Maternal and Newborn Health Disparities

Guinea

Maternal and Newborn Health Disparities in Guinea
Key Facts

Guinea reference table

Demographic indicators	Year	Value
Total population (thousands)[1]	2017	12,717
Total live births (thousands)[1]	2017	453
Total Fertility Rate (number of children per woman)[1]	2017	5
Adolescent birth rate (per 1,000 women 15-19)[10]	2010	154
Impact indicators		
Maternal mortality ratio (per 100,000 live births)[4]	2015	679
Average annual rate of MMR reduction between 2000 and 2015 (%)[5,a]	2015	2
Lifetime risk of maternal death: 1 in x[4,b]	2015	29
Stillbirth rate (per 1,000 total births)[6]	2015	21
Preterm birth rate (per 100 live births)[7]	2015	14
Under-five mortality rate (per 1,000 live births)[3]	2016	89
Under-five deaths that are newborn (%)[3]	2016	29
Neonatal mortality rate (per 1,000 live births)[3]	2016	25
Neonatal deaths (thousands)[3]	2016	11
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level)[8]	2013	13
Skilled health professional density (per 10 000 population)[9]	—	—
Physician density (per 1,000 population)[9]	2005	0.1
Nurse and midwife density (per 1,000 population)[9]	—	—

Maternal and Newborn Health Disparities in Guinea

In 2017, approximately 453,000 babies were born in Guinea, or around 1,200 every day.[1]

Among young women (aged 20-24), 37 percent gave birth by age 18.[2]

Approximately 31 babies will die each day before reaching their first month[3]; 27 stillbirths occur every day.[6]
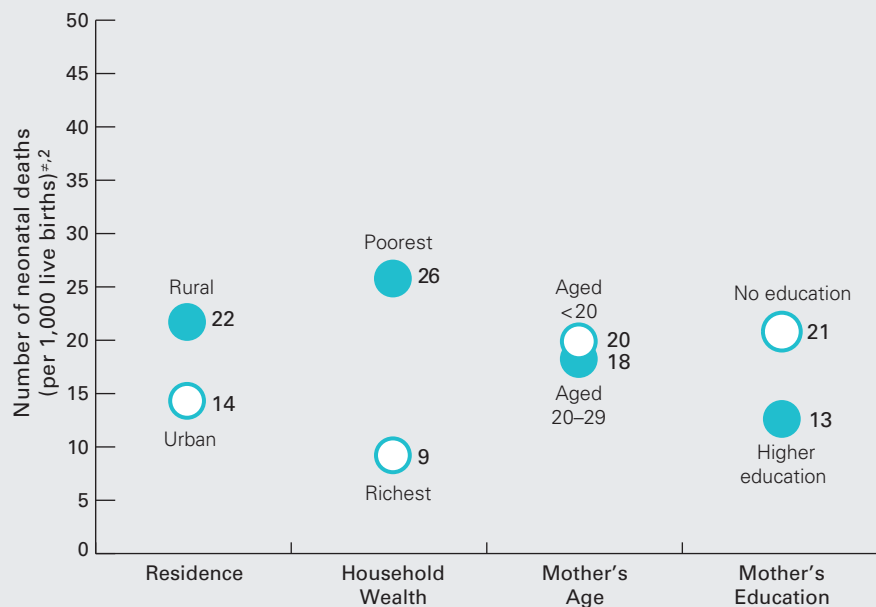
Neonatal mortality rate:

Guinea's neonatal mortality rate (NMR)^ is 25 deaths per 1,000 live births.[3]

NMR≠ in rural areas is 22 deaths per 1,000 live births and 14 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.6.[2]

NMR≠ among the poorest households is 26 neonatal deaths per 1,000 live births, compared to 9 deaths per 1,000 live births among the richest households.[2]

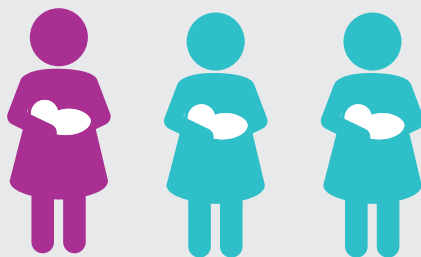## Neonatal mortality rates, by background characteristics, 2016

Number of neonatal deaths (per 1,000 live births)≠,[2]

- Rural 22
- Urban 14
- Poorest 26
- Richest 9
- Aged <20 20
- Aged 20–29 18
- No education 21
- Higher education 13

Residence · Household Wealth · Mother's Age · Mother's Education

Neonatal mortality rate by wealth quintiles

Richest

Poorest

The NMR for those in the **poorest quintile** (26 per 1,000 live births) is 2.9 times higher than for the **richest quintile** (9 per 1,000 live births).[2]

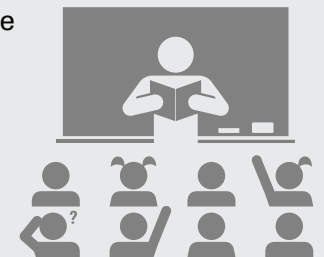**1 in 3** young women (aged 20-24) have given birth by age 18.[2]
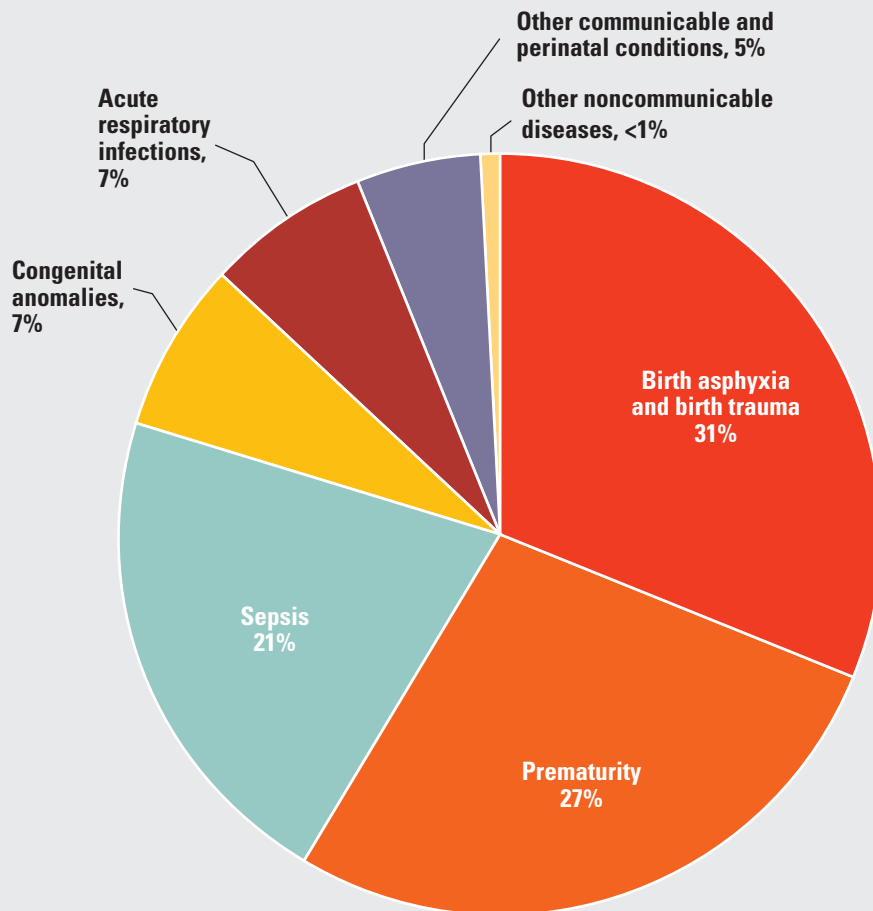
Newborns with less educated mothers are **1.6x** more likely to die during the first month compared to those born to mothers with higher education.[2]

Maternal and Newborn Health Disparities in Guinea

Guinea — Causes of Neonatal Mortality, 2016

In Guinea, the main causes of neonatal deaths in 2016 were prematurity (27 per cent), birth asphyxia and birth trauma (31 per cent) and sepsis (21 per cent).[11]

Other communicable and perinatal conditions, 5%

Other noncommunicable diseases, <1%

Acute respiratory infections, 7%

Congenital anomalies, 7%

Birth asphyxia and birth trauma 31%

Sepsis 21%

Prematurity 27%

Source: WHO-MCEE, 2017
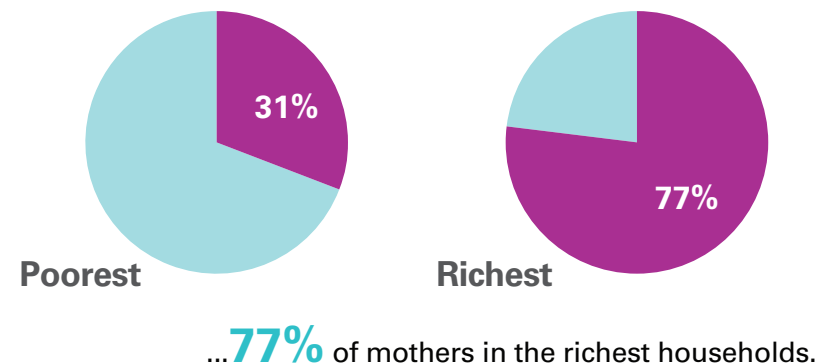
Maternal and newborn health coverage indicators

By residence:[2]

- In rural areas, 40 per cent of women made at least 4 antenatal care visits, compared to 71 per cent in urban areas.

- Coverage of skilled attendance at birth is 94 per cent in rural areas, compared to 46 per cent in urban areas.

- 52 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 87 per cent in urban areas.

By household wealth:[2]

- Most mothers among richest households (77 per cent) made at least 4 antenatal care visits, compared to 31 per cent of mothers from the poorest households.

- Only 27 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 98 per cent of mothers in the richest households.

- 90 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 34 per cent among the poorest households.
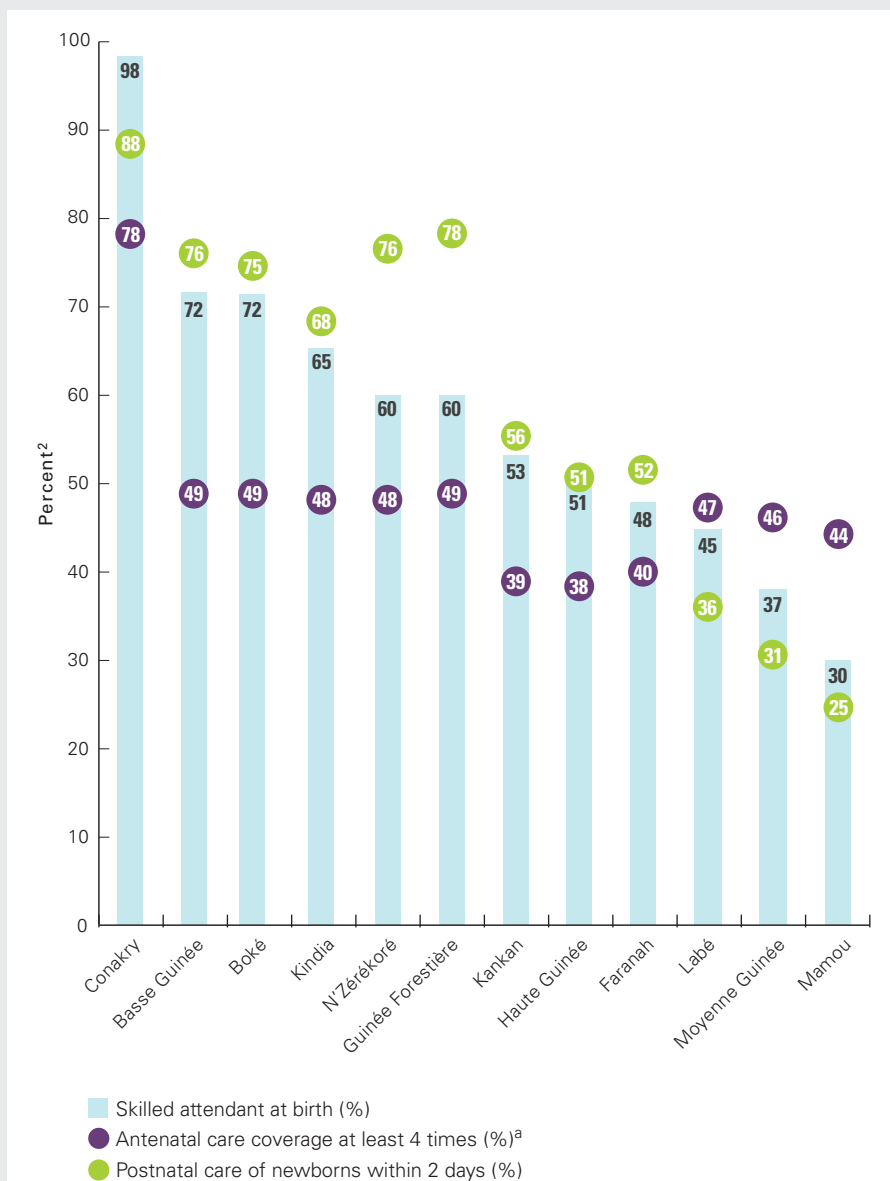
Only **31%** of mothers in the poorest households have **4 antenatal care visits** compared to...

31%

Poorest

77%

Richest

...**77%** of mothers in the richest households.

Source: MICS 2016

Maternal and Newborn Health Disparities in Guinea

Selected maternal and newborn health indicators, by region, 2010

Y-axis: Percent[2] (0 to 100)

Regions: Conakry, Basse Guinée, Boké, Kindia, N'Zérékoré, Guinée Forestière, Kankan, Haute Guinée, Faranah, Labé, Moyenne Guinée, Mamou

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

Source: MICS 2016
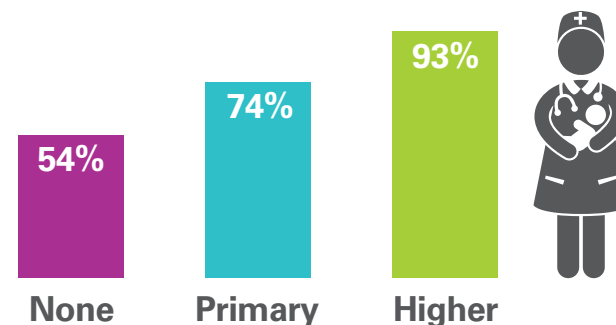
Maternal and newborn health coverage indicators

By mother's age:[2]

- 52 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 (64 per cent and 63 per cent, respectively).
- Their newborns receive low levels of postnatal care: 65 per cent and 64 per cent, respectively

By mother's education:[2]

- 74 per cent of mothers with higher education made at least four ANC visits, compared to 44 per cent of mothers with no education.
- 54 per cent of mothers with no education had a skilled attendant at birth, compared to 74 per cent with primary education and 93 per cent for mothers with higher education.
- 56 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 75 per cent of mothers with a primary education and 87 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 54%
- Primary 74%
- Higher 93%

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

Maternal and Newborn Health Disparities in Guinea

Disparities in key maternal and newborn health interventions

Region	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	24	51	63	57	3	57	64	51	34	35	72	63	71	75	37
Boké	26	49	72	67	3	73	75	75	40	56	80	73	71	82	39
Conakry	24	78	98	89	7	86	88	92	28	37	93	87	89	95	20
Faranah	28	40	48	36	1	51	52	31	45	26	60	55	62	64	54
Kankan	5	39	53	57	1	38	56	23	21	25	61	54	64	73	49
Kindia	10	48	65	57	3	65	68	57	48	38	77	63	72	66	36
Labé	16	47	45	36	3	33	36	30	34	30	53	39	57	59	44
Mamou	36	44	30	26	3	23	25	25	29	39	52	42	51	70	52
N'Zérékoré	47	48	60	54	2	67	76	57	39	37	72	67	82	73	42
Basse Guinée	18	49	72	66	3	73	76	69	44	49				77	35
Moyenne Guinée	26	46	37	30	3	29	31	28	33	31				62	50
Haute Guinée	10	38	51	49	1	38	51	23	28	24				71	52
Guinée Forestière	45	49	60	55	2	70	78	55	37	38				72	42

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

Source: MICS 2016

Maternal and Newborn Health Disparities in 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 breastfeeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)#,ª
National estimate		24	51	63	57	3	57	64	51	34	35	72	63	71	75	37
Residence	Urban	26	71	94	84	6	82	87	84	34	43	88	80	86	90	24
	Rural	23	40	46	43	2	45	52	34	34	32	62	54	63	67	50
Residence ratio (urban to rural)		1.2	1.8	2.0	2.0	3.4	1.8	1.7	2.4	1.0	1.4	1.4	1.5	1.4	1.4	0.5
Household Wealth	Richest	30	77	98	92	7	90	90	92	29	41	92	90	87	95	20
	Poorest	19	31	27	23	1	29	34	18	36	25	46	36	48	55	60
Household wealth ratio (richest to poorest)		1.6	2.5	3.6	4.0	5.4	3.1	2.7	5.2	0.8	1.7	2.0	2.5	1.8	1.7	0.3
Mother's age	Less than 20	14	44	63	55	1	57	64	47					70		
	20-34		52	64	59	4	59	65	53					72		
	35-49		51	55	52	4	50	57	47					69		
Mother's education	No education	23	44	54	48	2	49	56	41	34	33	65	55	66	71	50
	Primary	21	59	74	68	3	70	75	63	29	46	77	71	78	78	42
	Secondary or Higher	30	74	93	88	7	84	87	87	38	36	95	93	86	92	17
Mother's education ratio (highest to lowest)		1.3	1.7	1.7	1.8	3.1	1.7	1.5	2.1	1.1	1.1	1.5	1.7	1.3	1.3	0.3

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

Source: MICS 2016

Sources:

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