

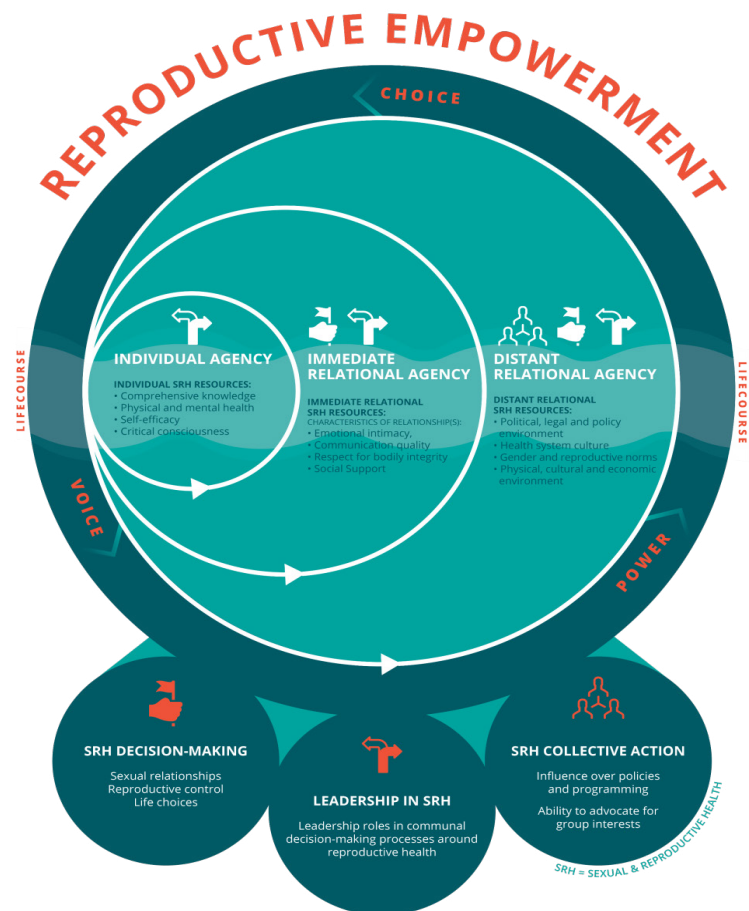


Women’s Autonomy and Maternal Health Decision-Making in Kenya: Implications for Service Delivery Reform in Kakamega County

BACKGROUND AND APPROACH

Kakamega County faces significant maternal and newborn health challenges, with maternal mortality at 316 per 100,000 live births and neonatal mortality at 19 per 1,000 live births. Of the approximately 70,000 births in 2018, only 37% occurred in hospitals, while 28% occurred in primary care facilities and 35% at home. To address these concerning statistics, a maternal and child health service delivery redesign (SDR) is being implemented to reorganize maternal and newborn health services across the county.

The International Centre for Research on Women’s (ICRW) conceptual framework for reproductive empowerment provides a valuable lens for understanding this challenge, as it merges “female autonomy” and “women’s agency” through three interconnected dimensions: voice, choice, and power. This framework demonstrates how individual agency, immediate relational agency, and distant relational agency work together to influence women’s reproductive empowerment and health outcomes - all critical factors in the successful implementation of the SDR initiative.



Research indicates that women’s decision-making capacity - including their voice, agency, and autonomy - is essential for gender equality and empowerment and directly influences healthcare access and utilization. To evaluate the Kakamega SDR implementation, this study examined the decision-making processes women navigate when seeking maternal healthcare and how these processes impact their ability to access and utilize antenatal, delivery, and postnatal services, using the ICRW framework as a guide for analysis.

KEY FINDINGS

Dimensions of Women's Agency in Maternal Healthcare

Individual Agency

Women's personal decision-making capacity is strongly influenced by previous birthing experiences and self-trust. Those with greater self-confidence demonstrate more adaptability in healthcare decisions. Social networks (family, friends, community health volunteers) provide critical information and emotional support that enhance women's agency. Health literacy and media exposure also significantly empower women to participate actively in healthcare decisions, with increased knowledge directly correlating to improved decision-making capacity.

Immediate Relational Agency

Financial independence directly impacts women's healthcare decision-making power. Women with their own income sources demonstrate greater autonomy in healthcare choices, while those without face significant constraints. Spousal communication and respectful relationships facilitate collaborative decision-making. Household structure affects women's freedom of movement, with patriarchal households limiting women's decision-making authority and domestic responsibilities restricting healthcare access. Single women report greater independence in healthcare decisions.

Distance Relational Agency

Health system barriers, including overcrowded facilities and long wait times, significantly discourage women from seeking maternal care. Staff shortages compromise service quality and patient experience. Sociocultural factors, particularly religious beliefs and male-dominated decision-making structures, limit women's access to evidence-based maternal care. Physical accessibility challenges (transportation costs, travel time, poor infrastructure) create additional barriers. However, improved infrastructure, particularly road networks, correlates with better healthcare facility access.

POLICY IMPLICATIONS

- **Invest in women's health literacy programs** to increase awareness of reproductive health options and rights, as limited health literacy significantly impacts women's participation in decision-making about their healthcare.
- **Leverage mass media platforms** to challenge gender stereotypes, promote women's empowerment, and enhance household decision-making capacity around maternal healthcare.
- **Design interventions that acknowledge social identities and diversity** in maternal healthcare reforms, creating inclusive spaces that value different perspectives and actively involve women in decision-making processes.
- **Develop targeted male engagement programs** to educate men about the importance of joint decision-making in reproductive health matters, leveraging their household influence to promote women's autonomy.
- **Address structural barriers to women's mobility** that limit access to maternal health services, particularly in joint family households where permission is often required for women to leave home.
- **Promote economic opportunities for women outside the home**, as employment is linked to increased mobility, confidence, and autonomy in health decision-making.
- **Implement health system reforms that respect women's agency** by creating mechanisms for women's voices to be heard in the development of maternal and child health interventions, policies, and practices.
- **Foster effective spousal communication** through community-based initiatives that normalize and facilitate constructive discussions about reproductive health decisions between partners.

ACKNOWLEDGEMENT

We acknowledge the research team, participants, and stakeholders who contributed to this important study on women's autonomy in maternal healthcare decision-making.

Source: [Olwanda, E., et al., 2024. BMC Women's Health, 24\(1\), p.181](#)

This brief was developed by Brian Arwah, Easter Olwanda, Kennedy Opondo, Kevin Croke and Jacinta Nzinga

