

## **PRESS RELEASE**

### **New National Survey Finds 2 Percent of Liberian Adults Have HIV; Fertility and Child Deaths Have Declined**

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#### **INTRODUCTION**

The 2007 Liberia Demographic and health Survey (LDHS) was conducted by the Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health & Social Welfare (MOH) and National AIDS Control Program (NACP), with data collection, processing and editing lasting from late December 2006 to July 2007. A nationally representative sample of over 7,000 households was selected for the 2007 LDHS. All women and men aged 15-49 years in these households were eligible to be individually interviewed and were asked to provide a blood sample for HIV testing. The blood samples were dried and carried to the National Laboratory of the Ministry of Health and Social Welfare on the JFK Hospital compound in Monrovia where they were tested for the Human Immunodeficiency Virus (HIV) and the completed questionnaires were taken to LISGIS office in Monrovia for processing.

The 2007 LDHS was designed to provide data to monitor the population and health situation in Liberia. Specifically, the 2007 LDHS collected information on educational level, WATSAN, households amenities, construction materials of the household structure in the structures, fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood and maternal mortality, maternal and child health, domestic violence, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections, etc.

This preliminary report presents the results of some selected key indicators from the survey. A comprehensive report of the findings of the survey will be published in early 2008. While considered provisional, the results presented here are not expected to differ significantly from those to be presented in the detailed report. However, more indicators will be generated and published while those that will not be published can be obtained upon request.

#### **Response Rates**

The survey result shows a total of 7,471 heads of household were selected in the sample, of which 6,824 were successfully interviewed, yielding a head of household response rate of 97 percent. The shortfall is largely due to households that were away for an extended period of time and structures that were found to be vacant or destroyed after the enumeration area (EA) identification and household listing.

Of the households interviewed in the survey, a total of 7,448 eligible women were identified, of whom 7,092 were successfully interviewed yielding a response rate of 95 percent. With regard to the male survey results, 6,476 eligible men were identified, of whom 6,009 were successfully interviewed, giving a response rate of 93 percent. The response rates are lower in the urban than rural area, especially for men.

The principal reason for non-response among both eligible men and women was the failure to find individuals at home despite repeated visits to the household, followed by refusal to be interviewed. The substantially lower response rate for men reflects the more frequent and longer absence of men from the households.

#### **HIV/AIDS**

Among adults age 15-49, HIV prevalence is less than 2 percent, according to the preliminary findings of the new 2007 Liberia Demographic and Health Survey (LDHS). LISGIS, MOH and NACP implemented the survey by interviewing residents and obtaining blood samples for HIV testing. The results further revealed that the total HIV prevalence rate at the national level is 1.5 percent. However the prevalence rate in the urban area is 2.5 percent as compared to 0.8 percent in

the rural parts of the country. Also HIV prevalence among females is 1.8 percent and that of males is 1.2 percent.

The 2007 LDHS is the first national survey to use population-based testing to determine HIV prevalence. Population-based testing collects blood from a nationally representative sample of the population in their homes. This method provides direct information on HIV infection among adult women and men. Previous HIV estimates in Liberia have been principally based on the results of sentinel surveillance of the rate of HIV infection among pregnant women attending ten antenatal care clinics (ANC) in urban areas. The most recent round of sentinel surveillance in 2006 found a rate of 5.7 percent among ANC clients. Because the 2007 LDHS covered a more broad-based population than the ANC survey, the HIV rate cannot be directly compared with the ANC results. In particular, the fact that the 2007 LDHS rate is lower than the ANC result does not signal that the HIV level has decreased in Liberia.

### **Other Indicators**

2007 LDHS results also point to several encouraging trends in other maternal and child health indicators including:

- The total fertility rate (TFR) is 5.2 children per woman, down from 6.2 children in 1999/2000.
- Child mortality also shows a decline, with the infant mortality dropping from 117 deaths per 1,000 births in 1999/2000 to a rate of 72 per 1,000 in the 2007 LDHS. Also, under-five mortality has been cut in half, from 219 deaths per 1,000 ten (10) – fourteen (14) years before the survey to 111 for the 5-year period to the survey.
- During pregnancy, a majority of women (79 percent) receive antenatal care from a health professional and 78 percent of births are protected against tetanus.

Nevertheless, some indicators show room for improvement, for example:

- Only 39 percent of children are considered fully immunized against major preventable childhood diseases, such as polio and measles.
- Almost four in ten children under five are considered ‘stunted’ or too short for their age, while 7 percent are ‘wasted’ or too thin for their height.
- Despite widespread interest in stopping or delaying childbirth, only 11 percent of married women are using a method of family planning, mainly injectables and pills.
- The report shows that less than half of births in Liberia (46 percent) are delivered by a health professional. Even fewer (37 percent) of deliveries take place in health facilities.

The 2007 LDHS was conducted by LISGIS, MOH, and NACP. Macro International Inc. provided technical assistance as part of the USAID-funded Demographic and Health Surveys project (MEASURE DHS). Also, UNFPA Country Support Team (CST) provided Technical back stopping. Funding for the survey was provided by the Government of Liberia, the U.S. Agency for International Development (USAID), the U.N. Population Fund (UNFPA), United Nation Children Fund (UNICEF) and the United Nation Development Program (UNDP).

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