Maternal and Newborn Health Disparities Ghana





Maternal and Newborn Health Disparities in Ghana $Key \ Facts$

Ghana reference table

Demographic indicators		
Total population (thousands) ¹	2015	27,410
Total live births (thousands) ¹	2015	884
Total Fertility Rate (number of children per woman) ¹	2014	4.1
Adolescent birth rate (per 1,000 women 15-19) ¹⁰	2013	65.0
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	319.0
Average annual rate of MMR reduction between 1990 and 2015 (%) $^{\scriptscriptstyle 5}$	2015	2.7
Lifetime risk of maternal death: 1 in x^4	2015	74
Stillbirth rate (per 1,000 total births) ⁶	2015	22.7
Preterm birth rate (per 100 live births) ⁷	2010	14.5
Under-five mortality rate (per 1,000 live births) ³	2015	61.6
Under-five deaths that are newborn (%) ³	2015	47.0
Neonatal mortality rate (per 1,000 live births) ³	2015	28.3
Neonatal deaths (thousands) ³	2015	25
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	2011	37.0
Physician density (per 1,000 population) ⁹	2010	0.1
Nurse and midwife density (per 1,000 population) ⁹	2010	0.9

Maternal and Newborn Health Disparities Ghana

In 2015, 884,000 babies were born in Ghana, or around 2,400 every day.¹ Among young women (aged 20-24), 17 percent gave birth by age 18.² Approximately 69 babies will die each day before reaching their first month³; 55 stillbirths occur every day.⁶

Neonatal mortality rate:

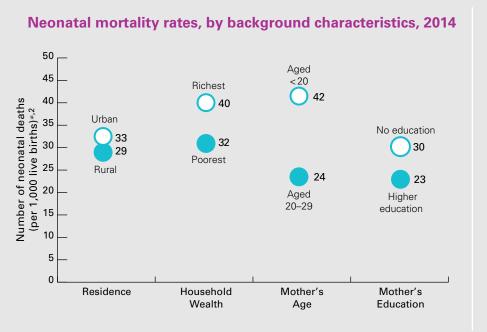
young women (aged 20-24) have given birth by age 18.²

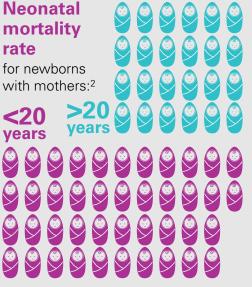
Ghana's neonatal mortality rate (NMR)^ is 28 deaths per 1,000 live births.³

 $\rm NMR^{\ast}$ in rural areas is 29 deaths per 1,000 live births and 33 deaths per 1,000 live births in urban areas for an urban-to-rural NMR ratio of 1.1.²

While the NMR[#] among the poorest households is 32 neonatal deaths per 1,000 live births,

it is 1.3 times higher among the richest households at 40 neonatal deaths per 1,000 live births.²





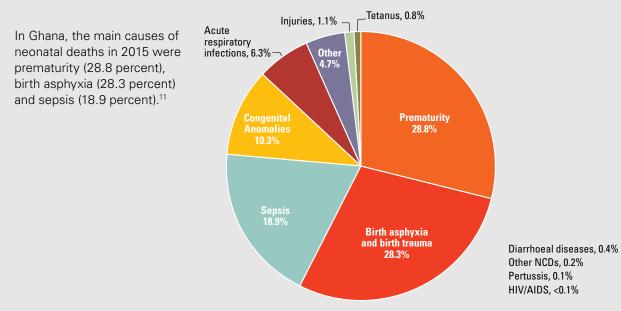
The NMR for younger mothers (42 per 1,000 live births) is 1.8 times higher than for mothers aged 20-29 (24 per 1,000 live births).²

Newborns with less educated mothers are:



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

Ghana — Causes of Neonatal Mortality, 2015



Disparities in key maternal and newborn health interventions, Ghana, 2014²

		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 (%)
D. sidamaa	Urban	36.3	92.3	90.1	90.2	18.8	90.2
Residence	Rural	41.9	82.9	60.2	59	7.9	73.9
Residence ratio (urban to rural)		0.9	1.1	1.5	1.5	2.4	1.2
Household	Richest	36.6	98.1	96.7	96.4	27.9	95
Wealth	Poorest	39.8	76.4	46.9	46	4	64.6
Household wealth ratio (richest to poorest)		0.9	1.3	2.1	2.1	7.0	1.5
	Less than 20	24.1	80.8	72.1	71.3	4.9	79.4
Mother's age	20-34		88.5	74.6	74	12.7	82.3
	35-49	37.1	86.0	71.2	70.4	17.3	77.8
	No education	36.4	79.2	52.3	51.7	5.7	68.4
Mother's	Primary	44.2	82.3	68.8	68.2	10.9	76.2
education	Secondary	37.7	82.1	85.6	85.0	15.5	88.9
	Higher	48.5	92.9	98.2	97.7	36.1	92.8
Mother's education ratio (highest to lowest)		1.3	1.2	1.9	1.9	6.3	1.4

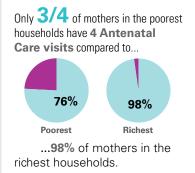
Maternal and newborn health coverage indicators

By residence:²

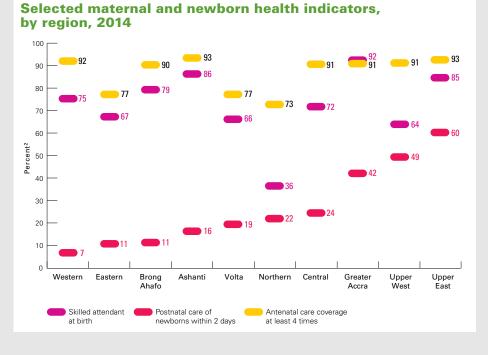
- In rural areas, 83 percent of women made at least 4 antenatal care (ANC) visits, compared to 92 percent in urban areas.
- Coverage of skilled attendance at birth is 60 percent in rural areas, compared to 90 percent in urban areas.
- 22 percent of newborns in rural areas receive postnatal care (PNC) within 2 days after birth, compared to 23 percent in urban areas.

By household wealth:²

- Nearly all mothers among richest households (98 percent) made at least four ANC visits, compared to 76 percent of mothers from the poorest households.
- Only 47 percent of deliveries in the poorest households had a skilled attendant at birth, compared to 97 percent of deliveries in the richest households.
- 29 percent of newborns in the richest households receive PNC within 2 days after birth, compared to 25 percent among the poorest households.



Coverage – care for newborns Other										
Postnatal care of newborns within 2 days (%)	– care for m Weighed at birth (%)	Early initiation of breast- feeding (%)	Exclusive breast- feeding (<6 months) (%)	BCG vaccine, newborn (%)	Pentavalent 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a,#}		
23.4	76.5	54.5		97.2	95.9	80.1	79	12.9	Urban	.
22.3	47	56.5		96.4	97.2	76.2	63.2	21.5	Rural	Residence
1.0	1.6	1.0		1.0	1.0	1.1	1.3	0.6	Residence ratio (urban to rural)	
29.3	87.9	53.7		98.9	98.5	87.3	88	8.4	Richest	Household
25.4	37.9	58.6		95.7	95.8	68.2	58.1	23.1	Poorest	Wealth
1.2	2.3	0.9		1.0	1.0	1.3	1.5	0.4	Household wea (richest to poor	
19.7	53.2					66			Less than 20	
23.7	62.2					78.7			20-34	Mother's age
20.8	56.8					80.9			35-49	
24.8	41.3	58.8		93	95.1	72.4		35.0	No education	
26.9	50.6	52.8		98	93.9	73.3		27.6	Primary	Mother's
19.2	71.9	55.2		98.3	98.5	81.9			Secondary	education
31.9	95.7	52.6		(96.8)	(96.8)	87.5			Higher	
1.3	2.3	0.9		1.0	1.0	1.2			Mother's educa (highest to lowe	
Key for tables: 0-24 % 25-49 % 50-74 %								75-100%		a not ilable



By mother's age:²

- 89 percent of mothers aged 20-34 made at least four ANC visits, compared to 81 percent among younger mothers (aged less than 20).
- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (75 percent and 72 percent, respectively).
- Their newborns receive low levels of postnatal care: 24 percent and 20 percent, respectively.

Disparities in key maternal and newborn health interventions, Ghana, 2014²

		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	39.2	87.3	73.7	73.1	12.8	81.1
	Western	42.8	92.1	75.3	74.0	14.6	83.9
	Central	45.4	91.1	72.0	70.3	15.7	81.2
	Greater Accra	34.1	91.4	92.1	92.5	22.9	95.6
	Volta	43.0	77.3	66.3	65.3	8.8	69.0
Region	Eastern	39.7	77.4	67.2	67.7	9.5	73.4
Reg	Ashanti	35.8	93.5	86.3	85.6	15.6	91.0
	Brong-Ahafo	46.3	90.3	79.0	78.3	9.6	82.7
	Northern	27.8	73.0	36.4	35.4	2.7	59.3
	Upper East	46.5	93.0	84.6	84.1	7.6	91.4
	Upper West	47.0	91.3	63.7	63.4	4.7	76.6
	_						
JCe	Highest value	Upper West	Ashanti	Greater Accra	Greater Accra	Greater Accra	Greater Accra
ormai		47.0	93.5	92.1	92.5	22.9	95.6
Regional performance	Lowest	Northern	Northern	Northern	Northern	Northern	Northern
	value	27.8	73.0	36.4	35.4	2.7	59.3
Be	Ratio (highest to lowest)	1.7	1.3	2.5	2.6	8.5	1.6

By mother's education:²

- 93 percent of mothers with higher education made at least four ANC visits, compared to only 79 percent of mothers with no education.
- Only 52 percent of mothers with no education had a skilled attendant at birth, compared to 69 percent with primary education and 98 percent for mothers with higher education.
- 25 percent of newborns are checked within two days after birth if their mothers have no education, compared to 27 percent of mothers with a primary education and 32 percent of mothers who received higher education.

The better educated the mother is, the more likely she will receive critical **maternal health services**



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

By geographic regions:²

- Ashanti saw the highest rate of antenatal care coverage (at least four visits) of 94 percent, compared to the lowest coverage of 73 percent in Northern.
- The region with the highest coverage of skilled birth attendance is Greater Accra with 92 percent; the lowest coverage is Northern with 36 percent – a difference of 2.5 times.
- Upper East has the highest coverage of PNC for newborns (within 2 days after birth) with 60 percent and Western has the lowest coverage at 7 percent.

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, newborn (%)	Pentavalent 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a,#}		
22.8	60.3	55.6	52.3	96.8	96.6	78.0	70.5	16.9	National estimat	te
6.5	56.9	62.0		96.8	95.4	82.0	61.9	22.8	Western	
24.3	52.0	60.9		95.9	98.4	84.0	81.3	15.9	Central	
42.1	80.0	52.8		98.4	97.2	78.2	79.3	13.8	Greater Accra	
19.3	63.1	44.1		96.4	90.9	80.8	49.5	14.7	Volta	
10.6	49.1	50.7		94.5	94.7	68.8	64.3	23.3	Eastern	Region
16.2	73.7	50.0		98.1	99.1	81.8	81.5	9.5	Ashanti	ion
11.2	63.7	59.2		100.0	99.5	83.7	56.7	21.3	Brong-Ahafo	
21.8	28.4	64.7		92.1	93.6	69.0	68.3	19.6	Northern	
59.9	67.9	65.2		97.9	98.7	68.0	71.3	18.6	Upper East	
49.2	57.3	40.6		98.6	97.5	70.9	75.3	21.5	Upper West	
Upper East	Greater Accra	Upper East		Brong Ahafo	Brong Ahafo	Central	Ashanti	Eastern	Highest	Reç
59.9	80	65.2		100	99.5	84	81.5	23.3	value	Regional
Western	Northern	Upper West		Northern	Volta	Upper East	Volta	Ashanti	Lowest	perfc
6.5	28.4	40.6		92.1	90.9	68.0	49.5	9.5	value	performance
9.2	2.8	1.6		1.1	1.1	1.2	1.6	2.5	Ratio (highest to lowest)	псе
Key	for tables:	0-24	4 %	25-49 %		50-74 %	75-1	100%	Data not available	

Sources:

- 1 United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision.
- 2 Ghana Demographic and Health Survey 2014 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.
- 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/).
- 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 Ghana Demographic and Health Survey 2014.
- ^ 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.

unicef 🕼 | for every child