



# Sierra Leone

2013 Demographic and Health Survey

Key Findings





This report summarizes the findings of the 2013 Sierra Leone Demographic and Health Survey (SLDHS), carried out by Statistics Sierra Leone in collaboration with the Ministry of Health and Sanitation of Sierra Leone. The fieldwork took place between June and September, 2013. The survey was funded by the Government of Sierra Leone, the UK Department for International Development (DfID), the United Nations Population Fund (UNFPA), the World Bank, the United Nations Development Programme (UNDP), the World Health Organization (WHO), the Food and Agricultural Organization (FAO), the World Food Programme (WFP), the United Nations Children's Fund (UNICEF), and KfW Development Bank. ICF International provided technical assistance.

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# ABOUT THE 2013 SLDHS

The 2013 Sierra Leone Demographic and Health Survey (SLDHS) is designed to provide data for monitoring the population and health situation in Sierra Leone. The 2013 SLDHS is the second Demographic and Health Survey conducted in Sierra Leone, following the first in 2008. The objective of the survey was to provide up-to-date information on fertility levels, marriage, fertility preferences, awareness and use of family planning methods, child feeding practices, nutritional status of women and children, childhood mortality, awareness and attitudes regarding HIV/AIDS, domestic violence, and prevalence of HIV, malaria, and anemia. This information is intended to assist policymakers and programme managers in evaluating and designing programmes and strategies for improving health and family planning services in the country.

## Who participated in the survey?

A nationally representative sample of 16,658 women age 15-49 in all selected households and 7,262 men age 15-59 in half of the selected households were interviewed. This represents a response rate of 97% of women and 96% of men. The sample design for the 2013 SLDHS provides estimates at the national level, urban-rural areas, for each of the four regions and 14 districts.

## SIERRA LEONE



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

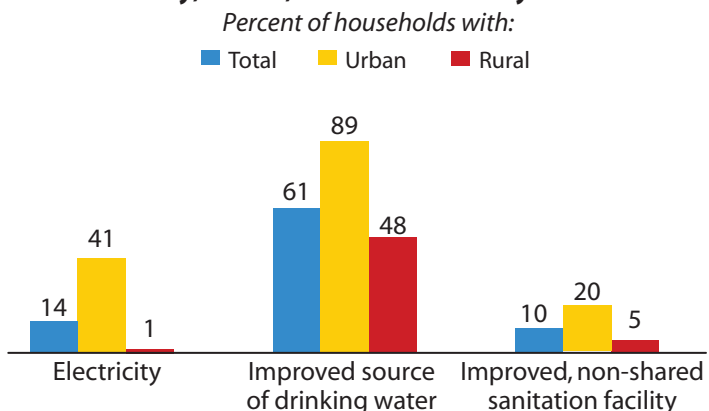
## Household Composition

Sierra Leonean households consist of an average of 5.9 people. More than one-quarter (28%) of households are headed by women. Almost half of the population (46%) is under age 15.

## Housing Conditions

Housing conditions vary greatly based on residence. More than 40% of urban households have electricity compared with only 1% of rural households. Overall, six in ten households have access to an improved source of drinking water. Almost 90% of households in urban areas have access to an improved source of water, compared with less than half of households in rural areas. In Sierra Leone, 10% of households have an improved, not shared sanitation facility. One in five households have no sanitation facility. In urban areas, 20% of households use improved sanitation facilities, compared with 5% of households in rural areas.

### Electricity, Water, and Sanitation by Residence



## Ownership of Goods

Currently, over half (55%) of Sierra Leonean households own a mobile phone, 59% own a radio, and 14% own a television. Households in urban areas are more likely to own a mobile phone, radio, or television than rural households.

Nationally, three in five (62%) households own agricultural land and half of households own farm animals.



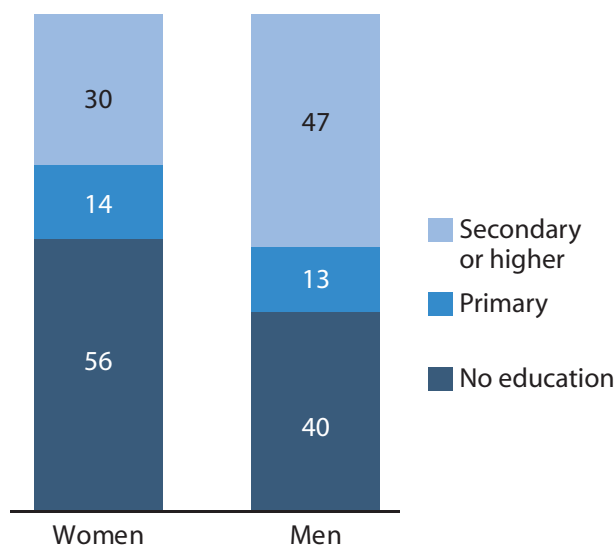
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## Education

More than half of women and two in five men age 15-49 in Sierra Leone have no education. Thirty percent of women and 47% of men have attended secondary school or higher. Women and men in urban areas are most likely to achieve higher levels of education. Over one-third (36%) of women and 54% of men are literate.

### Education

Percent distribution of women and men age 15-49 by highest level of education attended



# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate (TFR)

Currently, women in Sierra Leone have an average of 4.9 children, compared with 5.1 children in 2008. Fertility is relatively low in Sierra Leone compared to neighboring countries. In Western African, TFR ranges from 4.0 in Ghana to 7.6 in Niger.

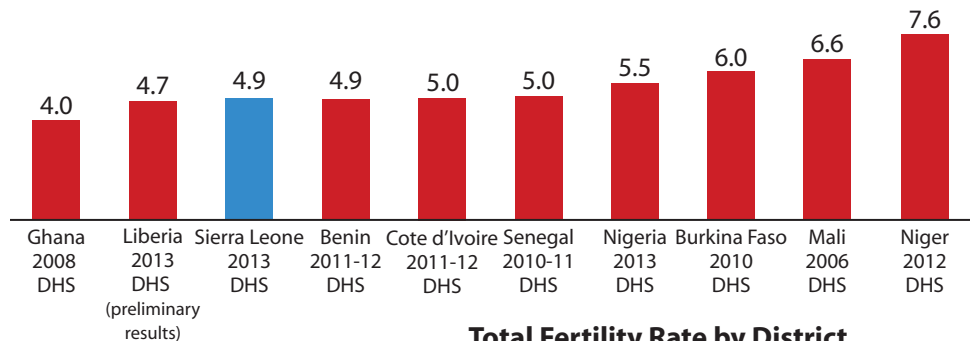
Fertility varies by residence and district. Women in urban areas have 3.5 children on average, compared with 5.7 children per woman in rural areas. Fertility is highest in Moyamba and Pujehun, where women have an average of more than 6 children. Fertility is lowest in Western Area Urban and Rural, where women have an average of fewer than 4 children.

Fertility also varies with mother's education and economic status. Women who have secondary or higher education have an average of 3.0 children, while women with no education have 5.6 children, on average. Fertility increases as the wealth of the respondent's household\* decreases. Women from the poorest households, in general, have three children more than women who live in the wealthiest households (6.1 versus 3.0 children per woman).

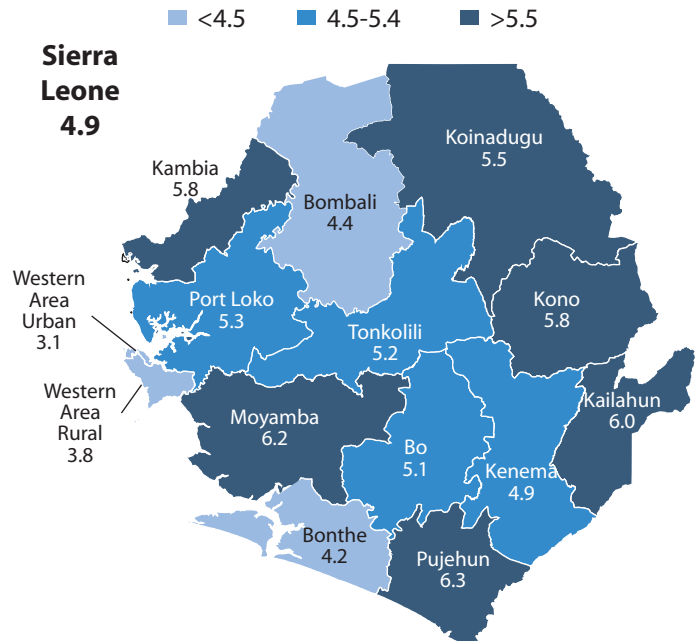
## Teenage Fertility

More than one-quarter (28%) of adolescent women age 15-19 are already mothers or pregnant with their first child. Young motherhood is highest in Pujehun, where almost half (48%) of young women have already begun childbearing. Almost half (46%) of adolescent women with no education have begun childbearing, compared with 22% of women with secondary or higher education. Teenagers from the poorest households (36%) are more likely to have begun childbearing than those from the wealthiest households (14%).

**Total Fertility Rates of Western African Countries**  
Births per woman for the three years prior to the survey

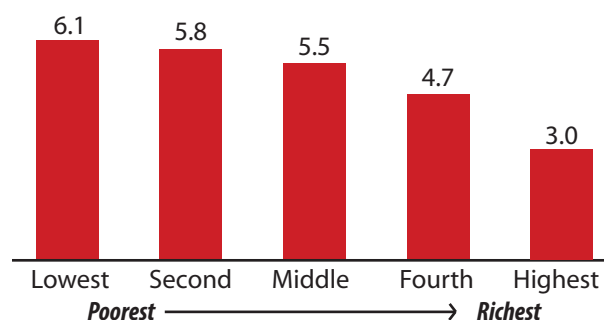


**Total Fertility Rate by District**  
Births per woman for the three years prior to the survey



**Fertility by Household Wealth**

Total fertility rate by household wealth quintile



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

### Age at First Marriage

Half of women age 25-49 were married by age 18 and 66% were married by age 20. The median age at first marriage for women is 18.0 years. Women in urban areas marry two years later than rural women (19.5 and 17.5 years, respectively). Men marry an average of seven years later, at a median age of 25.0.

### Age at First Birth

The median age at first birth for women age 25-49 is 19.4 years. Median age at first birth increases with level of education. Women with no education have their first birth two years earlier than women with secondary or higher education (19.1 and 21.0 years, respectively).

### Age at First Sexual Intercourse

Women and men in Sierra Leone tend to initiate sexual activity before marriage. More than one in five women age 25-49 have had sexual intercourse by age 15 and more than two-thirds by age 18. The median age at first sexual intercourse is 16.4 years for women and 18.0 years for men age 25-49.

### Polygyny

More than one-third of currently married women and 20% of currently married men are in polygynous unions. Older women and men are more likely to be in polygynous unions.

### Desired Family Size

Sierra Leonean women want, on average, 4.9 children while men want 5.4 children. Women's ideal family size is highest in Pujehun (5.7) and lowest in Western Area Urban (3.7).



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# FAMILY PLANNING

## Knowledge of Family Planning

Knowledge of family planning methods is high in Sierra Leone; 95% of women and 96% of men age 15-49 know at least one method of family planning. The most commonly known modern methods among women are the pill and male condom (91% each), injectables (90%), and implants (88%). Among men, the most commonly known methods are the male condom (95%), the pill and injectables (87% each).

## Current Use of Family Planning

Seventeen percent of currently married women use any method of contraception; 16% use a modern method. The injectables (8%) followed by the pill (4%) and implants (2%) are the most commonly used modern methods.

Use of family planning methods has increased from 8% in 2008 to 17% in 2013. The use of injectables, pills, and implants, have all doubled since 2008, while use of traditional methods has gone down slightly.

Use of modern methods of family planning method varies by residence and district. One-quarter of married women in urban areas use any method, compared to 12% of women in rural areas. Modern method use ranges from a low of 5% among married women in Kambia to a high of 26% in Western Area Urban.

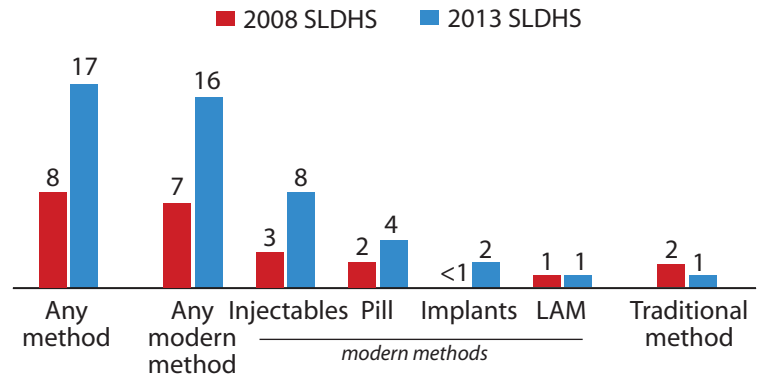
Contraceptive use increases with education; 25% of married women with secondary or higher education use modern methods, compared with 13% of married women with no education. Contraceptive use is highest among women from the wealthiest households (26%).

## Source of Family Planning Methods

The public sector (government hospitals, health centers, and clinics) currently provides family planning to 68% of users, while private sector sources provide methods to 28% of users. More than 70% of IUD, injectable, and implant users access their methods through the public sector, while access among the pill and male condoms users are split fairly evenly between public and private sectors.

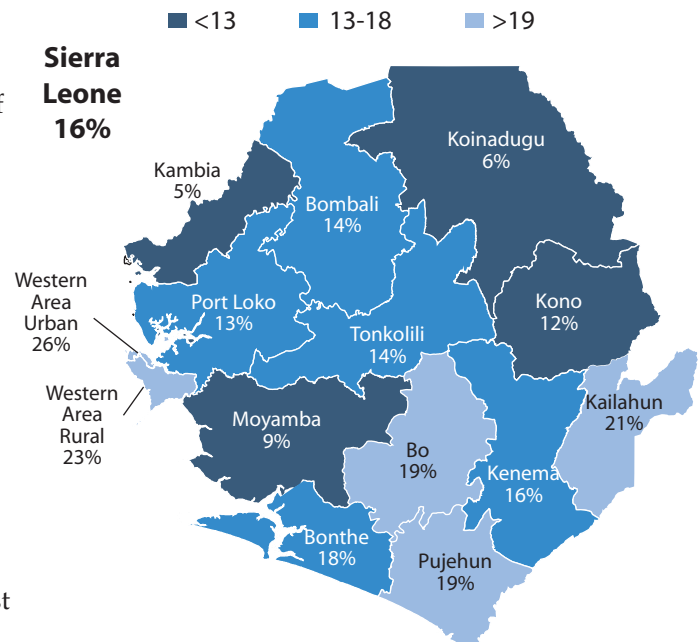
## Trends in Use of Family Planning

Percent of married women age 15-49 using family planning



## Use of Modern Methods of Contraception by District

Percent of married women currently using a modern method of family planning



# NEED FOR FAMILY PLANNING

## Desire to Delay or Stop Childbearing

One-quarter of married women and 16% of married men want no more children. One-third of married women and men want to wait at least two years before their next birth. These women and men are potential users of family planning.

## Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely, but are not using contraception. The 2013 SLDHS reveals that 25% of married women have an unmet need for family planning—17% of women have a need for spacing births and 8% for limiting births. Unmet need is fairly stable across education and wealth groups. Unmet need is also fairly consistent across districts, with the exception of Bonthe, where only 15% of married women have an unmet need for family planning.

Unmet need is highest among the youngest women (age 15-19) and women age 35-39. As expected, younger women are more likely to have an unmet need for spacing, while women 40 and over are generally trying to limit births.

## Exposure to Family Planning Messages

More half of women and 60% of men were exposed to a family planning message on radio, television, or newspaper/magazine in the few months before the survey. Radio is the most common source of family planning messages among both women and men.

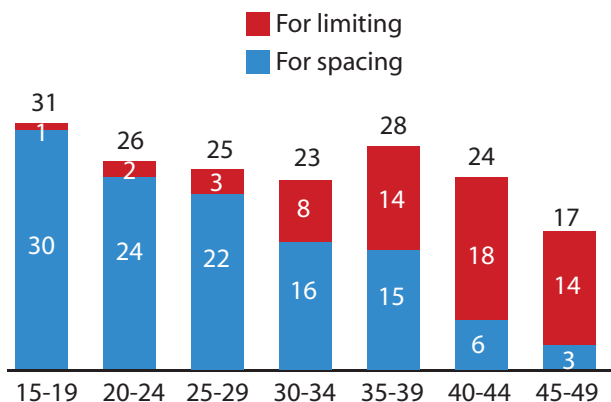
Among all women who are not currently using family planning, 24% were visited by a field worker who discussed family planning, and 30% of women visited a health facility where they discussed family planning. Overall, over 60% of non-users did not discuss family planning with any health worker.

## Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Three in four Sierra Leonean women were informed about possible side effects or problems of their method, 75% were informed about what to do if they experience side effects, and 83% were informed about other available family planning methods.

### Unmet Need for Family Planning by Age

Percent of married women with an unmet need for family planning



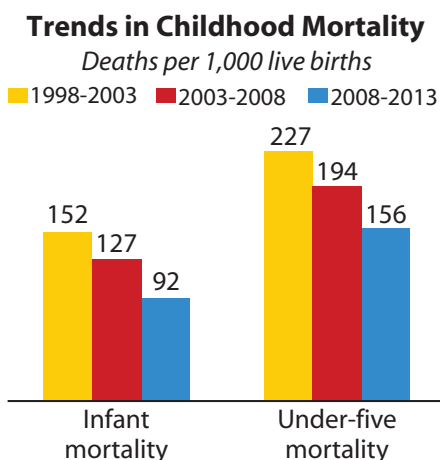


# INFANT AND CHILD MORTALITY

## Levels and Trends

Infant and under-five mortality rates in the five-year period before the survey are 92 and 156 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 11 Sierra Leonean children dies before reaching age 1. One in every 7 does not survive to his or her fifth birthday.

Women are asked about the deaths of their children for the 15 years before the survey. Based on these reports, it appears that under-five and infant mortality have decreased. In the period between 1998 and 2003, there were 227 under-five deaths per 1,000 live births. Under-five mortality dropped to 156 deaths per 1,000 live births in 2008-2013.



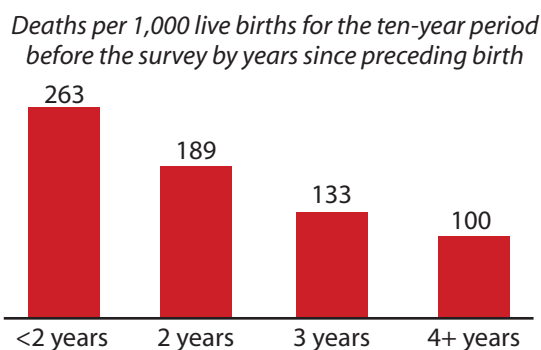
Mortality rates differ by districts. Under-five mortality is lowest in Bonthe (only 77 deaths per 1,000 live births in the 10 years before the survey), while it is over 200 deaths per 1,000 live births in Kenema (224), Pujehun (217), and Koinadugu (202 deaths per 1,000 births). Children living in rural areas are also more likely to die young than children in urban areas, with under-five mortality at 181 per 1,000 live births in rural areas, compared with 158 per 1,000 live births in urban areas.

Under-five mortality is slightly higher among children born to mothers with no education (180 deaths per 1,000 live births) than among children born to mothers with secondary or higher education (147 deaths per 1,000 live births).

## Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Sierra Leone, the median birth interval is 36 months. Infants born less than two years after a previous birth have high under-five mortality rates (263 deaths per 1,000 live births compared with 133 deaths per 1,000 live births for infants born three years after the previous birth). Sixteen percent of all children are born less than two years after their siblings.

### Under-Five Mortality by Previous Birth Interval



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# REPRODUCTIVE HEALTH

## Antenatal Care

Almost all pregnant women (97%) in Sierra Leone receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or MCH aide), most commonly from a nurse/midwife (65%). ANC coverage is 90% or higher in all districts. Basic ANC care has improved since 2008, when only 87% of women had received at least one ANC visit.

The timing and quality of ANC are also important. Almost half (45%) of women had an ANC visit before their fourth month of pregnancy, as recommended, and three-quarters of women made four or more ANC visits.

More than 90% of women took iron tablets or syrup during pregnancy and 90% of women were informed of signs of pregnancy complications during an ANC visit. Ninety percent of women's most recent births were protected against neonatal tetanus.

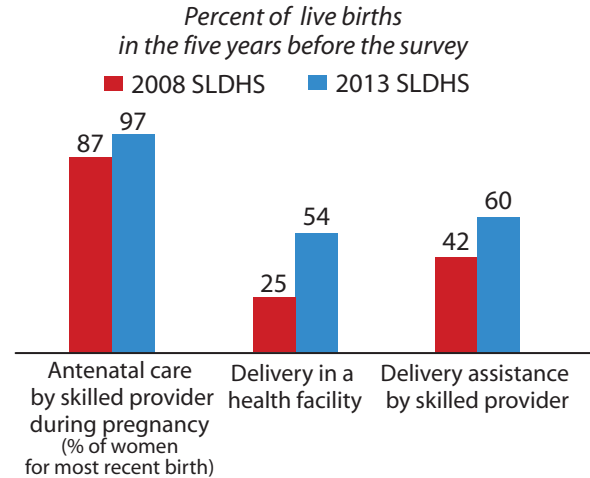
## Delivery and Postnatal Care

Just over half (54%) of deliveries occur in health facilities, primarily in public sector facilities. Facility-based births are least common in Kambia (34%) and Koinadugu (33%) and most common in Kailahun (84%). More than 2 in 5 births occur at home. Home births are more common in rural areas (49%) than urban areas (30%). Facility-based deliveries have more than doubled since 2008.

Six in ten births are now assisted by a skilled provider, up from 42% in 2008. Skilled assistance at birth is most common in Kailahun (86%) and least common in Koinadugu (33%). Women with more education and those from wealthier households are most likely to have their births attended by a skilled provider.

Postnatal care helps prevent complications after childbirth. Almost three-quarters of women (73%) received a postnatal checkup within two days of delivery. Twenty percent of women did not have a postnatal checkup within 41 days of delivery.

## Trends in Maternal Health Care



Postnatal care for the infant is less common: only 39% of newborns had a postnatal check up within two days of birth; 52% did not have a check up within 41 days of birth

## Problems in Accessing Health Care

More than 7 in 10 women report having at least one problem accessing health care for themselves. Two-thirds of women were concerned about getting money for treatment. About 40% of women were concerned about distance to the health facility.

## Maternal Mortality

The 2013 SLDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Sierra Leone is 1,165 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2013 maternal mortality ratio ranges from 951 to 1,379 deaths per 100,000 live births. The 2013 SLDHS ratio is not significantly different from the 2008 SLDHS ratio of 857 deaths per 100,000 live births.

# CHILD HEALTH

## Vaccination Coverage

Just over two-thirds of Sierra Leonean children age 12-23 months are fully vaccinated. That is, they have received all recommended vaccines—one dose each of BCG and measles and three doses each of DPT and polio. Four percent of children have received no vaccinations.

Full vaccination coverage varies by district, ranging from 52% of children in Kambia to 85% in Kailahun. Coverage is highest among children whose mothers have secondary or higher education (74% fully vaccinated) and among children from the poorest households (73%).

## Trends in Vaccination Coverage

Vaccination coverage has increased in Sierra Leone, from 40% in 2008 to 68% in 2013. In addition, the proportion of children who have not received any vaccines has decreased markedly since 2008, from 16% to 4% in 2013.

## Childhood Illnesses

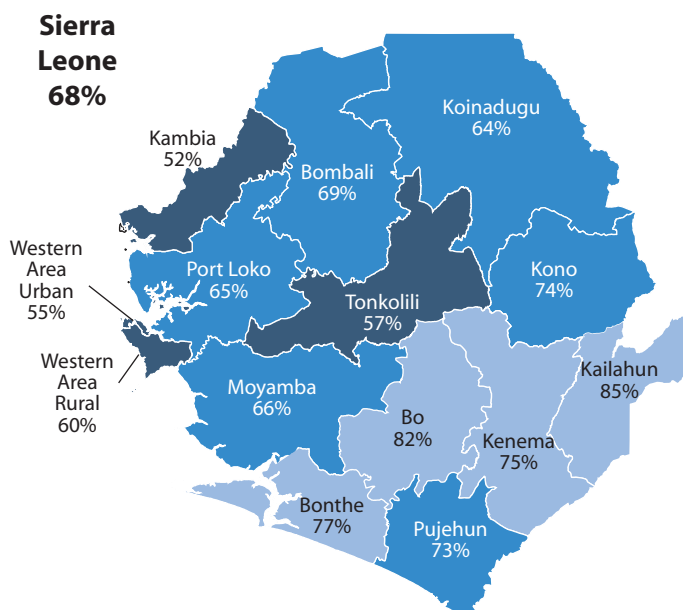
In the two weeks before the survey, 5% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, almost three-quarters (72%) were taken to a health facility or provider.

During the two weeks before the survey, 11% of Sierra Leonean children under five had diarrhoea. This rate was highest (15%) among children age 6-23 months. Nearly two-thirds (65%) of children with diarrhoea were taken to a health facility or provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration salts (ORS). Ninety percent of children with diarrhoea were treated with oral rehydration therapy or increased fluids.

## Vaccination Coverage by District

Percent of children 12-23 months who are fully vaccinated

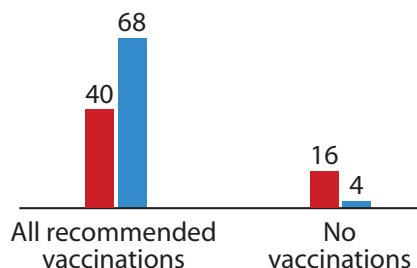
■ < 62% ■ 62-74% ■ > 74%



## Trends in Vaccination Coverage

Percent of children age 12-23 months

■ 2008 SLDHS ■ 2013 SLDHS



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# FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

## Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Sierra Leone, with 97% of children ever breastfed. WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Only one-third (32%) of children under six months in Sierra Leone are being exclusively breastfed. On average, children 0-35 months breastfeed until the age of 19.8 months and are exclusively breastfed for 0.6 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Sierra Leone, 62% of children age 6–9 months are breastfed and eat complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months be fed foods from four or more food groups daily. Non-breastfed children should be fed milk or milk products, in addition to foods from four or more food

groups. IYCF also recommends that children be fed a minimum number of times per day.\* However, only 7% of breastfed children in Sierra Leone are receiving foods from four or more food groups daily and receiving the minimum number of meals and just 6% of non breastfed children are being fed in accordance with IYCF recommendations.

## Children’s Nutritional Status

The 2013 SLDHS measures children’s nutritional status by comparing height and weight measurements against an international reference standard. According to the 2013 survey, 38% of children under-five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is most common among children from the poorest households (42%). Stunting ranges from a low of 28% in Bombali and Western Area Rural to 52% in Kono.

Nine percent of children under age five in Sierra Leone are wasted (too thin for height), which is a sign of acute malnutrition. In addition, 16% of Sierra Leonean children are underweight, or too thin for their age.

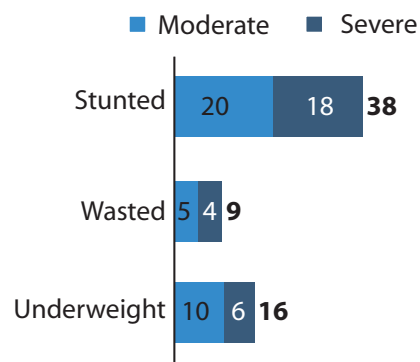


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\*At least twice a day for breastfed infants age 6-8 months and at least three times a day for breastfed children age 9-23 months. For non breastfed children age 6-23 months, the minimum number of times is four times a day.

## Children’s Nutritional Status

Percent of children under age 5, based on 2006 WHO Child Growth Standards



## Anaemia

The 2013 SLDHS tested children under age five, women, and men for anaemia. Four in five children in Sierra Leone are anaemic, and almost half of children have moderate anaemia. Anaemia in children is most common in Kono (95%) and Koinadugu (91%), and least common in Bo (67%) and Western Area Urban (69%). While anaemia among children does decrease with wealth, still 69% of children in the wealthiest households are anaemic.

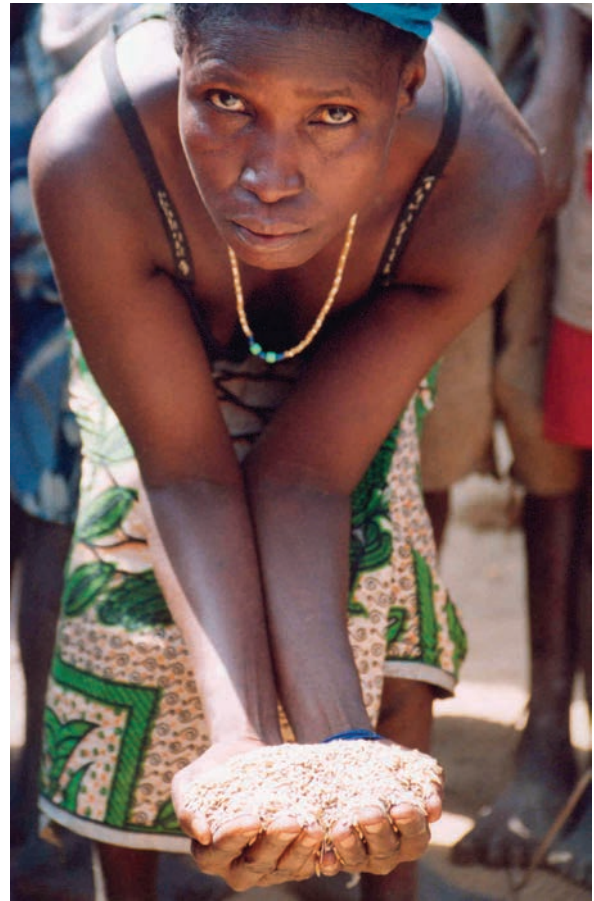
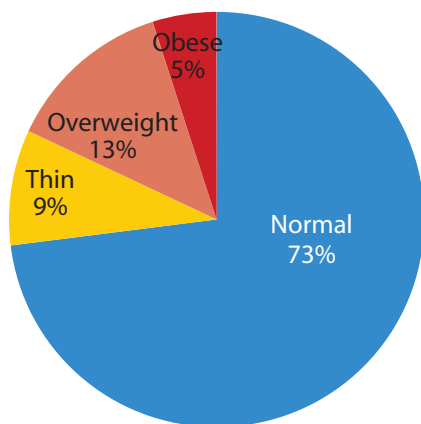
Almost half (45%) of women in Sierra Leone are anaemic. Pregnant women are slightly more likely to be anaemic (54%). Among women, anaemia is more common in rural areas (49%) than urban areas (37%). Anaemia among women is lowest among the most educated women and those from the wealthiest households.

One-third of Sierra Leonean men are anaemic.

## Women's and Men's Nutritional Status

The 2013 SLDHS also took weight and height measurements of women and men age 15–49. Just 9% of Sierra Leonean women are thin (BMI < 18.5), while 18% are overweight or obese (BMI ≥ 25.0). Overweight and obesity increase with age: only 8% of 15–19 year old women are overweight or obese compared to 29% of women age 40–49. Sierra Leonean men are less likely than women to be too thin or overweight/obese. Only 11% of men are then, in 8% are overweight or obese.

**Women's Nutritional Status**  
Percent distribution of women age 15–49



© 2004 Laura Lartigue, Courtesy of Photoshare

## Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 46% of children age 6–23 months ate foods rich in vitamin A. More than eight in ten children age 6–59 months received a vitamin A supplement in the six months prior to the survey. One-third of children ate iron-rich foods the day before the survey and 36% were given iron supplements in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Three in ten women took iron tablets for at least 90 days during their last pregnancy. Just over three-quarters of women received a vitamin A dose postpartum, as recommended.

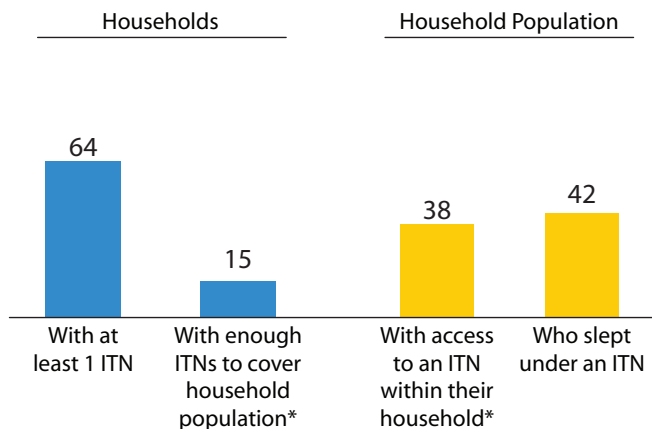
# MALARIA PREVENTION AND TREATMENT

## Ownership and Use of Mosquito Nets

Among all households in Sierra Leone, 64% own at least one insecticide-treated net (ITN), and 64% own at least one long-lasting insecticidal net (LLIN). However, only 15% of households have enough ITNs to cover each member, assuming one ITN is used by two people. Among the household population, more than one-third (38%) have access to an ITN, while 42% slept under an ITN the night before the survey.

### Ownership of, Access to, and Use of ITNs

Percent of:



\*Assuming one ITN covers 2 persons

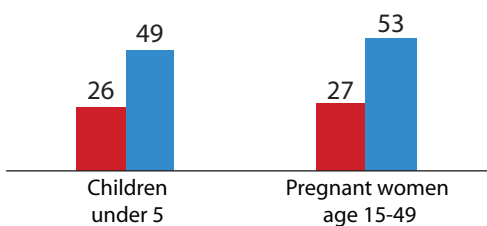
## Trends in Use of ITNs

Children and pregnant women are most vulnerable to malaria. In 2013, 49% of children under five slept under an ITN the night before the survey. More than half (53%) of pregnant women slept under an ITN the night before the survey. Use of ITNs by children under five and pregnant women has increased since 2008.

### Trends in Use of ITNs

Percent who slept under an ITN the night before the survey

■ 2008 SLDHS ■ 2013 SLDHS



## Intermittent Preventive Treatment of Pregnant Women

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive 2 or more doses of SP/Fansidar during an antenatal care (ANC) visit. Only 45% of pregnant women received this intermittent preventive treatment (IPTp) during ANC. This recommended treatment is most common among women in Port Loko (67%) and least common in Kono (18%).

## Management of Malaria in Children

In the two weeks before the survey, 25% of children under five had fever, the primary symptom of malaria. Seven in ten children with fever sought treatment, while 40% had blood taken from a finger or heel stick.

At the time of the survey, artemisinin combination therapy (ACT) was the recommended drug for treating malaria in children. While half (48%) of children with fever received an antimalarial, only 37% received ACT. In addition, only 27% of children with fever received ACT within a day of onset of fever, as recommended. Among children with fever who received an antimalarial, three-quarters received ACT, the recommended drug.

## Indoor Residual Spraying

Indoor residual spraying (IRS) is common in some districts in Sierra Leone. Nationally, only 5% of households had been sprayed with insecticide in the year before the survey. IRS is most common in Bo (17%), Bombali (13%), and Western Area Rural (12%).

Overall, two-thirds of households are covered by vector control through possession of at least one ITN and/or had IRS in the past 12 months.

# HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOR

## Knowledge of HIV Prevention Methods

Knowledge of HIV is almost universal: 94% of women and 96% of men in Sierra Leone have heard of AIDS. Six in ten women and 74% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner. Men are more likely than women to know about the different HIV prevention methods. Knowledge of HIV prevention methods is highest among women and men with secondary or higher education and in the highest wealth quintile.

## Knowledge of Prevention of Mother-to-Child Transmission of HIV (PMTCT)

Women are much more likely to know about PMTCT than men: 70% of women and 48% of men know that HIV can be transmitted by breastfeeding. Fewer women and men know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy. Half of women and 31% of men know both key messages about PMTCT of HIV.

## Attitudes

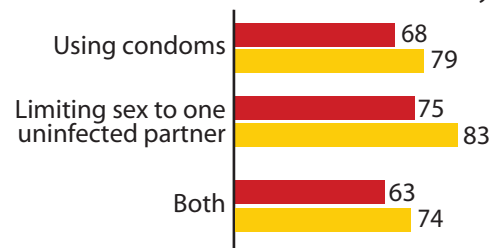
Stigma and discrimination related to HIV/AIDS are still widespread in Sierra Leone. Though more than 70% of women and 83% of men say they are willing to care for a family member with AIDS in their home, only 42% of women and 36% of men say that they would not want to keep secret that a family member has HIV.

## Multiple Sexual Partners

Six percent of women and 25% of men report that they have had two or more sexual partners in the past year. Among those with multiple sexual partners, only 5% of women and 13% of men report using a condom the last time they had sex.

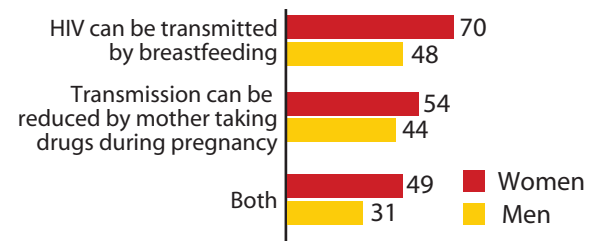
## Knowledge of HIV Prevention

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



## Mother-to-Child Transmission

Percent who know that:



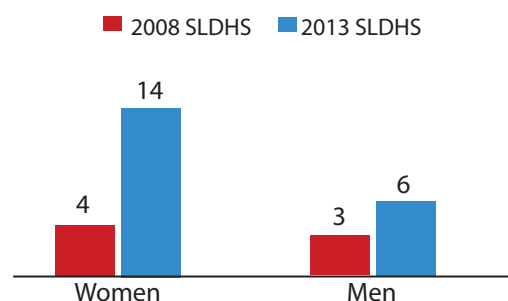
## HIV Testing

Seven in ten women and men know where to get an HIV test. More than one-third of women and only 14% of men have ever been tested for HIV and received their results. In the past year, 14% of women and 6% of men have been tested for HIV and received the results. HIV testing is higher in urban areas than rural areas, and is more common among more educated and wealthier women and men.

HIV testing coverage has improved in recent years. In 2008, only 4% of women and 3% of men had been tested in the year before the survey. Still, in 2013, half of women and 82% of men have never been tested for HIV.

## Trends in Recent HIV Testing

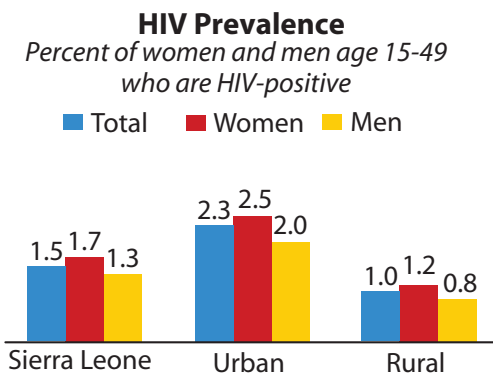
Percent of women and men age 15-49 who were tested for HIV in the 12 months before the survey and received their results



# HIV PREVALENCE

More than 7,800 women age 15-49 and 6,700 men age 15-59 were tested for HIV during the 2013 SLDHS. Overall, 91% of eligible adults agreed to provide blood drops for HIV testing.

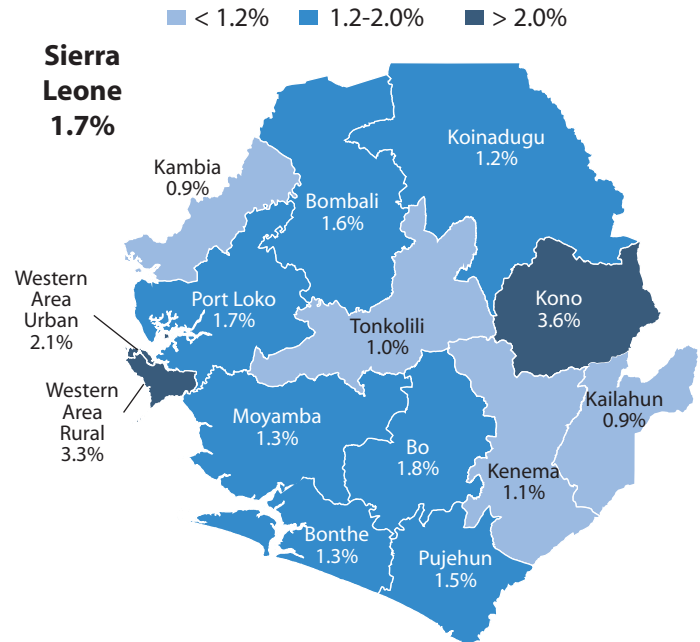
According to the 2013 SLDHS, 1.5% of Sierra Leonean adults age 15-49 are HIV-positive. HIV prevalence is slightly higher among women (1.7%) than men (1.3%). HIV prevalence is markedly higher in urban areas among both women and men.



HIV prevalence also varies by district. Among women, HIV prevalence is highest in Kono (3.6%) and Western Rural (3.3%) and lowest in Kailahun and Kambia (0.9%, each). Among men, HIV prevalence is the highest in Western Rural (3.6%) and Western Urban (3.3%) districts.

HIV prevalence has not changed in Sierra Leone since the 2008 SLDHS.

**Women's HIV Prevalence by District**  
Percent of women age 15-49 who are HIV-positive



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# WOMEN'S EMPOWERMENT

## Employment

Eighty-five percent of married women age 15-49 were employed at any time in the past 12 months, compared with almost all (98%) married men. Among those who are employed, men are more likely to earn cash, while more than half of women (54%) are not paid for their work. Two in five women who are employed and earning cash made independent decisions on how to spend their earnings. Three-quarters of women who receive cash payment earn less than their husbands.

## Ownership of Assets

More than 6 in 10 women do not own a house (61%) or land (64%). Only 39% of women own a house, either alone or jointly, and only 36% own land. Men are equally likely to own houses or land (38% and 36%, respectively).

## Participation in Household Decisions

Not all Sierra Leonean women have power to make decisions. More than 60% of women have sole or joint decisionmaking power about visiting family or relatives, while 55% participate in decisions about major household purchases and 54% participate in decisions about their own health care. Nearly one-third do not participate in any of the three decisions.

Women's decisionmaking varies by district. Just 15% of women in Kailahun participate in all three decisions, compared to 79% of women in Bonthe.

## Attitudes Toward Wife Beating

More than 6 in 10 women (63%) and one-third of men agree that a husband is justified in beating his wife if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Women are most likely to agree that wife beating is justified if a wife goes out without telling her husband (53%) or neglects the children (53%). Men are more likely to agree that wife beating is justified if the wife argues with him (24%).

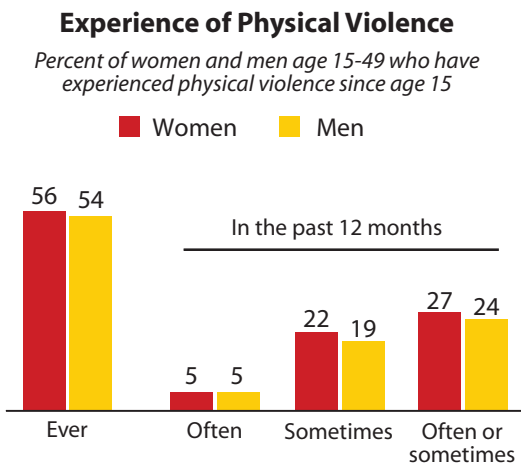


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# DOMESTIC VIOLENCE

## Experience of Violence

More than half of women and men (56% and 54% respectively) have ever experienced physical violence since age 15. About one-quarter of women and men experienced physical violence in the 12 months before the survey. More than two-thirds of women in Port Loko and Tonkolili report having ever experienced physical violence, compared to 40% of women in Bonthe. Among men, reports of physical violence are highest in Pujehun (77%) and Tokolili (73%).



The most common perpetrators of physical violence among ever-married women are the current husband or partner (70%) or former husband/partner (20%). Never-married women report that parents and teachers are the most common perpetrators of violence. Among ever-married men, the most common perpetrators of violence are the current wife/partner (50%), followed by parents and other relatives.

Eleven percent of women and 8% of men report having ever experienced sexual violence. Among women and men, the most common perpetrators of sexual violence are current or former partners.

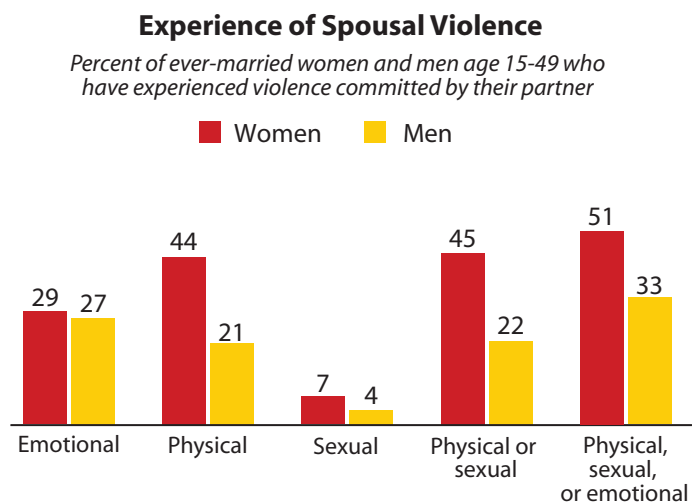
Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Among women who had ever been pregnant 8% experienced physical violence during pregnancy. Violence during pregnancy is most commonly reported by women in Tonkolili and Kambia (14%, each).

## Spousal Violence

Almost half of ever-married women and one-quarter of ever-married men have suffered from spousal abuse (physical or sexual) at some point in their life. Almost 30% of women and 16% of men report that they have experienced physical or sexual violence in the year before the survey from a partner.

Spousal violence is most common in Tonkolili, where 63% of ever-married women and 52% of ever-married men report having experienced physical or sexual violence by partner. Women and men who are divorced, separated, or widowed are slightly more likely to experience spousal violence than those who are married or living together.

Over half (55%) of women who have ever experienced physical or sexual violence have sought help to stop violence; 25% did not seek help or tell anyone. Men are less likely to seek help: only 32% sought help, while 42% did not seek help or tell anyone about the violence. For both women and men, the most common source of help is her or his own family.



# FEMALE GENITAL CUTTING

Ninety percent of Sierra Leonean women are circumcised. This is one of the highest rates seen in West Africa.

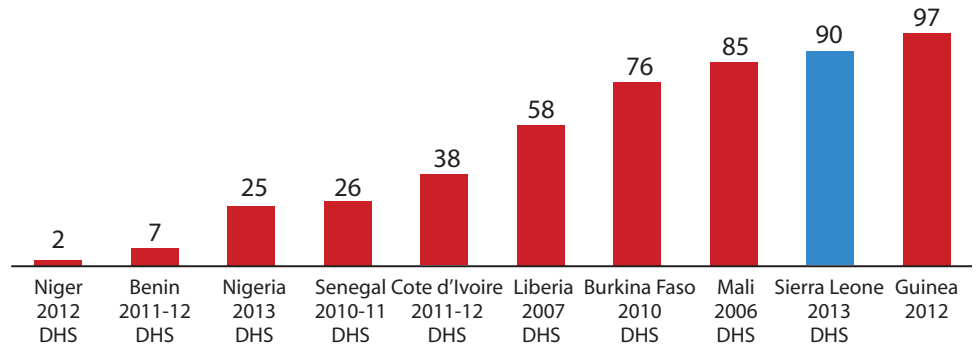
Older women age 45-49 are more likely to be circumcised than younger women age 15-19 (98% and 74%, respectively). FGC is most common in Kambia and Tonkolili (97% each), and slightly less common in Western Area Urban, where 74% of women are circumcised.

Female circumcision is most common among least educated women and those from the poorest households. Only 77% of women with secondary or higher education are circumcised, compared to 97% of those with no education.

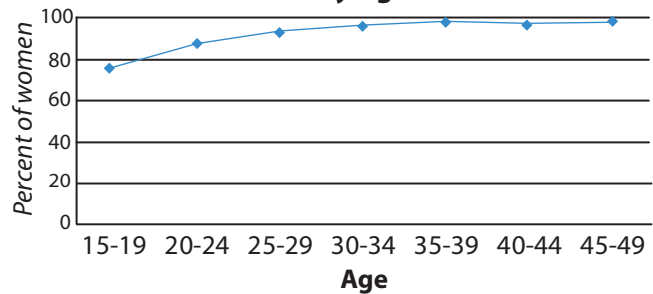
Thirty percent of women report that they were circumcised before the age of 10. Forty percent were circumcised between the ages of 10 and 14; the remaining 23% were circumcised after age 15. (Seven percent do not know at what age their circumcision occurred).

About half of women and men age 15-49 (56% and 47%, respectively) believe their religion requires FGC. More than two-thirds of women and almost half of men in Sierra Leone believe that the practice of circumcision should continue.

**FGC in Western Africa**  
Percent of women circumcised



**Prevalence of Female Genital Cutting by Age**



# INDICATORS

	Sierra Leone	Kailahun	Kenema	Kono
<b>Fertility</b>				
Total fertility rate (number of children per woman)	4.9	6.0	4.9	5.8
Median age at first birth for women age 25–49 (years)	19.4	19.5	18.9	18.8
Women age 15–19 who are mothers or currently pregnant (%)	28	37	32	25
<b>Family Planning (currently married women, age 15–49)</b>				
Current use or any modern method (%)	16	21	16	12
Currently married women with an unmet need for family planning <sup>1</sup> (%)	25	24	27	29
<b>Maternal and Child Health</b>				
<b>Maternity care</b>				
Pregnant women who received antenatal care from a skilled provider <sup>2</sup> (%)	97	99	98	98
Births assisted by a skilled provider <sup>2</sup> (%)	60	86	83	58
Births delivered in a health facility (%)	54	84	77	53
<b>Child vaccination</b>				
Children 12–23 months fully vaccinated <sup>3</sup> (%)	68	85	75	74
<b>Nutrition</b>				
Children under 5 years who are stunted (moderate or severe) (%)	38	41	39	52
Women 15–49 who are overweight or obese (%)	18	16	22	15
<b>Childhood Mortality (deaths per 1,000 live births)<sup>4</sup></b>				
Infant mortality	92	110	147	110
Under-five mortality	156	186	224	171
<b>Malaria</b>				
Households with at least one insecticide-treated net (ITN) (%)	64	61	71	55
Children under 5 years who slept under an ITN the night before the survey (%)	49	50	54	39
Pregnant women 15–49 who slept under an ITN the night before the survey (%)	53	50	64	44
<b>HIV/AIDS</b>				
Knows ways to avoid HIV (women and men age 15–49):				
Using condoms (women/men, %)	68/79	44/91	56/63	76/80
Limiting sexual intercourse to one uninfected partner (women/men, %)	75/83	64/93	59/69	83/78
Tested for HIV in past year and received results (women/men, %)	14/6	14/4	14/4	13/6
HIV prevalence (women/men, % HIV-positive)	1.7/1.3	0.9/1.0	1.1/0.9	3.6/1.2
<b>Domestic Violence and Female Genital Cutting</b>				
Ever experienced physical violence since age 15 (women/men, %)	56/54	50/43	48/69	59/69
Ever experienced physical or sexual violence committed by partner (ever-married women/men, %)	45/22	44/16	36/12	41/18
Women 15–49 circumcised (%)	90	93	92	89

<sup>1</sup>Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup>Skilled provider includes doctor, nurse, midwife, and MCH aide. <sup>3</sup>Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth). <sup>4</sup>Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

District										
Bombali	Kambia	Koinadugu	Port Loko	Tonkolili	Bo	Bonthe	Moyamba	Pujehun	Western Area Rural	Western Area Urban
4.4	5.8	5.5	5.3	5.2	5.1	4.2	6.2	6.3	3.8	3.1
19.1	20.7	18.6	19.6	19.2	19.6	20.0	18.9	18.6	20.0	20.1
21	23	33	35	33	27	33	37	48	29	16
14	5	6	13	14	19	18	9	19	23	26
23	27	24	25	22	28	15	24	25	27	28
96	93	90	97	98	100	96	97	99	99	97
45	41	33	46	38	76	77	36	65	64	77
41	34	33	39	35	72	74	33	62	57	62
69	52	64	65	57	82	77	66	73	60	55
28	37	40	37	36	45	41	34	46	28	29
22	9	9	11	12	21	16	13	27	23	28
71	75	113	101	106	119	55	144	130	124	103
113	131	202	175	190	173	77	199	217	176	152
71	67	80	61	56	78	72	71	87	51	46
50	47	68	49	34	60	56	59	78	33	25
60	55	70	50	41	58	59	65	82	28	29
75/66	65/81	46/74	75/84	70/83	48/83	86/49	50/86	75/79	88/87	82/88
82/67	70/87	59/79	77/90	77/82	63/83	92/77	68/87	74/79	91/85	89/91
11/7	19/15	4/2	16/6	10/5	13/5	17/2	11/3	12/8	18/5	17/11
1.6/0.6	0.9/0.9	1.2/0.7	1.7/1.2	1.0/0.3	1.8/1.0	1.3/0.5	1.3/0.6	1.5/<0.1	3.3/3.6	2.1/3.0
54/60	54/31	48/54	69/56	66/73	54/43	40/13	50/47	48/77	52/38	58/53
47/25	43/19	40/12	56/13	63/52	48/14	29/7	41/26	33/49	31/11	47/24
96	97	96	96	97	89	85	90	90	83	74





