Maternal and Newborn Health Disparities

Senegal

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Maternal and Newborn Health Disparities in Senegal
Key Facts

Senegal reference table

Demographic indicators	Year	Value
Total population (thousands)[1]	2017	15,851
Total live births (thousands)[1]	2017	554
Total Fertility Rate (number of children per woman)[1]	2017	5
Adolescent birth rate (per 1,000 women 15-19)[10]	2011	80
Impact indicators		
Maternal mortality ratio (per 100,000 live births)[4]	2015	315
Average annual rate of MMR reduction between 2000 and 2015 (%)[5,a]	2015	3
Lifetime risk of maternal death: 1 in x[4,b]	2015	61
Stillbirth rate (per 1,000 total births)[6]	2015	25
Preterm birth rate (per 100 live births)[7]	2015	10
Under-five mortality rate (per 1,000 live births)[3]	2016	47
Under-five deaths that are newborn (%)[3]	2016	45
Neonatal mortality rate (per 1,000 live births)[3]	2016	21
Neonatal deaths (thousands)[3]	2016	11
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level)[8]	2013	22
Skilled health professional density (per 10 000 population)[9]	2008	5
Physician density (per 1,000 population)[9]	2008	0.1
Nurse and midwife density (per 1,000 population)[9]	2008	0.4

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In 2017, approximately 554,000 babies were born in Senegal, or around 1,500 every day.[1]

Among young women (aged 20-24), 17 percent gave birth by age 18.[2]

Approximately 31 babies will die each day before reaching their first month[3]; 40 stillbirths occur every day.[6]
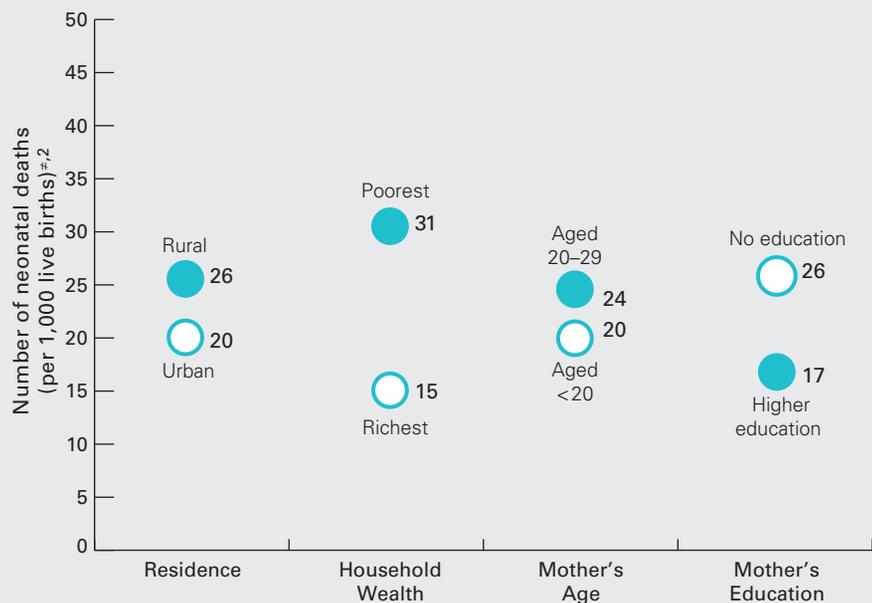
Neonatal mortality rate:

Senegal's neonatal mortality rate (NMR)^ is 21 deaths per 1,000 live births.[3]
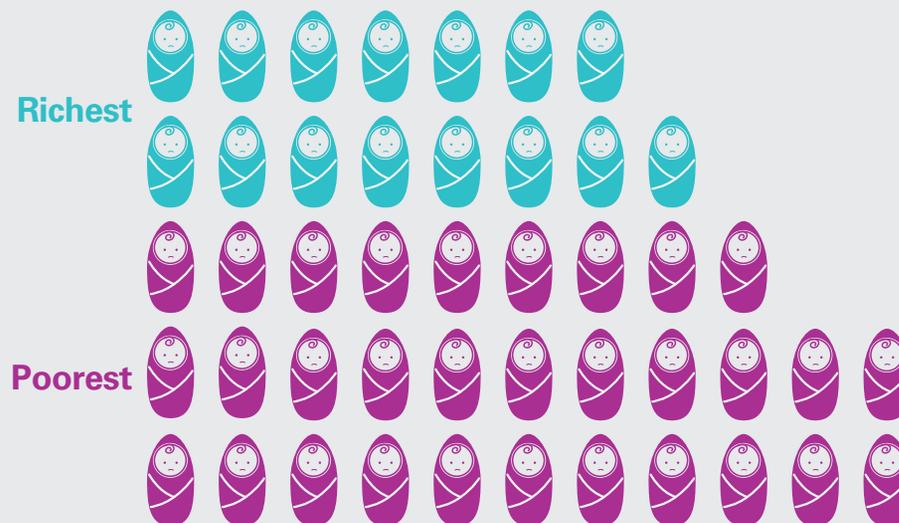
NMR≠ in rural areas is 26 deaths per 1,000 live births and 20 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.8.[2]

NMR≠ among the poorest households is 31 neonatal deaths per 1,000 live births, compared to 15 deaths per 1,000 live births among the richest households.[2]

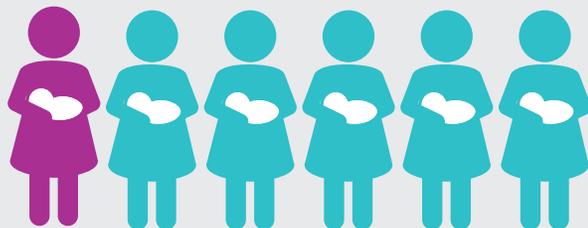## Neonatal mortality rates, by background characteristics, 2016

Neonatal mortality rate by wealth quintiles

The NMR for those in the **poorest quintile** (31 per 1,000 live births) is 2.1 times higher than for the **richest quintile** (15 per 1,000 live births).[2]

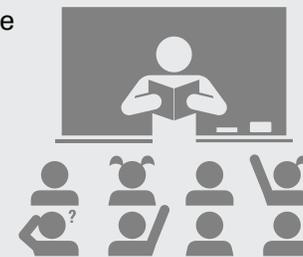## 1 in 6

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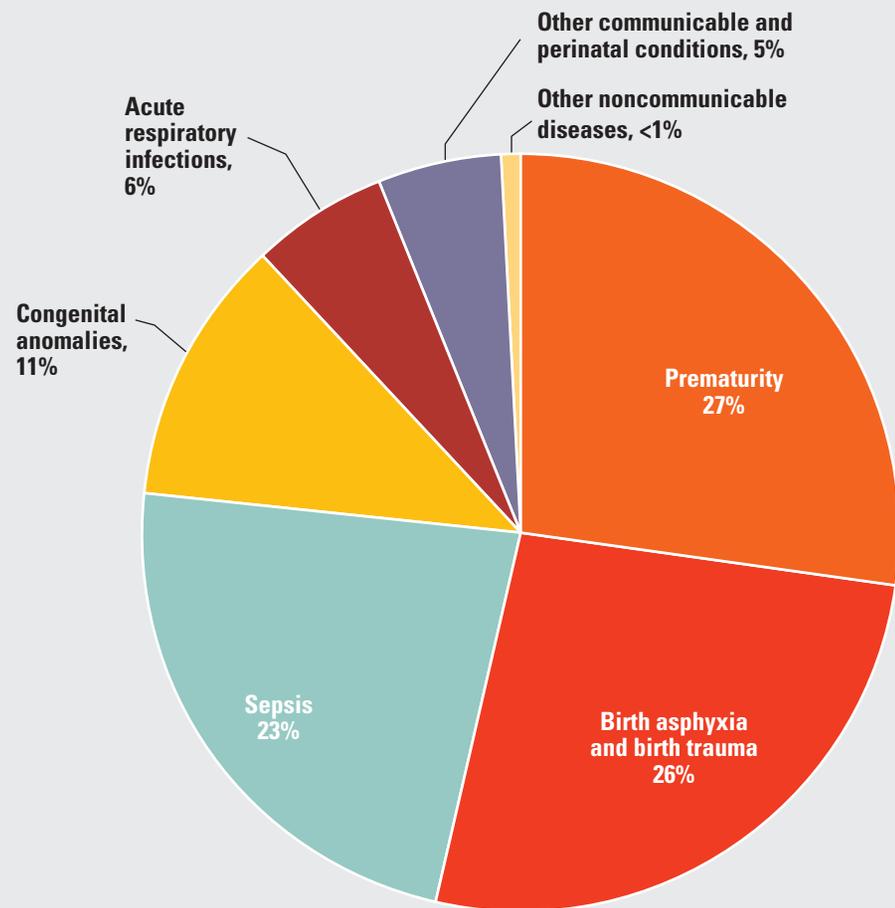
Newborns with less educated mothers are

1.5x

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

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Senegal — Causes of Neonatal Mortality, 2016

In Senegal, the main causes of neonatal deaths in 2016 were prematurity (27 per cent), birth asphyxia and birth trauma (26 per cent) and sepsis (23 per cent).[11]

Other communicable and perinatal conditions, 5%

Other noncommunicable diseases, <1%

Acute respiratory infections, 6%

Congenital anomalies, 11%

Prematurity 27%

Sepsis 23%

Birth asphyxia and birth trauma 26%

Source: WHO-MCEE, 2017

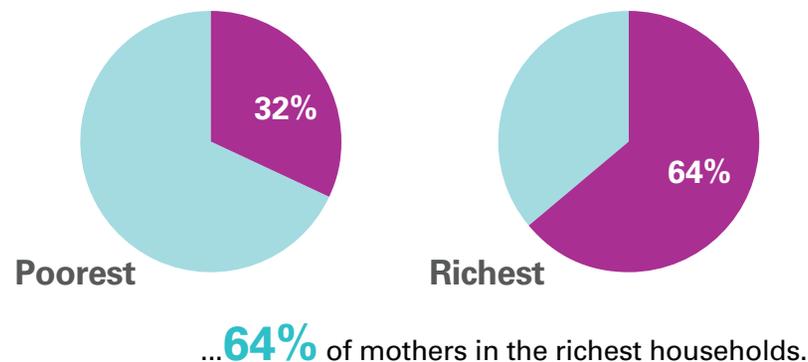## Maternal and newborn health coverage indicators

By residence:[2]

- In rural areas, 45 per cent of women made at least 4 antenatal care visits, compared to 67 per cent in urban areas.

- Coverage of skilled attendance at birth is 82 per cent in rural areas, compared to 45 per cent in urban areas.

- 44 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 70 per cent in urban areas.

By household wealth:[2]

- Most mothers among richest households (64 per cent) made at least 4 antenatal care visits, compared to 32 per cent of mothers from the poorest households.

- Only 30 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 89 per cent of mothers in the richest households.

- 75 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 32 per cent among the poorest households.
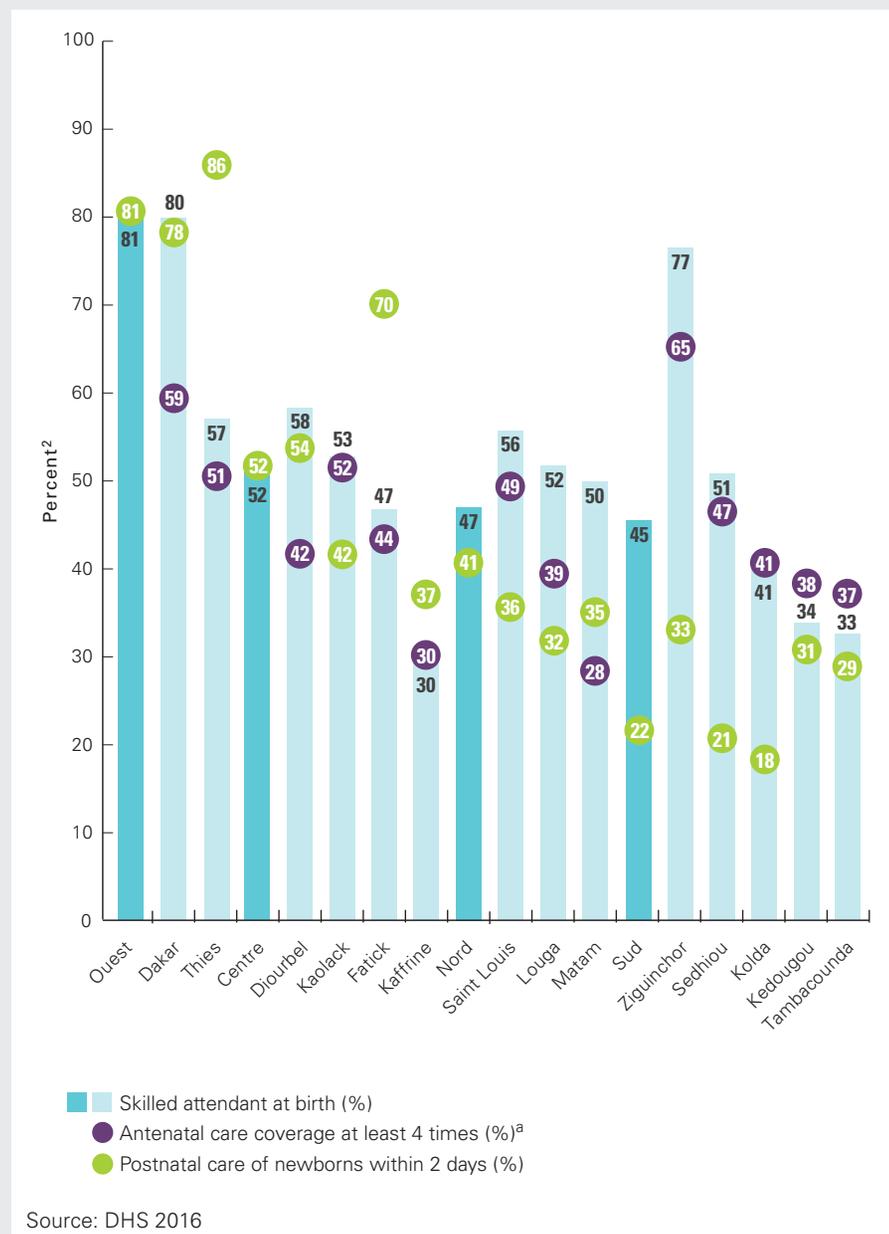
Only **32%** of mothers in the poorest households have **4 antenatal care visits** compared to...

32%

Poorest

64%

Richest

...**64%** of mothers in the richest households.

Source: DHS 2016

Maternal and Newborn Health Disparities in Senegal

Selected maternal and newborn health indicators, by region, 2016

Chart values by region (Skilled attendant at birth, Antenatal care coverage at least 4 times, Postnatal care of newborns within 2 days):

- Ouest: 81, 81, 81
- Dakar: 80, 59, 78
- Thies: 57, 51, 86
- Centre: 52, 52
- Diourbel: 58, 42, 54
- Kaolack: 53, 52, 42
- Fatick: 47, 44, 70
- Kaffrine: 37, 30, 30
- Nord: 47, 41, 41
- Saint Louis: 56, 49, 36
- Louga: 52, 39, 32
- Matam: 50, 35, 28
- Sud: 45, 22, 21
- Ziguinchor: 77, 65, 33
- Sedhiou: 51, 47, 21
- Kolda: 41, 41, 18
- Kedougou: 34, 38, 31
- Tambacounda: 37, 33, 29

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

Source: DHS 2016

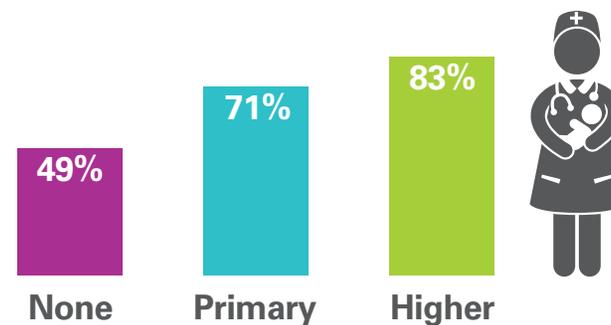## Maternal and newborn health coverage indicators

By mother's age:[2]

- 48 per cent of mothers aged 20-34 made at least four ANC visits, compared to 44 per cent among younger mothers (aged less than 20).

- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (57 per cent and 61 per cent, respectively).

- Their newborns receive low levels of postnatal care: 54 per cent and 47 per cent, respectively.

By mother's education:[2]

- 86 per cent of mothers with higher education made at least four ANC visits, compared to 42 per cent of mothers with no education.

- Only 49 per cent of mothers with no education had a skilled attendant at birth, compared to 71 per cent with primary education and 83 per cent for mothers with higher education.

- 46 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 63 per cent of mothers with a primary education and 68 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: 49%
- Primary: 71%
- Higher: 83%

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

Maternal and Newborn Health Disparities in Senegal

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	47	54	59	76	6	75	53	53	29	36	94	95	82	70	19
OUEST	60		81	93	9	87	81	74	12		99	98	79	87	5
Dakar	60	59	80	95	10	89	78	80	14	35	99	98	82	90	3
Thies	54	51	57	90	5	85	86	68	36	28	100	100	74	81	9
CENTRE	37		52	77	4	81	52	49	31		97	98	85	67	15
Diourbel	27	42	58	82	6	83	54	54	33	27	96	96	86	64	13
Fatick	40	44	47	80	2	82	70	52	7	27	99	100	82	72	13
Kaolack	41	52	53	72	3	80	42	45	40	26	100	100	89	71	13
Kaffrine	37	30	30	53	2	59	37	25	37	40	93	96	78	42	28
NORD	41		47	62	4	61	41	38	38		90	90	83	53	14
Matam	25	28	50	63	4	66	35	44	42	39	88	92	84	63	21
Louga	43	39	52	69	5	62	32	44	37	39	91	89	86	49	16
Saint Louis	53	49	56	70	5	66	36	51	38	50	94	95	86	63	11
SUD	41		45	57	4	62	22	41	44		85	90	81	64	21
Tambacounda	29	37	33	45	2	49	29	30	36	56	76	84	70	50	29
Kolda	40	41	41	51	3	60	18	35	43	33	96	96	87	63	27
Ziguinchor	46	65	77	91	7	89	33	71	55		99	99	95	81	11
Kedougou	29	38	34	46	2	51	31	28	40	63	74	78	69	70	27
Sedhiou	37	47	51	57	4	66	21	47	56	51	95	98	93	63	12

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

Source: DHS 2016

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	Coverage – care for mothers						Coverage – care for newborns								Other
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National estimate	47	54	59	76	6	75	53	53	29	36	94	95	82	70	19
Residence Urban	58	67	82	94	9	88	70	72	24	36	98	96	83	87	5
Rural	38	45	45	65	3	69	44	43	32	37	92	94	81	61	18
Residence ratio (urban to rural)	1.5	1.5	1.8	1.4	2.9	1.3	1.6	1.7	0.7	1.0	1.1	1.0	1.0	1.4	0.3
Household Wealth Richest	56	64	89	97	11	93	75	83	22	24	99	100	85	94	1
Poorest	31	32	30	44	2	54	32	26	32	42	87	90	76	47	28
Household wealth ratio (richest to poorest)	1.8	2.0	3.0	2.2	4.8	1.7	2.3	3.3	0.7	0.6	1.1	1.1	1.1	2.0	0.0
Mother's age Less than 20	17	44	61	78	4	78	47	49					81		12
20-34		48	57	76	5	75	54	54					83		
35-49		45	63	76	10	74	52	53					77		
Mother's education No education	43	42	49	68	4	69	46	43	31	35	92	93	79		25
Primary	55	52	71	89	7	86	63	65	28	36	97	99	85		15
Secondary or Higher	52	86	83	95	13	89	68	92	26	41	99	99	86		4
Mother's education ratio (highest to lowest)	1.2	2.1	1.7	1.4	3.4	1.3	1.5	2.1	0.8	1.2	1.1	1.1	1.1		0.2

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

Source: DHS 2016

Sources:

1. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.
2. Senegal Demographic and Health Survey 2016.
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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