













# Paradox of care seeking behavior in maternal, neonatal, and child health: Socio-economic status, choice of facilities, and continuum of care

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# Socio-economic status (SES) affects...

"Receive care or not"

- ✓ Antenatal care (ANC)
- Delivery assisted by skilled birth attendant
- ✓ Postnatal care (PNC)

"Which facility to go"

Rich tends to visit "better" facility

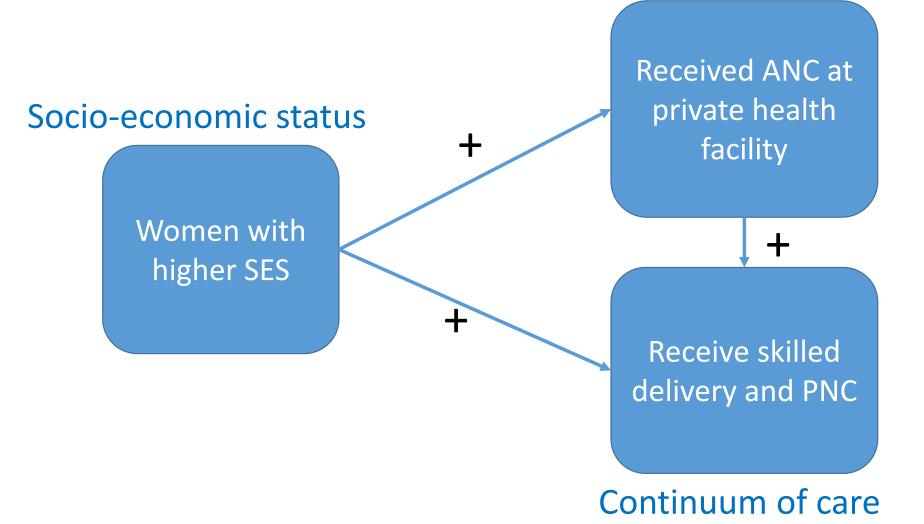
- ✓ Higher-tier public facilities
- ✓ Private facilities

#### However

Not necessarily these better facilities provide better services

Expected relationship

Choice of health facility



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# Objectives of this study

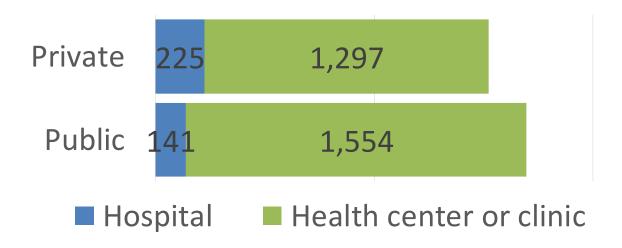
Examine how women from different SES sought care for ANC

Evaluate their continuous care seeking behavior at delivery and PNC

# Health facilities in Ghana

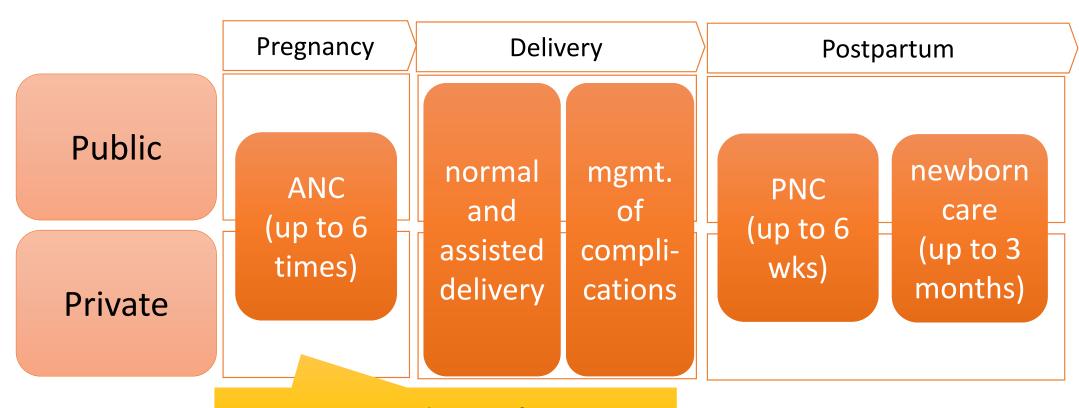
Private: 47% of all facilities

- ✓ Missionary- and private-owned
- ✓ Variety of type: Hospital to clinic/maternity home



Source: Ghana Health Service (2010)

# Fee exemption of maternal and newborn care



Women may need to pay for managing complications (e.g. ultrasonic typically available in private facility)

Dzakpasu et al. (2012), Dalaba et al. (2015)

#### Methods

# Study design and data analysis

Study site and design

- ✓ Ghana (3 health demographic surveillance sites)
- ✓ From July to September 2014
- ✓ Cross-sectional survey as the baseline of an intervention study

Inclusion criteria and sampling

- ✓ Respondents
  - Delivered within 2 years of survey, and
  - Received ANC at least once
- ✓ 1,427 women: based on two-stage random sampling

Data analysis

- Multilevel logistic regressions
  - Accounted for differences in characteristics of sub-districts

#### Methods

# Measurement

Outcome variables

- ✓ Choice of health facility at ANC
  - Public hospital
  - Private hospital or clinic
  - Community-level public health center or clinic ("CHPS")
- ✓ Received care at health facility at delivery and PNC

Variable of interest

- ✓ SES score
  - Composed of household asset variables
  - Standardized (mean = 0, standard deviation = 1)

## Results

# Background by choice of health facility at ANC

	Public hospital (1)	Private (2)	Community -level (3)	Compare (1), (2) & (3)	Compare (1) & (2)
n	594	125	728		
Age group				p=0.727	p=0.829
- 24	195	34	253		
25 - 29	148	33	172		
30 - 34	129	29	155		
35 - 39	84	17	88		
40 -	31	8	51		
Education				P<0.001	p=0.069
Not completed primary	145	34	223		
Completed primary	126	30	223		
Completed secondary	251	37	205		
Completed tertiary	65	20	68		

# Results

	Public hospital (1)	Private (2)	Community -level (3)	Compare (1), (2) & (3)	Compare (1) & (2)
Marital status				p<0.001	p=0.768
Married	318	68	531		
Cohabitating	208	43	116		
Divorced, separated, widowed	61	10	72		
SES (score)	0.29	0.42	-0.27	p<0.001	p=0.170
Birth preparedness					
(0-5)	3.46	3.44	2.91	p<0.001	p=0.887
ANC 4+	71%	76%	72%	p=0.662	p=0.372
Components of services received	2.07	2.50	2.02	. 0.020	· 0.006
at ANC (0 – 5)	2.87	2.50	2.83	p=0.030	p=0.006

#### Results

# Factors associated with skilled delivery and PNC

	AOR	p-value
Choice of facility at ANC (ref: private)		
Public hospital	3.21	0.030
Community-level	3.00	0.042
Age group (ref: 25 – 29)		
- 24	1.25	0.423
30 – 34	0.98	0.950
35 – 39	1.32	0.402
40 -	1.64	0.229
Education (ref: not completed primary)		
Completed primary	1.59	0.119
Completed secondary	1.25	0.478
Completed tertiary	1.47	0.339
SES (Score)	1.30	0.047

Note: Controlled for religion, partner's education, household size, # of children under 5 in household, SES score, intention to pregnancy, pregnancy complication, participation in national health insurance scheme

#### Discussion

# Findings

Preferred private facility and public hospital more than community-level facility

+

Women with higher SES

Affected positively, after controlling for the type of facility at ANC

Received ANC at private health facility

Receive skilled delivery and PNC At private health facility:
less components of services provided

Private facility clients at ANC: 67-69% less likely to receive delivery and PNC

### Conclusion

# **Implications**

#### Private health facilities need to be

Complied with national guideline

Monitored and supervised

Coordinated with other facilities

to ensure continuum of care regardless of the type of health facilities that women choose.

#### Presenter Disclosures

#### Akira Shibanuma

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose