Maternal and Newborn Health Disparities

Equatorial Guinea

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Key Facts

Equatorial Guinea reference table

Demographic indicators	Year	Value
Total population (thousands)[1]	2017	1,268
Total live births (thousands)[1]	2017	43
Total Fertility Rate (number of children per woman)[1]	2017	5
Adolescent birth rate (per 1,000 women 15-19)[10]	2008	177
Impact indicators		
Maternal mortality ratio (per 100,000 live births)[4]	2015	342
Average annual rate of MMR reduction between 2000 and 2015 (%)[5,a]	2015	5
Lifetime risk of maternal death: 1 in x[4,b]	2015	61
Stillbirth rate (per 1,000 total births)[6]	2015	16
Preterm birth rate (per 100 live births)[7]	2015	16
Under-five mortality rate (per 1,000 live births)[3]	2016	91
Under-five deaths that are newborn (%)[3]	2016	37
Neonatal mortality rate (per 1,000 live births)[3]	2016	32
Neonatal deaths (thousands)[3]	2016	1
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level)[8]	—	—
Skilled health professional density (per 10 000 population)[9]	2004	7
Physician density (per 1,000 population)[9]	2004	0.3
Nurse and midwife density (per 1,000 population)[9]	2004	0.4

Maternal and Newborn Health Disparities in Equatorial Guinea

In 2017, approximately 43,000 babies were born in Equatorial Guinea, or around 100 every day.[1]

Among young women (aged 20-24), 42 percent gave birth by age 18.[2]

Approximately 4 babies will die each day before reaching their first month[3]; 1 stillbirth occurs every day.[6]

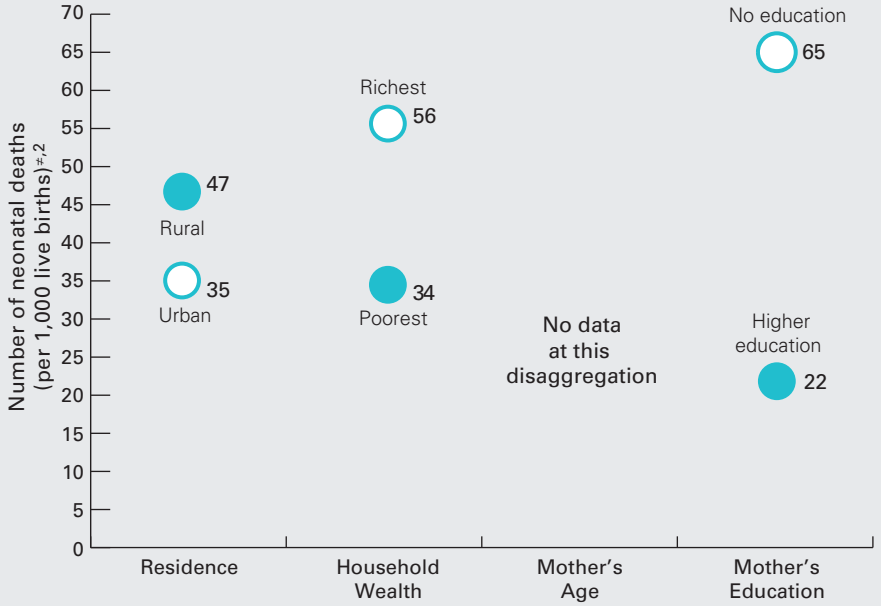
Neonatal mortality rate:

Equatorial Guinea's neonatal mortality rate (NMR)^ is 32 deaths per 1,000 live births.[3]

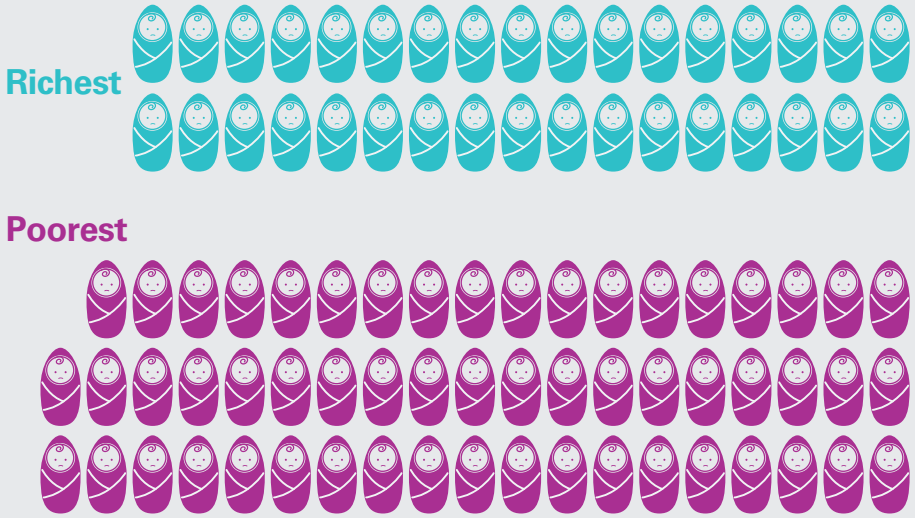
NMR* in rural areas is 47 deaths per 1,000 live births and 35 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.7.[2]

NMR* among the poorest households is 56 neonatal deaths per 1,000 live births, compared to 34 deaths per 1,000 live births among the richest households.[2]

Neonatal mortality rates, by background characteristics, 2011



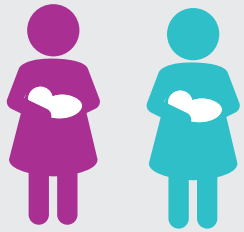
Neonatal mortality rate by wealth quintiles



The NMR for those in the **poorest quintile** (56 per 1,000 live births) is 1.6 times higher than for the **richest quintile** (34 per 1,000 live births).[2]

1 in 2

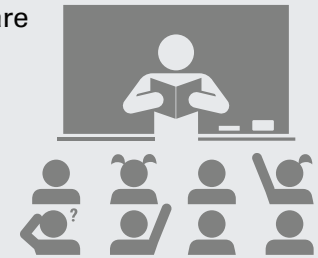
young women (aged 20-24) have given birth by age 18.[2]



Newborns with less educated mothers are

3x

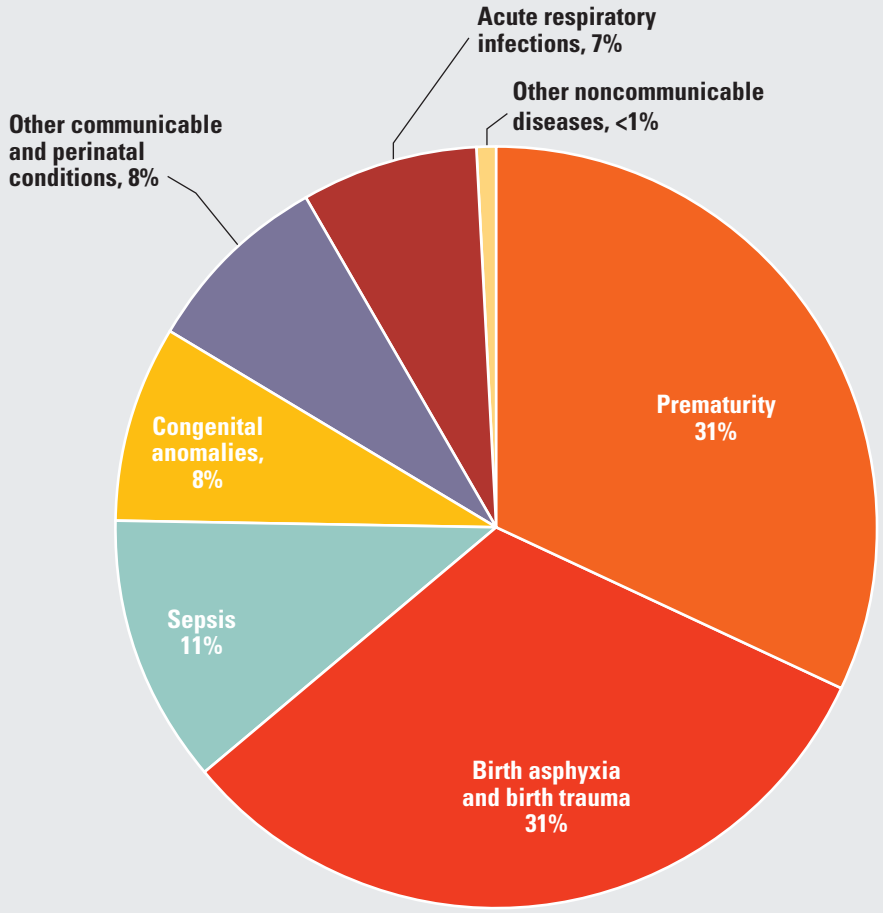
more likely to die during the first month compared to those born to mothers with higher education.[2]



Maternal and Newborn Health Disparities in Equatorial Guinea

Equatorial Guinea — Causes of Neonatal Mortality, 2016

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



Source: WHO-MCEE, 2017

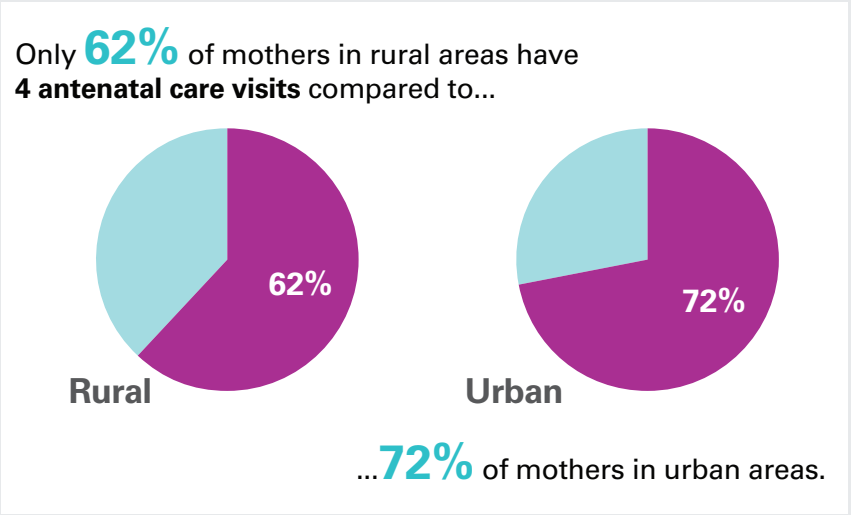
Maternal and newborn health coverage indicators

By residence:[2]

- In rural areas, 62 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 86 per cent in rural areas, compared to 53 per cent in urban areas.
- 3 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 9 per cent in urban areas.

By household wealth:[2]

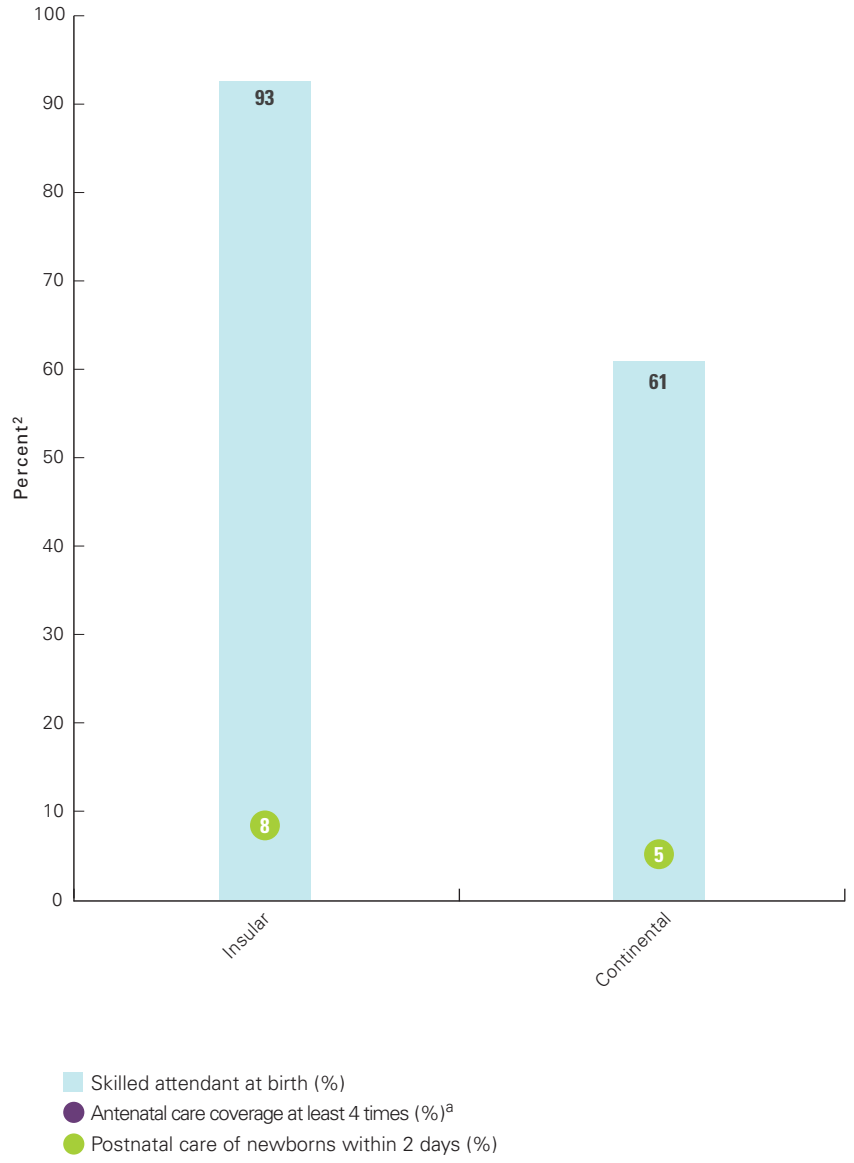
- Only 48 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 88 per cent of mothers in the richest households.
- 10 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 2 per cent among the poorest households.



Source: DHS 2011

Maternal and Newborn Health Disparities in Equatorial Guinea

Selected maternal and newborn health indicators, by region, 2011



Source: DHS 2011

Maternal and newborn health coverage indicators

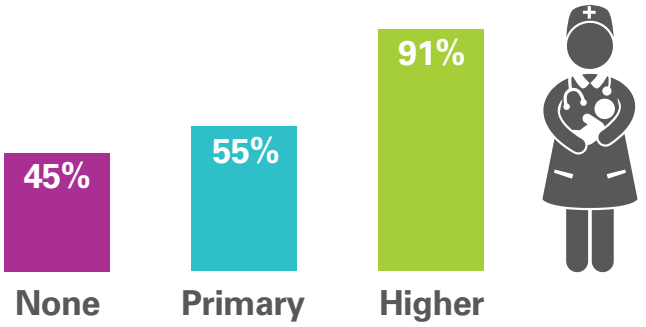
By mother's age:[2]

- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (68 per cent and 70 per cent, respectively).
- Their newborns receive low levels of postnatal care: 6 per cent and 6 per cent, respectively.

By mother's education:[2]

- 45 per cent of mothers with no education had a skilled attendant at birth, compared to 55 per cent with primary education and 91 per cent for mothers with higher education.
- 0 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 3 per cent of mothers with a primary education and 11 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 Equatorial Guinea

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 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	67	68	67	7	44	6	71	21	7	71	59	72	54	48
Region Insular	23		93	92	10	69	8	91	25		81	77	76	73	26
Region Continental	20		61	60	6	37	5	64	19		68	53	71	47	41

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

Source: DHS 2011

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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		21	67	68	67	7	44	6	71	21	7	71	59	72	54	48
Residence	Urban	24	72	86	84	9	54	9	85	24		78	65	74	60	32
	Rural	17	62	53	53	4	36	3	58	17		65	53	71	47	44
Residence ratio (urban to rural)		1.4	1.2	1.6	1.6	2.1	1.5	2.9	1.5	1.4		1.2	1.2	1.0	1.3	0.7
Household Wealth	Richest	26		88	87	11	53	10	84	25		77	68	73	60	29
	Poorest	13		48	48	3	30	2	55	15				80	60	
Household wealth ratio (richest to poorest)		2.0		1.8	1.8	3.6	1.8	6.1	1.5	1.7				0.9	1.0	
Mother's age	Less than 20	21		70	68	5	36	6	68					69		
	20-34			68	67	7	47	6	72					74		
	35-49			66	67	7	46	5	69					69		
Mother's education	No education	11		45	46	3	21	0	39			72	50	53		
	Primary	17		55	53	5	35	3	58	21		72	62	71		38
	Secondary	24		77	76	7	50	8	79	20				74		
	Higher	50		91	92	18	64	11	94	27				79		
Mother's education ratio (highest to lowest)		4.6		2.0	2.0	5.2	3.0	4.0	2.4					1.5		

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

Source: DHS 2011

Sources:

1 United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.

2 Equatorial Guinea Encuesta Demográfica y de Salud en Guinea Ecuatorial (EDSGE-I) 2011

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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