Maternal and Newborn Health Disparities
Zimbabwe

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Maternal and Newborn Health Disparities in Zimbabwe
Key Facts

Zimbabwe reference table

Demographic indicators		
Total population (thousands)[1]	2015	15,603
Total live births (thousands)[1]	2015	539
Total Fertility Rate (number of children per woman)[1]	2015	4
Adolescent birth rate (per 1,000 women 15-19)[10]	2013	120
Impact indicators		
Maternal mortality ratio (per 100,000 live births)[4]	2015	443
Average annual rate of MMR reduction between 1990 and 2015 (%)[5]	2015	0
Lifetime risk of maternal death: 1 in x[4]	2015	52
Stillbirth rate (per 1,000 total births)[6]	2015	21
Preterm birth rate (per 100 live births)[7]	2010	17
Under-five mortality rate (per 1,000 live births)[3]	2015	71
Under-five deaths that are newborn (%)[3]	2015	34
Neonatal mortality rate (per 1,000 live births)[3]	2015	24
Neonatal deaths (thousands)[3]	2015	13
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level)[8]	–	–
Physician density (per 1,000 population)[9]	2011	0.1
Nurse and midwife density (per 1,000 population)[9]	2011	1.3

Maternal and Newborn Health Disparities
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In 2015, 540,000 babies were born in Zimbabwe, or around 1,500 every day.[1]

Among young women (aged 20-24), 22 percent gave birth by age 18.[2]

Approximately 35 babies will die each day before reaching their first month[3];
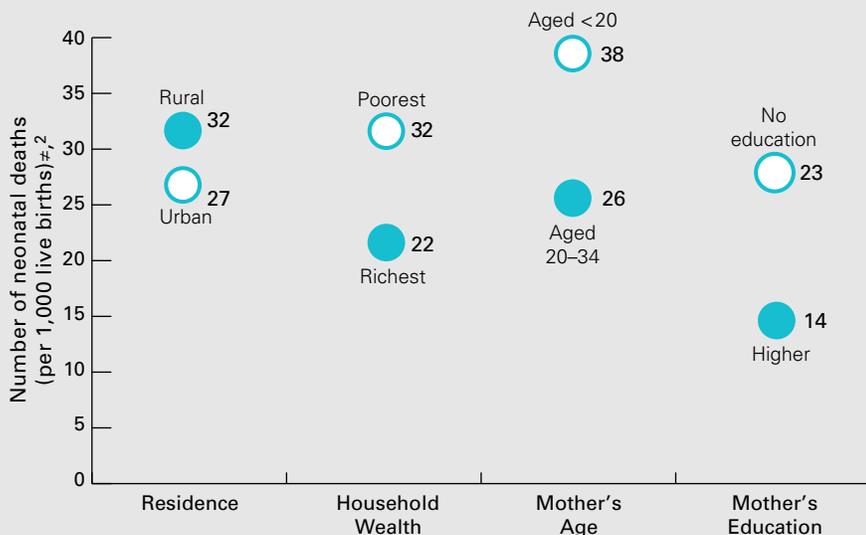31 stillbirths occur every day.[6]

Neonatal mortality rate:

Zimbabwe's neonatal mortality rate (NMR)^ is 24 deaths per 1,000 live births.[3]

NMR≠ in rural areas is 32 deaths per 1,000 live births and 27 deaths per 1,000 live births
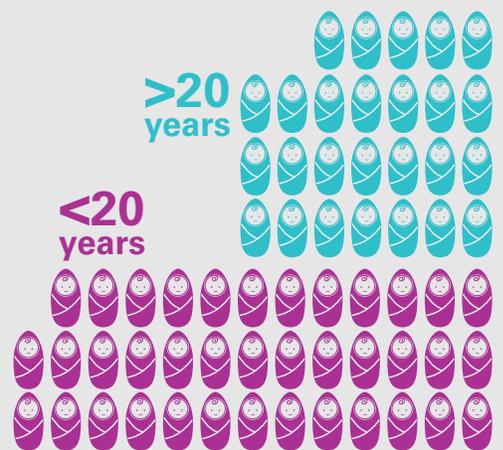in urban areas for an urban-to-rural ratio of 0.8.[2]

NMR≠ among the poorest households is 32 neonatal deaths per 1,000 live births,
compared to 22 deaths per 1,000 live births among the richest households.[2]

Neonatal mortality rates, by background characteristics, 2015

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

- Residence: Rural 32, Urban 27
- Household Wealth: Poorest 32, Richest 22
- Mother's Age: Aged <20 38, Aged 20–34 26
- Mother's Education: No education 23, Higher 14

Neonatal mortality rate
for newborns with mothers:

>20 years
<20 years

The NMR for younger mothers (38 per 1,000 live births) is 1.5 times
higher than for mothers aged 20-29 (26 per 1,000 live births).[2]
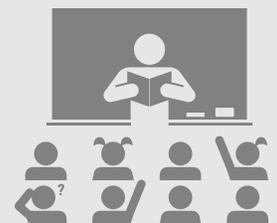
2 in 10
young women
(aged 20-24)
have given birth
by age 18.[2]

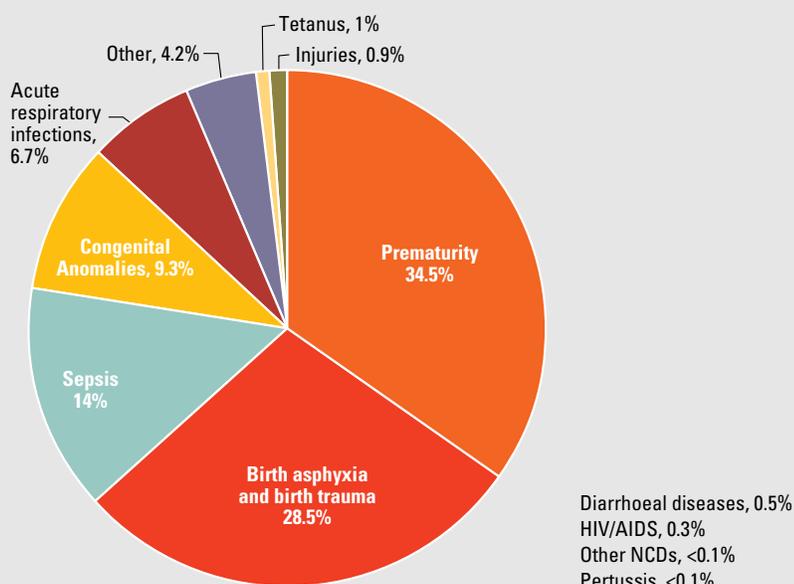**Newborns** born to mothers
with a primary education are

1.6x

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

Zimbabwe — Causes of Neonatal Mortality, 2015

In Zimbabwe, the main causes of neonatal deaths in 2015 were prematurity (34.5 percent), birth asphyxia (28.5 percent) and sepsis (14 percent).[11]

Tetanus, 1%
Injuries, 0.9%
Other, 4.2%
Acute respiratory infections, 6.7%
Congenital Anomalies, 9.3%
Prematurity 34.5%
Sepsis 14%
Birth asphyxia and birth trauma 28.5%

Diarrhoeal diseases, 0.5%
HIV/AIDS, 0.3%
Other NCDs, <0.1%
Pertussis, <0.1%

Disparities in key maternal and newborn health interventions, Zimbabwe, 2015[2]

		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 mother within 2 days (%)
Residence	Urban	87.3	71.9	92.9	92.1	10.6	66.7
	Rural	84.1	69.3	71.3	70.0	3.7	52.5
Residence ratio (urban to rural)		1.0	1.0	1.3	1.3	2.9	1.3
Household Wealth	Richest	90.3	77.7	95.8	95.2	15.0	68.6
	Poorest	80.4	65.2	61.7	60.8	1.8	46.7
Household wealth ratio (richest to poorest)		1.1	1.2	1.6	1.6	8.3	1.5
Mother's age	Less than 20		66.2	77.2	77.0	5.1	55.4
	20-34		70.8	78.9	77.7	5.6	57.4
	35-49		72.0	74.7	72.9	8.5	52.4
Mother's education	No education	68.8	60.4	49.7	51.5	2.7	
	Primary	80.8	65.1	65.8	63.7	3.4	44.3
	Secondary	86.8	71.5	83.1	82.4	5.8	61.6
	Higher	92.8	85.7	99.9	99.4	21.7	81.6
Mother's education ratio (highest to lowest)		1.1	1.4	1.5	1.6	6.4	1.8

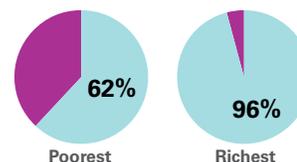## Maternal and newborn health coverage indicators

By residence:[2]

- In rural areas, 69 percent of women made at least 4 antenatal care (ANC) visits compared to 72 percent in urban areas.

- Coverage of skilled attendance at birth is 71 percent in rural areas, compared to 93 percent in urban areas.

- 71 percent of newborns in rural areas receive postnatal care (PNC) within 2 days after birth, compared to 80 percent in urban areas.

By household wealth:[2]

- Most mothers among richest households (78 percent) made at least four ANC visits, compared to 65 percent of mothers from the poorest households.

- Among the poorest households, only 62 percent of deliveries were assisted by a skilled attendant, compared to 96 percent of deliveries in the richest households.

- 83 percent of newborns in the richest households receive PNC within 2 days after birth, compared to 65 percent among the poorest households.

62% of deliveries in the poorest households had **a skilled attendant at birth,** compared to...

Poorest 62%   Richest 96%

...96% of deliveries 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 (%)	DPT1 vaccination received (%)	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) [a,#]			
80.0	95.9	54.1		93.9	94.0	50.2	66.7	12.0	Urban	Residence	
70.5	75.8	59.0		88.2	87.6	56.3	34.3	28.8	Rural		
1.1	1.3	0.9		1.1	1.1	0.9	1.9	0.4	Residence ratio (urban to rural)		
82.8	97.1	52.9		91.9	92.1	53.0	79.0	8.7	Richest	Household Wealth	
64.8	68.2	60.1		88.0	86.7	52.5	24.2	34.0	Poorest		
1.3	1.4	0.9		1.0	1.1	1.0	3.3	0.3	Household wealth ratio (richest to poorest)		
70.2	80.7					51.1			Less than 20	Mother's age	
74.2	83.0					55.4			20-34		
71.9	79.2					52.2			35-49		
	59.9					38.4			No education	Mother's education	
62.7	71.3	59.8		85.4	84.3	53.6		36.5	Primary		
78.2	86.7	56.5		91.9	91.7	55.4		19.1	Secondary		
86.0	99.8	57.8		94.1	95.0	49.2		2.8	Higher		
1.4	1.4	1.0		1.1	1.1	0.9		0.1	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, 2015

Legend:
- Skilled attendant at birth
- Postnatal care of newborns within 2 days
- Early initiation of breastfeeding
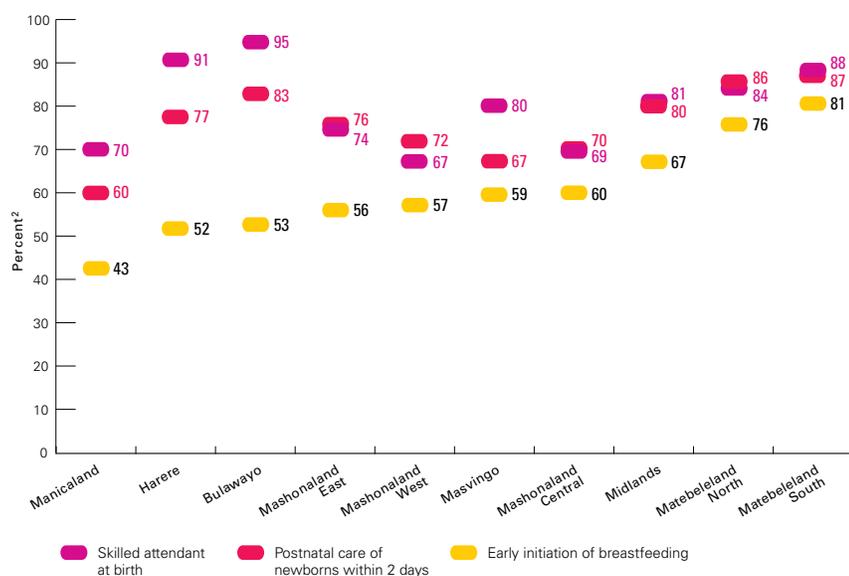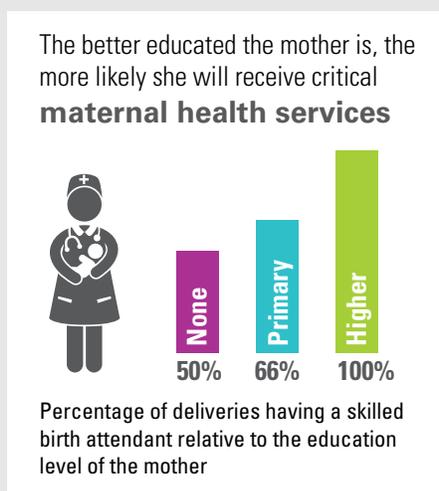
By mother's age:[2]

- 71 percent of mothers aged 20-34 made at least four ANC visits, compared to 66 percent among younger mothers (aged less than 20).

- Deliveries among mothers aged 20-34 and younger mothers (aged less than 20) have similar levels of skilled attendance (79 percent and 77 percent, respectively).

- Newborns born to mothers aged 20-34 and younger mothers (aged less than 20) receive similar levels of postnatal care: 74 percent and 70 percent, respectively.

Disparities in key maternal and newborn health interventions, Zimbabwe, 2015[2]

	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 mother within 2 days (%)
National estimate	85.2	70.1	78.1	77.0	5.8	56.5
Manicaland	82.4	76.2	69.9	69.5	5.0	44.0
Mashonaland Central	87.2	63.0	69.1	68.5	2.2	49.0
Mashonaland East	87.2	70.7	74.3	73.4	2.7	58.1
Mashonaland West	90.8	68.5	67.2	65.7	5.3	58.8
Matebeleland North	83.3	71.4	84.2	83.0	4.8	75.4
Matebeleland South	78.6	71.7	88.3	83.4	7.3	80.5
Midlands	84.4	64.9	81.2	80.8	5.5	63.5
Masvingo	79.2	74.4	80.2	78.0	7	43.8
Harere	87.0	66.7	91.3	91.1	8.4	60.6
Bulawayo	87.1	70.5	94.8	90.3	15.3	69.1

Region

Regional performance							
Highest value	Mashonaland West	Manicaland	Bulawayo	Harare	Bulawayo	Matebeleland South
	90.8	76.2	94.8	91.1	15.3	80.5
Lowest value	Matebeleland South	Mashonaland Central	Mashonaland West	Mashonaland West	Mashonaland Central	Masvingo
	78.6	63.0	67.2	65.7	2.2	43.8
Ratio (highest to lowest)	1.2	1.2	1.4	1.4	7.0	1.8

By mother's education:[2]

- Coverage of tetanus protection for newborns is 38 percent among mothers with no education and nearly 50 percent among mothers with higher education.

- Only 50 percent of deliveries among mothers with no education were assisted by a skilled attendant, compared to 66 percent of deliveries among mothers with primary education and nearly all deliveries among mothers with higher education.

- Nearly all newborns born to mothers with higher education are weighed at birth, compared to 60 percent of newborns born to mothers with no education.

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

None	Primary	Higher
50%	66%	100%

Percentage of deliveries having a skilled birth attendant relative to the education level of the mother

By geographic regions:[2]

- Manicaland saw the highest rate of antenatal care coverage (at least four visits) of 76 percent, compared to the lowest coverage of 63 percent in Mashonaland Central.

- The region with the highest coverage of skilled birth attendance is Bulawayo with 95 percent; the lowest coverage is Mashonaland West with 67 percent – a difference of 1.4 times.

- Matabeleland South has the highest coverage of PNC for newborns (within 2 days after birth) with 87 percent while Manicaland has the lowest coverage at 60 percent – a difference of 1.4 times.

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 (%)	DPT1 vaccination received (%)	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)[a,#]	
73.2	82.2	57.6	47.7	89.9	89.5	54.3	43.5	22.4	National estimate
60.0	70.0	43.4		84.4	84.0	45.7	27.2	26.9	Manicaland
70.3	77.0	60.1		94.9	93.8	59.4	50.8	34.5	Mashonaland Central
76.0	80.2	56.1		92.1	92.4	59.7	46.1	22.2	Mashonaland East
71.5	71.0	56.8		86.2	85.4	67.0	44.2	30.3	Mashonaland West
86.4	88.9	75.8		100.0	100.0	58.1	43.5	18.8	Matebeleland North
86.8	94.1	80.6		98.4	98.4	66.2	40.5	26.3	Matebeleland South
80.4	84.3	66.5		89.6	89.0	51.6	32.2	21.2	Midlands
67.3	84.9	59.4		79.3	79.3	54.3	35.6	27.3	Masvingo
76.9	96.6	51.9		97.5	97.2	44.8	68.0	13.3	Harere
83.4	94.9	52.5		92.8	91.3	49.0	66.4	10.5	Bulawayo
Matabeleland South	Harare	Matabeleland South		Matabeleland North	Matabeleland North	Mashonaland West	Harare	Mashonaland Central	Highest value
86.8	96.6	80.6		100.0	100.0	67.0	68.0	34.5	
Manicaland	Manicaland	Manicaland		Masvingo	Masvingo	Harare	Manicaland	Bulawayo	Lowest value
60.0	70.0	43.4		79.3	79.3	44.8	27.2	10.5	
1.4	1.4	1.9		1.3	1.3	1.5	2.5	3.3	Ratio (highest to lowest)

Region

Regional performance

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   Zimbabwe Demographic and Health Survey 2015 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.

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.

** DPT schedule includes the hepatitis B vaccine.

^   Reference period: five years preceding the survey.

≠   Reference period: ten years preceding the survey.

a   Data from Zimbabwe Multiple Indicator Cluster Survey 2014.

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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