

Maternal and
Newborn Health
Disparities

São Tomé and Príncipe



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Maternal and Newborn Health Disparities in São Tomé and Príncipe

Key Facts

São Tomé and Príncipe reference table

Demographic indicators	Year	Value
Total population (thousands) ¹	2017	204
Total live births (thousands) ¹	2017	7
Total Fertility Rate (number of children per woman) ¹	2017	4
Adolescent birth rate (per 1,000 women 15-19) ¹⁰	2006	110
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	156
Average annual rate of MMR reduction between 2000 and 2015 (%) ^{5,a}	2015	2
Lifetime risk of maternal death: 1 in x ^{4,b}	2015	140
Stillbirth rate (per 1,000 total births) ⁶	2015	16
Preterm birth rate (per 100 live births) ⁷	2015	10
Under-five mortality rate (per 1,000 live births) ³	2016	34
Under-five deaths that are newborn (%) ³	2016	45
Neonatal mortality rate (per 1,000 live births) ³	2016	15
Neonatal deaths (thousands) ³	2016	<0.1
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	—	—
Skilled health professional density (per 10 000 population) ⁹	2004	26
Physician density (per 1,000 population) ⁹	2004	0.5
Nurse and midwife density (per 1,000 population) ⁹	2004	2.1

Maternal and Newborn Health Disparities in São Tomé and Príncipe

In 2017, approximately 7,000 babies were born in São Tomé and Príncipe, or around 19 every day.¹

Among young women (aged 20-24), 27 percent gave birth by age 18.²

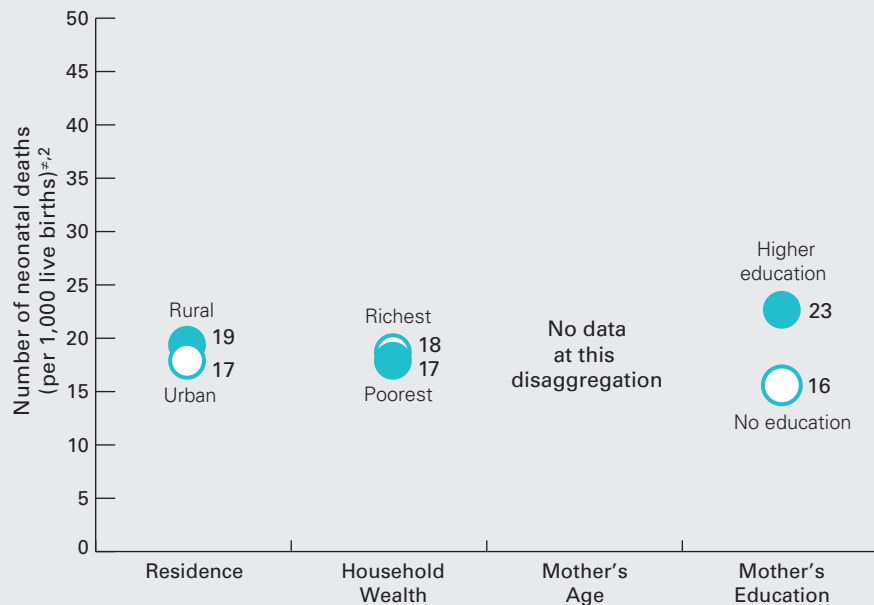
Neonatal mortality rate:

São Tomé and Príncipe's neonatal mortality rate (NMR)[^] is 15 deaths per 1,000 live births.³

NMR[^] in rural areas is 19 deaths per 1,000 live births and 17 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.9.²

NMR[^] among the poorest households is 18 neonatal deaths per 1,000 live births, compared to 17 deaths per 1,000 live births among the richest households.²

Neonatal mortality rates, by background characteristics, 2014



Neonatal mortality rate by wealth quintiles



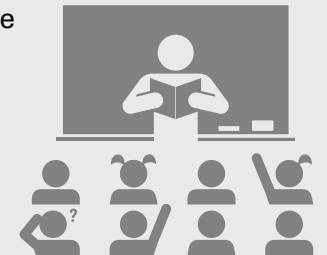
The NMR for those in the **poorest quintile** (18 per 1,000 live births) is 1.1 times higher than for the **richest quintile** (17 per 1,000 live births).²



Newborns with less educated mothers are

0.7x

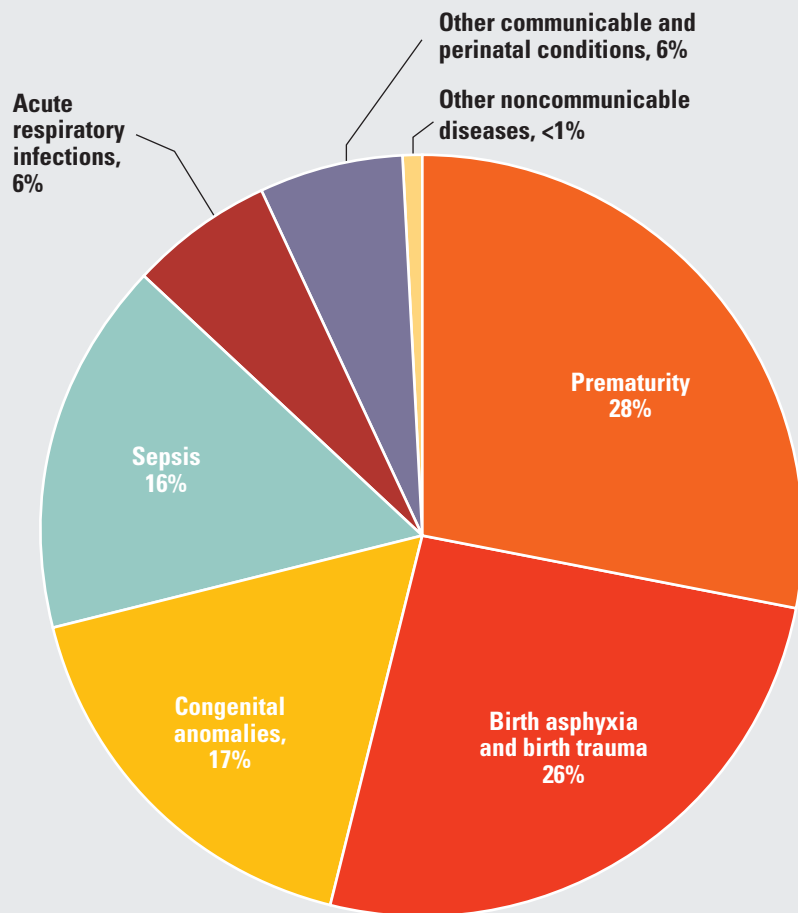
more likely to die during the first month compared to those born to mothers with higher education.²



Maternal and Newborn Health Disparities in São Tomé and Príncipe

São Tomé and Príncipe — Causes of Neonatal Mortality, 2016

In São Tomé and Príncipe, the main causes of neonatal deaths in 2016 were prematurity (28 per cent), birth asphyxia and birth trauma (26 per cent), congenital anomalies (17 per cent), and sepsis (16 per cent).¹¹



Source: WHO-MCEE, 2017

Maternal and newborn health coverage indicators

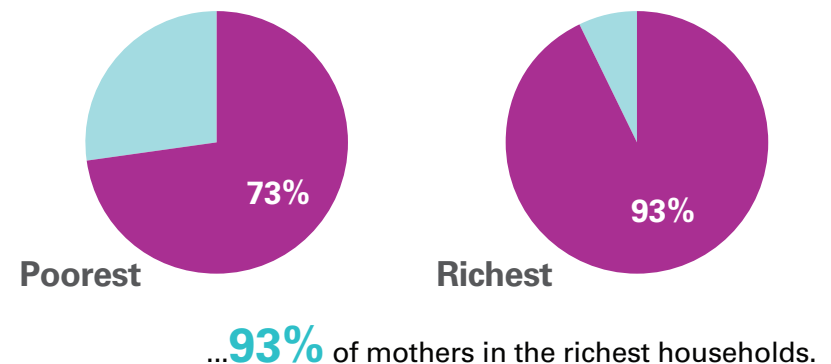
By residence:²

- In rural areas, 84 per cent of women made at least 4 antenatal care visits, compared to 84 per cent in urban areas.
- Coverage of skilled attendance at birth is 95 per cent in rural areas, compared to 88 per cent in urban areas.
- 89 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 92 per cent in urban areas.

By household wealth:²

- Most mothers among richest households (93 per cent) made at least 4 antenatal care visits, compared to 73 per cent of mothers from the poorest households.
- Only 85 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 98 per cent of mothers in the richest households.
- 94 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 90 per cent among the poorest households.

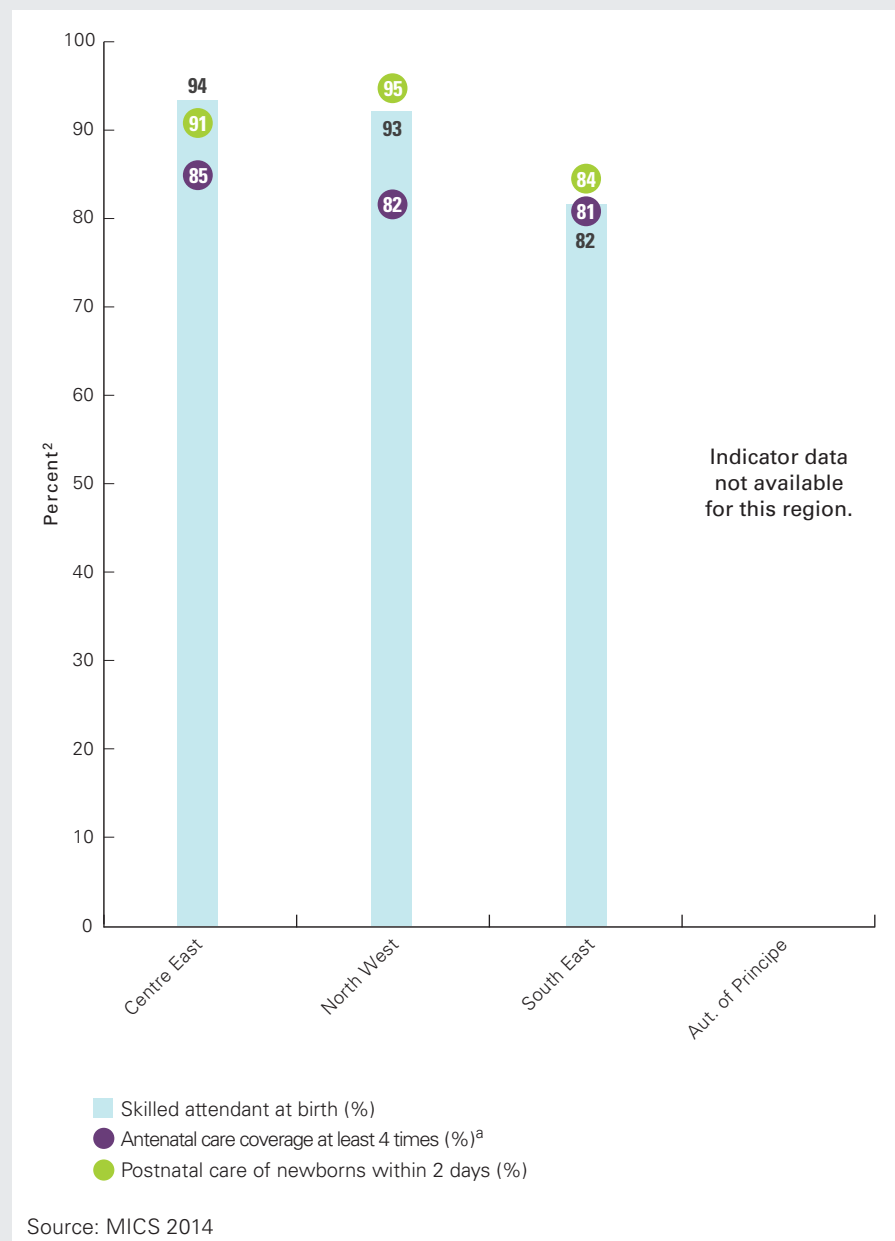
Only **73%** of mothers in the poorest households have **4 antenatal care visits** compared to...



Source: MICS 2014

Maternal and Newborn Health Disparities in São Tomé and Príncipe

Selected maternal and newborn health indicators, by region, 2014



Maternal and newborn health coverage indicators

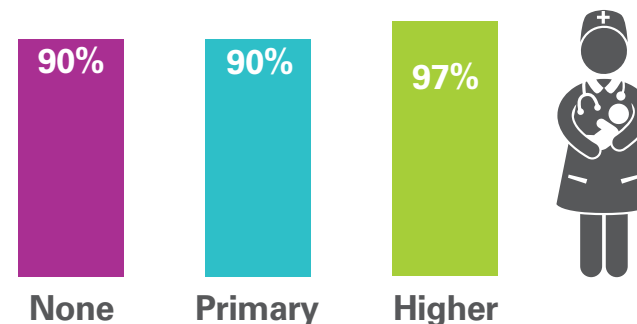
By mother's age:²

- 86 per cent of mothers aged 20-34 made at least four ANC visits, compared to 82 per cent among younger mothers (aged less than 20).
- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (93 per cent and 95 per cent, respectively).
- Their newborns receive low levels of postnatal care: 91 per cent and 92 per cent, respectively.

By mother's education:²

- 90 per cent of mothers with no education had a skilled attendant at birth, compared to 90 per cent with primary education and 97 per cent for mothers with higher education.
- 87 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 87 per cent of mothers with a primary education and 96 per cent 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

Maternal and Newborn Health Disparities in São Tomé and Príncipe

Disparities in key maternal and newborn health interventions

	Coverage – care for mothers						Coverage – care for newborns							Other	
	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 (%)	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 (%) ^b	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a,c}
National estimate	37	84	93	91	6	87	91	94	38	74	97	97	72	95	27
Centre East	34	85	94	93	6	88	91	96	35	73	97	97	72	96	24
North West	44	82	93	91	4	86	95	91	64		99	99	68	92	32
South East	39	81	82	77	8	80	84	85	10		98	96	76	94	34
Aut. of Príncipe	54					84								99	

Key for tables: 0-24% 25-49% 50-74% 75-100% Data not available

Source: MICS 2014

Maternal and Newborn Health Disparities in São Tomé and Príncipe

Disparities in key maternal and newborn health interventions

	Coverage – care for mothers						Coverage – care for newborns								Other	
	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 (%)	Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early initiation of breastfeeding (%)	Exclusive breastfeeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT1 vaccination received (%) ^{**}	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a,a}	
National estimate	37	84	93	91	6	87	91	94	38	74	97	97	72	95	27	
Residence	Urban	35	84	95	94	7	88	92	95	35	76	99	98	72	96	26
	Rural	43	84	88	85	3	84	89	92	44	70	94	96	73	93	29
Residence ratio (urban to rural)	0.8	1.0	1.1	1.1	2.2	1.0	1.0	1.0	0.8	1.1	1.1	1.0	1.0	1.0	1.0	0.9
Household Wealth	Richest	35	93	98	100	12	93	94	100	31	79	96	96	76	100	12
	Poorest	35	73	85	82	4	82	90	88	48	71	98	99	70	88	35
Household wealth ratio (richest to poorest)	1.0	1.3	1.1	1.2	3.0	1.1	1.1	1.1	0.6	1.1	1.0	1.0	1.1	1.1	1.1	0.3
Mother's age	Less than 20	28	82	95	94	2	83	92	98							
	20-34		86	93	92	5	88	91	94							
	35-49		74	86	85	10	84	90	91							
Mother's education	No education	23		90	88	4	84	87	92	40	73	96	96	68	91	42
	Primary	37		90	88	4	84	87	92	40	73	96	96	68	94	42
	Secondary	49		97	96	8	92	96	98	36	75	99	99	79	97	18
	Higher	49		97	96	8	92	96	98	36	75	99	99	79		18
Mother's education ratio (highest to lowest)	2.1		1.1	1.1	1.8	1.1	1.1	1.1	0.9	1.0	1.0	1.0	1.2			0.4

Key for tables:

0-24%

25-49%

50-74%

75-100%

Data not available

Source: MICS 2014

Sources:

- 1 United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.
- 2 São Tomé and Príncipe Multiple Indicator Cluster Survey (MICS) 2014
- 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 Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. 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 2015 with time trends since 1990 for selected countries: a systematic analysis and implications.
- 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, 2000-2016.

Notes:

- a MMR estimates have been rounded according to the following scheme: < 100 rounded to nearest 1; 100–999 rounded to nearest 1; and ≥ 1000 rounded to nearest 10.
- b Life time risk has been rounded according to the following scheme: < 100 rounded to nearest 1; 100–999 rounded to nearest 10; and ≥ 1000 rounded to nearest 100.
- ^ 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.

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