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## Equity in maternal health care service utilization in Mauritania – Family planning as an example

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# Methods

Equity measures are calculated through concentration curves, concentration indices, and decomposition of concentration index. Horizontal inequity is measured through inequality in the utilization of maternal health care in relation to socioeconomic characteristics. To this end, age is used as variable for standardization. The analysis is based on Multiple Indicator Cluster Surveys 2015 which is a representative national survey of households, women, and children.

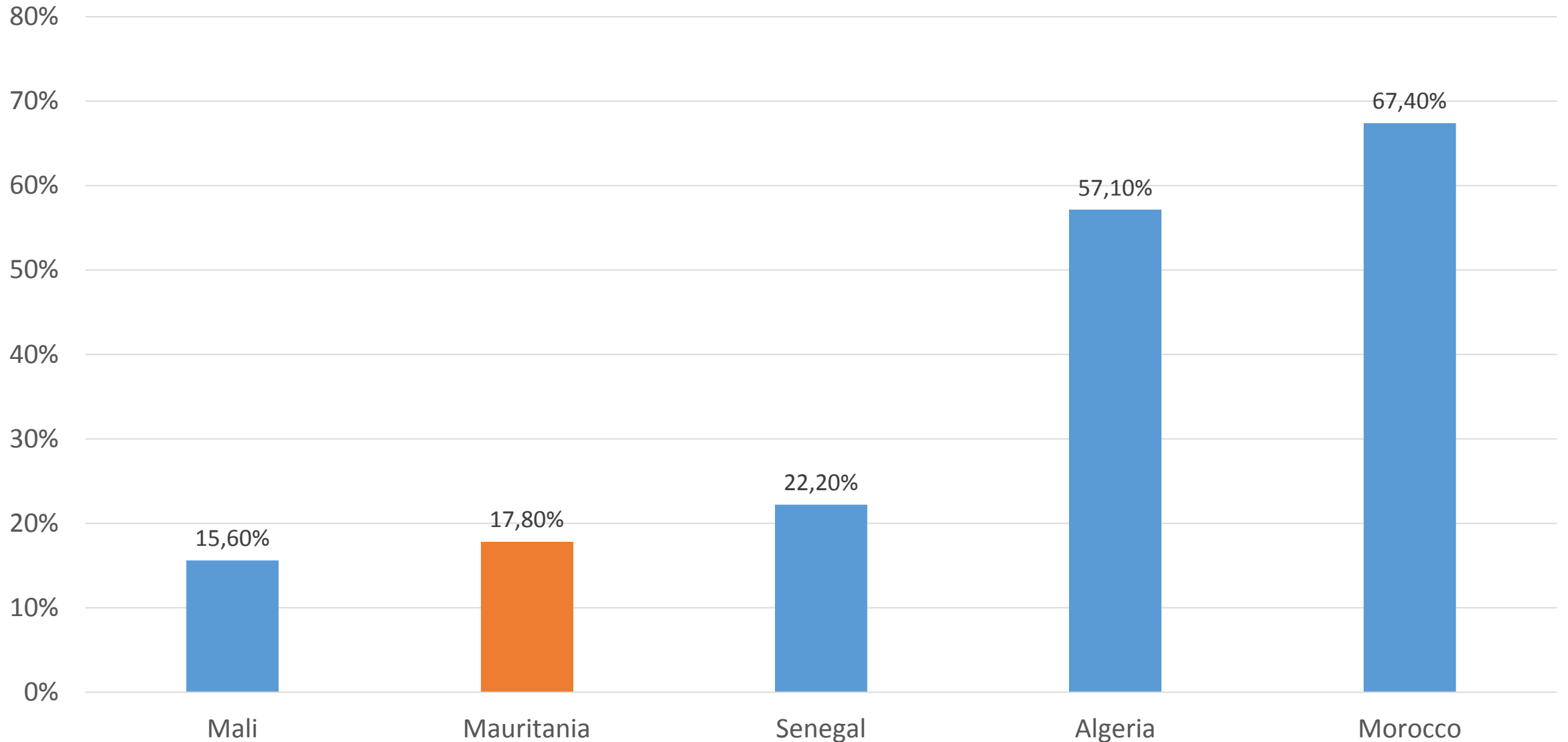
# Outline

- ❖ **Trends in *family planning and some related indicators***
- ❖ **Inequality in family planning utilization in relation with socioeconomic determinants**
  1. *Place of residence and socioeconomic status*
  2. Women's education level
  3. Women's age
  4. The number of living children
  5. Women's ethnicity
- ❖ **Measures of Inequity in contraceptive use**
  1. Concentration curve
  2. Concentration index
  3. Decomposition of concentration index
- ❖ **Conclusion**

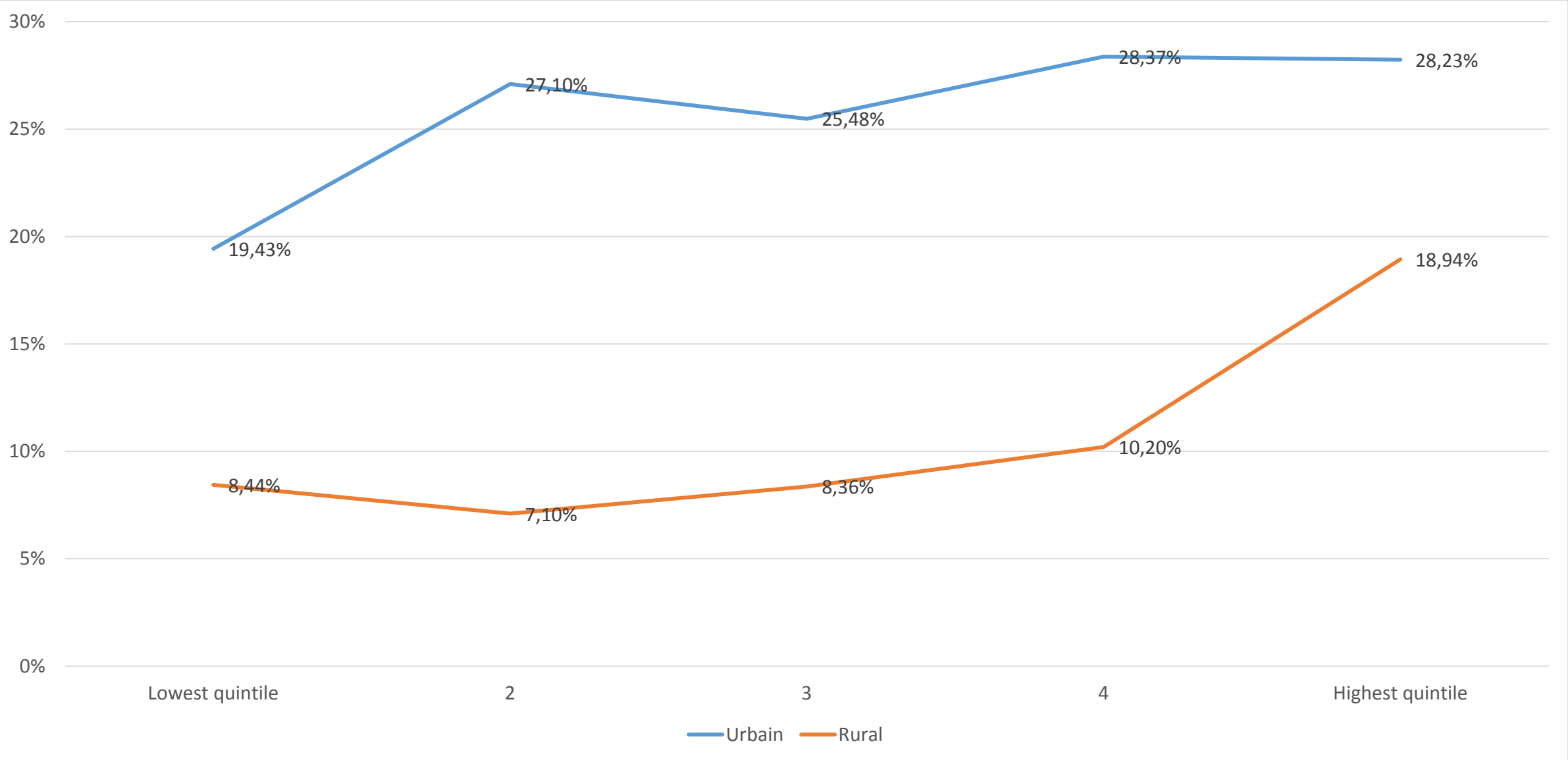
# *Trends in family planning and some related indicators (2001-2015)*

Indicators	2001	2007	2011	2015
Fertility rate	4.7	na	4.2	5.1
Family Planning prevalence	4.80%	9.30%	11.40%	17.80%
Unmet need for contraception	31.60%	na	31.10%	33.60%

# *Comparison with some Neighbour countries*



# *Inequality in contraceptive use according to the place of residence and socioeconomic status*



# Inequality in contraceptive use according to women's education level

Education level	FP prevalence
No education	12.36%
Coran School/Madrasa	14.07%
Primary school	21.14%
Secondary school	25.44%

# Inequality in contraceptive use according to women's age

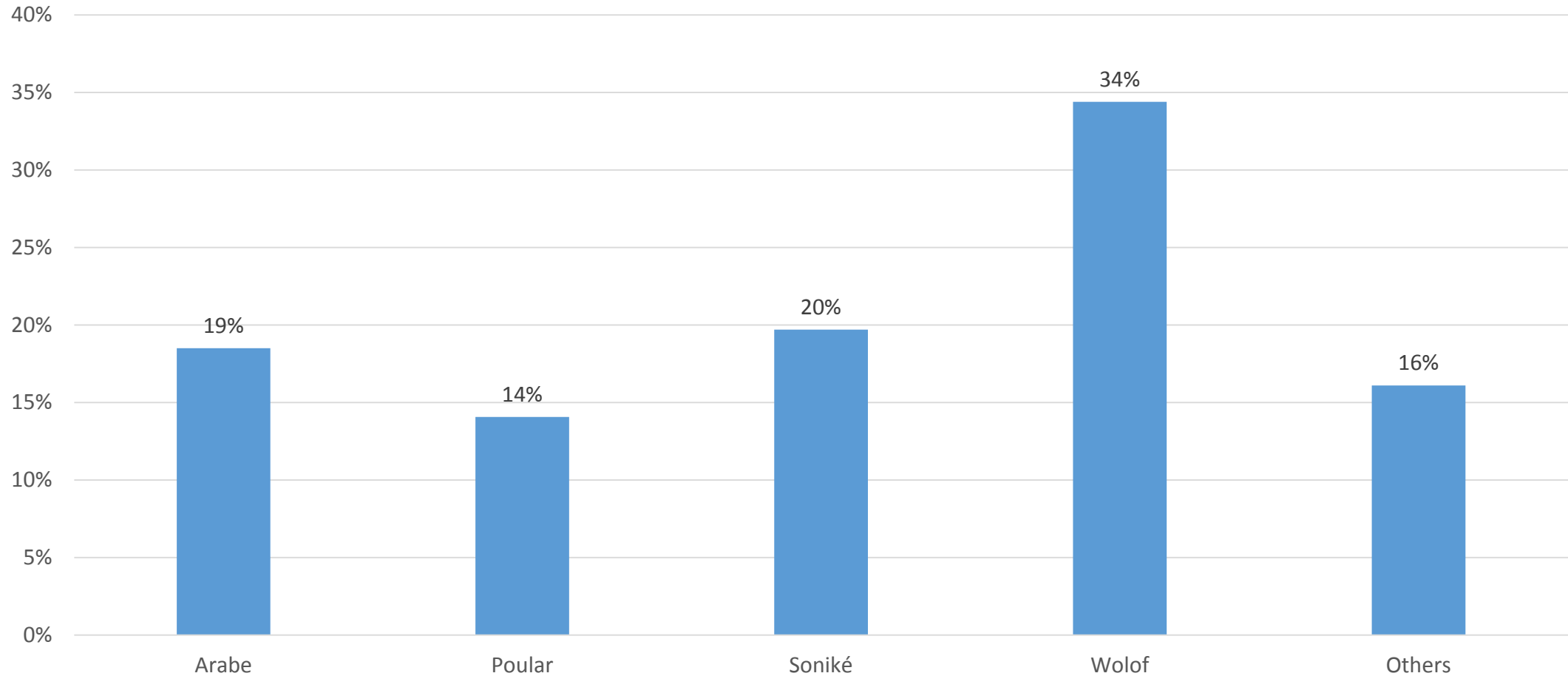
Age range	FP prevalence
15-19	9.756
20-24	17.798
25-29	20.616
30-34	23.563
35-39	17.624
40-44	16.809



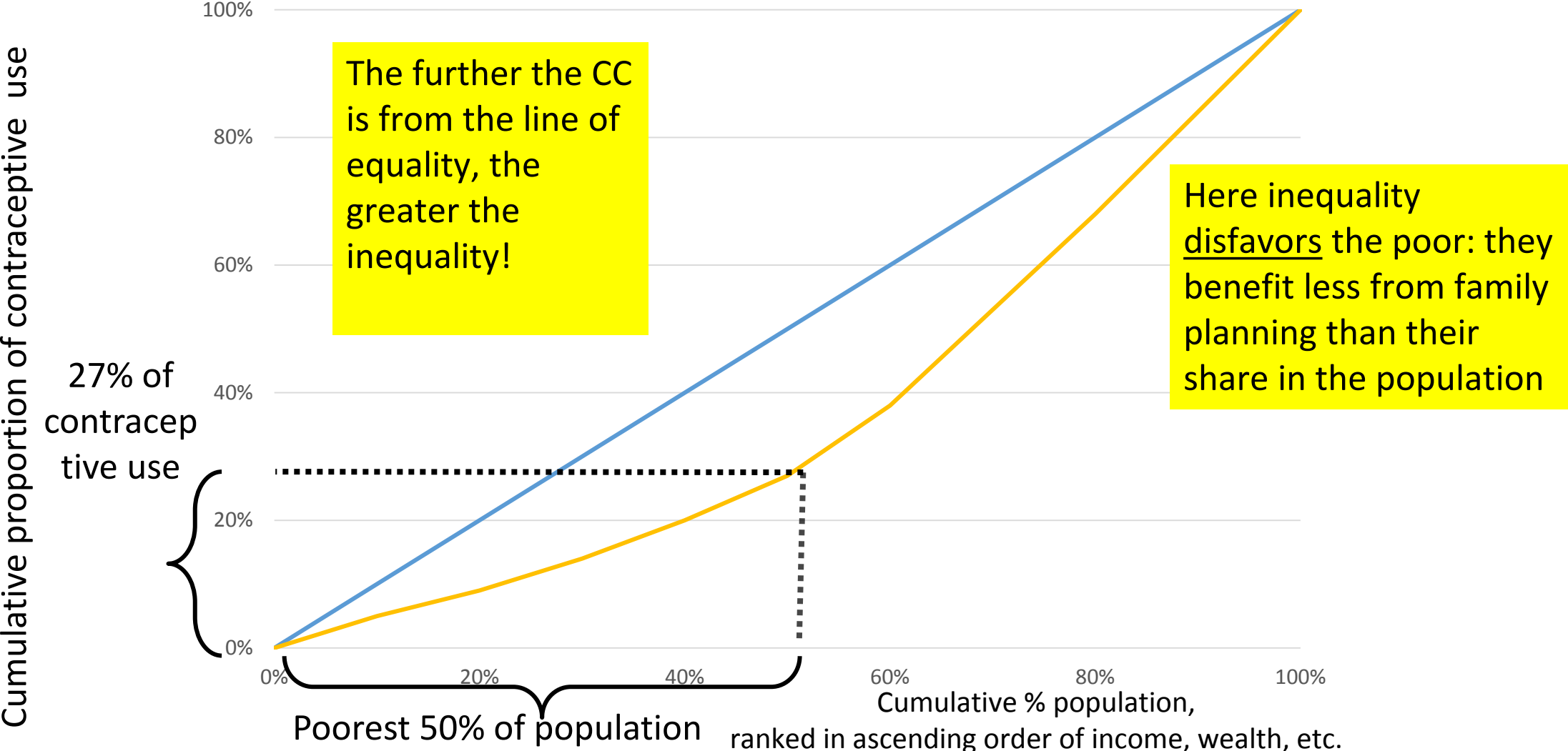
# Inequality in contraceptive use according to the number of living children

Number of living children	FP prevalence
0	2.5
1	20.6
2	21.3
3	22.5
4+	18.5

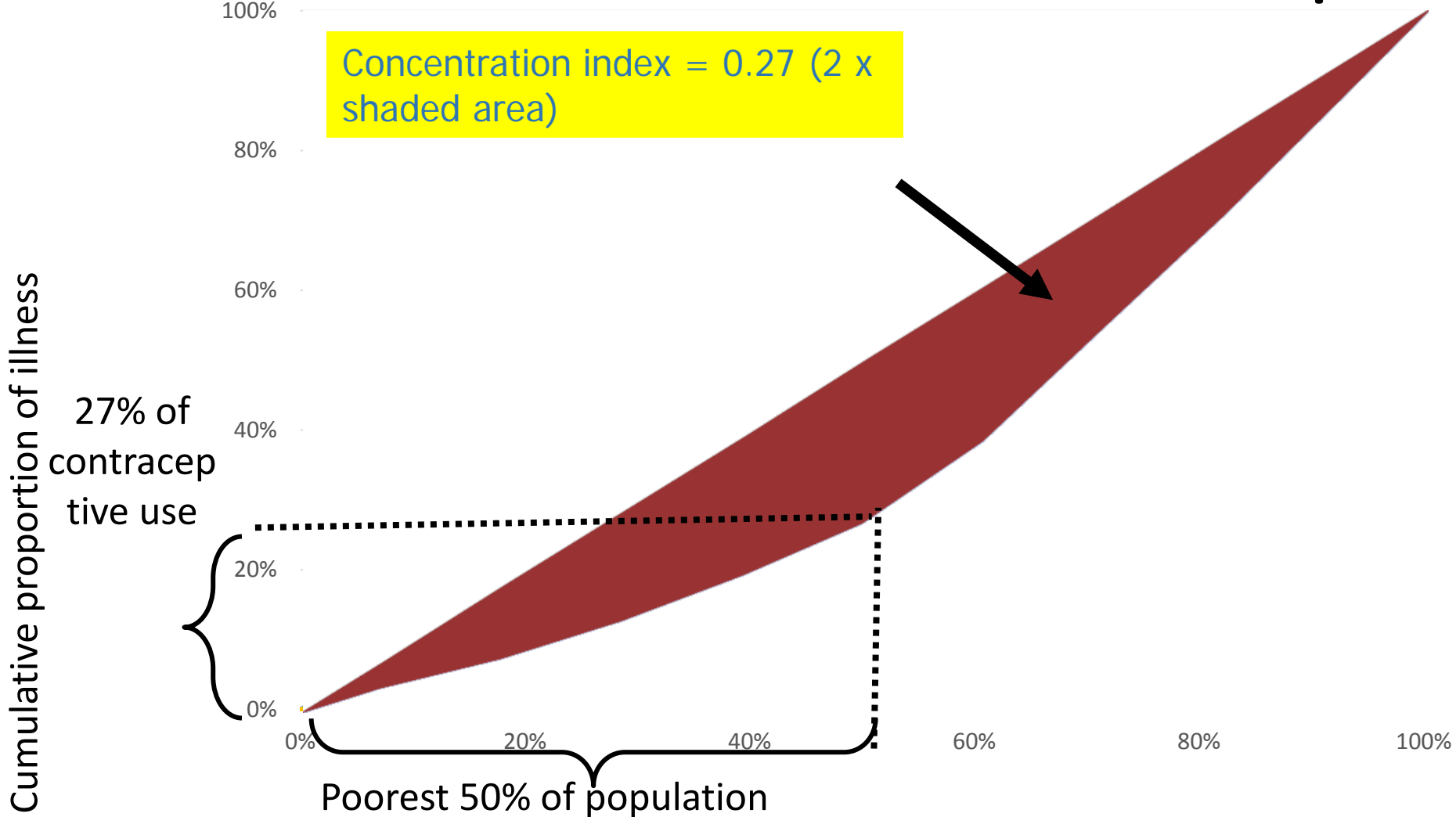
# Inequality in contraceptive use according to women's ethnicity



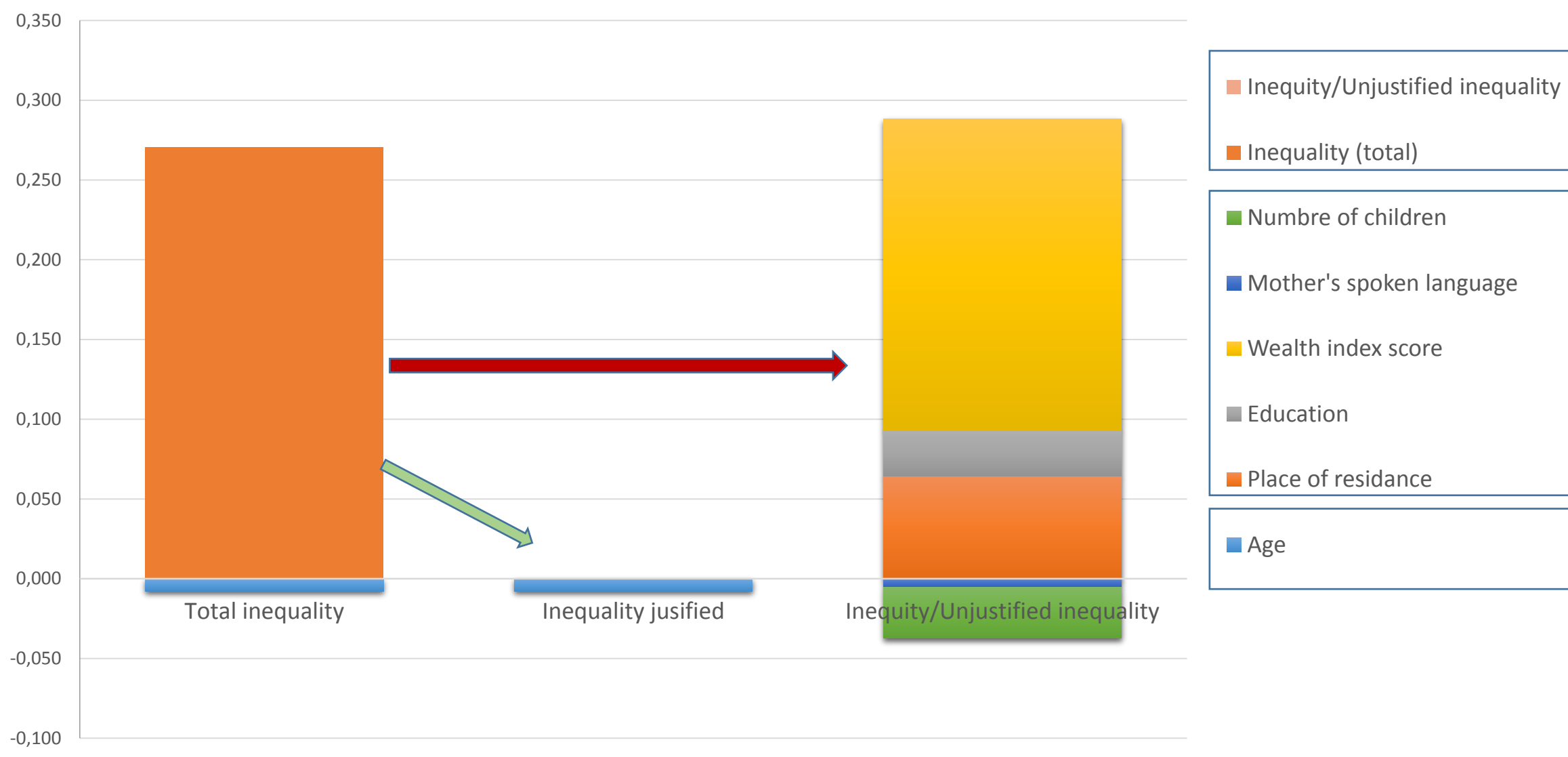
# The concentration curve of contraceptive use



# The concentration index of contraceptive use



# *Decomposition of the Concentration Index for contraceptive use: the sources of inequality*



# Conclusion

Substantial progress has been made to improve access and utilization of family planning services, over the last few years. However, the inequity in contraceptive use still high in Mauritania. Therefore, interventions to reduce inequity should target rural and less educated women. This could be done by

- Facilitating women access to education
- Retention of girls in school and
- Delaying the age at first marriage.
- Economic empowerment of women's
- Tackling the constraints of availability and affordability of contraceptive commodities will reduce inequalities in family planning utilization.
- Other areas of intervention include communication for behavioral change and considering religious and cultural factors that are one of the challenges to improve utilization to reproductive health services.

Thank you for your attention