**Socioeconomic inequalities in maternal health in Zimbabwe: the case of skilled birth attendance and antenatal coverage**

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**Introduction**

Achieving equity in access to antenatal care (ANC) and skilled birth delivery are recognised as an essential aspects of primary health care (PHC). This is also aligned with global universal health coverage (UHC) aspirations, which entails access to quality and affordable health services for all. One of the targets of the Ministry of Health and Child Care, Zimbabwe is to have an organized health systems and an improved PHC system in a bid to better the chances of attaining UHC. Zimbabwe is currently establishing national health insurance as a funding pool for UHC. Although antenatal care and skilled birth attendance are essential for UHC and in reducing maternal mortality, disparities in maternal mortality between poor and rich in the world are striking.

**Objective**

* To assess socio-economic inequalities in maternal health services in Zimbabwe between 2010-11 and 2015

**Research methods**

This study uses data from Zimbabwe Demographic and Health Survey of 2010-11 and 2015 with respective samples size of 4,395 and 4,833 women aged 15-49 years and had a live birth 5 years prior the surveys were used for this study. Maternal health services were assessed using skilled birth attendance and ANC coverage. Skilled birth attendance was being assisted by a doctor, mid-wife or nurse. ANC coverage was defined with having at least 4 ANC visits. Wealth was assessed using asset/wealth indices. The concentration index was used to assess socio-economic inequalities.

**Findings**

In 2010-11 (and 2015), about 91% (94%) had a skilled birth delivery and 66% (76%) had at least 4 ANC visits. Between 2010-11 and 2015 socio-economic gap widened in maternal health services. In 2010-11 (and 2015) the poorest quintile decreased by 3.37% and increased in the richest quintile by 5.15% for the ANC coverage while skilled birth attendance also decreased in the poorest quintile by 4.27% and increased in the richest quintile by 5.22%. The concentration indices for skilled birth attendance for 2010-11 and 2015 were 0.009 (p<0.05) and 0.013 (p<0.05), respectively. Concentration indices for antenatal care coverage for 2010-11 (and 2015) were 0.033 (p<0.05) and 0.027 (p<0.05), respectively.

**Conclusion**

Socio-economic gaps in the use of maternal health services widened between the poor and the rich. Results show that skilled birth attendance and ANC coverage were pro-rich (i.e. favouring the wealthy or people belonging to higher socio-economic classes). There is a need for policy to increase skilled birth attendance and ANC coverage among the poor in Zimbabwe.