International Journal of
Health, Medicine and Nursing Practice
(IJHMNP)

CARI Journals

International Journal of Health, Medicine and Nursing Practice
ISSN 2710-1150 (Online)
Vol.2, Issue No.3, pp 1 – 11, 2020
www.carijournals.org

UPTAKE OF 'FREE' MATERNITY SERVICES AMONG WOMEN IN RONGAI SUB- COUNTY HOSPITAL, NAKURU COUNTY.

Kulei Stella Jepkoech & Alice kemunto Maranga-Ondieki

Department of Nursing, Faculty of Health Sciences, Egerton University, P.O. Box 536-20115 Egerton,Njoro, Kenya.

Corresponding Author: kuleistella@gmail.com

Abstract.

Purpose: Subsidized delivery services aim to reduce both maternal and neonatal' morbidities and mortalities. The uptake in Kenya is still low at about 51%. The objective of the study was to determine factors that influence utilization of subsidized delivery services.

Methodology: A cross-sectional study was used. The study was done in Rongai Sub-County hospital, Nakuru County. The population consisted of women seeking maternity services at Rongai Sub-County Hospital.

Results: About 60.8% of the respondents indicated they had knowledge while 39.2% of them indicated they did not have any knowledge on postnatal services.

Conclusion: Majority of women already have knowledge on availability of free hospital care service. Women are more likely to seek services that are close to them, long distance to health facilities prevents them from seeking the services.

Key words: *free maternity, services among women, delivery services*

INTRODUCTION

Maternal mortality is unacceptably high. About 295 000 women died during and following pregnancy and childbirth in 2017. Sub-Saharan Africa and Southern Asia accounted for approximately 86% (254 000) of the estimated global maternal deaths in 2017. Sub-Saharan Africa alone accounted for roughly two-thirds (196 000) of maternal deaths. (WHO,2019).

Globally in the year 2018, 2.5 million children died in the first month of life , this estimates may be higher considering that low and middle income countries' findings are sometimes underreported; the WHO further estimates that approximately 7,000 neonatal deaths occur daily [WHO,2019, WHO,2020}

In Kenya the maternal mortality rate is notably very high in comparison to other countries at 362 per 100,000live births. Of the 47counties in the country fifteen contribute to 98% of the maternal mortality in the country and is listed as one among the 10 countries that account for 60% of global maternal deaths. This is despite the government coming up with remedial programmes to increase access to maternal health care including free maternity services in the Kenyan public health facility and expansion of the scope of the national health insurance scheme. The high

mortality and morbidity rates have been attributed to a significant break in the continuum of care in the service-delivery strategy after delivery. (UNFPA, 2014) and home deliveries.

The aim of this study is to assess the utilization of 'free' maternity services in Rongai Sub-County hospital.

MATERIALS AND METHODS

Study Design:

A descriptive cross-section study design was used.

Study area

The study was carried out in Rongai Sub-County Hospital in Nakuru County. Nakuru County covers an area of 7,509.5 KM^2. Its boarded by Baringo County to the North, Laikipia County to the Northeast, Kericho County to the Northwest, Nyandarua County to the East, Narok County to the West and Kajiado County to the South. The County is divided into 11 sub counties: Nakuru town east, Nakuru town west, Bahati, Rongai, Subukia, Kurusoi South, Gilgil, Naivasha, Molo and Njoro.

In the last census in 2009 Nakuru County had a total population of 1,603,325 it is the fourth largest County in Kenya after Nairobi, Kakamega and Kiambu in that order in terms of population. Rongai constituency had a population of 144,266 and Rongai ward having 30,965 people during the census.

Study population

The study population were women of reproductive age (15 to 49 years) who were expectant or just delivered.

Sampling technique

Systematic random sampling was used to select the sample.

Inclusion criteria

Pregnant women and women who had delivered who gave consent were included.

Sample size determination

Andrew Fisher's method (1998) was used to determine the size because my target population less than 10,000

$$n = \frac{Z^2 qp}{d^2}$$

where: n= sample size estimate for a population target for > 10,000

Z= standard deviation using 1.96 at 95% confidence level

P= proportion of the population to have a particular character (0.5)

d= degree of accuracy (0.5)

q= 1- p

Therefore:

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2}$$

= 384.16

The sample size was determined using Andrew Fisher's method (1994) where the respondents was less than 10,000

Formula nf = desired sample size

n = sample size (384 constant)

N = total population size (140, Rongai sub county Hospital Records,2017)

$$nf = \frac{384}{1+(384/140)}$$

$$nf = \frac{384}{1+ 2.7}$$

nf = 104

Data Collection

Data was collected using a researcher administered questionnaire

Data Analysis

Data was collected, cleaned, coded and checked for completeness and entered into SPSS version 20. Quantitative data is presented in form of tables, graphs and pie charts.

Ethical Considerations

Approval was obtained from department of nursing, faculty of health science Egerton University and the medical superintendent of Rongai Sub-County hospital. An informed consent was obtained from all the participants. Confidentiality of the patients was maintained by omitting their names and giving them codes.

RESULTS

The response rate was (95)91.3 %.

Respondents' demographic characteristics

The study sought to determine the demographic characteristics of the respondents; age, gender, their highest level of education attained and their level of income. The study also determined the age of the respondents. 40% of the respondents were 25-29 years, 20% of the respondents were 20-24years, 30 % of the respondents were 30-39 years, 5% of the respondents were 15-19years while 5 % of the respondents were >40 years.

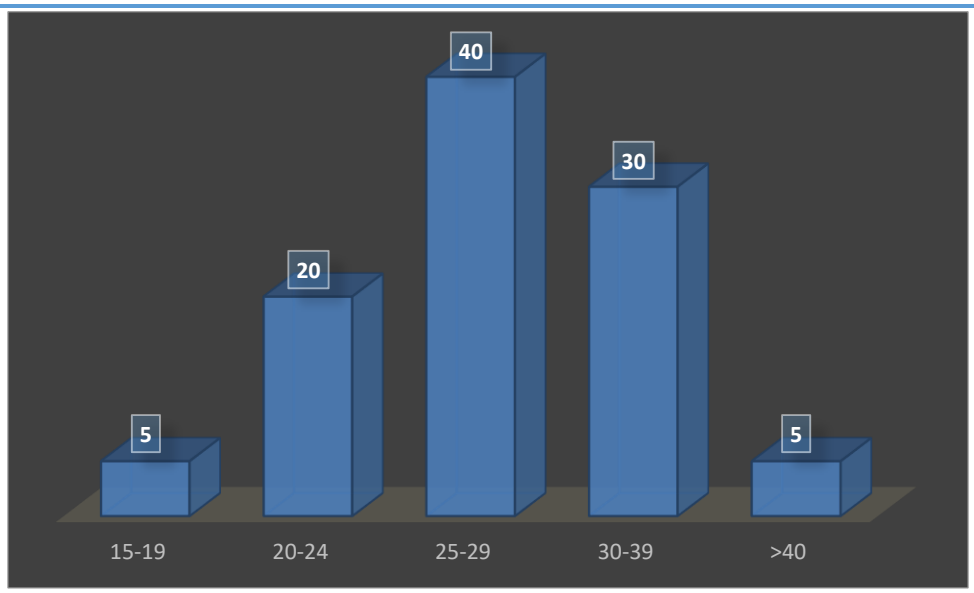

Figure 1 Distribution of Respondents by Age.

The study determined the Marital Status of the respondents. The results summarized in the table below. The findings indicate that the majority respondents were married and this was at 78%, 11%were single mothers, 9% widowed and the remaining 2% of the respondents were divorced

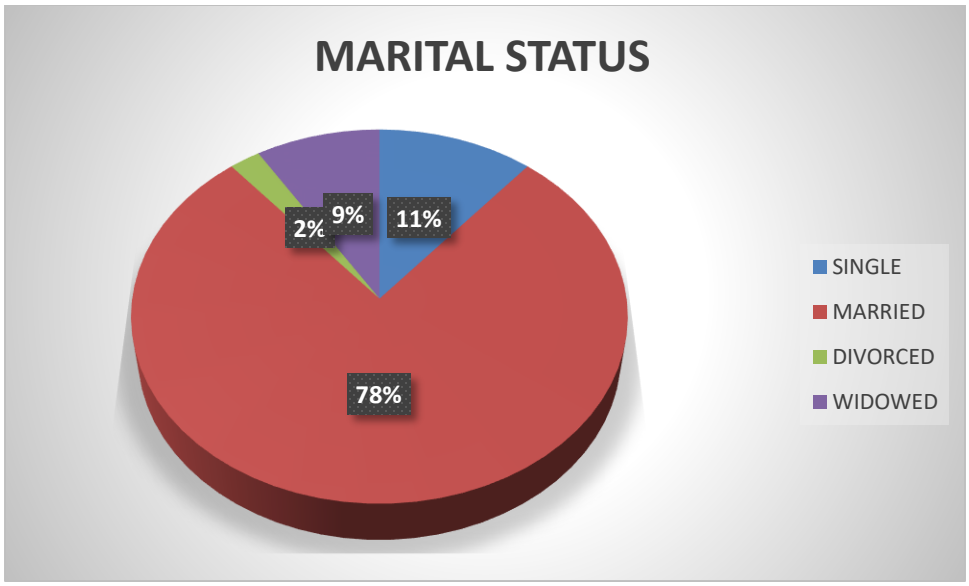

Figure 2: Distribution of Respondents by Marital Status

The results indicated that majority of the respondents 60.5 % were living with their Partner and 39.5% were not living with their Partner.

Distribution of respondents by Level of Education

The study determined the highest level of education attained by the respondents. From the findings the majority of the respondents 51.1% had attained secondary level, 21.7% had attained primary level, 22.1%, had attained college/ university while 11.1% had no education.

Table 1: Distribution of Respondents by Level of Education

	Frequency	Percent
PRIMARY	20	21.7
SECONDARY	46	51.1
COLLEGE/UNIVERSITY	20	22.1
NONE	9	11.1
Total	95	100

Distribution of respondents by Religion

The study determined the religion of the respondents. From the findings the majority of the respondents 52.3% were seventh day Adventist, 44.4%were Roman Catholic, 1.1 % were Muslims while 2.2%, had no religion.

Table 2: Distribution of Respondents by Religion

	Frequency	Percent
NONE	2	2.2
MUSLIM	1	1.1
ROMAN CATHOLIC	45	49.4
SDA	47	52.3
Total	95	100

Respondents by Employment Status

The respondents were asked to indicate their Employment Status and the results were as captured in table 3. The results indicated that among the respondents 33.3% were not employed, 55.6% were self-employed and 11.1% were employed.

Table 3: Distribution of Respondents by Employment Status

	Frequency	Percent

EMPLOYED	10	11.1
SELF EMPLOYED	55	60.6
NONE	30	33.3
Total	95	100

Number of pregnancies

The study sought to establish the parity of the respondents. Majority of the respondents 58.89% indicated it was not their first pregnancy while 41.11% indicated it was their first pregnancy.

The study also sought to establish the number of pregnancies the respondent has had in total. From the results in table 41.11% indicated they had had one pregnancy, 18.9% indicated they had had 2 pregnancies,33.33% of the respondents indicated 3 pregnancies while 3.33% of them indicated 4 times the rest had more than 4 children.

Table 4: Number of Pregnancies

	Frequency	**Percent**
Gravida 1	37	41.11
Gravida 2	17	18.90
Gravida 3	38	38.33
Gravida 4	3	3.33
Gravida 5	3	3.33
TOTAL	**95**	**100**

Number of Live Births

The respondents were asked to indicate how many live births they have had altogether. 41.11% of the respondents indicated they have had 1 live birth, 18.9% indicated they have had 2 live births, 33.33% of the respondents indicated 3, 3.33% indicated 4 live births while 3.33% of them indicated having other numbers of live births.

Table 5: Number of Live Births

	Frequency	%
1	37	41.11
2	17	18.9
3	38	38.33
4	3	3.33
5	3	3.33
Total	95	100

Knowledge on free delivery Services

The study sought to establish the respondents' knowledge on free delivery service. They were asked to indicate their knowledge and the results were as follows.

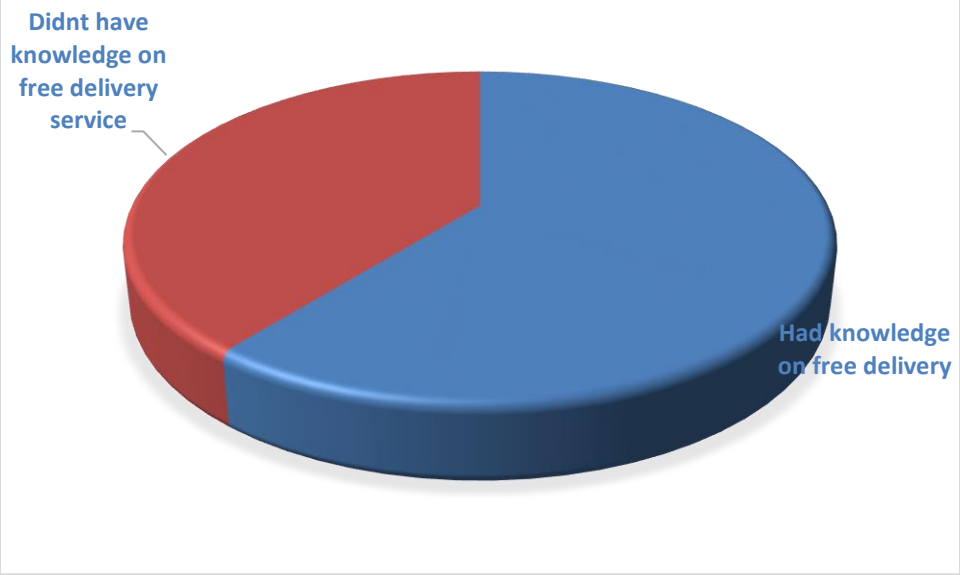

Figure 3**:** Knowledge on free maternity Services

About 60.8% of the respondents indicated they had knowledge while 39.2% of them indicated they did not have any knowledge on postnatal services..

Information on 'free' maternity services

When asked to indicate the sources of information they acquired free delivery service information from, 52% of the respondents indicated they got it from a nurse, 21% indicated it was from a midwife, 21% indicated from other sources while 6% indicated the information was acquired from a doctor.

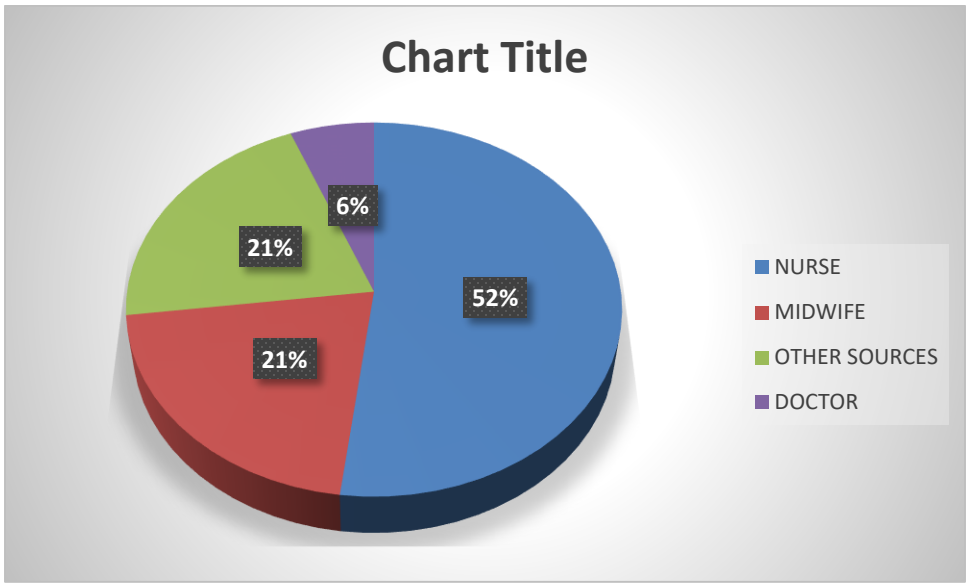

Figure 4: Sources of Information

Cost of Maternity services

The study sought to find out if the respondents paid for delivery service. 91.2% of them indicated they did not pay for the services while 8.8% indicated that they had to pay for the services. When asked how much they indicated they paid less than Ksh500.

Distance to Health facility.

When asked to indicate the distance to the nearest health facility, responses were given as shown in figure 5.

70% of the respondents indicated it was 0-5kilometers, 20% of the respondents indicated the distance was 6-10 kilometers while 10% indicated it was more than 11 kilometers.

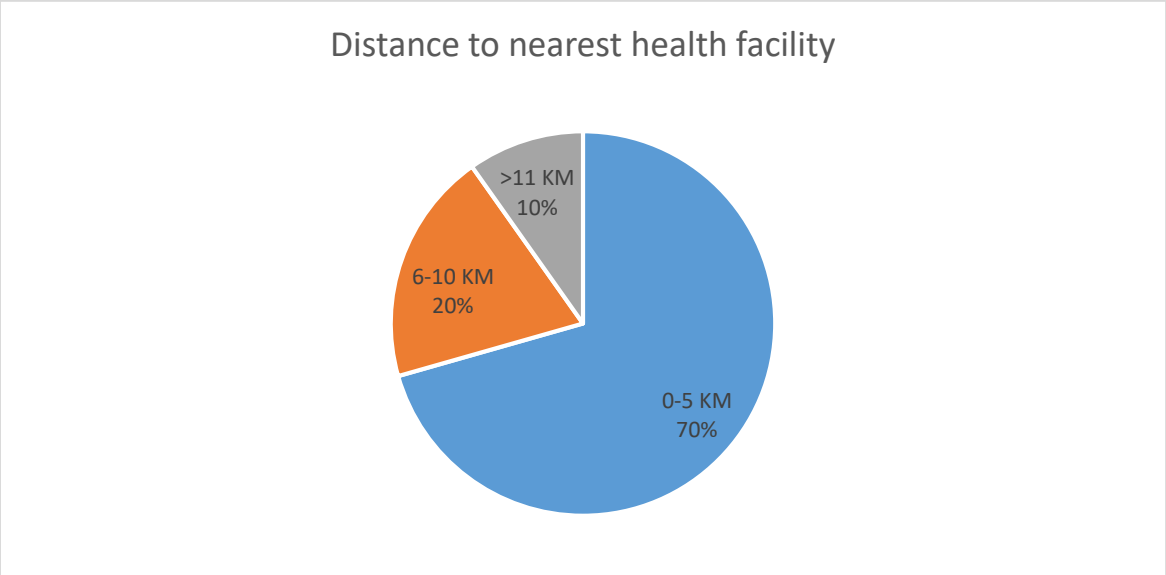

Figure 5: Distance To Nearest Health Facility

When asked to indicate whether they thought the distance was far or near, 74.9% of the respondents indicated that the distance was near while 25.1% of them indicated it was far. The mean for the statement was 1.254 while the standard deviation was 0. 416 indicated in table 6.

Table 6: Distance Near or Far

	Frequency	Percent	Mean	Std. Deviation
NEAR	70	77.8	1.25	0.428
FAR	25	27.2		
Total	95	100		

Discussion

Based on the study findings on the demographic characteristics, The younger the prospective mother, the less likely they will utilize free delivery care service, according to (Pandey et.al 2012; Sakala et al. 2011, these findings correspond to the findings of this study.

According to Sakala & Kazembe (2011) 54% of women with secondary school education were more likely to seek free delivery service, compared to 29% of women with no education. It has been established that education affects utilization of free maternity care services, concluding that educated mothers are more likely to utilize free maternity care services. This corresponds to this study's results where 45.1% had attained secondary level of education, 21.7% had attained primary level, 22.1%, had attained college/ university while 11.1% had no education.

Working women have better financial resources and thus will access free delivery service care. It is assumed that women who are employed will have enough finance to pay for transport and other indirect costs to access the service. The type of employment a woman is involved in determines her use of these services (Pandey et al, 2012). The responses of the respondents of this study indicated that majority of the respondents 55.6% were self-employed, 33.3% were not employed and 11.1% were employed.

Birth order is an important predictor in explaining the utilization of free maternity care services. Due to the uncertainty and the perception of risk associated with first pregnancies, women are more likely to seek medical attention for first-order births than for subsequent ones (Singh et al., 2013).

A lack of knowledge regarding the importance or benefits of hospital delivery among mothers, their families and the community, has been reported as one of the reasons for non-utilization of free delivery service (Jammah et al. 2011). About 60.8% of the respondents in this study indicated they had knowledge while 39.2% of them indicated they did not have any knowledge on postnatal services.

The ease of access to free delivery care services may be facilitated or hindered by the location and physical distance of the service from the client. When it is near, it enables mothers to have the means and knowledge of getting to those services which encourages the utilization of these vital medical service (Sharma, 2012). Distance has also been a factor of consideration in this study. When asked to indicate whether they thought the distance was far or near, 25.5% of the respondents of this study indicated that the distance to the health facility was far.

Conclusion

Younger women and mothers are likely not to seek free delivery care services as compared to the older women. Those with a higher level of education are more likely to seek postnatal care services than those without. Women with a source of income will seek free delivery care more as compared to those without.

Majority of women already have knowledge on availability of free maternityl care services. Women are more likely to seek services that are close to them, long distance to health facilities prevents them from seeking the services.

Recommendations

The Nakuru County government, department of health should intensify sensitization campaigns on the subsidized services to promote optimum utilization in health facilities.

REFERENCES

Jammah et al 2011. Factors influencing utilization of postnatal care services

Pandey, S, Lama, G, Lee, H. (2012) Effect of empowerment on women's utilization of health services: A case of Nepal. International Social Work.

Sakala B, Kazembe A (2011). Factors influencing the utilization of postnatal care at one week and six weeks among mothers at Zomba Central Hospital in Malawi. Ev-idence Based Midwifery, 9: 113-136.

Singh, P. K., Kumar, C., & Singh, L. (2013). Factors associated with the utilization of maternal health care services among adolescent women in Malawi. Home Health Care Services Quarterly. doi:10.1080/01621424.2013.779354

Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019

UNFPA-Kenya Counties with the Highest Burden of Maternal Mortality 13 August 2014

WHO. *Newborn for Africa*. Geneva: WHO; 2019.

WHO. *Newborns Reducing Mortality*. Geneva: World Health Organization; 2020