

SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Deconstructing rural/urban and socioeconomic differentials in quality of antenatal care in Ghana

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Background: Approximately 800 women die of pregnancy-related complications every day. Over half of these deaths occur in sub-Saharan Africa (SSA). Most maternal deaths can be prevented with high quality maternal health services. That use of maternal health services varies by place of residence and socioeconomic status (SES) in SSA is well established, but few studies have examined the determinants of quality of maternal health services in SSA. The purpose of this study is to examine the determinants of antenatal care (ANC) quality in Ghana—focusing on place of residence and SES (education and wealth). The analysis examines the interactions of these variables, and the mediating role of ANC timing, frequency, facility type, and provider type.

Methods: The data come from the 2007 Ghana Maternal Health Survey, a nationally representative sample of women of reproductive age who had a birth in the five years preceding the survey. This analysis is restricted to women who went for at least one antenatal visit during their last pregnancy (N=4,868 = 97% of the analytic sample). The primary outcome measure is ANC quality, operationalized as a summative index (ranging from 0 to 9) based on services received during ANC visits. Analytic techniques include multilevel linear regression with mediation and moderation analysis. This study was granted an exemption under the University of California, Los Angeles Institutional Review Board exemption category 4 for research involving the study of existing data.

Findings: Urban residence and higher SES are positively associated with higher ANC quality (b= 0.36, 0.04, and 0.55 for urban residence compared to rural residence, years of education, and richest compared to poorest, respectively; all at $p < 0.0001$), but the urban effect is completely explained by sociodemographic factors. Specifically, about half of the urban effect is explained by education and wealth alone ($p=0.0002$), with other variables accounting for the remainder. The effects of education are conditional on wealth and are strongest for poorest women. Starting ANC visits early and attending the recommended four visits, as well as receiving ANC from a higher level facility such as a government hospital and from a skilled provider (doctor, nurse or midwife), are associated with higher quality ANC. These factors partially explain the SES differentials. The results are all significant at $p < 0.05$.

Interpretation: Pregnant Ghanaian women experience significant disparities in the quality of ANC, with poor illiterate women receiving the worst care. Targeted efforts to increase quality of ANC may significantly reduce maternal health disparities in Ghana and SSA. A particularly crucial step is to improve ANC quality in the lower level health facilities like health centers and health posts, where the most vulnerable women seek ANC.

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Trust in physicians and preferred providers for dance-related injury among dancers in France

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Background: Trust is an important component of the doctor-patient relationship. Patients who trust their physicians are more likely to communicate about their medical problems¹, to adhere to medical advice^{2,3}, and to be satisfied with care^{2,3}. Trust in physicians has not been evaluated in dancers, a medically underserved athletic population. As few as 17% of U.S. dancers receive care from a physician following dance-related injury (DRI) and dancers consider doctors third-line treatment providers for DRI behind physical therapists (PTs) and dance teachers⁴. 1-4 References available upon request.

Methods: The purpose of this study was to describe healthcare seeking among dancers in France and to determine whether trust issues between the dancer and physician can explain the reduction in healthcare seeking behavior for DRI. The validated Trust in Physician Scale was administered to evaluate differences in trust in MDs versus PTs (scored from 7 to 100, higher values indicate more trust). Dancers additionally completed questionnaires about dance activity, injury history, and satisfaction and confidence in medical treatment for DRI. Dancers were also asked about preferred first-line treatment providers for both their self-reported most severe DRI and for a hypothetical new DRI.

Findings: Questionnaires were administered to 79 student and professional ballet and contemporary dancers in southern France (36.7% male, 63.3% female; 57.0% professional, 43.0% student; average age 24.79 ± 5.25 years old). Average weekly dance activity was 37.0 ± 18.1 hours. Dancers sustained an average of 7.64 ± 14.96 DRIs since the age they started dancing. Dancers indicated greater general trust in PTs than MDs (65.38 ± 10.79 vs. 70.61 ± 10.57, respectively; $t = -3.499$, $p = 0.001$). For a hypothetical new DRI, dancers most commonly perceived osteopaths to be their first-line providers, followed by physicians, and then PTs. Among second choice providers, physicians ranked third behind physical therapists and osteopaths. For their self-reported most severe DRI, most dancers first sought help from a physician specialist (31.6%), alternative medicine practitioner such as an acupuncturist (23.7%), or massage therapist (14.5%). Most dancers continued to dance immediately after sustaining their most severe DRI (68.4%). Additionally, most dancers did ultimately receive care from a physician for this injury (86.1%), on average within 2.5 weeks of sustaining it, and trust in physicians did not correlate with a time delay in seeking care in that instance ($r = 0.18$, $p = 0.14$). Most dancers reported neutral (15.2%) or moderate satisfaction (38.0%) with the physician who treated their most severe DRI, and neutral (13.9%) or moderate (39.2%) confidence in their physician's ability to treat this injury.

Interpretation: These may results suggest that reduced trust and neutral-to-moderate confidence in physicians, as well as injury severity influence dancers' healthcare seeking behavior when injured.

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Screening early childhood social emotional and mental health functioning in a low-income country context

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