



Use of Maternal Health Services among the Urban Youth in Kenya

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Background

- Sub-Saharan Africa is among the regions with the highest growth in youth population in the world
- In addition, Africa's urban growth rate is the world's highest and Kenya is not left out
- The face of poverty in Kenya is fast changing from rural to urban with the percentage of urban poor rising from 29% to 49% in 1992 and 1997 respectively compared to 42% and 52% in rural poverty in the same period



Background

- Unprecedented urban population growth present serious development challenges for developing countries
- Challenges of uncontrolled urban growth
 - Destruction of the physical environment
 - Deteriorating living conditions
 - Social fragmentation and indulgence in risky sexual practices
 - Lack of social and health services

Background

- Urban poor women in their reproductive ages living in underserved informal settlements miss out on essential health services, home deliveries are common putting them at a greater risk of maternal mortality
- These health issues have far-reaching consequences on regional and national health dynamics and the achievement of the Millennium Development Goals (E.g. goals to improve maternal health, child health, food security and to halt HIV infections)

Why focus on Urban Youth?

- Urban youth face a double challenge as the burden of developing serious complications and subsequent death during pregnancy and childbirth is higher for them
- Health service provider bias has led to fewer youth using maternal health services
- Married youth have to consult husbands, mothers-in-law and society before seeking maternal health services

Objectives

- To examine trends in timing of the first ANC visit among urban youth in Kenya
- To identify the main correlates of timing of the first ANC visit and use of skilled delivery assistance

Data and Methods

- Pooled urban sample data for the 1993, 1998 and 2003 Kenya DHS
- Focus on youth, 15-24 at the time of last birth with only information on the most recent/last birth used for this analysis
- Two dependent variables defined as three category ordered variable: Timing of first ANC visit and type of delivery assistance
- Methods: Ordered logistic regression

Table 1: Selected characteristics, Women, 15-24

Table 1: Selected characteristics of urban women aged 15-24 at birth of last child

	Survey 1	Survey 2	Survey 3	Total
Household wealth				
Poor	35.6	39.9	38.0	38.0
Medium	38.4	36.6	33.3	35.3
Rich	26.0	23.5	28.7	26.8
Education				
None	5.9	7.4	9.4	8.1
Primary	56.2	56.8	54.4	55.4
Secondary+	37.9	35.8	36.3	36.5
Timing of first ANC visit				
None	2.7	3.7	9.2	6.4
Late	79.9	74.5	76.8	76.9
Early	17.4	21.8	14.0	16.7
Type of delivery assistance				
None	21.5	25.5	13.5	18.3
TBA	2.3	3.3	14.8	9.1
Skilled professional	76.3	71.2	71.7	72.6
Total (n)	219	243	513	975

Table 2: Odds ratio of covariates on timing of first ANC

	Panel A: Bivariate		Panel B: Multivariate	
	None vs (Late/Early)	(None/Late) vs Early	None vs (Late/Early)	(None/Late) vs Early
	Col.1	Col.2	Col.3	Col.4
Time (Ref: Survey 2)				
Survey 1	0.819	Same ^a	0.869	Same
Survey 3	0.301 **	0.607 **	0.448 **	Same
Household wealth (Ref: Poor)				
Medium	1.342 [†]	Same	1.190	Same
Rich	2.535 **	Same	2.394 **	Same
Education (Ref: Primary)				
None	0.260 **	1.829 *	0.246 **	1.939 *
Secondary+	1.800 **	Same	1.423 *	Same

[†]p<.10; *p<.05; **p<.01

^aSame: The coefficient for None vs (Late/Early) is the same as that of (None/Late) vs Early.

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^aSP: Skilled Professional

^bSame: The coefficient for None vs (TBA/SP) is the same as that of (None/TBA) vs SP.

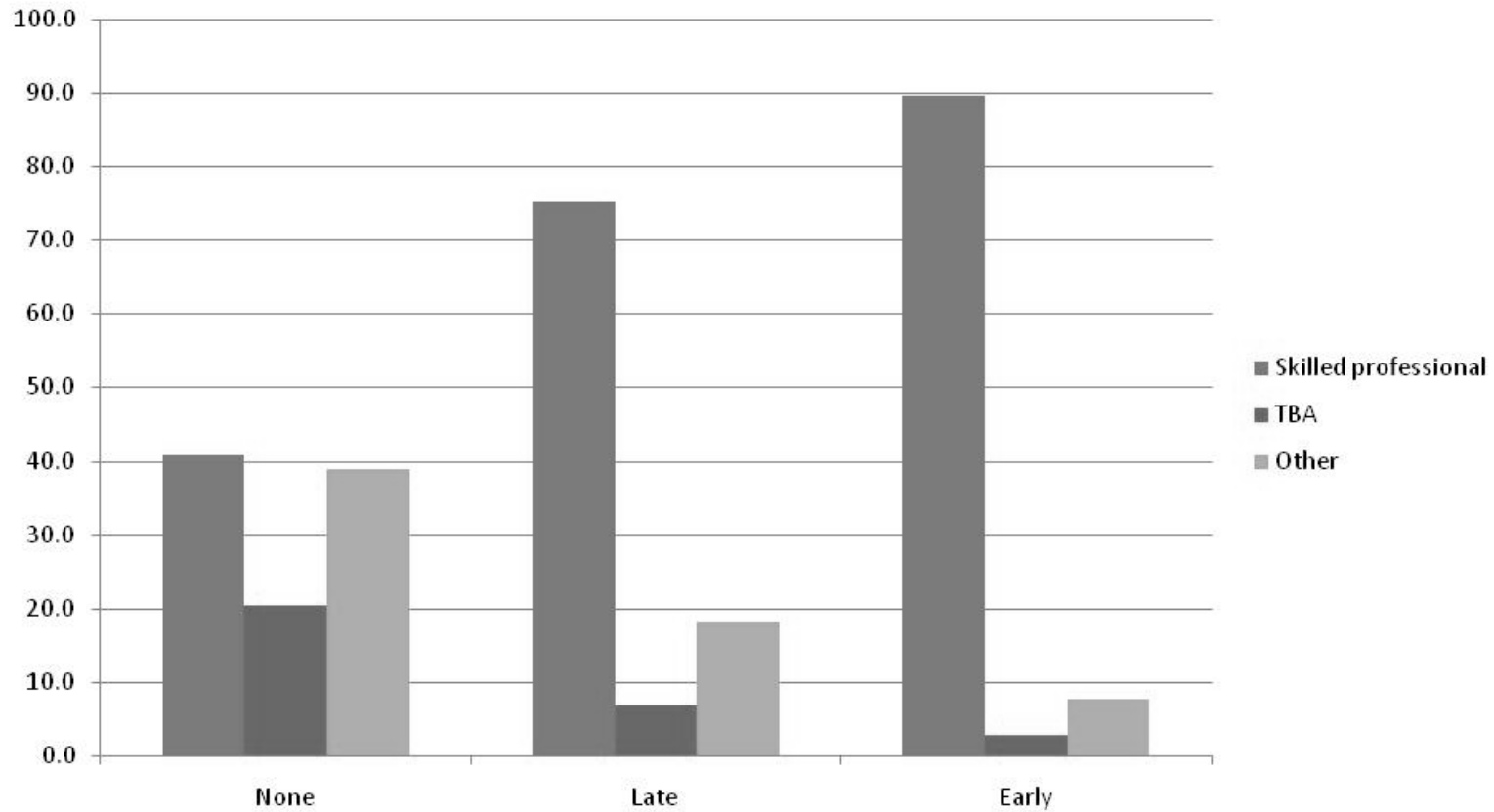


Figure 1: Association between ANC timing and type of delivery care

Discussion and Conclusion

- The percentage of urban youth who did not receive ANC increased from 2.7% in survey 1 to 3.7% and 9.2% in survey 2 and 3 respectively
- Women whose timing for ANC was early increased from 17.4% to 21.8% in survey 1 and 2 but declined to 14% in survey 3

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- In survey 1, 21.5% did not receive delivery assistance and it increased to 25.5% in survey 2 but decreased to 13.5% in survey 3
 - Women in survey 3 were less likely to receive ANC or make their first visit during the first trimester than those in survey 2
 - Women in survey 3 were more likely to deliver with assistance of TBA/skilled professionals than those in survey 2

Cont...

- Women who received ANC in the first trimester were more likely to deliver with the assistance of skilled professionals
- The study has provided evidence on the need to address issues affecting use of maternal health services among the urban youth in Kenya



**I wish to thank the conference
organizers for their support**

Thank You