Maternal and Newborn Health Disparities

Liberia



Key Facts

Liberia reference table

Demographic indicators	Year	Value	
Total population (thousands) ¹	2017	4,732	
Total live births (thousands) ¹	2017	161	
Total Fertility Rate (number of children per woman) ¹	2017	5	
Adolescent birth rate (per 1,000 women 15-19)10	2010	147	
Impact indicators			
Maternal mortality ratio (per 100,000 live births) ⁴	2015	725	
Average annual rate of MMR reduction between 2000 and 2015 (%) ^{5,a}	2015	4	
Lifetime risk of maternal death: 1 in x ^{4,b}	2015	28	
Stillbirth rate (per 1,000 total births) ⁶	2015	21	
Preterm birth rate (per 100 live births) ⁷	2015	14	
Under-five mortality rate (per 1,000 live births) ³	2016	67	
Under-five deaths that are newborn (%) ³	2016	35	
Neonatal mortality rate (per 1,000 live births) ³	2016	23	
Neonatal deaths (thousands) ³	2016	4	
Service Delivery			
Availability of EmONC Services (% of minimum acceptable level) ⁸	2011	27	
Skilled health professional density (per 10 000 population)9	2008	3	
Physician density (per 1,000 population) ⁹	2008	0.0	
Nurse and midwife density (per 1,000 population)9	2008	0.3	

In 2017, approximately 161,000 babies were born in Liberia, or around 400 every day.1

Among young women (aged 20-24), 37 percent gave birth by age 18.2

Approximately 10 babies will die each day before reaching their first month³; 9 stillbirths occur every day.⁶

Neonatal mortality rate:

Liberia's neonatal mortality rate (NMR)[^] is 23 deaths per 1,000 live births.³

NMR* in rural areas is 31 deaths per 1,000 live births and 37 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 1.2.2

NMR* among the poorest households is 38 neonatal deaths per 1,000 live births, compared to 32 deaths per 1,000 live births among the richest households.2

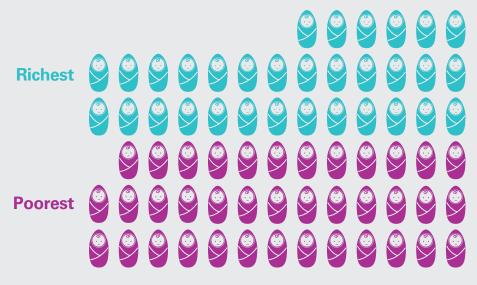
Neonatal mortality rates, by background characteristics, 2013



1 in 3 young women (aged 20-24) have given birth by age 18.2



Neonatal mortality rate by wealth quintiles



The NMR for those in the **poorest quintile** (38 per 1,000 live births) is 1.2 times higher than for the **richest quintile** (32 per 1,000 live births).²

Newborns with less educated mothers are

1.1x

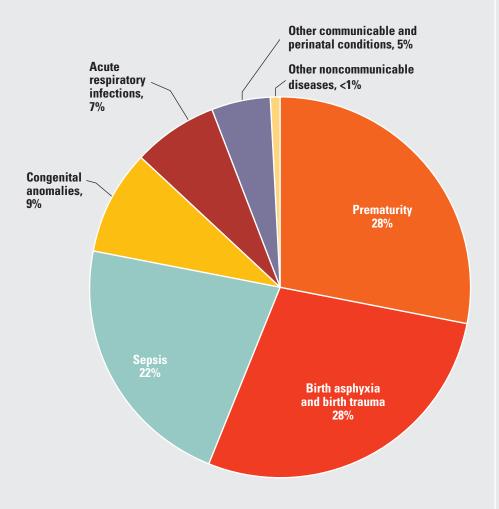
more likely to die during the first month compared to those born to mothers with higher education.²



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Liberia — Causes of Neonatal Mortality, 2016

In Liberia, the main causes of neonatal deaths in 2016 were prematurity (28 per cent), birth asphyxia and birth trauma (28 per cent) and sepsis (22 per cent).¹¹



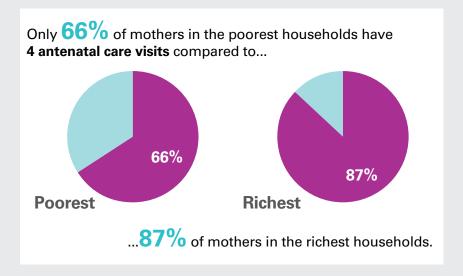
Maternal and newborn health coverage indicators

By residence:2

- In rural areas, 72 per cent of women made at least 4 antenatal care visits, compared to 83 per cent in urban areas.
- Coverage of skilled attendance at birth is 73 per cent in rural areas, compared to 50 per cent in urban areas.
- 30 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 39 per cent in urban areas.

By household wealth:2

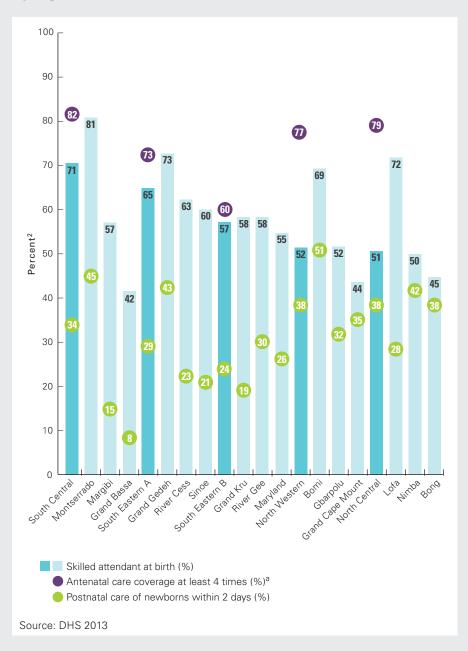
- Most mothers among richest households (87 per cent) made at least 4 antenatal care visits, compared to 66 per cent of mothers from the poorest households.
- Only 43 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 89 per cent of mothers in the richest households.
- 49 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 29 per cent among the poorest households.



Source: WHO-MCEE, 2017 Source: DHS 2013

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Selected maternal and newborn health indicators, by region, 2013



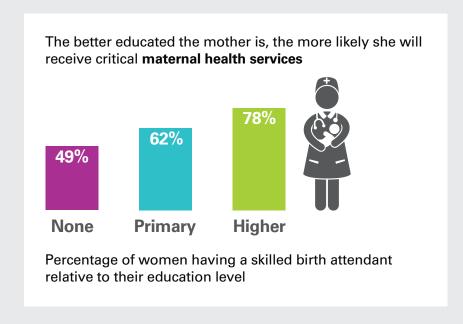
Maternal and newborn health coverage indicators

By mother's age:2

- 78 per cent of mothers aged 20-34 made at least four ANC visits, compared to 79 per cent among younger mothers (aged less than 20).
- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (60 per cent and 65 per cent, respectively).
- Their newborns receive low levels of postnatal care: 35 per cent and 35 per cent, respectively.

By mother's education:²

- 89 per cent of mothers with higher education made at least four ANC visits, compared to 71 per cent of mothers with no education.
- 49 per cent of mothers with no education had a skilled attendant at birth, compared to 62 per cent with primary education and 78 per cent for mothers with higher education.
- 29 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 33 per cent of mothers with a primary education and 43 per cent of mothers who received higher education.



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Disparities in key maternal and newborn health interventions

		Coverage	– care fo	or mother	S			Coverage – care for newborns									
		Demand for family planning satisfied by modern methods (%)	Antenatal care coverage at least 4 times (%)°	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)	Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early initiation of breast- feeding (%)	Exclusive breast- feeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{#.a}	
	National estimate	37	78	61	56	4	71	35	23	61	55	94	91	88	25	46	
	SOUTH CENTRAL	43	82	71	65	5	72	34	29	61	46	98	95	91	23	19	
	Montserrado	47		81	73	6	77	45	35	62		100	98	94	28	17	
	Margibi	39		57	51	4	80	15	21	58		95	92	91	12	20	
	Grand Bassa	20		42	40	3	32	8	12	61		92	81	74	9	39	
	SOUTH EASTERN A	38	73	65	59	3	71	29	18	48	42	89	88	79	17	48	
	Grand Gedeh	38		73	69	4	81	43	33	42		92	93	85	22	52	
	River Cess	35		63	59	2	78	23	17	51		92	95	89	13	47	
	Sinoe	40		60	51	1	55	21	6	51		85	78	66	17	45	
a	SOUTH EASTERN B	40	60	57	53	4	57	24	19	41	56	79	75	69	14	36	
tion	Grand Kru	36		58	51	4	56	19	11	24		75	69	59	11	41	
Subnational	River Gee	56		58	53	2	63	30	24	45		77	77	72	22	38	
S	Maryland	36		55	54	5	56	26	27	56		84	79	80	14	32	
	NORTH WESTERN	38	77	52	47	2	70	38	16	60	66	95	94	88	30	27	
	Bomi	35		69	64	4	73	51	26	72		98	98	91	42	21	
	Gbarpolu	39		52	48	3	62	32	20	68		86	87	77	31	31	
	Grand Cape Mount	38		44	39	1	72	35	10	52		97	94	91	23	29	
	NORTH CENTRAL	27	79	51	47	3	73	38	20	69	65	93	90	90	29	36	
	Lofa	21		72	76	6	81	28	46	75		99	96	92	33	34	
	Nimba	21		50	48	3	82	42	20	59		93	93	93	35	34	
	Bong	34		45	35	2	58	38	9	80		89	85	86	21	42	
					Vou for to			40/		OF 400/		E0.749/		75 400%		Data not	

0-24%

25-49%

50-74%

75-100%

Source: DHS 2013

Key for tables:

available

Disparities in key maternal and newborn health interventions

		Coverage – care for mothers							Coverage – care for newborns								
		Demand for family planning satisfied by modern methods (%)	Antenatal care coverage at least 4 times (%)ª	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)	Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early initiation of breast- feeding (%)	Exclusive breastfeeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{#,a}	
Nationa	al estimate	37	78	61	56	4	71	35	23	61	55	94	91	88	25	46	
B	Urban	41	83	73	66	5	77	39	30	63	48	97	95	92	29	21	
Residence	Rural	33	72	50	46	3	65	30	17	60	61	91	87	83	20	35	
Residence r (urban to rui		1.3	1.2	1.5	1.5	1.9	1.2	1.3	1.8	1.1	0.8	1.1	1.1	1.1	1.5	0.6	
Household	Richest	42	87	89	79	10	83	49	39	59	37	99	96	94	31	12	
Wealth	Poorest	27	66	43	41	2	60	29	13	59	61	87	84	78	16	40	
Household v (richest to p		1.5	1.3	2.1	2.0	4.4	1.4	1.7	3.0	1.0	0.6	1.1	1.1	1.2	1.9	0.3	
	Less than 20	22	79	65	60	4	73	35	22					86		26	
Mother's age	20-34		78	60	54	4	70	35	23					89			
	35-49		78	61	56	3	72	31	25					86			
Mother's education	No education	33	71	49	45	2	64	29	17	64	60	90	88	84		41	
	Primary	33	79	62	56	4	70	33	22	62	54	94	90	88		25	
	Secondary or Higher	45	89	78	72	6	80	43	34	56	48	99	97	92		25	
Mother's ed (highest to l	lucation ratio owest)	1.3	1.3	1.6	1.6	2.9	1.2	1.5	2.0	0.9	0.8	1.1	1.1	1.1		0.6	

Source: DHS 2013

50-74%

0-24%

Key for tables:

Data not

available

Sources:

- 1 United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.
- 2 Liberia Demographic and Health Survey 2013.
- 3 United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, United Nations Population Division and the World Bank).
- 4 United Nations Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA, United Nations Population Division and the World Bank).
- 5 Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.
- Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Lawn JE, Blencowe H, Waiswa P, et al, for The Lancet Ending Preventable Stillbirths Series study group with The Lancet Stillbirth Epidemiology investigator group. Stillbirths: rates, risk factors, and acceleration towards 2030. Lancet 2016; published online Jan 18. http://dx.doi.org/10.1016/S0140-6736(15)00837-5.
- 7 Blencowe H, Cousens S, Oestergaard M, Chou D, Moller AB, Narwal R, Adler A, Garcia CV, Rohde S, Say L, Lawn JE. National, regional and worldwide estimates of preterm birth rates in the year 2015 with time trends since 1990 for selected countries: a systematic analysis and implications.
- 8 Averting Maternal Death and Disability, United Nations Children's Fund, and United Nations Population Fund special data compilation, 2015.
- 9 Global Health Workforce Statistics database, World Health Organization, Geneva. (http://www.who.int/hrh/statistics/hwfstats/).
- 10 United Nations, Department of Economic and Social Affairs, Population Division (2015). 2015 Update for the MDG Database.
- 11 WHO-MCEE estimates for child causes of death, 2000-2016.

Notes:

- a MMR estimates have been rounded according to the following scheme: < 100 rounded to nearest 1; 100–999 rounded to nearest 1; and ≥ 1000 rounded to nearest 10.
- b Life time risk has been rounded according to the following scheme: < 100 rounded to nearest 1; 100–999 rounded to nearest 10; and ≥ 1000 rounded to nearest 100.
- ^ Reference period: five years preceding the survey.
- ≠ Reference period: ten years preceding the survey.
- # Births by age 18 among 20-24 year olds.
- () Based on small denominators (typically 25-49 unweighted cases). No data based on fewer than 25 unweighted cases are displayed.

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