

Maternal and
Newborn Health
Disparities

Cameroon



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Maternal and Newborn Health Disparities in Cameroon

Key Facts

Cameroon reference table

Demographic indicators	Year	Value
Total population (thousands) ¹	2017	24,054
Total live births (thousands) ¹	2017	861
Total Fertility Rate (number of children per woman) ¹	2017	5
Adolescent birth rate (per 1,000 women 15-19) ¹⁰	2008	128
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	596
Average annual rate of MMR reduction between 2000 and 2015 (%) ^{5,a}	2015	2
Lifetime risk of maternal death: 1 in x ^{4,b}	2015	35
Stillbirth rate (per 1,000 total births) ⁶	2015	20
Preterm birth rate (per 100 live births) ⁷	2015	13
Under-five mortality rate (per 1,000 live births) ³	2016	80
Under-five deaths that are newborn (%) ³	2016	31
Neonatal mortality rate (per 1,000 live births) ³	2016	24
Neonatal deaths (thousands) ³	2016	20
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	2010	60
Skilled health professional density (per 10 000 population) ⁹	2010	6
Physician density (per 1,000 population) ⁹	2010	0.1
Nurse and midwife density (per 1,000 population) ⁹	2010	0.5

Maternal and Newborn Health Disparities in Cameroon

In 2017, approximately 861,000 babies were born in Cameroon, or around 2,400 every day.¹

Among young women (aged 20-24), 28 percent gave birth by age 18.²

Approximately 56 babies will die each day before reaching their first month³; 45 stillbirths occur every day.⁶

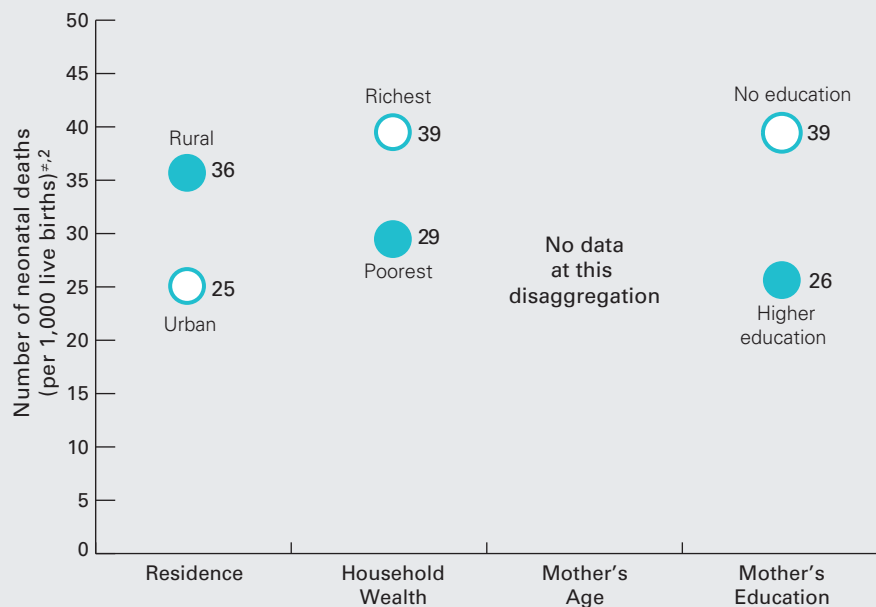
Neonatal mortality rate:

Cameroon's neonatal mortality rate (NMR)⁴ is 24 deaths per 1,000 live births.³

NMR⁵ in rural areas is 36 deaths per 1,000 live births and 25 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.7.²

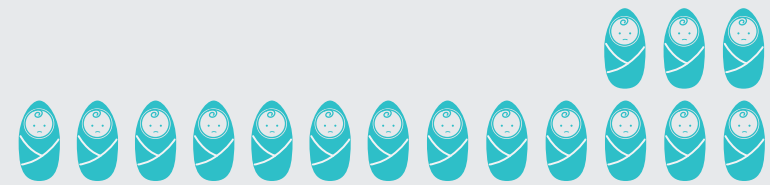
NMR⁵ among the poorest households is 39 neonatal deaths per 1,000 live births, compared to 29 deaths per 1,000 live births among the richest households.²

Neonatal mortality rates, by background characteristics, 2014

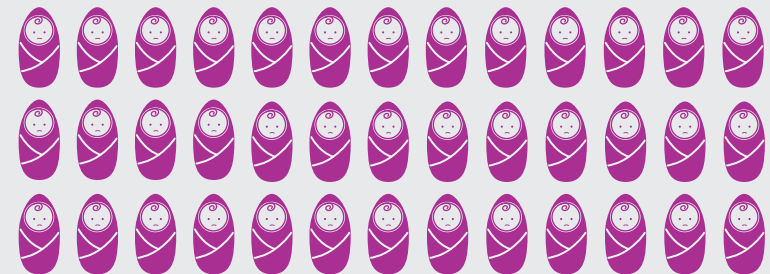


Neonatal mortality rate by wealth quintile

Richest



Poorest



The NMR for those in the **poorest quintile** (39 per 1,000 live births) is 1.3 times higher than for the **richest quintile** (29 per 1,000 live births).²

1 in 4

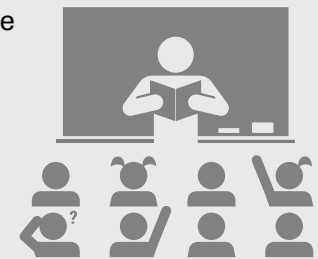
young women (aged 20-24) have given birth by age 18.²



Newborns with less educated mothers are

1.5x

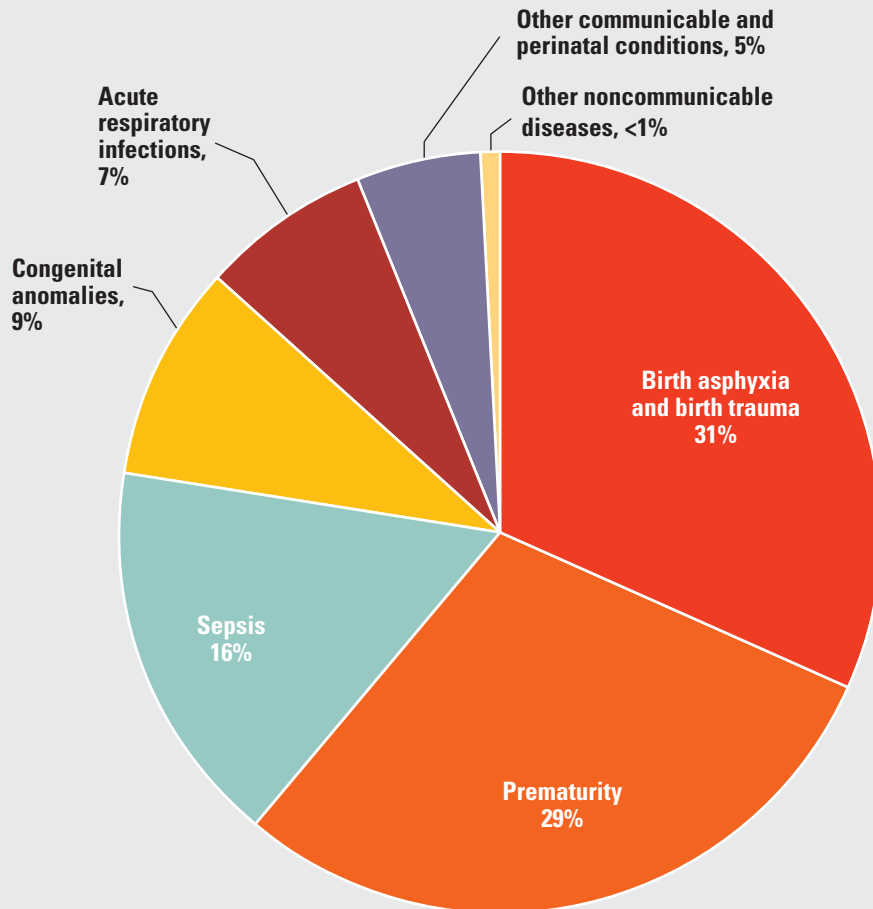
more likely to die during the first month compared to those born to mothers with higher education.²



Maternal and Newborn Health Disparities in Cameroon

Cameroon — Causes of Neonatal Mortality, 2016

In Cameroon, the main causes of neonatal deaths in 2016 were prematurity (29 per cent), birth asphyxia and birth trauma (31 per cent) and sepsis (16 per cent).¹¹



Source: WHO-MCEE, 2017

Maternal and newborn health coverage indicators

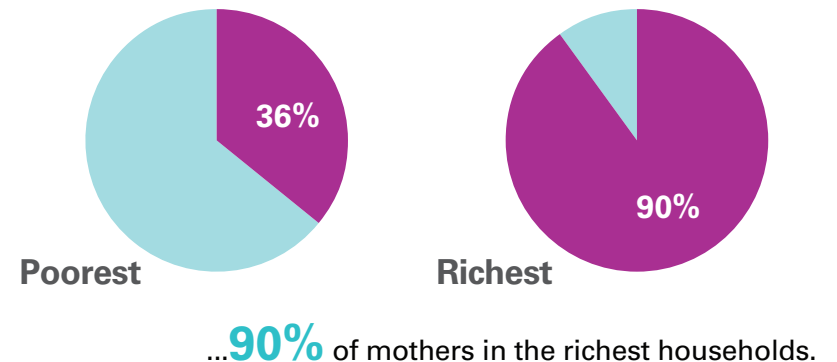
By residence:²

- In rural areas, 47 per cent of women made at least 4 antenatal care visits, compared to 76 per cent in urban areas.
- Coverage of skilled attendance at birth is 88 per cent in rural areas, compared to 49 per cent in urban areas.
- 57 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 85 per cent in urban areas.

By household wealth:²

- Most mothers among richest households (90 per cent) made at least 4 antenatal care visits, compared to 36 per cent of mothers from the poorest households.
- Only 21 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 98 per cent of mothers in the richest households.
- 93 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 32 per cent among the poorest households.

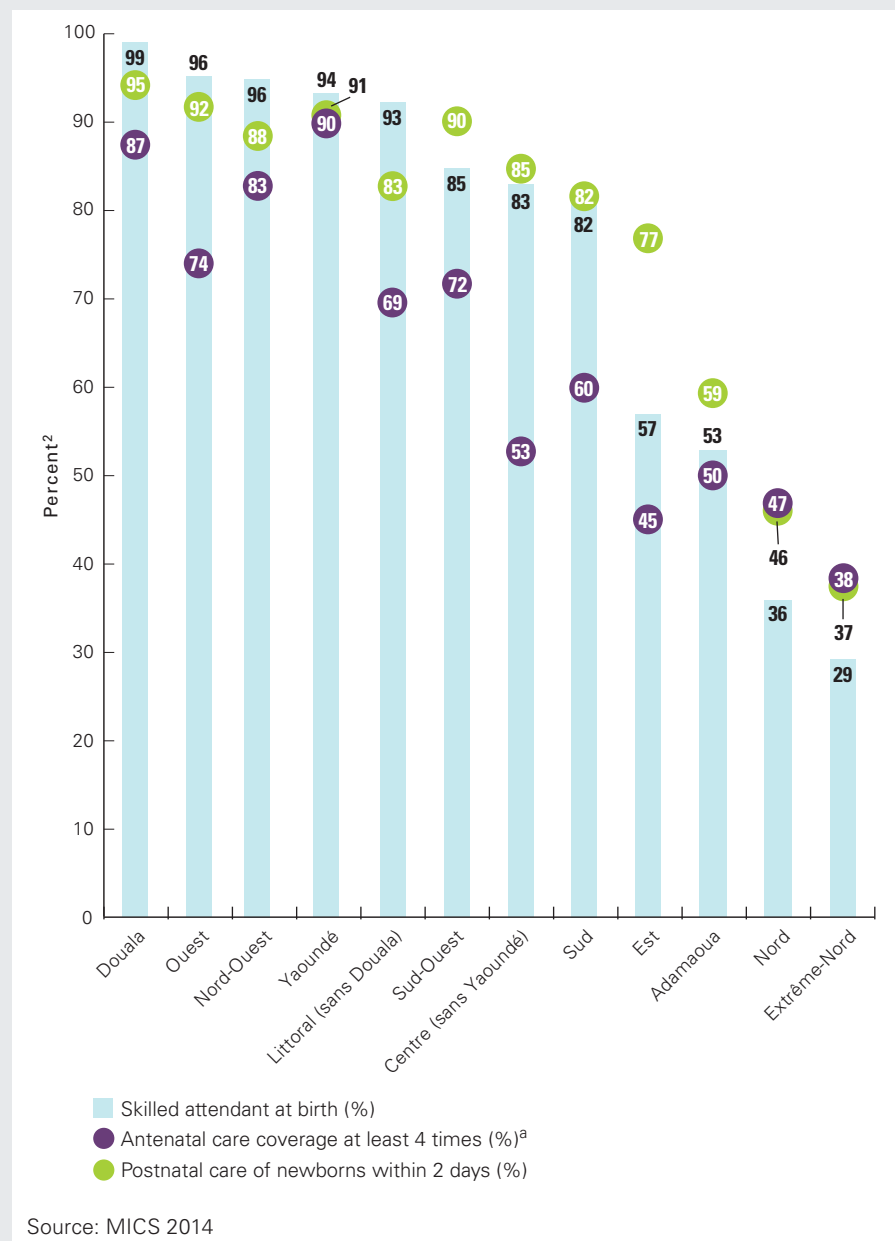
Only **36%** of mothers in the poorest households have **4 antenatal care visits** compared to...



Source: MICS 2014

Maternal and Newborn Health Disparities in Cameroon

Selected maternal and newborn health indicators, by region, 2014



Maternal and newborn health coverage indicators

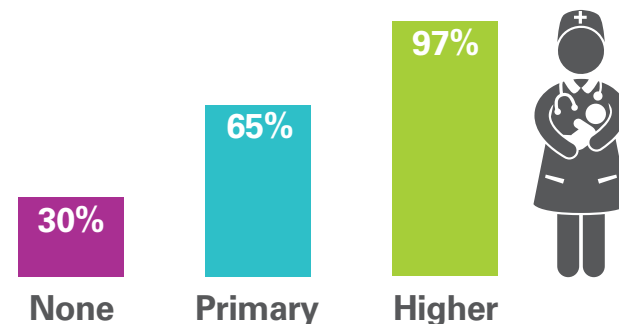
By mother's age:²

- 61 per cent of mothers aged 20-34 made at least four ANC visits, compared to 52 per cent among younger mothers (aged less than 20).
- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (64 per cent and 66 per cent, respectively).
- Their newborns receive low levels of postnatal care: 69 per cent and 68 per cent, respectively.

By mother's education:²

- 93 per cent of mothers with higher education made at least four ANC visits, compared to 37 per cent of mothers with no education.
- 30 per cent of mothers with no education had a skilled attendant at birth, compared to 65 per cent with primary education and 97 per cent for mothers with higher education.
- 38 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 71 per cent of mothers with a primary education and 92 per cent of mothers who received higher education.

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



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

Maternal and Newborn Health Disparities in Cameroon

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 (%)*	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	21	59	65	61	2	65	69	62	31	28	92	89	74	66	28
Adamaoua	10	50	53	46	1	55	59	56	31	36	90	89	73	70	39
Centre (sans Yaoundé)	31	53	83	77	1	80	85	74	49	44	99	98	77	81	30
Douala	29	87	99	97	4	89	95	97	42	22	97	96	91	91	10
Est	21	45	57	51	3	72	77	55	44	42	96	97	79	58	45
Extrême-Nord	5	38	29	25	0	36	37	24	21	13	77	70	54	42	33
Littoral (sans Douala)	28	69	93	86	4	80	83	83	40		100	99	85	84	16
Nord	24	47	36	34	0	42	46	36	28	11	91	89	66	61	41
Nord-Ouest	29	83	96	96	5	82	88	93	36		99	97	90	77	18
Ouest	30	74	96	93	4	92	92	94	13	38	99	97	91	83	22
Sud	31	60	82	76	7	76	82	69	26		95	90	74	63	45
Sud-Ouest	27	72	85	83	5	83	90	80	48		97	96	85	56	23
Yaoundé	27	90	94	90	4	89	91	92	28		94	95	80	88	17

Key for tables:

0-24%

25-49%

50-74%

75-100%

Data not available

Source: MICS 2014

Maternal and Newborn Health Disparities in Cameroon

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 breastfeeding (%)	Exclusive breastfeeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT1 vaccination received (%) ^{**}	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{#,a}
National estimate		21	59	65	61	2	65	69	62	31	28	92	89	74	66	28
Residence	Urban	27	76	88	84	4	81	85	87	39	33	95	95	84	84	19
	Rural	16	47	49	45	1	54	57	44	52	25	89	85	67	53	37
Residence ratio (urban to rural)		1.6	1.6	1.8	1.9	3.0	1.5	1.5	1.9	0.7	1.3	1.1	1.1	1.2	1.6	0.5
Household Wealth	Richest	30	90	98	96	7	89	93	97	39	32	96	96	88	92	13
	Poorest	9	36	21	18	0	30	32	18	22	10	78	72	53	38	40
Household wealth ratio (richest to poorest)		3.3	2.5	4.7	5.4	22.0	2.9	2.9	5.5	1.8	3.3	1.2	1.3	1.6	2.4	0.3
Mother's age	Less than 20	16	52	66	62	2	65	68	61							
	20-34		61	64	61	2	65	69	62							
	35-49		58	65	61	3	66	68	62							
Mother's education	No education	10	37	30	26	0	35	38	26	24	13	81	75	54	43	42
	Primary	22	56	65	61	1	68	71	62	33	34	94	91	78	68	43
	Secondary	29	78	92	89	4	87	91	89	35		98	98	85	84	18
	Higher	36	93	97	97	13	83	92	96	41		100	100	92	95	3
Mother's education ratio (highest to lowest)		3.7	2.5	3.3	3.7	64.5	2.4	2.5	3.7	1.7		1.2	1.3	1.7	2.2	0.1

Key for tables:

0-24%

25-49%

50-74%

75-100%

Data not available

Source: MICS 2014

Sources:

- 1 United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.
- 2 Cameroon Enquête par grappes à indicateurs multiples (MICS5) 2014
- 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](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 10; 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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