0.048	0.509	0.618
Body Mass Index (BMI) < 18.5	0.165	0.019	692	1346	1.382	0.118	0.126	0.204
Had 2+ sexual partners in past 12 months	0.002	0.001	1833	3550	1.139	0.584	0.000	0.004
Abstinence among never-married youth (never had sex)	0.892	0.018	505	978	1.296	0.020	0.856	0.928
Sexually active in past 12 months among never-married youth	0.061	0.013	505	978	1.218	0.212	0.035	0.088
Had an HIV test and received results in past 12 months	0.155	0.010	1833	3550	1.200	0.066	0.134	0.175
Accepting attitudes towards people with HIV	0.060	0.011	1822	3531	2.032	0.189	0.037	0.082
Total fertility rate (3 years)	5.567	0.220	5161	9968	1.397	0.039	5.128	6.007
Neonatal mortality rate (last 0-9 years)	26.926	4.760	2662	5052	1.367	0.177	17.406	36.447
Post-neonatal mortality rate (last 0-9 years)	16.526	3.531	2660	5052	1.346	0.214	9.464	23.587
Infant mortality rate (last 0-9 years)	43.452	5.101	2665	5056	1.152	0.117	33.250	53.654
Child mortality rate (last 0-9 years)	18.486	3.728	2519	4768	1.359	0.202	11.031	25.941
Under-five mortality rate (last 0-9 years)	61.135	5.963	2675	5074	1.127	0.098	49.209	73.061
HIV prevalence (Women 15-49)	0.026	0.007	766	1362	1.149	0.256	0.013	0.039
MEN								
Urban residence	0.750	0.030	742	1454	1.877	0.040	0.690	0.810
No education	0.226	0.025	742	1454	1.650	0.112	0.175	0.276
Secondary or higher education	0.637	0.027	742	1454	1.528	0.042	0.583	0.691
Never married (never in union)	0.640	0.029	742	1454	1.615	0.045	0.582	0.697
Currently married (in union)	0.349	0.029	742	1454	1.644	0.083	0.292	0.407
Had sexual intercourse before age 18	0.161	0.021	549	1101	1.316	0.129	0.119	0.202
Know any contraceptive method	1.000	0.000	262	508	na	0.000	1.000	1.000
Know a modern method	0.997	0.003	262	508	0.867	0.003	0.991	1.003
Want no more children	0.025	0.010	262	508	0.976	0.374	0.006	0.045
Want to delay next birth at least 2 years	0.608	0.036	262	508	1.202	0.060	0.535	0.680
Ideal number of children	7.110	0.236	715	1406	1.301	0.033	6.639	7.581
Had 2+ sexual partners in past 12 months	0.057	0.010	742	1454	1.156	0.173	0.037	0.076
Condom use at last sex	0.170	0.063	45	82	1.103	0.368	0.045	0.295
Abstinence among never-married youth (never had sex)	0.634	0.031	355	683	1.220	0.049	0.571	0.696
Sexually active in past 12 months among never-married youth	0.205	0.029	355	683	1.356	0.142	0.147	0.264
Paid for sexual intercourse in past 12 months	0.002	0.001	742	1454	0.760	0.570	0.000	0.005
Had an HIV test and received results in past 12 months	0.060	0.012	742	1454	1.339	0.196	0.036	0.083
Accepting attitudes towards people with HIV	0.131	0.029	729	1429	2.299	0.221	0.073	0.188
HIV prevalence (Men 15-49)	0.024	0.008	631	1410	1.320	0.337	0.008	0.040
HIV prevalence (Men 15-59)	0.025	0.008	660	1479	1.255	0.304	0.010	0.040
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.025	0.005	1392	2765	1.211	0.204	0.015	0.035

Table B.8 Sampling errors: Mansakonko sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.178	0.016	1041	490	1.385	0.092	0.145	0.211
No education	0.514	0.029	1041	490	1.894	0.057	0.455	0.573
Secondary or higher education	0.309	0.025	1041	490	1.751	0.081	0.259	0.359
Never married (never in union)	0.242	0.017	1041	490	1.308	0.072	0.207	0.276
Currently married (in union)	0.704	0.016	1041	490	1.125	0.023	0.672	0.735
Married before age 20	0.709	0.031	777	370	1.916	0.044	0.647	0.772
Had sexual intercourse before age 18	0.507	0.033	777	370	1.851	0.066	0.440	0.574
Currently pregnant	0.091	0.008	1041	490	0.943	0.093	0.074	0.107
Children ever born	3.044	0.146	1041	490	1.539	0.048	2.753	3.336
Children surviving	2.753	0.128	1041	490	1.520	0.047	2.496	3.010
Children ever born to women age 40-49	6.992	0.383	142	68	1.540	0.055	6.227	7.757
Know any contraceptive method	0.955	0.030	726	344	3.802	0.031	0.896	1.014
Know a mordern method	0.951	0.030	726	344	3.673	0.031	0.892	1.010
Currently using any method	0.080	0.012	726	344	1.200	0.152	0.056	0.104
Currently using a modern method	0.070	0.012	726	344	1.279	0.173	0.046	0.095
Currently using pill	0.006	0.003	726	344	1.129	0.520	0.000	0.013
Currently using condoms	0.013	0.004	726	344	1.047	0.339	0.004	0.022
Currently using female sterilization	0.007	0.005	726	344	1.525	0.684	0.000	0.016
Currently using rythm	0.004	0.003	726	344	1.179	0.702	0.000	0.009
Used public sector source	0.723	0.069	57	28	1.147	0.095	0.586	0.861
Want no more children	0.132	0.013	726	344	1.064	0.101	0.105	0.159
Want to delay next birth at least 2 years	0.482	0.014	726	344	0.741	0.028	0.455	0.510
Ideal number of children	7.077	0.131	1032	485	1.652	0.019	6.815	7.340
Mothers protected against tetanus for last birth	0.874	0.016	558	265	1.100	0.018	0.843	0.905
Had diarrhea in the last 2 weeks	0.144	0.016	813	385	1.247	0.112	0.112	0.176
Treated with ORS	0.579	0.060	117	55	1.249	0.104	0.458	0.700
Sought medical treatment for diarrhea	0.684	0.069	117	55	1.477	0.102	0.545	0.823
Vaccination card seen	0.920	0.020	167	80	0.964	0.022	0.879	0.960
Received BCG vaccination	0.992	0.007	167	80	1.102	0.007	0.978	1.007
Received DPT vaccination (3 doses)	0.945	0.018	167	80	1.001	0.019	0.910	0.980
Received polio vaccination (3 doses)	0.922	0.024	167	80	1.162	0.026	0.874	0.971
Received measles vaccination	0.924	0.025	167	80	1.209	0.027	0.875	0.974
Received all vaccinations	0.855	0.040	167	80	1.479	0.047	0.775	0.936
Height-for-age (-2SD)	0.273	0.021	427	211	0.917	0.079	0.231	0.316
Weight-for-height (-2SD)	0.105	0.018	427	211	1.145	0.169	0.070	0.141
Weight-for-age (-2SD)	0.185	0.016	427	211	0.747	0.084	0.153	0.216
Prevalence of anemia (children 6-59 months)	0.792	0.025	379	186	1.240	0.031	0.742	0.841
Prevalence of anemia (women 15-49)	0.671	0.027	478	221	1.239	0.040	0.618	0.725
Body Mass Index (BMI) < 18.5	0.215	0.023	427	197	1.123	0.105	0.170	0.260
Had 2+ sexual partners in past 12 months	0.002	0.001	1041	490	0.949	0.717	0.000	0.004
Abstinence among never-married youth (never had sex)	0.941	0.017	249	113	1.137	0.018	0.907	0.975
Sexually active in past 12 months among never-married youth	0.027	0.012	249	113	1.140	0.438	0.003	0.050
Had an HIV test and received results in past 12 months	0.095	0.016	1041	490	1.750	0.168	0.063	0.127
Accepting attitudes towards people with HIV	0.082	0.011	1029	484	1.233	0.129	0.061	0.103
Total fertility rate (3 years)	5.986	0.318	2882	1360	1.270	0.053	5.350	6.621
Neonatal mortality rate (last 0-9 years)	29.714	4.304	1605	763	0.932	0.145	21.107	38.322
Post-neonatal mortality rate (last 0-9 years)	12.523	4.561	1590	756	1.486	0.364	3.401	21.646
Infant mortality rate (last 0-9 years)	42.238	6.529	1606	764	1.126	0.155	29.180	55.296
Child mortality rate (last 0-9 years)	21.721	3.638	1545	736	0.951	0.167	14.445	28.998
Under-five mortality rate (last 0-9 years)	63.042	7.288	1611	766	1.101	0.116	48.465	77.618
HIV prevalence (Women 15-49)	0.038	0.009	481	195	1.075	0.247	0.019	0.057
MEN								
Urban residence	0.184	0.023	339	141	1.079	0.124	0.139	0.230
No education	0.288	0.036	339	141	1.467	0.126	0.216	0.360
Secondary or higher education	0.507	0.040	339	141	1.486	0.080	0.427	0.588
Never married (never in union)	0.583	0.032	339	141	1.176	0.054	0.519	0.646
Currently married (in union)	0.417	0.032	339	141	1.176	0.076	0.354	0.481
Had sexual intercourse before age 18	0.163	0.020	237	98	0.819	0.121	0.124	0.202
Know any contraceptive method	0.979	0.020	139	59	1.614	0.020	0.940	1.019
Know a modern method	0.945	0.039	139	59	1.996	0.041	0.867	1.023
Want no more children	0.022	0.012	139	59	0.952	0.539	0.000	0.046
Want to delay next birth at least 2 years	0.646	0.047	139	59	1.165	0.074	0.551	0.741
Ideal number of children	10.821	0.544	319	133	1.277	0.050	9.733	11.909
Had 2+ sexual partners in past 12 months	0.101	0.021	339	141	1.249	0.203	0.060	0.142
Condom use at last sex	0.145	0.053	34	14	0.866	0.365	0.039	0.250
Abstinence among never-married youth (never had sex)	0.640	0.048	162	67	1.272	0.075	0.543	0.736
Sexually active in past 12 months among never-married youth	0.266	0.049	162	67	1.403	0.184	0.168	0.364
Paid for sexual intercourse in past 12 months	0.002	0.002	339	141	0.860	0.987	0.000	0.007
Had an HIV test and received results in past 12 months	0.042	0.010	339	141	0.942	0.245	0.021	0.063
Accepting attitudes towards people with HIV	0.051	0.021	336	139	1.713	0.403	0.010	0.093
HIV prevalence (Men 15-49)	0.015	0.010	327	138	1.413	0.635	0.000	0.034
HIV prevalence (Men 15-59)	0.016	0.009	344	145	1.334	0.558	0.000	0.035
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.029	0.007	802	331	1.269	0.261	0.014	0.044

Table B.9 Sampling errors: Kerewan sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.191	0.025	1448	1107	2.441	0.132	0.140	0.242
No education	0.600	0.040	1448	1107	3.126	0.067	0.519	0.681
Secondary or higher education	0.262	0.032	1448	1107	2.737	0.121	0.199	0.325
Never married (never in union)	0.243	0.017	1448	1107	1.528	0.071	0.209	0.278
Currently married (in union)	0.724	0.020	1448	1107	1.682	0.027	0.684	0.763
Married before age 20	0.678	0.018	1068	824	1.266	0.027	0.642	0.714
Had sexual intercourse before age 18	0.525	0.022	1068	824	1.454	0.042	0.481	0.569
Currently pregnant	0.088	0.010	1448	1107	1.365	0.116	0.068	0.108
Children ever born	2.954	0.090	1448	1107	1.122	0.030	2.775	3.133
Children surviving	2.720	0.078	1448	1107	1.078	0.029	2.563	2.876
Children ever born to women age 40-49	6.945	0.270	210	165	1.434	0.039	6.405	7.485
Know any contraceptive method	0.958	0.011	1044	801	1.720	0.011	0.936	0.979
Know a mordern method	0.932	0.021	1044	801	2.679	0.022	0.890	0.974
Currently using any method	0.071	0.013	1044	801	1.650	0.185	0.045	0.097
Currently using a modern method	0.064	0.013	1044	801	1.681	0.199	0.039	0.090
Currently using pill	0.008	0.003	1044	801	1.131	0.379	0.002	0.015
Currently using condoms	0.003	0.002	1044	801	1.024	0.589	0.000	0.006
Currently using female sterilization	0.006	0.002	1044	801	0.934	0.366	0.002	0.011
Currently using rythm	0.000	0.000	1044	801	na	na	0.000	0.000
Used public sector source	0.932	0.033	71	55	1.085	0.035	0.866	0.997
Want no more children	0.169	0.012	1044	801	1.008	0.069	0.146	0.193
Want to delay next birth at least 2 years	0.429	0.024	1044	801	1.591	0.057	0.380	0.478
Ideal number of children	6.381	0.113	1256	957	1.694	0.018	6.154	6.608
Mothers protected against tetanus for last birth	0.723	0.032	775	589	1.968	0.044	0.659	0.787
Had diarrhea in the last 2 weeks	0.129	0.014	1163	890	1.310	0.106	0.102	0.156
Treated with ORS	0.639	0.030	144	115	0.751	0.048	0.578	0.699
Sought medical treatment for diarrhea	0.736	0.051	144	115	1.370	0.069	0.634	0.838
Vaccination card seen	0.926	0.018	270	214	1.113	0.019	0.891	0.961
Received BCG vaccination	0.994	0.006	270	214	1.213	0.006	0.983	1.005
Received DPT vaccination (3 doses)	0.883	0.022	270	214	1.122	0.025	0.839	0.927
Received polio vaccination (3 doses)	0.892	0.022	270	214	1.169	0.025	0.847	0.936
Received measles vaccination	0.933	0.018	270	214	1.158	0.019	0.897	0.969
Received all vaccinations	0.789	0.030	270	214	1.216	0.038	0.728	0.849
Height-for-age (-2SD)	0.249	0.025	543	420	1.170	0.102	0.198	0.300
Weight-for-height (-2SD)	0.095	0.014	543	420	1.036	0.151	0.066	0.124
Weight-for-age (-2SD)	0.159	0.021	543	420	1.163	0.130	0.118	0.200
Prevalence of anemia (children 6-59 months)	0.733	0.020	555	432	1.056	0.027	0.693	0.773
Prevalence of anemia (women 15-49)	0.596	0.033	685	517	1.728	0.055	0.530	0.661
Body Mass Index (BMI) < 18.5	0.214	0.018	616	465	1.111	0.086	0.177	0.251
Had 2+ sexual partners in past 12 months	0.000	0.000	1448	1107	na	na	0.000	0.000
Abstinence among never-married youth (never had sex)	0.965	0.009	343	257	0.922	0.009	0.947	0.983
Sexually active in past 12 months among never-married youth	0.021	0.007	343	257	0.915	0.334	0.007	0.036
Had an HIV test and received results in past 12 months	0.140	0.010	1448	1107	1.128	0.073	0.120	0.161
Accepting attitudes towards people with HIV	0.012	0.003	1425	1088	1.208	0.295	0.005	0.019
Total fertility rate (3 years)	6.283	0.290	4037	3096	1.405	0.046	5.703	6.863
Neonatal mortality rate (last 0-9 years)	25.925	4.809	2278	1731	1.230	0.186	16.307	35.544
Post-neonatal mortality rate (last 0-9 years)	9.020	2.472	2255	1714	1.122	0.274	4.076	13.964
Infant mortality rate (last 0-9 years)	34.945	5.618	2278	1731	1.240	0.161	23.708	46.182
Child mortality rate (last 0-9 years)	18.011	3.434	2157	1651	1.151	0.191	11.143	24.879
Under-five mortality rate (last 0-9 years)	52.327	7.219	2286	1737	1.330	0.138	37.890	66.764
HIV prevalence (Women 15-49)	0.017	0.006	696	455	1.134	0.324	0.006	0.029
MEN								
Urban residence	0.226	0.035	455	323	1.763	0.153	0.157	0.296
No education	0.394	0.066	455	323	2.869	0.168	0.261	0.526
Secondary or higher education	0.436	0.054	455	323	2.296	0.123	0.328	0.543
Never married (never in union)	0.553	0.033	455	323	1.397	0.059	0.488	0.618
Currently married (in union)	0.444	0.032	455	323	1.391	0.073	0.379	0.509
Had sexual intercourse before age 18	0.139	0.028	339	242	1.502	0.204	0.082	0.195
Know any contraceptive method	0.992	0.007	199	143	1.175	0.007	0.978	1.007
Know a modern method	0.974	0.013	199	143	1.155	0.013	0.948	1.000
Want no more children	0.030	0.012	199	143	0.952	0.385	0.007	0.053
Want to delay next birth at least 2 years	0.642	0.042	199	143	1.234	0.066	0.558	0.726
Ideal number of children	9.844	0.481	454	322	1.664	0.049	8.882	10.805
Had 2+ sexual partners in past 12 months	0.106	0.022	455	323	1.527	0.208	0.062	0.151
Condom use at last sex	0.108	0.054	45	34	1.140	0.495	0.001	0.215
Abstinence among never-married youth (never had sex)	0.698	0.040	200	139	1.229	0.057	0.618	0.778
Sexually active in past 12 months among never-married youth	0.189	0.037	200	139	1.319	0.194	0.116	0.263
Paid for sexual intercourse in past 12 months	0.004	0.002	455	323	0.794	0.584	0.000	0.009
Had an HIV test and received results in past 12 months	0.061	0.012	455	323	1.044	0.193	0.037	0.084
Accepting attitudes towards people with HIV	0.157	0.034	450	320	1.991	0.218	0.089	0.226
HIV prevalence (Men 15-49)	0.008	0.004	444	318	0.936	0.508	0.000	0.015
HIV prevalence (Men 15-59)	0.007	0.004	474	338	0.930	0.504	0.000	0.014
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.013	0.004	1129	766	1.140	0.291	0.006	0.021

Table B.10 Sampling errors: Kuntaur sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.056	0.015	1039	526	2.040	0.261	0.027	0.085
No education	0.739	0.030	1039	526	2.214	0.041	0.678	0.799
Secondary or higher education	0.166	0.019	1039	526	1.645	0.115	0.128	0.204
Never married (never in union)	0.168	0.018	1039	526	1.519	0.105	0.133	0.204
Currently married (in union)	0.811	0.020	1039	526	1.660	0.025	0.771	0.852
Married before age 20	0.759	0.024	793	402	1.566	0.031	0.711	0.806
Had sexual intercourse before age 18	0.596	0.031	793	402	1.779	0.052	0.534	0.659
Currently pregnant	0.115	0.012	1039	526	1.221	0.105	0.090	0.139
Children ever born	3.126	0.116	1039	526	1.333	0.037	2.895	3.358
Children surviving	2.836	0.100	1039	526	1.271	0.035	2.637	3.036
Children ever born to women age 40-49	6.645	0.203	140	69	0.956	0.031	6.238	7.052
Know any contraceptive method	0.958	0.018	825	427	2.625	0.019	0.921	0.995
Know a mordern method	0.950	0.020	825	427	2.626	0.021	0.910	0.990
Currently using any method	0.042	0.014	825	427	1.938	0.322	0.015	0.069
Currently using a modern method	0.040	0.014	825	427	2.000	0.342	0.013	0.067
Currently using pill	0.013	0.005	825	427	1.283	0.391	0.003	0.023
Currently using condoms	0.002	0.002	825	427	1.198	0.989	0.000	0.005
Currently using female sterilization	0.001	0.001	825	427	1.017	0.985	0.000	0.004
Currently using rythm	0.000	0.000	825	427	na	na	0.000	0.000
Used public sector source	0.853	0.062	37	19	1.042	0.072	0.730	0.976
Want no more children	0.110	0.017	825	427	1.528	0.152	0.076	0.143
Want to delay next birth at least 2 years	0.493	0.018	825	427	1.053	0.037	0.456	0.530
Ideal number of children	6.803	0.166	1017	511	2.237	0.024	6.470	7.135
Mothers protected against tetanus for last birth	0.679	0.062	646	336	3.352	0.091	0.555	0.802
Had diarrhea in the last 2 weeks	0.203	0.016	983	514	1.162	0.078	0.172	0.235
Treated with ORS	0.550	0.044	190	104	1.151	0.079	0.463	0.637
Sought medical treatment for diarrhea	0.647	0.055	190	104	1.491	0.084	0.538	0.757
Vaccination card seen	0.889	0.025	202	105	1.153	0.028	0.839	0.939
Received BCG vaccination	0.990	0.006	202	105	0.860	0.006	0.979	1.002
Received DPT vaccination (3 doses)	0.893	0.024	202	105	1.092	0.026	0.846	0.940
Received polio vaccination (3 doses)	0.902	0.025	202	105	1.214	0.028	0.851	0.952
Received measles vaccination	0.945	0.024	202	105	1.499	0.025	0.897	0.992
Received all vaccinations	0.810	0.031	202	105	1.138	0.039	0.748	0.873
Height-for-age (-2SD)	0.293	0.021	451	233	0.995	0.073	0.250	0.335
Weight-for-height (-2SD)	0.161	0.023	451	233	1.386	0.141	0.115	0.206
Weight-for-age (-2SD)	0.256	0.017	451	233	0.782	0.067	0.222	0.290
Prevalence of anemia (children 6-59 months)	0.845	0.023	434	225	1.265	0.027	0.800	0.891
Prevalence of anemia (women 15-49)	0.735	0.031	474	238	1.521	0.042	0.673	0.797
Body Mass Index (BMI) < 18.5	0.188	0.022	407	204	1.119	0.116	0.144	0.232
Had 2+ sexual partners in past 12 months	0.000	0.000	1039	526	na	na	0.000	0.000
Abstinence among never-married youth (never had sex)	0.958	0.016	184	86	1.070	0.017	0.926	0.990
Sexually active in past 12 months among never-married youth	0.022	0.012	184	86	1.079	0.532	0.000	0.045
Had an HIV test and received results in past 12 months	0.082	0.011	1039	526	1.293	0.135	0.060	0.104
Accepting attitudes towards people with HIV	0.014	0.006	978	492	1.475	0.393	0.003	0.025
Total fertility rate (3 years)	7.226	0.291	2862	1454	1.151	0.040	6.644	7.808
Neonatal mortality rate (last 0-9 years)	32.539	6.279	1863	978	1.383	0.193	19.981	45.096
Post-neonatal mortality rate (last 0-9 years)	12.207	2.619	1862	977	0.994	0.215	6.969	17.445
Infant mortality rate (last 0-9 years)	44.745	7.838	1865	979	1.431	0.175	29.070	60.421
Child mortality rate (last 0-9 years)	26.314	5.424	1778	930	1.054	0.206	15.466	37.163
Under-five mortality rate (last 0-9 years)	69.882	10.053	1878	986	1.366	0.144	49.777	89.988
HIV prevalence (Women 15-49)	0.014	0.005	478	216	0.863	0.332	0.005	0.023
MEN								
Urban residence	0.075	0.034	310	141	2.260	0.455	0.007	0.143
No education	0.674	0.041	310	141	1.548	0.061	0.591	0.757
Secondary or higher education	0.215	0.036	310	141	1.558	0.170	0.142	0.288
Never married (never in union)	0.485	0.035	310	141	1.227	0.072	0.415	0.555
Currently married (in union)	0.515	0.035	310	141	1.227	0.068	0.445	0.585
Had sexual intercourse before age 18	0.066	0.018	221	103	1.083	0.276	0.029	0.102
Know any contraceptive method	0.993	0.007	148	73	1.013	0.007	0.979	1.007
Know a modern method	0.989	0.008	148	73	0.914	0.008	0.974	1.005
Want no more children	0.003	0.003	148	73	0.663	1.014	0.000	0.009
Want to delay next birth at least 2 years	0.638	0.064	148	73	1.609	0.101	0.510	0.766
Ideal number of children	9.815	0.565	298	135	1.392	0.058	8.685	10.946
Had 2+ sexual partners in past 12 months	0.131	0.025	310	141	1.282	0.188	0.082	0.181
Condom use at last sex	0.039	0.035	36	19	1.078	0.912	0.000	0.109
Abstinence among never-married youth (never had sex)	0.855	0.046	134	57	1.490	0.053	0.764	0.947
Sexually active in past 12 months among never-married youth	0.097	0.035	134	57	1.368	0.363	0.027	0.168
Paid for sexual intercourse in past 12 months	0.005	0.005	310	141	1.191	0.971	0.000	0.014
Had an HIV test and received results in past 12 months	0.027	0.010	310	141	1.077	0.366	0.007	0.047
Accepting attitudes towards people with HIV	0.031	0.010	304	138	1.056	0.340	0.010	0.052
HIV prevalence (Men 15-49)	0.016	0.008	258	141	0.974	0.474	0.001	0.031
HIV prevalence (Men 15-59)	0.015	0.007	273	149	0.975	0.475	0.001	0.030
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.014	0.005	731	353	1.191	0.375	0.003	0.024

Table B.11 Sampling errors: Janjanbureh sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.196	0.045	1024	739	3.569	0.227	0.107	0.286
No education	0.618	0.036	1024	739	2.369	0.058	0.546	0.690
Secondary or higher education	0.260	0.033	1024	739	2.426	0.128	0.193	0.327
Never married (never in union)	0.224	0.017	1024	739	1.339	0.078	0.189	0.259
Currently married (in union)	0.745	0.018	1024	739	1.331	0.024	0.708	0.781
Married before age 20	0.678	0.029	762	545	1.697	0.042	0.620	0.736
Had sexual intercourse before age 18	0.446	0.027	762	545	1.502	0.061	0.392	0.501
Currently pregnant	0.092	0.013	1024	739	1.477	0.145	0.066	0.119
Children ever born	2.814	0.105	1024	739	1.229	0.037	2.604	3.024
Children surviving	2.643	0.095	1024	739	1.208	0.036	2.452	2.834
Children ever born to women age 40-49	6.514	0.207	142	103	1.095	0.032	6.101	6.928
Know any contraceptive method	0.919	0.044	771	550	4.456	0.048	0.831	1.008
Know a mordern method	0.911	0.048	771	550	4.584	0.052	0.815	1.006
Currently using any method	0.058	0.012	771	550	1.410	0.204	0.035	0.082
Currently using a modern method	0.051	0.013	771	550	1.605	0.250	0.026	0.077
Currently using pill	0.015	0.005	771	550	1.186	0.342	0.005	0.026
Currently using condoms	0.001	0.001	771	550	1.018	1.024	0.000	0.004
Currently using female sterilization	0.003	0.003	771	550	1.429	1.012	0.000	0.008
Currently using rythm	0.000	0.000	771	550	na	na	0.000	0.000
Used public sector source	0.790	0.105	39	30	1.557	0.133	0.580	1.000
Want no more children	0.123	0.019	771	550	1.601	0.154	0.085	0.161
Want to delay next birth at least 2 years	0.572	0.026	771	550	1.469	0.046	0.520	0.625
Ideal number of children	6.671	0.123	1000	722	1.756	0.018	6.425	6.917
Mothers protected against tetanus for last birth	0.692	0.036	623	451	1.927	0.052	0.621	0.763
Had diarrhea in the last 2 weeks	0.144	0.017	903	644	1.379	0.115	0.111	0.177
Treated with ORS	0.590	0.039	144	93	0.887	0.067	0.511	0.669
Sought medical treatment for diarrhea	0.683	0.050	144	93	1.204	0.074	0.582	0.784
Vaccination card seen	0.925	0.020	199	144	1.084	0.022	0.884	0.965
Received BCG vaccination	1.000	0.000	199	144	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.841	0.034	199	144	1.307	0.040	0.773	0.908
Received polio vaccination (3 doses)	0.873	0.035	199	144	1.485	0.040	0.803	0.943
Received measles vaccination	0.868	0.027	199	144	1.131	0.031	0.814	0.922
Received all vaccinations	0.718	0.047	199	144	1.468	0.065	0.625	0.812
Height-for-age (-2SD)	0.345	0.034	375	275	1.216	0.099	0.277	0.413
Weight-for-height (-2SD)	0.114	0.018	375	275	1.081	0.155	0.079	0.149
Weight-for-age (-2SD)	0.269	0.027	375	275	1.103	0.102	0.215	0.324
Prevalence of anemia (children 6-59 months)	0.814	0.022	350	255	1.061	0.027	0.770	0.859
Prevalence of anemia (women 15-49)	0.743	0.026	454	331	1.291	0.035	0.691	0.796
Body Mass Index (BMI) < 18.5	0.238	0.027	411	301	1.272	0.112	0.185	0.291
Had 2+ sexual partners in past 12 months	0.000	0.000	1024	739	na	na	0.000	0.000
Abstinence among never-married youth (never had sex)	0.942	0.014	213	156	0.873	0.015	0.915	0.970
Sexually active in past 12 months among never-married youth	0.017	0.009	213	156	1.027	0.544	0.000	0.035
Had an HIV test and received results in past 12 months	0.134	0.020	1024	739	1.853	0.147	0.095	0.174
Accepting attitudes towards people with HIV	0.027	0.009	974	703	1.756	0.340	0.009	0.045
Total fertility rate (3 years)	6.757	0.329	2837	2036	1.361	0.049	6.100	7.415
Neonatal mortality rate (last 0-9 years)	11.895	3.716	1692	1204	1.406	0.312	4.464	19.327
Post-neonatal mortality rate (last 0-9 years)	9.890	2.747	1686	1198	1.076	0.278	4.395	15.384
Infant mortality rate (last 0-9 years)	21.785	4.232	1692	1204	1.118	0.194	13.320	30.250
Child mortality rate (last 0-9 years)	16.400	3.398	1589	1126	1.128	0.207	9.604	23.196
Under-five mortality rate (last 0-9 years)	37.828	6.462	1697	1207	1.286	0.171	24.903	50.752
HIV prevalence (Women 15-49)	0.028	0.010	457	291	1.264	0.351	0.008	0.047
MEN								
Urban residence	0.226	0.054	326	240	2.318	0.239	0.118	0.334
No education	0.477	0.057	326	240	2.043	0.119	0.363	0.591
Secondary or higher education	0.385	0.060	326	240	2.214	0.156	0.265	0.505
Never married (never in union)	0.597	0.044	326	240	1.626	0.074	0.508	0.686
Currently married (in union)	0.383	0.040	326	240	1.488	0.105	0.303	0.464
Had sexual intercourse before age 18	0.201	0.037	251	185	1.458	0.185	0.126	0.275
Know any contraceptive method	0.985	0.015	130	92	1.399	0.016	0.954	1.015
Know a modern method	0.985	0.015	130	92	1.399	0.016	0.954	1.015
Want no more children	0.008	0.008	130	92	0.996	1.003	0.000	0.023
Want to delay next birth at least 2 years	0.524	0.068	130	92	1.547	0.131	0.387	0.661
Ideal number of children	9.427	0.482	253	191	0.967	0.051	8.463	10.392
Had 2+ sexual partners in past 12 months	0.095	0.019	326	240	1.200	0.206	0.056	0.134
Condom use at last sex	0.212	0.095	35	23	1.342	0.448	0.022	0.403
Abstinence among never-married youth (never had sex)	0.481	0.042	153	113	1.040	0.088	0.397	0.566
Sexually active in past 12 months among never-married youth	0.313	0.054	153	113	1.431	0.172	0.205	0.421
Paid for sexual intercourse in past 12 months	0.018	0.013	326	240	1.796	0.747	0.000	0.044
Had an HIV test and received results in past 12 months	0.057	0.017	326	240	1.300	0.293	0.024	0.091
Accepting attitudes towards people with HIV	0.020	0.010	298	220	1.235	0.507	0.000	0.040
HIV prevalence (Men 15-49)	0.016	0.007	299	238	0.989	0.451	0.002	0.030
HIV prevalence (Men 15-59)	0.017	0.007	318	253	0.922	0.390	0.004	0.031
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.021	0.006	749	521	1.044	0.258	0.010	0.032

Table B.12 Sampling errors: Basse sample, Gambia 2013

VARIABLE	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.086	0.035	1269	1254	4.465	0.412	0.015	0.157
No education	0.710	0.022	1269	1254	1.734	0.031	0.666	0.754
Secondary or higher education	0.108	0.021	1269	1254	2.403	0.194	0.066	0.150
Never married (never in union)	0.158	0.017	1269	1254	1.688	0.109	0.124	0.193
Currently married (in union)	0.810	0.017	1269	1254	1.507	0.021	0.776	0.843
Married before age 20	0.736	0.019	963	954	1.306	0.025	0.699	0.773
Had sexual intercourse before age 18	0.536	0.019	963	954	1.190	0.036	0.498	0.574
Currently pregnant	0.109	0.012	1269	1254	1.316	0.106	0.086	0.132
Children ever born	2.942	0.089	1269	1254	1.181	0.030	2.764	3.119
Children surviving	2.607	0.067	1269	1254	1.006	0.026	2.473	2.741
Children ever born to women age 40-49	6.181	0.202	155	161	1.093	0.033	5.776	6.585
Know any contraceptive method	0.926	0.026	1030	1015	3.201	0.028	0.874	0.979
Know a mordern method	0.925	0.026	1030	1015	3.159	0.028	0.873	0.977
Currently using any method	0.013	0.004	1030	1015	1.049	0.287	0.005	0.020
Currently using a modern method	0.010	0.003	1030	1015	0.946	0.291	0.004	0.016
Currently using pill	0.001	0.001	1030	1015	0.812	1.042	0.000	0.002
Currently using condoms	0.001	0.001	1030	1015	0.760	0.784	0.000	0.002
Currently using female sterilization	0.000	0.000	1030	1015	na	na	0.000	0.000
Currently using rythm	0.000	0.000	1030	1015	na	na	0.000	0.000
Used public sector source	0.728	0.080	15	10	0.686	0.110	0.568	0.889
Want no more children	0.140	0.020	1030	1015	1.855	0.143	0.100	0.181
Want to delay next birth at least 2 years	0.529	0.023	1030	1015	1.490	0.044	0.482	0.575
Ideal number of children	6.856	0.162	1268	1253	2.477	0.024	6.532	7.180
Mothers protected against tetanus for last birth	0.735	0.048	784	769	3.041	0.066	0.638	0.831
Had diarrhea in the last 2 weeks	0.120	0.026	1180	1151	2.579	0.216	0.068	0.172
Treated with ORS	0.520	0.047	145	138	1.041	0.090	0.426	0.614
Sought medical treatment for diarrhea	0.652	0.038	145	138	0.879	0.059	0.576	0.729
Vaccination card seen	0.961	0.013	264	257	1.016	0.013	0.935	0.986
Received BCG vaccination	1.000	0.000	264	257	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.965	0.015	264	257	1.146	0.015	0.936	0.995
Received polio vaccination (3 doses)	0.974	0.010	264	257	0.981	0.010	0.954	0.993
Received measles vaccination	0.951	0.015	264	257	1.158	0.016	0.920	0.982
Received all vaccinations	0.922	0.020	264	257	1.126	0.022	0.883	0.962
Height-for-age (-2SD)	0.321	0.033	527	546	1.349	0.102	0.255	0.386
Weight-for-height (-2SD)	0.169	0.031	527	546	1.730	0.182	0.108	0.231
Weight-for-age (-2SD)	0.232	0.027	527	546	1.426	0.118	0.177	0.287
Prevalence of anemia (children 6-59 months)	0.825	0.015	476	491	0.815	0.018	0.795	0.854
Prevalence of anemia (women 15-49)	0.727	0.033	555	561	1.789	0.046	0.660	0.794
Body Mass Index (BMI) < 18.5	0.172	0.020	489	492	1.191	0.117	0.132	0.212
Had 2+ sexual partners in past 12 months	0.001	0.001	1269	1254	1.014	0.834	0.000	0.003
Abstinence among never-married youth (never had sex)	0.935	0.018	200	197	1.036	0.019	0.899	0.971
Sexually active in past 12 months among never-married youth	0.030	0.010	200	197	0.834	0.336	0.010	0.050
Had an HIV test and received results in past 12 months	0.116	0.020	1269	1254	2.259	0.175	0.075	0.157
Accepting attitudes towards people with HIV	0.013	0.004	1236	1227	1.268	0.315	0.005	0.021
Total fertility rate (3 years)	7.018	0.370	3511	3459	1.374	0.053	6.278	7.758
Neonatal mortality rate (last 0-9 years)	34.702	5.033	2203	2177	1.157	0.145	24.636	44.768
Post-neonatal mortality rate (last 0-9 years)	17.642	3.006	2190	2163	1.014	0.170	11.630	23.653
Infant mortality rate (last 0-9 years)	52.344	5.966	2203	2177	1.151	0.114	40.412	64.275
Child mortality rate (last 0-9 years)	42.194	7.407	2064	2059	1.551	0.176	27.381	57.008
Under-five mortality rate (last 0-9 years)	92.329	11.378	2213	2189	1.691	0.123	69.573	115.085
HIV prevalence (Women 15-49)	0.002	0.002	524	503	0.806	0.743	0.000	0.006
MEN								
Urban residence	0.094	0.032	386	336	2.126	0.338	0.031	0.158
No education	0.618	0.036	386	336	1.446	0.058	0.546	0.690
Secondary or higher education	0.182	0.032	386	336	1.627	0.176	0.118	0.246
Never married (never in union)	0.486	0.031	386	336	1.216	0.064	0.424	0.548
Currently married (in union)	0.507	0.032	386	336	1.246	0.063	0.443	0.570
Had sexual intercourse before age 18	0.072	0.011	283	247	0.742	0.158	0.049	0.095
Know any contraceptive method	0.969	0.015	186	170	1.149	0.015	0.940	0.998
Know a modern method	0.959	0.017	186	170	1.161	0.018	0.925	0.993
Want no more children	0.024	0.015	186	170	1.288	0.602	0.000	0.053
Want to delay next birth at least 2 years	0.500	0.050	186	170	1.358	0.100	0.400	0.600
Ideal number of children	9.222	0.359	371	320	1.270	0.039	8.505	9.939
Had 2+ sexual partners in past 12 months	0.138	0.013	386	336	0.765	0.097	0.111	0.165
Condom use at last sex	0.040	0.025	49	46	0.898	0.633	0.000	0.091
Abstinence among never-married youth (never had sex)	0.814	0.055	166	137	1.817	0.068	0.703	0.925
Sexually active in past 12 months among never-married youth	0.118	0.036	166	137	1.422	0.304	0.046	0.189
Paid for sexual intercourse in past 12 months	0.004	0.003	386	336	0.914	0.735	0.000	0.010
Had an HIV test and received results in past 12 months	0.048	0.016	386	336	1.461	0.330	0.016	0.081
Accepting attitudes towards people with HIV	0.011	0.006	369	321	1.175	0.592	0.000	0.023
HIV prevalence (Men 15-49)	0.030	0.016	321	327	1.700	0.544	0.000	0.062
HIV prevalence (Men 15-59)	0.029	0.016	334	340	1.713	0.549	0.000	0.060
WOMEN AND MEN								
HIV prevalence (Women and men 15-49)	0.013	0.006	841	826	1.645	0.492	0.000	0.026

Table B.13 Sampling errors for adult and maternal mortality rates, Gambia, 2013

Variable	Value R	Standard Error SE	Number of cases Un-weighted N-UNWE	Number of cases Weighted N-WEIG	Design Effect DEFT	Relative Error SE/R	Confidence limits Lower R-2SE	Confidence limits Upper R+2SE
			WOMEN					
Adult mortality rates								
15-19	0.816	0.223	25684	25886	1.255	0.273	0.371	1.261
20-24	0.907	0.193	27832	28043	1.070	0.212	0.522	1.292
25-29	1.745	0.316	23901	23528	1.162	0.181	1.113	2.378
30-34	4.464	0.926	17670	17635	1.799	0.208	2.611	6.317
35-39	2.935	0.737	12051	12292	1.515	0.251	1.461	4.410
40-44	4.336	1.297	7072	7064	1.663	0.299	1.743	6.929
45-49	5.569	1.564	4161	4148	1.362	0.281	2.440	8.697
15-49 (age-adjusted)	2.276	0.226	118371	118595	1.518	0.099	1.824	2.729
Adult mortality probabilities								
$_{35}q_{15}$ 2013	99	11	118371	118595	1.910	0.110	77	120
Maternal mortality rates								
15-19	0.283	0.134	25684	25886	1.285	0.475	0.014	0.552
20-24	0.437	0.146	27832	28043	1.166	0.333	0.146	0.729
25-29	0.879	0.258	23901	23528	1.335	0.293	0.363	1.395
30-34	1.961	0.556	17670	17635	1.668	0.284	0.849	3.073
35-39	0.699	0.256	12051	12292	1.075	0.367	0.187	1.212
40-44	0.293	0.151	7072	7064	0.742	0.516	0.000	0.595
45-49	1.329	0.700	4161	4148	1.235	0.527	0.000	2.730
15-49 (age-adjusted)	0.769	0.119	118371	118595	1.397	0.155	0.530	1.007
Maternal mortality ratio (MMR) 2013	433	67	118371	118595	1.397	0.155	299	567
			MEN					
Adult mortality rates								
15-19	1.522	0.288	25700	25803	1.189	0.189	0.945	2.098
20-24	1.816	0.385	27965	27579	1.450	0.212	1.045	2.587
25-29	1.921	0.493	24406	24305	1.640	0.257	0.935	2.908
30-34	2.425	0.474	18056	18087	1.286	0.195	1.478	3.373
35-39	2.785	0.615	12434	12464	1.248	0.221	1.555	4.015
40-44	4.525	1.027	7396	7404	1.322	0.227	2.470	6.580
45-49	6.513	1.711	4051	3991	1.339	0.263	3.091	9.935
15-49 (age-adjusted)	2.413	0.206	120008	119633	1.357	0.085	2.001	2.825
Adult mortality probabilities								
$_{35}q_{15}$ 2013	102	10	120008	119633	1.813	0.101	81	123

DATA QUALITY TABLES

Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), The Gambia 2013

	Male		Female			Male		Female	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	966	3.8	919	3.8	37	188	0.7	182	0.8
1	841	3.3	900	3.8	38	204	0.8	201	0.8
2	776	3.0	843	3.5	39	173	0.7	157	0.7
3	844	3.3	898	3.8	40	322	1.3	383	1.6
4	785	3.1	858	3.6	41	124	0.5	104	0.4
5	754	2.9	743	3.1	42	150	0.6	179	0.7
6	919	3.6	916	3.8	43	150	0.6	160	0.7
7	831	3.2	796	3.3	44	89	0.3	72	0.3
8	720	2.8	883	3.7	45	239	0.9	218	0.9
9	696	2.7	643	2.7	46	71	0.3	94	0.4
10	718	2.8	740	3.1	47	104	0.4	117	0.5
11	482	1.9	482	2.0	48	126	0.5	161	0.7
12	658	2.6	688	2.9	49	84	0.3	94	0.4
13	714	2.8	603	2.5	50	326	1.3	195	0.8
14	629	2.5	549	2.3	51	168	0.7	44	0.2
15	520	2.0	496	2.1	52	233	0.9	96	0.4
16	528	2.1	465	1.9	53	183	0.7	86	0.4
17	418	1.6	404	1.7	54	130	0.5	74	0.3
18	693	2.7	638	2.7	55	196	0.8	128	0.5
19	503	2.0	455	1.9	56	106	0.4	66	0.3
20	641	2.5	551	2.3	57	64	0.2	59	0.2
21	399	1.6	351	1.5	58	82	0.3	71	0.3
22	458	1.8	422	1.8	59	50	0.2	44	0.2
23	428	1.7	398	1.7	60	228	0.9	224	0.9
24	400	1.6	316	1.3	61	45	0.2	59	0.2
25	541	2.1	444	1.9	62	95	0.4	88	0.4
26	417	1.6	311	1.3	63	69	0.3	99	0.4
27	364	1.4	328	1.4	64	43	0.2	71	0.3
28	463	1.8	294	1.2	65	138	0.5	159	0.7
29	261	1.0	239	1.0	66	20	0.1	33	0.1
30	584	2.3	394	1.6	67	43	0.2	69	0.3
31	271	1.1	253	1.1	68	69	0.3	57	0.2
32	356	1.4	265	1.1	69	27	0.1	33	0.1
33	282	1.1	212	0.9	70+	629	2.5	589	2.5
34	178	0.7	200	0.8	Don't know/ missing	8	0.0	5	0.0
35	419	1.6	329	1.4					
36	215	0.8	208	0.9					
					Total	25,649	100.0	23,904	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49; and percent distribution and percentage of eligible women who were interviewed (weighted), by five-year age groups, The Gambia 2013

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	3,201	na	na	na
15-19	2,662	2,440	23.8	91.7
20-24	2,326	2,127	20.7	91.4
25-29	2,046	1,813	17.7	88.6
30-34	1,670	1,516	14.8	90.8
35-39	1,200	1,067	10.4	89.0
40-44	836	744	7.3	89.1
45-49	623	555	5.4	89.1
50-54	1,040	na	na	na
15-49	11,364	10,263	100.0	90.3

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household questionnaire.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64, interviewed men age 15-59 and percentage of eligible men who were interviewed (weighted), by five-year age groups, The Gambia 2013

Age group	Household population of men age 10-59	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percentage	
10-14	1,449	na	na	na
15-19	1,055	883	22.7	83.7
20-24	1,000	835	21.5	83.5
25-29	737	577	14.8	78.3
30-34	576	448	11.5	77.9
35-39	484	387	9.9	80.0
40-44	386	286	7.4	74.1
45-49	297	228	5.9	76.8
50-54	189	151	3.9	80.0
55-59	124	97	2.5	78.9
60-64	311	na	na	na
15-59	4,846	3,892	100.0	80.3

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household questionnaire.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), The Gambia 2013

Subject	Reference group	Percentage with information missing	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month Only		1.79	19,339
Month and Year		0.03	19,339
Age at Death	Deceased children born in the 15 years preceding the survey	0.00	1,266
Age/date at first union[1]	Ever-married women age 15-49	0.35	7,270
	Ever married men age 15-59	0.15	1,639
Respondent's education	All women age 15-49	0.01	10,233
	All men age 15-59	0.01	3,821
Diarrhoea in last 2 weeks	Living children 0-59 months	2.13	7,586
Anthropometry for children	Living children age 0-59 months from the Household Questionnaire		
Height		10.33	4,196
Weight		10.05	4,196
Height or weight		10.48	4,196
Anthropometry for women	All women 15-49 from the Household Questionnaire		
Height		14.31	5,411
Weight		14.32	5,411
Height or weight		14.47	5,411
Anaemia	Living children age 6-59 months from the Household Questionnaire	12.87	3,717
Children			
Anaemia	All women from the Household Questionnaire	16.19	5,411

[1] Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), The Gambia 2013

	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
Calendar year	L	D	T	L	D	T	L	D	T	L	D	T
2013	425	7	432	100.0	100.0	100.0	81.3	128.0	81.9	na	na	na
2012	1,849	80	1,929	100.0	100.0	100.0	99.3	115.4	99.9	na	na	na
2011	1,489	52	1,540	100.0	100.0	100.0	113.0	85.1	112.0	89.6	69.8	88.8
2010	1,473	68	1,541	100.0	100.0	100.0	98.6	167.6	100.9	103.4	104.3	103.4
2009	1,361	79	1,440	99.9	99.3	99.9	108.4	87.2	107.1	98.2	125.4	99.4
2008	1,299	58	1,357	100.0	97.5	99.9	102.5	115.0	103.0	92.5	62.5	90.6
2007	1,448	107	1,555	99.1	90.8	98.6	99.7	132.8	101.6	109.9	126.8	110.9
2006	1,336	110	1,446	97.7	94.2	97.4	98.0	97.9	98.0	100.3	111.0	101.1
2005	1,215	92	1,307	97.8	87.2	97.0	105.9	93.9	105.0	96.7	95.0	96.6
2004	1,176	83	1,259	97.1	86.8	96.5	117.4	108.0	116.8	104.5	91.7	103.5
2009-2013	6,596	286	6,883	100.0	99.8	100.0	102.6	110.5	102.9	na	na	na
2004-2008	6,474	450	6,924	98.4	91.0	97.9	104.1	108.5	104.4	na	na	na
1999-2003	4,490	458	4,948	97.1	87.4	96.2	104.4	137.2	107.1	na	na	na
1994-1998	3,119	395	3,514	96.5	92.2	96.0	97.1	94.9	96.9	na	na	na
≤1993	3,082	546	3,628	94.6	89.4	93.8	101.5	137.1	106.2	na	na	na
All	23,761	2,136	25,896	97.8	91.2	97.3	102.5	118.4	103.7	na	na	na

na = Not applicable
[1] Both year and month of birth given
[2] (Bm/Bf)x100, where Bm and Bf are the numbers of male and female births, respectively
[3] [2Bx/(Bx-1+Bx+1)]x100, where Bx is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at age 0-6 days, for five-year periods of birth preceding the survey (weighted), The Gambia 2013

	Number of years preceding the survey				Total
Age at death (days)	0-4	5-9	10-14	15-19	0-19
<1	72	78	49	37	235
1	24	38	21	12	94
2	12	24	8	10	54
3	12	19	15	11	57
4	11	4	9	2	27
5	8	16	4	3	32
6	11	11	4	6	32
7	4	4	8	9	23
8	2	6	2	6	16
9	1	1	3	0	5
10	4	3	3	1	11
11	0	2	0	1	3
12	2	2	2	1	7
13	3	0	0	0	3
14	4	2	7	2	15
15	1	1	1	0	2
16	0	3	0	0	3
19	0	0	1	0	1
21	0	1	4	1	6
22	0	1	0	0	1
24	0	0	0	0	0
27	0	1	0	0	1
28	0	0	0	0	0
30	1	0	0	2	3
Total 0-30	173	217	139	104	632
Percentage early neonatal[1]	87.4	87.5	79.0	78.5	84.1

[1] 0-6 days/0-30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under age 2 by age at death in months and the percentage of infant deaths reported to occur at age under 1 month, for five-year periods of birth preceding the survey, The Gambia 2013

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1[a]	173	217	139	104	632
1	6	27	11	6	50
2	17	10	10	8	45
3	15	9	16	15	55
4	9	5	6	12	33
5	7	5	4	2	18
6	10	14	19	6	49
7	5	6	7	5	22
8	7	5	7	2	21
9	2	2	3	6	13
10	8	3	3	2	16
11	3	5	5	1	13
12	24	18	27	24	93
13	1	7	5	3	16
14	3	3	3	2	11
15	0	2	4	1	7
16	0	5	1	0	6
17	0	2	1	0	3
18	6	7	4	0	17
19	0	2	1	0	3
20	0	0	1	1	2
21	0	1	0	1	3
Total 0-11	261	307	231	169	968
Percentage neonatal[1]	66.1	70.6	60.4	61.4	65.3

[a] Includes deaths under age 1 month reported in days
[1] Under age 1 month/under age 1 year

Table C.7 Nutritional status of children based on the NCHS/CDC/WHO International Reference Population

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, based on the NCHS/CDC/WHO International Reference Population, The Gambia 2013

	Height-for-age[1]			Weight-for-height				Weight-for-age				
Background characteristic	Percentage below -3 SD	Percentage below -2 SD[2]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Number of children
Age in months												
<6	1.9	7.1	0.2	0.2	8.9	5.2	-0.1	0.4	2.9	5.4	0.1	355
6-8	1.4	5.6	-0.2	2.3	11.7	2.2	-0.6	2.4	10.2	1.2	-0.7	199
9-11	5.5	15.8	-0.5	5.6	11.7	2.7	-0.9	4.4	23.0	2.2	-1.1	176
12-17	5.6	22.5	-1.0	4.0	19.0	0.7	-1.0	6.1	30.9	0.6	-1.5	413
18-23	9.0	31.7	-1.6	1.9	13.6	1.9	-1.0	4.4	31.5	0.8	-1.5	314
24-35	6.5	22.2	-1.1	1.1	8.0	0.5	-0.8	5.1	26.1	0.9	-1.4	637
36-47	5.4	20.2	-1.0	1.3	7.6	1.7	-0.8	2.6	19.4	0.6	-1.3	667
48-59	4.7	22.2	-1.1	1.5	6.7	1.1	-0.9	2.4	19.3	0.0	-1.3	621
Sex												
Male	5.6	20.4	-0.9	2.1	11.3	1.5	-0.9	3.6	21.5	1.3	-1.2	1,746
Female	4.9	19.2	-0.9	1.6	8.7	1.9	-0.7	3.3	20.7	1.1	-1.1	1,636
Birth interval in months[3]												
First birth[4]	6.1	19.1	-1.0	2.1	9.8	1.3	-0.7	2.9	22.0	0.3	-1.2	611
<24	3.1	23.3	-0.7	2.6	9.7	1.6	-0.7	3.2	17.5	1.4	-1.0	325
24-47	5.0	20.9	-0.9	2.0	11.5	1.4	-0.8	3.9	23.3	1.2	-1.1	1,471
48+	5.0	16.1	-0.6	1.9	10.9	2.0	-0.8	3.1	16.8	2.0	-1.0	534
Size at birth[3]												
Very small	6.9	25.3	-1.2	1.4	17.3	1.7	-1.1	6.4	36.1	0.2	-1.6	252
Small	6.2	20.1	-0.9	2.5	11.8	1.5	-0.8	2.9	24.7	2.6	-1.2	351
Average or larger	4.6	19.2	-0.8	2.1	9.9	1.5	-0.7	3.2	18.9	1.1	-1.0	2,317
Mother's interview status												
Interviewed	5.0	19.9	-0.8	2.1	10.9	1.5	-0.7	3.5	21.2	1.2	-1.1	2,941
Not interviewed but in household	6.5	19.4	-1.5	0.5	5.4	3.6	-1.3	4.2	21.9	2.3	-1.7	241
Not interviewed and not in the household[5]	6.6	19.4	-1.1	0.1	4.0	2.6	-0.6	2.3	18.2	0.3	-1.2	199
Mother's nutritional status[6]												
Thin (BMI<18.5)	6.0	17.5	-0.9	1.5	15.7	2.3	-1.0	6.5	29.1	1.0	-1.4	310
Normal (BMI 18.5-24.9)	4.8	20.3	-0.9	2.4	11.1	1.3	-0.8	3.2	21.1	1.0	-1.1	1,642
Overweight/ obese (BMI ≥ 25)	4.7	18.2	-0.7	0.9	7.4	1.9	-0.6	2.1	16.7	1.5	-0.9	523
Residence												
Urban	3.5	16.0	-0.6	1.8	9.0	2.2	-0.7	2.2	15.7	1.9	-0.9	1,478
Rural	6.5	22.8	-1.1	1.9	10.9	1.3	-0.8	4.5	25.3	0.6	-1.3	1,904

Continued...

Table C.7—*Continued*

Background characteristic	Height-for-age[1]			Weight-for-height				Weight-for-age				Number of children
	Percentage below -3 SD	Percentage below -2 SD[2]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	
Region												
Banjul	1.1	10.0	-0.5	1.7	9.8	1.4	-0.8	2.0	20.7	1.8	-0.9	47
Kanifing	4.0	17.8	-0.7	0.7	8.9	3.4	-0.7	2.3	15.7	3.2	-0.9	504
Brikama	3.7	15.5	-0.6	2.1	8.4	1.4	-0.7	1.6	15.9	1.3	-0.9	1,139
Mansakonko	5.3	21.4	-1.0	2.2	9.5	2.1	-0.8	3.4	24.4	1.0	-1.3	210
Kerewan	5.6	20.5	-1.0	0.9	7.4	1.7	-0.6	3.0	19.2	0.2	-1.2	416
Kuntaur	6.3	24.1	-1.3	3.6	16.3	1.4	-1.2	6.0	31.8	0.9	-1.6	240
Janjanbureh	9.6	26.1	-1.3	0.5	9.2	0.7	-1.0	5.8	31.6	0.6	-1.6	275
Basse	6.9	25.3	-1.2	3.0	14.6	1.2	-0.9	6.5	27.0	0.4	-1.4	551
Mother's education[7]												
No education	5.9	21.6	-1.1	1.6	10.5	1.4	-0.9	4.2	23.9	0.8	-1.3	1,939
Primary	4.6	25.7	-1.0	5.1	13.0	1.0	-0.9	5.6	25.2	1.5	-1.3	440
Secondary or higher	3.0	11.9	-0.4	1.2	9.4	2.7	-0.6	0.9	12.0	1.9	-0.8	757
Wealth quintile												
Lowest	5.9	23.9	-1.1	1.2	9.0	1.4	-0.8	3.9	25.1	1.1	-1.3	716
Second	5.8	21.9	-1.1	1.9	11.0	1.5	-0.8	4.1	23.8	0.9	-1.3	824
Middle	6.6	20.3	-0.9	3.3	13.0	2.1	-0.9	4.1	24.2	1.4	-1.3	645
Fourth	4.5	18.4	-0.9	1.2	8.0	2.5	-0.7	2.7	16.3	0.4	-1.1	661
Highest	2.6	12.4	-0.4	1.7	9.2	1.0	-0.7	2.0	13.8	2.5	-0.8	535
Total	5.2	19.8	-0.9	1.9	10.1	1.7	-0.8	3.5	21.1	1.2	-1.2	3,382

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Total includes 19 cases for whom information on size at birth is missing and 1 case for whom information on mother's education is missing.

[1] Recumbent length is measured for children under age 2, or in the few cases when the age of the child ids unknown and the child is less than 85cm; standing height is measured for all other children.

[2] Includes children who are below -3 standard deviations (SD) from the International Reference Population median

[3] Excludes children whose mothers were not interviewed

[4] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval

[5] Includes children whose mothers are deceased

[6] Excludes children whose mothers were not interviewed, children whose mothers were not weighed and measured, and children whose mothers are pregnant or gave birth within the preceding 2 months. Mother's nutritional status in terms of BMI (body mass index) is presented in Table 11.10.1

[7] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

PARTICIPANTS IN THE 2013 GAMBIA DEMOGRAPHIC AND HEALTH SURVEY

Appendix D

ADMINISTRATIVE TEAM

Nyakassi M.B. Sanyang, Statistician General, Gambia Bureau of Statistics
Momodou Lamin Cham, Director of Quality and Dissemination Coordination, Gambia Bureau of Statistics
Gabriel Demba, Assistant Accountant, Gambia Bureau of Statistics
Malick Jobe, Assistant Accountant, Gambia Bureau of Statistics
Baba Suwareh, Director of Social Statistics, Gambia Bureau of Statistics
Alieu Saho, Deputy Statistician General, Gambia Bureau of Statistics

PROJECT STEERING AND TECHNICAL COMMITTEES

Gambia Bureau of Statistics
Office of the Vice President
Ministry of Health and Social Welfare
Ministry of Information Communication and Communication Infrastructure
Ministry of Agriculture
National Population Commission Secretariat
Gambia Family Planning Association
Ministry of Basic and Secondary Education
Ministry of Higher Education Research Science and Technology

PROJECT MANAGEMENT TEAM

Nyakassi M. B. Sanyang, Project Director
Momodou Lamin Cham, Project National Coordinator

FIELD STAFF

Coordinators and Fieldwork Monitors

Momodou Lamin Cham, Gambia Bureau of Statistics
Sainey Sanneh, Ministry of Health and Social Welfare
Paul T. Mendy, National Population Commission Secretariat
Mam Yassin Ceesay, Gambia Bureau of Statistics
Ebrima Tunkara, Gambia Bureau of Statistics
Pa Modou Jaye, National Public Health Laboratories, Ministry of Health and Social Welfare

Supervisors

Alpha Susso
Amadou Chorr
Baboucarr G. Samba
Balla Musa Conateh
Cherno Jallow
Danso M.F. Jammeh
Fabakary Jawneh
Momodou L.S. Dibba
Omar Mbakeh
Ousainou Mbaye
Ousman Cham
Ousman Janneh
Pa Nyabally
Saikou Jawara
Sandiki Colley

Field Editors

Abie Jabang
Amie Bahoum
Amie Bojang
Amie Giggo
Amie Njie
Bintou Badjie
Fatou Barrow
Fatou Faye
Fatou Kaba Camara
Fatou Suwareh
Isha Bittaye
Jainaba Jallow
Mama Jarju
Ndeye Binta Bojang
Sainabou Bittaye

Interviewers

Amie Sallah
Aminata Sanyang
Awa Gibba
Awa Giggo
Bakary Juwara
Pa Modou Njie
Elizabeth Demba
Fatou Camara
Fatou Badjie
Fatou Gaye
Fatou S. Jabang
Fatou B. Jallow
Fatou Jobe
Fatou Njie
Fatou Nyass
Fatou B. Sillah
Fatoumata Binta Jallow
Indira Henry Jammeh
Isatou Jarju
Jainaba Sanyang
Janko F.S. Saidy
Karamba Camara
Lamin Ceesay
Lamin Manjang
Isatou Jallow
Sainey Touray
Mam Kumba Cham
Mariama Darboe
Mariama Jatta
Momodou Billo Jallow
Morro M. Trawally
Muhamed Arafat Cham
Musa Manneh
Musa Njie
Mustapha Conteh
Nfamara K. Dampha
Sainabou Secka
Sally M. Keita
Sheriff Shiekhna Sisay
Siabatou Camara
Sophie Manneh
Tida Gassama
Tabara Gibba
Yankuba B. Kongira

Health Technicians

Binta Kaira
Dawda Bah
Fatou Banja
Isatou Joof
Jainaba Manjang
Kumba Suun Mboob
Maa Gomez
Malang S. Fatty
Modou Jeng
Musa Jammeh
Ndeye Binta Bah
Pa Ousman Nyang
Rohey Sey
Saikou Jawneh
Sainabou Bah
Sainey B.F. Ceesay

Field Drivers

Alieu Bah
Baboucarr Jatta
Buba Sanyang
Demba Jatta
Doudou Sonko
Ebrima Gassama
Ebrima Jatta
Kebba Pateh Bojang
Kebba Sumareh
Lamin Darboe
Lamin Sanyang
Lamin B. Sanyang
Lang Kinteh
Modou Fofana
Momodou Touray
Mustapha Gassama
Omar Drammeh
Omar Touray
Peter Demba
Yusupha Badjie

SAMPLING UPDATE

Coordinators

Momodou Lamin Cham
Sainey Sanneh
Paul T. Mendy

Drivers

Abdoulie S. Manneh
Alagie B.N. Nget
Bakary Manga
Demba Jatta
Dodou Gibba
Ebrima Jatta
Ebrima Kamara
Ebrima Nyang
Ebrima Sawaneh
Kebba Sumareh
Lamin Kebbeh
Lang Kinteh
Momodou Jallow
Momodou Touray
Musa Jaw

Field Staff

Abdou Mboge
Alimamy Badjie
Babucarr Camara
Ebrima Trawalleh
Eliman Cham
Emmanuel Mendy
Essa Jallow
Essa A. Saidykhan
Essa S. Saidykhan
Fanding Camara
Fanta Mboge
Halima Manneh
Isatou Ceesay
Khaddy Sanneh
Lamin Saidykhan
Lamin Sawaneh
Madi Gibba
Momodou Lamin Minteh
Momodou Lamin Saidykhan
Niumi Keita
Oumie Njie
Sana Jatta
Yamoundow Jadama
Yaya Sanyang

DATA PROCESSING STAFF

Supervisors

Lolly Kah Jallow
Kebba Sanneh

Keyers

Adama Beyai
Aja Jawara
Alhagie Nasiru deen Macauley
Angela Suwaneh
Fatoumata Gassama
Aja Khan
Amie Lowe
Baboucarr Jasseh
Baboucarr Sanyang
Baboucarr Secka
Binta Mboge
Dagga Dibba
Ensa Gibba
Fatou Bahoum
Fatou Joof
Fatou Touray
Hadijatou Jallow
Isatou Jallow Fadia
Jabou Sanno
Jainaba Ceesay
Jatou Badjie
Khadijatou Bah
Kumba Nyassi
Lamin Jammeh
Landing Jarju
Mam Sainabou M.I. Jallow
Maimuna Faal
Maimuna Jallow
Mariama Camara
Nancy Susan Sarah Jaw
Nyara Jammeh
Nyara Nyabally
Pa Alieu M. Fye
Pa Alieu Samba
Saffie Sowe
Soriba Jaiteh
Yama Sanyang

Office Editors

Foday Makalo
Lamin Sanyang
Mustapha Saho
Mustapha Sanneh
Mustapha Sanyang
Njaga Njie
Saffiatou Badjie

Questionnaire Administration/Reception

Abdoulie Njie
Bai Abbie Njie
Mustapha Jobe
Musa Badjie

Secondary Editors

Abdou Mboge
Ida Jallow
Isatou Jamba

LABORATORY

Abdoulie M. Sanyang
Afsatou Cham
Alphonse Mendy
Fanna Sowe
Ignatius Baldeh-Manager
Lamin Sanneh
Mbayang Dibba
Sheriffo Jagne
Yaya Touray

ICF INTERNATIONAL

Juan Schoemaker, Country Manager
Alemtsehay Beru, Country Manager (Consultant)
Harouna Koché, Data Processing Specialist
Ruilin Ren, Sampling Specialist
Astou Guèye Gaye, Biomarker Specialist (Consultant)
Ravavuth Hong, Country Manager
Zhuzhi Moore, Technical Reviewer
Blake Zachary, Technical Reviewer
Sri Poedjastoeti, Technical Reviewer
Anjushree Pradhan, Technical Reviewer
Kimberly Peven, Technical Reviewer
Dara Walsh, Technical Reviewer
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Natalie La Roche, Report Production Specialist
Greg Edmondson, Editor (Consultant)
Chris Gramer, Report Production Specialist

QUESTIONNAIRES

Appendix **E**

REPUBLIC OF THE GAMBIA

THE GAMBIA DEMOGRAPHIC AND HEALTH SURVEY 2013

HOUSEHOLD QUESTIONNAIRE

GAMBIA BUREAU OF STATISTICS

GAMBIA BUREAU OF STATISTICS IN COLLABORATION WITH MINISTRY OF HEALTH AND SOCIAL WELFARE

IDENTIFICATION

LOCAL GOVERNMENT AREA: ☐

1	BANJUL	5	KEREWAN
2	KANIFING	6	KUNTAUR
3	BRIKAMA	7	JANJANGBUREH
4	MANSAKONKO	8	BASSE

DISTRICT NAME: _____ DCODE ☐☐ SETTLEMENT NAME: _____ SCODE ☐☐☐☐☐

NAME OF HOUSEHOLD HEAD: _____ TEL: ☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐

EA NUMBER: ☐☐☐☐☐ CLUSTER NUMBER ☐☐☐ HOUSEHOLD NUMBER ☐☐☐

AREA OF RESIDENCE: ☐ 1 URBAN 2 RURAL

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR 2013
INTERVIEWER'S NAME				INT. NUMBER ☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:

1 COMPLETED
2 PARTLY COMPLETED
3 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
4 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL ELIGIBLE WOMEN ☐☐

TOTAL ELIGIBLE MEN ☐☐

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☐☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐	NAME _____ ☐☐	☐☐	☐☐

INTRODUCTION AND CONSENT

Hello. My name is .....we are from the Gambia Bureau of Statistics and the Ministry of Health and Social Welfare. We are doing a survey concerned with family health and education. I would like to ask questions on education, marriage, household characteristics, water and sanitation, bed nets, salt iodization etc. The interview will take about one hour. 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 males aged 15 - 59 and females aged 15 - 49 years in the household.
As part of the survey we also are asking some household members all over the country to take HIV, malaria and anemia tests. HIV is the virus that causes AIDS. The HIV test is being done to see how big the AIDS problem is in the Gambia. All children under 5 and females aged 15-49 will be tested for malaria and anemia.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS **2A - 2C** TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS **5-28 FOR EACH PERSON.**	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? **M F**	Does (NAME) usually live here? **Y N**	Did (NAME) stay here last night? **Y N**	How old is (NAME)? **IF 95 OR MORE, RECORD '95'.** **IN YEARS**	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	**CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49**	**CIRCLE LINE NUMBER OF ALL MEN AGE 15-59**	**CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5**
01		0 1	1 2	1 2	1 2			01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10
11			1 2	1 2	1 2			11	11	11
12			1 2	1 2	1 2			12	12	12
13			1 2	1 2	1 2			13	13	13

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09= BROTHER OR SISTER-IN-LAW
10= ANCLE/AUNT AND NEPHEW/NIECE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0 - 7
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		SCHOOL ATTENDANCE DURING LAST YEAR		BIRTH REGIS-TRATION
	12	13	14	15	16	17	18	19	20	21	22
	Is (NAME)s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. IF LESS THAN 1 YEAR RECORD "00"	Did (NAME) attend school at any time during the (2012/ 2013) school year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW. Deleted	Did (NAME) attend school at any time during the previous school year (2011/ 2012) school year?	During the previous school year, what level and grade was (NAME) attending? SEE CODES BELOW. IF LESS THAN 1 YEAR RECORD "00"	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	
01	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
02	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
03	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
04	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
05	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
06	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
07	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
08	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
09	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
10	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
11	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
12	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
13	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		

CODES FOR Qs. 17, 19 AND 21: EDUCATION

LEVEL AND GRADE

0 PRE-SCHOOL (1-3 years)
1 PRE-SCHOOL (MADRASSA) (Grade 1-3)
2 PRIMARY/LOWER BASIC (Grade1-6)
3 PRIMARY /LOWER BASIC (MADRASSA) (Grade 1-6)
4 SECONDARY (UPPER BASIC / JUNIOR / SENIOR) (Grade 7-12
5 SECONDARY (MADRASSA) (Grade 7-12)
6 HIGHER (TERITIARY, UNIVERS COLLEGE (Above grade 12)
7 VOCATIONAL (1-3 years)
8 DK

(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)

	PHYSICAL DISABILITIES (IF AGE 7 - 69)																	
LINE NO.	EYE SIGHT						HEARING						LEGS					
	23			24			25			26			27			28		
	Does (NAME) wear glasses?			Does (NAME) have difficulth seeing during the day (even if she / he is wearing glasses)?			Does (NAME) use a hearing aid?			Does (NAME) have difficulty hearing (even if she / he is using the hearing aid)?			Does (NAME) have any difficulty using his / her legs even for simple activities such as walking or climbing up the stairs?			Does (NAME) use a cane or crutches or wheelchair ?		
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
01	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
02	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
03	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
04	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
05	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
06	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
07	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
08	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
09	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
10	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
11	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
12	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
13	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS **2A - 2C** TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS **5-28 FOR EACH PERSON.**	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? **IF 95 OR MORE, RECORD '95'.**	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	**CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49**	**CIRCLE LINE NUMBER OF ALL MEN AGE 15-59**	**CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5**
			M F 1 2	**Y N** 1 2	**Y N** 1 2	**IN YEARS**				
14			1 2	1 2	1 2			14	14	14
15			1 2	1 2	1 2			15	15	15
16			1 2	1 2	1 2			16	16	16
17			1 2	1 2	1 2			17	17	17
18			1 2	1 2	1 2			18	18	18
19			1 2	1 2	1 2			19	19	19
20			1 2	1 2	1 2			20	20	20
21			1 2	1 2	1 2			21	21	21
22			1 2	1 2	1 2			22	22	22
23			1 2	1 2	1 2			23	23	23
24			1 2	1 2	1 2			24	24	24
25			1 2	1 2	1 2			25	25	25

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?
YES ☐ → **ADD TO TABLE** **NO** ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
YES ☐ → **ADD TO TABLE** **NO** ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?
YES ☐ → **ADD TO TABLE** **NO** ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER OR SISTER IN LAW
10= ANCLE/AUNT AND NEPHEW/NIECE
11 = OTHER RELATIVE
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	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0 - 7
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		SCHOOL ATTENDANCE DURING LAST YEAR		BIRTH REGIS-TRATION
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	Is (NAME)s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. IF LESS THAN 1 YEAR RECORD "00"	Did (NAME) attend school at any time during the (2012/2013) school year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW. Deleted	Did (NAME) attend school at any time during the previous school year (2011/2012) school year?	During the previous school year, what level and grade was (NAME) attending? SEE CODES BELOW. IF LESS THAN 1 YEAR RECORD "00"	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVELGRADE	
14	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
15	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
16	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
17	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
18	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
19	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
20	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
21	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
22	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
23	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
24	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
25	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		

CODES FOR Qs. 16 - 21: EDUCATION

LEVEL AND GRADE

0 PRE-SCHOOL (1-3 years)

1 PRESCHOOL (MADRASSA) (Grade 1-3)

2 PRIMARY(LOWER BASIC) (Grade1-6)

3 PRIMARY (MADRASSA LOWER BASIC) (Grade 1-6)

4 SECONDARY (UPPER BASIC / JUNIOR / SENIOR) (Grade 7-12)

5 SECONDARY (MADRASSA) (Grade 7-12)

LEVEL AND GRADE

6 HIGHER (TERITIARY, UNIVERSITY, COLLEGE (Above grade 12)

7 VOCATIONAL (1-3 years)

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(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)

	PHYSICAL DISABILITIES (IF AGE 7 - 69)																	
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	23			24			25			26			27			28		
	Does (NAME) wear glasses?			Does (NAME) have difficulth seeing during the day (even if she / he is wearing glasses)?			Does (NAME) use a hearing aid?			Does (NAME) have difficulty hearing (even if she / he is using the hearing aid)?			Does (NAME) have any difficulty using his / her legs even for simple activities such as walking or climbing up the stairs?			Does (NAME) use a cane or crutches or wheelchair ?		
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
14	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
15	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
16	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
17	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
18	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
19	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
20	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
21	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
22	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
23	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
24	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
25	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
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			M F	**Y N**	**Y N**	**IN YEARS**				
26		0 1	1 2	1 2	1 2			26	26	26
27			1 2	1 2	1 2			27	27	27
28			1 2	1 2	1 2			28	28	28
29			1 2	1 2	1 2			29	29	29
30			1 2	1 2	1 2			30	30	30
31			1 2	1 2	1 2			31	31	31
32			1 2	1 2	1 2			32	32	32
33			1 2	1 2	1 2			33	33	33
34			1 2	1 2	1 2			34	34	34
35			1 2	1 2	1 2			35	35	35
36			1 2	1 2	1 2			36	36	36
37			1 2	1 2	1 2			37	37	37
38			1 2	1 2	1 2			38	38	38

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26	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
27	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
28	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
29	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
30	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
31	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
32	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
33	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
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36	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
37	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
38	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		

CODES FOR Qs. 17, 19 AND 21: EDUCATION

LEVEL AND GRADE

0 PRE-SCHOOL (1-3 years)
1 PRE-SCHOOL (MADRASSA) (Grade 1-3)
2 PRIMARY/LOWER BASIC (Grade1-6)
3 PRIMARY /LOWER BASIC (MADRASSA) (Grade 1-6)
4 SECONDARY (UPPER BASIC / JUNIOR / SENIOR) (Grade 7-12
5 SECONDARY (MADRASSA) (Grade 7-12)

LEVEL AND GRADE

6 HIGHER (TERITIARY, UNIVERS COLLEGE (Above grade 12)
7 VOCATIONAL (1-3 years)
8 DK

(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)

	PHYSICAL DISABILITIES (IF AGE 7 - 69)																	
LINE NO.	EYE SIGHT						HEARING						LEGS					
	23			24			25			26			27			28		
	Does (NAME) wear glasses?			Does (NAME) have difficulth seeing during the day (even if she / he is wearing glasses)?			Does (NAME) use a hearing aid?			Does (NAME) have difficulty hearing (even if she / he is using the hearing aid)?			Does (NAME) have any difficulty using his / her legs even for simple activities such as walking or climbing up the stairs?			Does (NAME) use a cane or crutches or wheelchair ?		
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
26	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
27	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
28	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
29	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
30	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
31	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
32	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
33	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
34	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
35	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
36	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
37	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8
38	1	2	8	1	2	8	1	2	8	1	2	8	1	2 ↓ NEXT LINE	8	1	2	8

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS **2A - 2C** TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS **5-28 FOR EACH PERSON.**	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? **IF 95 OR MORE, RECORD '95'.**	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	**CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49**	**CIRCLE LINE NUMBER OF ALL MEN AGE 15-59**	**CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5**
			M F	**Y N**	**Y N**	**IN YEARS**				
39			1 2	1 2	1 2			39	39	39
40			1 2	1 2	1 2			40	40	40
41			1 2	1 2	1 2			41	41	41
42			1 2	1 2	1 2			42	42	42
43			1 2	1 2	1 2			43	43	43
44			1 2	1 2	1 2			44	44	44
45			1 2	1 2	1 2			45	45	45
46			1 2	1 2	1 2			46	46	46
47			1 2	1 2	1 2			47	47	47
48			1 2	1 2	1 2			48	48	48
49			1 2	1 2	1 2			49	49	49
50			1 2	1 2	1 2			50	50	50

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?
YES ☐ → **ADD TO TABLE** **NO** ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
YES ☐ → **ADD TO TABLE** **NO** ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?
YES ☐ → **ADD TO TABLE** **NO** ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER OR SISTER IN LAW
10= ANCLE/AUNT AND NEPHEW/NIECE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0 - 7
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		SCHOOL ATTENDANCE DURING LAST YEAR		BIRTH REGIS-TRATION
	12	13	14	15	16	17	18	19	20	21	22
	Is (NAME)s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. IF LESS THAN 1 YEAR RECORD "00"	Did (NAME) attend school at any time during the (2012/2013) school year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW. Deleted	Did (NAME) attend school at any time during the previous school year (2011/2012) school year?	During the previous school year, what level and grade was (NAME) attending? SEE CODES BELOW. IF LESS THAN 1 YEAR RECORD "00"	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVELGRADE	
39	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
40	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
41	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
42	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
43	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
44	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
45	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
46	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
47	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
48	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
49	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		
50	1 2 8 → GO TO 14		1 2 8 → GO TO 16		1 2 → GO TO 22		1 2 → GO TO 20		1 2 → GO TO 22		

CODES FOR Qs. 16 - 21: EDUCATION

LEVEL AND GRADE

0 PRE-SCHOOL (1-3 years)

1 PRESCHOOL (MADRASSA) (Grade 1-3)

2 PRIMARY(LOWER BASIC) (Grade1-6)

3 PRIMARY (MADRASSA LOWER BASIC) (Grade 1-6)

4 SECONDARY (UPPER BASIC / JUNIOR / SENIOR) (Grade 7-12)

5 SECONDARY (MADRASSA) (Grade 7-12)

LEVEL AND GRADE

6 HIGHER (TERITIARY, UNIVERSITY, COLLEGE (Above grade 12)

7 VOCATIONAL (1-3 years)

8 DK

(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)

	PHYSICAL DISABILITIES (IF AGE 7 - 69)																	
LINE NO.	EYE SIGHT						HEARING						LEGS					
	23			24			25			26			27			28		
	Does (NAME) wear glasses?			Does (NAME) have difficulth seeing during the day (even if she / he is wearing glasses)?			Does (NAME) use a hearing aid?			Does (NAME) have difficulty hearing (even if she / he is using the hearing aid)?			Does (NAME) have any difficulty using his / her legs even for simple activities such as walking or climbing up the stairs?			Does (NAME) use a cane or crutches or wheelchair ?		
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
39	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
40	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
41	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
42	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
43	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
44	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
45	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
46	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
47	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
48	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
49	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8
50	1	2	8	1	2	8	1	2	8	1	2	8	1	2 → NEXT LINE	8	1	2	8

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 LESS THAN MONTHLY . . . . . 4 NEVER 5	
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 SURFACE WATER (RIVER/DAM/ LAKE / POND / STREAM / CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 OTHER _____ 96 (SPECIFY)	→ 105 → 107
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . [ ][ ][ ] DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES . 1 NO . . . . . 2 DON'T KNOW 8	→ 107
106	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH / CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 PIT LATRINE VENTILATED IMPROVED PIT LATRINE . . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 NO FACILITY / BUSH / FIELD . . . . . 61 OTHER _____ 96 (SPECIFY)	→ 110
108	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Does your household have: Electricity? A sofa? A wardrobe? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? An air conditioner? A generator or solar panel? A computer? A microwave oven? A DVD / VCD player? Satellite cable? Satellite dish? Internet connection?	YES NO ELECTRICITY . . . . . 1 2 SOFA . . . . . 1 2 WARDROBE . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 MOBILE TELEPHONE . . . . . 1 2 NON-MOBILE TELEPHONE . . . . . 1 2 REFRIGERATOR . . . . . 1 2 AIR CONDITIONER . . . . . 1 2 GENERATOR/SOLAR PANEL . . . 1 2 COMPUTER . . . . . 1 2 MICROWAVE . . . . . 1 2 DVD/VCD . . . . . 1 2 SATELLITE CABLE . . . . . 1 2 SATELLITE DISH . . . . . 1 2 INTERNET 1 2	
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 GAS TANK (NATURAL GAS) 03 BIOGAS . . . . . 04 KEROSENE . . . . . 05 CHARCOAL . . . . . 07 WOOD . . . . . 08 STRAW / SHRUBS / GRASS . . . . . 09 SAW DUST . . . . . 10 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 114
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . . 1 IN A SEPARATE BUILDING . . . . . 2 OUTDOORS . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND . . . . . 11 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH/PALM LEAF . . . . . 12 RUDIMENTARY ROOFING PALM/BAMBOO . . . . . 22 WOOD PLANKS . . . . . 23 CARDBOARD . . . . . 24 FINISHED ROOFING METAL . . . . . 31 WOOD . . . . . 32 CALAMINE / CEMENT FIBER . . . . . 33 CERAMIC TILES . . . . . 34 CEMENT . . . . . 35 ROOFING TILES . . . . . 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 CANE / PALM / TRUNKS . . . . . 12 RUDIMENTARY WALLS MUD / MUD BRICKS . . . . . 21 BAMBOO WITH MUD . . . . . 22 STONE WITH MUD . . . . . 23 PLYWOOD . . . . . 24 CARDBOARD . . . . . 25 REUSED WOOD . . . . . 26 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 WOOD PLANKS/SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	
117	How many rooms in this household are used for sleeping?	ROOMS	
118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	YES NO WATCH . . . . . 1 2 BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . . 1 2 BOAT WITH MOTOR 1 2	
119	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 121
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	HECTARES . . . . . . 95 OR MORE HECTARES . . . . . 950 DON'T KNOW 998	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 123
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? Chickens, ducks or guinea fowl? Pigs?	CATTLE . . . . . . COWS / BULLS . . . . . . HORSES / DONKEYS / MULES . . . . . . GOATS . . . . . . SHEEP . . . . . . CHICKENS / DUCKS / GUINEA FOWL PIGS	
123	Does any member of this household have a bank account or credit union account?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW / NOT SURE 8	
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 126
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM . . . . . A PRIVATE COMPANY . . . . . B NON-GOVERNMENTAL ORGANIZATION (NGO) . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
126	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO 2	→ 137
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, GO TO THE NEXT PAGE	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . [ ][ ] MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . [ ][ ] MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . [ ][ ] MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
129A	RECORD OR ASK THE SHAPE OF THE NET	CONICAL . . . . 1 RECTANGULAR . . . 2	CONICAL . . . . 1 RECTANGULAR . . . 2	CONICAL . . . . 1 RECTANGULAR . . . 2
130	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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . . . 12 NET PROTECT . . . 13 OTHER . . . . 14 DK BRAND . . . . . 16 (SKIP TO 134) 'PRETREATED' NET SUPA NET . . . . . 21 POWER TAB . . . 22 SAFE NITE . . . . . 23 OTHER/ 24 DK BRAND . . . . . 26 (SKIP TO 132) OTHER . . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . . . 12 NET PROTECT . . . 13 OTHER . . . . 14 DK BRAND . . . . . 16 (SKIP TO 134) 'PRETREATED' NET SUPA NET . . . . . 21 POWER TAB . . . 22 SAFE NITE . . . . . 23 OTHER/ 24 DK BRAND . . . . . 26 (SKIP TO 132) OTHER . . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . . . 12 NET PROTECT . . . 13 OTHER . . . . 14 DK BRAND . . . . . 16 (SKIP TO 134) 'PRETREATED' NET SUPA NET . . . . . 21 POWER TAB . . . 22 SAFE NITE . . . . . 23 OTHER/ 24 DK BRAND . . . . . 26 (SKIP TO 132) OTHER . . . . 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES . . . . 1 NO . . . . 2 NOT SURE 8	YES . . . . 1 NO . . . . 2 NOT SURE 8	YES . . . . 1 NO . . . . 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES . . . . 1 NO . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 134) NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES . . . . 1 NO . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 136) NOT SURE 8

		NET #1	NET #2	NET #3
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.

		NET #4	NET # 5	NET # 6
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... [ ][ ] MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... [ ][ ] MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... [ ][ ] MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
129A	RECORD OR ASK THE SHAPE OF THE NET	CONICAL .... 1 RECTANGULAR ... 2	CONICAL .... 1 RECTANGULAR ... 2	CONICAL .... 1 RECTANGULAR ... 2
130	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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER .... 14 DK BRAND ..... 16 (SKIP TO 134) 'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ 24 DK BRAND ..... 26 (SKIP TO 132) OTHER .... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER .... 14 DK BRAND ..... 16 (SKIP TO 134) 'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ 24 DK BRAND ..... 26 (SKIP TO 132) OTHER .... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER .... 14 DK BRAND ..... 16 (SKIP TO 134) 'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ 24 DK BRAND ..... 26 (SKIP TO 132) OTHER .... 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES .... 1 NO .... 2 (SKIP TO 134) NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 134) NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 134) NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... [ ][ ] MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... [ ][ ] MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... [ ][ ] MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 136) NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 136) NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 136) NOT SURE 8

		NET #4	NET # 5	NET # 6
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.

137	Please show me where members of your household most often wash their hands.	OBSERVED . . . . . 1 NOT OBSERVED, NOT IN DWELLING / YARD / PLOT . . . . . 2 NOT OBSERVED, NO PERMISSION TO SEE . . . . . 3 NOT OBSERVED, OTHER REASON . . . . . 4 (SKIP TO 140)
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE . . . . . 1 WATER IS NOT AVAILABLE 2
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . . A ASH, MUD, SAND . . . . . B NONE C
140	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 HOUSEHOLD . . . . . 6 SALT NOT TESTED 7

WEIGHT, HEIGHT, HEMOGLOBIN AND MALARIA MEASUREMENT FOR **CHILDREN 0 - 5**

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD 1	**CHILD 2**	**CHILD 3**	**CHILD 4**
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . [ ][ ] NAME ______	LINE NUMBER . . . [ ][ ] NAME ______	LINE NUMBER . . . [ ][ ] NAME ______	LINE NUMBER . . . [ ][ ] NAME ______
203	IF MOTHER INTERVIEWED, COPYMONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER? WEIGHT, HEIGHT, HEMOGLOBIN ANI	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)
205	WEIGHT IN KILOGRAMS	KG. [ ][ ] . [ ][ ] NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. [ ][ ] . [ ][ ] NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. [ ][ ] . [ ][ ] NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. [ ][ ] . [ ][ ] NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER 2
209	LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . [ ][ ]	LINE NUMBER . . . . . [ ][ ]	LINE NUMBER . . . . . [ ][ ]	LINE NUMBER . . . . . [ ][ ]
210	ASK CONSENT FOR **ANEMIA** TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2008 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?			

		CHILD 1	CHILD 2	CHILD 3	CHILD 4
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 _______ (SIGN) REFUSED 2	GRANTED .... 1 _______ (SIGN) REFUSED 2	GRANTED .... 1 _______ (SIGN) REFUSED 2	GRANTED .... 1 _______ (SIGN) REFUSED 2
212	ASK CONSENT FOR **MALARIA** TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking that children all over the country take a test to see if they have **malaria**. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria. We ask that all children born in 2008 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?			
213	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 _______ (SIGN) REFUSED .... 2 NOT PRESENT ..... 5 OTHER 6	GRANTED .... 1 _______ (SIGN) REFUSED .... 2 NOT PRESENT ..... 5 OTHER 6	GRANTED .... 1 _______ (SIGN) REFUSED .... 2 NOT PRESENT ..... 5 OTHER 6	GRANTED .... 1 _______ (SIGN) REFUSED .... 2 NOT PRESENT ..... 5 OTHER 6
214	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).				
215	RECORD **HEMOGLOBIN LEVEL** HERE AND IN THE ANEMIA PAMPHLET.	G/DL [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED .... 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED .... 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED .... 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED .... 995 OTHER 996
216	RECORD RESULT CODE OF THE **MALARIA RDT**.	TESTED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 224)	TESTED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 224)	TESTED .... 1 NOT PRESENT ...... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 224)	TESTED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 224)
217	RESULT OF THE **MALARIA RDT TEST**.	POSITIVE .... 1 NEGATIVE .... 2 (SKIP TO 224) OTHER 6	POSITIVE .... 1 NEGATIVE .... 2 (SKIP TO 224) OTHER 6	POSITIVE .... 1 NEGATIVE .... 2 (SKIP TO 224) OTHER 6	POSITIVE .... 1 NEGATIVE .... 2 (SKIP TO 224) OTHER 6
218	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Coartem and is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.			
219	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _______ (SIGN) REFUSED .... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _______ (SIGN) REFUSED .... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _______ (SIGN) REFUSED .... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _______ (SIGN) REFUSED .... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER 6
220	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.			

		CHILD 1	CHILD 2	CHILD 3	CHILD 4
221	RECORD THE RESULT CODE OF **MALARIA TREATMENT OR REFERRAL.**	MEDICATION GIVEN 1 MEDS REFUSED . . . . . 2 SEVERE MALARIA REFERRAL . . . . 3 ALREADY TAKING ACTS REFERRAL . . . . 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED . . . . . 2 SEVERE MALARIA REFERRAL . . . . 3 ALREADY TAKING ACTS REFERRAL . . . . 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED . . . . . . 2 SEVERE MALARIA REFERRAL . . . . 3 ALREADY TAKING ACTS REFERRAL . . . . 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED . . . . . 2 SEVERE MALARIA REFERRAL . . . . 3 ALREADY TAKING ACTS REFERRAL . . . . 4 OTHER 6
222	**STICK 1ST BAR CODE LABEL FOR THE CHILD'S MALARIA TEST**	**BAR CODE LABEL** NOT PRESENT 99994 REFUSAL 99995 OTHER 99996 **STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM**	**BAR CODE LABEL** NOT PRESENT 99994 REFUSAL 99995 OTHER 99996 **STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM**	**BAR CODE LABEL** NOT PRESENT REFUSAL OTHER **STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM**	**BAR CODE LABEL** NOT PRESENT 99994 REFUSAL 99995 OTHER 99996 **STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM**
223	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE ; IF NO MORE CHILDREN, GO TO 224.				

WEIGHT, HEIGHT, HEMOGLOBIN AND MALARIA MEASUREMENT FOR CHILDREN 0 - 5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD5	CHILD 6	CHILD 7	CHILD 8
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . ☐☐ NAME ______	LINE NUMBER . . . ☐☐ NAME ______	LINE NUMBER . . . ☐☐ NAME ______	LINE NUMBER . . . ☐☐ NAME ______
203	IF MOTHER INTERVIEWED, COPYMONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER? WEIGHT, HEIGHT, HEMOGLOBIN AND	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER 2
209	LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
210	ASK CONSENT FOR **ANEMIA** TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2008 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?			
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 ______ (SIGN) REFUSED 2	GRANTED . . . . 1 ______ (SIGN) REFUSED 2	GRANTED . . . . 1 ______ (SIGN) REFUSED 2	GRANTED . . . . 1 ______ (SIGN) REFUSED 2
212	ASK CONSENT FOR **MALARIA** TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking that children all over the country take a test to see if they have **malaria**. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria. We ask that all children born in 2008 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?			

213	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 (SIGN) REFUSED .... 2 NOT PRESENT ..... 5 OTHER 6	GRANTED .... 1 (SIGN) REFUSED .... 2 NOT PRESENT ..... 5 OTHER 6	GRANTED .... 1 (SIGN) REFUSED .... 2 NOT PRESENT ..... 5 OTHER 6	GRANTED .... 1 (SIGN) REFUSED .... 2 NOT PRESENT ..... 5 OTHER 6
214	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).				
215	RECORD **HEMOGLOBIN LEVEL** HERE AND IN THE ANEMIA PAMPHLET.	G/DL [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED .... 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED .... 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED .... 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED .... 995 OTHER 996
216	RECORD RESULT CODE OF THE **MALARIA RDT**.	TESTED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 224)	TESTED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 224)	TESTED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 224)	TESTED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 224)
217	RESULT OF THE **MALARIA RDT TEST**.	POSITIVE .... 1 NEGATIVE .... 2 (SKIP TO 224) OTHER 6	POSITIVE .... 1 NEGATIVE .... 2 (SKIP TO 224) OTHER 6	POSITIVE .... 1 NEGATIVE .... 2 (SKIP TO 224) OTHER 6	POSITIVE .... 1 NEGATIVE .... 2 (SKIP TO 224) OTHER 6
218	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Coartem and is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.			
219	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 (SIGN) REFUSED .... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) REFUSED .... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) REFUSED .... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) REFUSED .... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER 6
220	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.			
221	RECORD THE RESULT CODE OF **MALARIA TREATMENT OR REFERRAL.**	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL .... 3 ALREADY TAKING ACTS REFERRAL .... 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL .... 3 ALREADY TAKING ACTS REFERRAL .... 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED ...... 2 SEVERE MALARIA REFERRAL .... 3 ALREADY TAKING ACTS REFERRAL .... 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL .... 3 ALREADY TAKING ACTS REFERRAL .... 4 OTHER 6
222	**STICK 1ST BAR CODE LABEL FOR THE CHILD'S MALARIA TEST**	BAR CODE LABEL NOT PRESENT 99994 REFUSAL 99995 OTHER 99996 **STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM**	BAR CODE LABEL NOT PRESENT 99994 REFUSAL 99995 OTHER 99996 **STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM**	BAR CODE LABEL NOT PRESENT REFUSAL OTHER **STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM**	BAR CODE LABEL NOT PRESENT 99994 REFUSAL 99995 OTHER 99996 **STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM**
223	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE ; IF NO MORE CHILDREN, GO TO 224.				

WEIGHT, HEIGHT, HEMOGLOBIN AND HIV TESTING FOR WOMEN 15 -49

224	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 225. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	**WOMAN 2**	**WOMAN 3**
225	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
226	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
227	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
228	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 233) ↵	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 233) ↵	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 233) ↵
229	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 233) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 233) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 233) ↵
230	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
231	ASK CONSENT FOR **ANEMIA TEST** FROM PARENT/ OTHER ADULT IDENTIFIED IN 230 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?		
232	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 238)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 238)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 238)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
233	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?		
234	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 226)
235	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
236	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 240)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 240)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 240)
237	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 240)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 240)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 240)
238	ASK CONSENT FOR **DBS COLLECTION** FROM PARENT/ OTHER ADULT IDENTIFIED IN 230 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in The Gambia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?		
239	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 244)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 244)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 244)
240	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in The Gambia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?		

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
241	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 249)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 249)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 249)
242	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 246)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 246)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 246)
243	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 246)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 246)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 246)
243A	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
244	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT OR OTHER ADULT IDENTIFIED IN 243A AS RESPONSIBLE FOR NEVER IN UNION	We ask you to allow The National Public Health Laboratory of the Ministry of Health and Social Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
245	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 248)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 248)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 248)
246	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow The National Public Health Laboratory of the Ministry of Health and Social Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
247	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 249)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 249)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 249)
248	ADDITIONAL TESTS	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
249	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME ______	NAME ______	NAME ______
250	RECORD **HEMO-GLOBIN LEVEL** HERE AND IN ANEMIA PAMPHLET	G/DL . . . . [ ][ ]. [ ] NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . [ ][ ]. [ ] NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . [ ][ ]. [ ] NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996
251	STICK 1ST BAR CODE LABEL FOR THE **WOMEN'S HIV TEST**	STICK THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 **STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RDON THE TRANSMITTAL FORM.**	STICK THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 **STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RDON THE TRANSMITTAL FORM.**	STICK THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 **STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RDON THE TRANSMITTAL FORM.**
252	GO BACK TO 226 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE WOMEN, GO TO 253.			

WEIGHT, HEIGHT, HEMOGLOBIN AND HIV TESTING FOR WOMEN 15 -49

224	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 225. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 4	**WOMAN 5**	**WOMAN 6**
225	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
226	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
227	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
228	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 233) ↵	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 233) ↵	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 233) ↵
229	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 233) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 233) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 233) ↵
230	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
231	ASK CONSENT FOR **ANEMIA TEST** FROM PARENT/ OTHER ADULT IDENTIFIED IN 230 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?		
232	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 238)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 238)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 238)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
233	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?		
234	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 226)
235	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
236	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 240)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 240)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 240)
237	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 240)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 240)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 240)
238	ASK CONSENT FOR **DBS COLLECTION** FROM PARENT/ OTHER ADULT IDENTIFIED IN 230 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in The Gambia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?		
239	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 244)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 244)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 244)
240	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in The Gambia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?		

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
241	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 249)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 249)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 249)
242	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 246)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 246)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 246)
243	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 246)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 246)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 246)
243A	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
244	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT OR OTHER ADULT IDENTIFIED IN 243A AS RESPONSIBLE FOR NEVER IN UNION WOMEN **AGE 15-17**.	We ask you to allow The National Public Health Laboratory of the Ministry of Health and Social Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
245	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 248)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 248)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 248)
246	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow The National Public Health Laboratory of the Ministry of Health and Social Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
247	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 249)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 249)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 249)
248	ADDITIONAL TESTS	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
249	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME ______________	NAME ______________	NAME ______________
250	RECORD **HEMO-GLOBIN LEVEL** HERE AND IN ANEMIA PAMPHLET	G/DL . . . . [ ][ ].[ ] NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . [ ][ ].[ ] NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . [ ][ ].[ ] NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996
251	STICK 1ST BAR CODE LABEL FOR THE **WOMEN'S HIV TEST**	STICK THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 **STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RDON THE TRANSMITTAL FORM.**	STICK THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 **STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RDON THE TRANSMITTAL FORM.**	STICK THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 **STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RDON THE TRANSMITTAL FORM.**
252	GO BACK TO 226 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 253.			

TESTING FOR MEN AGE 15-59

253	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 254. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	**MAN 2**	**MAN 3**
254	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
255	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-59 YEARS . . . . . 2 (GO TO 258) ←	15-17 YEARS . . . . . 1 18-59 YEARS . . . . . 2 (GO TO 258) ←	15-17 YEARS . . . . . 1 18-59 YEARS . . . . . 2 (GO TO 258) ←
256	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 258) ←
2'256A	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
257	ASK CONSENT FOR **DBS COLLECTION** FROM PARENT / OTHER ADULT IDENTIFIED IN 256A AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in the Gambia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide him with a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?		
257A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 270)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 270)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 270)
258	ASK CONSENT FOR **DBS COLLECTION** FROM RESPONDENT	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in the Gambia. For the HIV test, we need a few more drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 270)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 270)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 270)
260	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 264) ←	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 264) ←	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 264) ←

		MAN 1	MAN 2	MAN 3
254	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . [ ][ ] NAME ____________	LINE NUMBER . . . . [ ][ ] NAME ____________	LINE NUMBER . . . . [ ][ ] NAME ____________
261	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264)
262	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 257A AS RESPONSIBLE FOR NEVER IN UNION **MEN AGE 15-17**.	We ask you to allow the National Public Health Laboratories of the Ministry of Health and Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ____________ (SIGN) (IF REFUSED, GO TO 266)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ____________ (SIGN) (IF REFUSED, GO TO 266)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ____________ (SIGN) (IF REFUSED, GO TO 266)
264	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the National Public Health Laboratories of the Ministry of Health and Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
265	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 ____________ (SIGN) (IF GRANTED, GO TO 267)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 ____________ (SIGN) (IF GRANTED, GO TO 267)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 ____________ (SIGN) (IF GRANTED, GO TO 267)
266	ADDITIONAL TESTS	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "***NO ADDITIONAL TEST***" ON THE FILTER PAPER AND GO BACK TO 255	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "***NO ADDITIONAL TEST***" ON THE FILTER PAPER AND GO BACK TO 255	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "***NO ADDITIONAL TEST***" ON THE FILTER PAPER AND GO BACK TO 255
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
269	BAR CODE LABEL **MEN'S HIV TEST**	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
270	GO BACK TO 255 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF NEXT PAGE; IF NO MORE MEN, END INTERVIEW.			

TESTING FOR MEN AGE 15-59

253	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 254. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 4	**MAN 5**	**MAN6**
254	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
255	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-59 YEARS . . . . . 2 (GO TO 258) ←	15-17 YEARS . . . . . 1 18-59 YEARS . . . . . 2 (GO TO 258) ←	15-17 YEARS . . . . . 1 18-59 YEARS . . . . . 2 (GO TO 258) ←
256	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 258) ←
2'256A	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPON-SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
257	ASK CONSENT FOR **DBS COLLECTION** FROM PARENT / OTHER ADULT IDENTIFIED IN 256A AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in the Gambia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide him with a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?		
257A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 270)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 270)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 270)
258	ASK CONSENT FOR **DBS COLLECTION** FROM RESPONDENT	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in the Gambia. For the HIV test, we need a few more drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 270)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 270)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 270)
260	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 264) ←	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 264) ←	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 264) ←

261	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 264)
262	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 257A AS RESPONSIBLE FOR NEVER IN UNION **MEN AGE 15-17**.	We ask you to allow the National Public Health Laboratories of the Ministry of Health and Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ________________ (SIGN) (IF REFUSED, GO TO 266)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ________________ (SIGN) (IF REFUSED, GO TO 266)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ________________ (SIGN) (IF REFUSED, GO TO 266)
264	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the National Public Health Laboratories of the Ministry of Health and Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
265	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 ________________ (SIGN) (IF GRANTED, GO TO 267)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 ________________ (SIGN) (IF GRANTED, GO TO 267)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 ________________ (SIGN) (IF GRANTED, GO TO 267)
266	ADDITIONAL TESTS	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "***NO ADDITIONAL TEST***" ON THE FILTER PAPER AND GO BACK TO 255	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "***NO ADDITIONAL TEST***" ON THE FILTER PAPER AND GO BACK TO 255	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "***NO ADDITIONAL TEST***" ON THE FILTER PAPER AND GO BACK TO 255
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
269	BAR CODE LABEL **MEN'S HIV TEST**	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . .99994 REFUSED . . . . .99995 OTHER . . . . .99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . .99994 REFUSED . . . . .99995 OTHER . . . . .99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . .99994 REFUSED . . . . .99995 OTHER . . . . .99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
270	GO BACK TO 255 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS
(TO BE ADDED TO THE HOUSEHOLD QUESTIONNIARE)

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '16' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD NUMBER AS SHOWN IN COVER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	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

NAME OF SELECTED WOMAN _____

HOUSEHOLD LINE NUMBER OF SELECTED WOMAN . . . . . | | |

REPUBLIC OF THE GAMBIA

THE GAMBIA DEMOGRAPHIC AND HEALTH SURVEY 2013

WOMAN'S QUESTIONNAIRE

GAMBIA BUREAU OF STATISTICS

GAMBIA BUREAU OF STATISTICS IN COLLABORATION WITH MINISTRY OF HEALTH AND SOCIAL WELFARE

IDENTIFICATION

LOCAL GOVERNMENT AREA: ☐

1 BANJUL
2 KANIFING
3 BRIKAMA
4 MANSAKONKO
5 KEREWAN
6 KUNTAUR
7 JANJANGBUREH
8 BASSE

DISTRICT NAME: _____ DCODE ☐☐ SETTLEMENT NAME: _____ SCODE ☐☐☐☐☐

NAME AND LINE NUMBER OF WOMAN: _____ TEL: ☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐

EA NUMBER: ☐☐☐☐☐ CLUSTER NUMBER ☐☐☐ HOUSEHOLD NUMBER ☐☐☐

AREA OF RESIDENCE: ☐ 1 URBAN 2 RURAL

RESPONDENT'S LINE NUMBER ☐☐

CHECK SELECTION TABLE IN HOUSEHOLD QUESTIONNAIRE
RESPONDENT WAS SELECTED FOR THE DOMESTIC VIOLENCE MODULE ☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐ MONTH ☐☐ YEAR 2013
INTERVIEWER'S NAME				INT. NUMBER ☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐	NAME _____ ☐☐	☐☐	☐☐

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with The Gambia Bureau of Statistics and the Ministry of Health and Social Welfare. We are conducting a survey about health all over the Gambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENTS AND HER CHILDREN'S AGE AND IMMUNIZATIONS.		
102	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
105	What type of school system did you attend?	COVENTIONAL . . . . . 1 MADRASSA 2	
105A	What is the highest level of school you attended: primary (lower basic), secondary, or higher?	PRE-SCHOOL . . . . . 0 PRE-SCHOOL (MADRASSA) . . . . . 1 PRIMARY (LOWER BASIC) 2 PRIMARY (MADRASSA) (LOWER B) 3 SECONDARY (UPPER BASIC/JUNIOR/ SENIOR) . . . . . 4 SECONDARY (MADRASSA) . . . . . 5 HIGHER (TERITIARY, UNIVERSITY, COLLEGE . . . . . 6 VOCATIONAL 7	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105A: PRIMARY OR PRE-SCHOOL ☐ ↓ SECONDARY OR HIGHER ☐ → 110		
108	Now I would like you to read these sentences to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentences to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED ☐ ↓ CODE '1' OR '5' CIRCLED ☐ → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
113	What is your religion?	ISLAM . . . . . 1 CHRISTIANITY . . . . . 2 OTHER RELIGION . . . . . 6 NO RELIGION 7	
113A	What is your nationality?	GAMBIAN . . . . . 1 NON-GAMBIAN 2	→ 115
114	What is your ethnicity ?	MANDINKA/JAHANKA . . . . . 01 WOLLOF . . . . . 02 JOLA/KARONINKA . . . . . 03 FULA/TUKULUR/LOROBO . . . . . 04 SERERE . . . . . 05 SERAHULEH . . . . . 07 CREOLE / AKU MARABOUT . . . . . 08 MANJAGO . . . . . 09 BAMBARA . . . . . 10 OTHER ETHNIC GROUP (specify) _____ 96	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	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	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	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	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . ☐☐ DAUGHTERS ELSEWHERE ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . ☐☐ GIRLS DEAD . . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . . ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ →		226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (NEXT BIRTH)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

212 What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . . 1 NO 2
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ↓ NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)	
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.	NUMBER OF BIRTHS . . . . . ☐ NONE . . . . . 0 → 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	**C** FOR EACH BIRTH SINCE JANUARY 2008, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now ? **C** RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 230
227	How many months pregnant are you?	MONTHS	
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER . . . . . 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . . 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH . . . . . YEAR	
232	CHECK 231: LAST PREGNANCY ENDED IN JAN. 2008 OR LATER ↓ LAST PREGNANCY ENDED BEFORE JAN. 2008 → 238		
233	How many months pregnant were you when the last such pregnancy ended? **C** RECORD NUMBER OF COMPLETED MONTHS. ENTER T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS	
234	Since January 2008, have you had any other pregnancies that did not result in a live birth?	YES . . . . . 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008 **C** ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2008?	YES . . . . . 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2008 end?	MONTH . . . . . YEAR	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	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	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever **heard** of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	**Lactational Amenorrhea Method (LAM)**.	YES . . . . . 1 NO 2	
09A	**DIAPHRAGM/FOAM/JELLY**. PROBE : Women can place a diaphragm, suppository.jelly,or cream in their vagina before intercourse.	YES . . . . . 1 NO 2	
10	**Rhythm Method**. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . . 1 NO 2	
11	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	**Emergency Contraception**. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent	YES . . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ → 313		
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO . . . . . 2 → 313	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . Y	→ 307 → 308A → 306 → 308A
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNON . . . . . 01 MICROLUT . . . . . 02 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? WRITE THE BRAND NAME IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	BRAND _____ DON'T KNOW & PACKAGE NOT SEEN 98	→ 308A
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE 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 . . . . . 11 GOVT. HEALTH POST . . . . . 12 GOVT. HEALTH CENTER . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC . . . . . 21 PRIVATE DOCTOR'S OFFICE . . . . . 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . 31 NGO MOBILE CLINIC . . . . . 32 FAMILY PLANNING CLINIC . . . . . 33 OTHER NGO MEDICAL SECTOR _____ .36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
308	In what month and year was the sterilization performed?		
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
308 B	CHECK 308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308A GO BACK TO 308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES ☐ ↓ NO ☐ ↓	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308 C	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO MESKEREM 1998. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **C** IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. IN COLUMN 2, ENTER REASON FOR DISCONTINUATION OF A METHOD IN THE LAST MONTH THE METHOD WAS USED ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?		
308 D	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ANY METHOD USED ☐ →		314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 FIELDWORKER . . . . . 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY)	
315A	Where did you learn how to use the rhythm/lactational amenorrhea method?	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 FIELDWORKER . . . . . 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY)	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.	NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . 31 NGO MOBILE CLINIC . . . . . 32 FAMILY PLANNING CLINIC . . . . . 33 OTHER NGO MEDICAL SECTOR _____ .36 (SPECIFY)	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	OTHER SOURCE SHOP . . . . . 41 FRIEND / RELATIVE . . . . . 42 OTHER _____ 96 (SPECIFY)	
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD 12	→ 323 → 320 → 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
320	CHECK 317: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 326 → 326
323	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE 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 . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 FIELDWORKER . . . . . 14 OTHER PUBLIC . . . . . 15 SECTOR _____ (SPECIFY) 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 FIELDWORKER . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) 26 NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . 31 NGO MOBILE CLINIC . . . . . 32 FAMILY PLANNING CLINIC 33 OTHER NGO MEDICAL SECTOR _____ (SPECIFY) .36 OTHER SOURCE SHOP . . . . . 41 FRIEND/RELATIVE . . . . . 42 OTHER _____ (SPECIFY) 96	→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 326
325	Where is that? Any other place? 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(S))	PUBLIC SECTOR GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C FIELDWORKER . . . . . D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H FIELDWORKER . . . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . K NGO MOBILE CLINIC . . . . . L FAMILY PLANNING CLINIC . . . . . M OTHER NGO MEDICAL SECTOR _____ N (SPECIFY) OTHER SOURCE SHOP . . . . . O FRIEND / RELATIVE . . . . . P HOTELS. . . . . Q WORKPLACE. . . . . R OTHER _____ X (SPECIFY)	
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES . . . . . 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2008 OR LATER ☐		NO BIRTHS IN 2008 OR LATER ☐ → 556	
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . . 1 (SKIP TO 408) NO 2	YES . . . . . 1 (SKIP TO 430) NO 2	YES . . . . . 1 (SKIP TO 430) NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 408)	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430)	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430)
407	How much longer did you want to wait?	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415)		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE / MIDWIFE B AUXILIARY NURSE . . . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY/ VILLAGE HEALTH WORKER . . . E OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	Where did you receive antenatal care for this pregnancy? Anywhere else? 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(S))	HOME YOUR HOME . . . A OTHER HOME . . . B PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER . . . . . D GOVT. HEALTH POST . . . . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . G OTHER PRIVATE MED. SECTOR _____ L (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/ CLINIC . . . . . M OTHER NGO MED. SECTOR _____ O (SPECIFY) OTHER _____ X (SPECIFY)		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ☐☐ DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO BP . . . . . 1 2 URINE . . . . . 1 2 BLOOD . . . 1 2		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 418) DON'T KNOW 8		
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . . ☐ DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES ☐ (SKIP TO 421) OTHER ☐		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) DON'T KNOW . . . 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . ☐ DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ☐☐☐ DON'T KNOW . . . 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 430) DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ____________	NEXT-TO-LAST BIRTH NAME ____________	SECOND-FROM-LAST BIRTH NAME ____________
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . . A CHLOROQUINE . . . B OTHER ________ X (SPECIFY) DON'T KNOW . . . . Z		
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED [ ] CODE A' NOT CIRCLED [ ] (SKIP TO 430)		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . . [ ][ ]		
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED [ ] OTHER [ ] (SKIP TO 430)		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT . . . . 2 OTHER SOURCE 6		
430	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 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 433) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 433) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 433) DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW 99998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW 99998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B AUXILIARY NURSE . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER ______ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR . . . . A NURSE/MIDWIFE B AUXILIARY NURSE . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER ______ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B AUXILIARY NURSE . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER ______ X (SPECIFY) NO ONE ASSISTED Y
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. ______ (NAME OF PLACE)	HOME YOUR HOME . . . 11 (SKIP TO 438) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . 23 OTHER PUBLIC SECTOR ______ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED. SECTOR ______ 36 (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . 41 OTHER NGO MED. SECTOR ______ 46 (SPECIFY) OTHER ______ 96 (SPECIFY) (SKIP TO 438)	HOME YOUR HOME . . . 11 (SKIP TO 448) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . 23 OTHER PUBLIC SECTOR ______ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED. SECTOR ______ 36 (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . 41 OTHER NGO MED. SECTOR ______ 46 (SPECIFY) OTHER ______ 96 (SPECIFY) (SKIP TO 448)	HOME YOUR HOME . . . 11 (SKIP TO 448) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . 23 OTHER PUBLIC SECTOR ______ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . 31 OTHER PRIVATE MED. SECTOR ______ 36 (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . 41 OTHER NGO MED. SECTOR ______ 46 (SPECIFY) OTHER ______ 96 (SPECIFY) (SKIP TO 448)
434A	How long after you felt you were ready to give birth to (NAME) did you go there? IF 24 HOURS OR MORE, WRITE "24"	MINUTES 1 [ ][ ] HOURS 2 [ ][ ] DON'T KNOW . . . 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
434B	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
436	I would lke to talk to you about checks on your health after delivery, for example ,someone, asking you questions about your health or examining you. Did any one check **on your health** while you were still in the facility?	YES . . . . . 1 (SKIP TO 439) ← NO 2		
437	Did anyone check on your health after you left the facility?	YES . . . . . 1 (SKIP TO 439) ← NO . . . . . 2 (SKIP TO 442) ←		
438	I would lke to talk to you about checks on your health after delivery, for example ,someone, asking you questions about your health or examining you. Did anyone check **on your health** after you gave birth to (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442) ←		
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 AUXILIARY NURSE . . . . . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER . . . 22 OTHER_____ 96 (SPECIFY)		
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
441	CHECK 434:	11, 12 OR 96 CIRCLED → (SKIP TO 446) OTHER →		
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant **check on his/her** health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 446) DON'T KNOW 8		
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 ☐☐ DAYS AFTER BIRTH . . 2 ☐☐ WKS AFTER BIRTH . . 3 ☐☐ DON'T KNOW . . . 998		
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 AUXILIARY NURSE . . . . . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER . . . 22 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . . 41 OTHER NGO MED. SECTOR _____ 46 (SPECIFY) OTHER_____ 96 (SPECIFY)		
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 449) ← NO . . . . . 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 452) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 452) ←
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ → PREGNANT OR UNSURE ☐ (SKIP TO 452)		
451	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453)		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES . . . . . 1 (SKIP TO 455) NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING ☐ → (SKIP TO 460) DEAD ☐ → (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	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 ☐☐		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 458)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	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 COFFEE . . . . . I HONEY . . . . . J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES . . . . . 1 NO 2		
460	Did (NAME) drink anything from a **bottle with a nipple** yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

501 ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.
(IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER . . . . . ☐☐	BIRTH HISTORY NUMBER . . . . . ☐☐	BIRTH HISTORY NUMBER . . . . . ☐☐
503	FROM 212 AND 216	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 509) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 509) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 509) NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 509) NO 2	YES . . . . . 1 (SKIP TO 509) NO 2	YES . . . . . 1 (SKIP TO 509) NO 2

506 (1) COPY DATES FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR		NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR		SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR	
BCG	☐☐	☐☐	☐☐☐☐	BCG	☐☐	☐☐	☐☐☐☐	BCG	☐☐	☐☐	☐☐☐☐	
HEP B AT BIRTH	☐☐	☐☐	☐☐☐☐	HO	☐☐	☐☐	☐☐☐☐	HO	☐☐	☐☐	☐☐☐☐	
POLIO AT BIRTH (PO)	☐☐	☐☐	☐☐☐☐	OPV0	☐☐	☐☐	☐☐☐☐	OPV0	☐☐	☐☐	☐☐☐☐	
POLIO 1	☐☐	☐☐	☐☐☐☐	OPV1	☐☐	☐☐	☐☐☐☐	OPV1	☐☐	☐☐	☐☐☐☐	
POLIO 2	☐☐	☐☐	☐☐☐☐	OPV2	☐☐	☐☐	☐☐☐☐	OPV2	☐☐	☐☐	☐☐☐☐	
POLIO 3	☐☐	☐☐	☐☐☐☐	OPV3	☐☐	☐☐	☐☐☐☐	OPV3	☐☐	☐☐	☐☐☐☐	
POLIO 4	☐☐	☐☐	☐☐☐☐	OPV4	☐☐	☐☐	☐☐☐☐	OPV4	☐☐	☐☐	☐☐☐☐	
POLIO BOOSTER	☐☐	☐☐	☐☐☐☐	OPV5	☐☐	☐☐	☐☐☐☐	OPV5	☐☐	☐☐	☐☐☐☐	
DPT-HIB1/PENTA 1	☐☐	☐☐	☐☐☐☐	DPT1/P1	☐☐	☐☐	☐☐☐☐	DPT1/P1	☐☐	☐☐	☐☐☐☐	
DPT-HIB2/PENTA 2	☐☐	☐☐	☐☐☐☐	DPT2/P2	☐☐	☐☐	☐☐☐☐	DPT2/P2	☐☐	☐☐	☐☐☐☐	
DPT-HIB3/PENTA 3	☐☐	☐☐	☐☐☐☐	DPT1/P3	☐☐	☐☐	☐☐☐☐	DPT1/P3	☐☐	☐☐	☐☐☐☐	
DPT-HIB 4(BOOSTER)	☐☐	☐☐	☐☐☐☐	DPT4	☐☐	☐☐	☐☐☐☐	DPT4	☐☐	☐☐	☐☐☐☐	
PNEUMO 1	☐☐	☐☐	☐☐☐☐	PNE 1	☐☐	☐☐	☐☐☐☐	PNE 1	☐☐	☐☐	☐☐☐☐	
PNEUMO 2	☐☐	☐☐	☐☐☐☐	PNE 2	☐☐	☐☐	☐☐☐☐	PNE 2	☐☐	☐☐	☐☐☐☐	
PNEUMO 3	☐☐	☐☐	☐☐☐☐	PNE 3	☐☐	☐☐	☐☐☐☐	PNE 3	☐☐	☐☐	☐☐☐☐	
MEASLES / MMR 1	☐☐	☐☐	☐☐☐☐	MEAS. 1	☐☐	☐☐	☐☐☐☐	MEAS. 1	☐☐	☐☐	☐☐☐☐	
MEASLES / MMR 2	☐☐	☐☐	☐☐☐☐	MEAS. 2	☐☐	☐☐	☐☐☐☐	MEAS. 2	☐☐	☐☐	☐☐☐☐	
YELLOW FEVER	☐☐	☐☐	☐☐☐☐	YF	☐☐	☐☐	☐☐☐☐	YF	☐☐	☐☐	☐☐☐☐	
VITAMIN A (MOST RECENT)	☐☐	☐☐	☐☐☐☐	VIT A	☐☐	☐☐	☐☐☐☐	VIT A	☐☐	☐☐	☐☐☐☐	

507	CHECK 506:	BCG TO YELLOW FEVER ALL RECORDED (GO TO 511)	OTHER	BCG TO YELLOW FEVER ALL RECORDED (GO TO 511)	OTHER	BCG TO YELLOW FEVER ALL RECORDED (GO TO 511)	OTHER

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . 2 (SKIP TO 511) DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him / her from getting diseases, including vaccinations received in a national immunization day campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510E	A DPT-HepB-Hib vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was the DPT-HepB-Hib vaccination given?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510G	A measles injection or an Measles 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 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510H	A yellow fever injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting yellow fever?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
511	Within the last six months, was (NAME) given a vitamin A dose like (this / any of these)? SHOW COMMON TYPES OF AMPULES / CAPSULES / SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) DON'T KNOW 8
515	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? 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 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
517	When (NAME) had diarrhea, 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 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 522)	YES . . . . 1 NO . . . . 2 (SKIP TO 522)	YES . . . . 1 NO . . . . 2 (SKIP TO 522)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
519	Where did you seek advice or treatment? Anywhere else? 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(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C FIELDWORKER E OTHER PUBLIC SECTOR ________ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I FIELDWORKER K OTHER PRIVATE MED. SECTOR ________ L (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . M OTHER NGO MED. SECTOR ________ N (SPECIFY) OTHER SOURCE SHOP . . . . O TRADITIONAL PRACTITIONER P MARKET . . . . . Q OTHER ________ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C FIELDWORKER E OTHER PUBLIC SECTOR ________ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I FIELDWORKER K OTHER PRIVATE MED. SECTOR ________ L (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . M OTHER NGO MED. SECTOR ________ N (SPECIFY) OTHER SOURCE SHOP . . . . O TRADITIONAL PRACTITIONER P MARKET . . . . . Q OTHER ________ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C FIELDWORKER E OTHER PUBLIC SECTOR ________ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I FIELDWORKER K OTHER PRIVATE MED. SECTOR ________ L (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . M OTHER NGO MED. SECTOR ________ N (SPECIFY) OTHER SOURCE SHOP . . . . O TRADITIONAL PRACTITIONER P MARKET . . . . . Q OTHER ________ X (SPECIFY)
520	CHECK 519:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 522)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 522)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 522)
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
	B) A government-recommended homemade fluid?	HOMEMADE FLUID . . . 1 2 8	HOMEMADE FLUID . . . 1 2 8	HOMEMADE FLUID . . . 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
523	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 527) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 527) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 527) DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his /her finger or heel for testing?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8
528	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 (SKIP TO 531) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531) DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
530	CHECK 525: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? 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 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE .... 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE .... 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	When (NAME) had a (fever / cough), 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 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE .... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE .... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO .... 2 (SKIP TO 537)	YES .... 1 NO .... 2 (SKIP TO 537)	YES .... 1 NO .... 2 (SKIP TO 537)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
534	Where did you seek advice or treatment? Anywhere else? 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(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C FIELDWORKER E OTHER PUBLIC SECTOR ______ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I FIELDWORKER K OTHER PRIVATE MED. SECTOR ______ L (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . M OTHER NGO MED. SECTOR ______ N (SPECIFY) OTHER SOURCE SHOP . . . . O TRADITIONAL PRACTITIONER P MARKET . . . . . Q OTHER ______ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C FIELDWORKER E OTHER PUBLIC SECTOR ______ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I FIELDWORKER K OTHER PRIVATE MED. SECTOR ______ L (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . M OTHER NGO MED. SECTOR ______ N (SPECIFY) OTHER SOURCE SHOP . . . . O TRADITIONAL PRACTITIONER P MARKET . . . . . Q OTHER ______ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C FIELDWORKER E OTHER PUBLIC SECTOR ______ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I FIELDWORKER K OTHER PRIVATE MED. SECTOR ______ L (SPECIFY) NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . M OTHER NGO MED. SECTOR ______ N (SPECIFY) OTHER SOURCE SHOP . . . . O TRADITIONAL PRACTITIONER P MARKET . . . . . Q OTHER ______ X (SPECIFY)
535	CHECK 534:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 537)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 537)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 537)
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE B AMODIAQUINE C QUININE . . . . D COMBINATION WITH ARTEMISININ (COARTEM) . E OTHER ANTI-MALARIAL ______ . . . F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER ANTI-BIOTIC I OTHER DRUGS ASPIRIN . . . . J ACETA-MINOPHEN . . . K IBUPROFEN . . . L PANADOL / PARASITAMOL M OTHER ______ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE C QUININE . . . . D COMBINATION WITH ARTEMISININ (COARTEM) E OTHER ANTI-MALARIAL ______ . . . F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER ANTI-BIOTIC I OTHER DRUGS ASPIRIN . . . . J ACETA-MINOPHEN . . . K IBUPROFEN . . . L PANADOL / PARASITAMOL M OTHER ______ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE B AMODIAQUINE C QUININE . . . . D COMBINATION WITH ARTEMISININ (COARTEM) E OTHER ANTI-MALARIAL ______ . . . F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER ANTI-BIOTIC I OTHER DRUGS ASPIRIN . . . . J ACETA-MINOPHEN . . . K IBUPROFEN . . . L PANADOL / PARASITAMOL M OTHER ______ X (SPECIFY) DON'T KNOW . . . . . Z
539	CHECK 538: ANY CODE A-F CIRCLED?	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED ☐ / CODE 'B' NOT CIRCLED ☐ (SKIP TO 544)	CODE 'B' CIRCLED ☐ / CODE 'B' NOT CIRCLED ☐ (SKIP TO 544)	CODE 'B' CIRCLED ☐ / CODE 'B' NOT CIRCLED ☐ (SKIP TO 544)
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW 8
544	CHECK 538: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED ☐ / CODE 'C' NOT CIRCLED ☐ (SKIP TO 546)	CODE 'C' CIRCLED ☐ / CODE 'C' NOT CIRCLED ☐ (SKIP TO 546)	CODE 'C' CIRCLED ☐ / CODE 'C' NOT CIRCLED ☐ (SKIP TO 546)
545	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8
546	CHECK 538: QUININE ('D') GIVEN	CODE 'D' CIRCLED ☐ / CODE 'D' NOT CIRCLED ☐ (SKIP TO 548)	CODE 'D' CIRCLED ☐ / CODE 'D' NOT CIRCLED ☐ (SKIP TO 548)	CODE 'D' CIRCLED ☐ / CODE 'D' NOT CIRCLED ☐ (SKIP TO 548)
547	How long after the fever started did (NAME) first take quinine?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW . . . 8
548	CHECK 538: COMBINATION WITH ARTEMISININ ('E') GIVEN	CODE 'E' CIRCLED ☐ / CODE 'E' NOT CIRCLED ☐ (SKIP TO 550)	CODE 'E' CIRCLED ☐ / CODE 'E' NOT CIRCLED ☐ (SKIP TO 550)	CODE 'E' CIRCLED ☐ / CODE 'E' NOT CIRCLED ☐ (SKIP TO 550)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
549	How long after the fever started did (NAME) first take (COMBINATION WITH ARTEMISININ - (COARTEM))?	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW ... 8	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW ... 8	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW ... 8
550	CHECK 538: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED [ ] CODE 'F' NOT CIRCLED [ ] (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' CIRCLED [ ] CODE 'F' NOT CIRCLED [ ] (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' CIRCLED [ ] CODE 'F' NOT CIRCLED [ ] (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW ... 8	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW ... 8	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW ... 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 556 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		
554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)	
555	CHECK 522(a) AND 522(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ → 557		
556	Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2010 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 601 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

558 Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.

Did (NAME FROM 557) (drink/eat):		YES	NO	DK
a) Plain water?	**a)**	1	2	8
b) Juice or juice drinks?	**b)**	1	2	8
c) Clear broth?	**c)**	1	2	8
d) Milk such as tinned, carton, bucket, powdered, or fresh animal milk?	**d)**	1	2	8
IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK	☐		
e) Infant formula?	**e)**	1	2	8
IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA	☐		
f) Any other liquids?	**f)**	1	2	8
g) Yogurt?	**g)**	1	2	8
IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT	☐		
h) Any Cerelac, Dundal Njoboot?	**h)**	1	2	8
i) Bread, rice, porridge, or other foods made from grains?	**i)**	1	2	8
j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	**j)**	1	2	8
k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	**k)**	1	2	8
l) Any dark green, leafy vegetables?	**l)**	1	2	8
m) Ripe mangoes, papayas?	**m)**	1	2	8
n) Any other fruits or vegetables?	**n)**	1	2	8
o) Liver, kidney, heart or other organ meats?	**o)**	1	2	8
p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	**p)**	1	2	8
q) Eggs?	**q)**	1	2	8
r) Fresh or dried fish or shellfish?	**r)**	1	2	8
s) Any foods made from beans, peas, lentils, or nuts?	**s)**	1	2	8
t) Cheese or other food made from milk?	**t)**	1	2	8
u) Any other solid, semi-solid, or soft food?	**u)**	1	2	8

559 CHECK 558 (CATEGORIES "g" THROUGH "u"):

NOT A SINGLE "YES" ☐ ↓

AT LEAST ONE "YES" ☐ → 561

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . . 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) NO . . . . . 2 → 601	
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐ DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	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	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	Now I would like to ask you some questions about your recent sexual activity. **Let me assure you again that your answers are completely confidential and will not be told to anyone**. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 WEEKS AGO . . . . . 2 MONTHS AGO . . . . . 3 YEARS AGO 4	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
617	The last time you had sexual intercourse with this (second/third) person , was a male condom or female condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 619)	YES . . . . 1 NO . . . . 2 (SKIP TO 619)	YES . . . . 1 NO . . . . 2 (SKIP TO 619)
618	Was a condom used every time you had sexual intercourse with this person in the **last 12 months**?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE 4 CLIENT/COM.SEX WOR 5 OTHER ____________ 6 (SPECIFY) (SKIP TO 622)	HUSBAND . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE 4 CLIENT/COM.SEX WOR 5 OTHER ____________ 6 (SPECIFY) (SKIP TO 622)	HUSBAND . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE 4 CLIENT/COM.SEX WOR 5 OTHER ____________ 6 (SPECIFY) (SKIP TO 622)
620	CHECK 609:	MARRIED ONLY ONCE ☐ MARRIED MORE THAN ONCE ☐ (SKIP TO 622)	MARRIED ONLY ONCE ☐ MARRIED MORE THAN ONCE ☐ (SKIP TO 622)	MARRIED ONLY ONCE ☐ MARRIED MORE THAN ONCE ☐ (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) OTHER ☐	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) OTHER ☐	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) OTHER ☐
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
623	How many times during the **last 12 months** did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
624	How old is this person?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the **last 12 months**?	YES . . . . 1 (GO BACK TO 616 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627)	YES . . . . 1 (GO BACK TO 616 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627)	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	In total, with how many different people have you had sexual intercourse in your **lifetime**? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 . . . . . 1 2 MALE ADULTS . . . . . 1 2 FEMALE ADULTS 1 2	
629	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 632
630	Where is that? Any other place? 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(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C FIELDWORKER . . . . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I FIELDWORKER . . . . . K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . M NGO MOBILE CLINIC . . . . . N OTHER NGO MEDICAL SECTOR _____ O (SPECIFY) OTHER SOURCE SHOP . . . . . P FRIENDS/RELATIVES . . . . . R OTHER _____ X (SPECIFY)	
631	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	
632	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO 2	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	Where is that? Any other place? 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(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C FIELDWORKER . . . . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I FIELDWORKER . . . . . K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . M NGO MOBILE CLINIC . . . . . N OTHER NGO MEDICAL SECTOR _____ O (SPECIFY) OTHER SOURCE SHOP . . . . . P FRIENDS/RELATIVES . . . . . R OTHER _____ X (SPECIFY)	
634	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐ →		712
702	CHECK 226: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐ →		704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	Now I have 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 CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE ☐ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ →		711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING ☐ CURRENTLY USING ☐ →		712
708	CHECK 705: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐ →		711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	CHECK 704: WANTS TO HAVE A/ANOTHER CHILD ☐ → You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? WANTS NO MORE/ NONE ☐ → You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A FERTILITY-RELATED REASONS NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT . . . . . E NOT MENSTRUATED SINCE LAST BIRTH . . . . . F BREASTFEEDING . . . . . G UP TO GOD/FATALISTIC . . . . . H OPPOSITION TO USE RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . . . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N METHOD-RELATED REASONS SIDE EFFECTS/HEALTH CONCERNS . . . . . O LACK OF ACCESS/TOO FAR . . . . . P COSTS TOO MUCH . . . . . Q PREFERRED METHOD NOT AVAILABLE . . . . . R NO METHOD AVAILABLE . . . . . S INCONVENIENT TO USE . . . . . T INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . U OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ → NO, NOT CURRENTLY USING ☐ → YES, CURRENTLY USING ☐		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
712	CHECK 216: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Heard about family planning through peer health education? Heard about family planning from friends/Relatives? Read about family planning from traditional communicators? Read about family planning from the internet? Heard about family planning from a Health personel/worker?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 PEER HEALTH EDUCATION..... 1 2 FRIENDS/RELATIVES ..... 1 2 TRAD COMMUNICATORS 1 2 INTERNET 1 2 HEALTH PERSONEL/WORKER 1 2	
716	CHECK 601: YES, CURRENTLY MARRIED ☐↓ YES, LIVING WITH A MAN ☐↓ NO, NOT IN UNION ☐→		801
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING ☐↓ NOT CURRENTLY USING OR NOT ASKED ☐→		720
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
719	CHECK 304: NEITHER STERILIZED ☐↓ HE OR SHE STERILIZED ☐→		801
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN ☐ → 803 NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ → 807		
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) (husband/partner) ever attend school?	YES . . . . . 1 NO 2	→ 806
804A	What type of school system did your (last) (husband/partner) attend?	COVENTIONAL . . . . . 1 MADRASSA 2	
804	What was the highest level of school he attended: primary, secondary, or higher?	PRE-SCHOOL . . . . . 0 PRE-SCHOOL (MADRASSA) . . . . . 1 PRIMARY . . . . . 2 PRIMARY (MADRASSA) . . . . . 3 SECONDARY (UPPER BASIC/JUNIOR/ SENIOR) . . . . . 4 SECONDARY (MADRASSA) . . . . . 5 HIGHER (TERITIARY, UNIVERSITY, COLLEGE . . . . . 6 VOCATIONAL . . . . . 7 DK 8	→ 806
805	What was the highest (grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN ☐ ↓ What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?	_____ ☐☐ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES . . . . . 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ NOT IN UNION ☐		→823
816	CHECK 814: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		→819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES . . . 1 2 3	
826	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? [g] If she argues with the husband/partner's relatives?	YES / NO / DK GOES OUT . . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . . 1 2 8 REFUSES SEX . . . . . 1 2 8 BURNS FOOD . . . . . 1 2 8 USING CONTRACEPTIVE 1 2 8 ARGUES W. RELATIVES 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 937
902	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 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
909	CHECK 908: AT LEAST ONE 'YES' ↓ OTHER →		→ 911
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
911	CHECK 208 AND 215: NO BIRTHS →		→ 926
	LAST BIRTH SINCE JANUARY 2010 ↓ LAST BIRTH BEFORE JANUARY 2010 →		→ 926
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE ↓ NO ANTENATAL CARE →		→ 920
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO 1 2 8 TESTED FOR AIDS 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	
916	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	→ 920
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 PHARMACY . . . . . 23 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . 31 NGO MOBILE CLINIC . . . . . 32 OTHER NGO MEDICAL SECTOR _____ 33 (SPECIFY) OTHER SOURCE HOME . . . . . 41 CORRECTIONAL FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE 21-36 CIRCLED OTHER		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES . . . . . 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES . . . . . 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	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	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . [ ][ ] TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 PHARMACY . . . . . 23 FIELDWORKER . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . 31 NGO MOBILE CLINIC . . . . . 32 OTHER NGO MEDICAL SECTOR _____ 33 (SPECIFY) OTHER SOURCE HOME . . . . . 41 CORRECTIONAL FACILITY . . . . . 41 OTHER _____ 96 (SPECIFY)	→ 932
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	Where is that? Any other place? 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(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . E PHARMACY . . . . . F FIELDWORKER . . . . . G OTHER PRIVATE MEDICAL SECTOR _____ H (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . I NGO MOBILE CLINIC . . . . . J OTHER NGO MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE HOME . . . . . L CORRECTIONAL FACILITY . . . . . M OTHER _____ X (SPECIFY)	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
934	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	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE → NEVER HAD SEXUAL INTERCOURSE →		946

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ ↓ NO ☐ → 941		
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') ☐ ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ → 946		
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 946
945	Where did you go? Any other place? 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(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . E PHARMACY . . . . . F FIELDWORKER . . . . . G OTHER PRIVATE MEDICAL SECTOR _____ H (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . I NGO MOBILE CLINIC . . . . . J OTHER NGO MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE HOME . . . . . L CORRECTIONAL FACILITY . . . . . M OTHER _____ X (SPECIFY) (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women other than his wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐ → 1001		
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→1004
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→1004
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . . ☐☐	
1006	Do you currently smoke or use any type of tobacco?	YES . . . . . 1 NO 2	→1008
1007	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A CIGARS . . . . . B SNUFF . . . . . C OTHER _____ X (SPECIFY)	
1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROB-LEM / NOT A BIG PROB-LEM PERMISSION TO GO . . . 1 / 2 GETTING MONEY . . . . . 1 / 2 DISTANCE . . . . . 1 / 2 GO ALONE . . . . . 1 / 2	
1009	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→1011
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER . . . . . A OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE B OTHER _____ X (SPECIFY)	
1011	Have you ever heard of female circumcision?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	→ 1013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012	In some countries, there is a practice in which a girl may have part of her genitals cut when she's still young. Have you ever heard about this practice?	YES . . . . . 1 NO 2	→ 1101
1013	Have you ever been circumsized?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	→ 1018
1014	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 DON'T KNOW / NOT SURE 8	→ 1016
1015	Was the genital area just nicked without removing any flesh?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW / NOT SURE 8	
1016	How old were you when you were circumsized? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE	AGE . . . . . ☐☐ DON'T KNOW / NOT SURE 98	
1017	Who performed the circumcision?	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE . . . . . 12 AUXILIARY NURSE . . . . . 13 TRADITIONAL PRACTICIONER TRADITIONAL BIRTH ATTENDANT . 21 TRADITIONAL CIRCUMCISER . . . . . 22 OTHER _____ 23 (SPECIFY) DON'T KNOW / NOT SURE 98	
1018	Do you approve of having young girls in your family being circumcised?	APPROVES . . . . . 1 DOES NOT APPROVE . . . . . 2 NOT SURE / UNDECIDED 8	
1019	Would you prefer that the practice of circumcising young women in your community continue or is brought to an end?	CONTINUE . . . . . 1 COME TO AN END . . . . . 2 NOT SURE / UNDECIDED 8	

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER	
1102	CHECK '1101: TWO OR MORE BIRTHS ☐ ↓ ONLY ONE BIRTH (RESPONDENT ONLY) ☐ →		1200
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO '1108 DK . . . 8 GO TO (2)	YES . . . 1 NO . . . 2 GO TO '1108 DK . . . 8 GO TO (3)	YES . . . 1 NO . . . 2 GO TO '1108 DK . . . 8 GO TO (4)	YES . . . 1 NO . . . 2 GO TO '1108 DK . . . 8 GO TO (5)	YES . . . 1 NO . . . 2 GO TO '1108 DK . . . 8 GO TO (6)	YES . . . 1 NO . . . 2 GO TO '1108 DK . . . 8 GO TO (7)
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2	YES . . . 1 GO TO '1113 NO . . . 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1113	How many live born children did (NAME) give birth to during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO '1200; IF THERESPONDENT WAS SELECTED FOR THE DOMESTIC VIOLENCE MODULE IF THE WOMAN IS NOT SELECTED GO TO 1233

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 → GO TO '1108 DK . . . 8 → GO TO (8)	YES . . . 1 NO . . . 2 → GO TO '1108 DK . . . 8 → GO TO (9)	YES . . . 1 NO . . . 2 → GO TO '1108 DK . . . 8 → GO TO (10)	YES . . . 1 NO . . . 2 → GO TO '1108 DK . . . 8 → GO TO (11)	YES . . . 1 NO . . . 2 → GO TO '1108 DK . . . 8 → GO TO (12)	YES . . . 1 NO . . . 2 → GO TO '1108 DK . . . 8 → GO TO (13)
1107	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2	YES . . . 1 → GO TO '1113 NO . . . 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1113	How many live born children did (NAME) give birth to during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1200, IF THE RESPONDENT WAS SELECTED FOR THE DOMESTIC VIOLENCE MODULE IF THE WOMAN IS NOT SELECTED GO TO 1233.

SECTION 12: DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1200	CHECK HOUSEHOLD QUESTIONNAIRE, [COVER PAGE]. WOMAN SELECTED FOR THIS SECTION ☐ WOMAN NOT SELECTED ☐ → GO TO 1233		
1201	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 PRIVACY NOT POSSIBLE . . . . . 2 → 1232		
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in the Gambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.		
1202	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER') ☐ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ → '1216		
1203	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	YES NO DK JEALOUS . . . . . 1 2 8 ACCUSES . . . . . 1 2 8 NOT MEET FRIENDS . . . 1 2 8 NO FAMILY . . . . . 1 2 8 WHERE YOU ARE 1 2 8	
1204	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A Did your (last) (husband/partner) ever:	B How often did this happen during the last 12 months: often, only sometimes, or not at all?	

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) say or do something to humiliate you in front of others?	YES	1 →	1	2	3
	NO	2			
b) threaten to hurt or harm you or someone you care about?	YES	1 →	1	2	3
	NO	2 ↓			
c) insult you or make you feel bad about yourself?	YES	1 →	1	2	3
	NO	2 ↓			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1205	A Did your (last) (husband/partner) ever do any of the following things to you:	B How often did this happen during the last 12 months: often, only sometimes, or not at all?	

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) push you, shake you, or throw something at you?	YES	1 →	1	2	3
	NO	2 ↓			
b) slap you?	YES	1 →	1	2	3
	NO	2 ↓			
c) twist your arm or pull your hair?	YES	1 →	1	2	3
	NO	2 ↓			
d) punch you with his fist or with something that could hurt you?	YES	1 →	1	2	3
	NO	2 ↓			
e) kick you, drag you, or beat you up?	YES	1 →	1	2	3
	NO	2 ↓			
f) try to choke you or burn you on purpose?	YES	1 →	1	2	3
	NO	2 ↓			
g) threaten or attack you with a knife, gun, or other weapon?	YES	1 →	1	2	3
	NO	2 ↓			
h) physically force you to have sexual intercourse with him when you did not want to?	YES	1 →	1	2	3
	NO	2 ↓			
i) physically force you to perform any other sexual acts you did not want to?	YES	1 →	1	2	3
	NO	2 ↓			
j) force you with threats or in any other way to perform sexual acts you did not want to?	YES	1 →	1	2	3
	NO	2 ↓			

1206	CHECK 1205A (a-j): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ → 1209	
1207	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95
1208	Did the following ever happen as a result of what your (last) (husband/partner) did to you:	
	a) You had cuts, bruises, or aches?	YES . . . . . 1 NO 2
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1209	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	→ '1211
1210	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1211	Does (did) your (last) (husband/partner) drink alcohol?	YES . . . . . 1 NO 2	→ '1213
1212	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
1213	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . . 1 SOMETIMES AFRAID . . . . . 2 NEVER AFRAID 3	
1214	CHECK 609: MARRIED MORE THAN ONCE ☐ ↓ MARRIED ONLY ONCE ☐ → '1216		
1215	A So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).	B How long ago did this last happen?	

	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES	1 →	1	2	3
	NO	2 ↓			
b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES	1 →	1	2	3
	NO	2			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1216	CHECK 601 AND 602: EVER MARRIED / EVER LIVED WITH A MAN ☐ → From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? NEVER MARRIED/NEVER LIVED WITH A MAN ☐ → From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1219
1217	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E CURRENT BOYFRIEND . . . . . F FORMER BOYFRIEND . . . . . G MOTHER-IN-LAW . . . . . H FATHER-IN-LAW . . . . . I OTHER IN-LAW . . . . . J TEACHER . . . . . K EMPLOYER/SOMEONE AT WORK . . . . . L POLICE/SOLDIER . . . . . M OTHER _____ X (SPECIFY)	
1218	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1219	CHECK 201, 226, AND 230: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) ☐ NEVER BEEN PREGNANT ☐		→ 1222
1220	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . . 1 NO 2	→ 1222
1221	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . . . . . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHER . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBAND/PARTNER . . . . . G CURRENT BOYFRIEND . . . . . H FORMER BOYFRIEND . . . . . I MOTHER-IN-LAW . . . . . J FATHER-IN-LAW . . . . . K OTHER IN-LAW . . . . . L TEACHER . . . . . M EMPLOYER/SOMEONE AT WORK . . . . . N POLICE/SOLDIER . . . . . O OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1222	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN ↓	NEVER MARRIED/NEVER LIVED WITH A MAN →	1222B
1222A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1223 → 1224A
1222B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1226
1223	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . . . . . 01 FORMER HUSBAND/PARTNER . . . . . 02 CURRENT/FORMER BOYFRIEND . . . . . 03 FATHER/STEP-FATHER . . . . . 04 BROTHER/STEP-BROTHER . . . . . 05 OTHER RELATIVE . . . . . 06 IN-LAW . . . . . 07 OWN FRIEND/ACQUAINTANCE . . . . . 08 FAMILY FRIEND . . . . . 09 TEACHER . . . . . 10 EMPLOYER/SOMEONE AT WORK . . . . . 11 POLICE/SOLDIER . . . . . 12 PRIEST/RELIGIOUS LEADER . . . . . 13 STRANGER . . . . . 14 OTHER _____ 96 (SPECIFY)	
1224	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN ↓ In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/NEVER LIVED WITH A MAN ↓ In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES . . . . . 1 NO 2	→ 1225
1224A	CHECK 1205A (h-j) and '1215A(b) AT LEAST ONE 'YES' ↓	NOT A SINGLE 'YES' →	1226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1225	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN ☐ → How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your / any) husband/partner? NEVER MARRIED/NEVER LIVED WITH A MAN ☐ → How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ☐☐ DON'T KNOW 98	
1226	CHECK 1205A (a-j), '1215A (a,b), '1216, '1220, '1222A, AND '1222B: AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐		→ 1230
1227	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . . 1 NO 2	→ 1229
1228	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND'S/PARTNER'S FAMILY . . . . . B CURRENT/FORMER HUSBAND/PARTNER . . . . . C CURRENT/FORMER BOYFRIEND . . . . . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . . . . . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . . . . . K OTHER _____ X (SPECIFY)	→ 1230
1229	Have you ever told any one about this?	YES . . . . . 1 NO 2	
1230	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1231	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?		YES ONCE	YES, MORE THAN ONCE	NO
		HUSBAND	1	2	3
		OTHER MALE ADULT . . .	1	2	3
		FEMALE ADULT	1	2	3
1232	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____				
1233	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐			

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.
INFORMATION TO BE CODED FOR EACH COLUMN

Col 1

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 MALE CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM/JELLY
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD
M WITHDRAWAL
X OTHER MODERN _____
(SPECIFY)

OTHER TRADITIONAL _____
(SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH EFFECTS/HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
9 UP TO GOD/FATALISTIC
10 DIFFICULT TO GET PREGNANT/MENOPAUSAL
11 MARITAL DISSOLUTION/SEPARATION
Z DON'T KNOW
Y OTHER _____
(SPECIFY)

				Col 1	Col 2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
1	06	JUN	07			1
3	05	MAY	08			3
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
1	06	JUN	19			1
2	05	MAY	20			2
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
2	09	SEP	28			2
0	08	AUG	29			0
1	07	JUL	30			1
1	06	JUN	31			1
	05	MAY	32			
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
	08	AUG	41			
2	07	JUL	42			2
0	06	JUN	43			0
1	05	MAY	44			1
0	04	APR	45			0
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
	08	AUG	53			
2	07	JUL	54			2
0	06	JUN	55			0
0	05	MAY	56			0
9	04	APR	57			9
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
	08	AUG	65			
2	07	JUL	66			2
0	06	JUN	67			0
0	05	MAY	68			0
8	04	APR	69			8
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

REPUBLIC OF THE GAMBIA

THE GAMBIA DEMOGRAPHIC AND HEALTH SURVEY 2013

MAN'S QUESTIONNAIRE

GAMBIA BUREAU OF STATISTICS

GAMBIA BUREAU OF STATISTICS IN COLLABORATION WITH MINISTRY OF HEALTH AND SOCIAL WELFARE

IDENTIFICATION

LOCAL GOVERNMENT AREA: ☐

1	BANJUL	5	KEREWAN
2	KANIFING	6	KUNTAUR
3	BRIKAMA	7	JANJANGBUREH
4	MANSAKONKO	8	BASSE

DISTRICT NAME: _____ DCODE ☐☐ SETTLEMENT NAME: _____ SCODE ☐☐☐☐☐

NAME OF RESPONDENT'S: _____ TEL ☐☐☐☐☐☐☐

EA NUMBER: ☐☐☐☐☐ CLUSTER NUMBER ☐☐☐ HOUSEHOLD NUMBER ☐☐☐

AREA OF RESIDENCE: ☐ 1 URBAN 2 RURAL

RESPONDENT'S LINE NUMBER ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐ MONTH ☐☐ YEAR 2013
INTERVIEWER'S NAME				INT. NUMBER ☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER _____ (SPECIFY)
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	INCAPACITATED		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐	NAME _____ ☐☐	☐☐	☐☐

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with The Gambia Bureau of Statistics and the Ministry of Health and Social Welfare. We are conducting a survey about health all over the Gambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
102	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
105	What type of school system did you attend?	COVENTIONAL . . . . . 1 MADRASSA 2	
105A	What is the highest level of school you attended: primary (lower basic), secondary, or higher?	PRE-SCHOOL . . . . . 0 PRE-SCHOOL (MADRASSA) . . . . . 1 PRIMARY/LOWER BASIC . . . . . 2 PRIMARY (MADRASSA) LOWER.B 3 SECONDARY (UPPER BASIC/JUNIOR/ SENIOR) . . . . . 4 SECONDARY (MADRASSA) . . . . . 5 HIGHER (TERITIARY, UNIVERSITY, COLLEGE . . . . . 6 VOCATIONAL 7	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR . . . . . [ ][ ]	
107	CHECK 105A: PRIMARY OR PRE-SCHOOL ☐ ↓ SECONDARY OR HIGHER ☐ →		110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read these sentences to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentences to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED ☐ CODE '1' OR '5' CIRCLED ☐ → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
113	What is your religion?	ISLAM . . . . . 1 CHRISTIANITY . . . . . 2 OTHER RELIGION . . . . . 6 NO RELIGION 7	
113A	What is your nationality?	GAMBIAN . . . . . 1 NON-GAMBIAN 2	→ 115
114	What is your ethnicity?	MANDINKA/JAHANKA . . . . . 01 WOLLOF . . . . . 02 JOLA/KARONINKA . . . . . 03 FULA/TUKULUR/LOROBO . . . . . 04 SERERE . . . . . 05 SERAHULEH . . . . . 06 CREOLE / AKU MARABOUT . . . . . 07 MANJAGO . . . . . 08 BAMBARA . . . . . 9 OTHER ETHNIC GROUP (specify) _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . . . . [ ][ ]	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . . [ ][ ]	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD HAS HAD ONLY ONE CHILD → 212 HAS NOT HAD ANY CHILDREN → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . . 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
212	How old were you when your (first) child was born?	AGE IN YEARS . . . . . [ ][ ]	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD NO LIVING CHILDREN → 301		
214	How many years old is your (youngest) child?	AGE IN YEARS . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS ☐ ↓ OTHER ☐		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . . 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH . . . . . 01 FACILITY CLOSED . . . . . 02 TOO FAR/NO TRANSPORTATION . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE . . . . . 04 NO FEMALE PROVIDER . . . . . 05 NOT THE FIRST CHILD . . . . . 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY . . . . . 07 HE DID NOT THINK IT WAS NECESSARY . . . . . 08 FAMILY DID NOT THINK IT WAS NECESSARY . . . . . 09 OTHER _____ 96 (SPECIFY) DON"T KNOW 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL . . . . . 1 ABOUT THE SAME . . . . . 2 LESS THAN USUAL . . . . . 3 NOTHING TO DRINK . . . . . 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	**Lactational Amenorrhea Method (LAM)**.	YES . . . . . 1 NO 2	
09A	**DIAPHRAGM/FOAM/JELLY**. PROBE : Women can place a diaphragm, suppository.jelly,or cream in their vagina before intercourse.	YES . . . . . 1 NO 2	
10	**Rhythm Method**. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . . 1 NO 2	
11	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	**Emergency Contraception**. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. **(3)**	YES . . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Heard about family planning through peer health education? Heard about family planning from friends/Relatives? Read about family planning from traditional communicators? Read about family planning from the internet? Heard about family planning from a Health personel/worker?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 PEER HEALTH EDUCATION . . . . . 1 2 FRIENDS/RELATIVES . . . . . 1 2 TRAD COMMUNICATORS 1 2 INTERNET 1 2 HEALTH PERSONEL/WORKER 1 2	
303	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? **(3)**	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	**AGREE** **DISAGREE** **DK** CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS . . . 1 2 8	
307	CHECK 301 (07) KNOWS MALE CONDOM YES ☐ NO ☐		→ 311
308	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 311
309	Where is that? Any other place? 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(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C FIELDWORKER . . . . . E OTHER PUBLIC SECTOR F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I FIELDWORKER . . . . . K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . M NGO MOBILE CLINIC . . . . . N OTHER NGO MEDICAL SECTOR _____ O (SPECIFY) OTHER SOURCE SHOP . . . . . P FRIENDS/RELATIVES . . . . . R OTHER _____ X (SPECIFY)	

310	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	
311	CHECK 301 (08) KNOWS FEMALE CONDOM YES ☐ NO ☐ → 401		
312	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO . . . . . 2 → 401	
313	Where is that? Any other place? 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(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C FIELDWORKER . . . . . E OTHER PUBLIC SECTOR F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I FIELDWORKER . . . . . K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . M NGO MOBILE CLINIC . . . . . N OTHER NGO MEDICAL SECTOR _____ O (SPECIFY) OTHER SOURCE SHOP . . . . . P FRIENDS/RELATIVES . . . . . R OTHER _____ X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A WOMAN . . . . . 2 NO, NOT IN UNION 3	→404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A WOMAN . . . . . 2 NO 3	→413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→410
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM . . . . . 1 STAYING ELSEWHERE 2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) . . . . . 1 NO (ONLY ONE) 2	→407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . .	
407	CHECK 405: ONE WIFE/ PARTNER Please tell me the name of (your wife/the woman you are living with as if married). MORE THAN ONE WIFE/ PARTNER Please tell me the name of each of your wives or each woman you are living with as if married. RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME / **LINE NUMBER** _____ ☐☐ _____ ☐☐ _____ ☐☐ _____ ☐☐	**408** How old was (NAME) on her last birthday? **(1)** **AGE** ☐☐ ☐☐ ☐☐ ☐☐
408	ASK **408** FOR EACH PERSON.		

409	CHECK 407: ONE WIFE/ PARTNER ☐ ↓ MORE THAN ONE WIFE/ PARTNER ☐ → 411A		
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 411A
411	In what month and year did you start living with your (wife/partner)?	MONTH . . . . . ☐☐	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	DON'T KNOW MONTH . . . . . 98 . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE . . . . . ☐☐	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 501
415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
418	The last time you had sexual intercourse with this (second/third)person,was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)
419	Was a condom used every time you had sexual intercourse with this person in the **last 12 months**?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
420	What was **your relationship** to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 COM.SEX WORKER . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 COM.SEX WORKER 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 COM.SEX WORKER 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)
421	CHECK 410:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424)
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4

424	How many times during the **last 12 months** did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES ☐☐	NUMBER OF TIMES ☐☐	NUMBER OF TIMES ☐☐
425	How old is this person?	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98
426	Apart from (this person/these two people), have you had sexual intercourse with any other person in the **last 12 months**?	YES . . . . . 1 (GO BACK TO 417 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 428)	YES . . . . . 1 (GO BACK TO 417 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 428)	
427	In total, with how many different people have you had sexual intercourse in **the last 12 months**? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS COMMERCIAL SEX WORKERS ☐ ↓ NO PARTNERS ARE COMMERCIAL SEX WORKERS ☐ → 430		
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ → 433 OTHER ☐ → 434		
430	In the **last 12 months**, did you pay anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in **your lifetime**? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED ☐ ↓ NOT ASKED ☐ → 438 NO CONDOM USED ☐ → 438		
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	BRAND _____ DON'T KNOW & PACKAGE NOT SEEN 98	

437	From where did you obtain the condom the last time? PROBE TO IDENTIFY 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 . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 FIELDWORKER . . . . . 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 FIELDWORKER . . . . . 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC . . . . . 31 FAMILY PLANNING CLINIC . . . . . 32 NGO MOBILE CLINIC . . . . . 33 OTHER NGO MEDICAL SECTOR _____ .36 (SPECIFY) OTHER SOURCE SHOP . . . . . 41 FRIEND / RELATIVE . . . . . 42 OTHER _____ 96 (SPECIFY)	
438	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
439	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . Y	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐		→ 509
502	CHECK 439: NOT ASKED ☐ MAN NOT STERILIZED ☐ MAN STERILIZED ☐		→ 509
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE/NONE . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509
505	Now I have 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 COUPLE CAN'T GET PREGNANT . . . . . 3 WIFE (WIVES)/PARTNER(S) STERILIZED . . . . . 4 UNDECIDED/DON'T KNOW 8	→ 509
506	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐		→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ☐ WIFE/PARTNER PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 COUPLE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 509

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS . . . . . 1 [ ][ ] YEARS . . . . . 2 [ ][ ] SOON/NOW . . . . . 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
509	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 → 601 NUMBER . . . . . [ ][ ] OTHER _____ 96 → 601 (SPECIFY)	
510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it is a boy or a girl?	BOYS GIRLS EITHER NUMBER [ ][ ][ ][ ][ ][ ] OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐ →		612
608	CHECK 606: CODE 1 OR 2 CIRCLED ☐ ↓ OTHER ☐ →		610
609	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT . . . . . 1 WIFE(WIVES)/PARTNER(S) . . . . . 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY . . . . . 3 OTHER _____ 6 SPECIFY	
610	Who usually makes decisions about health care for yourself: you, your wife/partner, you and your wife/partner jointly, or someone else?	RESPONDENT . . . . . 1 WIFE(WIVES)/PARTNER(S) . . . . . 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY . . . . . 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 SPECIFY	
611	Who usually makes decisions about making major household purchases: you, your wife/partner, you and your wife/partner jointly, or someone else?	RESPONDENT . . . . . 1 WIFE(WIVES)/PARTNER(S) . . . . . 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY . . . . . 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES NO DK	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	
	If she uses contraceptives without the consent of the husband?	USING CONTRACEPTIVE 1 2 8	
	If she argues with the husband/partner's relatives?	ARGUES W. RELATIVES 1 2 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 723
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706	Can people get the AIDS virus because of witchcraft, or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . . . 1 2 8 BREASTFEEDING 1 2 8	
709	CHECK 708: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 711
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	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	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 96	
714	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 PHARMACY . . . . . 22 FIELDWORKER . . . . . 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC 31 NGO MOBILE CLINIC . . . . . 32 FAMILY PLANNING CLINIC . . . . . 33 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE HOME . . . . . 41 CORRECTIONAL FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY)	718 →
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO . . . . . 2 →	718
717	Where is that? Any other place? 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 GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B OTHER PUBLIC SECTOR _____ C (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . D PHARMACY . . . . . E FIELDWORKER . . . . . F OTHER PRIVATE MEDICAL SECTOR _____ G (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC H NGO MOBILE CLINIC . . . . . I FAMILY PLANNING CLINIC . . . . . J OTHER NGO MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE HOME . . . . . L CORRECTIONAL FACILITY . . . . . M OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
720	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	
721	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE → 732		
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO → 727		
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW → 732		
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 732

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	Where did you go? Any other place? 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(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B OTHER PUBLIC SECTOR _____ C (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . D PHARMACY . . . . . E FIELDWORKER . . . . . F OTHER PRIVATE MEDICAL SECTOR _____ G (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC H NGO MOBILE CLINIC . . . . . I FAMILY PLANNING CLINIC . . . . . J OTHER NGO MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE HOME . . . . . L CORRECTIONAL FACILITY . . . . . M OTHER _____ X (SPECIFY)	
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wife?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER,	NUMBER OF INJECTIONS ☐☐ NONE 00	→804
802	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ☐☐ NONE 00	→804
803	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
804	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→806
805	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . . ☐☐	
806	Do you currently smoke or use any type of tobacco?	YES . . . . . 1 NO 2	→808
807	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A CIGARS . . . . . B SNUFF . . . . . C OTHER _____ X	
808	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→813
809	What type of health insurance are you covered by? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER . . . . . A OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSUR. B OTHER _____ X (SPECIFY)	
813	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____