FACTORS INFLUENCING UTILIZATION OF POSTPARTUM CARE SERVICES IN KENYA

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ABSTRACT

The study aimed at determining factors influencing utilization of postpartum health care services in Kenya in the five years preceding the 2008/09 Kenya Demographic Health Survey (KDHS). The factors examined included maternal age, parity, marital status, education level, wealth status, place of residence, religion, region of residence, utilization of ANC services, and place of delivery.

Findings from this study revealed disparities in utilization of PPC services among women who delivered in and those who delivered outside a health facility and further depending on whether a woman delivered in public or private/mission health facility, increase in ANC uptake translated into utilization of delivery care services in health facility and receiving and or utilization of PPC services. Education, as expected, was significantly associated with utilization of PPC services for both deliveries that occurred in and outside health facilities. Both the bivariate and the multivariate level of analysis showed that women who had secondary and higher education were more likely to use PPC services than those who had primary or no education. Region of residence was also significant in influencing whether a woman utilized PPC or not. Among women who delivered in a health facility, those in Nyanza region were less likely to utilize PPC services in both bivariate and multivariate level of analysis, and although not significant in the multivariate analysis, women who delivered in North Eastern and in a health facility were more likely to utilize PPC services than those in Nairobi and other regions. In an interesting twist, women in North Eastern who delivered outside a health facility were less likely to receive a PPC check up than women in the other regions followed by Nyanza.

The findings of this study add to the knowledge of factors associated or influencing utilization of PPC services especially for deliveries occurring in a health facility which were assumed to be an automatic ticket to receiving PPC after delivery. They also provide a basis for some policy review that could aim at reducing maternal mortality by increasing the uptake of PPC care services.