EQUITY IN REPRODUCTIVE HEALTH CARE USING THE HEALTHCARE EQUITY TRANSFORMATION MODEL

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Objectives

• To understand the relationship between the background characteristics and utilizing the reproductive health care services

• To introduce the health equity transformation model in reproductive health care.
Methods

A Rapid review was done for exploring determinants for non-utilization and equity in reproductive health care services. The reference model chosen for this was the health equity transformation model.
NFHS – India

- National Family Health Survey (NFHS) are large-scale multi-round surveys conducted in representative samples of households throughout India.
- The fifth round of NFHS was conducted in two phases between 2019 to 2021 covering 6,36,699 households throughout the country.
- Detailed information was collected from 7,24,115 Women and 1,01,839 men in the eligible age groups.
- It provides the key estimates for all states and all 707 districts.
The list of households was created as a result of mapping the household listing and Primary sampling units 30,456.

Equal probability systematic selection
Statistics

Multivariate logistic regression was conducted to understand the relationship between background characteristics, and the usage of Reproductive healthcare services.

Results were presented as adjusted odds ratio (AOR), If AOR > 1 the higher odds of utilization.
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adjusted Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Uneducated</td>
<td>1.1</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>1.32*</td>
</tr>
<tr>
<td>5 to 10 years</td>
<td>1.35*</td>
</tr>
<tr>
<td>&gt; 10 years</td>
<td>1.33*</td>
</tr>
<tr>
<td><strong>Place of residence</strong></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>1</td>
</tr>
<tr>
<td>Urban</td>
<td>1.33*</td>
</tr>
<tr>
<td><strong>Household wealth</strong></td>
<td></td>
</tr>
<tr>
<td>Poorer</td>
<td>1</td>
</tr>
<tr>
<td>Poorest</td>
<td>1.55*</td>
</tr>
<tr>
<td>Middle</td>
<td>1.34*</td>
</tr>
<tr>
<td>Richer</td>
<td>1.20*</td>
</tr>
<tr>
<td>Richest</td>
<td>1.96*</td>
</tr>
<tr>
<td><strong>Antenatal care from Skilled health care worker</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1.07*</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td><strong>Delivered in a healthcare setting</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1.22</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>
Rapid review

The research papers ought answers to the following questions via the rapid review

1. What is the reason for non-utilization of the reproductive health care services among women

2. The study was carried out between 2011-2022

The domain recommendations were identified using the rapid review
A conceptual framework for Healthcare equity

Interventions
- Policy
- Accountability
- Leadership and governance
- Collaboration
- Culture

Impact
- Systems
  - Socio-economic obstacles
  - Lack of quality care
  - Infrastructure
- Family
  - Role of husband
  - Cultural and traditional practices
- Individual
  - Negative experiences
  - Priorities in spending
  - Autonomy

Outcome
- Improve reproductive health care equity and utilization
Challenges

• The research paper used secondary data from the NFHS -5

• In rapid reviews in rapid reviews the search strategies were had to limit our search database yet to produce a comprehensive analysis of the factors.
Recommendations

• Strategically targeting social determinants of health with special emphasis to women education and economic empowerment

• Empower health workers and to collaborate with the community

• Addressing women’s social vulnerability as a barrier in utilizing reproductive healthcare services.

• Addressing cultural and religious beliefs provides a tangible first step for the communities