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MEASURING EQUITY IN ACCESS TO OBSTETRIC CARE AT WOLISSO HOSPITAL, ETHIOPIA



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INTRODUCTION

There is a growing need to monitor equity in access to health care through routine health data. Yet such data do not allow for socioeconomic stratification of service users. This study aimed at developing a simple tool to measure equity in access to EmOC at Wolisso Hospital, and to compare the wealth status of EmOC users with that of general population women.

METHODS

A dataset of women with previous delivery and with usual residence in Oromiya (n=1,531) was created from the Ethiopia 2005 demographic and household survey (DHS) datasets. All proxy wealth variables were cross-tabulated against wealth quintiles in the DHS dataset and five variables, which differentiated well across the quintiles, were selected. Response options for each variable were assigned weighted scores. Factor scores were generated for all wealth variables in the Oromiya DHS dataset forming a “gold standard”. Validity and reliability of the weighted scores of 5 selected variables were established by correlation and kappa analysis respectively, with the “gold stan-

dard”. A short questionnaire containing the 5 variables was used to collect data from 760 women at discharge from the maternity ward of Wolisso Hospital from January to August 2010. Collected data were then compared with the DHS data.

RESULTS

There was a strong positive correlation (R=0.876), and fair to good agreement (kappa 0.464; 95% CI 0.435-0.493, p<0.001) between the “gold standard” and weighted scores of 5 selected variables.

Women using EmOC were wealthier, and were more likely to be urban than rural dwellers compared to general population women.

CONCLUSION

Measuring equity in access to health services at the operational level is feasible. The inequity in utilization of EmOC highlighted here should prompt implementation of interventions to facilitate access to EmOC by poorer women. Integration of this tool in routine data collection system to monitor the results of such interventions is recommended.

Fig. 1: Distribution of wealth scores of women in Oromiya DHS sample and users of EmOC

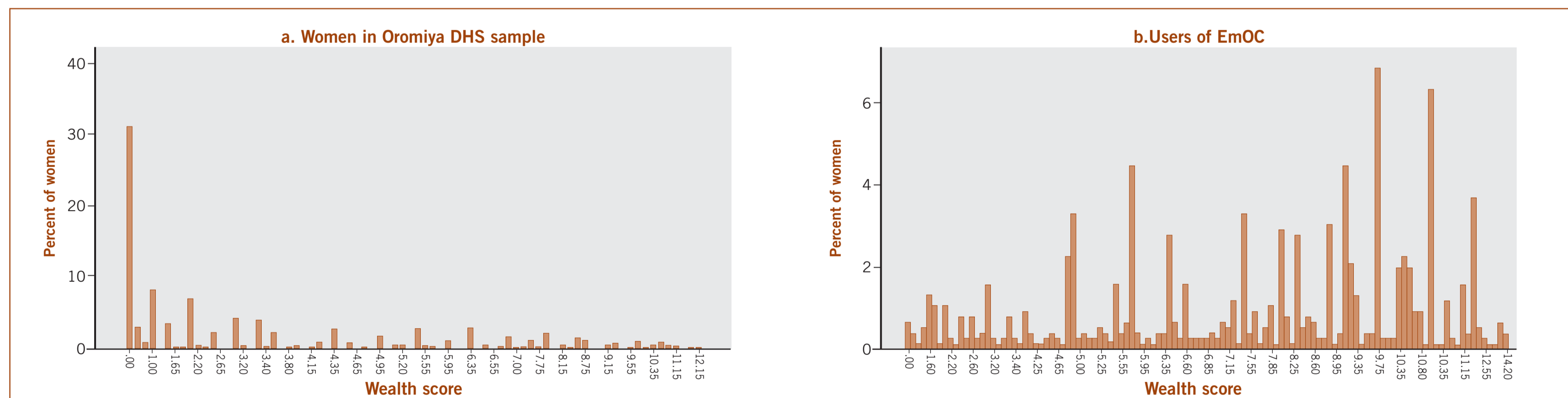
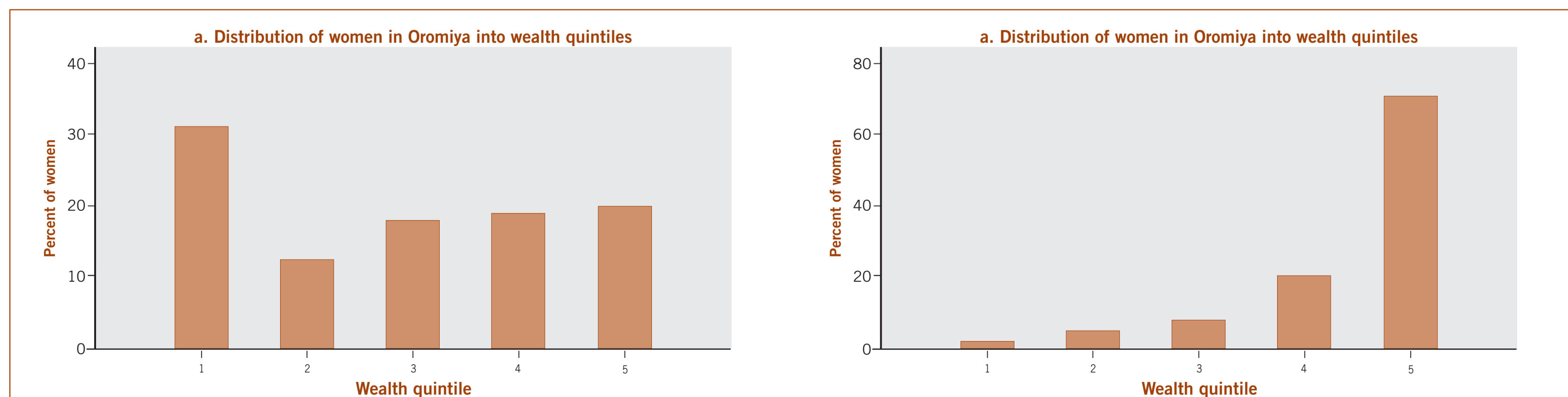


Fig. 2: Distribution of women in the Oromiya DHS sample and women using EmOC in wealth quintiles based on scores weighted with assigned weights



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