Urban-Rural and Poverty-Related Inequalities in Health Status: *Spotlight on Malawi*

Introduction

National surveys contain a wealth of family planning, reproductive health, and maternal and child health indicators. Comparing these indicators across subnational groups, such as urban versus rural populations or by relative poverty, can pinpoint inequalities and gaps in coverage and assist policymakers and program planners in developing more effective and efficient interventions.

In most developing countries, poverty is highly correlated with place of residence; that is, urban households tend to concentrate among the highest-wealth groups, while rural households tend to concentrate among the poor. Thus, any national comparison of the least poor with the most poor tends to compare the bulk of the urban population with the poorest of the rural poor, making it impossible to determine to what degree the findings reflect inequalities by wealth and/or inequalities by geography. The development of separate urban and rural wealth indices provides a way out of this dilemma.

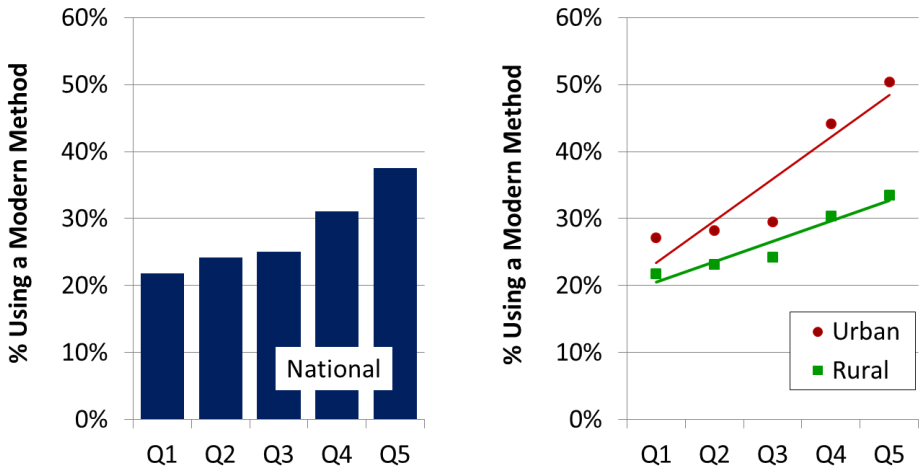
This fact sheet summarizes a few findings from secondary analyses of the Mali 2004 Demographic and Health Survey (DHS). Separate wealth classifications for urban and rural women were constructed to examine inequalities in key population and reproductive health indicators, including family planning and antenatal care. The analyses demonstrate that disaggregating relative wealth by place of residence may reveal patterns obscured by national trends and the importance of examining multiple indicators.

Findings

Family Planning – National Quintiles vs. Residence-Disaggregated Quintiles

Figure 1 below compares use of modern contraceptives by national wealth quintiles with contraceptive use by urban- and rural-specific wealth quintiles. At the national level, there is little variation among the lowest three wealth quintiles, with quintiles 4 and 5 showing higher contraceptive use. However, there are pronounced differences by wealth in urban areas and the disparities increase with increasing wealth. Rural areas are especially disadvantaged: 60% of rural women show contraceptive use below the poorest urban quintile.

Figure 1: Poverty-related inequalities in modern contraceptive use

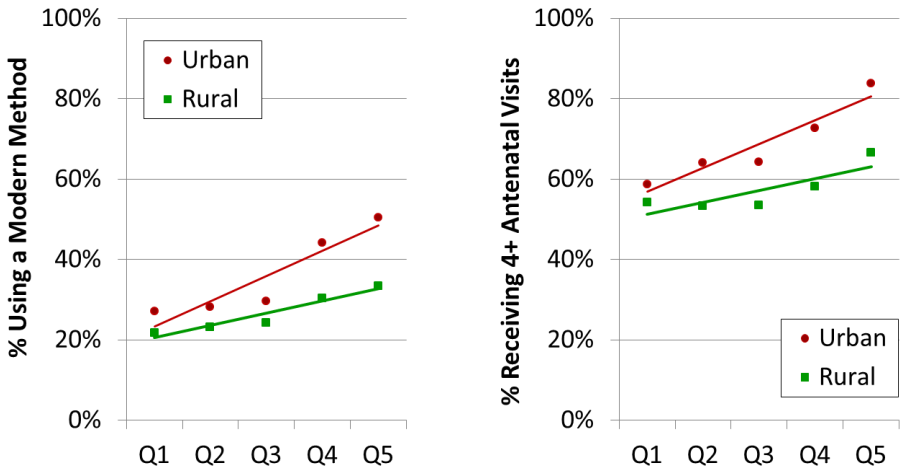


Family Planning vs. Antenatal Care

A potential ambiguity in interpreting differences in family planning is that use is affected not only by access to and ability to pay for modern contraceptives but also by women's interest in and motivation to regulate their fertility. In settings marked by cultural differences and/or variation in educational and economic opportunities for women and girls, it is possible that rural and poorer women want more children than their urban and wealthier counterparts.

Maternity care is a less ambiguous health outcome. Motivation for good outcomes (i.e., healthy mother and healthy child) is unlikely to be subject to cultural factors that may influence family planning. Figure 2 below compares use of modern contraception with adequate antenatal care for the last birth (four or more visits as recommended by WHO and UNICEF). Note that both family planning and antenatal care can be provided in non-clinical settings. Urban-rural and poverty differentials are clearly present for both contraception and antenatal care, and rural populations show lower use of both services. Moreover, while only the wealthiest urban quintile demonstrates Millennium Development Goal targets for minimum antenatal care, use of antenatal care is appreciably greater than use of family planning: among the poorer groups, twice as many women receive adequate antenatal care than use modern contraception.

Figure 2: Contraceptive Use Compared to Antenatal Care



Considerations for program design

The findings presented above are only a few of the further analyses that could be conducted with the Malawi 2004 DHS.

- There is a clear need for improvement in both family planning and antenatal care, with special attention to the rural population.
- Urban areas might benefit from family planning interventions targeted to the poor, while in rural areas a more generalized family planning approach may be indicated.
- Maternal child health programs may find it useful to consider targeted interventions to the poor in both urban and rural areas.
- The findings also suggest missed opportunities to integrate family planning and antenatal care.

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