

# Maternal and Newborn e-Cohort in Kenya

## Characterization of Adolescent MNH care in Kenya



### BACKGROUND AND APPROACH

Every year, an estimated 21 million girls become pregnant in Low and Middle-Income Countries. In Kenya, adolescents constitute 25% of the population. In 2022, 15% of the adolescents aged between 15-19 years old had ever been pregnant. This varied across counties ranging between 5 and 50% and by their level of education where 38% had no education.

There is a paucity of data on the health systems' competence to adequately provide the quality and content of care for this vulnerable subgroup. We examined the care cascades and lived experiences of adolescent girls from Kenya enrolled in a maternal and newborn health (MNH) E-Cohort to assess their experiences, quality of care, self-reported health, and satisfaction with care.

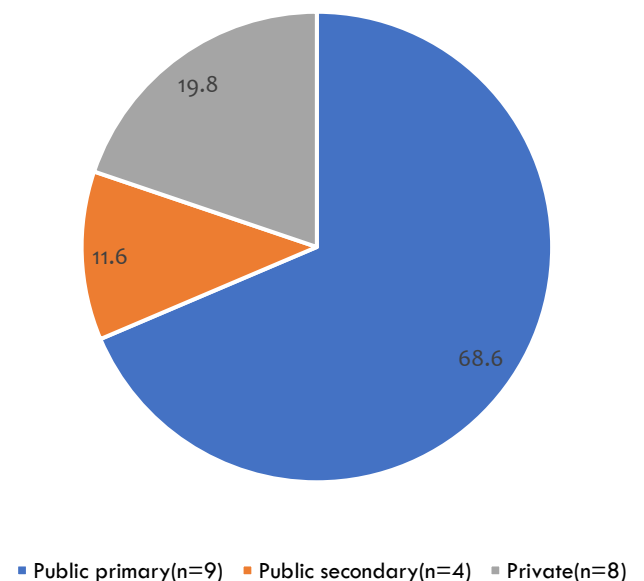
### Most of the adolescents had their first ANC visit in the second trimester.

- A total of 121 adolescents were included in the analysis.
- The mean age of the adolescents was 18 years, nearly half were married, and slightly more than a half had a secondary level of education
- Over two-thirds of the adolescents visited public primary facilities for their first ANC visit

### Demographic characteristics of the adolescents

	KIAMBU (N=32)	KITUI (N=89)	OVERALL (N=121)
<b>Age, mean (SD)</b>	18.4 (0.7)	17.9 (1.0)	18.0 (0.1)
<b>Marital status</b>			
Never married	7 (21.9)	<b>51 (57.3)</b>	<b>58 (47.9)</b>
Divorced/separated	3 (9.4)	2 (2.3)	5 (4.1)
“Married”	<b>21 (65.6)</b>	36 (40.5)	57 (47.1)
No response	1 (3.1)	0	1 (0.8)
<b>Level of education</b>			
Primary	3 (9.4)	<b>43 (48.9)</b>	46 (38.3)
Secondary	<b>24 (75.0)</b>	41 (46.6)	<b>65 (54.2)</b>
Higher education	5 (15.6)	4 (4.6)	9 (7.5)
<b>Gestational age at 1<sup>st</sup> ANC</b>			
1 <sup>st</sup> trimester	4 (12.5)	6 (6.7)	10 (8.3)
2 <sup>nd</sup> trimester	<b>25 (78.1)</b>	<b>62 (69.7)</b>	<b>87 (71.9)</b>
3 <sup>rd</sup> trimester	3 (9.4)	21 (23.6)	24 (19.8)

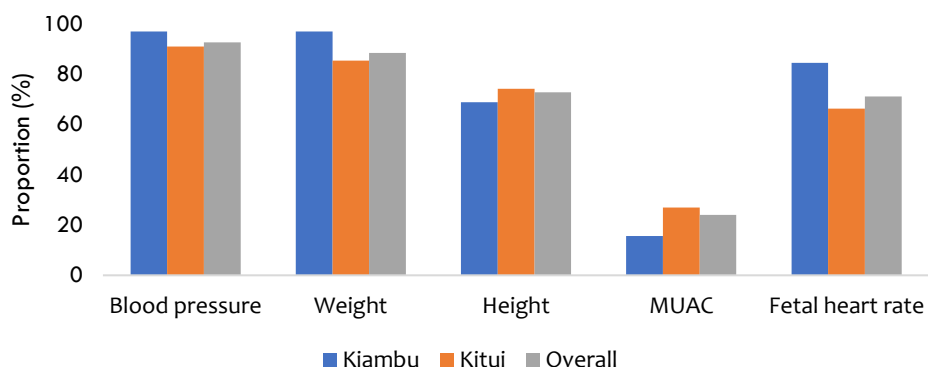
**Figure 1: The type of facility visited at first ANC**



## KEY FINDINGS

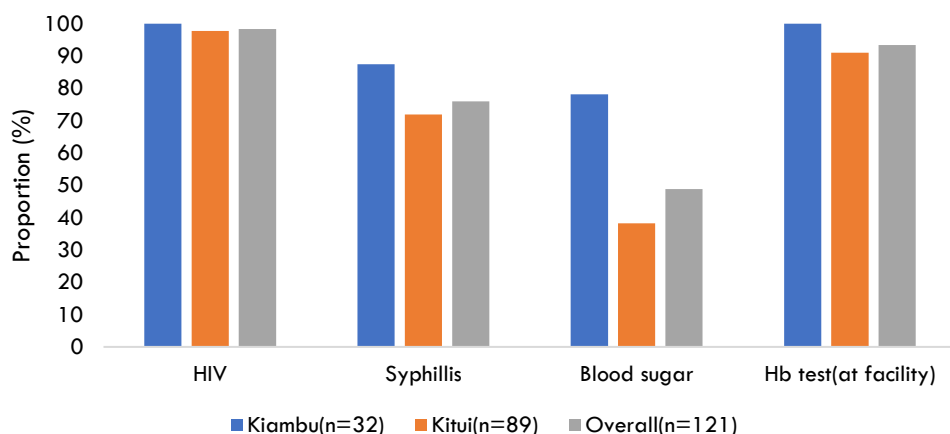
### First ANC Visit

#### Physical examinations at first ANC visit



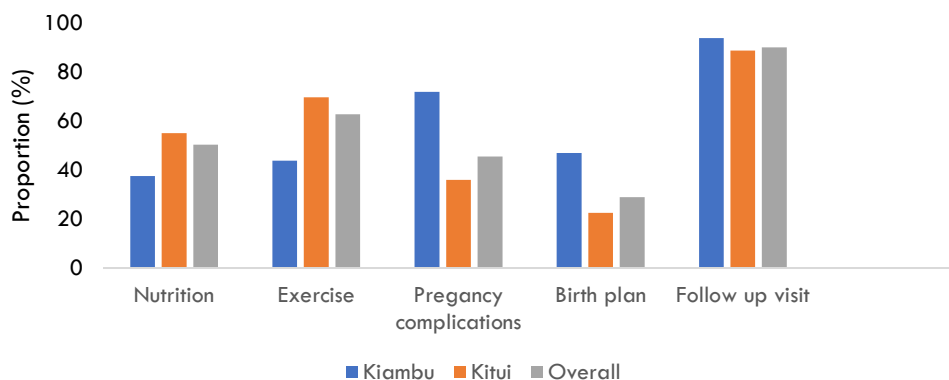
- Most adolescents had their bp taken,
- Moderate FHR,
- Low MUAC,
- No differences between adolescents and adults

#### Routine tests at first ANC visit



- HIV testing is nearly optimal
- Low routine testing of RBS in Kitui & public primary facilities
- No differences between adolescents and adults

#### Counselling and education at first ANC visit

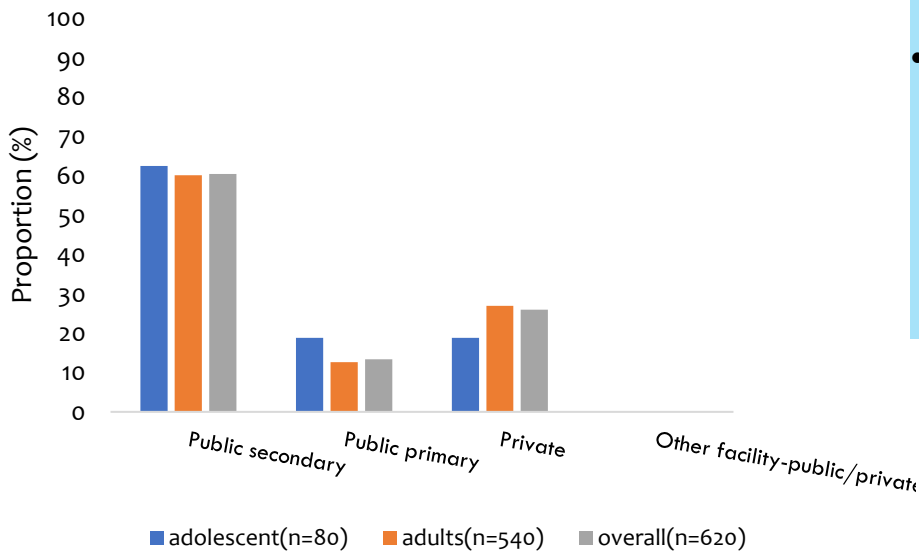


- Majority counselled on follow up visits
- Low counselling on birth plan
- Higher counselling levels for adults

## KEY FINDINGS

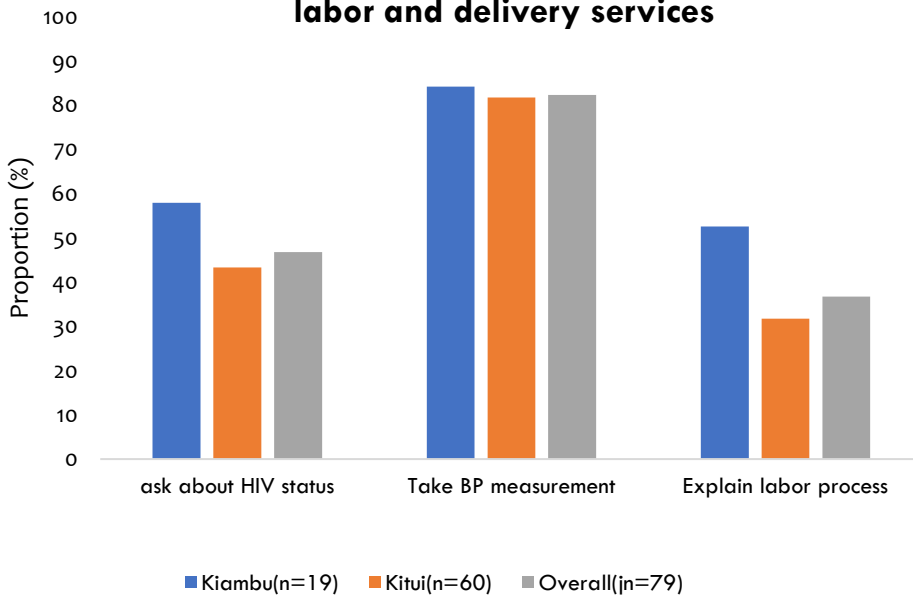
### Labor and delivery

Place of delivery



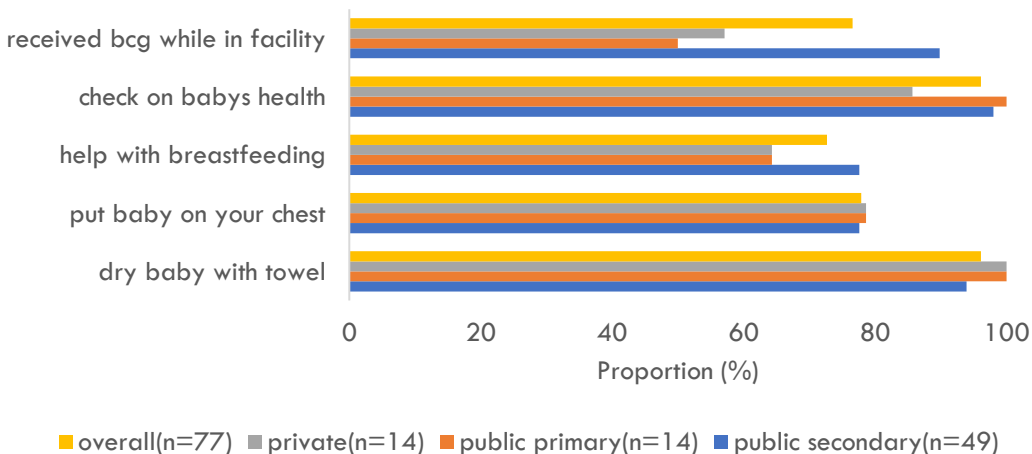
- Nearly 60% delivered in a secondary facility
- Reasons included; the facility being close to home, good healthcare provider and familiarity with the facility

Action taken by health provider when seeking labor and delivery services



- Most common action by HWs when mothers came for delivery was bp measurement
- >50% were not explained to the labor process
- Only 40% were allowed a birth companion
- No differences from adults

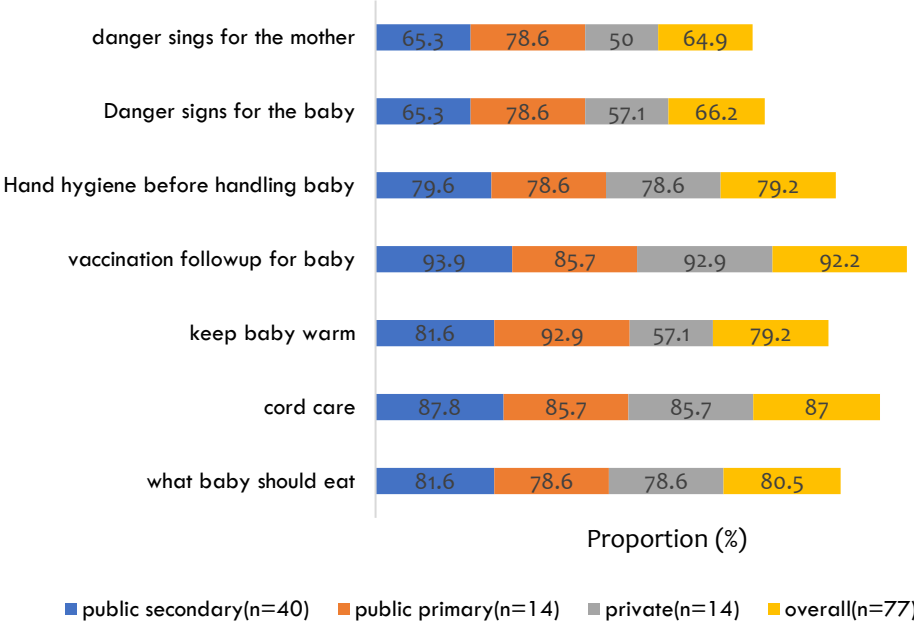
Neonatal care provided to adolescent mothers while in the facility



- Drying of the baby was commonly done for the babies
- More than 40% of the babies did not receive BCG vaccine while at the facility

# Counselling and health education post partum

Counselling/health education by facility type

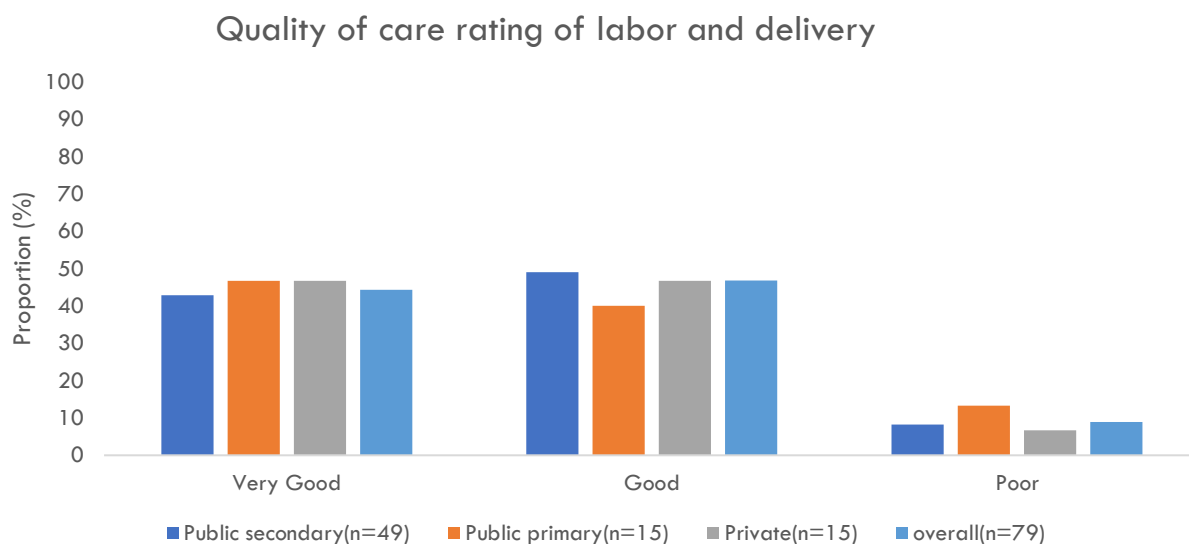
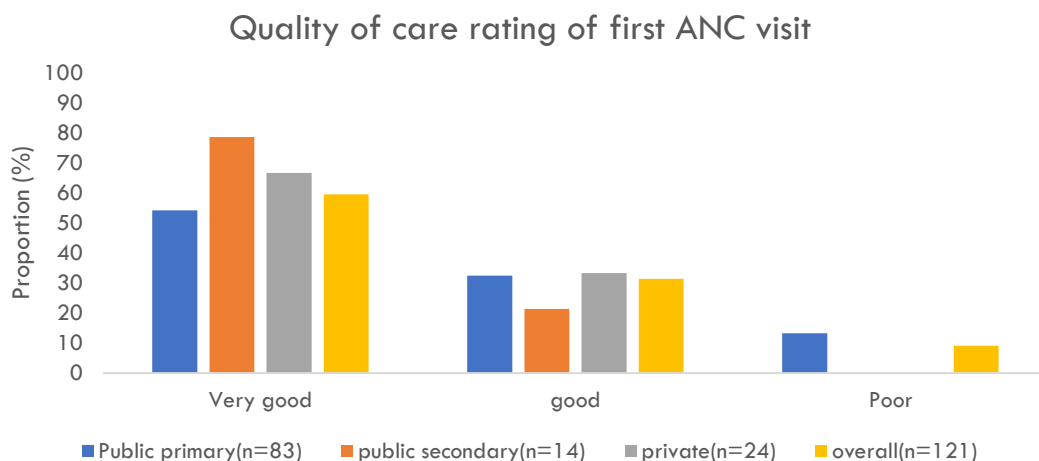


- >90% were counselled on vaccination follow-up for the baby except in primary facilities
- More than a third were not counselled on danger signs to look out for the baby and the mother during the postnatal period



Image by Freepik/Asphotofamily

- Over two thirds of the adolescent mothers rated the quality of first ANC visits
- Less than a half (47%) rated quality of delivery care as very good or excellent



## IMPLICATIONS

The findings indicate that pregnant adolescent girls are getting sub-optimal care, which appears to get worse post-discharge. Moreover, there is no difference in care from the adult population, showing that health systems are failing vulnerable populations at the highest risk.

There is a need to implement strategies to promote early initiation of the first ANC visits and improve the quality of ANC, delivery and postpartum care.

## ACKNOWLEDGEMENT

We would like to thank all who contributed to this research. Dr.Ndeti Mutisya, Dr.Allan Owino Dr. Kagwa Hillary, Christine Mumo sub-county team leads, medical superintendents at the level 4 facilities, facility managers, health providers and the community