Liberia

2007 Demographic and Health Survey

Key Findings

This report summarizes the findings of the 2007 Liberia Demographic and Health Survey (LDHS), carried out by the Liberia Institute of Statistics and Geo-Information Services (LISGIS), the Ministry of Health and Social Welfare (MOHSW), and the National AIDS Control Program (NACP). Macro International Inc. provided technical assistance in the design, implementation, and analysis of the survey as part of the Demographic and Health Surveys project (MEASURE DHS). Funding for the survey was provided by the Government of Liberia, the United States Agency for International Development (USAID/Liberia), the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), and the United Nations Children's Fund (UNICEF).

The opinions expressed herein are those of the authors and do not necessarily reflect the views of the donor organizations.

Additional information about the 2007 LDHS may be obtained from the Liberia Institute of Statistics and Geo-Information Services (LISGIS), Statistics House, Tubman Boulevard, Sinkor, P.O. Box 629, Monrovia, Liberia (Telephone: 231-(0)6 810-276; Web: www.lisgis.org)

Additional information about the DHS project may be obtained from Macro International, 11785 Beltsville Drive, Calverton, MD 20705, USA; Telephone: 301-572-0200, Fax: 301-572-0999, Internet: www.measuredhs.com.

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About the 2007 LDHS

The 2007 Liberia Demographic and Health Survey (LDHS) was designed to provide data for monitoring the population and health situation in Liberia. The 2007 LDHS is the third Demographic and Health Survey conducted in Liberia. The objective of the survey is to provide up-to-date information on fertility, family planning, childhood mortality, infant and child feeding practices, maternal and child health, maternal mortality, and HIV/AIDS-related knowledge and behavior, as well as HIV prevalence.

Who participated in the survey?

A nationally representative sample of 7,092 women age 15-49 and 6,009 men age 15-49 were interviewed. This represents a response rate of 95 percent for women and 93 percent for men. This sample provides estimates for Liberia as a whole, for urban and rural areas, and, for most indicators, for each of the six regions.

Household Drinking Water

Two-thirds of households have access to an improved water source, most commonly a protected dug well (54 percent). Urban households are more likely than rural households to have an improved water source (82 versus 56 percent). Only 11 percent of households have drinking water on premises.

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Household Characteristics

Household Composition

Liberian households consist of an average of 5.0 persons. Almost one-third (31 percent) of households are headed by a woman.

Housing Conditions

Housing conditions vary greatly based on residence. Only 3 percent of households have electricity. Electricity is almost non-existent in rural areas, while 7 percent of urban households have power. Only 10 percent of households nationwide have an improved (and not shared) toilet facility. About one-third have a nonimproved facility, while 55 percent have no toilet facility at all.

Household Possessions

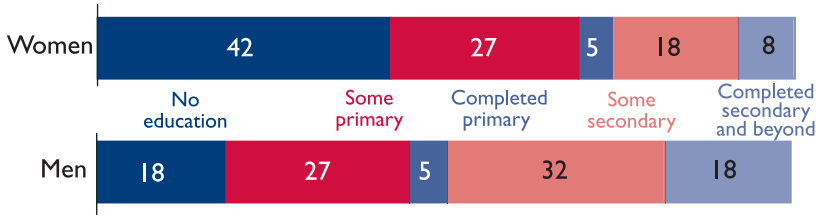
Half of Liberian households have a radio, while only 7 percent have a television. Almost three in ten households have a mobile phone, while only 2 percent have a refrigerator. Even the most common household goods are not universal in Liberia—only 60 percent of households have a table or chairs.

Education of Survey Respondents

More than two in five Liberian women 15-49 have had little or no education. Only 8 percent of women and 19 percent of men age 15-49 have completed secondary school or beyond. Urban residents are more educated than rural residents—more than half of women and almost one-quarter of men in rural areas have received no education at all compared to only one-quarter of women and 8 percent of men in urban areas. Education is particularly low in North Western and North Central regions, among both women and men.

Education

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



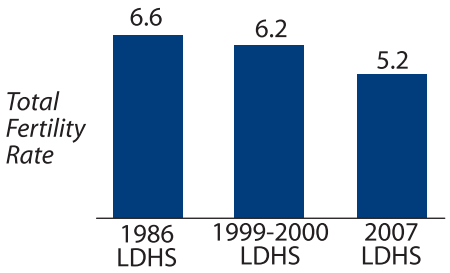
Fertility and its Determinants

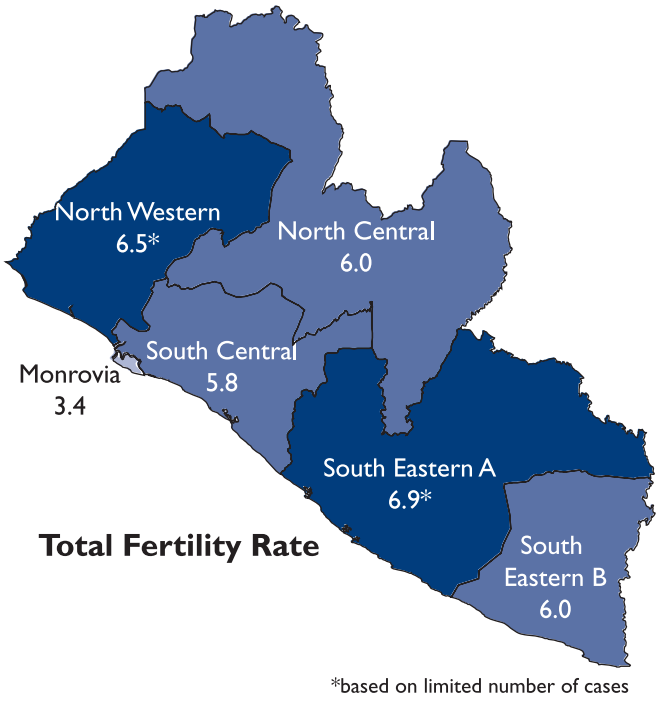
Total Fertility Rate (TFR)

Fertility in Liberia has decreased substantially since 1986. Currently, women in Liberia have an average of 5.2 children, down from 6.2 in 1999-2000 and 6.6 in 1986.

Fertility varies by residence and by region. Women in urban areas have 3.8 children on average, compared to 6.2 children per woman in rural areas. Fertility is highest in South Eastern A and North Western regions, and lowest in Monrovia, where women have an average of 3.4 children.

Trends in Fertility

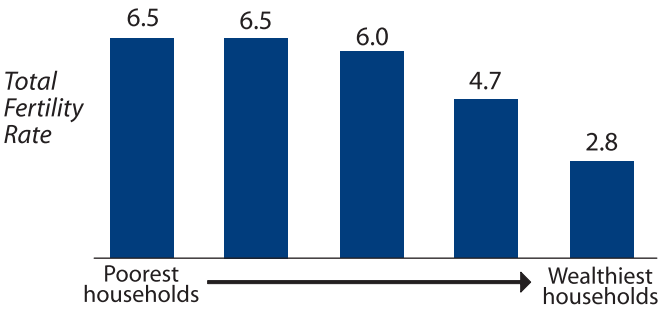




*based on limited number of cases

Fertility also varies with mother's education and economic status. Women with no education have almost twice as many children as those who have secondary or higher education. Fertility increases as the wealth of the respondent's household* decreases. The poorest women, in general, have more than twice as many children as women who live in the wealthiest households (6.5 versus 2.8 children per woman).

Fertility by Household Wealth



* Wealth of families is calculated through household characteristics measured in DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. Each of these assets is assigned a score, which is summed for each household. Households are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index.

Desired Family Size

Liberian women report a mean ideal family size of 5.0 children, while men would like 5.6 children. Ideal family size is one child higher among women in rural areas than urban areas (5.4 versus 4.4). Ideal family size decreases as women's education increases, yet women with secondary and higher education still want over four children.

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Age at First Marriage

In Liberia, half of women age 20-49 were married by age 18.6. Fourteen percent were married by their 15th birthday, and 44 percent were married by their 18th birthday. Women in urban areas marry two years later than their counterparts in rural areas (20.0 versus 18.0). Men marry several years later, at a median age of 23.9.

Age at First Sexual Intercourse

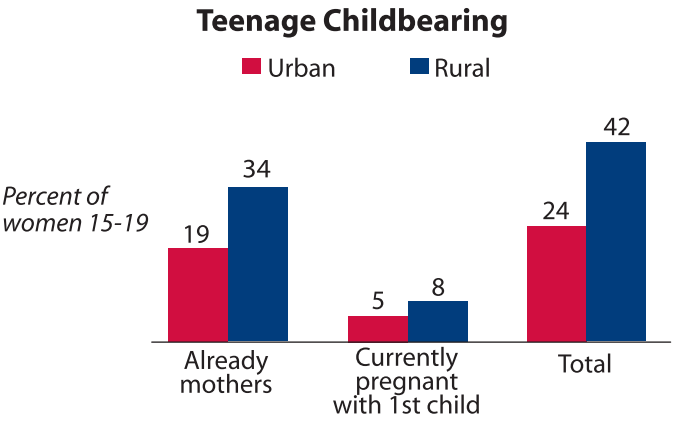
Most women and men initiate sexual intercourse before marriage. More than three-quarters of women and almost half of men were sexually active by age 18. Nineteen percent of women had had sex by age 15. Half of women age 20-49 had their first sexual intercourse by 16.2, while men had their first sex later, at a median age of 18.1. Age at first sex is uniformly early—there is little difference in the median age at first sex between urban and rural areas, among the regions, or by education or wealth.

Age at First Birth

In Liberia, half of women age 20-49 had their first birth by age 19.1. More than one-third (38 percent) had their first birth by age 18. Women in urban and rural areas begin childbearing at about the same time. Age at first birth also varies by region, ranging from 18.2 years in South Eastern A to 19.5 years in Monrovia.

Teenage Fertility

Almost one in three young women age 15-19 has already begun childbearing: 26 percent are mothers and an additional 6 percent are pregnant with their first child. Young motherhood is far more common in rural areas than in urban areas (42 versus 24 percent), and young women with no education are more than three times as likely to have started childbearing than those who have gone to secondary school (58 versus 17 percent).



Family Planning

Knowledge of Family Planning

Most women and men in Liberia know about family planning: 87 percent of all women age 15-49 and 92 percent of all men 15-49 know at least one method of family planning. Knowledge of contraceptive methods has increased dramatically in the past 20 years, from 72 percent of women knowing at least one method in 1986 to 87 percent in 2007. Women's knowledge of male condoms has more than doubled, from 31 percent to 79 percent, and knowledge of injectables has also grown substantially, from 44 percent to 74 percent.

Current Use of Family Planning

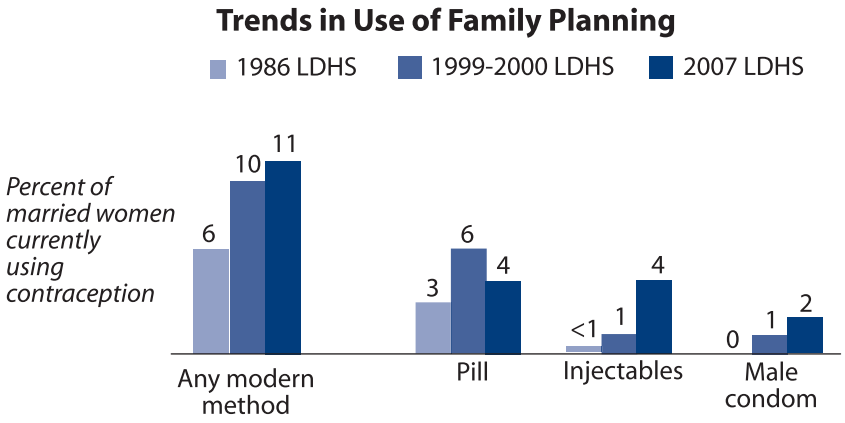
Eleven percent of married women currently use a method of family planning, and almost all of these women (10 percent) are using a modern method. Injectables (4 percent), pill (4 percent), and male condoms (2 percent) are the most commonly used. Currently married women are slightly less likely to use family planning than all women (11 percent versus 13 percent), but unmarried, sexually active women are most likely to use family planning—27 percent are using contraception, with 11 percent using condoms and 6 percent using the pill.

Use of modern family planning varies by residence and region. Contraception is used by 19 percent of married women in urban areas, compared to 8 percent in rural areas. Contraceptive use ranges from a low of 6 percent of married women in South Eastern B to a high of 19 percent in Monrovia.

Contraceptive use increases dramatically with women's education. Married women with secondary and higher education are more than twice as likely to use contraception as those with no education (21 percent versus 8 percent). Contraceptive use also increases with wealth—20 percent of married women in the wealthiest households use contraception compared to only 4 percent of married women in the poorest households.

Trends in Use of Family Planning

Use of contraception has almost doubled since 1986, from 6 percent of married women to 11 percent in 2007. This increase is mostly due to the rise in use of injectables and condoms.



Source of Family Planning Methods

Public sources such as government hospitals, health centers, and clinics currently provide contraceptives to about half of current users, while private sources provide methods to 31 percent of users. This includes the 10 percent of users who are supplied by the Family Planning Association of Liberia. An additional 12 percent get their methods from other sources, primarily friends and relatives.

NEED FOR FAMILY PLANNING

Intention to Use Family Planning

About one in three non-users intends to use family planning in the future, while almost half say that they do not intend to use contraception in the future. The most common reasons for not intending to use contraception in the future are fear of side effects (27 percent), desire for more children (16 percent) and lack of knowledge about methods (11 percent).

Desire to Delay or Stop Childbearing

Almost one-third (31 percent) of Liberian women want no more children or are already sterilized, and another third (34 percent) want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2007 LDHS reveals that 36 percent of married women have an unmet need for family planning—25 percent for spacing and 11 percent for limiting. Unmet need is highest among younger women (43 percent for 20-24 year-olds), and those living in North Western region (43 percent).

Missed Opportunities

Almost two-thirds of women and more than half of men had not been exposed to any messages about family planning on the radio, television, or newspapers/magazines in the months before the survey.

Visits to health facilities are important opportunities to educate women about their contraceptive options. Almost four in ten women did not visit a health facility in the year before the survey. Another 25 percent went to a health facility but did not discuss family planning. Only 36 percent visited a health facility and discussed family planning.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other methods that could be used. Unfortunately, only about half of Liberian women were informed about possible side effects of their method, and 60 percent were informed about other methods that could be used.

Infant and Child Mortality

Levels and Trends

Childhood mortality has decreased markedly in Liberia over the last 20 years. Currently, one in every nine children in Liberia dies before his or her fifth birthday.

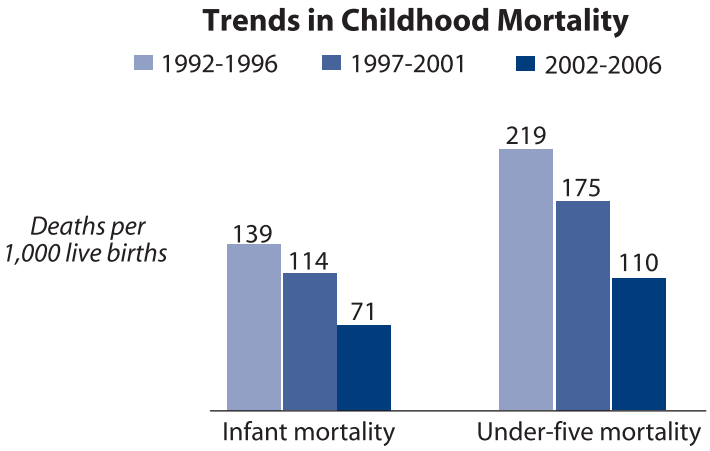
The infant mortality rate for the five years before the survey (2002-2006) is 71 deaths per 1,000 live births and the under-five mortality rate is 110 deaths per 1,000 live births. This represents a halving of the 1992-1996 infant and under-five mortality rates.

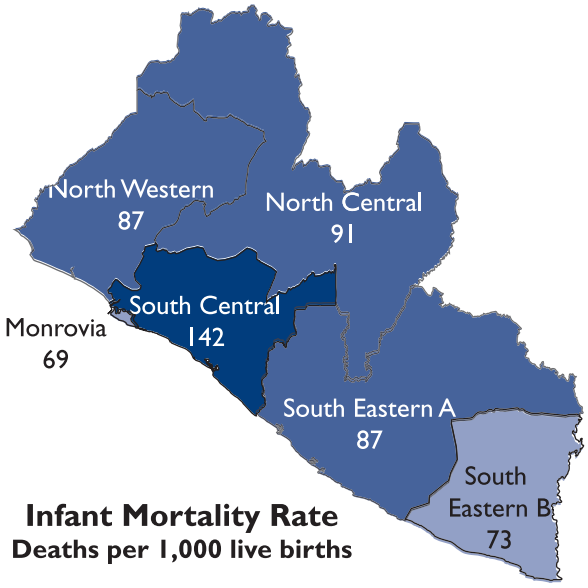
Mortality rates are slightly higher in rural than urban areas, but they differ markedly by region. Infant mortality ranges from 69 deaths per 1,000 live births in Monrovia to 142 deaths per 1,000 live births in South Central region.

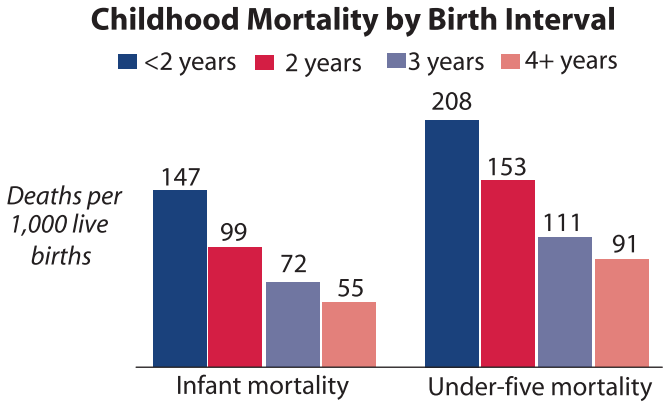
Mortality decreases with mother's education. Infant mortality is only 59 deaths per 1,000 live births among children whose mothers have secondary and higher education compared to 107 among children with uneducated mothers. Mortality also decreases with household wealth.

Birth Intervals

Spacing children at least 36 months apart reduces risk of infant death. In Liberia, the average birth interval is relatively long—36 months. However, 18 percent of infants in Liberia are born less than two years after a previous birth. These infants are at particularly high risk of death. Infants born less than two years after a previous birth are almost three times as likely to die as those born four or more years after the last birth (147 deaths per 1,000 live births compared to only 55 deaths per 1,000 live births).





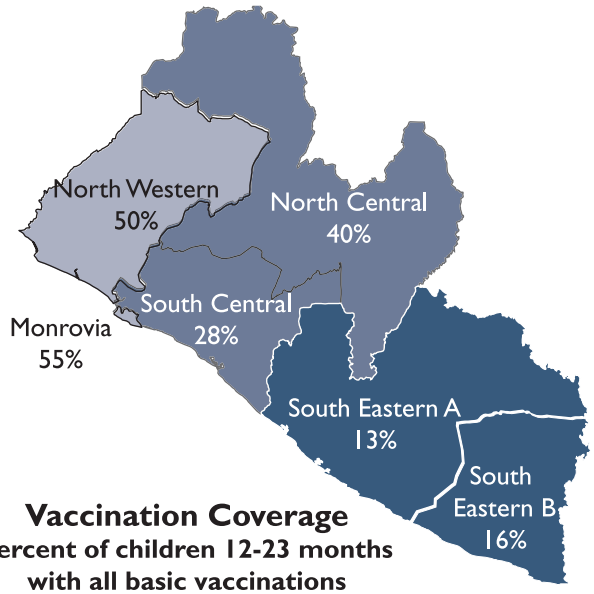


Child Health

Vaccination Coverage

According to the 2007 LDHS, only 39 percent of Liberian children age 12–23 months had received all recommended vaccines—one dose of BCG, three doses each of DPT and polio, and one dose of measles. More than 75 percent of children received BCG, and the first doses of DPT and polio, while fewer received the subsequent doses of DPT or polio, and only 63 percent received the measles vaccine. Twelve percent of children had not received any of the recommended vaccines.

Vaccination coverage is much higher in urban areas than rural areas (53 versus 33 percent). There is marked variation in vaccination coverage by region, ranging from only 13 percent fully vaccinated in South Eastern A region to 55 percent in Monrovia. As expected, coverage increases with mother's education and household wealth.



Vaccination Coverage
Percent of children 12-23 months with all basic vaccinations

Childhood Illnesses

In the two weeks before the survey, 9 percent of children under five had symptoms of an acute respiratory infection (ARI), and 31 percent had a fever. Almost two-thirds of children with ARI symptoms and 57 percent of children with fever were taken to a health provider. Almost 60 percent of children with fever took antimalarial drugs and 34 percent took antibiotics.

During the two weeks before the survey, 20 percent of Liberian children under five had diarrhea. The rate was highest (29 percent) among children 6-11 months old. Almost half of children with diarrhea were taken to a health provider. Children with diarrhea should drink more fluids, particularly oral rehydration salts (ORS). More than half of children with diarrhea received ORS, and almost three-fourths were treated with oral rehydration therapy or increased fluids. Ten percent of children, however, went without any treatment.

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Malaria: Mosquito Nets and Treatment of Children

Overall, 30 percent of households have at least one mosquito net (treated or untreated with insecticides). Ownership of nets varies by region, ranging from only 9 percent in North Western to 39 percent in South Eastern B. Net ownership has increased since 2005, when only 18 percent of households owned a net. It is still far from the target of 60 percent, however.

In the two weeks before the survey, 31 percent of children under age five had fever, the primary symptom of malaria. Of these children, 59 percent took an antimalarial drug. Chloroquine was the most commonly used antimalarial drug for children, followed by the new malaria tablet (Artesunate plus Amodiaquine).

Feeding Practices and the Nutritional Status of Women and Children

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Liberia, with 95 percent of children ever breastfed. WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. About one in three children under six months of age in Liberia is exclusively breastfed. On average, children breastfeed until the age of 20 months, but exclusively breastfeed for less than one month. Infants should generally *not* be given water, juices, other milks, or complementary foods until six months of age, yet two-thirds of Liberian children under six months receive these.

Complementary foods *should* be introduced when a child is six months old to reduce the risk of malnutrition. In Liberia, 62 percent of children ages 6–9 months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6-23 months also be fed three or more other food groups. About half of breastfed children in Liberia meet this recommendation, and half are fed at least the minimum number of times recommended. Non-breastfed children should be fed milk or milk products, and four or more food groups. Only one-fifth of nonbreastfed Liberian children 6-23 months receive milk or milk products, and only 42 percent were fed four or more food groups. Only 19 percent were fed four or more times, as recommended. Overall, among all children age 6-23 months, only 25 percent were fed according to all three IYCF practices.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health.

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 79 percent of children age 6-35 months ate fruits and vegetables rich in vitamin A. Sixty-five percent ate foods rich in iron. Four in ten children age 6–59 months received a vitamin A supplement in the six months prior to the survey, but only 17 percent received an iron supplement 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. While 70 percent of pregnant women took at least some iron, only 14 percent took iron tablets or syrup for 90 or more days during their pregnancy. In addition, only 62 percent of women received a vitamin A supplement postpartum.

Children's Nutritional Status

The LDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2007 LDHS, 39 percent of children under five are stunted, or too short for their age. One-fifth of children are severely stunted. This indicates chronic malnutrition. Stunting is more common in rural areas (43 percent) than urban areas (31 percent). Stunting ranges from 30 percent in Monrovia to 45 percent in South Eastern B. Eight percent of children are wasted (thin for height), and 19 percent of children are underweight.

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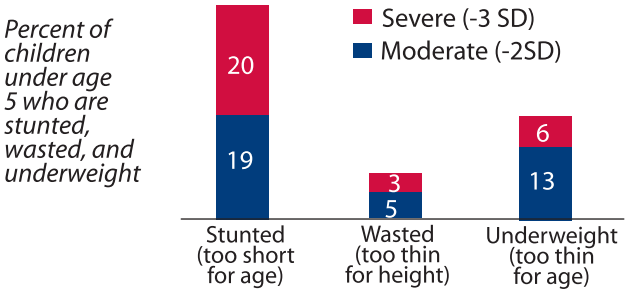
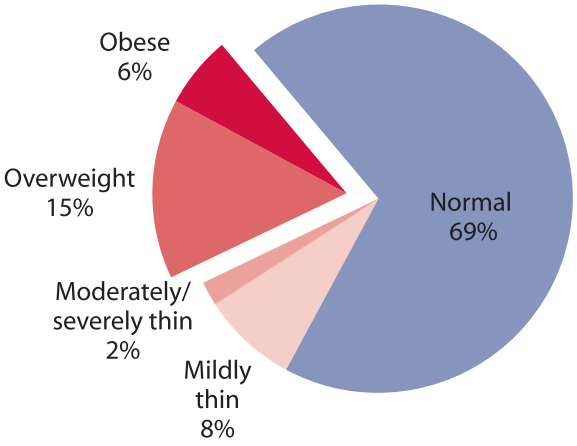
Children's Nutritional Status



Women's Nutritional Status

Liberian women also face nutritional challenges. However, overweight and obesity are more common than underweight. About seven in ten Liberian women are normal weight. Ten percent are thin (body mass index <18.5). More than one in five, however, is overweight or obese (body mass index ≥ 25.0). Overweight increases with age and is most common among women living in urban areas (28 percent), particularly Monrovia (29 percent), and among the most educated (27 percent) and wealthiest (33 percent) women.

Women's Nutritional Status

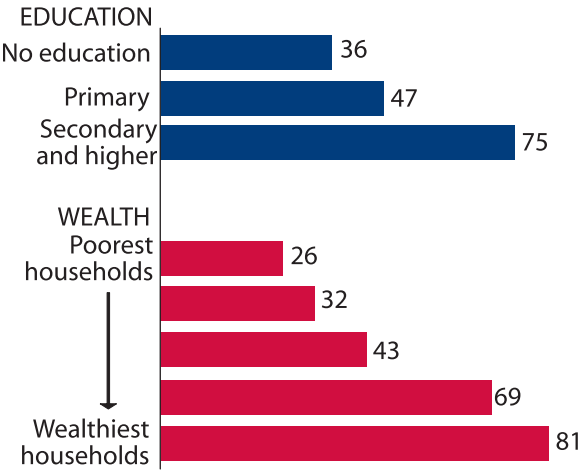


Maternal Health

Prenatal Care

Four in five Liberian women receive some prenatal care from a medical professional, most commonly from a nurse/midwife (68 percent). Almost 60 percent begin prenatal care in the first trimester of pregnancy, as recommended, and two-thirds had four or more prenatal care visits over the course of the pregnancy. Still, women may not be receiving all the recommended components of care. According to the 2007 LDHS, only 41 percent of women were informed of signs of pregnancy complications during prenatal care. Eighty-seven percent took iron tablets or syrup. About 80 percent of women who received prenatal care were weighed and had their blood pressure measured. About three-quarters (78 percent) of women's most recent births were protected against neonatal tetanus. Three-quarters of pregnant woman took any antimalarial drug during their last pregnancy, but only 12 percent took SP/Fansidar.

Delivery Assistance



Percent of live births assisted by a skilled provider

Delivery and Postnatal Care

Three-fifths of Liberia's births occur at home, while 27 percent take place in public sector health facilities and 10 percent in private sector health facilities. Facility births are far more common in urban than rural areas (63 versus 26 percent). More educated women and women from wealthier households are most likely to deliver in a health facility.

Just under half (46 percent) of births are assisted by a skilled provider (doctor, nurse/midwife, or physician's assistant), most commonly a nurse (41 percent). Almost half of births are assisted by a traditional midwife. Women in Monrovia are most likely to be assisted by a skilled provider (84 percent) while women in South Eastern B are least likely to have this assistance (31 percent).

Skilled assistance at delivery increases with women's education and household wealth. Women with secondary education are more than twice as likely to deliver with a skilled provider as women with no education. Women in the wealthiest households are three times as likely to have skilled assistance as those in the poorest households.

Postnatal care helps prevent complications after childbirth. About two-thirds of women had a postnatal checkup, but only 44 percent had a check up within four hours of birth, as recommended.

Maternal Mortality

The LHDS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The 2007 maternal mortality ratio for the seven years prior to the survey is 994 deaths per 100,000 live births.

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Courtesy of Photoshare

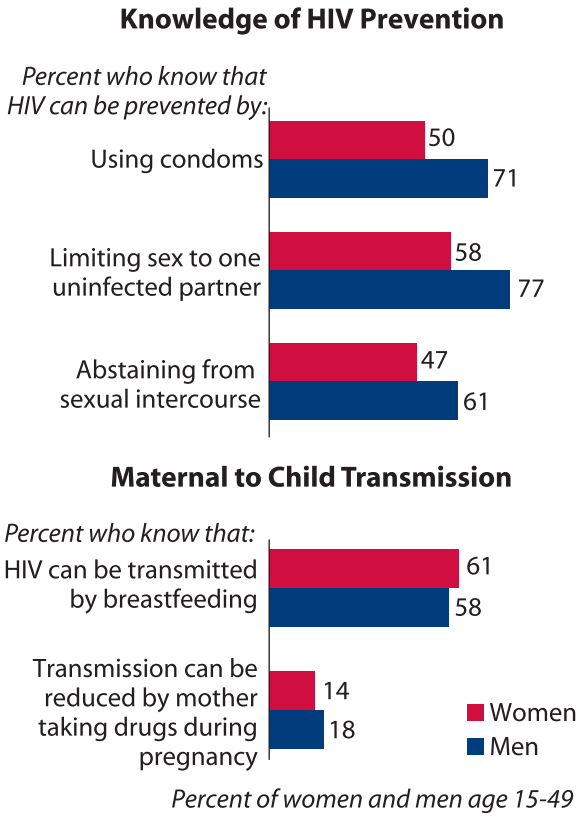
HIV/AIDS Knowledge and Attitudes

Knowledge

According to the 2007 LDHS, about 9 in 10 Liberian adults have heard of AIDS, but knowledge of HIV prevention measures is lower. For example, only half of women and 71 percent of men age 15-49 know that the risk of getting HIV can be reduced by using condoms. Even fewer know that abstaining from sexual intercourse prevents HIV infection. Prevention knowledge varies by region. Only 17 percent of women in North Western know that using condoms *and* limiting sex to one uninfected partner can prevent HIV, compared to 55 percent of women in Monrovia. Men have much higher levels of knowledge than women in all regions.

More than half of men and women know that HIV can be transmitted by breastfeeding, but very few (less than 18 percent) know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

Many Liberians believe common misconceptions about HIV/AIDS. Only about half of men and women know that AIDS cannot be transmitted by mosquito bites and about two-thirds know that a healthy-looking person can have the AIDS virus.



Attitudes

There is still a lot of stigma associated with HIV in Liberia. While two-thirds of men and half of women say they are willing to take care of a family member with the AIDS virus, only 37 percent of women and 55 percent of men say that they would buy fresh vegetables from a shopkeeper who has the AIDS virus.

Almost 60 percent of Liberian adults agree that children age 12-14 should be taught about using a condom to avoid AIDS.

HIV/AIDS-Related Behavior

HIV Testing

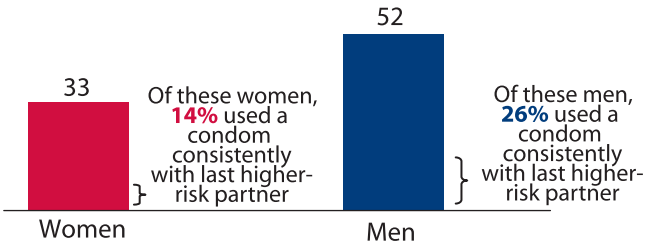
Only one-quarter of women and one-third of men know where to get an HIV test. Very few Liberians have ever been tested for HIV. Only 3 percent of women and 5 percent of men have been tested and received the results of the test. Testing is more common in urban areas than rural areas, and is most common among men and women with higher levels of education and those from the wealthier households.

Higher Risk Sex and Condom Use

In the 2007 LDHS, higher-risk sex is defined as sex in the 12 months preceding the survey with a partner who is neither a spouse or lived with the respondent. Overall, 33 percent of women and 52 percent of men who had ever had sex engaged in higher-risk sex in the year before the survey. Fourteen percent of these women and 26 percent of these men reported using a condom consistently with their last higher-risk partner.

Higher-Risk Sex and Condom Use

Percent of women and men (age 15-49) who had sex with a nonmarital, noncohabiting partner in the 12 months before the survey



Sexually Transmitted Infections (STIs)

One in three women and one in six men reported having had an STI or STI symptom in the year before the survey. Most women and men sought advice or treatment for their STI from a health professional. About 20 percent sought no treatment.

Medical Injections

One-third of men and women received a medical injection in the year before the survey. The large majority (over 94 percent) reported that, for their last injection, the syringe and needle were taken from a new, unopened package.

Youth and HIV/AIDS

About one-quarter of youth (age 15-24) have comprehensive knowledge of HIV/AIDS. That is, they know that use of condoms during sex and having just one uninfected partner can reduce the chance of getting AIDS, know that a healthy-looking person can have the AIDS virus, and reject the two most common local misconceptions about AIDS. About half of young people know a place to get condoms. The majority of young women and men have sex before marriage—69 percent of unmarried women 15-24 and 59 percent of unmarried men 15-24 had sexual intercourse in the 12 months before the survey. Among these sexually active youth, only 14 percent of young women and 21 percent of young men report that they used a condom the last time they had sex.

Male circumcision

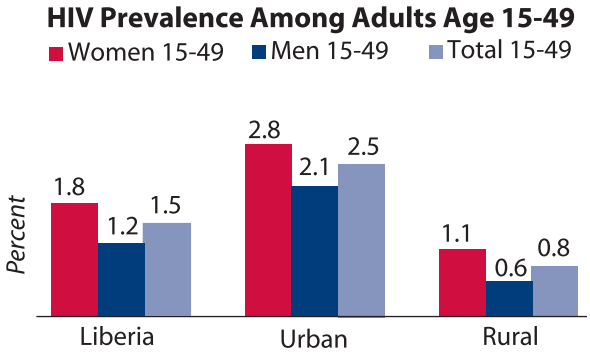
Almost all men (98 percent) in Liberia are circumcised.

HIV Prevalence

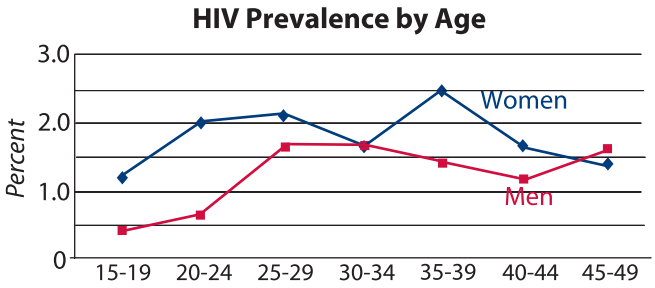
HIV Prevalence

The 2007 LDHS included HIV testing of almost 12,000 men and women. Eighty-seven percent of eligible women aged 15-49 and 80 percent of men 15-49 were tested for HIV.

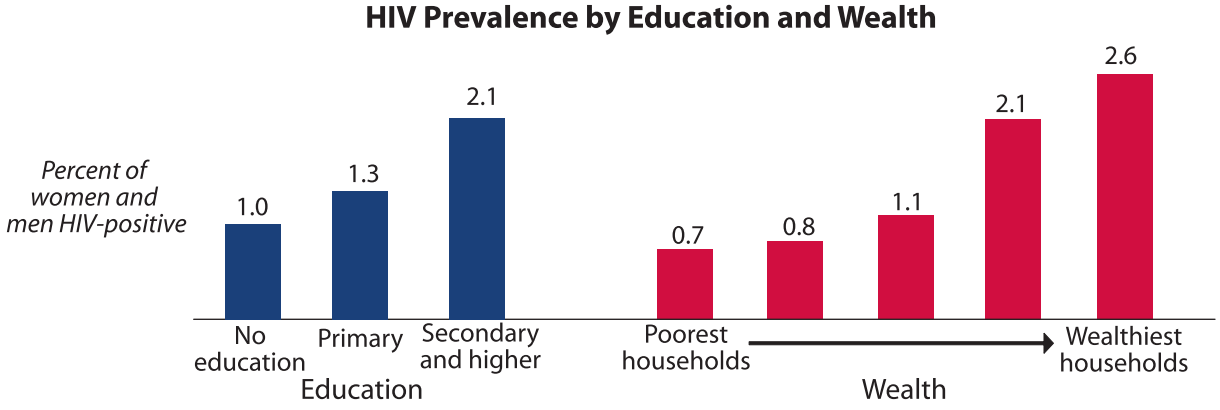
LDHS results indicate that 1.5 percent of adults age 15-49 are HIV-positive. Women are slightly more likely to be infected than men, and those living in urban areas are at higher risk of infection than those living in rural areas. HIV prevalence is highest among women and men living in Monrovia, and lowest in North Central.



For women, prevalence hits its peak at age 35-39 (2.5 percent), while for men, prevalence is at its highest at ages 25-34 and 45-49 (1.7 percent). HIV prevalence is slightly higher among women and men who are widowed or divorced/separated than those who are currently married or who have never been married.



HIV prevalence increases with education for both women and men. Women with secondary and higher education, for example, are almost three times as likely to be infected as those with no education. Prevalence also increases with wealth. Men from the wealthiest households are four times as likely to be HIV-positive as those from the poorest households.



Women's Empowerment and Domestic Violence

Employment

More than three-quarters of women age 15-49 interviewed in the LDHS are employed compared to 95 percent of men. Among those who are employed, men are more likely to earn cash, while women are more likely than men to be unpaid. More than one in three working women is unpaid. Most women who are paid in cash earn less than their husbands.

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Participation in Household Decisions

Liberian women contribute to many household decisions. More than three-quarters of women report that they participate in decisions regarding daily household purchases, major household purchases, and visits to family and friends. About six in ten women participate in decisions about borrowing money. Almost half participate in all four of these decisions. Older women participate in more decisions than younger women.

Attitudes Towards Wife Beating and Refusing Sex

Six in ten women and one in three men agree that a husband is justified in beating his wife for at least one reason, such as neglecting the children or going out without telling him. A large majority of women and men agree that a woman is justified in refusing sexual intercourse with her husband if she knows he has a sexually transmitted infection, if she knows her husband has sex with other women, or if she is tired or not in the mood. Thirteen percent of men, however, believe that if a woman refuses to have sex with her husband, the husband has the right to get angry and reprimand her. Another 15 percent believe the husband has the right to have sex with another woman.

Women's Experience with Violence

Almost half of women age 15-49 report that they have ever experienced physical violence since age 15. For 30 percent of women, violence has occurred within the year before the survey. Current husbands/partners are the most common perpetrators of this violence, followed by mothers and fathers. Eighteen percent of women have ever experienced sexual violence, and 10 percent of women report that their first sexual intercourse was forced against their will. Perpetrators of sexual violence were most commonly reported as husbands/partners, or current or former boyfriends.

Spousal Control and Violence

Many women report that their current or most recent husband demonstrated controlling behaviors. For example, 71 percent of ever-married women say that their husbands are jealous or angry if she talks to other men, and 58 percent report that the husband accuses her of being unfaithful. Almost half (48 percent) of husbands reportedly insist on knowing where the wife is at all times.

More than one-third of ever-married women report having experienced any type of physical violence by their current or most recent husband/partner. Eleven percent report sexual violence, and 36 percent report emotional violence. In all, 49 percent of ever-married women report some type of emotional, physical, or sexual violence. More than four in ten women who experienced physical violence in the year before the survey reported an injury from the violence.

Key Indicators

	Residence		
Fertility	Total	Urban	Rural
Total fertility rate	5.2	3.8	6.2
Women age 15–19 who are mothers or now pregnant (%)	32	24	42
Median age at first marriage for women age 20-49 (years)	18.6	20.0	18.0
Median age at first intercourse for women age 20-49 (years)	16.2	16.4	16.1
Median age at first birth for women age 20-49 (years)	19.1	19.2	19.0
Married women (age 15–49) wanting no more children (%)	31	27	33
Family Planning			
Has heard of any method of contraception (currently married women 15-49) %	87	97	82
Current use of any contraception (currently married women 15-49) (%)	11	19	8
Currently married women with an unmet need for family planning[1] (%)	36	34	36
Maternal and Child Health			
Maternity care			
Women giving birth who received prenatal care from a health professional (%)	79	94	72
Births assisted by a health professional (%)	46	79	32
Births delivered in a health facility (%)	37	63	26
Childhood mortality[2]			
Infant mortality (between birth and first birthday)	*71*	78	99
Under-five mortality (between birth and fifth birthday)	*110*	131	146
Child immunization			
Children 12–23 months fully vaccinated[3] (%)	39	53	33
Nutrition			
Children under 5 years who are stunted (moderate or severe) (%)	39	31	43
Children under 5 years who are wasted (moderate or severe) (%)	8	9	7
Children under 5 years who are underweight (%)	19	17	20
Median duration of any breastfeeding (months)	19.6	17.6	20.8
Median duration of exclusive breastfeeding (months)	0.6	0.6	0.6
Women 15-49 who are overweight or obese (%)	21	28	15
AIDS-related Knowledge			
Knows ways to avoid AIDS:			
-Having one sex partner (women 15–49/men 15-49) (%)	58/77	66/87	52/71
-Using condoms (women 15–49/ men 15-49) (%)	50/71	61/79	42/65
Knows HIV can be transmitted by breastfeeding (women 15–49/men 15-49) (%)	61/58	69/60	55/57
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (women 15–49/ men 15-49) (%)	14/18	17/25	11/13
HIV Prevalence			
HIV prevalence among women 15-49 (%)	1.8	2.8	1.1
HIV prevalence among men 15-49 (%)	1.2	2.1	0.6

[1] Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning. [2] Figures are for the ten-year period before the survey, except for the national rate, in italics, which represents the five-year period before the survey. Rates are per 1,000 births [3] Fully vaccinated includes BCG, measles, and three doses each of DPT and polio)

Region					
Monrovia	North Western	South Central	South Eastern A	South Eastern B	North Central
3.4	6.5*	5.8	6.9*	6.0	6.0
22	38	37	48	37	40
a	18.3	18.3	17.8	17.6	18.0
16.4	16.9	16.3	15.8	16.1	16.1
19.5	19.4	18.7	18.2	18.6	19.1
24	41	32	28	35	33
98	95	87	70	76	83
19	10	10	10	6	9
33	43	38	33	36	35
96	82	93	79	78	63
84	48	43	33	31	33
70	26	29	24	21	31
69	87	142	87	73	91
121	142	182	132	121	142
55	50	28	13	16	40
30	38	38	39	45	45
10	4	8	8	9	7
18	15	19	23	22	20
17.3	20.8	18.5	21.4	18.2	21.2
0.5	0.6**	0.7	0.4**	0.6	0.6
29	19	21	15	15	14
68/88	24/81	72/71	40/71	43/66	56/73
61/79	24/78	55/66	39/67	27/57	48/68
70/57	31/73	69/65	49/67	48/57	60/53
15/26	5/14	17/21	5/12	6/12	16/12
2.9	2.0	2.2	1.4	2.4	0.5
2.3	0.3	0.5	1.3	0.8	0.7

a- omitted because less than 50 percent of the women married for the first time before reaching age 20
*- based on 500-999 cases
**- based on only 25-49 unweighted cases