Honduras

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.

Honduras 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 Honduras is 280 per 100 000 births, which is about twice the average of 130 per 100 000 in Latin America and the Caribbean but lower than the global average of 400 per 100 000 live births.


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 Honduras is 1 in 93, higher than the average for Latin America and the Caribbean of 1 in 290 and about the same as the global figure of 1 in 92.

Demographic and health data

3. Total population (in thousands)¹

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honduras</td>
<td>6 969</td>
</tr>
</tbody>
</table>


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 Latin America and the Caribbean (for 1997–2002) were haemorrhage (uncontrolled bleeding), hypertensive disorders (high blood pressure) and obstructed labour. There are no country-specific data for Honduras.


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). In Honduras, a survey conducted in 2005 indicated a total fertility rate of 3.3 per woman.

Lead the fight for MDG 5
6. Proportions of births by urban versus rural location
Among the women interviewed in a survey conducted in 2005, about 57% of births occurred in rural areas.

The total number of births (in thousands): 198 (2005)\(^2\)

7. Perinatal mortality rate, 2005
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. In Honduras, a survey conducted in 2005 indicated a rate of 23 per 1000 pregnancies: 27 per 1000 in rural areas and 17 per 1000 in urban areas.

8. Adolescent pregnancy rate by age for girls 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. In Honduras, according to a survey conducted in 2005, women aged 17 had the highest proportion of adolescent pregnancy.

9. Adolescent pregnancy rate by urban versus rural location
At the national level, a survey conducted in 2005 reported that 4% of women aged 15–19 years were reported to be currently pregnant with their first child, with very similar rates in urban and rural areas.

10. Adolescent pregnancy by subregion
Adolescent pregnancy rates vary between different parts of Honduras. In Honduras, according to a survey conducted in 2005, the rate varied from 6.1% in Colon to 2.8% in Atlántida. Adolescent pregnancy rates can vary for many reasons including cultural norms, socioeconomic deprivation, and education, access to sexual health information and contraceptive services and supplies.
11. Unmet need for family planning, 2007 11%
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
Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. According to a survey conducted in 2005, the highest prevalence of contraceptive use was among women 30–34 and 40–44 years old.

14. Contraceptive use by subregion
Contraceptive use varies in the subregions of Honduras. According to a survey conducted in 2005, the prevalence varied from 31% in Lempira to 64% in Atlántida and Francisco Morazán.

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 2005, approximately 92% of women received ANC for their latest pregnancy that ended in a live birth. Of the pregnancies that ended in live births, approximately 92% were given ANC by a skilled provider at least once.

13. Contraceptive use by urban versus rural location
In Honduras, according to a survey conducted in 2005, 56% of currently married women use contraceptives: 62% in urban areas and 51% in rural areas.

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. According to a survey conducted in 2005, 67% of childbirths were assisted by a skilled birth attendant: 90% in urban areas and 50% in rural areas.
17. Utilization of skilled birth attendants by wealth quintile

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. In a survey conducted in 2005, the differences between the poorest and the richest socioeconomic groups are small.

The percentage of women giving birth with the assistance of a skilled attendant often varies by subregion in many countries. There are no country-specific data for Honduras.

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. In a survey conducted in 2005, 67% of pregnant women gave birth in a health facility and 33% of pregnant women gave birth at home, with the associated risks.

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 2005, 13% of births were delivered by caesarean section in Honduras: 20% in urban areas and 8% in rural areas. This could indicate an unmet need for access to adequate health system infrastructure, which needs to be met if maternal deaths are to be reduced.

21. Caesarean section by subregion

In Honduras, according to a survey conducted in 2005, subregional coverage varies from 6% in Lempira to 20% in Atlántida.

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to a survey conducted in 2005, of the babies who were weighed at birth, about 6% 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. The proportion of babies who were of low birth weight was higher in urban than in rural areas.
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 21% according to a survey conducted in 2005. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth.

24. Prevention of mother-to-child transmission of HIV
Antiretroviral drugs help to prevent the transmission of HIV from the mother to the child in pregnant women living with HIV. There are no country-specific data for Honduras.

25. Equity – gap in coverage of four major interventions by wealth quintile
Coverage of four key interventions (family planning, maternal and newborn care, immunization, and treatment of childhood illness) often varies by wealth quintiles. A coverage gap usually exists between the goal of universal coverage of everyone (universal coverage) 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. In many countries, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Achieving equity requires improving coverage levels in the poorest quintiles. There are no country-specific data for Honduras.

26. Reproductive health

27. Financial flow

28. Human resources


29. Ratification of treaties and support of international consensus

<table>
<thead>
<tr>
<th>Treaty/Conference</th>
<th>Ratification Status</th>
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</thead>
<tbody>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
<td>Yes</td>
</tr>
<tr>
<td>Convention on the Rights of the Child</td>
<td>Yes</td>
</tr>
<tr>
<td>International Covenant on Economic, Social and Cultural Rights</td>
<td>Yes</td>
</tr>
<tr>
<td>International Conference on Population and Development</td>
<td>Yes</td>
</tr>
<tr>
<td>Fourth World Conference on Women</td>
<td>Yes</td>
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</tbody>
</table>


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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</thead>
<tbody>
<tr>
<td>Fixed-line and mobile phone subscribers (per 100 population)</td>
<td>42 (2006)</td>
</tr>
<tr>
<td>Internet users (per 100 population)</td>
<td>4.9 (2006)</td>
</tr>
<tr>
<td>Roads paved (% of total roads)</td>
<td>20 (2000)</td>
</tr>
<tr>
<td>Improved water source (% of population with access)</td>
<td>84 (2006)</td>
</tr>
<tr>
<td>Improved sanitation facilities (% of urban population with access)</td>
<td>78 (2006)</td>
</tr>
</tbody>
</table>


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