Maternal and Newborn Health Disparities

Côte d'Ivoire

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Maternal and Newborn Health Disparities in Côte d'Ivoire
Key Facts

Côte d'Ivoire reference table

Demographic indicators	Year	Value
Total population (thousands)[1]	2017	24,295
Total live births (thousands)[1]	2017	889
Total Fertility Rate (number of children per woman)[1]	2017	5
Adolescent birth rate (per 1,000 women 15-19)[10]	2009	125
Impact indicators		
Maternal mortality ratio (per 100,000 live births)[4]	2015	645
Average annual rate of MMR reduction between 2000 and 2015 (%)[5,a]	2015	0.3
Lifetime risk of maternal death: 1 in x[4,b]	2015	32
Stillbirth rate (per 1,000 total births)[6]	2015	27
Preterm birth rate (per 100 live births)[7]	2015	14
Under-five mortality rate (per 1,000 live births)[3]	2016	92
Under-five deaths that are newborn (%)[3]	2016	41
Neonatal mortality rate (per 1,000 live births)[3]	2016	37
Neonatal deaths (thousands)[3]	2016	32
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level)[8]	2016	15
Skilled health professional density (per 10 000 population)[9]	2008	6
Physician density (per 1,000 population)[9]	2008	0.1
Nurse and midwife density (per 1,000 population)[9]	2008	0.5

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In 2017, approximately 889,000 babies were born in Côte d'Ivoire, or around 2,400 every day.[1]

Among young women (aged 20-24), 25 percent gave birth by age 18.[2]

Approximately 88 babies will die each day before reaching their first month[3]; 62 stillbirths occur every day.[6]
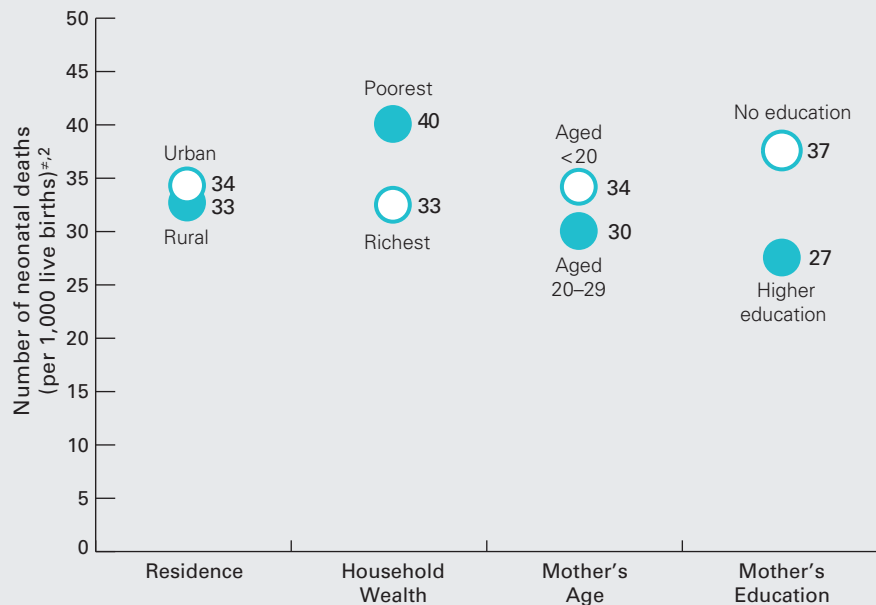
Neonatal mortality rate:

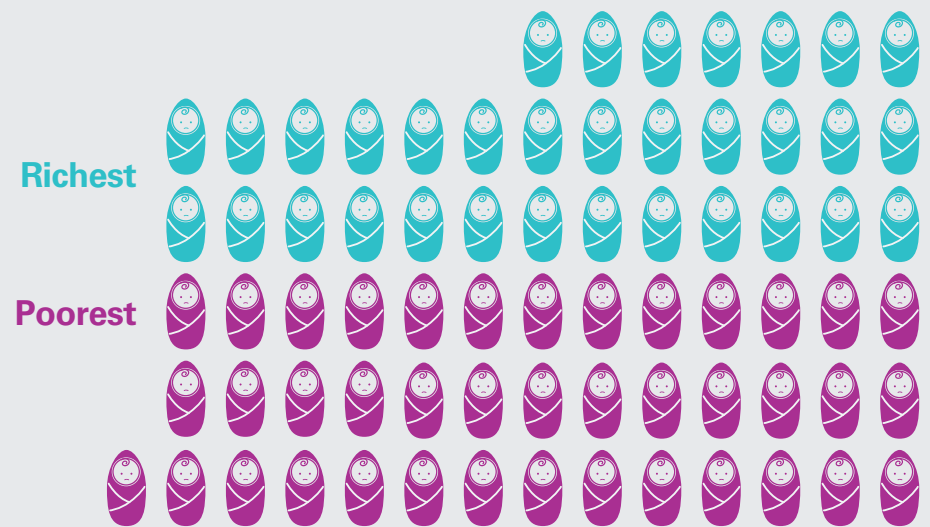Côte d'Ivoire's neonatal mortality rate (NMR)^ is 37 deaths per 1,000 live births.[3]

NMR≠ in rural areas is 33 deaths per 1,000 live births and 34 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 1.0.[2]

NMR≠ among the poorest households is 40 neonatal deaths per 1,000 live births, compared to 33 deaths per 1,000 live births among the richest households.[2]

Neonatal mortality rates, by background characteristics, 2016

Number of neonatal deaths (per 1,000 live births)≠,[2]

Urban 34
Rural 33
Poorest 40
Richest 33
Aged <20 34
Aged 20–29 30
No education 37
Higher education 27

Residence | Household Wealth | Mother's Age | Mother's Education

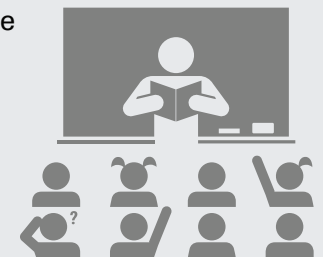## Neonatal mortality rate by wealth quintiles

Richest

Poorest

The NMR for those in the **poorest quintile** (40 per 1,000 live births) is 1.2 times higher than for the **richest quintile** (33 per 1,000 live births).[2]

1 in 4

young women (aged 20-24) have given birth by age 18.[2]
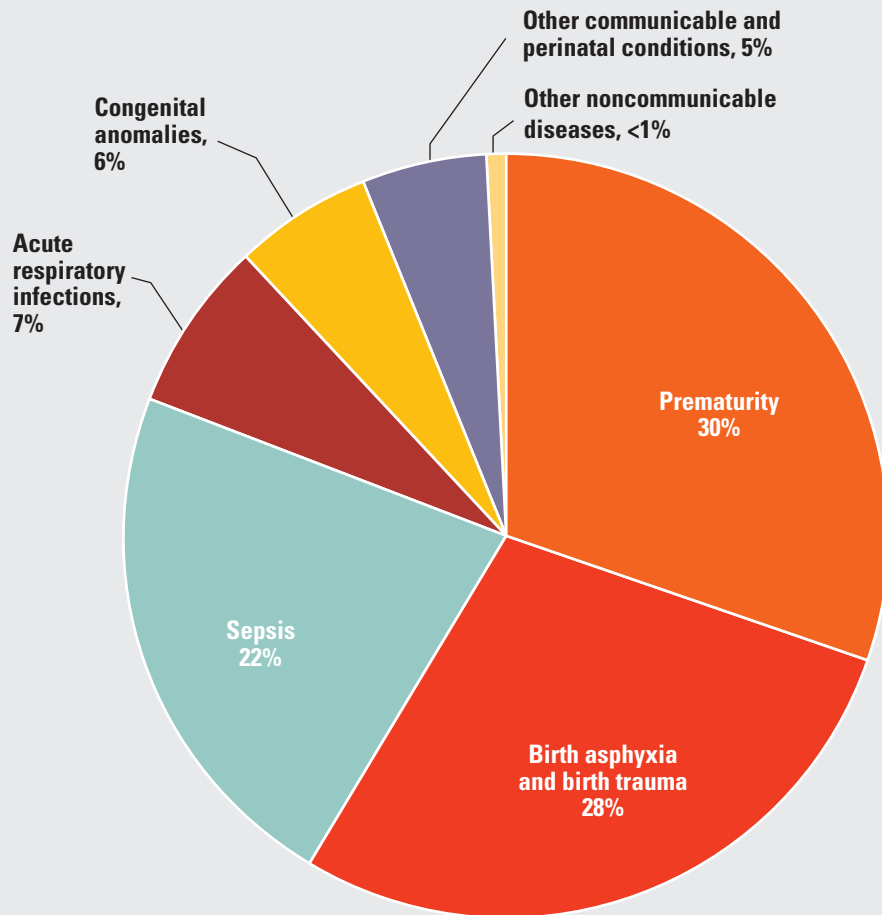

Newborns with less educated mothers are

1.4x

more likely to die during the first month compared to those born to mothers with higher education.[2]

Maternal and Newborn Health Disparities in Côte d'Ivoire

Côte d'Ivoire — Causes of Neonatal Mortality, 2016

In Côte d'Ivoire, the main causes of neonatal deaths in 2016 were prematurity (30 per cent), birth asphyxia and birth trauma (28 per cent) and sepsis (22 per cent).[11]

Other communicable and perinatal conditions, 5%

Other noncommunicable diseases, <1%

Congenital anomalies, 6%

Acute respiratory infections, 7%

Prematurity 30%

Sepsis 22%

Birth asphyxia and birth trauma 28%

Source: WHO-MCEE, 2017

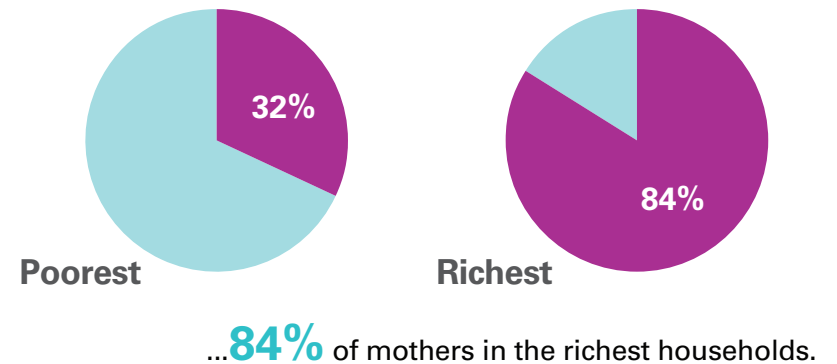## Maternal and newborn health coverage indicators

By residence:[2]

- In rural areas, 41 per cent of women made at least 4 antenatal care visits, compared to 67 per cent in urban areas.

- Coverage of skilled attendance at birth is 92 per cent in rural areas, compared to 61 per cent in urban areas.

- 18 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 21 per cent in urban areas.

By household wealth:[2]

- Most mothers among richest households (84 per cent) made at least 4 antenatal care visits, compared to 32 per cent of mothers from the poorest households.

- Only 49 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 95 per cent of mothers in the richest households.

- 26 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 17 per cent among the poorest households.
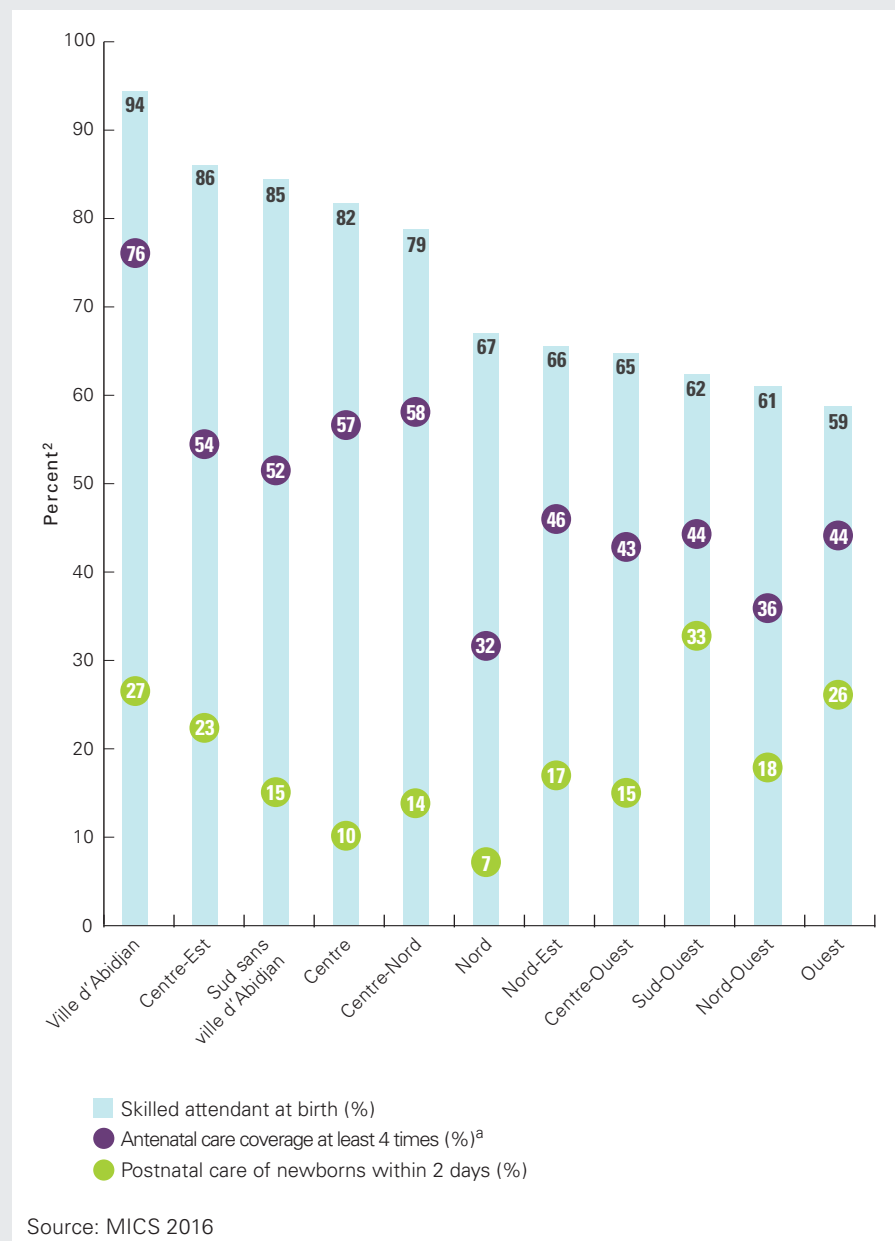
Only **32%** of mothers in the poorest households have **4 antenatal care visits** compared to...

32%

84%

Poorest

Richest

...**84%** of mothers in the richest households.

Source: MICS 2016

Maternal and Newborn Health Disparities in Côte d'Ivoire

Selected maternal and newborn health indicators, by region, 2016

Legend:
- **Skilled attendant at birth (%)**
- **Antenatal care coverage at least 4 times (%)[a]**
- **Postnatal care of newborns within 2 days (%)**

Source: MICS 2016

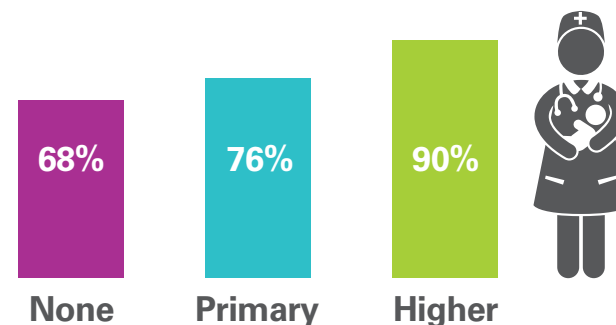## Maternal and newborn health coverage indicators

By mother's age:[2]

- 53 per cent of mothers aged 20-34 made at least four ANC visits, compared to 46 per cent among younger mothers (aged less than 20).

- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (73 per cent and 76 per cent, respectively).

- Their newborns receive low levels of postnatal care: 20 per cent and 19 per cent, respectively.

By mother's education:[2]

- 74 per cent of mothers with higher education made at least four ANC visits, compared to 43 per cent of mothers with no education.

- 68 per cent of mothers with no education had a skilled attendant at birth, compared to 76 per cent with primary education and 90 per cent for mothers with higher education.

- 18 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 21 per cent of mothers with a primary education and 20 per cent of mothers who received higher education.

The better educated the mother is, the more likely she will receive critical **maternal health services**

None	Primary	Higher
68%	76%	90%

Percentage of women having a skilled birth attendant relative to their education level

Maternal and Newborn Health Disparities in Côte d'Ivoire

Disparities in key maternal and newborn health interventions

	Coverage – care for mothers						Coverage – care for newborns								Other
Region	Demand for family planning satisfied by modern methods (%)	Antenatal care coverage at least 4 times (%)[a]	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)	Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early initiation of breast-feeding (%)	Exclusive breast-feeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)#,a
National estimate	34	51	74	70	3	12	19	76	37	24	78	82	66	72	25
Centre	36	52	85	85	4	5	15	87	39	22	83	85	81	76	38
Centre-Est	30	54	86	82	2	10	23	90	25	28	79	86	72	81	31
Centre-Nord	38	58	79	72	4	11	14	78	60	27	79	87	76	81	33
Centre-Ouest	28	43	65	60	1	11	15	70	29	18	80	81	66	50	28
Nord	29	32	67	65	2	6	7	68	56	25	58	68	48	77	39
Nord-Est	32	46	66	65	4	8	17	69	26	38	68	81	65	69	33
Nord-Ouest	16	36	61	60	1	9	18	63	47	23	67	67	51	72	38
Ouest	29	44	59	56	1	15	26	62	39	37	71	77	55	62	34
Sud sans ville d'Abidjan	31	57	82	79	6	7	10	85	31	17	84	88	77	77	21
Sud-Ouest	37	44	62	53	2	23	33	60	33	20	79	87	71	59	32
Ville d'Abidjan	42	76	94	91	7	18	27	95	29	19	93	89	67	93	14

Key for tables: 0-24% | 25-49% | 50-74% | 75-100% | Data not available

Source: MICS 2016

Maternal and Newborn Health Disparities in Côte d'Ivoire

Disparities in key maternal and newborn health interventions

		Coverage – care for mothers						Coverage – care for newborns							Other
		Demand for family planning satisfied by modern methods (%)	Antenatal care coverage at least 4 times (%)[a]	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)	Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early initiation of breast-feeding (%)	Exclusive breastfeeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT 1 vaccination received (%)[**]	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)[#,a]
National estimate		34	51	74	70	3	12	19	76	37	24	78	82	66	72	25
Residence	Urban	40	67	92	88	6	14	21	93	35	19	90	88	70	90	19
	Rural	28	41	61	57	2	11	18	64	37	26	70	78	63	60	35
Residence ratio (urban to rural)		1.4	1.6	1.5	1.5	2.9	1.2	1.2	1.5	0.9	0.8	1.3	1.1	1.1	1.5	0.5
Household Wealth	Richest	48	84	95	91	9	17	26	97	35	23	93	91	64	96	12
	Poorest	24	32	49	44	1	10	17	49	39	26	62	71	55	48	40
Household wealth ratio (richest to poorest)		2.0	2.6	1.9	2.1	7.7	1.7	1.5	2.0	0.9	0.9	1.5	1.3	1.2	2.0	0.3
Mother's age	Less than 20	20	46	76	72	2	14	19	75							
	20-34		53	73	69	3	12	20	76							
	35-49		48	77	73	6	9	16	77							
Mother's education	No education	28	43	68	64	2	11	18	69	40	23	72	78	62	66	34
	Primary	38	56	76	74	4	14	21	79	33	25	84	86	71	76	32
	Secondary or Higher	48	74	90	86	7	13	20	92	30	23	93	91	71	90	11
Mother's education ratio (highest to lowest)		1.7	1.7	1.3	1.4	3.6	1.2	1.1	1.3	0.8	1.0	1.3	1.2	1.1	1.4	0.3

Key for tables: 0-24% | 25-49% | 50-74% | 75-100% | Data not available

Source: MICS 2016

Sources:

1 United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.

2 Cote d'Ivoire Multiple Indicator Cluster Survey 2016.

3 United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, United Nations Population Division and the World Bank).

4 United Nations Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA, United Nations Population Division and the World Bank).

5 Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.

6 Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Lawn JE, Blencowe H, Waiswa P, et al, for The Lancet Ending Preventable Stillbirths Series study group with The Lancet Stillbirth Epidemiology investigator group. Stillbirths: rates, risk factors, and acceleration towards 2030. Lancet 2016; published online Jan 18. http://dx.doi.org/10.1016/S0140-6736(15)00837-5.

7 Blencowe H, Cousens S, Oestergaard M, Chou D, Moller AB, Narwal R, Adler A, Garcia CV, Rohde S, Say L, Lawn JE. National, regional and worldwide estimates of preterm birth rates in the year 2015 with time trends since 1990 for selected countries: a systematic analysis and implications.

8 Averting Maternal Death and Disability, United Nations Children's Fund, and United Nations Population Fund special data compilation, 2015.

9 Global Health Workforce Statistics database, World Health Organization, Geneva. (http://www.who.int/hrh/statistics/hwfstats/).

10 United Nations, Department of Economic and Social Affairs, Population Division (2015). 2015 Update for the MDG Database.

11 WHO-MCEE estimates for child causes of death, 2000-2016.

Notes:

a MMR estimates have been rounded according to the following scheme: < 100 rounded to nearest 1; 100–999 rounded to nearest 1; and ≥ 1000 rounded to nearest 10.

b Life time risk has been rounded according to the following scheme: < 100 rounded to nearest 1; 100–999 rounded to nearest 10; and ≥ 1000 rounded to nearest 100.

^ Reference period: five years preceding the survey.

≠ Reference period: ten years preceding the survey.

Births by age 18 among 20-24 year olds.

( ) Based on small denominators (typically 25-49 unweighted cases). No data based on fewer than 25 unweighted cases are displayed.

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