

Differences in health seeking behaviour among urban poor women in Nairobi who experienced intended or unintended pregnancies.

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Session: 102: Intention and behaviour in fertility and reproductive health.

Abstract title: **Differences in health seeking behaviour among urban poor women in Nairobi who experienced intended or unintended pregnancies.**

Introduction:

The Kenya Demographic Health Survey (KDHS, 2003) indicates that unplanned pregnancies are common in Kenya despite a high level of contraceptive use. Overall, 20 percent of births in Kenya are unwanted, while 25 percent are mistimed (wanted later). The KDHS data also show that 88 percent of women receive antenatal care from a medical professional (doctors, nurses or midwives), two percent from traditional birth attendants while ten percent do not receive any antenatal care. In delivery care, 40 percent of births are delivered in a health facility while 59 percent are delivered at home; and 42 percent of births are delivered under the supervision of health professional.

At the national level, it is certain that majority of women who fall pregnant go to seek antenatal care, but this level is not known at the micro level and by slum population. There has been rapid increase in the urban population mainly attributed to rural urban migration and urbanization, and UN-HABITAT cites that the urban population living in slums in Kenya is more than 70 % (UN-HABITAT, 2003). There is little information on urban poor women who have unplanned pregnancies in the slums. And even though most pregnant women seek antenatal care, there is little information on the pattern of health seek behaviour among urban poor women who have unintended pregnancies.

Antenatal care is very important for the care of the mother and the unborn baby. It also helps to detect risky conditions early in pregnancy which helps to determine the appropriate care during delivery or when complications occur. Given the importance of care during pregnancy, this care may become compromised if the pregnancy is not wanted. This makes the women who get unintended pregnancies at risk since they may not seek care just from the fact that they did not want to have the pregnancy in the first place.

Objective: The aim of the paper is to illustrate the differences in health seeking that urban poor women present if the pregnancy they have is intended or not intended. The premises in this study is that there are differences among women who had intended or unintended pregnancies.

Methods:

This paper uses data from a Maternal Health Project carried out by African Population and Health Research Center within the framework of the Nairobi Urban Health and Demographic Surveillance System (NUHDSS). NUHDSS covers two informal settlements, namely Korogocho and Viwandani of Nairobi City. Both areas have a total of about 60,000 people in about 24,000 households. Using the NUHDSS routinely collected data on pregnancy outcomes, a total of 1927 women aged 12-54 years who had a pregnancy outcome in 2004 and 2005 were sampled in this study and interviewed between April and June 2006.

Logistic regression, was used to explore whether intended or unintended pregnancies were influenced by the following factors; antenatal clinic attendance, number of times the women attended ANC, choice of delivery, whether they sought care during complications, if they went for antenatal clinic, age of women, number of children women have, number of years of education, exposure to information, access to health facilities and level of decision making.

Results: Preliminary results suggest that women with unintended pregnancies (31%) were more likely to seek care from unqualified personnel for antenatal and delivery care compared those who wanted the pregnancies (69%). In addition, women with unintended pregnancies had fewer visits for antenatal care, which were initiated much later compared to those women who had intended pregnancies.

Conclusion: There is a difference in health seeking behaviour during the pregnancy in terms of when to seek health care, the type of provider sought and number of times women go to seek care among women who have intended or unintended pregnancies, similarly, access to information and the residence of the women were determinants in the health seeking for these women.

Expected Implications: It is envisioned that the findings of this paper may help in enhancing the quality of programmes targeted at women during health care seeking right from the onset of pregnancy up to the delivery time in view of the fact that some of the pregnancies are unintended and therefore at risk of less care.