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# **Urban – rural disparities in antenatal care utilization: Evidences from two HDSS in Vietnam**

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# Outline

- Introduction
- Aim
- Methods
- Results and discussions
- Conclusions and implications



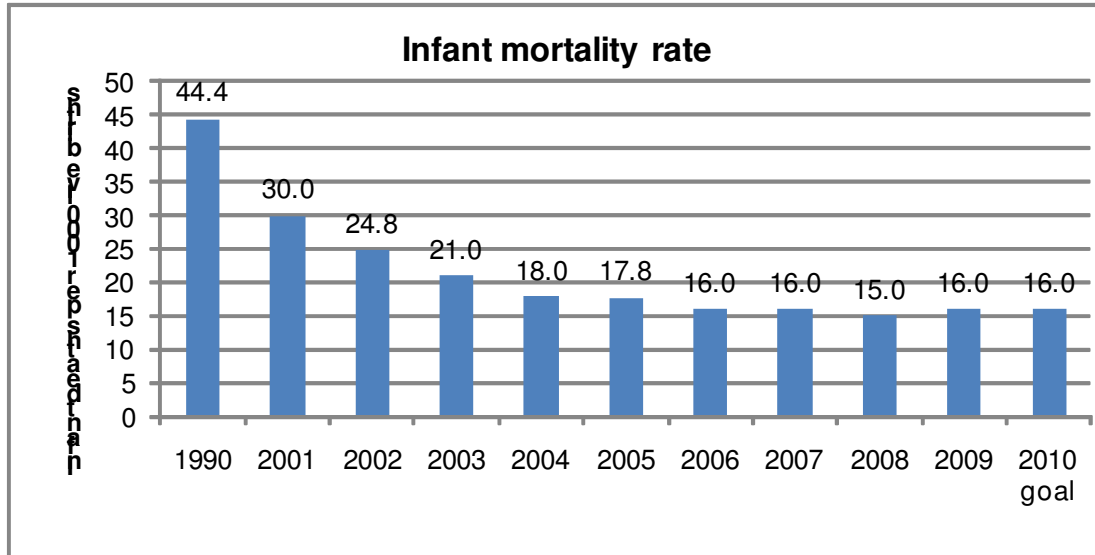
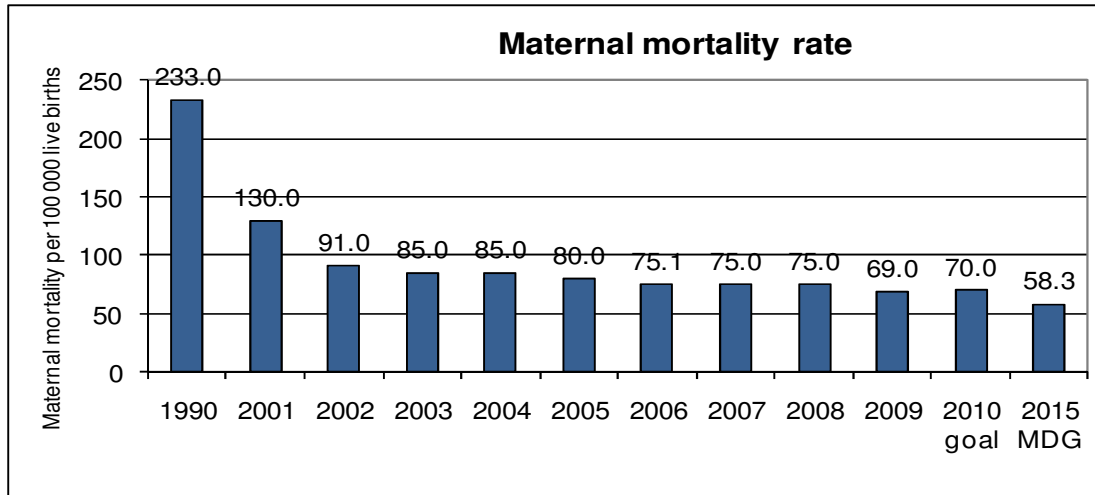
# Introduction



- ANC recommendation in Vietnam
  - At least 3 visits, one per trimester
  - Core services: Measurement of weight and height, blood pressure; fetal examination, urine test, tetanus vaccination and prenatal consultation
  - Optional services: vaginal examination, blood test, iron/folate supplement, malaria prevention, ultrasound scan
- 87% pregnant women reported to use ANC



# Introduction



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# Introduction

However:

- Large gap in MMR and IMR between regions
- 65% of maternal deaths did not receive any ANC
- Few studies on ANC in Vietnam
  - Cross sectional survey, in rural areas
  - Focus on number of visits but not content of care



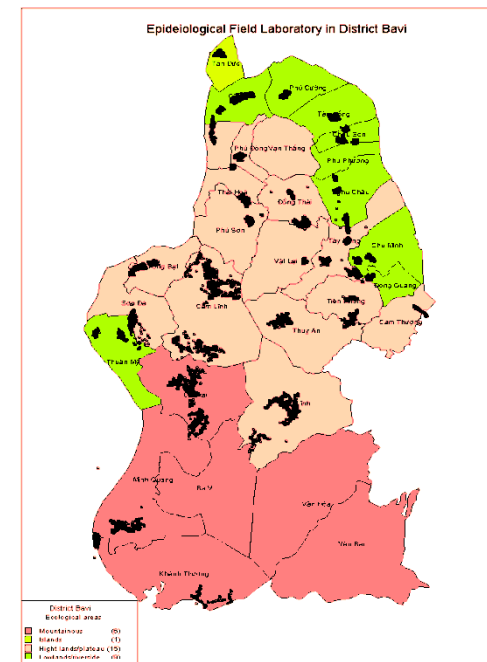
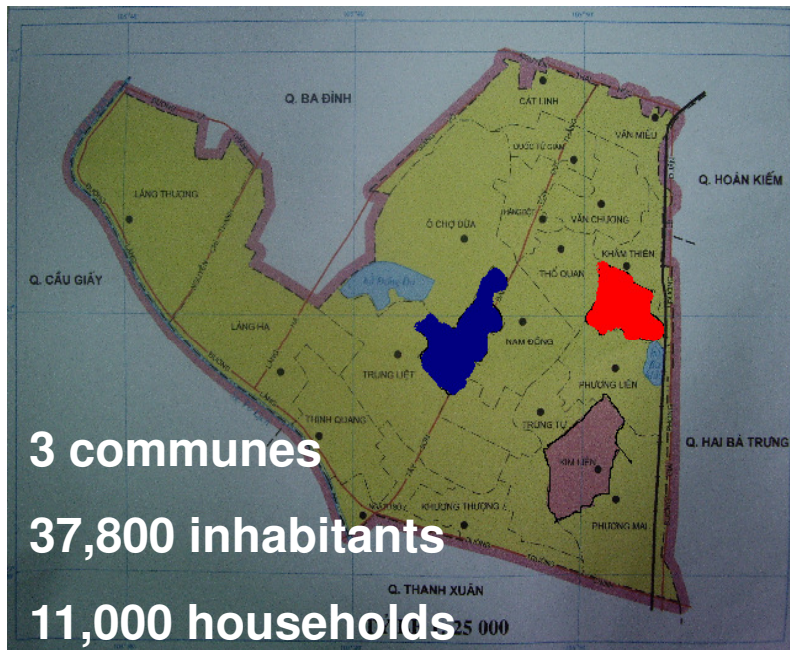
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# Aim

- To contrast the pattern and the adequacy of ANC used in urban and rural Vietnam using the framework of two HDSS



# Methods



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# Methods

- Two cohort study of pregnant women at the two HDSSs (July 2008 – March 2010)
- 2132 women identified and followed up quarterly until delivery: 814 in DodaLab and 1318 in FilaBavi
- Household interview using a structured questionnaire





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# Methods

- Maternal information: age, education, occupation, economic, parity, ...
- Number of ANC visits
- Time for the first visit
- Content of ANC: Core services; Optional services
- Adequate use
  - At least three visits + first visit in first trimester + all core services



# Results

## Mother's background (%)

	Urban	Rural
<b>Age</b>		
<25	13.4	45.8
25+	86.6	54.2
<b>Education</b>		
Secondary	5.9	56.7
High school +	94.1	43.3
<b>Occupation</b>		
Farmer	2.5	64.4
Non farmer	97.5	35.6
<b>Parity</b>		
1	56.5	46.6
2	39.1	35.4
3+	4.4	18.1



# Results

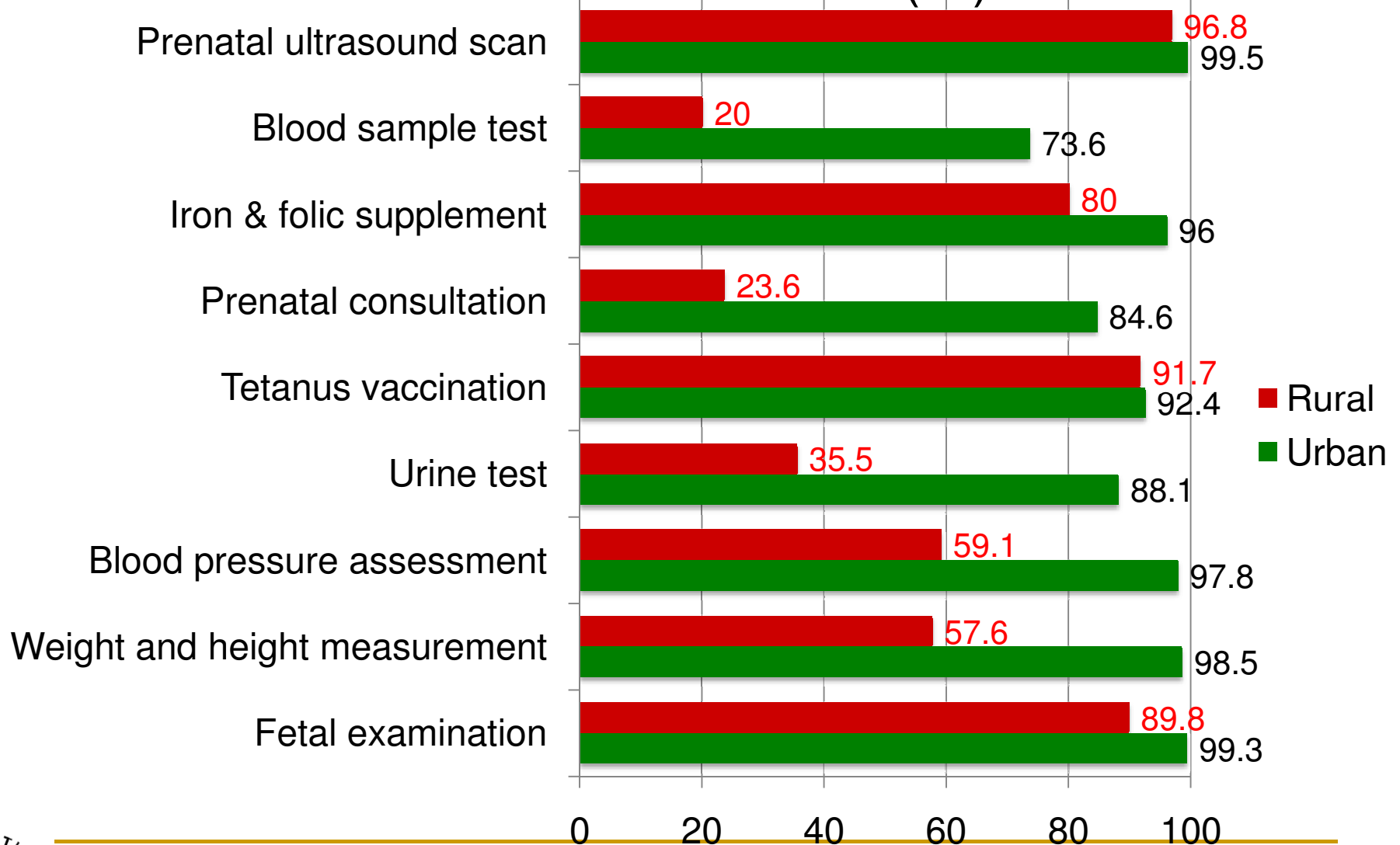
## Number of ANC visits

Number of visits	Urban	Rural
0	0.3	3.0
1	0.3	7.1
2	2.3	12.8
3+	97.2	77.2
Mean	7.7	4.4
(95%CI)	(7.5-7.9)	(4.2-4.5)



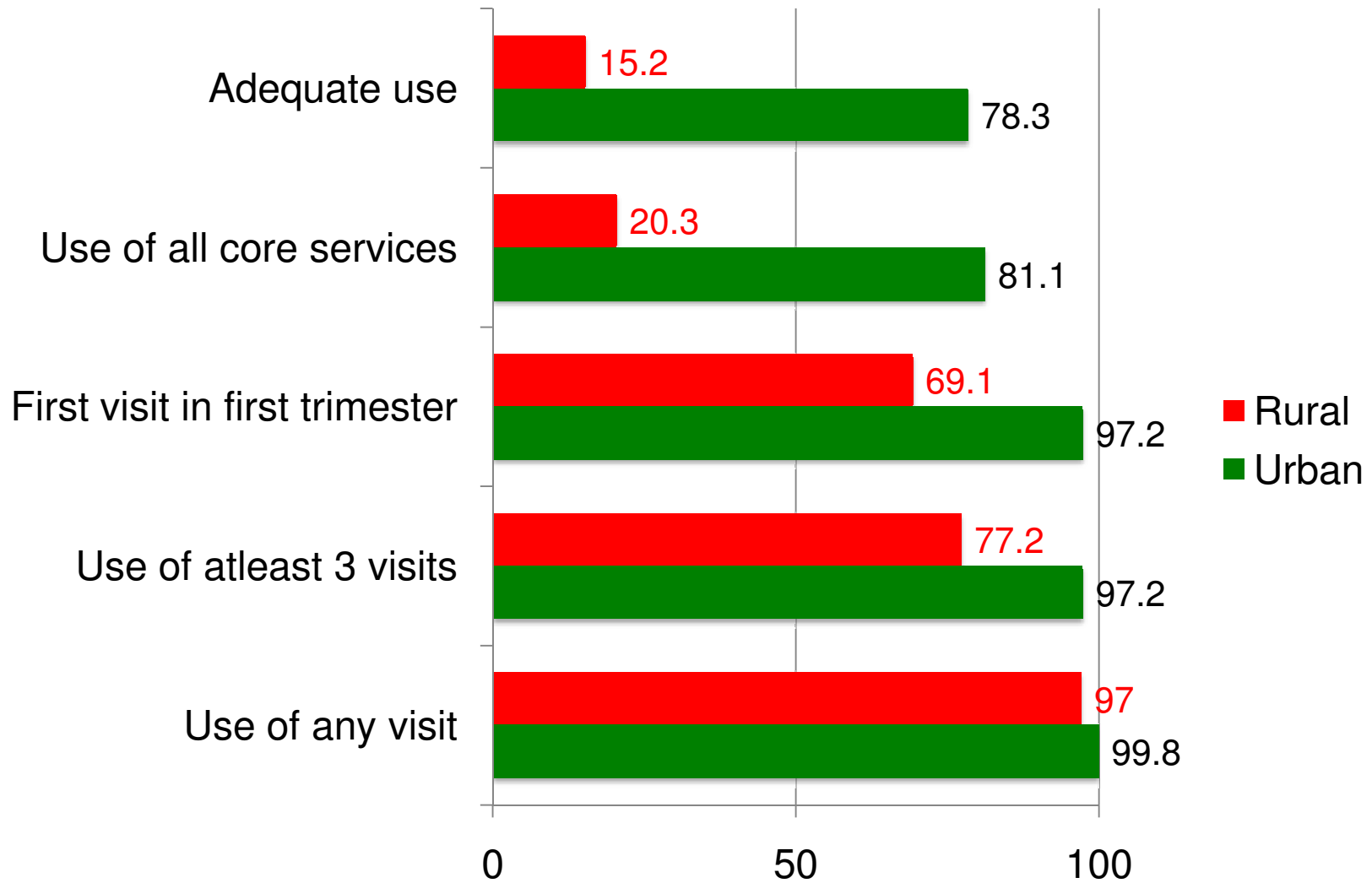
# Results

## ANC services used (%)



# Results

## ANC adequacy (%)



# Results

## ANC providers/facilities (%)

	Urban	Rural
<b><i>Health facilities</i></b>		
CHC/Maternity	8.6	68.3
District hospital	6.4	57.1
Provincial hospital	43.7	5.8
Central hospital	70.7	3.0
Private clinic	34.1	64.0
Private hospital	14.4	12.2
Others	0.7	1.2
<b><i>Public/private sector</i></b>		
Only public	56.6	30.5
Only private	4.9	9.2
Both	38.5	60.4



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# Conclusions/Implications

- Rural women differ from urban women regarding demographic, socioeconomic characteristics and health care seeking behaviors
- Rural women received ANC later, used less visit and less services at lower level of health facilities
- The largest gap in ANC adequacy were due to insufficient use of core services among rural women
- Should have a separate strategy for ANC in rural areas focusing on improvement content of care



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# Thank You!



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