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UNDERSTANDING DETERMINANTS OF REPRODUCTIVE, MATERNAL AND ADOLESCENT HEALTH IN KENYA AND TANZANIA: OPPORTUNITIES TO IMPROVE MATERNAL AND NEWBORN HEALTH OUTCOMES

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Introduction

Maternal and newborn adverse health outcomes are global public health concerns, particularly impacting low- and middle-income countries. Most of these deaths are preventable through timely utilization of quality reproductive, maternal, newborn, adolescent, and child health services available in primary care settings.

Using Kerber's framework of delivering maternal and newborn health services, we assessed the coverage and individual determinants influencing reproductive, maternal, and adolescent health services utilization along the maternal continuum of care in Kenya and Tanzania. Understanding these determinants will inform context specific policy development and interventions, ultimately reducing maternal and newborn health outcomes and advancing SDG 3's achievement.

Methods

The research utilized secondary data gathered at household and in health facilities in Kenyan two sub-counties (Kaloleni-Rabai and Bomachoge Borabu sub-counties) and the Mwanza region of Tanzania during the implementations in these regions. Additionally, three rounds of data from the Kenya Demographic and Health Surveys (conducted in 2003, 2008, and 2014) among reproductive age were analyzed. Various statistical techniques including descriptive statistics, binary logistic regression, proportional odds model and Poisson regression model were employed for the analysis of the various specific study objectives.

Results

The results showed decline but high fertility in Kenya. The fertility was associated with age at first sexual intercourse, age at first marriage and child mortality experience.

Fourteen percent of the adolescents were pregnant with at least one child. Giving birth among adolescents was associated with age at first marriage and being married. High use of postpartum contraceptives among those who had delivered was observed.

Similarly, there was high use of long acting and permanent methods of contraceptive among married with 3-5 children at the time of the study. The study also found disparities in antenatal care and delivery practices between the Mwanza regions with hard-to-reach areas adversely affected. Our study showed the despite well preparation in the health facilities with equipment and medical supplies, the human workforce was still inadequate to provide quality maternal and newborn health services.

In addition, the level birth complication and emergency readiness and good knowledge of dangers signs along the continuum of care was low.

Conclusion and recommendations

The results call for translation of current policies, strategies, and interventions on population and development in Kenya into actions to reduce teenage pregnancies.

Strengthening of community-based health systems to improve timely referrals to appropriate care offered by skilled health providers.

Increased financing in health facility infrastructure and training, recruitment and retention of skilled health workforce is necessary.

Conducting qualitative research could help triangulate these factors and explore qualitative variables not studied as part of this research.



Curriculum vitae:

James Orwa obtained his Master degree in Biostatistics at Hasselt University, Belgium in 2012 and a BSc degree in applied statistics from Maseno University, Kenya. James had worked as data manager, analyst, and Biostatistician in Public health sector and currently in academic institution. Since 2016, he works as an instructor/Biostatistician at the Aga Khan University Nairobi.

Main publications included in the thesis

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