



Dispatch No. 1135 | 25 February 2026

Liberians support women's autonomy, sex education, and keeping pregnant girls in school

Afrobarometer Dispatch No. 1135 | Maame Akua Amoah Twum and Elkanah Taylor

Summary

For Liberian women and girls, sexual and reproductive health and rights (SRHR) are not just a health issue, but a matter of fundamental autonomy. SRHR covers a range of protections, from family planning and maternity care to the eradication of sexual violence and harmful practices. Securing these rights is vital for ensuring every girl and woman has the agency to make informed choices regarding her reproductive future (Calimoutou, 2021).

Liberia has developed policies and partnerships to expand access to SRHR for women and adolescents. Working with United Nations agencies and civil society, the government has rolled out youth-friendly services to deliver SRHR information and care and has launched a five-year initiative targeting adolescent girls' health and empowerment (UNFPA Liberia, 2024, 2025). Despite this progress, many women who wish to avoid pregnancy are unable to use effective family planning because of limited access, entrenched gender and social norms, and legal barriers, including parental-consent requirements for adolescents seeking contraceptives (UNFPA Liberia, 2024; Peters, 2025). Modern contraceptive use remains low, and unmet need for family planning is particularly high among adolescents and young women (Blumenthal, Voedisch, & Gemzell-Danielsson, 2011; Liberia Institute of Statistics and Geo-Information Services, Ministry of Health, & ICF, 2021).

Liberia has one of the highest maternal mortality rates in the world, and many adolescent girls and women are exposed to sexual and gender-based violence (SGBV) and harmful practices, such as female genital mutilation, child marriage, and transactional sex, that constrain their reproductive autonomy (Liberia Institute of Statistics and Geo-Information Services, Ministry of Health, & ICF, 2021; UNFPA Liberia, 2024). Abortion is illegal except in cases of rape, incest, or "substantial risk" that the pregnancy would harm the woman's health or result in a child with grave physical or mental disability (Liberia Legal Information Institute, 1976), pushing many women to seek unsafe alternatives. A nationally representative study estimated an abortion rate of 30.7 per 1,000 women of reproductive age, with more than one-third of pregnancies ending in abortion (Ushie et al., 2026).

A special question module in Afrobarometer's Round 10 survey (2024) explores the opinions and experiences of Liberians related to sexual and reproductive health and rights.

Findings show that a majority of Liberians support the autonomy of women in choices about marriage and reproduction. Most also endorse the teaching of sex education in schools and believe that schoolgirls who become pregnant should have the right to pursue their education. Majorities are open to making contraceptives available to anyone who is sexually active regardless of age or marital status, though substantial minorities disagree.

More than half of Liberians consider abortion justifiable if the mother's life or health is at risk, in cases of rape or incest, if the woman is economically unable to care for a child, or if the pregnancy is unwanted "for any reason."

Afrobarometer surveys

Afrobarometer is a pan-African, non-partisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Ten survey rounds in up to 45 countries have been completed since 1999. Round 10 surveys (2024/2025) cover 38 countries. Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice.

The Afrobarometer team in Liberia, led by the Center for Democratic Governance (CDG), interviewed a nationally representative sample of 1,200 adult citizens between 30 July and 21 August 2024. A sample of this size yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level. Previous surveys were conducted in Liberia in 2008, 2012, 2015, 2018, 2020, and 2022.

Survey questions on sexual and reproductive health and rights (SRHR), including questions on contraception, sexuality education, abortion, and women's autonomy, may be sensitive for some countries or groups of respondents, which raises potential challenges for data analysis and interpretation. These questions may generate *non-response bias* if respondents are uncomfortable providing answers or *social desirability bias* if they feel compelled to offer socially acceptable answers, rather than their true opinions.

We urge analysts and users of these data to recognise these challenges in their presentation and interpretation of the findings, especially by examining and reporting item non-response rates ("don't know" or refused to answer) when they exceed acceptable limits (usually 5%) and by conducting appropriate statistical tests of any proposed scales or indices generated. In most countries, non-response rates are well within acceptable limits, but in Angola, Guinea-Bissau, Mauritius, Morocco, and Tunisia, they often rise above these levels. Excluding non-responses in these cases could misrepresent public attitudes on these important issues.

For a detailed analysis of these issues in the Afrobarometer Round 10 SRHR data, and a review of diagnostic tools that can be applied in the interpretation of the findings, we refer readers to [Afrobarometer Methods Note No. 5](#).

Finally, we note that the SRHR module originally included one additional question about potential punishment for women who obtain an abortion. However, early in the implementation of Round 10, Afrobarometer concluded that the question wording was unclear, making the responses difficult to interpret. Since the findings did not meet an acceptable standard for clarity and reliability, this question was dropped from the remaining Round 10 surveys, and the data from those countries where it was asked have been excluded from all final data sets.

Key findings

- Large majorities of Liberians say women should be able to decide for themselves whether and when to marry (78%) as well as when to have children and how many children to have (64%).
 - Men match women in their support for women's autonomy in choices about marriage but not in decisions about childbearing (59% vs. 69%).
- More than three-fourths (77%) of Liberians say pupils who get pregnant or have children should be allowed to continue their schooling.
 - More than eight in 10 (82%) endorse the teaching of sex education in school.
- About six in 10 citizens say contraceptives should be made available to anyone who is sexually active regardless of age (59%) and marital status (56%).

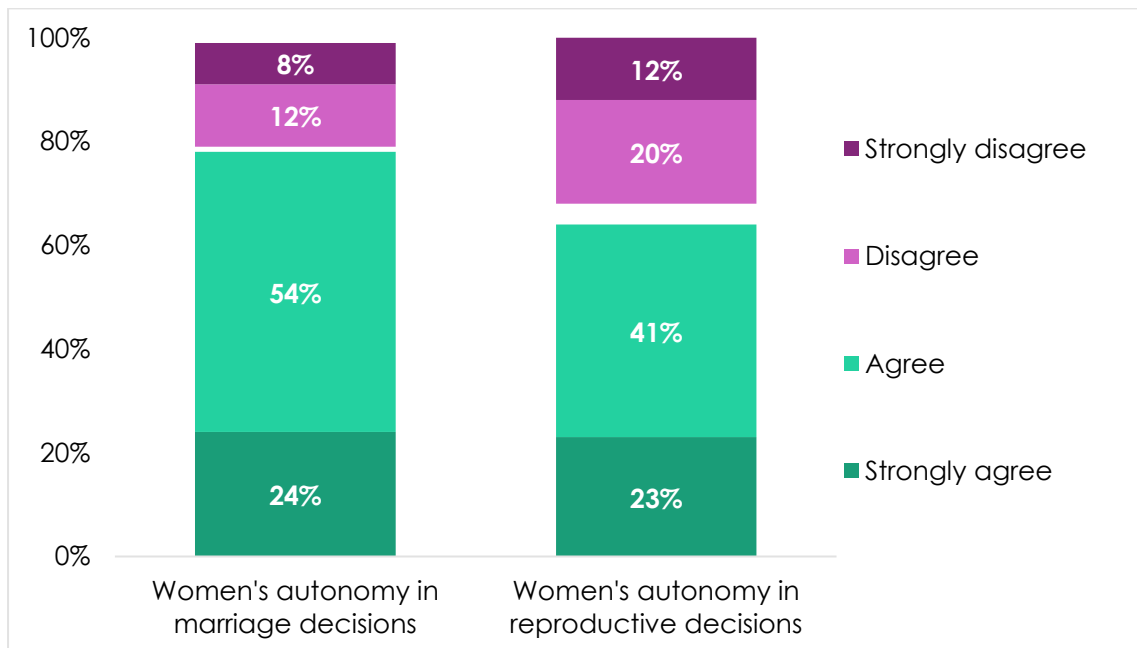
- Six in 10 Liberians (61%) see terminating a pregnancy as “sometimes” or “always” justifiable if the mother’s life or health is at risk.
 - More than half say abortion can be justified in cases of rape or incest (55%), if the woman is economically unable to care for a child (55%), or if the pregnancy is unwanted “for any reason” (53%).

Women’s autonomy in marriage and childbearing decisions

More than three-fourths (78%) of Liberians say that girls and women should be able to decide for themselves whether and when to marry, including 24% who “strongly agree” with this position (Figure 1).

Almost two-thirds (64%) of citizens say that women should have autonomy in decisions about when to have children and how many children they want to have.

Figure 1: Women’s autonomy in decisions about marriage and childbearing
 | Liberia | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

Girls and women should decide for themselves whether and when they should marry.

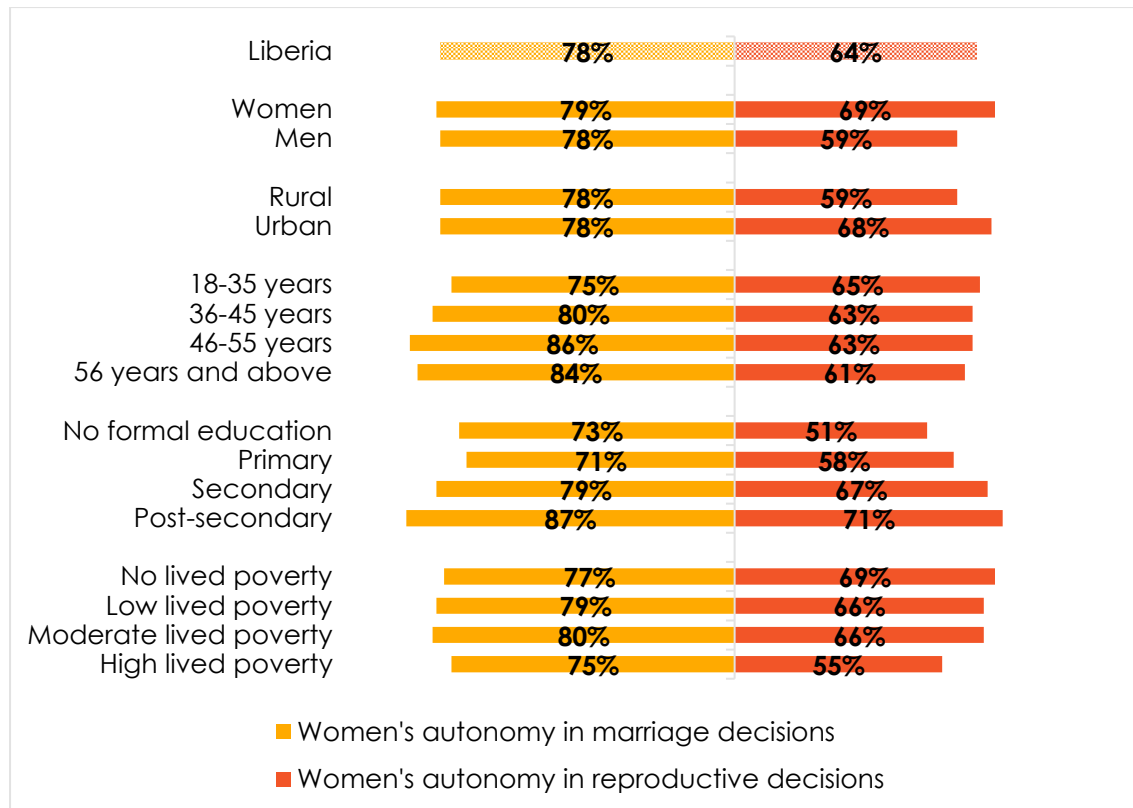
Women should decide for themselves when and how many children they want to have.

While support for women’s right to make their own decisions regarding whether and when to marry is fairly consistent across key demographic groups, highly educated citizens (87%) are more supportive than those with primary (71%) or no formal education (73%) (Figure 2). Perhaps surprisingly, older people (84%-86% among cohorts over age 45) are more likely than youth (75%) to endorse women’s autonomy in marriage decisions.

Regarding choices about having children, men are significantly less likely than women to endorse women’s autonomy (59% vs. 69%), as are rural residents compared to urbanites (59% vs. 68%). Respondents with post-secondary education are 20 percentage points more likely than those with no formal schooling to support women’s autonomy on childbearing (71% vs.

51%). Economically well-off citizens (69%) are more likely to endorse women's autonomy that those experiencing high lived poverty¹ (55%).

Figure 2: Support for women's autonomy in decisions about marriage and childbearing | by demographic group | Liberia | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

Girls and women should decide for themselves whether and when they should marry.

Women should decide for themselves when and how many children they want to have.

(% who "agree" or "strongly agree")

The role of schools: Education for pregnant pupils and sexual education

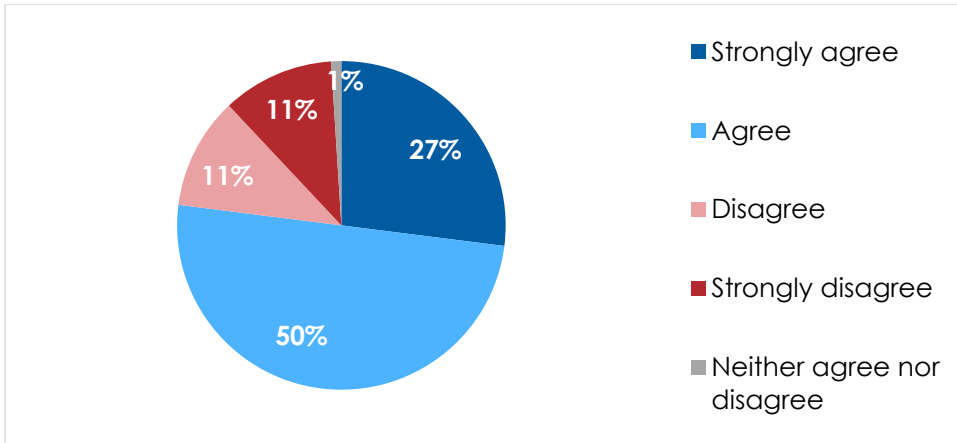
Liberia's teenage pregnancy rate is high: About one-third of girls aged 15-19 have begun childbearing, either through a current pregnancy or a previous birth, contributing to school dropout and limiting girls' educational and economic opportunities (JAC Group of Companies & EducateHER, 2021). Efforts by the government, UNFPA, and UNICEF aim to reduce adolescent pregnancy and support girls' education and development (UNFPA Liberia, 2025).

More than three-fourths (77%) of Liberians are in favour of allowing pupils who become pregnant or have children to continue their education. About a quarter (27%) of respondents "strongly agree" with this policy (Figure 3).

¹ Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the preceding year. For more on lived poverty, see Mattes and Lekalake (2025).

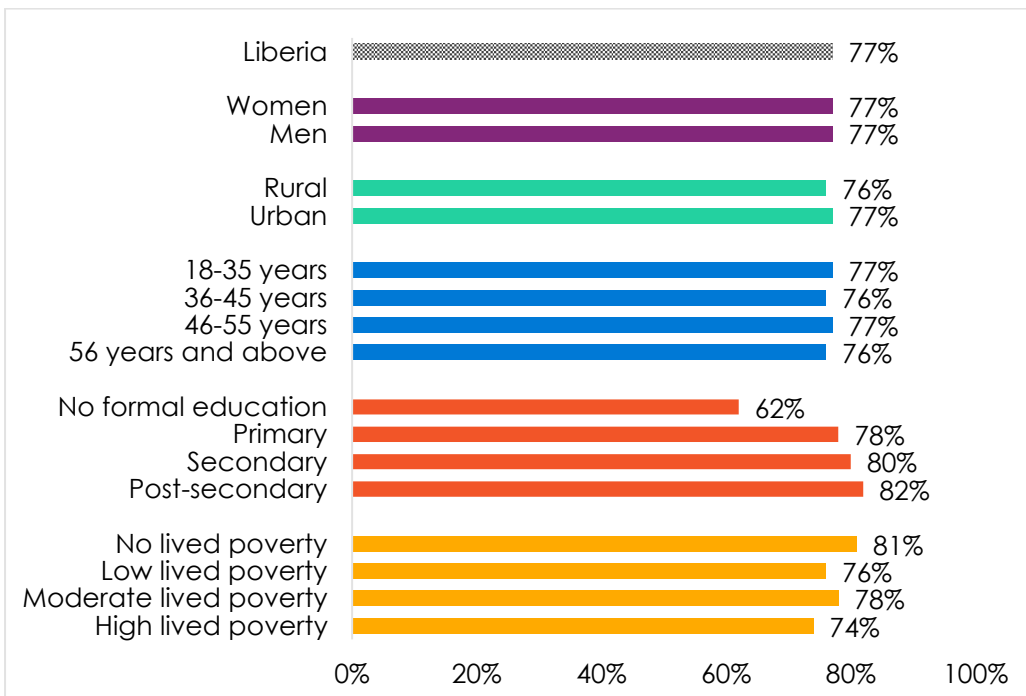
Support for this position is high across key demographic groups, though below average among those with no formal education (62%) (Figure 4).

Figure 3: Should girls who become pregnant be allowed to stay in school?
 | Liberia | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children.

Figure 4: Girls who become pregnant should be allowed to stay in school
 | by demographic group | Liberia | 2024



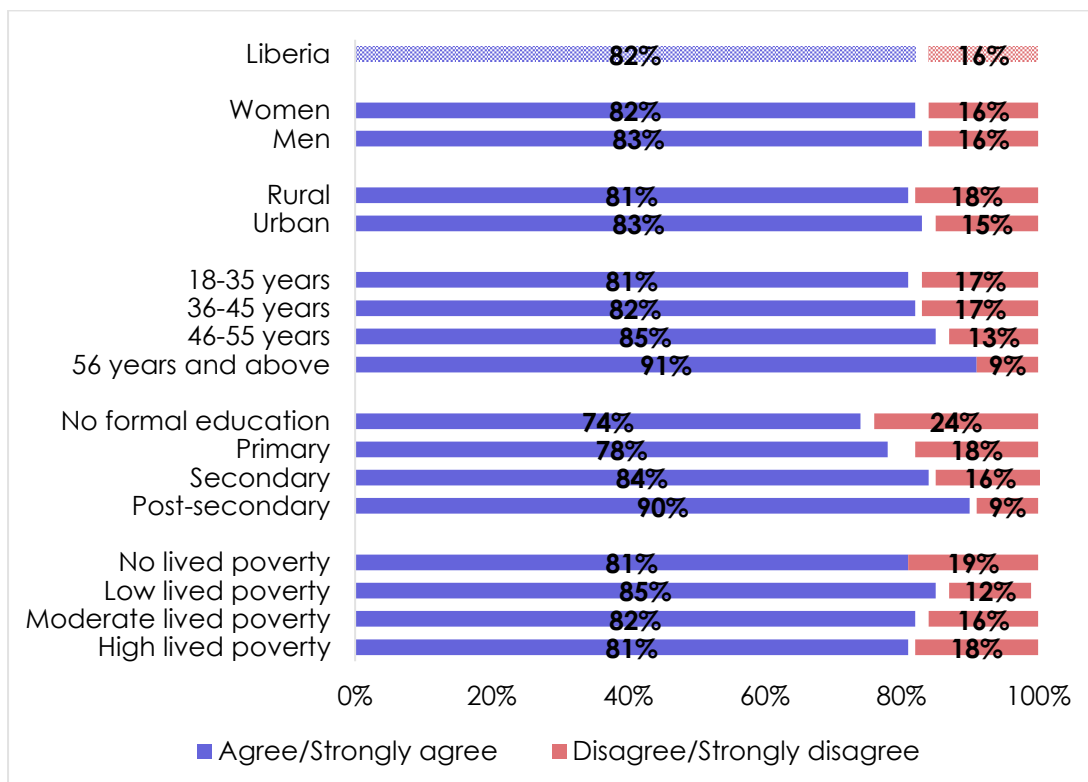
Respondents were asked: For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children. (% who "agree" or "strongly agree")

Eight in 10 Liberians (82%) also endorse the teaching of sexuality education in schools (Figure 5). But despite legal mandates and inclusion of comprehensive sexuality education (CSE) in

Liberia's national curriculum, rollout efforts have faced significant implementation challenges. Stakeholders, including educators, have highlighted a lack of adequate teaching materials and teacher training, and CSE has not yet been consistently delivered nationwide, reflecting gaps between policy commitments and on-the-ground practice (Education Profiles, 2023).

Support for sex education is strongest among older citizens (91%) and increases with educational attainment, rising from 74% among those with no formal schooling to 90% among those with post-secondary education.

Figure 5: Should schools teach sexuality education? | by demographic group | Liberia | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree: Schools should teach sexuality education to young people to help them make informed decisions.

Access to contraceptives

A majority (59%) of Liberians support the idea of making contraceptives available to anyone who is sexually active regardless of age. But 39% disagree with this approach (Figure 6).

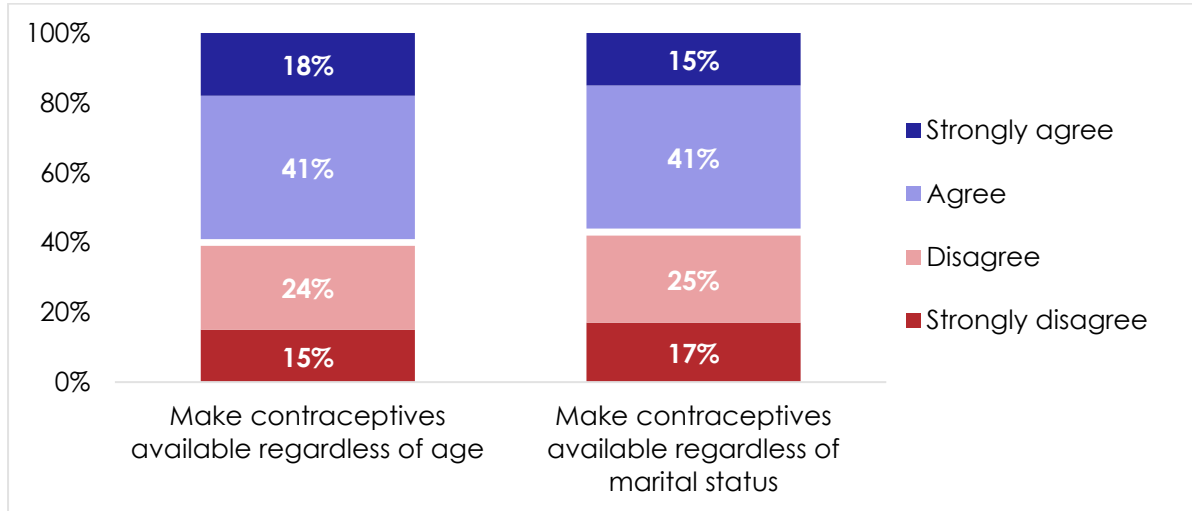
A similar proportion (56%) would make contraceptives available to anyone who is sexually active regardless of marital status, while 42% oppose such a measure (Figure 7).

Women are more supportive than men of providing contraceptives to all regardless of age (62% vs. 56%) and marital status (58% vs. 54%).

The most educated respondents are more supportive of contraceptives availability regardless of age (68%) and marital status (65%) than those who have less schooling.

Support for making contraceptives available regardless of age is somewhat lower among youth (57%) than among their elders (61%-63%).

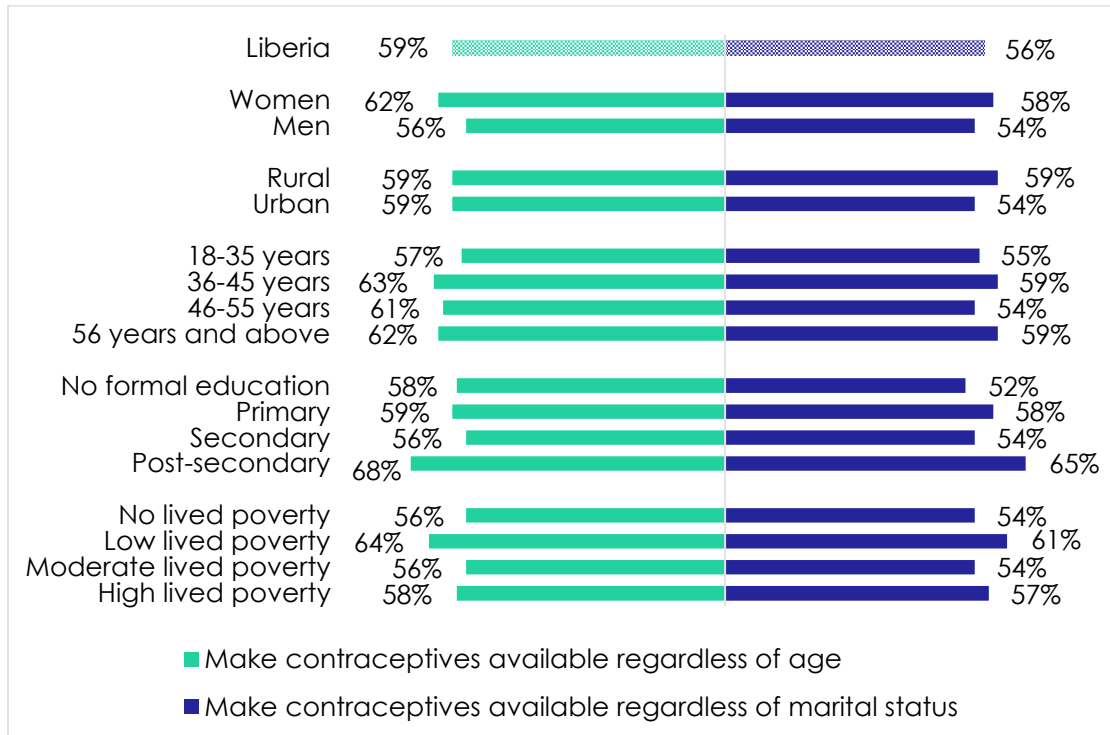
Figure 6: Should contraceptives be available regardless of age and marital status?
 | Liberia | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

Contraceptives should be available to everyone who is sexually active regardless of age.
 Contraceptives should be available to everyone, regardless of marital status.

Figure 7: Support for making contraceptives available regardless of age and marital status | by demographic group | Liberia | 2024

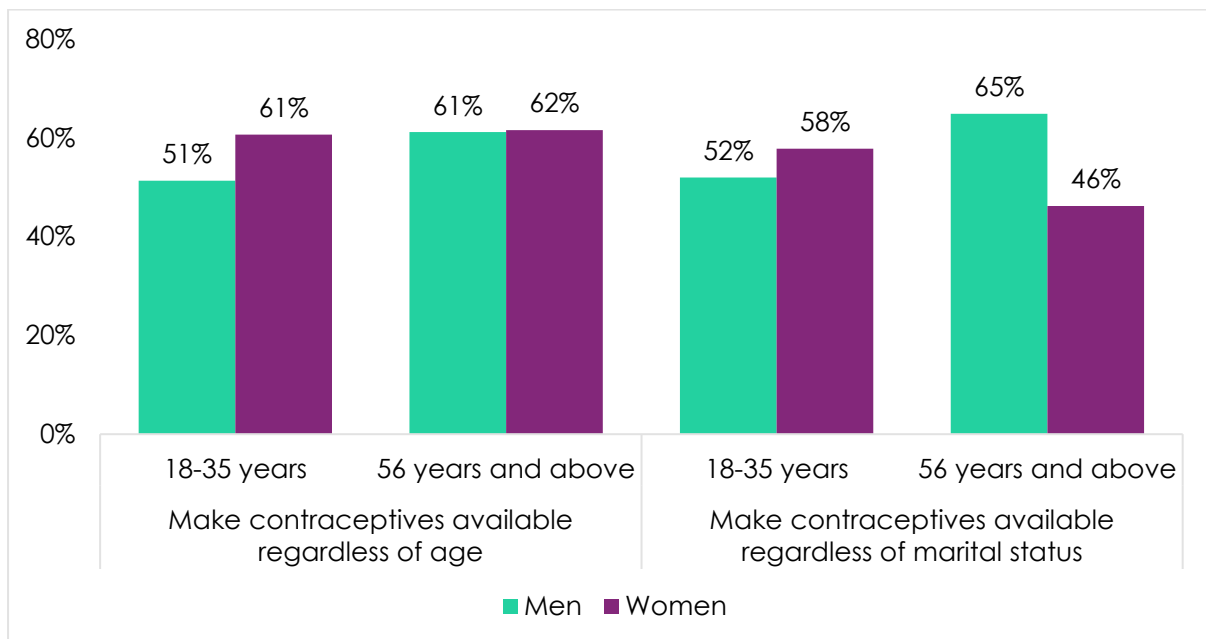


Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

Contraceptives should be available to everyone who is sexually active regardless of age.
 Contraceptives should be available to everyone, regardless of marital status.
 (% who “agree” or “strongly agree”)

Among youth, more women than men endorse making contraceptives available regardless of both age (61% vs. 51%) and marital status (58% vs. 52%) (Figure 8). But among senior citizens, more men than women favour contraceptives regardless of marital status (65% vs. 46%).

Figure 8: Support for making contraceptives available regardless of age and marital status | by gender within age cohorts | Liberia | 2024



Respondents were asked: For each of the following statements, please tell me whether you disagree or agree:

Contraceptives should be available to everyone who is sexually active regardless of age.

Contraceptives should be available to everyone, regardless of marital status.

(% who “agree” or “strongly agree”)

Views on pregnancy termination

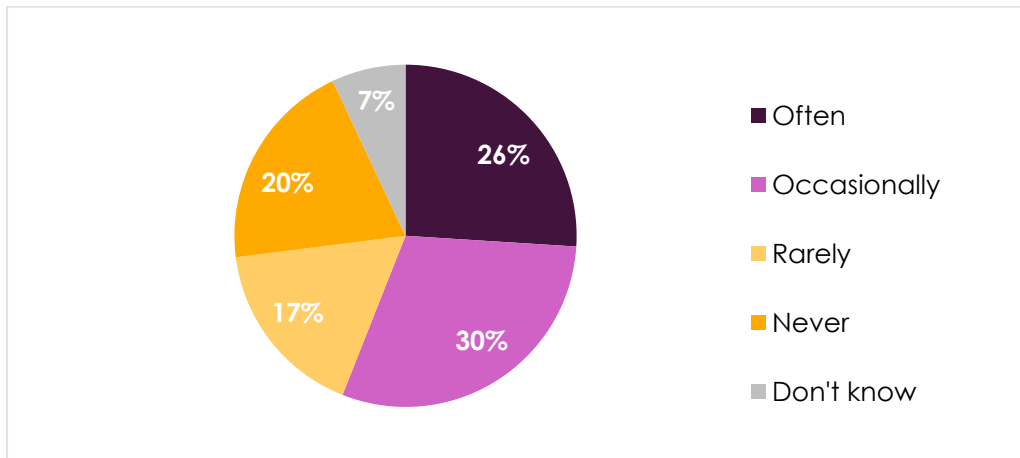
While abortion is legal in Liberia only under certain conditions, a quarter (26%) of Liberians say women and girls in their community “often” terminate their pregnancies, and another 30% say they do so “occasionally” (Figure 9). More than one-third (37%) say pregnancies are “rarely” or “never” terminated in their community.²

Six in 10 Liberians (61%) say abortion can “sometimes” or “always” be justified if the mother’s life or health is at risk, while 36% disagree (Figure 10).

More than half say abortion can be justified if the pregnancy is the result of rape or incest (55%), if economic hardship makes the mother unable to care for a child (55%), or if the mother does not want the pregnancy “for any reason” (53%).

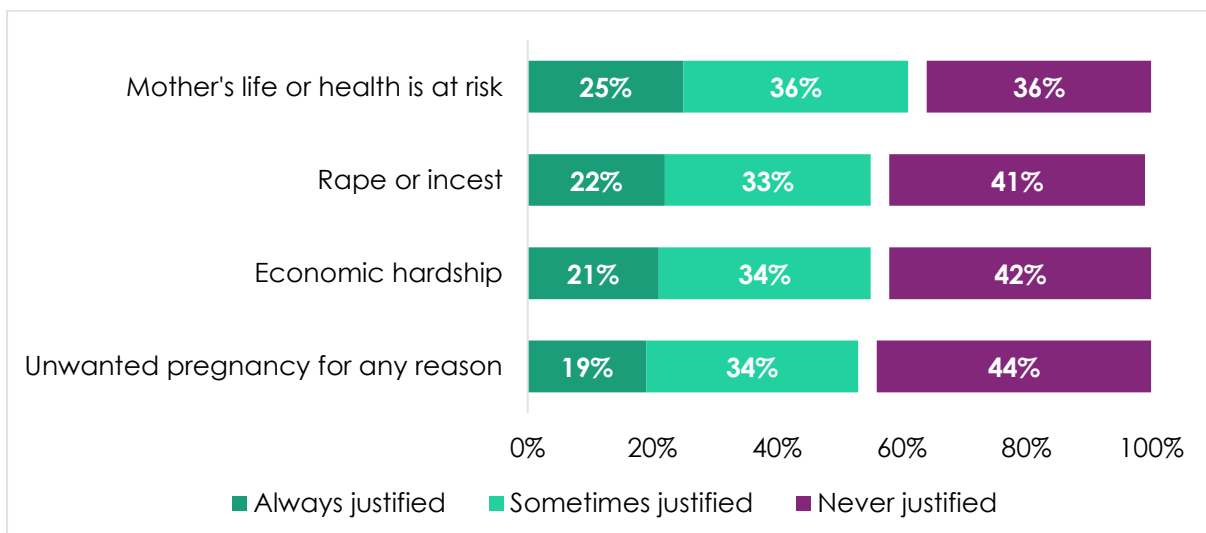
² Respondents’ assessments and reports to interviewers of the frequency of abortion are likely to be highly susceptible to their social, cultural, religious, and legal context (Makleff et al., 2019). Whether or not people hear and are willing to talk about abortion depends not only on its prevalence but also on how openly it can be discussed within the society. Consequently, reported views about the frequency of abortion may signal its prevalence but cannot be assumed to reflect accurate prevalence estimates.

Figure 9: Frequency of pregnancy termination | Liberia | 2024



Respondents were asked: In your opinion, how often, if ever, do women or girls in your community terminate their pregnancies?

Figure 10: Justification of pregnancy termination | Liberia | 2024



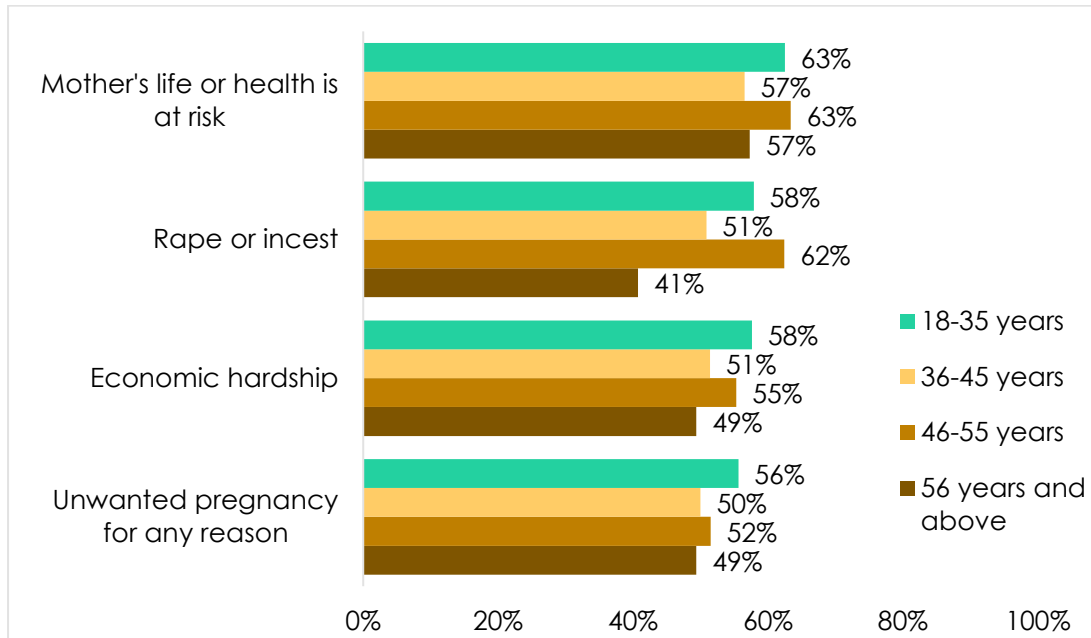
Respondents were asked: For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if:

- The pregnancy is as a result of rape or she has been impregnated by a close relative such as her father or brother.
- Her health or life is in danger if she keeps the pregnancy.
- She is going through economic hardships and cannot take care of a child.
- She does not want to keep the pregnancy for any reason.

Youth are more likely than senior citizens to consider abortion justifiable in all four of these circumstances (Figure 11). The gap is especially large regarding cases of rape or incest, where only 41% of seniors consider abortion justifiable (vs. 58% of youth).

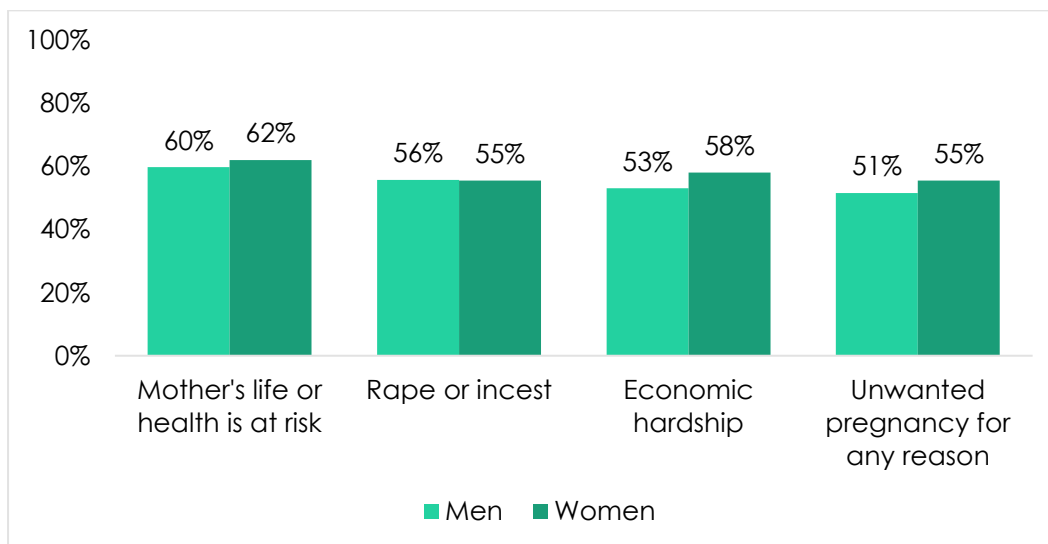
Women and men hold almost identical views regarding the justifiability of terminating a pregnancy in cases where the mother's life or health is at risk or where the pregnancy resulted from rape or incest. But more women than men consider termination acceptable for reasons of economic hardship (58% vs. 53%) or "for any reason" (55% vs. 51%) (Figure 12).

Figure 11: Perception of pregnancy termination as sometimes/always justified
 | by age | Liberia | 2024



(% who say "sometimes justified" or "always justified")

Figure 12: Perception of pregnancy termination as sometimes/always justified
 | by gender | Liberia | 2024



(% who say "sometimes justified" or "always justified")

Conclusion

Survey findings show that Liberians strongly support women's autonomy in marriage and reproductive decisions. Most endorse the teaching of sexuality education and want girls to stay in school even if they become pregnant.

More than half of Liberians believe that people who are sexually active should have access to contraceptives regardless of their age and marital status.

Majorities also consider abortion justifiable if the mother's life or health is at risk, if the pregnancy resulted from rape or incest, if economic hardship leaves the woman unable to care for a child, or if the pregnancy is unwanted “for any reason.”

Do your own analysis of Afrobarometer data – on any question, for any country and survey round. It's easy and free at www.afrobarometer.org/online-data-analysis.

References

- Blumenthal, P. D., Voedisch, A., & Gemzell-Danielsson, K. (2011). Strategies to prevent unintended pregnancy: Increasing use of long-acting reversible contraception. *Human Reproduction Update*, 17(1), 121-137.
- Calimoutou, E. (2021). Advancing legislative and policy reforms on sexual and reproductive health and rights in Liberia. International Bank for Reconstruction and Development/Global Financing Facility.
- Education Profiles. (2023). Liberia: Comprehensive sexuality education.
- JAC Group of Companies & EducateHER. (2021). Research report: Barriers to girls' attendance, retention and completion from secondary schools. Research report.
- Liberia Institute of Statistics and Geo-Information Services, Ministry of Health, & ICF. (2021). Liberia demographic and health survey 2019-20.
- Liberia Legal Information Institute. (1976). Penal law - Title 26 - Liberian code of laws revised. Section 16.3.
- Makleff, S., Wilkins, R., Wachsmann, H., Gupta, D., Wachira, M., Bunde, W., Radhakrishnan, U., Cislighi, B., & Baum, S. E. (2019). Exploring stigma and social norms in women's abortion experiences and their expectations of care. *Sexual and Reproductive Health Matters*, 27(3).
- Mattes, R., & Lekalake, R. (2025). Decade of destitution? Severe lived poverty is surging in many African countries. Afrobarometer Dispatch No. 943.
- Peters, L. G. (2025). Liberia: Small percentage of adolescents use contraceptives. New Dawn. 31 July.
- UNFPA Liberia. (2024). UNFPA Liberia annual report 2023. 12 August.
- UNFPA Liberia. (2025). UNFPA and UNICEF launch a five-year programme to empower adolescent girls in Liberia. 23 April.
- Ushie, B. A., Giorgio, M., Juma, K., Donzo, V. L., Philbin, J., Lu, L., & Bankole, A. (2026). National estimates of Liberia's 2021 unintended pregnancy and induced abortion. *International Journal of Women's Health*, 2026(18), 1-9.

Maame Akua Amoah Twum is Afrobarometer communications manager. Email: maameakua@afrobarometer.org.

Elkanah Taylor is programme coordinator for the Ghana Center for Democratic Governance. Email: etaylor@cdglib.org.

Afrobarometer, a nonprofit corporation with headquarters in Ghana, is a pan-African, nonpartisan research network. Regional coordination of national partners in about 40 countries is provided by the Ghana Center for Democratic Development (CDD-Ghana), the Institute for Justice and Reconciliation (IJR) in South Africa, the Institute for Development Studies (IDS) at the University of Nairobi in Kenya, and Innovante Recherche en Economie et Gouvernance (IREG) in Benin. Michigan State University and the University of Malawi provide technical support to the network.

Financial support for Afrobarometer is provided by Sweden via the Swedish International Development Cooperation Agency, the Norwegian Agency for Development Cooperation via the World Bank Think Africa Project, the Mo Ibrahim Foundation, the Open Society Foundations - Africa, Luminate, the Ford Foundation, the William and Flora Hewlett Foundation, the Mastercard Foundation, the David and Lucile Packard Foundation, the Obama Foundation, the Rockefeller Foundation, the European Union Commission, the World Bank Group, the Population Institute, the Centre for International Governance Innovation, the International Development Research Centre (IDRC), the Royal Embassy of Denmark in Uganda/Danida, the Embassy of the Kingdom of the Netherlands in Uganda, and the German Federal Ministry for Economic Cooperation and Development (BMZ) supported by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

Donations help Afrobarometer give voice to African citizens. Please consider making a donation to Afrobarometer. To make an online donation, kindly follow this [link](#) or this [link](#). To discuss institutional funding, contact Felix Biga (felixbiga@afrobarometer.org) or Runyararo Munetsi (runyararo@afrobarometer.org).

Follow our releases on #VoicesAfrica.



Afrobarometer Dispatch No. 1135 | 25 February 2026