

Maternal and Newborn Health Disparities

Democratic Republic of the Congo



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Maternal and Newborn Health Disparities in Democratic Republic of the Congo

Key Facts

Democratic Republic of the Congo reference table

Demographic indicators		
Total population (thousands) ¹	2015	77,267
Total live births (thousands) ¹	2015	3,217
Total Fertility Rate (number of children per woman) ¹	2015	6
Adolescent birth rate (per 1,000 women 15-19) ¹⁰	2011	135
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	693
Average annual rate of MMR reduction between 1990 and 2015 (%) ⁵	2015	1
Lifetime risk of maternal death: 1 in x ⁴	2015	24
Stillbirth rate (per 1,000 total births) ⁶	2015	27
Preterm birth rate (per 100 live births) ⁷	2010	12
Under-five mortality rate (per 1,000 live births) ³	2015	98
Under-five deaths that are newborn (%) ³	2015	31
Neonatal mortality rate (per 1,000 live births) ³	2015	30
Neonatal deaths (thousands) ³	2015	94
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	–	–
Physician density (per 1,000 population) ⁹	2004	0.1
Nurse and midwife density (per 1,000 population) ⁹	2004	0.5

Maternal and Newborn Health Disparities

Democratic Republic of the Congo

In 2015, 3,200,000 babies were born in the Democratic Republic of the Congo, or around 8,800 every day.¹

Among young women (aged 20-24), 27 percent gave birth by age 18.²

Approximately 258 babies will die each day before reaching their first month³; 240 stillbirths occur every day.⁶

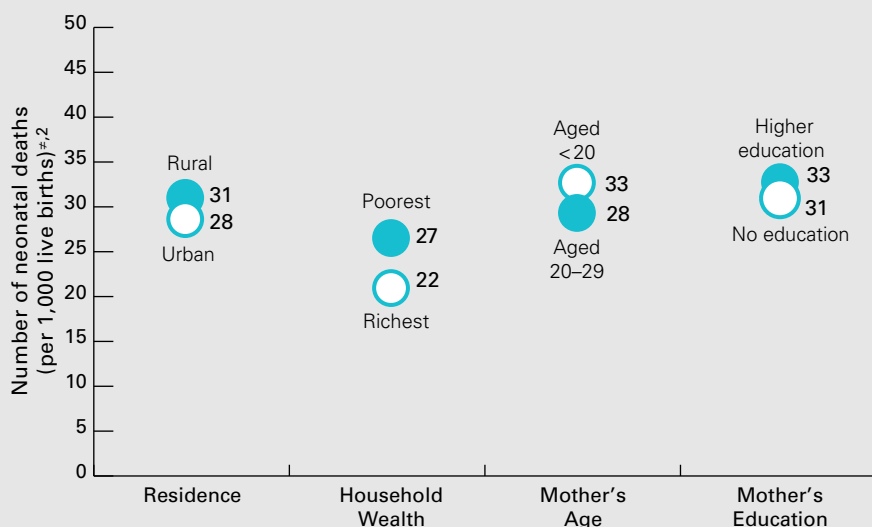
Neonatal mortality rate:

Democratic Republic of the Congo's neonatal mortality rate (NMR)⁴ is 30 deaths per 1,000 live births.³

NMR⁵ in rural areas is 31 deaths per 1,000 live births and 28 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.9.²

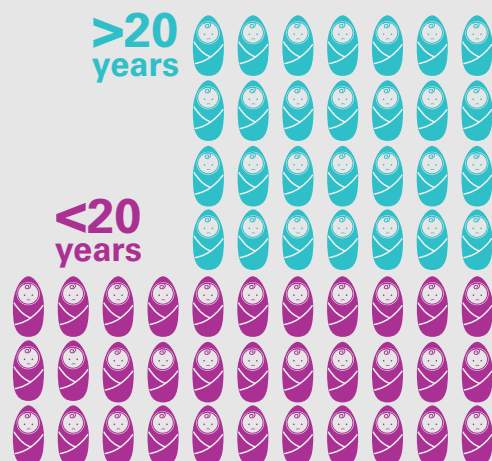
NMR⁵ among the poorest households is 27 neonatal deaths per 1,000 live births, compared to 22 neonatal deaths per 1,000 live births among the richest households.²

Neonatal mortality rates, by background characteristics, 2013-2014



Neonatal mortality rate

for newborns with mothers:



The NMR for younger mothers (33 per 1,000 live births) is 1.2 times higher than for mothers aged 20-29 (28 per 1,000 live births).²

1 in 4

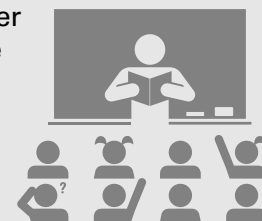
young women (aged 20-24) have given birth by age 18.²



Newborns with better educated mothers are

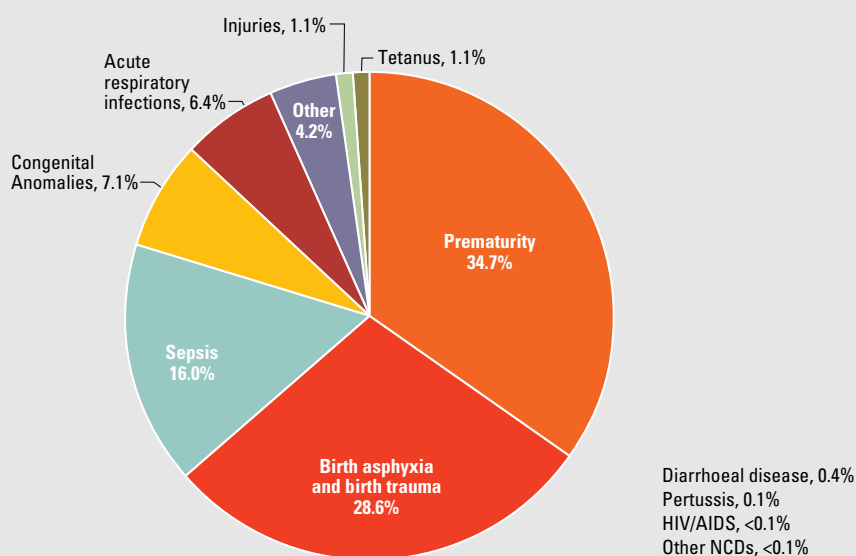
1:1

as likely to die during the first month of life, compared to those born to mothers with no education.²



Democratic Republic of the Congo – Causes of Neonatal Mortality, 2015

In Democratic Republic of the Congo, the main causes of neonatal deaths in 2015 were prematurity (34.7 percent), birth asphyxia (28.6 percent) and sepsis (16.0 percent).¹¹



Disparities in key maternal and newborn health interventions, Democratic Republic of the Congo, 2013-2014²

		Coverage – care for mothers					
		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 (%)
Residence	Urban	24.6	60.7	93.7	93.1	7.4	57.4
	Rural	10.8	42.1	74.1	74.0	4.1	37.7
Residence ratio (urban to rural)		2.3	1.4	1.3	1.3	1.8	1.5
Household Wealth	Richest	27.6	67.7	97.5	97.6	7.9	63.4
	Poorest	8.0	37.9	66.3	65.6	3.1	35.0
Household wealth ratio (richest to poorest)		3.5	1.8	1.5	1.5	2.5	1.8
Mother's age	Less than 20	12.6	50.8	80.7	81.0	5.9	38.7
	20-34		48.1	80.6	80.2	5.1	44.6
	35-49	16.6	45.1	77.4	76.9	4.6	45.6
Mother's education	No education	10.6	36.6	67.8	67.2	4.7	37.4
	Primary	10.9	42.1	76.3	76.1	4.0	37.4
	Secondary	22.2	43.0	90.4	90.2	6.5	52.5
	Higher	29.4	59.5	98.1	99.7	12.9	80.3
Mother's education ratio (highest to lowest)		2.8	1.6	1.4	1.5	2.7	2.1

Maternal and newborn health coverage indicators

By residence:²

- In rural areas, 42 percent of women made at least 4 antenatal care (ANC) visits, compared to 61 percent in urban areas.
- Coverage of skilled attendance at birth is 74 percent in rural areas, compared to 94 percent in urban areas.
- 6 percent of newborns in rural areas receive postnatal care (PNC) within 2 days after birth, compared to 12 percent in urban areas.

By household wealth:²

- Most mothers among richest households (68 percent) made at least four ANC visits, compared to 38 percent of mothers from the poorest households.
- Only 66 percent of deliveries in the poorest households had a skilled attendant at birth, compared to 98 percent of deliveries among the richest households.
- 14 percent of newborns in the richest households receive PNC within 2 days after birth, compared to 6 percent among the poorest households.

Only **38%** of mothers in the poorest households have **4 Antenatal Care visits** compared to...



...**68%** of mothers in the richest households.

Coverage – care for newborns								Other	
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 (%)	Pentavalent 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a,#}	
11.8	93.6	47.6		92.1	92.1	72.6	30.0	19.9	Urban
6.3	67.8	53.9		79.3	76.1	62.2	22.3	31.2	Rural
1.9	1.4	0.9		1.2	1.2	1.2	1.3	0.6	Residence ratio (urban to rural)
13.9	98.0	50.4		96.0	96.7	75.3	38.4	17.9	Richest
6.3	58.5	51.8		74.1	69.3	53.9	15.7	35.1	Poorest
2.2	1.7	1.0		1.3	1.4	1.4	2.4	0.5	Household wealth ratio (richest to poorest)
6.5	74.5					61.1			Less than 20
8.3	76.5					66.8			20-34
8.6	73.5					64.4			35-49
5.7	62.2	55.5		77.4	74.3	55.9		42.3	No education
6.8	71.6	53.1		79.0	75.6	63.6		36.7	Primary
9.7	86.8	49.3		90.6	90.1	71.3			Secondary
24.3	98.1	44.7		(99.4)	(99.4)	84.2			Higher
4.3	1.6	0.8		1.3	1.3	1.5			Mother's education ratio (highest to lowest)

Key for tables:

0-24 %

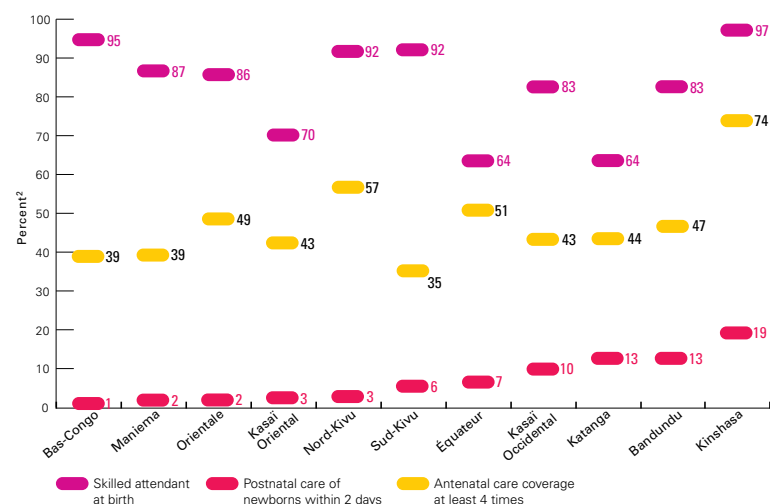
25-49 %

50-74 %

75-100%

Data not available

Selected maternal and newborn health indicators, by region, 2013-2014



By mother's age:²



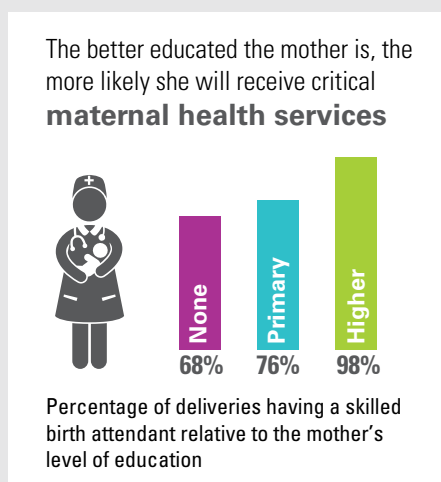
- 48 percent of mothers aged 20-34 made at least four ANC visits, compared to 51 percent among younger mothers (aged less than 20).
- Deliveries among mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (81 percent and 81 percent, respectively).
- Their newborns receive low levels of postnatal care: 8 percent and 7 percent, respectively.

Disparities in key maternal and newborn health interventions, Democratic Republic of the Congo, 2013-2014²

Coverage – care for mothers						
	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 (%)
National estimate	16.3	48.0	80.1	79.9	5.1	43.8
Region						
Kinshasa	27.9	73.9	97.4	97.9	5.9	63.8
Bas-Congo	26.2	39.0	94.9	94.2	6.5	50.9
Bandundu	14.9	46.9	82.8	84.2	2.3	48.3
Équateur	8.2	50.8	63.7	60.2	3.0	28.8
Orientale	13.1	48.8	85.9	82.7	7.6	34.6
Nord-Kivu	21.5	56.7	91.7	91.6	13.8	58.4
Sud-Kivu	22.4	35.3	92.4	92.6	10.0	49.7
Maniema	17.0	39.3	86.6	88.0	9.8	46.2
Katanga	9.7	43.8	63.7	63.2	2.0	43.9
Kasai Oriental	12.2	42.6	70.2	72.2	1.9	31.3
Kasai Occidental	15.3	43.3	82.6	84.0	3.3	45.1
Regional performance						
Highest value	Kinshasa	Kinshasa	Kinshasa	Kinshasa	Nord-Kivu	Kinshasa
	27.9	73.9	97.4	97.9	13.8	63.8
Lowest value	Équateur	Sud-Kivu	Katanga	Équateur	Kasai Oriental	Équateur
	8.2	35.3	63.7	60.2	1.9	28.8
Ratio (highest to lowest)	3.4	2.1	1.5	1.6	7.3	2.2

By mother's education:²

- 60 percent of mothers with higher education made at least four ANC visits, compared to only 37 percent of mothers with no education.
- 68 percent of deliveries among mothers with no education had a skilled attendant at birth, compared to 76 percent of deliveries among mothers with primary education and 98 percent of deliveries among mothers with a higher education.
- 6 percent of newborns are checked within two days after birth if their mothers have no education, compared to 7 percent of mothers with a primary education and 24 percent of mothers who received higher education.



By geographic regions:²

- Kinshasa saw the highest rate of antenatal care coverage (at least four visits) of 74 percent, compared to the lowest coverage of 35 percent in Sud-Kivu.
- The region with the highest coverage of skilled birth attendance is Kinshasa with 97 percent; the lowest coverage is Katanga with 64 percent – a difference of 1.5 times.
- Kinshasa has the highest coverage of PNC for newborns (within 2 days after birth) with 19 percent while Bas-Congo has the lowest coverage at 1 percent.

Coverage – care for newborns									Other	
Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early initiation of breastfeeding (%)	Exclusive breastfeeding (<6 months) (%)	BCG vaccine for newborn (%)	Pentavalent 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a, #}		
8.0	75.7	51.9	47.6	83.4	81.2	65.5	24.6	26.7	National estimate	
19.4	98.8	51.3		96.7	97.8	77.2	39.4	12.4	Kinshasa	Region
1.2	94.0	57.6		95.6	93.5	81.5	52.2	25.9	Bas-Congo	
13.1	77.4	54.8		89.8	87.5	66.6	37.4	18.4	Bandundu	
6.7	53.2	42.0		72.1	68.7	50.6	18.3	33.4	Équateur	
2.1	77.1	42.9		74.5	70.5	64.7	18.8	31.6	Orientale	
3.3	87.7	72.1		95.1	94.4	67.7	24.8	21.1	Nord-Kivu	
5.7	92.5	54.0		95.6	95.1	75.7	29.9	43.4	Sud-Kivu	
1.9	83.7	44.5		72.2	73.8	76.3	15.5	31.8	Maniema	
12.9	66.1	39.0		69.2	67.3	60.8	24.7	30.4	Katanga	
2.7	62.6	60.0		81.3	82.2	61.7	7.3	27.9	Kasaï Oriental	
10.0	77.9	60.1		84.8	76.7	63.1	9.0	32.0	Kasaï Occidental	
Kinshasa	Kinshasa	Nord-Kivu		Kinshasa	Kinshasa	Bas-Congo	Bas-Congo	Sud-Kivu	Highest value	Regional performance
19.4	98.8	72.1		96.7	97.8	81.5	52.2	43.4		
Bas-Congo	Équateur	Katanga		Katanga	Katanga	Équateur	Kasaï Oriental	Kinshasa	Lowest value	
1.2	53.2	39.0		69.2	67.3	50.6	7.3	12.4		
16.2	1.9	1.8		1.4	1.5	1.6	7.2	3.5	Ratio (highest to lowest)	

Key for tables:

0-24 %

25-49 %

50-74 %

75-100%

Data not available

Sources:

- 1 United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision.
- 2 Democratic Republic of the Congo Demographic and Health Survey 2013-2014 via the DHS Program STATcompiler. (<http://www.statcompiler.com>).*
- 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 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 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. The Lancet, June 9 2012, 379(9832): 2162-72.
- 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, 2000-2015. (http://www.who.int/healthinfo/global_burden_disease/estimates_child_cod_2015/).

Notes:

- * DHS data drawn from STATcompiler which employs standard indicator definitions to allow for comparability between countries and year. As such, data herein may not reflect data included in the final report. For further information please visit <http://goo.gl/jXJ5SW>. MICS data reflect final report figures where available.
- ** Pentavalent schedule includes the hepatitis B vaccine.
- a Data from UNICEF reanalysis of Democratic Republic of the Congo Demographic and Health Survey 2013-2014.
- ^ 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.