Burkina Faso Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

Burkina Faso and the world

1. Maternal mortality ratio: global, regional and country data, 2005

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100 000 live births per year. The ratio in Burkina Faso is 700 per 100 000 live births versus an average of 900 per 100 000 live births in sub-Saharan Africa and an average of 400 per 100 000 live births globally.

2. Lifetime risk of maternal death (1 in N) 2005

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in Burkina Faso is 1 in 22, higher than the average of 1 in 26 for Africa and the global figure of 1 in 92.

Demographic and health data

3. Total population (in thousands)1 14 359 (2006)

Lifetime risk of maternal death (1 in N)2 22 (2005)

Total maternal deaths2 4 300 (2005)


A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Africa (for 1997–2002) were haemorrhage (uncontrolled bleeding), sepsis or infections including HIV, hypertensive disorders (high blood pressure) and other causes. There are no country-specific data for Burkina Faso.

5. Total fertility

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). According to a survey conducted in 2003 the total fertility rate was about 6 per woman.
6. Proportions of births by urban versus rural location
Among the women interviewed in a survey conducted in 1998–1999, about 90% of births occurred in rural areas.\(^1\)
The total number of births (in thousands): 628 (2005)\(^2\)

![Pie chart: Urban 10%, Rural 90%]


7. Perinatal mortality rate, 2003
Perinatal mortality refers to deaths of fetuses in the womb and of newborn babies early after delivery. It includes (1) the death of a fetus in the womb after 22 weeks of gestation and during childbirth and (2) the death of a live-born child within the first seven days of life. The perinatal mortality rate reflects the availability and quality of both maternal and newborn health care.

8. Adolescent pregnancy rate by age for women 15–19 years old
Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year.

9. Adolescent pregnancy rate by urban versus rural location
According to surveys conducted in 1998–99 and 2003, the overall change in the adolescent pregnancy rate is mainly attributable to the change in rural areas.

10. Adolescent pregnancy by subregion
Adolescent pregnancy rates vary in Burkina Faso, with the lowest overall rates in Ouagadougou and the highest in the eastern and northern regions. Adolescent pregnancy rates can vary for many reasons, including cultural norms, socioeconomic deprivation, education, access to sexual health information and to contraceptive services and supplies.
11. Unmet need for family planning 2003  29%

The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing but are not using contraceptives.


12. Family planning: modern contraceptive use by age group

In general, over time, contraceptive prevalence rate increased in all age groups, although the rate remains low.

13. Contraceptive use by urban versus rural location

Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. In Burkina Faso, a survey conducted in 2003 showed that 8.8% of married women were using modern contraceptive methods. The overall rate is still very low and urban and rural areas differ widely.

14. Contraceptive use by subregion

An increasing number of women were using modern contraceptives in all regions of Burkina Faso in surveys conducted in 2003 compared with those conducted in 1998–99. The use of modern contraceptives is substantially higher in Ouagadougou than in all other regions of Burkina Faso.

15. Antenatal care

Antenatal care visits (ANC) include all visits made by pregnant women for reasons relating to pregnancy. According to a survey conducted in 2003, approximately 73% of women received ANC for their latest pregnancy that ended in a live birth. Of the pregnancies that ended in live births, approximately 73% were given ANC by a skilled provider at least once.

16. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. Many women continue to deliver without skilled attendants. For example, a survey conducted in 2003 showed that only 37.9% of live births were attended by a skilled attendant at delivery.
17. Utilization of skilled birth attendants by wealth quintile 2003

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. In a survey conducted in 2003, 90.8% of women in the highest wealth quintile had a skilled attendant present at birth versus only 38.8% of women in the lowest wealth quintile.

18. Utilization of skilled birth attendants by subregion

The percentage of women giving birth with the assistance of a skilled attendant also varies greatly by region within Burkina Faso. In Ouagadougou, according to surveys conducted in 2003, the vast majority (95.3%) of women giving birth had the assistance of a skilled attendant, whereas the rates were much lower in all other regions.

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. According to a survey conducted in 2003, 38.5% of women who were pregnant gave birth at a health facility, and most women gave birth at home.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman's abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. According to a survey conducted in 2003, less than 1% (0.7%) of births were delivered by caesarean section in Burkina Faso. Low caesarean section rates could indicate an unmet need for access to adequate health system infrastructure, which needs to be met if maternal deaths are to be reduced. In developing countries the unmet need tends to be higher in rural than in urban areas.

21. Caesarean section by subregion

At the subregional level, according to the survey conducted in 2003, Ouagadougou reported the highest rate of births delivered by caesarean section, compared with all other regions.

22. Low birth weight

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to the survey conducted in 2003, of those babies who were weighed at birth, 4.2% were reported to weigh less than 2500 g (2.5 kg). Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity.
23. Anaemia in pregnancy

Anaemia refers to abnormally low levels of haemoglobin (iron-containing oxygen proteins) in the blood. The percentage of pregnant women with low haemoglobin levels (less than 110 g/l) was 68.3% according to a survey conducted in 2003. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth.

24. Prevention of mother-to-child transmission of HIV

The percentage of pregnant mothers living with HIV receiving antiretroviral drugs (ARVs) to prevent the transmission of HIV to their child (PMTCT) increased steadily by almost 40 percentage points between 2004 and 2006.

25. Equity – gap in coverage of four major interventions by wealth quintile

This graph illustrates the gap in coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) by wealth. The coverage gap reflects the difference between the goal of universal coverage of everyone in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. The graph indicates that, in both the 1998–1999 and 2003 surveys, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Overall, the coverage gap in the Demographic and Health Survey (DHS) in 2003 (52%) was lower (that is, improved coverage) compared with the 1998–1999 survey (61%). Achieving equity requires improving coverage levels in the poorest quintiles.

26. Reproductive health

Maternal health

Yes

27. Financial flow

(per capita expenditure on health, in US dollars) 2007 77

28. Human resources

The work of at least 23 health workers (doctors, nurses or midwives) per 10 000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. Burkina Faso, with about 6 health workers (as defined above) per 10 000 population, is one of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health information and services, including skilled birth attendants.

The shortage is exacerbated by staff losses due to migration (in search of a better life) of skilled staff to high-income countries, leaving behind already impoverished health services and systems.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.
29. Ratification of treaties and support of international consensus

<table>
<thead>
<tr>
<th>Treaty/Conference</th>
<th>Status</th>
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<tbody>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
<td>Yes</td>
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<tr>
<td>Convention on the Rights of the Child</td>
<td>Yes</td>
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<tr>
<td>International Covenant on Economic, Social and Cultural Rights</td>
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<tr>
<td>International Conference on Population and Development</td>
<td>Yes</td>
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<tr>
<td>Fourth World Conference on Women</td>
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30. Other determinants of health: water, sanitation, communication and road networks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (Year)</th>
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<tbody>
<tr>
<td>Fixed-line and mobile phone subscribers (per 100 population)</td>
<td>8 (2006)</td>
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<tr>
<td>Internet users (per 100 population)</td>
<td>0.6 (2006)</td>
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<tr>
<td>Roads paved (% of total roads)</td>
<td>Unknown</td>
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<tr>
<td>Improved water source (% of population with access)</td>
<td>72 (2006)</td>
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<tr>
<td>Improved sanitation facilities (% of urban population with access)</td>
<td>41 (2006)</td>
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