

## Urban-Rural and Poverty-Related Inequalities in Health Status: Spotlight on Benin

### 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.

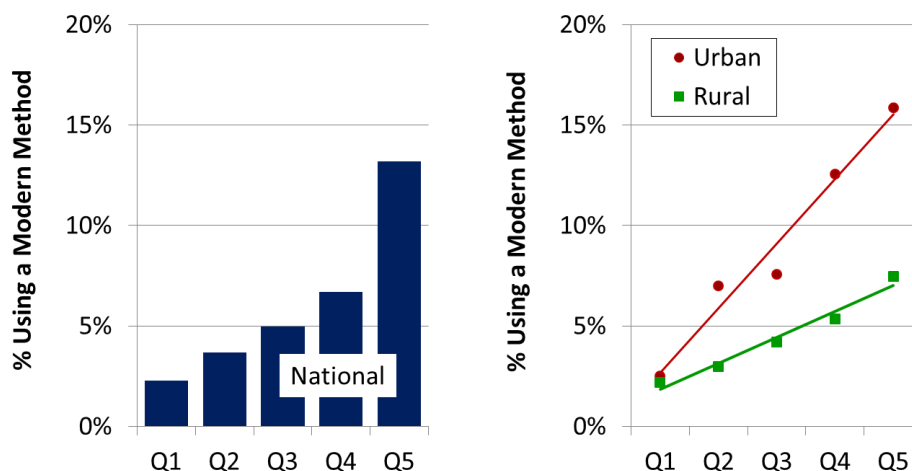
This fact sheet summarizes a few findings from secondary analyses of the Benin 2006 Demographic and Health Survey (DHS). Separate wealth classifications for urban and rural women were constructed to examine inequalities in key population and reproductive health indicators, including family planning and 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. Despite generally low use of family planning, clear wealth-related differentials are observed at the national level. Disaggregation into urban and rural quintiles maintains the wealth differentials and demonstrates urban-rural differences which increase at higher levels of wealth.

**Figure 1: Poverty-related inequalities in modern contraceptive use**

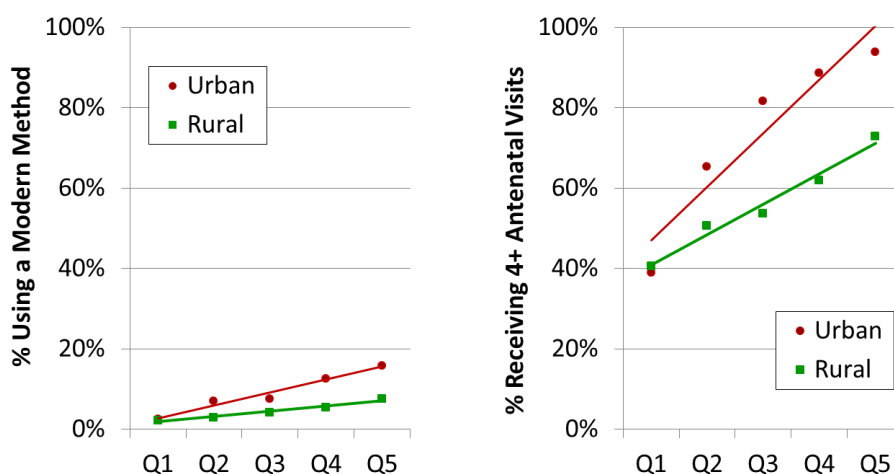


## Family Planning vs. Antenatal Care

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 differentials in contraceptive use are repeated for antenatal care. The poorest urban and rural quintiles show identical coverage of both services, with increasing differences at higher levels of relative wealth.

**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 Benin 2006 DHS.

- First and foremost, they suggest missed opportunities for integration of family planning and antenatal care, in all settings and in all areas. It is striking that the top three urban quintiles have reached Millennium Development Goals targets for antenatal care while their use of modern contraception is lower than 20%.
- Given the overall low use of family planning, focused interventions for the poor may not yet be indicated, although a pro-poor strategy may be advantageous for antenatal care.

This country brief was made possible by support from the U.S. Agency for International Development (USAID) under the terms of Cooperative Agreement GPO-A-00-08-00003-00 and GPO-A-00-09-00003-00 MEASURE Evaluation PRH Associate Award. The opinions expressed are those of the authors and do not necessarily reflect the views of USAID or the United States government