



Desirability of Pregnancy and Uptake of Antenatal Care in Kenya

Summary

Appropriate antenatal care is important in identifying and mitigating the risk factors in pregnancy but many mothers in developing countries do not receive such care. The failure to receive appropriate antenatal care during pregnancy can lead to undesirable pregnancy outcomes such as maternal morbidity, low birth weight or even maternal and perinatal mortality. Information on 5,104 births born between 1988 and 1993 in Kenya was analysed to identify the characteristics of those mothers not receiving appropriate antenatal care. Although 95% of Kenyan mothers receive antenatal care, these are characterised by few visits timed late into pregnancy. In particular, where the pregnancy was mistimed or unwanted, the mother is less likely to receive appropriate care during pregnancy. The average number of antenatal care visits was 4 which is much lower than the recommended 12 visits. On average, the first visit to an antenatal clinic took place in the fifth month.

Methods

Data from the 1993 Kenya Demographic and Health Survey was analysed using statistical models that account for correlated outcomes.



A woman being weighed at an antenatal clinic

Findings

- About 52% of the pregnancies were mistimed i.e. unwanted or wanted later.
- Mistimed or unwanted pregnancies were associated with a late start of antenatal care and less frequent visits compared to pregnancies that were wanted.
- The mean number of antenatal visits was 0.40 lower if the pregnancy was unwanted, and 0.20 lower if the pregnancies was mistimed.

Improving Access to Reproductive Health Services

Findings

- Mistimed pregnancies were associated with atypical behaviour. Some women who attended antenatal care regularly for other pregnancies changed their attendance pattern if a pregnancy was mistimed.
- **Access** to health services is important; those living more than 10 km or one hour walking distance from a clinic are the least likely to receive adequate antenatal care.
- **Ever use of family planning** was associated with use of antenatal services. More than one-third of the women in the sample had used modern methods of family planning previously. Such women were more likely to visit antenatal clinics earlier in the pregnancy and to make regular visits.
- Socio-economic status is also important in the pattern of utilisation of antenatal care; those from high socio-economic households receive care earlier in the pregnancy and thus make more visits compared to those from low socio-economic households.

There are some communities where the use of antenatal care services is low even when health services are within easy reach.

This may be attributed to community-specific cultural beliefs, for example, the belief that the modern health sector is for curative services only.

- Mothers experiencing high-risk pregnancies (teenage mothers, short interval between births and high birth order) were less likely to initiate antenatal care early in the pregnancy and made fewer visits.

Policy Implications

- All women should be encouraged to seek antenatal care more frequently so that any pregnancy complications or risks can be identified and advice on delivery given.
- Health care workers should establish the wantedness of a pregnancy and individualised care and support should be given to women with unwanted pregnancies.
- The use of effective family planning methods should be encouraged to prevent unplanned and high-risk pregnancies.
- Health workers should address traditional and cultural beliefs that hinder the use of antenatal care. In particular, education on the importance of maternal health services should be focused on communities where the use of antenatal care is low despite proximity to services.

Full reference: Magadi, M.A., Madise, N.J. & Rodrigues, R.N. 2000. Frequency and timing of antenatal care in Kenya: explaining the variations between women of different communities. *Social Science and Medicine*, 51: 551-561

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