



Liberia

2019-20 Demographic and Health Survey Summary Report





This report summarizes the 2019-20 Liberia Demographic and Health Survey (2019-20 LDHS). The 2019-20 LDHS was implemented by the Liberia Institute of Statistics and Geo-Information Services (LISGIS). The funding for the 2019-20 LDHS was provided by the United States Agency for International Development (USAID). Additional funding was provided by the United States Centers for Disease Control and Prevention (CDC), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Embassy of Ireland (Irish Aid), the United Nations Development Programme (UNDP), the World Health Organization (WHO), UN Women, and the Global Alliance for Vaccine and Immunization (GAVI). 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 LDHS may be obtained from the Liberia Institute of Statistics and Geo-Information Services (LISGIS), Statistics House, Capitol Hill, P.O. Box 629, Monrovia, Liberia; telephone: +231 886 560 435/+231 770 129 883; www.lisgis.net.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: +1-301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

Cover photo: "Beach with red sand and black rocks with a beautiful sunset in Congo Town, Monrovia, Liberia"
© 2019 Dan, stock.adobe.com.

Photo at bottom right: © Johan Eriksson for Dollar Street.

The contents of this report are the sole responsibility of LISGIS and ICF and do not necessarily reflect the views of USAID, the United States Government, or other donor agencies.

Recommended citation:

Liberia Institute of Statistics and Geo-Information Services (LISGIS) and ICF. 2021. The Liberia Demographic and Health Survey 2019-20 Summary Report. Monrovia, Liberia, and Rockville, Maryland, USA: LISGIS and ICF.



ABOUT THE 2019-20 LDHS

The 2019-20 Liberia Demographic and Health Survey (LDHS) is designed to provide data for monitoring the population and health situation in Liberia. The 2019-20 LDHS is the 5th Demographic and Health Survey conducted in Liberia since 1986 (the 4th through The DHS Program), 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 and maternal mortality, maternal and child health, domestic violence, FGC, HIV/AIDS, and child labor and discipline that can be used by program managers and policymakers to evaluate and improve existing programs. The survey also included testing for Hepatitis B and C, Ebola Virus Disease (EVD) antibodies, and HIV. Results of these tests will be released in later publications after lab work has been completed.

Who participated in the survey?

A nationally representative sample of 8,065 women age 15-49 and 4,249 men age 15-59 in 9,068 households were successfully interviewed. This represents a response rate of 96% of women and 94% of men. The sample design for the 2019-20 LDHS provides estimates at the national level, for urban and rural areas, for each of the 5 regions, and, for most indicators, for each of the 15 counties.



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

The average household size in Liberia is 4.6 persons. One-third of households (34%) are headed by women. Forty-five percent of the population in Liberia is under age 15.

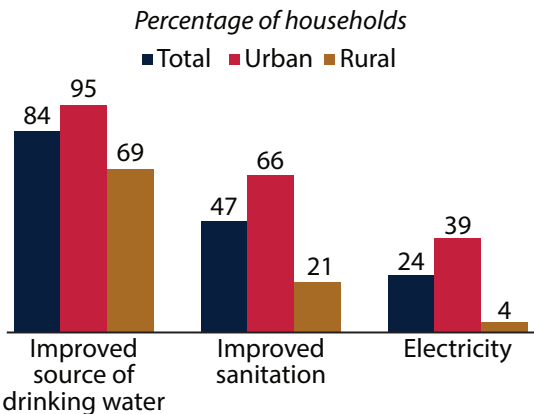
Water, Sanitation, and Electricity

The majority of households in Liberia (84%) have access to an improved source of drinking water. Access is higher among urban households (95%) than rural households (69%). The most common source of improved drinking water for both urban and rural households is tube wells/boreholes/hand pumps.

Just under half of households (47%) in Liberia use an improved sanitation facility, including facilities shared with other households. Urban households are three times as likely as rural households to use improved sanitation facilities (66% versus 21%). Seventeen percent of households only have access to unimproved sanitation, while 36% of households have no sanitation facility or openly defecate.

One-quarter of households in Liberia have electricity. Nearly 4 in 10 (39%) urban households have electricity, compared with only 4% of rural households.

Water, Sanitation, and Electricity by Residence



© Elizabeth Williams/FFP Senegal

Ownership of Goods

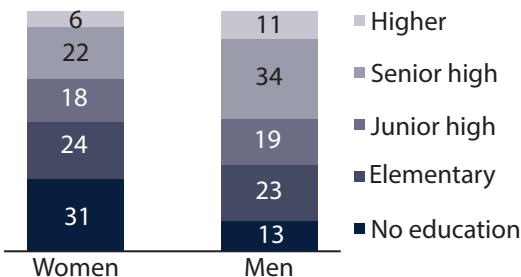
Seven in ten households in Liberia own a mobile phone (70%), 48% own a radio and only 20% own a television. Urban households are much more likely than rural households to own a mobile phone (84% versus 50%) or a television (33% versus 3%). In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

Education

Almost one-third (31%) of women age 15-49 in Liberia have no education, compared with 13% of men. About 1 in 4 women and men have attended elementary school. More men have attended high school than women: 40% of women have reached junior or senior high compared with 53% of men. Only 6% of women and 11% of men have gone beyond high school. Just over half (52%) of women age 15-49 and 75% of men are literate.

Education

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

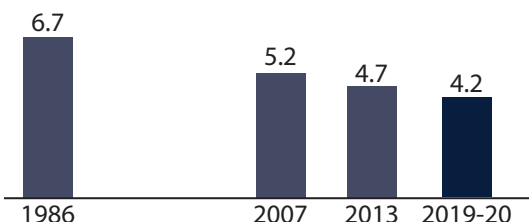


*Figures may not add to 100 due to rounding

FERTILITY AND ITS DETERMINANTS

Currently, women in Liberia have an average of 4.2 children. Since 2007, fertility has decreased by one child, from 5.2 children per woman to the current level.

Trends in Fertility
Births per woman for the 3-year period before the survey

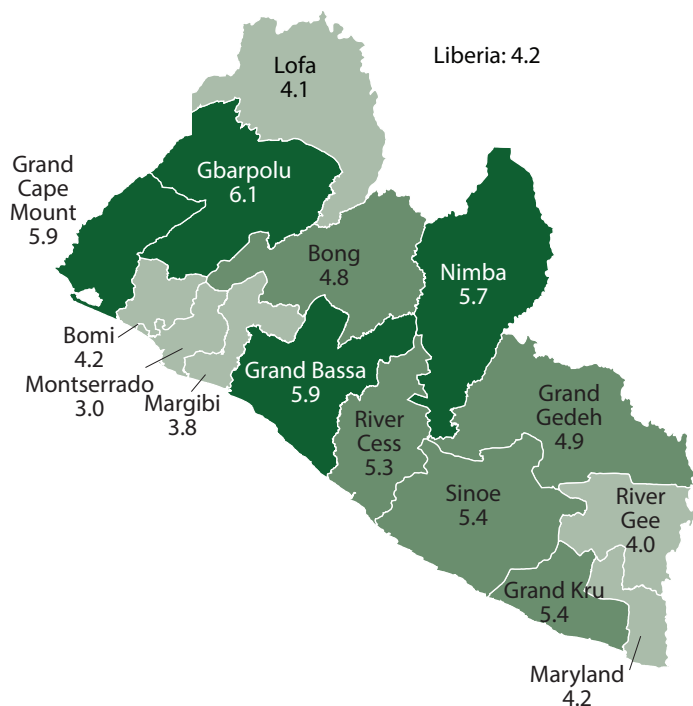


© USAID Liberia

Fertility varies by residence and county. Women in rural areas have an average of 5.5 children, compared with 3.4 children among urban women. Fertility ranges from 3.0 children per woman in Montserrado to 6.1 children per woman in Gbarpolu.

Fertility by County

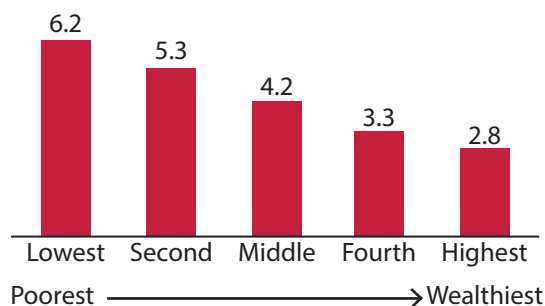
Total fertility rate for the 3 years before the survey



Fertility also varies with education and household wealth. Women with higher education have an average of 2.0 children, compared with 5.3 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 6.2 children, compared with 2.8 children among women living in the wealthiest households.

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 16.1 years, compared with 18.5 years among men 25-49. One-quarter (25%) of women age 25-49 began sexual activity before age 15, while 80% began sexual activity before age 18. In comparison, only 6% of men age 25-49 had begun sexual activity by age 15, and 41% by age 18.

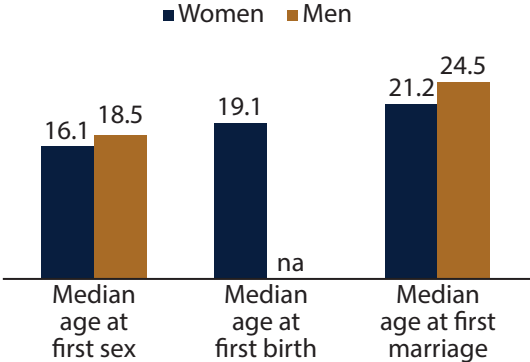
In Liberia, women marry about 4 years earlier than men. The median age at first marriage for women age 25-49 years is 21.2 years. The median age at first marriage for men age 25-49 is 24.5 years. Women in rural areas marry about 4 years earlier than women living in urban areas (19.1 years versus 23.3 years).

The median age at first birth for women age 25-49 is 19.1 years. Thirty-seven percent of women give birth by age 18.

Polygyny

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

Median Age at First Sex, Marriage, and Birth
Among women and men age 25-49



Teenage Fertility

In Liberia, 30% of young women age 15-19 are already mothers or are pregnant with their first child. Teenage childbearing ranges from a low of 19% in Maryland to 55% in River Cess. Almost half (47%) of young women age 15-19 with no education have begun childbearing, compared with 20% of those who attended senior high school.



© USAID Liberia

FAMILY PLANNING

Current Use of Family Planning

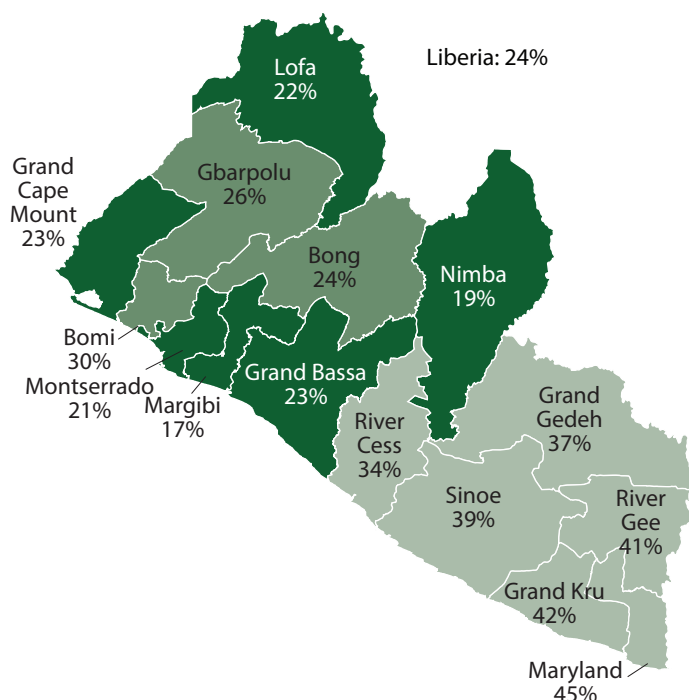
One-quarter of married women age 15-49 use any method of family planning – 24% use a modern method and 1% use a traditional method. The most popular methods are injectables (14%), implants (5%), and the pill (4%).

Family planning use is much higher among sexually active, unmarried women age 15-49: 45% use a modern method of family planning. The most popular methods among sexually active, unmarried women are also injectables (28%), implants (10%), and the pill (4%).

Use of modern methods of family planning among married women varies dramatically by county, from a low of 17% in Margibi to a high of 45% in Maryland.

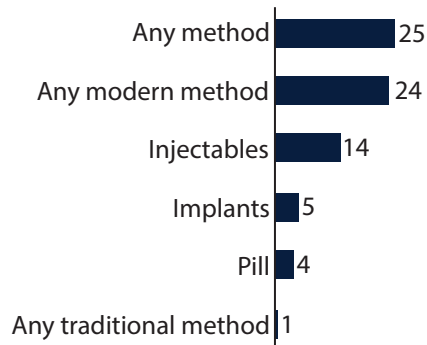
Use of Modern Methods of Family Planning by County

Percentage of married women currently using a modern method



Family Planning

Percentage of married women age 15-49 using family planning



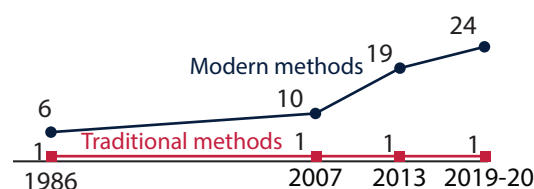
There is no clear pattern in use of modern methods by education or wealth. Use of modern methods is lowest among women with no education (20%) and highest among those with a junior high education (32%); 24% of women with higher education use a modern method. By wealth, use of modern methods is lowest among women living in the wealthiest households, and highest among those living in the fourth quintile (the second wealthiest group).

Trends in Use of Family Planning

The use of modern methods of family planning has increased steadily from 10% in 2007 to 24% in 2019-20. The use of traditional methods has remained unchanged at 1%.

Trends in Contraceptive Use

Percentage of married women currently using a contraceptive method



Demand and Unmet Need for Family Planning

Thirty-seven percent of women want to delay childbearing (delay first birth or space another birth) by at least two years, and 22% do not want any more children. 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 Liberia is 58%.

The total demand for family planning includes both met need and unmet need. Met need is the contraceptive prevalence rate. In Liberia, 25% of married women use any family planning method.

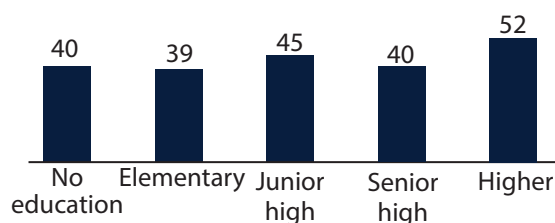
Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using any family planning method. In Liberia, 33% of married women age 15-49 have an unmet need for family planning—21% want to delay, while 13% want to stop childbearing.

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-one 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 higher education (52%) than among women with no education (40%) or only elementary education (39%).

Demand for Family Planning Satisfied by Modern Methods by Education

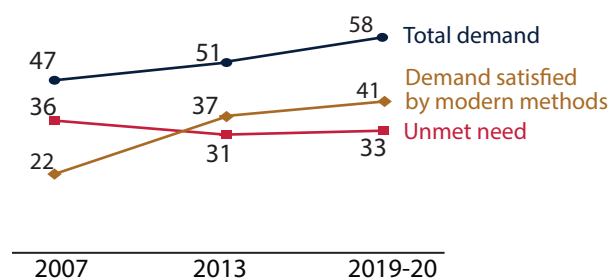
Among married women age 15-49, percent of demand for family planning satisfied by modern methods



The total demand for family planning in Liberia among married women increased from 47% in 2007 to 51% in 2013 to 58% in 2019-20. Similarly, the demand satisfied by modern methods has increased from 22% in 2007 to 37% in 2013 to 41% in 2019-20. Unmet need changed only slightly, from 36% in 2007 to 31% in 2013 to 33% in 2019-20.

Trends in Unmet Need, Demand, and Demand Satisfied for Family Planning

Percentage of currently married women 15-49



Exposure to Family Planning Messages

Radio is the most common media source for family planning messages in Liberia. One-third (32%) of women and 44% of men age 15-49 heard a family planning message on the radio in the few months before the survey. Overall, 67% of women and 51% of men have not been exposed to family planning messages via any media or other source.

Informed Choice

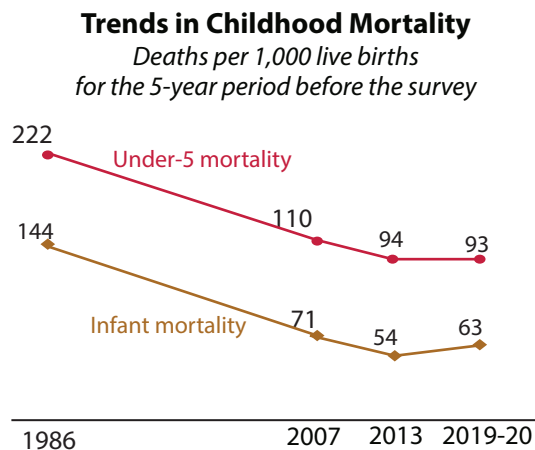
Family planning clients should be informed about side effects of the method used, what to do if they experience side effects, and about other available family planning methods. Seven in ten (69%) current modern method users were informed about the side effects of their method, 63% were informed about what to do if they experienced side effects, and 67% were informed about other available methods. Overall, 55% of women were provided with all three types of information.

CHILDHOOD MORTALITY

Rates and Trends

Infant and under-5 mortality rates for the five-year period before the survey are 63 and 93 deaths per 1,000 live births, respectively. The neonatal mortality rate is 37 deaths per 1,000 live births. At these mortality levels, about 1 in 11 children in Liberia does not survive to their fifth birthday.

After years of decline, under-5 mortality remains unchanged since 2013 while infant mortality has increased slightly, from 54 deaths per 1,000 live births in 2013 to the current rate of 63 deaths per 1,000 live births.



© Adam Parr

Under-5 Mortality Rate by Background Characteristics

The under-5 mortality rate differs by county, mother's education, and household wealth for the ten-year period before the survey. Under-5 mortality is lowest in Bomi, Bong, and Nimba, (under 85 deaths per 1,000 live births) and highest in Grand Cape Mount and Sinoe (155 and 144 deaths per 1,000 live births, respectively).

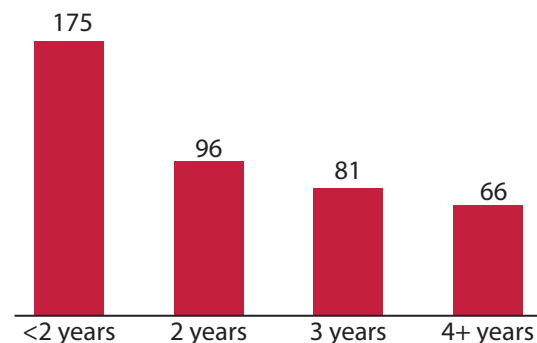
Children whose mothers have no education or only elementary education are more likely to die by age 5 (105 and 116 deaths per 1,000 live births, respectively) than children whose mothers have attended senior high (55 deaths per 1,000 live births). Under-5 mortality is uniform (102-110 deaths per 1,000 live births) in households in the lowest through fourth wealth quintile, and much lower among those from the wealthiest households (61 deaths per 1,000 live births).

Birth Intervals

Spacing births at least 24 months apart reduces the risk of infant death. The median birth interval in Liberia is relatively long, at 40.2 months. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (175 deaths per 1,000 live births) than among children born more than two years after a previous birth (under-five mortality less than 100 deaths per 1,000 live births).

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey



MATERNAL HEALTH CARE

Prenatal Care

In Liberia, the majority of women age 15-49 (98%) receive prenatal care from a skilled provider (doctor, nurse, midwife or physician's assistant), most commonly from a nurse/midwife (78%). The timing and number of prenatal care visits are also important. Seven in ten (71%) women had their first prenatal care visit in the first trimester, as recommended. Nearly 9 in 10 (87%) women made four or more prenatal care visits. This is an increase from 78% in 2013.

Almost all women (94%) took iron tablets or syrup during pregnancy. Eighty-three percent of women's most recent births were protected against neonatal tetanus. Among women who received prenatal care for their most recent birth, 96% had their blood pressure measured, 96% had a blood sample taken, and 93% had a urine sample taken.

Delivery and Postnatal Care

Eighty percent of births are delivered in a health facility, primarily in public sector facilities (66%). Nineteen percent of births in Liberia are delivered at home. Women with no education (76%) and those from the poorest households (74%) are least likely to deliver at a health facility. Health facility delivery varies by county, from a low of 50% in Gbarpolu to a high of 96% in Lofa.

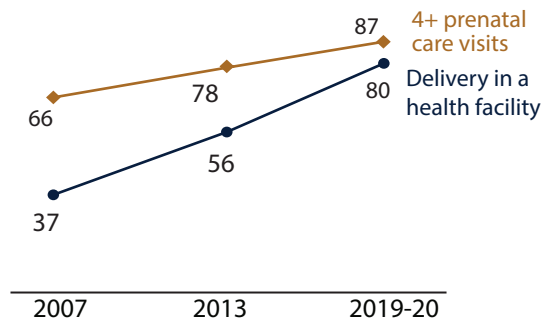
Health facility deliveries have increased steadily since 2007 when 37% of births were delivered in a health facility.

Overall, 84% of births are assisted by a skilled provider. The majority of births are delivered by a nurse/midwife (72%).

Postnatal care helps prevent complications after childbirth. In Liberia, 8 in 10 women received a postnatal check within two days of delivery, while 14% did not have a postnatal check within 41 days of delivery. Three-quarters of newborns (76%) received a postnatal check within two days of birth; 18% did not have a postnatal check.

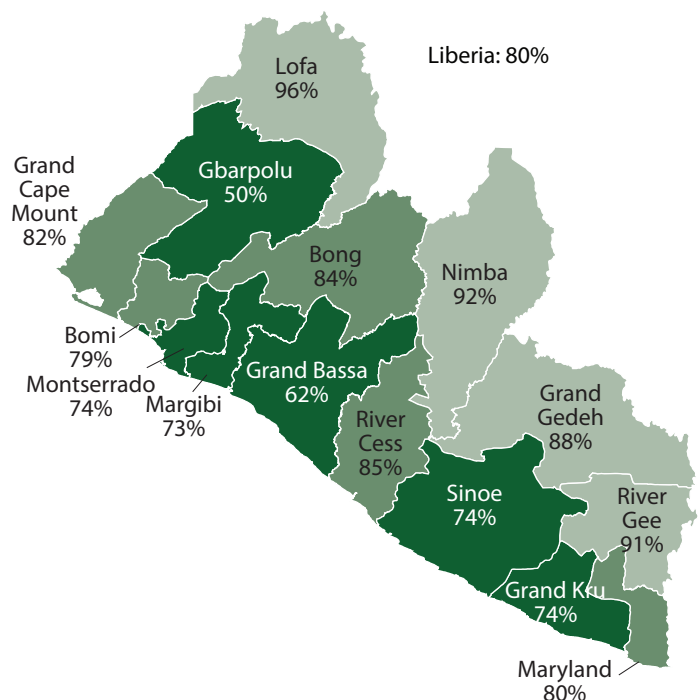
Trends in Maternal Health

Percentage of women age 15-49 who had a live birth in the 5 years before the survey and percentage of live births in the 5 years before the survey



Health Facility Delivery by County

Percentage of live births in the 5 years before the survey that were delivered in a health facility



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 Liberia is 742 maternal deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2019-20 LDHS MMR ranges from 485-1,000 deaths per 100,000 live births.

CHILD HEALTH

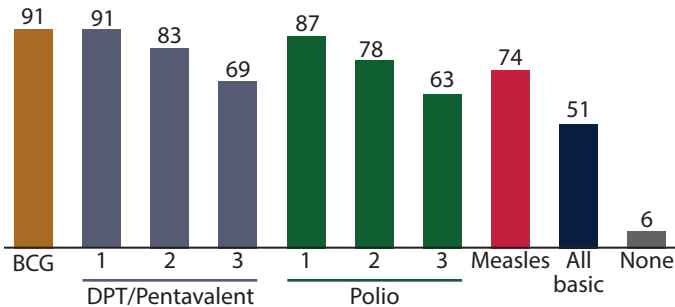
Basic Vaccination Coverage

In Liberia, 51% of children age 12-23 months have received all basic vaccinations – one dose each of BCG and measles vaccine and three doses each of pentavalent (DPT-HepB-Hib) and polio vaccines. Six percent of children did not receive any vaccinations. Basic vaccination coverage improved between 2007 and 2013, but has fluctuated since 2013 when 55% of children had received all basic vaccinations. The proportion of children who have received no vaccinations has increased from 2% in 2013 to 6% in 2019-20.

Basic vaccination coverage varies by county. Only 27% of children in Sinoe have received the basic vaccinations compared with 66% in Lofa.

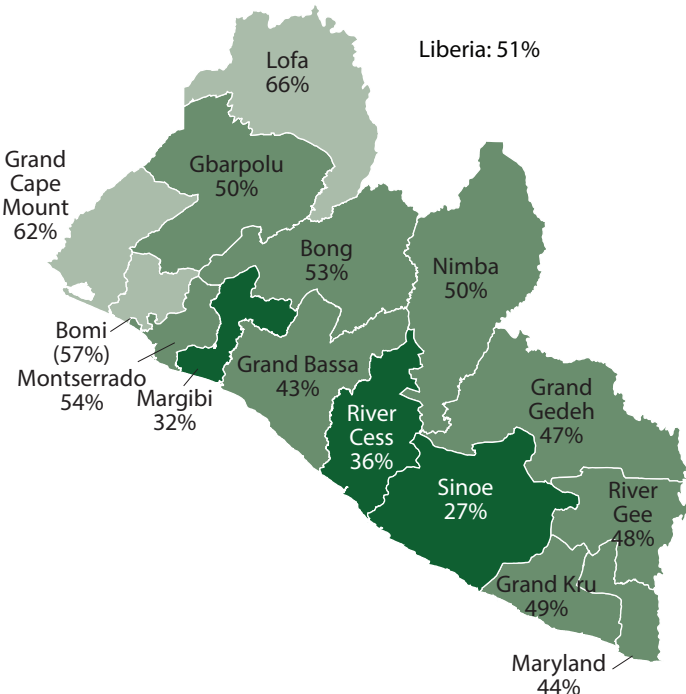
Vaccination Coverage

Percentage of children age 12-23 months vaccinated at any time before the survey



Basic Vaccination Coverage by County

Percentage of children age 12-23 months who have received all basic vaccinations



Childhood Illnesses

In the two weeks before the survey, 4% 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 78%.

Sixteen percent of children under five had diarrhea in the two weeks before the survey. Diarrhea was most common among children in Grand Bassa (25%) and among children age 12-23 months (25%) and age 6-11 months (23%). Two-thirds (66%) of children under five with diarrhea had treatment or advice sought.

Children with diarrhea 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 diarrhea should receive zinc. Two-thirds (66%) of children under five with diarrhea received ORT, while 12% received no treatment. Eighteen percent of children under five with diarrhea received ORS and zinc.

FEEDING PRACTICES AND SUPPLEMENTATION

Complementary Foods

Breastfeeding is very common in Liberia with the majority of children (97%) ever breastfed. Two-thirds (67%) were breastfed within the first hour of life, while 91% were breastfed within 24 hours after delivery. Ten percent of children who were ever breastfed received a prelacteal feed, though this is not recommended.

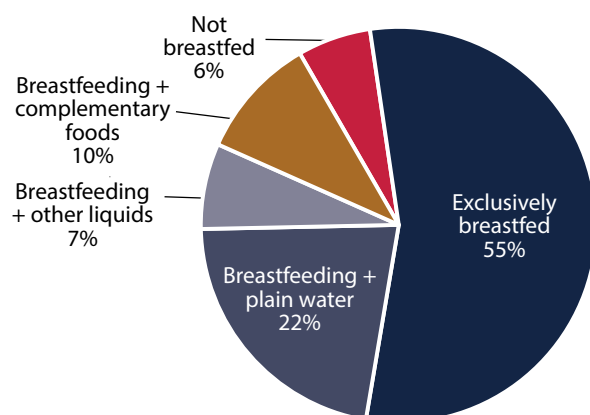
WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. More than half (55%) of children under six months are exclusively breastfed while 6% are not breastfed.

Children under three years are breastfed for a median duration of 19.4 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 Liberia, 44% of children age 6-8 months are breastfed and receive complementary foods.

Breastfeeding Status for Children Under Six Months

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



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, 61% of children age 6-23 months ate foods rich in vitamin A. Just under half (46%) 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 anemia. In the 24 hours before the survey, 50% of children age 6-23 months ate foods rich in iron. Overall, 28% 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 anemia and other complications. Less than half (43%) of women age 15-49 took iron supplements for at least 90 days during their last pregnancy.



© USAID Liberia

NUTRITIONAL STATUS

Children's Nutritional Status

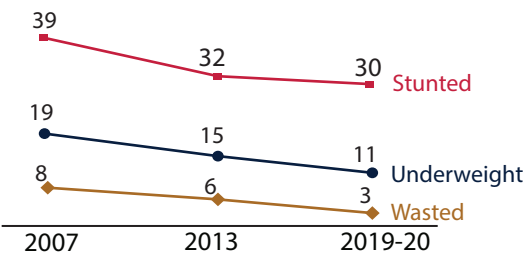
The 2019-20 LDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Stunting is an indication of chronic undernutrition.

In Liberia, 30% of children under five are stunted, or too short for their age. Stunting is most common in River Cess (41%) and least common in Montserrado (21%). Wasting is an indication of acute malnutrition. In Liberia, 3% of children under five are wasted, or too thin for their height. In addition, 11% of children under five are underweight, or too thin for their age, while 4% are overweight.

Childhood stunting has decreased from 39% in 2007 to 30% in 2019-20. During the same time period, the proportion of children underweight has declined from 19% to 11%. Childhood wasting also declined, from 8% to 3% during that same period.

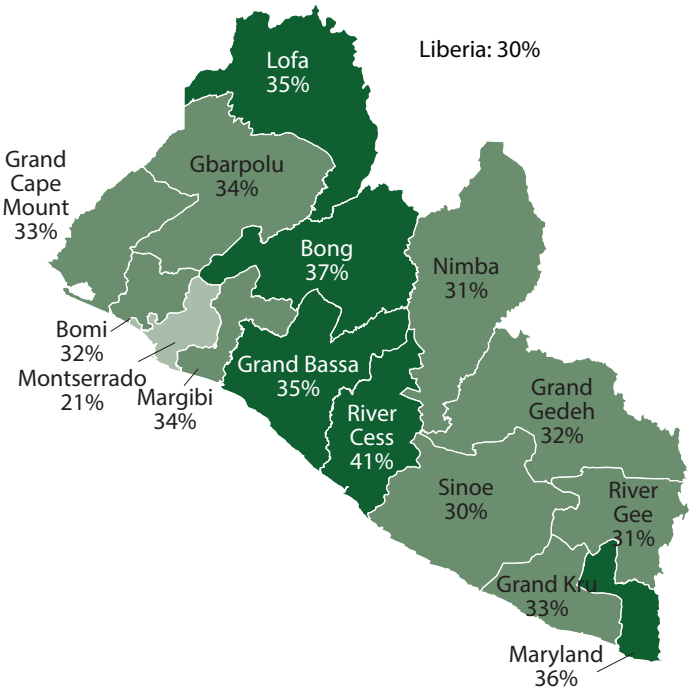
Trends in Children's Nutritional Status

Percentage of children under age 5 who are malnourished



Stunting by County

Percentage of children age 5 who are stunted



Anemia

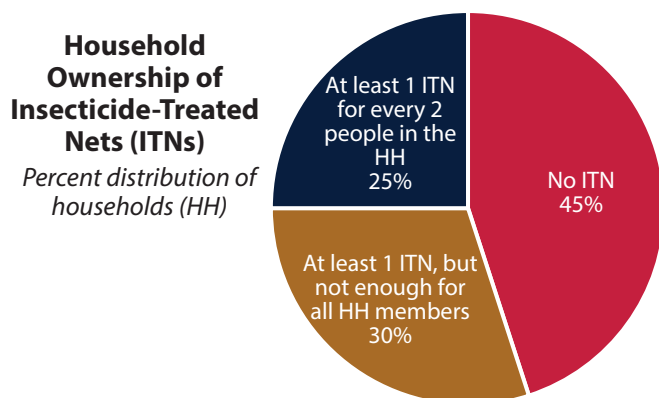
The 2019-20 LDHS tested children age 6-59 months and women age 15-49 for anemia. Overall, 71% of children age 6-59 months are anemic. Most have mild (29%) or moderate (38%) anemia. Anemia in children is high (more than 55%) in all counties and among all groups of children. Anemia in children has declined slightly since 2016 when 77% of children were anemic.

Almost half (45%) of women age 15-49 in Liberia are anemic. Anemia prevalence in women ranges from 35% in Lofa and Nimba to 59% in Grand Bassa.

MALARIA

Mosquito Nets

In Liberia, 55% of households own at least one insecticide-treated net (ITN). One-quarter (25%) of households has 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 (45%) or do not have enough ITNs for all household members (30%).



Household ownership of at least one ITN ranges from a low of 39% in Montserrado to 71% in Nimba. ITN ownership increased steadily from 2009 to 2016 (47% to 62%) and then dropped to 55% in 2019-20.

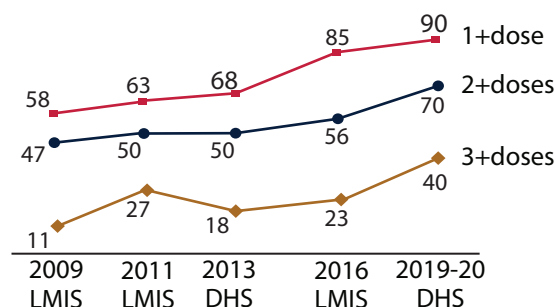
In Liberia, 40% of the household population have access to an ITN. Among those living in households with an ITN, 67% slept under an ITN the night before the survey.

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% and 47%, respectively) slept under an ITN the night before the survey. ITN use among children ranges from 33% in Montserrado to 57% in Grand Gedeh. Use of ITNs among children has remained unchanged since 2016, while use among pregnant women has increased from 40% in 2016 to 47% in 2019-20.

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 (90%) took at least one dose of IPTp, 70% took two or more doses of IPTp, while only 40% took three or more doses (IPTp3+). IPTp3+ is above 50% only in Bomi (60%) and Nimba (62%). IPTp use has increased steadily since 2009.

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, 25% of children under five had fever, the primary symptom of malaria. Among children with fever, treatment was sought for 81%, while 49% had blood taken from a finger or heel for testing.



© NCMP Liberia

HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

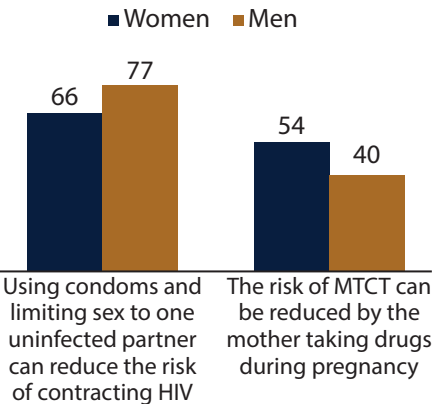
Knowledge of HIV Prevention Methods

In Liberia, 66% of women and 77% 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 prevention knowledge increases with education for both women and men.

Half of women (53%) and 42% of men age 15-49 know that HIV can be transmitted from mother to child during pregnancy, delivery, and by breastfeeding. Furthermore, 54% of women and 40% 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:



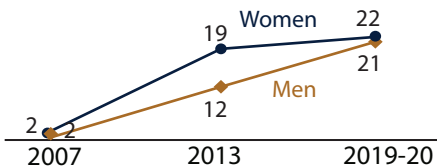
Having sex with a non-regular partner (a person who was neither their spouse nor lived with them) increases the risk of contracting HIV and other sexually transmitted infections (STIs). More than one-third of women (36%) and nearly half of men age 15-49 had sex with a non-regular partner in the 12 months prior to the survey. Among them, 15% of women and 31% of men reported using a condom during last sex with a non-regular partner.

HIV Testing

Nearly 7 in 10 women and men know where to get an HIV test. Half of women (50%) and one-third of men (32%) age 15-49 have ever been tested for HIV and received the results. Within the 12 months before the survey, 22% of women and 21% of men had been tested and received their results. Recent testing is most common in Bomi for women (30%) and Margibi among men (29%). Recent HIV testing has increased from only 2% among women and men in 2007.

Trends in Recent HIV Testing

Percentage of women and men age 15-49 who were tested for HIV in the year before the survey and received the results



Almost half (45%) of pregnant women with a live birth in the two years before the survey received counseling on HIV, an HIV test, and the results during prenatal care. HIV testing and receipt of results during prenatal care is most common in River Cess (76%) and least common in Nimba (31%).

WOMEN'S EMPOWERMENT

Employment

Three in four married women age 15-49 (76%) were employed at any time in the 12 months before the survey, compared with 97% of married men. Fifty-two percent of women and 69% of men are paid in cash only. One-third of women (34%) and 17% of men are not paid for their work. One-quarter of married women (26%) who are employed and earn cash make decisions on how to spend their earnings on their own while 63% make decisions jointly with their husband. Overall, 67% of working women report earning less than their husband.

Ownership of Assets

In Liberia, 24% of women own a home alone or jointly compared with 31% of men. Similarly, women are less likely than men to own land (14% compared to 28%).

In Liberia, 12% of women and 21% of men have and use a bank account. About half of women (47%) and 61% of men own a mobile phone. Among mobile phone owners, 52% of women and 50% of men use their mobile phone for financial transactions.

Problems in Accessing Health Care

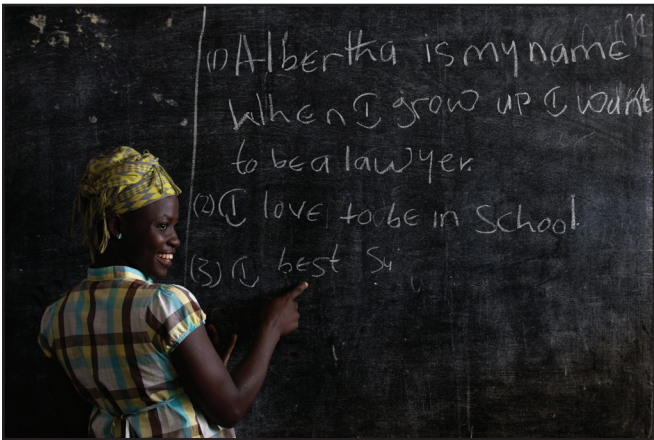
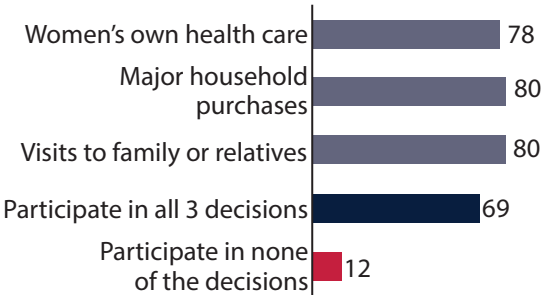
More than 4 in 10 (45%) women report at least one problem accessing health care for themselves. Getting money for treatment (36%) and the distance to the health facility (28%) are the most cited problems.

Participation in Household Decisions

The 2019-20 LDHS asked married women about their participation in household decisions: her own health care, making major household purchases and visits to her family or relatives. More than three-quarters of women (78%) in Liberia have sole or joint decision making power about their own healthcare, and 80% have sole or joint decision making power about major household purchases and visits to her family or relatives.

Women's Participation in Decision Making

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



© USAID Liberia

DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Thirty-seven percent of women and 25% of men age 15-49 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.

Experience of Physical Violence

In Liberia, 60% of women have ever experienced physical violence since age 15; one-third of women have experienced physical violence in the 12 months prior to the survey. Physical violence varies by county, from a low of 43% of women in River Cess who have ever experienced violence, to a high of 72% in Grand Cape Mount. The most common perpetrator of physical violence among ever-married women is the current or former husband/partner (84%). Among never-married women, the most common perpetrator of physical violence is the mother/step-mother (47%).

Experience of Sexual Violence

In Liberia, 9% of women age 15-49 have ever experienced sexual violence, while 5% of women have experienced sexual violence in the 12 months prior to the survey. Divorced/separated/widowed women are more likely to have ever experienced sexual violence (15%) than married (11%) and never married (4%) women. Reports of sexual violence are highest among women in Nimba (19%) and lowest in Grand Kru and Lofa (5% each). The most common perpetrator of sexual violence against ever-married women is the current husband/partner (54%), followed by the former husband/partner (29%).

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also that of her unborn child. Seven percent of women who have ever been pregnant experienced violence during pregnancy. Violence during pregnancy is especially common in Gbarpolu (15%) and Sinoe (14%).

Spousal Violence

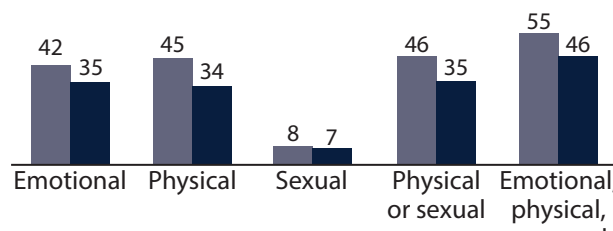
More than half (55%) of ever-married women have experienced spousal violence, whether physical, sexual, or emotional, by their current or most recent husband/partner. The most common form of spousal violence is physical violence (45%), followed by emotional (42%) and sexual violence (8%).

Spousal violence is most commonly reported in Sinoe (72%) and least commonly reported in River Cess (36%). Spousal violence is reported by over 50% of ever-married women in all educational and wealth categories. Overall, 46% 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 committed by current or most recent husband/partner

■ Ever ■ Past 12 months



Help Seeking Behavior

About 4 in 10 (42%) women age 15-49 who have experienced physical or sexual violence sought help to stop the violence. Nearly half of women (48%) 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 (70%) or their husband/partner's family (30%).

FEMALE GENITAL CUTTING

FGC Prevalence

In Liberia, 83% of women have heard of female genital cutting (FGC). Among those who have heard of FGC, 38% have been circumcised. In Liberia, FGC is typically implemented as part of the initiation rituals of the Sande society or other women's bush societies. Eighty-three percent of women age 15-49 have heard of the Sande Society, and among them, 35% say they are members.

FGC is more common among rural women than urban women (52% versus 30%) and varies greatly by county. Five percent or fewer women in Grand Kru, Maryland, River Gee, and Sinoe are circumcised, compared with 78% in Gbarpolu.

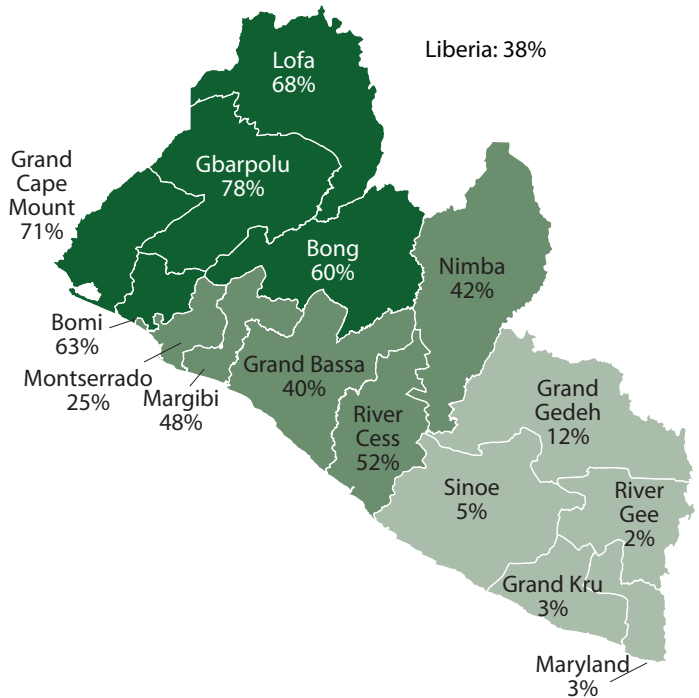
One-quarter of circumcised women (25%) were circumcised when they were younger than age 5, while 17% were circumcised between the ages of 5 and 9, 33% at age 10-14 and 22% at age 15 or older.

Knowledge and Attitudes about FGC

Among women who have heard of female circumcision, 20% believe that it should continue, 64% believe it should not continue, and the rest are unsure. Women in counties with a high prevalence of FGC are more likely to agree that FGC should continue than women from the counties where FGC is not common. Support for FGC also decreases as women's education and household wealth increase.

FGC by County

Percentage of women age 15-49 who are circumcised among those who have heard of FGC



CHILD DISCIPLINE AND LABOR

Child Discipline

The majority of children age 1-14 in Liberia experience psychological aggression (81%) and violent discipline methods (71%). Only 7% are disciplined with only non-violent methods. Violent discipline methods are common across all counties, and regardless of the level of education of the household head or the level of household wealth. Violent discipline is least common among the youngest children.

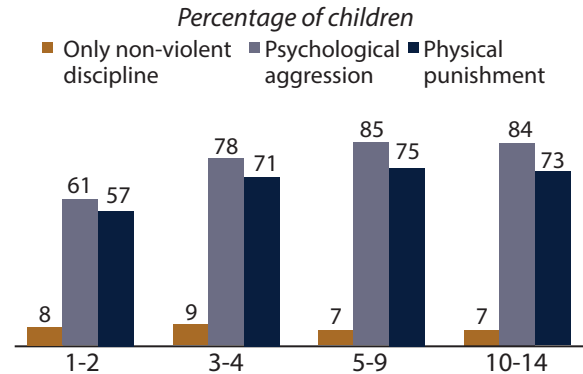
Almost two-thirds (64%) of mothers/caretakers of children age 1-14 years believe that physical punishment is needed to raise or educate a child properly.

Child Labor

Many Liberian children are involved in economic activities outside of the home. UNICEF has set thresholds for child labor based on the number of working hours per week by age. Children age 5-11 are considered to be performing child labor if they spend 1 or more hours working in economic activities per week. Children age 12-14 should not be working more than 14 hours per week, while children age 15-17 are engaged in child labor only if they work 43 hours or more per week. Thirty percent of children age 5-11 are working 1 or more hour per week in Liberia. While 38% of children age 12-14 are working outside the home, only 11% are working more than the 14-hour threshold. Fifty-seven percent of children age 15-17 work outside the home; 2% work 43 hours or more per week.

Children also participate in household chores. Children who spend 21 hours or more on household chores are considered by UNICEF to be engaged in child labor. Ten percent of children age 5-11 and 21% of children age 12-14 do 21 hours or more of household chores per week.

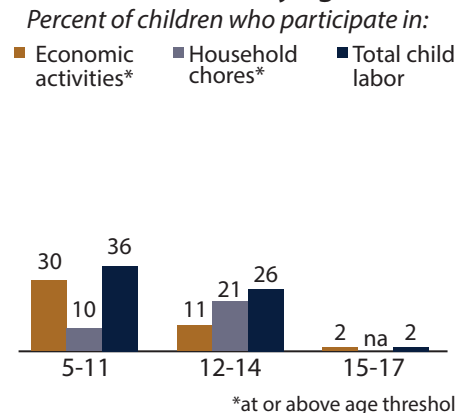
Child Discipline by Age



In total, nearly 3 in 10 children in Liberia are engaged in child labor, either through outside economic activities or domestic chores. Child labor is most common among those age 5-11 (36%) and least common among those age 15-17 (2%). Child labor decreases with household wealth, from 47% among children in the poorest households to 39% among children in the wealthiest households.

Child labor varies by county, from a low of 18% in Montserrado to 52% in Gbarpolu.

Child Labor by Age



INDICATORS	Liberia total				
		Bomi	Bong	Gbarpolu	Grand Bassa
Fertility					
Total fertility rate (number of children per woman)	4.2	4.2	4.8	6.1	5.9
Median age at first birth for women age 25-49 (years)	19.1	18.4	18.6	19.1	18.3
Women age 15-19 who are mothers or currently pregnant (%)	30	31	37	48	39
Family Planning (among married women age 15-49)					
Current use of a modern method of family planning (%)	24	30	24	26	23
Unmet need for family planning ¹ (%)	33	30	33	31	36
Demand satisfied by modern methods (%)	41	50	42	46	39
Maternal Health					
Births delivered in a health facility (%)	80	79	84	50	62
Births assisted by a skilled provider ² (%)	84	84	87	51	71
Child Health (among children age 12-23 months)					
Children who received all basic vaccinations ³ (%)	51	(57)	53	50	43
Children who received all age-appropriate vaccinations ⁴ (%)	39	(53)	28	33	28
Nutrition					
Children under five who are stunted (%)	30	32	37	34	35
Prevalence of anemia among children age 6-59 months(%)	71	81	66	57	77
Prevalence of anemia among women age 15-49 (%)	45	57	42	41	59
Childhood Mortality (deaths per 1,000 live births) ⁵					
Infant mortality	63	53	53	78	72
Under-five mortality	93	84	80	119	124
Malaria					
Households with at least one insecticide-treated net (ITN) (%)	55	62	64	66	62
Population with access to an ITN ⁶	40	44	48	52	45
Women who received 3+ doses of SP/Fansidar during pregnancy (%)	40	60	27	32	38
HIV/AIDS					
Women age 15-49 who have been tested for HIV and received the results in the past year (%)	22	30	25	17	20
Men age 15-49 who have been tested for HIV and received the results in the past year (%)	21	18	21	28	19
Domestic Violence (among women age 15-49)					
Women who have ever experienced spousal violence committed by their current or most recent husband/partner (%)	55	41	52	59	58
Women who have ever experienced sexual violence (%)	9	13	9	6	14
Female Circumcision					
Prevalence of circumcision among women age 15-49 ⁷ (%)	38	63	60	78	40

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, nurse, midwife, or physician's assistant. ³Basic vaccinations include BCG, measles, three doses each of DPT-HepB-Hib and polio vaccine (excluding polio vaccine given at birth). ⁴Age-appropriate vaccinations include BCG, three doses of DPT-HepB-Hib, four doses of oral polio vaccine and one dose of inactivated polio vaccine, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles and yellow

Counties										
Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Maryland	Mont-serrado	Nimba	River Cess	River Gee	Sinoe
5.9	4.9	5.4	4.1	3.8	4.2	3.0	5.7	5.3	4.0	5.4
19.0	18.9	18.9	18.6	19.0	18.8	19.8	19.3	18.7	18.2	18.6
39	27	33	34	34	19	23	38	55	28	32
23	37	42	22	17	45	21	19	34	41	39
37	21	18	28	43	20	35	40	24	20	22
38	63	70	43	28	69	36	32	57	67	64
82	88	74	96	73	80	74	92	85	91	74
86	89	72	97	75	84	83	92	85	93	77
62	47	49	66	32	44	54	50	36	48	27
46	38	48	52	20	38	46	41	30	41	17
33	32	33	35	34	36	21	31	41	31	30
72	72	80	62	78	76	69	74	70	72	73
53	40	52	35	53	45	44	35	50	53	52
116	64	65	58	65	72	66	57	58	72	112
155	99	108	91	111	102	95	82	(91)	93	144
68	66	52	69	51	64	39	71	53	66	56
49	53	35	49	38	43	26	51	39	52	45
42	36	32	45	44	44	32	62	46	39	43
22	27	19	19	23	22	21	25	20	22	15
12	25	6	25	29	7	23	22	12	17	13
66	43	48	44	47	69	57	61	36	59	72
11	9	5	5	12	9	6	19	6	6	12
71	12	3	68	48	3	25	42	52	2	5

fever vaccine. ⁵Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey. ⁶Percentage of the de facto household population who could sleep under an ITN if each ITN in the household were used by up to two people. ⁷Among those who have heard of FGC.

