

was used. Data were collected from November 2022 to February 2023 using a pretested interviewer-administered questionnaire. Descriptive statistical analysis was done using SPSS-25.

Results: Of 427 participants, the majority were between 18 and 50 years old. (67.4%, n=288), female (56%, n=239), without O/L qualifications (69.8%, n=298), unemployed (51%, n=216) and reported monthly incomes less than Rs.30,000 (83.4%). Most had not attended an awareness program on leprosy prior to diagnosis (n =357, 84%). Most participants had satisfactory knowledge or above (85.7%, n=366); among them, only 27% (n=115) had good/excellent knowledge. In the sample, 57% (n =242) did not know that leprosy is a communicable disease and 13% (n = 55) did not know leprosy could be cured with treatment. Age, education level, employment status and having attended an awareness program on leprosy were associated with higher knowledge scores ($p \leq 0.05$).

Conclusions: Knowledge on leprosy among patients with leprosy in the Batticaloa district is satisfactory, although few had good/excellent knowledge. Organizing targeted awareness campaigns at the community level may be an effective strategy to improve knowledge and reduce leprosy-related stigma.

Keywords: Leprosy, Knowledge, Social determinants of health, Batticaloa

OP15

Out-of-pocket spending on public and private antenatal care among women delivering at a tertiary care centre in northern Sri Lanka

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Background and objective: Pregnant women who access public healthcare also use private ANC. This study describes out-of-pocket expenses (OOPE) on public and private antenatal care and associated factors among pregnant women delivering at Teaching Hospital Jaffna (THJ).

Methods: This descriptive cross-sectional study was conducted at THJ. Pregnant women ≥ 18 years awaiting delivery after completing 33 weeks of gestation were consecutively recruited. An interviewer-administered questionnaire elicited data on sociodemographic details and OOPE. Data were collected over 12 weeks (20/06/2022 to 09/09/2022). Interviews were held at the bedside and medical records reviewed. Data were analysed with

SPSS (v21). Total OOPE data were log-transformed and multiple linear regression was used to analyse predictors (critical level 0.05).

Results: In total, 251 pregnant women participated (response rate 97.6%). In the sample, 199 (79.3%) women were unemployed homemakers and 209 (83.2%) reported a monthly household income of ≤Rs. 50,000. Antenatal risk factors were documented in the H-512 in 183 (72.9%) participants. The majority reported using private ANC (80.5%, n=202), mostly private pharmacies (60.6%), specialist consultations (48.2%), and private diagnostic services (45%). Mean total OOPE on ANC was Rs.17,304 (SD 25,169) with a median of Rs. 6,049 (IQR 1,984-26,315). Among those who reported using the relevant service component, highest spending was on ultrasound scanning [mean Rs. 8,698 (SD 5,693); median Rs. 8,250 (IQR 3,850-11,900)], specialist consultations [mean Rs. 7364 (SD 4,586); median Rs. 7,800 (IQR 2,650-11,450)] and pharmaceuticals [mean Rs. 6,678 (SD 17,528); median Rs. 1,400 (IQR 300-6,000)]. Monthly household income, number of antenatal risk factors, and visiting channeling centres were identified as significant predictors of OOPE ($R^2=0.63$; $F=113.64$, $df=3$, $p<0.001$).

Conclusions: Pregnant women who rely on the public sector in Jaffna report substantial levels of OOPE, with over half the sample having spent over Rs. 6000 on ANC in the post-COVID setting. Wealthier women, those with several antenatal risk factors, and those who accessed private specialist care were more likely to spend out-of-pocket on ANC.

Keywords: Antenatal care, Access to healthcare, Out-of-pocket expenditures, Maternal health, Jaffna

Ethics approval was obtained from the Ethics Review Committee, Faculty of Medicine, University of Jaffna