Maternal Health Indicators in High-Priority Counties of Kenya: Levels and Inequities

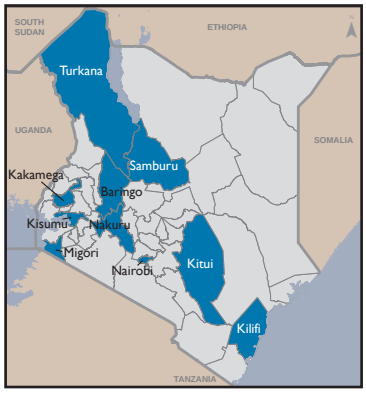
An Analysis Brief from The DHS Program

Why study inequities in maternal health?

The 2014 Kenya Demographic and Health Survey (KDHS) is the first survey in Kenya to produce county-level estimates. These estimates show notable variation among counties in maternal health indicators. For example, Turkana has the lowest proportion of women who receive postnatal care (PNC) within 48 hours of delivery (14%), while Nairobi has the highest proportion (72%). Within each county, important disparities in maternal health may exist across wealth, education, urban-rural residence, and other socio-demographic characteristics. **Understanding where these regional and socio-demographic disparities exist is an important first step to ensure they do not persist or widen as Kenyan counties work to improve maternal health indicators.**

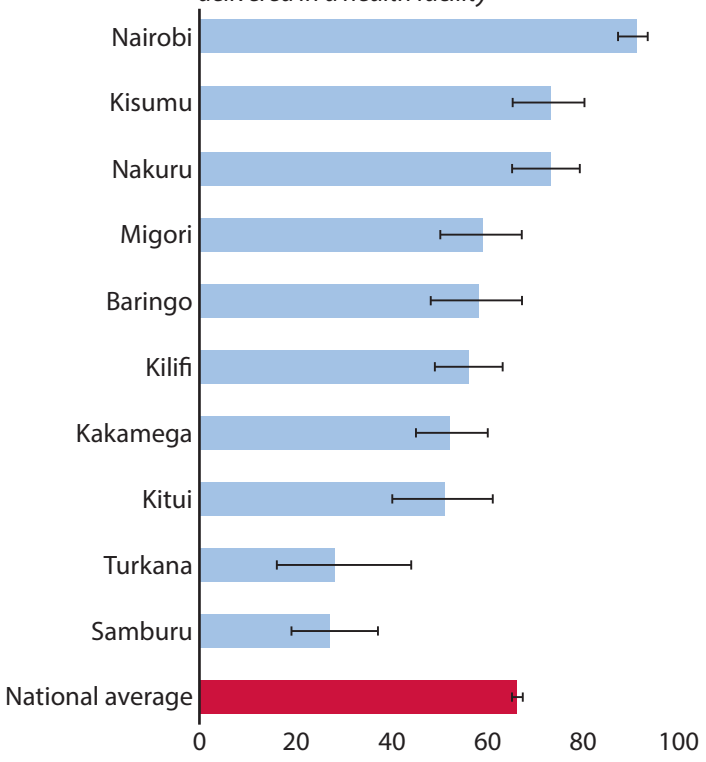
Which counties were included in the study?

This study examines maternal health indicators in 10 counties designated by USAID as high-priority areas for improvements in maternal health—Baringo, Kakamega, Kilifi, Kisumu, Kitui, Migori, Nakuru, Samburu, Turkana, and the informal settlements of Nairobi. Although USAID's focus is on informal settlements of Nairobi, the sample in this study includes respondents from all of Nairobi.



Health Facility Delivery by County

Percent of live births in the 5-year period before the survey delivered in a health facility



What methods were used to conduct this analysis?

Using data from 3,574 women in the 2014 KDHS with a birth in the past five years in high-priority counties, this study analyzes the **prevalence and distributional patterns** of fertility risk, distance to health facilities, antenatal care (ANC), delivery in a health facility, and PNC. **Chi-square tests of independence** indicate whether statistically significant associations exist between county or socio-demographic characteristics and maternal health indicators. The study looks for **regional disparities and inequities** by maternal age at birth, parity, education, wealth, residence, religion, fertility risk, and whether distance to a health facility is reported to be a big problem.

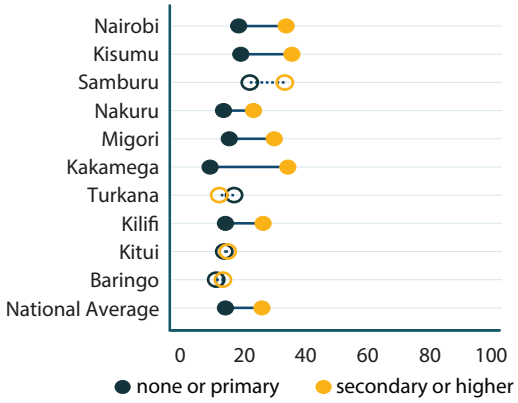
This brief summarizes The DHS Program's Further Analysis Reports No. 110, by Samwel Mbugua and Kerry L.D. MacQuarrie. For the full report or more information about The DHS Program, please visit www.DHSprogram.com.

What are the key results?

- This study shows **large regional variation in maternal health indicators**. High-priority counties, other than Nairobi, consistently are disadvantaged, compared to Kenya as a whole in most maternal health indicators.
- There are a **higher number of inequities in the distribution of delivery care and a lower number of inequities in ANC**. Inequities are also observed in fertility risk and PNC. The most common disparities at the county level are by women's education, wealth, and urban-rural residence. Turkana shows fewer disparities in maternal health indicators, compared to Kilifi, Kisumu, and Kitui.
- Adequate ANC is defined as four or more ANC visits and the first visit within the first three months of pregnancy. **Significant inequities in adequate ANC use by education are found in 6 of the 10 study counties**. Disparities in facility delivery by residence are statistically significant in all nine counties where they could be measured, except Turkana. Disparities in PNC within 48 hours of delivery by wealth tercile are found in just four counties but are quite sizable where they exist.

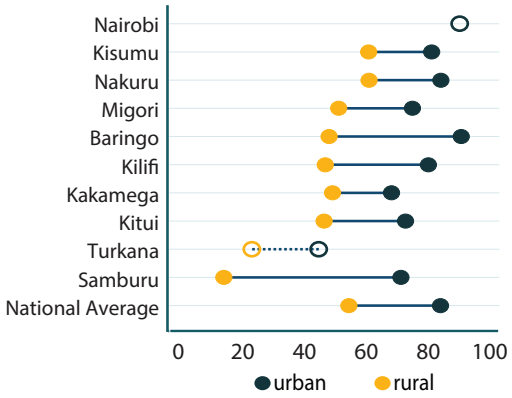
Adequate ANC by Education

Percent of women age 15-49 with a live birth in the 5-year period before the survey



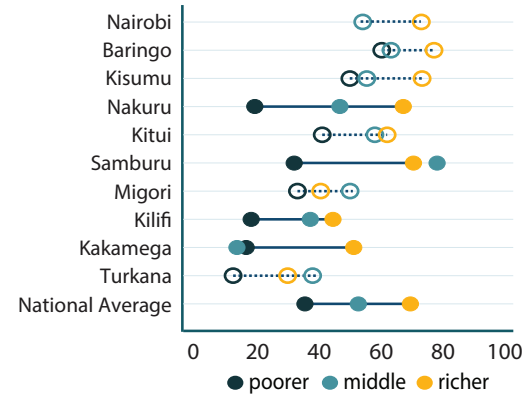
Health Facility Delivery by Residence

Percent of live births in the 5-year period before the survey delivered in a health facility



PNC by Wealth Terciles

Percent of most recent live births in the 2-year period before the survey



indicates that results are not statistically significant

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What does this mean?

- County-specific data are necessary as the first step for Kenya to achieve equitable provision of health care as promoted in the Kenya Health Policy 2012-2030 and Sustainable Development Goals. This study reveals substantial and significant regional variation in all maternal health indicators across counties.
- The comparison of high-priority counties with national figures suggests that USAID is appropriately focusing its efforts on areas most in need of better maternal health care.
- As Kenya's county health authorities partner with the national government to improve service delivery under the devolved responsibility for health care, all should be aware of the socio-demographic disparities that exist in maternal health within the respective counties. Counties that face numerous inequities could achieve gains in antenatal, delivery, and postnatal care outcomes by focusing efforts on closing disparities. Meanwhile, counties with fewer disparities might want to be mindful that the gaps do not widen as they pursue improvements in maternal health indicators.