

The impact of access to health facilities on maternal care use and health status:  
Evidence from longitudinal data from rural Uganda

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Abstract

Maternal and child mortality remains high in developing countries. While timely antenatal care and delivery at formal facility are recommended, many mothers do not use them. This paper investigates whether newly established health facilities affect maternal health care utilization as well as the health of mothers and children. In order to deal with possibly endogenous facility placement, we apply the community-level and mother-level fixed effects models to the new, decade-long panel data from rural Uganda. Results demonstrate differential roles played by large facilities and small clinics. Openings of large facilities increase the probability of delivery at formal facility, attended by trained personnel. This is accompanied by an increased use of inexpensive transportation modes such as walking and own bicycle to delivery places. Weak evidence is also found for reduced degree of selective infant survival. New community-level clinics, on the other hand, increase regular antenatal care usage and reduce complications during delivery. These results suggest that accessible clinics help pregnant mothers to avoid preventable problems through early diagnosis of risky cases and/or treatment of existing diseases. Overall, these findings underscore the importance of providing good access to health facilities, in particular to community-level clinics, in order to promote the utilization of maternal care and improve maternal and infant health.