2013 Liberia Demographic and Health Survey

Preliminary Results
The 2013 LDHS is a collaborative effort between many organizations.
Outline of Presentation

- Background and Methodology
- Fertility and Family Planning
- Maternal Health
- Child Health and Nutrition
- Malaria
- HIV/AIDS
Background and Methodology
Objectives of the LDHS

• Provide data on education, fertility, family planning, child and maternal mortality, sexual behavior, maternal health, nutrition, child health, malaria prevention, HIV/AIDS knowledge and behavior

• Measure MDGs other indicators

• Obtain a population-based estimate of HIV prevalence among adults age 15-49
Overview of the LDHS

• Input sought from various government agencies and NGOs, as well as donors
• Technical assistance provided by MEASURE DHS via ICF International.
• This is the 4th LDHS – 1986, 1999/2000, 2007, and 2013
Key Indicators – 2013 LDHS

- Total fertility rate (births per woman)
- Infant and child mortality rates
- Nutritional status of children under 5
- Knowledge and use of family planning methods
- Knowledge about HIV/AIDS
- Sexual behavior, use of condoms
- Childhood vaccination coverage
- Prenatal and delivery care, breastfeeding practices
- Malaria prevention and treatment
- HIV prevalence rate among women and men age 15-49
- Maternal mortality ratio
LDHS Sample

- Used 2008 National Population and Housing Census (with updated urban and rural classifications).
  - This frame is similar to that used for the 2009 and 2011 LMIS, but is different from that used for the 2007 LDHS.
- Selected 322 sample points (clusters) – 119 urban, 203 rural
- The sample is nationally representative. In addition, for most indicators, the sample allows for separate estimates for urban-rural residence, Greater Monrovia, 5 health regions, and 15 counties.
- Household listing operation – September/October 2012
- ~30 households selected in each cluster for a total of 9,677.
- Eligible women age 15-49 interviewed in all households; in half of households, eligible men age 15-49 were interviewed.
- Biomarkers (anthropometry for children and adults, and blood collection for HIV testing for adults only) were collected in the subsample of households selected for male survey.
2012-2013 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY (LDHS)

Official Training Workshop

Venue: Catholic Archdiocesan Pastoral Center
Gharnga, Bong County

Starting date: February 11, 2013
Ending date: March 9, 2013

Sponsored By:
Data Collection

- Three questionnaires – Household, Woman’s and Man’s
- Pretested in mid-August/mid-September 2013
- ~120 recruits trained for 4 weeks in February and March 2013 at Catholic Archdiocesan Pastoral Center in Gbarnga, Bong County
- 96 selected as interviewers, supervisors, or field editors
- 16 teams began data collection on 10 March 2013
- Fieldwork ended in mid-July 2013
- Data processing began several weeks after data collection started and ended in mid-August 2013
- HIV testing began in September 2013 and is ongoing. Testing is taking place at the National Reference Laboratory housed at LIBR.
## Results of the household and individual interviews

<table>
<thead>
<tr>
<th></th>
<th>Interviewed</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households</td>
<td>9,333</td>
<td>99%</td>
</tr>
<tr>
<td>Women 15-49</td>
<td>9,239</td>
<td>98%</td>
</tr>
<tr>
<td>Men 15-49</td>
<td>4,118</td>
<td>95%</td>
</tr>
</tbody>
</table>
## Profile of LDHS respondents age 15-49

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>61%</td>
<td>59%</td>
</tr>
<tr>
<td>Rural</td>
<td>39%</td>
<td>41%</td>
</tr>
<tr>
<td>No education</td>
<td>33%</td>
<td>13%</td>
</tr>
<tr>
<td>Primary education</td>
<td>31%</td>
<td>29%</td>
</tr>
<tr>
<td>Secondary or higher education</td>
<td>36%</td>
<td>58%</td>
</tr>
</tbody>
</table>
Fertility and Family Planning
Fertility Level

According to the LDHS, the current total fertility rate* in Liberia is 4.7 children per woman

*The average number of births that a woman would have over her reproductive life if she were to bear children at the age-specific fertility rates prevailing in the three-year period prior to the LDHS
Total Fertility Rates by Residence

- Total: 4.7
- Urban: 3.8
- Rural: 6.1
Trends in Fertility

- 1986 LDHS: 6.7
- 2007 LDHS: 5.2
- 2013 LDHS: 4.7
Fertility Preferences

The vast majority of currently married women express a desire to control their fertility:

- **30%** do not want another child
- **39%** want another child but would like to wait at least 2 years or more
Family Planning Use

19% of currently married women age 15-49 are currently using any modern contraceptive method.

The major methods used are injectables (11%), the pill (5%), and implants (2%).
Maternal Health

Credit: (c) 2005 Kevin McNulty, Courtesy of Photoshare
Maternal Indicators

Percent of women with a live birth in the five years preceding the survey who received:

- **Prenatal care***: 96%
- **Last live birth protected against neonatal tetanus**: 88%
- **Assisted birth***: 61%
- **Facility birth**: 56%

*By a skilled provider*
Child Health and Nutrition
Child Mortality Rates per 1000 live births

- The infant mortality rate is **54** deaths per 1000 live births
- The under five mortality rate is **94** deaths per 1000 live births
- **57%** of all deaths to children under five take place before a child’s first birthday.
Trends in Infant and Under 5 Mortality Rates per 1000 live births

- Infant mortality rate
  - 2007 LDHS: 72
  - 2013 LDHS: 54

- Under 5 mortality rate
  - 2007 LDHS: 111
  - 2013 LDHS: 94
Nutritional Status of Children Under Five

*Percentage below -2 standard deviations from the median of the international reference population*
Other Child Health Indicators

• Vaccination:
  – 55% of children 12-23 months received all basic vaccinations
  – 58% of children have a vaccination card
• 65% of children with symptoms of acute respiratory infection (ARI) in the 2 weeks before the survey were taken to a health facility or provider for treatment
• 60% of children who had diarrhea in the past 2 weeks were given solution from an ORS packet
Malaria
Ownership of Mosquito Nets

Percent of households with at least one mosquito net:

Any net: 58
ITN: 55

ITN is insecticide-treated net
Trends in Net Ownership by Residence

Percent of households with at least one ITN

<table>
<thead>
<tr>
<th></th>
<th>2009 LMIS</th>
<th>2011 LMIS</th>
<th>2013 LDHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>47</td>
<td>50</td>
<td>55</td>
</tr>
<tr>
<td>Urban</td>
<td>42</td>
<td>52</td>
<td>50</td>
</tr>
<tr>
<td>Rural</td>
<td>52</td>
<td>47</td>
<td>61</td>
</tr>
</tbody>
</table>
Use of ITNs

Percentage who slept under an ITN the night before the survey among all households

- Children <5: 38%
- Pregnant women: 37%

Percentage who slept under an ITN the night before the survey among households with an ITN

- Children <5: 63%
- Pregnant women: 63%
Intermittent Preventive Treatment during Pregnancy

Percent of women age 15-49 with a live birth in the two years before the survey who:

- Received any SP/Fansidar during prenatal care visit: 61%
- Took 2+ doses of SP/Fansidar and received at least one during prenatal care visit: 45%
Fever in Children

In the 2 weeks before the survey, 29% of children under age 5 had a fever. Of these children:

- 71% were taken to a health facility or provider for treatment or advice.
- 55% were given antimalarial drugs.
- 42% were given antimalarial drugs the same or next day.
Every Big Belly must be tested for HIV!

Make sure your big belly is checked at the Clinic and Hospital for a healthy mother and baby!

HIV Test is Free!

Supported by: unicef  MCHT
HIV/AIDS Awareness, Knowledge and Behavior

- 97% or women and 96% of men age 15-49 have heard of AIDS
- 68% of Liberian adults know that HIV infection can be prevented by using condoms every time they have sexual intercourse and by having one uninfected partner who has no other partners
- 7% of women and 18% of men have had two or more partners in the past 12 months
- Among respondents who have ever had sexual intercourse, women have had an average of 4.3 partners; men have had an average of 13.1 partners
HIV Testing

- Protocol for HIV testing was approved by the LIBR Ethics Committee, the Institutional Review Board of ICF International, and the Centers for Disease Control, Atlanta.
- Obtained informed consent from respondent; for never-married adolescents age 15-17, obtained consent from respondent and parent/guardian.
- Dried blood spots (DBS) were collected by interviewers (2 per team) who had received special training on blood collection.
- DBS were taken from the field and stored at -20°C at the Montserrado Regional Blood Bank.
HIV Testing

• By September, all DBS were transferred to the National Reference Lab at LIBR.
• Lab technicians received training in HIV testing from 18-27 September. Testing began immediately thereafter.
• Overall, there are ~8500 DBS; testing is expected to take at least 2 months.
• ICF International will be in communication with NRL to monitor testing progress and data quality.
• Once testing is complete, HIV prevalence estimates will be tabulated for Liberia as a whole, by urban-rural residence, by health region, and by county.
  – Depending on the number of persons tested, it may only be possible to present county data for women and men combined. No county estimates were provided in the 2007 LDHS.
Next Steps

• Preliminary report will be released prior to health sector review on 14-16 October
• Final report tables and accompanying text will be drafted
• All text and tables will undergo a technical review and then be sent for editing and formatting
• LDHS final report and Key Findings report will be printed by early/mid-2014
• Survey findings and reports will be disseminated at 1-day National Seminar
Thank you!