Liberia

2013 Demographic and Health Survey

Key Findings

This report summarizes the findings of the 2013 Liberia Demographic and Health Survey (LDHS), which was implemented by the Liberia Institute of Statistics and Geo-Information Services (LISGIS). The survey was conducted under the aegis of the country's Ministry of Health and Social Welfare (MOHSW). ICF International provided technical assistance through the United States Agency for International Development (USAID)-funded MEASURE DHS project, which provides support and technical assistance for population and health surveys in countries worldwide. USAID also provided material support directly to Government of Liberia for the survey. Other agencies and organizations that facilitated the successful implementation of the survey through technical or financial support were the National AIDS Control Program (NACP), the National Malaria Control Program (NMCP), the Global Fund, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Development Fund (UNDP), the World Health Organization (WHO), the Montserrado Regional Blood Bank, the National Reference Laboratory, and the Government of Liberia.

Additional information about the 2013 LDHS may be obtained from Liberia Institute of Statistics and Geo-Information Services (LISGIS), Statistics House, Capitol Hill, P.O. Box 629, Monrovia, Liberia (Telephone +231-886-518885/886-583839; Internet: www.lisgis.net).

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

Cover photo of a detail of the Unification Monument in Voinjama City, Lofa County, is provided courtesy of Joseph K. Bryant, Director, LISGIS County Statistical and Information Office, Voinjama City, Lofa County, Liberia. Flag images are provided by Fry1989 (http://commons.wikimedia.org/wiki/User:Fry1989).

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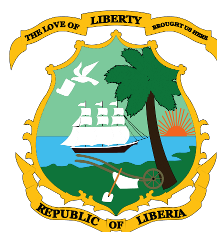


About the 2013 LDHS

The 2013 Liberia Demographic and Health Survey (LDHS) is designed to provide data for monitoring the population and health situation in Liberia. The 2013 LDHS is the fourth[1] Demographic and Health Survey conducted in Liberia since 1986, and the objective of the survey was to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, and HIV/AIDS and other sexually transmitted infections (STIs) that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 9,239 women in all selected households and 4,118 men age 15–49 in half of the selected households were interviewed. This represents a response rate of 98% of women and 95% of men. The sample design for the 2013 LDHS provides estimates at the national and regional levels, for urban and rural areas, and for some, but not all indicators, estimates at the county level.

1 The 1999/2000 LDHS was undertaken by the Ministry of Planning and Economic Affairs (MPEA) and the University of Liberia outside the purview of MEASURE DHS.

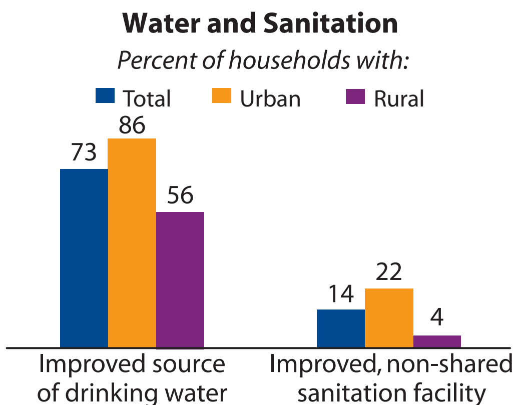
Characteristics of Households and Respondents

Household Composition

Liberian households consist of an average of 5 people. More than one-third (35%) of households are headed by women. Nearly half of the Liberian population (46%) is under age 15.

Housing Conditions

One in ten households in Liberia (10%) have electricity. More than seven in ten (73%) households in Liberia have access to an improved source of drinking water. Eighty-six percent of households in urban areas have access to an improved source of drinking water compared with 56% of rural households. Only 14% of households have an improved not shared sanitation facility. Nearly half (45%) of households have no sanitation facility. In urban areas, 22% of households use improved, not shared sanitation facilities compared to just 4% of households in rural areas.



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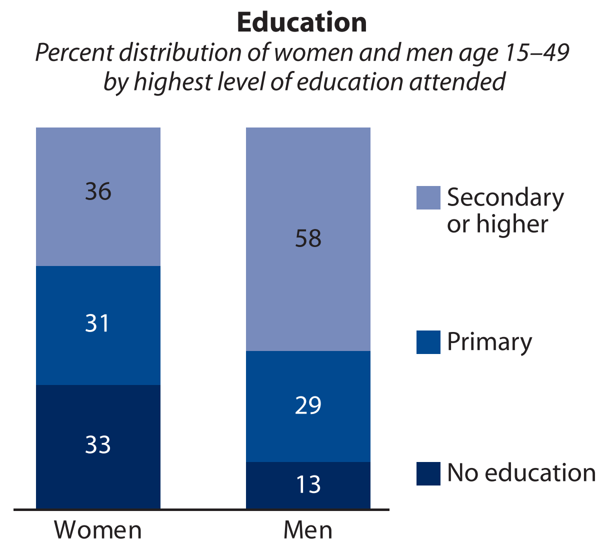
Ownership of Goods

Currently, 65% of Liberian households own a mobile phone, 14% have a television, and 59% own a radio. Households in urban areas are more likely to own a mobile phone, television, or radio than rural households.

Just 8% of households own a motorcycle or scooter and 4% own a bicycle. More than one-third (35%) of households own farm animals and 38% of households farm agricultural land.

Education

One-third (33%) of Liberian women and 13% of men age 15-49 have no education. Three in ten (31%) women and 29% of men have attended primary school and not gone on to secondary school. Thirty-six percent of women and 58% of men have attended secondary or higher education. Women and men in urban areas are much more likely to achieve higher levels of education.



Fertility and its Determinants

Total Fertility Rate (TFR)

Currently, women in Liberia have an average of 4.7 children. Fertility in Liberia has decreased from 6.7 births per woman to 4.7 births per woman in the past 27 years.

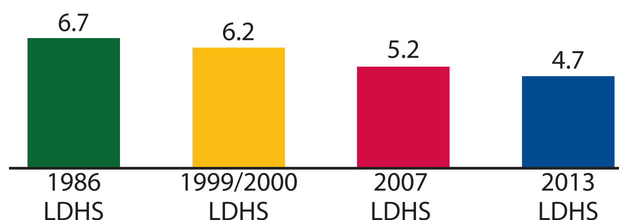
Fertility varies by residence and region. Women in urban areas have 3.8 children on average, compared with 6.1 children per woman in rural areas. Fertility is highest in the South Eastern A region, where women have an average of 6.5 children. Fertility is lowest in the South Central region, where women have an average of 3.8 children.

Fertility also varies with mother's education and economic status. Women who have secondary or higher education have an average of 3.4 children, while women with no education have 5.9 children. Fertility increases as the wealth of the respondent's household* decreases. Women living in the poorest households, in general, have almost 4 children more than women who live in the wealthiest households (6.6 versus 2.8 children per woman).

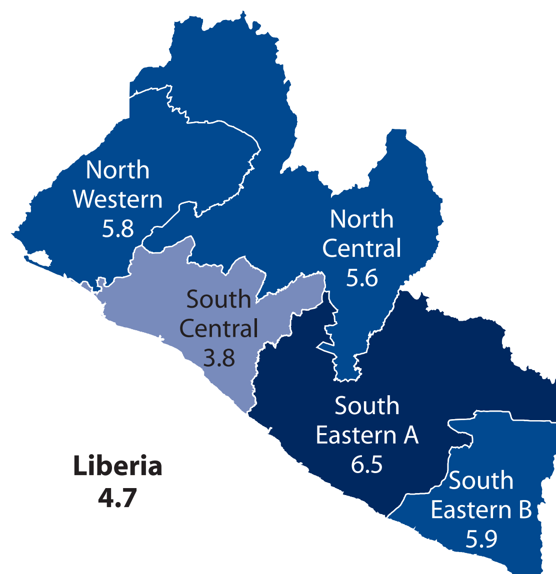
Teenage Fertility

Overall, 31% of adolescent women age 15-19 are already mothers or pregnant with their first child. Young motherhood is highest in South Eastern A region (56%) and lowest in South Central region (24%). Nearly half (49%) of adolescent women with no education have begun childbearing compared with 29% of women with secondary or higher education. Teenagers from the poorest households (47%) are more likely to have begun childbearing than those from the wealthiest households (17%).

Trends in Fertility
Births per woman



Total Fertility Rate by Region
Births per woman



* Wealth of families 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 Marriage

Forty-two percent of women age 25-49 were married by age 18 and six in ten were married by age 20. Liberian men marry later than Liberian women. Just 7% of men age 25-49 were married by age 18 and 17% were married by age 20.

Age at First Birth

The median age at first birth for women age 25-49 is 18.9 years. Women living in the South Central region have their first birth more than one year later than women living in the South Eastern A region (19.3 versus 18.2 years). On average, women with no education or primary only have their first birth one year earlier than women with secondary or higher education (18.5 and 19.6 years, respectively).

Age at First Sexual Intercourse

Liberian women begin sexual activity, on average, two years earlier than Liberian men; the median age at first sex for women age 25-49 is 16.2 years, compared to 18.3 years for men age 25-49. Women with no education begin sexual activity one year earlier than women with secondary or higher education (15.8 versus 16.7 years). There is no relationship between level of education and age at first sex among men.

Polygyny

Thirteen percent of currently married women and 6% of currently married men are in polygynous unions. The proportion of women in polygynous unions is highest in Lofa County and lowest in Montserrado County (31% and 7%, respectively).

Desired Family Size

Liberian women and men want, on average, about five children. Women's ideal family size is highest among older women age 45-49 (6.4 children) and in South Eastern A region (5.9 children) and lowest among younger women age 15-19 (4.0 children) and in South Central region (4.4 children)

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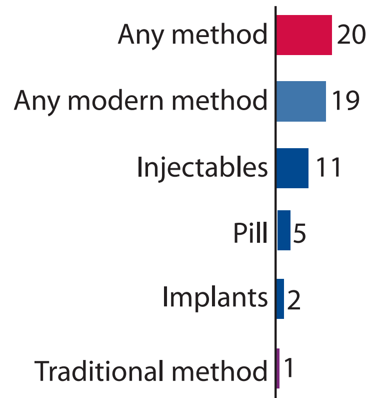
Family Planning

Knowledge of Family Planning

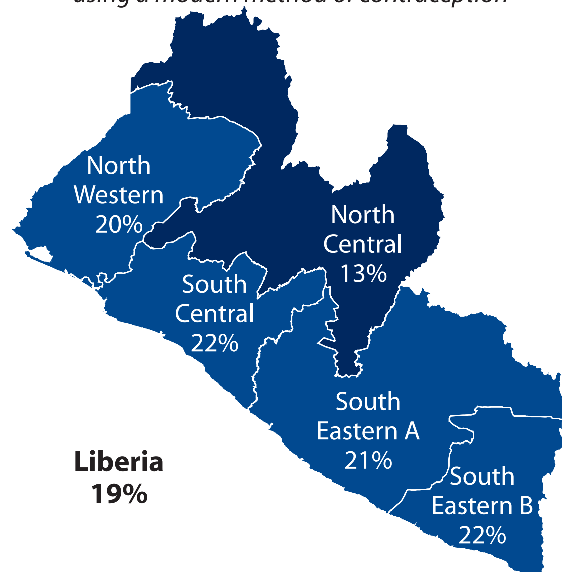
Knowledge of family planning methods in Liberia is universal; 98% women and 95% of men know at least one modern method of family planning. The most commonly known methods among women are the pill (97%), male condom (95%), and injectables (94%). Among men, the most commonly known methods are the male condom (94%), the pill (78%), and injectables (67%).



Current Use of Family Planning

One in five currently married women use any method of contraception. Nineteen percent use a modern method of family planning. Just 1% are using a traditional method. Injectables (11%), the pill (5%), and implants (2%) are the most commonly used modern methods.

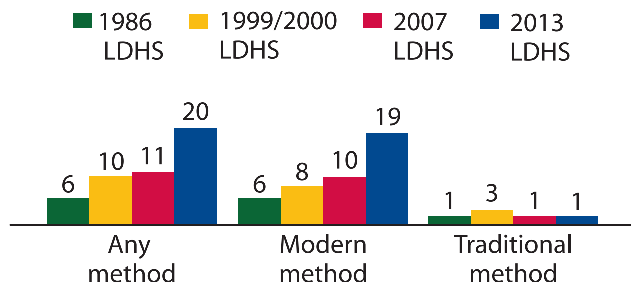
Use of modern family planning methods varies by residence and region. Twenty-two percent of married women in urban areas use modern methods, compared to 16% of women in rural areas. Modern contraceptive use ranges from a low of 13% among married women in North Central to a high of 22% in South Central and South Eastern B regions.



Modern contraceptive use increases with education; 27% of married women with secondary or higher education use modern methods compared with 15% with no education.

Trends in Family Planning Use

Use of any method of contraception by married women has increased from 6% to 20% in the past 27 years. Use of modern family planning methods has increased from 6% in 1986 to 19% in 2013.



Source of Family Planning Methods

The public sector, such as government hospitals and clinics, currently provide family planning to two-thirds of current users, while the private medical sector provides methods to 30% of users. Nearly two-thirds of injectables are accessed at public facilities, while condoms are primarily accessed from the private medical sector.

Need for Family Planning

Desire to Delay or Stop Childbearing

Three in ten currently married women and 28% of men want no more children. One in five women and 21% of men want to wait at least two years before their next birth. These women and men 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 2013 LDHS reveals that 31% of women have an unmet need for family planning—22% of women have a need for spacing births and 9% for limiting births. Young women age 15-19 (47%) and women living in Maryland County (41%) are most likely to have an unmet need for family planning. Unmet need is lower among women with no education (29%) than among women with secondary or higher education (32%). Unmet need varies little by urban-rural residence.

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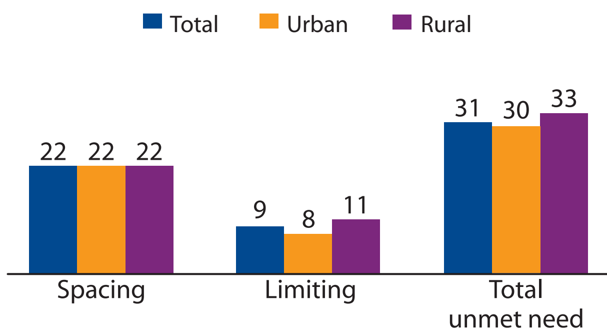
Unmet Need for Family Planning

Percent of married women age 15-49 with unmet need for family planning



Exposure to Family Planning Messages

Overall, 77% of women were exposed to a family planning message on radio, 9% on television, and 7% in a newspaper/magazine in the few months before the survey. Men had similar exposure to family planning messages. Nearly one-quarter of women and men were not exposed to family planning messages through any of these three media sources.

Among women who are not currently using family planning, 15% were visited by a field worker who discussed family planning, and 44% of women visited a health facility where they discussed family planning in the past year. Overall, half of non-users did not discuss family planning with any health worker.

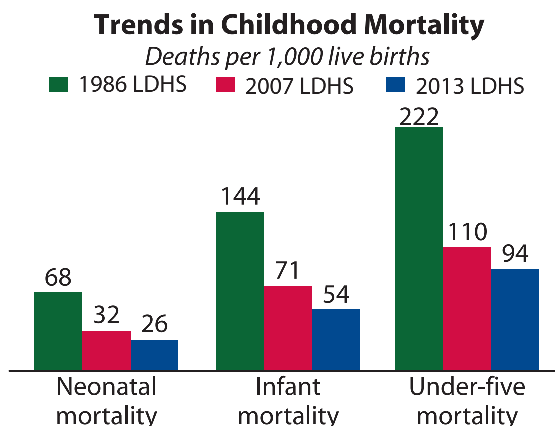
Informed Choice

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 available family planning methods. Three-quarters of Liberian women were informed about possible side effects of their method, 73% were informed about what to do if they experience side effects, and 72% were informed about other available family planning methods.

Infant and Child Mortality

Levels and Trends

Infant and under-five mortality rates in the five-year period before the survey are 54 and 94 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 11 Liberian children dies before reaching his or her fifth birthday.



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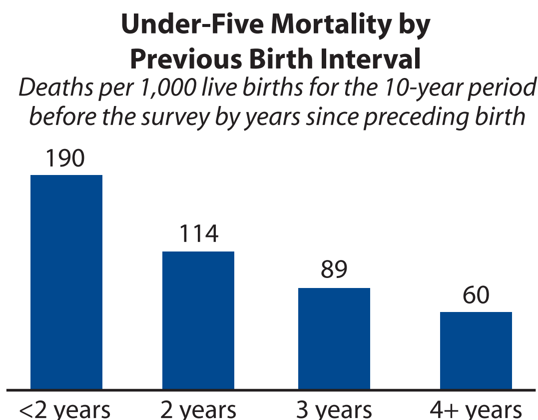
Mortality rates differ by region and residence for the ten year period before the survey. The under-five mortality rate ranges from 143 deaths per 1,000 live births in South Eastern B to 97 per 1,000 live births in North Central. Children living in rural areas are also more likely to die young than children in urban areas, with under-five mortality at 120 per 1,000 live births in rural areas, compared to 106 per 1,000 live births in urban areas.

Under-five mortality among children born to mothers with no education (122 deaths per 1,000 live births) is higher than children born to mothers with secondary or higher education (97 deaths per 1,000 live births).

The neonatal mortality rate in the past five years is 26 deaths per 1,000 live births. Neonatal mortality has decreased from 68 deaths per 1,000 live births in 1986.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Liberia, the median birth interval is 37.4 months. Infants born less than two years after a previous birth have high under-five mortality rates (190 deaths per 1,000 live births compared with 60 deaths per 1,000 live births for infants born four or more years after the previous birth). Sixteen percent of all children are born less than two years after their siblings.



MATERNAL HEALTH CARE

Prenatal Care

Almost all women receive prenatal care from a skilled provider (doctor, nurse, midwife, or physician's assistant), most commonly from a nurse/midwife (76%). Only 2% of women had no prenatal care at all. Prenatal care coverage varies by region. Ninety percent of women in South Eastern B region received prenatal care from a skilled provider compared to 98% in South Central.

The timing and quality of prenatal care are also important. Two-thirds of women had a prenatal care visit before their fourth month of pregnancy, as recommended, and 78% of women made four or more prenatal care visits.

Nearly all women (97%) took iron tablets during pregnancy. Seven in ten women were informed of signs of pregnancy complications during a prenatal care visit. Eighty-eight percent of women's most recent births were protected against neonatal tetanus.

Delivery and Postnatal Care

More than half of births (56%) occur in health facilities, primarily in public sector facilities. Facility-based births are least common in North Western and North Central regions (both 47%). Forty-four percent of births occur at home. Home births are more common in rural areas (54%) than urban areas (34%).

Six in ten of births are assisted by a skilled provider. Another 35% are assisted at birth by a traditional midwife. Skilled assistance at birth is most common in South Central region (71%) and least common in North Central (51%). Women with more education and those from wealthier families are most likely to have their births attended by a skilled provider.

Postnatal care helps prevent complications after childbirth. Seven in ten women received a postnatal checkup within two days of delivery. One-quarter of women did not have a postnatal checkup within 41 days of delivery.

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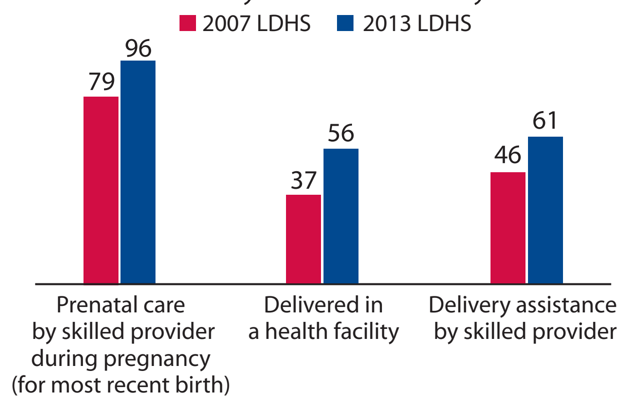


Problems in Accessing Health Care

Almost two-thirds of women (62%) report having at least one problem accessing health care for themselves. Nearly half of women (47%) were concerned about getting money for treatment. Four in ten women were concerned about the distance to health facility. One-quarter of women were concerned about not wanting to go alone.

Maternal Mortality

The 2013 LDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio (MMR) for Liberia is 1,072 deaths per 100,000 live births. The confidence interval for the 2013 MMR ranges from 776 to 1,368 deaths per 100,000 live births. The 2013 LDHS MMR is not significantly different from the 2007 LDHS MMR of 994 deaths per 100,000 live births.

Child Health

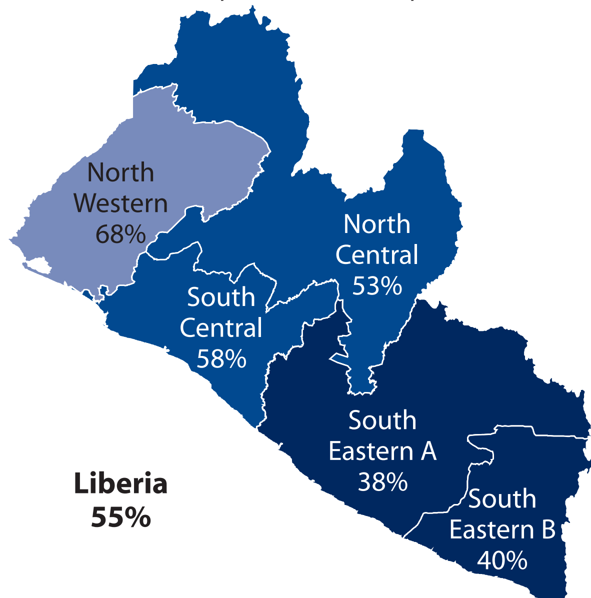
Vaccination Coverage

Fifty-five percent of Liberian children age 12–23 months have received all basic vaccinations—one dose each of BCG and measles and three doses each of DPT/pentavalent and polio. Only 2% of children did not receive any of the recommended vaccines.

Vaccination coverage is 60% in urban areas and 49% in rural areas. Full vaccination coverage varies by region, ranging from 38% of children in South Eastern A to 68% in North Western. Coverage increases with mother's education; 66% of children whose mothers have secondary or higher education were fully vaccinated compared with 51% of children whose mothers have no education.

Vaccination Coverage by Region

Percent of children age 12-23 months fully vaccinated (BCG, measles, and 3 doses of each of DPT/pentavalent and polio)

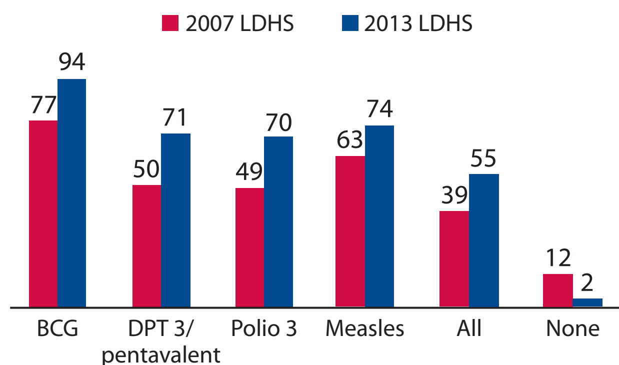


Trends in Vaccination Coverage

Vaccination coverage increased in Liberia from 39% in 2007 to 55% in 2013. The percentage of children age 12-23 months who did not receive any of the six basic immunizations decreased from 12% to 2% over the past six years.

Trends in Vaccination Coverage

Percent of children age 12-23 months vaccinated



Childhood Illnesses

In the two weeks before the survey, 7% of children under-five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, half were taken to a health facility or provider.

Three in ten children under-five had a fever in the two weeks before the survey. Fifty-eight percent of these children were taken to a health facility or provider for advice or treatment.

During the two weeks before the survey, 22% of Liberian children under-five had diarrhea. This rate was highest (32%) among children 12–23 months old. Nearly half of children (47%) with diarrhea were taken to a health facility or provider. Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). Three-quarters of children with diarrhea were treated with ORT or increased fluids. However, 8% of children received no treatment at all from a medical professional or at home.

Feeding Practices and the Nutritional Status of Women and Children

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Liberia, with 98% of children ever breastfed. 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 in Liberia are being exclusively breastfed. Children 0-35 months on average breastfeed until the age of 19.3 months and are exclusively breastfed for 4.8 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 eat complementary foods.

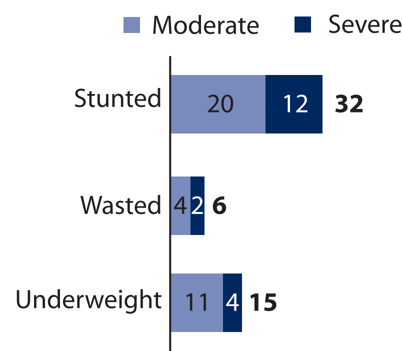
The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months be fed foods from four or more food groups daily. Non-breastfed children should be fed milk or milk products in addition to foods from four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.* However, only 5% of breastfed children age 6-23 months are receiving foods from four or more food groups daily and receiving the minimum number of meals and just 3% of non-breastfed children are being fed in accordance with IYCF recommendations.

Children's Nutritional Status

The 2013 LDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2013 survey, 32% of children under-five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is most common among children of mothers with no education (33%). Stunting is more common in North Central region (35%) and less common in North Western and South Central (both 29%). Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (6%). In addition, 15% of Liberian children are underweight, or too thin for their age.

Children's Nutritional Status

Percent of children under age 5, based on 2006 WHO Child Growth Standards



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*At least twice a day for breastfed infants age 6-8 months and at least three times a day for breastfed children age 9-23 months. For non-breastfed children age 6-23 months, the minimum number of times is four times a day.

Women's Nutritional Status

The 2013 LDHS also took weight and height measurements of women age 15–49. Just 7% of Liberian women are thin (BMI < 18.5), while 26% of women are overweight or obese (BMI ≥ 25.0). Overweight and obesity increase with age: only 7% of 15-19 year old women are overweight or obese compared to 45% of women age 40-49. Overweight and obesity also increase with wealth. Eighteen percent of women from the poorest households are overweight or obese compared to 35% of women from the wealthiest households. The percent of women who are thin has decreased in the last five years from 10% to 7%, while the proportion of women who are overweight or obese has increased from 21% in 2007 to 26% in 2013.

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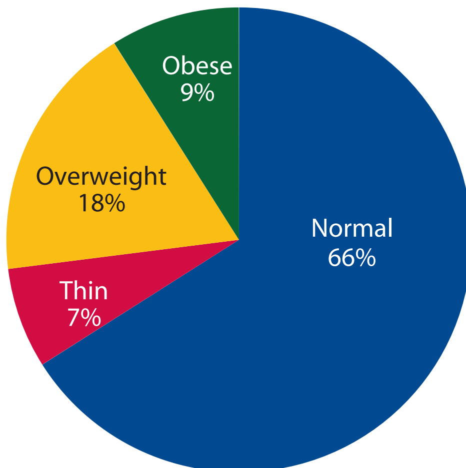
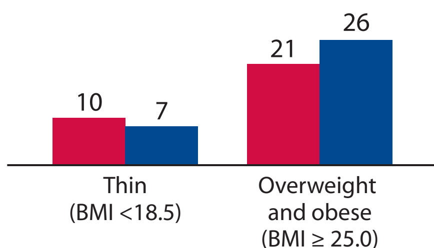
Women's Nutritional Status

Percent distribution of women age 15-49



Trends in Women's Nutritional Status

Percent of women age 15-49



Vitamin A and Iron Supplementation

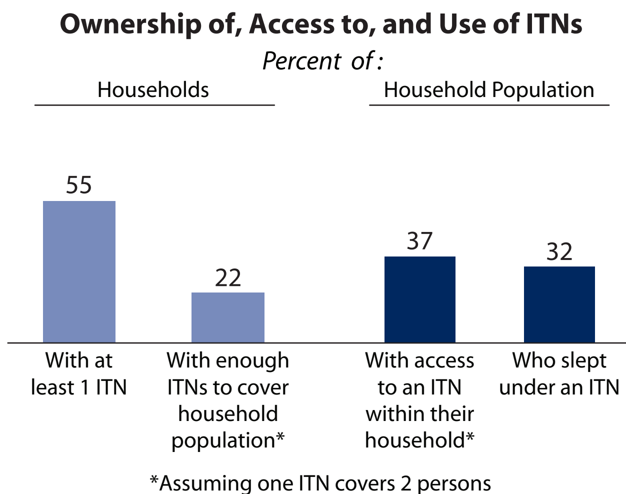
Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, two-thirds of children age 6–23 months ate foods rich in vitamin A. Six in ten children age 6–59 months received a vitamin A supplement in the six months prior to the survey. Forty-five percent of children ate iron-rich foods in the day before the survey, but only 27% were given iron supplements in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Two in ten women took iron tablets for at least 90 days during their last pregnancy.

Malaria

Ownership and Use of Mosquito Nets

Among all households in Liberia, more than half (55%) own at least one insecticide-treated net (ITN), and 54% own at least one long-lasting insecticidal net (LLIN). However, only 22% of households have enough ITNs to cover each member, assuming one ITN is used by two people. Among the household population, more than one-third have access to an ITN, while 32% slept under an ITN the night before the survey.



Intermittent Preventive Treatment of Pregnant Women

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive 2 or more doses of SP/Fansidar during a prenatal care visit. Nearly half (48%) of pregnant women received this intermittent preventive treatment (IPTp) during a prenatal care visit.

Management of Malaria in Children

In the two weeks before the survey, 29% of children under five had fever, the primary symptom of malaria. Seven in ten children with fever sought treatment, while 42% had blood taken from a finger or heel stick.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children. Fifty-six percent of children with fever received an antimalarial. Among children with fever who received an antimalarial, 43% received ACT.

Health Expenditures

Annual Total Health Expenditures

The 2013 LDHS collected data on inpatient health care expenditures in the six months before the survey, outpatient expenditures in the four weeks before the survey, as well as any expenses on health related items they incurred during the four weeks before the survey. Health-related items could include purchases of vitamins or bandages, for example.

Based on those inputs, the total annual health-related expenditure per household is estimated to be LD$13,094. Health-related expenditures are higher for households in urban areas (LD$13,638) than in rural areas (LD$12,382). Health-related expenditures are highest in South Eastern B region (LD$20,387) and are lowest in North Western region (LD$8,705). The wealthiest households spent more on health-related expenditures than the poorest households (LD$17,826 versus LD$11,672, respectively).

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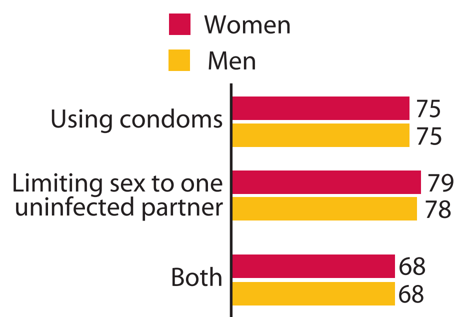
HIV Knowledge, Attitudes, and Behavior

Knowledge of HIV Prevention Methods

Almost all Liberians have heard of AIDS. Sixty-eight percent of women and men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner. Knowledge of HIV prevention methods is highest among women and men with secondary or higher education and in the wealthiest households.

Knowledge of HIV Prevention

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:

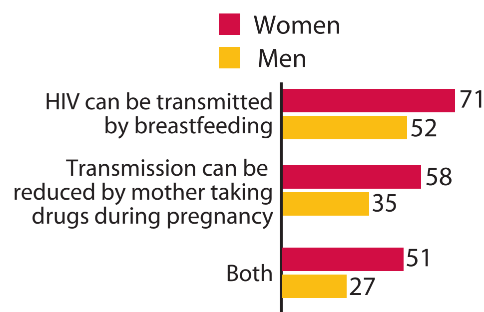


Knowledge of Prevention of Mother-to-Child Transmission of HIV (PMTCT)

While 71% of women and 52% of men know that HIV can be transmitted by breastfeeding, only 58% of women and 35% of men know that the risk of mother-to-child-transmission can be reduced by the mother taking special drugs during pregnancy. Half of women and 27% of men know both key messages about PMTCT of HIV.

Mother-to-Child Transmission

Percent who know that:

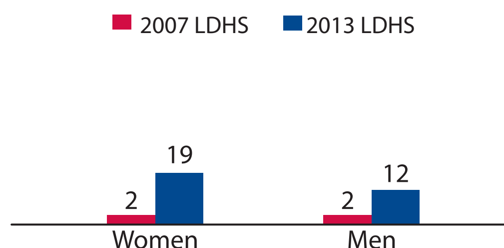


HIV Testing

Three-quarters of women and 62% of men know where to get an HIV test. Forty-five percent of women and 23% of men have ever been tested for HIV and received their results. However, 49% of women and 74% of men have never been tested for HIV. The proportion tested for HIV is higher in urban areas than rural areas among both women and men. Two in ten women and 12% of men have been tested for HIV and received the results in the past 12 months. Although still low, this represents a substantive increased compared to testing rates reported in the 2007 LDHS (2% each for women and men).

Trends in HIV Testing

Percent of women and men age 15-49 who have been tested for HIV in the past 12 months and received their results



Multiple Sexual Partners

Having multiple sexual partners increases the risk of contracting HIV and other STIs. A small percentage of women (7%) and 18% of men had two or more sexual partners in the past 12 months. Women and men who reported having two or more sexual partners in the past year were asked about condom use at their last sexual intercourse; 20% of women and 24% of men reported using a condom at last sexual intercourse. Women have an average of 4.3 lifetime sexual partners compared to 13.1 partners for men.

HIV Prevalence

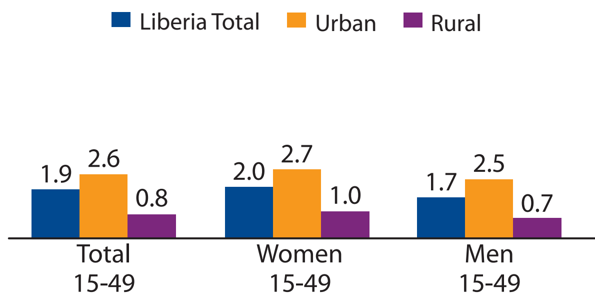
HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men interviewed in the 2013 LDHS. Of the 4,767 women and 4,318 men age 15-49 eligible for testing, 92% of women and 88% of men provided specimens for HIV testing.

Overall, 1.9% of Liberians age 15-49 are HIV-positive. HIV prevalence is higher among women (2.0%) than among men (1.7%). HIV prevalence is higher in urban areas than in rural areas for both women and men.

HIV Prevalence by Residence

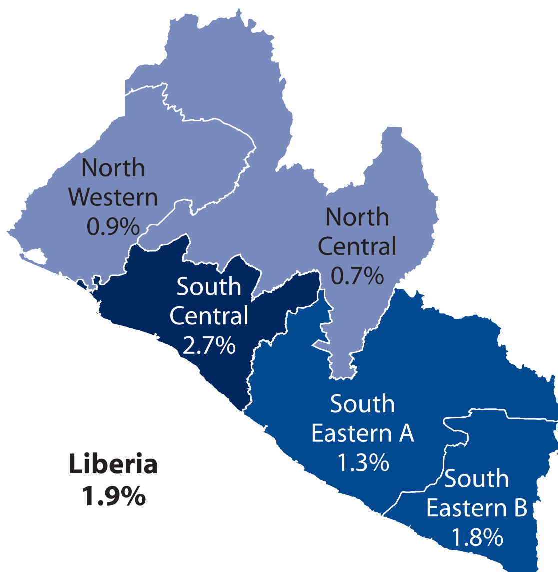
Percent HIV-1 positive



HIV prevalence is highest among those living in the wealthiest households (3.3%). Among regions, HIV prevalence ranges from a low of less than 1% in North Central and North Western regions to a high of 2.7% in South Central.

HIV Prevalence by Region

Percent HIV-1 postive, among women and men age 15-49



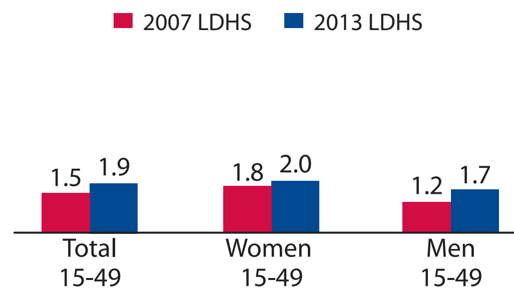
Trends in HIV Prevalence

Overall, the estimate of HIV prevalence among women and men age 15-49 has increased from 1.5% in 2007 to 1.9% in 2013. This increase is not statistically significant. Prevalence among women age 15-49 shifted from 1.8% to 2.0%. Prevalence among men age 15-49 age 15-49 shifted from 1.2% to 1.7%. Importantly, the differences between the 2007 and 2013 estimates of HIV prevalence are not statistically significant.

An increase in HIV prevalence is simply an indication that more people are living with HIV. This increase could be due to more people becoming infected with HIV, to people surviving longer with HIV, or a combination of the two factors.

Trends in HIV Prevalence

Percent HIV-1 positive



HIV Prevalence among Youth

Overall, 1.0% of young women and men age 15-24 are HIV-positive. HIV prevalence among young women is higher than among young men (1.4% versus 0.5%, respectively). Among young women, HIV prevalence is highest among pregnant young women (5.3%) and those who are divorced/separated/widowed (4.6%). Among young men, HIV prevalence is highest among those in the wealthiest households (1.3%). HIV prevalence generally increases with wealth and decreases with education.

Women's Empowerment

Employment

Two-thirds of married women age 15-49 interviewed in the LDHS were employed at any time in the past 12 months, compared to 94% of married men age 15-49. The majority (57%) of working women earn cash, while 30% are not paid. The majority of men (66%) earn cash, while 21% are not paid at all. Three in ten women who were employed and earned cash made independent decisions on how to spend their earnings. Sixty-two percent of women reported earning less than their husband.

Ownership of Assets

Women are more likely to own a home, alone or jointly, than men. Three in ten women own a house, either alone or jointly. Men are more likely to own a home alone. Nineteen percent of women own a house jointly compared to 8% of men.

Participation in Household Decisions

The 2013 LDHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Eighty-two percent of women participate in decisions regarding major household purchases and 79% participate in decisions about visits to her family or relatives. More than three-quarters participate in decision about their own health care. Nine percent of women do not participate in any of the three decisions; 66% report that they participate in all three decisions.

Attitudes Toward Wife Beating

Forty-three percent of women and 24% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Women and men are most likely to agree that wife beating is justified if a woman argues with her husband (33% and 18%, respectively).

Female Genital Cutting

In Liberia, female genital cutting (FGC) usually occurs through bush societies such as the Sande society. Because of the secretive nature of the Sande society, women in the 2013 LDHS were asked if they have ever heard of a bush society like the Sande society, and, if so, were asked whether they were a member of the Sande society.

Eighty-nine percent of women have heard of the Sande society. Half of Liberian women are members of the Sande society. Among women who are members, 39% think that the society should be stopped.

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Indicators

Fertility	Liberia	Residence: Urban	Residence: Rural
Total fertility rate (number of children per woman)	4.7	3.8	6.1
Median age at first marriage for women age 25–49 (years)	18.8	19.6	17.8
Median age at first birth for women age 25–49 (years)	18.9	19.2	18.4
Women age 15–19 who are mothers or currently pregnant (%)	31	26	42
Family Planning (currently married women, age 15–49)			
Current use			
Any method (%)	20	23	17
Any modern method (%)	19	22	16
Currently married women with an unmet need for family planning[1] (%)	31	30	33
Maternal and Child Health			
Maternity care			
Pregnant women who received prenatal care from a skilled provider[2] (%)	96	98	93
Births delivered in a health facility (%)	56	66	46
Births assisted by a skilled provider[2] (%)	61	73	50
Child vaccination			
Children 12–23 months fully vaccinated[3] (%)	55	60	49
Nutrition			
Children under 5 years who are stunted (moderate or severe) (%)	32	30	33
Children under 5 years who are wasted (moderate or severe) (%)	6	6	6
Children under 5 years who are underweight (%)	15	13	17
Women 15-49 who are overweight or obese (%)	26	30	22
Childhood Mortality (deaths per 1,000 live births)[4]			
Infant mortality	*54*	66	73
Under-five mortality	*94*	106	120
HIV Knowledge, Attitudes, and Behaviors			
Knows ways to avoid HIV (women and men age 15-49):			
Using condoms (women/men) (%)	75/75	79/78	69/71
Limiting sexual intercourse to one uninfected partner (women/men) (%)	79/78	82/82	74/73
Women age 15-49 who have ever been tested and received the results (%)	45	49	39
Men age 15-49 who have ever been tested and received the results (%)	23	27	17
HIV Prevalence			
Women age 15-49 who are HIV-1 positive (%)	2.0	2.7	1.0
Men age 15-49 who are HIV-1 positive (%)	1.7	2.5	0.7
Women and men age 15-49 who are HIV-1 positive(%)	1.9	2.6	0.8

[1]Currently 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. [2]Skilled provider includes doctor, nurse, midwife, or physician's assistant. [3]Fully vaccinated includes BCG, measles, three doses each of DPT/

North Western	South Central	South Eastern A	South Eastern B	North Central
5.8	3.8	6.5	5.9	5.6
17.8	20.0	18.0	18.5	17.8
18.4	19.3	18.2	18.5	18.5
34	24	56	43	42
21	24	21	22	14
20	22	21	22	13
33	28	34	33	34
95	98	93	90	96
47	65	59	53	47
52	71	65	57	51
68	58	38	40	53
29	29	33	34	35
6	7	7	4	6
13	12	17	19	19
31	31	24	26	17
93	73	70	86	52
141	112	113	143	97
73/88	79/77	71/78	65/66	71/68
73/87	83/81	71/79	73/69	77/72
44	48	50	30	43
18	28	22	15	18
1.2	2.6	1.1	2.7	1.2
0.4	2.9	1.5	0.8	0.2
0.9	2.7	1.3	1.8	0.7

(Column group heading: **Region**)

pentavalent and polio vaccine (excluding polio vaccine given at birth). [4]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.