Maternal and Newborn Health Disparities

Somalia



Maternal and Newborn Health Disparities in Somalia Key Facts

Somalia reference table

Demographic indicators		
Total population (thousands) ¹	2015	10,787
Total live births (thousands) ¹	2015	471
Total Fertility Rate (number of children per woman) ¹	2015	6
Adolescent birth rate (per 1,000 women 15-19)10	2005	123
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	732
Average annual rate of MMR reduction between 1990 and 2015 (%) ⁵	2015	2
Lifetime risk of maternal death: 1 in x ⁴	2015	22
Stillbirth rate (per 1,000 total births) ⁶	2015	36
Preterm birth rate (per 100 live births) ⁷	2010	12
Under-five mortality rate (per 1,000 live births) ³	2015	137
Under-five deaths that are newborn (%) ³	2015	29
Neonatal mortality rate (per 1,000 live births) ³	2015	40
Neonatal deaths (thousands) ³	2015	18
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	2005	56
Physician density (per 1,000 population) ⁹	2006	<0.1
Nurse and midwife density (per 1,000 population)9	2006	0.1

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In 2015, 470,000 babies were born in Somalia, or around 1,300 every day.¹

Approximately 48 babies will die each day before reaching their first month³; 45 stillbirths occur every day.⁶

Neonatal mortality rate:

Somalia's neonatal mortality rate (NMR)[^] is 40 deaths per 1,000 live births.³

NMR in rural areas is 42 deaths per 1,000 live births and 40 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 1.2

NMR among males is 43 neonatal deaths per 1,000 live births, compared to 33 deaths per 1,000 live births among females.²

Neonatal mortality rates, by background characteristics, 2006



Newborns born in Central South are

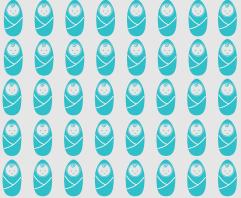
1.3x

more likely to die during the first month of life compared to newborns born in North East.²

Neonatal mortality rate

for newborns with mothers living in:

urban areas



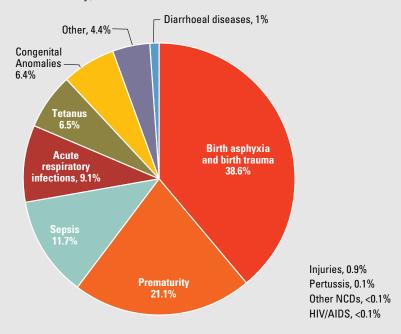
rural areas



The NMR in rural areas (42 per 1,000 live births) is 1.1 times higher than in urban areas (40 per 1,000 live births). 2

Somalia — Causes of Neonatal Mortality, 2015

In Somalia, the main causes of neonatal deaths in 2015 were birth asphyxia and trauma (38.6 percent), prematurity (21.1 percent) and sepsis (11.7 percent).¹¹



Disparities in key maternal and newborn health interventions, Somalia, 2006²

		Coverage – car	Manual for ntraception Antenatal care Coverage at least 4 times (%) Skilled attendant Institutional delivery (%)				
		Demand for contraception satisfied (%)	coverage at least	Skilled attendant at birth (%)		caesarean	Postnatal care of mothers within 2 days (%)
Desidence	Urban	39.6	10.2	65.0	20.4		
Residence	Rural	33.6	4.1	14.5	3.0		
Residence r	atio (urban to rural)	1.2	2.5	4.5	6.8		
Household	Richest	44.8	10.7	76.8	32.1		
Wealth	Poorest	29.8	4.2	10.6	1.4		
Household wealth ratio (richest to poorest)		1.5	2.5	7.2	22.9		
	Less than 20						
Mother's age	20-34						
	35-49						
	No education	33.8	5.3	24.5	5.9		
Mother's education	Primary	39.4	7.5	59.3	21.8		
	Secondary or higher	48.0	14.2	72.6	38.3		
Mother's education ratio (highest to lowest)		1.4	1.1	1.5	1.3		

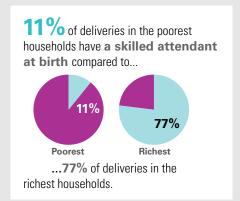
Maternal and newborn health coverage indicators

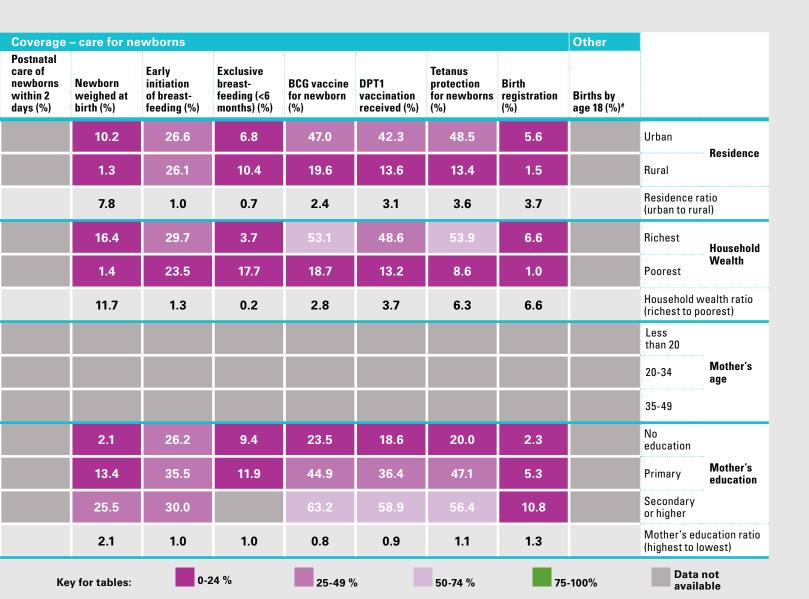
By residence:2

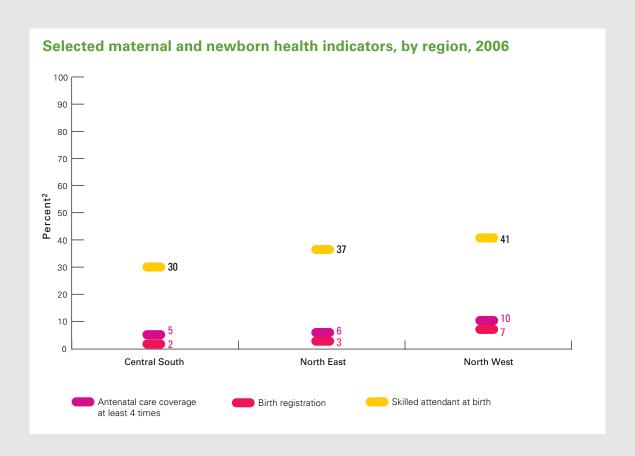
- In rural areas, 4 percent of women made at least 4 antenatal care (ANC) visits compared to 10 percent in urban areas.
- Coverage of skilled attendance at birth is 15 percent in rural areas, compared to 65 percent in urban areas.
- In urban areas, nearly half (47 percent) of newborns received the BCG vaccine, compared to 20 percent in rural areas.

By household wealth:2

- 11 percent of mothers among richest households made at least four ANC visits, compared to 4 percent of mothers from the poorest households.
- Only 11 percent of deliveries in the poorest households had a skilled attendant at birth, compared to 77 percent of deliveries among the richest households.
- 1 percent of deliveries in the poorest households had an institutional delivery, compared to 32 percent of deliveries among the richest households.







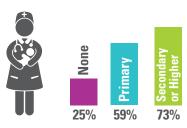
Disparities in key maternal and newborn health interventions, Somalia, 2006²

		Coverage – care	for mothers				
		Demand for contraception satisfied (%)	Antenatal care coverage at least 4 times (%)	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)
Г	National estimate	35.8	6.3	33.0	9.4		
Region	North East	38.1	5.8	36.8	7.9		
	North West	46.7	10.3	41.3	21.4		
~	Central South	30.5	5.2	29.7	5.8		
Regional performance	Highest value	North West	North West	North West	North West		
		46.7	10.3	41.3	21.4		
perf	Lowest value	Central South	Central South	Central South	Central South		
ional		30.5	5.2	29.7	5.8		
Reg	Ratio (highest to lowest)	1.5	2.0	1.4	3.7		

By mother's education:2

- 14 percent of mothers with a secondary or higher education made at least four ANC visits, compared to 5 percent of mothers with no education.
- Only 25 percent of deliveries among mothers with no education had a skilled attendant at birth, compared to 59 percent of deliveries among mothers with primary education and 73 percent of deliveries among mothers with a secondary or higher education.
- 24 percent of newborns born to mothers with no education received the BCG vaccine, compared to 45 percent of newborns born to mothers with a primary education and 63 percent of newborns born to mothers with a secondary or higher education.

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



Percentage of deliveries having a skilled birth attendant relative to the mother's level of education

By geographic regions:²

- North West saw the highest rate of antenatal care coverage (at least four visits) of 10 percent, compared to the lowest coverage of 5 percent in Central South.
- The region with the highest coverage of skilled birth attendance is North West with 41 percent; the lowest coverage is Central South with 30 percent – a difference of 1.4 times.
- North West saw the highest rate of BCG coverage at 37 percent, compared to the lowest coverage at 19 percent in North East.

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 (%)	DPT1 vaccination received (%)	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)#		
	4.5	26.3	9.1	29.9	24.4	26.3	3.0		National estimate	
	2.7	38.5	1.1	18.6	16.0	21.3	3.3		North East	T
	12.2	35.1	5.1	36.7	25.3	16.5	6.6		North West	Region
	2.4	21.4	11.7	29.5	25.5	30.2	1.9		Central South	3
	North West	North East	Central South	North West	Central South	Central South	North West		Highest	Reg
	12.2	38.5	11.7	36.7	25.5	30.2	6.6		value	Regional
	Central South	Central South	North East	North East	North East	North West	Central South			
	2.4	21.4	1.1	18.6	16.0	16.5	1.9		value	performance
	5.1	1.8	10.6	2.0	1.6	1.8	3.5		Ratio (highest to lowest)	nce

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 Somalia 2006 Multiple Indicator Cluster Survey.
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- 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/).
- 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:

- ^ Reference period: five 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.

