

Determinants of Maternal Care Seeking in Kenya

An Analysis Brief from The DHS Program

Why study maternal health care seeking?

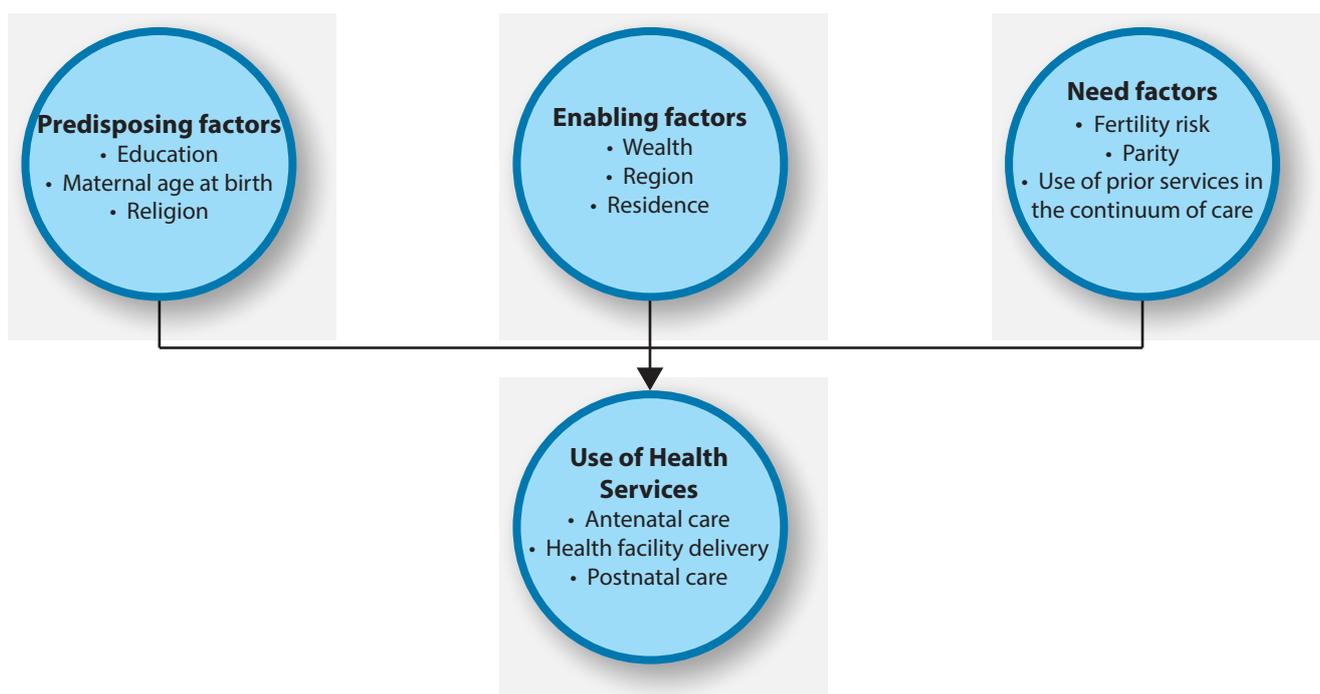
In Kenya, maternal mortality declined from 687 to 510 deaths per 100,000 live births between 1990 and 2015—still far above the global average. Improvements in the quality and coverage of antenatal care (ANC), health facility delivery, and postnatal care (PNC) are required to address maternal mortality. Kenya has seen improvements in these maternal health indicators as illustrated in the 2014 Kenya Demographic and Health Survey (KDHS), but they still lag behind ideal levels. **Understanding what factors influence women’s use of maternal health services will help improve these indicators and reduce maternal mortality.**

What methods were used to conduct this analysis?

This study uses national data from the 2014 KDHS to examine determinants of ANC, health facility delivery, and PNC within 48 hours of delivery. The respondents for this study are 14,949 women age 15-49 with a live birth in the five years before the survey, including 7,152 women interviewed with questions related to PNC for live births in the last three years.

Andersen’s Behavioral Model of Health Services Use indicates that *predisposing factors*, *enabling factors*, and *need factors* are likely to influence use of health services. The study fit a **multivariate logistic regression model** for each outcome that specifies a common set of predisposing factors, enabling factors, and need factors (see figure below). The study also considers use of a prior maternal health care service among need factors because 1) counseling on the need for facility delivery is one explicit component in the protocol for quality ANC, and 2) ANC and facility delivery provide opportunities to identify additional health concerns.

Analytical Framework



What are the key results?

Adequate Antenatal Care:

- Adequate use of ANC is defined as attending at least four ANC visits and starting in the first three months of pregnancy. The odds of adequate ANC are significantly higher for women with a secondary or higher education, women in the wealthier and wealthiest households, and women with low parity.
- Women in the Mid Rift and Nyanza North regions have significantly higher odds of obtaining adequate ANC, compared to women in Nairobi region.

Health Facility Delivery:

- Delivery in a health facility is significantly more common among women with secondary or higher education, in the wealthiest households, in urban areas, as well as women with only one child, women with no fertility risk, and women who received adequate ANC.
- The odds that women deliver in a facility are higher in the Central and Upper Eastern regions, compared to Nairobi region. Significantly lower odds are found in the Lower Eastern, Upper Rift, Mid Rift, and Western regions.

Postnatal Care:

- Receiving timely PNC within 48 hours of delivery is significantly associated with a woman's education level. Similarly, women in the wealthiest households have higher odds of receiving timely PNC.
- Only Upper Eastern and Nyanza North regions have significantly higher odds for PNC within 48 hours, compared to Nairobi region. Three other regions have significantly lower odds compared to Nairobi: North Eastern, Upper Rift, and Western regions.
- Women with one child have higher odds of timely PNC than women with two or more children. Higher odds of PNC are also found among women with no fertility risk compared with those with fertility risk.
- Women who delivered at a health facility are significantly more likely to receive PNC within 48 hours.

What does this mean?

A common set of factors examined in the study are associated with the use of ANC, health facility delivery, and timely PNC. These include women's education as a predisposing factor, wealth and region as enabling factors, and parity and fertility risk as need factors. Results also suggest that **need factors, including experience with prior stages of maternal health care, are more prominent than predisposing and enabling factors in their influence on maternal care-seeking behavior.** ANC may have a role in promoting health facility delivery, while health facility delivery may facilitate PNC.

Determinants of Health Facility Delivery

