

The role of access barriers on maternal healthcare uptake in sub-Saharan African countries: a propensity score-matched analysis

Poster
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Daniel G Belay, Jennifer Dunne¹, Zohra S. Lassi², Tesfaye S. Mengistu³, Melaku Birhanu Alemu¹, Richard Norman¹, Gavin Pereira¹, **Gizachew A. Tessema^{1,2}**

1. Curtin School of Population Health, Curtin University, WA, Australia; 2. School of Public Health, University of Adelaide, Adelaide, SA, Australia; 3. Mater Research Institute, University of Queensland, Brisbane, QLD, Australia

Background

- Sub-Saharan Africa (SSA) accounted for about 70% of global maternal deaths.
- Maternal mortality rate: 554 maternal deaths per 100,000 live births (cf global: 223 per 100,000 live births)
- Some evidence shows barriers to accessing maternal health services are partly attributed to high rate of maternal mortality.
- Evidence is required to understand the disparity and the role of barriers to healthcare access on maternal health services uptake in SSA.

Aim

This study aims to assess the role of healthcare access barriers on maternal health services uptake in SSA.

Methods

- **Data source:** Data from 14 SSA countries with latest Demographic and Health Survey (DHS) (2017-2021)
- **Participants:** 31,553 women who had given birth in the past year were included.
- **Outcome:** at least one antenatal care (ANC) uptake, health facility childbirth, and early postnatal care (PNC) uptake.
- **Exposure:** healthcare access barriers: one of the following challenges: i) difficulty obtaining permission to visit health facility, ii) financial challenges in covering healthcare expenses, iii) having a significant travel distance to reach a health facility, iv) reluctant in visiting health facilities alone.
- **Matching variables/confounders:** maternal education level, household wealth status, access to media, parity, residence, and country.
- **Analysis:** The logit propensity score matched (PSM) analysis.

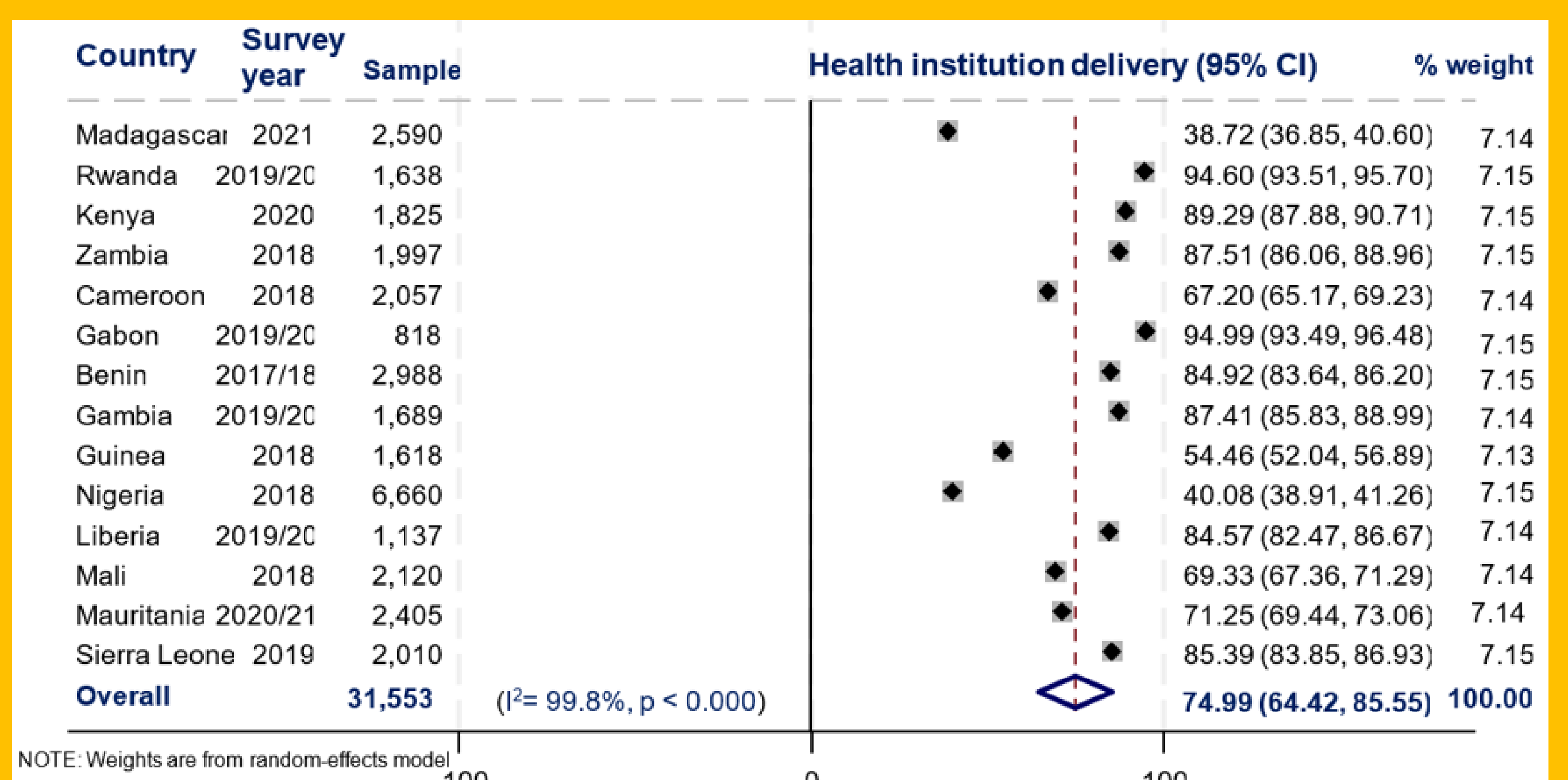
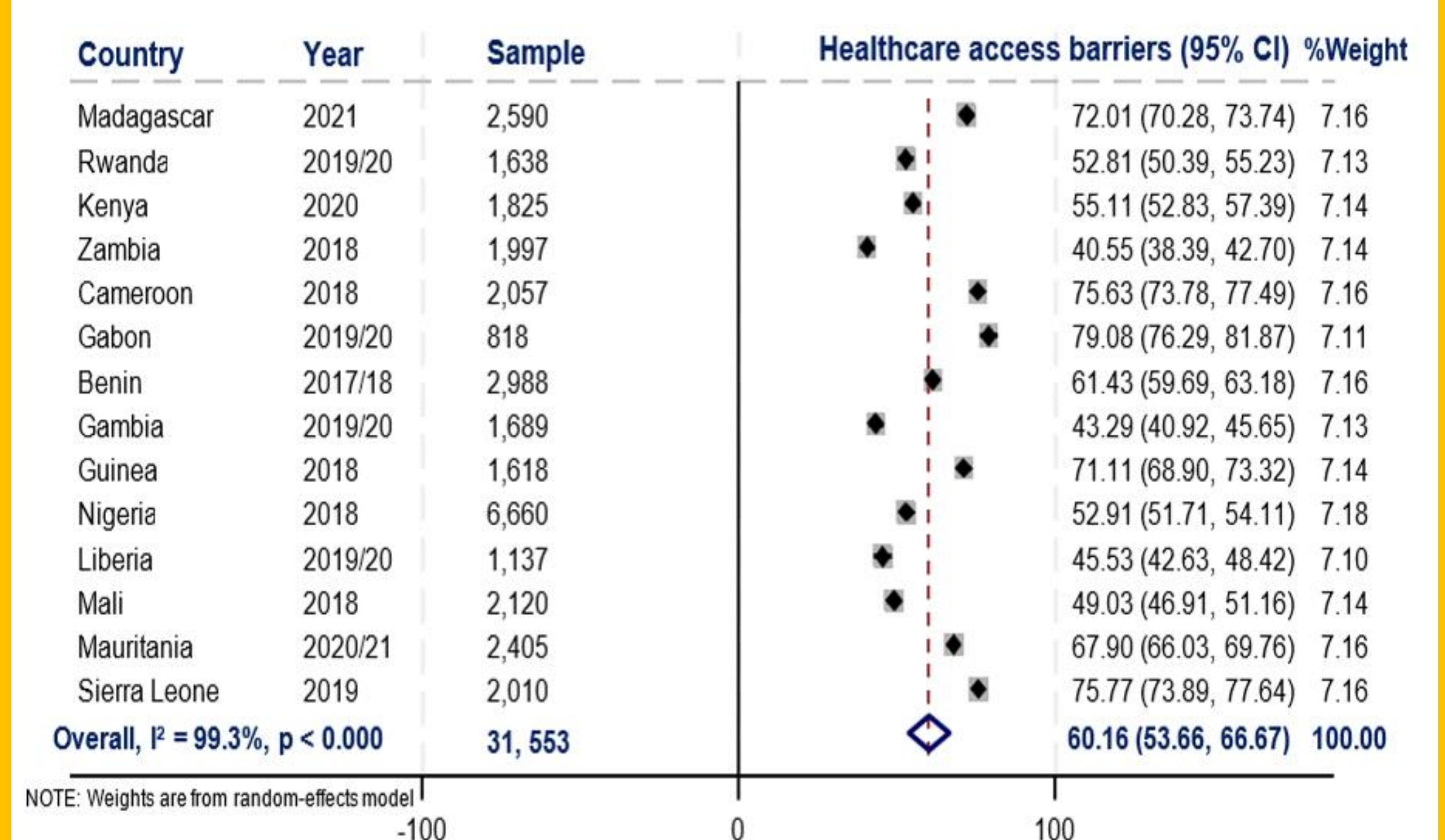
Results

Characteristics

- Approximately half (45.4%) of the participants were between 25-34 years with a median age of 27 years (interquartile range (IQR) = 10 years)
- Almost two-fifth (39.0%) of women had less than primary education
- More than three-fifths (63.3%) of women were from rural residence.

Key findings

- Sixty percent of women in the SSA (95% CI: 54-67) reported having barriers to accessing healthcare services mainly related to getting money to cover healthcare expenses (51%) and distance to health facilities (35%).
- Barriers to accessing healthcare were associated with an 8% reduction in the likelihood of having institutional birth (average treatment effect on the treated (ATT) = -0.08 (standard error (SE): 0.016).
- However, there was insufficient evidence for differences in the uptake of ANC and PNC between the treated treatment and control groups.



Conclusion

- About three-fifths of women have reported barriers to accessing healthcare services
- Barriers to accessing healthcare were significantly reduced health facility childbirth in SSA countries
- These findings underscore the need for public health programs to reduce these barriers and eventually improve institutional birth.