

Decomposing sociodemographic and economic factors associated with women utilization of prenatal health care services in Malawi

Kennedy Machira¹ and Martin Palamuleni²

¹Faculty of Health and Social Sciences, Population Unit, North-West University (Mafikeng Campus), Mmabatho, Republic of South Africa

Email: kmachila30@gmail.com

²Population Unit and Research Focus Area "Population and Health" North-West University (Mafikeng Campus). Republic of South Africa

Abstract

Introduction

Socio demographic and economic factors have been linked to health care utilization among women in both developing and developed countries of the world. This consequently result in slow progress in improved maternal health outcome in sub Saharan Africa and countries such as Malawi in particular to continue experiencing high maternal mortality equivalence as higher as 510 deaths per 100 000 live births. In view of this development, numerous campaigns aimed at improving the health well-being of the women thorough health care services utilization has been the country strategy over the past decades. Among them include, safe motherhood initiatives, focused antenatal care programmes and family planning programme initiatives. The believe was that once the women have access to the health care facilities, their likelihood of getting professional health advice regarding their health and that of the new born is to increase tremendously and such development could result reducing worst case maternal child health outcome. Over time, scholarly works did attributed the challenge to women's sociodemographic and economic factors in general without understanding the relative contribution that each factors have on health care service utilization choices including prenatal care utilization. With the above brief background, the study exploration on the relative contributions regarding women's sociodemographic and economic factors association to prenatal health care utilization in Malawi cannot be overemphasized.

Objective

The study investigated the relative contributions that women's sociodemographic and economic factors have on prenatal care service utilization in Malawi.

Methodology

The study used data from three waves of Malawi Demographic and Health Survey for the years 2000, 2006 and 2010 to establish the contributions that the explanatory variables have on women's prenatal health care service utilization. In addition, the study used birth recode which had 40442 women responses in the year 2000, 32,815 responses in 2006 and 67 917 responses in 2010 women. Of these women, 91.6% had 4 and over times antenatal care visits in 2000, 91.5% in 2006 and 89.5% in 2010. The birth record was significant as it take into consideration birth history of the mother which was necessary applicable to be used to test hypotheses of the study. On the same note, the choice of the three waves to identify the levels of contributions that the explanatory variables have on prenatal health care utilization overtime in Malawi. The study used a multi-level decomposition approach to hypothesize the relationship between explanatory and outcome and determine the contribution levels of the factors over the period of study.

Results

The results indicate that age of the mother was among the dominant positive individual factor contributing about 32% ($p=0.001$) in year 2000, about 80% ($p=0.001$) in the year 2006 and as low as 9.9% ($p=0.001$) in the year 2010. In addition, birth order contributed about 34% ($p<0.001$) in 2006 and lowly contributed by 6.5% ($p<0.001$) and 5.6% ($p<0.001$) in the years 2000 and 2010 respectively. On the same, much as the quality of health care services delivery by the health facilities was found to contribute highly by 55.5% ($p=0.001$) and 82% ($p=0.001$) in 2010, they year 2006 have had a negative contribution of -43.6% ($p=0.001$). At household level, living number of children contributed the most with a contribution as low as 5% ($p=0.001$) in 2000, 24% ($p=0.001$) in 2006 and as low as 3% ($p=0.001$) in 2010. Nevertheless, community factors such as availability of health care services at the community level slightly contributed towards women choice on the use of prenatal care service utilization in 2000 by 1.3% ($p<0.05$), 0.16% ($p<0.01$) in 2006 and negatively contributed by -1.3% ($p<0.01$) in 2010 in as far as health workers and access to female health skilled care is concerned.

Conclusion

Therefore, there is need to strengthen existing family planning educational structures in order discourage early motherhood among women and higher frequency birth order and assurance of quality of health care if the women are to be motivated to use prenatal care services as a precursor improved maternal health outcome in Malawi. Additionally, there is also a need to invest and monitor quality of health care services thus administered across the health systems in the country, as a scale up process to ascertain bottlenecks within the prenatal health sectors if the propensity of women utilization of maternal health services is to be nationally appreciated. Furthermore, the need to intensify women's social safety net programmes targeted at scaling up socioeconomic statuses of the underserved and

resourced challenged rural women existent yearly variations on relative factors contributions on prenatal care service utilization among women is to be thoroughly and comprehensively leveraged in Malawi.