

Maternal and Newborn Health Disparities

Mali



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Maternal and Newborn Health Disparities in Mali

Key Facts

Mali reference table

Demographic indicators		
Total population (thousands) ¹	2015	17,600
Total live births (thousands) ¹	2015	758
Total Fertility Rate (number of children per woman) ¹	2015	6
Adolescent birth rate (per 1,000 women 15-19) ¹⁰	2010	178
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	587
Average annual rate of MMR reduction between 1990 and 2015 (%) ⁵	2015	2
Lifetime risk of maternal death: 1 in x ⁴	2015	27
Stillbirth rate (per 1,000 total births) ⁶	2015	33
Preterm birth rate (per 100 live births) ⁷	2010	12
Under-five mortality rate (per 1,000 live births) ³	2015	115
Under-five deaths that are newborn (%) ³	2015	33
Neonatal mortality rate (per 1,000 live births) ³	2015	38
Neonatal deaths (thousands) ³	2015	27
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	–	–
Physician density (per 1,000 population) ⁹	2010	0.1
Nurse and midwife density (per 1,000 population) ⁹	2010	0.4

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In 2015, 758,000 babies were born in Mali, or around 2,100 every day.¹

Among young women (aged 20-24), 46 percent gave birth by age 18.²

Approximately 75 babies will die each day before reaching their first month³; 67 stillbirths occur every day.⁶

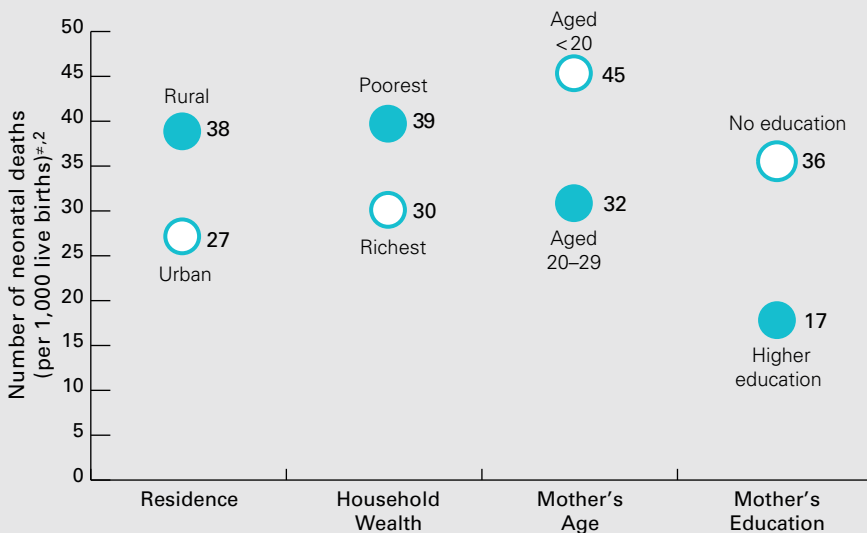
Neonatal mortality rate:

Mali's neonatal mortality rate (NMR)⁴ is 38 deaths per 1,000 live births.³

NMR⁵ in rural areas is 38 deaths per 1,000 live births and 27 deaths per 1,000 live births in urban areas for an urban-to-rural NMR ratio of 0.7.²

NMR⁵ among the poorest households is 39 neonatal deaths per 1,000 live births, compared to 30 neonatal deaths per 1,000 live births among the richest households.²

Neonatal mortality rates, by background characteristics, 2012-2013



Neonatal mortality rate

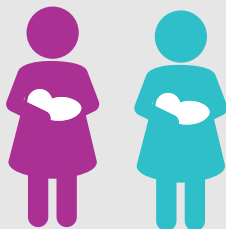
for newborns with mothers:



The NMR for younger mothers (45 per 1,000 live births) is 1.4 times higher than for mothers aged 20-29 (32 per 1,000 live births).²

1 in 2

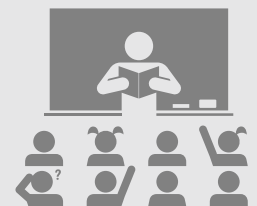
young women (aged 20-24) have given birth by age 18.²



Newborns with less educated mothers are

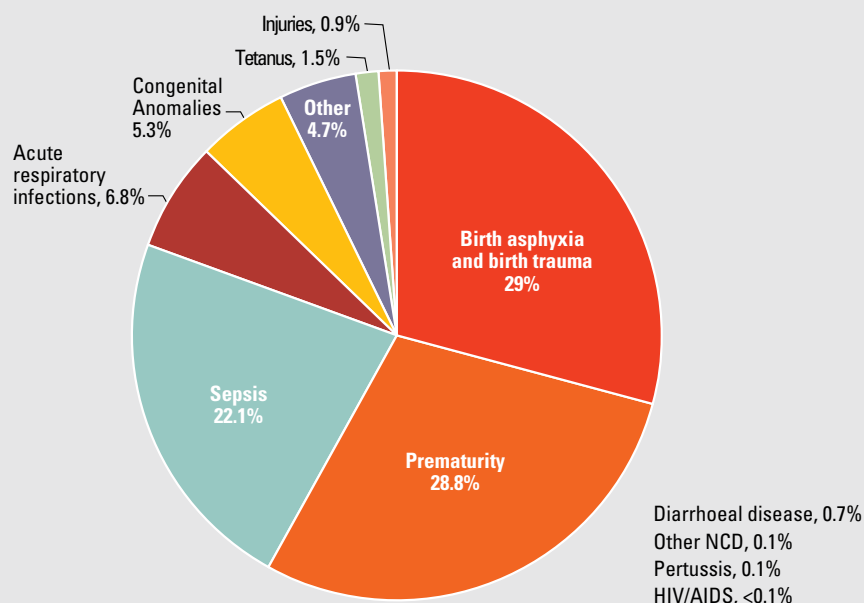
2.1x

more likely to die during the first month of life, compared to those born to mothers with higher education.²



Mali — Causes of Neonatal Mortality, 2015

In Mali, the main causes of neonatal deaths in 2015 were birth asphyxia (29 percent), prematurity (28.8 percent) and sepsis (22.1 percent).¹¹



Disparities in key maternal and newborn health interventions, Mali, 2012-2013²

		Coverage – care for mothers					
		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 (%)
Residence	Urban	46.7	66.6	92.4	91.4	6.8	66.6
	Rural	20.1	34.6	50.7	46.4	1.7	33.0
Residence ratio (urban to rural)		2.3	1.9	1.8	2.0	4.0	2.0
Household Wealth	Richest	49.1	71.1	94.2	93.6	6.5	66.4
	Poorest	11.5	24.3	34.6	27.7	0.9	20.9
Household wealth ratio (richest to poorest)		4.3	2.9	2.7	3.4	7.2	3.2
Mother's age	Less than 20	21.6	39.7	61.4	59.0	2.7	39.9
	20-34		41.9	58.3	54.5	2.6	40.6
	35-49	28.0	40.0	56.2	52.2	3.1	36.1
Mother's education	No education	22.5	36.5	53.9	49.9	2.3	35.0
	Primary	32.3	55.7	74.0	72.6	3.9	53.6
	Secondary	52.5	27.8	92.2	89.9	5.5	68.7
	Higher	57.3	70.6	97.7	99.2	9.0	(71.4)
Mother's education ratio (highest to lowest)		2.5	1.9	1.8	2.0	3.9	2.0

Maternal and newborn health coverage indicators

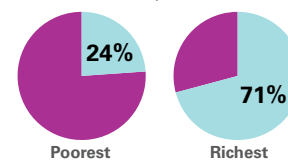
By residence:²

- In rural areas, 35 percent of women made at least 4 antenatal care (ANC) visits, compared to 67 percent in urban areas.
- Coverage of skilled attendance at birth is 51 percent in rural areas, compared to 92 percent in urban areas.
- 14 percent of newborns in rural areas receive postnatal care (PNC) within 2 days after birth, compared to 21 percent in urban areas.

By household wealth:²

- Most mothers among richest households (71 percent) made at least four ANC visits, compared to 24 percent of mothers from the poorest households.
- Only 35 percent of deliveries in the poorest households had a skilled attendant at birth, compared to 94 percent of deliveries among the richest households.
- 21 percent of newborns in the richest households receive PNC within 2 days after birth, compared to 11 percent among the poorest households.

Only **24%** of mothers in the poorest households have **4 Antenatal Care visits** compared to...



...**71%** of mothers in the richest households.

Coverage – care for newborns								Other	
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 (%)	Pentavalent 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a, #}	
20.8	67.8	61.7		95.4	91.2	63.2	95.4	33.9	Urban
14.3	21.6	56.7		80.6	77.5	43.2	81.7	50.9	Rural
1.5	3.1	1.1		1.2	1.2	1.5	1.2	0.7	Residence ratio (urban to rural)
21.1	70.6	61.8		94.8	91.6	67.7	97.8	30.7	Richest
10.6	11.5	55.9		71.1	68.4	34.6	72.1	54.7	Poorest
2.0	6.1	1.1		1.3	1.3	2.0	1.4	0.6	Household wealth ratio (richest to poorest)
14.3	30.3					45.0			Less than 20
16.2	30.7					48.0			20-34
14.4	28.9					47.2			35-49
14.3	25.3	57.9		81.6	77.8	44.0		53.9	No education
19.2	41.3	52.9		88.4	88.2	58.0		46.5	Primary
22.5	72.5	62.3		95.4	93.0	66.3			Secondary
(34.1)	92.4	(51.6)				76.9			Higher
2.4	3.7	0.9				1.7			Mother's education ratio (highest to lowest)

Key for tables:

0-24 %

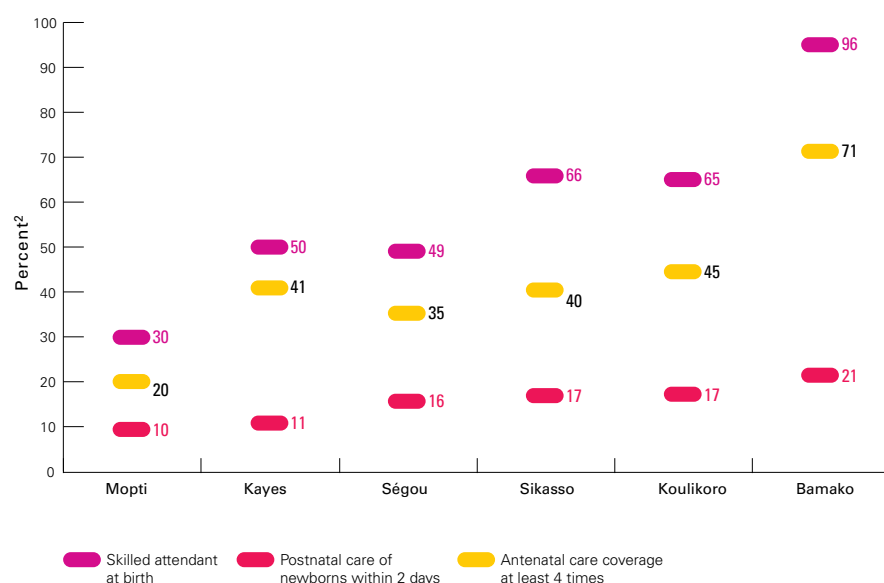
25-49 %

50-74 %

75-100 %

Data not available

Selected maternal and newborn health indicators, by region, 2012-2013



By mother's age:²



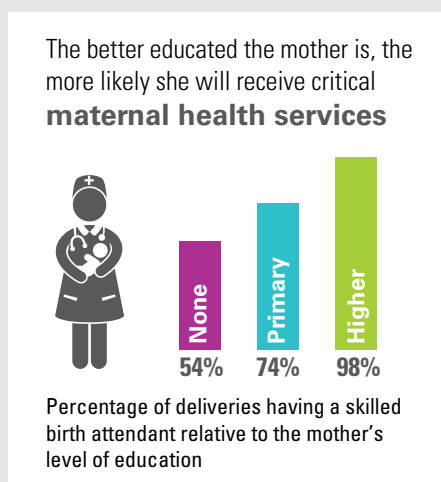
- 42 percent of mothers aged 20-34 made at least four ANC visits, compared to 40 percent among younger mothers (aged less than 20).
- Deliveries among mothers aged 20-34 and younger mothers (aged less than 20) have similar levels of skilled attendance at birth (58 percent and 61 percent, respectively).
- Their newborns receive low levels of postnatal care: 16 percent and 14 percent, respectively.

Disparities in key maternal and newborn health interventions, Mali, 2012-2013²

Coverage – care for mothers						
	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 (%)
National estimate	27.2	41.2	58.6	55.0	2.7	39.9
Kayes	20.0	41.1	49.7	46.9	1.9	36.0
Koulikoro	25.5	44.5	64.6	62.5	2.0	43.0
Region Sikasso	26.7	40.4	66.0	62.5	3.7	43.9
Ségou	28.8	35.4	48.8	41.3	1.4	28.4
Mopti	9.3	20.4	29.8	26.2	1.0	20.7
Bamako	48.2	71.4	95.9	95.1	7.3	71.1
Regional performance						
Highest value	Bamako	Bamako	Bamako	Bamako	Bamako	Bamako
	48.2	71.4	95.9	95.1	7.3	71.1
Lowest value	Mopti	Mopti	Mopti	Mopti	Mopti	Mopti
	9.3	20.4	29.8	26.2	1.0	20.7
Ratio (highest to lowest)	5.2	3.5	3.2	3.6	7.3	3.4

By mother's education:²

- 71 percent of mothers with higher education made at least four ANC visits, compared to only 37 percent of mothers with no education.
- Only 54 percent of deliveries among mothers with no education had a skilled attendant at birth, compared to 74 percent of deliveries among mothers with primary education and 98 percent of deliveries among mothers with a higher education.
- 14 percent of newborns are checked within two days after birth if their mothers have no education, compared to 19 percent of mothers with a primary education and 34 percent of mothers who received higher education.



By geographic regions:²

- Bamako saw the highest rate of antenatal care coverage (at least four visits) of 71 percent, compared to the lowest coverage of 20 percent in Mopti.
- The region with the highest coverage of skilled birth attendance is Bamako with 96 percent; the lowest coverage is Mopti with 30 percent – a difference of more than 3 times.
- Bamako has the highest coverage of PNC for newborns (within 2 days after birth) with 21 percent while Mopti has the lowest coverage at 10 percent – a difference of more than 2 times.

Coverage – care for newborns								Other	
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 (%)	Pentavalent 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a,#}	
15.6	30.4	57.8	33.8	83.6	80.3	47.3	84.3	46.2	National estimate
10.9	26.9	55.7		83.5	80.2	47.4	83.7	54.8	Kayes
17.2	31.4	55.4		86.5	86.4	49.4	83.7	50.6	Koulikoro
17.1	32.3	58.8		86.8	83.0	46.0	90.4	48.1	Sikasso
15.8	18.5	56.5		82.4	77.9	45.4	81.0	45.1	Ségou
9.5	12.6	61.8		63.9	59.6	35.2	71.0	44.6	Mopti
21.4	73.9	59.7		95.0	89.7	63.7	96.0	32.1	Bamako
Bamako	Bamako	Mopti		Bamako	Bamako	Bamako	Bamako	Kayes	Highest value
21.4	73.9	61.8		95.0	89.7	63.7	96.0	54.8	
Mopti	Mopti	Koulikoro		Mopti	Mopti	Mopti	Mopti	Bamako	Lowest value
9.5	12.6	55.4		63.9	59.6	35.2	71.0	32.1	
2.3	5.9	1.1		1.5	1.5	1.8	1.4	1.7	Ratio (highest to lowest)

Key for tables:

0-24 %

25-49 %

50-74 %

75-100 %

Data not available

Sources:

- 1 United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision.
- 2 Mali Demographic and Health Survey 2012-2013 via the DHS Program STATcompiler. (<http://www.statcompiler.com>).*
- 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 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](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 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. The Lancet, June 9 2012, 379(9832): 2162-72.
- 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, 2000-2015. (http://www.who.int/healthinfo/global_burden_disease/estimates_child_cod_2015/).

Notes:

- * DHS data drawn from STATcompiler which employs standard indicator definitions to allow for comparability between countries and year. As such, data herein may not reflect data included in the final report. For further information please visit <http://goo.gl/jXJ5SW>. MICS data reflect final report figures where available.
- ** Pentavalent schedule includes the hepatitis B vaccine.
- a Data from UNICEF reanalysis of Mali Demographic and Health Survey 2012-2013.
- ^ 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.