

ABSTRACT

EQUITY OF ACCESS TO ESSENTIAL HEALTH PACKAGE IN MALAWI: A PERSPECTIVE ON UPTAKE OF MATERNAL HEALTHCARE

By
Isabel Kazanga

Degree: PhD in Global Health
Supervisor: Dr Alister Munthali
Co- Supervisors: Dr Hasheem Mannan & Professor Malcom Maclachlan

This study was conducted to assess equity of access to Essential Health Package (EHP) in Malawi, particularly focusing on uptake of maternal health services. The study employed a “mixed methods” research design using both quantitative and qualitative methods. The quantitative component used data from 2010 Malawi Demographic and Health Survey (MDHS). Multivariate logistic regression was used to determine predictors of maternal health utilization. Gini coefficient analysis was done to measure the degree of inequalities in use of maternal health services. The qualitative component employed in-depth interviews and Focus Group Discussions with women and key informants in Lilongwe district, Malawi. This study uses the Andersen’s healthcare utilization model as its conceptual basis.

Results indicate that use of skilled antenatal care (ANC) services is very high in Lilongwe, compared to use of skilled delivery and postnatal care services. However, most women do not make the recommended four ANC visits and they visit the ANC clinic late. The study identified women’s residence, education and wealth as independent predictors of utilization of skilled maternal health services. Rural women were less likely to receive maternal health services from a skilled health attendant compared to urban women. Uneducated women and poor women were less likely to receive skilled maternal health services. The degree of pro-rich inequality was highest for use of skilled ANC services and was lowest for use of skilled postnatal care services. The highest level of urban-rural inequality was detected in use of skilled delivery services. Furthermore, the level of inequality between educated and uneducated women was highest for use of skilled ANC.

Qualitative results show that various supply-side factors (e.g. lack of knowledge, perceived poor quality of services, poor attitude of health workers, poverty, religious and cultural beliefs, long distances to health facilities and transportation problems) and demand-side factors (e.g. shortage of skilled health workers, inadequate funding, lack of essential drugs and equipment) affect women’s access to maternal health services, hence EHP services. The study established that EHP implementation is having positive impacts such as improving healthcare coverage, access and population health as well as contributing towards health systems strengthening. However, factors such as lack of awareness about EHP among key stakeholders, inadequate resources, lack of EHP policy enforcement, poor planning and lack of effective monitoring and evaluation systems constrain delivery of the EHP.

In conclusion, the study findings indicate that equity of access to the EHP is key to ensuring improved population health and achievement of health related Millennium Development Goals (MDGs 4, 5 and 6). Emphasis ought to be placed on addressing different barriers both at the demand and supply side of the health system to promote universal access to the EHP.

Key words: Health Systems, Health Policy, Equity of Access, Maternal Healthcare