Better Care Network

Liberia: Children's Care and Living Arrangements

DHS 2013

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This report was written by Garazi Zulaika and Florence Martin.

This series of country briefs aim to provide an analysis of children's living and care arrangements according to the latest available data from ***Demographic and Health Surveys (DHS)*** *or* ***Multiple Indicators Cluster Surveys (MICS)*** *at the time of publication.*

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly ***Demographic and Health Surveys (DHS)*** *and* ***Multiple Indicators Cluster Surveys (MICS)****, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to Florence.martin@bettercarenetwork.org*

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.

Source of data, unless otherwise noted is DHS implementing partners and ICF International. (2000-2015). Demographic and Health Surveys 2000-2015. Data extract from DHS Recode files. Integrated Demographic and Health Series (IDHS), version 2.0, Minnesota Population Center and ICF International [Distributors]. Accessed from http://www.dhsprogram.com/.

Front cover map from Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and ICF International. 2014. Liberia Demographic and Health Survey 2013. Monrovia, Liberia: Liberia Institute of Statistics and GeoInformation Services (LISGIS) and ICF International.

Other maps are produced through ICF International. (2012). The DHS Program STATcompiler. Retrieved from http://www.statcompiler.com.

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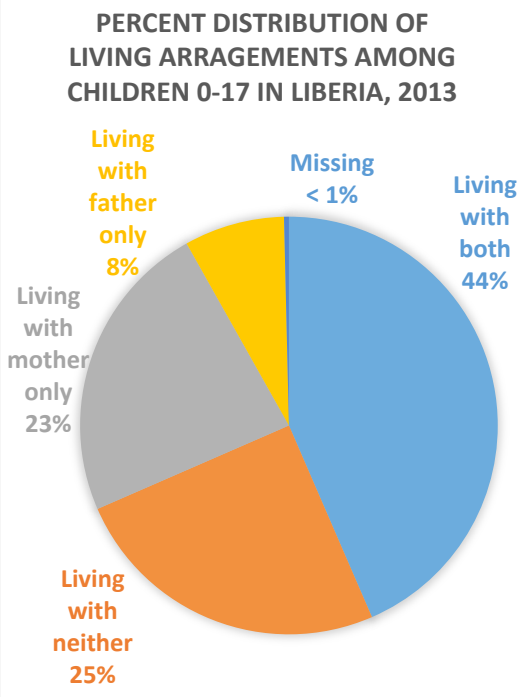
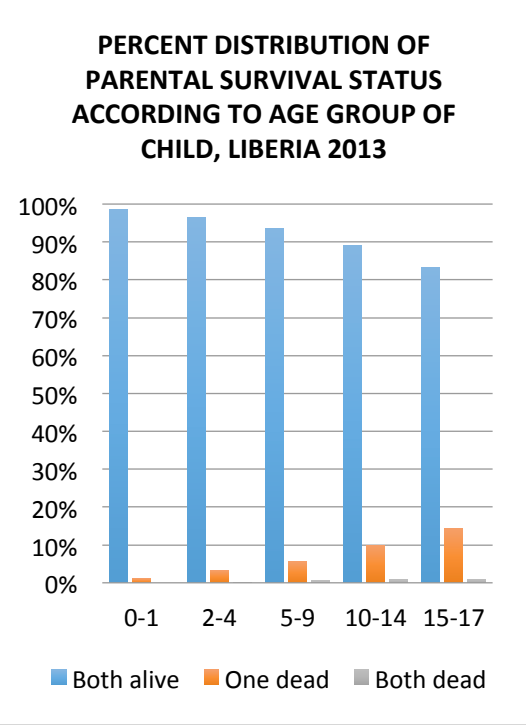
EXECUTIVE SUMMARY:

Children's Living Arrangements:



- In Liberia, 44% of children aged 0-17 and 46% of children aged 0-14 are living with both biological parents. Another 23% of children under 18 are living with their biological mother and 8% are living with their father. One in every four children in Liberia (25%) do not live with either biological parent.
- Large variations in living arrangement are seen according to gender, age group, wealth quintile, rural-urban, and regional background characteristics.
  - Boys have a higher likelihood of living with both biological parents and are more likely to live with a single biological parent when compared to girls age 0-17; girls, on the other hand, are more likely to live with neither biological parent relative to boys (28% vs 23%).
  - At an early age over half of all children still live with both biological parents; this declines with age for children 0-17 (from 58% to 28%). Living with a single biological parent or neither biological parent becomes more common as children get older. While only 4% of infants 0-1 live with neither biological parent, before reaching 5 years of age this proportion has jumped to 18% of children living outside of family care among children 2-4, 25% for children 5-9, 33% for children 10-14 and 38% for the oldest cohort of children, years 15-17.
  - Higher wealth quintile appears to be associated with living with a single biological parent in Liberia. Proportionally more children living in richer households live with only their biological father relative to poorer households. More children living in richer households are living in households with neither biological parent, while strikingly more children living in poorer households live with both biological parents. While 52% of children living in the poorest households in Liberia live with both biological parent, this proportion decreases to a low of 33% in the richest households of Liberia.
- Geographic areas with large urban centers and higher concentrations of wealth such as the South Central region see higher rates of children living without a biological parent, and lower rates of children living with both parents when compared to more rural areas of the country.
- With only 46% of children 0-14 in Liberia living with both biological parents, in the Western African Regional context, the country maintains the lowest percentage of children living with both their mother and their father and the highest percentage of children living outside of parental care (23% for children under 15 years of age. Additionally, Liberia ranks in the top two countries in the region for proportion of children living with a single biological parent with 31% of all children living with only their mother or their father.

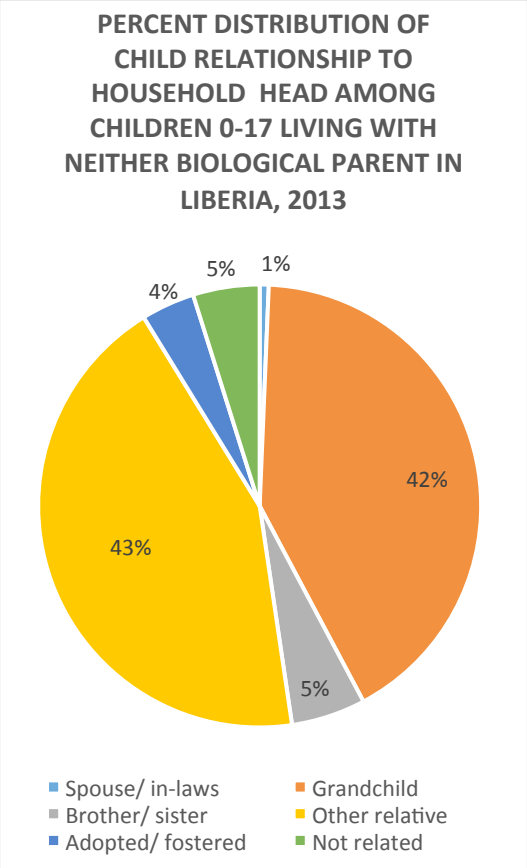
Parent Survivorship:



- By age 18, 6.8% of children in Liberia have lost one biological parent and 0.5% have lost both. Between birth and age 15, 5.7% of children have lost one biological parent and 0.4% have lost both.
  - The South Eastern B region which consists of the River Gee, Grand Kru and Maryland counties houses the highest percentage of children who have experienced orphaning at 1.5%. To note, the majority of Liberians residing in Grand Kru (53%) belong to the poorest of the five wealth quintiles in the country.
  - Household wealth does not appear to be associated with parent survivorship for children in Liberia.
  - Substantial diversity is seen in the regional distribution of parental death for children under the age of 18 in Liberia. For instance the South Eastern B region (1.4%) houses proportionally three times as many orphaned children as the rest of the country.
- Between the 2007 Liberia DHS and the 2013 Liberia DHS there has been a marked decline in double parent death from 0.7% to 0.4%. This same decrease was not observed for single parent death.
- Regionally, Liberia has similar rates of parental death and orphanhood as those of neighboring states. In the West African region, only Sierra Leone sees a prevalence of double parent death above 1% for children 0-14 at 1.4%.

Living Arrangements of Children Living with Neither Biological Parent:

- In Liberia, one in every four children age 0-17 live with neither biological parent (25%). Of these, 86% have two living biological parents and another 12% have one. In Liberia, 2% of children who do not live with a biological parent have no surviving parent.
- The rate of living outside of parental care seems to be increasing in Liberia. In 2013, 23% of children 0-14 reported living with neither their mother nor their father, up from 20% in 2007.
- The large majority of these children living with neither biological parent - 95% - live in households headed by a relative.
  - In the regional context, Liberia's prevalence of children 0-14 who live in households in which they are related to the household head is comparable to other Western African countries. Cote d'Ivoire stands out as a regional outlier with 11% of children under age 15 reported to live outside of family care.



- Among children living with neither biological parent, age is a clear determinant of who children are most likely to live with. In the youngest age groups the prevalence of living in households headed by grandparents is 81% for children aged 0-1 and 65% for children aged 2-4, while only 19% for the oldest age group of 15-17. Conversely, these younger age groups have lower rates of children living in households headed by other relatives while in the older age group the likelihood of living with these relatives becomes more than twice as common as living with grandparents (51% vs 19%).

- Differences across gender are seen when looking at living arrangements in Liberia. Boys are more likely to live with their grandparents than girls (43% to 40%) while girls are more likely to live with other relatives (45% to 42% among boys 0-17). Boys and girls have a similar likelihood of living outside of family care (5%).

- Only 5% of surveyed households report hosting a child 0-17 unrelated to the head of the household.

- Households in wealthier quintiles have a higher likelihood of hosting unrelated children and these children are generally in the older age groups.

- The North Western province see a strikingly high number of children living in unrelated care, nearly double what is found in the South Eastern A and South Eastern B regions. In this geographic area, 6.4% of all children under the age of 18 are living in households with an unrelated household head.

"The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.[1]

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children's early years to support this critical period of child development.[2] Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.[3] As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.[4]

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[5] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A

[1] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[2] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[3] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[4] For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

[5] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023;

number of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being.

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements. [6]

Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (Household, woman and man's questionnaires) and provides nationally representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, Female Genital Mutilation, Fistula, out of pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indictors relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and new born health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility and Tobacco and alcohol use among others.

Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly DHS and MICS data, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. In collaboration with members of the Child Protection Monitoring, Evaluation Reference Group (CP MERG) and its

[6] See for examples, Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

Technical Working Group on Children Without Adequate Care, and with support from Save the Children, it is developing a series of country briefs using the latest available data set from DHS or MICS for the country and presenting the data and analysis of the trends, when data is available, regarding children's living arrangements and care situations. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out to be able to do so and the content of these papers will evolve as a result. The brief is targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels.

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.

LIBERIA 2013 DHS:

The data presented in this report come from the 2013 Liberia Demographic and Health Survey (DHS) that was carried out by Liberia Institute of Statistics and Geo-Information Services (LISGIS) from March 10 to July 19, 2013. MEASURE DHS is a USAID-funded project that provides technical support in the implementation country-wide surveys across the world. Funding for this effort came from the United States Agency for International Development (USAID), the Global Fund, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Government of Liberia.

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information of each member listed: name, sex, age, education, relationship to head of the household, and disability status. Additionally, for children under the age of 18 survival status of parents is also recorded.

During the 2013 Liberia DHS data collection effort, a total of 9,333 households were interviewed and 45,042household members were listed. Of these, 23,729 individuals were under the age of 18 and 20,934 children were under the age of 15. One thing to note about the 2013 DHS Liberia data collection is that substantial age displacement was seen in the results. The population of children ages 5-9 was observed as larger than the population of children under 5, which is highly unlikely. Moreover, a higher proportion of older women were reported than is likely. The DHS 2013 report suggests that this occurred due to interviewer bias: "Presumably this was done to reduce interviewers' workloads since women were asked questions about their children under age 5, and in half of the households, children under 5 were eligible for height and weight measurements… Interviewers may have intentionally overestimated the respondents' ages as older than the age cut-off of 49 so as to make them ineligible for the individual interview."

The household questionnaire retained a response rate of 99.4%. All figures reported here have accounted for sample weights, none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the total counts used are slightly larger than the figures reported in the 2013 Liberia DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

To understand Liberia in its regional context and compare across other western African states, data was pulled from nationally representative Demographic and Health Surveys (DHS) that were most recently run in these neighboring countries. The Western Africa Region is defined by the DHS as including the following countries: Benin, Burkina Faso, Code d'Ivoire, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone, and Togo. Given that many of these countries collected data for the 0-14 age range until recently, for cross-country comparisons under 15 age groups will be used. The 2008 and 2003 DHS surveys conducted in Liberia are also represented in this report to look at any significant

changes that have occurred within the country over the last decade. Lastly, all country level development statistics were pulled from the Human Development Report 2014[7].

[7] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

BASIC STATISTICS[8, 9]:

Country

- Total population (2013): 4,294,077.0
- Gross Domestic Product per capita: $783
- Human Development Index: .412 (Rank – 175)
- Population living below $1.25 a day: 84%
- Life expectancy at birth: 60.6 years
- Median age: 18.6 years
- Urban vs. rural distribution: 49% of the population is urban, 51% rural
- Under-5 mortality rate: 94 per 1,000 live births according to the 2013 Liberia DHS and 75 per 1,000 live births according to the Human Development report for 2013.
- HIV/AIDS prevalence: 0.9%
- Birth registration of children (% under age 5): 25% (DHS). This is a large increase from the 4% found in the 2007 DHS. Nonetheless, anecdotal evidence suggests that many mothers confused birth certificates with health cards (DHS).
- Child labor (age 5-14): 21%

Households

- Mean household composition: 5.0 members
  - This is identical to what was reported in the 2007 DHS
- Nearly half of all individuals in Liberia – 46% - are under the age of 15.
- Female headed households: 35%; many more urban households are female headed vs rural households (39% vs 31%).
- Urban vs. rural distribution: 57% of sampled households were urban; 43% rural
  - Rapid urbanization appears to be occurring. Approximately 20% more males and females report being in urban areas than during the 2007 DHS.
- Educational attainment is **low** in Liberia: 33% of women and 13% of men have no education and 31% of women and 29% of men have attended only primary school. As a result 52% of women and 39% of men are illiterate.

Marriage:

- Median age at first marriage: 19 years for women; 25 years for men
  - Women in rural households marry on average 2 years earlier than women in urban households (17.8 years vs 19.6).
  - Early marriage: 4% of all young women 15-19 are married or in a union.
    - This has significantly declined from 17% recorded in the 2007 DHS.
- Thirteen percent of all married women are married to men who are in a polygynous union; 6% of currently married men reported having more than one wife.

Fertility

- Total Fertility Rate: 4.7 children
  - Fertility for women living in rural households is nearly double those living in urban areas (6.1 vs 3.8), with the lowest fertility rate being in the Greater Monrovia area (3.2 children per woman).
  - The TFR increases with each decrease in wealth quintile, ranging from 2.8 children per woman in the highest wealth quintile to 6.6 children per woman in the lowest wealth quintile.
  - Adolescent fertility: 149 per 1,000 girls age 15-19.
  - 31% of women age 15-19 are already mothers or currently pregnant with their first child.
  - 46% of all Liberian women report giving birth prior to age 18 and 54% by age 19.
  - 16% of births occur within 24 months of a previous birth.

[8] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

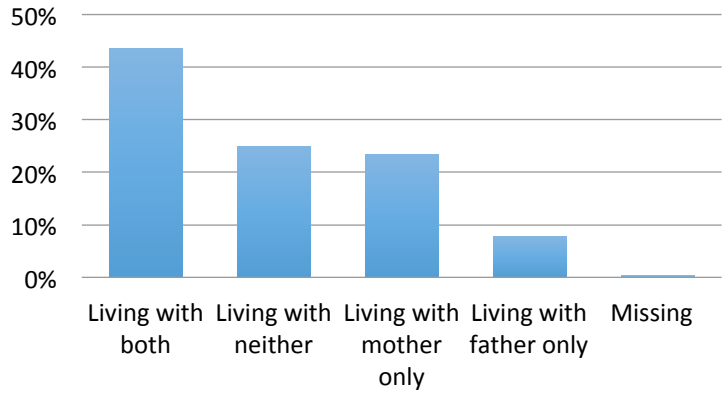
[9] Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and ICF International. 2014. Liberia Demographic and Health Survey 2013. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and ICF International.

CHILDREN'S LIVING ARRANGEMENTS:

In Liberia, 46% of children under the age of 15 live in households with both biological parents. While they represent the largest group of children living in households in the nation, this rate of children living with both parents is the lowest found in the Western Africa region, not even reaching half of all children in the nation. For instance, next-door in Sierra Leone (53%) and Guinea (63%) over half of all children under the age of 15 live with both biological parents, as do 76% in Niger and Nigeria, and 80% of children 0-14 in Burkina Faso.

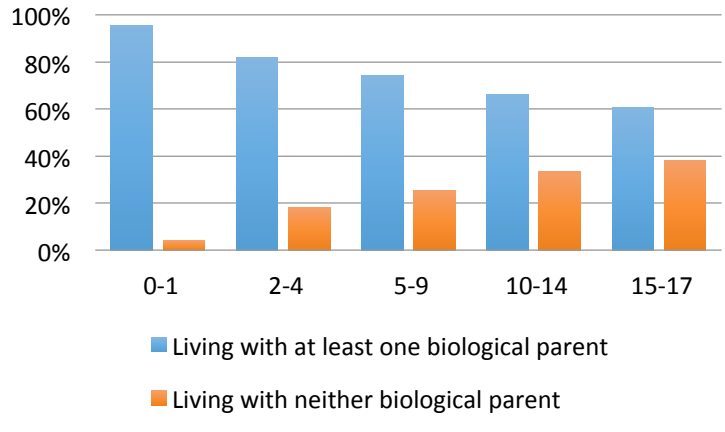
As shown in Figure 1, among children 0-17 in Liberia 44% live with both biological parents, 24% live with only their mother and 8% live with only their father. One in every four children under 18 years of age in Liberia - 25% - lives with neither biological parent.

FIGURE 1: PERCENT DISTRIBUTION OF LIVING ARRAGEMENTS AMONG CHILDREN 0-17 IN LIBERIA, 2013



When disaggregated by background characteristics, factors such as gender, age, and geographic region appear to significantly influence living arrangements among children in Liberia. Girls in Liberia are slightly more likely to live with neither biological parents (28%) as compared to boys (23%). Conversely, boys more commonly live with a single biological parent or both biological parent compared to girls.

FIGURE 2: PERCENT DISTRIBUTION OF CHILDREN LIVING WITH AT LEAST ONE BIOLOGICAL PARENT VS NEITHER BIOLOGICAL PARENT AMONG CHILDREN 0-17 IN LIBERIA, ACCORDING TO AGE GROUP



Variations in living arrangements across age groups are evident in Liberia. At an early age the large majority of children still live with both biological parents; this proportion declines with age. Where only 28% of children in the oldest age group live with both of their biological parents, 51% of children ages two to four and 58% of children under two live with both biological parents. As children age proportionally fewer children live with their mother only, while more live with only their biological father. Part of this can be explained by the death of a biological parent. Since more children experience the loss of a parent as they get older,

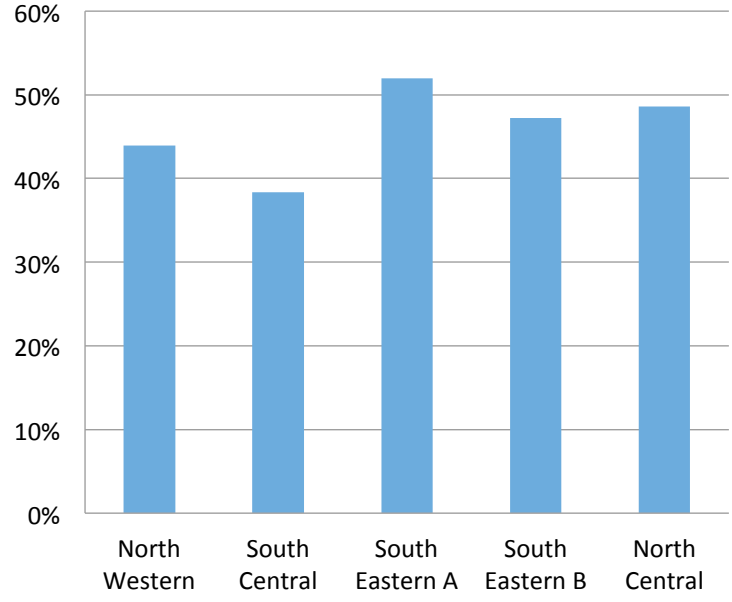
the proportion of children living with their only surviving parent increases with age – only 1% of children in the youngest age group live with their mother only after their father has died while 6% of children 15-17 do the same. A similar but less pronounced trend is seen for children living with only their biological father after their mother has passed. However, among children living with a single biological parent when their other parent is still living, the proportion living with their mother only decreases with age while the proportion who live only with their father increases during this same time. While fewer than 1% of children under 2 live with only their biological father, 8% of children 5-9 and 10% of children 15-17 live only with their father when their mother is still living. Conversely, while 35% of children under two years of age live with only their mother when they have a living biological father, 19% of children 5-9 and 15% of children 15-17 maintain this living arrangement. More research is needed to understand why this decreasing trend occurs.

Simultaneously, the likelihood that a child will live with neither biological parent increases with age. While 4% of children under 2 live with neither biological parent, there is an exponential increase in children living with neither biological parent, reaching 33% for children age 10-14 and 38% for children age 15-17 (as seen in Figure 2 above).

Children in rural regions of Liberia more commonly live with both biological parents when compared to children living in urban households (50% vs. 39%). Conversely, among those under 18 years of age, more children living in urban areas (28%) live with neither biological parent compared to rural households (21%) – over one in every four children living in urban centers lives without either biological parent.

During the 2013 DHS data collection Liberia's 15 counties were collapsed into four regions as follows: North Western, South Central (now including Monrovia), South Eastern A, South Eastern B, and North Central. Regional data is presented here to understand the regional diversity found within the country. As Figure 3 shows, children living in the more urban South Central region are much less likely to live with both biological parents as compared to the rest of the country. The South Eastern A province bordering Cote d'Ivoire sees the highest rates of children living with both biological parents at 52% - just over half of the children living in this province live with both biological parents.

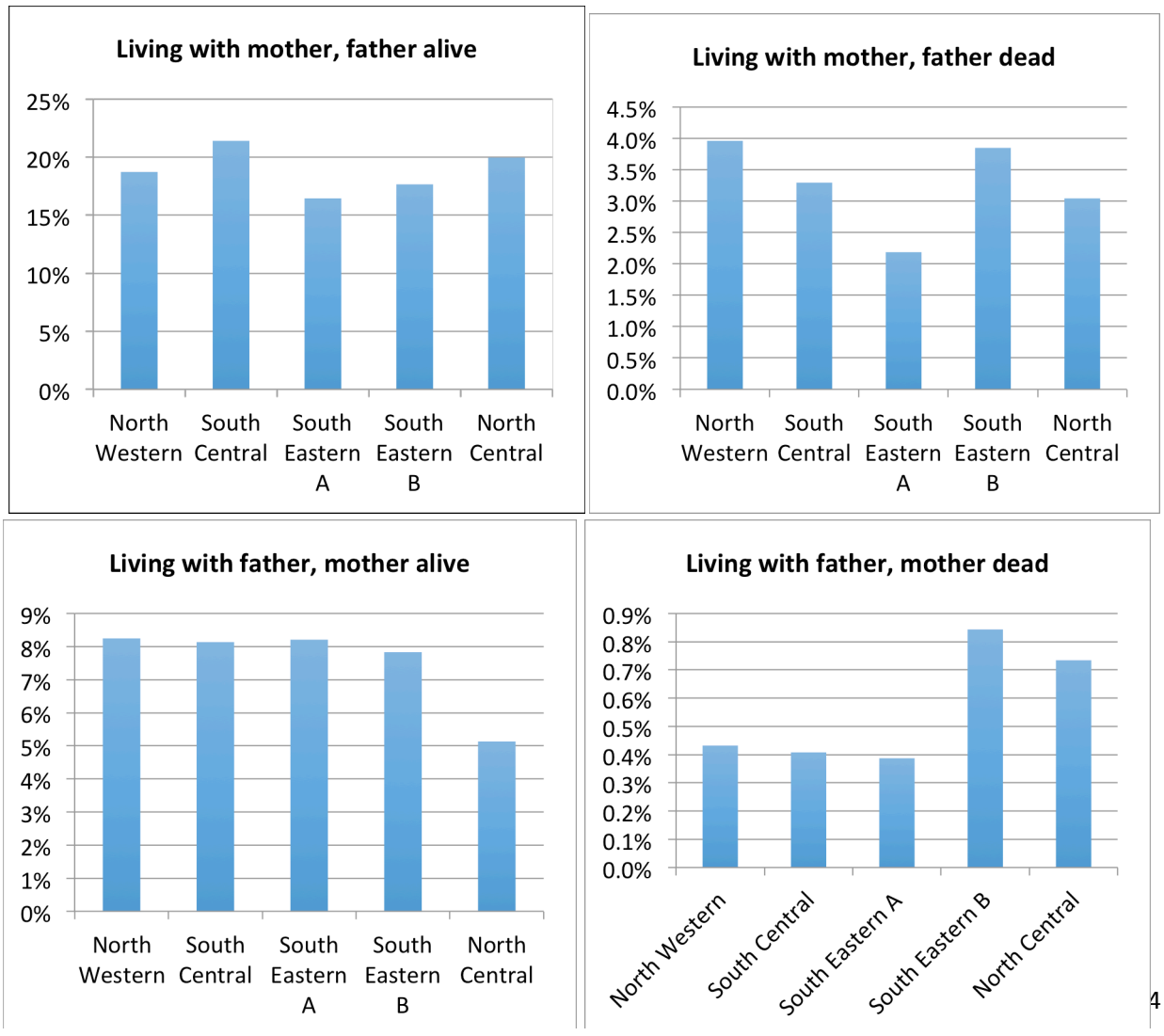
FIGURE 3: PERCENT OF CHILDREN 0-17 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION



Household wealth quintile appears to be positively associated with the likelihood of children living with neither biological parent. This may be due to richer households wielding more resources to support unrelated children or being more likely to employ domestic workers. In the poorest households, proportionally more children were found to live with at least one biological parent (82%) when compared to households in the richest quintile (64%). An incremental increase was seen for every quintile ranging from 18% of children living with neither biological parent in the poorest households to 35% of children in the richest households in the same category.

When it comes to children living with only one biological parent, however, a varied regional landscape is seen across Liberia. The South Central region housing the nation's capital sees the highest rate of children living with only one biological parent in the country (33%). Nonetheless, while the region sees the highest percent of children living with only their mother or their father, it has the lowest proportion of children living with at least one biological parent (72%) across the nation. Higher rates of parental care for children 0-17 are seen in the four other geographic regions - 79% in the South Eastern A, 78% in North Central, 77% in the South Eastern B, and 75% in the North Western region live with at least one

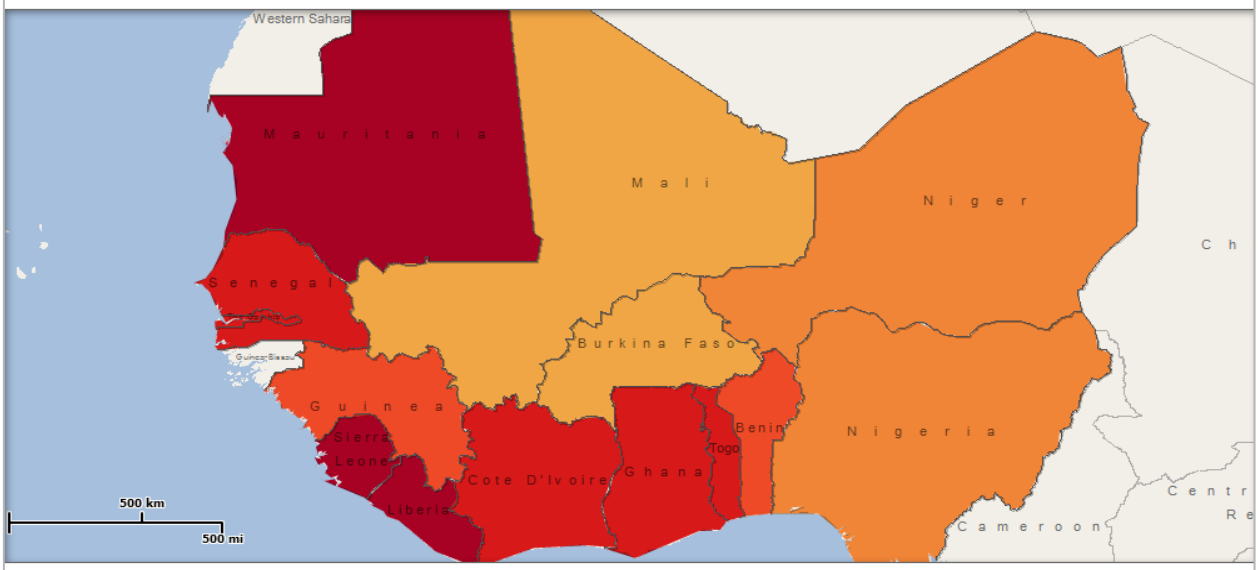
FIGURE 4: REGIONAL VARIATIONS IN LIVING AMONG CHILDREN 0-17 LIVING WITH A SINGLE BIOLOGICAL PARENT IN LIBERIA



biological parent.

Regionally, Liberia has the lowest rate of children living in households with both biological parents Of the thirteen countries in the region with recent DHS data, Liberia ranks first for highest percentage of children 0-14 living with neither biological parent (23%) and with a single biological parent (31%).

FIGURE 5: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY COUNTRY, DHS WESTERN AFRICA REGION



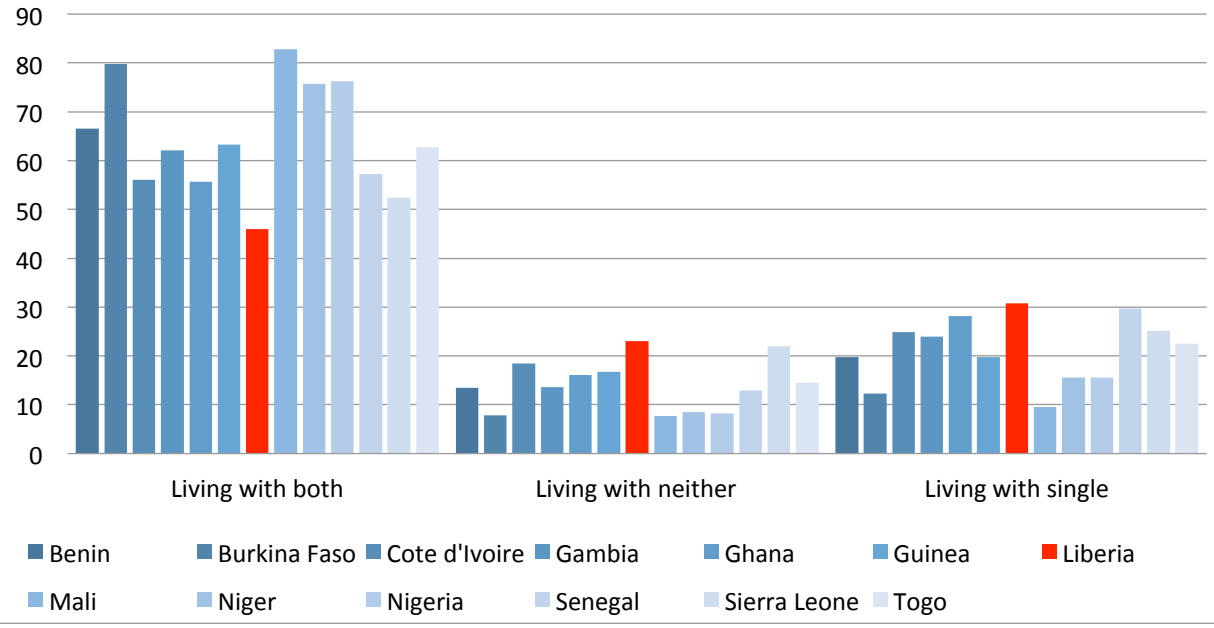
Legend

- Up to 55.6
- 55.7 to 63.2
- 63.3 to 68.7
- 68.8 to 77.5
- 77.6 and higher

Surveys

Benin 2011-12 DHS	66.6	Guinea 2012 DHS	63.3	Nigeria 2013 DHS	76.2
Burkina Faso 2010 DHS	79.8	Liberia 2013 DHS	45.9	Senegal 2010-11 DHS	57.2
Cote d'Ivoire 2011-12 DHS	56.0	Mali 2012-13 DHS	82.8	Sierra Leone 2013 DHS	52.4
Gambia 2013 DHS	62.1	Mauritania 2000-01 DHS	54.7	Togo 2013-14 DHS	62.8
Ghana 2008 DHS	55.7	Niger 2012 DHS	75.7		

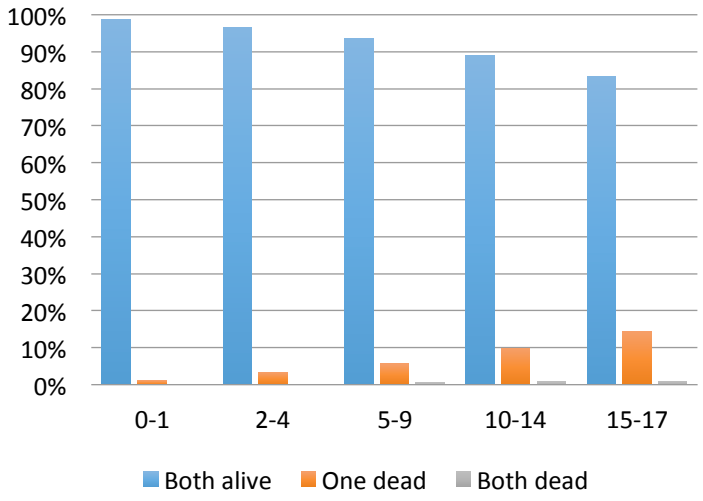
FIGURE 6: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH, ONE OR NEITHER BIOLOGICAL PARENT BY COUNTRY, DHS WESTERN AFRICA REGION



DEATH OF A PARENT (SINGLE AND DOUBLE "ORPHANHOOD"):

In Liberia, orphanhood is experienced by 0.5% of all children 0-17, and 0.4% among children 0-14. As can be expected, loss of a single parent is more frequent – 5.7% of children lose one parent before the age of 15 and 6.8% of children lose a mother or a father by age 18. Parental loss is positively associated with age: almost all children living in households under the age of two have two living parents (99%), while 14% of children age 15-17 have lost one biological parent and 0.8% have lost both as seen in Figure 7. The overall rate of double parental death has declined in Liberia since the 2007 DHS from 0.7% in 2007 among children 0-14 to 0.4% in 2013.

FIGURE 7: PERCENT DISTRIBUTION OF PARENTAL SURVIVAL STATUS ACCORDING TO AGE GROUP OF CHILD, LIBERIA 2013



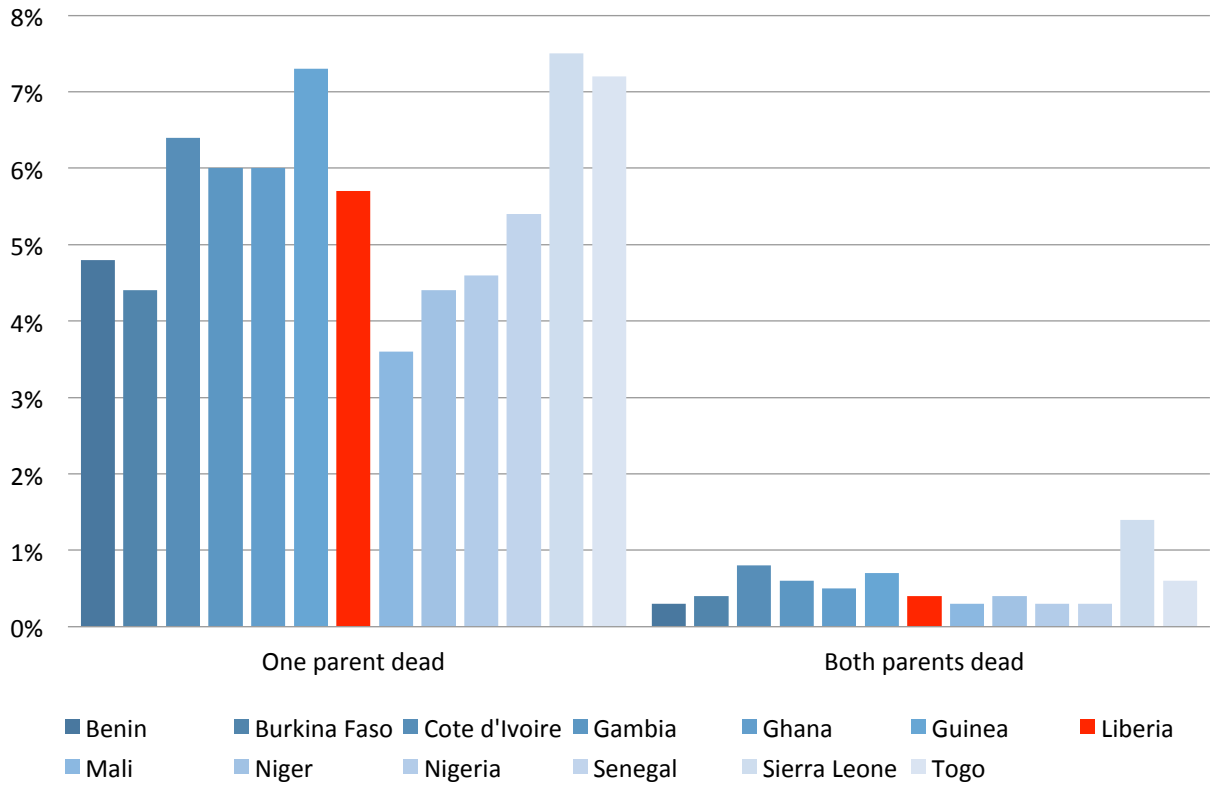
Wealth quintile of the household does not clearly correlate with the likelihood of losing a parent for children in Liberia. While the rates of double parent death remain fairly unchanged across children 0-17 living in all five wealth quintiles, it appears that children living in the richest wealth quintiles have experienced the death of a mother or a father at a slightly higher rate. While 6.8% of children 0-17 have suffered the loss of one parent, in the richest quintile 7.6% of children in this age group have lost either their mother or their father.

Among children under the age of 18, a slightly higher percentage of those who have experienced the death of one biological parent were found to be living in Liberia's urban areas than it's rural areas: 7.0% of children in urban areas had one parent die before they turned 18 compared to 6.4% in rural areas. Further research is needed to ascertain whether these children lived in urban areas prior to the death of their parents, or whether they migrated into urban centers after the death of a parent.

This relationship is not clearly seen when disaggregated by geographic region in Liberia. More urban areas such as the South Central region see similar rates of children who have lost both parents, with 0.4% of children living in this part of the country having lost both biological parents, and 6.9% having lost one before the age of 18. Away from Monrovia's urban center, the North Western (7.9%) and Southern Eastern B region (8.2%) see markedly higher rates in the country of children 0-17 who have lost a mother or a father. Thus, these regional trends and overall urban-rural differences characterizing the distribution of parent survival in Liberia do not fully explain the large diversity in children's living arrangements found across the nation nor the disproportionate amount of children found living with neither biological parent in urban areas (28%) compared to rural areas (21%), as discussed in the following section.

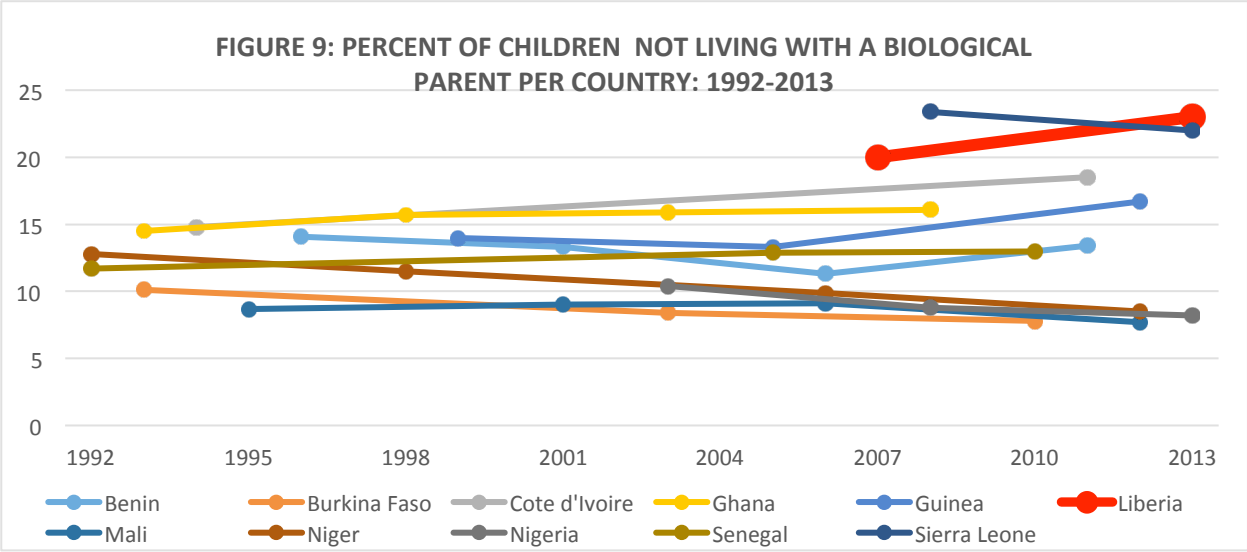
In the Western Africa context, Liberia ranks seventh in the Western Africa region for both single parent loss (5.7%) and orphaning (0.4%) among children 0-14, placing it right in the middle of its regional neighbors. Neighboring Sierra Leone sees the highest rates in the region with 7.5% of children losing one parent before the age of 15 and nearly 1.5% losing both.

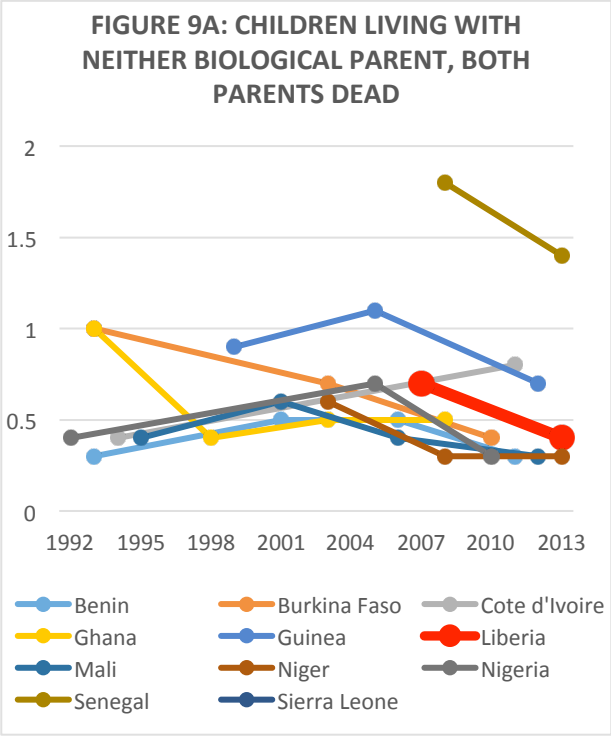
FIGURE 8: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS EASTERN AFRICA REGION

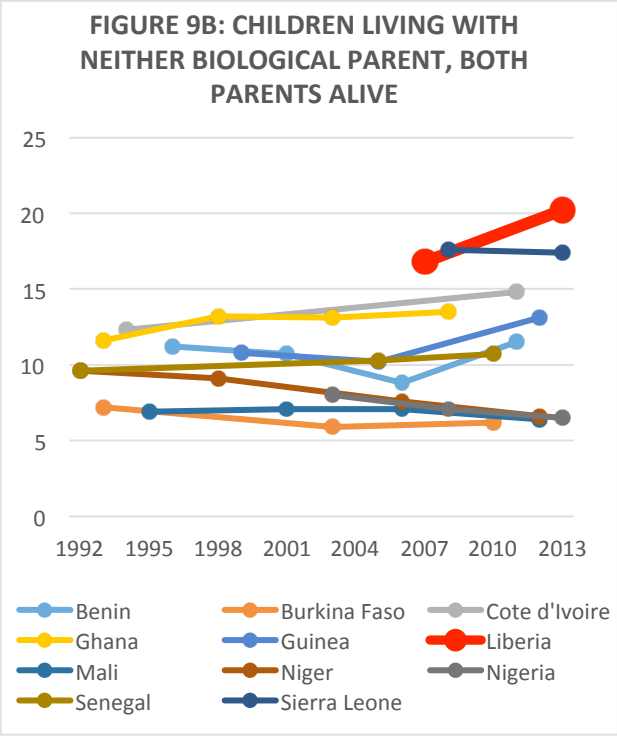


CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

As stated previously, one in every four Liberia children under the age of 18 live with neither biological parent. In the last two decades different trends have been observed in the western Africa region among children living with neither biological parent. As seen in Figure 10, the prevalence of children living outside of parent care in most countries has stayed fairly stable in the western African region, with few notable exceptions. Liberia, is one such exception, seeing saw a sharp increase in the proportion of children living without either biological parent in the last half decade. Conversely Liberia's neighbor Sierra Leone saw a decline in the number of children living without their mother and their father during that same period.







While more generally the overall the prevalence of children living with neither biological parent appears to be fairly stable in the region, as seen in Figure 10A the rate of orphanhood has declined in the region with the exception of Cote d'Ivoire. Meanwhile, for many countries the rate of children living outside of parental care has been on the rise (Figure 10B). Liberia is one such country, with the proportion of children 0-14 living away from both living parents increasing from 17% in 2007 to 23% in 2013. Because the vast majority of children living with neither biological parent still have both parents living, the effect of events such as civil war, the HIV/AIDS epidemic, and access to anti-retro viral therapy can remain hidden. Therefore, variations in the proportions of children who have lost both biological parents are largely unseen because of the large number of children living outside of parental care who continue to have living biological parents.

FIGURE 10: PERCENT DISTRIBUTION OF CHILDREN 0-17 NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT

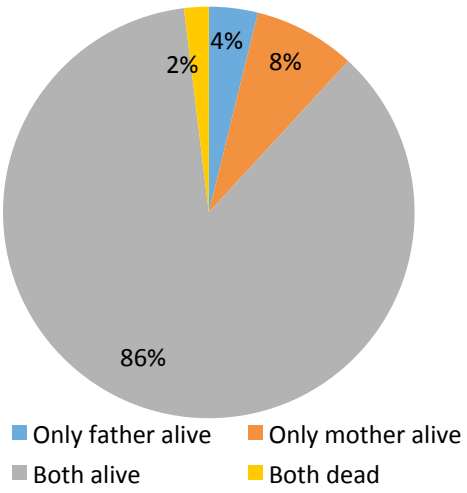
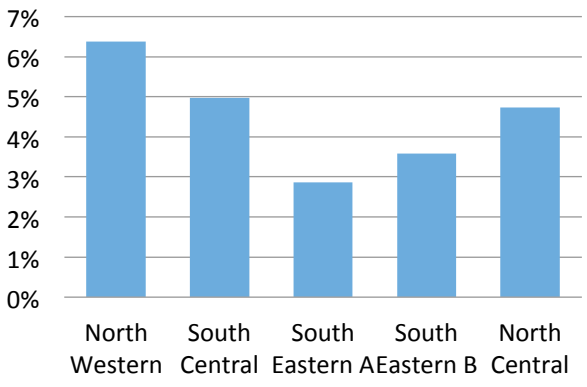


FIGURE 11: PERCENT OF CHILDREN 0-17 LIVING IN UNRELATED HOUSEHOLDS, ACCORDING TO REGION



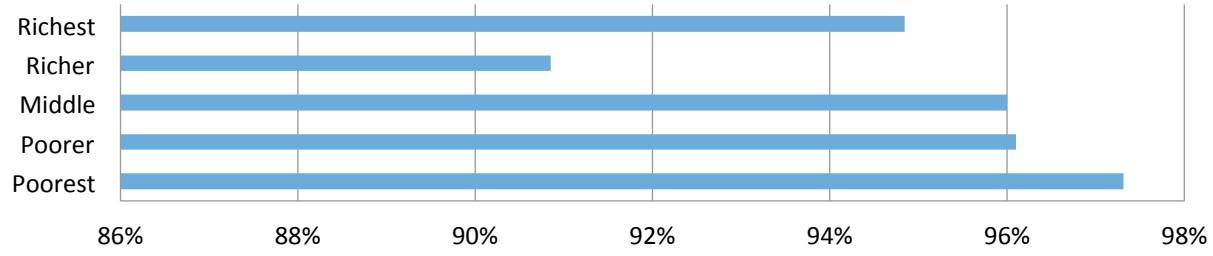
According to the 2013 DHS, the vast majority of these children – 86% - had both biological parents still living, while 8% had a living mother, 4% had a living father and 2% of these children had lost both parents[10]. This reality underlines that orphanhood is not the primary factor for children not living with their parents and highlights the need to better understand the true drivers behind children not living with their parents.

The overwhelming majority of children in Liberia under the age of 18 who are not living with a biological parent remain in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 95% of children aged 0-17 live in family care, with only 5% of children living in households headed by an unrelated person. The likelihood of living in family care does not seem to be significantly related to gender or urban-rural differences. As can be imagined, differences in household work contribution, child migration for education, or work opportunities impact the age at which children move out of living in family care. Living in family care seems to be negatively associated with age, with the oldest age group having a higher likelihood of living in a household headed by a non-relative; however, this trend does not apply to the older age group of 15-17. Nonetheless, given the small sample size in the youngest age categories, caution must be employed in interpreting these findings.

[10] According to the World Bank, in 2013 43% of the total population in Liberia was between the ages of 0-14. Therefore, nearly 460,000 children under the age of 15 live with neither biological parent, of which fewer than 10,000 children have lost both biological parents.

In Liberia, marked regional differences are seen in the distribution of children living outside of family care. The North Western area has nearly twice the prevalence of children living in households where they are unrelated to the household head compared to the South Eastern A region (6.4% vs 2.9% - as seen in Figure 11 above). More research is needed to disentangle these regional differences.

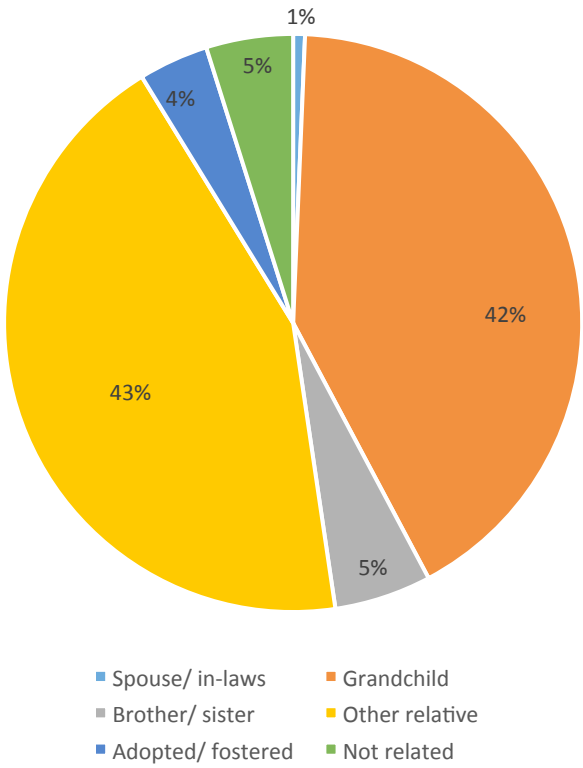
FIGURE 12: PERCENT DISTRIBUTION OF CHILDREN 0-17 LIVING IN HOUSEHOLDS HEADED BY RELATIVES, ACCORDING TO HOUSEHOLD WEALTH QUINTILE



In Liberia, while generally richer households host more unrelated children than poorer households, as seen in Figure 12, the relationship is not linear. While only 2% of children living in households in the poorest wealth quintile report being unrelated to the household head, in households belonging to the two richest quintiles, rates above 5% are seen. Interestingly, the fourth richest quintile (Richer) houses nearly twice as many children living in unrelated care, than the richest quintile (9% vs 5%). It is possible that, more generally, wealthier households managing more resources are both concentrated in urban centers and more likely to provide opportunities like boarding for schooling or employment for domestic work to unrelated youth. Further research is needed in this area to better tease apart the dynamics at play.

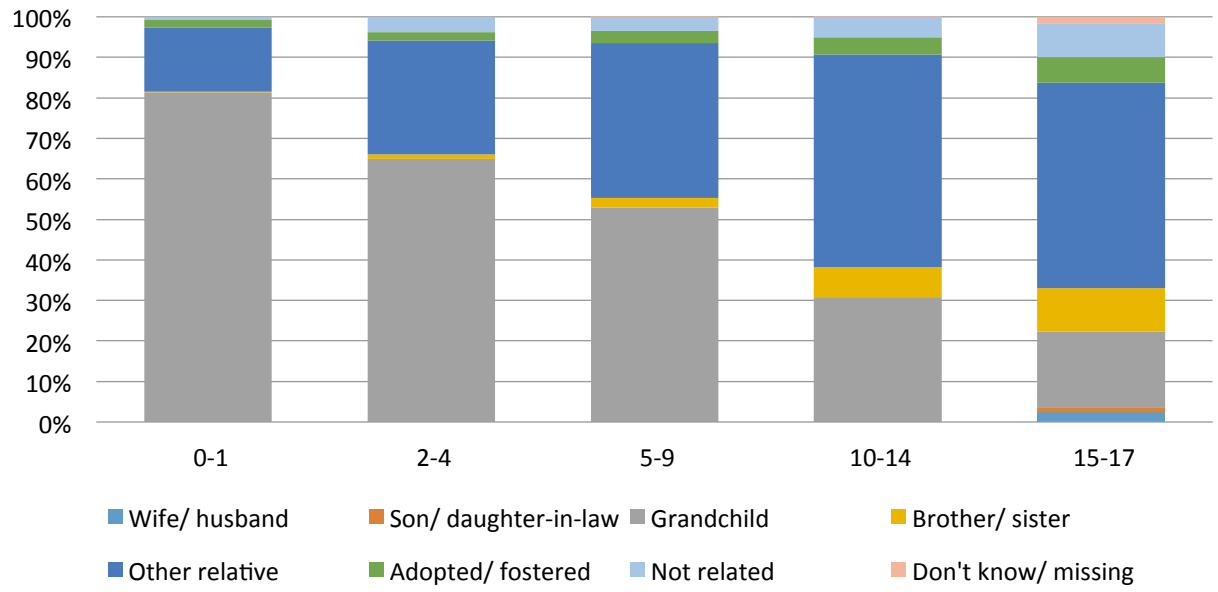
In Liberia, 41% of children 0-17 living with neither biological parent live with their grandparents, 43% live in households headed by other relatives, 5% live with siblings, 5% live with unrelated household heads, and 4% live with adopting or fostering families. Fewer than 1% of children 0-17 live with their spouses or in-laws.

FIGURE 13: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN LIBERIA, 2013



Children ages 0-17 have a higher likelihood of living with relatives other than their grandparents or siblings at 43%. In fact, living with grandparents seems to be negatively associated with the age of the child – becoming less likely as children get older, while living with other relatives and with unrelated household heads seems to become more common as children age. Children under the age of two have the highest likelihood of living with their grandparents, with 81% of all children under 2 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, coming to a low prevalence of 19% for children 15-17. In the oldest age cohort, there is nearly three times the likelihood that a child 15-17 will live in a household headed by an other relative compared to a grandparent among children living with neither biological parent (51% vs 19%).

FIGURE 14: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN LIBERIA, ACCORDING TO AGE



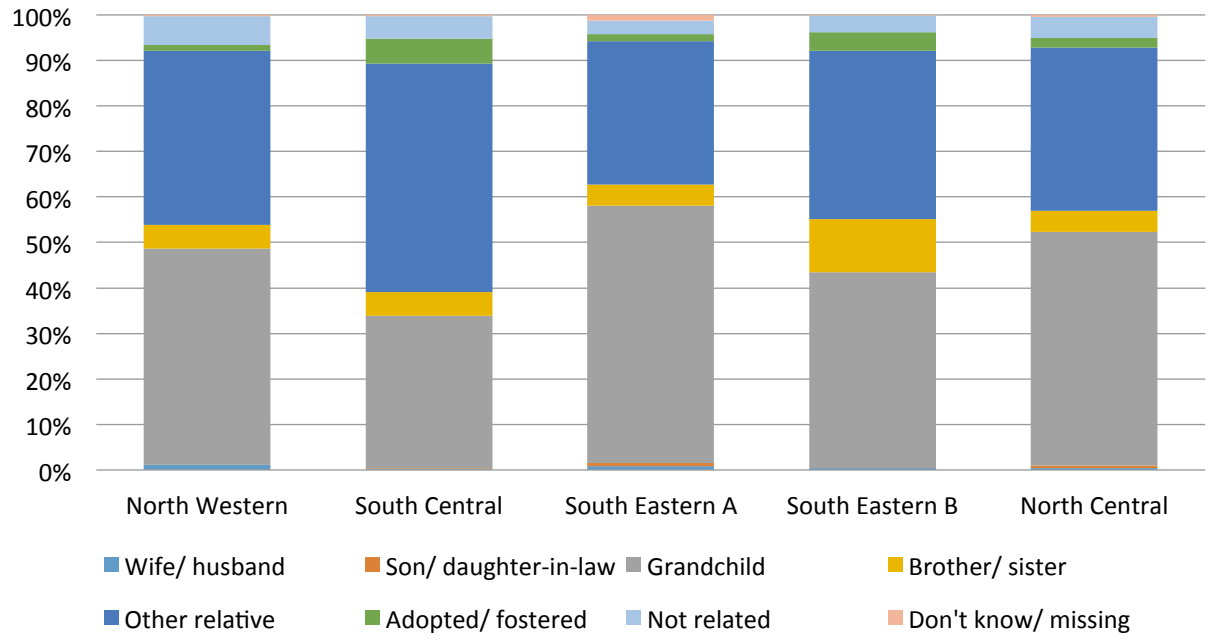
Gender also seems to play a role in determining who children live with when living outside of the care of their biological parents. More boys age 0-17 live with their grandparents than do girls (43% vs. 40%). Conversely, more girls live with other relatives as compared to boys (45% vs 42%). Possible explanations might include different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Boys have a slightly higher likelihood of living in households in which they are unrelated to the head (5.0%) as compared to girls (4.7%). Additionally, among girls 0-17 not living with a biological parent, 1.3% of girls are living with their husband and their husband's parents. This is congruent with the differences seen in the median age at marriage between girls and boys where, on average, girls marry approximately six years earlier than boys do.

When disaggregated by geographical characteristics, it appears that significantly more children 0-17 in rural areas live in households headed by their grandparents than among children living in urban centers (52% vs 35%). The opposite is true for children living with other relatives wherein 49% of children in

urban areas live in households headed by these family members versus 35% of children in rural areas. Given that children living with other relatives also tend to be older, as stated previously, it is possible that these children move to live with their relatives in urban centers in order to access education, work or better services. More research is needed to understand fully the mechanisms behind these living arrangements and their implications in terms of child well-being.

Clear differences are again seen between different regions of the country. As seen in Figure 15, the South Central region housing Monrovia maintains the lowest proportion of children not living with a parent who are in households headed by that child's grandparents at 34%, and the highest proportion of children living with other relatives (50%) and in adopting and fostering households (6%). Conversely, the South Eastern A region has the highest prevalence of children 0-17 living in grandparent headed households at 57% and the lowest number of children living in households headed by other relatives (32%).

FIGURE 15: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN LIBERIA, ACCORDING TO ADMINISTRATIVE REGION

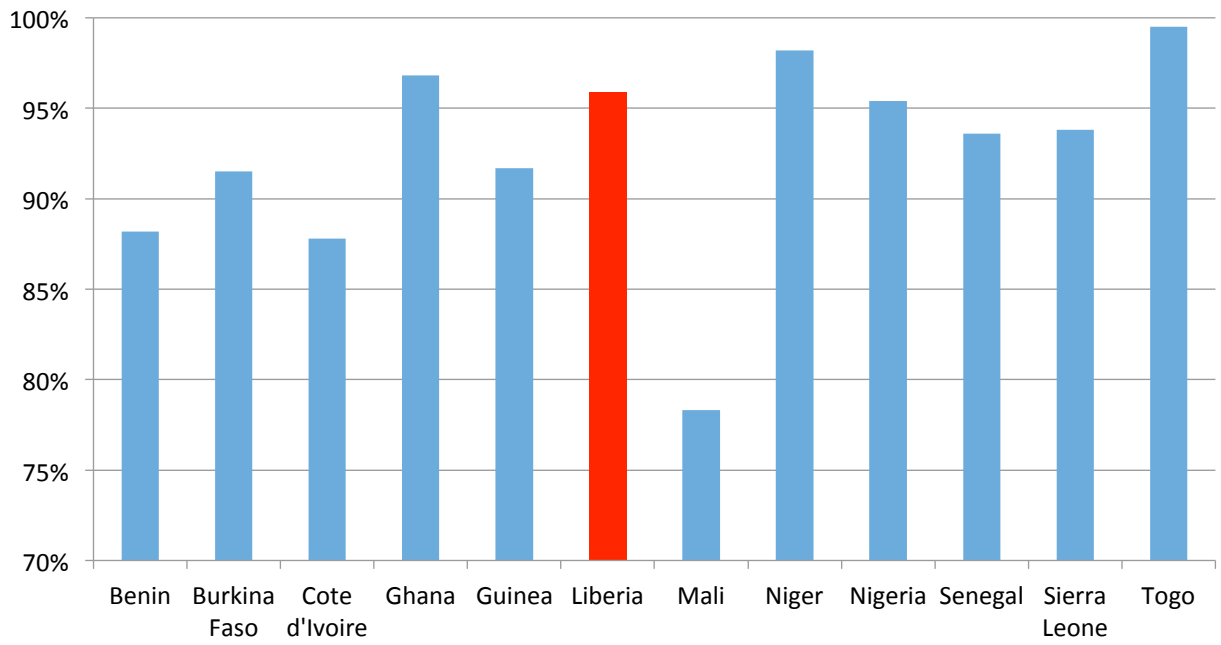


Adoption and fostering seems to be unrelated to gender in Liberia. However, it appears that as children get older the likelihood of adoption and fostering increases. While only 1.9% of children under the age of 2 are adopted or fostered, between age 5 and age 9 3.0% of children are found in this living arrangement, and by 18 6.3% of children in Liberia are reported as adopted or fostered. However, sample size limitations do not allow for any significant findings in this subgroup. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering within the DHS program. The DHS program defines fostering as "children under age 18 living in households with neither their mother nor their father present." Nonetheless, as seen throughout this

report, most children living with neither biological parent are not categorized as “fostered.” Therefore, it is difficult to ascertain which children would be classified as “fostered” in the field. Additionally, in many of these settings formal adoption and fostering is quite limited; therefore, these categories may capture some children in informal foster care and adoption arrangements, but the data might be a significant underestimation of the total population of children in those care situations.

Regionally, Liberia’s prevalence of children 0-17 who are not living with their parent but live in households in which they are related to the household head (family household) is high compared to other western African countries. In Liberia 4% of all children age 0-14 live in households headed by an unrelated person, and 96% live in family care. Only Niger (98%) and Togo (99.5%) see a comparably high prevalence of children living in related households and low proportions of children living out of family care among children not living with a biological parent under the age of 15.

FIGURE 16: PERCENT OF CHILDREN 0-14 LIVING IN RELATED HOUSEHOLDS PER COUNTRY



LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households across children not living with a biological parent; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children's care structures in Liberia.