Maternal and Newborn Health Disparities

Togo

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Maternal and Newborn Health Disparities in Togo
Key Facts

Togo reference table

Demographic indicators	Year	Value
Total population (thousands)[1]	2017	7,798
Total live births (thousands)[1]	2017	262
Total Fertility Rate (number of children per woman)[1]	2017	4
Adolescent birth rate (per 1,000 women 15-19)[10]	2011	77
Impact indicators		
Maternal mortality ratio (per 100,000 live births)[4]	2015	368
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	58
Stillbirth rate (per 1,000 total births)[6]	2015	34
Preterm birth rate (per 100 live births)[7]	2015	13
Under-five mortality rate (per 1,000 live births)[3]	2016	76
Under-five deaths that are newborn (%)[3]	2016	35
Neonatal mortality rate (per 1,000 live births)[3]	2016	26
Neonatal deaths (thousands)[3]	2016	7
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level)[8]	2016	45
Skilled health professional density (per 10 000 population)[9]	2008	4
Physician density (per 1,000 population)[9]	2008	0.1
Nurse and midwife density (per 1,000 population)[9]	2008	0.3

Maternal and Newborn Health Disparities in Togo

In 2017, approximately 262,000 babies were born in Togo, or around 700 every day.[1]

Among young women (aged 20-24), 15 percent gave birth by age 18.[2]

Approximately 18 babies will die each day before reaching their first month[3]; 24 stillbirths occur every day.[6]

Neonatal mortality rate:

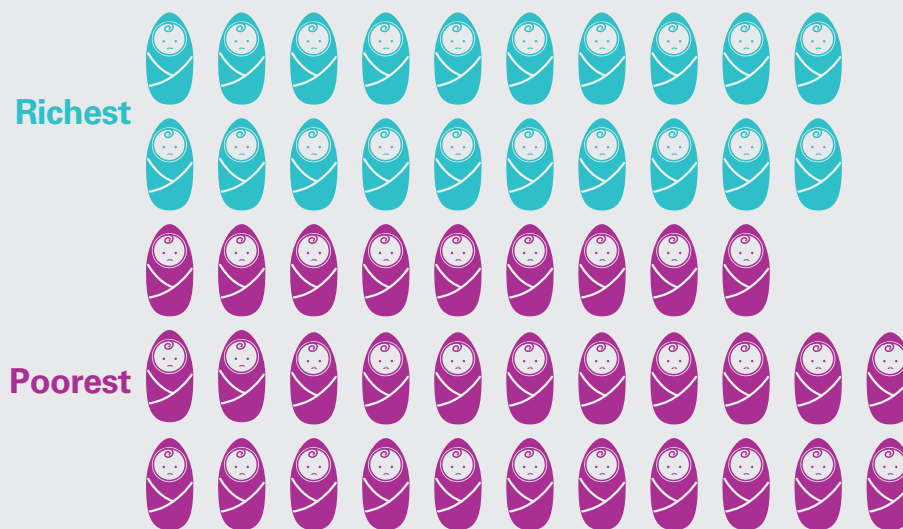Togo's neonatal mortality rate (NMR)^ is 26 deaths per 1,000 live births.[3]

NMR≠ in rural areas is 30 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]

NMR≠ among the poorest households is 31 neonatal deaths per 1,000 live births, compared to 20 deaths per 1,000 live births among the richest households.[2]

Neonatal mortality rates, by background characteristics, 2014

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

Residence: Rural 30, Urban 28
Household Wealth: Richest 31, Poorest 20
Mother's Age: No data at this disaggregation
Mother's Education: No education 32, Higher education 21

Neonatal mortality rate by wealth quintiles

Richest

Poorest

The NMR for those in the **poorest quintile** (31 per 1,000 live births) is 1.6 times higher than for the **richest quintile** (20 per 1,000 live births).[2]
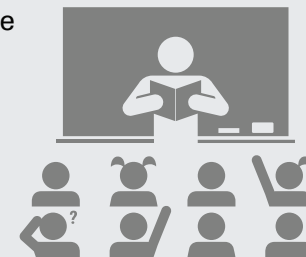
1 in 7

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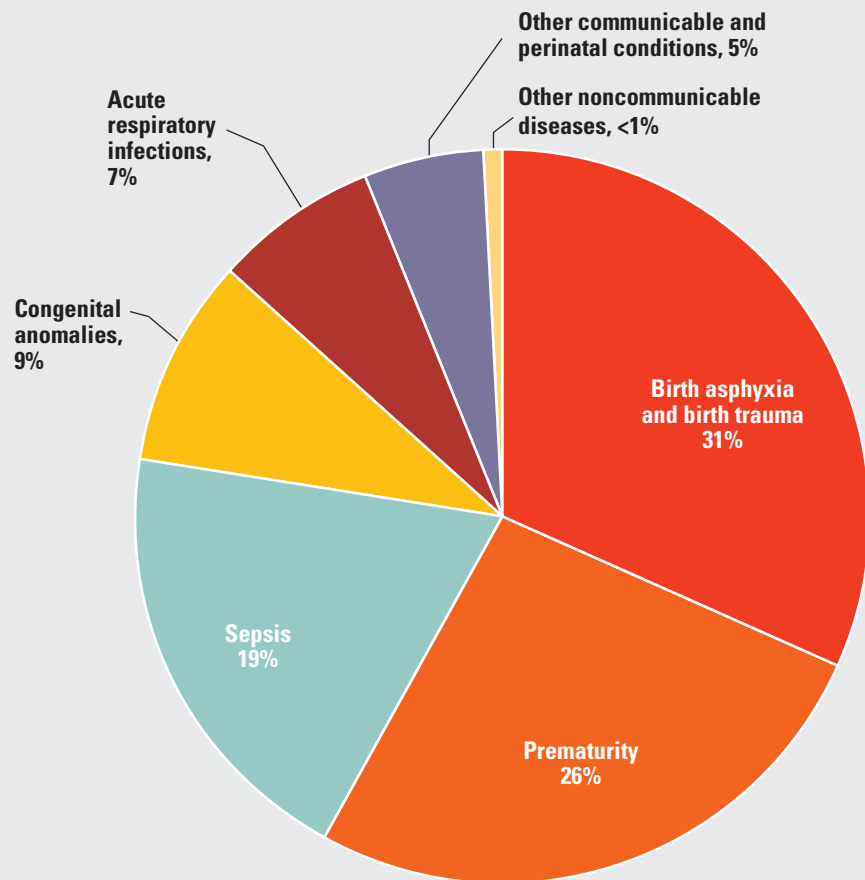
Newborns with less educated mothers are

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 Togo

Togo — Causes of Neonatal Mortality, 2016

In Togo, the main causes of neonatal deaths in 2016 were prematurity (26 per cent), birth asphyxia and birth trauma (31 per cent) and sepsis (19 per cent).[11]

Other communicable and perinatal conditions, 5%

Other noncommunicable diseases, <1%

Acute respiratory infections, 7%

Congenital anomalies, 9%

Birth asphyxia and birth trauma 31%

Sepsis 19%

Prematurity 26%

Source: WHO-MCEE, 2017

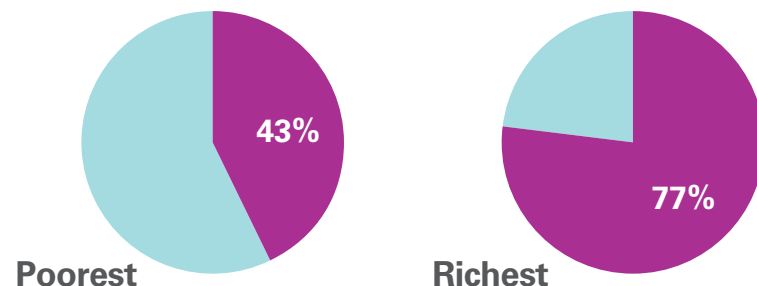## Maternal and newborn health coverage indicators

By residence:[2]

- In rural areas, 49 per cent of women made at least 4 antenatal care visits, compared to 72 per cent in urban areas.

- Coverage of skilled attendance at birth is 92 per cent in rural areas, compared to 41 per cent in urban areas.

- 31 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 43 per cent in urban areas.

By household wealth:[2]

- Most mothers among richest households (77 per cent) made at least 4 antenatal care visits, compared to 43 per cent of mothers from the poorest households.

- Only 27 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.

- 46 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 28 per cent among the poorest households.

Only **43%** of mothers in the poorest households have **4 antenatal care visits** compared to...
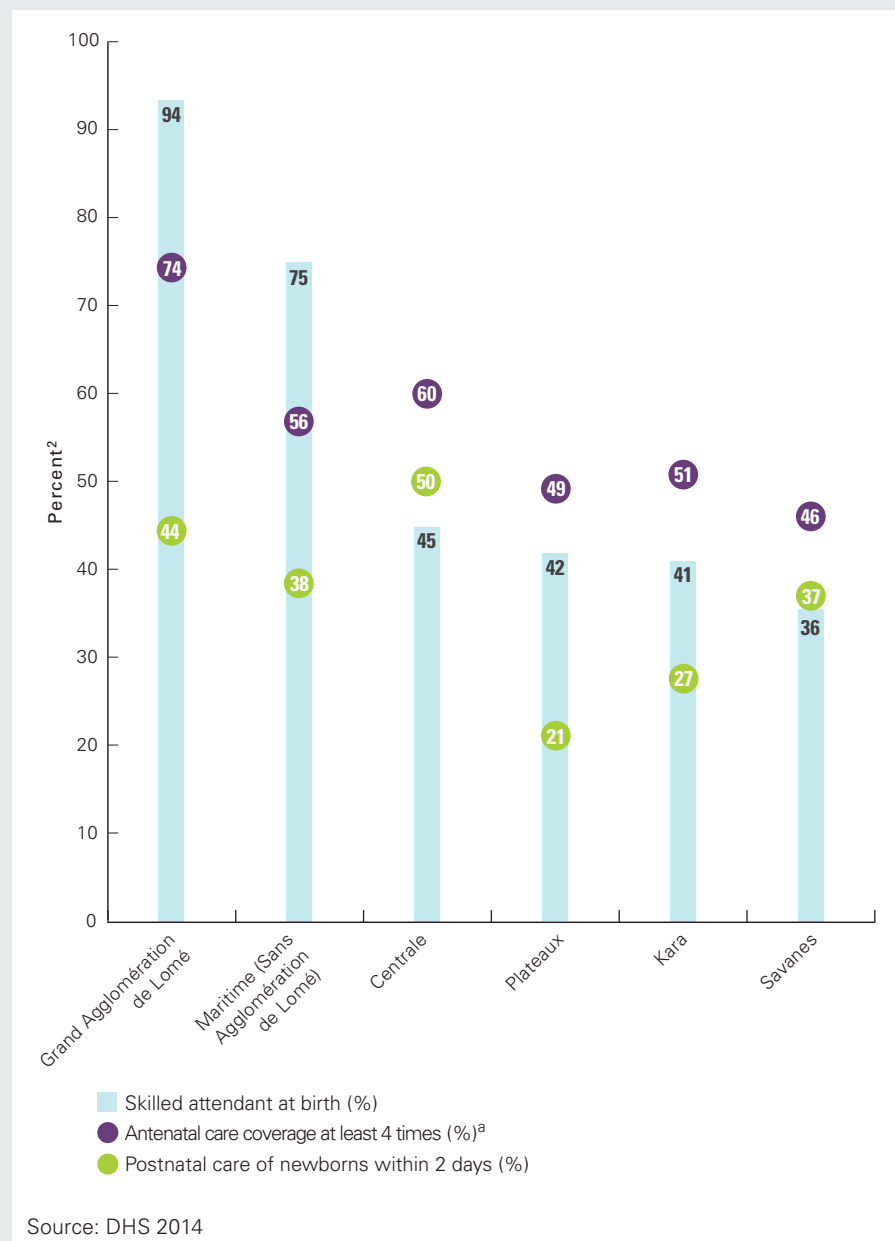
43%

77%

Poorest

Richest

...**77%** of mothers in the richest households.

Source: DHS 2014

Maternal and Newborn Health Disparities in Togo

Selected maternal and newborn health indicators, by region, 2014

Percent[2]

- 94
- 74
- 44
- 75
- 56
- 38
- 60
- 50
- 45
- 49
- 42
- 21
- 51
- 41
- 27
- 46
- 37
- 36

Grand Agglomération de Lomé
Maritime (Sans Agglomération de Lomé)
Centrale
Plateaux
Kara
Savanes

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

Source: DHS 2014
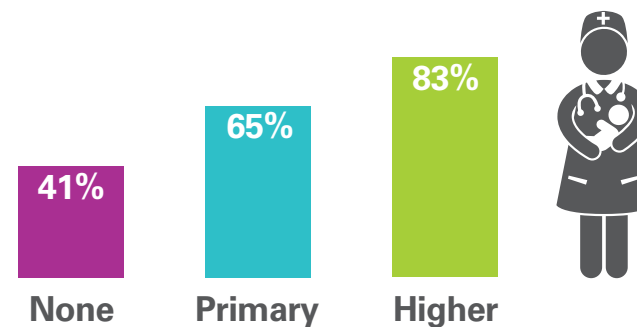
Maternal and newborn health coverage indicators

By mother's age:[2]

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

- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (62 per cent and 56 per cent, respectively).

- Their newborns receive low levels of postnatal care: 36 per cent and 34 per cent, respectively.

By mother's education:[2]

- 82 per cent of mothers with higher education made at least four ANC visits, compared to 45 per cent of mothers with no education.

- 41 per cent of mothers with no education had a skilled attendant at birth, compared to 65 per cent with primary education and 83 per cent for mothers with higher education.

- 29 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 38 per cent of mothers with a primary education and 41 per cent of mothers who received higher education.

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

- 41% None
- 65% Primary
- 83% Higher

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

Maternal and Newborn Health Disparities in Togo

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	17	57	59	73	7	71	35	60	61	57	95	93	77	78	13
Grande Agglomération de Lomé	20	74	94	96	13	81	44	85	59	57	98	96	83	97	10
Maritime (Sans Agglomération de Lomé)	15	56	75	80	8	83	38	62	80	53	95	89	79	86	16
Plateaux	17	49	42	63	4	65	21	43	66	50	91	88	74	60	21
Centrale	23	60	45	75	6	68	50	66	34	50	98	98	81	81	24
Kara	20	51	41	56	4	62	27	46	46	77	96	95	72	65	21
Savanes	10	46	36	52	2	60	37	50	62	61	98	97	70	78	15

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

Source: DHS 2014

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Disparities in key maternal and newborn health interventions

		Coverage – care for mothers						Coverage – care for newborns								Other
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National estimate		17	57	59	73	7	71	35	60	61	57	95	93	77	78	13
Residence	Urban	19	72	92	94	12	83	43	82	62	61	98	97	82	95	9
	Rural	16	49	41	61	3	64	31	47	60	55	94	91	74	69	17
Residence ratio (urban to rural)		1.2	1.5	2.2	1.5	3.6	1.3	1.4	1.7	1.0	1.1	1.0	1.1	1.1	1.4	0.5
Household Wealth	Richest	21	77	95	96	15	86	46	89	62	60	98	98	87	97	6
	Poorest	16	43	27	43	2	52	28	36	54	56	93	93	67	67	20
Household wealth ratio (richest to poorest)		1.3	1.8	3.6	2.2	7.0	1.7	1.7	2.5	1.1	1.1	1.1	1.1	1.3	1.5	0.3
Mother's age	Less than 20		53	56	74	6	71	34	58					69		
	20-34		59	62	74	6	72	36	62					78		
	35-49		51	50	64	7	64	33	52					76		
Mother's education	No education	13	45	41	55	3	60	29	43	57	50	92	88	68	69	30
	Primary	19	59	65	79	6	75	38	64	62	57	96	95	80	80	19
	Secondary or Higher	21	82	83	94	13	83	41	84	65	67	99	98	86	92	7
Mother's education ratio (highest to lowest)		1.7	1.8	2.0	1.7	3.7	1.4	1.5	2.0	1.1	1.3	1.1	1.1	1.3	1.3	0.2

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

Source: DHS 2014

Sources:

1. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.
2. Togo Enquête Démographique et de Santé au Togo (EDST-III) 2013-2014
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.
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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