Does Reminding and Providing Transportation Fare Coverage to Under Resourced Pregnant Women Increase Antenatal Care Attendance Rates and Promote Positive Birth Outcomes?

Chisom Chigozie-Nwosu, Department of Psychology
Maternal Health Clinic in Mbagathi Hospital, Nairobi, Kenya
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INTRODUCTION
• In Nairobi, and globally, infant mortality is extremely high, and a large contributing factor to this problem is the lack of antenatal care (ANC) that is provided to women or sought out by women living in developing countries
• It is recommended by the World Health Organization that at minimum women attend four antenatal visits during their pregnancy, but this is not always the case due to circumstantial factors such as access to health care facilities, the cost of transportation or limited access to information about the importance of antenatal care throughout pregnancy
• The psychology of scarcity suggests that in the context of poverty, individuals may suffer from mental and money scarcity

OBJECTIVE
• It is the aim of this study that the data collected will better inform discourse surrounding improving pregnancy outcomes for under resourced populations
• It is intended that the women who participate in this study will attend more antenatal visits and have more positive birth outcomes compared to the national average in Kenya
• It is hypothesized that women who participate in this study and are randomly assigned to receive phone calls, automated text message reminders, in addition to having their transportation fare needs met will attend more antenatal care visits, and will be more likely to have an institutional birth, and give birth to a baby whose weight is above the low birth weight threshold

RESEARCH QUESTION
• In order to alleviate these two forms of scarcity, the driving question for this study is: Does reminding or providing material incentives to poor pregnant women via cash payments for travel fare or sending reminder text messages and phone calls about meeting antenatal care requirements assist in increasing antenatal care use and improve maternal and neonatal outcomes?

FUTURE PLANS
• When all participants have given birth, data will be collected on the number of antenatal visits attended by each participant, the birth weight of their child, the location of delivery (home or institutional), and the survival of the child
• Upon analysis of the data, public health intervention recommendations will be incorporated into my thesis

STUDY DESIGN
Longitudinal (until delivery of child)

STUDY SITE
Maternal and antenatal clinic in Mbagathi District Hospital

METHODS
Participants were randomly assigned to one of four conditions:
• Condition 1: control
• Condition 2: receive phone call and automated text message reminder only
• Condition 3: receive phone call, automated text message reminder, and transportation fare coverage
• Condition 4: receive transportation fare coverage only

Prior to upcoming ANC visits, following the ANC timeline recommended by the World Health Organization, participants in Conditions 2 and 3 received a text message reminder from me to visit the ANC clinic in Mbagathi to ensure the health and wellness of themselves and their child
Participants in Condition 3 also received 500 Kenyan Shillings ($5 USD) to assist with transportation to the clinic
Participants in Condition 4, upon recruitment were informed that they should contact me via phone call or text message in order to receive money for transportation fare coverage prior to their visit

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