Niue

Maternal, Newborn & Child Survival

March 2012
**Niue**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>1</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>0</td>
</tr>
<tr>
<td>Births (000)</td>
<td></td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>22</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>19</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>10</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>0</td>
</tr>
<tr>
<td>Maternal mortality ratio, adjusted (per 100,000 live births)</td>
<td>-</td>
</tr>
<tr>
<td>Maternal mortality ratio, reported (per 100,000 live births)</td>
<td>-</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>-</td>
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<tr>
<td>Total maternal deaths (number)</td>
<td>-</td>
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</tbody>
</table>

### Causes of under-five deaths

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

### Causes of under-five deaths, 2008

- Neuronal 106%
- Prematurity 19%
- Infections 10%
- Congenital 19%
- Preterm 8%
- Other 25%

### Causes of neonatal deaths, 2008

- Neuronal 106%
- Prematurity 19%
- Infections 10%
- Congenital 19%
- Preterm 8%
- Other 25%

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

- 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 (%) 0 (2000)

#### 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

- No Data

### 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

- No Data

#### 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
**MATERNAL AND NEWBORN HEALTH**

- Proportion of women with low BMI (< 18.5 Kg/m², %)
- Proportion of family planning satisfied (%)
- Total fertility rate
- Adolescent birth rate (births per 1000 women aged 15-19 yr)
- Antenatal visit for woman (4 or more visits, %)
- Early initiation of breastfeeding (within 1 hour of birth, %)
- Institutional deliveries (%)
- 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

**Causes of maternal deaths**

- Regional estimates for Oceania, 1997-2007

**Coverage along the continuum of care**

- Contraceptive prevalence rate
- Antenatal visit (1 or more)
- Skilled attendant at birth
- Postnatal care
- Exclusive breastfeeding
- Measles

**Neonatal tetanus protection**

- Percent of newborns protected against tetanus

**HIV AND AIDS**

- HIV prevalence among young women (15-24 yrs, %)
- HIV prevalence among young men (15-24 yrs, %)
- HIV+ children receiving ART (%)
- Orphan school attendance ratio

**EDUCATION**

- 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, %)
- 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 (%)
- Birth registration (%)
- Female genital mutilation/cutting (%)

Source: WHO/UNICEF JMP 2012
### DISPARITIES IN INTERVENTION COVERAGE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Gender</th>
<th>Residency</th>
<th>Wealth Quintile</th>
<th>Source</th>
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<tbody>
<tr>
<td><strong>DEMOGRAPHICS</strong></td>
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<td>Under-five mortality rate (per 1,000 live births)</td>
<td>22</td>
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<td>IGME 2011</td>
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<tr>
<td><strong>NUTRITION</strong></td>
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<td>MoH 2000</td>
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<tr>
<td>Low birth weight incidence (%)</td>
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<td>Underweight prevalence (based on 2006 WHO reference population, %)</td>
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<td>Stunting prevalence (based on 2006 WHO reference population, %)</td>
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<td>Wasting prevalence (based on 2006 WHO reference population, %)</td>
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<td>Exclusive breastfeeding (0-5 months, %)</td>
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<td>Introduction of solid, semi-solid or soft foods (6-9 months, %)</td>
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<td>Household consuming adequately iodized salt (15 ppm or more, %)</td>
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<td><strong>CHILD HEALTH</strong></td>
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<td>Care seeking for pneumonia (%)</td>
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<td>Antibiotic use for pneumonia (%)</td>
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<td>Diarrhoeal treatment - children receiving ORT and continued feeding (%)</td>
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<td>Malaria prevention - children sleeping under ITNs (%)</td>
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<td>Malaria treatment - febrile children receiving antimalarial medicines (%)</td>
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<td><strong>MATERNAL AND NEWBORN HEALTH</strong></td>
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<tr>
<td>Antenatal care coverage at least one visit (%)</td>
<td>100</td>
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<td>Other NS 2000-2008</td>
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<td>Antenatal care coverage (4 or more visits) (%)</td>
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<td>Skilled attendant at delivery (%)</td>
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<tr>
<td>Use of improved drinking water sources (%)</td>
<td>100</td>
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<td>100</td>
<td>100</td>
<td>1.0</td>
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<tr>
<td>Use of improved sanitation facilities (%)</td>
<td>100</td>
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<td>100</td>
<td>1.0</td>
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<td><strong>EDUCATION</strong></td>
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<td>Survival rate to last grade of primary school (survey data, %)</td>
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<td>Primary school net attendance ratio (survey data, %)</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 chart** - Displays values for the five wealth quintiles to the left. The scale is 0 to 100% for all charts except USMR, which shows a range of 0 to 300 deaths per 1,000 live births.

3. **USMR** - 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.