



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



## Thematic Report on Mortality

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### 2022 Liberia Population and Housing Census





## **Disclaimer** Thematic Report: Mortality - 2022 LPHC

Dear Reader,

I am pleased to present this document as a highlight summary of the upcoming Thematic Report on Mortality 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,

Johnson Q. Kei

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Liberia Institute of Statistics and Geo-Information Services (LISGIS)



# Outline

- ⇒ Background and Context
- ⇒ Methodology
- ⇒ Mortality levels, patterns and trends
- ⇒ Demographic and socio-economic differentials in mortality
- ⇒ Policy implications and recommendations



## Background and Context

- ❑ 2022 Liberia Population and Housing Census collected data on mortality
- ❑ Liberia has 935 health facilities, prioritized Sexual Reproductive Health and Rights (SRHR) over the last decade
- ❑ There is a Ten-year National Health Policy and Strategic Plan (2022 – 2031) focusing on Universal Health Coverage (UHC)
- ❑ Only 55% of babies are exclusively breastfed for six months against the national target of 70% by 2025.
- ❑ 85% of Liberian households experience severe to moderate food insecurity, and 3% of children under-five years were acutely malnourished (UN Sustainable Development Cooperation Framework Progress Report 2021 on Liberia)
- ❑ The UN System and other Development Partners support the Ministry of Health, but challenges still persist - shortage of skilled and qualified human resources
- ❑ The study of mortality, its level, pattern and trend helps to determine the population's state of health
- ❑ Provides evidence for decision making and planning to address identified disparities and inequities
- ❑ Provides information to monitor and evaluate health programs and interventions
- ❑ Helps to monitor SDGs (Good Health and Well-Being - SDG 3) and other national development agenda.



## Sources of Data

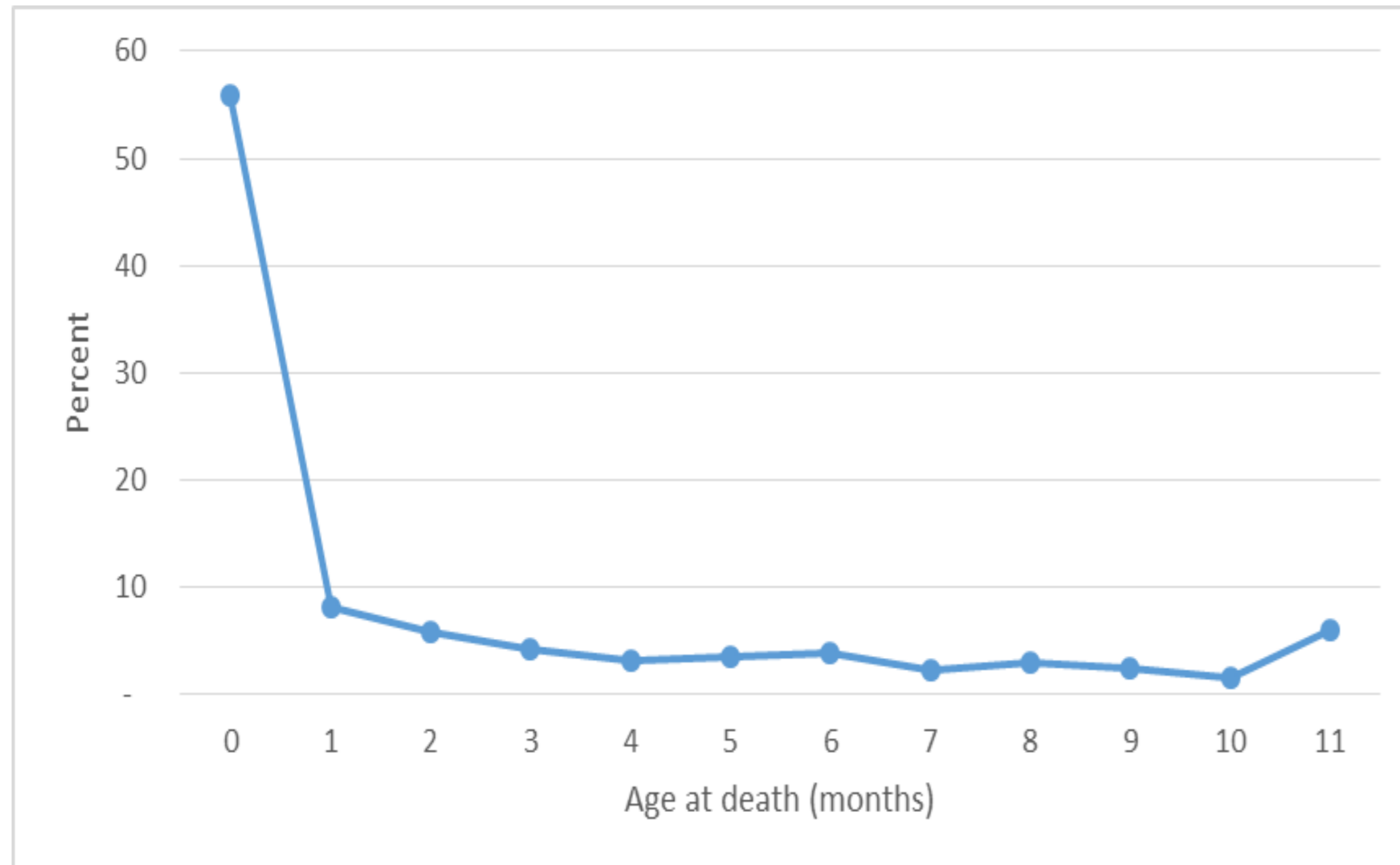
- ❑ Main source of data is the 2022 LPHC
- ❑ For illustrations, comparisons and trends complementary data sources were used

## Definition of Key Concepts

- ❑ ***Age-Specific Death Rate*** is the number of deaths of people in a specified age group per 1,000 population of that age group
- ❑ ***Infant Mortality*** is the probability of dying between birth and age one. This is expressed per 1,000 live births
- ❑ ***Under-five Mortality*** is a combination of infant and child mortality and is defined as the probability of dying between birth and exact age five. The rate is expressed per 1,000 children.
- ❑ ***Life Expectancy*** is an estimate of the average number of additional years a person could expect to live if the age-specific death rates for a given year prevailed for the rest of a person's life



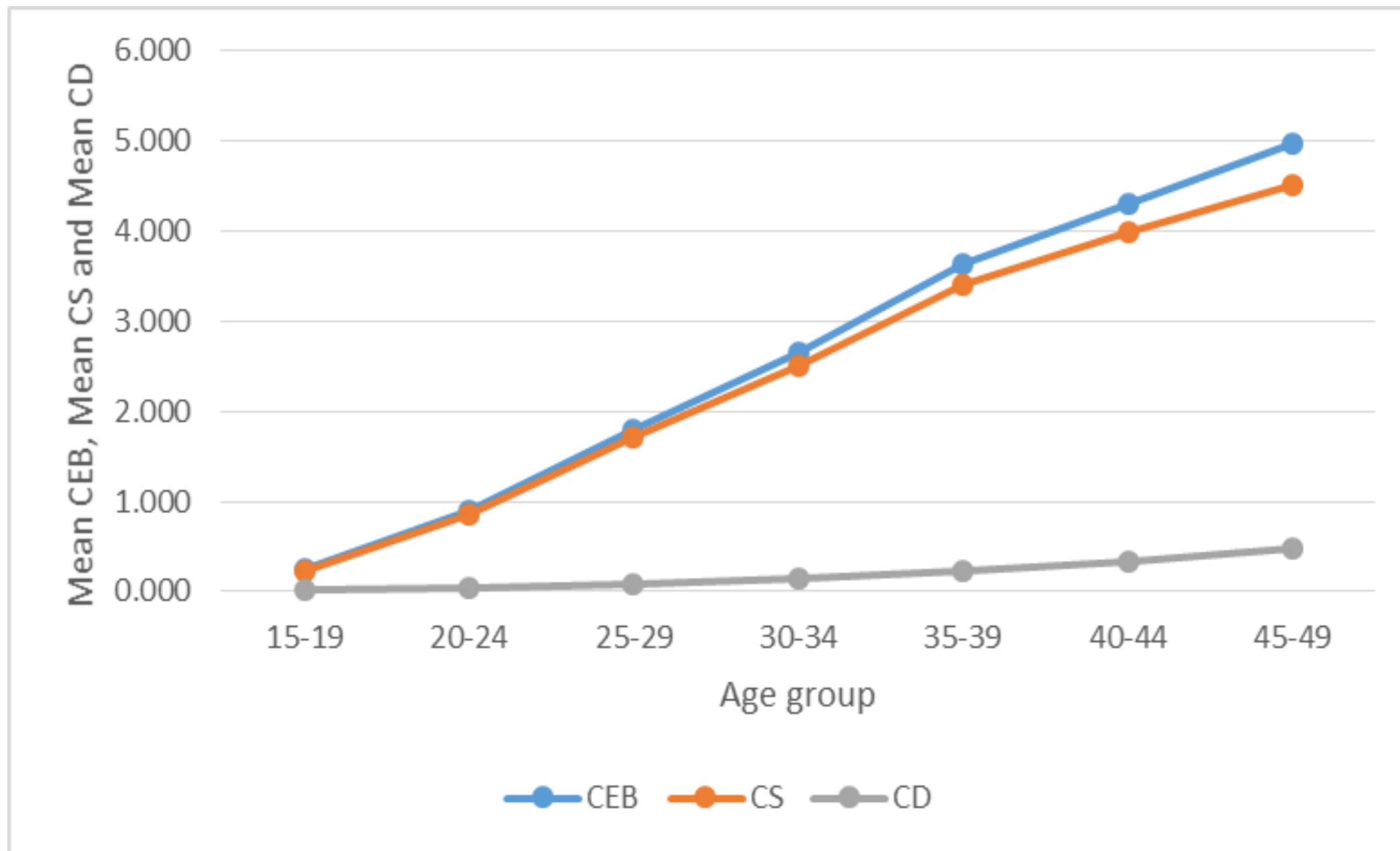
## Assessment of age distribution of infants at death



The data show no major irregularity in the distribution of infant deaths



# Assessment of data on children ever born and children surviving

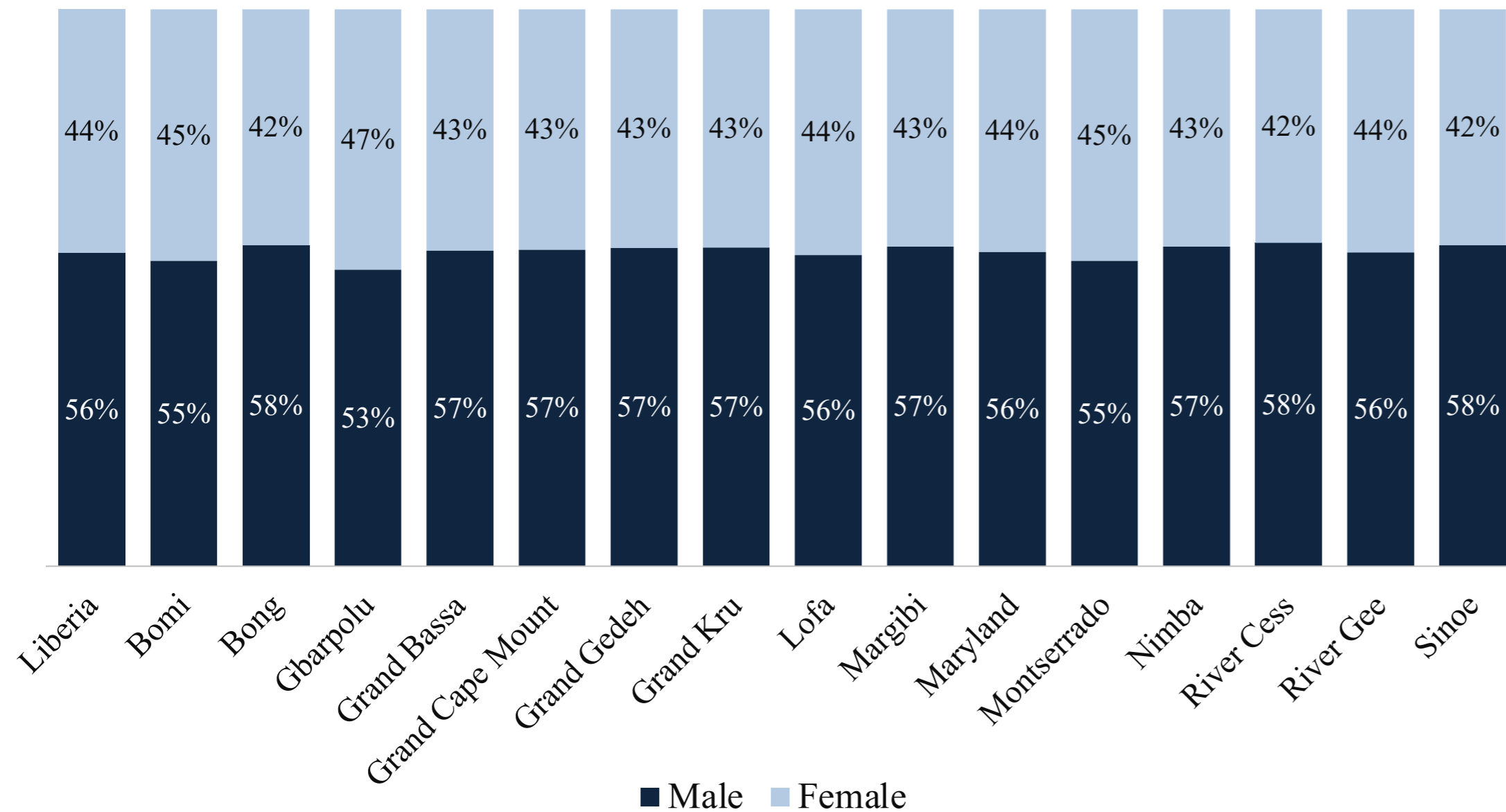


Average number of children ever born and surviving increases with age through to age group 45-49

This means that births data reported is accurate and can be used for mortality analysis



# Structure of lifetime migrant population

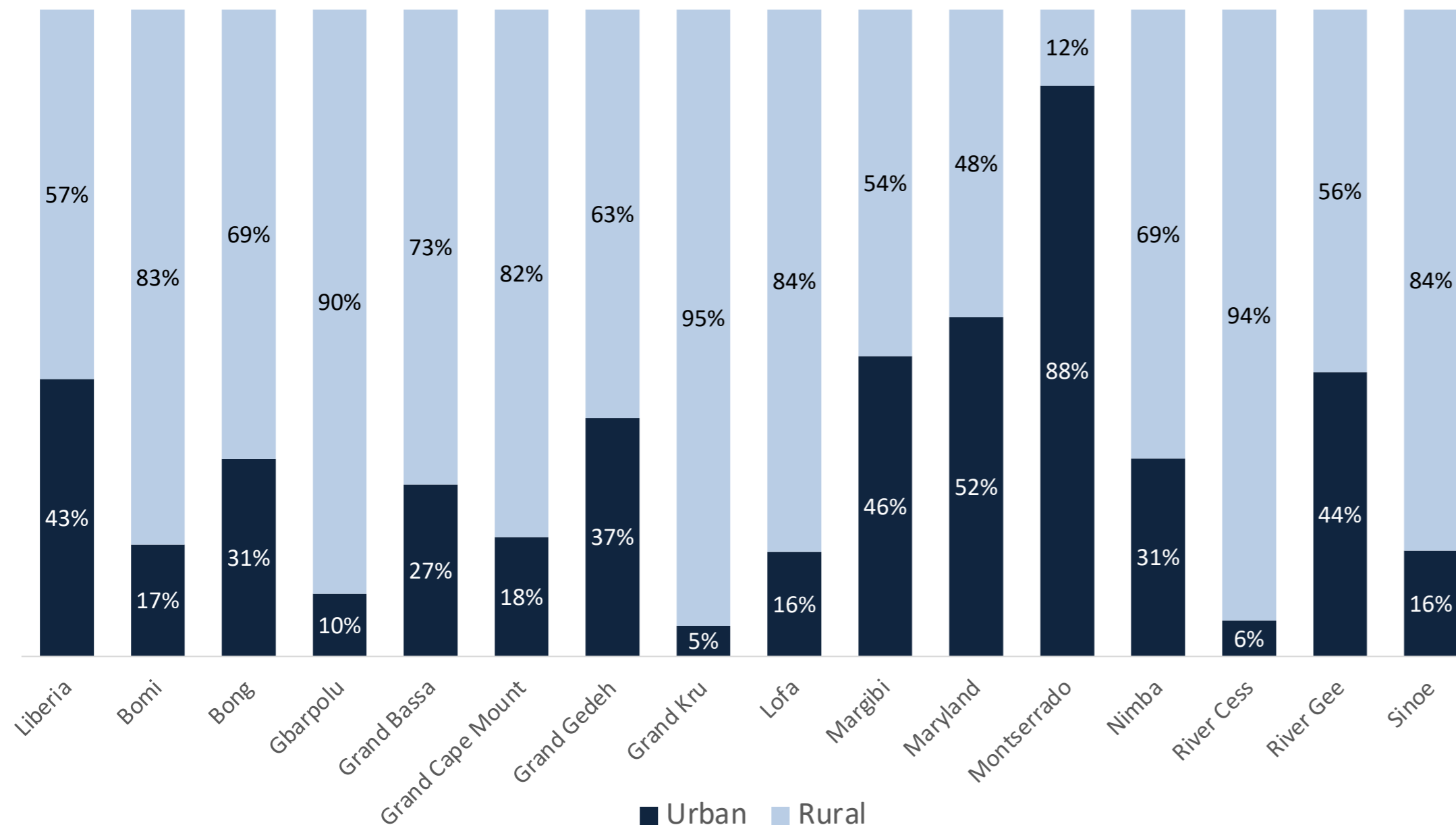


Males constitute 56% of household deaths. Sinoe, River Cess and Bong Counties recorded the highest (58%) male deaths.





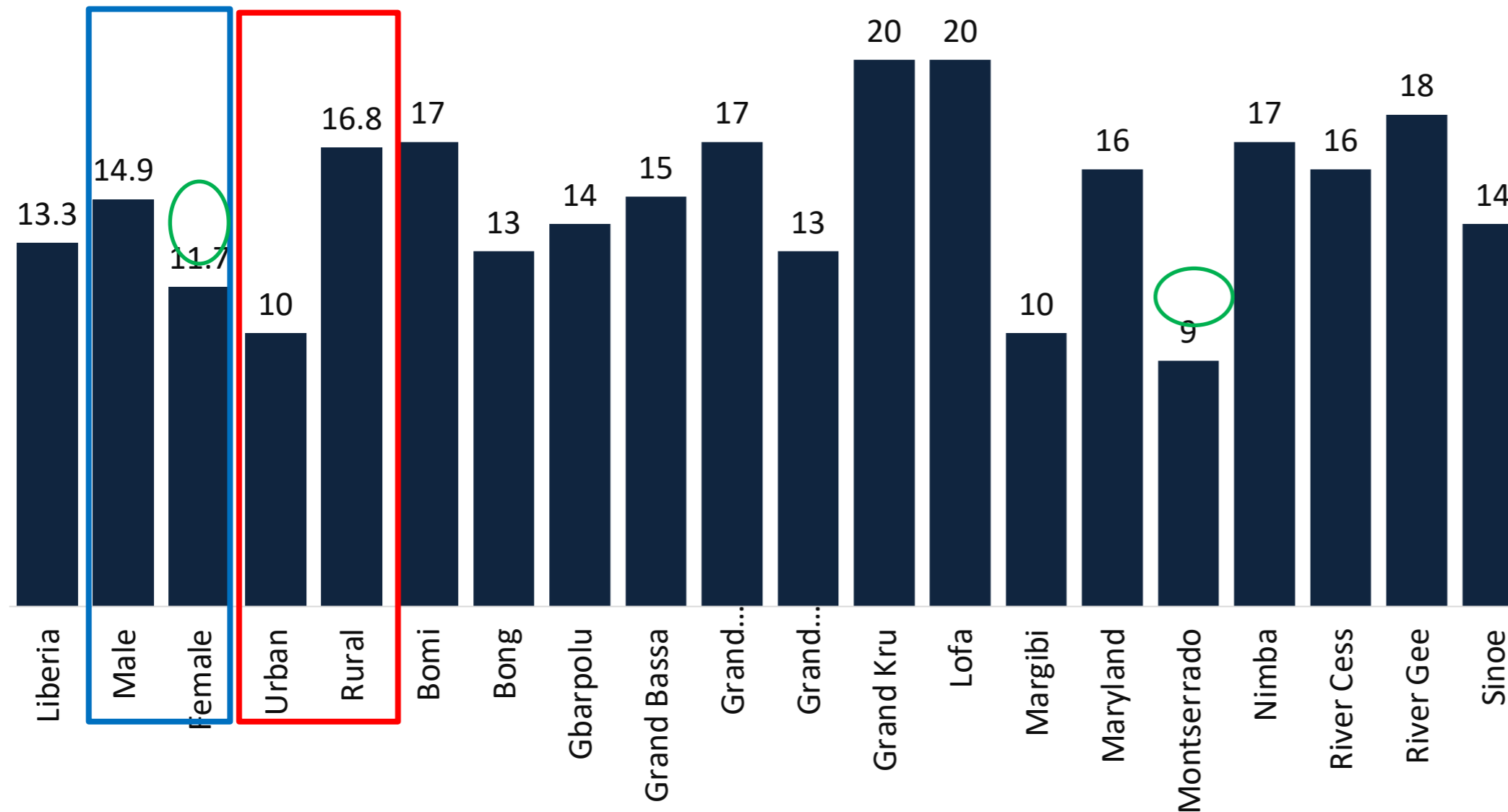
# Share of household deaths by residence and county



57% of household deaths occurred in rural areas while 43% of deaths occurred in urban. Montserrado, Grand Kru and River Cess recorded only 12%, 5% and 6% of deaths occurring in urban areas respectively



# Crude death rates: (Number of deaths/1,000 population in a given year)



Liberia's crude death rate in 2022 was 13.3

This means that about 13 death were reported per 1,000 people.

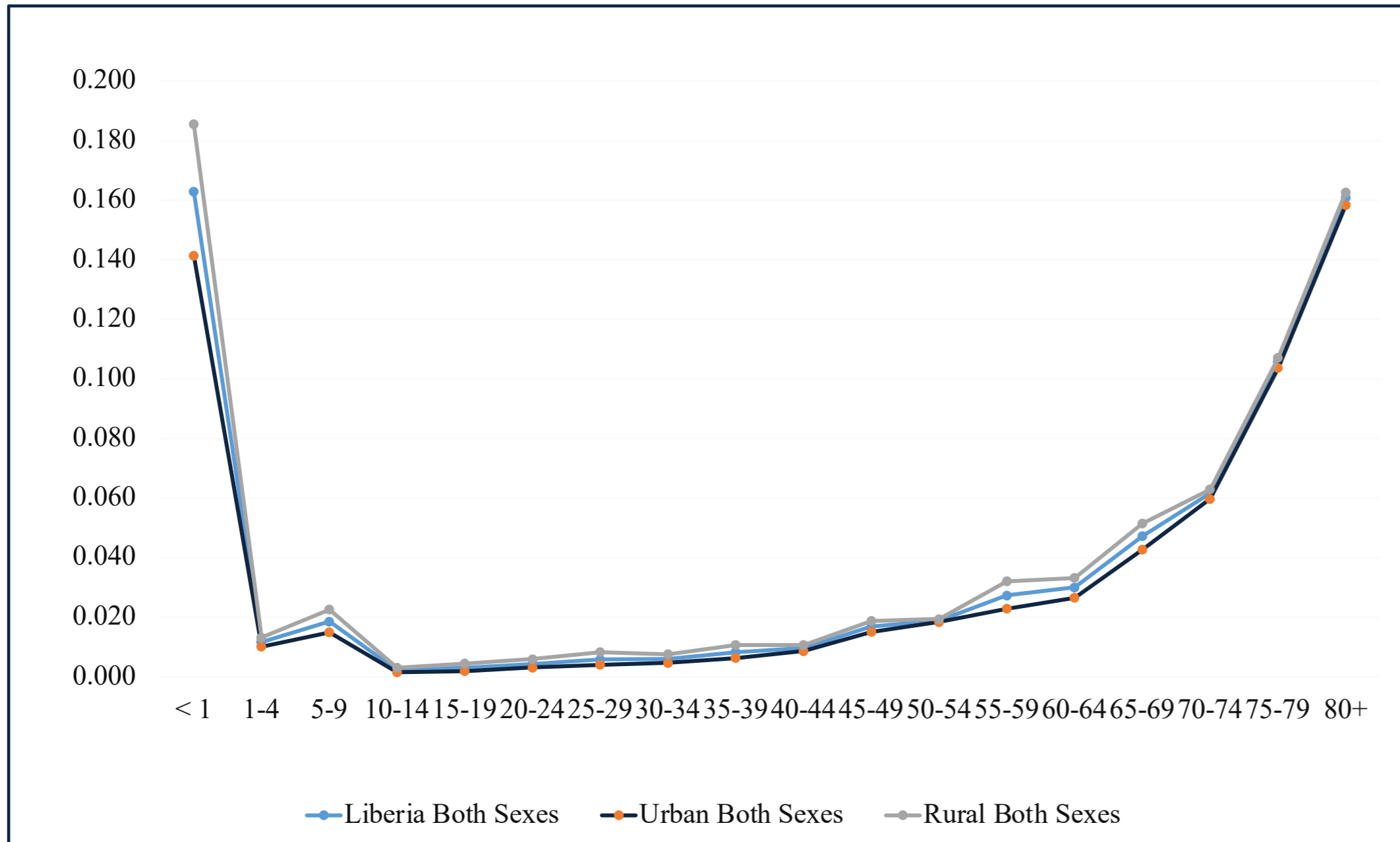
Male population reported about 3 death higher than females.

Rural population reported about 7 death higher than urban

Grand Kru & Lofa reported the highest crude death rate of 20 each with Montserrado accounting for the lowest in CDR.



# Age-specific death rates (ASDRs)

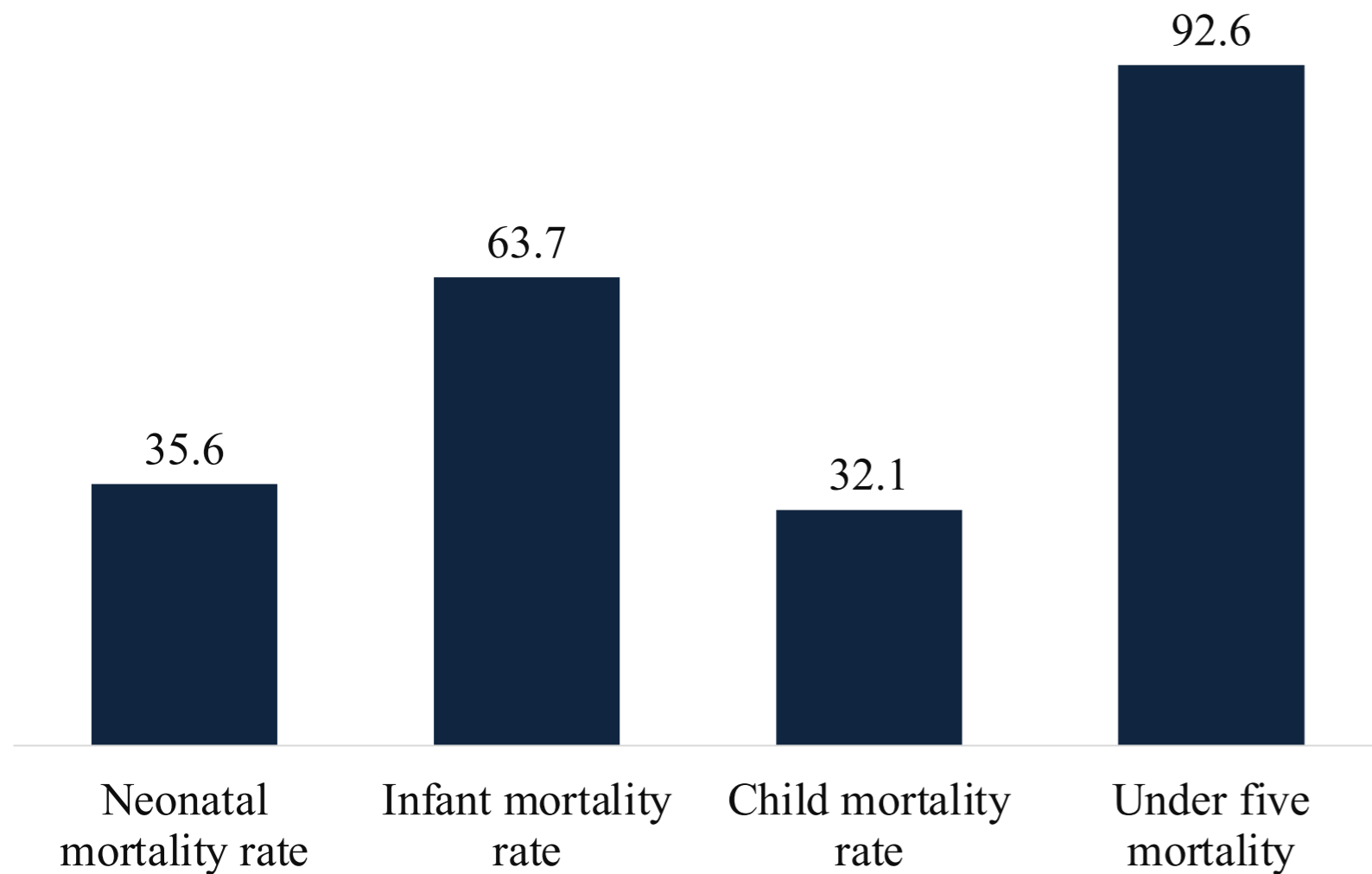


Typical of ASDRs, mortality was highest at ages 0-4 years declining to its lowest at ages 10-14 years and thereafter increased with age



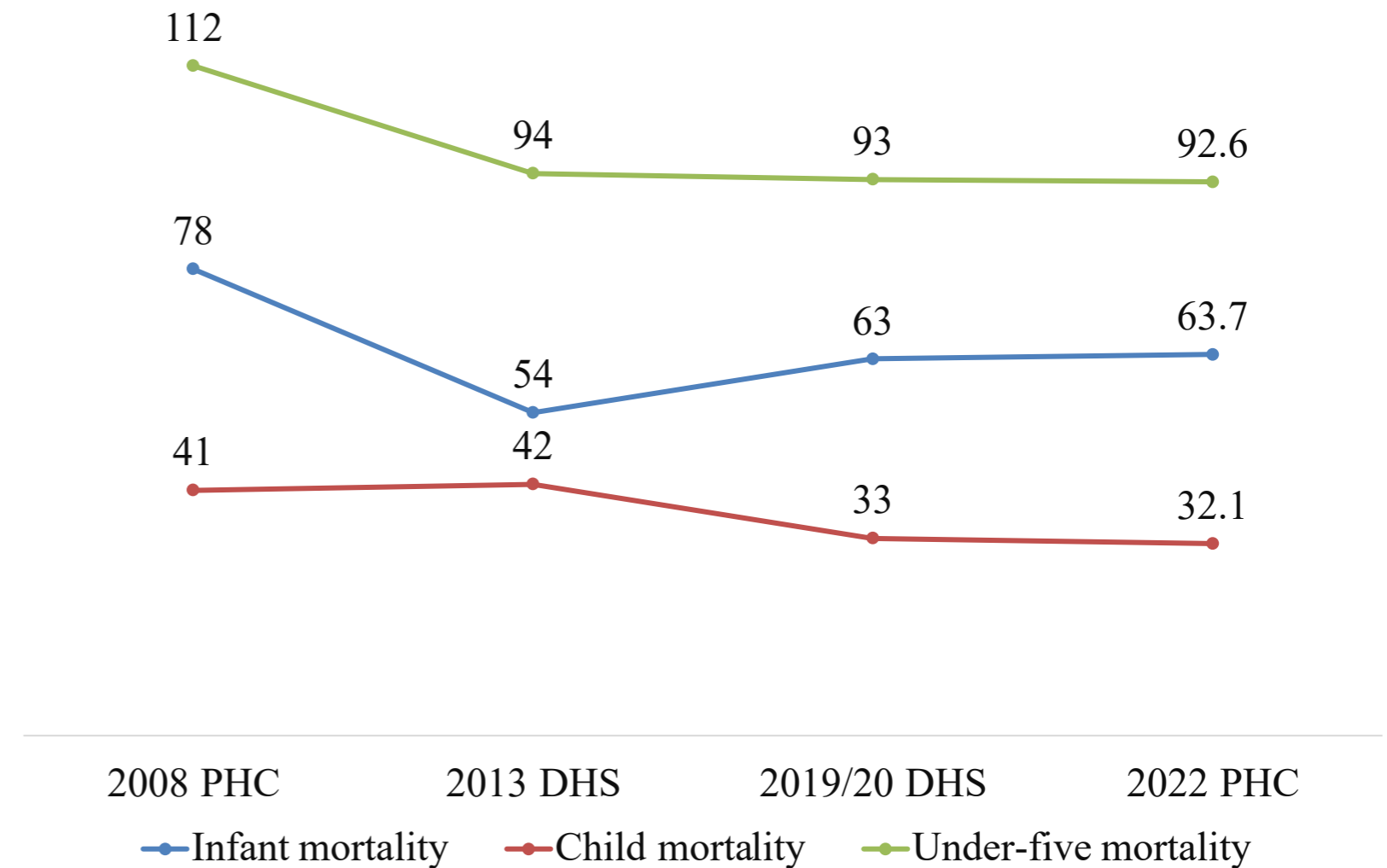
# Childhood Mortality Rates & Trends

### Childhood mortality rates



Under-5 mortality accounts for the highest childhood mortality rate (92.6 death per 1,000 live births) followed by infant mortality rate (63.7 death per 1,000 live births)

### Trends in childhood mortality indices

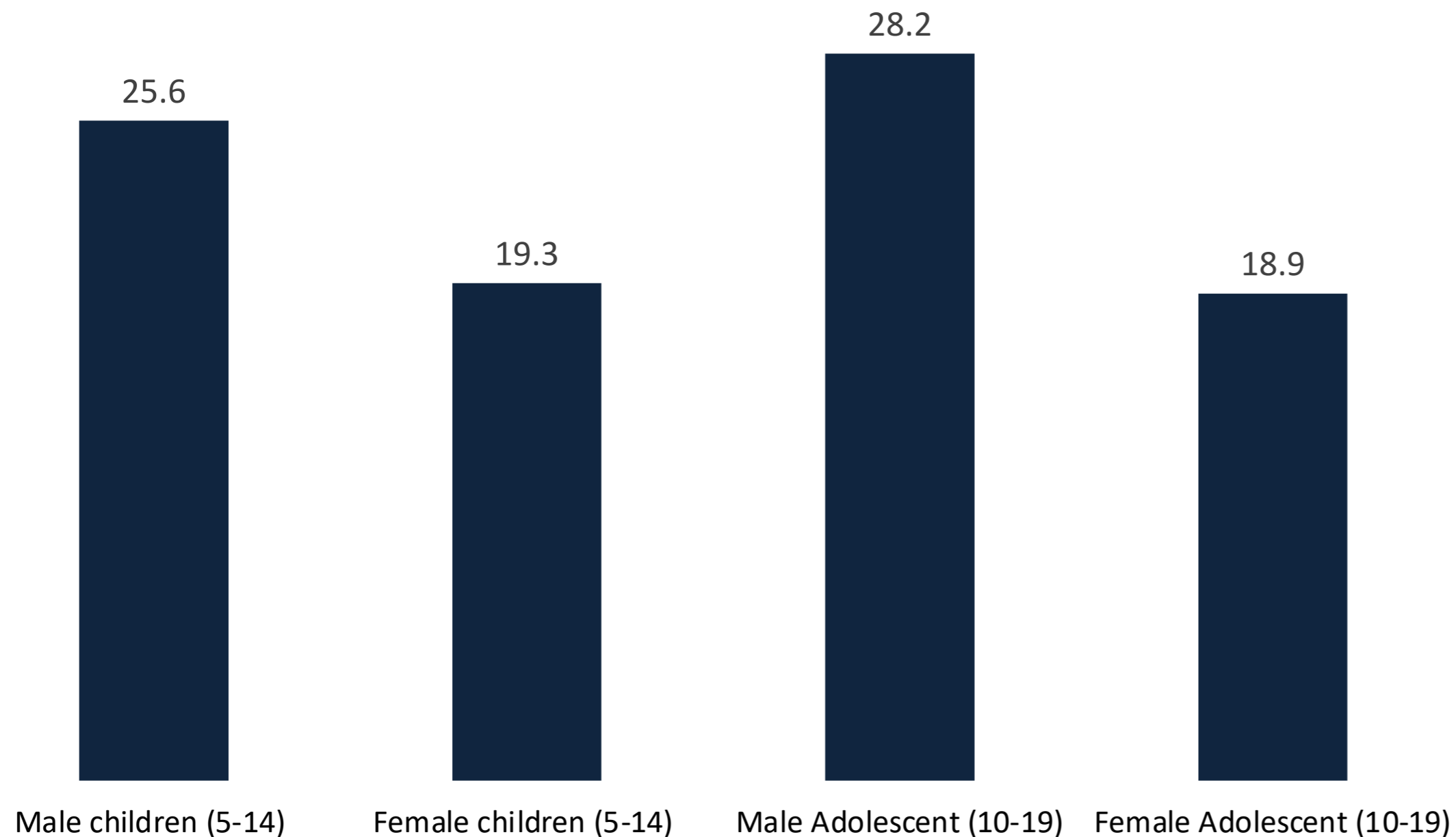


Overall, there has been marked improvement in childhood mortality rates since 2008. Infant mortality rose marginally

Under-five mortality has decreased consistently since 2008, though marginal from 2013 to 2022



# Children (5-14 years) and adolescent mortality



Male children (5-14 years) and male adolescents have higher mortality than their female counterparts

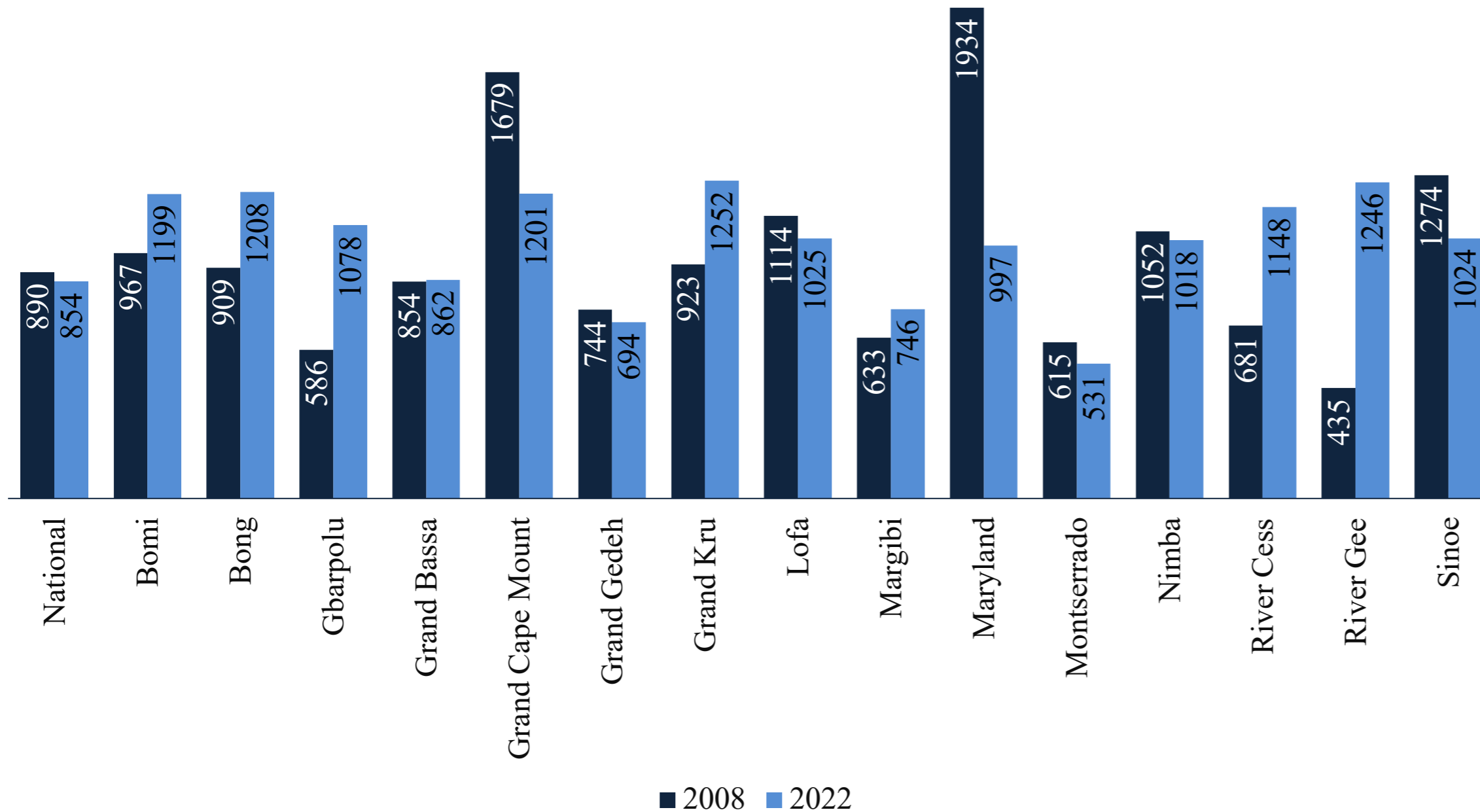


## Adult Mortality and Maternal Mortality

- ❑ Adult mortality is defined as number of adult males or females currently aged 15 years that will die before reaching their 60th birthday if the mortality conditions at the time prevail
- ❑ Maternal mortality ratio (MMR) is the number of maternal deaths divided by the number of live births multiplied by 100,000
- ❑ Maternal deaths are any deaths that occur during pregnancy or childbirth or within 42 days after the birth or termination of a pregnancy, excluding deaths due to accidents or violence
- ❑ Maternal mortality ratio for Liberia is 854 per 100,000 live births meaning for every 1,000 births in Liberia, about nine women die during pregnancy, childbirth, or within 42 days of the end of a pregnancy from causes other than accidents or violence



# Maternal mortality by county in 2008 and 2022



Nationally, maternal mortality ratio (MMR) has decreased by 36 between 2008 and 2022 with Montserrado reporting the lowest (531/100,000 live births)

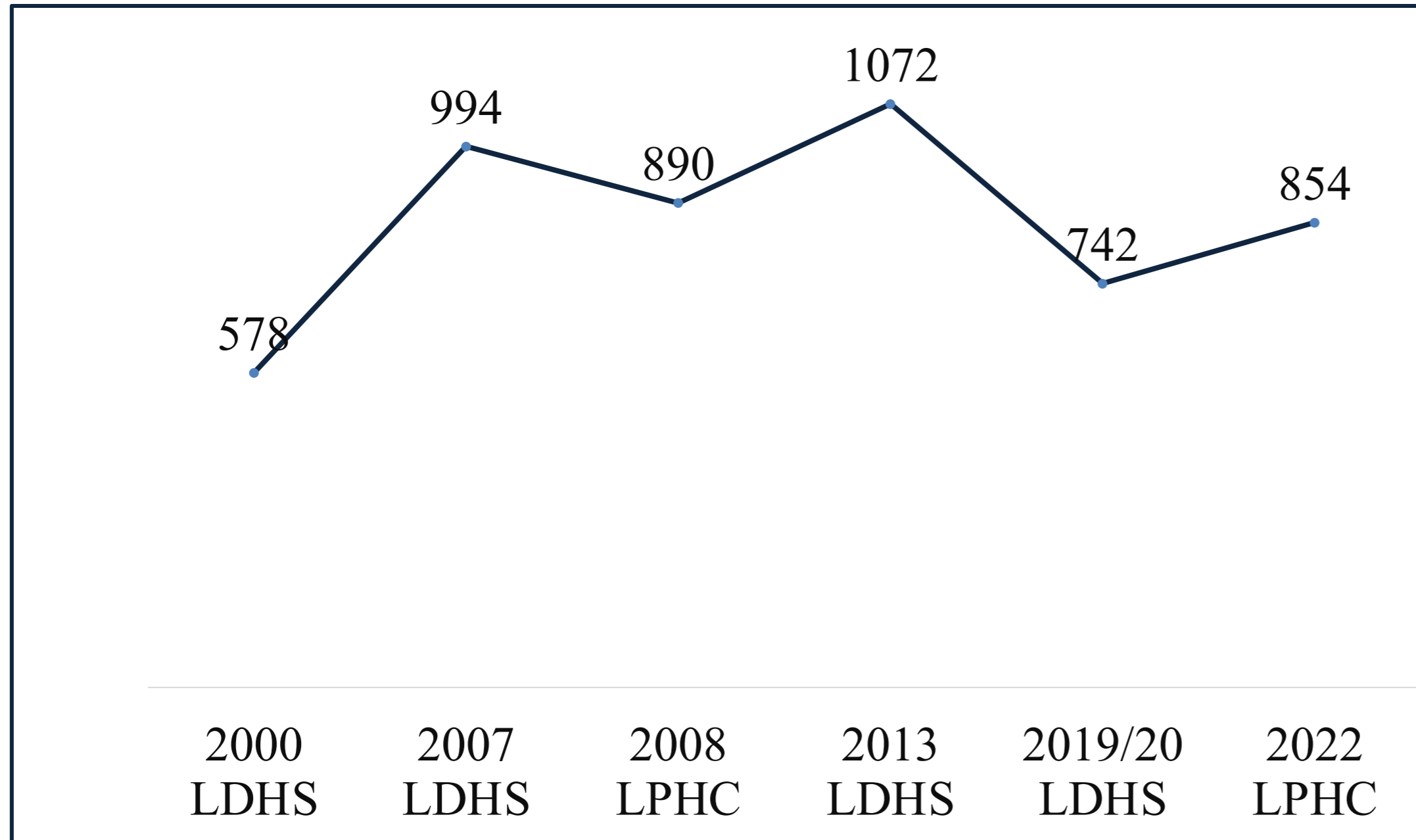
MMR increased in 8 counties (Bomi, Bong, Gbarpolu, Grand Kru, River Cess and River Gee)

MMR decreased in 2 counties (Grand Cape Mount and Maryland)

River Cess, River Gee and Gbarpolu worse off in 2022 with the highest increase in MMR.



# Trends in maternal mortality



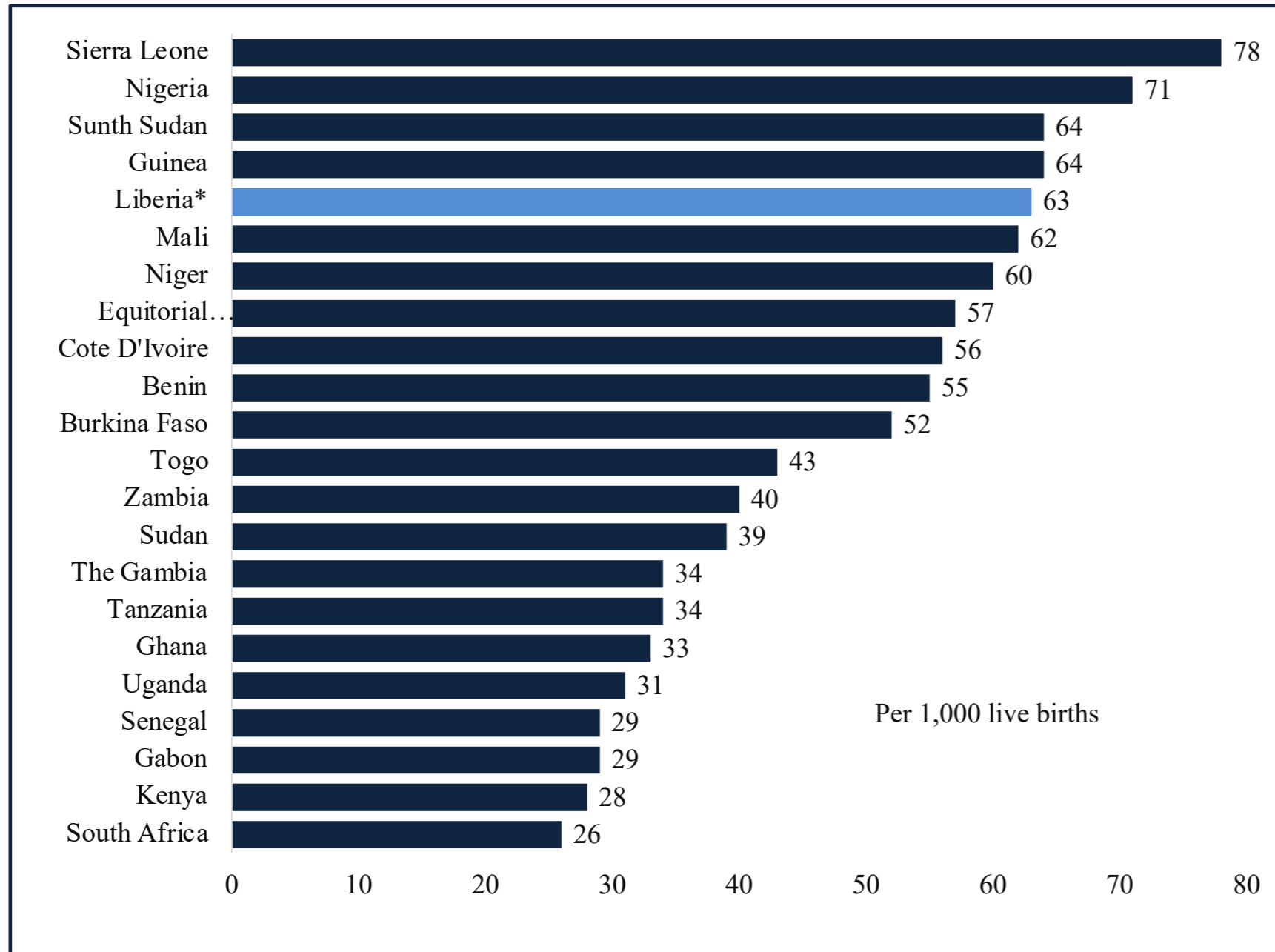
MMR had not shown any consistency between 2000 and 2022.



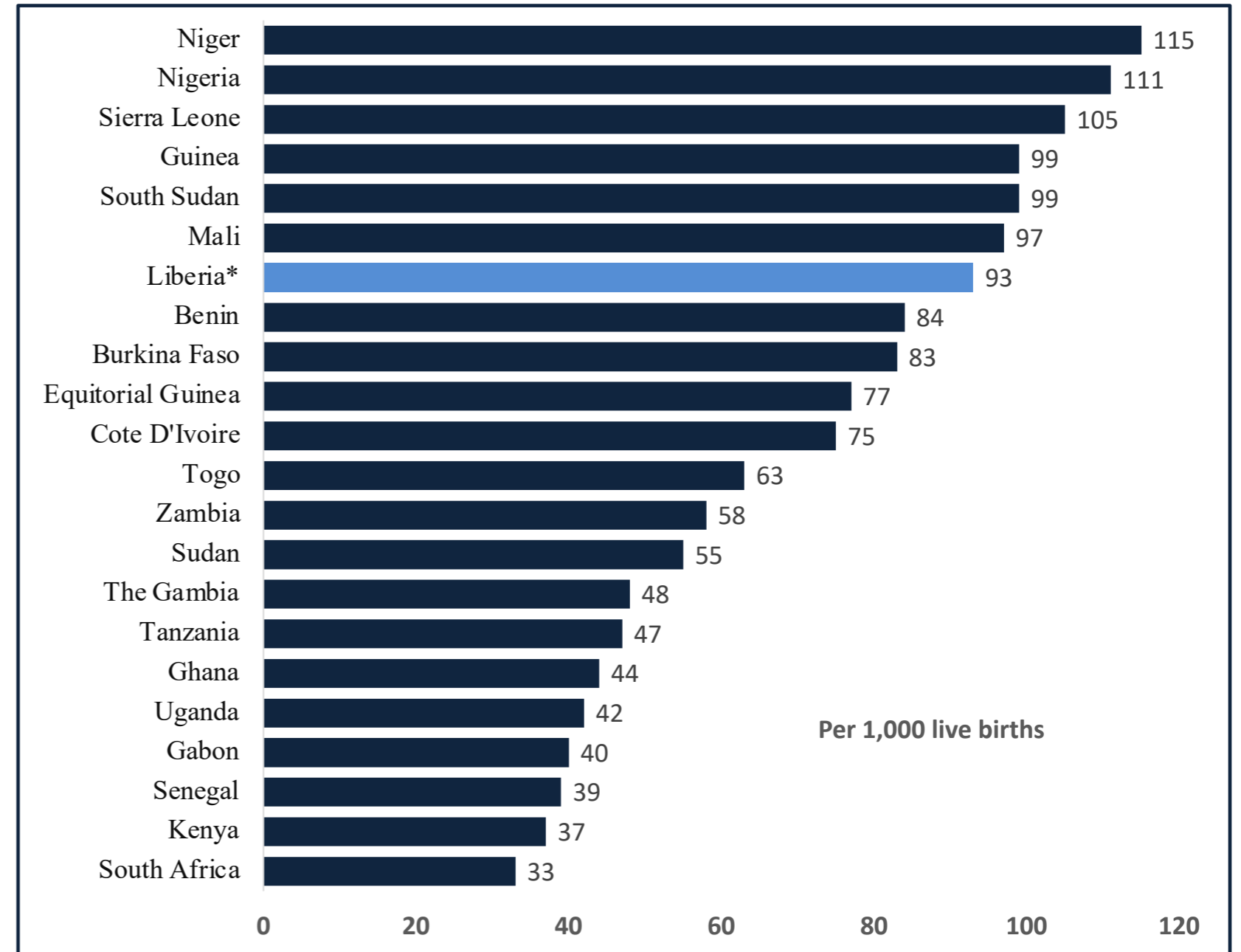


# Comparison of mortality rates in Liberia and selected sub-Saharan African countries

### Infant mortality rates



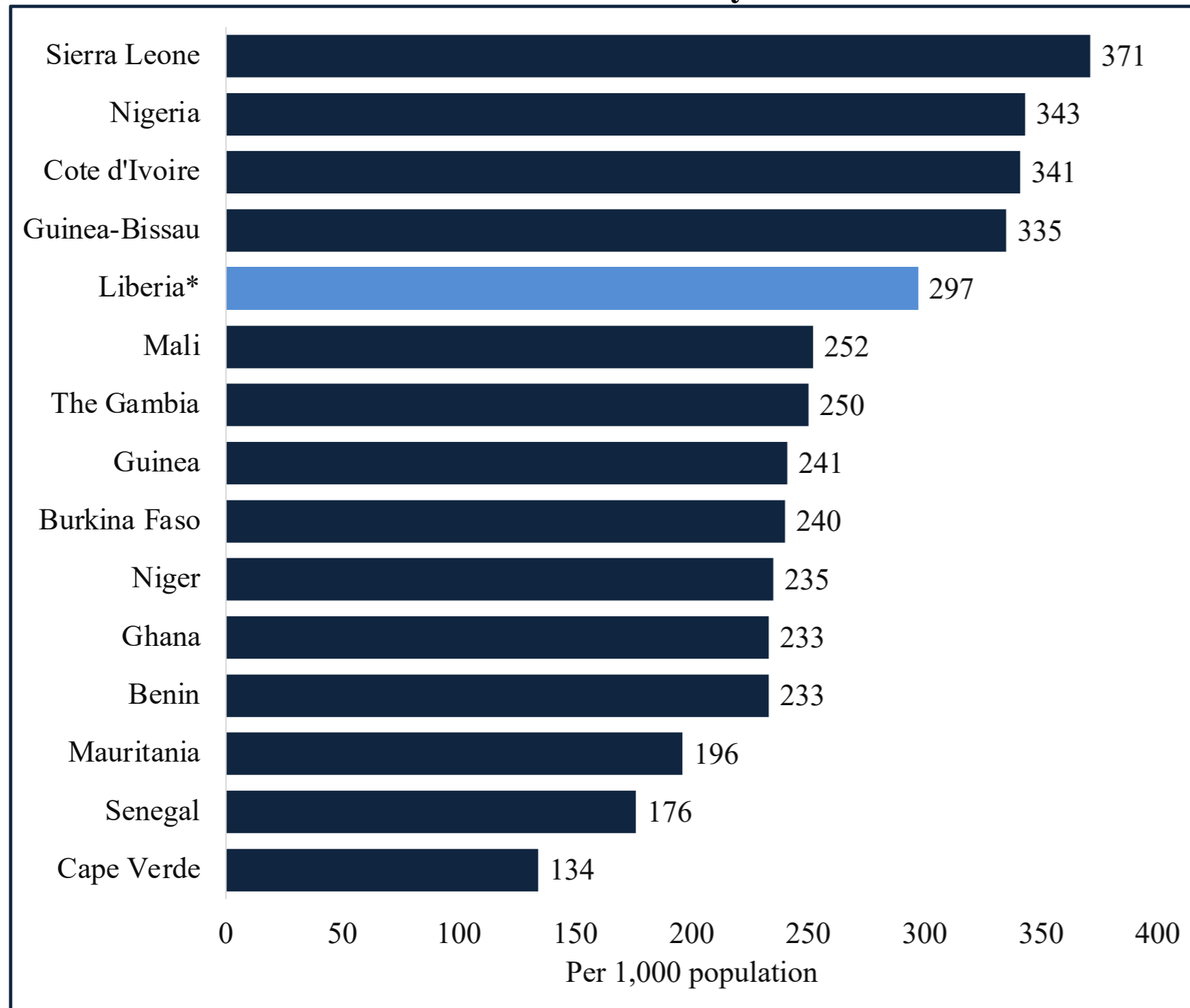
### Under-five mortality rates Source: <http://data.unicef.org>



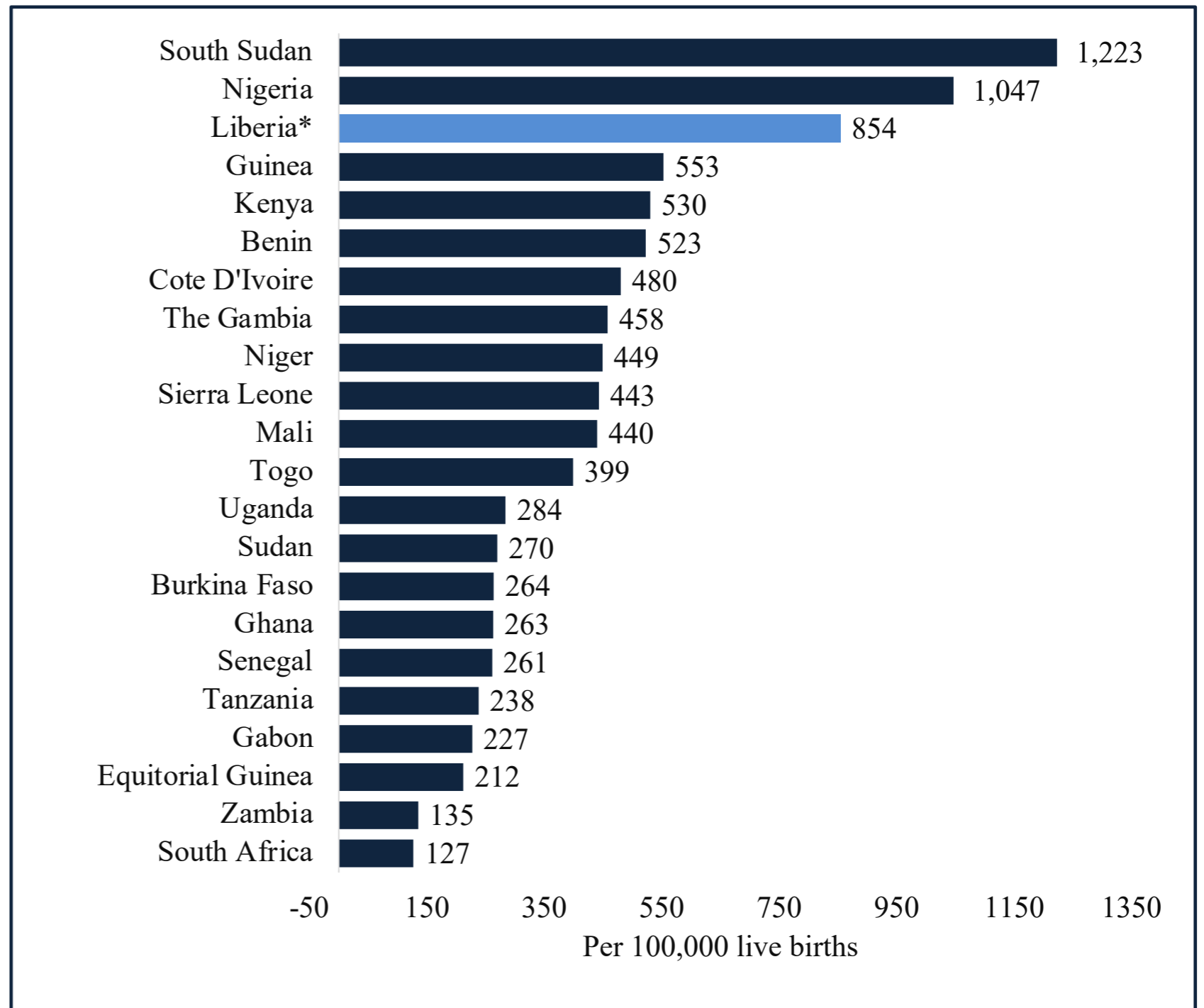


# Comparison of mortality: Liberia and selected sub-Saharan African countries

### Adult mortality rates



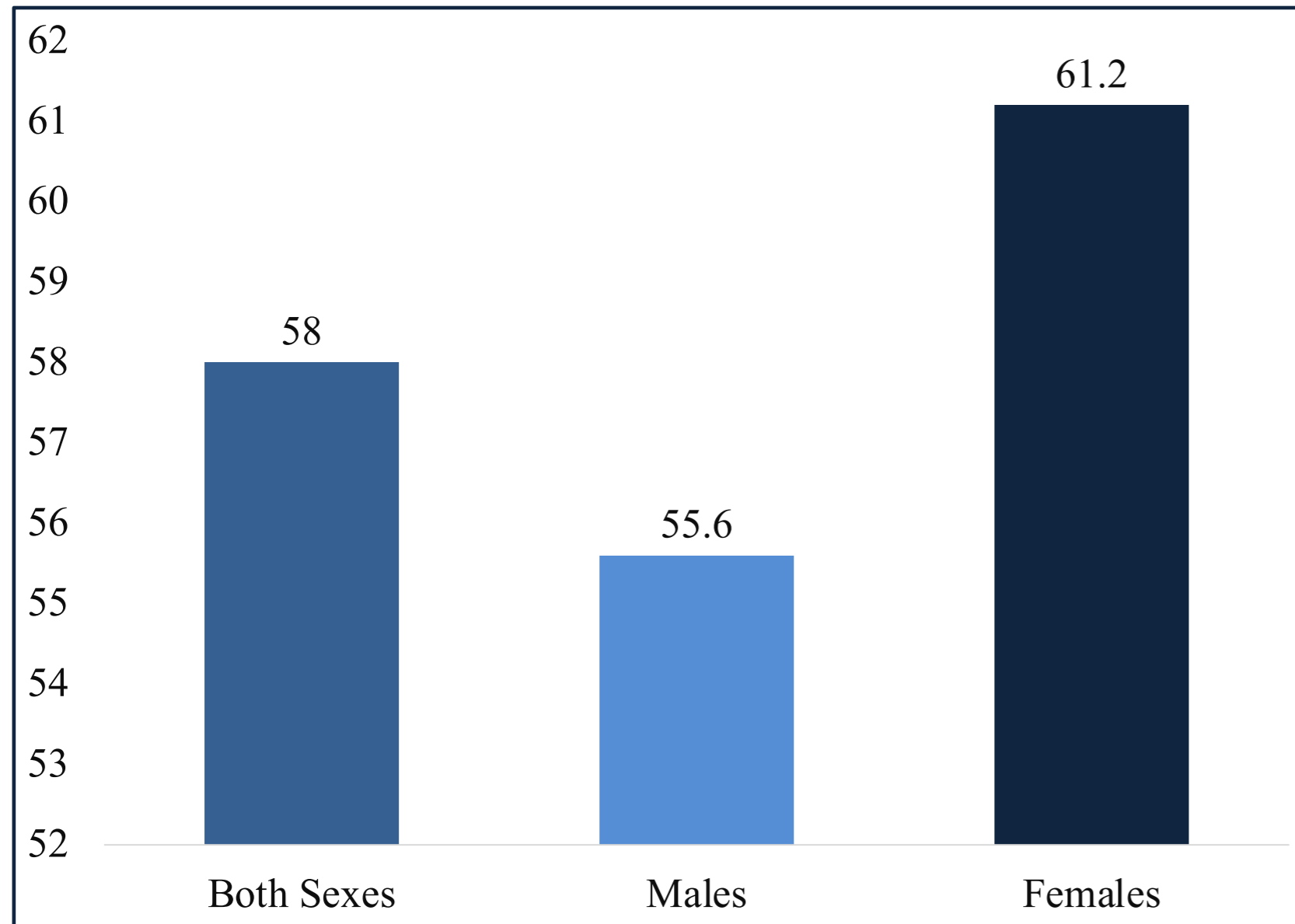
### Maternal mortality ratios





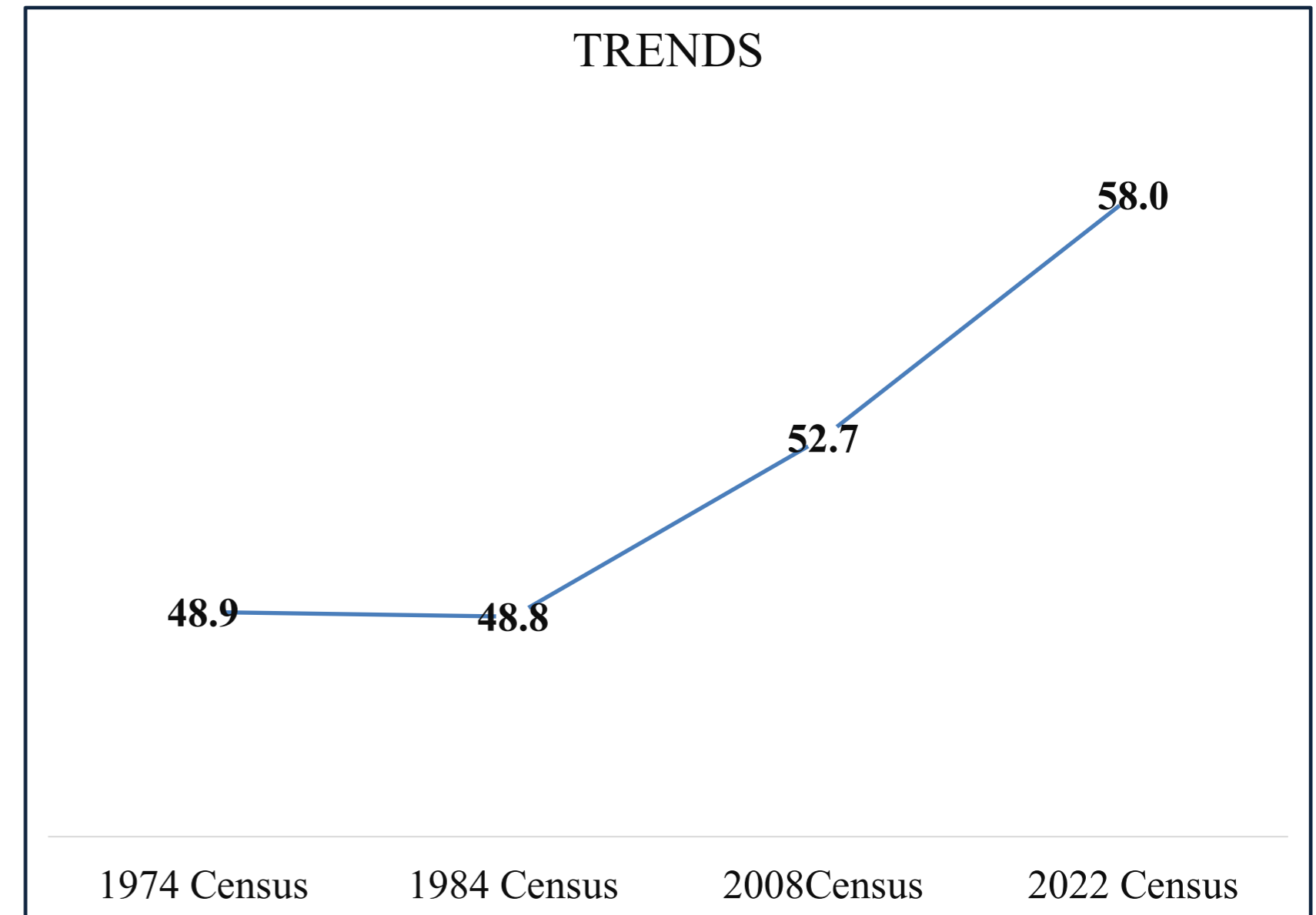
# Life Expectancy at Birth and Trends

### Life Expectancy of Liberia



❑ Females have the highest life expectancy (61.2yrs) than males (55.6yrs).

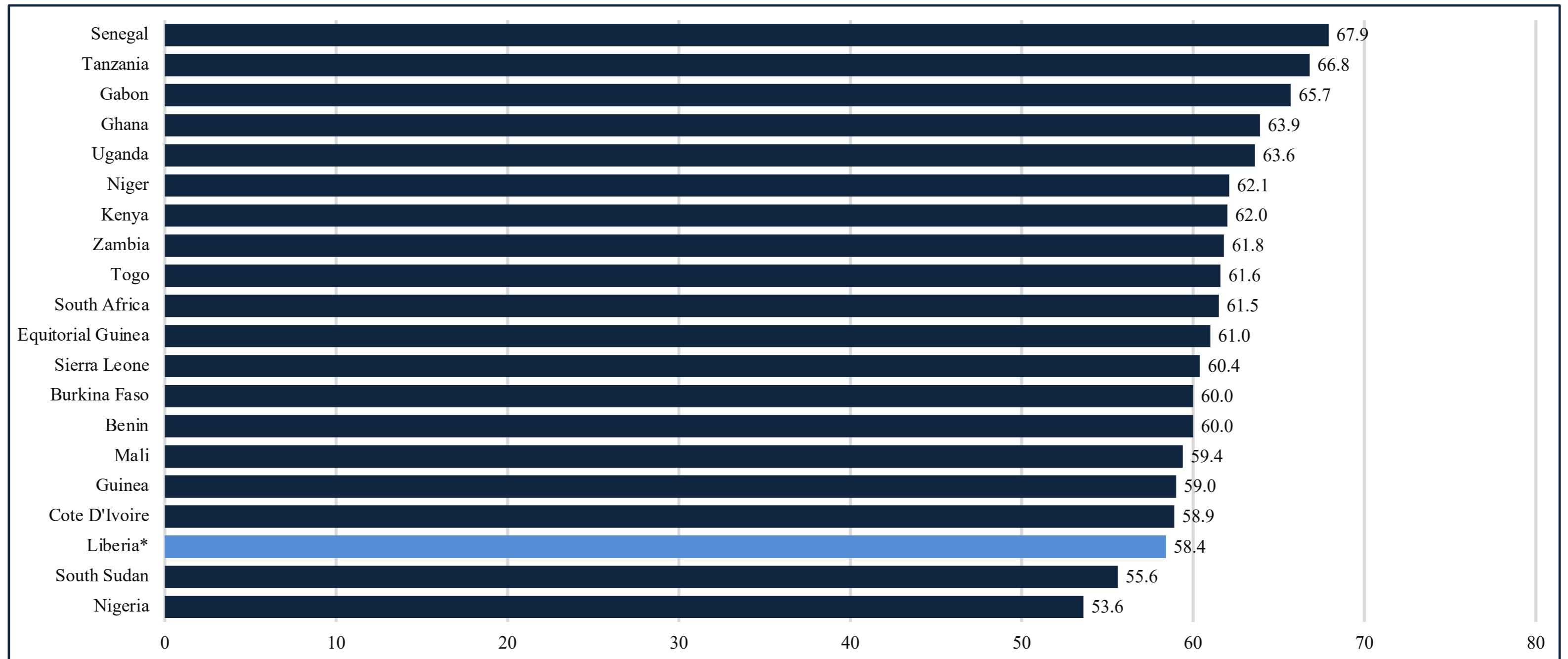
### Trends in the Life Expectancy of Liberia



❑ Life expectancy at birth has increased over time. The estimated life expectancy at birth is 58 years.



# Comparison of Life Expectancy of Liberia with selected sub-Saharan African countries

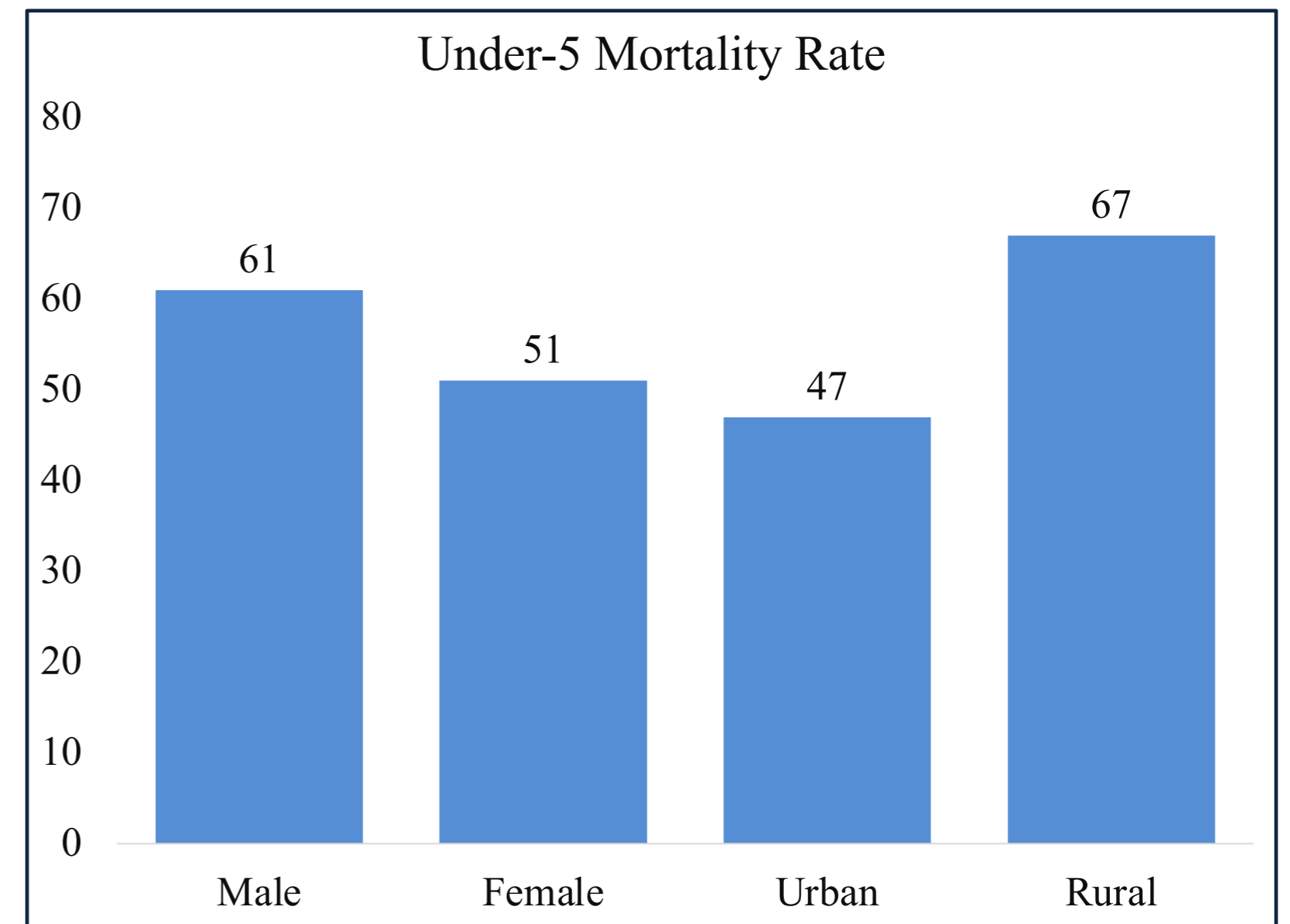
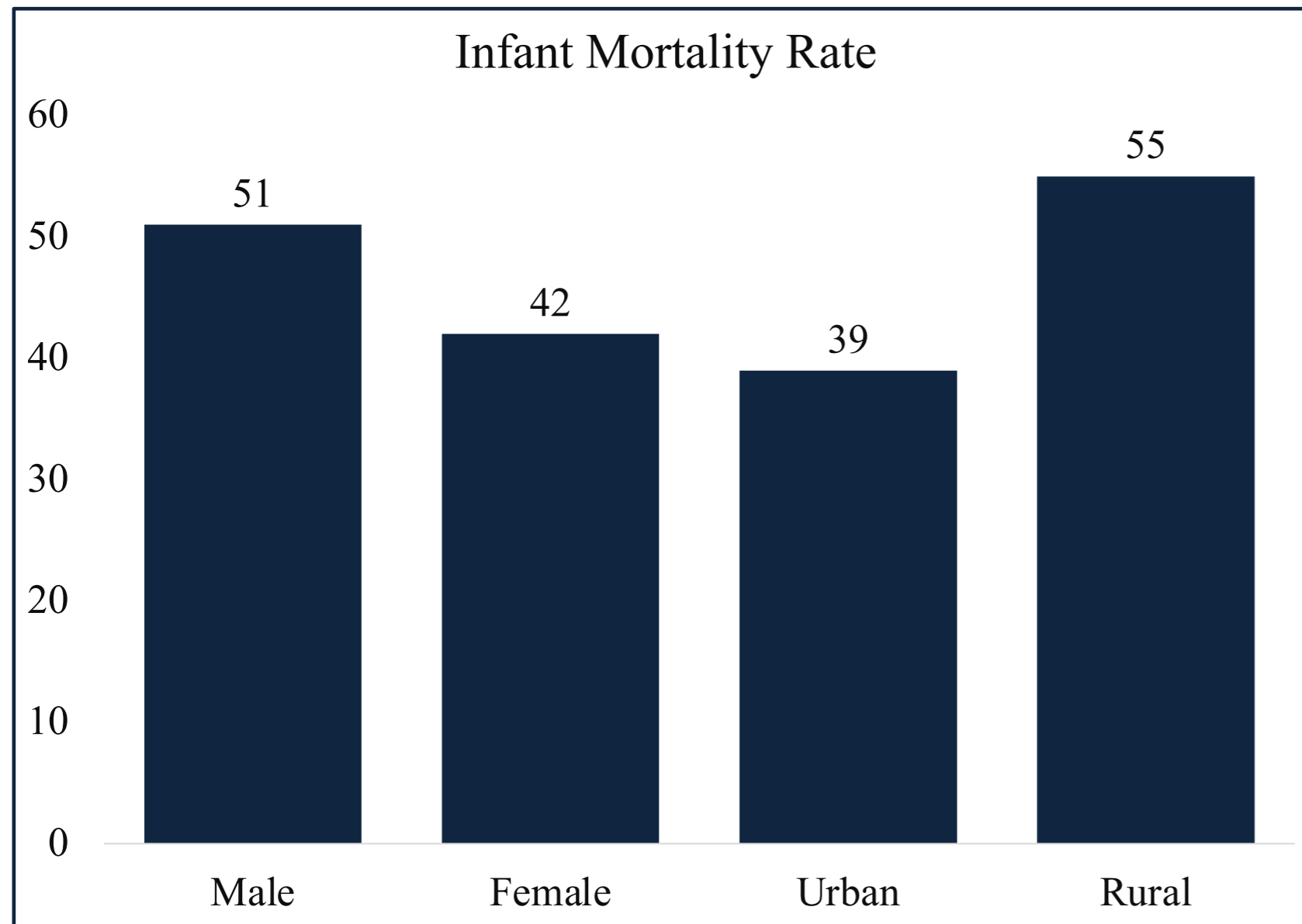


Liberia has lower life expectancy at birth than many countries in sub-Saharan Africa.

*(Source: World Population Prospects, 2022)*



## Sex and locality differentials in mortality

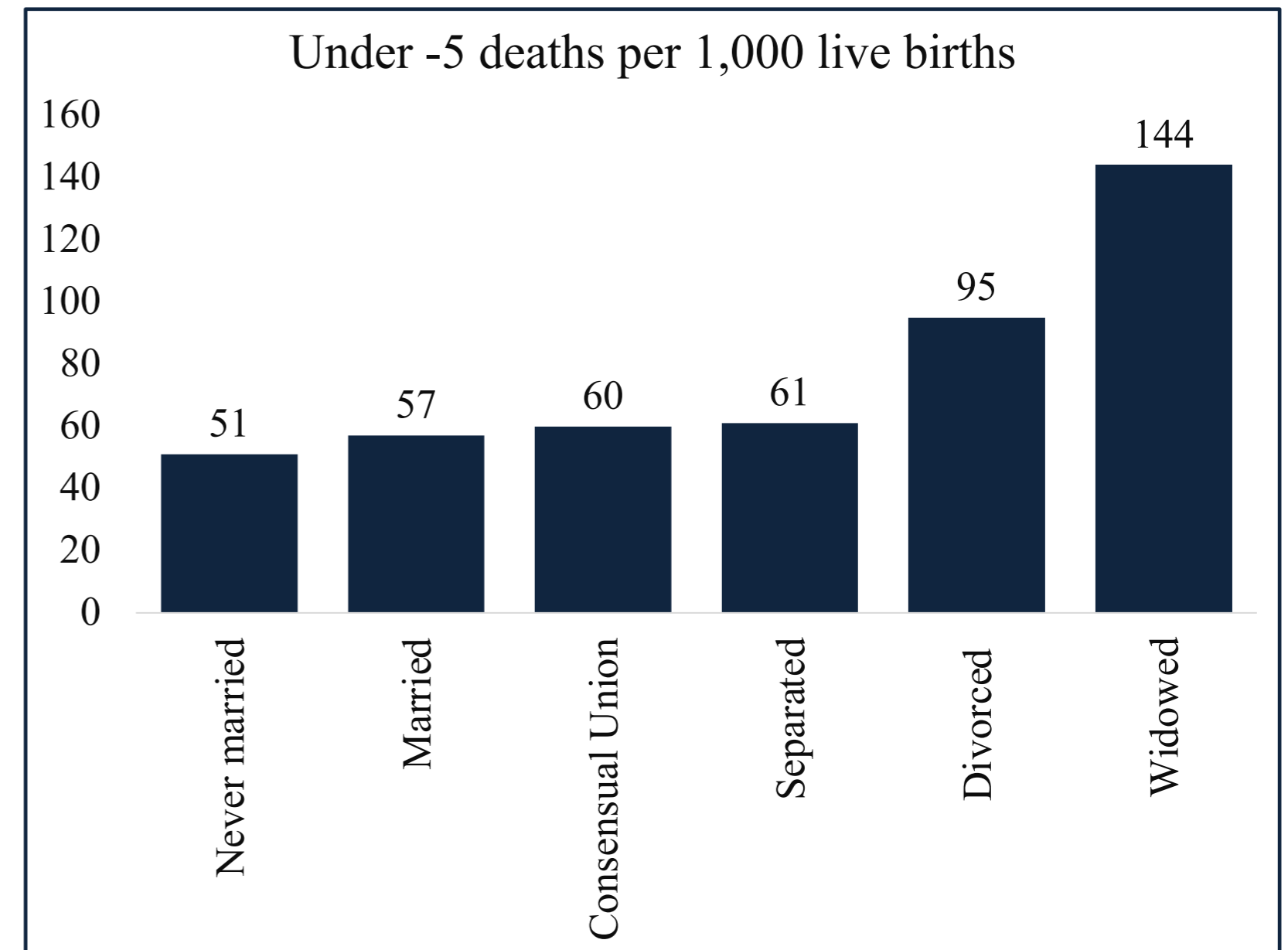
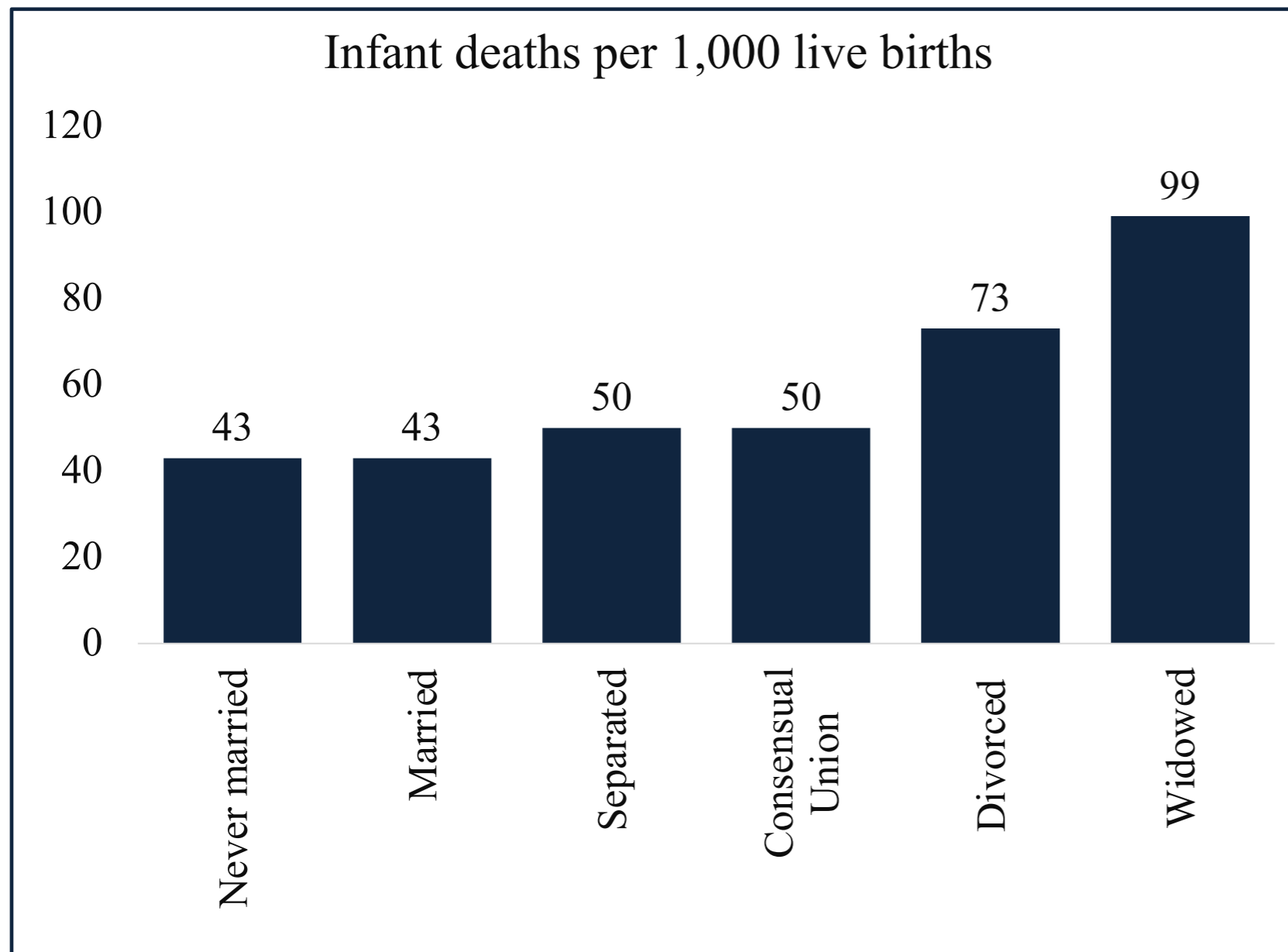


❑ Infant deaths is highest among males (51/1,000 live births) than females (42/1,000 live births) and highest in Rural (55/1,000 live births) than urban areas (39/1,000 live births)

❑ Under-five deaths is highest among males (61/1,000 live births) than females (51/1,000 live births) and highest in Rural (67/1,000 live births) than urban areas (47/1,000 live births)



# Infant and Under-5 Mortality Rate by Mothers' Marital Status

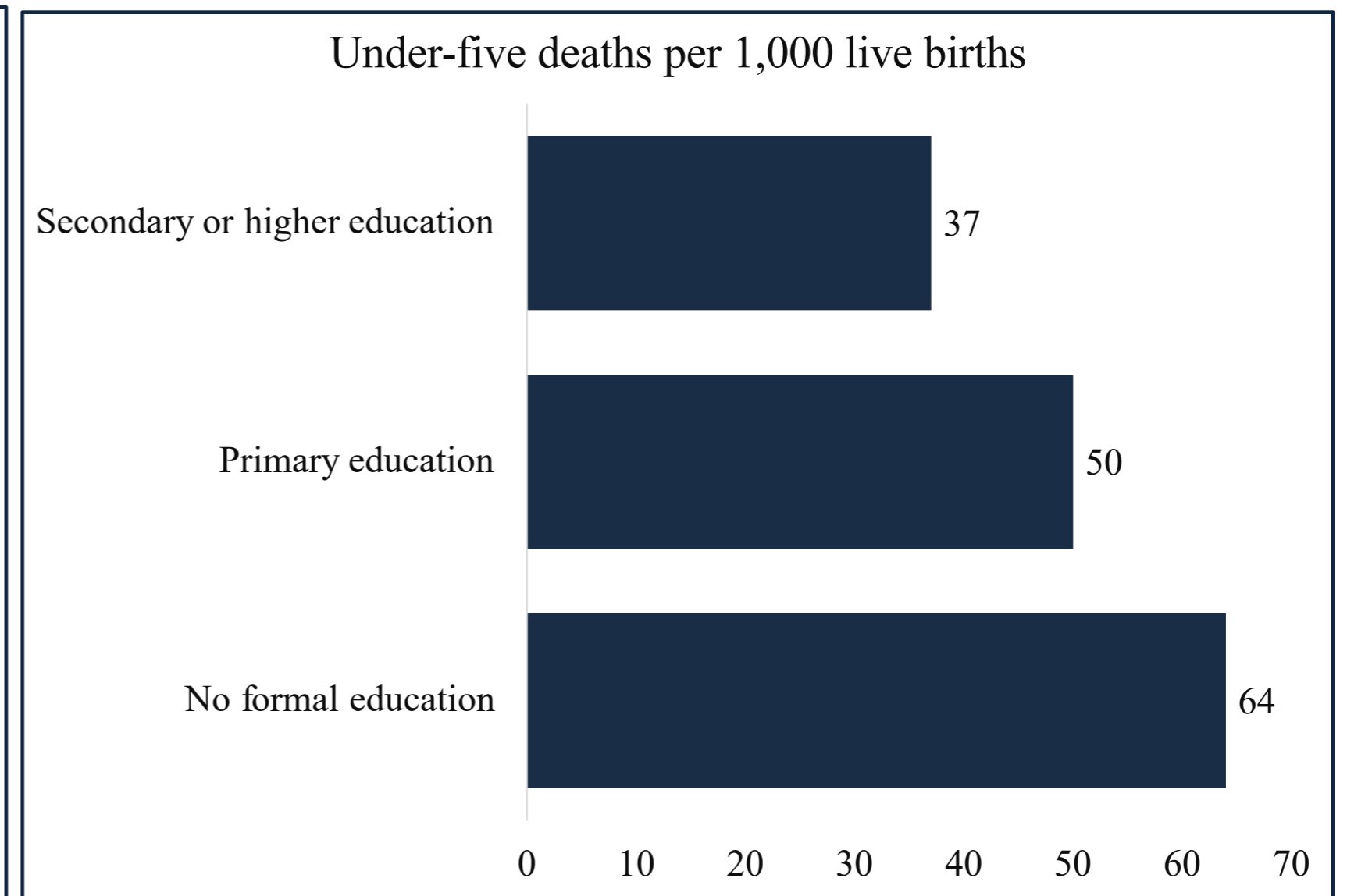
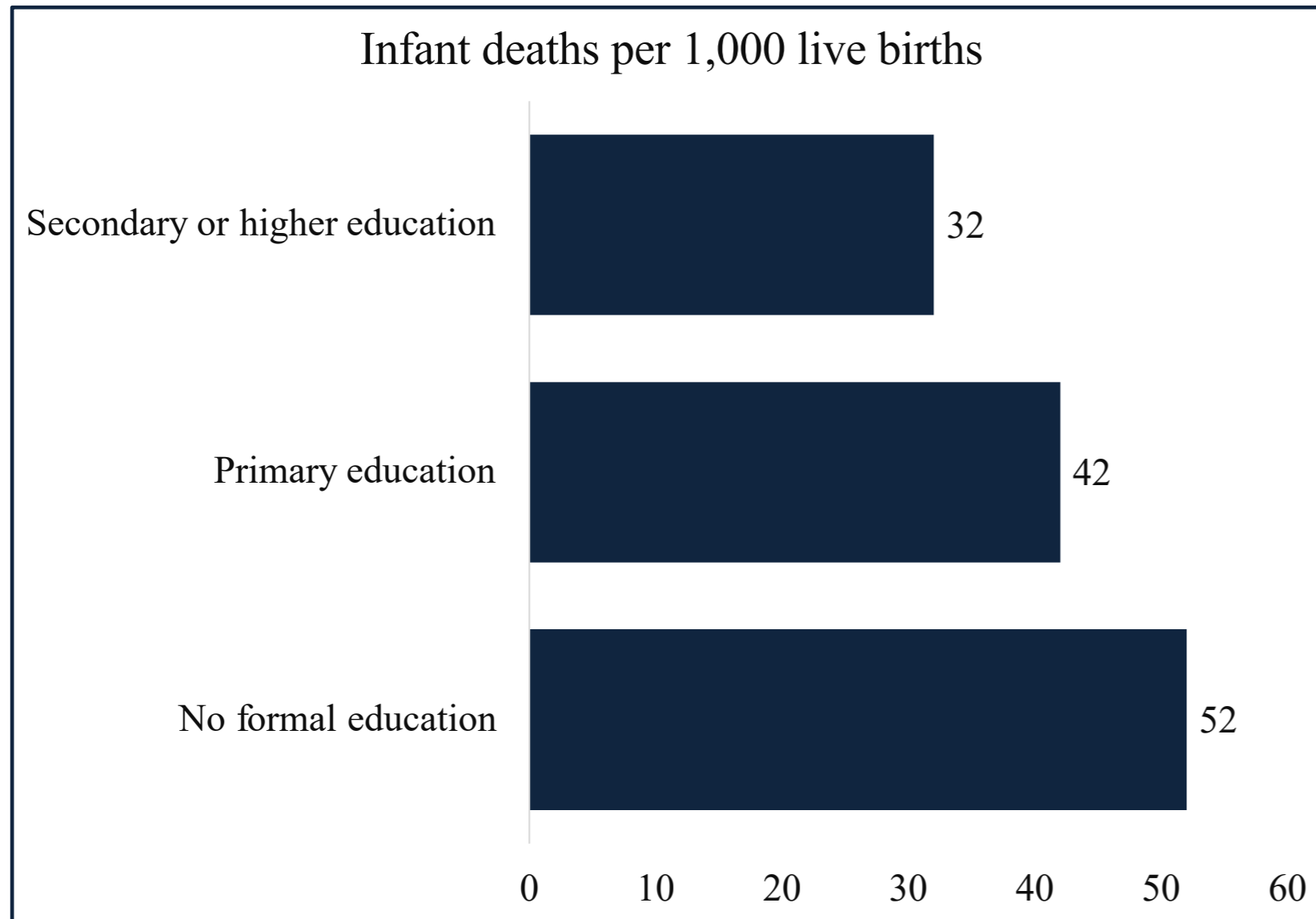


❑ Infant deaths are highest among widowed (99/1,000 live births) and Divorced women (73/1,000 live births) and lowest among never married and married women (43/1,000 live births)

❑ U-5 mortality are highest among widowed (144/1,000 live births) and Divorced women (95/1,000 live births) and lowest among never married women (51/1,000)



# Infant and Under-5 Mortality Rate by Mothers' Educational Levels

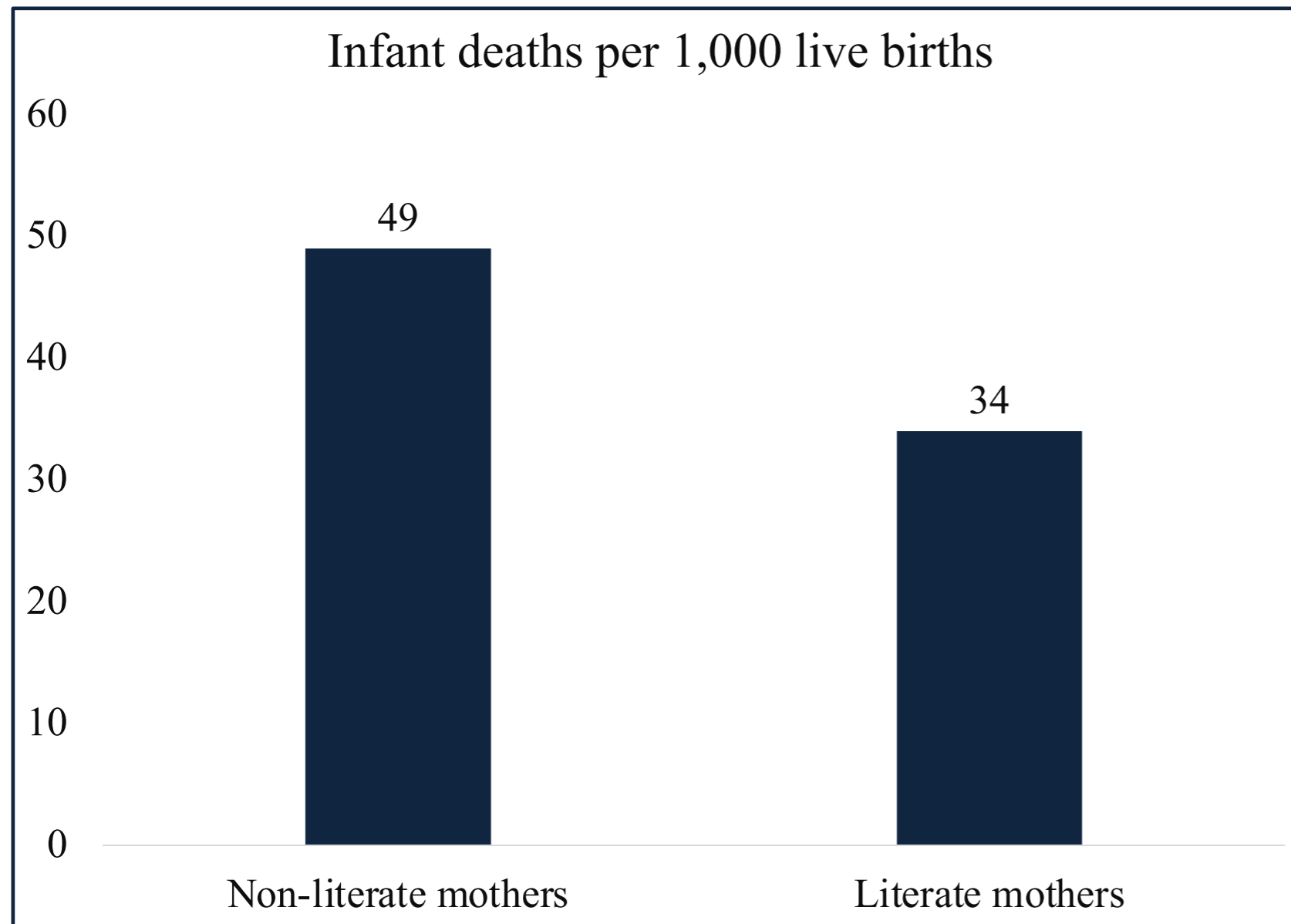


❑ Infant deaths are highest among females with no formal education (52/1,000 live births) and lowest among females with secondary and higher education (32/1,000 live births)

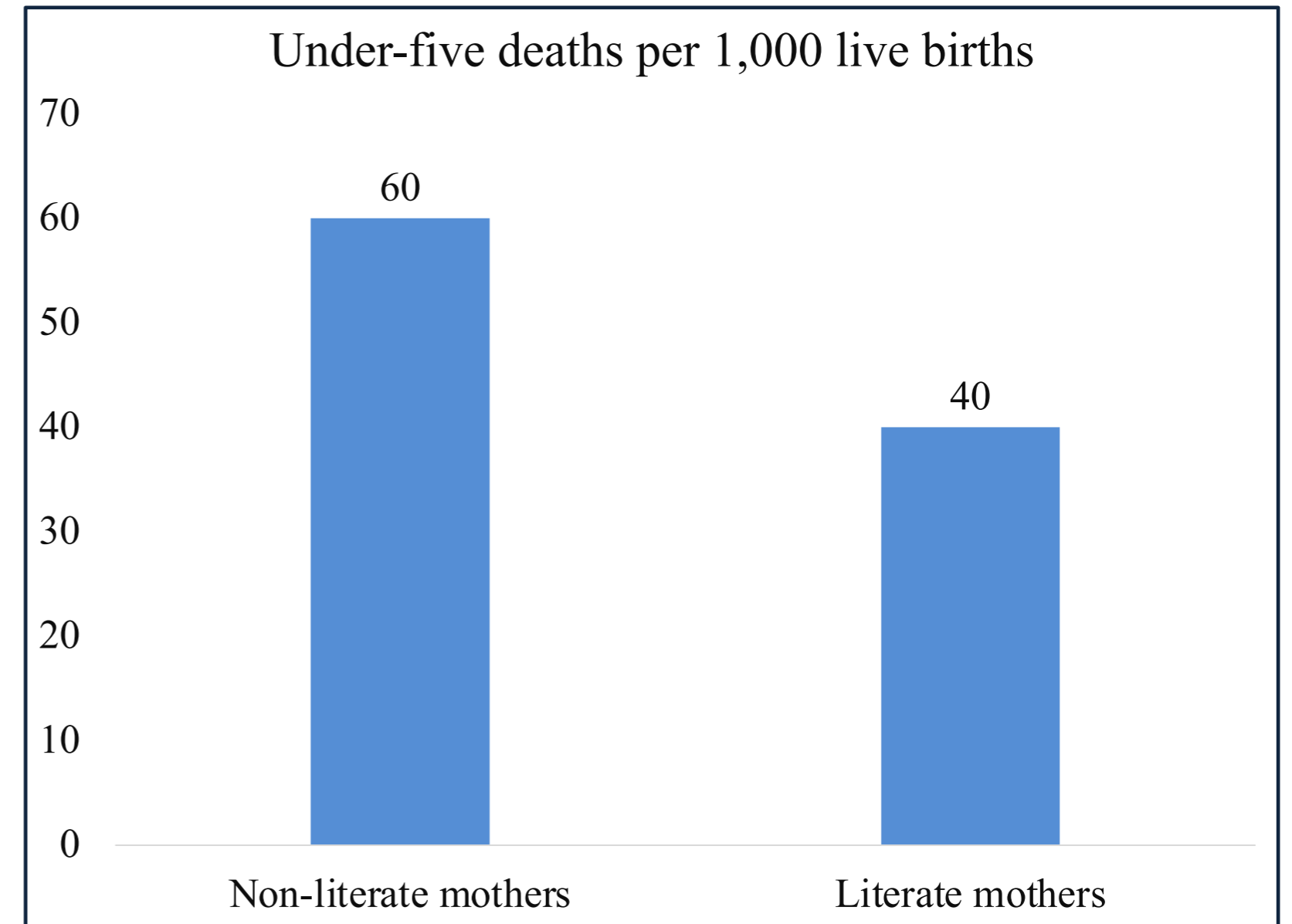
❑ U-5 mortality are highest among females with no formal education (64/1,000 live births) and lowest among females with secondary and higher education (37/1,000).



## Infant and Under-5 Mortality Rate by Mothers' Literacy



❑ Infant deaths are highest among mothers that are non-literate (49/1,000 live births) and lowest among mothers that are literate (34/1,000 live births).

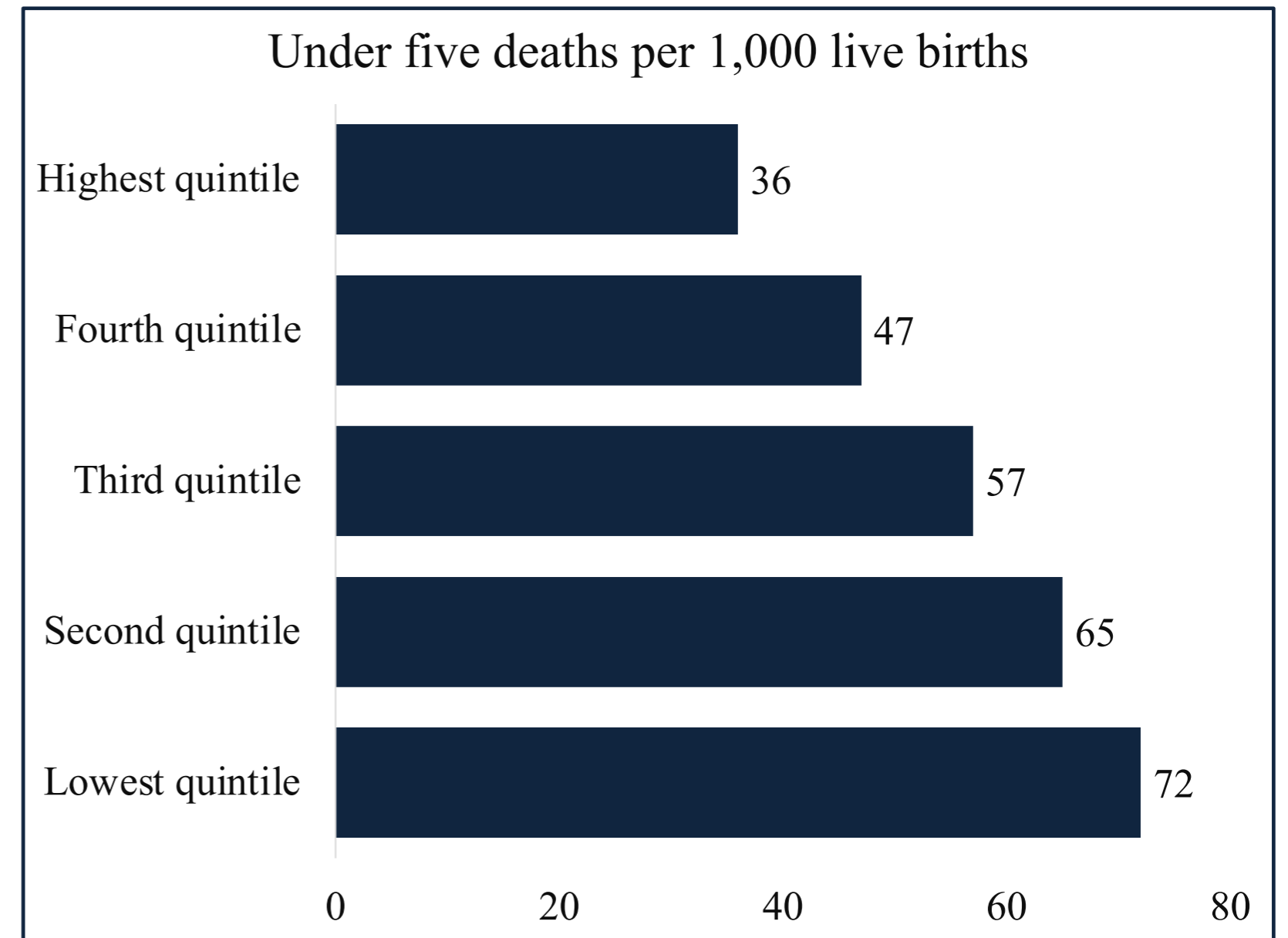
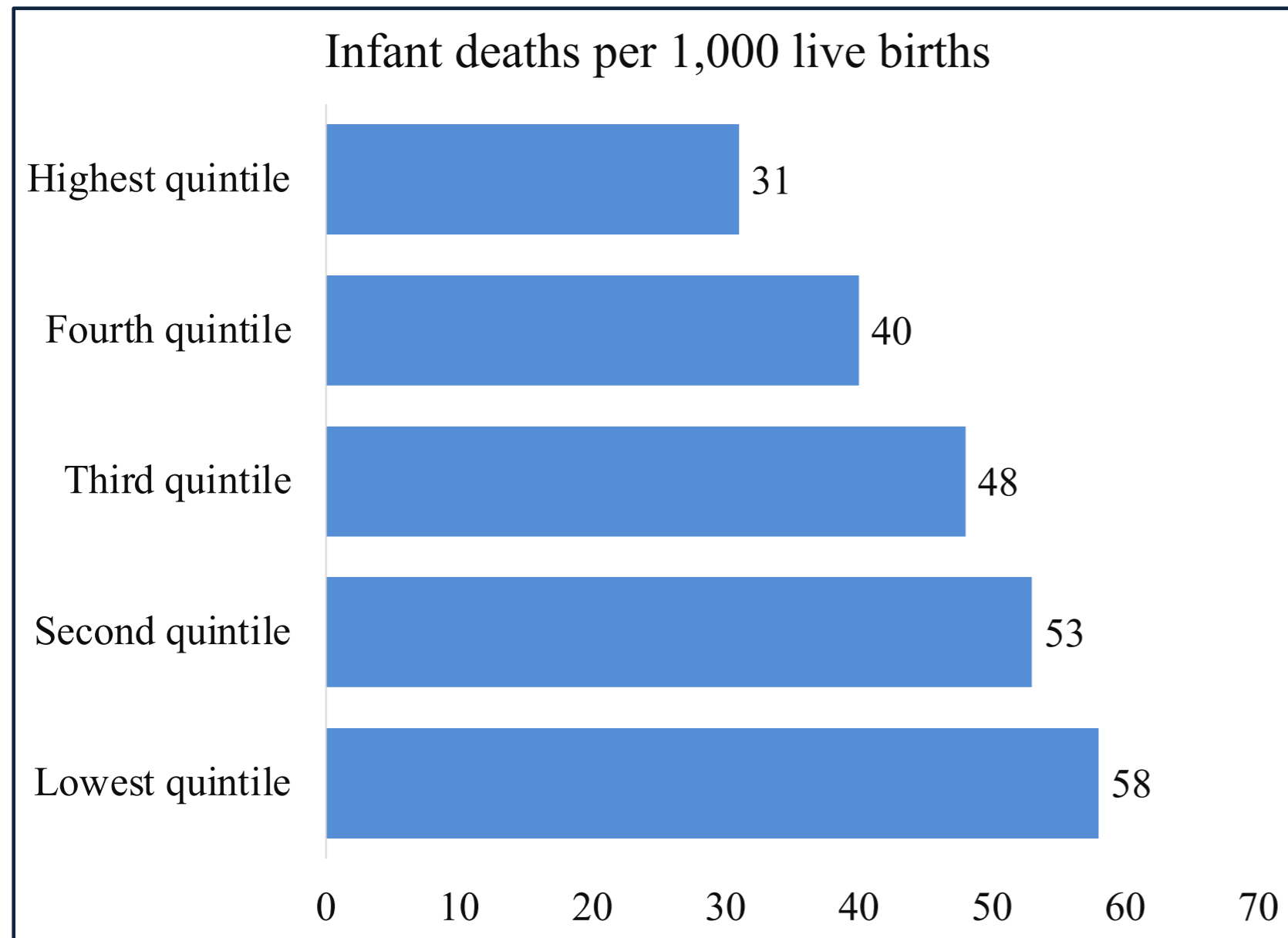


❑ Under-five deaths are highest among mothers that are non-literate (60/1,000 live births) and lowest among mothers that are literate (40/1,000 live births).





## Infant and Under-5 Mortality Rate by Wealth Quintile



❑ Infant deaths are lowest among mothers in the highest wealth quintile (31/1,000 live births) and highest among mothers in the lowest wealth quintile (58/1,000 live births).

❑ Under five deaths are lowest among mothers in the highest wealth quintile (36/1,000 live births) and highest among mothers in the lowest wealth quintile (72/1,000 live births).



## Policy implications and recommendations

- ❑ SDG 3 targets (U-5MR- 25 per 1,000 live births and MMR of at least 70 per 100,000 live births) are unlikely to be attained by 2030.
- ❑ The MoH and partners should provide adequate funding for implementation of the National Health Plan (2022-2030) with emphasis on Universal Health Coverage (UHC)
- ❑ Death rate is higher in male than female which is likely to create single mothers and loss of family income thus affecting basic necessities like food, shelter, health care.
- ❑ Government should develop and implement Social Safety Net for single mothers and develop and implement Behavior Change Communication (BCC) Strategy on lifestyle to reduce lifestyle diseases.
- ❑ Rural life expectancy is lower than urban indicating inequity in health services and disparities in basic social services
- ❑ Ministries of Education, Health, etc. should provide basic social services in rural areas and invest in human development
- ❑ The Liberian Health Service should increase access to quality health services in rural communities to build resilience
- ❑ Differentials in childhood mortality are influenced by interconnected factors as marital status, mother's education, literacy, and income. These should be addressed.
- ❑ The Government should develop and implement Livelihood Empowerment Against Poverty Programme (LEAP)
- ❑ The MOH, UNICEF and partners should identify the gaps in the Child Survival Strategy, review and provide adequate funding for effective implementation