Maternal and Newborn Health Disparities Chad



Maternal and Newborn Health Disparities in Chad Key Facts

Chad reference table

Demographic indicators		
Total population (thousands) ¹	2015	14,037
Total live births (thousands) ¹	2015	630
Total Fertility Rate (number of children per woman) ¹	2015	6
Adolescent birth rate (per 1,000 women 15-19)10	2009	203
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	856
Average annual rate of MMR reduction between 1990 and 2015 (%) ⁵	2015	2
Lifetime risk of maternal death: 1 in x ⁴	2015	18
Stillbirth rate (per 1,000 total births) ⁶	2015	40
Preterm birth rate (per 100 live births) ⁷	2010	13
Under-five mortality rate (per 1,000 live births) ³	2015	139
Under-five deaths that are newborn (%) ³	2015	29
Neonatal mortality rate (per 1,000 live births) ³	2015	39
Neonatal deaths (thousands) ³	2015	24
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	2011	20
Physician density (per 1,000 population) ⁹	2006	<0.1
Nurse and midwife density (per 1,000 population)9	2006	0.2

Maternal and Newborn Health Disparities

Chad

In 2015, 630,000 babies were born in Chad, or around 1,700 every day.¹

Among young women (aged 20-24), 47 percent had a baby before age 18.^a

Approximately 65 babies will die each day before reaching their first month³; 69 stillbirths occur every day.⁶

Neonatal mortality rate:

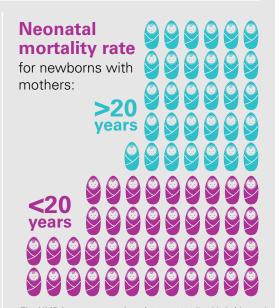
The neonatal mortality rate (NMR)[^] in the country is 39 deaths per 1,000 live births.³

NMR* in rural areas is 37 deaths per 1,000 live births and 34 deaths per 1,000 live births in urban areas for an urban-to-rural NMR ratio of 0.9.2

While the NMR* among the poorest households is 35 neonatal deaths per 1,000 live births, it is slightly higher among the richest households at 37 neonatal deaths per 1,000 live births.²

Neonatal mortality rates, by background characteristics, 2014-2015





The NMR for younger mothers (42 per 1,000 live births) is 1.4 times higher than for mothers aged 20-29 (31 per 1,000 live births).2

young women (aged 20-24) have given birth by age 18.ª



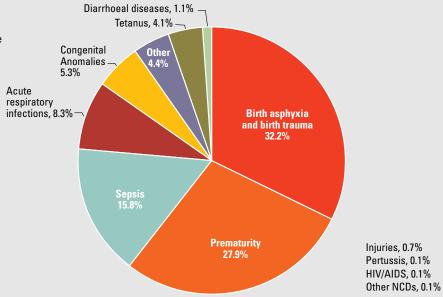
Newborns with better educated mothers are



as likely to die during the first month of life compared to those born to mothers with no education.2

Chad – Causes of Neonatal Mortality, 2015

In Chad, the main causes of neonatal deaths in 2015 were birth asphyxia (32.2 percent), prematurity (27.9 percent) and sepsis (15.8 percent).¹¹



Disparities in key maternal and newborn health interventions, Chad, 2014-2015²

		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	Urban	27.1	44.1	58.6	53.4	3.8	30.7
Residence	Rural	14.3	16.9	15.9	13.9	0.8	12.4
Residence ratio (urban to rural)		1.9	2.6 3.7 3.8		4.8	2.5	
Household	Richest	27.7	45.4	62.7	57.1	4.0	32.0
Wealth	Poorest	13.6	11.3	14.1	12.9	0.8	13.0
Household wealth ratio (richest to poorest)		2.0	4.0	4.4	4.4	5.0	2.5
	Less than 20	8.9	23.0	25.1	23.1	1.4	13.4
Mother's age	20-34		22.6	24.1	21.3	1.3	16.3
	35-49	21.1	21.5	24.3	21.6	2.0	17.9
	No education	11.7	16.7	16.4	14.4	0.9	11.5
Mother's	Primary	23.0	31.9	30.3	26.9	1.6	19.6
education	Secondary	31.8		60.0	54.6	3.4	30.1
	Higher	39.2		95.1	91.3	15.4	(50.2)
Mother's education ratio (highest to lowest)		3.4		5.8	6.3	17.1	4.4

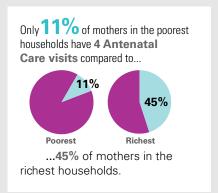
Maternal and newborn health coverage indicators

By residence:

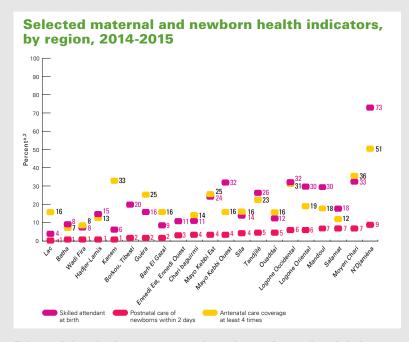
- In rural areas, 17 percent of women made at least 4 antenatal care (ANC) visits, compared to 44 percent in urban areas.
- Coverage of skilled attendance at birth is 16 percent in rural areas, compared to 59 percent in urban areas.
- 3 percent of newborns in rural areas receive postnatal care (PNC) within 2 days after birth, compared to 9 percent in urban areas.

By household wealth:

- Most mothers among richest households (45 percent) made at least four ANC visits, compared to 11 percent of mothers from the poorest households.^a
- Only 14 percent of deliveries in the poorest households had a skilled attendant at birth, compared to 63 percent of deliveries among the richest households.
- 9 percent of newborns in the richest households receive PNC within 2 days after birth, compared to 4 percent among the poorest households.²



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#		
9.0	34.3	21.9		76.6	70.5	72.2	35.6	38.1	Urban	Daaidanaa
3.4	6.6	23.3		55.9	55.6	51.5	6.4	50.9	Rural	Residence
2.6	5.2	0.9		1.4	1.3	1.4	5.6	0.7	Residence ration (urban to rural)	
8.7	36.7	23.9		80.0	74.6	74.0	39.1	38.5	Richest	Household
3.6	5.9	21.2		52.9	52.5	52.5	6.0	49.4	Poorest	Wealth
2.4	6.2	1.1		1.5	1.4	1.4	6.5	0.8	Household wea	
3.7	11.7					54.7			Less than 20	
4.3	12.0					56.2			20-34	Mother's age
6.9	12.8					54.6			35-49	
3.4	6.7	25.8		49.6	48.2	45.1		55.3	No education	
5.2	14.3	18.1		74.9	74.4	73.4		45.4	Primary	Mother's
8.0	39.3	19.2		81.0	79.1	80.0			Secondary	education
(20.5)	89.1	(20.9)				77.1			Higher	
6.0	13.3	0.8				1.7			Mother's educ (highest to low	



By mother's age:

- 23 percent of mothers aged 20-34 made at least four ANC visits, compared to 23 percent among younger mothers (aged less than 20).^a
- Deliveries among mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (24 percent and 25 percent, respectively).2
- Their newborns receive low levels of postnatal care: 4 percent and 4 percent, respectively.2

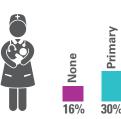
Disparities in key maternal and newborn health interventions, Chad, 2014-2015²

		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	17.6	23.2	24.3	21.7	1.4	16.0
	Batha	4.1	6.9	8.1	8.0	0.5	5.1
	Borkou, Tibesti	4.9		20.0	17.0	1.3	7.3
	Chari baguirmi	2.2	14.0	11.1	10.2	0.2	6.5
	Guéra	19.8	25.4	15.9	14.5	0.7	13.6
	Hadjer-Lamis	1.5	12.8	14.6	12.4	0.8	8.4
	Kanem	1.5	33.1	6.2	5.2	0.3	4.6
	Lac	0.4	16.0	3.9	4.0	0.0	5.4
	Logone Occidental	27.6	31.3	32.2	29.1	1.4	27.4
	Logone Oriental	32.4	19.0	29.8	27.0	1.3	25.3
_	Mandoul	32.6	17.8	29.7	28.5	2.3	19.2
gio	Mayo Kebbi Est	7.4	25.4	24.3	20.9	0.4	12.5
Region	Mayo Kebbi Ouest	10.5	16.0	32.0	24.7	1.0	15.0
	Moyen Chari	29.0	35.7	32.8	28.4	2.6	19.1
	Ouaddaï	4.6	15.7	12.3	11.4	1.2	9.9
	Salamat	12.1	12.1	17.9	16.0	1.0	17.1
	Tandjilé	12.7	22.7	26.4	22.5	0.7	19.1
	Wadi Fira	1.8	8.1	7.6	7.3	0.8	3.8
	N'Djaména	26.7	50.5	73.2	67.0	6.7	29.0
	Barh El Gazal	0.0	15.8	8.5	6.4	0.0	5.2
	Ennedi Est, Ennedi Ouest	1.4		10.7	9.9	0.3	7.8
	Sila	6.7	15.8	13.8	11.4	0.7	10.8
Regional performance	Highest value	Mandoul	N'Djaména	N'Djaména	N'Djaména	N'Djaména	N'Djaména
	g0	32.6	50.5	73.2	67.0	6.7	29.0
Regional	Lowest value	Barh El Gazal	Batha	Lac	Lac	Barh El Gazal	Wadi Fira
Re		0.0	6.9	3.9	4.0	0.0	3.8
0.	Ratio (highest to lowest)		7.3	18.8	16.8		7.6

By mother's education:

- Only 16 percent of deliveries among mothers with no education had a skilled attendant at birth, compared to 30 percent of deliveries among mothers with primary education and 95 percent of deliveries among mothers with a higher education.
- 3 percent of newborns are checked within two days after birth if their mothers have no education, compared to 5 percent of mothers with a primary education and 21 percent of mothers who received higher education.²

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:

- N'Djaména saw the highest rate of antenatal care coverage (at least four visits) of 51 percent, compared to the lowest coverage of 7 percent in Batha.^a
- The region with the highest coverage of skilled birth attendance is N'Djaména with 73 percent; the lowest coverage is Lac with 4 percent – a difference of more than 18 times.²
- N'Djaména has the highest coverage of PNC for newborns (within 2 days after birth) with 9 percent while Lac has the lowest coverage at less than 1 percent.²

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.#		
4.5	12.0	23.0	0.3	59.6	58.3	55.7	12.0	47.4	National estimate	
0.7	3.2	43.7		20.4	18.5	21.5	8.9	63.2	Batha	
1.7	11.4	27.9		28.5	26.8	37.0	10.0		Borkou, Tibesti	
3.5	2.9	25.9		32.8	19.1	24.9	11.0	59.0	Chari baguirmi	
1.8	8.4	23.6		56.9	59.2	55.5	7.6	52.1	Guéra	
1.3	6.3	28.4		54.9	57.2	44.3	6.5	64.7	Hadjer-Lamis	
1.4	1.2	52.0		45.2	41.9	41.9	3.7	51.9	Kanem	
0.3	0.4	39.4		35.7	37.1	27.8	2.8	65.7	Lac	
6.1	16.5	18.3		60.8	65.7	72.6	15.5	38.5	Logone Occidental	
6.4	11.2	13.3		70.9	67.6	71.1	11.0	47.5	Logone Oriental	
7.1	19.5	20.5		81.4	83.8	77.0	11.2	49.4	Mandoul	
3.7	12.9	18.2		70.0	67.5	53.7	5.9	56.7	Mayo Kebbi Est	Region
4.0	12.6	16.8		83.6	86.2	72.5	5.3	34.2	Mayo Kebbi Ouest	<u> </u>
7.1	18.8	21.8		74.1	70.0	65.4	17.7	32.8	Moyen Chari	
5.1	3.7	22.2		30.5	20.9	28.2	12.1	39.6	Ouaddaï	
7.1	7.4	23.3		52.4	41.7	54.0	4.8	63.8	Salamat	
4.5	11.7	15.4		64.3	72.3	74.0	4.3	45.2	Tandjilé	
1.0	2.4	27.4		15.2	15.4	29.3	1.2	37.1	Wadi Fira	
9.0	45.2	20.4		80.6	72.5	75.2	57.6	33.3	N'Djaména	
2.4	1.4	38.2		47.5	46.9	39.2	11.9	61.7	Barh El Gazal	
3.2	4.4	30.4		34.3	28.2	23.8	7.3		Ennedi Est, Ennedi Ouest	
4.3	5.6	20.9		49.8	46.8	52.5	12.6	60.1	Sila	
N'Djaména	N'Djaména	Kanem		Mayo Kebbi Ouest	Mayo Kebbi Ouest	Mandoul	N'Djaména	Lac	Highest	5
9.0	45.2	52.0		83.6	86.2	77.0	57.6	65.7	value	eg 20
Lac	Lac	Logone Oriental		Wadi Fira	Wadi Fira	Batha	Wadi Fira	Moyen Chari		Regional performance
0.3	0.4	13.3		15.2	15.4	21.5	1.2	32.8	value	anc anc
30.0	113.0	3.9		5.5	5.6	3.6	48.0	2.0	Ratio (highest to lowest)	Ö
Ke	y 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 Chad Demographic and Health Survey 2014-2015 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/).
- 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 Chad Multiple Indicator Cluster Survey 2010.
- ^ 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.

