

Maternal and Newborn Health Disparities

Tanzania



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Maternal and Newborn Health Disparities in Tanzania

Key Facts

Tanzania reference table

Demographic indicators		
Total population (thousands) ¹	2015	53,470
Total live births (thousands) ¹	2015	2,064
Total Fertility Rate (number of children per woman) ¹	2015	5
Adolescent birth rate (per 1,000 women 15-19) ¹⁰	2007	128
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	398
Average annual rate of MMR reduction between 1990 and 2015 (%) ⁵	2015	4
Lifetime risk of maternal death: 1 in x ⁴	2015	45
Stillbirth rate (per 1,000 total births) ⁶	2015	22
Preterm birth rate (per 100 live births) ⁷	2010	11
Under-five mortality rate (per 1,000 live births) ³	2015	49
Under-five deaths that are newborn (%) ³	2015	39
Neonatal mortality rate (per 1,000 live births) ³	2015	19
Neonatal deaths (thousands) ³	2015	39
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	2005	21
Physician density (per 1,000 population) ⁹	2012	<0.1
Nurse and midwife density (per 1,000 population) ⁹	2012	0.4

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In 2015, approximately 2,100,000 babies were born in United Republic of Tanzania, or around 5,700 every day.¹

Among young women (aged 20-24), 28 percent gave birth by age 18.²

Approximately 106 babies will die each day before reaching their first month³; 129 stillbirths occur every day.⁶

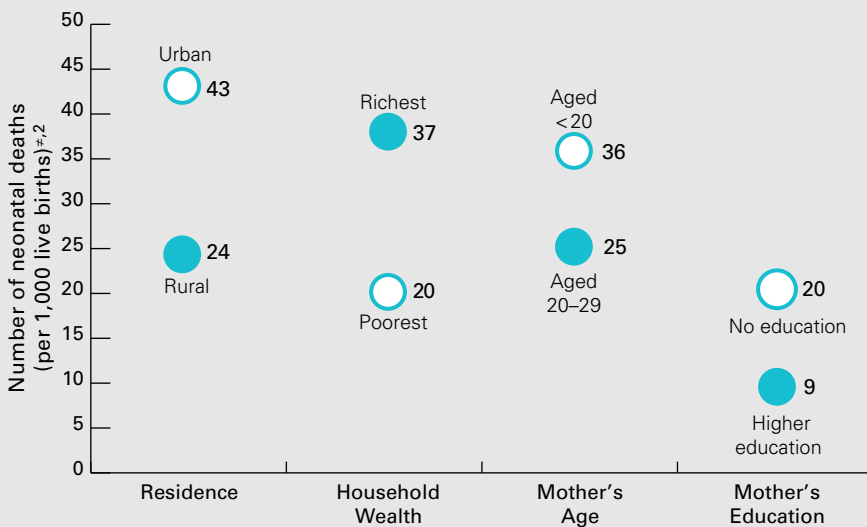
Neonatal mortality rate:

United Republic of Tanzania's neonatal mortality rate (NMR)⁴ is 19 deaths per 1,000 live births.³

NMR* in rural areas is 24 deaths per 1,000 live births and 43 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 1.8.²

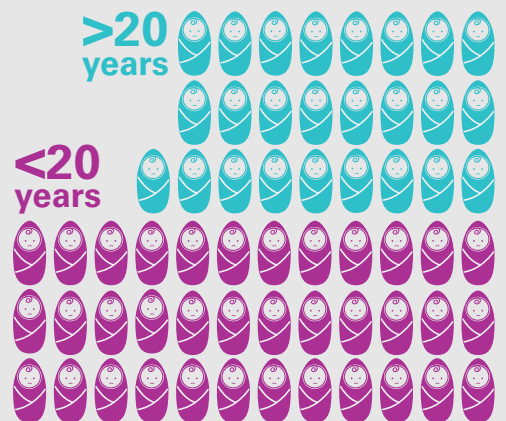
NMR* among the poorest households is 20 neonatal deaths per 1,000 live births, compared to 37 deaths per 1,000 live births among the richest households.²

Neonatal mortality rates, by background characteristics, 2015-2016

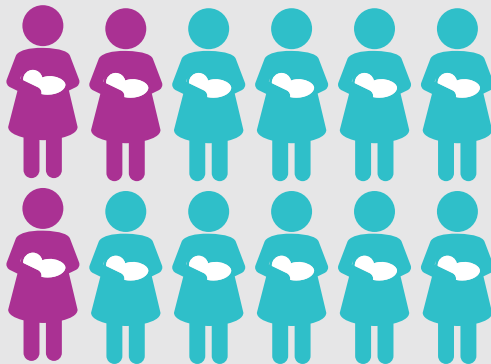


Neonatal mortality rate

for newborns with mothers:

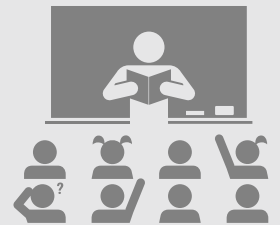


3 in 10
young women
(aged 20-24)
have given birth
by age 18.^a



Newborns with less
educated mothers are

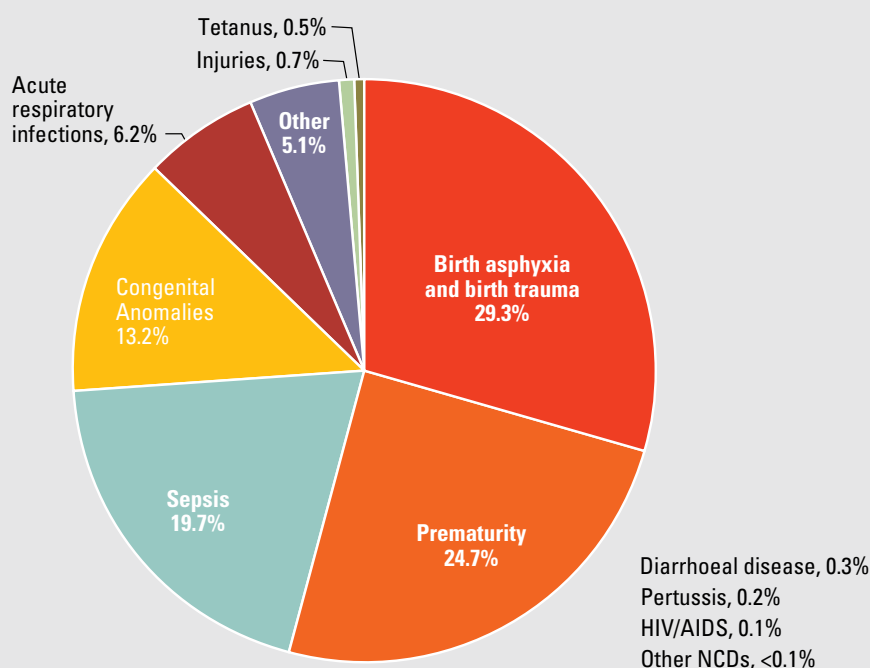
2.2x



more likely to die during the first month
of life, compared to those born to mothers
with higher education.²

Tanzania – Causes of Neonatal Mortality, 2015

In Tanzania, the main causes of neonatal deaths in 2015 were birth asphyxia (29.3 percent), prematurity (24.7 percent) and sepsis (19.7 percent).¹¹



Disparities in key maternal and newborn health interventions, United Republic of Tanzania, 2015-2016²

		Coverage – care for mothers					
		Demand for family planning satisfied by modern methods	Antenatal care coverage at least 4 times (%)	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mother within 2 days (%)
Residence	Urban	53.5	63.6	87.0	86.4	11.8	48.0
	Rural	52.6	45.2	55.0	53.7	3.7	28.9
Residence ratio (urban to rural)		1.0	1.4	1.6	1.6	3.2	1.7
Household Wealth	Richest	53.8		95.2	94.4	15.8	53.6
	Poorest	39.2		42.1	40.9	2.4	22.2
Household wealth ratio (richest to poorest)		1.4		2.3	2.3	6.6	2.4
Mother's age	Less than 20			68.2	66.9	4.0	35.2
	20-34			64.2	63.0	6.4	34.5
	35-49			56.8	56.2	6.1	31.8
Mother's education	No education	45.5		42.2	40.8	2.1	22.9
	Primary	55.2		64.7	63.7	5.1	33.2
	Secondary	52.3		90.2	88.7	14.1	50.2
	Higher	39.3		99.3	99.7	34.7	65.5
Mother's education ratio (highest to lowest)		0.9		2.4	2.4	16.5	2.9

Maternal and newborn health coverage indicators

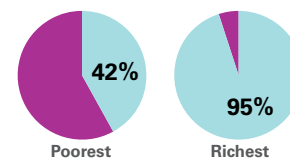
By residence:²

- In rural areas, 45 percent of women made at least 4 antenatal care (ANC) visits compared to 64 percent in urban areas.
- Coverage of skilled attendance at birth is 55 percent in rural areas, compared to 87 percent in urban areas.
- 35 percent of newborns in rural areas receive postnatal care (PNC) within 2 days after birth, compared to 61 percent in urban areas.

By household wealth:²

- Among the poorest households, only 42 percent of deliveries were assisted by a skilled attendant, compared to 95 percent of deliveries in the richest households.
- 66 percent of newborns in the richest households receive PNC within 2 days after birth, compared to 27 percent among the poorest households.

Only **42%** of deliveries in the poorest households have a **skilled attendant at birth** compared to...



...**95%** 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, #}	
60.5	88.1	54.3		98.5	99.0	91.0	50.9	21.7	Urban
35.1	54.4	50.0		95.0	96.1	86.7	17.7	31.5	Rural
1.7	1.6	1.1		1.0	1.0	1.0	2.9	0.7	Residence ratio (urban to rural)
66.0	95.1	55.6		98.5	98.8	93.2	65.1	17.4	Richest
27.1	40.7	48.1		92.5	93.4	83.2	7.7	35.9	Poorest
2.4	2.3	1.2		1.1	1.1	1.1	8.5	0.5	Household wealth ratio (richest to poorest)
45.3	67.0					74.4		50.7	Less than 20
42.4	63.9					90.9		32.2	20-34
37.1	58.4					90.0			35-49
28.6	41.1	46.5		89.9	91.7	85.8		50.0	No education
41.5	64.8	51.7		97.5	98.1	87.8		28.2	Primary
59.6	90.2	55.4		97.9	99.2	90.9			Secondary
61.2	100.0	43.0				100.0			Higher
2.1	2.4	0.9				1.2			Mother's education ratio (highest to lowest)

Key for tables:

0-24 %

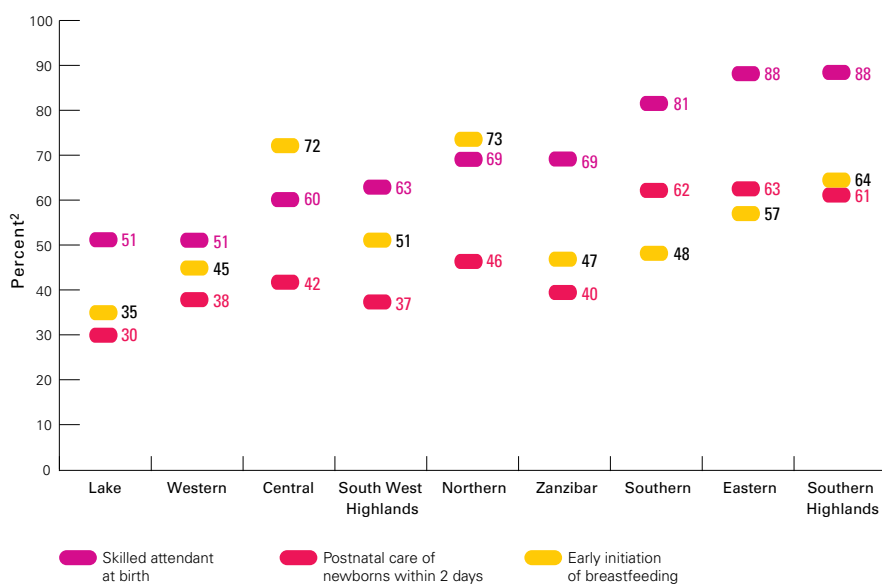
25-49 %

50-74 %

75-100%

Data not available

Selected maternal and newborn health indicators, by region, 2015-16



By mother's age:²



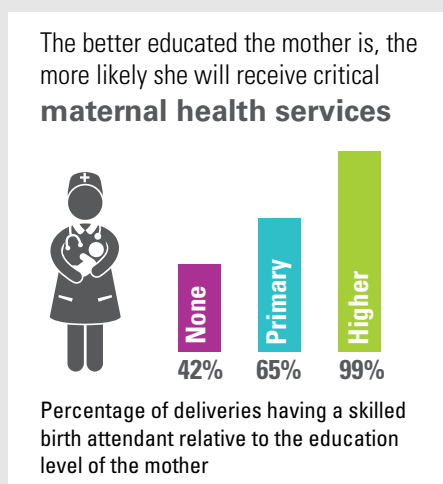
- Deliveries among mothers aged 20-34 and younger mothers (aged less than 20) have similar levels of skilled attendance (64 percent and 68 percent, respectively).
- Newborns born to mothers aged 20-34 and younger mothers (aged less than 20) receive low levels of postnatal care: 42 percent and 45 percent, respectively.

Disparities in key maternal and newborn health interventions, United Republic of Tanzania, 2015-2016²

Coverage – care for mothers						
	Demand for family planning satisfied by modern methods	Antenatal care coverage at least 4 times (%)	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mother within 2 days (%)
National estimate	52.9	50.7	63.7	62.6	5.9	34.2
Region						
Western	41.0		51.1	49.7	3.2	31.4
Northern	56.1		68.8	67.0	8.7	38.5
Central	58.3		60.4	60.1	5.0	38.3
Southern Highlands	63.2		88.0	87.9	11.5	58.5
Southern	79.8		81.3	81.1	8.6	51.0
South West Highlands	59.3		62.6	62.0	5.2	29.8
Lake	41.9		51.0	49.8	2.9	20.1
Eastern	55.0		87.9	86.7	11.6	50.3
Zanzibar	27.3		68.8	66.0	6.0	40.1
Regional performance						
Highest value	Southern		Southern Highlands	Southern Highlands	Eastern	Southern Highlands
	79.8		88.0	87.9	11.6	59
Lowest value	Zanzibar		Lake	Western	Lake	Lake
	27.3		51.0	49.7	2.9	20
Ratio (highest to lowest)	2.9		1.7	1.8	4.0	3

By mother's education:²

- Only 42 percent of deliveries among mothers with no education were assisted by a skilled attendant, compared to 65 percent of deliveries among mothers with primary education and 99 percent of deliveries among mothers with higher education.
- 29 percent of newborns are checked within two days after birth if their mothers have no education, compared to 42 percent of newborns born to mothers with a primary education and 61 percent of newborns born to mothers who received higher education.



By geographic regions:²

- Zanzibar saw the highest rate of birth registration coverage (at least four visits) at 92 percent, compared to the lowest coverage of 13 percent in Western.
- The region with the highest coverage of skilled birth attendance is Southern Highlands with 88 percent; the lowest coverage is Lake with 51 percent – a difference of 1.7 times.
- Eastern has the highest coverage of PNC for newborns (within 2 days after birth) with 63 percent while Lake has the lowest coverage at 30 percent – a difference of 2.1 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,#}	
42.1	63.5	51.2	59.2	96.0	97.0	88.0	26.4	28.3	National estimate
37.9	50.1	45.0		93.2	93.4	86.6	12.8		Western
46.3	66.2	73.2		97.2	98.4	88.4	41.2		Northern
41.6	58.7	72.1		97.0	98.1	88.0	14.5		Central
61.1	91.2	64.4		99.4	99.4	85.5	14.2		Southern Highlands
62.2	84.5	48.1		98.8	99.2	84.2	24.2		Southern
37.1	58.4	51.0		94.8	96.6	83.9	26.2		South West Highlands
29.8	51.5	34.9		94.2	96.6	88.8	16.6		Lake
62.5	91.2	57.0		98.6	97.8	90.8	54.7		Eastern
39.5	64.9	46.8		98.6	97.0	95.4	91.7		Zanzibar
Eastern	Southern Highlands	Northern		Southern Highlands	Southern Highlands	Zanzibar	Zanzibar		Highest value
62.5	91.2	73.2		99.4	99.4	95.4	91.7		
Lake	Western	Lake		Western	Western	South West Highlands	Western		Lowest value
29.8	50.1	34.9		93.2	93.4	83.9	12.8		
2.1	1.8	2.1		1.1	1.1	1.1	7.2		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 United Republic of Tanzania Demographic and Health Survey 2015-2016 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.
- ** DPT schedule includes the hepatitis B vaccine.
- ^ Reference period: five years preceding the survey.
- ≠ Reference period: ten years preceding the survey.
- a Data from UNICEF reanalysis of United Republic of Tanzania Demographic and Health Survey 2010.
- # 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.