



LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES (LISGIS)



Thematic Report on Fertility 2022 Liberia Population and Housing Census





Disclaimer Thematic Report: Fertility - 2022 LPHC

Dear Reader,

I am pleased to present this document as a highlight summary of the upcoming Thematic Report on Fertility from the 2022 Liberia Population and Housing Census (LPHC). This summary offers a snapshot of the key findings and insights that will be detailed in the final report.

Please note that the full report is currently undergoing finalization, which includes comprehensive editing, formatting, graphic designing, and proofreading. The finalized version will replace this document once it is completed.

We appreciate your patience and look forward to sharing the complete report with you soon.

Best regards,

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Outline

- ⇒ Background and Context
- ⇒ Objective
- ⇒ Methodology
- ⇒ Levels, Trends and Patterns of Fertility
- ⇒ Fertility among high risk age groups
- ⇒ Childlessness in Liberia
- ⇒ Conclusion
- ⇒ Policy Implications
- ⇒ Recommendations



Background and Context

- Fertility reflects the reproductive behaviour of a group of people in a population, representing the positive force responsible for the biological replacement and continuation of a population.
- There is an inverse relationship between fertility and levels of development, with developed countries exhibiting lower fertility, whereas developing countries are marked with higher fertility (Bongaarts & Casterline 2013).
- The variability in fertility levels shapes the age composition of a population, a factor influenced by diverse elements such as country's economic landscape, political context, social dynamics, and individual characteristics.
- Similarly, concerns persists in regions marked by high fertility levels, where government advocate for smaller family sizes. This underscores the pivotal role fertility plays in the ongoing relevance of political and economic structures.
- Insights derived from the examination of fertility patterns using the 2022 LPHC will offer evidence on the present status of fertility levels and variations, crucial for shaping evidence based policies related to social services, and sexual reproductive health.
- It aligns with the broader goal of achieving initiatives aimed at moderating fertility, including FP2030 and the UN Sustainable Development Goals (SDGs), ICPD@30 and AADPD@10 .



Objectives

- Analyze the level and trend of fertility
- Determine fertility differentials by residence and other social characteristics
- Suggest policy recommendations



Methodology

Main source of data

- Liberian Population and Housing Census (LPHC) - 2022.
 - Questions on recent births
 - Questions relating to children ever born
 - Demographic characteristics (age, sex)

Analysis

- Levels (crude and age specific rates) and differentials of fertility by demographic (e.g. age, marital status) and socioeconomic (e.g. education, wealth) characteristics of women of reproductive age

Direct

- Used to estimate births in the last 12 months reported by women (aged 15-49) to estimate (e.g. crude birth rates, the age-specific fertility rates)

Indirect

- Current fertility (live births)
- Retrospective fertility (overall number of children ever born to woman)
 - Brass Trussell, Arriaga, Relational Gompertz
 - Tools provided by the IUSSP and Mort Pak software



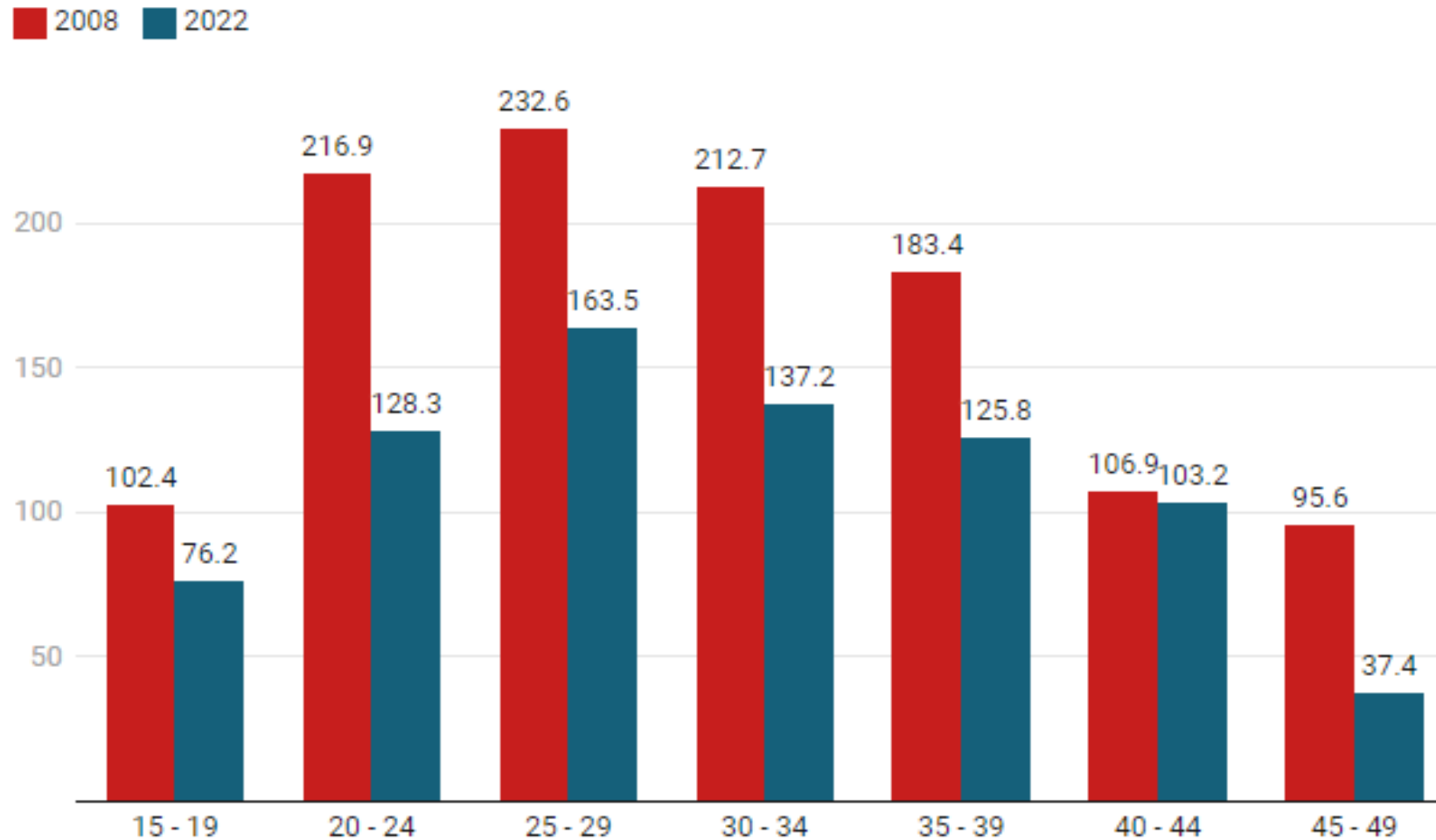
Levels, Trends and Patterns of Fertility; **Levels of Fertility**

| | CBR | GRR | NRR | MAC | TFR |
|------------------|-------------|------------|------------|-------------|------------|
| Liberia | 32.3 | 1.9 | 1.6 | 28.8 | 3.9 |
| Residence | | | | | |
| Urban | 32.2 | 1.8 | 1.6 | 29.2 | 3.7 |
| Rural | 32.1 | 2.0 | 1.6 | 28.2 | 4.0 |

- Crude birth rate (CBR)
 - CBR is 32.3 births per 1000 population
- Replacement rates
 - A cohort of women are having enough daughters to replace themselves in a population
- Total Fertility rate (TFR)
 - A woman will have an average of 4 children if the prevailing age specific fertility rates remain



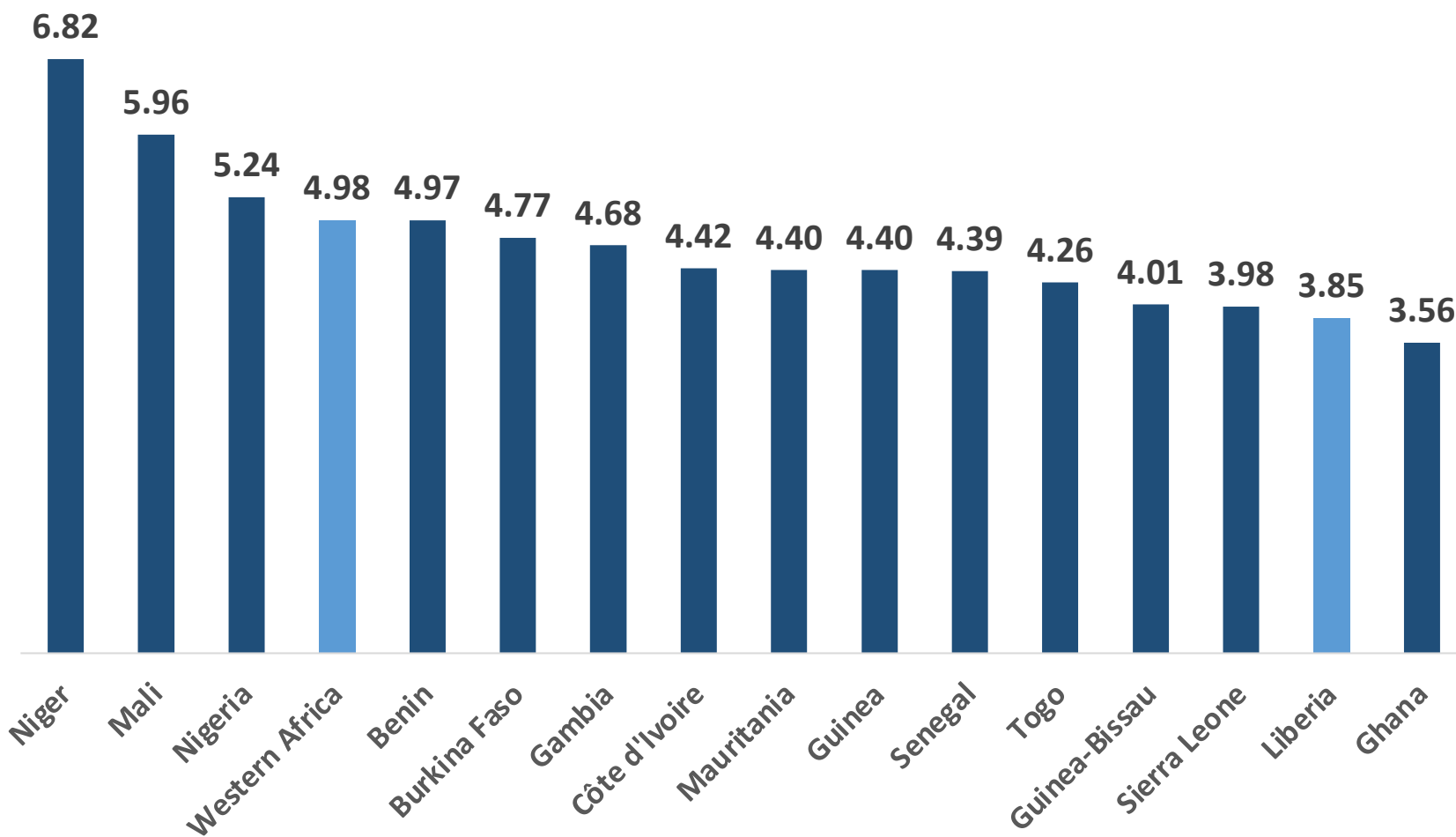
Levels, Trends and Patterns of Fertility; **Age Specific Fertility Rate**



- There has been significant improvement in ASFR between 2008 and 2022, except for ages 40-44 where little change was observed
- Fertility peaks at ages 25-29 with 163 births per 1,000 women.
- This is contrary to the LDHS 2019 where ASFR peaks at ages 20-24 (193 per 1000).



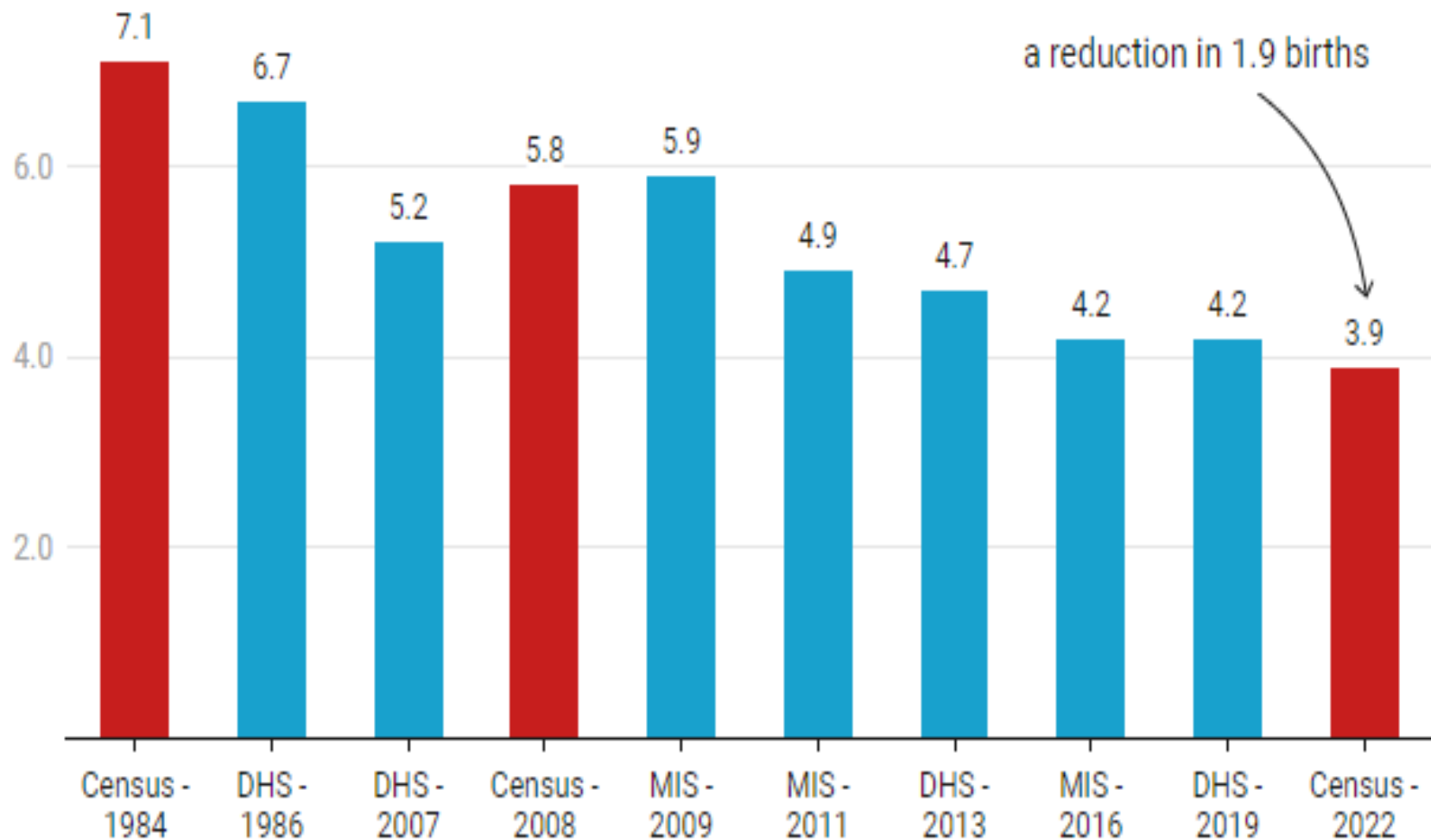
Levels, Trends and Patterns of Fertility; **Regional Distribution of Fertility**



- Liberia fertility is lower than
 - Second lowest in West Africa
 - West Africa (4.8)
- Fertility is higher compared to the average of
 - Other developed world regions
- Liberia's fertility is above replacement fertility levels



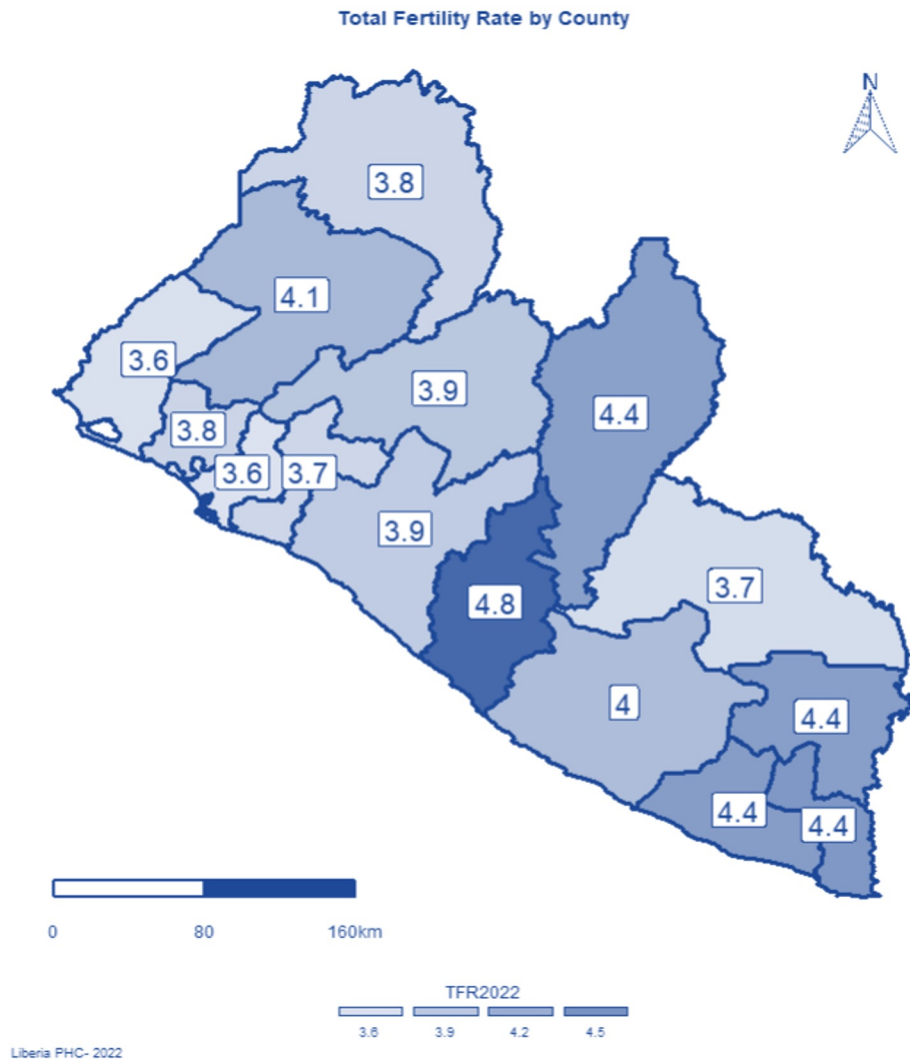
Levels, Trends and Patterns of Fertility; **Trend of Fertility in Liberia**



- There has been substantial improvements in the reduction of fertility in Liberia
- Fertility fell from 7.1 in 1984 to 5.8 in 2008, then a further decline to 3.9 in 2022.
- Thus a reduction of (1.9) births in 14 years



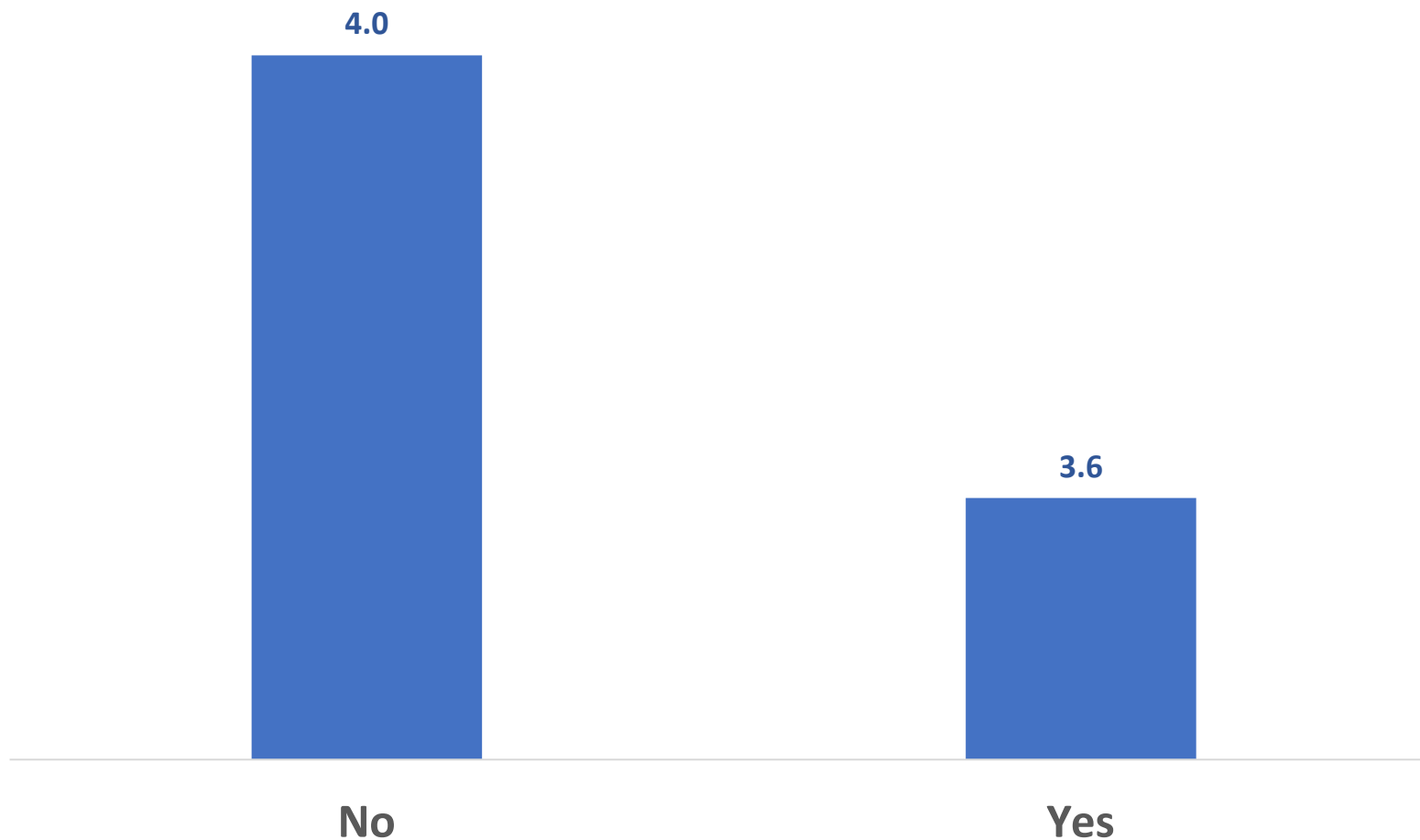
Levels, Trends and Patterns of Fertility; **Spatial distribution of fertility rates in Liberia**



- The lowest TFR was observed in Grand Cape Mount (3.6) and Montserrado (3.6)
- Fertility is highest in River Cess (4.8) and south-eastern Liberia (River Gee, Grand Kru and Maryland with 4.4 children each)



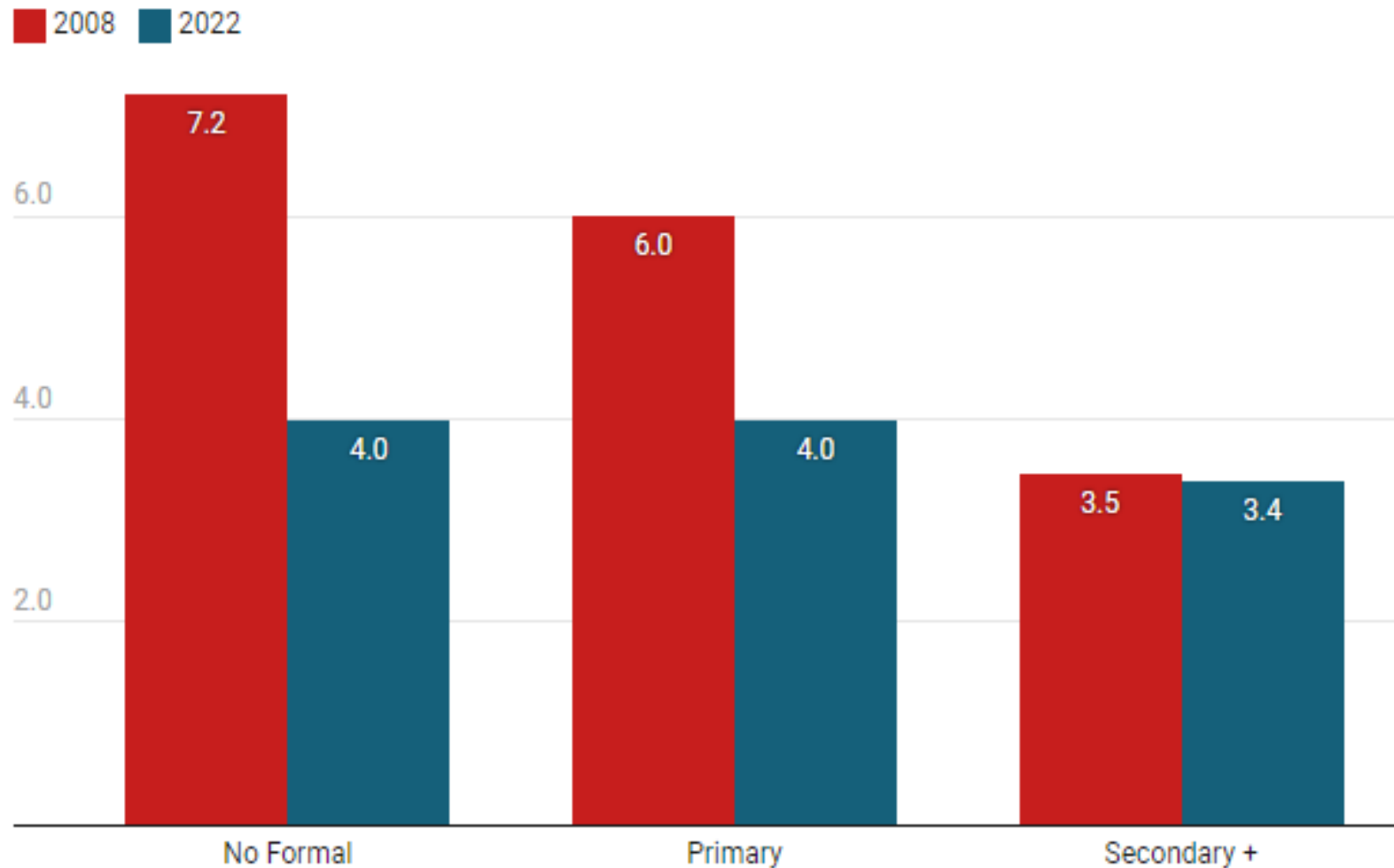
Levels, Trends and Patterns of Fertility; **Fertility by Literacy Status**



- Regarding literacy in Liberia, about 6 out of 10 (58.6%) people in Liberia aged 5+ can read and write.
- Literacy status
 - Literate women – 3.6 children
 - Not literate women – 4.0 children



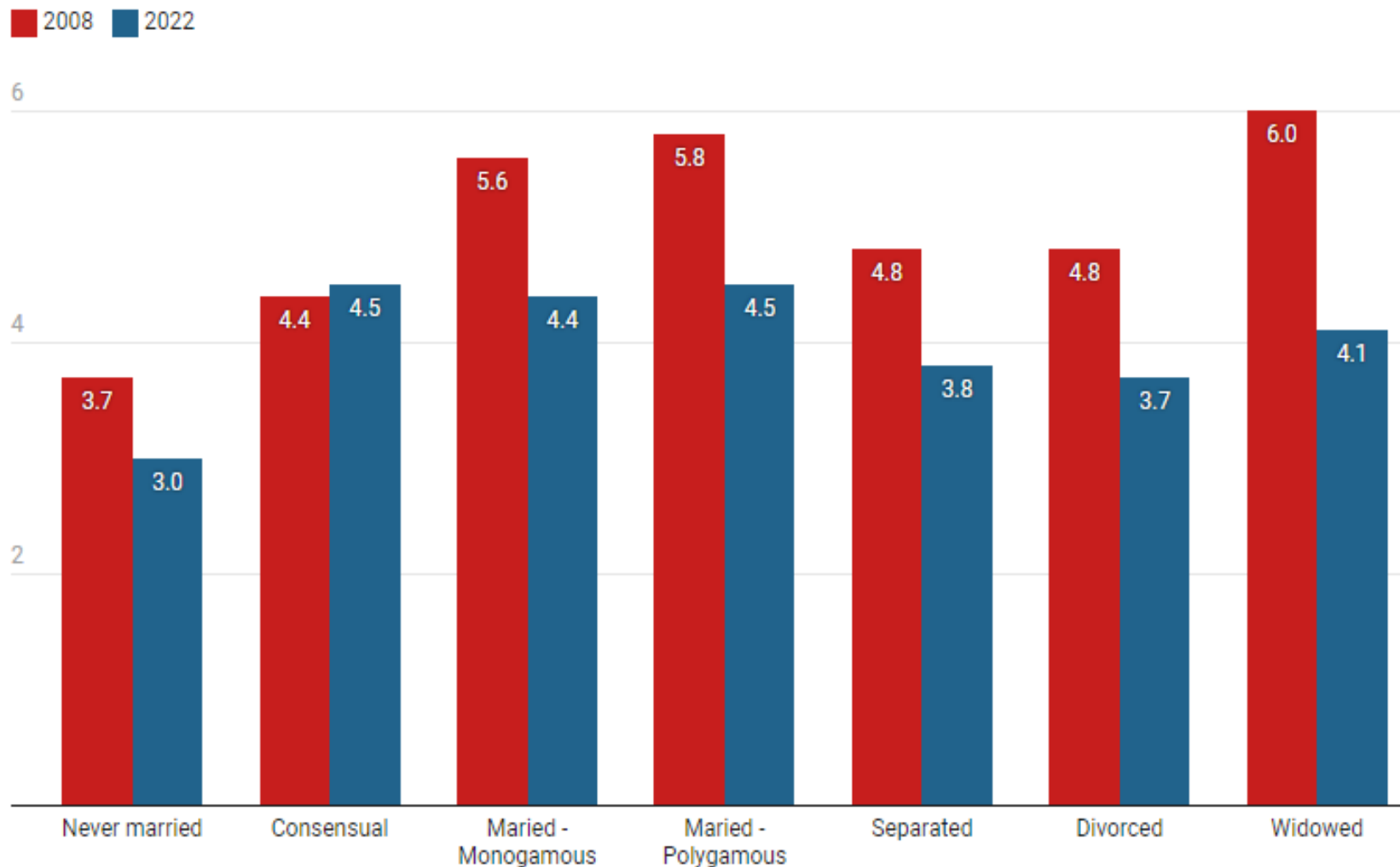
Levels, Trends and Patterns of Fertility; **Fertility by Education**



- There is an inverse association between education and fertility.
- Education level in 2022
 - No formal – 4 children
 - Primary - 4 children
 - Secondary or higher - 3.4 children
- This finding of high fertility among low levels of education is in tandem with estimates derived from other countries in the region.
 - Benin (6.4), Cote D'Ivoire (5), Ghana (5.8), Niger(6.5), Nigeria (5.9), Senegal (4.4), Sierra Leone (5) (Measure DHS, n.d)



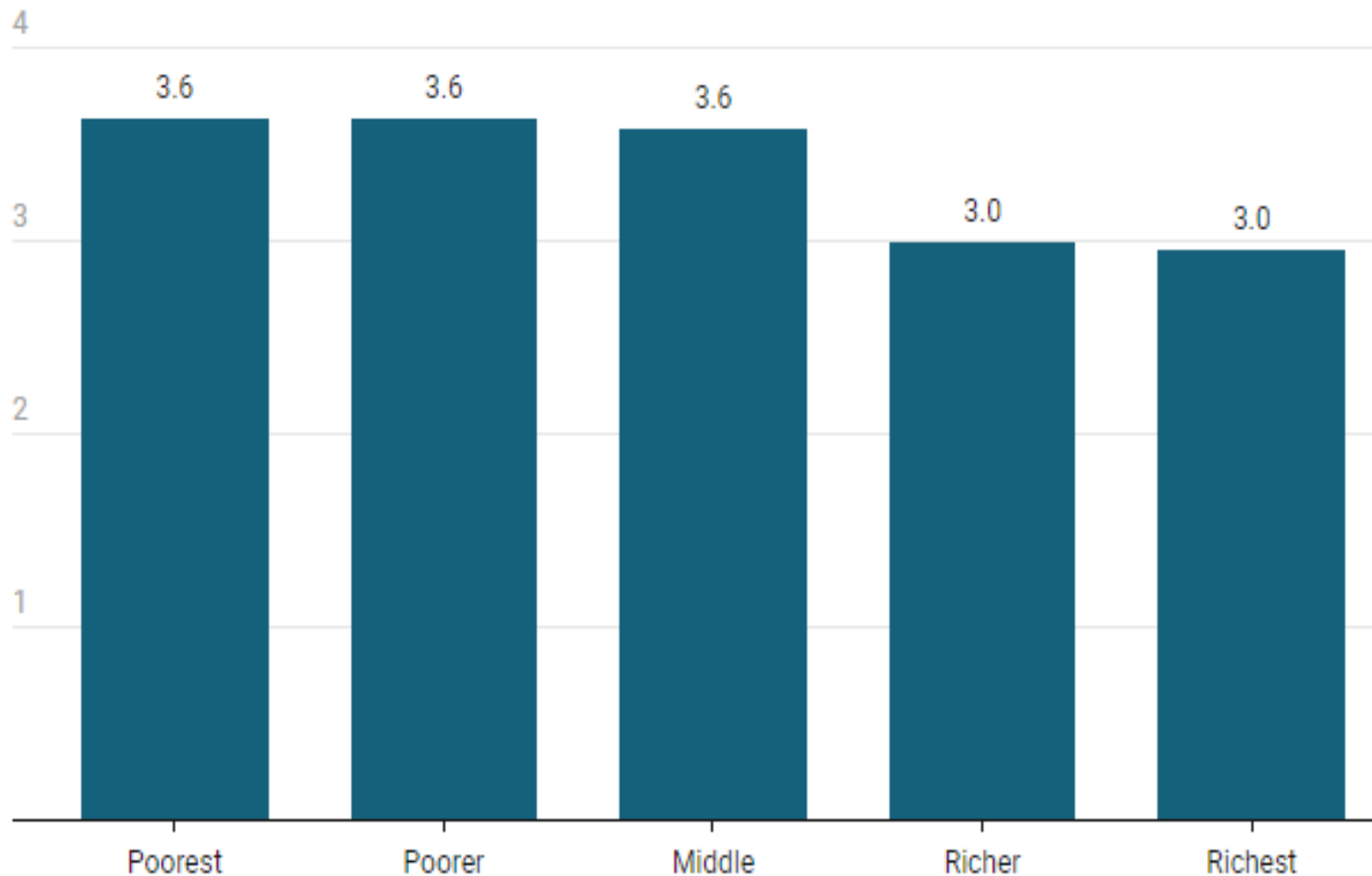
Levels, Trends and Patterns of Fertility; **Fertility by Marital Status**



- Marital Status
 - Consensual – 4.5
 - Married – 4.4
 - Widowed – 4.1
 - Separated – 3.8
 - Never married – 3
- There has been substantial decrease in Fertility by marital status, except..
 - women in consensual unions



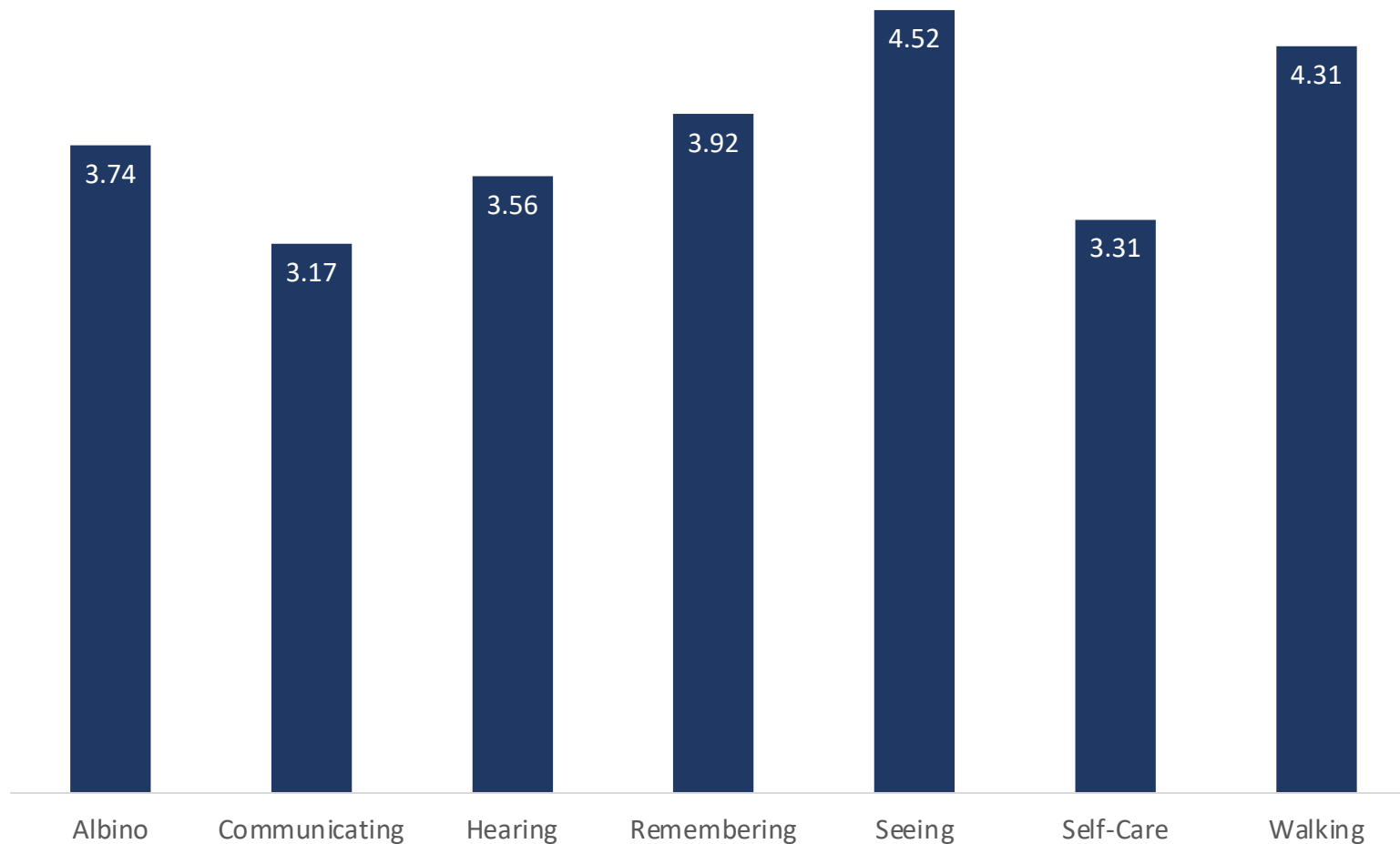
Levels, Trends and Patterns of Fertility; **Fertility by Wealth Status**



- Women in the lowest wealth groups had higher fertility (3.6) compared to women in the rich wealth groups (3.0)
- This also highlights the inverse association between socioeconomic status and fertility.
- Women in higher wealth groups opt for lower family sizes.



Levels, Trends and Patterns of Fertility; **Fertility among Women with Disability**



- Women who have disability in seeing (4.52) and walking (4.31) had the highest fertility, compared to women who have difficulty in communication (3.17).



Fertility among high risk groups; **Childbearing among adolescents (12 – 19 years)**

| Age | Age at first birth | % Live Births | % Mothers |
|---------|--------------------|---------------|-----------|
| 12 | 12 | 0.0 | 0.2 |
| 13 | 13 | 0.1 | 0.3 |
| 14 | 14 | 0.2 | 0.6 |
| 15 | 14 | 0.6 | 2.4 |
| 16 | 15 | 1.6 | 5.0 |
| 17 | 16 | 3.0 | 11.6 |
| 18 | 16 | 4.3 | 20.6 |
| 19 | 17 | 5.6 | 32.4 |
| 12 - 19 | 15 | 1.9 | 9.3 |
| 12 - 14 | 13 | 0.1 | 0.4 |
| 15 - 19 | 16 | 3.1 | 14.8 |

- Approximately 2 percent adolescents had a live birth, and about 10 percent adolescents are already mothers.
- Childbearing is high in ages 17-19
 - one in every 10 seventeen-year old, (11%)
 - one in every 5 eighteen-year old, (20%)
 - about one in every 3 nineteen-year old, (33%)

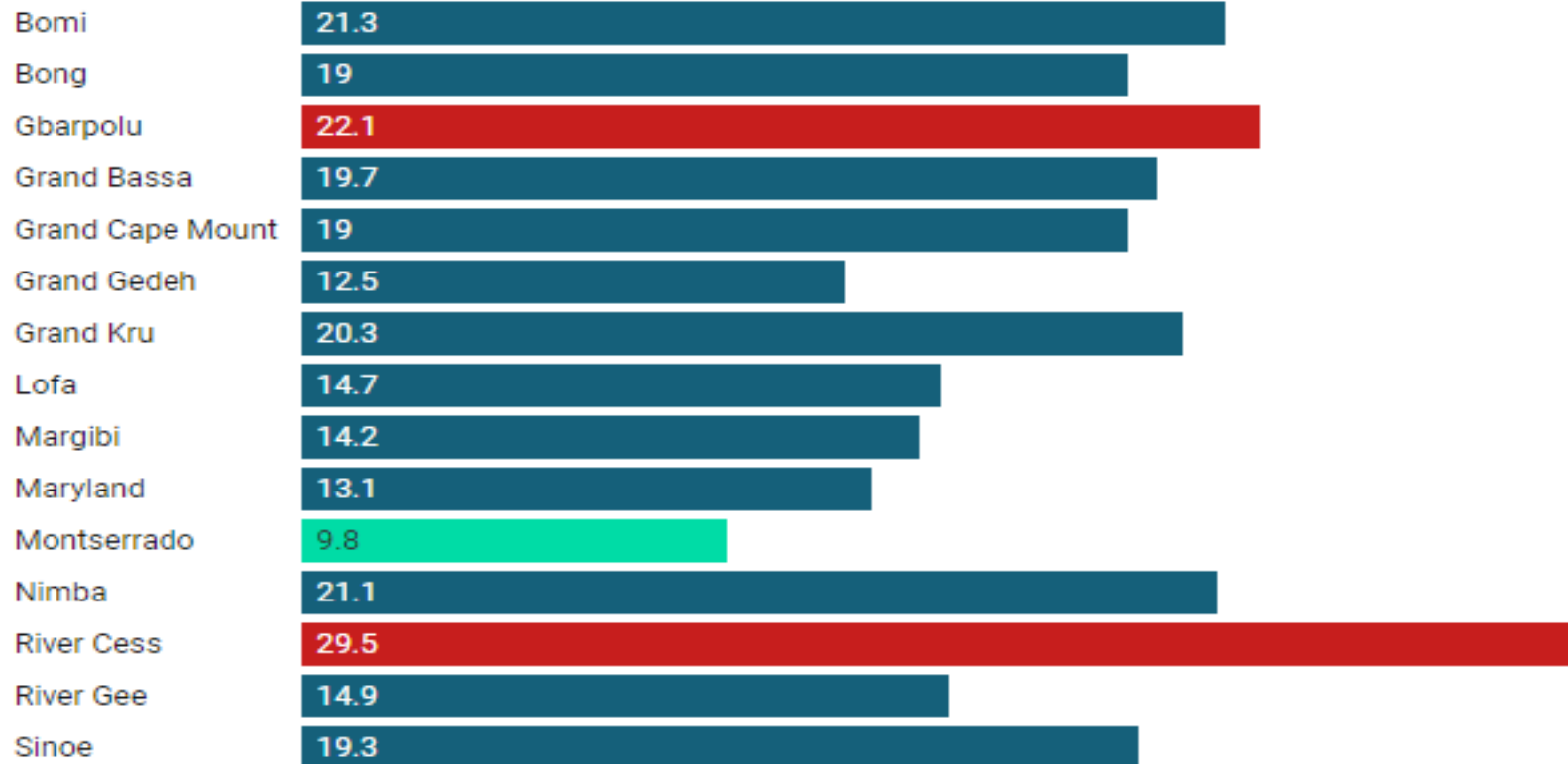


Fertility among high risk groups; **Differentials in adolescent fertility (15-19 years)**

Residence



County



- At the national level 15% of adolescents are mothers
- Childbearing is twice as high in rural areas
- County childbearing
 - River Cess – 29.5 %
 - Bomi – 21.3%
 - Montserrado – 9.8%



Fertility among high risk groups; **Differentials in adolescent fertility (15-19 years)**

Schooling status



Education

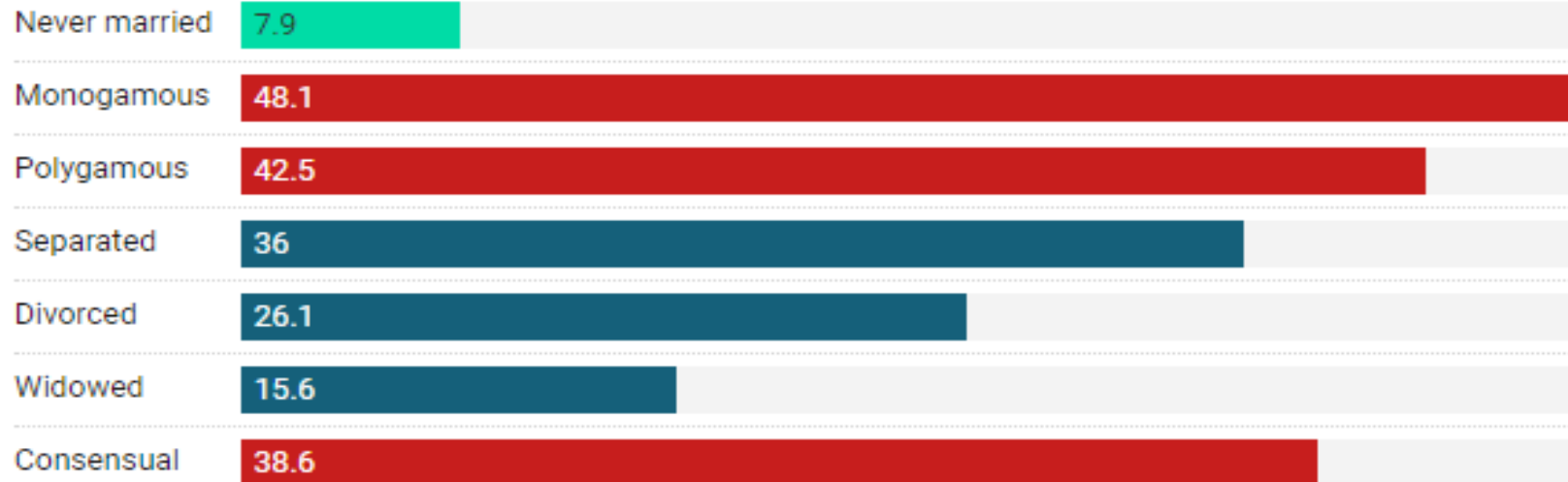


- High adolescent childbearing among...
 - school drop-outs (35%).
 - no formal education (21.1%)

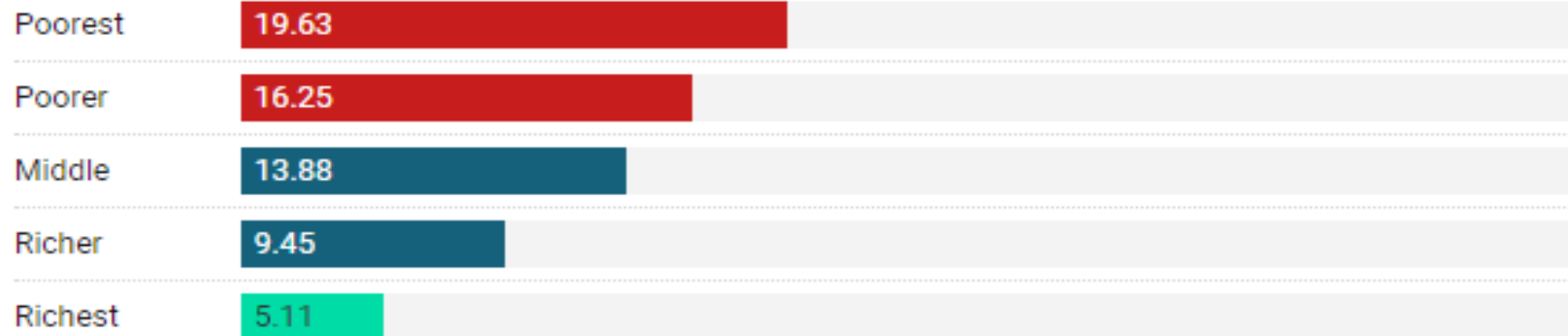


Fertility among high risk groups; Differentials in adolescent fertility (15-19 years)

Marital Status



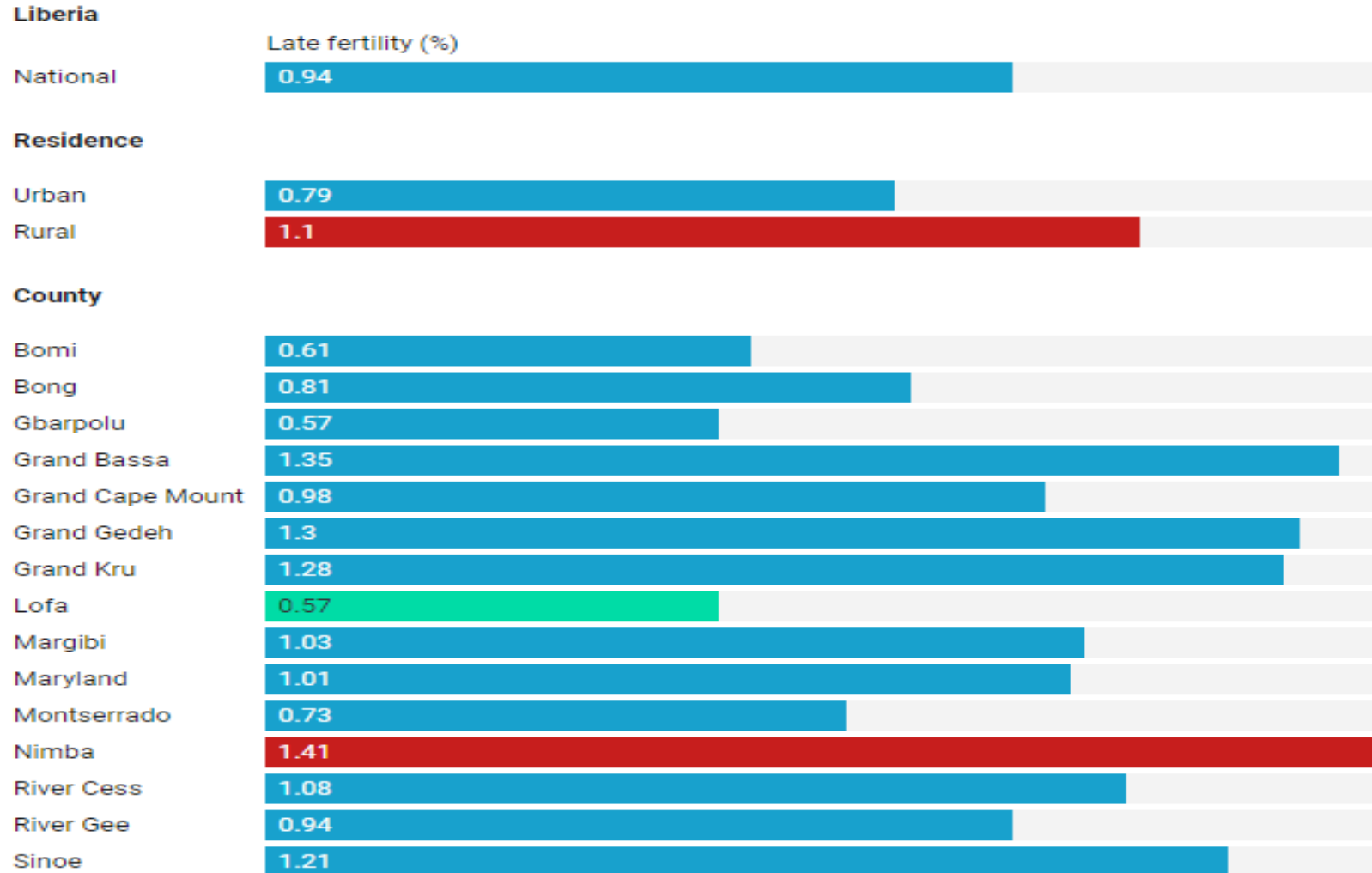
Wealth Status



- High childbearing among adolescents in union and of lower socioeconomic status.
- Adolescents in union,
 - monogamous (48%),
 - polygamous (42.5%)
 - Consensual (38.6%).
- Low socio economic status (12+%)



Fertility among high risk groups; Differentials in late fertility



- Late fertility is about 1 percent
- Late fertility is relatively high in ...
 - rural areas (1.1%),
 - Nimba (1.41%),
 - Grand Bassa (1.35%)
 - Grand Kru (1.28%)
 - and lowest in
 - Lofa (0.73%)



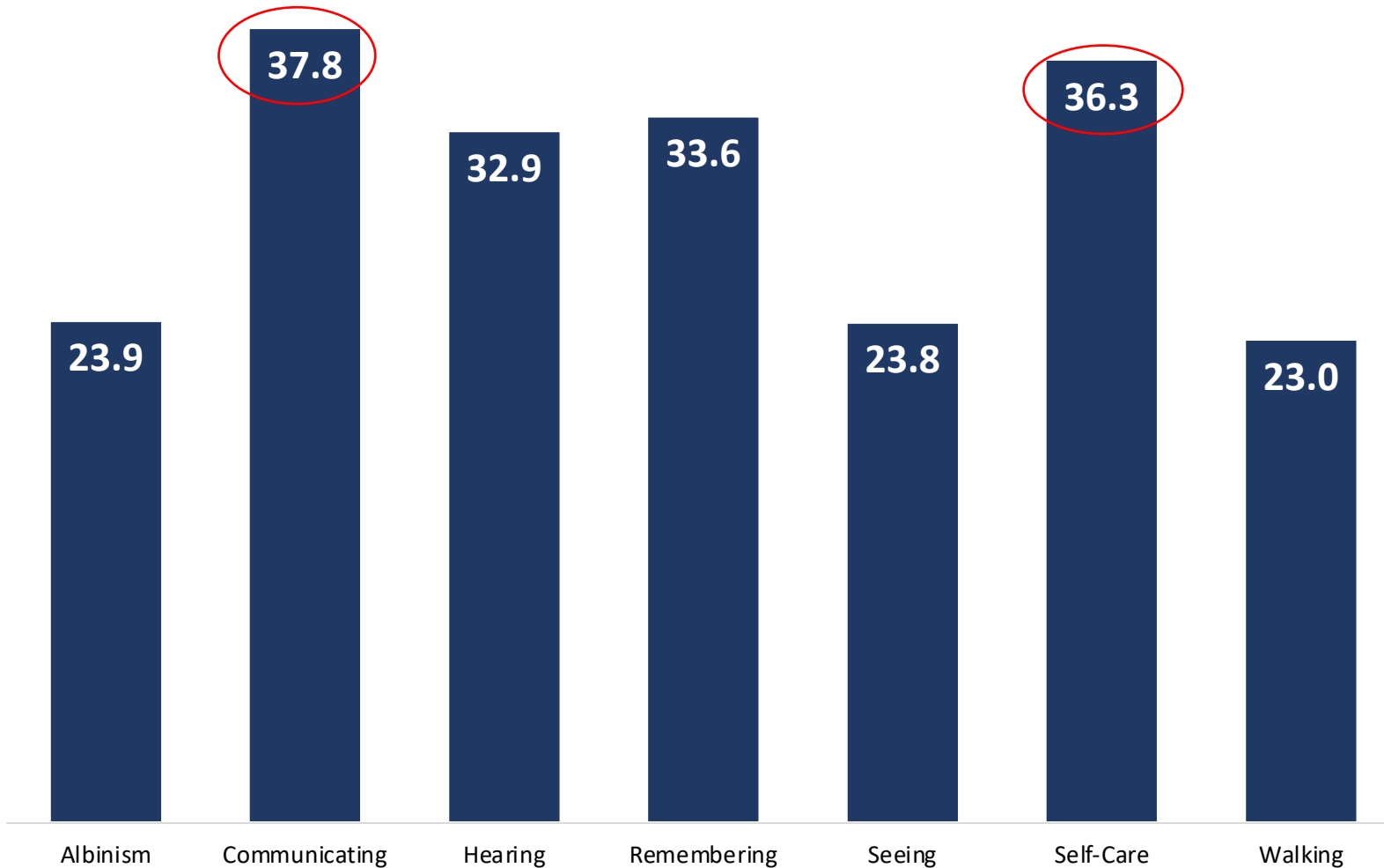
Childlessness in Liberia



- Childlessness among women (40-49 years) in Liberia is 21 percent.
- About 23 percent of women in rural areas are childless.
- At the county level, childlessness is highest in ..
 - Grand Cape Mount (28%)
 - River Gee (27%)
 - River Cess (19%)



Childlessness in Liberia; Childlessness among women with disability



- Despite childless being high (21%) in Liberia
- Childlessness is highest among with disability in ..
 - Communicating (37.8%) ,
 - Self-Care (36.3%)



Conclusion

- Fertility in Liberia has reduced from high (5.8) to medium (3.9) level.
- This shows great improvements in fertility reduction policies and strategies aimed at achieving the SDG related to RMNCAH.
- However fertility is far above replacement levels (2.1).
- There are variations in fertility by place of residence, demographic and socioeconomic characteristics of women.
- River Cess, Grand Kru, Maryland and River Gee recorded fertility above national average (3.9).
- About 15 percent of adolescents are mothers, highest among adolescent school drop-outs (35%).
- About 1 in 5 women aged 40-49 remains childless with high rates in rural areas, and women of lower socioeconomic status.



Policy Implications

- The medium fertility rate as well as early and late childbearing have far-reaching impacts; including accelerated population growth, adverse maternal and child health outcomes, and diminished levels of female education, empowerment, and participation in the labor force.
- The disparity in fertility by place of residence may be as a result of disparities in social infrastructure and social services such as lack or poor educational infrastructure, poor health facilities and poverty.
- For example, River Cess is characterized by high poverty, low levels of secondary education attainment and poor maternal health outcomes. However, the high rates recorded in Maryland and River Gee, which do not share similar levels of low development as River Cess calls for further investigation.
- These high rates of fertility coupled with high maternal mortality in Liberia could pose significant health challenges (maternal and child) if ongoing fertility reduction strategies are not sustained especially in these areas.



Policy Implications *cont...*

- Fertility among women with lower socioeconomic status (education and wealth) is higher. This may indicate limited access, knowledge and underutilization of modern contraceptive methods.
- Hence expanding sexual reproductive health services (family planning and access) will be critical in reducing fertility as well as improve maternal and child health outcomes.
- The high adolescent fertility observed in some of the counties would imply there will be high school drop-out among adolescent girls. Perhaps the reason why educational achievement between males and females is skewed in favour of males.
- The reason could be one of several ways; thus, there is the preference for males achieving higher heights in education than females, the onset of pregnancy makes adolescent girls stop schooling or adolescent girls do not find a reason to remain in school and upon stopping schooling they get pregnant.



Policy Implications *cont...*

- In addition, adolescent childbearing is prevalent among school drop-out, those with no formal education and those in poorest wealth quintiles and those in monogamous marriage. This early pregnancy significantly disrupts young girls' education, diminishes future employment opportunities and restricts social and economic growth for the young mother.
- Policymakers as per the ARREST agenda should prioritize and enhance programs aimed at keeping adolescent girls enrolled in school, particularly focusing on ensuring they complete secondary education or vocational/technical training for their empowerment and long-term development
- Furthermore, a high number of adolescent mothers was observed among those in union (married or consensual).
- Targeted interventions aimed at delaying child marriage and childbearing, such as women empowerment programmes and skill training can contribute to reducing adolescent childbearing.
- The needs of individuals who desire to conceive has been overlooked even though one in five women aged 40-49 years remains childless. Efforts to address reproductive health should not solely prioritize contraception access but also encompass infertility care, even in settings with moderate fertility rates.



Recommendations

- Intensify public education to cause attitudinal change towards early childbearing
 - Community dialogues, meetings with traditional and religious leaders, Mass media (rural radio, FM, TV, newspaper among others.)

- Prioritize and strengthen measures to discourage early child marriage and childbirth
 - Empowering girls with information, skills and support networks
 - Reproductive health programmes aimed at providing knowledge on comprehensive sexual reproductive health
 - Provide economic support and incentives to girls and their families
 - Cash and non-cash incentives such as fee subsidies, loans or scholarships to family or girls
 - Enhancing girls' access to a high-quality education
 - Equip and support girls to enroll or re-enroll in school
 - Encourage supportive laws and policies
 - Prosecute defaulters (parents and perpetrators)



Recommendations *cont...*

- Prioritize on the improvement of the CRVS system;– ensure legal identity for all including birth registration (SDG 16.9) .
- The WHO–CRVS strategic plan (2021-2025) proposes strengthening the coordination between the health sector and CRVS stakeholders
- Notably, with most births in Liberia happening in health facilities, births captured in the CRVS can be used to
 - validate census findings.
 - monitor changes in fertility,
 - access family planning initiatives