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Health Seeking Behavior and Out-of-pocket Expenditure on Chronic Non-communicable Diseases in Sub-Saharan Africa: The Case of Rural Malawi

Promotionsfach: Public Health

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Chronic non-communicable diseases (CNCDs) already present a considerable burden in Sub-Saharan Africa (SSA). Health system in SSA struggle to cope with service provision and financial protection related to CNCDs. In order to response this rising 'epidemic', more researches on CNCDs are needed to help health systems in SSA to be restructured.

This study was based in rural Malawi and designed to address two sets of questions:

1) What are patterns of health seeking behavior on CNCDs in rural Malawi? Which factors are associated with treatment options for these conditions?

2) What are patterns of out-of-pocket (OOP) expenditure on CNCDs in rural Malawi? Which factors are associated with OOP expenditure on these conditions?

In order to answer the above questions, I analyzed data from the first round of a panel household health survey on a total sample of 1199 households between August and October 2012 in the rural districts of Thyolo, Chiradzulu, and Mulanje. I used descriptive statistics to describe treatment options and related household OOP expenditure on CNCDs. I carried out multinomial logit model to analyze factors associated with health seeking behavior and a two-part model to model OOP expenditure on CNCDs.

This study found that a total of 475 respondents reported at least one CNCD. Among them, 37.3% did not seek any care, 42.5% sought formal care, and 20.2% opted for informal care. Regression analysis showed that illness severity and duration, social-economic status, being a household head, and the proportion of household members living with a CNCD were significantly associated with health care utilization.

Out of 475 respondents reporting CNCDs, more than 40% incurred OOP expenditure. The amount of OOP expenditure on CNCDs comprised 22% of their monthly per capita

household expenditure. The poorer the household, the higher proportion of their monthly per capita household expenditure was spent on CNCDs. Higher severity of disease, CNCDs targeted through active screening programs, and use of formal care were significantly associated with an increased likelihood of incurring OOP expenditure. The following factors were positively associated with the amount of OOP expenditure: being female, Alomwe and household head, longer duration of disease, CNCDs targeted through active screening programs, higher social-economic status, household head being literate, using formal care, and fewer household members living with a CNCD within a household.

This study is important as it is one of the first studies exploring determinants of health seeking behavior and OOP expenditure on CNCDs in SSA. My findings showed that, in spite of a context where care for CNCDs should in principle be available free of charge at point of use, the utilization rates of care related to CNCDs still low and OOP payments impose a considerable financial burden on rural households, especially among the poorest. To increase access to care and provide financial protection for people suffering from CNCDs, the provision of a free Essential Health Package in Malawi ought to be strengthened through the integration of system-wide screening, risk factor modification, and continuity of care options for people suffering from CNCDs.