Extended Abstract

Title: Fertility Differentials Among Youths in Liberia

Introduction

Understanding the demographic and social dynamics of various populations necessitates an understanding of fertility differentials among youth, people between the ages of 15 and 35 years (Union, 2006)). Fertility differentials are the differences in fertility rates and patterns among various groups of people, by age, sex, educational level, marital status, region of residence, and so on (Schoumaker, 2019). The factors that influence young people's reproductive choices and outcomes, as well as the implications for their health, well-being, and development, can be better understood by studying differences in fertility among youth.

This study seeks to examine the fertility differentials among youth (15-35 years) in Liberia, a country that has one of the highest adolescent birth rates in the world (229/1000) and a low proportion (22%) of women with their demand satisfied with modern methods of family planning (UNFPA, 2022). The magnitude of the problem is evident from the fact that 78% of all females in Liberia had their first sexual intercourse by age 18, exposing them to the risks of unplanned pregnancies, sexually transmitted infections, unsafe abortions, and maternal and infant mortality (WHO, 2020).

Purpose of the Study

The purpose of the study is to understand and analyze fertility differentials among youth aged 15-35 years in Liberia. Specifically, the study sought to find the following:

1) To explain the factors influencing fertility differentials among youth aged 15 to 35 years.

2) To explore the variations in fertility levels among different socio-economic and demographic groups within the youth population.

3) To examine the implications of early and late childbearing among youth for fertility differentials.

4) To propose evidence-based policy recommendations to address fertility differentials among youth and promote reproductive health and family planning services.

Methodology

The research design used is a quantitative cross-sectional approach that employs secondary data extracted from the Liberia Demographic and Health Survey conducted between 2019 and 2020. A quantitative research approach entails the collection and examination of numerical data to make statistical conclusions and detect patterns or correlations.

Findings/Results

The results of the study show that several factors have significant effects on the number of children ever born among youths in Liberia. According to the analysis, the most influential predictor of fertility is age, as older youths tend to have more children than younger ones. The second most influential factor is age at first birth, as youths who had their first child at an earlier age tend to have more children than those who had their first child at a later age. This finding aligns with the United Nations findings in 2020 which state that one of the main sources of youth fertility differentials is the age at which young people start their reproductive careers. According to the United Nations, in many low- and middle-income countries, especially in sub-Saharan Africa, a significant proportion of girls aged 10 to 14 years give birth, often because of early marriage, sexual violence, or lack of access to contraception (United Nations, 2020).

Additionally, the findings reveal that education level, wealth, residence, marital status, and contraceptive use significantly impact youth fertility.

Conclusion

The analysis conducted on youth fertility in Liberia yields comprehensive insights into the determinants influencing early childbearing and overall fertility levels. The findings underscore the paramount significance of various socio-demographic factors in shaping reproductive behaviors among young individuals. Primarily, the age at which youth initiate their reproductive journeys emerges as a pivotal determinant, resonating with global observations highlighting early childbirth among girls aged 10 to 14 in certain regions, driven by factors such as early marriage, sexual violence, and limited access to contraception.

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