

LIBERIA

Capital

Monrovia

Ethnic Groups

Kpelle 20.3%, Bassa 13.4%, Grebo 10%, Gio 8%, Mano 7.9%, Kru 6%, Lorma 5.1%, Kissi 4.8%, Gola 4.4%, Krahn 4%, Vai 4%, Mandingo 3.2%, Gbandi 3%, Mende 1.3%, Sapo 1.3%, other Liberian 1.7%, other African 1.4%, non-African 0.1%

Languages

English 20% (official), some 20 ethnic group languages few of which can be written or used in correspondence

Religions

Christian 85.6%, Muslim 12.2%, Traditional 0.6%, other 0.2%, none 1.5%

Population

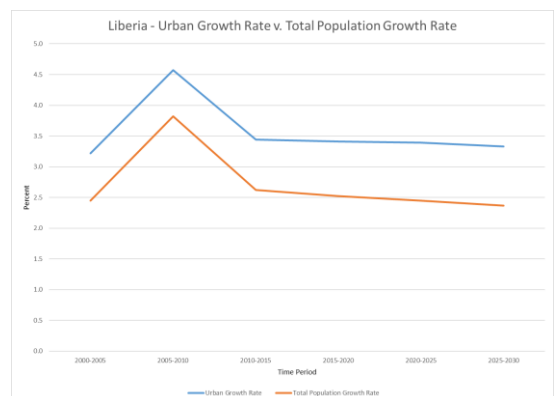
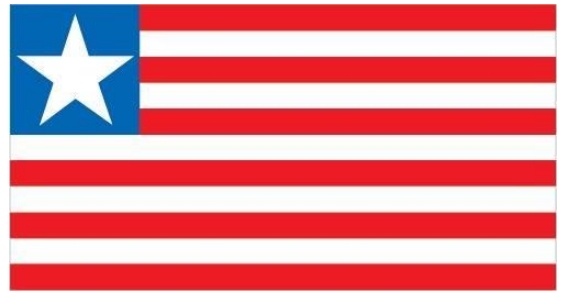
Total: 5.5 million
Median age: 18 years
Population growth rate: 2.71%
Urban: 53.6%
Rural 46.4%

Fertility

Birth rate: 36.26 births/1,000 population
Total fertility rate: 4.73 children born/woman
Sex ratio of population: 1 male(s)/female

Mortality

Death rate: 6.46 deaths/1,000 population
Life expectancy at birth: 65.8 years
Maternal mortality rate: 661 deaths/100,000 live births
Infant mortality rate: 43.2 deaths/1,000 live births



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Migration

Net migration rate: -2.67 migrants/1,000 population

Health

Current health expenditure: 9.5% of GDP

Physician density: 0.05 physicians/1,000 population

Adult obesity: 9.9%

Alcohol consumption per capita: 3.12 liters of pure alcohol

Education

Education expenditures: 2.7% of GDP

Literacy: 48.3%

Population Distribution

more than half of the population lives in urban areas, with approximately one-third living within an 80-km radius of Monrovia

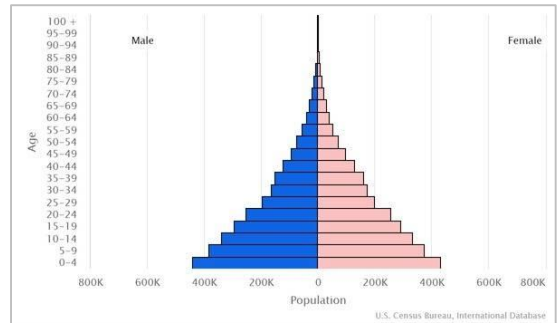
Demographic Profile

Liberia's high fertility rate of nearly 5 children per woman and large youth cohort – more than 60% of the population is under the age of 25 as of 2020 – will sustain a high dependency ratio for many years to come. Significant progress has been made in preventing child deaths, despite a lack of health care workers and infrastructure. Infant and child mortality have dropped nearly 70% since 1990; the annual reduction rate of about 5.4% is the highest in Africa.

Nevertheless, Liberia's high maternal mortality rate remains among the world's worst; it reflects a high unmet need for family planning services, frequency of early childbearing, lack of quality obstetric care, high adolescent fertility, and a low proportion of births attended by a medical professional. Female mortality is also increased by the prevalence of female genital cutting (FGC), which is practiced by 10 of Liberia's 16 tribes and affects more than two-thirds of women and girls. FGC is an initiation ritual performed in rural bush schools, which teach traditional beliefs on marriage and motherhood and are an obstacle to formal classroom education for Liberian girls.

Liberia has been both a source and a destination for refugees. During Liberia's 14-year civil war (1989-2003), more than 250,000 people became refugees and another half million were internally displaced. Between 2004 and the cessation of refugee status for Liberians in June 2012, the UNHCR helped more than 155,000 Liberians to voluntarily repatriate, while others returned home on their own. Some Liberian refugees spent more than two decades living in other West African countries. Between 2011 and 2022, more than 300,000 Ivoirian refugees in Liberia have been repatriated; as of yearend 2022, less than 2,300 Ivoirian refugees were still living in Liberia.

Age Structure



Population Distribution

