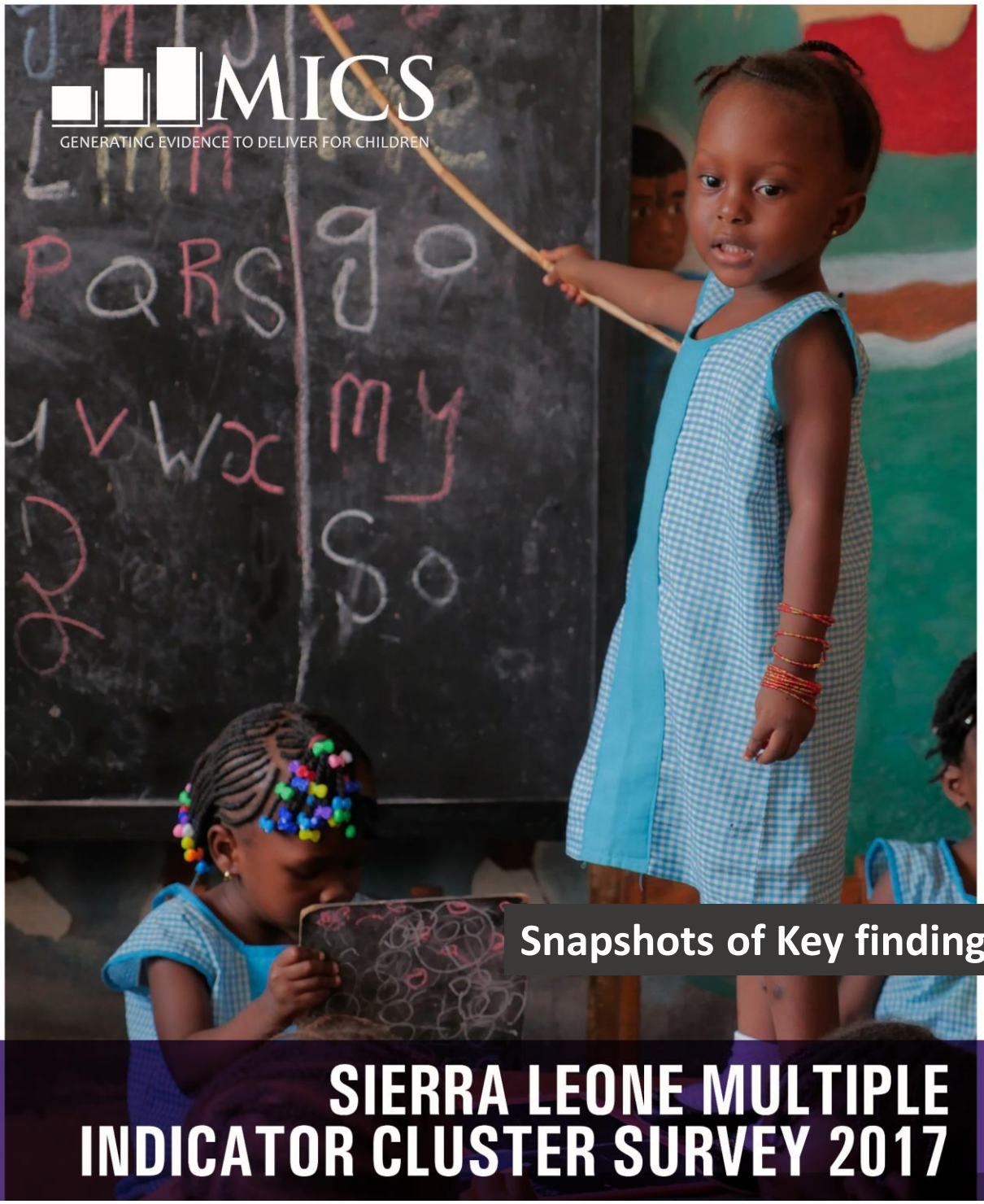


Snapshots of Key findings

SIERRA LEONE MULTIPLE INDICATOR CLUSTER SURVEY 2017

unicef for every child

World Health Organization

WFP World Food Programme wfp.org

UNFPA

The Sixth round of the Multiple Indicator Cluster Survey (MICS) for Sierra Leone was carried out in 2017 by Statistics Sierra Leone (Stats SL) with technical support from United Nations Children's Fund (UNICEF) as part of the Global MICS Programme. The Government of Sierra Leone, UNICEF, United Nations Population Fund (UNFPA), World Health Organization (WHO), World Food Programme (WFP) and European Union (EU) provided financial support for the survey.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments. The specific objectives of the Sierra Leone MICS 2017 were to

i. Provide up-to-date information for assessing the situation of children and women in Sierra Leone

ii. Provide a measure of the socio-economic impact of the Ebola virus disease (EVD) in Sierra Leone;

iii. Provide additional data needed for preparing a country progress report on achieving the goals of World fit for children (WFFC), and the reporting requirements of other international development declarations and agendas;

iv. Contribute to the development of the national statistical system, data and monitoring systems, and strengthen national capacity in the design, implementation, and analysis of such monitoring systems.

v. Obtain a nationally-representative view of the quality of water that people drink in their home and the quality of their drinking water source.

vi. Contribute to the generation of baseline data for the 2030 Agenda for Sustainable Development

The objective of this report is to facilitate the timely dissemination and use of results from the Sierra Leone MICS. The report contains detailed information on the methodology of the survey, and all standard MICS tables. The report is accompanied by a series of Statistical Snapshots of the main findings of the survey.

For more information on the Global MICS Programme, please go to mics.unicef.org.

Statistics Sierra Leone. 2018. *Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Findings Report. Freetown*, Sierra Leone: Statistics Sierra Leone.

Table of Contents

Sierra Leone 2017

MICS

Multiple Indicator Cluster Surveys

Sample and Survey Characteristics

Response Rates

Household

Women age 15-49

Men age 15-49

Children under 5

Children age 5-17

Survey Implementation

Implementing Agency:
Statistics Sierra Leone

Sampling Frame:
2015 Sierra Leone Population and Housing Census

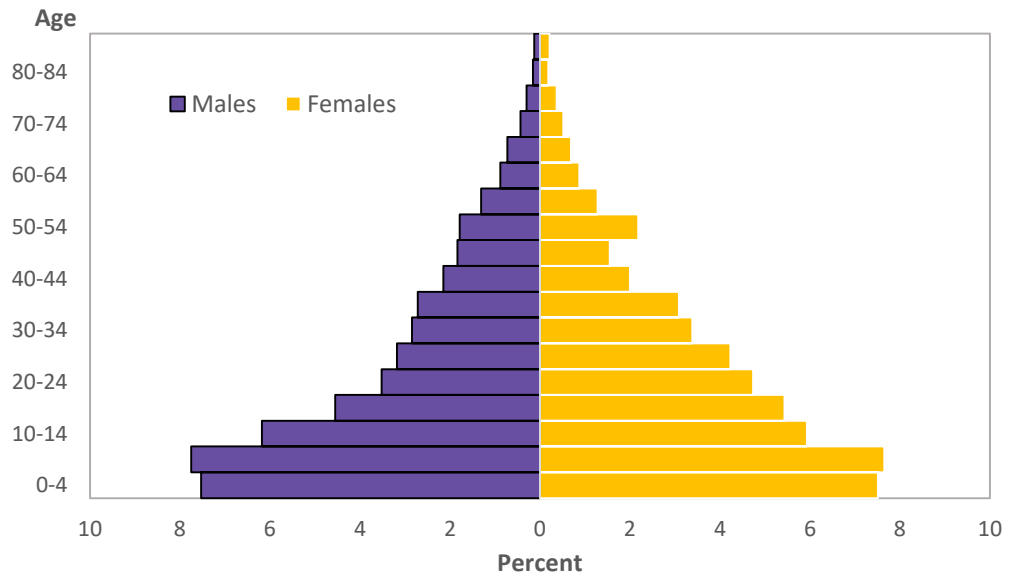
Updated:
2016

Interviewer training:
April – May 2017

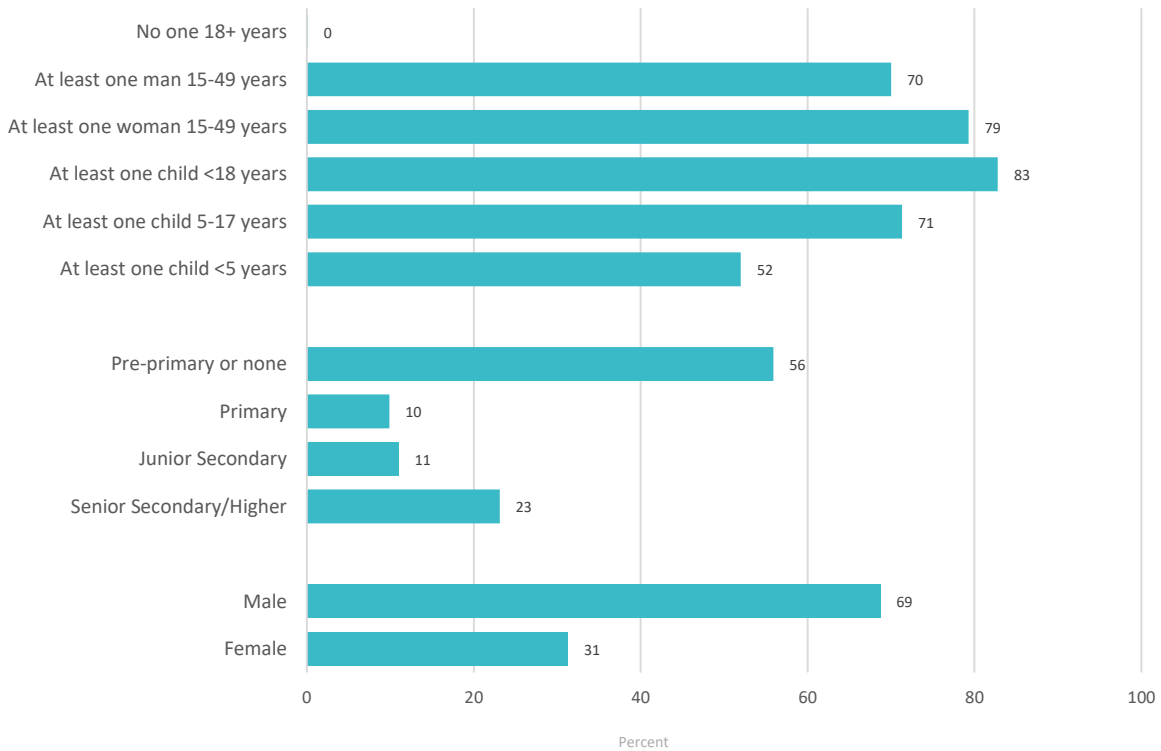
Fieldwork:
May - August 2017

Questionnaires:
Household
Women age 15-49
Men age 15-49
Children under 5
Children age 5-17
Water Quality Testing
Verbal Autopsy

Age & sex distribution of household population



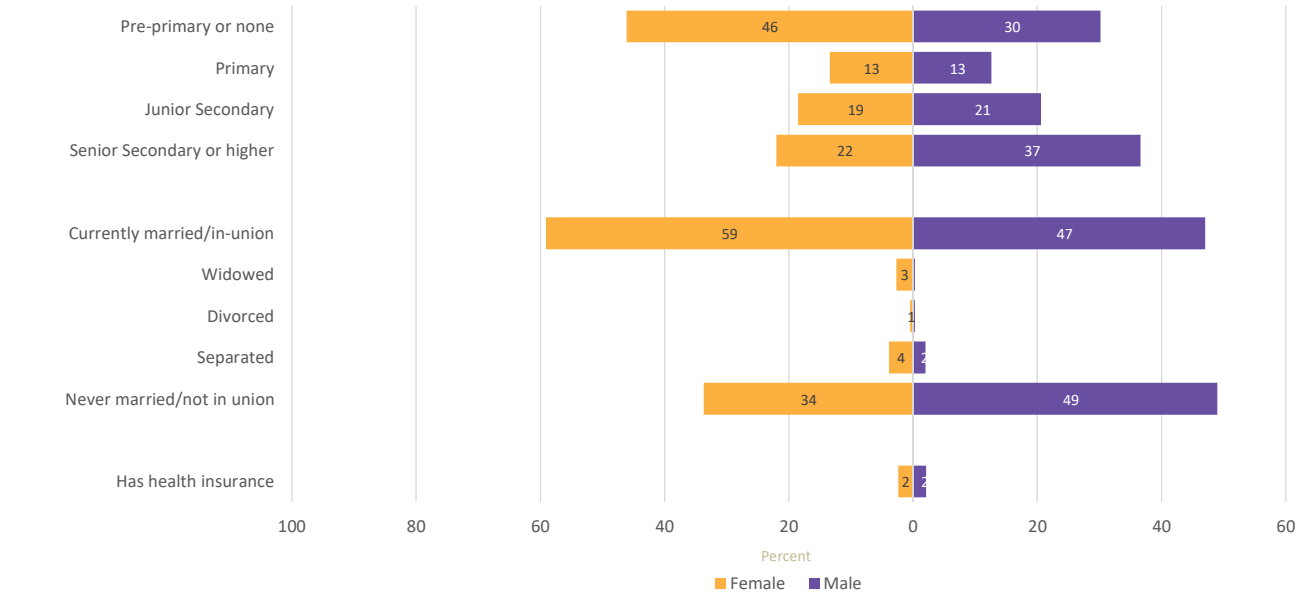
Household composition & characteristics of head of household



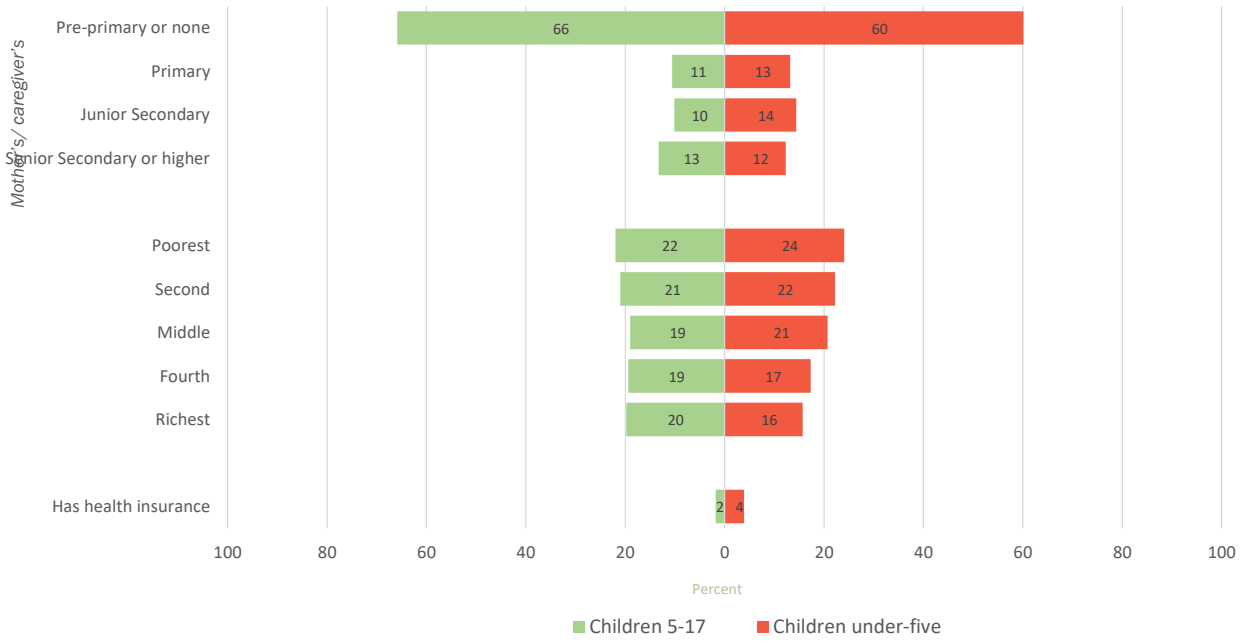
Regional and district distribution of population

Region /District	Households	Women	Men	Children <5 years	Children 5-17
Eastern Province	**22**	**22**	**23**	**23**	**23**
Kailahun	7	6	6	7	6
Kenema	9	10	10	9	10
Kono	7	6	7	7	7
Northern Province	**33**	**32**	**30**	**37**	**35**
Bombali	8	8	9	8	8
Kambia	4	5	4	5	5
Koinadugu	4	5	5	7	5
Port Loko	9	8	8	9	9
Tonkolili	7	6	5	8	7
Southern Province	**20**	**19**	**18**	**21**	**20**
Bo	8	8	7	8	9
Bonthe	3	3	3	3	3
Moyamba	5	4	4	5	4
Pujehun	4	4	4	5	4
Western Area	**25**	**27**	**29**	**20**	**21**
Western Area Rural	7	8	8	8	7
Western Area Urban	18	19	21	12	14

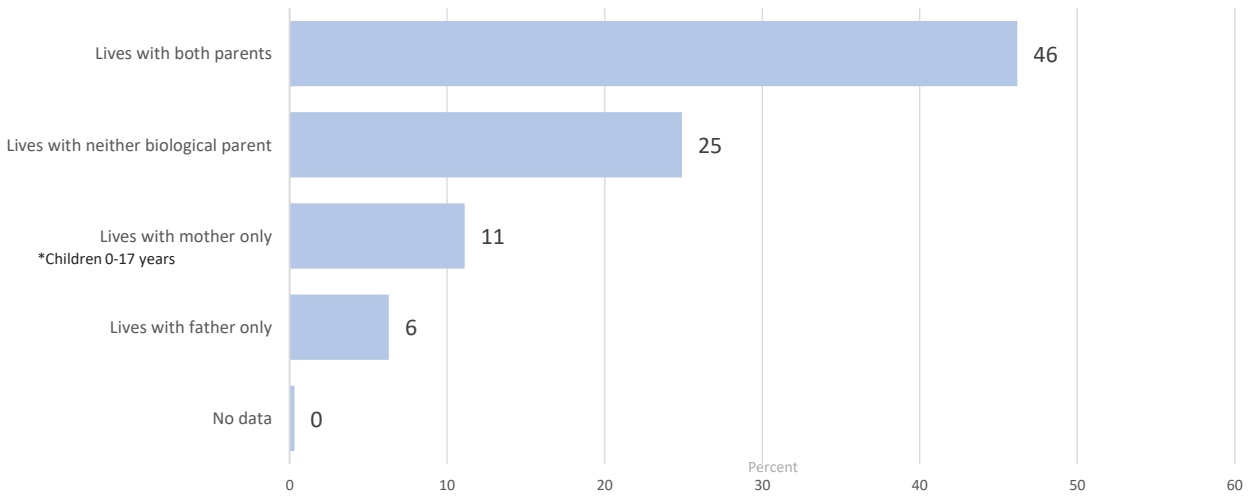
Women & men's profile



Children's profile



Children's living arrangements*



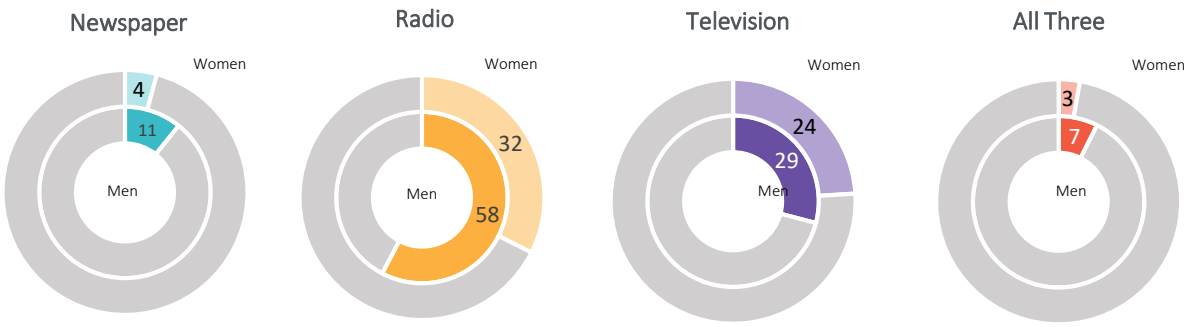
Sierra Leone 2017

MICS

Multiple Indicator Cluster Surveys

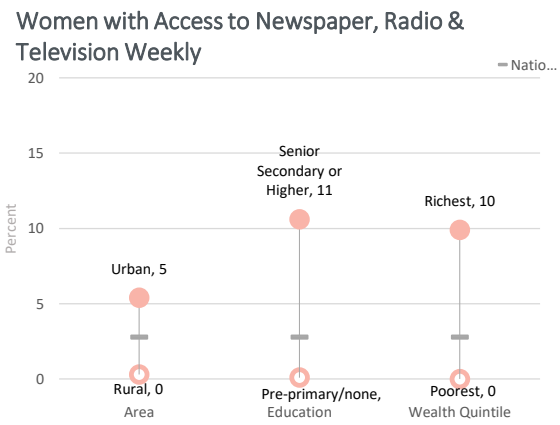
Mass Media, Communications & Internet

Exposure to Mass Media

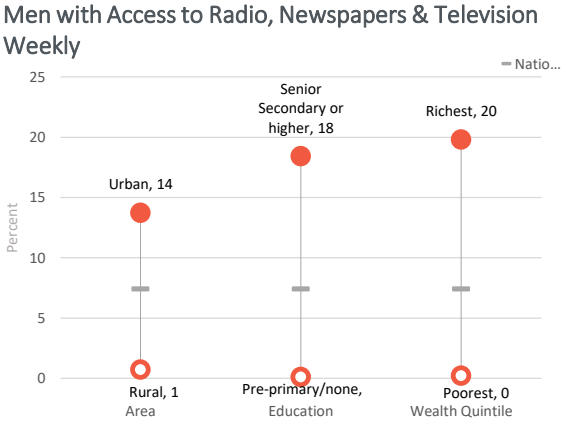


Percentage of women age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women age 15-49 who are exposed to all three on a weekly basis

Inequalities in Access to Mass Media



Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis



Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Key Messages

- Mobile Telephones were owned by 71 percent of households, followed by Radios (55% of households), Television (18% of households), Internet at home (14% of households), Computers (6% of households), and Fixed-Line Telephones (1% of households).

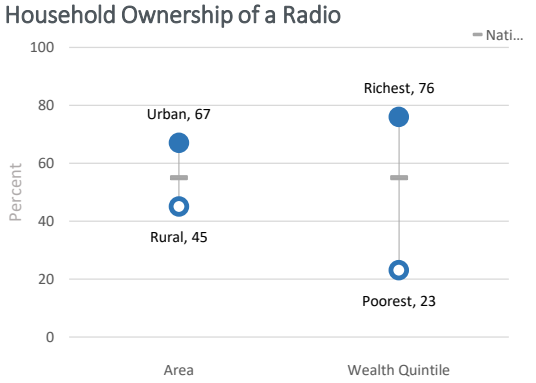
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Region	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
National	55	18	1	71	6	14
Eastern Province	**53**	**7**	**1**	**64**	**3**	**11**
Kailahun	47	0	1	59	1	7
Kenema	57	14	1	66	4	15
Kono	52	5	0	67	2	9
Northern Province	**49**	**8**	**0**	**63**	**3**	**10**
Bombali	48	17	1	66	5	9
Kambia	51	1	0	71	1	11
Koinadugu	48	1	0	57	1	7
Port Loko	58	11	0	70	5	15
Tonkolili	38	1	0	48	1	3
Southern Province	**53**	**7**	**0**	**63**	**3**	**7**
Bo	55	15	1	65	3	9
Bonthe	55	3	0	69	2	4
Moyamba	57	2	1	60	2	6
Pujehun	44	0	0	59	3	6
Western Area	**66**	**50**	**2**	**95**	**14**	**27**
Western Area Rural	66	14	0	92	8	25
Western Area Urban	65	65	2	97	16	28

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home

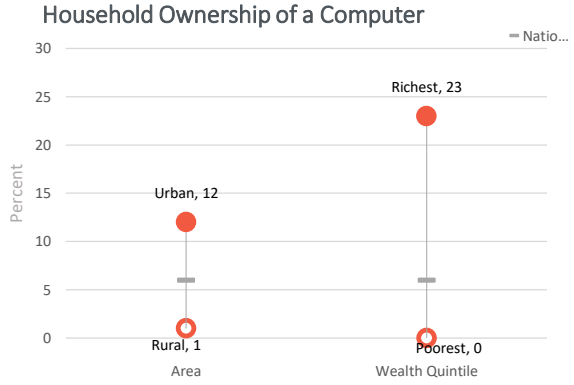
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



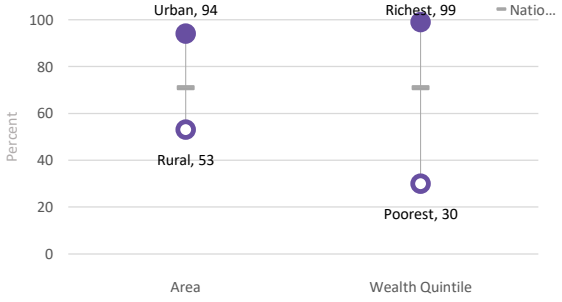
Percentage of households with a computer at home

Household Ownership of a Computer



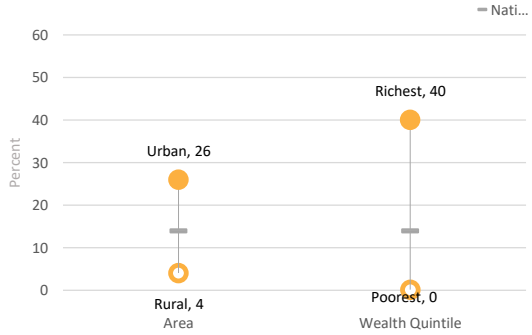
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



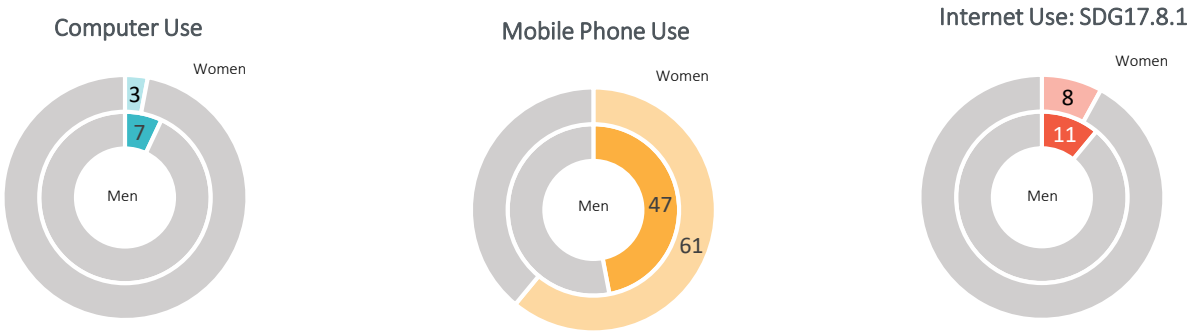
Percentage of households with mobile telephone

Households with Internet



Percentage of households with access to the internet at home

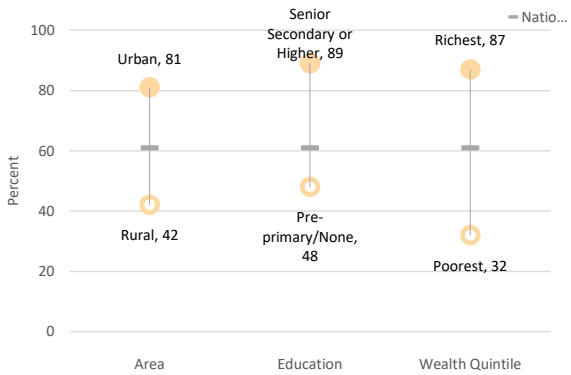
Use of Information & Communication Technology



Percentage of women and men age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

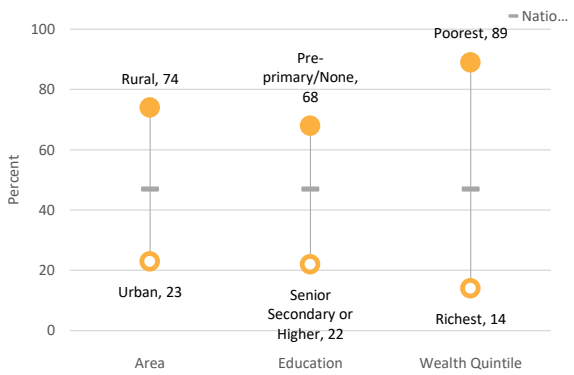
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



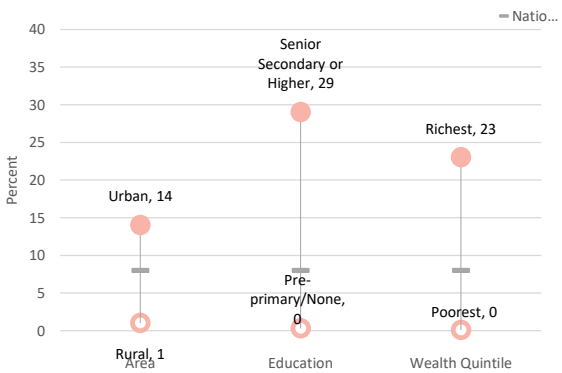
Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men



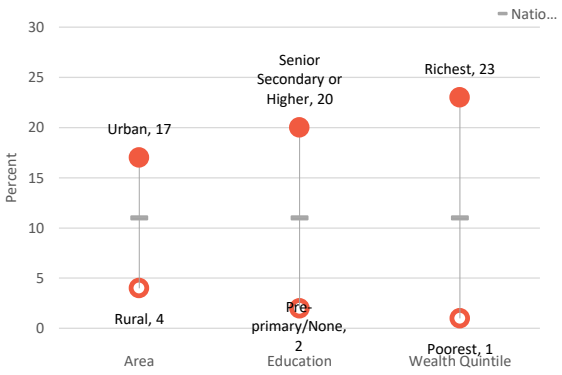
Percentage of men age 15-49 years who during the last 3 months used a mobile phone

Disparities in Internet Use among Women: SDG17.8.1



Percentage of women age 15-49 years who used the internet in the last 3 months

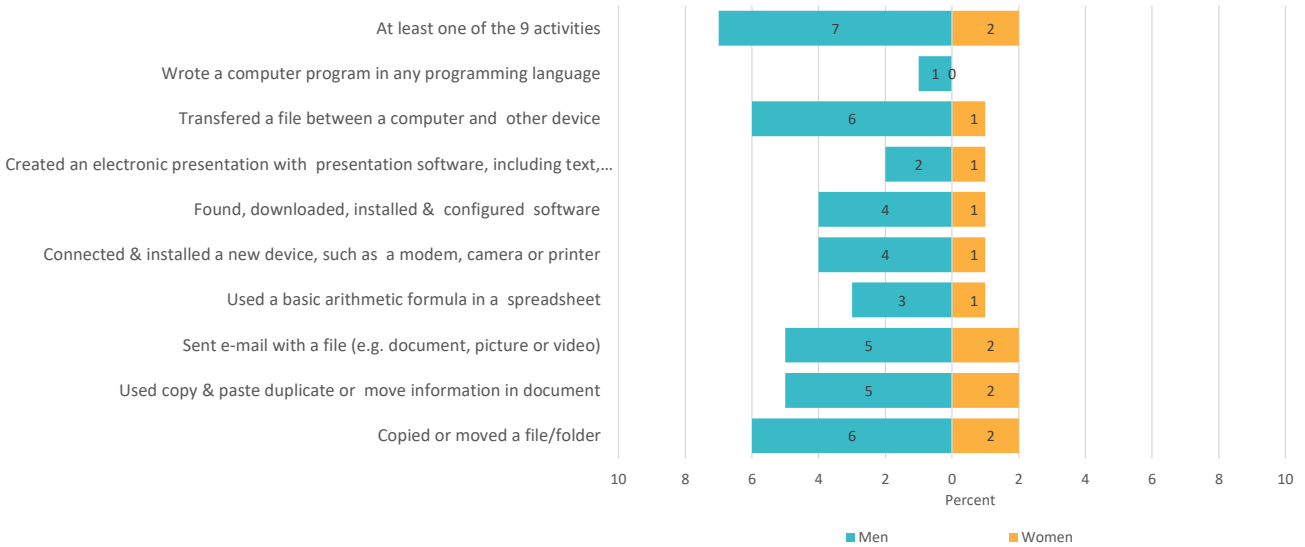
Disparities in Internet Use among Men: SDG17.8.1



Percentage of men age 15-49 years who used the internet in the last 3 months

Information & Communication Technology (ICT) Skills

Specific Computer Skills



Percentage of women and men age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Regional Data on ICT Use & Skills

Region	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 ICT activity
National	3	61	8	2
Eastern Province	1	54	5	1
Kailahun	0	43	1	0
Kenema	2	61	9	2
Kono	0	53	5	0
Northern Province	1	49	3	1
Bombali	2	60	4	2
Kambia	0	39	2	0
Koinadugu	1	32	2	1
Port Loko	2	57	6	2
Tonkolili	0	46	1	0
Southern Province	1	61	4	1
Bo	1	62	4	1
Bonthe	0	54	2	0
Moyamba	1	64	4	0
Pujehun	2	58	4	1
Western Area	7	83	17	6
Western Area Rural	3	81	12	2
Western Area Urban	9	84	19	8

Percentage of women aged 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

Regional Data on ICT Use & Skills

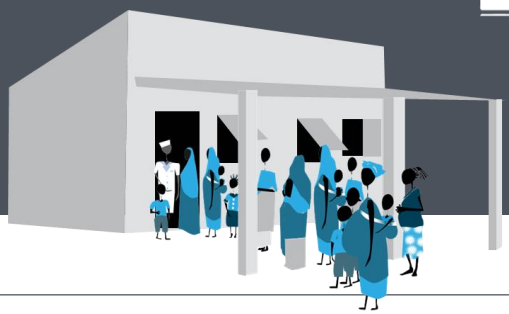
Region	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 ICT activity
National	7	47	11	7
Eastern Province	3	57	6	3
Kailahun	1	67	7	1
Kenema	6	49	9	6
Kono	1	60	3	1
Northern Province	4	59	8	3
Bombali	6	55	9	6
Kambia	2	35	5	2
Koinadugu	1	79	6	1
Port Loko	5	53	14	5
Tonkolili	0	74	2	0
Southern Province	6	68	8	5
Bo	9	62	10	9
Bonthe	5	72	7	5
Moyamba	2	70	6	2
Pujehun	3	73	5	3
Western Area	14	15	19	14
Western Area Rural	6	27	7	6
Western Area Urban	17	11	23	17

Percentage of men aged 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

Sierra Leone 2017

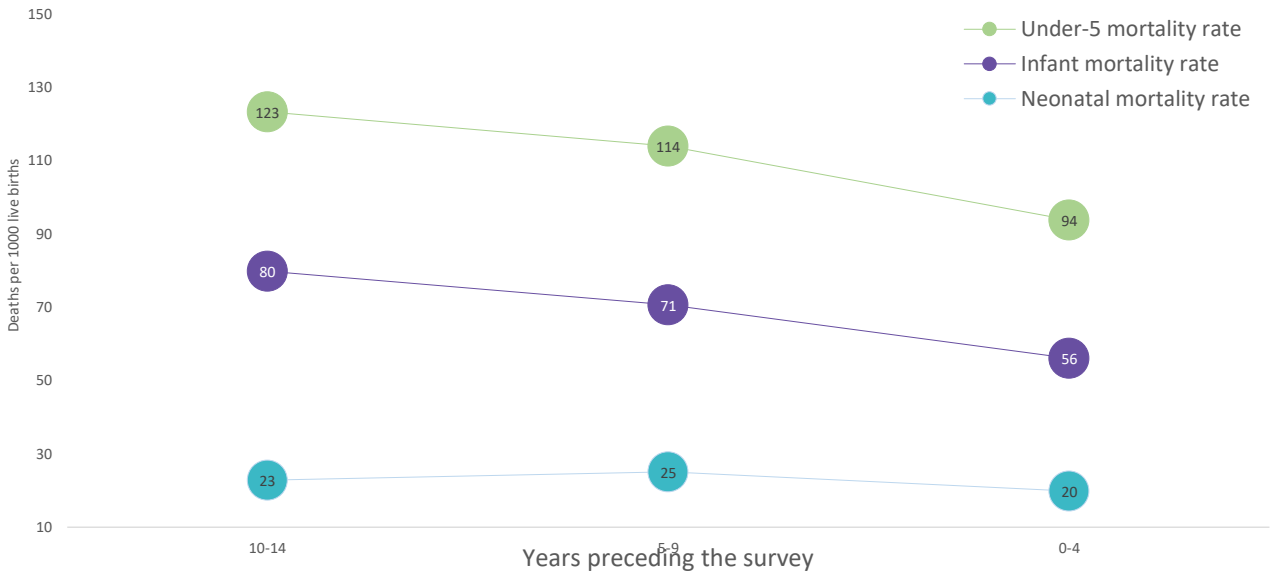
MICS

Child Mortality



Multiple Indicator Cluster Surveys

Mortality Rates among Children Under-5

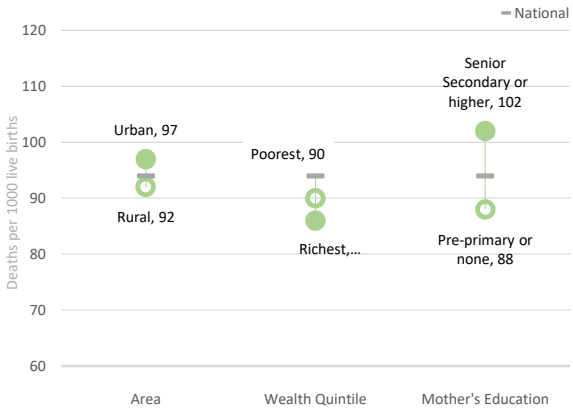


Years Prior to the Survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	20	36	56	40	94
5-9	25	46	71	47	114
10-14	23	57	80	47	123

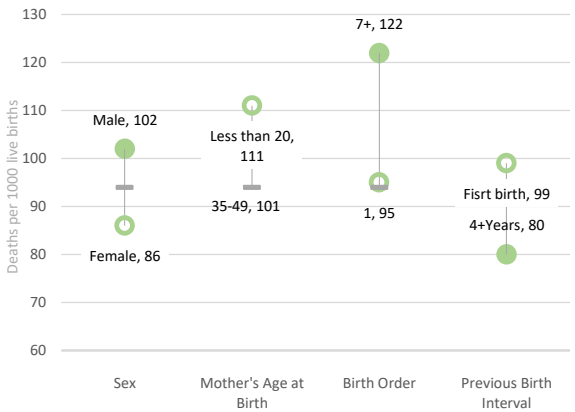
Neonatal mortality (NN): probability of dying within the first month of life
Post-neonatal mortality: calculated as difference between infant and neonatal mortality rates
Infant mortality ($_1q_0$): probability of dying between birth and the first birthday
Child mortality ($_4q_1$): probability of dying between the first and the fifth birthdays
Under-5 mortality ($_5q_0$): the probability of dying between birth and the fifth birthday

Child Mortality Disparities

Under-5 Mortality Rate by Socio-economic Characteristics & Area



Under-5 Mortality Rate by Demographic Risk Factors



Under-five mortality rates for the five year period preceding the survey, by socioeconomic characteristics, area and demographic risk factors

Neonatal & Under-5 Mortality Rates by Region

Region	Neonatal mortality	Under-5 mortality
National	**20**	**94**
Eastern Province	**26**	**102**
Kailahun	20	99
Kenema	21	92
Kono	37	118
Northern Province	**16**	**89**
Bombali	31	119
Kambia	6	54
Koinadugu	11	63
Port Loko	18	121
Tonkolili	8	63
Southern Province	**13**	**68**
Bo	7	38
Bonthe	22	82
Moyamba	13	64
Pujehun	16	116
Western Area	**28**	**117**
Western Area Rural	25	128
Western Area Urban	30	112

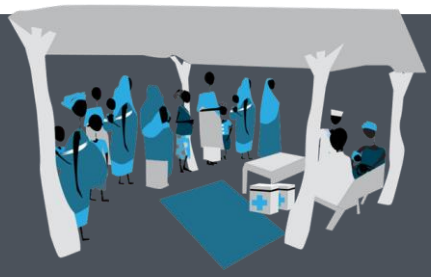
Neonatal mortality and under-5 mortality rates (deaths per 1000 live births) for the five year period preceding the survey, by region

Key Messages

- **Under 5, infant and neonatal mortality rates have in general decreased over the past 15 years. The values in the past 5 years (U5MR 94, IMR 56 and NMR 20 per 1,000 live births) are lower than in the past 15 years (U5MR 123, IMR 80 and NMR 23 per 1,000 live births.**
- **The mortality vales for the 5 years preceding the survey are lower than expected. There is a need to further investigate the mortality data.**

Sierra Leone 2017

Fertility & Family Planning

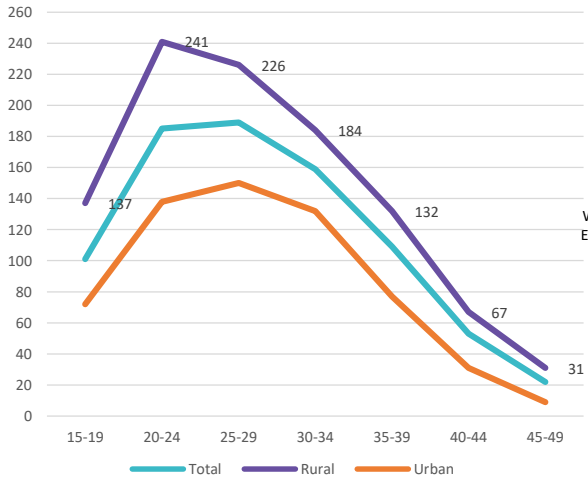


MICS

Multiple Indicator Cluster Surveys

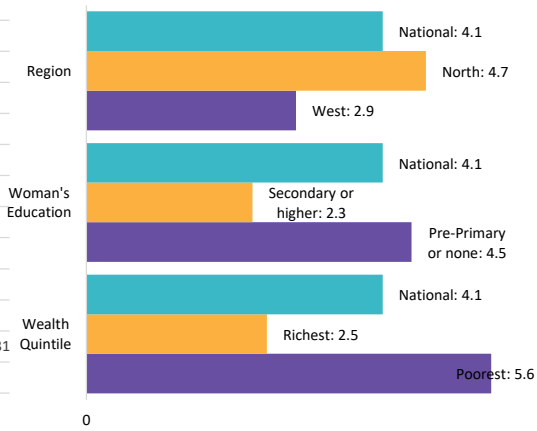
Fertility

Age Specific Fertility Rates



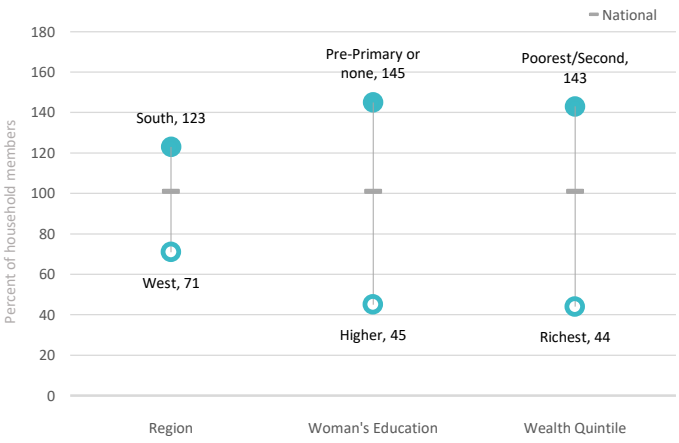
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women.

Total Fertility Rate



*The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49. The TFR is a synthetic measure that denotes the number of live births a woman would have if she were subject to the current age-specific fertility rates throughout her reproductive years (15-49 years).

Adolescent Birth Rate: SDG indicator 3.7.2



Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

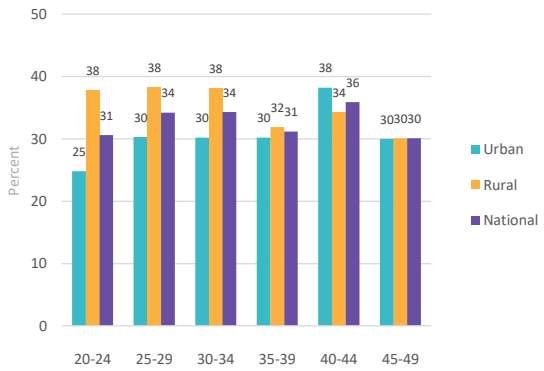
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

*Age-specific fertility rate for girls age 15-19 years
*Adolescent birth rates and total fertility rates for the three-year period preceding the survey

Early Child Bearing - by Age 18

Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics.

Trends in Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18.

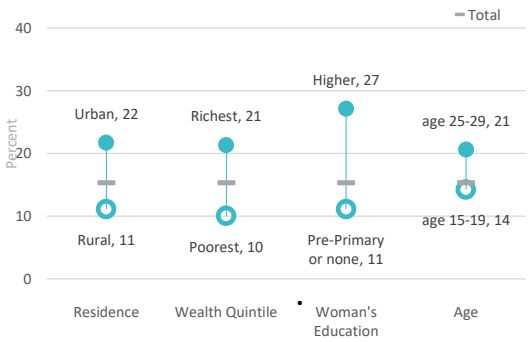
Family Planning

Method of Family Planning by Various Characteristics

*Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method
Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch. Traditional methods refer to periodic abstinence and withdrawal.

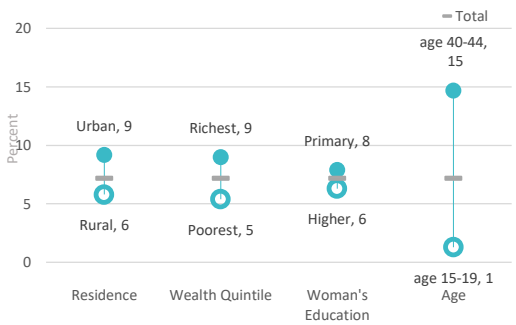
Met Need for Family Planning

Met Need for Family Planning - Spacing



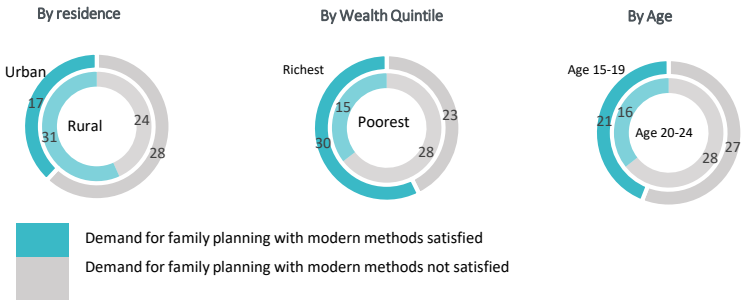
*Percentage of women age 15-49 years currently married or in union with an met need for family planning for spacing, by background characteristics

Met Need for Family Planning – Limiting



*Percentage of women age 15-49 years currently married or in union with an met need for family planning for limiting, , by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies , which are at higher risk for poor obstetrical outcomes.

Regional and District Data on Fertility & Family Planning

Region /Districts	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods among married / in-union women
National	**101**	**4.1**	**3.4**	**30.6**	**212**	**22.5**	**43.8**
Eastern Province	**102**	**4.4**	**2.4**	**30.5**	**22.4**	**23.4**	**44.8**
Kailahun	138	4.3	2.6	36.7	27.5	28.2	56.6
Kenema	82	4.1	2.6	25.1	24.5	26.2	46.3
Kono	102	4.7	1.7	32.9	13.9	14.1	29.5
Southern Province	123	4.4	3.0	33.7	20.3	21.1	42.4
Western Area	71	2.9	2.9	25.3	28.9	30.2	52.6
Northern Province	**117**	**4.7**	**4.9**	**34.0**	**16.2**	**18.0**	**37.0**
Bombali	126	4.6	4.7	31.1	22.0	28.8	44.8
Kambia	115	4.7	5.9	31.2	11.5	12.0	27.7
Koinadugu	94	5.1	2.9	32.3	10.5	10.5	23.6
Port Loko	116	4.6	5.1	39.3	19.1	19.5	44.5
Tonkolili	133	4.9	6.3	34.0	13.9	14.5	35.2
Southern Province	**123**	**4.4**	**3.0**	**33.7**	**20.3**	**21.1**	**42.4**
Bo	113	4.2	3.2	28.6	23.8	24.6	47.9
Bonthe	74	4.0	3.6	33.8	13.4	13.5	31.2
Moyamba	128	4.7	3.3	39.3	14.6	15.0	33.9
Pujehun	179	4.8	1.7	37.7	24.7	26.2	46.3
Western Area	**71**	**2.9**	**2.9**	**25.3**	**28.9**	**30.2**	**52.6**
Western Area Rural	109	3.7	4.3	32.5	30.7	32.7	51.5
Western Area Urban	54	2.6	2.2	21.8	28.1	29.0	53.2

*Percentage of women age 20-24 years who have had a live birth before age 15

- **At current fertility levels, a woman in Sierra Leone will have an average of 4.1 children in her life time**
- **31% of women age 20-24 have had a live birth before age 18, while 3% have had a live birth before age 15**
- **Currently Contraceptive Prevalence Rate (CPR) for Sierra Leone is 23 percent**

Sierra Leone 2017

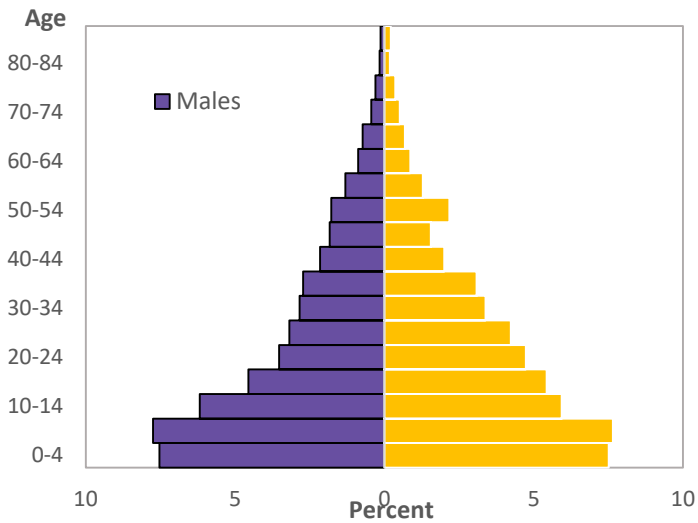
Adolescents

MICS

Multiple Indicator Cluster Surveys

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population



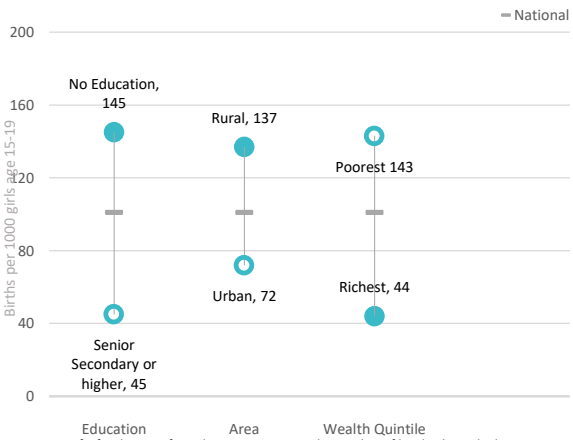
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

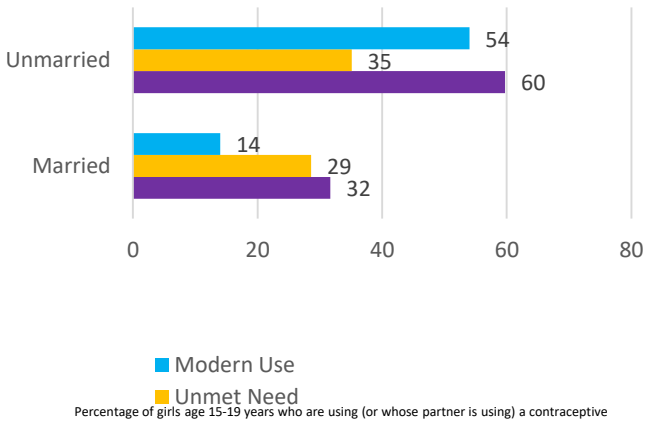
Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

Adolescent Birth Rate: SDG 3.7.2



Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

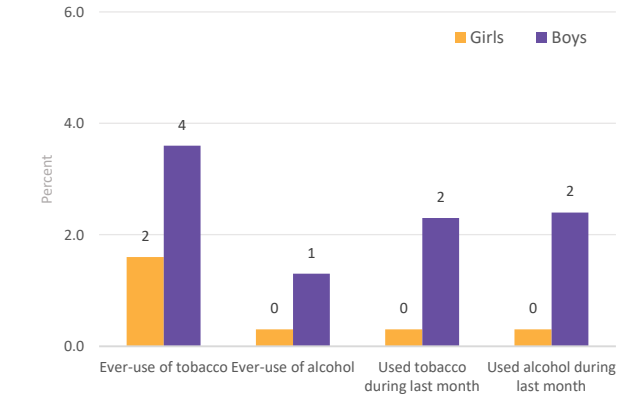
Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1



Percentage of girls age 15-19 years who are using (or whose partner is using) a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied, by marital status

Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use

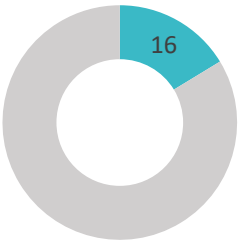


Percentage of adolescent girls and boys age 15-19 who have ever used tobacco or alcohol
Percentage of adolescent girls and boys age 15-19 who have used tobacco or alcohol in the last 1 month
*Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk of substance use due to social, genetic, psychological or cultural reasons. Yet adolescence is also an opportune time for education on the negative consequences of substance use, and promote healthy behaviours that will last into adulthood.

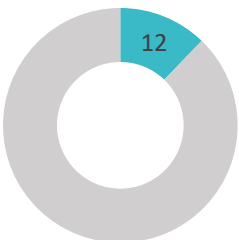
Every Adolescent Learns

Foundational Reading Skills SDG 4.1.1.(a) (i: reading)



Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Foundational Numeracy Skills SDG 4.1.1.(a) (ii: numeracy)

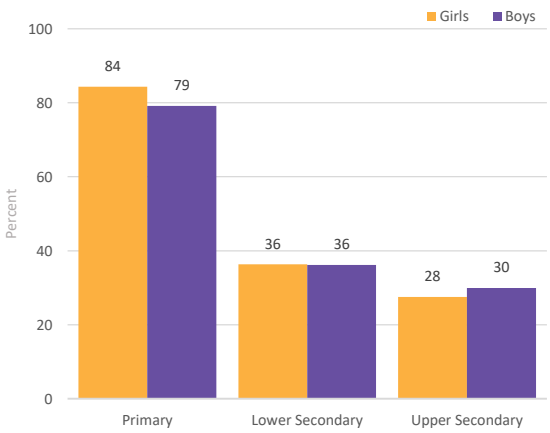


Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

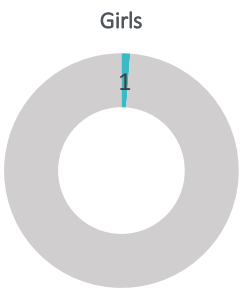
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

School Attendance Ratios

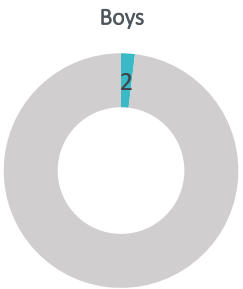


Adjusted net attendance ratio, by level of education and by gender

Information & Communications Technology (ICT) Skills*



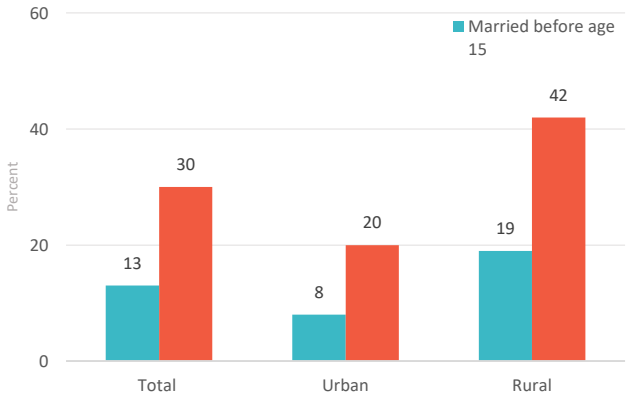
Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills



Percentage of boys age 15-19 who can perform at least one of the nine listed computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Every Adolescent is Protected from Violence & Exploitation

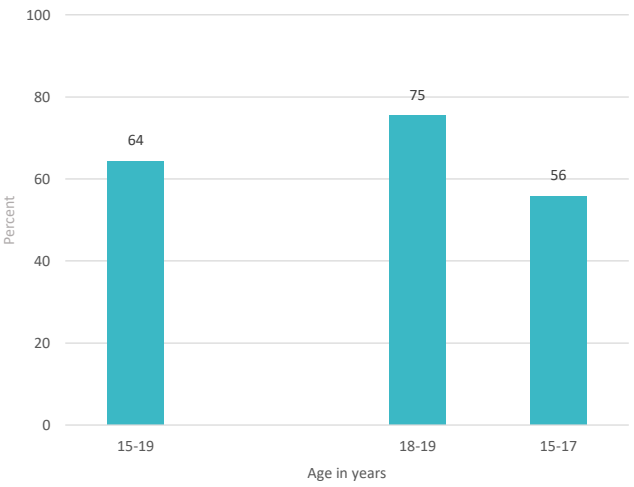
Child Marriage: SDG 5.3.1



Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by residence

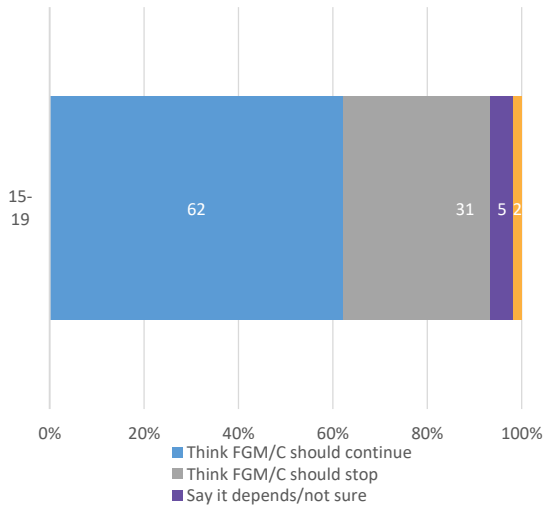
Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

Female Genital Mutilation/Cutting*



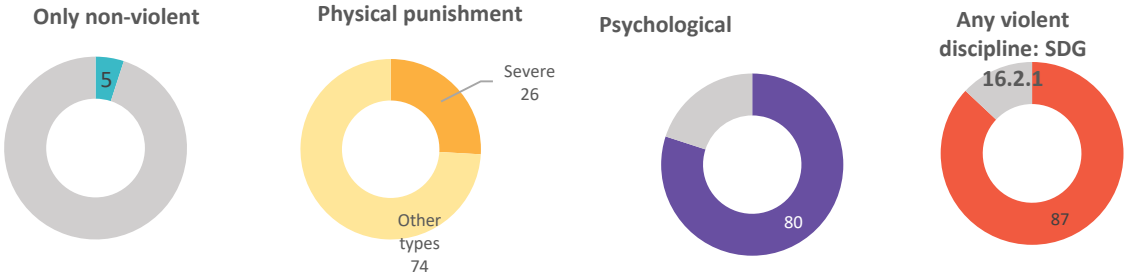
Percentage of girls age 15 to 19 years who have undergone FGM/C, by age group
*Age disaggregate of SDG 5.3.2: Prevalence of FGM/C among women age 15-49

Attitudes towards Female Genital Mutilation/Cutting



Percentage of girls age 15-19 who have heard about FGM/C, by their attitudes on if the practice should continue

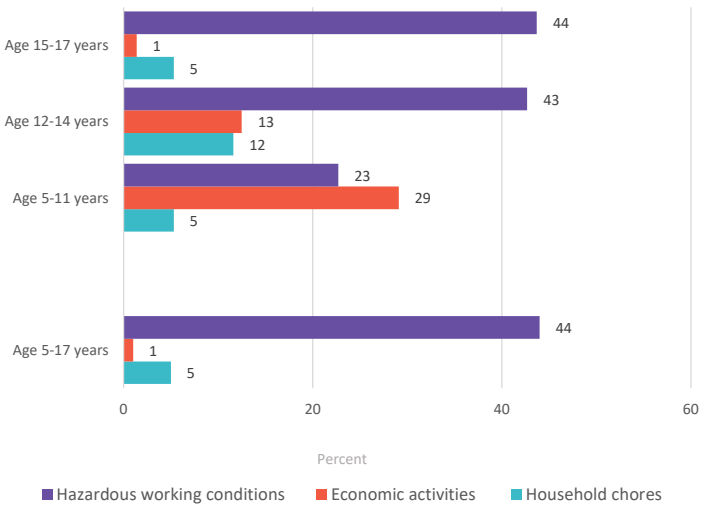
Child Discipline



Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1



Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age

Definition of Child Labour

Age 5-11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

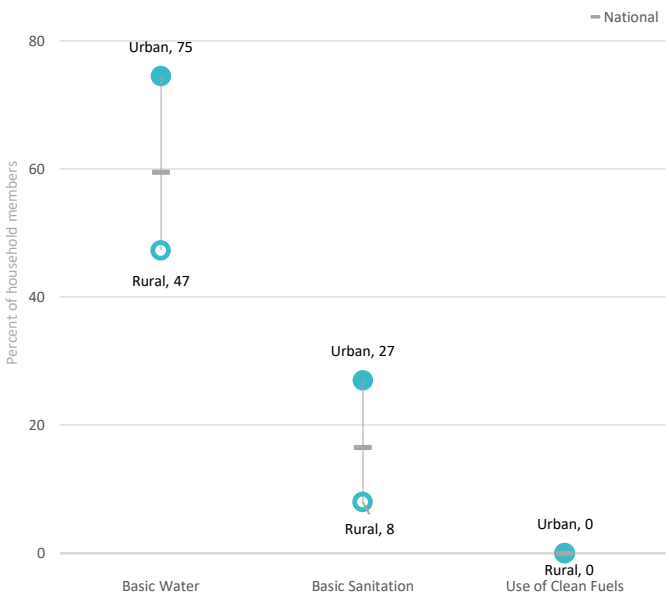
Age 12-14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15-17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water.

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



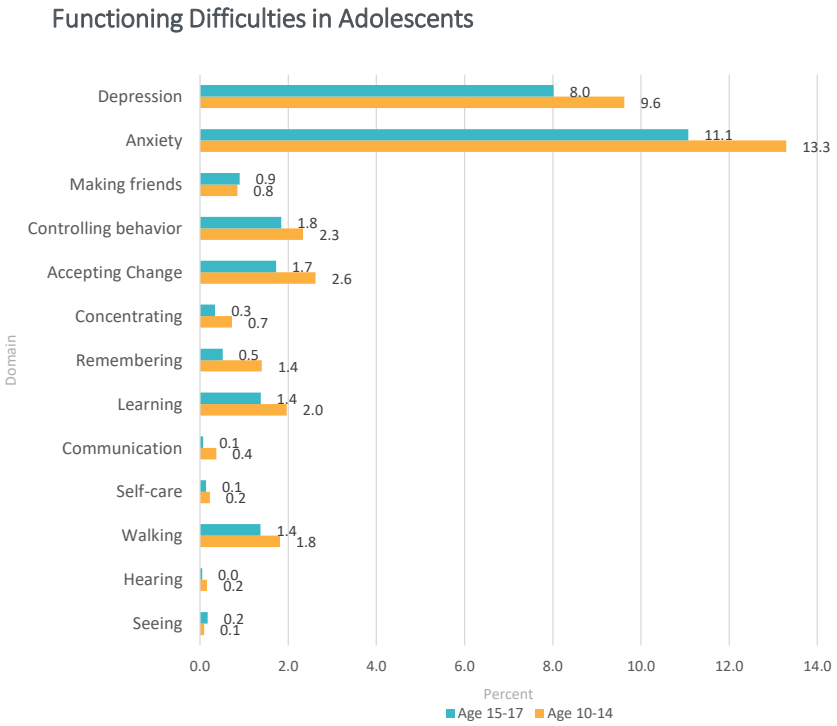
The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1 : Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.2.1: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

Every Adolescent has an Equitable Chance in Life



Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- **101 out of every 1,000 adolescent girl 15-19 years had given birth to a bay in the 3 years preceding the survey. Births among adolescents were higher among the uneducated, the poorest and in rural areas.**
- **Amongst girls aged 15 to 19 years, modern contraceptive use was more prevalent for unmarried girls (54%) than for married girls (14%).**
- **Foundational Reading skills in children 7-14 years were higher (16%) than Foundational Numeracy skills (12.4%).**
- **12.9%of women aged 20-24 years were married before age 15 years, and 29.9& before age 18 years.**
- **64% of girls 15-19 years had undergone FGM/C. 31% felt that FGM/C should be stopped.**
- **The most common functioning difficulty in both children aged 10-14 and 15-17 years is anxiety closely followed by depression. Children 10-14 years were more anxious (13.3%) and depressed (9.6%)than children 15-17 years (anxiety 11.1%, depression 8.0%)**

Sierra Leone 2017

HIV & Sexual Behaviours

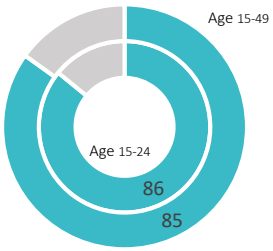
MICS

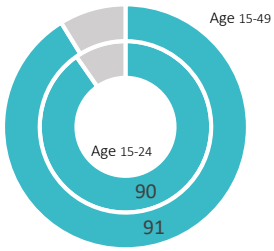
Multiple Indicator Cluster Surveys

HIV indicators

Knowledge

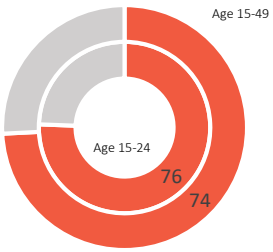
Percent who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception.

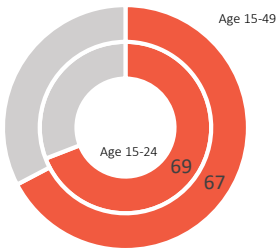




Stigma

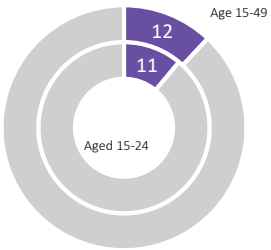
Percent of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV.

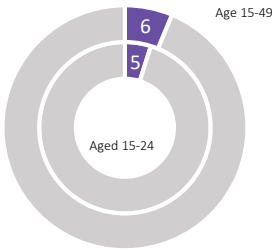




Testing

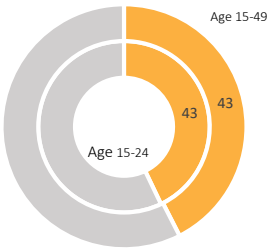
Percent who have been tested for HIV in the last 12 months and know the result.





Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV.

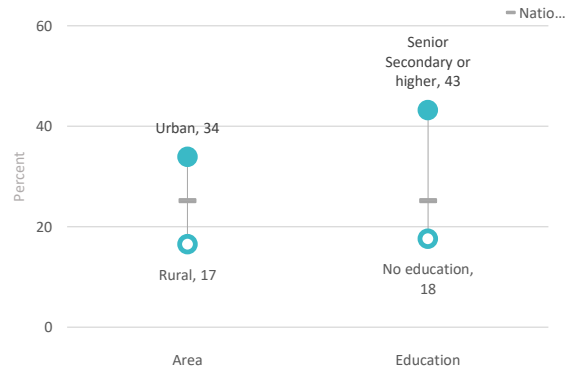


Key Messages

- 8 in 10 of women and 9 in 10 of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner
- Discriminatory attitudes are slightly higher in women than in men
- Only 1 in 10 women and less than 1 in 10 men were tested and received results within the last 12 months before the survey
- 2 in 5 pregnant women with a live birth in the last five years received HIV testing and counseling and received the results during an ANC visit

HIV Indicators by Key Characteristics

Knowledge among Adolescent Girls & Young Women (15-24)*



Knowledge among Adolescent Boys & Young Men (15-24)*

*Percent age 15-24 who know two ways of HIV prevention, who know that a healthy looking person can be HIV-positive, and who reject two most common misconceptions.

Tested for HIV in last 12 months

Percent age 15-49 who have been tested for HIV in the last 12 months and know the result

District Data on HIV Testing

	Men who tested in last 12 months	Women who tested in last 12 months	Women testing at ANC
National	**6.3**	**12.0**	**36.5**
Kailahun	3	7	27
Kenema	14	12	48
Kono	4	13	18
Bombali	8	13	39
Kambia	4	6	29
Koinadugu	1	9	45
Port Loko	10	8	21
Tonkolili	4	5	17
Bo	7	12	59
Bonthe	2	17	46
Moyamba	1	9	21
Pujehun	4	9	27
Western Area Rural	2	16	45
Western Area Urban	7	18	49

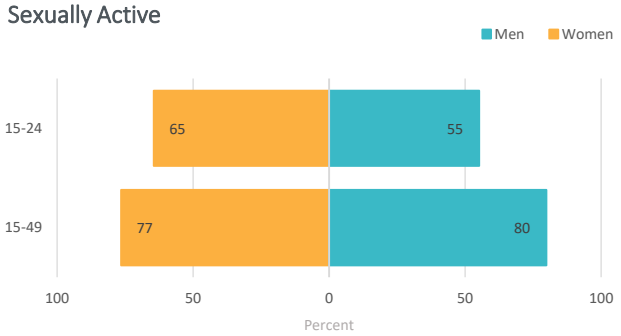
Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result
HIV testing during ANC: percent of women age 15-49 who during their last antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Key Messages

- **Across the districts and among men 15-49, Kenema district had majority (14%) who within last 12 month of the survey tested and received results while Moyamba had the lowest (1.3%).**
- **Across the districts and among women 15-49, Western Area Urban district had majority (18%) who within last 12 month of the survey tested and received results while Tonkolili had the lowest (5%).**
- **Within the past 12 months, only 7% of men across all age groups (15-49) have been tested and received the results while more than 1 in 10 across all age groups (15-49) have been tested and received the results**
- **Among women who gave birth in the 5 years before the survey, more than half (59%) in Bo district, were counselled and tested for HIV during antenatal care and received the results**

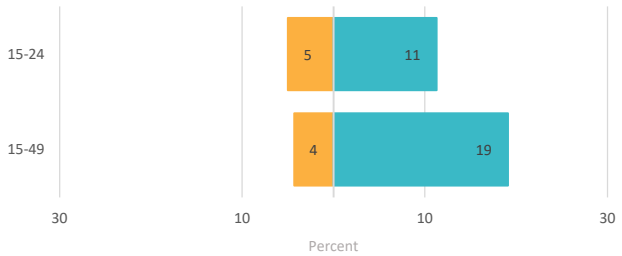
Sexual Behaviour by Key Characteristics

Sexually Active

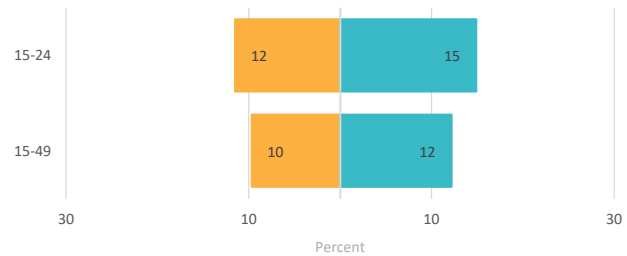


In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease prevention and health promotion programs.

Multiple Partners

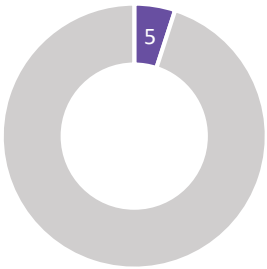


Condom Use

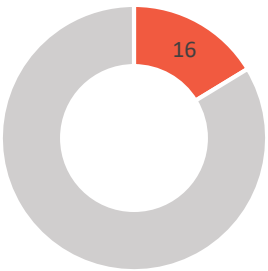


Young People who had Sex Before Age 15

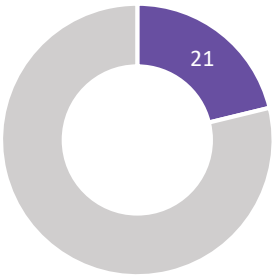
Adolescent boys and young men 15-24



Adolescent girls and young women 15-24



Girls 15-19 who Report Sex with partner 10 years or older



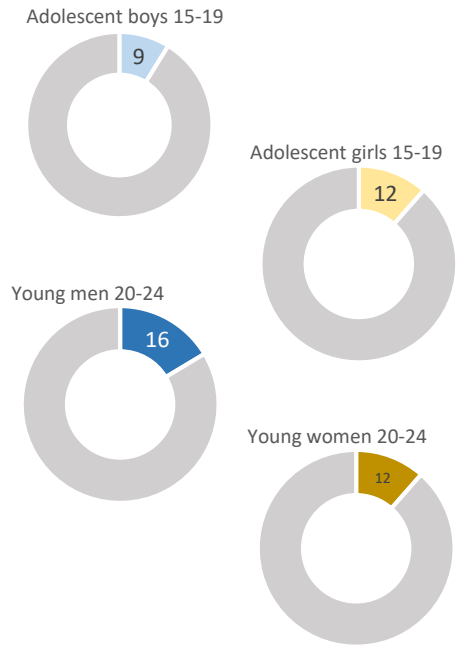
Sexually active: Percent of women and men age 15-49 who had sexual intercourse within the last 12 months
Multiple partners: Percent of women and men age 15-49 of those sexually active in the last 12 months who reported more than one sexual partner within the last 12 months
Condom use: Percent of women and men age 15-49 of those who had sex with more than one partner in the last 12 months who reported condom use during the last sexual intercourse
Sex before age 15: Percent of women and men age 15-49 of population who had sex before age 15
Sex with man 10 years or older: Percent of women age 15-49 of sexually active women who report having had sex with a man 10 or more years older in the last 12 months

Key Messages

- 11% of young men and 5% of young women had two or more sexual partners in the past 12 months.
- Among young men and young women who had two or more partners in the past year, 15% of young women and 12% of young men reported using a condom at last sexual intercourse.
- 1 in 5 women of age 15-49 of sexually active women reported having had sex with a man 10 or more years older in the last 12 months

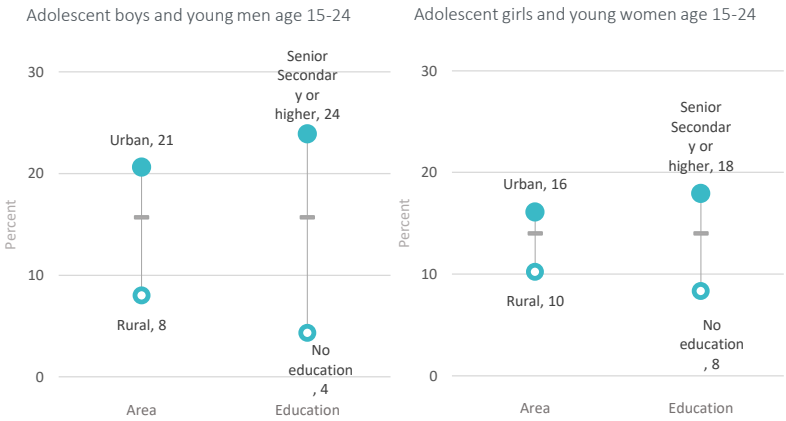
Sexual Behavior by Key Characteristics

Condom Use among Young People



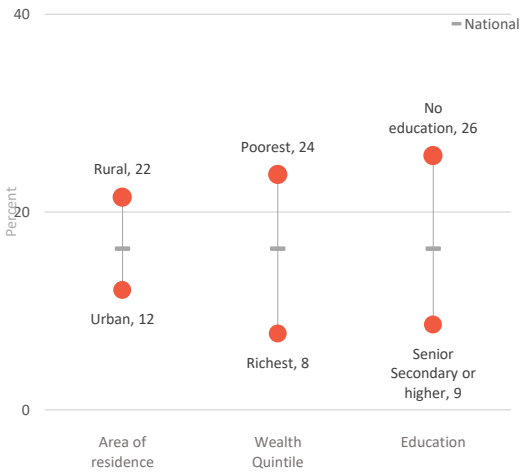
Percent of those who had sex with more than one partner in the last 12 months who reported condom use during the last sexual intercourse.

Condom use among Young People



Percent of those who had sex with more than one partner in the last 12 months who reported condom use during the last sexual intercourse.

Sex before Age 15 among Adolescent Girls & Young Women 15-24



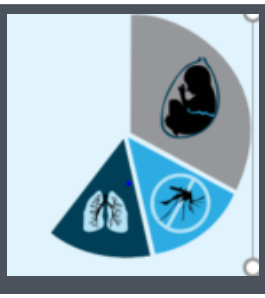
Percent of women who had sex before age 15

District Data on Sexual Behaviour

	Men 15-24		Women 15-24	
	Sex before 15	Condom use	Sex before 15	Condom use
National	**5**	**16**	**16**	**12**
Eastern Province	**7**	**18**	**14**	**10**
Kailahun	20	15	17	11
Kenema	3	22	10	7
Kono	2	16	18	15
Northern Province	**5**	**14**	**23**	**9**
Bombali	0	22	24	10
Kambia	10	9	27	8
Koinadugu	1	13	8	7
Port Loko	9	16	23	5
Tonkolili	10	3	34	18
Southern Province	**2**	**11**	**13**	**19**
Bo	3	15	13	13
Bonthe	4	7	17	9
Moyamba	1	3	14	17
Pujehun	3	7	10	46
Western Area	**5**	**18**	**13**	**18**
Western Area Rural	8	19	20	12
Western Area Urban	4	18	9	21

Sierra Leone 2017

Child Health & Care of Illness

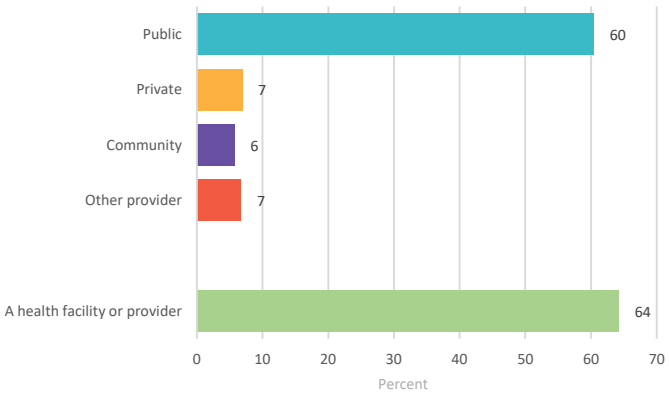


MICS

Multiple Indicator Cluster Surveys

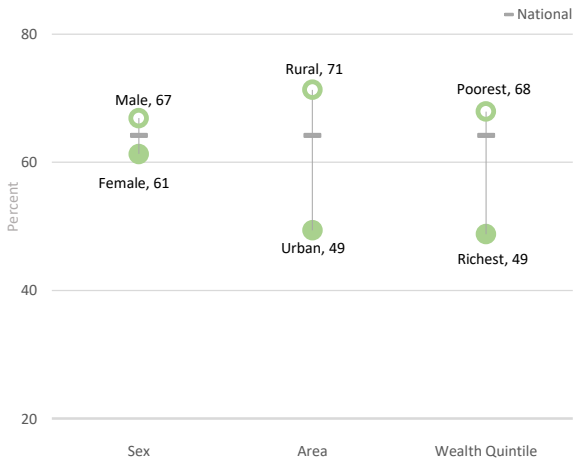
Diarrhoea

Care-seeking for Diarrhoea



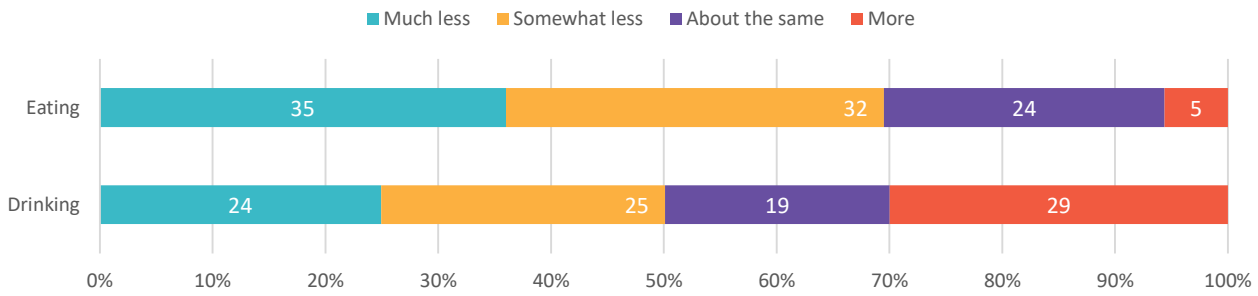
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea



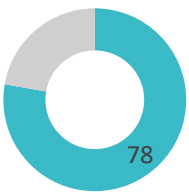
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

Feeding during Diarrhoea



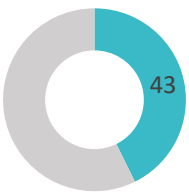
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



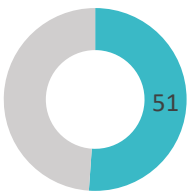
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

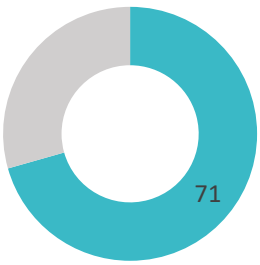
ORT + Continued Feeding for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

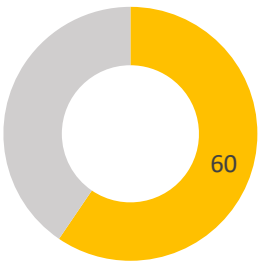
Malaria

Household Availability of Insecticide Treated Nets (ITNs)



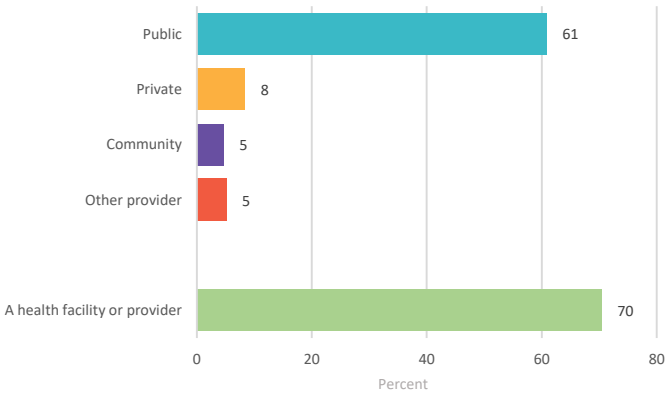
Percentage of households with at least one insecticide-treated net (ITN)

Children Under-Five who slept under an ITN



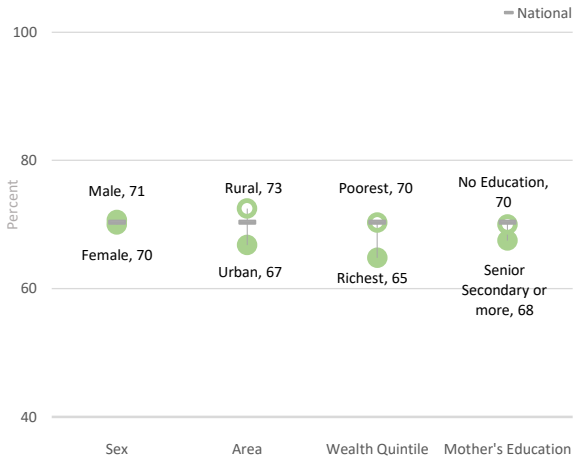
Percentage of children age 0-59 months who slept under an ITN last night

Care-seeking During Fever



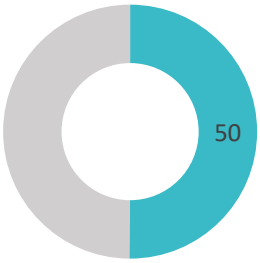
Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking During Fever



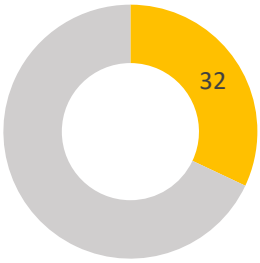
Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

Malaria Diagnosis Usage



Percentage of children with fever who had blood taken from a finger or heel for testing

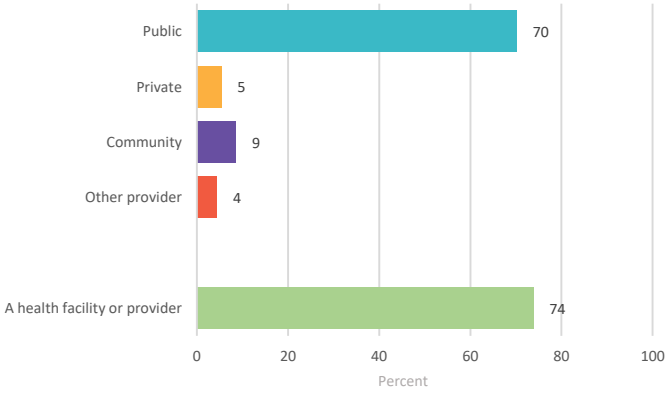
ACT Treatment among Children who Received Treatment



Among children with fever who received anti-malarial treatment, percent treated with Artemisinin-based Combination Therapy (ACT)

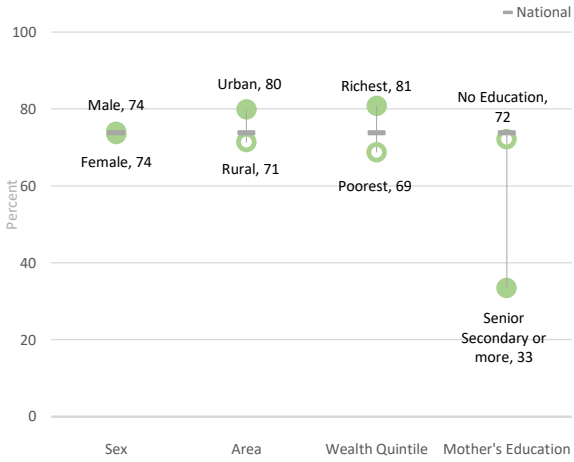
Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking for Symptoms of ARI



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought at a health facility or provider

Regional Data on Care-Seeking for Childhood Illness

Region	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
National	**64**	**70**	**74**
Kailahun	4	73	86
Kenema	11	70	100
Kono	5	67	79
Bombali	3	71	71
Kambia	7	70	100
Koinadugu	1	72	73
Port Loko	8	68	33
Tonkolili	10	74	71
Bo	2	82	95
Bonthe	0	75	0
Moyamba	0	51	62
Pujehun	17	80	84
Wester Area Rural	2	68	83
Western Area Urban	3	61	73

Key Messages

- **ARI (74%) was the predominant ailment for which care was sought at a health facility or provider, followed by Fever (70%), and Diarrhoea (64%),**

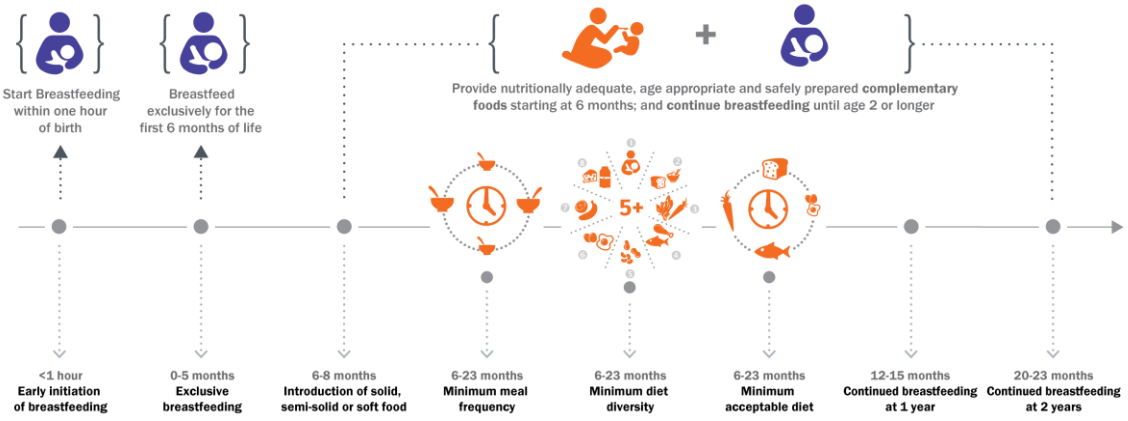
Sierra Leone 2017

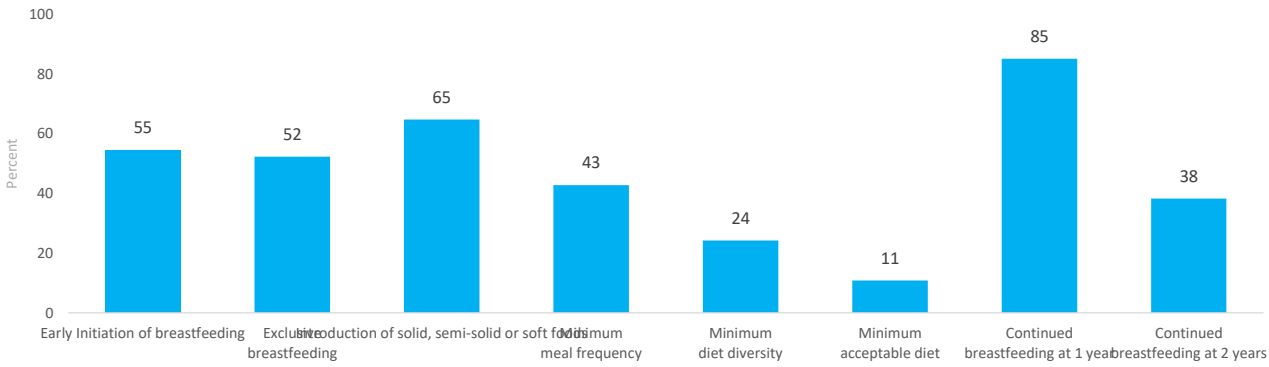
Infant & Young Child Feeding (IYCF)

MICS

Multiple Indicator Cluster Surveys

Infant & Young Child Feeding





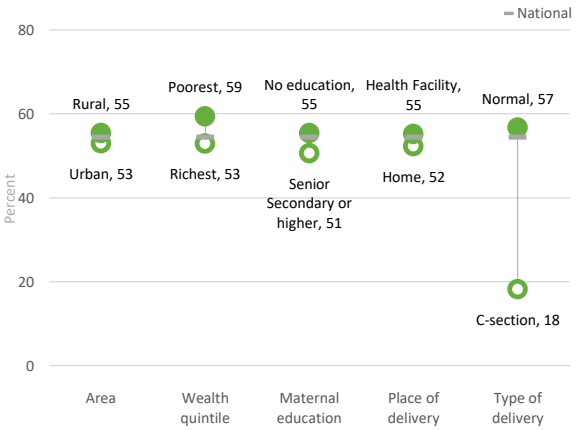
Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5months receiving only breastmilk; **Introduction to solids**: percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

Key Messages

- **Sub-optimal infant and young child feeding practices in the country is prevalent with low breastfeeding and complementary feeding rates**
- **Exclusive breastfeeding rate in the country is low at 52 per cent. In Sierra Leone, three main factors hindering the increase in exclusive breastfeeding practices are: (1) provision of water; (2) early introduction of complementary foods, and; (3) giving no breastmilk at all.**
- **Early initiation of breastfeeding are highly affected by the type of birth delivery, and it is lowest among children born through C-section.**
- **Dietary diversity is lowest in rural areas and poor households. Low maternal education also influences dietary diversity practices.**

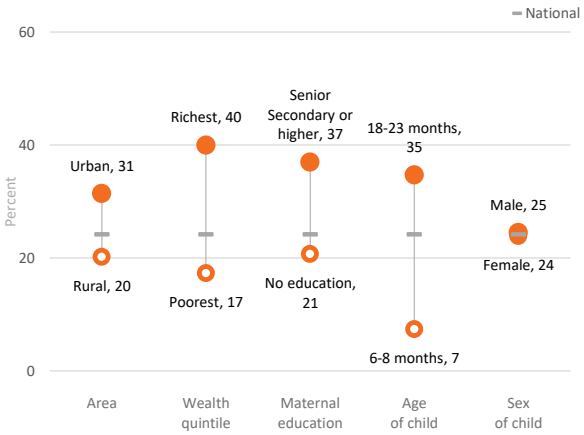
IYCF: Equity

Early Initiation of Breastfeeding



Percent of newborns put to the breast within one hour of birth, by background characteristics

Minimum Diet Diversity

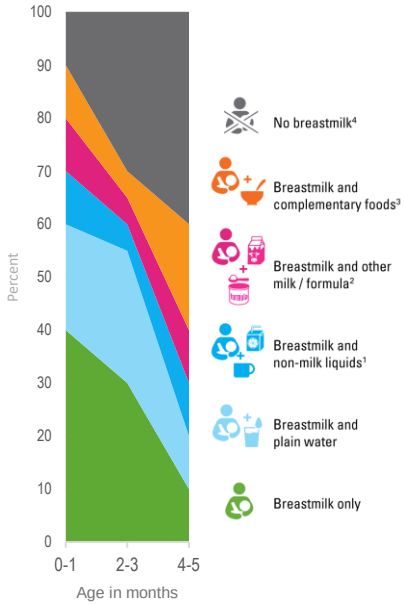


Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

Percent of infants aged 0-5 months receiving breastmilk only, breastmilk and plain water, breastmilk and non-milk liquids, breastmilk and other milk/formula, breastmilk and complementary foods and no breastmilk



Notes: 1) may also have been fed plain water; 2) may also have been fed plain water and/or non-milk liquids; 3) may also have been fed plain water, non-milk liquids and/or other milk/formula; 4) may have been fed plain water, non-milk liquids, other milk/infant formula and/or solid, semi-solid and soft foods.

District Data

District	Early Initiation of breastfeeding	Minimum Diet Diversity
National	55	24
Kailahun	59	33
Kenema	65	32
Kono	36	19
Bombali	28	22
Kambia	66	17
Koinadugu	28	14
Port Loko	46	19
Tonkolili	68	19
Bo	65	23
Bonthe	68	21
Moyamba	77	34
Pujehun	75	9
Wester Area Rural	46	21
Western Area Urban	60	38

Percent of newborns put to the breast within one hour of birth, and per cent of children aged 6-23months that were fed food from at least 5 out of 8 food groups by geographic region

Sierra Leone 2017

Nutritional Status of Children

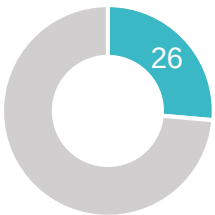
MICS

Multiple Indicator Cluster Surveys

Anthropometric Malnutrition Indicators

Stunting

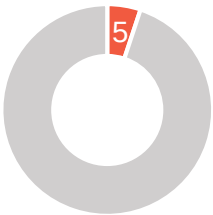
Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.



Percentage children under-5 who are stunted

Wasting

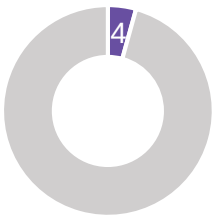
Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.



Percentage children under-5 who are wasted

Overweight

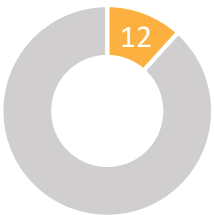
Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.



Percentage children under-5 who are overweight

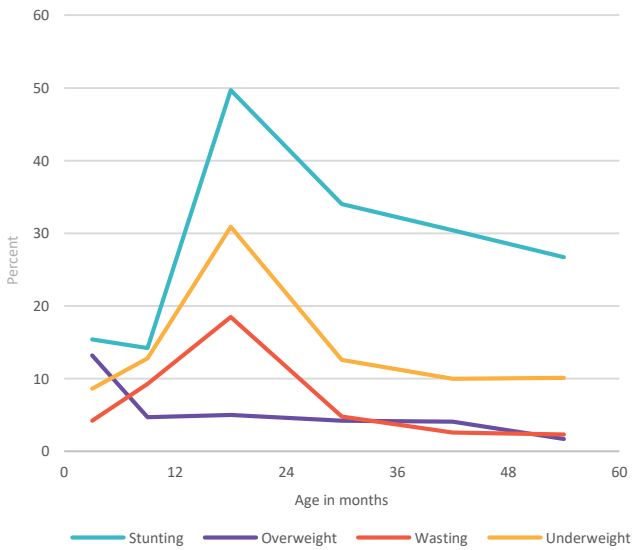
Underweight

Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 who are underweight

Anthropometric **Malnutrition** Indicators by Age



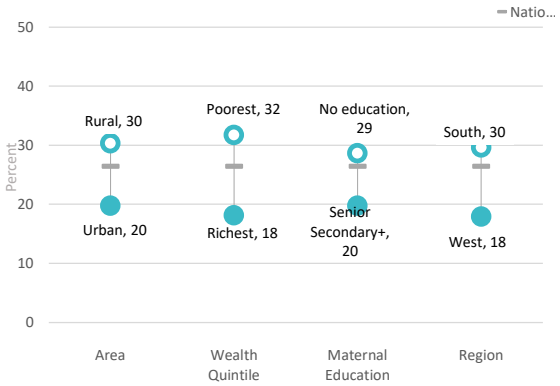
Percentage children who are underweight, stunted, wasted and overweight, by age in months

Key Messages

- **In Sierra Leone, stunting is moderately high at 26 per cent. Stunting is a result of chronic nutrition deprivation during the first 1,000 days of life affecting a child's optimal growth and development. It is irreversible and the long term consequences of stunting affect a child's school performance, an individual's earning potential, and a nation's economic productivity.**
- **The rate of stunting in the country starts to increase once a child starts complementary feeding at 6-8 months and it is highest in the Southern region, rural areas, and low income households**
- **The prevalence of wasting in the country is generally low at 5 per cent but children aged 18-23 months are highly vulnerable with a wasting prevalence of 8 per cent. Children suffering from acute malnutrition are more susceptible to sickness, and have increased risk of death.**
- **Stunting and wasting in the country affects young children during the period of complementary feeding. It is therefore important to strengthen programmes that would improve the quantity, quality, frequency and diversity of complementary food given to young children.**
- **Although the prevalence of wasting in the country is low, it is important to ensure that Integrated Management of Acute Malnutrition (IMAM) programme continue to provide accessible and uninterrupted quality treatment services to severely malnourished children in order to maintain the current levels, and prevent the reversal of the situation in the future**

Nutritional Status of Children: Disaggregates

Stunting

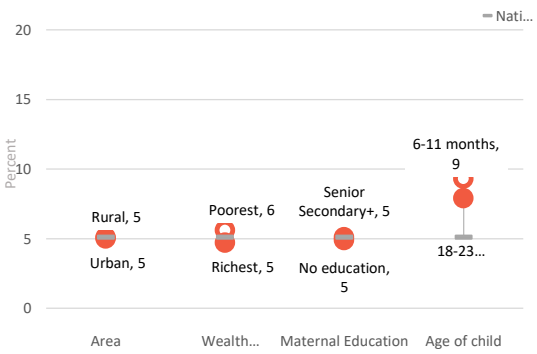


Percentage of under 5 children who are stunted, by background characteristics

Overweight

Percentage of under 5 children who are overweight, by background characteristics

Wasting



Percentage of under 5 children who are wasted, by background characteristics

Regional and District Data on Stunting, Overweight & Wasting

	Stunting	Overweight	Underweight	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% underweight (moderate and severe)	% wasted (moderate and severe)	% wasted (severe)
National	**26**	**4**	**12**	**5**	**2**
Eastern Province	**27**	**4**	**11**	**4**	**1**
Kailahun	32	4	13	4	1
Kenema	28	5	11	4	1
Kono	19	2	8	4	0
Northern Province	**29**	**6**	**12**	**5**	**2**
Bombali	25	3	8	4	1
Kambia	31	5	13	4	1
Koinadugu	37	9	16	10	4
Port Loko	27	5	12	5	2
Tonkolili	26	5	12	4	1
Bo	32	3	16	5	1
Southern Province	**30**	**3**	**15**	**6**	**2**
Bonthe	23	3	12	5	0
Moyamba	31	4	16	6	1
Pujehun	28	2	17	7	0
Western Area	**18**	**3**	**9**	**5**	**2**
Wester Area Rural	16	2	8	6	0
Western Area Urban	19	4	9	5	1

Key Messages

- In Sierra Leone, stunting is moderately high at 26 per cent. Stunting is a result of chronic nutrition deprivation during the first 1,000 days of life affecting a child's optimal growth and development. It is irreversible and the long term consequences of stunting affect a child's school performance, an individual's earning potential, and a nation's economic productivity.
- The rate of stunting in the country starts to increase once a child starts complementary feeding at 6-8 months and it is highest in the Southern region, rural areas, and low income households
- The prevalence of wasting in the country is generally low at 5 per cent but children aged 18-23 months are highly vulnerable with a wasting prevalence of 8 per cent. Children suffering from acute malnutrition are more susceptible to sickness, and have increased risk of death.
- Stunting and wasting in the country affects young children during the period of complementary feeding. It is therefore important to strengthen programmes that would improve the quantity, quality, frequency and diversity of complementar food given to young children.
- Although the prevalence of wasting in the countr is low, it is important to ensure that Integrate Management of Acute Malnutrition (IMAM programme continue to provide accessible an uninterrupted quality treatment services t severely malnourished children in order t maintain the current levels, and prevent th reversal of the situation in the future

Sierra Leone 2017

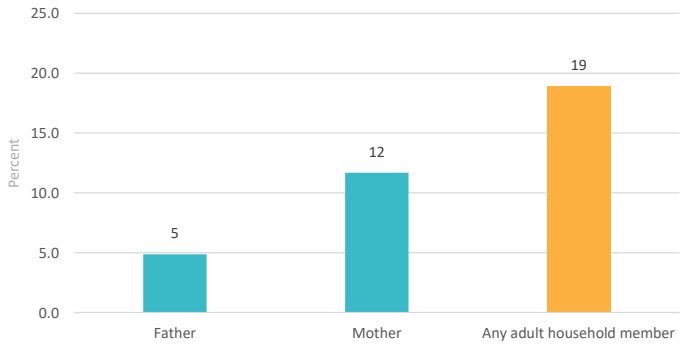
Early Childhood Development

MICS

Multiple Indicator Cluster Surveys

Support for Learning

Early Stimulation & Responsive Care



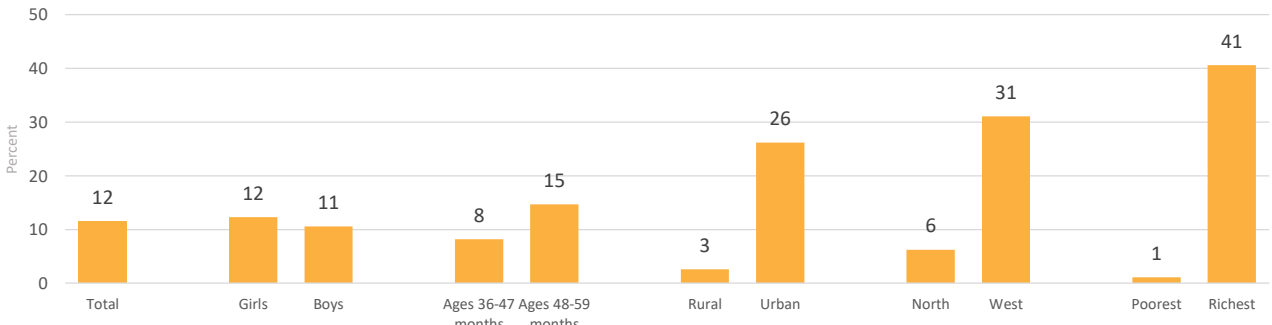
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child.

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

Attendance at Early Childhood Education Programmes



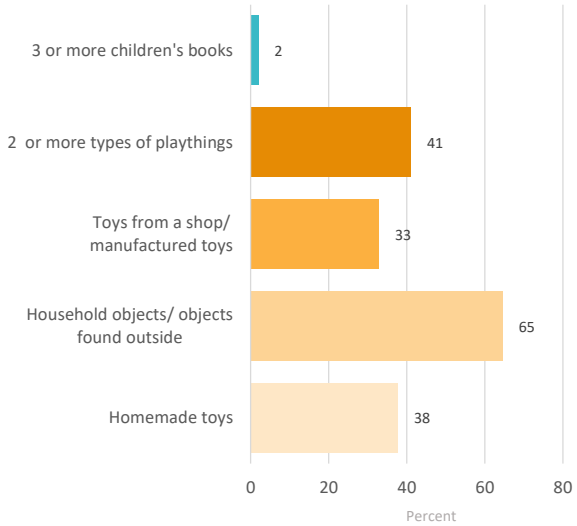
Percentage of children aged 36-59 months attending an early childhood education programme, by background characteristics

Key Messages

- **Early childhood development programmes are limited with the poorest population with limited access. Poorest have 1.1 while the richest attendance is 41%**
- **Mothers play a critical role in engaging children on activities that promotes learning and readiness for children. (5% Fathers, 12 mothers)**

Learning Materials & Child Supervision

Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials

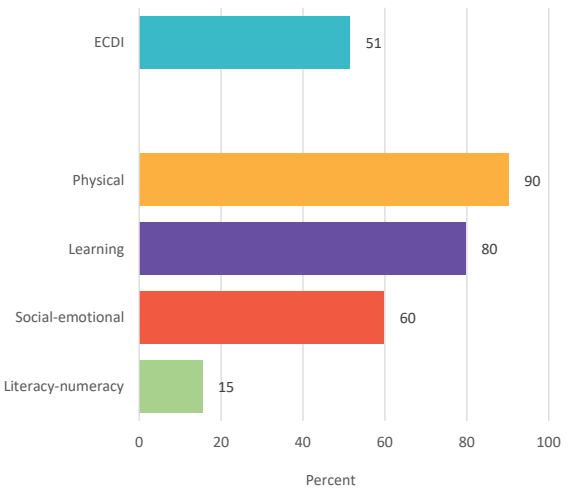
Inadequate supervision of children

District	Inadequate supervision
National	**30**
Kailahun	27
Kenema	21
Kono	29
Bombali	28
Kambia	40
Koinadugu	46
Port Loko	26
Tonkolili	39
Bo	21
Bonthe	36
Moyamba	45
Pujehun	32
Western Area Rural	24
Western Area Urban	26

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by district

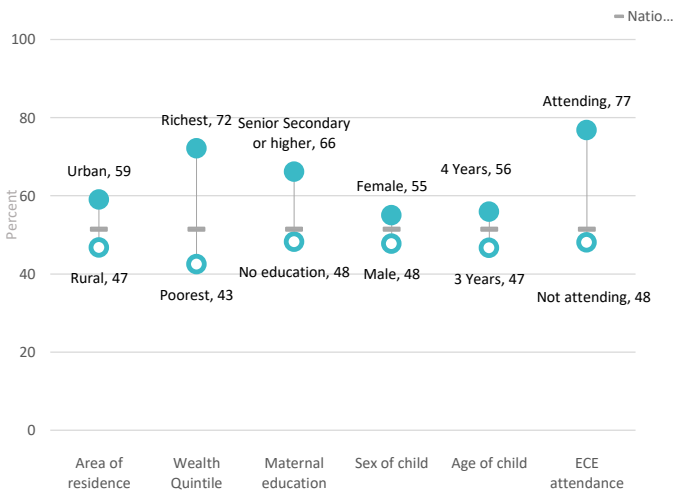
Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1



ECDI: Early Childhood Development Index; the percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains

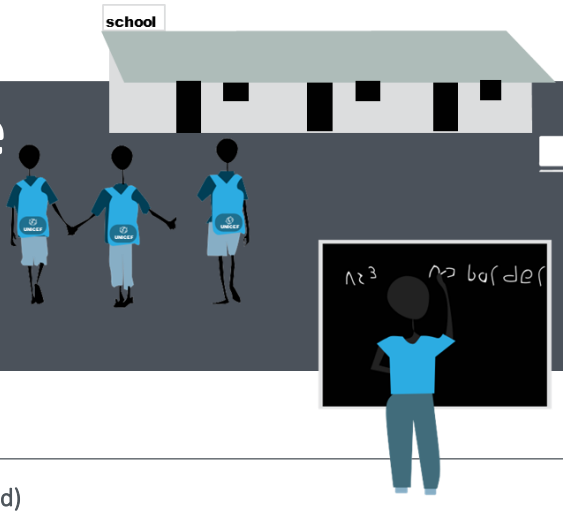
ECDI: Disaggregates



ECE = early childhood education

Sierra Leone 2017

Education

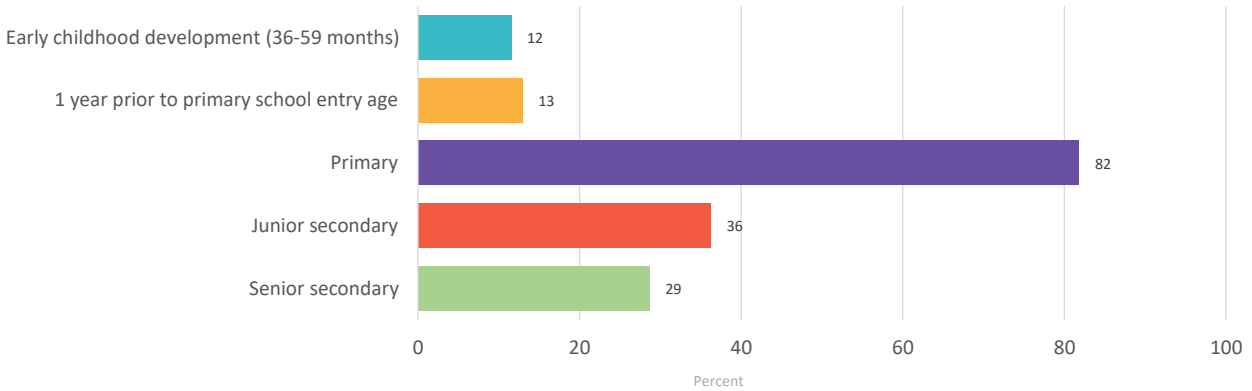


MICS

Multiple Indicator Cluster Surveys

Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)

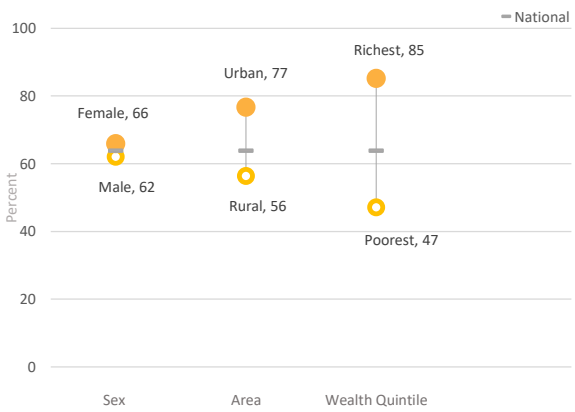


Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Net Attendance Rate for Early Childhood Education

Percentage of children age 36-59 months who are attending early childhood education

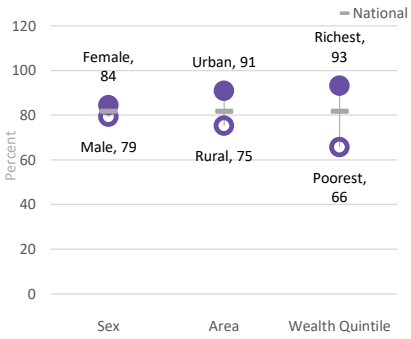
Participation Rate in Organized Learning: SDG 4.2.2



Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year

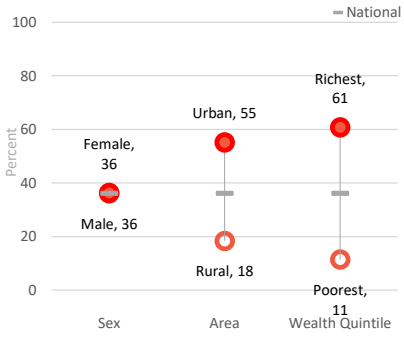
Inequalities in Attendance Rates

Adjusted primary school net attendance rate



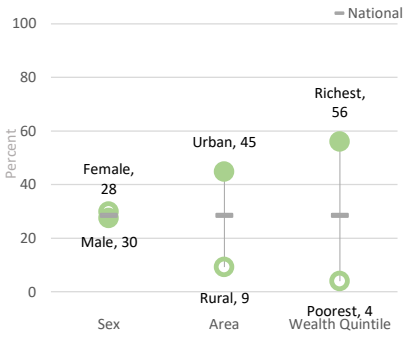
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

Adjusted junior secondary school net attendance rate



Percentage of children of junior secondary school age (as of the beginning of the current or most recent school year) who are attending junior secondary school or higher

Adjusted senior secondary school net attendance rate



Percentage of children of senior secondary school age (as of the beginning of the current or most recent school year) who are attending senior secondary school or higher

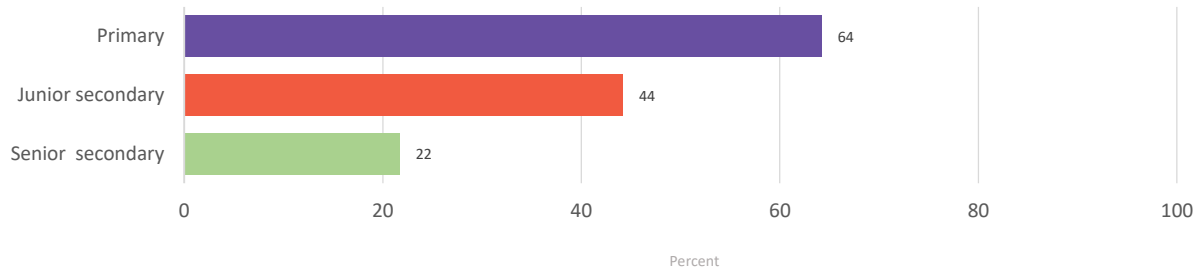
Regional Data for Net Attendance Rates (adjusted)

Districts	Early Childhood Education	Participation rate in organized learning	Primary	Junior Secondary	Senior Secondary
National	**11.5**	**63.9**	**81.8**	**36.2**	**28.6**
Eastern Province	**7.8**	**65.7**	**81.8**	**34.4**	**21.5**
Kailahun	6.1	74.8	79.7	29.0	14.3
Kenema	7.0	61.6	80.1	40.6	25.4
Kono	10.5	63.6	85.8	30.7	21.2
Northern Province	**6.2**	**58.8**	**80.2**	**28.7**	**20.8**
Bombali	6.9	58.2	86.4	32.5	30.6
Kambia	4.8	57.4	78.7	21.1	16.1
Koinadugu	3.1	53.6	69.5	26.0	19.4
Port Loko	7.4	63.2	82.2	29.1	20.0
Tonkolili	8.0	58.1	79.4	31.0	10.8
Southern Province	**6.6**	**61.1**	**77.0**	**27.0**	**18.3**
Bo	14.6	68.4	86.8	34.0	26.3
Bonthe	2.8	44.1	58.0	25.4	15.4
Moyamba	1.5	54.4	69.9	18.0	13.7
Pujehun	1.6	64.1	73.2	21.7	5.9
Western Area	**31.1**	**75.3**	**89.4**	**56.9**	**51.0**
Western Area Rural	25.2	77.9	88.5	50.6	39.0
Western Area Urban	35.1	74.2	89.9	60.6	55.8

Key Messages

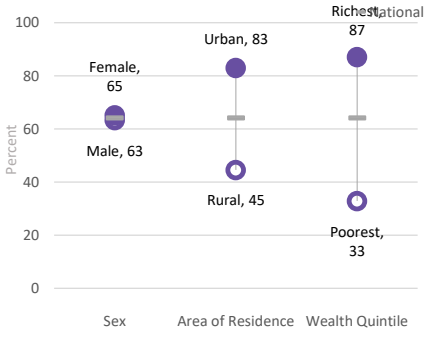
- Early Childhood Education (ECE) is more prevalent in the Western Area of Sierra Leone (31.1%) than in the Eastern Province (7.8%), Southern Province (6.6%) or Northern Province (6.2%).
- School net attendance rates (adjusted) are highest for Primary education (82%), but decreases to 36% in Junior Secondary education and 29% in Senior Secondary education.
- The disparities in net attendance rate (adjusted) in urban and rural areas, and among the poorest and richest increase as children progress from Primary education to Junior Secondary education and on to Senior Secondary education.

Completion Rates



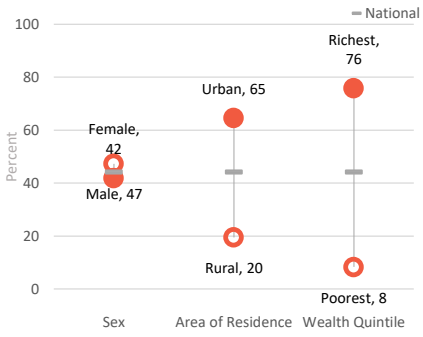
Inequalities in Completion Rates

Primary school



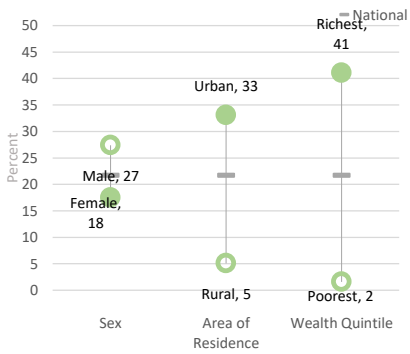
Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Junior Secondary



Percentage of children who age 3 to 5 years above the intended age for the last grade of junior secondary school who have completed junior secondary education

Senior Secondary



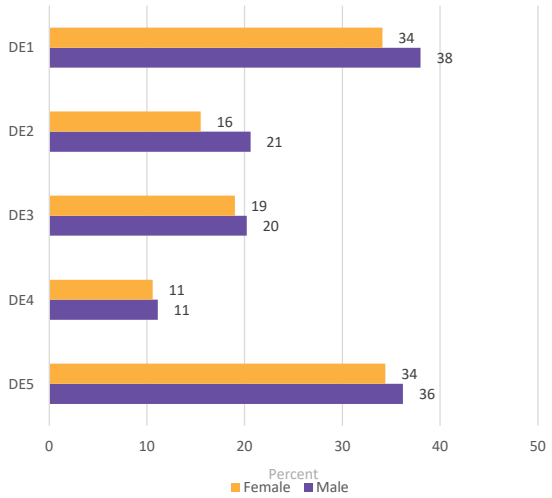
Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of senior secondary school who have completed senior secondary education

Regional an District Data in Completion Rates

Districts	Primary	Junior Secondary	Secondary Secondary
National	**64.2**	**44.2**	**21.7**
Eastern Province	**60.9**	**34.6**	**12.8**
Kailahun	55.6	23.9	7.6
Kenema	65.8	38.0	18.3
Kono	57.8	38.9	8.8
Northern Province	**58.5**	**35.8**	**16.9**
Bombali	66.2	49.9	21.8
Kambia	49.8	26.7	17.2
Koinadugu	48.0	34.2	11.5
Port Loko	65.1	32.7	21.2
Tonkolili	58.6	23.9	7.8
Southern Province	**52.4**	**30.6**	**11.9**
Bo	62.1	40.1	20.1
Bonthe	41.1	23.4	13.0
Moyamba	40.2	28.5	3.3
Pujehun	52.6	15.0	3.7
Western Area	**84.7**	**69.9**	**35.4**
Western Area Rural	78.9	55.5	27.8
Western Area Urban	87.5	75.9	39.0

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1 : Children not attending an early childhood education programme or primary education

Dimension 2: Children of primary school age who are not in primary or secondary school

Dimension 3: Children of lower secondary school age who are not in primary or secondary school

Dimension 4: Children who are in primary school but at risk of dropping out (overage by 2 or more years)

Dimension 5: Children who are in lower secondary school but at risk of dropping out (overage by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value
4.1.4	LN.8 a,b,c	Completion rate (primary education, junior secondary, secondary secondary education)	64%, 44%, 22%
4.1.5	LN.6 a,b,c	Out-of-school rate (primary education, junior and senior secondary education)	18%, 19%, 36%
4.1.6	LN.10 a,b,	Percentage of children over-age for grade (primary education, junior secondary education)	11%, 35%
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age), by sex	M:62.0%, F:65.9%
4.5.1	LN.5 a	Parity indices (orphans/non-orphans, rural/urban, bottom/top wealth quintiles) for primary adjusted net attendance rate	0.88, 0.83, 070
4.5.1	LN.5 b	Parity indices (orphans/non-orphans, rural/urban, bottom/top wealth quintiles) for lower secondary adjusted net attendance rate	0.92, 0.93, 0.19

Key Messages

- **Completion rates are highest for Primary Education (64.2%), and progressively decrease for Junior Secondary Education (44.2%), and Senior Secondary Education (21.7%).**
- **While there are slightly more girls than boys completing primary and Junior Secondary education, the reverse is seen for Senior Secondary education.**
- **The disparities in completion rates increase as children move from primary education to Junior Secondary, and on to Senior Secondary education in urban and rural areas, and among the richest and poorest**

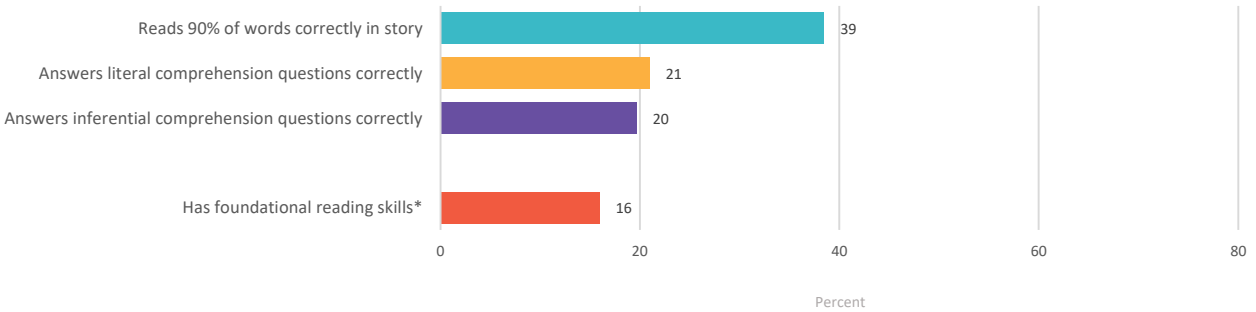
Sierra Leone 2017

MICS

Multiple Indicator Cluster Surveys

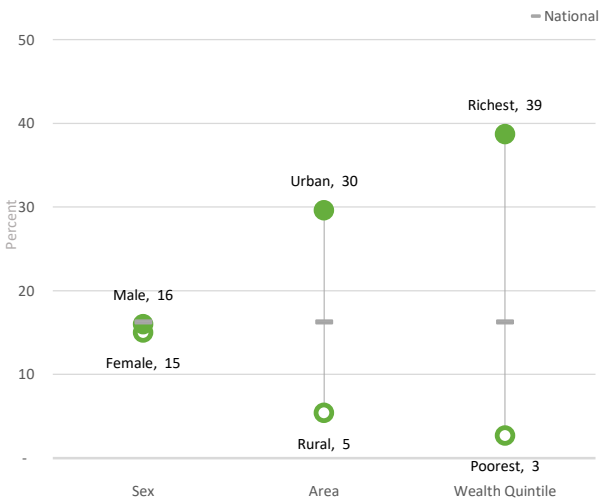
Early Grade Learning

Foundational Reading Skills: SDG 4.1.1.(a) (i: reading)



*Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Disaggregates in Foundational Reading Skills

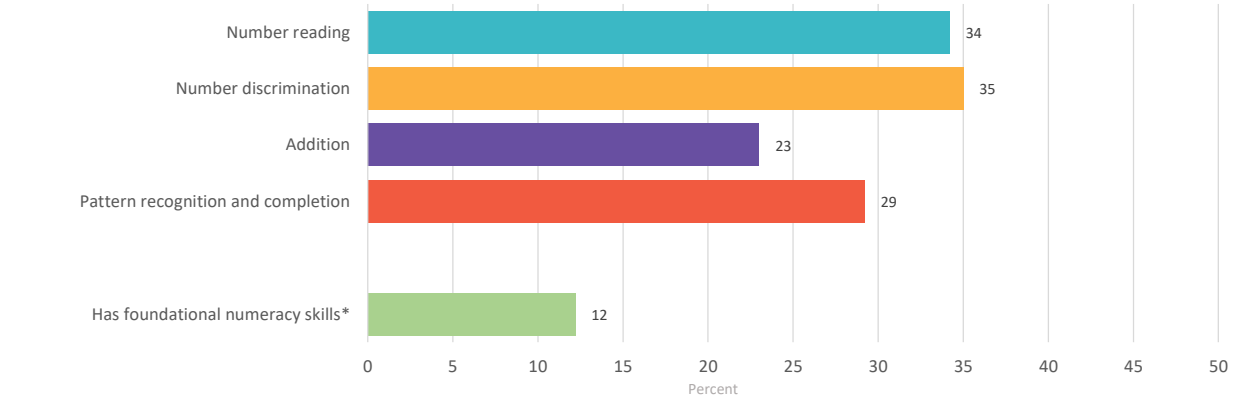


District Data on Foundational Reading Skills

Region	Boys	Girls	Total
National	17	15	16
Kailahun	4	5	5
Kenema	14	18	16
Kono	16	6	11
Bombali	12	15	14
Kambia	13	6	10
Koinadugu	11	5	8
Port Loko	12	7	10
Tonkolili	8	4	5
Bo	14	6	20
Bonthe	9	6	7
Moyamba	7	3	5
Pujehun	3	7	5
Wester Area Rural	41	18	30
Western Area Urban	37	39	38

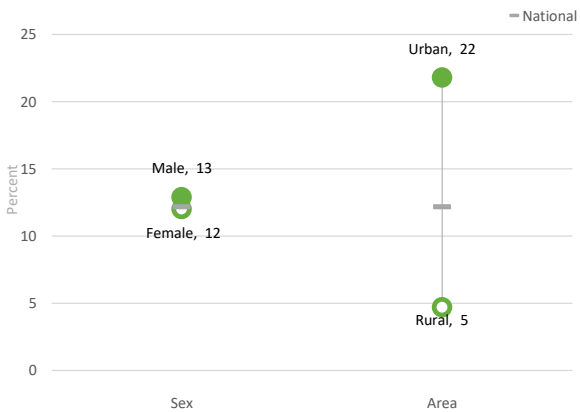
Early Learning

Foundational Numeracy Skills: SDG 4.1.1.(a) (ii: numeracy)



*Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Disaggregates in Foundational Numeracy Skills



District Data on Foundational Numeracy Skills

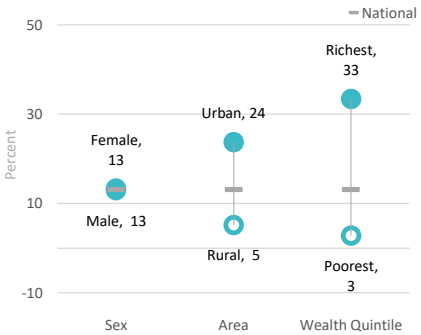
Region	Boys	Girls	Total
National	13	12	12
Kailahun	13	12	12
Kenema	7	10	9
Kono	9	7	8
Bombali	11	11	11
Kambia	15	9	12
Koinadugu	5	2	3
Port Loko	9	7	8
Tonkolili	3	1	2
Bo	15	17	16
Bonthe	6	5	5
Moyamba	1	2	1
Pujehun	5	7	6
Wester Area Rural	28	22	25
Western Area Urban	29	23	26

Reading & Numeracy Skills Data in MICS

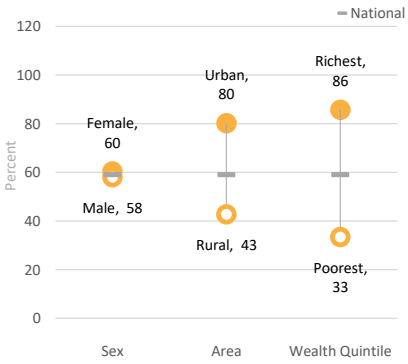
- **The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.**
- **For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.**
- **The content of reading assessment is customized in each country, ensuring that the vocabulary used are part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness). The questions on mathematics are based on universal skills needed for that grade level.**
- **As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.**

Parental Involvement: Learning Environment at Home

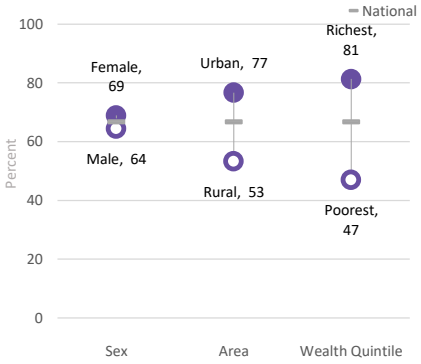
Children with 3 or more books to read at home



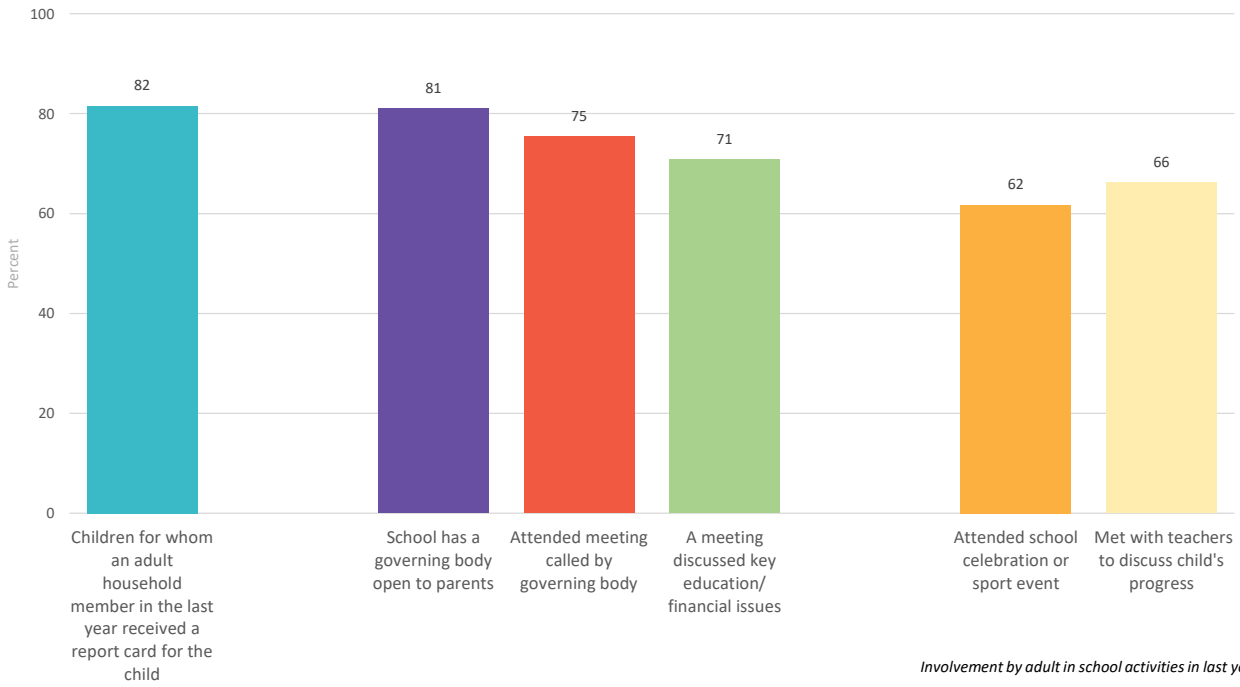
Children who read books or are read to at home



Children who receive help with homework



Parental Involvement: Support for learning at School

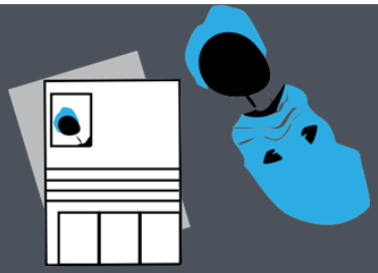


Involvement by adult in school activities in last year

Involvement by adult in school management in last year

Sierra Leone 2017

Birth Registration

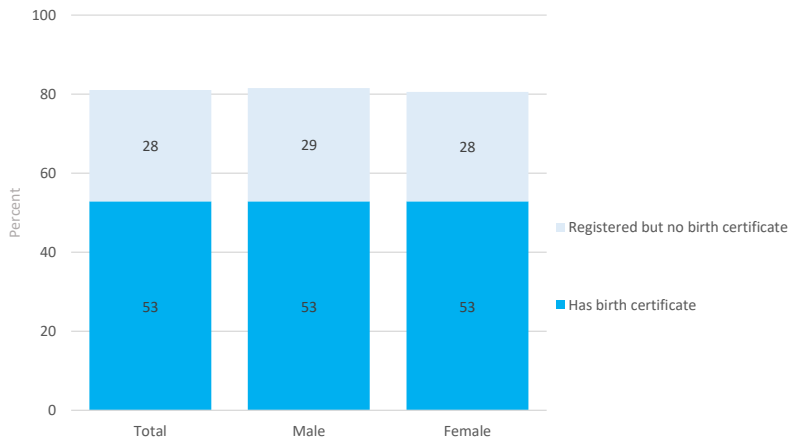


MICS

Multiple Indicator Cluster Surveys

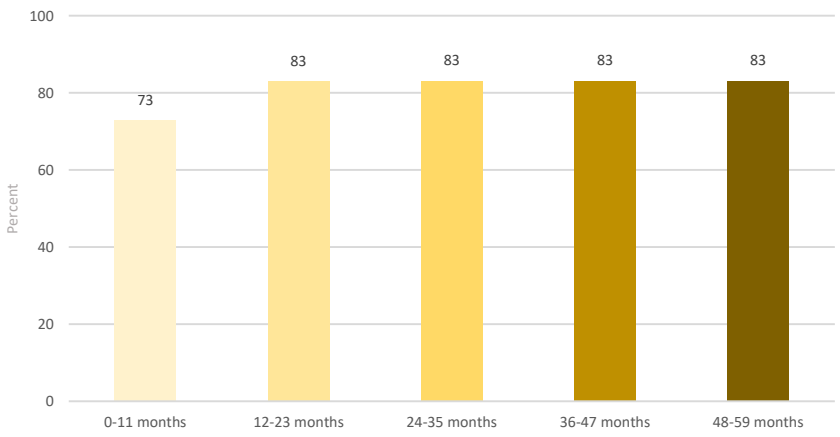
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age



Percentage of children under age 5 whose births are registered, by age in months

Key Messages

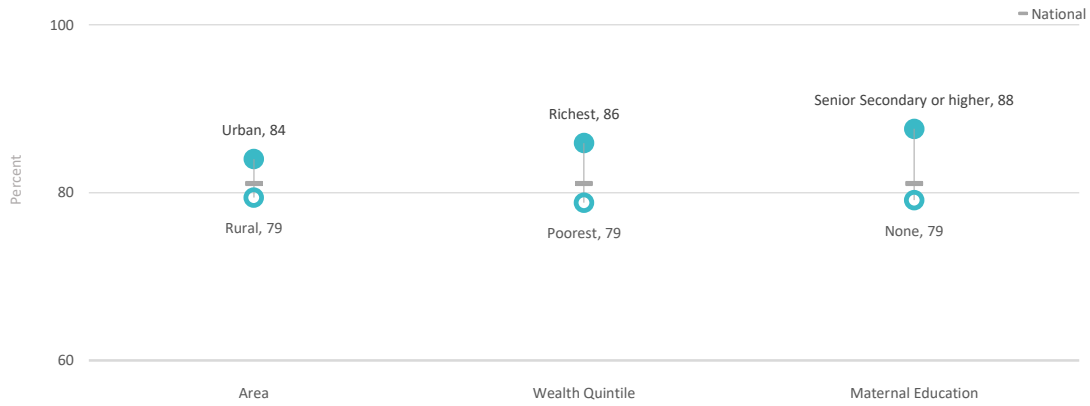
A name and nationality is every child's right, enshrined in the Convention on the Rights of the Child (CRC) and other international treaties.
Since December 2017, the authority to register births in Sierra Leone rest with the National Civil Registration Authority which is guided by the National Civil Registration Act of 2016.

In 2017, 81.1% of children under the age of five are registered, among which 52.9% have birth certificates and 28.2 % do not have birth certificates.

It's observed that the mother's educational level contributed to ensuring child's right to being registered and issued a birth certificate . (47.2% with no education or primary and 93% secondary+ education); wealth quintile (poorest 59.2% and richest 89%) and the area they live (rural 46% and urban 87.6%).

While 36.1% of unregistered children whose mothers/ caretakers know how to register the child; 63.9% of mothers/caretakers do not know how to register the birth of the child and obtain the certificate.

Birth Registration: Inequalities



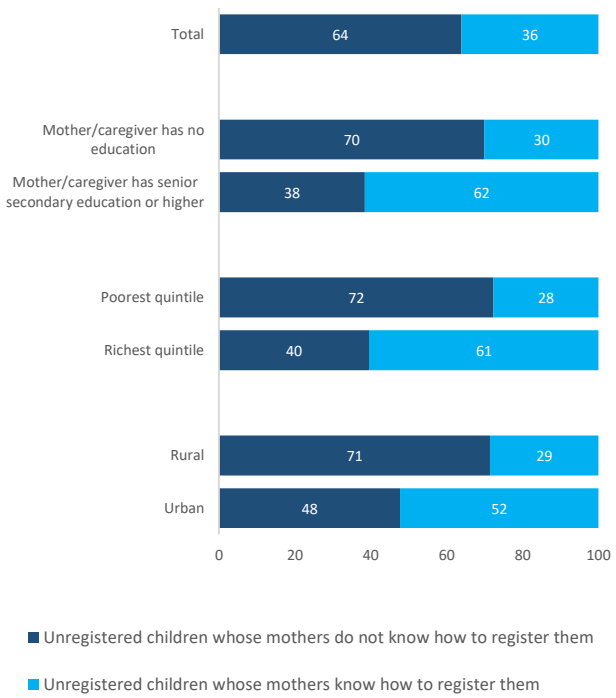
Percentage of children under age 5 whose births are registered, by background characteristics

District Data on Birth Registration

Region	Total registered
National	**81.1**
Eastern Province	**87.1**
Kailahun	87.7
Kenema	83.2
Kono	91.9
Northern Province	**74.0**
Bombali	82.0
Kambia	65.0
Koinadugu	81.6
Port Loko	78.2
Tonkolili	59.5
Southern Province	**87.3**
Bo	90.2
Bonthe	87.0
Moyamba	81.4
Pujehun	88.9
Western Area	**81.3**
West Area Rural	80.7
West Area Urban	81.7

Percentage of children under age 5 whose births are registered, by region and district

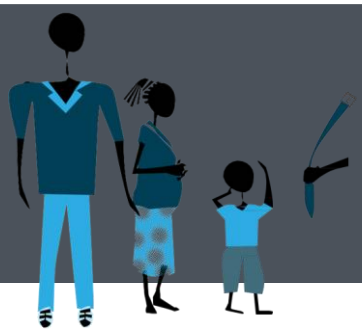
Mother's (or Caregiver's) Knowledge of How to Register



Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

Sierra Leone 2017

Child Discipline

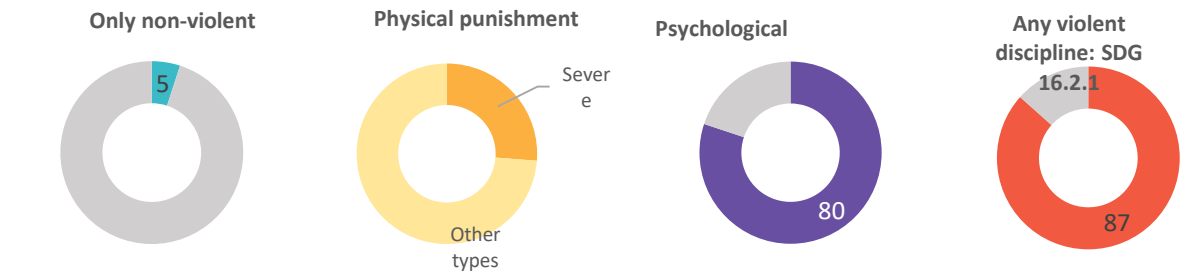


MICS

Multiple Indicator Cluster Surveys

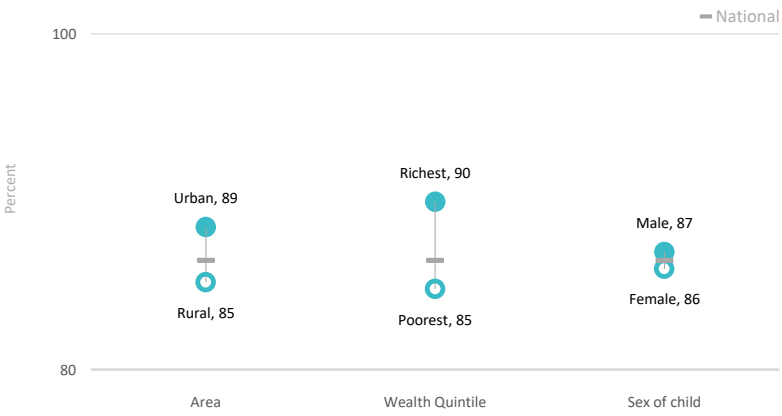
Child Discipline

Types of Child Discipline



Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

Violent Discipline: Inequalities



Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

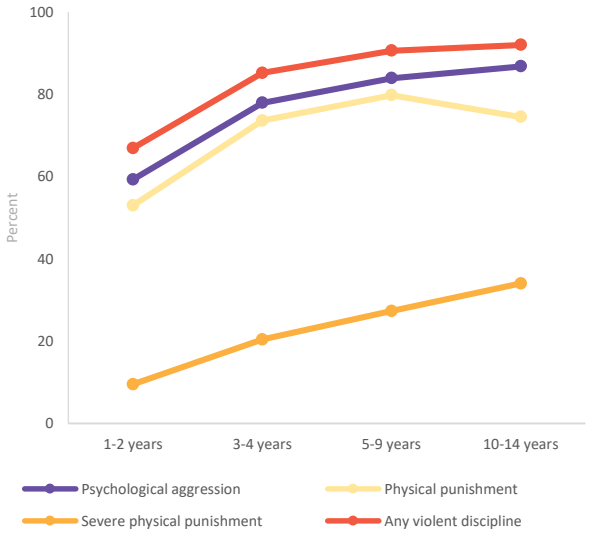
Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.
Violent discipline: Any physical punishment and/or psychological aggression.

Key Messages

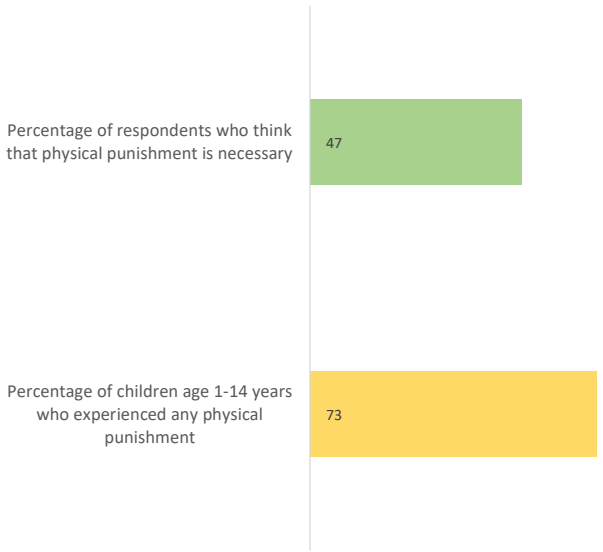
- **Eighty-seven percent (87%) of children aged 1 to 14 years experienced some form of violent discipline.**
- **Eighty percent (80%) aged 1 to 14 years experienced psychological aggression as a form of discipline.**
- **The use of violent discipline was slightly higher in urban areas, among the richest and with males.**
- **Over fifty percent (50%) of the poorest respondents living in the rural areas, and with no education feel that physical punishment is necessary in bringing up a child. Studies have however shown that exposing a child to violent discipline has harmful consequences and so should be discouraged**

Violent Discipline: Age Patterns

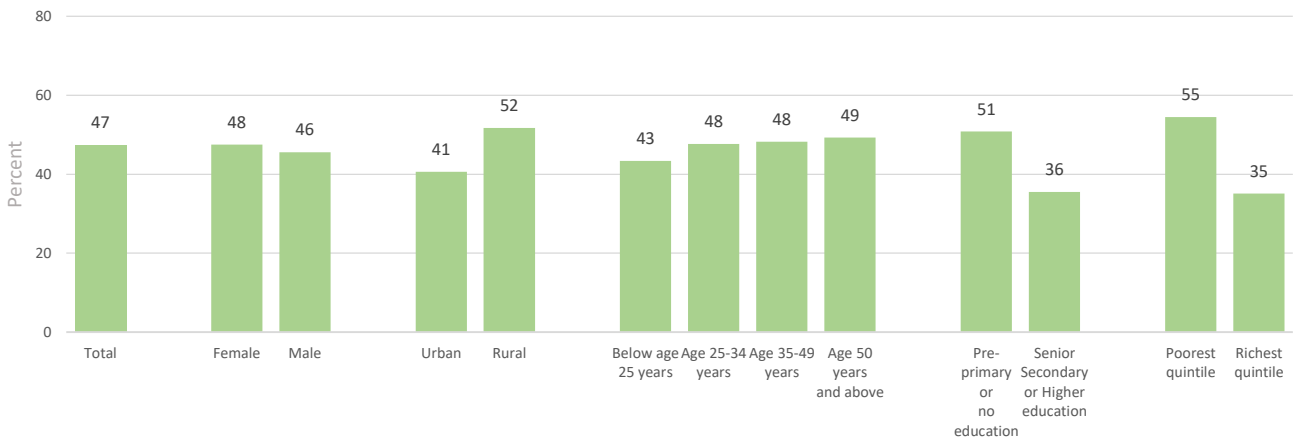


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



Percentage of respondents to the child discipline module who think that physical punishment is necessary to raise or educate children, by their background characteristics

Sierra Leone 2017

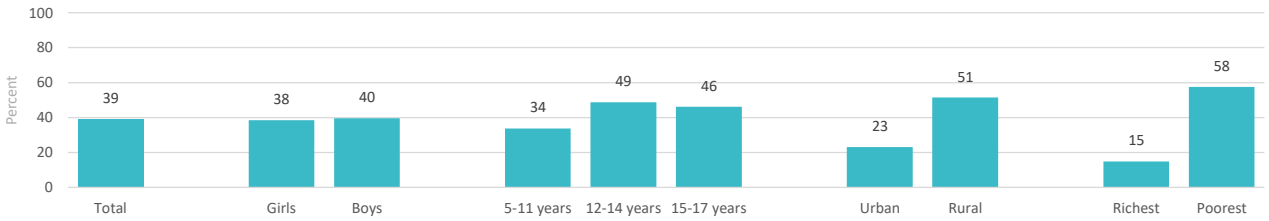
Child Labour

MICS

Multiple Indicator Cluster Surveys

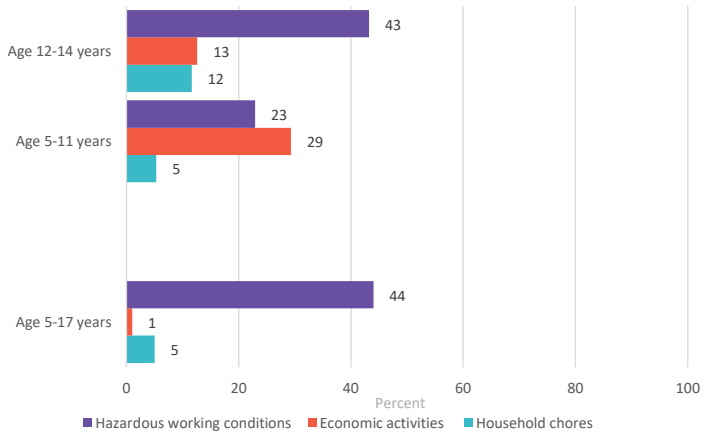
Child Labour: Levels & Dissaggregates

Child Labour for Age 5-17 years: SDG 8.7.1*



Percentage of children aged 5 to 17 years engaged in child labour, by background characteristics
*Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children aged 5-14 and no threshold for household chores for children aged 15-17

Types of Child Labour



Percentage of children aged 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 12 to 14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15 to 17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

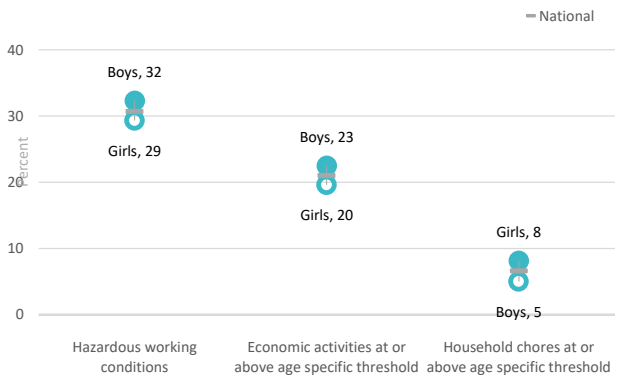
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water.

Key Messages

- Data collection for the MICS was mainly during the school break when the children were at home, and likely to work a lot more than they normally would when school is in session.
- Overall, 39% of children age 5-17 in Sierra Leone are involved in child labour
- The percentage engaged in labour is almost the same among males (39%) and females (38%).
- The proportion of children engaged in labour is substantially higher among rural children (51%) than urban children (23%)
- Over half (58%) of children in the poorest wealth quintile are engaged in child labour compared to 15% in the richest wealth quintile

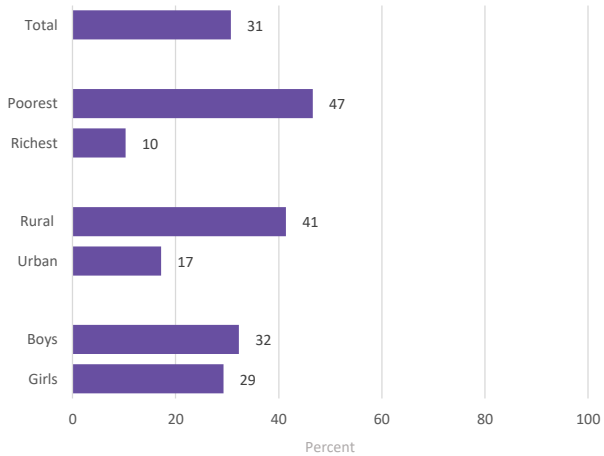
Inequalities in Child Labour & Hazardous Conditions

Child Labour Inequalities



Percentage of children aged 5 to 17 years engaged in child labour, by type of activity and by sex

Hazardous Conditions Inequalities



Percentage of children aged 5 to 17 years working under hazardous conditions, by background characteristics

Regional Data on Child Labour

Region and District	Total Child Labour
National	**39**
Eastern Province	**41**
Kailahun	57
Kenema	36
Kono	33
Northern Province	**47**
Bombali	47
Kambia	54
Koinadugu	67
Port Loko	38
Tonkolili	36
Southern Province	**45**
Bo	39
Bonthe	45
Moyamba	49
Pujehun	52
Western Area	**19**
Western Area Rural	22
Western Area Urban	18

Percentage of children aged 5 to 17 years engaged in child labour, by region and districts

Sierra Leone 2017

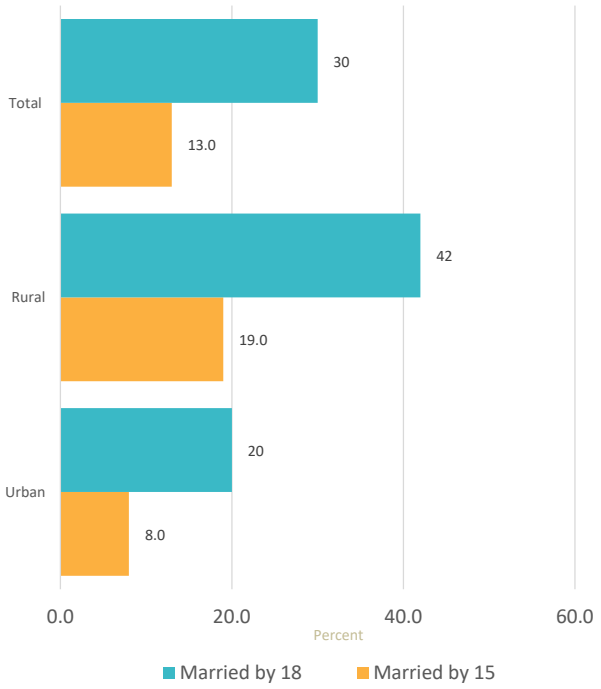
Early Marriage

MICS

Multiple Indicator Cluster Surveys

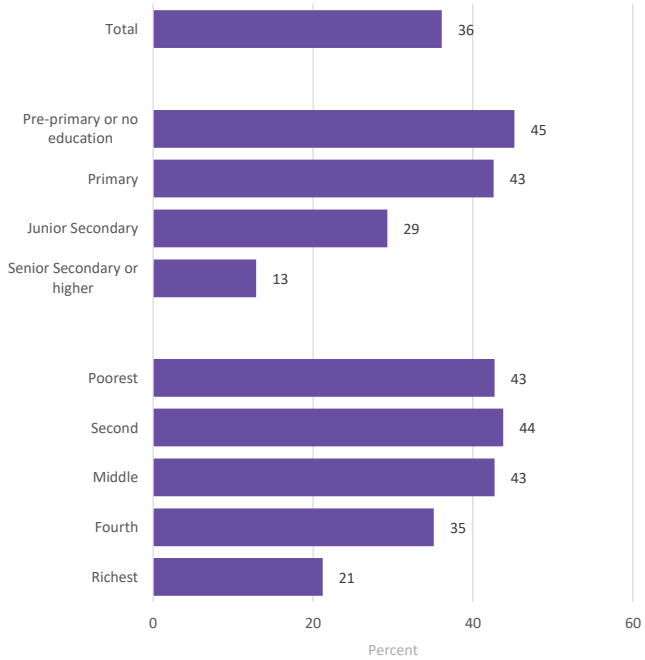
Early Marriage: Levels & Disaggregates

Marriage before Age 15 & Age 18: SDG 5.3.1



Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18*, by residence
SDG 5.3.1

Disaggregates in Marriage before Age 18



Percentage of women aged 20 to 49 years who were first married or in union before age 18, by wealth quintile and education

Key Messages

- **1 in 5 adolescent girls age 15-19 are currently married, half of which are in a polygynous union**
- **1 in 10 married adolescents age 15-19 have a partner who is 10 or more years older**
- **15% of men aged 20 to 24 years were first married or in union before age 18**

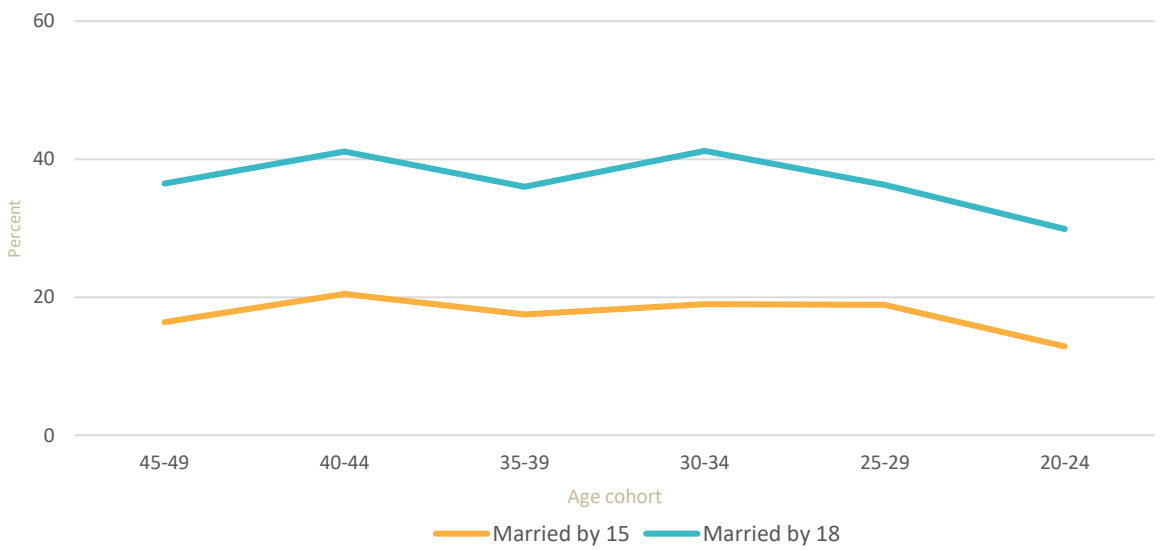
Regional Data on Early Marriage

Region	Marriage by age 18
National	**36**
Eastern Province	**40**
Kailahun	47
Kenema	31
Kono	47
Northern Province	**40**
Bombali	40
Kambia	43
Koinadugu	44
Port Loko	36
Tonkolili	41
Southern Province	**38**
Bo	35
Bonthe	36
Moyamba	37
Pujehun	48
Western Area	**27**
Western Area Rural	38
Western Area Urban	22

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Percentage of women aged 20 to 49 years who were first married or in union before age 18, by region

Trends in Early Marriage



Percentage of women aged 20 to 49 years who were first married or in union before age 15 and before age 18, by age cohort

Sierra Leone 2017

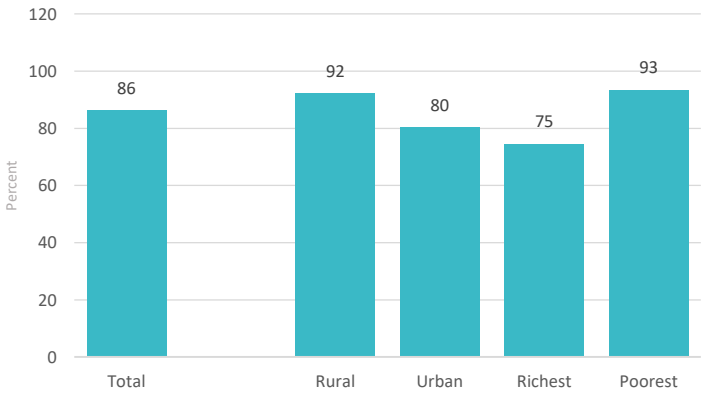
MICS

Multiple Indicator Cluster Surveys

Female Genital Mutilation/Cutting (FGM/C)

Female Genital Mutilation/Cutting

Level & Disaggregates of FGM/C Among Women 15-49

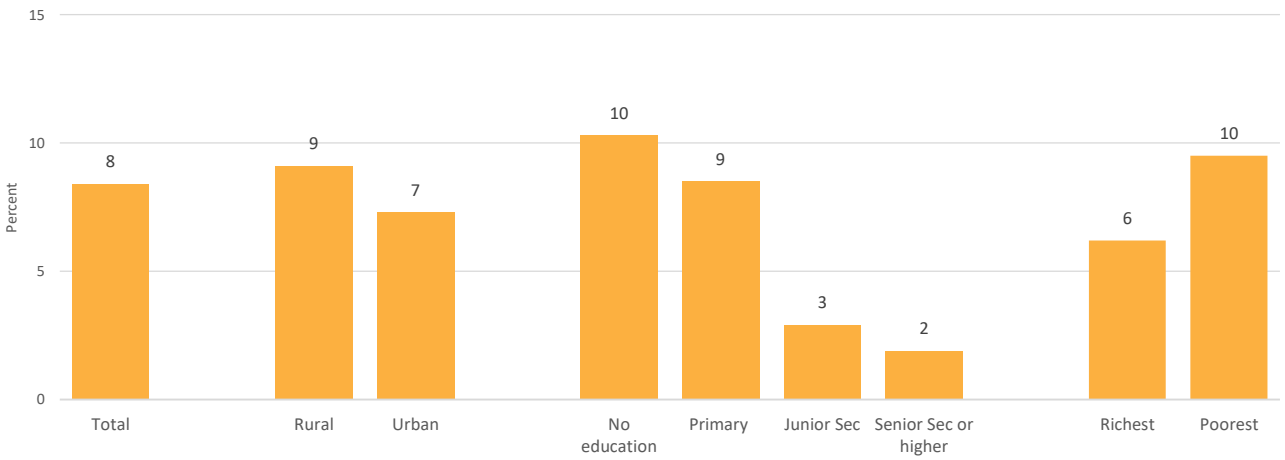


Percentage of girls and women age 15 to 49 years who have undergone FGM/C*, by residence and wealth quintile
*SDG 5.3.2

Female genital mutilation/cutting (FGM/C) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons."[1] FGM/C is a violation of girls' and women's human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practiced FGM/C is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honor and that of the entire family. UNICEF works with government and civil society partners towards the elimination of FGM/C in countries where it is still practiced.

1. World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

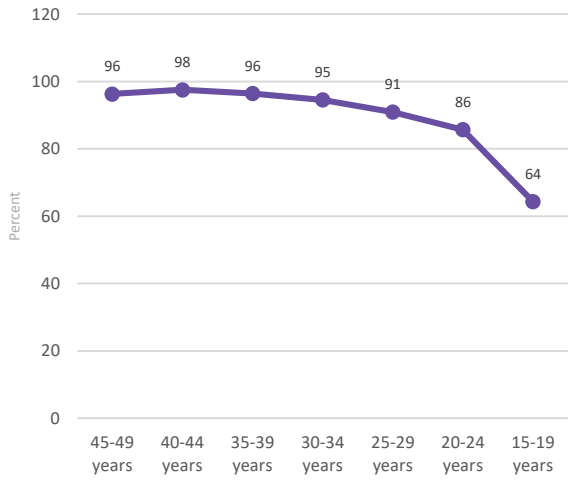
Disaggregates of FGM/C Among Daughters 0-14 years



Percentage of girls age 0 to 14 years who have undergone FGM/C (as reported by their mothers), by residence, mother's education and wealth quintile

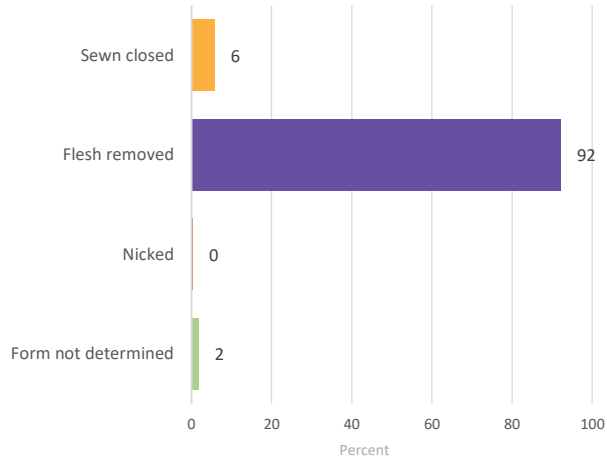
Female Genital Mutilation / Cutting

Trends in FGM/C



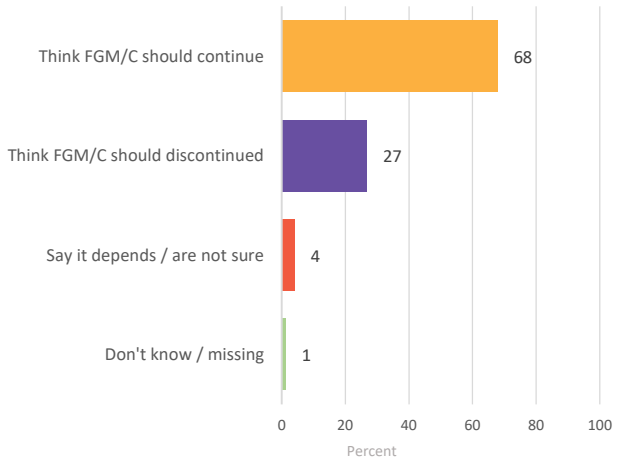
Percentage of girls and women age 15 to 49 years who have undergone FGM/C, by age cohort

Type of FGM/C

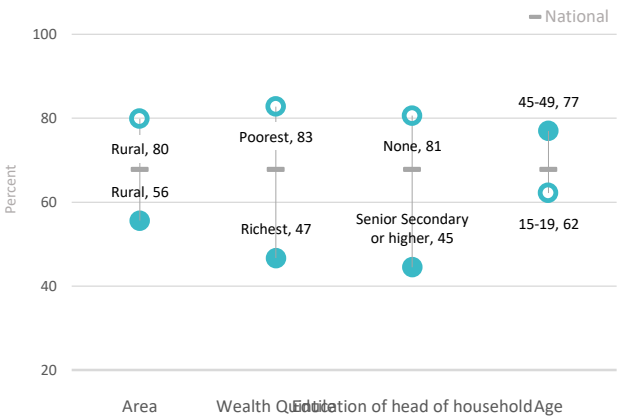


Percentage distribution of girls and women age 15 to 49 years who have undergone FGM/C, by type

Attitudes to FGM/C



Percentage distribution of girls and women age 15 to 49 years who have heard about FGM/C, by their attitudes about whether the practice should continue



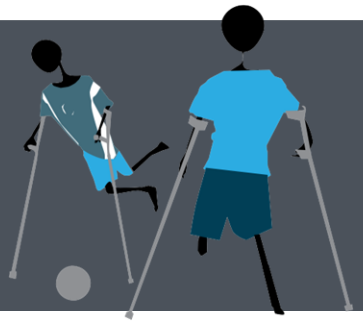
Percentage of girls and women age 15 to 49 years who have heard about FGM/C and think the practice should continue, by wealth quintile, education, residence and age

Key Messages

- Prevalence data for girls aged 0 to 14 reflect their current, but not final, FGM/C status since some girls who have not been cut may still be at risk of experiencing the practice once they reach the customary age for cutting. Therefore, the data on prevalence for girls under age 15 is actually an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies and this should be kept in mind when interpreting all FGM/C prevalence data for this age group.
- Eighty percent of women aged 15 to 49 years have some form of female mutilation/cutting.
- The predominant method for performing FGM/C in Sierra Leone is 'removal of flesh' (92%), whilst the next most common method is 'sewn closed' (6%).
- For women aged 15 to 49 years, 68 percent thought that the practice of FGM/C should be continued, whilst 27 percent thought that the practice of FGM/C should be discontinued.
- Amongst women aged 15 to 49 years, FGM/C is more prevalent in the rural areas (92%) than in the urban areas (80%).
- Amongst girls aged 0 to 14 years, FGM/C is more prevalent in the rural areas (9%) than in the urban areas (7%).

Sierra Leone 2017

Child Functioning

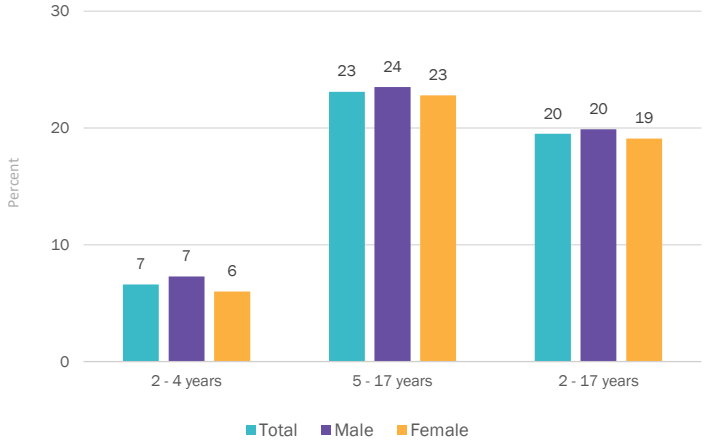


MICS

Multiple Indicator Cluster Surveys

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, children with disabilities are effectively barred from realizing their rights to health, education, and even survival. Children with disabilities are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the more recent Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children.

These Conventions focus on the disparities faced by children with disabilities and call for improvements in their access to services, and in their participation in all aspects of life. In order to achieve these goals, there is a need for cross-nationally comparable, reliable data.

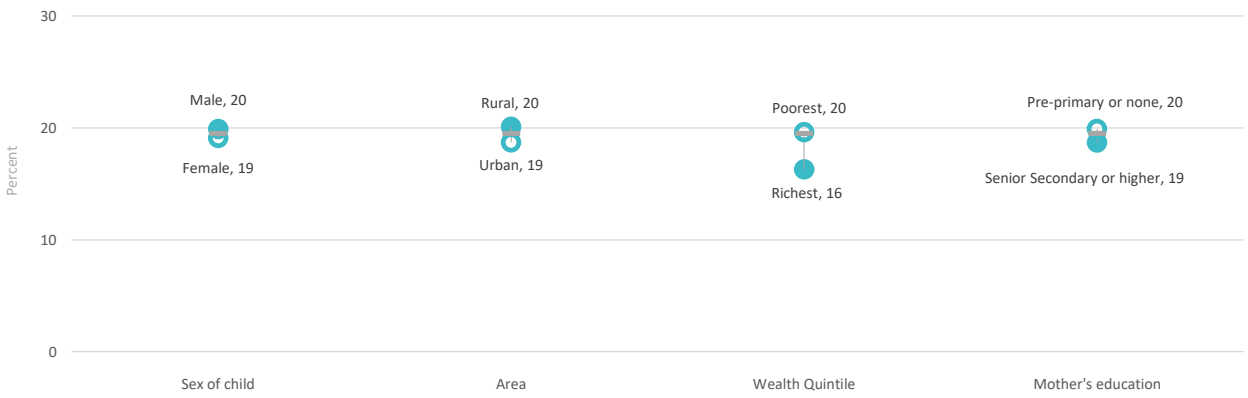
Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
National															
2-4 years	0.1	0.1	0.6	0.5	2.5	3.2	0.9	1.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.2	0.2	3.2	N/A	0.5	1.9	N/A	2.5	1.0	1.5	0.8	3.0	0.8	12.6	9.1

Percentage of children aged 2–17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

Child Functioning: Inequalities

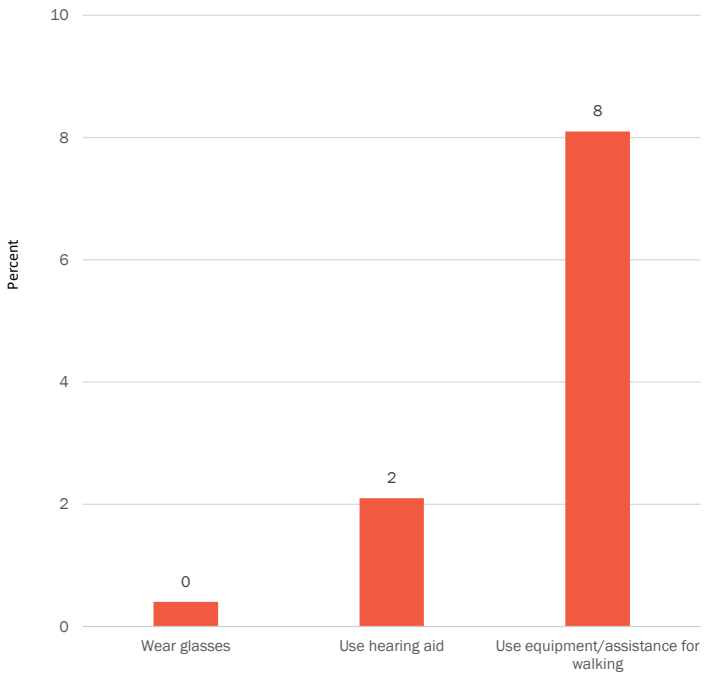


District Data on Child Functioning

District	2-4 years	5-17 years	2-17 years
National	7	23	20
Kailahun	6	18	15
Kenema	4	25	20
Kono	4	30	25
Bombali	6	21	18
Kambia	7	28	23
Koinadugu	10	11	11
Port Loko	7	31	26
Tonkolili	7	18	15
Bo	1	26	22
Bonthe	12	43	36
Moyamba	16	38	33
Pujehun	8	19	16
Western Area Rural	7	25	21
Western Area Urban	6	13	12

Percentage of children aged 2–17 years with functional difficulty in at least one domain, by district

Child Functioning & the Use of Assistive Devices



Percentage of children aged 2-17 years who use assistive devices and have functional difficulty within domain of assistive device

Key Messages

- **Almost 1 in 4 children 5-17 years have functioning difficulties.**
- **One out of fourteen children aged 2-4 years have functional difficulties.**
- **1.2% of children 2-17 years wear glasses of which 0.4% have difficulties seeing when wearing glasses; 1.1 use hearing aid of which2.2% have difficulties hearing when using the hearing aid, 1.8% use equipment or receive assistance for walking of which 8.1% have difficulties walking when using equipment or receiving assistance.**

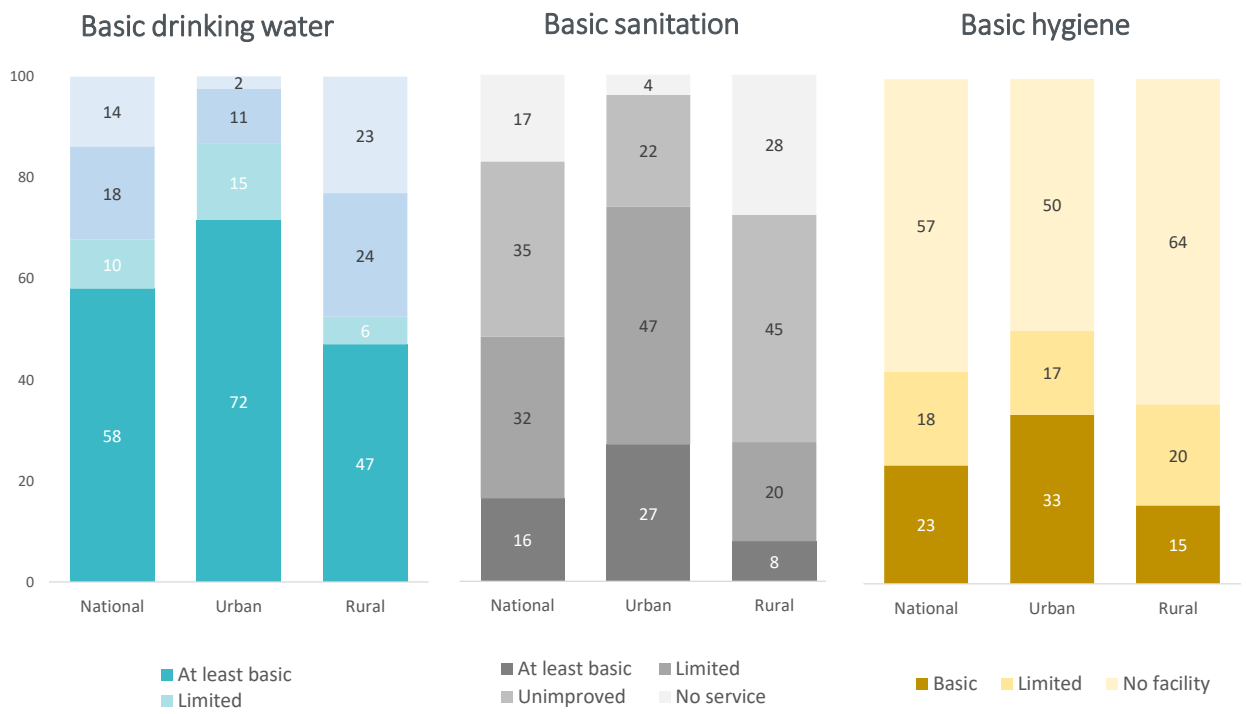
Sierra Leone 2017

MICS

Multiple Indicator Cluster Surveys

Drinking Water, Sanitation & Hygiene - WASH

Basic Drinking Water, Sanitation & Hygiene Services



Definitions

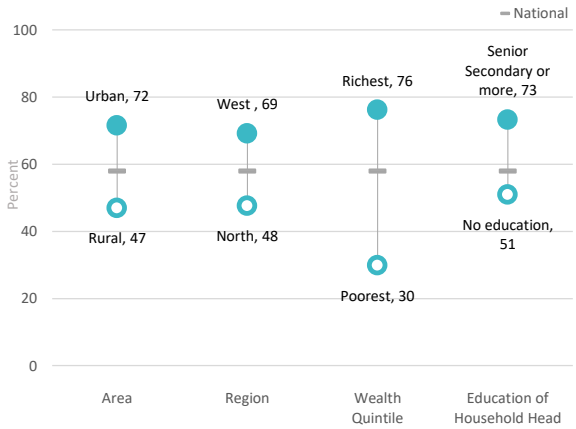
Drinking water ladder: **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

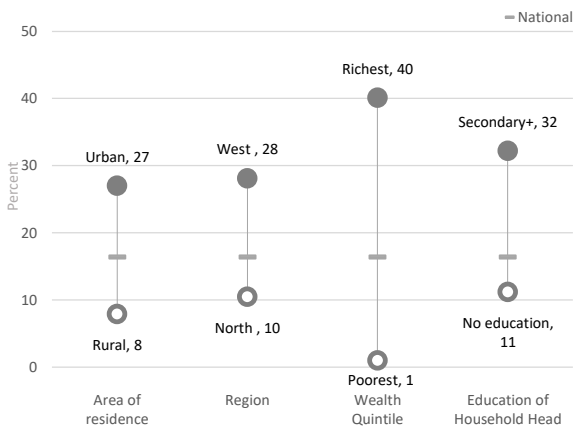
WASH: Inequalities in Basic Services

Basic Drinking Water



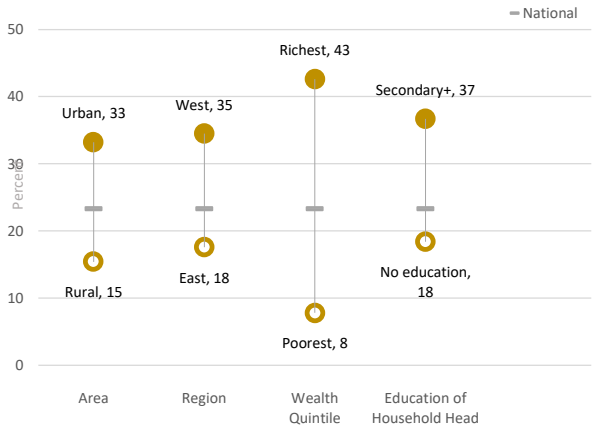
Percent of population using basic drinking water services by background characteristics

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

Basic Hygiene



Percent of population using basic hygiene services by background characteristics

Regional Data on Basic Services

Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	**58**	**16**	**23**
Districts			
Kailahun	56	4	6
Kenema	80	18	17
Kono	55	14	29
Bombali	71	8	39
Kambia	37	9	5
Koinadugu	45	12	19
Port Loko	46	15	19
Tonkolili	31	8	20
Bombali	67	21	23
Bonthe	40	10	6
Moyamba	29	20	18
Pujehun	58	7	20
Western Area Rural	60	24	31
Western Area Urban	74	30	36

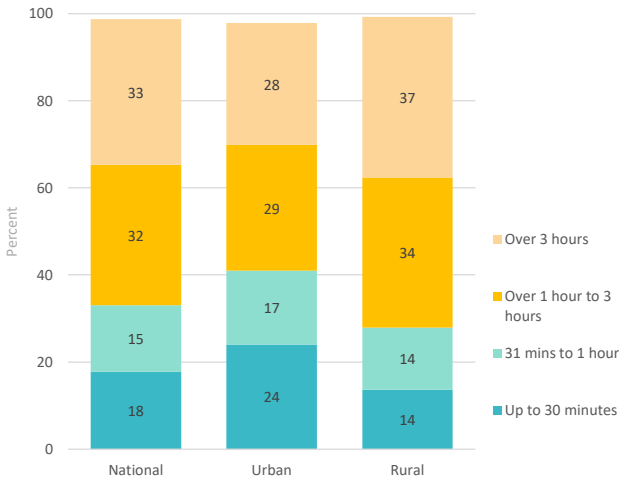
Proportion of population using basic drinking water, sanitation and hygiene services by region

Key Messages

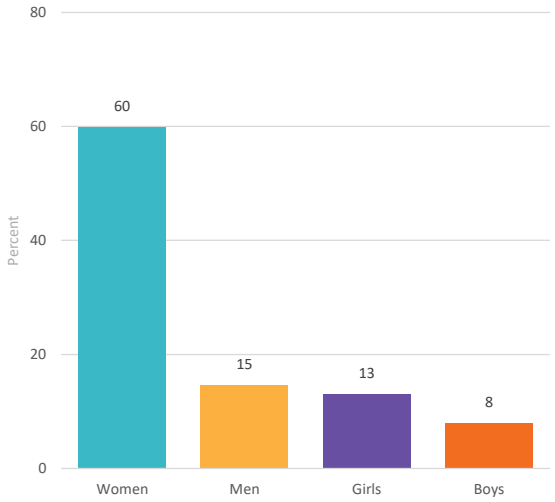
- **58% of households have access to basic drinking water, 16% access to Basic Sanitation and 23% to Basic Hygiene**
- **Area of residence and mother's educational level contributes immensely to access to water, sanitation and hygiene facilities**
- **Only 2% of the household population in Sierra Leone are using safely managed drinking water services**
- **9 in 10 (92%) of women are using appropriate menstrual hygiene materials with a private place to wash and change while at home**
- **Almost one quarter (23%) of young women age 15-19 are did not participate in social activities, school or work due to their last menstruation in the last 12 months preceding the survey.**

Accessibility of Water & Sanitation Facilities

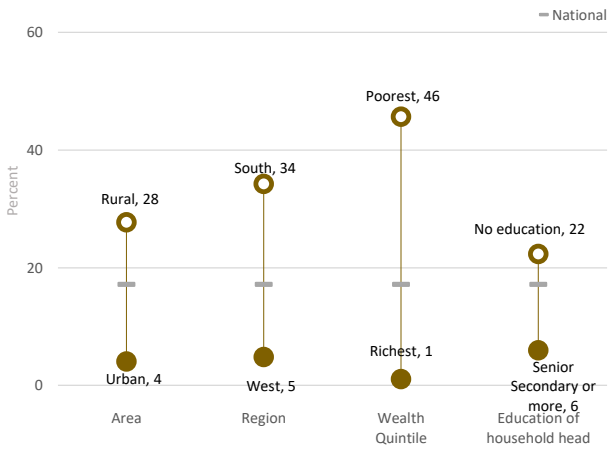
Time Spent Each Day Collecting Water



Who Primarily Collects Water for the Household



Open Defecation

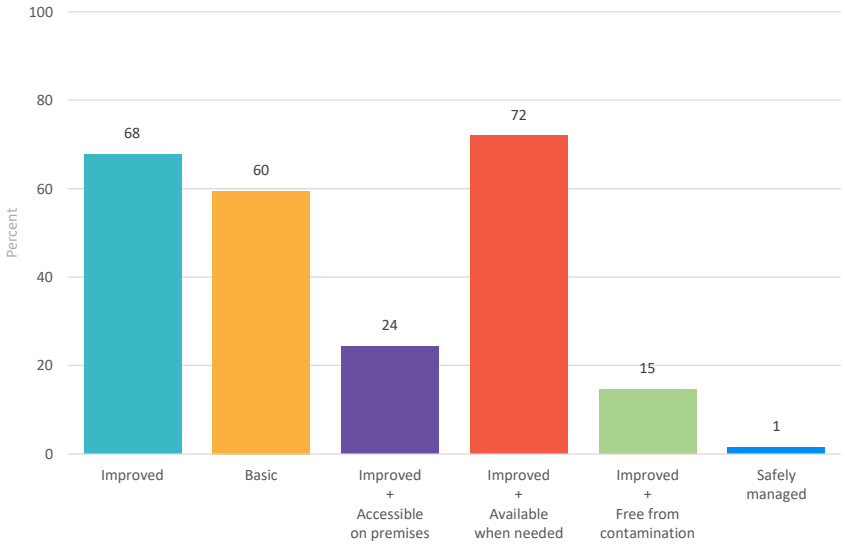


Proportion of the population practising open defecation, by background characteristics

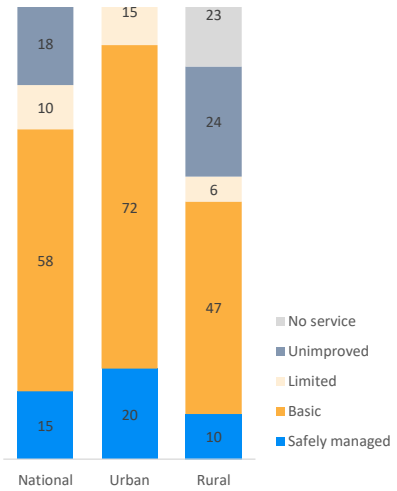
Key Messages

- **For 18% of the household population, it takes the household up to 30 minutes to get to the improved source and bring water,15% of the household population takes between 31 -60 minutes, 32% of the population takes over 1 hour to 3 hours while 33% takes over 3 hours to get to the improved source and bring water.**
- **For the majority of the households (60%), women usually collects water for the household when the source is not on the premises**

Safely Managed Drinking Water Services: SDG 6.1.1

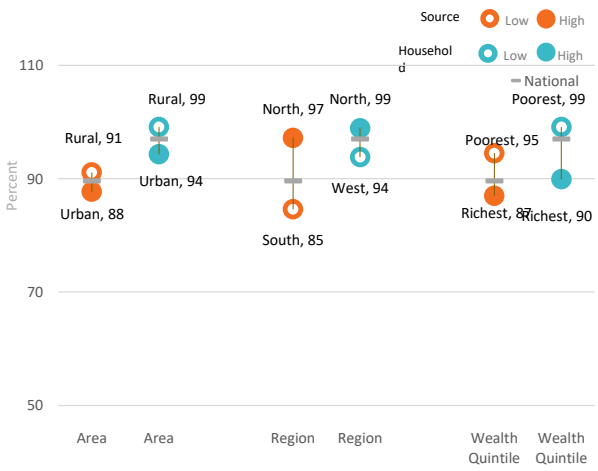


Proportion of population using improved, basic and safely managed drinking water services
See Definitions below



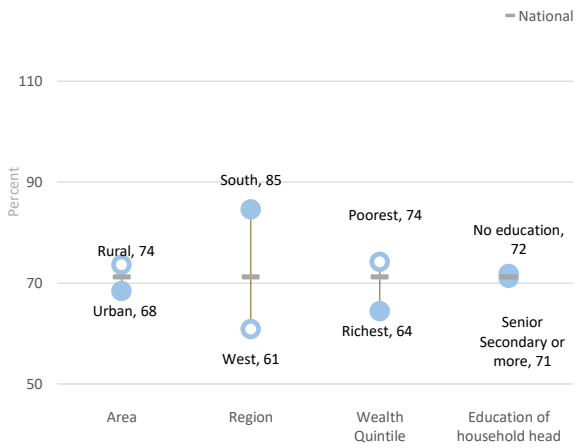
Drinking water ladder, urban and rural

Drinking Water Quality at Source & Home



Proportion of population using drinking water sources free from E. *coli* (orange) and proportion free from E. *coli* in glass of drinking water within the home (blue)

Availability of Drinking Water



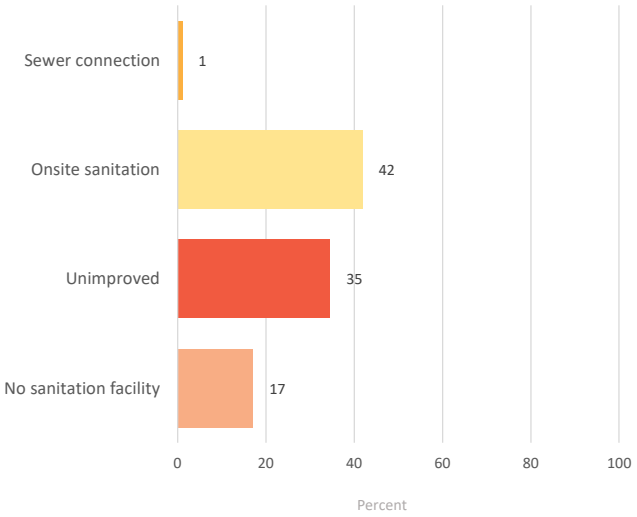
Proportion of population using drinking water sources with sufficient drinking water in the last month.

Definitions

Safely managed service represent an ambitious new level of service during the SDGs and is the indicator for target 6.1.
Safely managed drinking water services are improved sources: accessible on premises, available when needed, free from contamination
In 2017 only 2% of the population used safely managed drinking water services. The majority of water points, both unimproved and improved have been shown to be faecally contaminated and there are a number of other water quality issues such as those relating to salinity , hardness of the water and iron. Efforts are to strengthen national water quality standards and work has started to build capacities of national and sub-national laboratories of the MoWR and for surveillance and monitoring.

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility



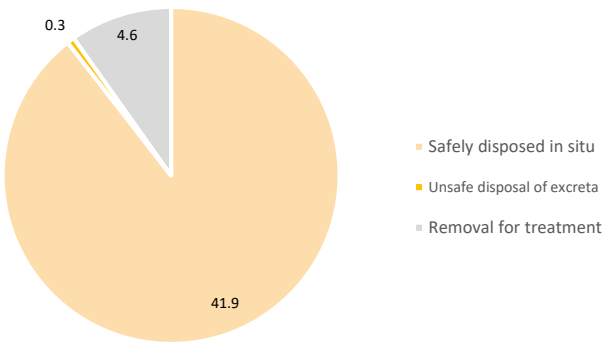
Proportion of population by type of sanitation facility, grouped by type of disposal

Types of Sanitation Facility by Region

District	Sewer connection	Onsite sanitation
National	1.1	41.9
Kailahun	0.1	42.3
Kenema	0.0	54.1
Kono	0.2	33.4
Bombali	0.0	44.0
Kambia	0.0	21.5
Koinadugu	0.2	37.3
Port Loko	0.9	36.5
Tonkolili	0.0	22.2
Bo	0.0	47.8
Bonthe	0.1	32.4
Moyamba	0.3	42.0
Pujehun	0.0	30.4
Wester Area Rural	1.4	53.1
Western Area Urban	5.2	51.2

Proportion of population using sewer connections and onsite sanitation, by region

Management of Improved Onsite Sanitation Services



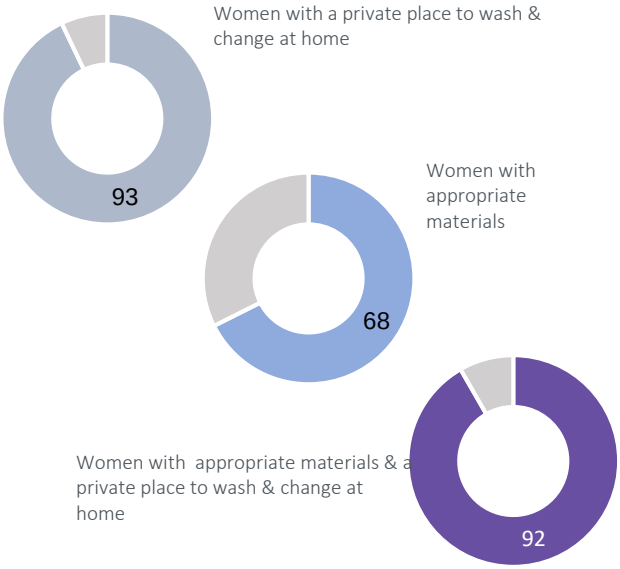
Proportion of population using onsite improved sanitation facilities, by final disposal of excreta

Definitions

Safely managed sanitation service represent an ambitious new level of service during the SDGs and is an indicator for target 6.2. Safely managed sanitation services refers private are improved facility where faecal wastes are safely disposed on-site or transported and treated off-sit plus a hand washing facility with soap and water.

- **Out of the population with access to safely managed sanitation facilities, only 41.9% are using onsite sanitation facilities, while 4.6 % and 0.3% are using unsafe disposal and removal of facial matter for treatment respectively.**
- **17% of the population are still practising open defecation although this denotes an improvement from the initial 24% in 2015 (JMP data)**

Menstrual Hygiene Management

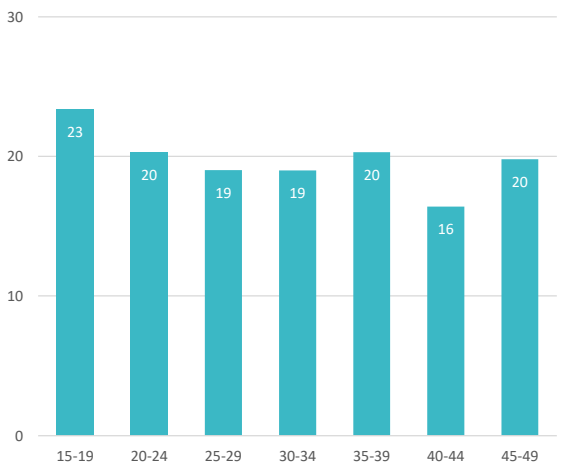


Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

Inequities in access to appropriate materials & private place to wash & change at home

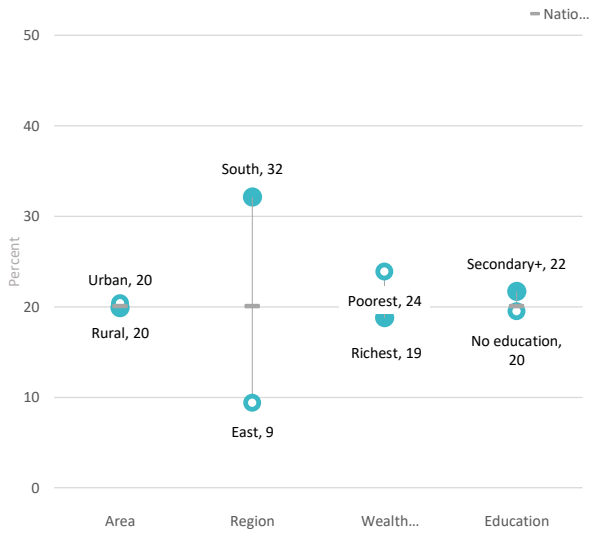
Percentage of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation



Percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics



Percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

- **Menstrual hygiene management is critical for reducing barriers to education for girls, fight stigma and contribute to positive health and wellbeing for outcomes for girls and women. Going forward, more efforts needs to be put in ensuring that menstrual hygiene management is entrenched in the school environment with increased focus on related activities in health facilities and communities**

Sierra Leone 2017

MICS

Multiple Indicator Cluster Surveys

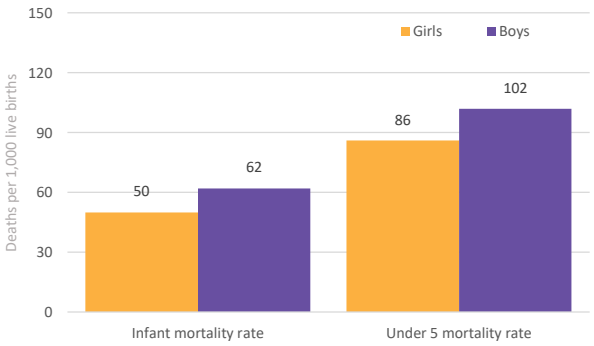
Gender Equality

Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

Every Girl & Boy Survives & Thrives: The First Decade of Life

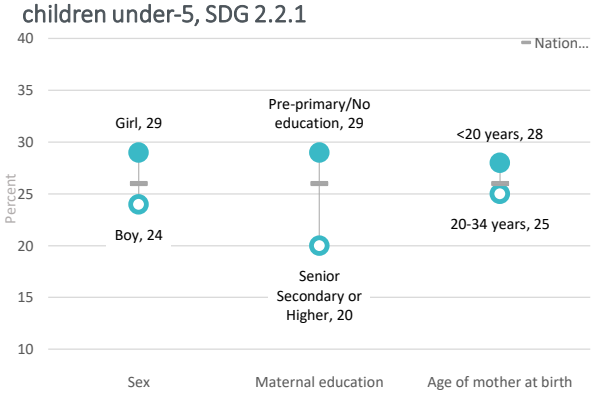
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality rates among children under-5, SDG 3.2.1 Sex Disaggregate



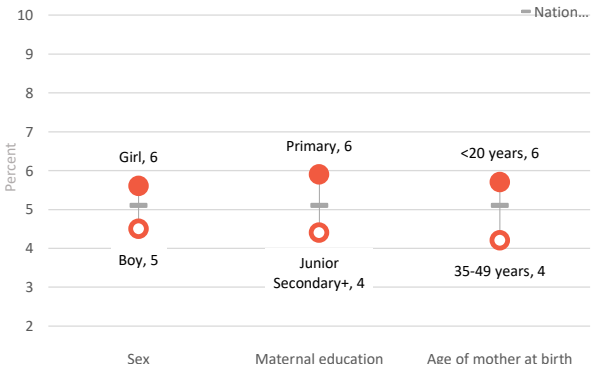
Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

Malnutrition: Stunting (moderate & severe) among children under-5, SDG 2.2.1



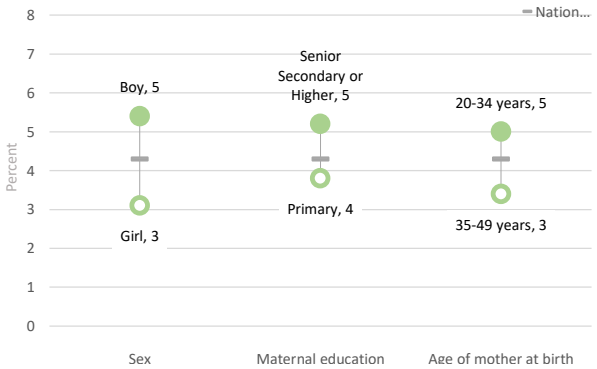
Stunting refers to a child too short for his or her age

Malnutrition: Wasting (moderate & severe) among children under-5, SDG 2.2.2



Wasting refers to a child who is too thin for his or her height

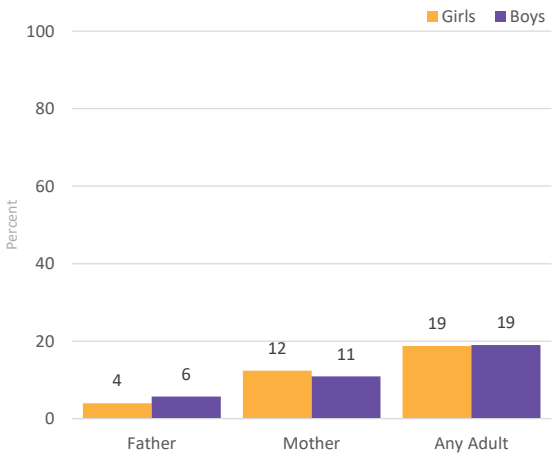
Malnutrition: Overweight (moderate & severe) among children under-5, SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height

Every Girl & Boy Survives & Thrives: The First Decade of Life

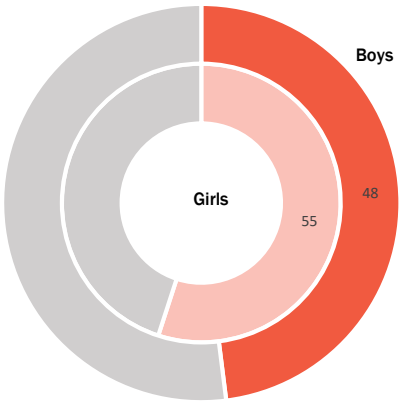
Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Activities include reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child.

Early Childhood Development Index, SDG 4.2.1

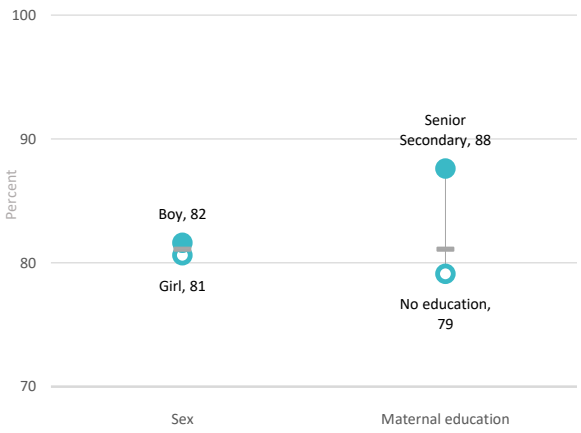


Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

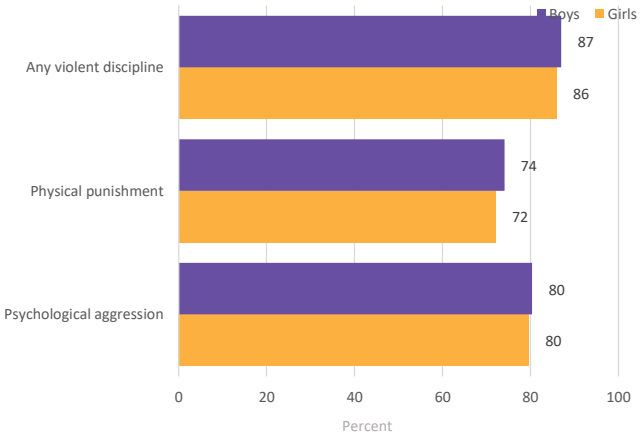
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

Violent Discipline, SDG 16.2.1 Sex & Age Disaggregate



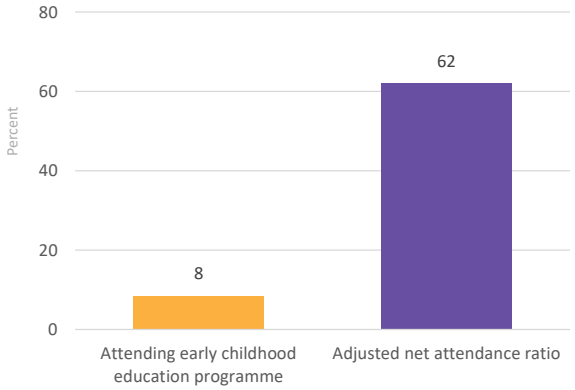
Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex

Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.
Note: Because children of primary school age range from 6-14 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2

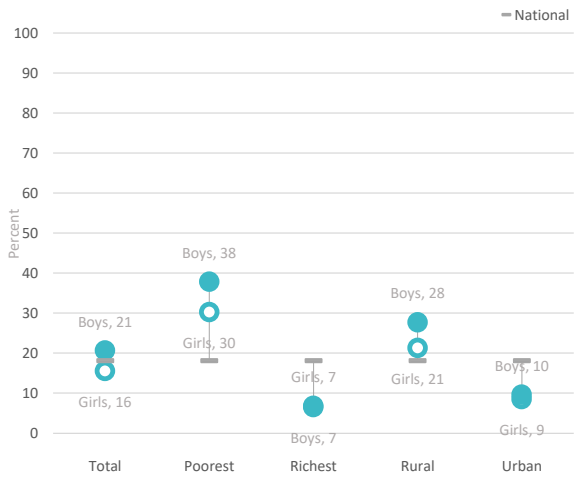


Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education, and attendance to an early childhood education programme or primary education (adjusted net attendance ratio), by sex

Primary School Attendance

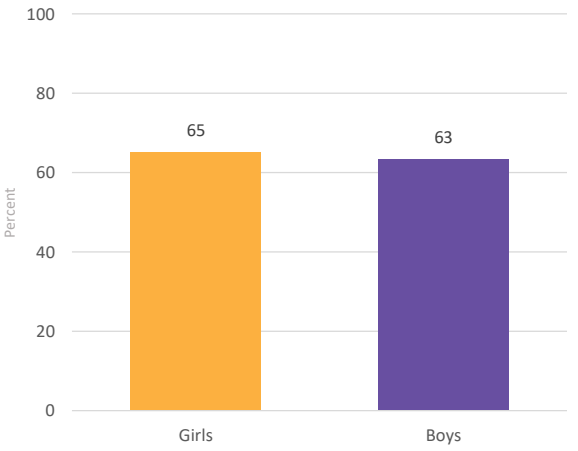
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School



Percentage of children of primary school age not attending either primary or secondary school, having either never attended or dropped out before completion, by wealth quintile and urban/rural residence

Primary Completion



Percentage of children age 3-5 years above the intended age for the last grade who completed the last grade of primary school, by sex

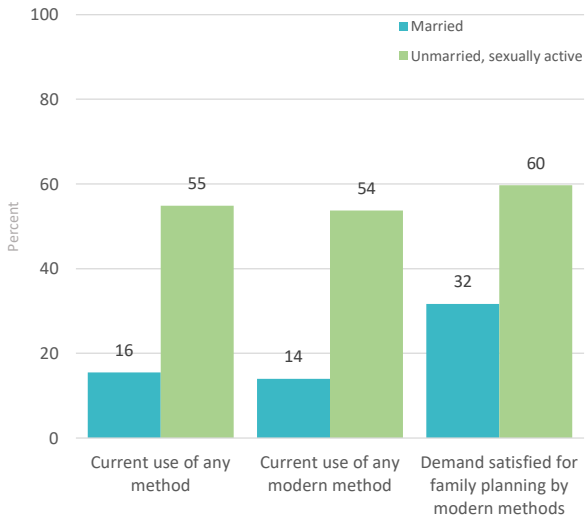
Key Messages

- Boys have higher infant mortality rate of 62 and higher under five mortality rate of 102 per 1,000 live births compared to the girls at 50 per 1,000 live births and 86 per 1,000 live births respectively.
- Stunting is higher in girls (29%) then boys (@$%); in children of parents with pre-primary or no education compared to mothers with senior secondary or higher education; and in children born to teenage mothers compared to children of women above 20 years.
- Births of both boys and girls are registered, though parents with higher education attainment have more children registered.
- Both boys and girls suffer from violent discipline. The abuses are mainly in the form of physical punishment and psychological aggression.
- Primary school attendance is lower in boys from poor and rural households compared to girls in the same settings.
- There are more boys than girls of primary going school age who are not in school across all quantiles of the population.
- Both boys and girls almost equally complete primary education at similar rates.

Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

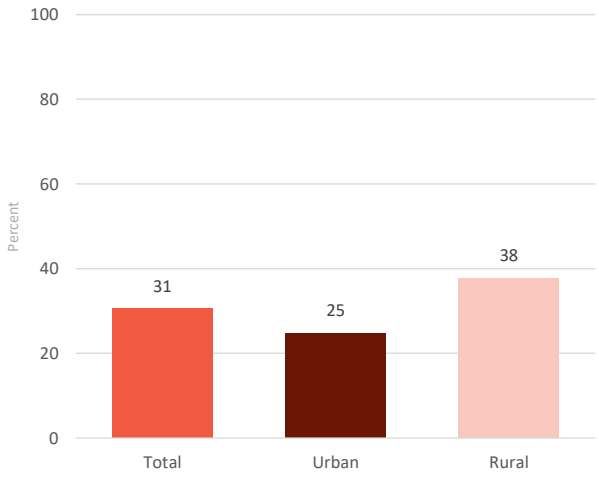
While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

Contraceptive Use & Demand Satisfied



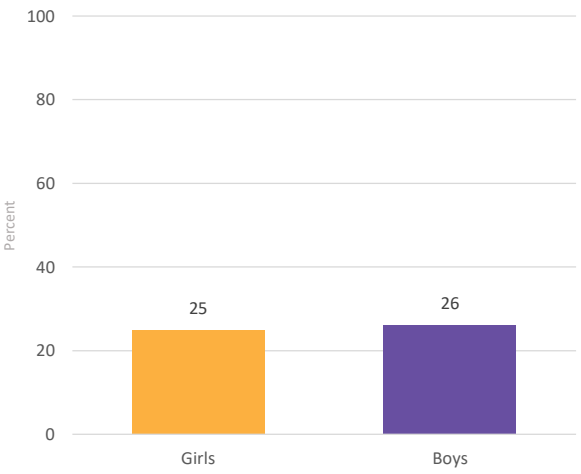
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls age 15-19, by marital status

Early Childbearing



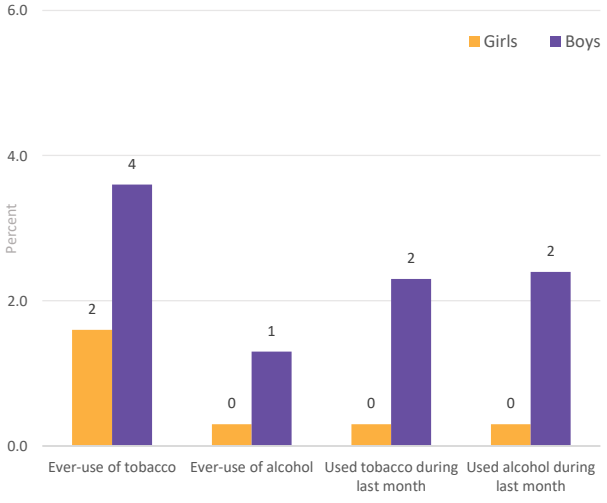
Percentage of women age 20-24 years who had a live birth by age 18, by urban/rural residence

Comprehensive Knowledge of HIV



Percent of girls and boys age 15-19 who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception.

Tobacco & Alcohol Use

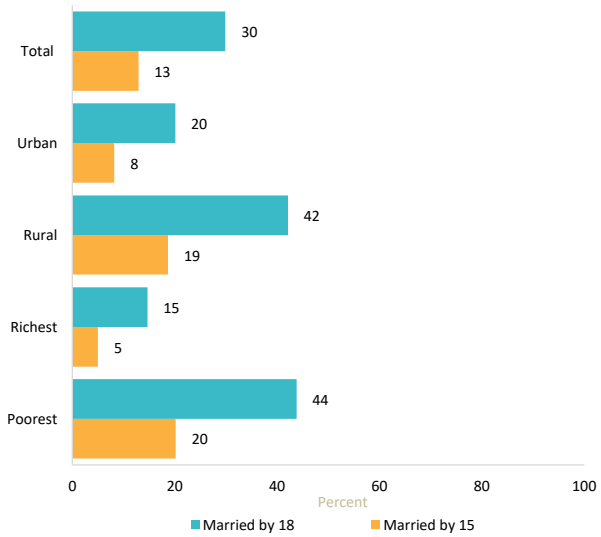


Tobacco and alcohol use among adolescents age 15-19, by sex
*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

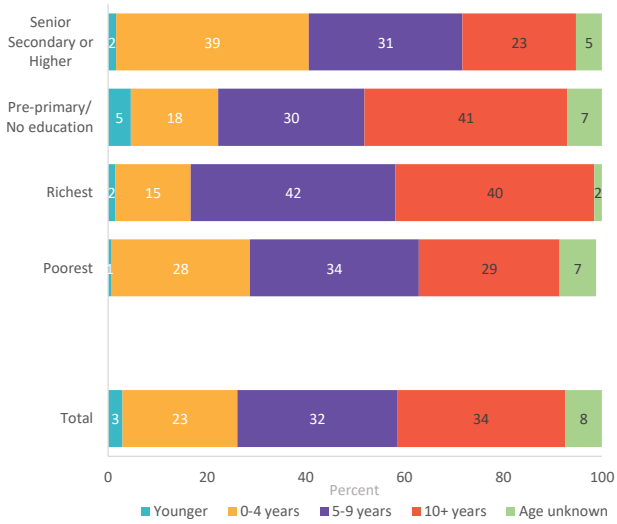
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



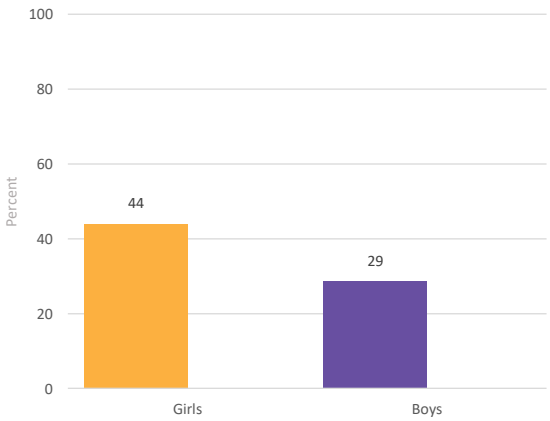
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by residence

Spousal Age Difference



Percent distribution of adolescent girls age 15-19 currently married or in union by age difference with their partner, education level and wealth quintile

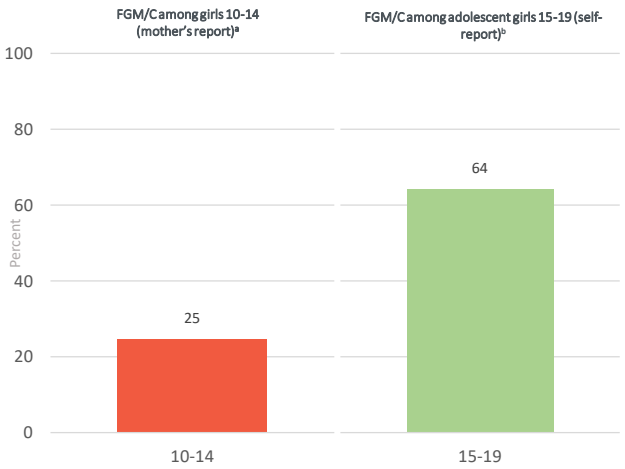
Attitudes toward Domestic Violence



Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

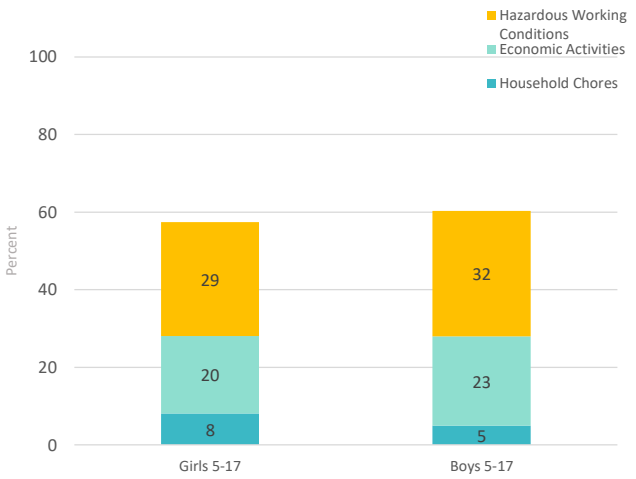
Female Genital Mutilation/Cutting (FGM/C), SDG 5.3.2 Age Disaggregate



a Percentage of girls age 10-14 whose mothers report they have undergone FGM/C
b Percentage of adolescent girls age 15-19 who report having undergone FGM/C

FGM refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Child Labour, SDG 8.7.1



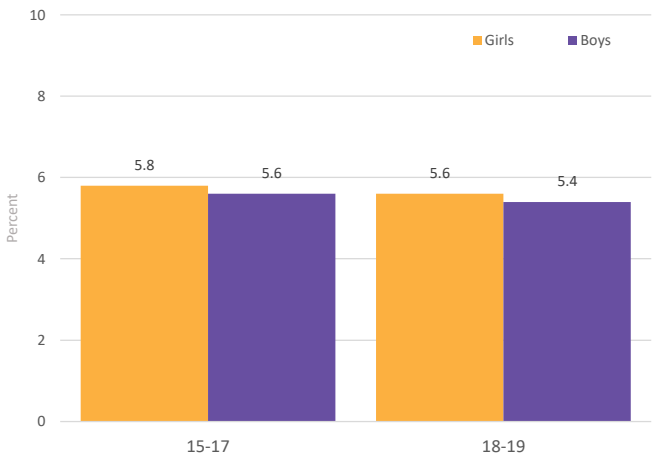
Percentage of adolescents age 5 to 17 years engaged in child labour, by sex, age group and type of activity

* Note: Indicator includes children in the first & second decade of life
**Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children aged 5-14 and no threshold for household chores for children aged 15-17

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. Life satisfaction measures an individual's perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls' and boy's satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Life Satisfaction

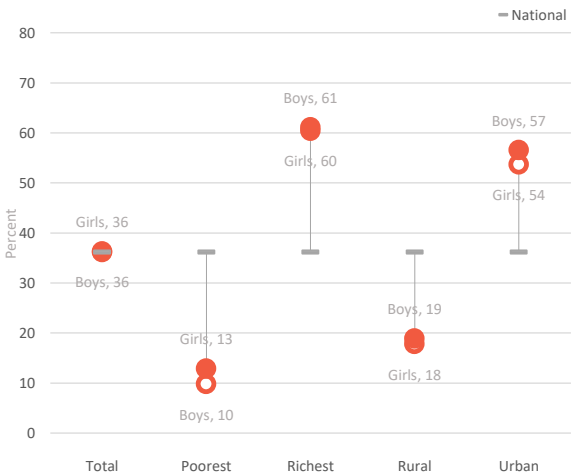


Among adolescents age 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

Every Adolescent Girl & Boy Learns: The Second Decade of Life

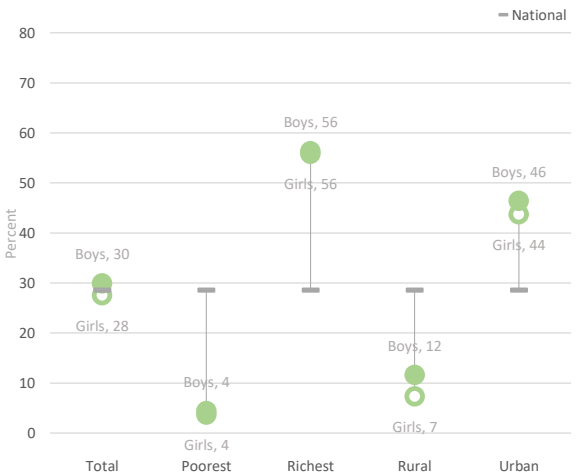
While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower Secondary Attendance



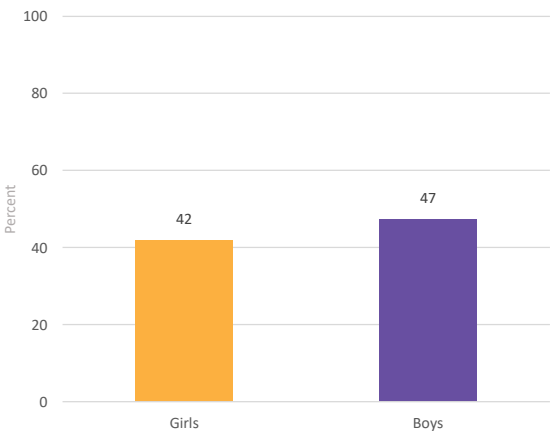
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Upper Secondary Attendance



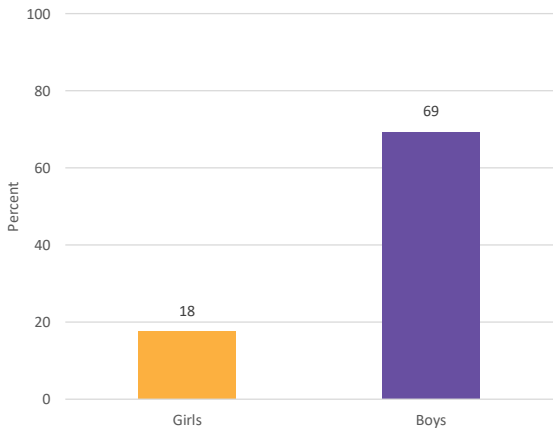
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Lower Secondary Completion



Percentage of children age 3-5 years above the intended age for the last grade who completed the last grade of lower secondary school, by sex

Upper Secondary Completion



Percentage of children age 3-5 years above the intended age for the last grade who completed the last grade of upper secondary school, by sex

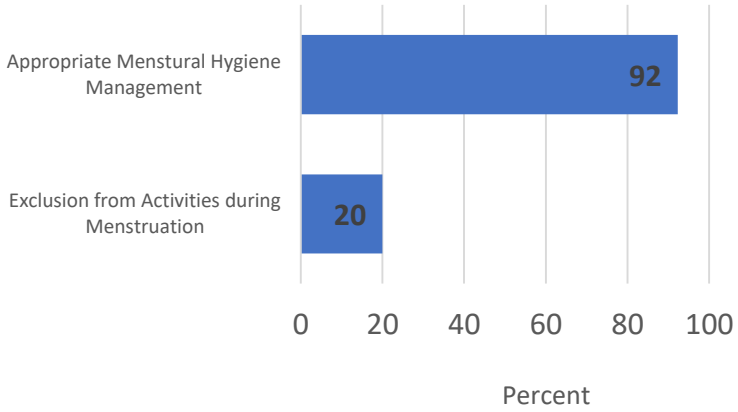
Every Adolescent Girl & Boy Learns: The Second Decade of Life

Out of School: Lower Secondary School Age

Percentage of children of lower secondary school age not attending either primary or secondary school, having either never attended or dropped out before completion, by wealth quintile and area

Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life

Menstrual Hygiene Management



The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

Appropriate Menstrual Hygiene Management: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

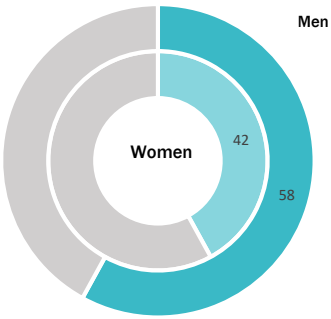
Key Messages

- Contraceptive use based on modern methods is higher among unmarried, sexually active adolescent girls, with 60% satisfaction of the modern method.
- Adolescents in rural areas are at a higher risk of early child bearing compared to their peers in urban areas.
- Very few (less than 26%) adolescents boys and girls have comprehensive knowledge of HIV transmission and prevention.
- Adolescent boys are more prone to tobacco and alcohol use than the girls , though both engage in this habit in late adolescent years.
- The proportions of girls married below age 18 years is higher among the poorest households living in rural areas compared to their peers from richest and urban areas
- Girls with pre-primary or no education and girls from richest quintiles often married spouse 10 +years compared to girls who have attained senior secondary education.
- A higher (44%) percentage of adolescent girls believes that domestic violence is justified compared to boys.
- FGM/C is more prevalent among 15-19 year old girls compared to 10-14 year old girls which may indicate that few parents are cutting early adolescents.
- Higher percentage of boys are engaged in hazardous working conditions and economic activities compared to girls.
- On average ,both boys and girls of older adolescents group (15-19) expressed their satisfaction with their life, implying good mental health.
- Boys have a higher (69) percentage for completion of upper secondary studies compared to girls at only 18% .
- 92% of girls have appropriate menstrual hygiene management compared to 23% who could not participate in social events.

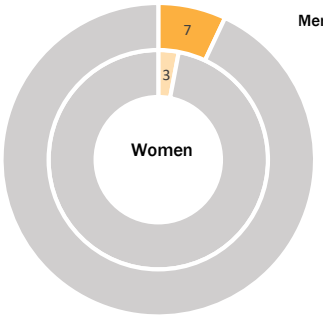
Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

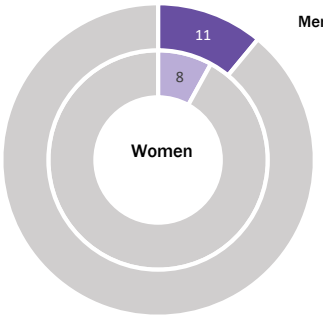
Access to Knowledge, Information & Technology



Percentage of adults (age 15-49) who are literate, by sex



Percentage of adults (age 15-49) who read a newspaper, listen to the radio, or watch television at least once a week



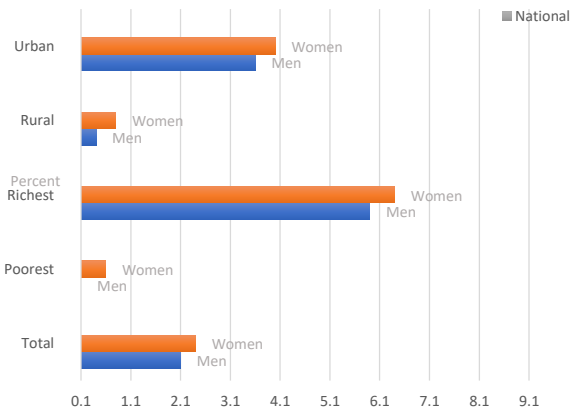
Percentage of adults (age 15-49) using the internet at least once in the past 3 months, by sex

Access to Resources

Mobile Phone Ownership, SDG 5.b.1

Percentage of adults age 15-49 who own a mobile phone, by sex, wealth quintile and area

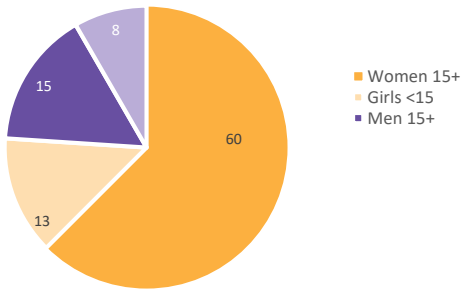
Health Insurance Coverage



Percentage of adults age 15-49 with health insurance,, by sex, wealth quintile and area

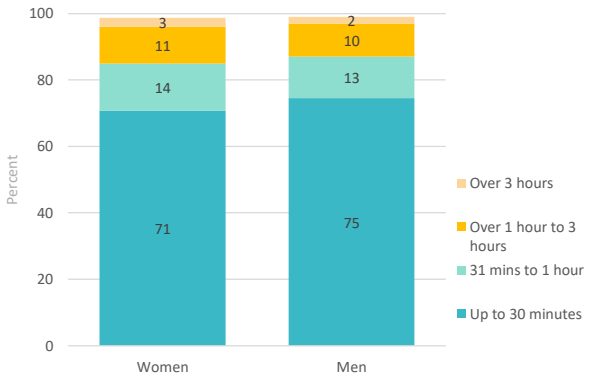
Time on Household Chores: Water Collection

Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

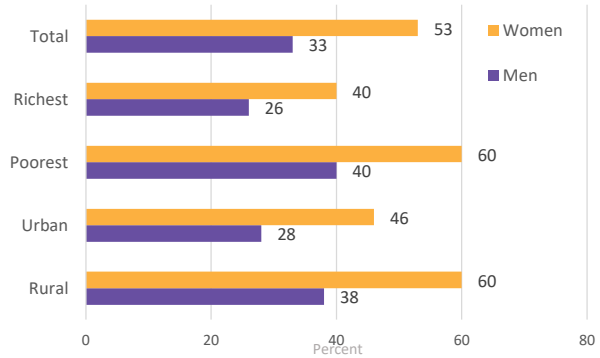
Time spent on water collection



Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

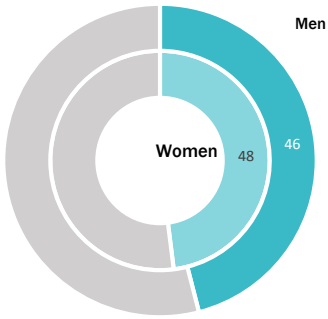
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



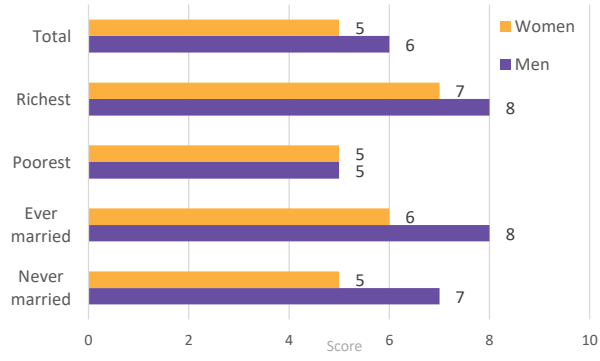
Percentage of adults age 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

Attitudes toward physical punishment



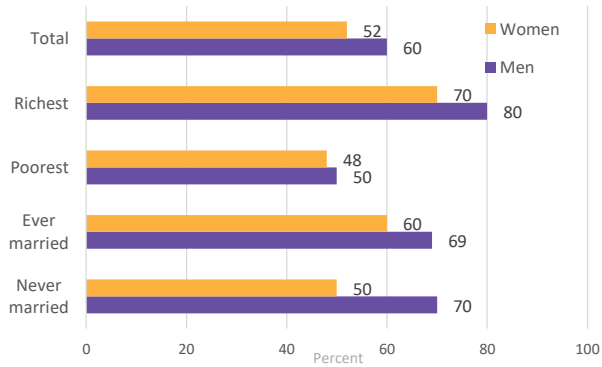
Percentage of caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Life satisfaction



Among adults age 15-49, average life satisfaction score on a scale of 0 to 10, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

Perceptions of a better life



Percentage of adults age 15-49 who expect that their lives will get better in one year, by sex, wealth quintile and marital status

Key Messages

- Men are more literate (58.3%) than women (41.5%). And have higher access to information through mass and social media compared to women.
- Men generally have access to resources compared to women regardless of quintiles. However, more men from richest and urban areas have higher access to resource than women.
- Women have higher health insurance coverage than men regardless of quintiles of society, much as women in richest and urban areas have higher access .
- Women compared to men undertakes household chores and spends a lot of time on chores such as water collection.
- Women believes that domestic violence is justified especially among the poorest household living in rural areas compared to the men in same settings.
- Slightly higher proportions of women than men believe that physical punishment is justified for child up brining.
- Men generally regardless of quintiles tends to have a higher perception of better life compared to women.
- Men have a higher satisfaction of life especially men from richest and ever married categories compared to women in same categories.

MICS

unicef for every child

World Health Organization

WFP World Food Programme wfp.org

UNFPA