

Liberia - Demographic and Health Survey 1986

Ministry of Planning and Economic Affairs

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Identification

SURVEY ID NUMBER

LBR_1986_DHS_v01_M

TITLE

Demographic and Health Survey 1986

ABBREVIATION OR ACRONYM

DHS 1986

COUNTRY

Name	Country code
Liberia	LBR

STUDY TYPE

Demographic and Health Survey (standard) - DHS I

SERIES INFORMATION

This was the first Demographic and Health Survey conducted in Liberia.

ABSTRACT

The Liberia Demographic and Health Survey (LDHS) was conducted as part of the worldwide Demographic and Health Surveys (DHS) program, in which surveys are being carried out in countries in Africa, Asia, Latin America, and the Middle East. Liberia was the second country to conduct a DHS and the first country in Africa to do so. The LDHS was a national-level survey conducted from February to July 1986, covering a sample of 5,239 women aged 15 to 49.

The major objective of the LDHS was to provide data on fertility, family planning and maternal and child health to planners and policymakers in Liberia for use in designing and evaluating programs. Although a fair amount of demographic data was available from censuses and surveys, almost no information existed concerning family planning, health, or the determinants of fertility, and the data that did exist were drawn from small-scale, sub-national studies. Thus, there was a need for data to make informed policy choices for family planning and health projects.

A more specific objective was to provide baseline data for the Southeast Region Primary Health Care Project. In order to effectively plan strategies and to eventually evaluate the progress of the project in meeting its goals, there was need for data to indicate the health situation in the two target counties prior to the implementation of the project. Many of the desired topics, such as immunizations, family planning use, and prenatal care, were already incorporated into the model DHS questionnaire; nevertheless, the LDHS was able to better accommodate the needs of this project by adding several questions and by oversampling women living in Sinoe and Grand Gedeh Counties.

Another important goal of the LDHS was to enhance the skills of those participating in the project for conducting high-quality surveys in the future. Finally, the contribution of Liberian data to an expanding international dataset was also an objective of the LDHS.

KIND OF DATA

Sample survey data

UNIT OF ANALYSIS

- Households
- Children age 0-5
- Women age 15 to 49
- Men

Scope

NOTES

The 1986 Liberia Demographic and Health Surveys covered the following topics:

- Household Demographic Characteristics

- Respondent's Background
- Reproduction (fertility, including a birth history and questions concerning desires for future childbearing)
- Contraception (family planning knowledge and use)
- Health of Children (family health, including prevalence of childhood diseases, immunizations for children under age five, and breastfeeding and weaning practices)
- Marriage
- Fertility Preferences
- Husband's Background

Coverage

GEOGRAPHIC COVERAGE

National

Producers and sponsors

PRIMARY INVESTIGATORS

Name
Ministry of Planning and Economic Affairs

PRODUCERS

Name	Abbreviation	Role
Institute for Resource Development	IRD	Administrative and technician assistance

FUNDING AGENCY/SPONSOR

Name	Abbreviation	Role
United State Agency for International Development	USAID	Funding and technician assistance

Sampling

SAMPLING PROCEDURE

The sample for the Liberia Demographic and Health Survey was based on the sampling frame of about 4,500 censal enumeration areas (EAs) that were created for the 1984 Population Census. It was decided to eliminate very remote EAs prior to selecting the sample. The definition of remoteness used was "any EA in which the largest village was estimated to be more than 3-4 hours' walk from a road." According to the 1984 census, the excluded areas represent less than 3 percent of the total number of households in the country. Since the major analytic objective of the LDHS was to adequately estimate basic demographic and health indicators including fertility, mortality, and contraceptive prevalence for the whole country and the two sub-universes (Sinoe and Grand Gedeh Counties), it was decided to oversample these two counties. Consequently, three explicit sub-universes of EAs were created: (1) Sinoe County, (2) Grand Gedeh County, and (3) the rest of the country.

The design provided a self-weighted sample within each sub-universe, but, because of the oversampling in Sinoe and Grand Gedeh Counties, the sample is not self-weighting at the national level. Eligible respondents for the survey were women aged 15-49 years who were present the night before the interview in any of the households included in the sample selected for the LDHS.

The total sample size was expected to be about 6,000 women aged 15-49 with a target by sub-universe of 1,000 each in Sinoe and Grand Gedeh Counties and 4,000 in the rest of the country. It was decided that a sample of approximately 5,500 households selected through a two-stage procedure would be appropriate to reach those objectives. Sampling was carried out independently in each sub-universe. In the rest of the country sub-universe, counties were arranged for selection in serpentine order from the northwest (Cape Mount County) to the southeast (Maryland County). In the first stage EAs were selected systematically with probability proportional to size (size = number of households in 1984). Twenty-four EAs were selected in each of Sinoe and Grand Gedeh Counties and 108 EAs in the rest of the country.

See full sample procedure in the survey final report.

RESPONSE RATE

Out of the total of 6,1306 households selected, 14.5 percent were found not to be valid households in the field, either because the dwelling had been vacated or destroyed, or the household could not be located or did not exist. Of the 5,609 households that were found to exist, 90 percent were successfully interviewed. In the households that were interviewed, a total of 5,340 women were identified as being eligible for individual interview (that is, they were aged 15-49 and had spent the night before the interview in the selected household). This represents an average of slightly over one eligible woman per household.

The response rate for eligible women was 98 percent. The main reason for nonresponse was the absence of the woman. Similar data are presented by sample subuniverse.

Data collection

DATES OF DATA COLLECTION

Start	End
1986-02	1986-07

DATA COLLECTION MODE

Face-to-face

DATA COLLECTION NOTES

The field staff for the LDHS consisted of 24 female interviewers, 6 field editors, 6 supervisors, and one fieldwork coordinator. Except for the supervisors, who were experienced MPEA staff members, all field staff were specially recruited for the LDHS. Two training courses were held simultaneously in Monrovia, and Zwedru, Grand Gedeh, for the entire month of February, 1986. Training included practice interviewing, both in the classroom, as well as in the field. Since most of the interviews were conducted in the local dialects, the training course also covered practice in asking questions in the vernacular. After training, six teams were formed, one for each of the major dialects covered in the sample. Data collection began in late February and was largely completed by July, except for some call-backs.

Questionnaires

QUESTIONNAIRES

The Liberia Demographic and Health Survey (LDHS) utilized two questionnaires: One to list members of the selected households (Household Questionnaire) and the other to record information from all women aged 15-49 who were present in the selected households the night before the interview (Individual Questionnaire).

Both questionnaires were produced in Liberian English and were pretested in September 1985. The Individual Questionnaire was an early version of the DHS model questionnaire. It covered three main topics: (1) fertility, including a birth history and questions concerning desires for future childbearing, (2) family planning knowledge and use, and (3) family health, including prevalence of childhood diseases, immunizations for children under age five, and breastfeeding and weaning practices.

Data Processing

DATA EDITING

Data from the questionnaires were entered onto microcomputers at the Bureau of Statistics office in Monrovia. The data were then subjected to extensive checks for consistency and accuracy.

Errors detected during this operation were resolved either by referring to the original questionnaire, or, in some cases, by logical inference from other information given in the record. Finally, dates were imputed for the small number of cases where complete dates of important events were not given.

Data Appraisal

ESTIMATES OF SAMPLING ERROR

The results from sample surveys are affected by two types of errors: (1) nonsampling error and (2) sampling error. Nonsampling error is due to mistakes made in carrying out field activities, such as failure to locate and interview the correct household, errors in the way questions are asked, misunderstanding of the questions on the part of either the interviewer or the respondent, data entry errors, etc. Although efforts were made during the design and implementation of the Liberia Demographic and Health Survey to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

The sample of women selected in the LDHS is only one of many samples of the same size that could have been selected from the same population, using the same design. Each one would have yielded results that differed somewhat from the actual sample selected. The variability observed between all possible samples constitutes sampling error, which, although it is not known exactly, can be estimated from the survey results. Sampling error is usually measured in terms of the "standard error" of a particular statistic (mean, percentage, etc.), which is the square root of the variance of the statistic across all possible samples of equal size and design.

The standard error can be used to calculate confidence intervals within which one can be reasonably assured the true value of the variable for the whole population falls. For example, for any given statistic calculated from a sample survey, the value of that same statistic as measured in 95 percent of all possible samples of identical size and design will fall within a range of plus or minus two times the standard error of that statistic.

If the sample of women had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the LDHS sample design depended on stratification, stages, and clusters and consequently, it was necessary to utilize more complex formulas. The computer package CLUSTERS was used to assist in computing the sampling errors with the proper statistical methodology.

DATA APPRAISAL

Information on the completeness of date reporting is of interest in assessing data quality. With regard to dates of birth of individual women, 42 percent of respondents reported both a month and year of birth, 21 percent gave a year of birth in addition to current age, and 37 percent gave only their ages. With regard to children's dates of birth in the birth history, 85 percent of births had both month and year reported, 12 percent had year and age reported, 1 percent had only age reported, and 2 percent had no date information.

Access policy

CONTACTS

Name	Email	URL
General Inquiries	info@measuredhs.com	www.measuredhs.com
Data and Data Related Resources	info@measuredhs.com	www.measuredhs.com

CITATION REQUIREMENTS

Use of the dataset must be acknowledged using a citation which would include:

- the Identification of the Primary Investigator
- the title of the survey (including country, acronym and year of implementation)
- the survey reference number
- the source and date of download

ACCESS AUTHORITY

Name	Email	URL
MEASURE DHS	archive@measuredhs.com	www.measuredhs.com

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DISCLAIMER

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Metadata production

DDI DOCUMENT ID

DDI_LBR_1986_DHS_v02_M

PRODUCERS

Name	Abbreviation	Affiliation	Role
Liberia Institute of Statistics and Geo-Information Services	LISGIS	Government of Liberia	Production of metadata

DDI DOCUMENT VERSION

Version 02: Adpoted from "DDI-LBR-LISGIS-DHS-2010-v1.1" DDI that was done by Liberia Institute of Statistics and Geo-Information Services.

Data Dictionary

Data file	Cases	Variables
SEC00 HOUSEHOLD - Household Identification	6007	8
SEC01 HOUSEHOLD - Household Members	28541	10
REC01 WOMAN - Respondent' s Basic Data	5239	16
REC11 WOMAN - Respondent' s Basic Data (continued)	5239	39
REC21 WOMAN - Reproduction (Birth History)	17264	16
REC22 WOMAN - Reproduction	5239	25
REC31 WOMAN - Contraceptive Table	41912	11
REC32 WOMAN - Contraceptive Use	5239	60
REC41 WOMAN - Maternity	3215	11
REC42 WOMAN - Health and Breastfeeding	5239	22
REC43 WOMAN - Health	4373	64
REC51 WOMAN - Marriage/Exposure	5239	29
REC61 WOMAN - Fertility Preferences	5239	15
REC71 WOMAN - Husband' s Characteristics	5239	16
REC81 WOMAN - Characteristics of Interview	5239	15
REC91 WOMAN - Country specific - Single Variables	5239	55

REC95
WOMAN
- Country specific - Health

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