

# Ensuring safer pregnancies for Kenyan women in urban slums

By [Blessing Mberu](#), [Kanyiva Muindi](#), and [Patricia Elung](#)

25 May 2017

Globally, there's a general [decline](#) in the number of women who die from pregnancy or childbirth complications. However in Kenya, it remains high at [488](#) deaths per 100,000 live births. Maternal mortality is a health indicator of the [wide gaps](#) between rich and poor, urban and rural areas within countries.



© sam74100 – [123RF.com](#)

The lack of [appropriate maternal health](#) services and an almost near absence of public health facilities within the slums has led to the [reliance](#) on for profit health facilities.

Most of the health facilities available in the slums face [challenges](#) like the lack of skilled personnel and necessary equipment to deal with maternal and child health emergencies.

Transport costs and poverty are [barriers](#) to proper utilisation of maternal health care services in the slums leading to deaths of mothers during this critical period.

Our [study](#) investigated factors associated with the timing and frequency of antenatal care among women across the slums of Nairobi between 2000 and 2012.

Our study concluded that the more educated a pregnant woman, the more likely she timely initiated antenatal visits and attended at least four clinics throughout her pregnancy. A mother with more children was less likely to begin clinic early and sought less than the recommended four visits for skilled care during pregnancy.

## Study findings

Data analysis covered 1716 births prior to 2012 and 1305 births before 2000 seeking information on a mother's use of antenatal services during the pregnancy.

In the interviews we asked women when and how frequently they had visited an antenatal clinic in the lead up to the birth of their last child.

Our research found that a mother's level of education and the number of children she has already had as well as her ethnic background influenced when she began attending clinic and how often she did.

Mother's level of education was protective against late initiation of ANC and making fewer than four ANC visits during the pregnancy. On the other hand, a higher number of children born to the mother was negatively associated with initiation and frequency of ANC visits.

## **Challenges in accessing antenatal health care**

Earlier research has shown that the greatest [challenge](#) facing pregnant women living in both slum and urban areas is how soon they visited a clinic after finding out that they were pregnant.

The beginning of antenatal visits is critically linked to managing complications and identifying high risk pregnancies so that appropriate follow-up visits can be arranged.

The timing of the initial visit to the clinic is also very important because it gives a mother the full benefit of being cared for by a trained person.

Many maternal deaths are caused by developments that can be prevented if they are detected early. And the earlier a woman visits a clinic the better. An early visit is defined as one in the first four months of pregnancy while a late one is a first visit made in the second or third trimester.

The direct leading causes of [maternal deaths](#) in Kenya are;

- bleeding
- infection
- high blood pressure
- obstructed labour

Other indirect causes are malaria, anaemia, tuberculosis, and HIV/AIDS.

All these are preventable causes that can be addressed through timely and adequate antenatal care provided through efficient referral systems especially for medical emergencies.

Our study did not investigate the direct or indirect causes of maternal deaths however the above were cited to show that they are conditions that can be picked up during antenatal visits where proper care is provided.

The study did not assess reasons for not attending antenatal clinic or following the national guidelines on attending antenatal clinics.

## Antenatal care adherence

Kenya recommends that throughout their pregnancies mothers make at least [four](#) clinic visits during their pregnancies. These should be spread across the trimesters.

This fits in with global maternal health requirements that recommend that visits should take place before 16 weeks, between 16 and 28 weeks, at 28 to 32 weeks, and about 36 weeks. During these appointments, the pregnant mothers receive the following:

- iron and folic acid supplementation
- immunisation against maternal and neonatal tetanus
- monitoring of blood pressure
- maternal weight
- protein in urine
- testing for and management of various infections such as HIV and Syphilis.

## Way forward

There are a number of steps the Kenyan government can take to ensure optimal use of antenatal care among the urban poor. For example, it could address cultural beliefs, reaching out to teenage mothers and those who have had children before and don't think it's necessary to attend a clinic.

The government should also consider providing free antenatal services to slums similar to the free child immunisation programmes it has in place countrywide. This would ensure that all women – regardless of their education and economic situation – had access to vital services.

*Maharouf Oyolola also contributed to this article.*

## ABOUT THE AUTHOR

Blessing Mberu is head of urbanisation and wellbeing, African Population and Health Research Center. Kanyiva Muindi is a research officer, African Population and Health Research Center. Patricia Bungata is a teaching assistant: Sociology of Aging and the Lifecourse, McGill University.

For more, visit: <https://www.bizcommunity.com>