

INEQUALITIES IN REPRODUCTIVE HEALTH CARE USE IN FIVE WEST-AFRICAN COUNTRIES: A DECOMPOSITION ANALYSIS OF WEALTH-BASED GAPS

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Background

Despite interventions to foster equal access to reproductive healthcare services, large within and between countries differences in population health exist in West Africa. The observed disparities in reproductive health use are partly attributable to wealth. Evidence has shown that the most vulnerable – the poor – are at a disadvantage in the progress towards horizontal equality [1, 2]. This study investigates the wealth-based inequalities in the use of reproductive health care services among women in selected West-African countries and aims to identify the main factors that contribute to these inequalities.

Design

Comparable and population-representative survey data based on a two-stage probability sampling strategy from the Demographic Health Survey of five countries Burkina Faso, Niger, Nigeria, Ghana, and Senegal are employed [3]. We used the Fairlie decomposition method [4] to quantify the contribution of maternal socio-demographic characteristics to observed disparities in exposure to planning information, use of modern contraceptives, adequate use of antenatal care visits, and facility-based delivery between low-wealth and high-wealth women. The method computes the difference in the probability (Fig. 1) of a reproductive health service use outcome between women in low-wealth and high-wealth households and estimates the explained portion of the gap that is due to differences in the distribution of characteristics between the two groups. The contribution of each of the variables to the gap is also quantified.

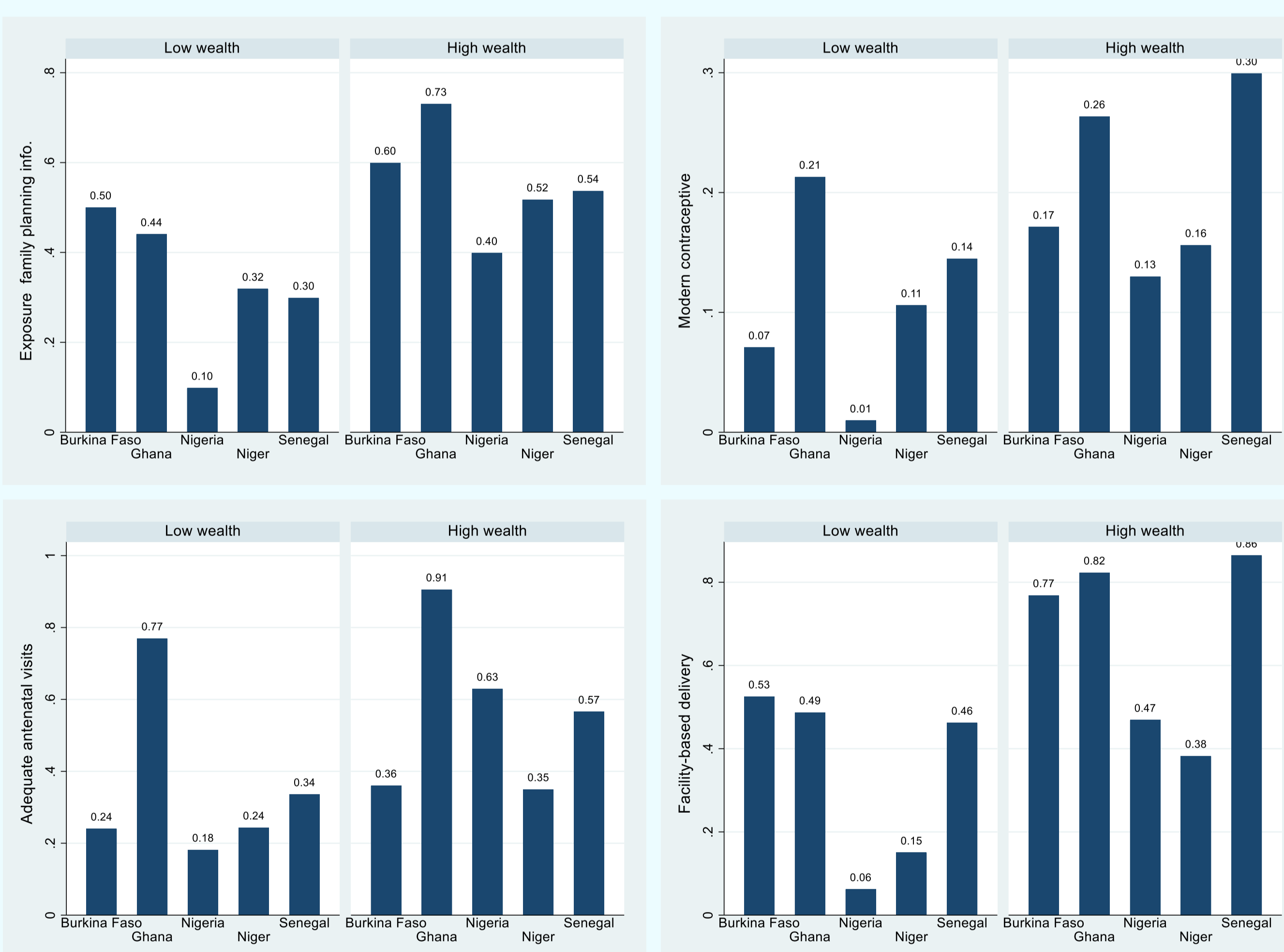


Figure 1: Mean of reproductive health care service use in the countries, by wealth category

References

1. Victora, C.G., et al., *The Inverse Equity Hypothesis: Analyses of Institutional Deliveries in 286 National Surveys*. Am J Public Health, 2018. **108**(4): p. 464-471.
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3. Demographic Health Surveys. *DHS Methodology*. 2018 [cited 2017 19 Dec]; Available from: <https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Methodology.cfm>.
4. Fairlie, R.W., *The absence of the African-American owned business: An analysis of the dynamics of self-employment*. Journal of Labor Economics, 1999. **17**(1): p. 80-108.

Findings

Differences in characteristics between the low- and high-wealth groups explain at least 40% of the gap in exposure to family planning information, 30% in modern contraceptive use, 24% in adequate antenatal care visits, 47% of the difference in facility-based delivery, and 62% in C-Section (Fig. 2). Lack of information on pregnancy complications, living in rural residence, religion, lack of autonomy in health facility seeking decision, need to pay, and distance explains the disparity in reproductive health care use across all countries (Fig. 3). In countries with complete fee exemption policies for specific groups in the population, Ghana, Niger, and Senegal, the inequality gaps between wealth groups in having an adequate number of antenatal care visits and facility-based childbirth are smaller than in countries with partial or no exemption policies. But this is not the case for C-section.

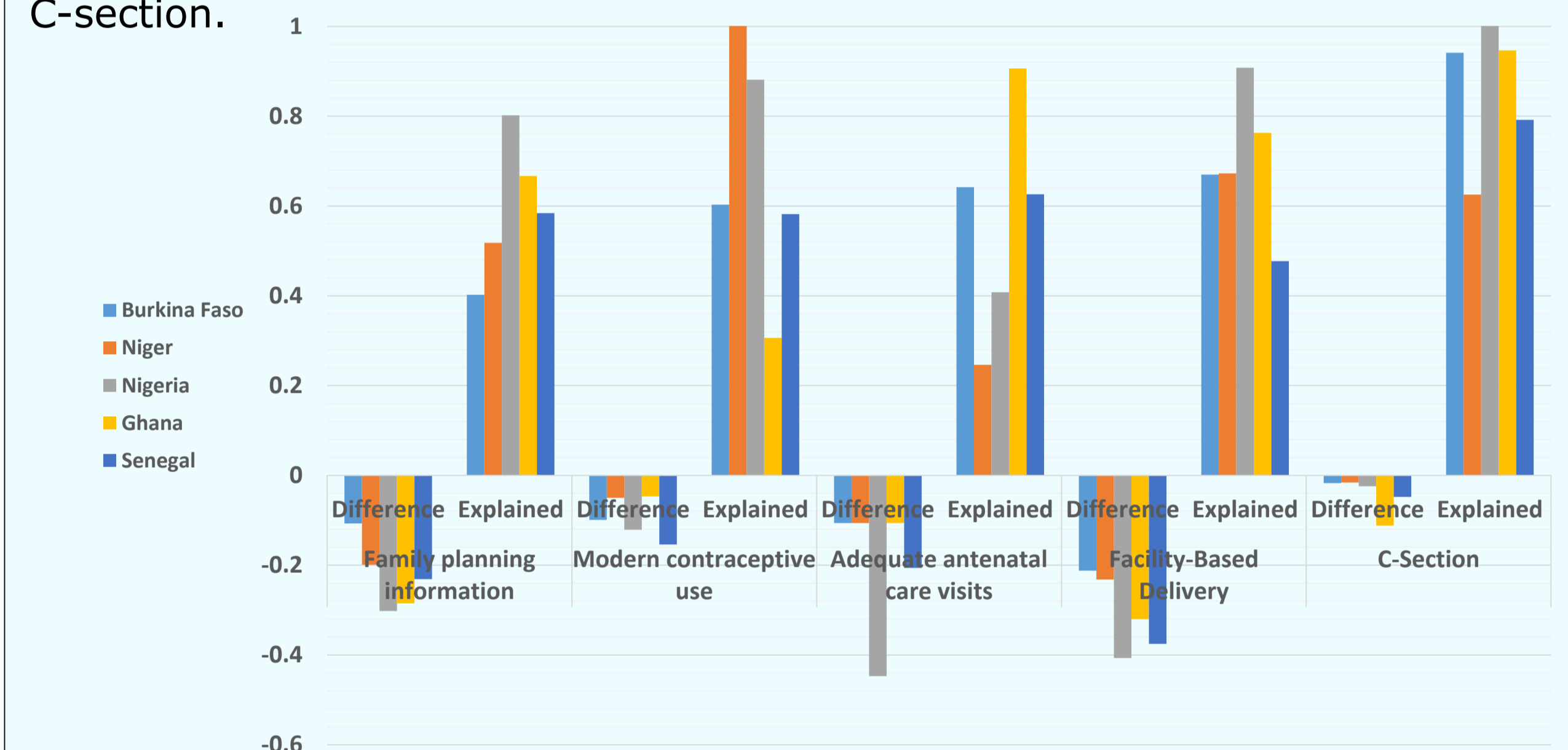


Figure 2: Gap in use of reproductive health care services between low-and high-wealth women

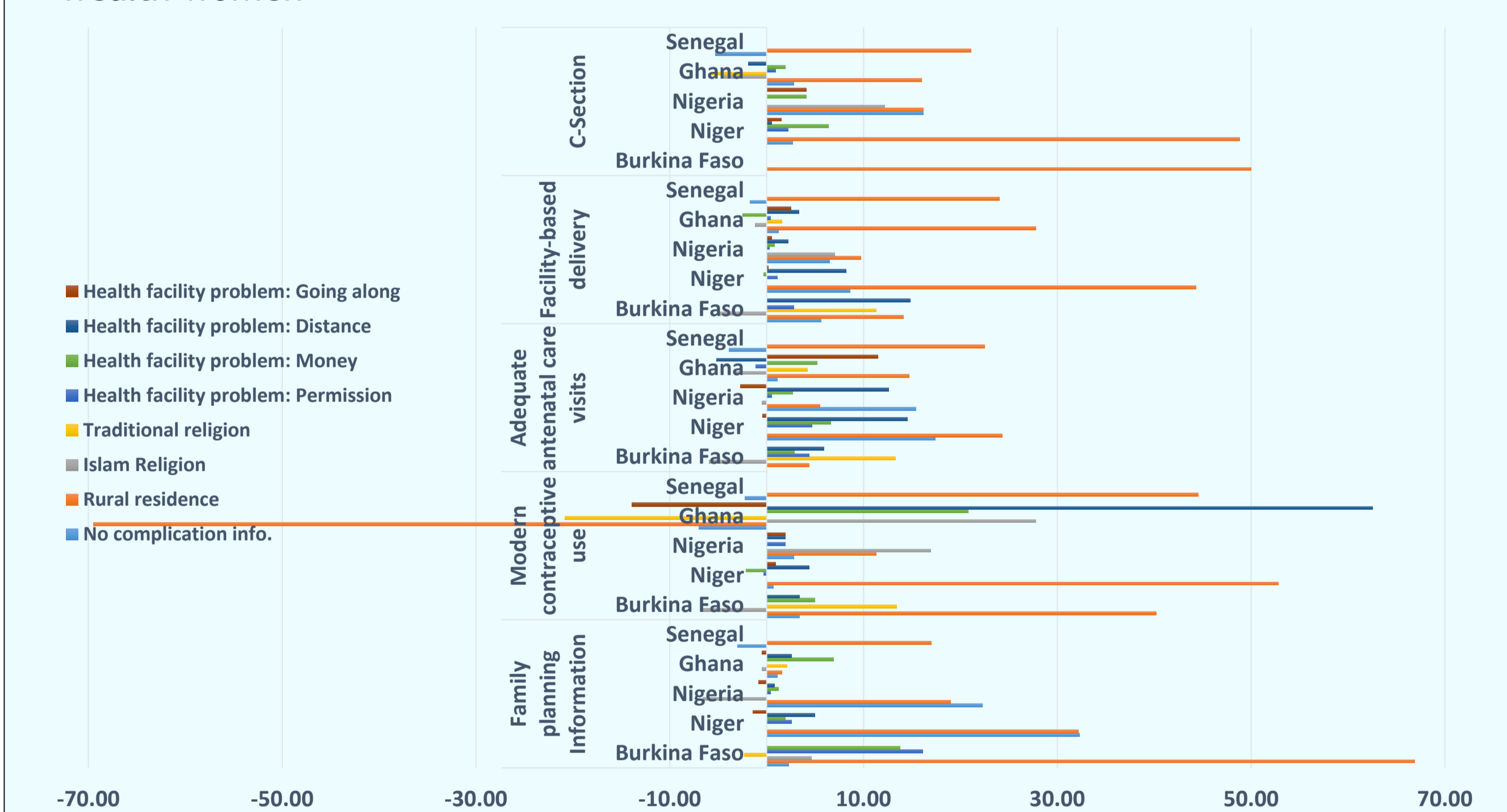


Figure 3: Contribution of selected maternal characteristics to the explained portion of reproductive health care service use

* The model explains 100% of the gap; the rest is noise due to the fact that the unexplained portion is negative.
 ** Negative estimates indicate that wealth differences in the independent variable increase the wealth gap (i.e. reduce the probability) in reproductive health care service use.

Conclusion

There is evidence that current policies addressing the cost of maternal care services may increase the wealth-based inequality in maternal care use if socio-demographic differences are not addressed. Public health interventions are needed to target socio-demographic disparities and health facility seeking problems that disadvantage women in poor households.