Benin

Maternal, Newborn & Child Survival

March 2012
Benin

**DEMOGRAPHICS**
- Total population (000) 8,850 (2010)
- Total under-five population (000) 1,506 (2010)
- Births (000) 350 (2010)
- Under-five mortality rate (per 1000 live births) 115 (2010)
- Infant mortality rate (per 1000 live births) 73 (2010)
- Neonatal mortality rate (per 1000 live births) 32 (2010)
- Total under-five deaths (000) 39 (2010)
- Maternal mortality ratio, adjusted (per 100,000 live births) 410 (2008)
- Maternal mortality ratio, reported (per 100,000 live births) 397 (2000-2007)
- Lifetime risk of maternal death (1 in N) 43 (2008)
- Total maternal deaths (number) 1,400 (2008)

**Causes of under-five deaths**
- Globally more than one third of child deaths are attributable to under nutrition

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**
- Wasting prevalence (based on 2006 WHO reference population, moderate and severe, %) 8 (2006)
- Introduction of solid, semi-solid or soft foods (6-9 months, %) -
- Low birthweight incidence (%) 15 (2006)

**Underweight prevalence**
- Percent of children <5 years underweight for age Based on 2006 WHO reference population

**Stunting prevalence**
- Percent of children <5 years with low height for age Based on 2006 WHO reference population

**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

**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

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

**Malaria prevention**
- Percent of children <5 years sleeping under ITNs

**Causes of neonatal deaths, 2008**
- Pneumonia 14%
- Premature 21%
- Infection 27%
- Asphyxia 16%
- Tetanus 2%
- Other 4%

**Causes of under-five deaths, 2008**
- Pneumonia 19%
- Diarrhoea 16%
- Other 20%
- Measles 2%
- Malaria 21%
- Neonatal 26%

**Under-five mortality rate**
- Deaths per 1000 live births

**Source:** IGME 2011
Benin

MATERNAL AND NEWBORN HEALTH

Proportion of women with low BMI (< 18.5 Kg/m^2, %) 9 (2008)
Demand for family planning satisfied (%) 18 (2008)
Total fertility rate 5.3 (2010)
Adolescent birth rate 114 (2002-2006)
Antenatal visit for woman (4 or more visits, %) 61 (2006)
Early initiation of breastfeeding (within 1 hour of birth, %) 32 (2008)
Institutional deliveries (%) 78 (2006)
Postnatal visit for baby (within 2 days for home births, %) -
Postnatal visit for mother (within 2 days, %) -

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

CAUSES OF MATERNAL DEATHS
Regional estimates for sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

EDUCATION

HIV AND AIDS

HIV prevalence among young women (15-24 yrs, %) 0.7 [0.5 - 1.1] (2009)
HIV prevalence among young men (15-24 yrs, %) 0.3 [0.2 - 0.4] (2009)
HIV+ children receiving ART (%) 41 [28 - 77] (2009)
Orphan school attendance ratio 0.9 (2008)

Prevention of mother-to-child transmission of HIV
Percent of HIV+ pregnant women receiving ARVs for PMTCT

Survival to last grade of primary school (total, admin data, %) -
Survival to last grade of primary school (male, admin data, %) -
Survival to last grade of primary school (female, admin data, %) -
Primary school net enrolment ratio (total, admin data, %) 94 (2009)
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

Sanitation coverage
Percent of population by type of sanitation facility, 2010

CHILD PROTECTION

Women aged 20-24 years who were married or in union by age 18 (%) 34 (2006)
Birth registration (%) 60 (2006)
Female genital mutilation/cutting (%) 13 (2006)
### DISPARITIES IN INTERVENTION COVERAGE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Ratio of Male to Female</th>
<th>Urban</th>
<th>Rural</th>
<th>Ratio of Urban to Rural</th>
<th>Poorest</th>
<th>Second</th>
<th>Middle</th>
<th>Fourth</th>
<th>Richest</th>
<th>Ratio of Richest to Poorest</th>
<th>Equity share</th>
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<td>Antenatal care coverage at least one visit (%)</td>
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<td>Skilled attendant at delivery (%)</td>
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<td>Use of improved drinking water sources (%)</td>
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<td>Use of improved sanitation facilities (%)</td>
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<td>Survival rate to last grade of primary school (survey data, %)</td>
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<td>87</td>
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<td>Women aged 20-24 years who were married or in union by age 18 (%)</td>
<td>34</td>
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<td>19</td>
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<td>Birth registration (%)</td>
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<td>Female genital mutilation/cutting (%)</td>
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**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 charts** - 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. **DHS** - Wealth quintile data are derived directly from MICS, DHS or other surveys. The total is the total-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 WHO 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.