

An Analytic Cross-Sectional Study on the Association between Social Determinants of Health, Maternal and Child Health-Related Knowledge and Attitudes, and Utilization of Maternal, Newborn, Child Health and Nutrition Strategy-Prescribed Services for M

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Abstract : Indigenous peoples (IPs) in the Philippines are a vulnerable, marginalized group in terms of health and overall well-being due to social inequities and cultural differences. National standards regarding maternal healthcare are geared towards facility-based delivery with modern medicine, health services, and skilled birth attendants. Standards and procedures of care for pregnant mothers do not take into account cultural differences between indigenous people and the majority of the population. There do exist, however, numerous other factors that cause relatively poorer health outcomes among indigenous peoples (IPs). This analytic cross-sectional study sought to determine the association between social determinants of health (SDH), focusing on status as indigenous peoples, and maternal health-related knowledge and attitudes (KA), and health behavior of the Dumagat-Agta indigenous people of Barangay Catablingan and Barangay San Marcelino, General Nakar, Quezon Province, and their utilization of health facilities for antenatal care, facility-based delivery and postpartum care, which would affect their health outcomes (that were not within the scope of this study). To quantitatively measure the primary/secondary exposures and outcomes, a total of 90 face-to-face interviews with IP and non-IP mothers were done. For qualitative information, participant observation among 6 communities (5 IP and 1 non-IP), 11 key informant interviews (traditional and modern health providers) and 4 focused group discussions among IP mothers were conducted. Primary quantitative analyses included chi-squared, T-test and binary logistic regression, while secondary qualitative analyses involved thematic analysis and triangulation. The researchers spent a total of 15 days in the community to learn the culture and participate in the practices of the Dumagat-Agta more intensively and deeply. Overall, utilization of all MNCHN services measured in the study was lower for IP mothers compared to their non-IP counterparts. After controlling for confounders measured in the study, IP status (primary exposure) was found to be significantly correlated with utilization of and adherence to two MNCHN-prescribed services: number of antenatal care check-ups and place of delivery (secondary outcomes). Findings show that being an indigenous mother leads to unfavorable social determinants of health, and if compounded by a difference in knowledge and attitudes, would then lead to poor levels of utilization of MNCHN-prescribed services. Key themes from qualitative analyses show that factors that affected utilization were: culture, land alienation, social discrimination, socioeconomic status, and relations between IPs and non-IPs, specifically with non-IP healthcare providers. The findings of this study aim to be used to help and guide in policy-making, to provide healthcare that is not only adequate and of quality, but more importantly, that addresses inequities stemming from various social determinants, and which is socio-culturally acceptable to indigenous communities. To address the root causes of health problems of IPs, there must be full recognition and exercise of their collective rights to communal assets, specifically land, and self-determination. This would improve maternal and child health outcomes to one of the most vulnerable and neglected sectors in society today.

Keywords : child health, indigenous people, knowledge-attitudes-practices, maternal health, social determinants of health

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