Maternal and Newborn Health Disparities

Niger

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Maternal and Newborn Health Disparities in Niger
Key Facts

Niger reference table

Demographic indicators	Year	Value
Total population (thousands)[1]	2017	21,477
Total live births (thousands)[1]	2017	1,031
Total Fertility Rate (number of children per woman)[1]	2017	7
Adolescent birth rate (per 1,000 women 15-19)[10]	2009	210
Impact indicators		
Maternal mortality ratio (per 100,000 live births)[4]	2015	553
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	23
Stillbirth rate (per 1,000 total births)[6]	2015	37
Preterm birth rate (per 100 live births)[7]	2015	9
Under-five mortality rate (per 1,000 live births)[3]	2016	91
Under-five deaths that are newborn (%)[3]	2016	30
Neonatal mortality rate (per 1,000 live births)[3]	2016	26
Neonatal deaths (thousands)[3]	2016	26
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level)[8]	2016	51
Skilled health professional density (per 10 000 population)[9]	2008	2
Physician density (per 1,000 population)[9]	2008	<0.1
Nurse and midwife density (per 1,000 population)[9]	2008	0.1

Maternal and Newborn Health Disparities in Niger

In 2017, approximately 1,031,000 babies were born in Niger, or around 2,800 every day.[1]

Among young women (aged 20-24), 48 percent gave birth by age 18.[2]

Approximately 70 babies will die each day before reaching their first month[3]; 99 stillbirths occur every day.[6]
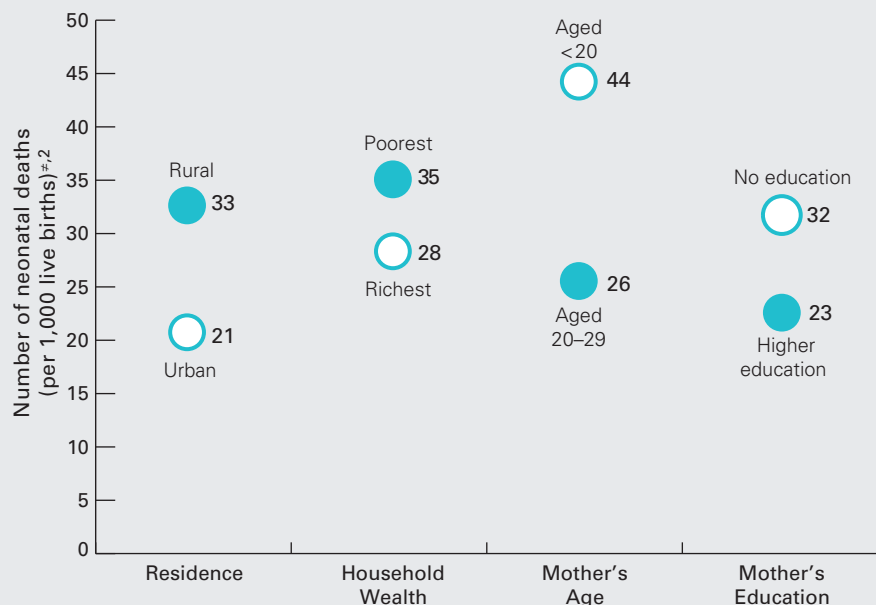
Neonatal mortality rate:

Niger's neonatal mortality rate (NMR)^ is 26 deaths per 1,000 live births.[3]

NMR≠ in rural areas is 33 deaths per 1,000 live births and 21 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.6.[2]
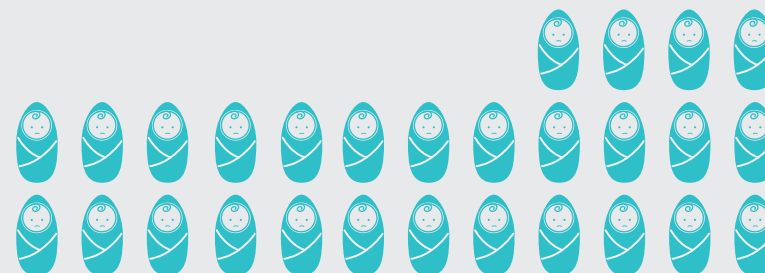
NMR≠ among the poorest households is 35 neonatal deaths per 1,000 live births, compared to 28 deaths per 1,000 live births among the richest households.[2]

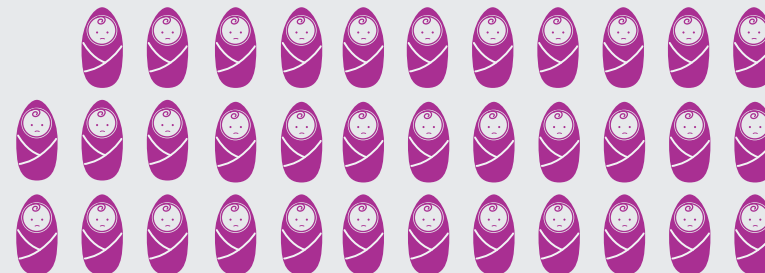## Neonatal mortality rates, by background characteristics, 2012

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

- Rural 33
- Urban 21
- Poorest 35
- Richest 28
- Aged <20 44
- Aged 20–29 26
- No education 32
- Higher education 23

Categories: Residence, Household Wealth, Mother's Age, Mother's Education

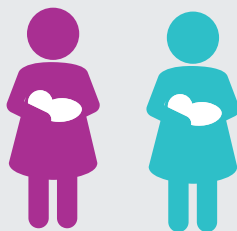## Neonatal mortality rate by wealth quintile

Richest

Poorest

The NMR for those in the **poorest quintile** (35 per 1,000 live births) is 1.2 times higher than for the **richest quintile** (28 per 1,000 live births).[2]

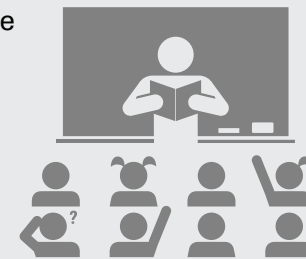# 1 in 2

young women (aged 20-24) have given birth by age 18.[2]
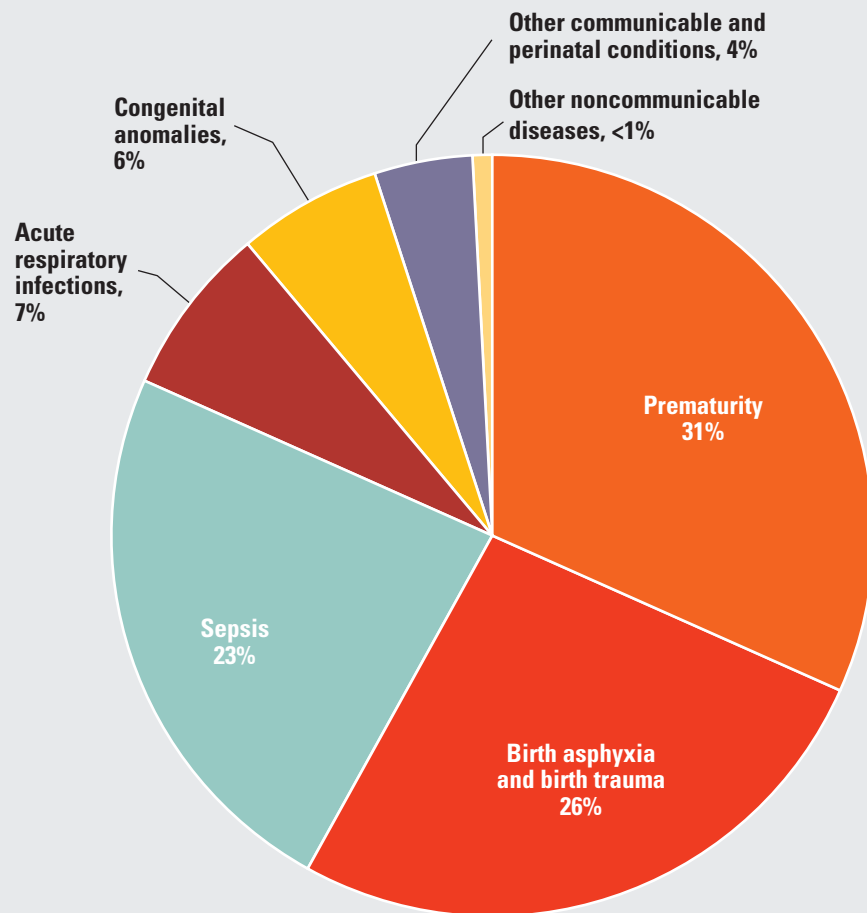
Newborns with less educated mothers are

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 Niger

Niger — Causes of Neonatal Mortality, 2016

In Niger, the main causes of neonatal deaths in 2016 were prematurity (31 per cent), birth asphyxia and birth trauma (26 per cent) and sepsis (23 per cent).[11]

Other communicable and perinatal conditions, 4%

Other noncommunicable diseases, <1%

Congenital anomalies, 6%

Acute respiratory infections, 7%

Prematurity 31%

Sepsis 23%

Birth asphyxia and birth trauma 26%

Source: WHO-MCEE, 2017

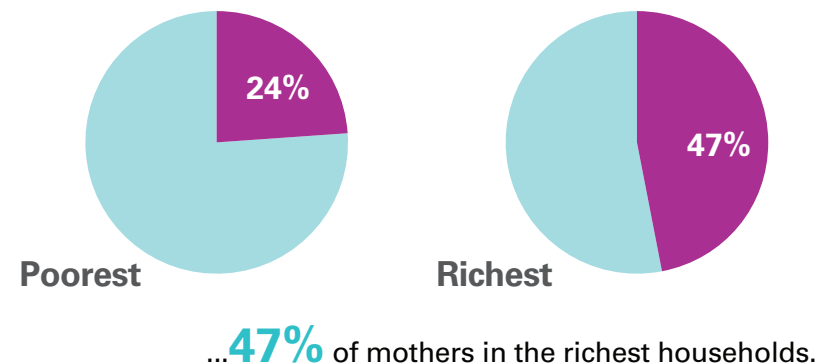## Maternal and newborn health coverage indicators

By residence:[2]

- In rural areas, 31 per cent of women made at least 4 antenatal care visits, compared to 46 per cent in urban areas.

- Coverage of skilled attendance at birth is 83 per cent in rural areas, compared to 21 per cent in urban areas.

- 12 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 22 per cent in urban areas.

By household wealth:[2]

- Most mothers among richest households (47 per cent) made at least 4 antenatal care visits, compared to 24 per cent of mothers from the poorest households.

- Only 12 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 71 per cent of mothers in the richest households.

- 21 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 9 per cent among the poorest households.
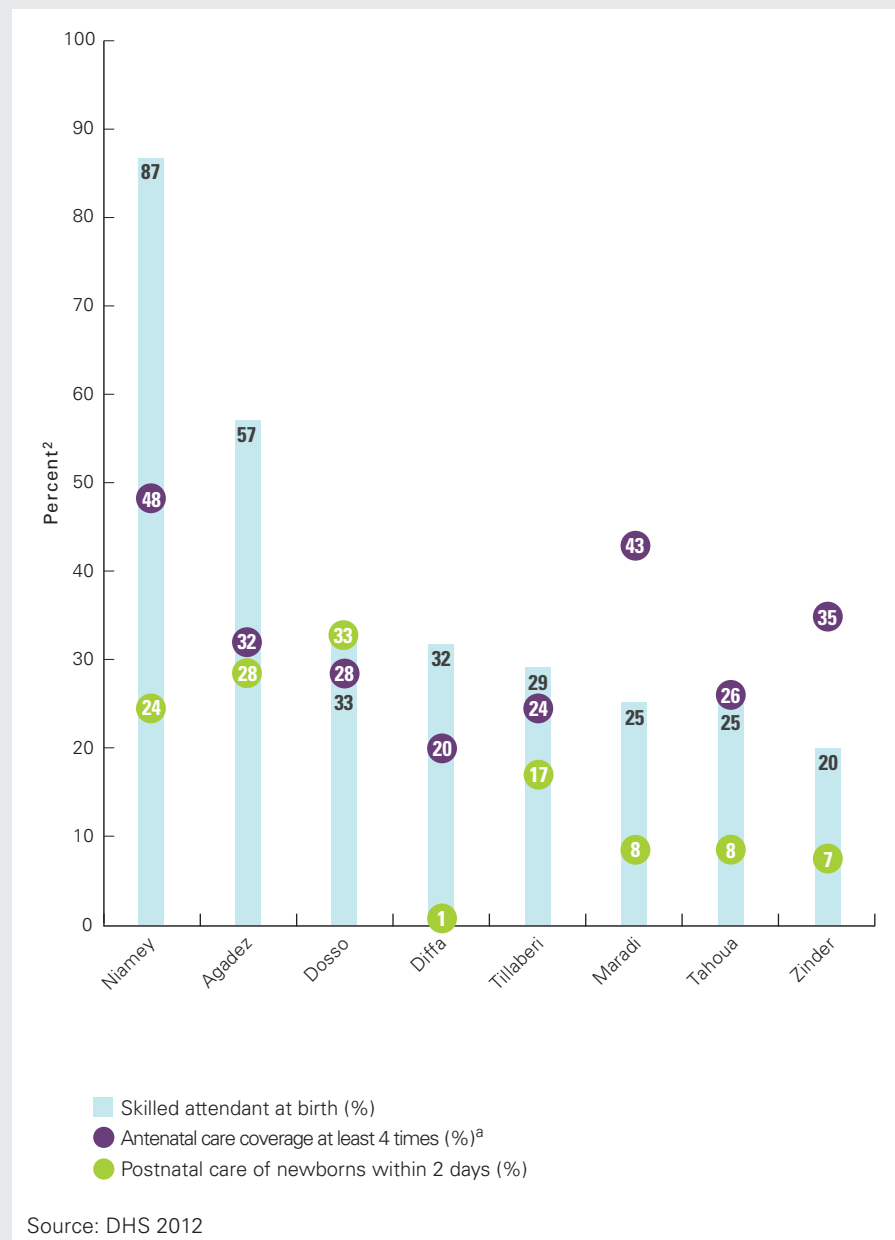
Only **24%** of mothers in the poorest households have **4 antenatal care visits** compared to...

24%

47%

Poorest

Richest

...**47%** of mothers in the richest households.

Source: DHS 2012

Maternal and Newborn Health Disparities in Niger

Selected maternal and newborn health indicators, by region, 2012

Percent[2]

Regions: Niamey, Agadez, Dosso, Diffa, Tillaberi, Maradi, Tahoua, Zinder

- Niamey: Skilled attendant 87, ANC 48, Postnatal 24
- Agadez: Skilled attendant 57, ANC 32, Postnatal 28
- Dosso: ANC 28, Postnatal 33, Skilled attendant 33
- Diffa: Skilled attendant 32, ANC 20, Postnatal 1
- Tillaberi: Skilled attendant 29, ANC 24, Postnatal 17
- Maradi: ANC 43, Skilled attendant 25, Postnatal 8
- Tahoua: ANC 26, Skilled attendant 25, Postnatal 8
- Zinder: ANC 35, Skilled attendant 20, Postnatal 7

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

Source: DHS 2012

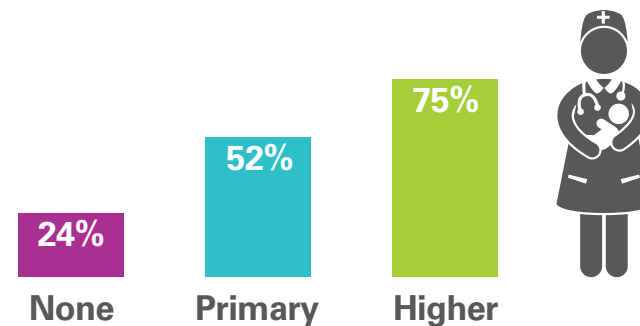## Maternal and newborn health coverage indicators

By mother's age:[2]

- 33 per cent of mothers aged 20-34 made at least four ANC visits, compared to 32 per cent among younger mothers (aged less than 20).

- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (29 per cent and 33 per cent, respectively).

- Their newborns receive low levels of postnatal care: 13 per cent and 11 per cent, respectively.

By mother's education:[2]

- 72 per cent of mothers with higher education made at least four ANC visits, compared to 30 per cent of mothers with no education.

- 24 per cent of mothers with no education had a skilled attendant at birth, compared to 52 per cent with primary education and 75 per cent for mothers with higher education.

- 11 per cent of newborns are checked within 2 days of birth if their mothers have no education, compare to 18 per cent of mothers with a primary education and 27 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: 24%
- Primary: 52%
- Higher: 75%

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

Maternal and Newborn Health Disparities in Niger

Disparities in key maternal and newborn health interventions

Region	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 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	41	33	29	30	1	37	13	23	53	23	84	86	71	64	50
Agadez	44	32	57	55	2	51	28	52	71	24	91	87	65	74	23
Diffa	37	20	32	32	0	27	1	29	83	16	75	67	53	55	38
Dosso	44	28	33	33	1	55	33	24	57	8	86	94	78	71	28
Maradi	30	43	25	27	1	37	8	19	41	36	87	87	76	71	36
Tahoua	26	26	25	25	1	25	8	19	50	23	80	80	69	70	37
Tillaberi	40	24	29	29	1	46	17	22	45	32	87	88	77	63	26
Zinder	50	35	20	20	1	26	7	14	63	15	80	85	65	41	45
Niamey	61	48	87	86	9	68	24	86	64	24	96	95	72	93	11

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

Source: DHS 2012

Maternal and Newborn Health Disparities in Niger

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		41	33	29	30	1	37	13	23	53	23	84	86	71	64	50
Residence	Urban	58	46	83	83	5	67	22	79	72	23	95	94	78	92	13
	Rural	36	31	21	22	1	32	12	15	50	23	82	85	70	60	38
Residence ratio (urban to rural)		1.6	1.5	3.9	3.8	6.8	2.1	1.9	5.3	1.4	1.0	1.2	1.1	1.1	1.5	0.3
Household Wealth	Richest	57	47	71	71	4	63	21	65	67	30	93	93	81	89	19
	Poorest	32	24	12	13	1	24	9	8	48	25	75	78	60	50	41
Household wealth ratio (richest to poorest)		1.8	1.9	6.0	5.5	8.4	2.6	2.3	8.0	1.4	1.2	1.2	1.2	1.4	1.8	0.5
Mother's age	Less than 20	29	32	33	33	2	38	11	23					68		33
	20-34		33	29	29	1	36	13	23					73		
	35-49		0	30	30	1	39	14	23					68		
Mother's education	No education	37	30	24	25	1	33	11	19	52	23	82	84	70		41
	Primary	48	39	52	53	3	54	18	44	59	29	90	94	79		24
	Secondary or Higher	63	72	75	75	7	67	27	69	66	29	99	100	85		13
Mother's education ratio (highest to lowest)		1.7	2.3	3.1	3.0	6.9	2.0	2.4	3.8	1.3	1.3	1.2	1.2	1.2		0.3

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

Source: DHS 2012

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Sources:

1. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.
2. Niger Demographic and Health Survey 2012.
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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