

Country Profile

Iran

Maternal, Newborn & Child Survival

March 2012

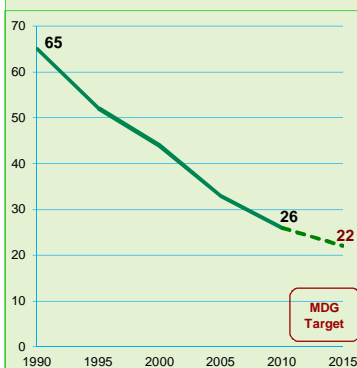
Iran

DEMOGRAPHICS

Total population (000)	73,974	(2010)
Total under-five population (000)	6,149	(2010)
Births (000)	1,267	(2010)
Under-five mortality rate (per 1000 live births)	26	(2010)
Infant mortality rate (per 1000 live births)	22	(2010)
Neonatal mortality rate (per 1000 live births)	14	(2010)
Total under-five deaths (000)	34	(2010)
Maternal mortality ratio, adjusted (per 100,000 live births)	30	(2008)
Maternal mortality ratio, reported (per 100,000 live births)	25	(2005)
Lifetime risk of maternal death (1 in N)	1,500	(2008)
Total maternal deaths (number)	420	(2008)

Under-five mortality rate

Deaths per 1000 live births

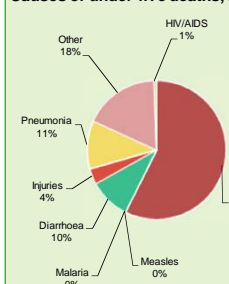


Source: IGME 2011

Causes of under-five deaths

Globally more than one third of child deaths are attributable to under nutrition

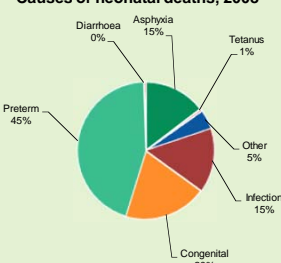
Causes of under-five deaths, 2008



WHO/CHERG 2010

Note: Figures may not add to 100% due to rounding.

Causes of neonatal deaths, 2008



INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

NUTRITION⁴

Wasting prevalence (based on 2006 WHO reference population, moderate and severe, %)	-	Introduction of solid, semi-solid or soft foods (6-9 months, %)	-	Low birthweight incidence (%)	7	(2006)
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Underweight prevalence

Percent of children <5 years underweight for age

Based on 2006 WHO reference population

No Data

Stunting prevalence

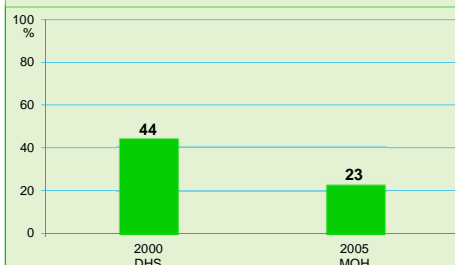
Percent of children <5 years with low height for age

Based on 2006 WHO reference population

No Data

Exclusive breastfeeding

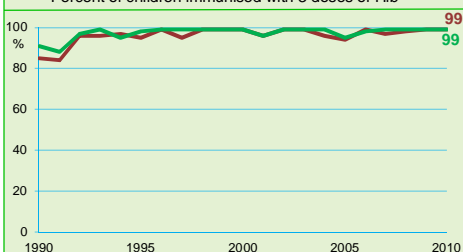
Percent of infants <6 months exclusively breastfed



CHILD HEALTH

Immunization

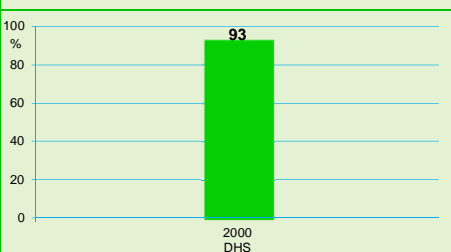
— Percent of children immunised against measles
— Percent of children immunised with 3 doses DPT
— Percent of children immunised with 3 doses of Hib



Source: WHO/UNICEF 2011

Pneumonia treatment

■ Percent of children <5 years with suspected pneumonia taken to appropriate health provider



Vitamin A supplementation

Percent of children 6-59 months receiving two doses of vitamin A during calendar year

No Data

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea receiving oral rehydration therapy (ORS, recommended homemade fluids or increased fluids), with continued feeding

No Data

Malaria treatment

Percent of febrile children <5 years using anti-malarials

No Data

Malaria prevention

Percent of children <5 years sleeping under ITNs

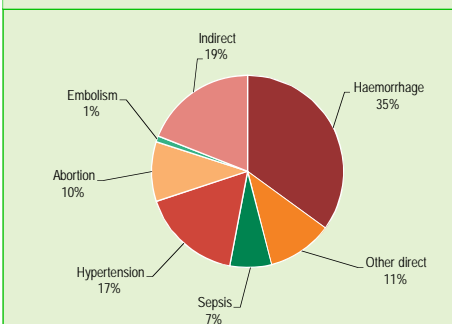
No Data

Iran

MATERNAL AND NEWBORN HEALTH

Proportion of women with low BMI (< 18.5 Kg/m2, %)	5	(2005)
Demand for family planning satisfied (%)	-	-
Total fertility rate	1.7	(2010)
Adolescent birth rate (births per 1000 woman aged 15-19 yr)	31	(2006)
Antenatal visit for woman (4 or more visits, %)	94	(2005)
Early initiation of breastfeeding (within 1 hour of birth, %)	56	(2005)
Institutional deliveries (%)	96	(2005)
Postnatal visit for baby (within 2 days for home births, %)	-	-
Postnatal visit for mother (within 2 days, %)	-	-

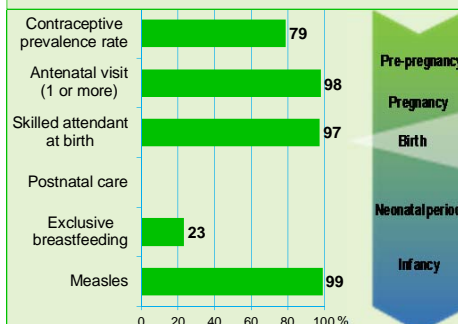
Causes of maternal deaths
Regional estimates for South Asia, 1997-2007



Source: WHO 2010

Note: Figures may not add to 100% due to rounding.

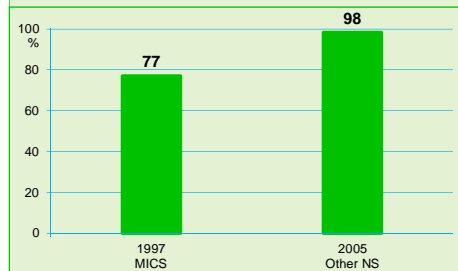
Coverage along the continuum of care



Source: DHS, MICS, Other NS

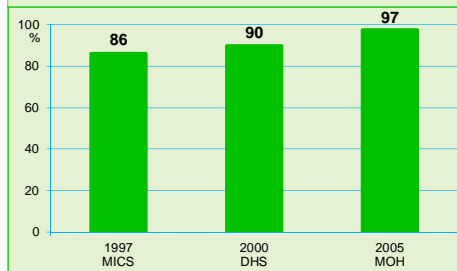
Antenatal care

Percent of women aged 15-49 years attended at least once by a skilled health provider during pregnancy



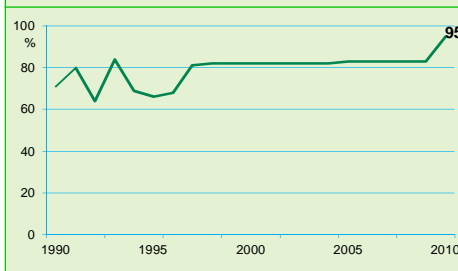
Skilled attendant at delivery

Percent of live births attended by skilled health personnel



Neonatal tetanus protection

Percent of newborns protected against tetanus



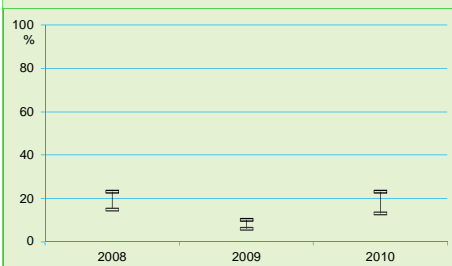
Source: WHO/UNICEF 2011

HIV AND AIDS

HIV prevalence among young <0.1 [<0.1 - <0.1] women (15-24 yrs, %)	(2009)
HIV prevalence among young <0.1 [<0.1 - <0.1] men (15-24 yrs, %)	(2009)
HIV+ children receiving ART (%)	[4 - 14] (2009)
Orphan school attendance ratio	-

Prevention of mother-to-child transmission of HIV

Percent of HIV+ pregnant women receiving ARVs for PMTCT



Source: MOH/UNAIDS/WHO

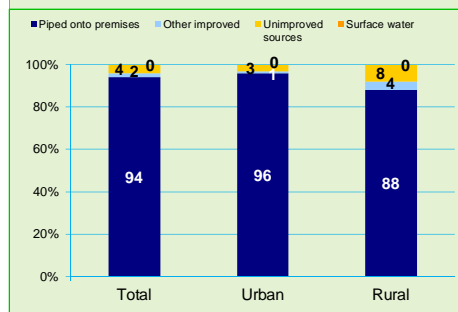
EDUCATION

Survival to last grade of primary school (total, admin data, %)	94	(2008)
Survival to last grade of primary school (male, admin data, %)	94	(2008)
Survival to last grade of primary school (female, admin data, %)	94	(2008)
Primary school net enrolment ratio (total, admin data, %)	100	(2007)
Primary school net enrolment ratio (male, admin data, %)	-	-
Primary school net enrolment ratio (female, admin data, %)	-	-

WATER AND SANITATION

Drinking water coverage

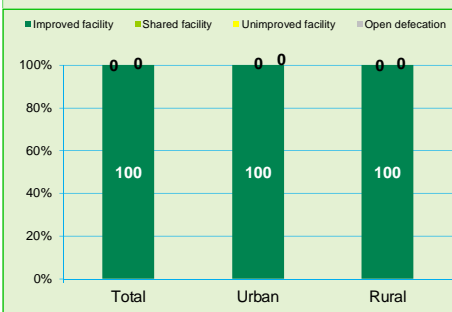
Percent of population by type of drinking water source, 2010



Source: WHO/UNICEF JMP 2012

Sanitation coverage

Percent of population by type of sanitation facility, 2010



Source: WHO/UNICEF JMP 2012

CHILD PROTECTION

Women aged 20-24 years who were married or in union by age 18 (%)	-	-
Birth registration (%)	-	-
Female genital mutilation/cutting (%)	-	-

DISPARITIES IN INTERVENTION COVERAGE ¹

Indicator	Total	Gender			Residence			Wealth Quintile							Source
		Male	Female	Ratio of Male to Female	Urban	Rural	Ratio of Urban to Rural	Poorest	Second	Middle	Fourth	Richest	Ratio of Richest to Poorest	Equity chart ²	
DEMOGRAPHICS ³															
Under-five mortality rate (per 1,000 live births)	26	-	-	-	-	-	-	-	-	-	-	-	-	-	IGME 2011
NUTRITION ⁴															
Low birth weight incidence (%)	7	-	-	-	-	-	-	-	-	-	-	-	-	-	MOH 2006
Underweight prevalence (based on 2006 WHO reference population, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stunting prevalence (based on 2006 WHO reference population, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wasting prevalence (based on 2006 WHO reference population, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Exclusive breastfeeding (0-5 months, %)	23	-	-	-	-	-	-	-	-	-	-	-	-	-	MOH 2005
Introduction of solid, semi-solid or soft foods (6-9 months, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Household consuming adequately iodized salt (15 ppm or more, %)	99	-	-	-	-	-	-	-	-	-	-	-	-	-	MOH 2005
CHILD HEALTH ⁵															
Care seeking for pneumonia (%)	93	-	-	-	-	-	-	-	-	-	-	-	-	-	DHS 2000
Antibiotic use for pneumonia (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diarrhoeal treatment - children receiving ORT and continued feeding (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria prevention - children sleeping under ITNs (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria treatment - febrile children receiving antimalarial medicines (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MATERNAL AND NEWBORN HEALTH															
Antenatal care coverage at least one visit (%)	98	-	-	-	-	-	-	-	-	-	-	-	-	-	Other NS 2005
Antenatal care coverage (4 or more visits, %)	94	-	-	-	-	-	-	-	-	-	-	-	-	-	MOH 2005
Skilled attendant at delivery (%)	97	-	-	-	-	-	-	-	-	-	-	-	-	-	MOH 2005
Early initiation of breastfeeding (%)	56	-	-	-	-	-	-	-	-	-	-	-	-	-	MOH 2005
WATER AND SANITATION ⁶															
Use of improved drinking water sources (%)	96	-	-	-	97	92	1.1	-	-	-	-	-	-	-	2010 (WHO/UNICEF JMP 2012)
Use of improved sanitation facilities (%)	100	-	-	-	100	100	1.0	-	-	-	-	-	-	-	2010 (WHO/UNICEF JMP 2012)
EDUCATION															
Survival rate to last grade of primary school (survey data, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary school net attendance ratio (survey data, %)	93	94	91	1.0	-	-	-	-	-	-	-	-	-	-	DHS 2000
CHILD PROTECTION															
Women aged 20-24 years who were married or in union by age 18 (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Birth registration (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female genital mutilation/cutting (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Note: The format for this Country Profile has been adapted from the Countdown to 2015 report. Coverage data have been largely derived from national household surveys such as the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). For the majority of coverage indicators, UNICEF global databases were used. Other organizations such as the World Health Organization, UNAIDS, United Nations Population Fund, London School of Hygiene and Tropical Medicine and Saving Newborn Lives also provided data. Details on indicators, data sources, and definitions of indicators, can be found at www.childinfo.org.

1. **Disparities** - Disparity information is only available for data directly derived from household surveys such as MICS and DHS. Therefore, disparity data are not available for the following indicators: vitamin A supplementation, immunization, and for HIV/AIDS. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, contraceptive prevalence, adolescent birth rate.

2. **Equity chart** - Displays values for the five wealth quintiles to the left. The scale is 0 to 100% for all charts except U5MR, which shows a range of 0 to 300 deaths per 1,000 live births.

3. **U5MR** - Wealth quintile data are derived directly from MICS, DHS or other surveys. The total is the inter-agency estimate published by the UN Inter-agency Group for Child Mortality Estimation (IGME).

4. **Anthropometric indicators - Reference Standards for Underweight, Stunting and Wasting.** New international Child Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. In using the 2006 WHO reference population, estimates generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy. Please note that there may be small discrepancies between the totals and the disparity data, as the totals have undergone additional analysis.

5. **Child Health** - All indicators in this section refer to children under 5 years of age.

6. **Water and sanitation** - Wealth quintile data are derived from MICS or DHS surveys. Urban, rural and total coverage estimates provided are for 2010 and are those published by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.