

Spatial Access, Coverage, and Utilization of Maternal Healthcare Services in Afghanistan, 2010–2015

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Abstract

Barriers to accessing maternal health services are widely documented and are elevated in fragile and conflict-affected settings. In Afghanistan, the risk of maternal death is among the highest in the world, and there are wide geographic disparities in maternal health utilization. Various individual, household, and societal factors also influence women's decisions about place of birth. Key maternal health services are currently underutilized. Improving the health status of the most vulnerable populations requires a better understanding of the access and use of health care and their changes over time.

First, I described the spatial distribution of public facilities providing maternal health care, specifically ones that provide emergency obstetric care (EmOC), and the differences in travel time estimates using different transportation modes from 2010 to 2015 at the national and subnational levels. Second, I used three-level multilevel mixed effects logistic regressions to assess the relationships between women's and facility characteristics and use of maternal healthcare services. Third, I explored the association between characteristics of women and their choice of childbirth location using a multinomial logistic regression, with childbirth at home as the base comparison category.

The findings show an 8.3% and 63% increase in access to EmOC facilities by a combination of transport modes and by foot only, respectively, by 2015. Access to a combination of transportation modes may benefit pregnant women in reaching health facilities. Women whose nearest public health facility was designated to provide EmOC services had a higher odds of an in-facility birth compared to a women whose nearest facility did not provide EmOC (AOR = 1.24; 95% CI = 1.04–1.48). Women with higher levels of education, from households in the upper two wealth quintiles, and who had any antenatal care were more likely to give birth in public or private facilities than at home.

Afghanistan made impressive gains in maternal healthcare access; despite these improvements, large disparities remain in geographic access by province and overall access to facilities is still poor. This research advances our current knowledge about the spatial access, coverage, and use of maternal health services in Afghanistan. Our findings highlight the complexity of reaching the most vulnerable women with quality health services, in a context with diverse geographic terrain, strong cultural norms, and individual/household preferences in care seeking. The three studies in this dissertation are relevant to policy makers and global health practitioners who aim to better understand factors that contribute to maternal health care seeking behaviors and potential areas of intervention to strengthen the health system's delivery and reach of maternal health services.

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