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Barriers to Access and Utilization of Maternal and Infant Health Services in Migori, Kenya

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Abstract
Barriers to accessing and utilizing maternal and infant services hinder the progress of achieving the Millenium Development Goals 4 and 5, consequently improving maternal and infant health is an international priority.Maternal and infant mortality is highest in developing countries where several barriers to access and utilization of health care exist. This was a study of an on-going Maternal and Infant Survival to Health care Advancement (MAISHA) project to identify barriers to access and utilization of maternal and infant health services in Migori County, Kenya among 446 women of reproductive age. This was a cross sectional study which employed bothqualitative and quantitative methods. Data was collected using Interviewer - administered questionnaires, Key Informant Interview guides and Focus Group Discussion guides.Barriers to access of the services included socio-economic, cultural barriers and lack of up – to date training among the staff. Success in improving access and utilization of these services requires concerted efforts.
Keywords: Barriers, Access, Utilization, Maternal and infant health, Maternal and infant mortality

1.0 Introduction

It is estimated that 150,000 African women die each year from causes related to pregnancy and childbearing, and that the lifetime risk of dying from maternal causes for African women is in the order of one in twenty five. In Kenya, an estimated 7,700 women die each year as a result of pregnancy-related causes (Republic of Kenya, 2010).Maternal mortality and morbidity can be reduced through access to appropriate health care during pregnancy and delivery however in sub-Saharan Africa women continue to face limited access to such services (Essendi*et.al*, 2011). In order to reduce the risk of maternal and infant morbidity and mortality, especially in places where the general socio-economic status is low, access and utilization of the obstetric services is an effective means (Ochako*et.al*, 2011). Lack of access to appropriate obstetric care, especially during labor, compounds the risk of adverse fetal outcomes such as death or disability (Lule*et.al*, 2005). Improving maternal and infant health continues to be a major challenge such that a woman living in sub-Saharan Africa has a 1 in 31 chance of dying during pregnancy or childbirth, as compared to 1 in 4,300 in a high-income country (Zere*et.al*, 2011). In developing countries, less than 50% of deliveries occur in health facilities therefore skilled birth assistance is not utilized in such deliveries. Access to and use of health services is low in Africa, and this is reflected in the poor maternal health indicators (Kayongo et.al, 2006). It still has the highest proportion of under-five deaths, with 1 in 91 children dying before their fifth birthday (UNDP, 2009).

In Kenya, many deliveries take place in the villages as a result of poor knowledge of danger signs, cultural issues, and poor socio-economic status of women. Many women are not empowered to make decisions on skilled birth attendance owing to socio-economic and socio-cultural factors. Access and utilization of maternal health services in the health facilities has been linked with improved maternal and neonatal health outcomes (BabalolaandAdesegun, 2009). The achievement of Millennium Development Goals (MDGs) 4 and 5, which are concerned with reduction of child and maternal mortality respectively have stagnated despite many efforts to achieve the goals in Kenya (Republic of Kenya, 2010).

The aim of this study was to identify barriers to access and utilization of maternal and infant health services.

2.0 Materials and Methods

This was a baseline report of a five – year Maternal Infant Access to Survival And Health care Advancement (MAISHA) project funded by Department of Foreign affairs, Trade and Development (DFATD) – Canada. A cross sectional study design was used, with a stratified sample from which qualitative andquantitative data was collected. The study was carried out in Migorisub-County in the Nyanza region of Kenya located in southwestern Kenya. The study was carried out in four health facilities namely Ogwedhi, Ondong, Godkwerand Nyamaraga health facilities among women of reproductive age meeting the inclusion criteria living in Suba East and West divisions in Migori County.

An interviewer - administered questionnaire was used to collect socio-demographic data and information on access and utilization of maternal and infant health services. Key Informant Interview guides were used to collect data from the Health Facility In -Charges and Community Health Workers representing the community.

FGD guides were used during discussions with men and women from the communities in separate forums.Two divisions from the countywere selected purposively underthe guidance of the District Health Management Team (DHMT)due to the poor maternal and infant health indicators.
Ethical approval was sought from Kenyatta University Ethics Review Committee (KUERC) and a permit from the National Council of Science and Technology (NCST). A consent form was also given to the participants. Confidentiality was maintained throughout the study.

3.0 Results

Among the 446 women interviewed, most of them 157 (35.2%) were aged between 20 – 24 years and the mean age was 25.9 years. Most women were multiparaous 316(65.7%) and the average number of children per woman was four. A high number of grandmultiparity 155(34.8%) was noted. Most of the respondents 382(85.6%) were married. Most of the respondents 357(80%) had attained primary level of education. On the partner's education level, 271(61.3%) had primary level of education. Most of the respondents did not have a formal employmenthowever, most of their partners were self-employed. The religion of most of the respondents was Protestant.

3.1 Socio – demographic barriers

A number of socio – demographic factors were significantly associated with access and utilization of health facility services. There was significant association on the number of pregnancies (p=0.025), religion (p=0.026), level of education (p=0.018) and the occupation of the respondent (p=0.005) as illustrated in table 1 below.

3.2 Socio – cultural factors

Some of the cultural reasons for not attending ANC included cultural/religious reasons, lack of husband's approval and attending at TBA. From qualitative data, it was found out that social stigma associated with HIV hindered utilization of health facility services.

"Some women do not deliver in hospital because they believe they will be tested for HIV and they will be known in the village if tested positive which will in turn lead to their rejection by the community members". (KII)

"Men prefer the TBA because they cost less than Ksh 500.00 or even a chicken. In most cases my husband has the final say in family issues". (FGD)

3.3 Health facility factors

From qualitative data, it was found out that there were factors which led to inaccessibility and lack of utilization of the health facilities

"Lack of drugs, and the drugs that are meant to be free are sold and this makes (mothers) to avoid seeking help from there". (KII)

"There is inadequate staff and equipment especially Reproductive Health equipment (delivery and infant resuscitation equipment)". (KII)

It was reported that in some facilities, the staff were ignoring patients and there was lack of attention to women in labour. In other facilities, staff were not available at night to offer 24 hour services.

"The facility operates 24 hours but no nurse officer lives within the facility. The number of clients has increased but there is low hospital delivery". (KII)

"There are only 2 staff houses, the rest of the staff operate from Migori town (1hr away)". (KII)

3.4 Staff attitude

It was found out that most women preferred to deliver at home than at the health facility despite attendance of ANC.

"They (TBAs) are never rude and they give you the best services. They give you porridge and bathe you until you are ready to leave". (FGD)

"Nurses are very rude. I was abused and not encouraged during my last delivery". (FGD)

"I went to deliver my third born. I was received and left alone. When I complained, I was chased away with my mother in law. The other patients in the ward protested that what the nurse did was wrong. The watchman pleaded with her and she left me. When the night nurse came, she treated me well". (FGD)

3.5 Traditional birth attendants

At home, the deliveries were assisted by a traditional birth attendant (TBA). The reasons for preference of the TBAs were their accessibility and the cost. Most of the respondents cited negative staff attitudes at the health facilities.

"The TBAs are easy to reach and are cheap because you can pay them with a chick or hen". (FGD)

"TBAs prepare you psychologically and the services are very good". (FGD)

3.6 Male involvement

Qualitative findings indicated that some women preferred men not to be around during the delivery process.

"You should be outside and leave the doctor to do his job" (FGD)

"Fathers should not see where the child is coming from because the husband may not go in again" (FGD)

4.0 Discussion

From the study findings, access and utilization of maternal health services is hindered by a complex of socio-economic, socio-cultural and health facility factors. These factors tend to interrelate thus contributing to inaccessibility and poor utilization of the services. A number of studies have found similar findings (Ochako*et.al*, 2011; Abosse*et.al*, 2010; Birmeta*et.al*, 2013).

4.1 Socio-demographic and economic factors

Age was significantly associated with accessing and utilizing the health services. The older the respondents, the lesser they would utilize the services. This would be attributed to the exposure and experience they may have had as they grow. The young women may have had an unplanned pregnancy, especially the school-going children and are likely to shy off from accessing the maternal health services. A study conducted on utilization of antenatal care services in Hadiya, Ethiopia found out that age was a factor influencing the utilization (Abosse*et.al*, 2010).This could be attributed to the previous experiences among those with high parity particularly if they did not encounter any complications with the pregnancy. A study conducted in Ethiopia on determinants of maternal health care utilization had similar findings. Women of lesser parity were more likely to seek health care compared to those of higher parity (Ochako*et.al*, 2011;Birmeta*et.al*, 2013).

Level of education was also a factor that was associated with accessing or utilizing the health services. Women with lower level of education were less likely to utilize the health services compared to those who did not have. This could be attributed to the level of knowledge attained with education which enables them to make informed decisions and choices. Similar finding were found by a study conducted in Ethiopia (Birmeta*et.al*, 2013).A community based cross sectional study carried out in Ethiopia cited very low institutional based deliveries (12%) and the factors found out were lack of knowledge on pregnancy and delivery services (Teferra*et.al*, 2012).

The occupation status was also a factor associated with utilization of services. The type of occupation is related to the economic power which will translate to the ability to access the services if it is cost involving. Those who were employed were likely to utilize health services. This could be attributed to their level of income since with employment, one is likely to have a good financial status as compared to one who is unemployed. This could also contribute to better decision making ability especially if it involves financial matters.

4.2 Socio-cultural factors

Religion was associated with utilization of maternal and infant health services. This could be attributed to the fact that some religions do not believe in contemporary medicine thus may deny their followers in seeking this care.Cultural beliefs and practices affected utilization of maternal health services. This could be attributed to the fear of possible consequences if one went against such traditions. In a community, it is expected that people behave in a certain manner. In this study, men could not be acceptable to the delivery room owing to the cultural beliefs. A literature review of twenty eight papers found out that cultural beliefs and ideas on pregnancy had an influence on utilization of antenatal care (Simkhada*et.al*, 2008).

4.3 Health facility factors

Health facility factors such as inadequate staffing, lack of equipment or negative staff attitude contributed to the clients not accessing health care services. Inadequate staffing may be attributed to inequity in staffing which may result due to lack of infrastructure. In a rural community, one may not be able to access amenities such as internet access, good road network or other amenities. This may contribute to a high staff turnover. Similar challenges were found in various studies (Teferra*et.al*, 2012; Yamashita*et.al*, 2014). A study on utilization of postpartum care in Philippines found out that utilization of the services was correlated with the place of delivery. The women who delivered at home were less likely to utilize the services (Yamashita*et.al*, 2014). Negative staff attitude may be as a result of overworking and staff experiencing burnout. For staff to enjoy their work, there should be accessibility to equipment so that they can be able to provide their services professionally. In a situation where this is a challenge, it may pose a risk of lack of interest in their work and fatigue especially when they always have to improvise. A study in Nigeria found out that negative staff attitude was a barrier to access of obstetric services (Asuquo*et.al*, 2000).

5.0 Conclusion

Barriers to utilization of maternal and infant health services exist. Socio-demographic and economic factors contributed significantly to access and utilization of maternal and infant health services. Sociocultural factors including beliefs and practices hinder utilization of health services. Health facility factors such as inadequate staffing, lack of equipment or negative staff attitude contributed to lack of utilization and inaccessibility of maternal and child health services.

6.0 Recommendations

Addressing the several barriers hindering access and utilization of maternal and infant health services is a step towards enhancing access and utilization of maternal and infant health services.

Success to improving access and utilization of maternal and infant health services requires involvement of the community and the government in policy making.

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Table 1: Factors affecting ANC non-attendance

Why not attend ANC	Odds Ratio	P-value
Age	0.98	0.489
Pregnancies	0.86	0.025*
Religion	0.75	0.026*
Marital status	1.24	0.204
Education	1.76	0.018*
Occupation	0.05	0.005*
Partner education	0.83	0.144

Table 2: Factors affecting place of delivery

Last place of delivery	**Odds Ratio**	**P>|z|**
Pregnancies	0.82	0.000*
Marital status	1.50	0.003*
education	1.67	0.029*
occupation	0.82	0.007*

Table 3: Factors affecting PNC non-attendance

PNC attendance	**Odds Ratio**	**P>z**
Age	0.90	0.001*
Pregnancies	1.20	0.013*
Religion	1.11	0.432
Marital status	0.94	0.780
Education	1.47	0.113
Occupation	1.19	0.029*
Partner education	0.88	0.392

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