

Patterns of Utilization and Equity in Antenatal Care Across Seven Countdown Countries: A Cross-Cutting Analysis

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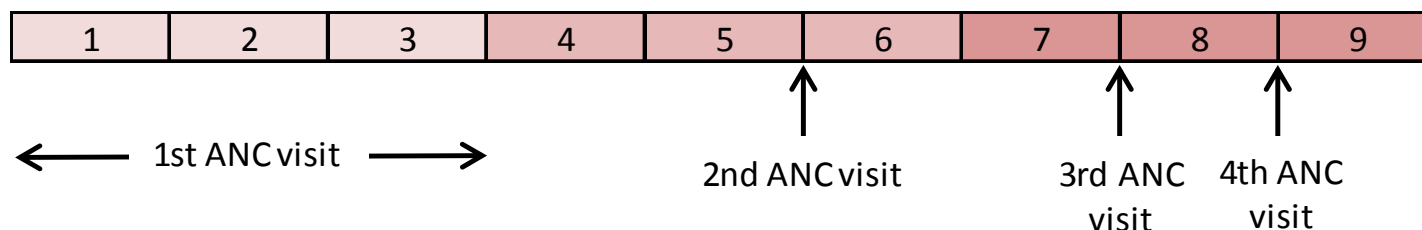
Outline

- Importance of ANC
- ANC study objectives
- Methodology
- Results
- Discussion
- Recommendations and conclusion

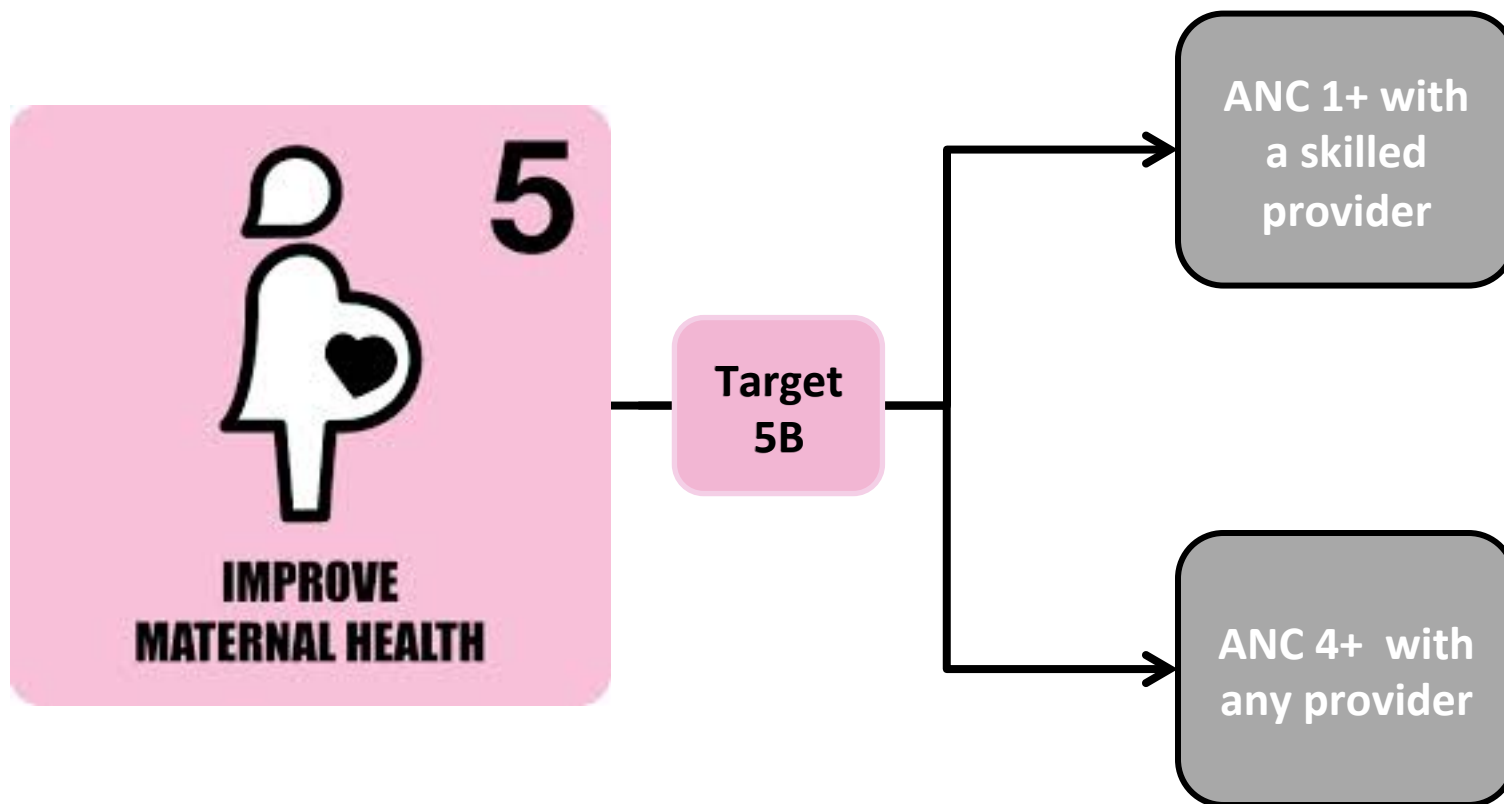


The Importance of Antenatal Care

- Globally, antenatal care (ANC) coverage is a success story
- The benefits of ANC are numerous
- The WHO recommends each woman receive a minimum of four goal-oriented or focused ANC visits for low-risk deliveries, to be supervised or attended by a skilled provider



The Globally Measured Indicators



The ANC Study Objectives

- To examine and understand the underlying patterns of ANC utilization that are not revealed when relying solely on the globally measured ANC indicators
- To identify whether a significant drop-off in utilization occurs after a certain number of visits
- To examine the characteristics of women who make more versus fewer visits



Data & Methodology

- **Data:** Recent nationally representative household surveys (DHS) from seven Countdown countries – Bangladesh 2011, Cambodia 2010, Cameroon 2011, Nepal 2011, Peru 2012, Senegal 2010 & Uganda 2011



Data & Methodology

- **Data:** Recent nationally representative household surveys (DHS) from seven Countdown countries – Bangladesh 2011, Cambodia 2010, Cameroon 2011, Nepal 2011, Peru 2012, Senegal 2010 & Uganda 2011
- **Methodology:**
 - Descriptive analysis - distribution of reported ANC visits by provider type and content interventions received
 - Equity analysis – distribution of ANC visits by each of three dimensions: Household wealth quintile, woman's education and place of residence
 - Contextual data collection of policies and programs in the study countries performed via a standard questionnaire completed by informants.



ANC Secondary Analyses

RESULTS



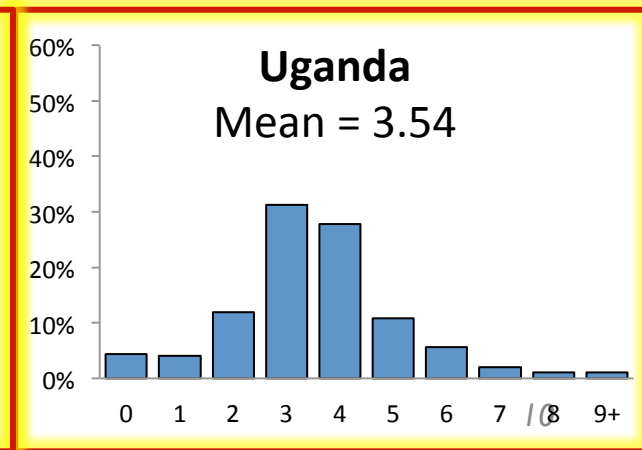
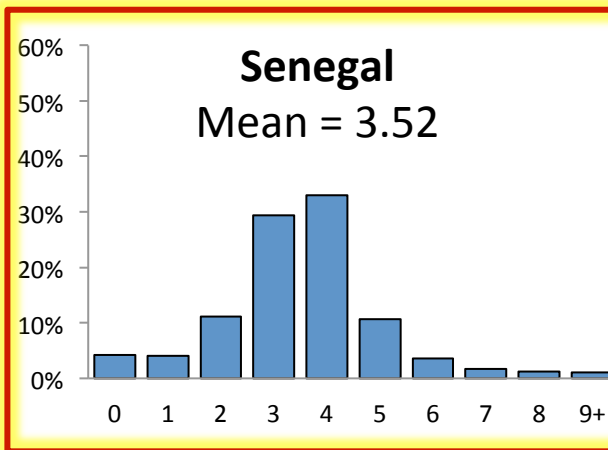
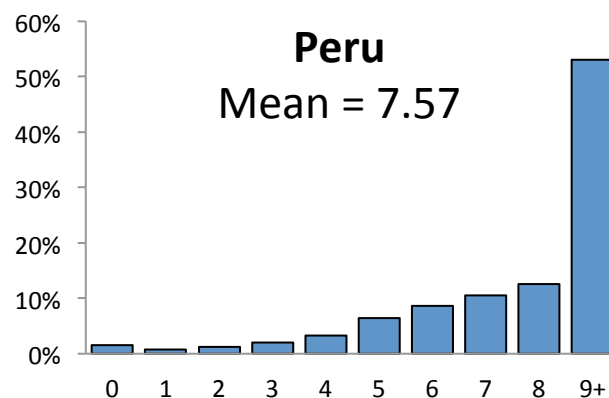
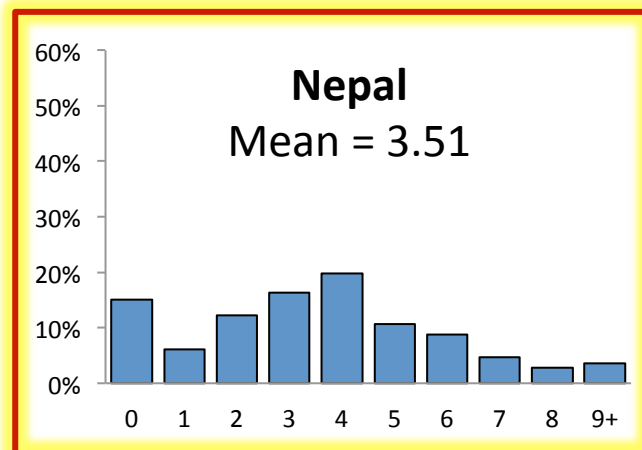
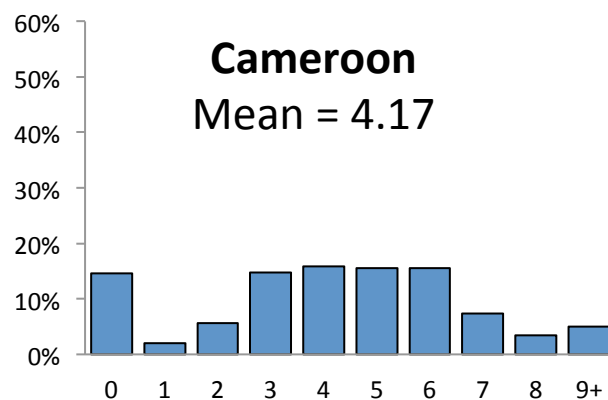
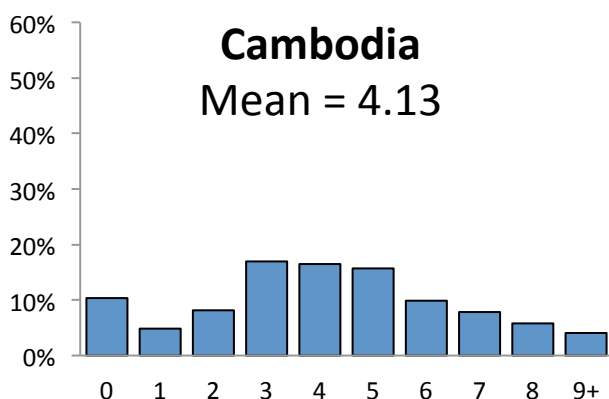
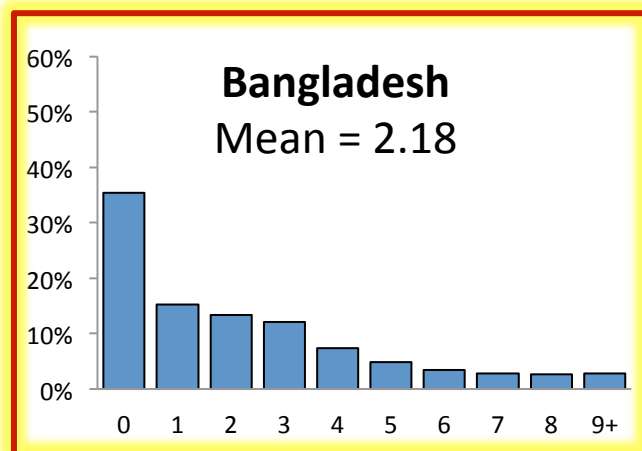
The ANC Indicators in the Study Countries

	ANC 1+ (with a <u>skilled</u> provider)	ANC 4+ (with <u>any</u> provider)	Proportion of ANC 4+ included in ANC 1+
Bangladesh 2011	51.7%	23.9%	83.4%
Cambodia 2010	89.1%	59.6%	99.7%
Cameroon 2011	84.9%	62.9%	99.7%
Nepal 2011	58.2%	50.1%	79.8%
Peru 2012	96.0%	94.4%	97.6%
Senegal 2010	93.2%	51.2%	98.1%
Uganda 2011	94.8%	48.5%	99.3%

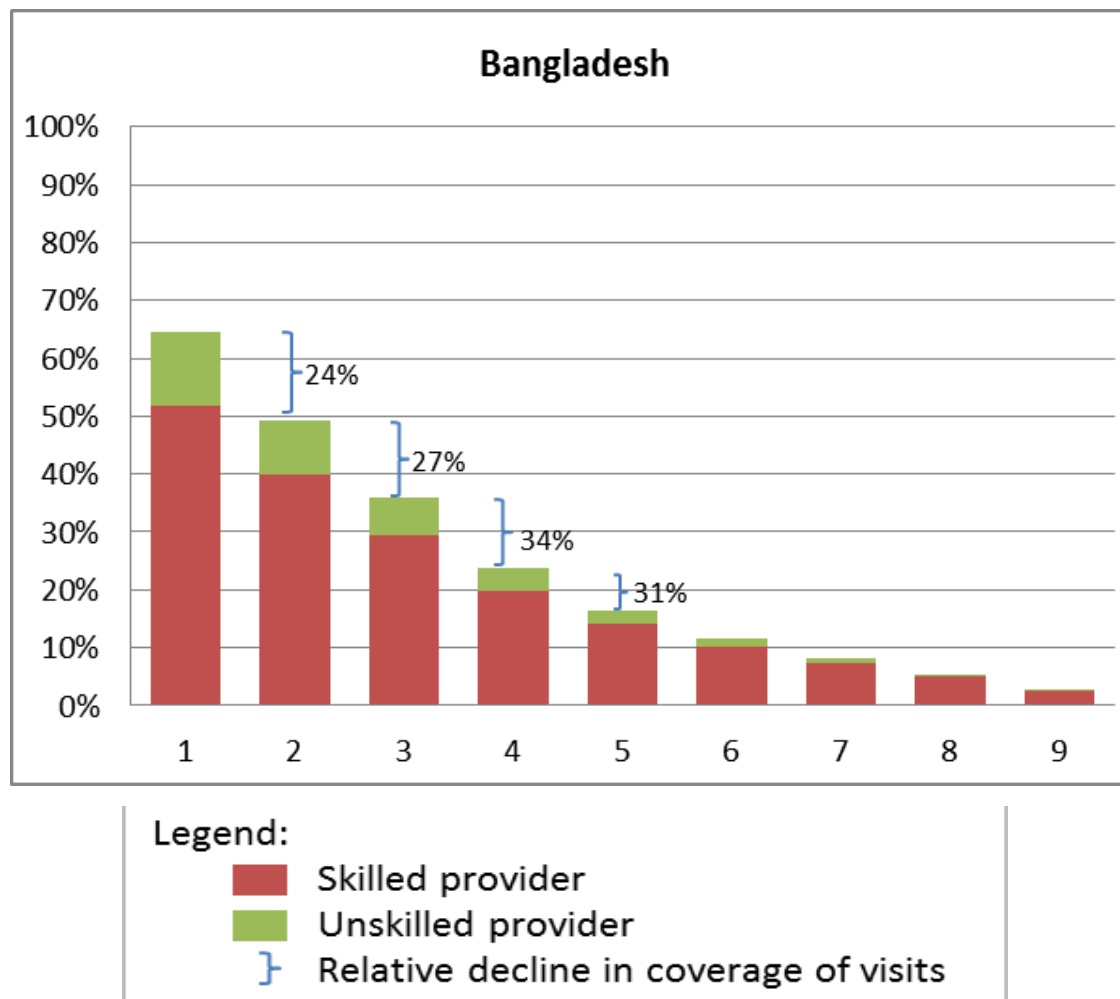


Percentage of women reporting 1 to 9+ ANC visits for their most recent births

- Each country has a unique pattern of ANC utilization
- Four of the seven study countries have a mean number of ANC visits lower than four visits

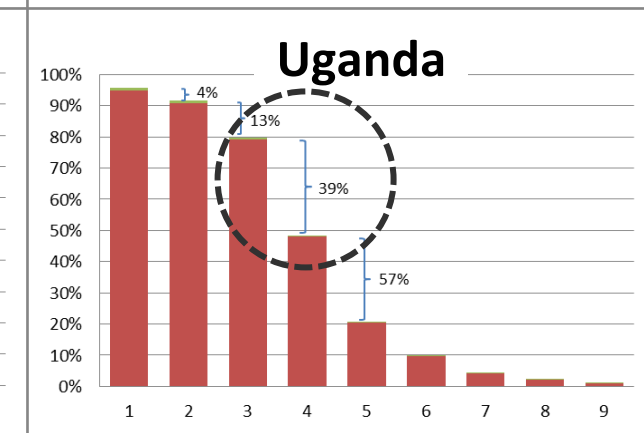
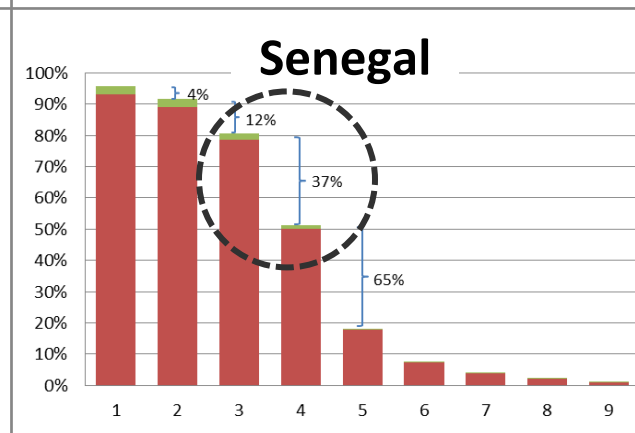
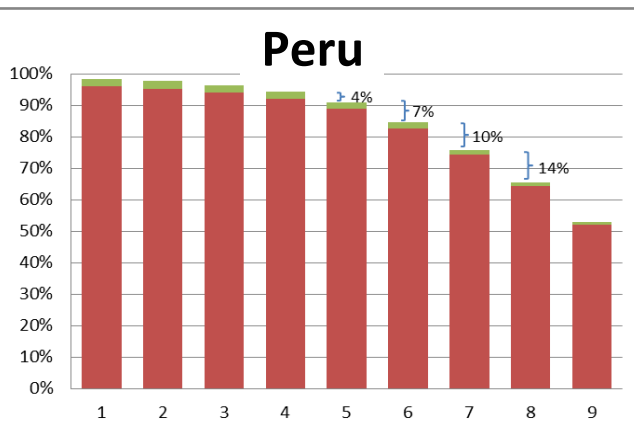
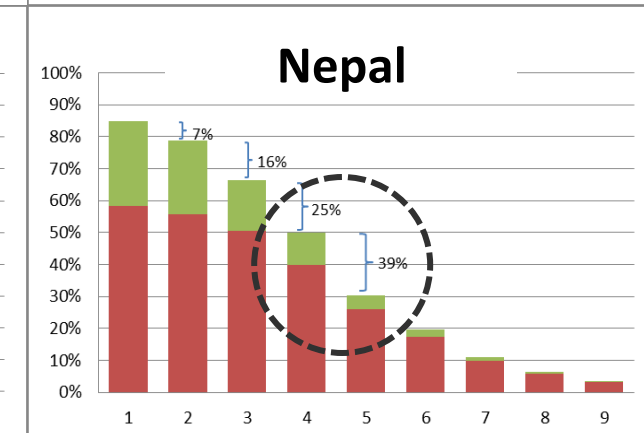
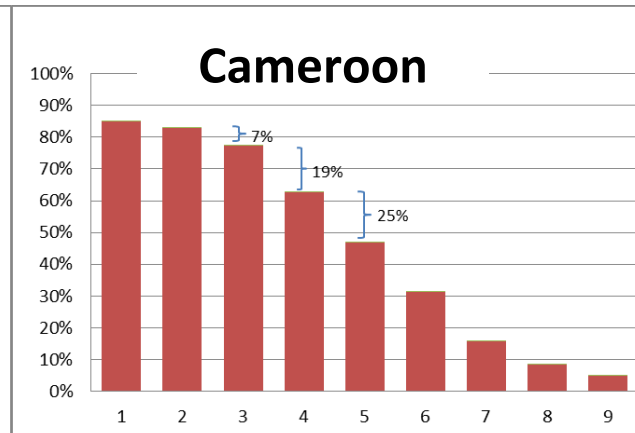
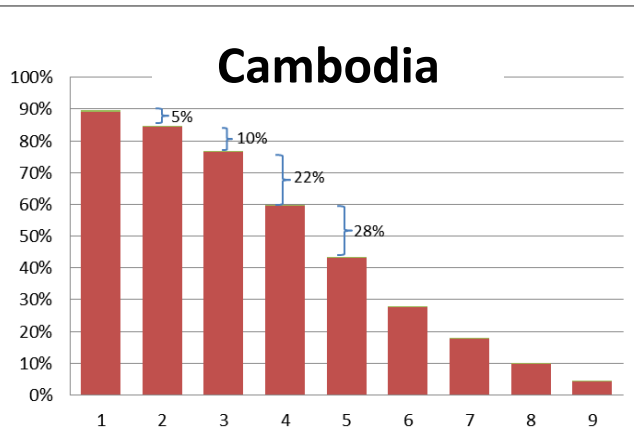
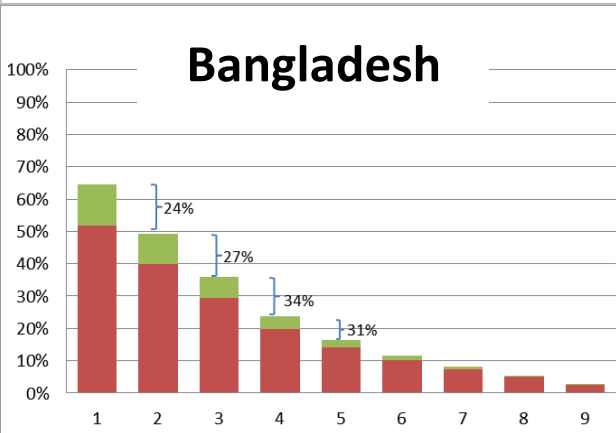
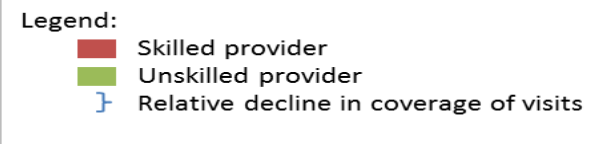


Cumulative percentage of women by number of ANC visits and type of provider

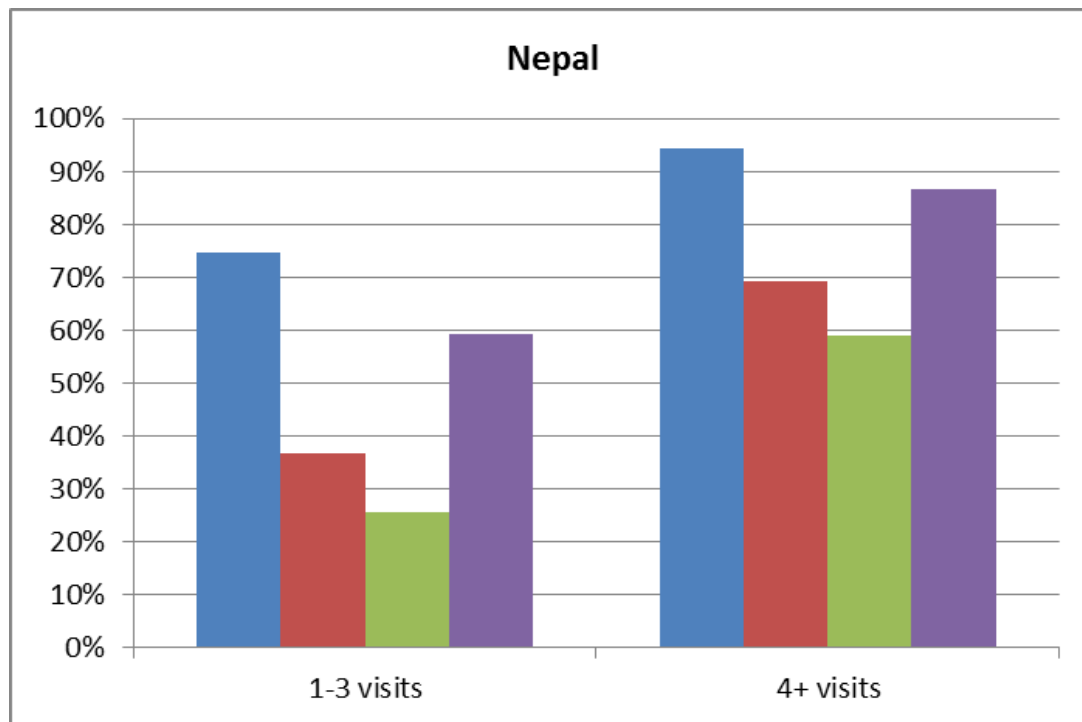


Cumulative percentage of women by number of ANC visits and type of provider

- Women usually see a skilled provider for at least one ANC visit
- Presence of a pronounced drop-off in three countries



Percentage of women receiving content interventions during any ANC visit among women reporting 1-3 visits or 4+ visits



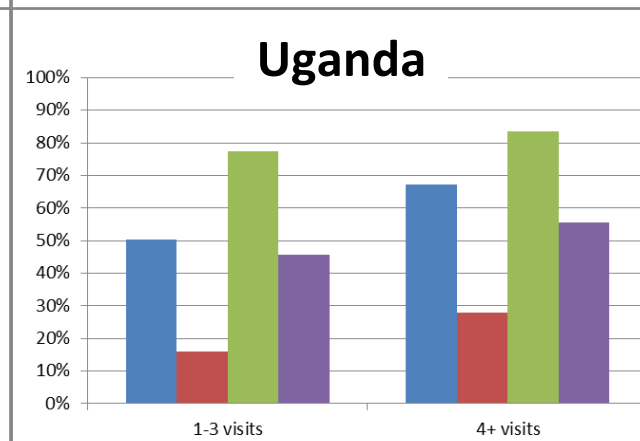
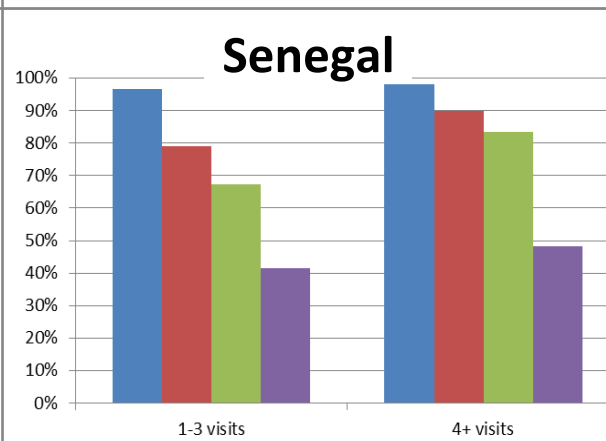
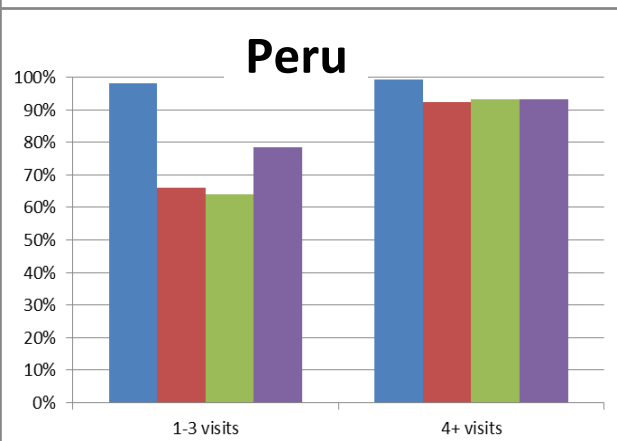
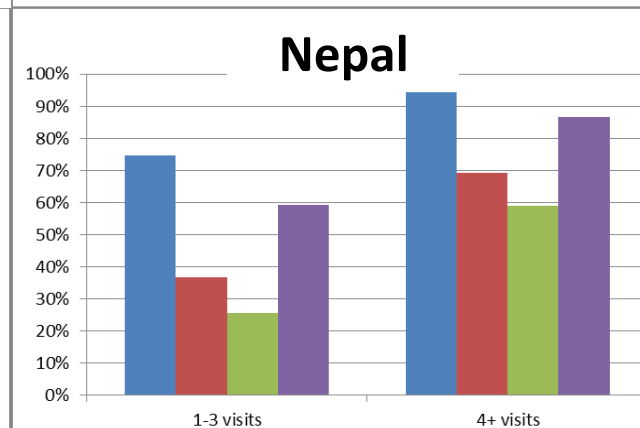
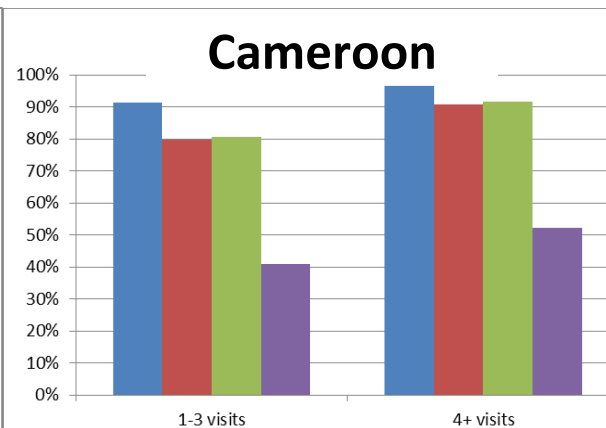
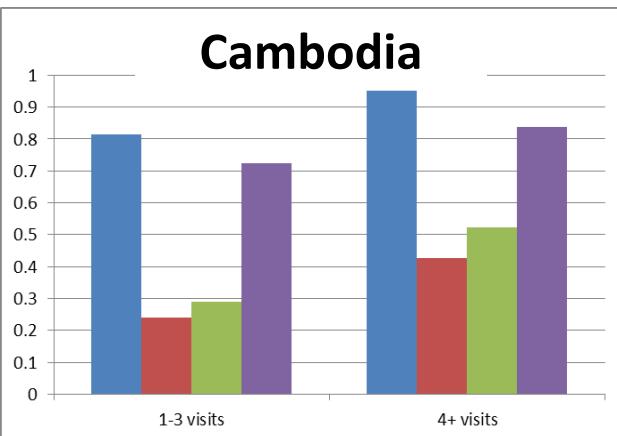
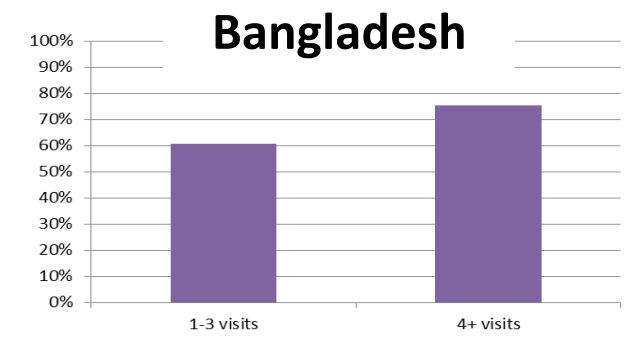
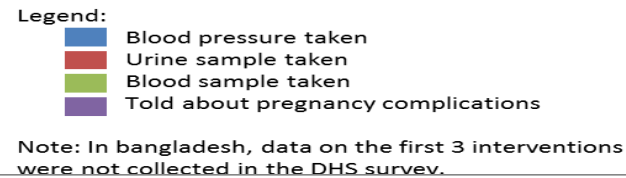
Legend:

- Blood pressure taken
- Urine sample taken
- Blood sample taken
- Told about pregnancy complications

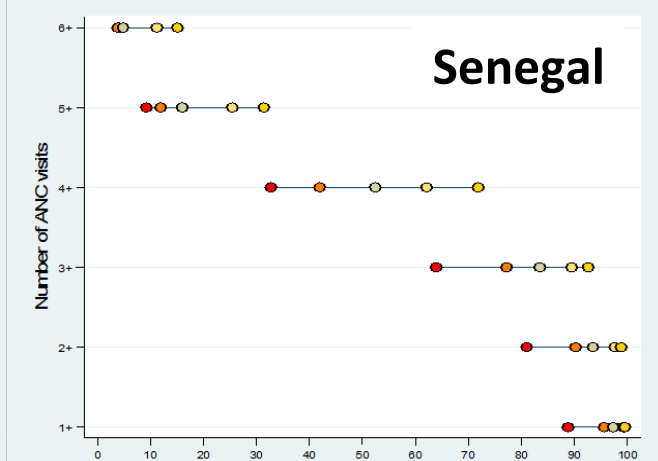
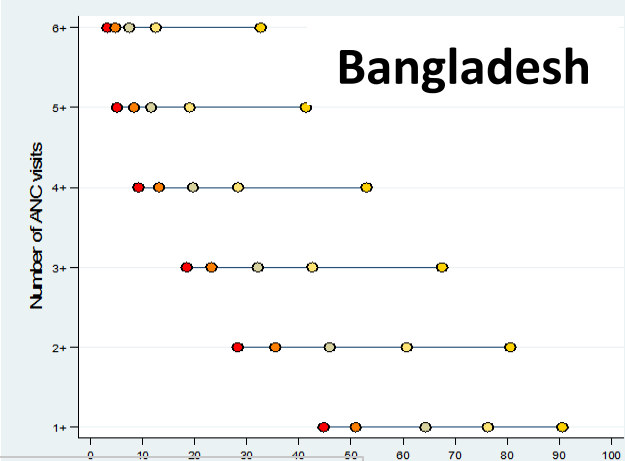


Percentage of women receiving content interventions during any ANC visit among women reporting 1-3 visits or 4+ visits

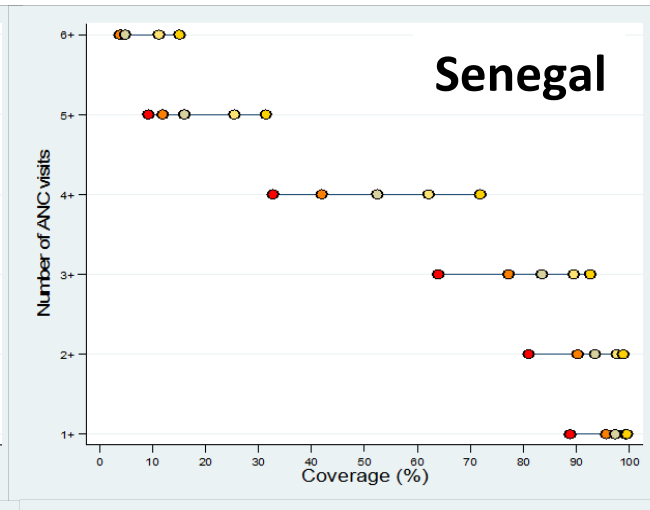
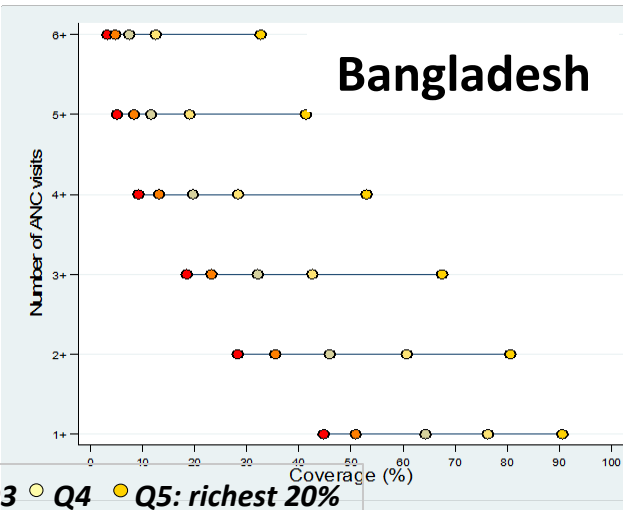
- Women who report 4+ visits seem to report receiving more content interventions
- Coverage of evidence-based content interventions is not universal even among women reporting 4+ visits



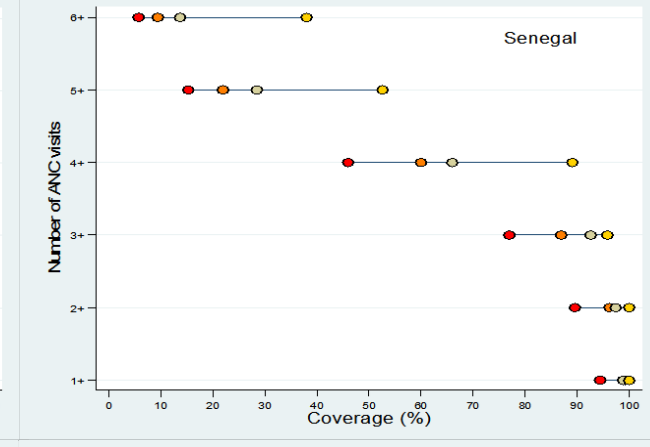
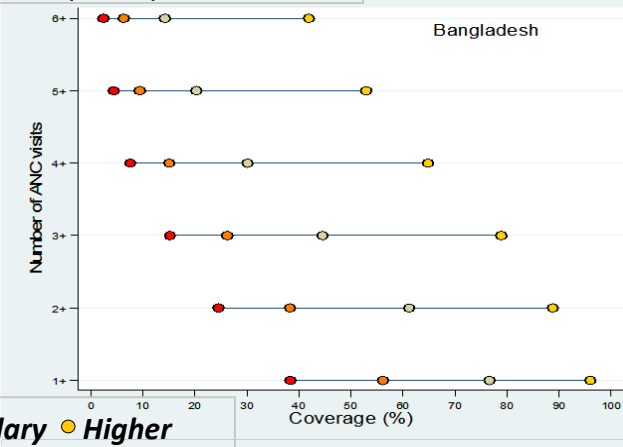
Percentage of women
by number of ANC
visits and household
wealth quintile



Percentage of women by number of ANC visits and household wealth quintile

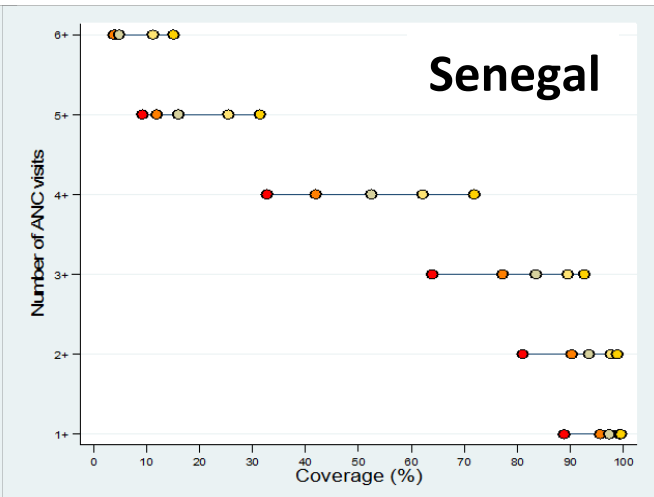
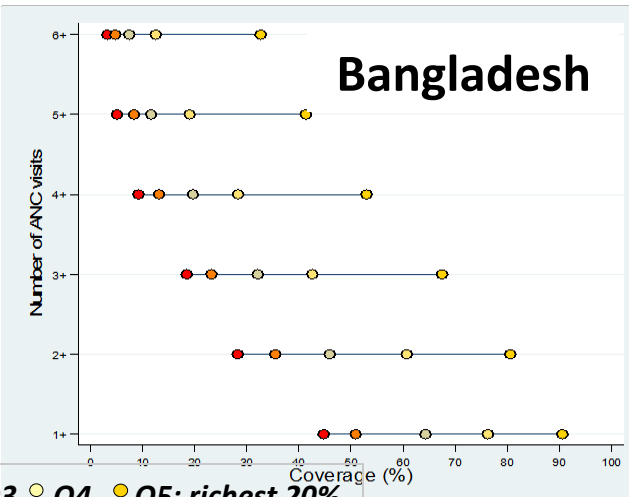


Woman's education



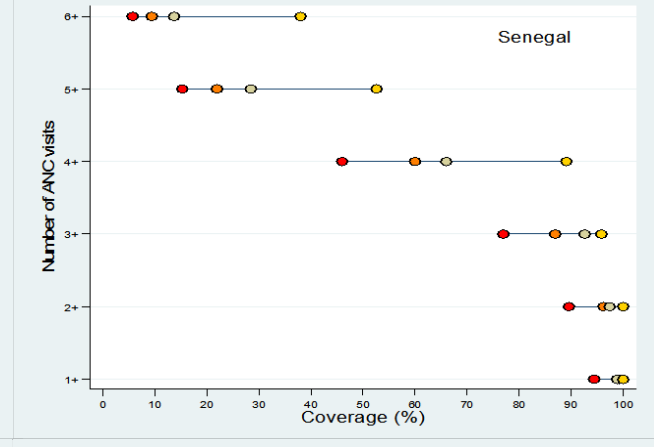
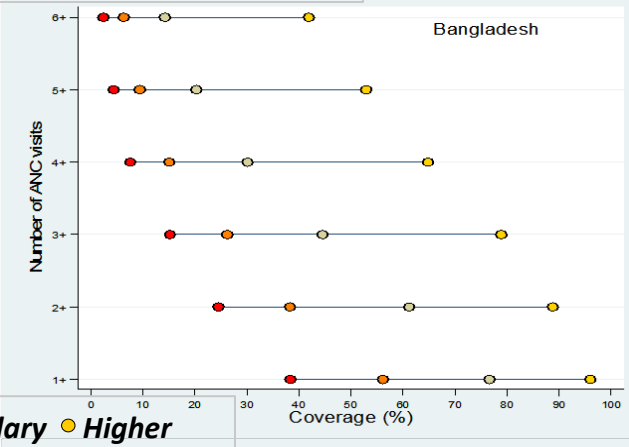
Percentage of women by number of ANC visits and household wealth quintile

Wealth quintiles: ● Q1: poorest 20% ● Q2 ● Q3 ● Q4 ● Q5: richest 20%



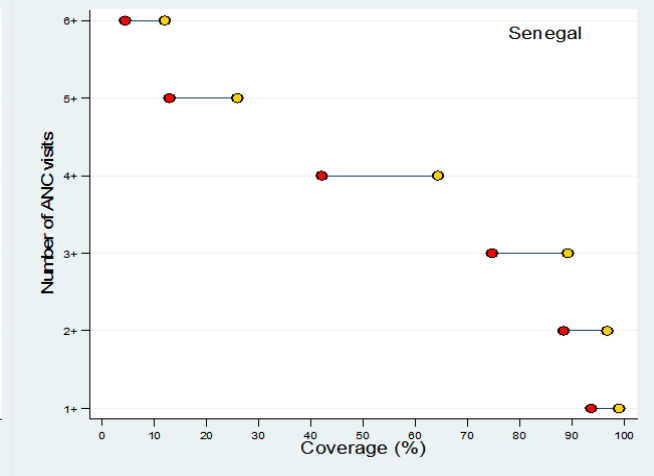
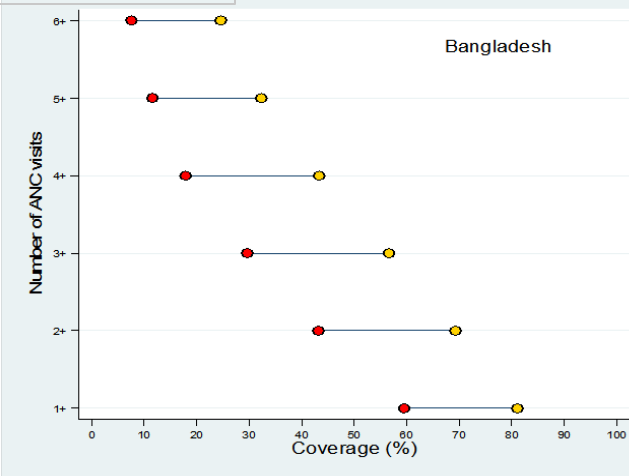
Woman's education

Educational level: ● None ● Primary ● Secondary ● Higher



Place of residence

Place of residence: ● Rural ● Urban

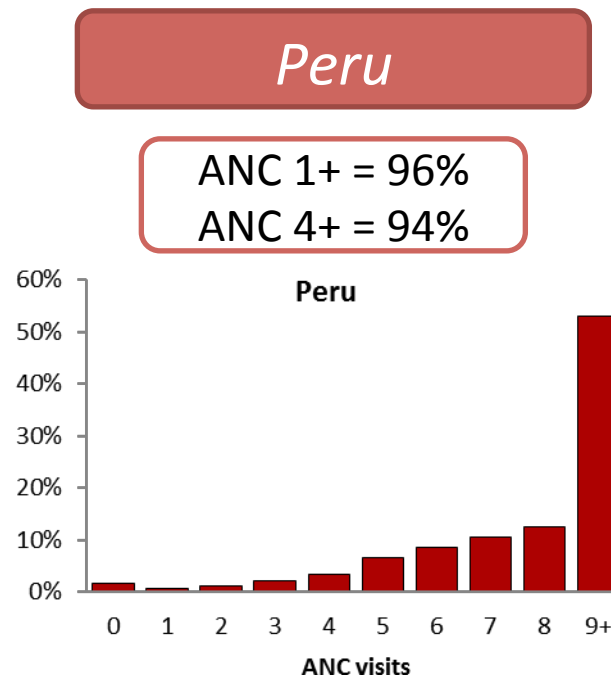
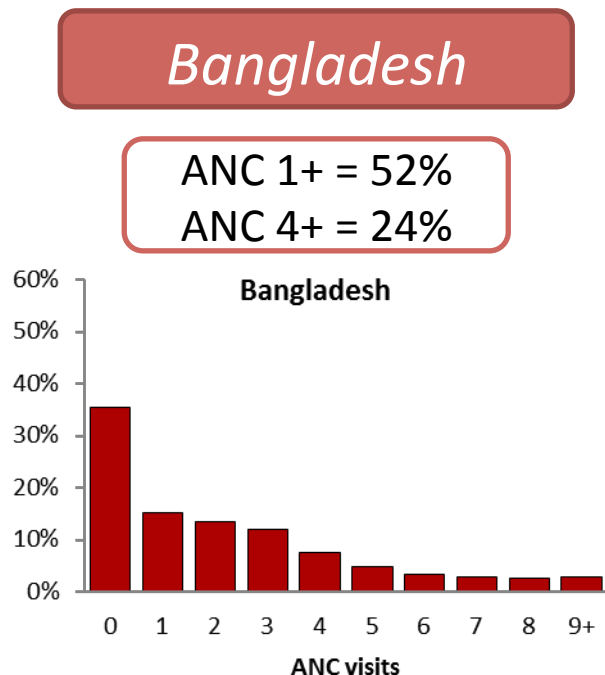


Descriptive Review of ANC-Related National Policies and Programs

- All countries recommend 4 scheduled ANC visits, with the exception of Peru, where the recommendation is a minimum of 6 ANC visits
- Guidelines usually include a description of where ANC is provided and who provides care
- Specific policies and efforts to tackle inequalities were noted in Bangladesh, Cambodia, Cameroon, Peru, Senegal and Uganda
 - No user fees are charged when using public services in Bangladesh, Nepal and Uganda
 - Incentive schemes for women have been noted in each country except Cameroon



The Two Extremes of ANC Utilization Patterns



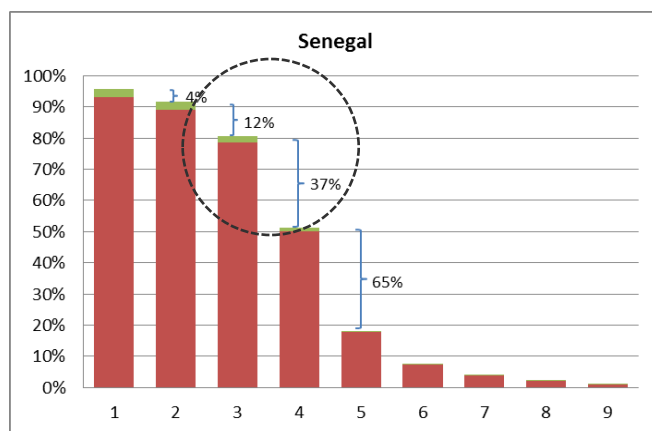
- Both countries have comprehensive policies, guidelines and strategies related to ANC.
- Peru is the only study country where the ANC recommendation is a minimum of 6 scheduled visits.

A Noticeable Drop-Off

Senegal

ANC 1+ = 93%

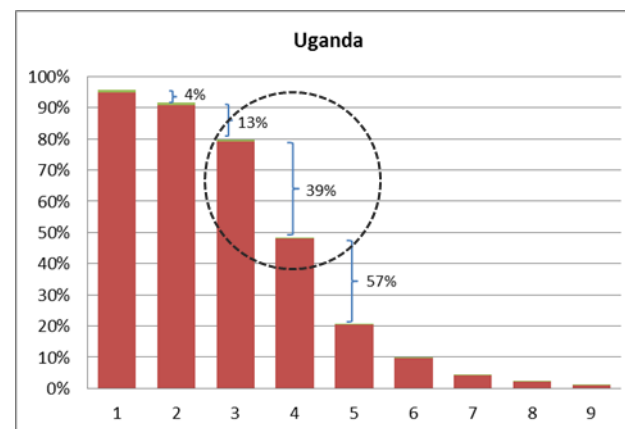
ANC 4+ = 51%



Uganda

ANC 1+ = 95%

ANC 4+ = 49%



- In Senegal: The nationally recommended number of ANC visits was modified from 3 to 4 visits between 2002 and 2005.
- In Uganda:
 - ANC is initiated in the second (66%) and third trimesters (13%)
 - ANC is a platform for PMTCT care and treatment



Skilled versus Un-skilled Providers

Bangladesh

ANC 1+ = 52%

ANC 4+ = 24%

Nepal

ANC 1+ = 58%

ANC 4+ = 50%

- Guidelines permitted unskilled providers to offer certain ANC services in both countries
- In Bangladesh: At community level, some of the workers, now considered unskilled for ANC, used to provide ANC services at primary facilities and household level
- In Nepal: varying definitions of skilled providers. Unskilled providers (e.g. health assistants, auxiliary health workers, maternal and child health workers, and village health workers) were reported as trained professionals in country related reports.



Discussion

- ANC 1+ and ANC 4+ → useful to provide an overall idea of the proportions of ANC utilization in countries
- Descriptive and contextual data → offered a better understanding of each country's ANC utilization pattern and the characteristics of women not currently receiving adequate care
- More emphasis needs to be put on receiving evidence-based content interventions rather than the proportion of ANC visits with a skilled provider



Discussion

- Inequality in coverage of ANC among women of different household wealth quintiles, women's educational levels and place of residence needs to be tackled
- We were often unable to obtain full and relevant information on barriers to ANC utilization. Yet, qualitative studies exploring barriers to ANC provide useful insights to understanding the patterns of utilization



Recommendations and Conclusion

- To get closer to achieving universal health coverage worldwide, we suggest **specific in-country assessments**, and perhaps trying different models of ANC to find ways to improve the **number of visits**, the **timeliness of visits**, and to increase the **provision of evidence-based content interventions**
- Most maternal deaths are preventable, and the causes of these deaths are known. By **increasing investment** in providing **quality** maternity, antenatal, and post-partum care, life-saving interventions may be administered properly and in a timely manner by skilled health providers to help improve maternal and neonatal health and their survival



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THANK YOU!

