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Do active patients seek higher quality prenatal care?: A panel data analysis from Nairobi, Kenya

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ABSTRACT

Despite poverty and limited access to health care, evidence is growing that patients in low-income countries are taking a more active role in their selection of health care providers. Urban areas such as Nairobi, Kenya offer a rich context for studying these “active” patients because of the large number of heterogeneous providers available. We use a unique panel dataset from 2015 in which 402 pregnant women from peri-urban (the “slums” of) Nairobi, Kenya were interviewed three times over the course of their pregnancy and delivery, allowing us to follow women’s care decisions and their perceptions of the quality of care they received. We define active patients to be ANC patients and those women who switch ANC providers and register the provider’s characteristics and care-seeking behavior of these patients. We analyze whether active ANC patients appear to be seeking out higher-quality facilities and whether they are more satisfied with their care. Women in our sample visit over 130 different public and private ANC facilities. Active patients are more educated and more likely to have high-risk pregnancies, but have otherwise similar characteristics to non-active patients. We find that active patients are increasingly likely to pay for private care (despite public care being free) and receive a higher quality of care over the course of their pregnancy. We find that active patients appear more satisfied with their care over the course of pregnancy as they are increasingly likely to choose to deliver at the facility providing their ANC.

1. Introduction

Patients in the USA and elsewhere are beginning to exercise more active choice in their selection of health providers (Leonard, 2013; Kruk et al., 2008; Hibbard and Greene, 2013). Increasingly, evidence is emerging that health outcomes and experiences with health care can be linked to how active and engaged patients are in managing their health care (Hibbard and Greene, 2013). The most commonly used tool for measuring patient’s level of health engagement—the “Patient Activation Measure” (PAM)—captures items related to, for example, one’s belief in one’s own responsibility for health care and the importance of taking an active role in one’s own health, as well as beliefs about the importance of communicating with doctors and understanding the role of providers and medications (Hibbard et al., 2005). Higher scores on this measure have been shown empirically to be linked to higher utilization of preventive health care, fewer delays in treatment seeking, and the seeking out of health information, including comparisons of

provider quality (Hibbard and Greene, 2013; Hibbard, 2009; Kruk et al., 2008).

Patients in low-income countries have often been characterized as “passive” with respect to health care (Khaloupek-Khaloupek et al., 2000). It has typically been assumed that poverty, limited or low-quality options for health care, and substantial information asymmetries between patients and providers lead to passive acceptance of whatever care is nearest and most affordable. However, increasing evidence is emerging that patients in developing countries may be more active than once believed. Leonard (2013) develops a model of the “active patient” in low-income countries and reviews the growing evidence that some low-income country patients are active. The active patient does not automatically seek care at the nearest (and cheapest) option but rather will incur costs (in both time and out-of-pocket payments) to obtain higher quality health care and will actively seek to learn about provider quality (Leonard, 2013; Leonard et al., 2002; Leonard, 2007). In this framework, patients may become active because of a particular medical condition, because they perceive the care they would normally receive to be poor, or for some other reason. Strong evidence of active patients comes from the studies documenting high rates of “bypassing”—the phenomenon of avoiding nearby facilities and choosing more distant options that are perceived as providing more desirable care. Bypassing has been observed for primary care, obstetric care, male

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Despite poverty and limited access to health care, evidence is growing that patients in low-income countries are taking a more active role in their selection of health care providers. Urban areas such as Nairobi, Kenya offer a rich context for studying these “active” patients because of the large number of heterogeneous providers available. We use a unique panel dataset from 2015 in which 402 pregnant women from peri-urban (the “slums” of) Nairobi, Kenya were interviewed three times over the course of their pregnancy and delivery, allowing us to follow women’s care decisions and their perceptions of the quality of care they

received. We define active antenatal care (ANC) patients as those women who switch ANC providers and explore the prevalence, characteristics and care-seeking behavior of these patients. We analyze whether active ANC patients appear to be seeking out higher quality facilities and whether they are more satisfied with their care. Women in our sample visit over 150 different public and private ANC facilities. Active patients are more educated and more likely to have high risk pregnancies, but have otherwise similar characteristics to non-active patients. We find that active patients are increasingly likely to pay for private care (despite public care being free) and to receive a higher quality of care over the course of their pregnancy. We find that active patients appear more satisfied with their care over the course of pregnancy, as they are increasingly likely to choose to deliver at the facility providing their ANC.

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