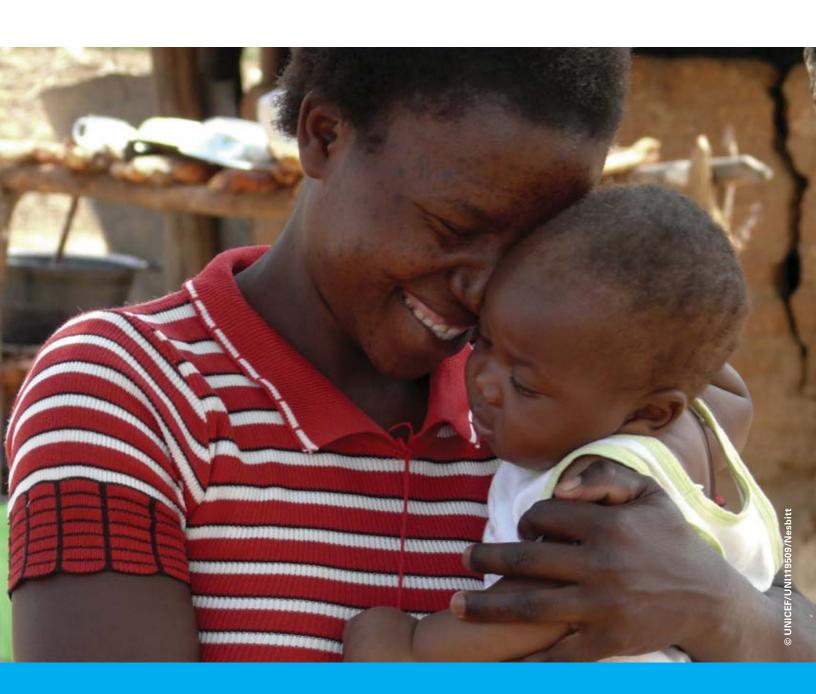
Maternal and Newborn Health Disparities

Zambia



Maternal and Newborn Health Disparities in Zambia

Key Facts

Zambia reference table

Demographic indicators		
Total population (thousands) ¹	2015	16,212
Total live births (thousands) ¹	2015	645
Total Fertility Rate (number of children per woman) ¹	2015	5
Adolescent birth rate (per 1,000 women 15-19)10	2012	145
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	224
Average annual rate of MMR reduction between 1990 and 2015 (%) ⁵	2015	4
Lifetime risk of maternal death: 1 in x ⁴	2015	79
Stillbirth rate (per 1,000 total births) ⁶	2015	21
Preterm birth rate (per 100 live births) ⁷	2010	13
Under-five mortality rate (per 1,000 live births) ³	2015	64
Under-five deaths that are newborn (%)³	2015	34
Neonatal mortality rate (per 1,000 live births) ³	2015	21
Neonatal deaths (thousands) ³	2015	13
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	2005	41
Physician density (per 1,000 population) ⁹	2012	0.2
Nurse and midwife density (per 1,000 population)9	2010	0.8

Maternal and Newborn Health Disparities

Zambia

In 2015, approximately 645,000 babies were born in Zambia, or around 1,800 every day.1

Among young women (aged 20-24), 31 percent gave birth by age 18.2

Approximately 36 babies will die each day before reaching their first month³; 36 stillbirths occur every day.6

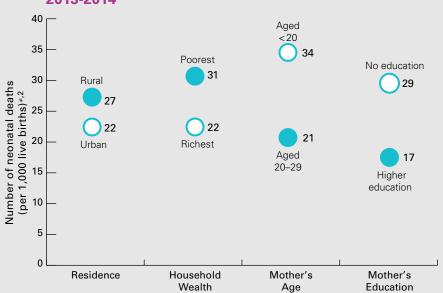
Neonatal mortality rate:

Zambia's neonatal mortality rate (NMR)[^] is 21 deaths per 1,000 live births.³

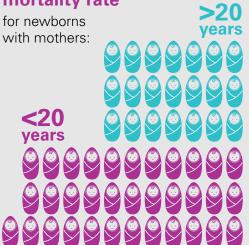
NMR* in rural areas is 27 deaths per 1,000 live births and 22 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.8.2

NMR* among the poorest households is 31 neonatal deaths per 1,000 live births, compared to 22 deaths per 1,000 live births among the richest households.²

Neonatal mortality rates, by background characteristics, 2013-2014

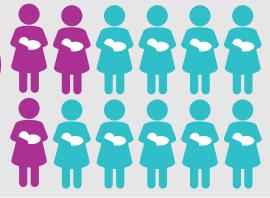


Neonatal mortality rate



The NMR for younger mothers (34 per 1,000 live births) is 1.6 times higher than for mothers aged 20-29 (21 per 1,000 live births).²

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

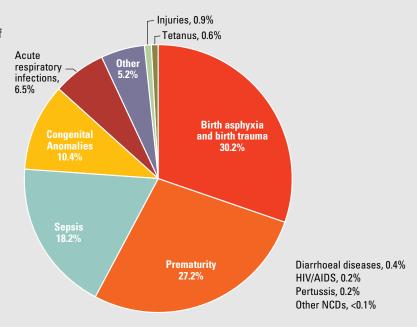


Newborns with less educated mothers are

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

Zambia — Causes of Neonatal Mortality, 2015

In Zambia, the main causes of neonatal deaths in 2015 were birth asphyxia (30.2 percent), prematurity (27.2 percent) and sepsis (18.2 percent).¹¹



Disparities in key maternal and newborn health interventions, Zambia, 2013-2014²

		Coverage – care	verage – 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	72.8	55.9	88.5	88.9	7.2	81.4			
Kesidence	Rural	57.3	55.2	51.6	56.3	3.0	54.3			
Residence r	atio (urban to rural)	1.3	1.0	1.7	1.7 1.6		1.5			
Household	Richest	78.4	65.5	94.3	95.1	10.9	83.6			
Wealth	Poorest	49.1	51.5	45.2	49.4	2.8	47.4			
Household v (richest to p		1.6	1.3	2.1	1.9	3.9	1.8			
	Less than 20		52.0	70.1	73.5	5.0	63.9			
Mother's age	20-34		55.4	64.6	67.7	4.3	65.0			
	35-49		59.3	54.8	58.5	4.3	56.1			
	No education	53.1	49.0	46.2	50.7	1.6	48.1			
Mother's education	Primary	60.0	55.2	56.8	60.3	3.2	59.2			
	Secondary	71.5		81.7	84.1	6.5	73.0			
	Higher	79.1		95.6	96.5	15.0	88.6			
Mother's ed (highest to l	ucation ratio owest)	1.5		2.1	1.9	9.4	1.8			

Maternal and newborn health coverage indicators

By residence:2

- In rural areas, 55 percent of women made at least 4 antenatal care (ANC) visits compared to 56 percent in urban areas.
- Coverage of skilled attendance at birth is 52 percent in rural areas, compared to 89 percent in urban areas.
- 14 percent of newborns in rural areas receive postnatal care (PNC) within 2 days after birth, compared to 20 percent in urban areas.

By household wealth:2

- Only 45 percent of deliveries in the poorest households had a skilled attendant at birth, compared to 94 percent of deliveries among the richest households.
- 20 percent of newborns in the richest households receive PNC within 2 days after birth, compared to 12 percent among the poorest households.
- 95 of newborns among the richest households are weighed at birth, compared to 45 percent of newborns in the poorest households.



Richest

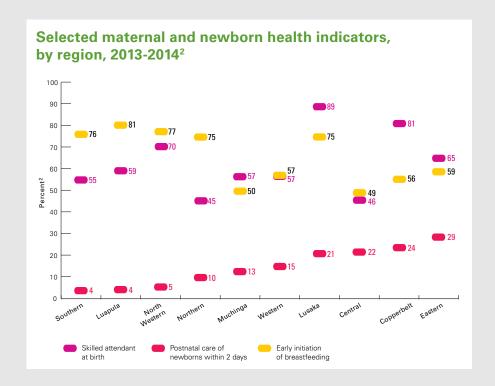
...94% of deliveries in the richest households.

Poorest

Coverage – care for newborns Other										
Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early ini- tiation of breastfeed- ing (%)	Exclusive breast- feeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)ª#		
20.0	89.6	67.3		97.2	98.1	86.1	20.4	22.0	Urban	Residence
13.5	53.9	65.0		93.7	94.9	79.3	6.7	39.4	Rural	nesidelice
1.5	1.7	1.0		1.0	1.0	1.1	3.0	0.6	Residence ratio (urban to rural)	
19.9	95.3	63.0		97.7	98.2	87.2	29.2	14.8	Richest	Household
12.4	45.3	61.8		92.6	93.3	77.6	4.9	42.6	Poorest	Wealth
1.6	2.1	1.0		1.1	1.1	1.1	6.0	0.3	Household wea (richest to poor	
16.3	69.3					70.8			Less than 20	
16.3	67.0					84.2			20-34	Mother's age
12.4	57.7					84.2			35-49	
16.3	46.4	59.7		88.1	88.9	77.0		51.7	No education	
14.0	58.7	66.0		94.6	96.2	80.2		46.3	Primary	Mother's
17.8	84.1	67.6		97.3	97.7	85.1			Secondary	education
20.6	98.1	65.0		98.1	98.1	92.1			Higher	
1.3	2.1	1.1		1.1	1.1	1.2			Mother's educa (highest to lowe	



25-49 %



By mother's age:2

- Deliveries among mothers aged 20-34 and younger mothers (aged less than 20) have similar levels of skilled attendance at birth (65 percent and 70 percent, respectively).
- 16 percent of newborns born to younger mothers (aged less than 20) and newborns born to mothers aged 20-34 received postnatal care within 2 days of birth.
- 84 percent of newborns born to mothers aged 20-34 received tetanus protection at birth, compared to 71 percent of newborns born to younger mothers (aged less than 20).

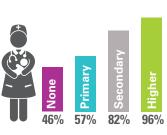
Disparities in key maternal and newborn health interventions, Zambia, 2013-2014²

		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 (%)
Г	National estimate	63.8	55.5	64.2	67.4	4.4	63.4
	Central	60.3	54.7	45.7	47.9	3.1	44.4
	Copperbelt	69.0	62.9	81.0	82.5	6.9	81.6
	Eastern	70.7	52.6	65.0	70.7	3.7	71.2
	Luapula	52.5	51.3	59.4	68.4	3.0	54.2
ion	Lusaka	74.0	54.7	88.9	89.9	7.4	83.0
Region	Muchinga	49.9	53.8	56.7	60.8	3.8	52.0
	Northern	44.8	52.3	45.3	48.0	2.7	49.2
	North Western	58.0	54.6	70.3	74.7	5.8	75.3
	Southern	66.6	59.9	55.0	55.9	2.9	58.4
	Western	55.3	50.4	57.2	61.7	3.1	43.1
ce	Highest value	Lusaka	Copperbelt	Lusaka	Lusaka	Lusaka	Lusaka
ormar		74.0	62.9	88.9	89.9	7.4	83
Regional performance	Lowest	Northern	Western	Northern	Central	Northern	Western
giona	value	44.8	50.4	45.3	47.9	2.7	43
Re	Ratio (highest to lowest)	1.7	1.2	2.0	1.9	2.7	2

By mother's education:²

- Only 46 percent of deliveries among mothers with no education had a skilled attendant at birth, compared to 57 percent of deliveries among mothers with primary education and 96 percent of deliveries among mothers with a higher education.
- 16 percent of newborns are checked within two days after birth if their mothers have no education, compared to 14 percent of mothers with a primary education and 21 percent of mothers who received higher education.
- Nealy all newborns born to mothers with higher education were weighed at birth (98 percent), compared to 46 percent of newborns born to mothers with no 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

- The region with the highest coverage of skilled birth attendance is Lusaka with 89 percent; the lowest coverage is Northern with 45 percent – a difference of 2 times.
- Eastern has the highest coverage of PNC for newborns (within 2 days after birth) with 29 percent while Southern has the lowest coverage at 4 percent – a difference of 7.5 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 (%)	DPT 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)ª.#		
15.7	66.1	65.8	72.5	94.9	95.9	81.9	11.3	30.7	National estimate	
21.7	47.1	48.8		89.2	90.8	84.3	4.6	36.2	Central	
23.5	84.8	55.5		97.8	98.7	89.2	23.6	19.5	Copperbelt	
28.6	69.4	58.9		97.6	96.5	82.2	13.4	38.2	Eastern	
4.1	59.2	80.5		92.9	95.5	66.5	5.7	29.6	Luapula	
20.6	93.3	75.0		97.3	97.8	83.2	20.8	22.3	Lusaka	Region
12.7	50.4	49.8		95.5	95.0	84.4	3.7	36.7	Muchinga	on On
9.7	42.0	74.7		94.6	97.2	81.5	2.3	38.3	Northern	
5.4	77.0	77.3		97.1	96.1	85.8	5.4	37.2	North Western	
3.8	57.5	76.1		92.2	95.8	76.9	12.0	38.3	Southern	
15.0	59.1	56.7		93.5	93.0	84.4	2.6	38.8	Western	
								Ì		
Eastern	Lusaka	Luapula		Copperbelt	Copperbelt	Copperbelt	Copperbelt	Western	Highest	Re
28.6	93.3	80.5		97.8	98.7	89.2	23.6	38.8	value	Regional
Southern	Northern	Central		Central	Central	Luapula	Northern	Copperbelt	Lowest	performance
3.8	42.0	48.8		89.2	90.8	66.5	2.3	19.5	value	rmar
7.5	2.2	1.6		1.1	1.1	1.3	10.3	2.0	Ratio (highest to lowest)	ıce

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 Zambia Demographic and Health Survey 2013-2014 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/).
- 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.
- ** DPT schedule includes the hepatitis B vaccine.
- ^ Reference period: five years preceding the survey.
- ≠ Reference period: ten years preceding the survey.
- a Data from UNICEF reanalysis of Zambia Demographic and Health Survey 2013-2014.
- # 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.

