Barriers to Access of Maternity Care in Kenya: A Social Perspective

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Abstract

Objective: In response to high maternal mortality rates, the global community has rallied to improve the state of maternal health worldwide. However, progress towards the fifth Millennium Development Goal, "Improve Maternal Health," has been disappointingly slow. There is a pressing need to address the factors that contribute to maternal mortality, one of which is access to care. This health demand is particularly urgent in countries in sub-Saharan Africa, where maternal mortality is disproportionately high compared with developed countries. The aim of this study was to explore the perceptions rural women have about barriers to access to maternity care in Asembo Bay, Kenya.

Methods: We conducted interviews with individuals and convened a focus group of lay women and care professionals. The results of the interviews and focus group were then analyzed thematically.

Results: Common social themes that emerged related to women's access of maternity care in this population included fears associated with HIV testing or disclosure of HIV status, gender inequalities, and attitudes towards facility-based care.

Conclusion: Data and themes in this study are consistent with previous research and provide a descriptive account of the barriers that prevent rural Kenyan mothers from accessing health care throughout their pregnancies. Each barrier explored here translates into an area of improvement where focus is needed to increase access to care and, ultimately, to reduce maternal mortality in this setting.

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Résumé

Objectif : En réponse à la hausse des taux de mortalité maternelle, la communauté mondiale a uni ses efforts pour améliorer l'état de la santé maternelle de par le monde. Toutefois, les progrès menant à l'atteinte du cinquième objectif du Millénaire pour le développement (« Améliorer la santé maternelle ») ont été d'une lenteur décevante. Nous devons nous empresser de traiter des facteurs qui contribuent à la mortalité maternelle; l'accès aux soins constitue un de ces facteurs. Cette demande en matière de santé est particulièrement urgente au sein des pays de l'Afrique subsaharienne, où la mortalité maternelle est disproportionnellement élevée par comparaison avec les pays développés. Cette étude avait pour but d'explorer les perceptions des femmes des milieux ruraux en ce qui concerne les obstacles à l'accès aux soins de maternité à Asembo Bay, au Kenya.

Méthodes : Nous avons mené des entrevues auprès de diverses personnes et convoqué un groupe de discussion composé de femmes profanes et de professionnels de la santé. les résultats des entrevues et du groupe de discussion ont par la suite été analysés de façon thématique.

Résultats : Parmi les thèmes sociaux communs qui sont ressortis en ce qui concerne l'accès des femmes aux soins de maternité au sein de cette population, on trouvait les peurs associées au dépistage du VIH ou à la divulgation du statut quant au VIH, les inégalités liées au sexe et les attitudes envers les soins dispensés en établissement.

Conclusion : Les données et les thèmes mis au jour dans le cadre de cette étude concordent avec les résultats des études précédentes, et offrent un compte rendu descriptif des obstacles qui empêchent les mères des régions rurales du Kenya d'obtenir accès à des soins de santé tout au long de leurs grossesses. Chacun des obstacles explorés aux présentes se traduit en un domaine à améliorer nécessitant des efforts soutenus en vue d'accroître l'accès aux soins et, en bout de ligne, d'abaisser le taux de mortalité maternelle dans ce milieu.

INTRODUCTION

In the last 30 years, there has been a rise in global efforts to improve the state of maternal health worldwide. Initiatives have been directed primarily to maternal mortality in developing countries, specifically to countries in sub-Saharan Africa, because of their disproportionate rates of maternal death. The maternal mortality ratio in sub-Saharan Africa is 50 times greater than in developed countries.[1] Significant effort has been dedicated to the reduction of maternal deaths. At the pinnacle of these efforts is United Nations Millennium Development Goal 5, one of eight international objectives aimed at improving the global state of maternal health by reducing maternal deaths and achieving universal access to reproductive health by 2015.[2] A complex set of economic, social, and cultural factors influence maternal mortality. In combination, these factors shape access to maternity care services.[3] However, efforts to improve maternal health globally are often approached using individualistic, biomedical interventions with little consideration of the potential social challenges at hand. With the present state of maternal health, gaining a holistic understanding of the barriers that prevent mothers from accessing care is of paramount concern to the global health community.

With clear discrepancies in maternal mortality worldwide, many studies have attempted to define the state of maternal health in developing countries. Kenya, in eastern sub-Saharan Africa, is a prime example of a nation with limited resources and high rates of maternal health problems. It is estimated that 7700 maternal deaths occur annually in Kenya, accounting for 32% of deaths of females of reproductive age.[4] Barriers to access to maternity care services play an influential role in mortality trends, as only 40% of babies in Kenya were delivered at health facilities, 28% of births were assisted by a traditional birth attendant and 22% were assisted by relatives and friends only.[4] While physical barriers that Kenyan mothers may encounter when seeking health care, such as distance and transportation, have been identified,[5] few social barriers have been recognized. To more fully understand what prevents Kenyan women from accessing care throughout their pregnancies, it is necessary to examine their social relations and other societal factors that influence these women's health and, to a greater extent, their health systems.[6,7] It is clear that various obstacles prevent Kenyan mothers from seeking facility-based care throughout their pregnancies. The central aim of this study was to learn more about the perceptions rural women have of barriers to their access to maternity care in Asembo Bay, Kenya. While physical barriers were also investigated, in this article we draw attention to the social determinants that emerged.

ABBREVIATIONS

ABWD	Asembo Bay Women for Development
ABWDC	Asembo Bay Women for Development Centre
MDG	Millennium Development Goal

METHODS

This study was a partnership between the Ottawa Maternal Newborn Research Group within the Ottawa Hospital Research Institute and the Asembo Bay Women for Development group. The study was conducted in Asembo Bay, Kenya. Eligible women (women of child-bearing age living in Kenya) were recruited via snowball sampling. Women showing interest in participating were fully informed of the research in either English or the Luo language, and consent was obtained by participatory opt-in because of varying levels of literacy. An interpreter fluent in English and the Luo language was present for all recruitments, interviews, and focus groups, and provided translation when required. Interviews took place at Ongielo Health Centre, Lwak Mission Hospital, and the Asembo Bay Women for Development Centre, as well as in some community settings (e.g., local markets) and in some homes.

Before recruitment, an interview guide addressing barriers to maternity care was drafted in English by a qualitative methodologist (A.S.) and a field researcher (L.B-R.). The guide was reviewed and altered by committee members of the ABWD group before use. One member from the ABWD group (B.D.) was present at all interviews with the Ottawa Hospital Research Institute field researcher (L.B-R.), and acted not only as a translator but also as a participant in the interviewing process. Questions were initially posed in English, but participants were free to communicate in whichever language (the Luo language or English) they felt most comfortable using.

The focus group discussion was conducted as a form of follow-up and data verification after interviews were conducted. Recruitment for the focus group discussion took place at various women's groups within the area. The group consisted of lay women and professional care providers. All women in the focus group discussion had given birth to at least one child in Kenya. In total, 17 women attended the discussion, only five of whom had participated in one of the preliminary interviews. The focus group reached this size because the invitation did not specifically restrict participants from bringing additional women. The sample sizes in both the interview group and the focus group were opportunistic.