



The Gambia

2019-20 Demographic and Health Survey

Summary Report





This report summarizes the 2019-20 Gambia Demographic and Health Survey (2019-20 GDHS). The 2019-20 GDHS was implemented by the Gambia Bureau of Statistics (GBoS). The funding for the 2019-20 GDHS was provided by the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the World Health Organization (WHO), ActionAid International The Gambia, the Network Against Gender Based Violence, the National Nutrition Agency (NaNA) and The Government of the Republic of The Gambia. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2019-20 GDHS may be obtained from The Gambia Bureau of Statistics Kanifing Institutional Layout, P.O. Box 3504, Serrekunda, The Gambia; telephone +220-437-7847.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

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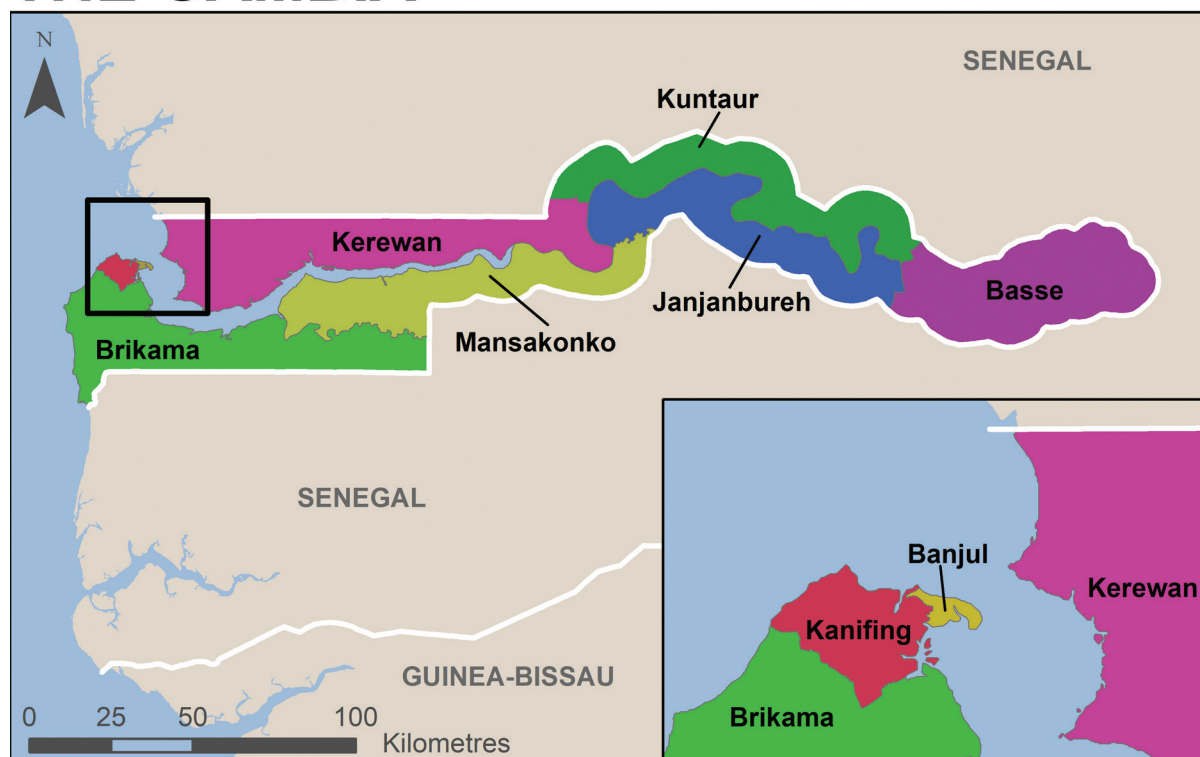
ABOUT THE 2019-20 GDHS

The 2019-20 Gambia Demographic and Health Survey (GDHS) is designed to provide data for monitoring the population and health situation in The Gambia. The 2019-20 GDHS is the 2nd Demographic and Health Survey conducted in The Gambia, a follow-on to the 2013 GDHS, and the objective of the survey was to provide reliable estimates of demographic and health indicators including fertility, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood, adult, and maternal mortality, maternal and child health, female genital cutting/mutilation, domestic violence, and HIV/AIDS that can be used by programme managers and policymakers to evaluate and improve existing programmes.

Who participated in the survey?

A nationally representative sample of 11,865 women age 15-49 and 4,636 men age 15-59 in 6,549 households were successfully interviewed. This represents a response rate of 95% of women and 87% of men. The sample design for the 2019-20 GDHS provides estimates at the national level, for urban and rural areas, and for each of the 8 Local Government Areas (LGAs).

THE GAMBIA



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

The average household size in The Gambia is 8.1 persons. Twenty-two percent of households are headed by women. Forty-five percent of the population in The Gambia is under age 15.

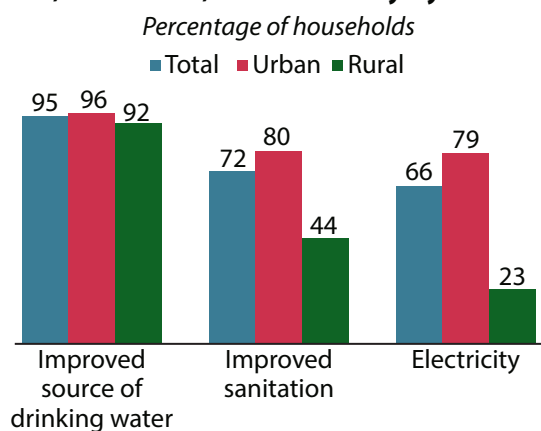
Water, Sanitation, and Electricity

Nearly all households in The Gambia (95%) have access to an improved source of drinking water. Access is similar among urban (96%) and rural households (92%). Among rural households 55% get their drinking water from a public tap or standpipe.

Nearly three-quarters of households (72%) in The Gambia use an improved sanitation facility, including facilities shared with other households. Urban households are nearly twice as likely as rural households to use improved sanitation facilities (80% versus 44%). Close to 3 in 10 households (28%) have access to an unimproved sanitation facility, while 1% of households have no sanitation facility or openly defecate.

Two-thirds of households in The Gambia have electricity (66%). Nearly 8 in 10 urban households (79%) have electricity, compared with 23% of rural households.

Water, Sanitation, and Electricity by Residence



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Ownership of Goods

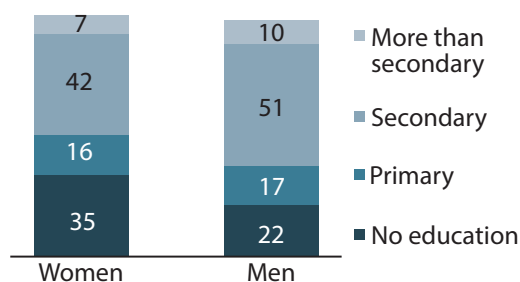
Nearly all households in The Gambia own a mobile phone (98%), 62% own a radio and 62% own a television. Urban households are more likely than rural households to own a television (73% versus 28%). In contrast, rural households are more likely to own agricultural land or farm animals than urban households (74% versus 14% and 89% versus 40%, respectively).

Education

More than one-third (35%) of women age 15-49 in The Gambia have no education, compared with 22% of men age 15-49. Sixteen percent of women and 17% of men have attended or completed primary school. More than 4 in 10 women (42%) and 51% of men have attended or completed secondary school. Only 7% of women and 10% of men have attended or completed more than secondary school. Almost half of women (47%) and two-thirds of men (67%) are literate.

Education

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



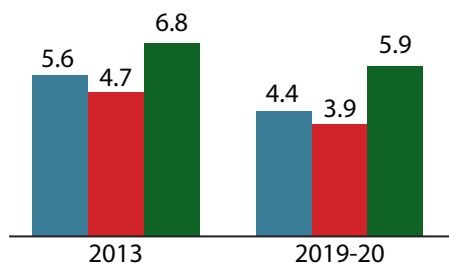
FERTILITY AND ITS DETERMINANTS

Currently, the total fertility rate (TFR) in The Gambia is 4.4 children per woman. Since 2013, fertility has decreased by more than one child from 5.6 children per woman to the current level.

Trends in Fertility

Births per woman for the 3-year period before the survey

■ Total ■ Urban ■ Rural



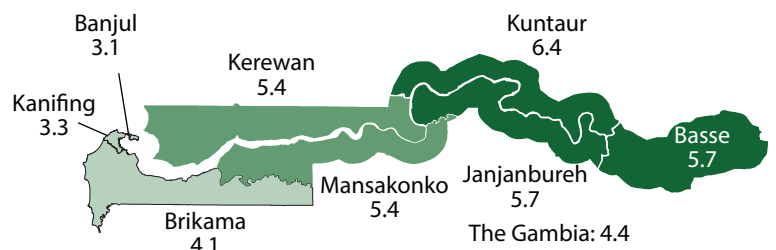
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Fertility varies by residence and LGA. Fertility is higher in rural areas (5.9 children per woman on average), than in urban areas (3.9 children per woman). Fertility ranges from 3.1 children per woman in Banjul to 6.4 children per woman in Kuntaur.

Fertility also varies with education and household wealth. Women with secondary education or higher have an average of 3.4 children, compared with 5.7 children among women with no education. Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have an average of 6.0 children, compared with 3.2 children among women living in the wealthiest households.

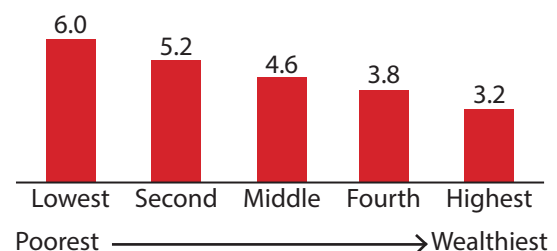
Fertility by LGA

Total fertility rate for the 3 years before the survey



Total Fertility Rate by Household Wealth

Births per woman for the 3-year period before the survey



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

Age at First Sexual Intercourse, Marriage, and Birth

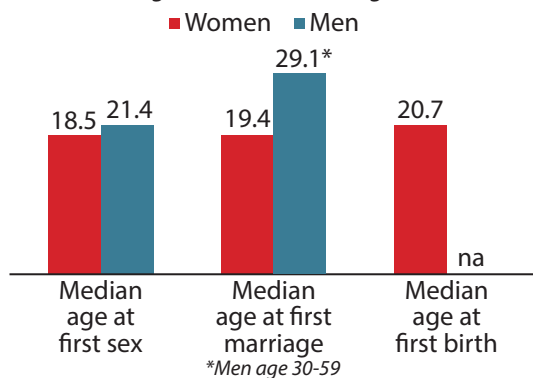
The median age at first sexual intercourse for women age 25-49 is 18.5 years, compared with 21.4 years among men 25-49. Women with secondary education or higher begin sexual activity 4.2 years later than women with no education (21.2 years versus 17.0 years). Ten percent of women begin sexual activity before age 15, while 44% begin sexual activity before age 18.

In The Gambia, women marry about 10 years earlier than men. The median age at first marriage for women age 25-49 years is 19.4 years. The median age at first marriage for men age 30-59 is 29.1 years. Women in rural areas marry 2.3 years earlier than women in urban areas (17.9 years versus 20.2 years).

The median age at first birth for women age 25-49 is 20.7 years. Twenty-four percent of women give birth by age 18.

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



Polygyny

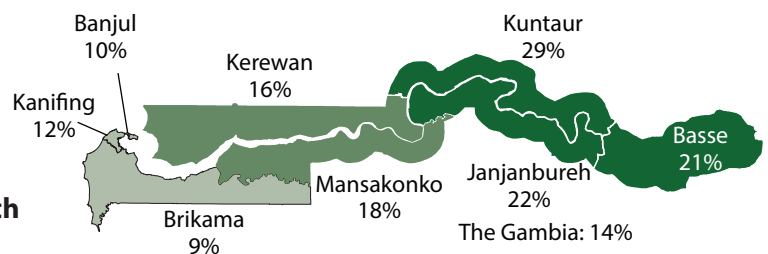
Thirty-four percent of married women age 15-49 are in a polygynous union, meaning they have at least one co-wife. Fourteen percent of men age 15-49 have more than one wife.

Teenage Fertility

In The Gambia, 14% of young women age 15-19 are already mothers or pregnant with their first child. Rural young women age 15-19 are twice as likely to have begun childbearing as urban young women (20% versus 11%). By LGA, teenage childbearing ranges from a low of 9% in Brikama to a high of 29% in Kuntaur.

Teenage Childbearing by LGA

Percentage of women age 15-19 who have begun childbearing



FAMILY PLANNING

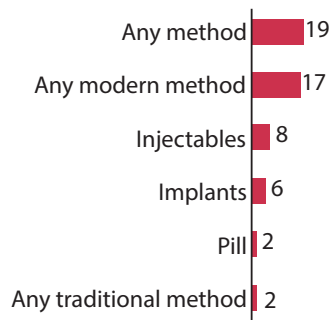
Current Use of Family Planning

Nearly 1 in 5 married women age 15-49 use any method of family planning – 17% use a modern method and 2% use a traditional method. The most popular methods are injectables (8%), implants (6%), and the pill (2%).

Among sexually active, unmarried women age 15-49, 41% use a modern method of family planning. The most popular methods among sexually active, unmarried women are implants (20%), injectables (11%), the male condom, and the pill (5% each).

Use of modern methods of family planning among married women varies by residence, wealth, and LGA. Modern method use is slightly higher among urban women (18%) than rural women (15%). In general, modern family planning use increases with wealth. Sixteen percent of women from the poorest households use a modern method, compared with 21% of women in the fourth wealth quintile. Modern method use by LGA ranges from a low of 8% in Basse to a high of 22% in Banjul.

Family Planning
Percentage of married women age 15-49 using family planning

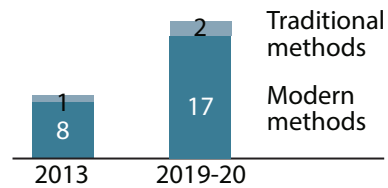


Trends in Use of Family Planning

The use of family planning has increased from 9% in 2013 to 19% in 2019-20. Additionally, modern method use among married women increased from 8% in 2013 to 17% in 2019-20.

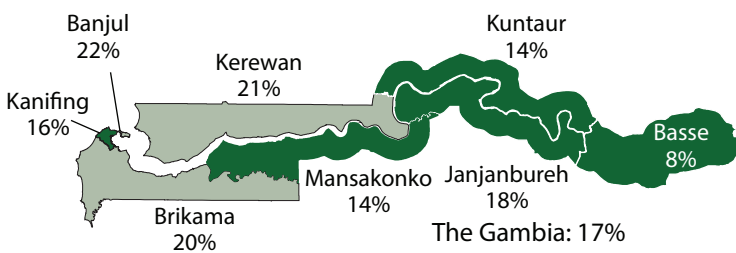
Trends in Contraceptive Use

Percentage of currently married women currently using a contraceptive method



Modern Contraceptive Use by LGA

Percentage of currently married women age 15-49



Demand for Family Planning

Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in The Gambia is 43%. Thirty-two percent of women want to delay childbearing (delay first birth or space another birth) by at least two years, and 11% do not want any more children.

The total demand for family planning includes both met need and unmet need. Met need is the contraceptive prevalence rate. In The Gambia, 19% of married women use any family planning method.

Unmet Need for Family Planning

Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using any family planning method. In The Gambia, 24% of married women age 15-49 have an unmet need for family planning – 19% want to delay, while 6% want to stop childbearing.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Forty percent of the demand for family planning is satisfied by modern methods. The demand for family planning that is satisfied by modern methods is higher among currently married women with a secondary education or higher (43%) than among women with a primary education (34%) or no education (39%).

The total demand for family planning in The Gambia among married women increased from 34% in 2013 to 43% in 2019-20. Similarly, the demand satisfied by modern methods has increased from 24% to 40% during the same time period. Unmet need has remained unchanged during the same period.

Exposure to Family Planning Messages

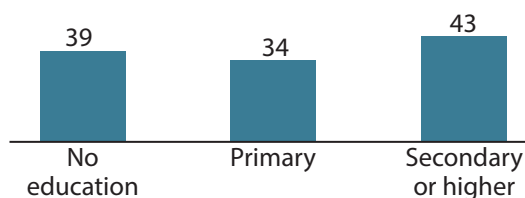
Radio is the most common media source for family planning messages in The Gambia. Twenty-four percent of women and 20% of men age 15-49 heard a family planning message on the radio in the few months before the survey. Other sources of family planning messages include television (17% for women and 11% for men) and mobile phone (2% for women and 3% for men). Overall, 70% of women and 73% of men have not been exposed to family planning messages via any media source.

Informed Choice

Family planning clients should be informed about side effects of the method used, what to do if they experience side effects, and about other available family planning methods. Three quarters (76%) of current modern method users were informed about the side effects of their method, 69% were informed about what to do if they experienced side effects, and 76% were informed about other available methods. Overall, 58% of women were provided with all three types of information.

Demand for Family Planning Satisfied by Modern Methods by Education

Among married women age 15-49, percent of demand for family planning satisfied by modern methods

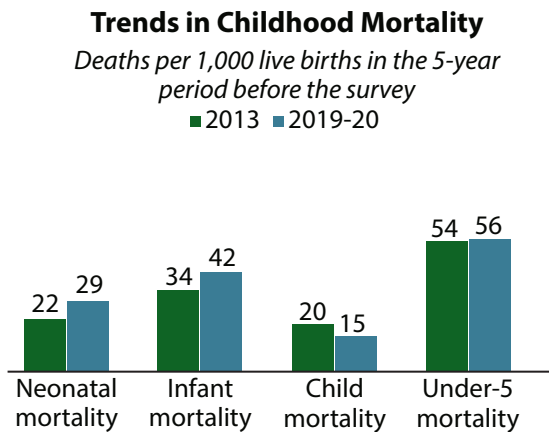


CHILDHOOD MORTALITY

Rates and Trends

Infant and under-5 mortality rates for the 5-year period before the survey are 42 and 56 deaths per 1,000 live births, respectively. The neonatal mortality rate is 29 deaths per 1,000 live births. At these mortality levels, about 1 in 18 children in The Gambia does not survive to their fifth birthday.

In The Gambia, infant, under-5 and neonatal mortality levels have increased since 2013. Under-5 mortality has slightly increased from 54 to 56 deaths per 1,000 live births. Infant mortality has increased from 34 to 42 deaths per 1,000 live births. Neonatal mortality has increased, from 22 to 29 deaths per 1,000 live births. Child mortality (deaths to children between ages 1 and 5) decreased slightly from 20 to 15 deaths per 1,000 live births.



Under-5 Mortality Rate by Background Characteristics

The under-5 mortality rate differs by mothers' education and LGA for the 10-year period before the survey. Children whose mothers have no education are more likely to die by age 5 (62 deaths per 1,000 live births) than children whose mothers have secondary education or higher (52 deaths per 1,000 live births). By LGA, under-5 mortality ranges from 55 deaths per 1,000 live births in Basse to 79 deaths per 1,000 live births in Mansakonko and Kuntaur.

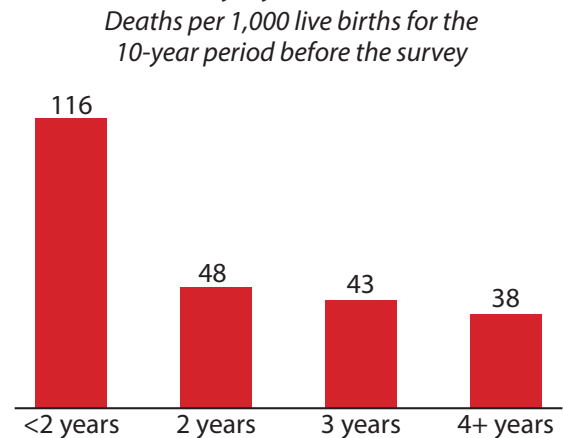


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Birth Intervals

Spacing births at least 24 months apart reduces the risk of infant death. The median birth interval in The Gambia is 35.3 months. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (116 deaths per 1,000 live births) than among children born four or more years after a previous birth (38 deaths per 1,000 live births).

Under-5 Mortality by Previous Birth Interval



MATERNAL HEALTH CARE

Antenatal Care

In The Gambia, the majority of women age 15-49 (98%) receive antenatal care (ANC) from a skilled provider (doctor, nurse, or midwife), most commonly from a nurse or midwife (86%). The timing and number of ANC visits are also important. Four in ten (43%) women had their first ANC visit in the first trimester, as recommended. Nearly 8 in 10 (79%) women made four or more ANC visits, but only 4% had eight or more ANC visits.

Almost all women (97%) took iron tablets or syrup during pregnancy. Seventy-one percent of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 99% had their blood pressure measured, 98% had a blood sample taken, and 95% had a urine sample taken.

Delivery and Postnatal Care

More than 8 in 10 births (84%) are delivered in a health facility, primarily in public sector facilities (76%). Only 15% of births in The Gambia are delivered at home. Women with no education (78%) and those from the poorest households (71%) are least likely to deliver at a health facility. Health facility deliveries have increased since 2013 when 63% of births were delivered in a health facility.

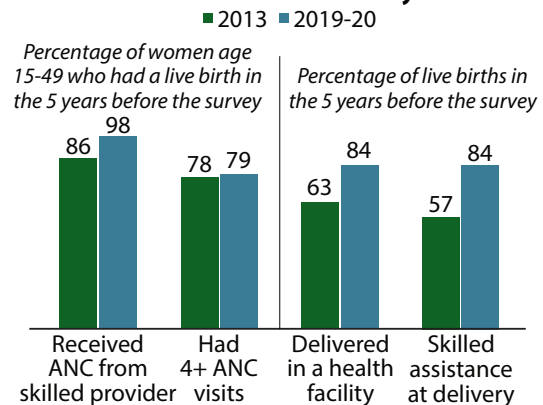
Overall, 84% of births are assisted by a skilled provider. The majority of births are delivered by a nurse or midwife (73%). Skilled assistance during delivery has increased from 57% in 2013 to 84% in 2019-20.

Postnatal care helps prevent complications after childbirth. In The Gambia, nearly 9 in 10 women (88%) received a postnatal check within two days of delivery, while 8% did not have a postnatal check within 41 days of delivery. Eighty-three percent of newborns received a postnatal check within two days of birth, while 12% did not have a postnatal check.



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Trends in ANC and Delivery Care



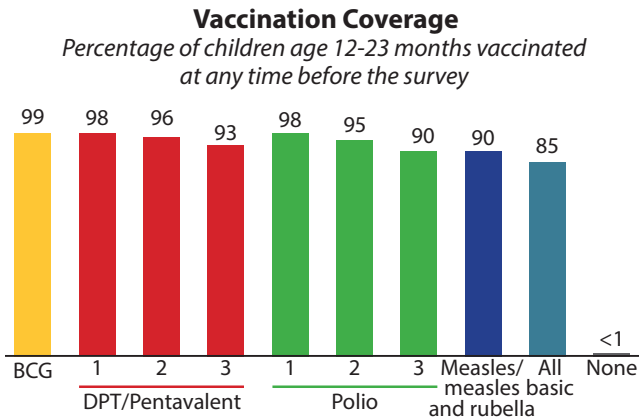
Maternal Mortality

Maternal mortality includes deaths of women during pregnancy, delivery, and within 42 days of delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for The Gambia is 289 maternal deaths per 100,000 live births for the 7-year period before the survey. The confidence interval for the 2019-20 GDHS MMR ranges from 204 to 375 deaths per 100,000 live births.

CHILD HEALTH

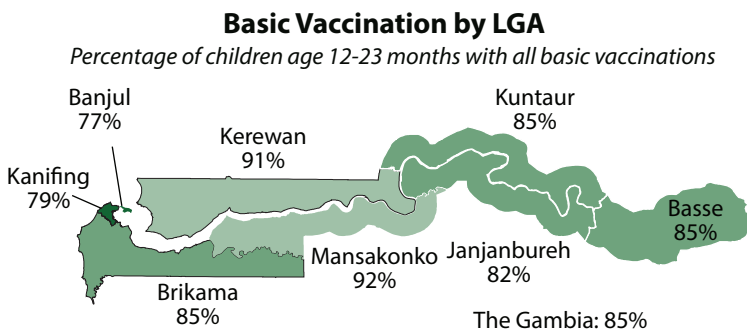
Basic Vaccination Coverage

In The Gambia, 85% of children age 12-23 months have received all basic vaccinations – one dose each of BCG and measles/measles and rubella vaccine and three doses each of DPT-HepB-Hib (also called pentavalent) and polio vaccines. Less than 1% of children did not receive any vaccinations.



Basic vaccination coverage has increased since 2013 when 76% of children had received all basic vaccinations. The proportion of children who have received no vaccinations has remained unchanged at around 1%.

Basic vaccination coverage varies by LGA and is highest in Mansakonko (92%) and lowest in Banjul (77%).



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Childhood Illnesses

In the two weeks before the survey, 5% of children under five were ill with symptoms of acute respiratory infection (ARI) such as chest-related short, rapid breathing and/or difficulty breathing. Among these children, treatment or advice was sought for 70%.

Nineteen percent of children under five had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children in Kuntaur (27%) and among children age 12-23 months (31%) and age 6-11 months (29%). Sixty-two percent of children under five with diarrhoea had treatment or advice sought.

Children with diarrhoea should take more fluids, particularly through oral rehydration therapy (ORT) which includes oral rehydration salts (ORS), recommended home fluids, and increased fluids. Additionally, children under five with diarrhoea should receive zinc. Nearly three-quarters (71%) of children under five with diarrhoea received ORT, while 13% received no treatment. More than 1 in 5 children (21%) under five with diarrhoea received ORS and zinc.

FEEDING PRACTICES AND SUPPLEMENTATION

Complementary Foods

Breastfeeding is very common in The Gambia with the majority of children (98%) ever breastfed. Slightly more than one-third (36%) were breastfed within the first hour of life, while 93% were breastfed within 24 hours after delivery. Twenty-one percent of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. More than half (54%) of children under six months are exclusively breastfed while 2% are not breastfed.

Children under 3 are breastfed for a median duration of 20.4 months and are exclusively breastfed for 3.1 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In The Gambia, 75% of children age 6-8 months are breastfed and receive complementary foods.

Vitamin A and Iron Supplementation

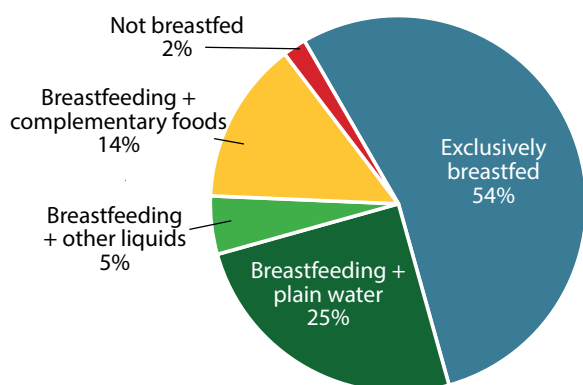
Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, 59% of children age 6-23 months ate foods rich in vitamin A. Fifty-seven percent of children age 6-59 months received a vitamin A supplement in the six months before the survey.

Iron is essential for cognitive development in children, and low iron intake can contribute to anaemia. In the 24 hours before the survey, 52% of children age 6-23 months ate foods rich in iron. Overall, 11% of children age 6-59 months received iron supplements in the week before the survey.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Nearly 6 in 10 (58%) women age 15-49 took iron supplements for at least 90 days during their last pregnancy.

Breastfeeding Status for Children Under Six Months

Percent distribution of youngest children under age 6 months living with their mother by breastfeeding status



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NUTRITIONAL STATUS

Children's Nutritional Status

The GDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Stunting is an indication of chronic undernutrition.

In The Gambia, 18% of children under five are stunted, or too short for their age. By LGA, stunting is highest in Kuntaur (25%) and lowest in Banjul (10%). Wasting is an indication of acute malnutrition. In The Gambia, 5% of children under five are wasted, or too thin for their height. In addition, 12% of children under five are underweight, or too thin for their age, while 2% are overweight.

Anaemia

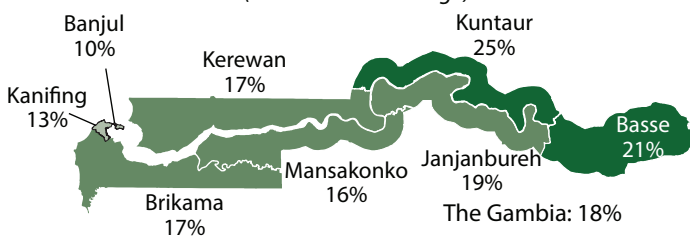
The 2019-20 GDHS tested children age 6-59 months and women age 15-49 for anaemia. Overall, 45% of children age 6-59 months are anaemic. Anaemia is most common among children age 12-17 months (59%) and 18-23 months (56%) and among children whose mothers have no education (51%). By LGA, anaemia prevalence ranges from 30% in Brikama to 77% in Kuntaur. Prevalence of anaemia in children generally decreases with increasing household wealth, from 64% among children in the poorest households to 30% among children in the wealthiest households.

Forty-four percent of women age 15-49 in The Gambia are anaemic. Anaemia is more common among women with no education (51%) and those from the poorest households (56%). By LGA, anaemia prevalence ranges from 39% in Brikama to 62% in Kuntaur.

From 2013 to 2019-20, the prevalence of anaemia in children age 6-59 months dropped sharply from 73% to 45%, while the prevalence of anaemia among women decreased from 60% to 44%.

Stunting in Children by LGA

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

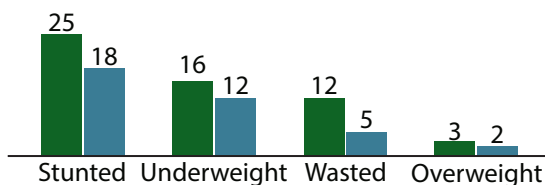


Childhood stunting has decreased from 25% in 2013 to 18% in 2019-20. During the same time period, the proportion of children underweight has declined from 16% to 12%. Childhood wasting has considerably declined from 12% to 5% during that same period.

Trends in Children's Nutritional Status

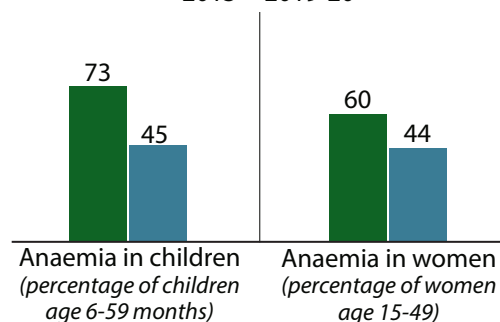
Percentage of children under age 5

■ 2013 ■ 2019-20



Trends in Anaemia Status

■ 2013 ■ 2019-20



HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

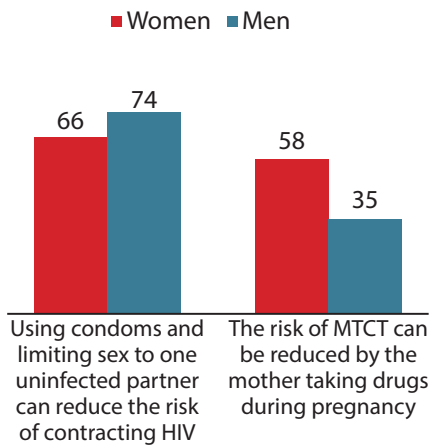
Knowledge of HIV Prevention Methods

In The Gambia, 66% of women and 74% of men age 15-49 know that the risk of getting HIV can be reduced by using condoms and limiting sex to one uninfected partner. HIV knowledge is lowest in Kuntaur for women (55%) and in Brikama for men (67%).

Six in ten women (60%) and less than half (45%) of men age 15-49 know that HIV can be transmitted from mother to child during pregnancy, delivery, and by breastfeeding. Furthermore, 58% of women and 35% of men know that the risk of mother-to-child transmission can be reduced by the mother taking special drugs during pregnancy.

HIV Knowledge: Prevention methods and mother-to-child transmission (MTCT)

Percentage of women and men age 15-49 who know that:



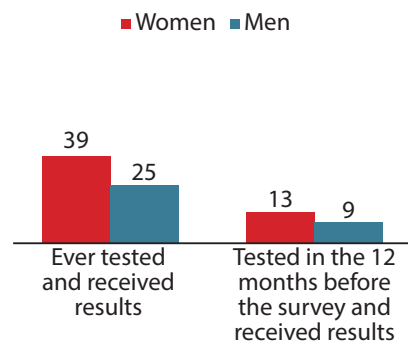
Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). Less than one percent of women and 10% of men age 15-49 had two or more sexual partners in the 12 months prior to the survey. Among men with two or more sexual partners, 26% reported using a condom at their last sexual intercourse.

HIV Testing

Seven in ten women (70%) and men (69%) know where to get an HIV test. Thirty-nine percent of women and 25% of men have ever been tested for HIV and received the results. Within the past 12 months, 13% of women and 9% of men have been tested and received their results. There has been little change since 2013 in the percent of women and men age 15-49 who were tested for HIV and received results in the 12 months prior to the survey. Forty-three percent of pregnant women with a live birth in the two years before the survey received counselling on HIV, an HIV test, and the results during ANC.

Prior HIV Testing

Percentage of women and men age 15-49 who were tested for HIV prior to the 2019-20 GDHS



WOMEN'S EMPOWERMENT

Employment

Nearly 7 in 10 married women (68%) were employed at any time in the 12 months before the survey, compared with 99% of married men. Sixty-one percent of women and 92% of men are paid in cash only. Nearly 1 in 5 working women (18%) and 3% of men are not paid for their work. The majority of married women (85%) who are employed and earn cash make decisions on how to spend their earnings on their own, while 8% make decisions jointly with their husband. Overall, 80% of working women report earning less than their husband.

Ownership of Assets

In The Gambia, 17% of women own a home alone or jointly compared with 38% of men. Similarly, women are less likely than men to own land (8% compared with 29%).

In The Gambia, 17% of women and 29% of men have and use a bank account. More than three quarters (76%) of women and 86% of men own a mobile phone. Among mobile phone owners, 9% of women and 10% of men use their mobile phone for financial transactions.



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Problems in Accessing Health Care

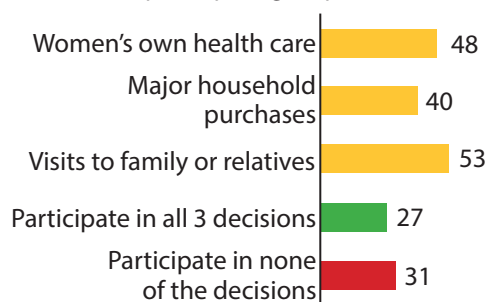
More than 4 in 10 (43%) women report at least one problem accessing health care for themselves. About 1 in 4 women are concerned about the distance to the health facility (26%) and getting money for services (27%), while 14% are concerned about going alone.

Participation in Household Decisions

The 2019-20 GDHS asked married women about their participation in household decisions: her own health care, making major household purchases, and visits to her family or relatives. Nearly half of women (48%) in The Gambia have sole or joint decision making power about their own healthcare, while 40% have sole or joint decision making power about major household purchases. More than half (53%) of married women make decisions about visits to her family or relatives. Just over one-quarter of married women (27%) participate in all three decisions; 31% participate in none of the decisions.

Women's Participation in Decision Making

Percentage of married women age 15-49 participating in specific decisions



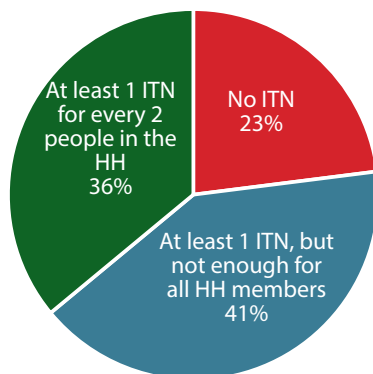
MALARIA

Mosquito Nets

In The Gambia, 77% of households own at least one insecticide-treated net (ITN). Thirty-six percent of households have achieved full household ITN coverage, meaning that the household has at least one ITN for every two persons who slept in the household the night before the survey. The remaining households either have no ITN (23%) or do not have enough ITNs for all household members (41%). ITN ownership has increased from 69% in 2013 to 77% in 2019-20. Full household ITN coverage has also increased from 23% to 36% during the same period. In The Gambia, 61% of the household population have access to an ITN. Among those living in households with an ITN, only 44% slept under an ITN the night before the survey.

Children under five and pregnant women age 15-49 are most vulnerable to malaria. More than 4 in 10 children under five and pregnant women (44% each) slept under an ITN the night before the survey. ITN use among children is highest in Janjanbureh (60%) and lowest in Basse (34%). ITN use among pregnant women is also highest in Janjanbureh and lowest in Basse (71% and 37%, respectively). Use of ITNs among children and pregnant women has remained stagnant since 2013.

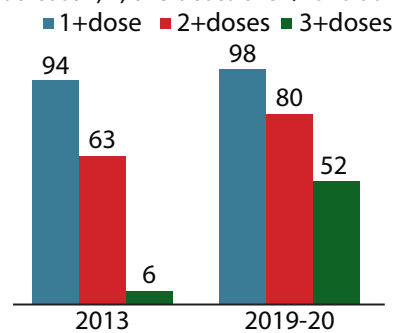
Household Ownership of Insecticide-treated Nets (ITNs)
Percent distribution of households (HH)



Malaria in Pregnancy

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive three or more doses of SP/Fansidar or IPTp (intermittent preventive treatment during pregnancy). The majority of pregnant women (98%) took at least one dose of IPTp, 80% took two or more doses of IPTp, while only 52% took three or more doses (IPTp3+). IPTp3+ is higher in urban areas (54%) than rural areas (49%). IPTp3+ is lowest in Banjul and Janjanbureh (36%) and highest in Kanifing (57%).

Trends in IPTp Use By Pregnant Women
Percentage of women with a live birth who received at least 1, 2, or 3 doses of SP/Fansidar



Case Management of Malaria in Children

In the two weeks before the survey, 15% of children under five had fever, the primary symptom of malaria. Among children with fever, treatment was sought for nearly two-thirds (64%), while 27% had blood taken from a finger or heel for testing.

Malaria Prevalence

In The Gambia, fewer than 1% of children age 6-59 months (0.4%) tested positive for malaria by RDT. There are few differences by background characteristics.

DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Fifty-one percent of women and 35% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. However, when including two additional possible justifications (uses contraceptives without his consent and argues with his relatives) respondents most commonly cited using contraceptives without his consent as a justification for wife beating (39%).

Experience of Physical Violence

In The Gambia, 46% of women have ever experienced physical violence since age 15. In the 12 months prior to the survey, 11% of women have experienced physical violence. Physical violence varies by LGA, from a low of 33% of women in Kerewan who have ever experienced violence, to a high of 57% in Basse. The most common perpetrator of physical violence among ever-married women is the current husband or partner (53%). Among never-married women, the most common perpetrator of physical violence is the mother or step-mother (53%).

Experience of Sexual Violence

In The Gambia, 9% of women age 15-49 have ever experienced sexual violence, while 2% have experienced sexual violence in the 12 months prior to the survey. Divorced, separated, or widowed women are more likely to have ever experienced sexual violence (16%) than married (9%) and never married (8%) women. Reports of sexual violence are highest among women in Banjul (11%) and lowest in Kerewan and Mansakonko (7% each). The most

common perpetrator of sexual violence against ever-married women is the current husband or partner (50%).

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Seven percent of women who have ever been pregnant experienced violence during pregnancy.

Spousal Violence

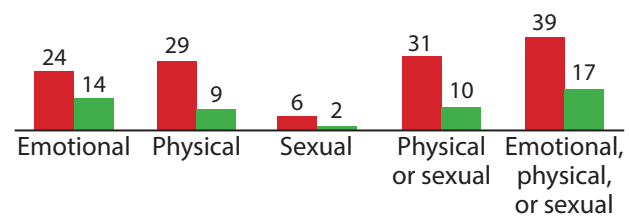
Nearly 4 in 10 ever-married women (39%) have experienced spousal violence, whether physical, sexual, or emotional, by their current or most recent husband or partner. The most common form of spousal violence is physical violence (29%), followed by emotional (24%) and sexual violence (6%).

Spousal violence is more common in Janjanbureh (52%), among women with primary education (46%), and women in the poorest households (45%). Overall, 17% of ever-married women have experienced spousal violence in the 12 months prior to the survey.

Spousal Violence

Percentage of ever-married women who have experienced the following types of spousal violence

■ Ever ■ Past 12 months



Help Seeking Behaviour

Twenty-six percent of women age 15-49 who have experienced physical or sexual violence sought help to stop the violence. Nearly two-thirds of women (65%) never sought help nor told anyone. The most common sources of help for women who have experienced physical or sexual violence are their own family (66%) or their husband or partner's family.



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FEMALE GENITAL MUTILATION/CUTTING

Female Genital Mutilation/Cutting

In The Gambia, 99% of women and 98% of men have heard of female genital mutilation/cutting (FGM/C). Overall, 73% of women age 15-49 have been circumcised. Nearly two-thirds of circumcised women (65%) were circumcised when they were younger than age 5, while 18% were circumcised between the ages of 5 and 9, 6% at age 10-14 and 1% at age 15 or older.

The most common type of FGM/C involves cutting and removal of flesh (73%), while 17% of circumcised women are sewn closed. FGM/C is more common among urban women than rural women (75% versus 67%). The prevalence of FGM/C by LGA ranges from a low of 42% in Kerewan to a high of 97% in Basse. FGM/C is most commonly performed by a traditional circumciser (95%), while less than 1% are performed by a medical professional.

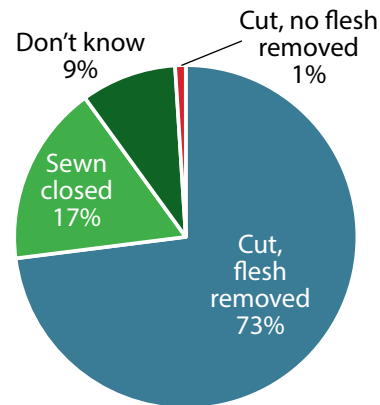
Female Genital Mutilation/Cutting among Girls

The 2019-20 GDHS asked mothers about whether their daughters have been circumcised. Overall, 46% of girls age 0-14 are circumcised. Twenty-two percent of girls are circumcised before their first birthday. FGM/C among girls is most common among girls whose mothers are circumcised (60%), and among those whose mothers have no education and primary education (49% each). FGM/C among girls is most commonly performed by a traditional circumciser (98%).

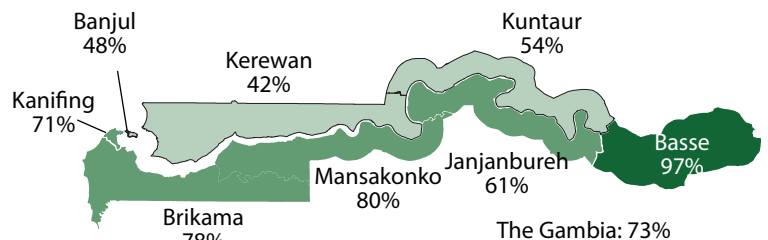
Knowledge and Attitudes about FGM/C

More than half of women (53%) and slight less than half (47%) of men believe that FGM/C is required by religion. More than 4 in 10 women (46%) and men (45%) believe that FGM/C should continue. The majority of women (89%) and nearly two-thirds of men age 15-49 (65%) are aware that FGM/C is illegal.

Female Genital Mutilation/Cutting
Percent distribution of women age 15-49 who have been cut by type of circumcision



Female Genital Mutilation/Cutting by LGA
Percentage of women age 15-49 who are circumcised



INDICATORS

Fertility	Residence		
	The Gambia	Urban	Rural
Total fertility rate (number of children per woman)	4.4	3.9	5.9
Median age at first birth for women age 25-49 (years)	20.7	21.4	19.5
Women age 15-19 who are mothers or currently pregnant (%)	14	11	20
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	19	20	17
Current use of a modern method of family planning (%)	17	18	15
Unmet need for family planning ¹ (%)	24	24	25
Demand satisfied by modern methods (%)	40	41	37
Maternal Health			
Births delivered in a health facility (%)	84	88	75
Births assisted by a skilled provider ² (%)	84	88	75
Child Health (among children age 12-23 months)			
Children who received all basic vaccinations ³ (%)	85	82	90
Children who received all age-appropriate vaccinations ⁴ (%)	77	73	85
Nutrition			
Children under five who are stunted (%)	18	16	20
Prevalence of anaemia among children age 6-59 months (%)	45	37	60
Prevalence of anaemia among women age 15-49 (%)	44	40	56
Childhood Mortality (deaths per 1,000 live births)⁵			
Infant mortality	42	38	47
Under-five mortality	56	51	66
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	77	72	95
Children under 5 who slept under an ITN the night before the survey (%)	44	41	50
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	44	40	53
HIV/AIDS			
Women age 15-49 who have been tested for HIV and received the results in the past year (%)	13	13	11
Men age 15-49 who have been tested for HIV and received the results in the past year (%)	9	10	4
Domestic Violence (among women age 15-49)			
Women who have ever experienced spousal violence committed by their current or most recent husband/partner (%)	39	38	42
Women who have ever experienced sexual violence (%)	9	10	8
Female Genital Mutilation/Cutting			
Prevalence of circumcision among women age 15-49 (%)	73	75	67
Prevalence of circumcision among girls age 0-14 (%)	46	46	46

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

¹Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ²Skilled provider includes doctor and nurse/midwife. ³Basic vaccinations include BCG, measles/measles and rubella, three doses each of DPT -HepB-Hib and polio vaccine (excluding polio vaccine given at birth).

Local Government Administration

Banjul	Kanifing	Brikama	Mansakonko	Kerewan	Kuntaur	Janjanbureh	Basse
3.1	3.3	4.1	5.4	5.4	6.4	5.7	5.7
21.7	22.3	21.1	19.6	20.1	19.6	19.3	19.5
10	12	9	18	16	29	22	21
23	17	22	15	22	16	20	9
22	16	20	14	21	14	18	8
25	25	23	25	25	24	18	30
46	37	44	36	44	35	48	21
94	91	87	70	90	63	75	75
95	90	88	71	92	62	74	75
77	79	85	92	91	85	82	85
72	73	75	88	82	81	79	79
10	13	17	16	17	25	19	21
33	45	30	48	59	77	60	59
42	40	39	53	54	62	54	53
49	47	43	55	49	56	47	38
60	58	57	79	62	79	67	55
70	64	75	93	94	97	95	88
53	39	40	56	55	57	60	34
(44)	38	38	56	55	65	71	37
12	15	13	11	13	16	4	10
10	10	10	5	6	5	4	5
42	38	38	42	32	43	52	44
11	8	10	7	7	10	9	9
48	71	78	80	42	54	61	97
25	38	49	49	24	26	38	79

⁴BCG, HepB (birth dose), three doses of DPT-HepB-Hib, five doses of oral polio vaccine, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, one dose of yellow fever vaccine, and one dose of measles/measles and rubella vaccine. ⁵Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey.

