

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

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.

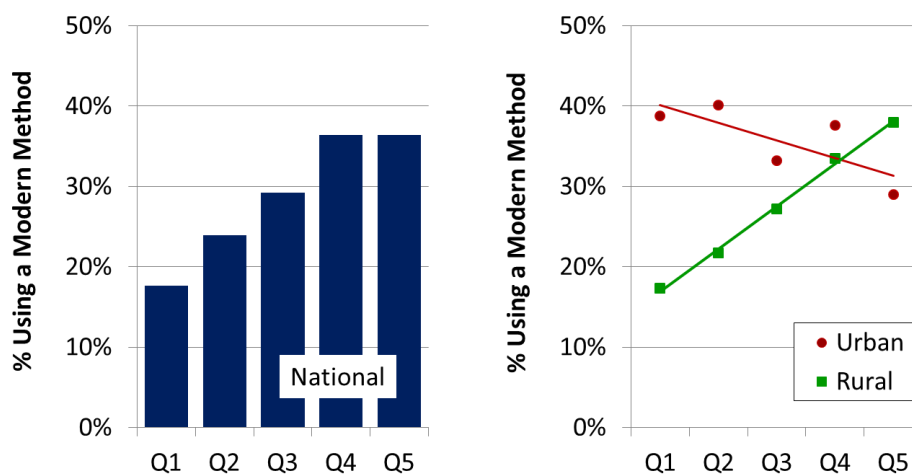
This fact sheet summarizes a few findings from secondary analyses of the Madagascar 2008 Demographic and Health Survey (DHS). Separate wealth classifications for urban and rural women were constructed to examine inequalities in key population and reproductive health indicators, including family planning 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 contrasts use of modern contraceptives by national wealth quintiles with contraceptive use by urban- and rural-specific wealth quintiles. The poverty-related inequalities observed at the national level are repeated within rural areas. An unexpected finding is that the wealthiest urban women report lower modern contraceptive use than the poorest urban groups. This stands in stark contrast to the Madagascar 2004 DHS, which found increasing contraceptive use with increasing wealth in both urban and rural areas.

Figure 1: Poverty-related inequalities in modern contraceptive use

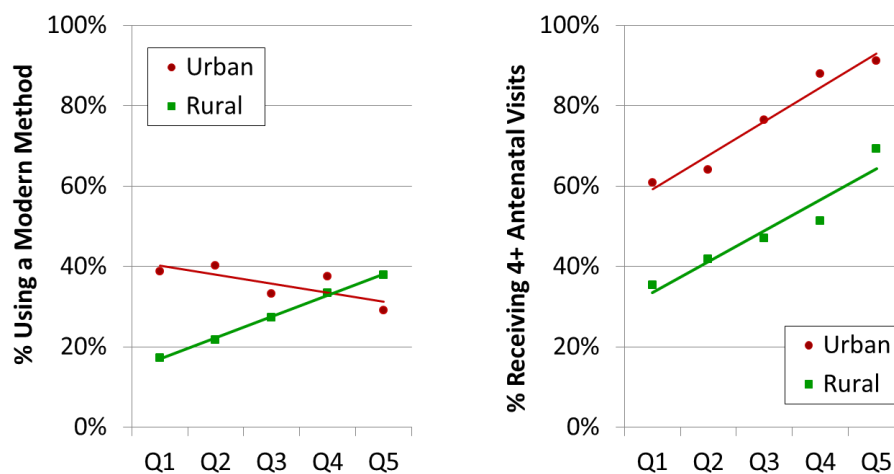


Family Planning vs. Antenatal Care

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 antenatal care. Moreover, it is striking to see that at every point use of antenatal care is appreciably greater than use of family planning.

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 Madagascar 2008 DHS.

- There is a clear need to address both urban-rural and poverty-related differences in both family planning and antenatal care.
- It appears that there are missed opportunities to integrate family planning and antenatal care.
- Rural women are especially disadvantaged in antenatal care: the wealthiest rural women show coverage rates only slightly higher than the poorest of the urban poor.
- The unexpected finding of decreasing modern method contraceptive use with increasing wealth in urban areas warrants further study. Overall, use of injectables increased between 2004-2008 in both urban and rural areas and in all wealth groups except for the wealthiest urban quintile. Survey results for the wealthiest urban quintile show that injectable use dropped by half (from 23% to 10%), while use of periodic abstinence doubled (from 13% to 30%).

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