Better Care Network

Sierra Leone DHS 2013:

Children's Care and Living Arrangements

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This report was written by Garazi Zulaika and Florence Martin.

This series of country briefs aim to provide an analysis of children's living and care arrangements according to the latest available data from ***Demographic and Health Surveys (DHS)*** *or* ***Multiple Indicators Cluster Surveys (MICS)*** *at the time of publication.*

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly ***Demographic and Health Surveys (DHS)*** *and* ***Multiple Indicators Cluster Surveys (MICS)****, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to Florence.martin@bettercarenetwork.org*

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.

Source of data, unless otherwise noted is DHS implementing partners and ICF International. (2000-2015). Demographic and Health Surveys 2000-2015. Data extract from DHS Recode files. Integrated Demographic and Health Series (IDHS), version 2.0, Minnesota Population Center and ICF International [Distributors]. Accessed from http://www.dhsprogram.com/.

Front cover map from Statistics Sierra Leone (SSL) and ICF International. 2014. Sierra Leone Demographic and Health Survey 2013. Freetown, Sierra Leone and Rockville, Maryland, USA: SSL and ICF International.

Other maps are produced through ICF International. (2012). The DHS Program STATcompiler. Retrieved from http://www.statcompiler.com.

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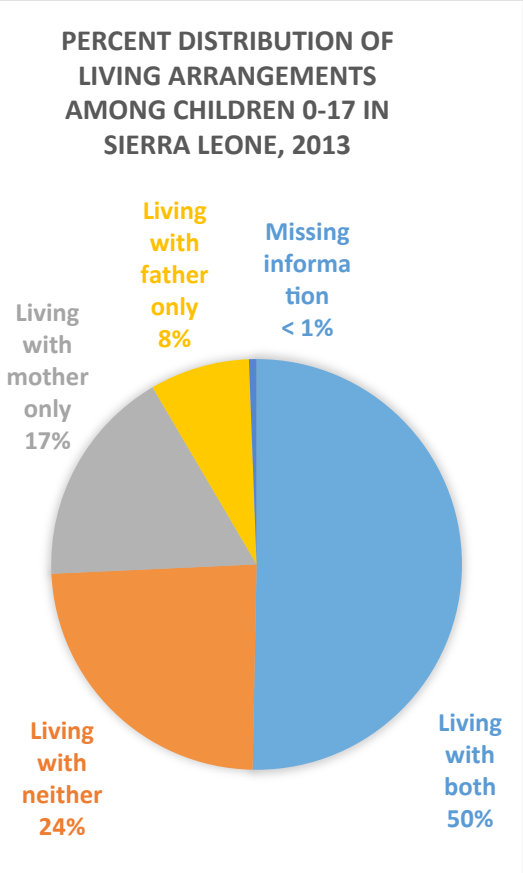
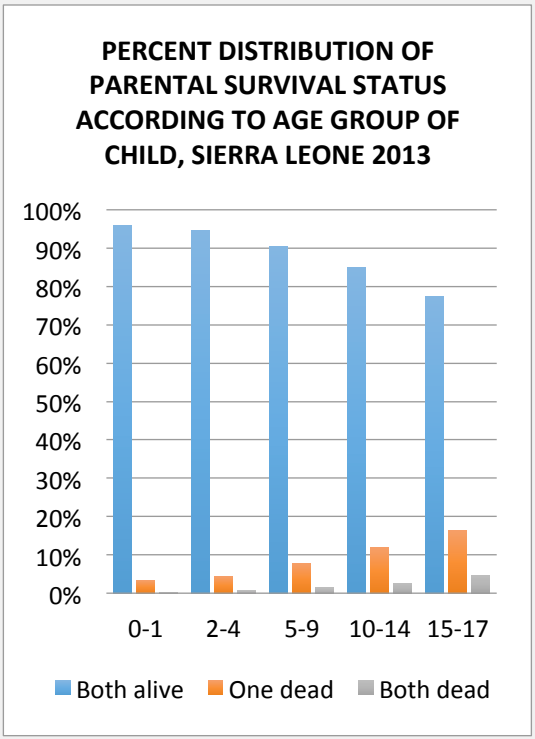
EXECUTIVE SUMMARY:

Children's Living Arrangements:



- In Sierra Leone, 50% of children aged 0-17 and 52% of children aged 0-14 are living with both biological parents. Of children aged 0-17, another 17% are living with their biological mother and 8% are living with their father. Nearly one in every four children in Sierra Leone (24%) does not live with either biological parent.
- Large variations in living arrangement are seen according to a child's gender, age group, wealth quintile, rural-urban residence, and regional background characteristics.
  - Boys have a higher likelihood of living with both biological parents (52% vs. 49%). Girls are more likely to live with neither biological parent compared to boys (26% vs. 22%).
  - At an early age over half of all children still live with both biological parents; this declines with age for children 0-17 (from 67% to 35%). Living with a single biological parent becomes more common as children get older. While only 3% of infants age 0-1 year live with neither biological parent, before reaching 5 years of age this proportion jumps to 18% among children 2-4 years, 25% for children 5-9 years, 32% for children 10-14 years and 38% for the oldest cohort of children, 15-17 years.
  - Higher wealth quintile appears to be associated with living with a single biological parent in Sierra Leone. Proportionally more children living in richer households live with only their biological father relative to poorer households. More children living in richer households are living in households with neither biological parent, while strikingly more children living in poorer households live with both biological parents. While 57% of children living in the poorest households in Sierra Leone live with both biological parents, this proportion decreases to a low of 40% in the richest households of Sierra Leone.
- The Western region of the country with its large urban centers and higher concentrations of wealth sees a higher proportion of children living without a biological parent, and a lower proportion of children living with both parents when compared to more rural areas of the country.
- With only 52% of children age 0-14 in Sierra Leone living with both biological parents, in the Western African Regional context, the country maintains the second-lowest percentage of children living with both parents (52%) and the second-highest percentage of children living outside of parental care (22%) after neighboring Liberia (with 46% living with both parents and 23% living outside of parental care). Sierra Leone ranks fourth in the region for proportion of children living with a single biological parent, with 25% of all children under the age of 15 living with only their mother or their father.

Parent Survivorship:



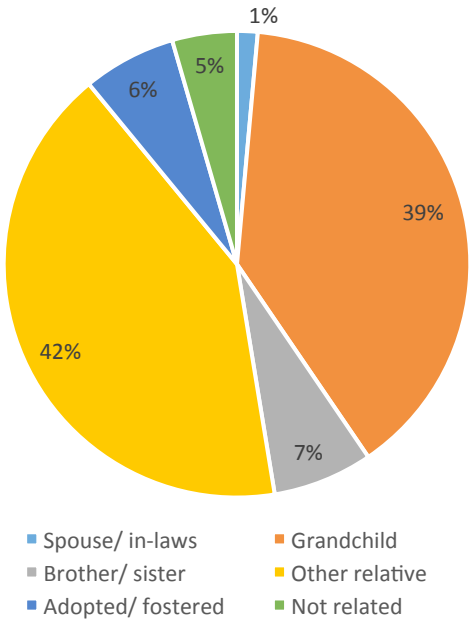
- By age 18, 8.6% of children in Sierra Leone have lost one biological parent and 1.8% have lost both. Between birth and age 15, 7.6% of children have lost one biological parent and 1.4% have lost both.
  - The Western region, which consists of Freetown and the surrounding metropolitan area, has the highest percentage of children who have experienced orphaning at 3.1%
  - Households residing in richer wealth quintiles appear to house more children who have experienced the death of a parent as compared to households in poorer wealth quintiles. Where for children living in the poorest wealth quintile 1.3% have experienced the death of both parents and 7.4% have lost a single parent, for children living in the wealthiest quintile this percentage increases to 2.5% and 10.4% respectively. Wealth does not appear to be associated with parent survivorship for children in Sierra Leone.
  - Substantial differences are seen in the distribution of parental death between children living in the Western region versus the rest of Sierra Leone. Children living near the nation's capital have approximately twice the rate of orphaning as children in the rest of the country at 3.1%. Moreover, children in the Western region experience the death of a parent more often than children in other regions at 11.5%.
- Between the 2008 Sierra Leone DHS and the 2013 Sierra Leone DHS, there has been a slight decline in double parent death from 1.8% to 1.4%. This same decrease was observed for single parent death declining from 8.7% to 7.5%.
- In the West African region, only Sierra Leone sees a prevalence of double parent death above 1% for children 0-14 at 1.4%.

Living Arrangements of Children Living with Neither Biological Parent:

- In Sierra Leone, nearly one in every four children age 0-17 lives with neither biological parent (24%). Of these, 77% have two living biological parents and another 16% have one living parent. Only 7% of children who do not live with a biological parent have no surviving parent.
- The percentage of children age 0-18 living outside of parental care has stayed relatively constant in Sierra Leone since its last DHS survey in 2008, when the proportion was 24%. Among children under 15 there has been a slight decrease from 24% in 2008 to 22% in 2013.
- Most children living with neither biological parent (95%) live in households headed by a relative.

- In the regional context, Sierra Leone's prevalence of children 0-14 living in households in which they are related to the household head is comparable to other Western African countries at 4.5%. Cote d'Ivoire is a regional outlier with 11% of children under age 15 reported to live outside of family care.

PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN SIERRA LEONE, 2013



- Among children living with neither biological parent, the child's age is a clear determinant of who children are most likely to live with. Among children living with neither biological parent, 66% of children aged 0-1 and 64% of children age 2-4 live in households headed by a grandparent, compared to only 16% of 15-17 year olds. Conversely, a smaller percentage of younger-aged children live in households headed by other relatives, while among older children the likelihood of living with other relatives (49%) becomes more than twice as common as living with grandparents (16%).

- Differences across gender are seen when looking at living arrangements in Sierra Leone. Boys are more likely to live with their grandparents than girls (40% to 38%), while girls are more likely to live with other relatives (43% compared to 40% among boys). Boys are more likely to live outside of family care compared to girls (6% vs. 4%).

- Only 5% of surveyed households report hosting a child 0-17 unrelated to the head of the household. These children are generally in the older age groups.

- Household wealth quintile does not appear to be associated with the likelihood of hosting unrelated children in Sierra Leone.

- The Western and Southern regions see a strikingly high proportion of children living in unrelated care, nearly double what is found in the Northern and Eastern regions. In the two geographic areas with the highest proportions of this arrangement, 6.1% of all children under the age of 18 are living in households with an unrelated household head.

"The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.[1]

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children's early years to support this critical period of child development.[2] Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.[3] As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.[4]

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or because they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, and personal or social crises and emergencies.[5] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from these institutions, but also about establishing better preventive and family support services to reduce child-family separation and to prevent children from going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A

[1] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[2] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[3] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[4] For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

[5] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023;

number of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being.

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally-representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children and to highlight potential indicators of vulnerability associated with different care and living arrangements. [6]

Demographic and Health Surveys (DHS) have been conducted in low- to middle-income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (household, woman's and man's questionnaires) and provides nationally-representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, and living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, female genital mutilation (FGM), fistula, and out-of-pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indictors relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretakers of these children, and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and newborn health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility, and tobacco and alcohol use, among others.

Both DHS and MICS have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV/AIDS, domestic violence and child discipline.

Better Care Network is working with partner organizations to support more systematic use of existing household-level data sets, particularly DHS and MICS data, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. In collaboration with members of the Child Protection Monitoring, Evaluation Reference Group (CP MERG) and its Technical Working Group on Children Without Adequate Care, and with support from Save the Children,

[6] See for examples, Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Sierra Leone, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

it is developing a series of country briefs using the latest available data set from DHS or MICS for the country and presenting the data and analysis of the trends, when data is available, regarding children's living arrangements and care situations. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out to be able to do so and the content of these papers will evolve as a result. The brief is targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels.

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV/AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement and a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided as answers, there is generally consistency as far as the key categories are concerned (grandchild, niece and nephew, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information on who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn, is critical to inform policies seeking to strengthen parental care, prevent harmful separation, and support adequate family care and family-based alternative care.

The DHS and MICS data have huge potential to inform child protection policy and programming; however, this potential is not currently being realized. A key barrier is that in most cases the data that would be useful, such as data on children's care and living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially-useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and is better informed of what it could offer and how it could be used to support better policies and interventions targeting at-risk children and families. It is hoped that these country briefs can contribute to this.

SIERRA LEONE 2013 DHS:

The data presented in this report come from the 2013 Sierra Leone Demographic and Health Survey (DHS) that was carried out by the Sierra Leone Institute of Statistics and Geo-Information Services (LISGIS) from March 10 to July 19, 2013[7]. MEASURE DHS is a USAID-funded project that provides technical support in the implementation of country-wide surveys across the world. Funding for this effort came from the United States Agency for International Development (USAID), the Global Fund, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Government of Sierra Leone.

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information on each member listed: name, sex, age, education, relationship to head of the household, and disability status. Additionally, for children under the age of 18, survival status of parents is also recorded.

During the 2013 Sierra Leone DHS data collection effort, a total of 12,629 households were interviewed and 73,791 household members were listed. Of these, 38,417 individuals were under the age of 18 and 33,975 were under the age of 15. The household questionnaire retained a response rate of 99%. All figures reported here have accounted for sample weights; none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the total counts used are slightly larger than the figures reported in the 2013 Sierra Leone DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

To understand Sierra Leone in its regional context and compare across other western African states, data was pulled from nationally-representative Demographic and Health Surveys (DHS) that were most recently run in neighboring countries. The Western Africa Region is defined by the DHS as including the following countries: Benin[8], Burkina Faso[9], Code d'Ivoire[10], Ghana[11], Guinea[12], Liberia[13], Mali[14],

[7] Statistics Sierra Leone (SSL) and ICF International. 2014. Sierra Leone Demographic and Health Survey 2013. Freetown, Sierra Leone and Rockville, Maryland, USA: SSL and ICF International.

[8] Institut National de la Statistique et de l'Analyse Économique (INSAE) et ICF International, 2013. Enquête Démographique et de Santé du Bénin 2011-2012. Calverton, Maryland, USA : INSAE et ICF International.

[9] Institut National de la Statistique et de la Démographie (INSD) et ICF International, 2012. Enquête Démographique et de Santé et à Indicateurs Multiples du Burkina Faso 2010. Calverton, Maryland, USA : INSD et ICF International.

[10] Institut National de la Statistique (INS) et ICF International. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples de Côte d'Ivoire 2011-2012. Calverton, Maryland, SA : INS et ICF International.

[11] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. 2015. Ghana Demographic and Health Survey 2014. Rockville, Maryland, USA: GSS, GHS, and ICF International.

[12] Institut National de la Statistique (INS) et ICF International. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples de Guinee 2011-2012. Calverton, Maryland, SA : INS et ICF International.

[13] Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and ICF International. 2014. Liberia Demographic and Health Survey 2013. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and ICF International

[14] Cellule de Planification et de Statistique (CPS/SSDSPF),Institut National de la Statistique (INSTAT/MPATP), INFO-STAT et ICF International, 2014. Enquête Démographique et de Santé au Mali 2012-2013. Rockville, Maryland, USA : CPS, INSTAT, INFO-STAT et ICF International

Mauritania[15], Niger[16], Senegal[17], Sierra Leone[7], and Togo[18]. Given that many of these countries collected data for the 0-14 age range until recently, for cross-country comparisons under 15 age groups will be used. The previous DHS surveys conducted in Sierra Leone are also represented in this report to examine any significant changes that have occurred within the country over the last decade. Lastly, all country-level development statistics were pulled from the Human Development Report 2014[19].

[15] Office National de la Statistique (ONS) [Mauritanie] et ORC Macro. 2001. Enquête Démographique et de Santé Mauritanie 2000-2001.Calverton, Maryland, USA : ONS et ORC Macro.

[16] National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

[17] Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF International. 2015. Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2012-14), Rapport Régional. Rockville, Maryland, USA : ANSD et ICF International.

[18] Ministère de la Planification, du Développement et de l'Aménagement du Territoire (MPDAT), Ministère de la Santé (MS) et ICF International, 2015. Enquête Démographique et de Santé au Togo 2013-2014. Rockville, Maryland, USA : MPDAT, MS et ICF International.

[19] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

BASIC STATISTICS:[20, 21]

Country

- Total population (2013): 6,090,000
- Gross Domestic Product per capita (2011): $1,585.96
- Human Development Index: .374 (Rank – 183)
- Population living below $1.25 a day: 51.71%
- Life expectancy at birth: 45.56 years
- Median age: 19.25 years
- Urban vs. rural distribution: 35% of the population is urban, 65% rural
- Under-5 mortality rate: 182 deaths per 1,000 under-five children. (2013 DHS reports 156 per 1,000 under-five children).
- HIV/AIDS prevalence: 1.5%
- Birth registration of children (% under age 5): 76.7% (DHS).
- Child labor (age 5-14): 37%

Households

- Mean household composition: 5.9 members
- % of Population under age 15: 46%
- Female headed households: 28%
    - More urban households are female-headed compared to rural households (34% vs. 25%).
- Urban vs. rural distribution: 36% of sampled households were urban; 63% rural
- Educational attainment is low in Sierra Leone: 51% of women and 41% of men have no education, and 30% of women and 31% of men have attended only primary school. As a result 64% of women and 46% of men are illiterate.

Marriage:

- Median age at first marriage: 18 years for women; 25 years for men
    - Women in rural households marry on average 2 years earlier than women in urban households (age 17.5 vs. age 19.5).
    - Early marriage: 16.7% of all young women 15-19 are married.
- Thirty-five percent of all married women are married to men who are in a polygynous union; 20% of currently married men reported having more than one wife.

Fertility

- Total Fertility Rate (TFR): 4.9 children
    - Fertility for women living in rural households is much higher than those living in urban areas (5.7 vs. 3.5), with the lowest TFR in the Western Area Urban (Freetown) at 3.1 children per woman.
    - The TFR increases with each decrease in wealth quintile, ranging from 3.0 children per woman in the highest wealth quintile to 6.1 children per woman in the lowest wealth quintile.
    - Adolescent fertility: 125 births per 1,000 girls age 15-19. (HDI reports 101/1000).
    - 28% of women age 15-19 are already mothers or currently pregnant with their first child.
    - 37% of all Sierra Leonean women report giving birth prior to age 18 and 56% report giving birth by age 20.
    - 16% of births occur within 24 months of a previous birth

[20] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

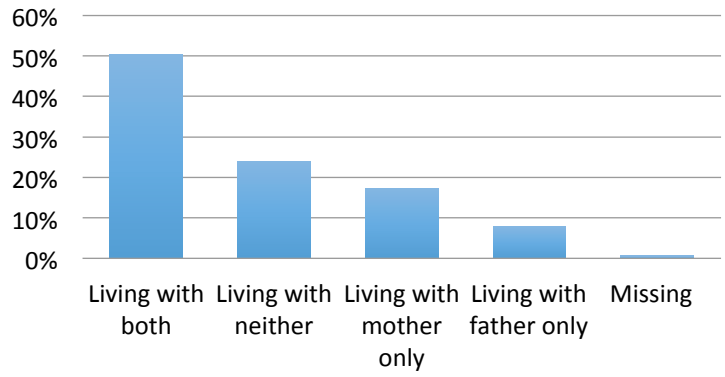
[21] Statistics Sierra Leone (SSL) and ICF International. 2014. Sierra Leone Demographic and Health Survey 2013. Freetown, Sierra Leone and Rockville, Maryland, USA: SSL and ICF International.

CHILDREN'S LIVING ARRANGEMENTS:

In Sierra Leone, 52% of children under the age of 15 live in households with both biological parents. While they represent the largest group of children living in households in the nation, Sierra Leone's proportion of children living with both parents is the second-lowest in the Western Africa region. In Guinea, over half (63%) of all children under the age of 15 live with both biological parents, as do 76% in Niger and Nigeria, and 80% of children 0-14 in Burkina Faso. Neighboring Liberia has the lowest percentage of children living in households with both biological parents in the region at 46%.

Living with both biological parents becomes even less common among if children up to 17 years of age are included. As shown in Figure 1, among children under 18 in Sierra Leone, 50% live with both biological parents, 17% live with only their mother and 8% live with only their father. Nearly one in every four children under 18 years of age in Sierra Leone (24%) lives with neither biological parent.

FIGURE 1: PERCENT DISTRIBUTION OF LIVING ARRANGEMENTS AMONG CHILDREN 0-17 IN SIERRA LEONE, 2013



When disaggregated by background characteristics, factors such as gender, age, and geographic region appear to significantly influence living arrangements among children in Sierra Leone. Girls in Sierra Leone are slightly more likely to live with neither biological parent (26%) compared to boys (22%). Conversely, boys more commonly live with a single biological parent or both biological parents compared to girls.

Variations in living arrangements across age groups are evident in Sierra Leone. At an early age the large majority of children still live with both biological parents; this proportion declines with age. Where only 35% of children in the oldest age group live with both of their biological parents, 57% of children ages 2-4 and 67% of children under 2 live with both biological parents. As children age, proportionally fewer children live with their mother only, while more live only with their father. Some of this can be explained by the death of a biological parent. Since more children experience the loss of a parent as they get older, the proportion of children living with their only surviving parent increases with age. Among all children in the youngest age group in Sierra Leone, 3% live only with their mother and their father has died, while this arrangement is true for 6% of children in the oldest age group (15-17 years).

A similar but less pronounced trend is seen among children living with only their father after their mother has died. However, among children living with a single biological parent when the other parent is still living, the proportion living with only their mother decreases with age, while the proportion that lives only with their father increases during this same time. While less than 2% of children under 2 live with only their biological father when their mother is still living, this proportion increases to 6% among children 2-4 and 8% among children 5-9. Conversely, while 25% of children under 2 years of age live with only their mother when they have a living biological father, 17% of children 2-4 and 12% of children 5-9

maintain this living arrangement. More research is needed to understand why this decreasing trend occurs in Sierra Leone.

At the same time, the likelihood that a child will live with neither biological parent increases with age. While 3% of children under 2 live with neither biological parent, there is an exponential increase in children living with neither biological parent, jumping to 17% for toddlers ages 2-4, and reaching 32% for children age 10-14 and 38% for children age 15-17 (as seen in Figure 2). This proportion of toddlers living outside of parental care is quite high for the region, ranking second behind neighboring Liberia (as seen in Figure 3).

Children in rural areas of Sierra Leone more commonly live with both biological parents compared to children living in urban areas (55% vs. 39%). Conversely, more children living in urban areas (30%) live with neither biological parent compared to rural households (21%); over one in every four children living in urban centers lives without either biological parent.

During the 2013 DHS data collection, Sierra Leone's 14 districts were categorized into four regions as follows: Western (including the capital Freetown), Southern, Eastern, and Northern. Regional data is presented here to understand the diversity in children's living arrangements found within the country. As Figure 4 shows, children living in the more urban Western region are much less likely to

FIGURE 2: PERCENT DISTRIBUTION OF CHILDREN LIVING WITH AT LEAST ONE BIOLOGICAL PARENT VS NEITHER BIOLOGICAL PARENT AMONG CHILDREN 0-17 IN SIERRA LEONE, ACCORDING TO AGE GROUP

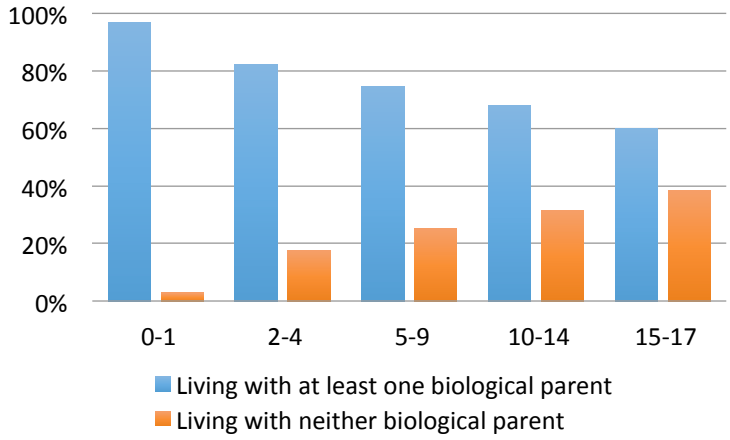


FIGURE 3: PERCENT OF CHILDREN 2-4 LIVING WITH NEITHER BIOLOGICAL PARENT BY COUNTRY, DHS WESTERN AFRICA REGION

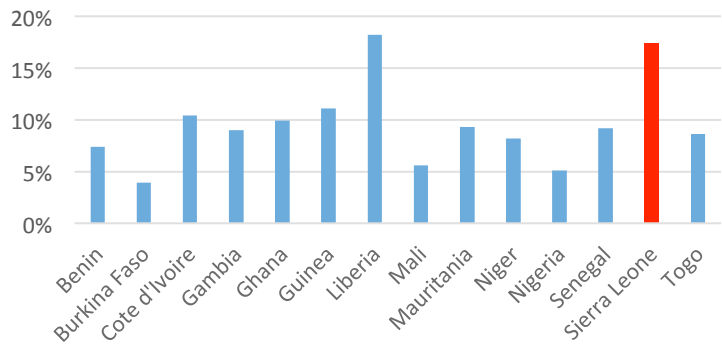
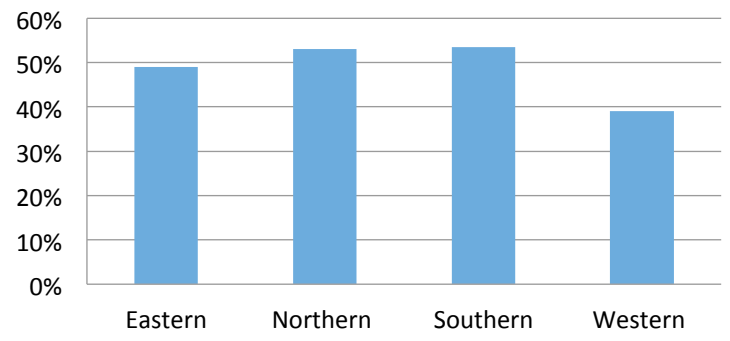
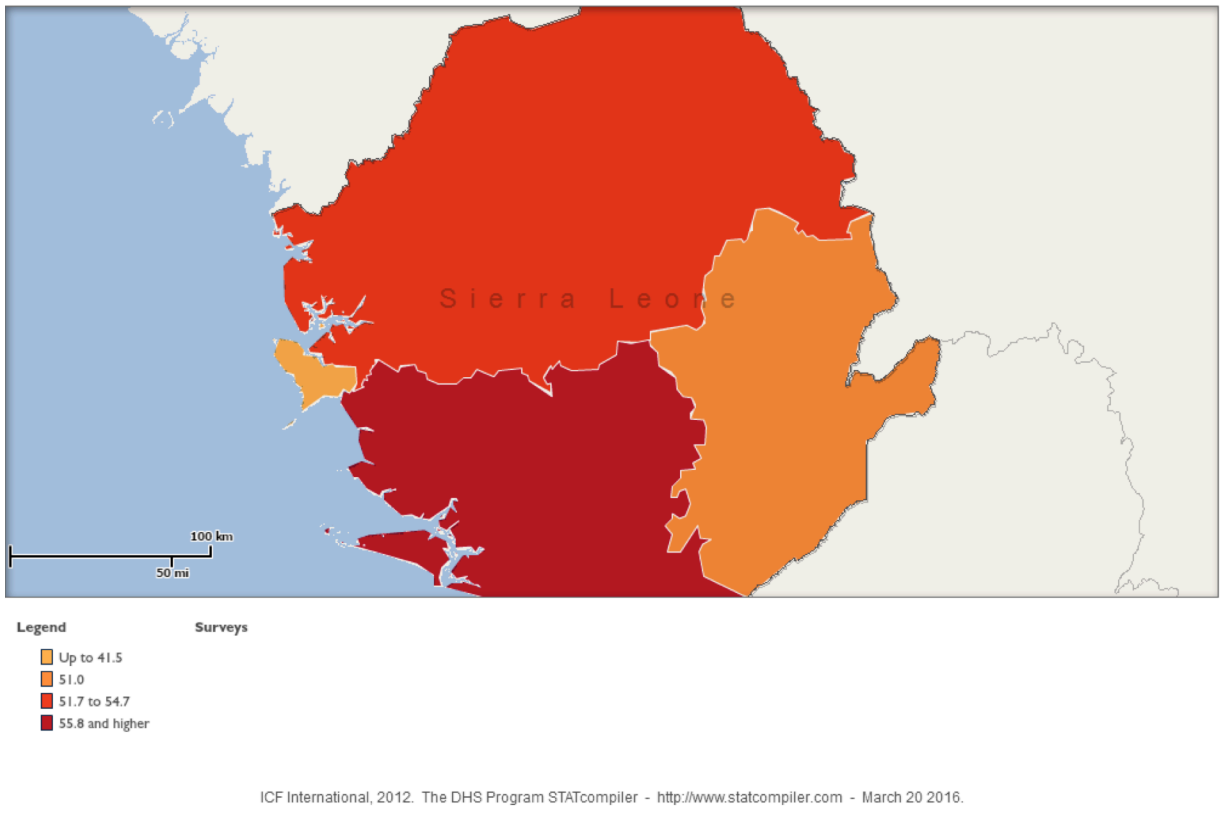


FIGURE 4: PERCENT OF CHILDREN 0-17 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION IN SIERRA LEONE



live with both biological parents as compared to children in the rest of the country. The Northern and Southern regions see the highest rates of children living with both biological parents at 53% and 54% respectively - just over half of the children living in these two provinces live with both biological parents.

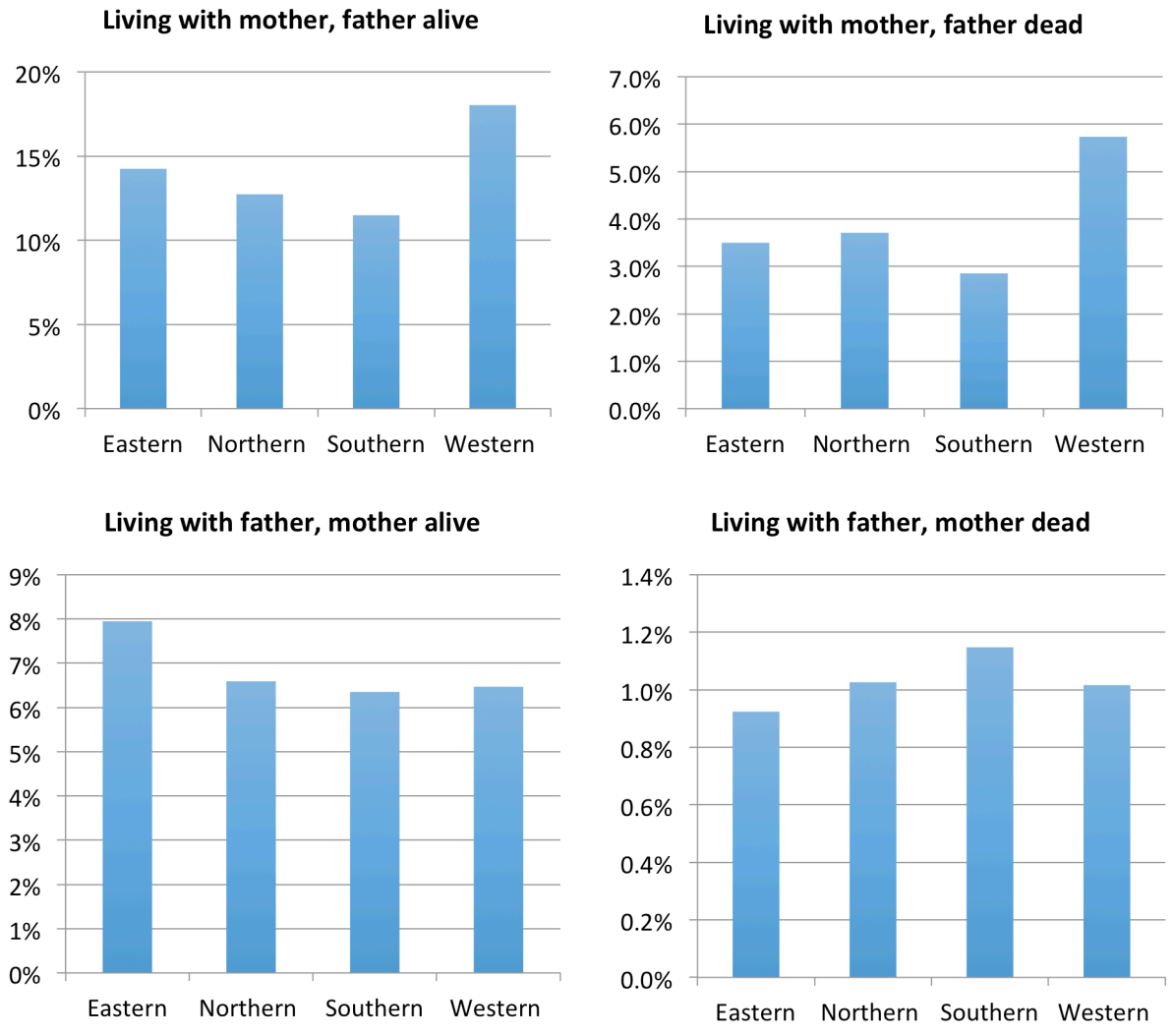
FIGURE 5: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION



Higher household wealth quintile appears to be negatively associated with the likelihood of children living with both biological parents; while 57% of all children 0-17 lived with both biological parents, only 40% of children in the richest household did the same. This may be due to richer households wielding more resources to support children from their extended families or relatives including in order to host children to access education. It could also be due to the fact that wealthier households are more likely to employ children as domestic workers. In the poorest households, proportionally more children were found to live with at least one biological parent (80%) when compared to households in the richest quintile (68%). An incremental increase was seen for every wealth quintile ranging from 20% of children living with neither biological parent in the poorest households to 31% of children in the richest households in the same category.

When it comes to children living with only one biological parent, however, a varied regional landscape is seen across Sierra Leone. The Western region hosting the nation's capital sees the highest proportion of children living with only one biological parent in the country (31%). At the same time, the region has the highest rate of children living outside of parental care across the nation. Higher percentages of children 0-17 in parental care are seen in the three other geographic regions - 78% in the Northern, 66% in Southern, and 82% in the Eastern region live with at least one biological parent.

FIGURE 6: REGIONAL VARIATIONS IN LIVING AMONG CHILDREN 0-17 LIVING WITH A SINGLE BIOLOGICAL PARENT IN SIERRA LEONE



Sierra Leone has the second lowest rate of children living in households with both biological parents among the thirteen countries in the region with recent DHS data for children under 15. Sierra Leone ranks second for highest percentage of children 0-14 living with neither biological parent (22%) and with a single biological parent (25%) after its neighbor Liberia. Cote d'Ivoire also sees low rates of children 0-14 living with both biological parents at 56% as seen in Figure 7 below. Mali sees the lowest proportion of children living with a single biological parent in the region, with fewer than one in every ten children living with only one biological parent (9.5%) as seen in Figure 8.

FIGURE 7: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY COUNTRY, DHS WESTERN AFRICA REGION

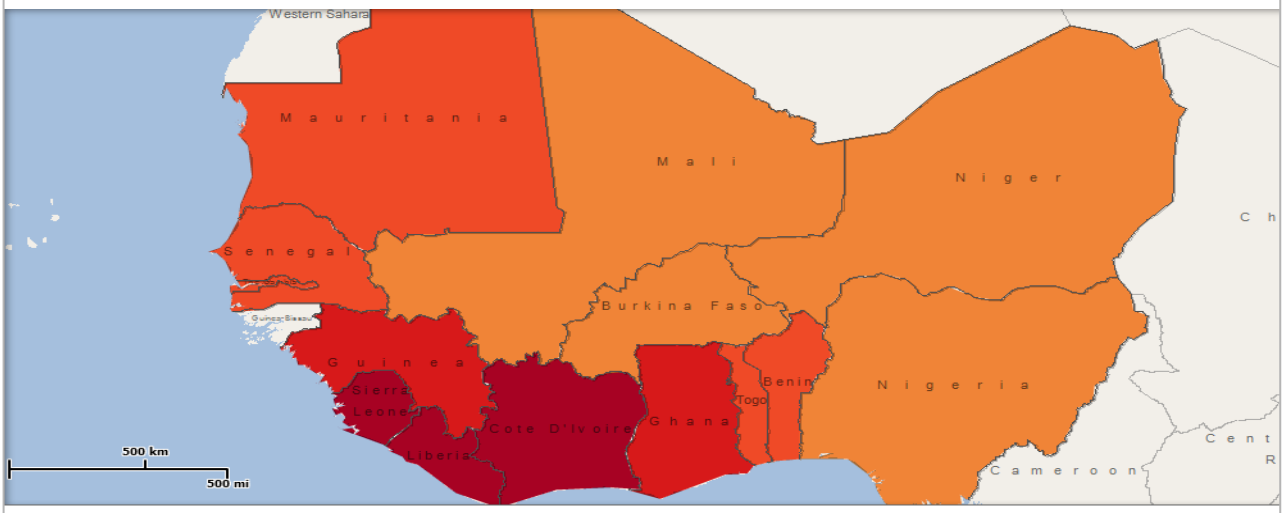
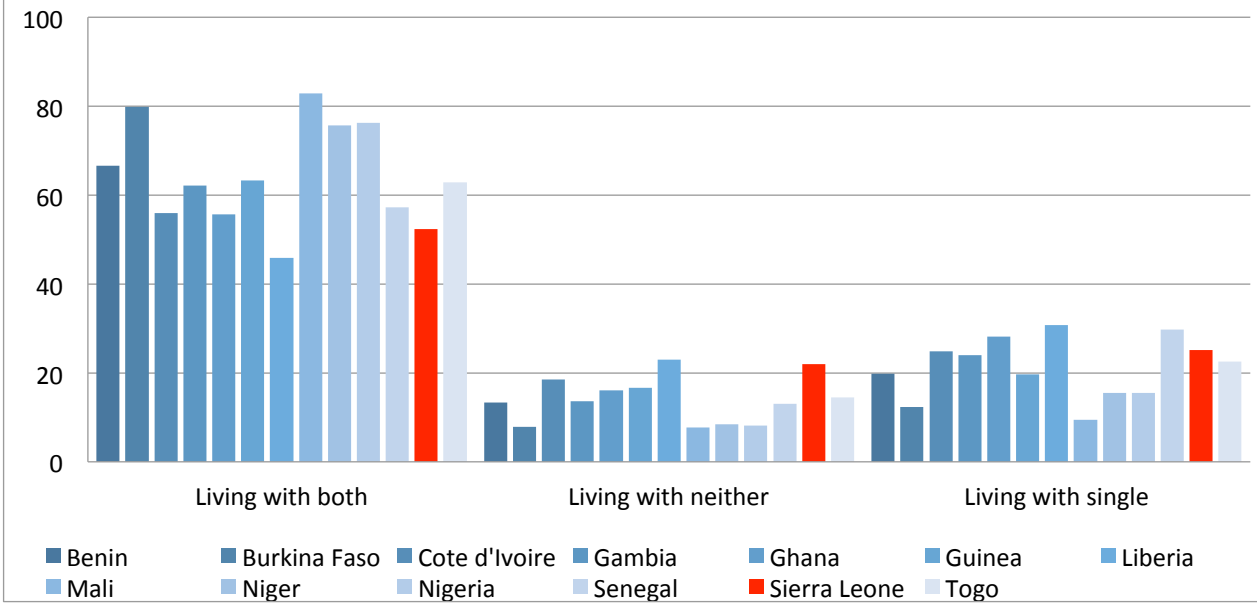


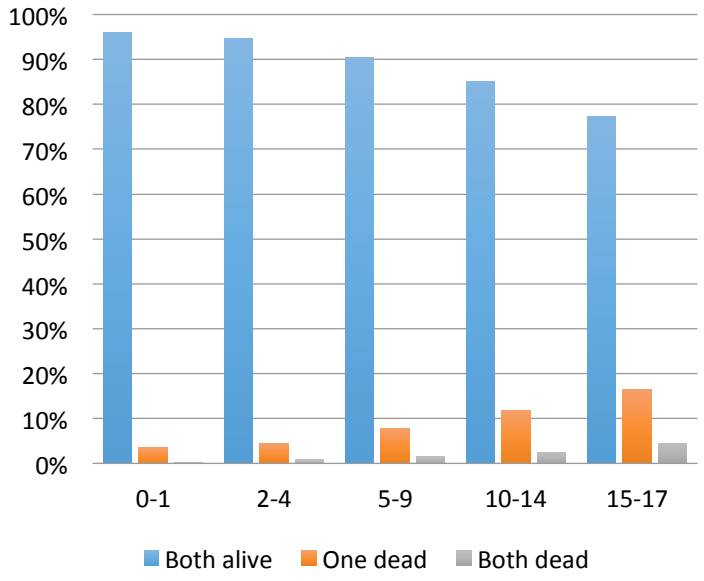
FIGURE 8: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH, ONE OR NEITHER BIOLOGICAL PARENT BY COUNTRY, DHS WESTERN AFRICA REGION



DEATH OF A PARENT (SINGLE AND DOUBLE "ORPHANHOOD"):

In Sierra Leone, double orphanhood is experienced by 1.8% of all children 0-17, and 1.4% among children 0-14. As can be expected, loss of a single parent is more frequent – 7.6% of children lose one parent before the age of 15 and 8.6% of children lose one parent by age 18. Parental loss is positively associated with age: almost all children living in households under the age of two have two living parents (99%), while 16% of children age 15-17 have lost one biological parent and 4.5% have lost both as seen in Figure 9. The overall rate of orphaning has declined in Sierra Leone since the 2008 DHS from 1.8% among children 0-14 to 1.4% in 2013. However, this likely has subsequently increased due to the West Africa Ebola epidemic in 2014.

FIGURE 9: PERCENT DISTRIBUTION OF PARENTAL SURVIVAL STATUS ACCORDING TO AGE GROUP OF CHILD, SIERRA LEONE 2013



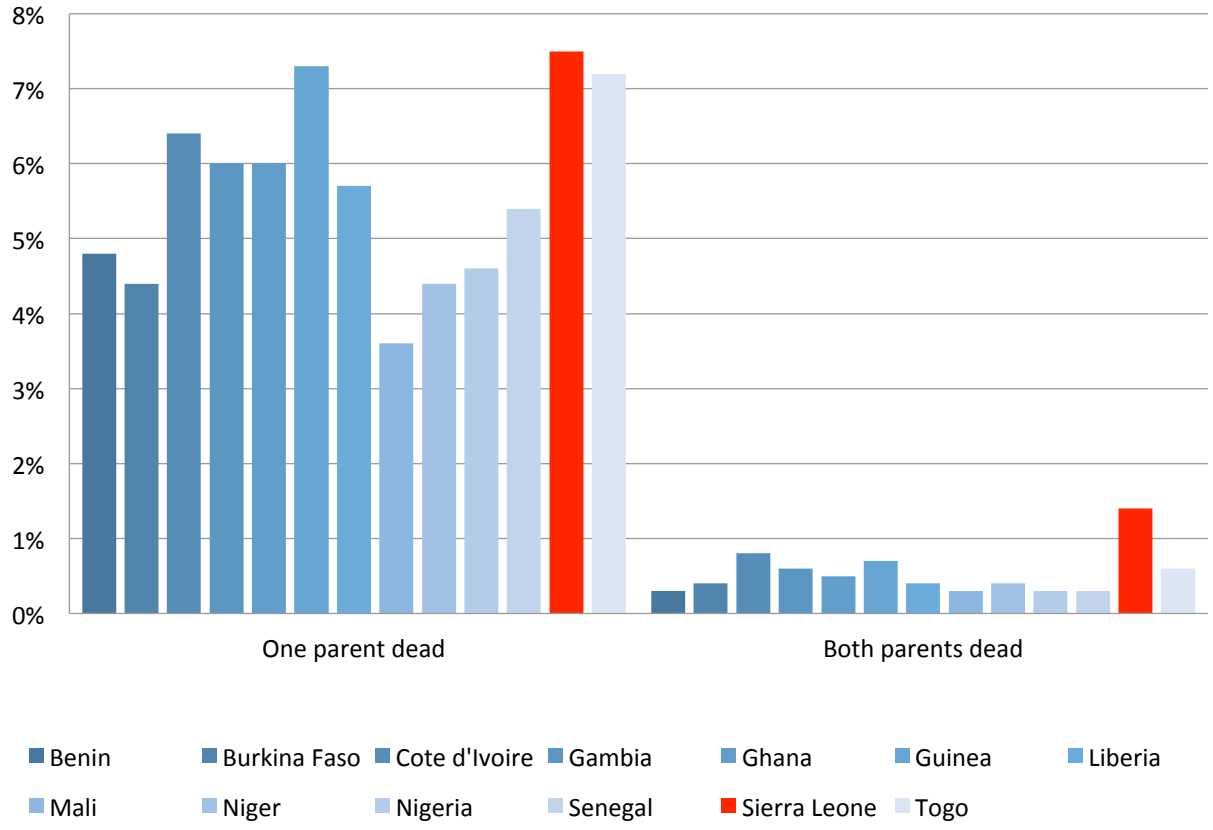
Wealth quintile of the household does not clearly correlate with the likelihood of losing a parent for children in Sierra Leone. While the rates of double parent death remain fairly unchanged across children 0-17 living in the bottom three wealth quintiles, it appears that children living in the richest wealth quintiles have experienced the death of a mother or a father at a higher rate. While 8.6% of children 0-17 have suffered the loss of one parent, in the richest quintile 10.4% of children in this age group have lost either their mother or their father.

In Sierra Leone, 11% of children in urban areas had one parent die before they turned 18 compared to 8% of children in rural areas. Further research is needed to ascertain whether these children lived in urban areas prior to the death of their parents, or whether they migrated into urban centers after the death of a parent.

This relationship is not clearly seen when disaggregated by geographic region in Sierra Leone. The Western region, the most urban, sees a much higher rate of children who have lost both parents, with 3.1% of children living in this part of the country having lost both biological parents and 12% having lost one before the age of 18. Away from Freetown's urban center, the Northern (9%), Eastern (8%), and Southern regions (7%) see lower rates of children 0-17 who have lost a mother or a father. Thus, these regional trends and overall urban-rural differences characterizing the distribution of parent survival in Sierra Leone may at least partially explain the similarity in children's living arrangements found outside the Western region. This is only further supported by the disproportionate amount of children found living with neither biological parent in urban areas (30%) compared to rural areas (21%), as discussed in the following section.

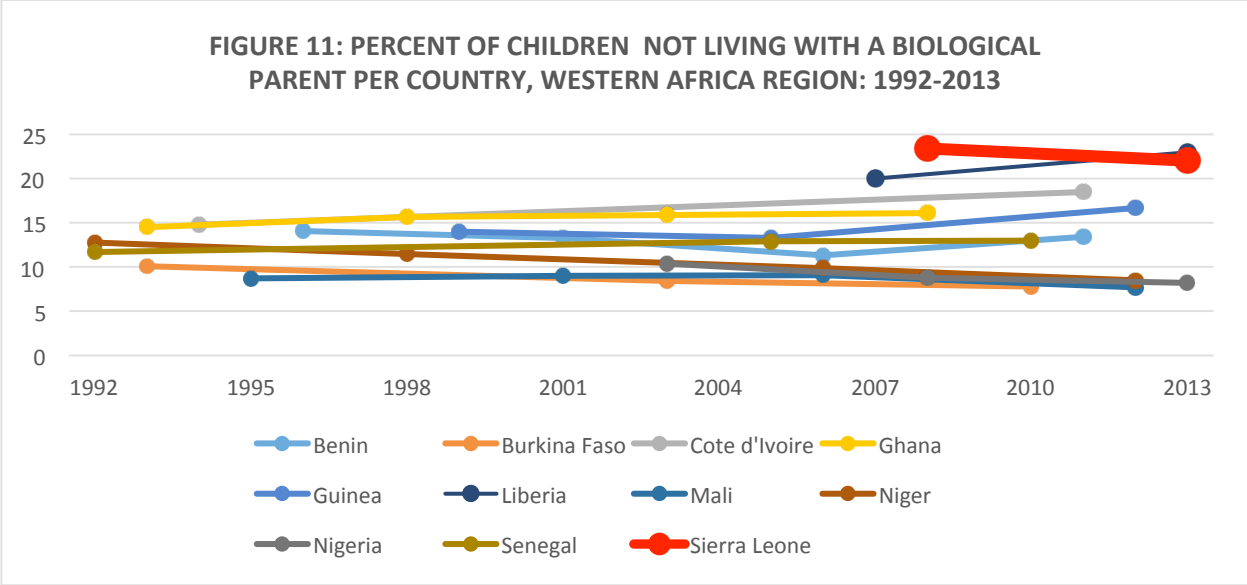
In the Western Africa context, Sierra Leone sees the highest rates in the Western Africa region for both single parent loss (7.6%) and orphaning (1.4%) among children 0-14. No other country in the West Africa region sees rates of orphaning above 1%.

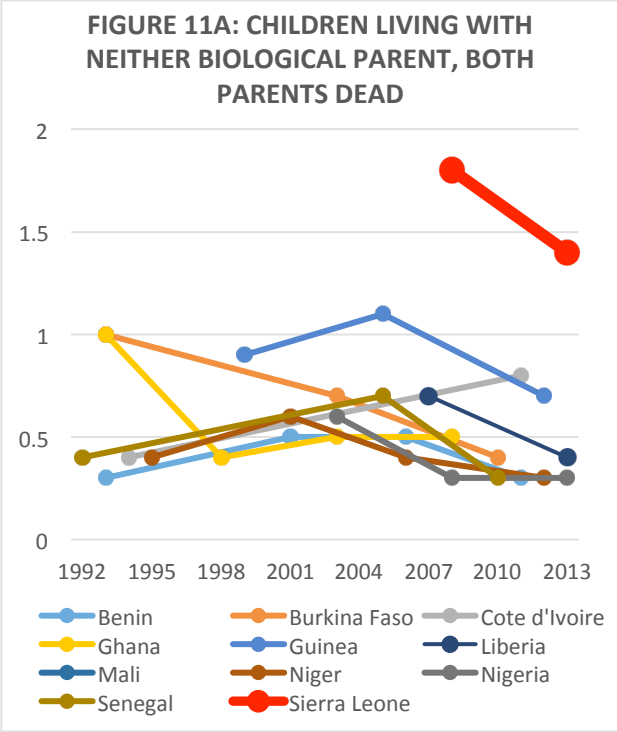
FIGURE 10: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS WESTERN AFRICA REGION

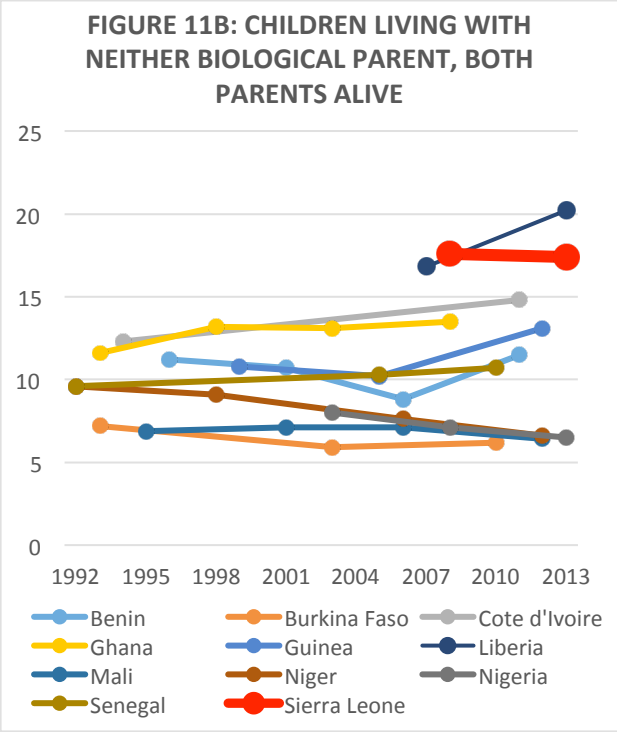


CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

As stated previously, nearly one in every four Sierra Leonean children under the age of 18 lives with neither biological parent. In the last two decades different trends have been observed in the western Africa region among children living with neither biological parent. As seen in Figure 11, the prevalence of children living outside of parental care in most countries has stayed fairly stable in the western African region, with few notable exceptions. Sierra Leone is one such exception, seeing a sharp decrease in the proportion of children living without either biological parent in the last half decade. Conversely, Liberia saw an increase in the number of children living with neither biological parent during that same period.







While more generally the overall prevalence of children living with neither biological parent appears to be fairly stable in the region, as seen in Figure 11A the rate of orphanhood has declined in the region with the exception of Cote d'Ivoire. Meanwhile, for many countries the rate of children living outside of parental care has been on the rise (Figure 11B). However, in Sierra Leone the proportion of children 0-17 living away from both living parents has stayed relatively stable since 2008 at around 24%. Because the vast majority of children living with neither biological parent still have both parents living, the effect of events such as civil war, the HIV/AIDS epidemic, and access to anti-retro viral therapy can remain hidden. Therefore, variations in the proportions of children who have lost both biological parents are largely unseen because of the large number of children living outside of parental care who continue to have living biological parents.

FIGURE 12: PERCENT DISTRIBUTION OF CHILDREN 0-17 NOT LIVING WITH A BIOLOGICAL PARENT IN SIERRA LEONE, BY SURVIVAL STATUS OF PARENT

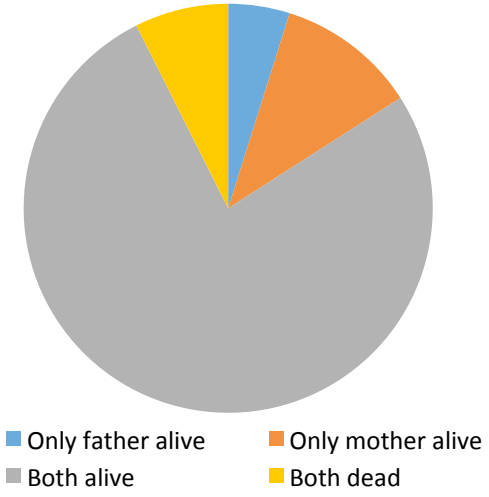
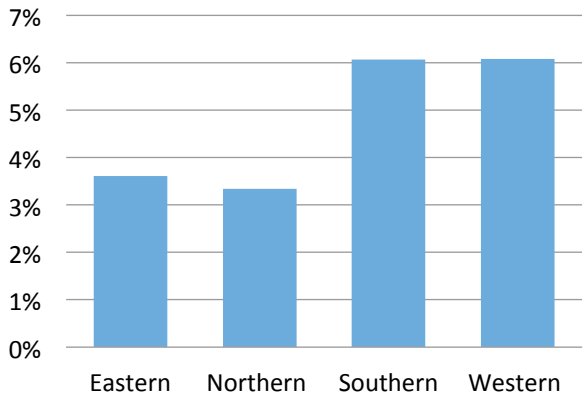


FIGURE 13: PERCENT OF CHILDREN 0-17 LIVING IN UNRELATED HOUSEHOLDS IN SIERRA LEONE, ACCORDING TO REGION



According to the 2013 DHS, the vast majority of children living with neither biological parent– 78% - had both biological parents still living, while 10% had a living mother, 5% had a living father, and only 6% of these children had lost both parents[22]. This underlines that orphanhood is not the primary factor for children not living with their parents and highlights the need to better understand the true drivers behind children not living with their parents.

The overwhelming majority of children in Sierra Leone under the age of 18 who are not living with a biological parent remain in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 95% of children aged 0-17 live in family care, with only 5% of children living in households headed by an unrelated person. The likelihood of living in family care is slightly higher among girls (96% vs. 94% for boys) and children living in rural households (96% vs. 94% in urban households). Differences in household work contribution, child migration for education, or work opportunities impact the age at which children move out of living in family care. Living in family care seems to be negatively associated with age, with the oldest age group having a higher likelihood of living in a household headed by a non-relative. Nonetheless, given the small sample size in the youngest age categories,

[22] According to the World Bank, in 2013 43% of the total population in Sierra Leone was between the ages of 0-14. Therefore, nearly 640,000 children under the age of 15 live with neither biological parent, of which fewer than 48,000 children have lost both biological parents.

caution must be employed in interpreting these findings.

In Sierra Leone, marked regional differences are seen in the distribution of children living outside of family care. The Southern region has nearly twice the prevalence of children living in households where they are unrelated to the household head compared to the Northern region (6.1% vs. 3.3% - as seen in Figure 13 above). As seen in Figure 14 below, the Eastern and Southern regions see the highest proportion of children living out of parental care when both parents are still alive. This may be due to adult migration into the more urban centers for work. More research is needed to disentangle these regional differences.

FIGURE 14: PERCENT OF CHILDREN 0-14 LIVING WITH NEITHER BIOLOGICAL PARENT WHEN BOTH ARE ALIVE, BY REGION

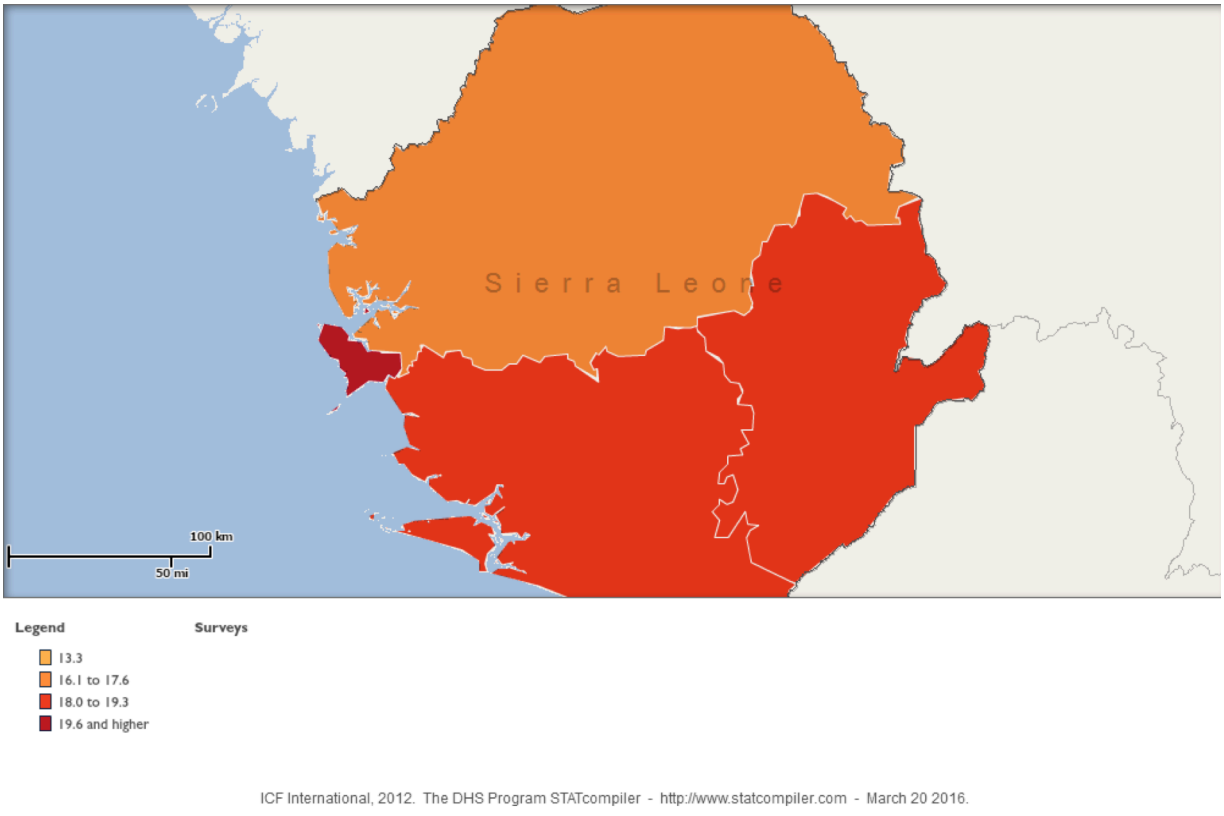
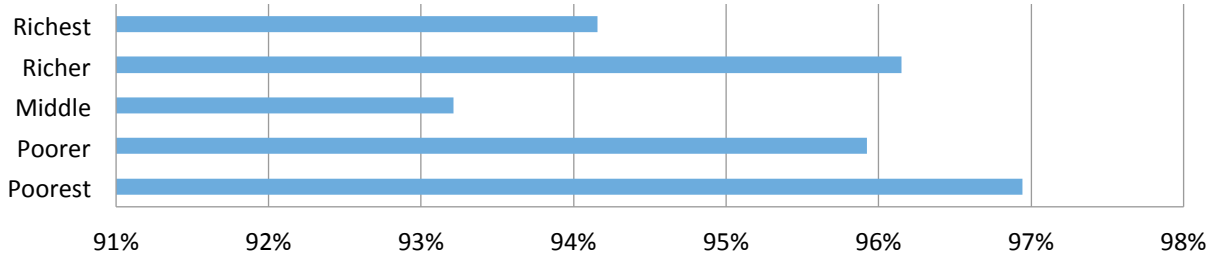


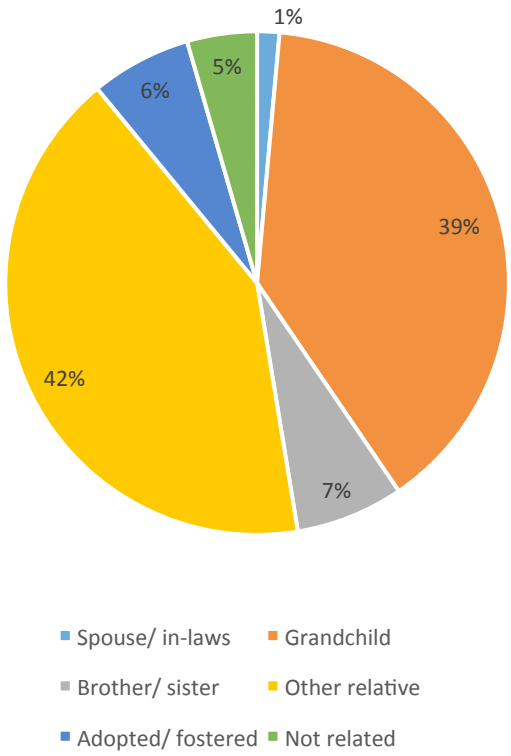
FIGURE 15: PERCENT DISTRIBUTION OF CHILDREN 0-17 LIVING IN HOUSEHOLDS HEADED BY RELATIVES IN SIERRA LEONE, BY HOUSEHOLD WEALTH QUINTILE



In Sierra Leone, there does not appear to be a relationship between household wealth index and which households host unrelated children. In fact, households residing in the middle income quintile have the highest rate of hosting children outside of family care at 6%. More research is needed to understand how household wealth plays into living arrangements for children in Sierra Leone. While it can be imagined that wealthier households managing more resources are concentrated in urban centers and more likely to provide opportunities like boarding for schooling or employment for domestic work to unrelated youth, this is not exactly reflected in the DHS data. Therefore, further research is needed in this area to better understand the dynamics.

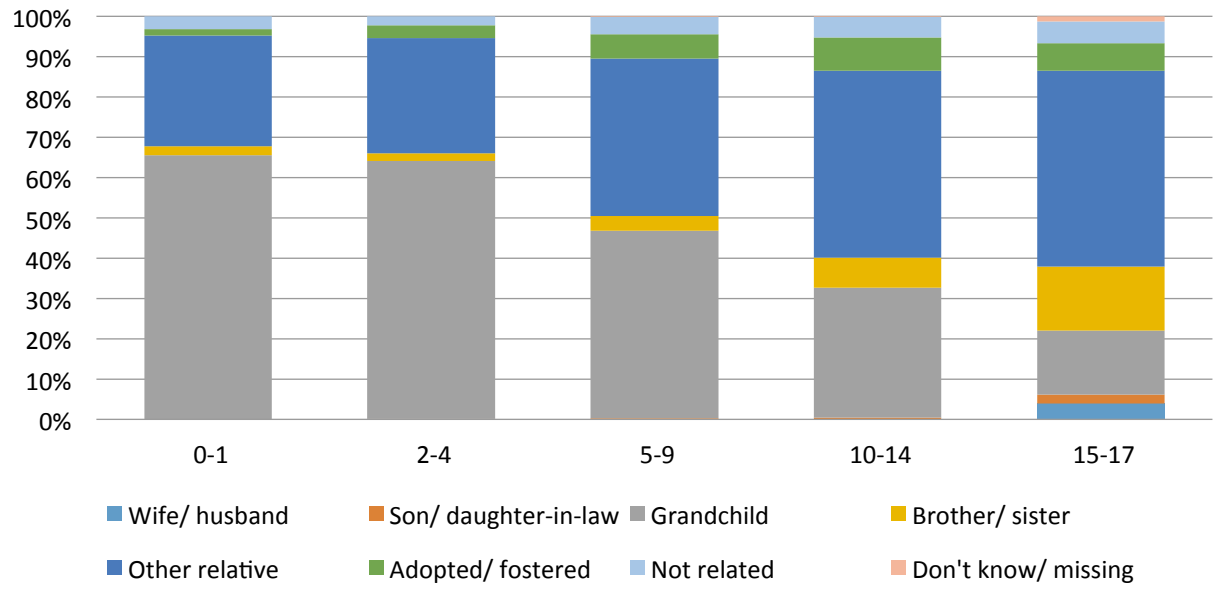
In Sierra Leone, 39% of children 0-17 living with neither biological parent live with their grandparents, 42% live in households headed by other relatives, 7% live with siblings, 5% live with unrelated household heads, and 6% live with adopting or fostering families. Fewer than 1% of children 0-17 live with their spouses or in-laws.

FIGURE 16: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN SIERRA LEONE, 2013



As reflected in Figure 16, children ages 0-17 living with neither biological parent have a higher likelihood of living with relatives other than grandparents or siblings at 42%. In fact, living with grandparents seems to be negatively associated with the age of the child, becoming less likely as children get older, while living with other relatives and with unrelated household heads seems to become more common as children age. Children under the age of 2 have the highest likelihood of living with their grandparents, with 66% of all children under 2 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, coming to a low prevalence of 16% for children 15-17. In the oldest age cohort, it is three times more likely that a child 15-17 will live in a household headed by another relative (49%) compared to a grandparent (16%).

FIGURE 17: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN SIERRA LEONE, ACCORDING TO AGE



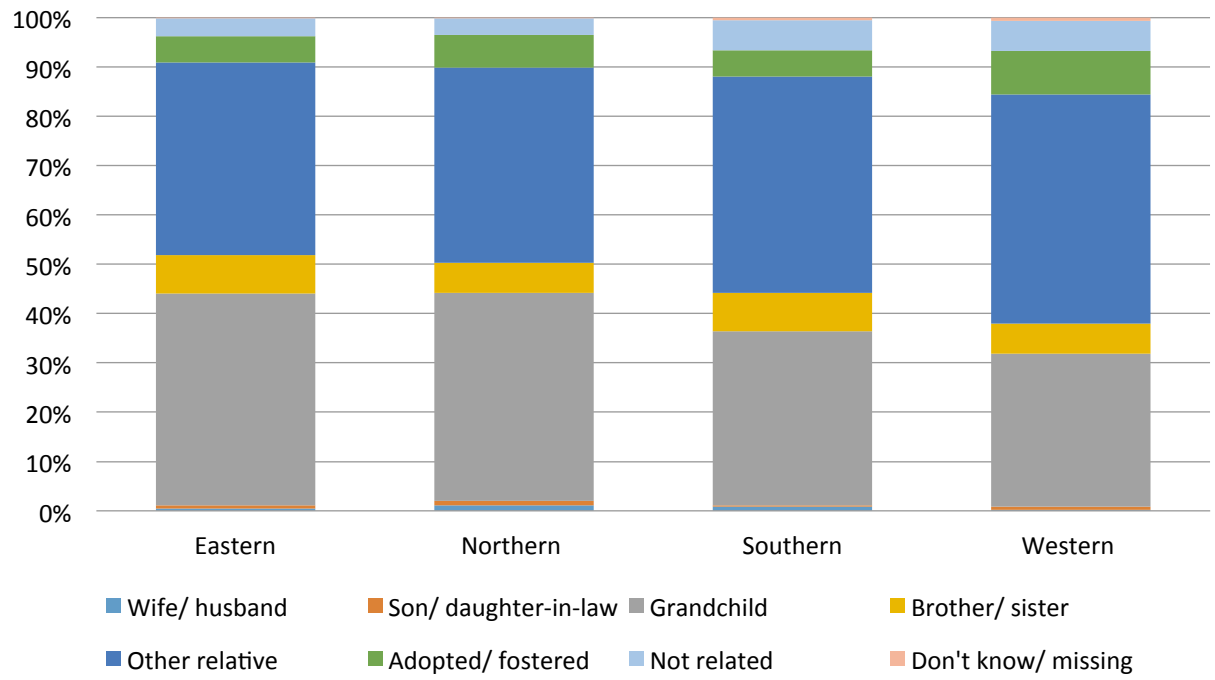
Gender also seems to play a role in determining living arrangements among children living outside of the care of their biological parents. Among this group, 40% of boys live with their grandparents compared to 38% of girls. Conversely, more girls live with other relatives as compared to boys (43% vs. 40%). Possible explanations might include different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Boys have a slightly higher likelihood of living in households in which they are unrelated to the head (5.6%) as compared to girls (3.5%). Additionally, among girls 0-17 not living with a biological parent, 1.4% of girls are living with their husband and their husband's parents. This is congruent with the differences seen in the median age at marriage between girls and boys where, on average, girls marry approximately six years earlier than boys do.

When disaggregated by geographical characteristics, it appears that more children 0-17 in rural areas live in households headed by their grandparents compared to children living in urban centers (42% vs. 33%). The opposite is true for children living with other relatives, as 46% of children in urban areas live

in households headed by these family members versus 39% of children in rural areas. Given that children living with other relatives also tend to be older, as stated previously, it is possible that these children move to live with their relatives in urban centers in order to access education, work or better services. More research is needed to understand fully the mechanisms behind these living arrangements and their implications in terms of child well-being.

Clear differences are again seen between different regions of the country. As seen in Figure 18, the Western region housing Freetown maintains the lowest proportion of children living outside of parental care who live in households headed by a grandparent at 31%, and the highest proportion of children living with other relatives (47%) and in adopting and fostering households (9%). Conversely, the Eastern region has the highest prevalence of children 0-17 living in grandparent-headed households at 43%, and the lowest proportion of children living in households headed by other relatives (39%).

FIGURE 18: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN SIERRA LEONE, ACCORDING TO ADMINISTRATIVE REGION

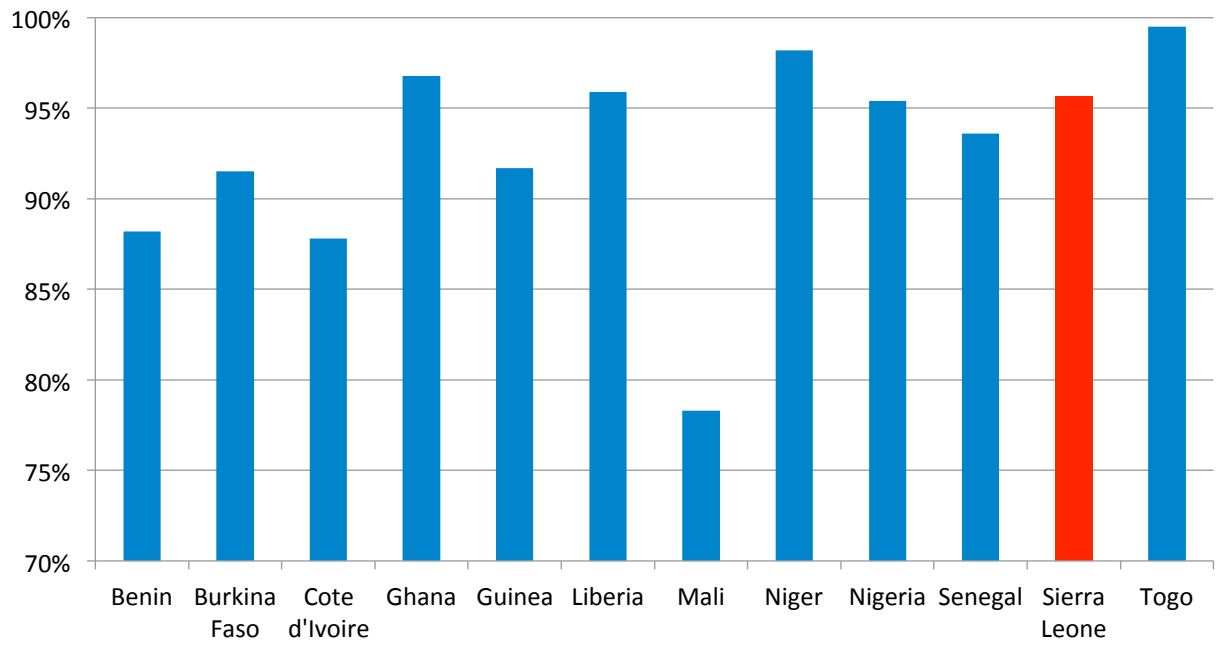


Adoption and fostering seem to be unrelated to gender in Sierra Leone. However, it appears that as children get older the likelihood of adoption and fostering increases. While only 1.5% of children under the age of 2 are adopted or fostered, between age 5-9, 6.1% of children are found in this living arrangement, and by 14 years old 8.3% of children in Sierra Leone are reported as adopted or fostered. However, sample size limitations do not allow for any significant findings in this subgroup. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering within the DHS program. The DHS program defines fostering as "children under age 18 living in households with neither their mother nor their father present." Nonetheless, as seen

throughout this report, most children living with neither biological parent are not categorized as "fostered." Therefore, it is difficult to ascertain which children would be classified as "fostered" in the field. Additionally, in many of these settings formal adoption and fostering is quite limited; therefore, these categories may capture some children in informal foster care and adoption arrangements, but the data might be a significant underestimation of the total population of children in those care situations.

Regionally, Sierra Leone's prevalence of children 0-17 living outside of parental care who live in households headed by a relative (family care) is relatively high compared to other western African countries. In Sierra Leone 4% of all children age 0-14 live in households headed by an unrelated person, and 96% live in family care. Only Niger (98%) and Togo (99.5%) see a comparably high prevalence of children living in related households among children under 15 not living with a biological parent.

FIGURE 19: PERCENT OF CHILDREN 0-14 LIVING IN RELATED HOUSEHOLDS PER COUNTRY, WESTERN AFRICA REGION



LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households, so it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household questionnaire. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children's care structures in Sierra Leone.