**FACTORS AFFECTING EFFECTIVENESS OF MATERNAL HEALTH CARE PROGRAM AMONG WOMEN IN MACHAKOS COUNTY REFERRAL HOSPITAL**

**BY**

**MUSYOKI BEATRICE KALONDU**

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**A Research Project Submitted in Partial Fulfillment of the Requirements for the Award of Bachelor of Arts Degree in Sociology of Maasai Mara University.**

**APRIL, 2018**

# DECLARATION AND APPROVAL

This research project is my original work and has not been presented for the award of any degree in any other University.

Signature……………………………. Date………………………… ………

**MUSYOKI BEATRICE KALONDU**

**SC/016/2014**

**APPROVAL BY THE SUPERVISOR**

This research project has been submitted for examination with my approval as the university supervisor.

Signature……………………………. Date………………………… ………

**Dr. Kennedy Karani Onyiko**

**School of Arts and Social Sciences**

**Maasai Mara University**

# DEDICATION

I dedicate this work to my daughter Queenelle, my mum Lydia and all friends of good faith for the constant support they have been giving me throughout the whole period.

# 

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# TABLE OF CONTENTS

[**DECLARATION AND APPROVAL i**](#_Toc512274663)

[**DEDICATION ii**](#_Toc512274664)

[**ACKNOWLEDGEMENTS iii**](#_Toc512274665)

[**TABLE OF CONTENTS iv**](#_Toc512274666)

[**LIST OF TABLES viii**](#_Toc512274667)

[**LIST OF FIGURES ix**](#_Toc512274668)

[**ABSTRACT x**](#_Toc512274669)

[**LIST OF ABBREVIATIONS xi**](#_Toc512274670)

[**CHAPTER ONE 1**](#_Toc512274671)

[**INTRODUCTION 1**](#_Toc512274672)

[1.0 Introduction to the Study 1](#_Toc512274673)

[1.1 Background of the Study 1](#_Toc512274674)

[1.2 Statement of the problem 4](#_Toc512274675)

[1.3 Purpose of the study 5](#_Toc512274676)

[1.4 Specific Objectives 5](#_Toc512274677)

[1.5 Research Questions 6](#_Toc512274678)

[1.6 Significance of the study 6](#_Toc512274679)

[1.7 Limitations of the study 7](#_Toc512274680)

[1.8 Scope of the study 7](#_Toc512274681)

[1.9 Operational definition of terms 8](#_Toc512274682)

[**CHAPTER TWO 9**](#_Toc512274683)

[**LITERATURE REVIEW 9**](#_Toc512274684)

[2.1 Introduction 9](#_Toc512274685)

[2.2 Maternal health care 9](#_Toc512274686)

[2.3 Causes of Mortality rates among women and new born children 10](#_Toc512274687)

[2.4 Stakeholders involved in provision of maternal 11](#_Toc512274688)

[2.5 Gaps in Literature Review 13](#_Toc512274689)

[2.6 Theoretical Framework 14](#_Toc512274690)

[2.7 Conceptual Framework 16](#_Toc512274692)

[**CHAPTER THREE 23**](#_Toc512274694)

[**RESEARCH DESIGN AND METHODOLOGY 23**](#_Toc512274695)

[3.1 Introduction 23](#_Toc512274696)

[3.2 Research Design 23](#_Toc512274697)

[3.3 Target Population 24](#_Toc512274698)

[3.4 Sample Size and Sampling Procedure 24](#_Toc512274700)

[3.5 Data Collection Instruments 24](#_Toc512274702)

[3.7. Validity of the Instruments 25](#_Toc512274703)

[3.8 Reliability of the Research Instruments 25](#_Toc512274704)

[3.9 Piloting of Research Instruments 25](#_Toc512274705)

[3.10 Data Collection Procedure 26](#_Toc512274706)

[3.11 Data Analysis Methods 26](#_Toc512274707)

[3.12 Ethical Considerations 26](#_Toc512274708)

[**CHAPTER FOUR 28**](#_Toc512274709)

[**DATA ANALYSIS, PRESENTATION AND INTERPRETATION 28**](#_Toc512274710)

[4.0 Introduction 28](#_Toc512274711)

[4.1 Response rate 28](#_Toc512274712)

[4.2 Demographic Factors of respondents 28](#_Toc512274713)

[4.3 Findings based on the objectives 33](#_Toc512274723)

[4.4 Findings from the Interviews 41](#_Toc512274728)

[**CHAPTER FIVE 44**](#_Toc512274729)

[**SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 44**](#_Toc512274730)

[5.1 Introduction 44](#_Toc512274731)

[5.2 Summary of Major Findings 44](#_Toc512274732)

[5.3 Conclusion 46](#_Toc512274733)

[5.4 Recommendations 47](#_Toc512274736)

[5.5 Areas for further study 47](#_Toc512274738)

[REFERENCES 48](#_Toc512274739)

[APPENDICES 51](#_Toc512274740)

[Appendix 1: Introduction letter 51](#_Toc512274741)

[Appendix 2: Questionnaire 52](#_Toc512274742)

[Appendix 2: Interview for Hospital Staff 57](#_Toc512274743)

# LIST OF TABLES

[Table 4.1 Effect of poverty on maternal health care 34](#_Toc510810172)

[Table 4.2: Effect of culture on the effectiveness of maternal health care programs 36](#_Toc510810173)

[Table 4.3: Effect of community participation on maternal health care 38](#_Toc510810174)

[Table 4.4: Level of awareness on maternal health care 40](#_Toc510810175)

# LIST OF FIGURES

[Figure 2.1: Theory of planned change as applied in maternal health care 14](#_Toc510810140)

[Figure 2.2: Conceptual Framework 16](#_Toc510810142)

[Figure 4.1 Age of the respondents 29](#_Toc512274714)

[Figure 4.2 Marital status 30](#_Toc512274716)

[Figure 4.3: Number of children by the respondent 31](#_Toc512274719)

[Figure 4.4: Occupation of the Respondents 32](#_Toc512274720)

[Figure 4.5: Respondents level of Income 33](#_Toc512274722)

# ABSTRACT

Despite advances in research and the constant support by the government and private partnerships on how to reduce the rate of maternal mortality among women in developing countries. Research still shows that there are still a lot of death associated with maternal care among both the mothers and the infants. This is an alarming situation to the community development agenda. Many maternal related projects continue to face a lot of challenges which are still to be addressed effectively through research. The purpose of this study was to evaluate factors affecting the effectiveness of maternal Health care program among women in Machakos County Referral Hospital. The specific objectives were to examine how poverty, culture , inadequate community participation and Mothers Perception on maternal care affects the effectiveness of maternal care program among women attending maternal clinics in Machakos County Referral Hospital. The study adopted the theory of change from which the conceptual framework was developed. A descriptive research design was adopted for this study. The target population comprised of 530 women attending clinics at the referral hospital between the months of December 2017 to March 2018. Samples of 53 women were sampled using simple random sampling of employees. A questionnaire was used as the data collection instrument. Data analysis was done using descriptive statistics of frequencies and percentages by help of SPSS software version 21. The findings of the study were presented using tables and charts. The result of the study have revealed that all the four factors considered for this study have an influence on the effectiveness of maternal health care among mothers in Machakos County. The study has established that most of the mothers come from poor backgrounds and this affects the maternal health care programs as many of them lack the money to use in obtaining the required services. The study also revealed that culture has influences on the effectiveness of maternal health care. Similarly it was established that there is no community participation in the maternal health care programs and this affects the effectiveness of the maternal health programs. The study concluded that maternal health care is very important in enhancing the health of the child and the mother however it is hindered by various factors including poverty , culture , community support and lack of The findings of the study are expected to be beneficial to the hospital management, the ministry of health and to the women and their new born babies on how to tackle challenges related to maternal health care programs. The Government and Her partners such as WHO also benefit through improved implementation of health projects and development at the community level generally.

# LIST OF ABBREVIATIONS

ANC Antenatal Care

CBOs Community Based Organizations

FEMNET Family Care International and the African Women’s Development and Communication Network

KDHS Kenya Demographic and Health Survey

MMR Maternal Mortality Rate

MDGs Millennium Development Goals

MOH Ministry of Health

MPC National Population Commission,

NCAPD National Coordinating Agency for Population and Development

NGOs Non-Governmental Organization

RoK, Republic of Kenya

UNDP United Nation Development Program

UNICEF United Nations International Children Education Fund

WHO World Health Program

# CHAPTER ONE

# INTRODUCTION

# 1.0 Introduction to the Study

This chapter provides background of the study, statement of the problem, objectives of the study, research questions, limitations and delimitations, significance, scope of the study and assumptions of the study.

# Background of the Study

Worldwide, hundreds of thousands of women and their children loss their lives during pregnancy, during birth and after birth. Being in the 21st century when there are advancements in technology and improved health care, this trend is very worrying and call for further research to address the issue (United Nations, 2010). According to a World Bank (2013) report, it is noted that maternal mortality is nothing short of an epidemic with at least one woman dying every 90 seconds and millions are left with life disabilities that could have been prevented.

**The World** Bank (2013) report further indicated that **every women and child has a right to good and effective health care which believes that access to quality sexual, reproductive and maternal health is a fundaments human rights and a critical development issue. The right to health, improved sexuality, reproductive and maternal health is an issue that is central to ensuring gender equality and reducing global poverty.** In order to achieve the goal of right to health, it is not just a matter of addressing the service but looking at the bigger picture of sustainable change and addressing the underlying systematic factors including the gender inequality, the policy barriers and power balance that have an impact on the health of the individuals.

Improving maternal health care should be one among the major priorities by most health organizations. The reduction in the maternal health care can only be achieved through an increased effort in research, providing evidence based clinical and programmatic guidance, setting global standards and providing technical support to member states (WHO, 2014).

The global strategy for women’s, children’s and adolescents health 2016-2030 launched at the united general assembly,2015 by the UN secretary general Ban Ki moon provided a road map for the post 2015 agenda as described in the sustainable development goals and seeks to end all preventable death of women, children and the adolescence. This helped to create an environment in which these groups not only survive but see a transformation of their environment, health and wellbeing (United Nations 2010).

Ineffective Maternal health care manifests itself more among the poor women in remote areas in the developing countries in the Sub Sahara Africa and Asia. Statistics have shown that globally, in the year 2015, at least 89 percent of households among the rich were able to access health care from skilled and experienced health workers as compared to 20% of women from poor households (United Nations 2010). It is also noted that statistics from the high-income countries have indicated that almost all women from the rich countries, have access to effective and good health care with at least four antenatal care visits and during these visits are attended to by a skilled health worker during childbirth and postnatal care. On the other hand in the same period only 40% of all pregnant women in low-income countries had the recommended antenatal care visits (Benova, Cumming, Gordon, Magoma and Campbell, 2014).

According to WHO (2012), this situation can be managed to bring about a decline by simply uniting together to reduce the maternal mortality. The sustainable development goal 3 addresses the need to reduce the maternal mortality ratio to less than 70 per every 100000 birth globally. If this is achieved then it means that there is no country in the worlds whether rich or poor that will have mortality rate above the global average.

According to Chisolm, and Evans (2010), most studies conducted in African states such as Ghana, Malawi and Zambia have indicated that poorer women tend to receive very poor quality of maternal health care as compare to those from well off women. The trend in Kenya is not different as research has also shown that women from rich families are able to access better health care compared to those women from poor families (Family Care International and the African Women’s Development and Communication Network (FEMNET) (2014). The report shows that most of the health facilities in Kenya have basic or poor facilities in terms of electricity, clean water, and capacity among others. This situation highly contributes to the poor maternal health care services provided at the facilities.

According to WHO (2014) it is reported that in Kenya maternal mortality rate ( MMR) is very high with at least 48 death per every 100000 live birth per year. This is a very worrying trend for a country that is far much a head of other African countries in development. The main reasons provided for this situation is the lack of motivation and competency of the staff and also as a result of most women not being able to access health care facilities.

The report also indicated that among the many other causes of the high rate of MMR in Kenya and other African countries are ;abstracted labor, complications of unsafe abortion, infections, hemorrhage, and high blood pressure. The report further notes that the most discouraging thing is that these issues can be easily dealt with if there is proper organization and sensitization. It is noted that most mothers never attend their clinics during and after pregnancy and hence complication cannot be detected early for solutions to be put in place.

The FEMNET (2014), indicated that the challenges in the maternal health care facilities are instigated by the inequalities in the quality of care given to the mothers and their children. This is illustrated by the fact that the poorest counties in Kenya have the highest maternal mortality ratios in the country. It is noted that equitability in the provision of the health care services could offer solutions to the maternal and new born deaths and reducing inequities. The ministry of health, Kenya (2013), notes that the quality of maternal health care was significantly worse for poorer women from the poor communities compared to their counterparts from the rich families.

On average women living in the most impoverished areas of Kenya receive only one third of basic clinical care compared to women from weather households who receive at least 60% of basic health care. On the other hand women it is established that about 8% of women from poor backgrounds have access to adequate delivery care compared to 24% from the richer households. The situation is not different from Machakos County where it is noted that many women choose to deliver at home or in the community despite there being a free maternity program in place. From previous studies Ministry of Public Health & Sanitation and Ministry of Medical Services (MOH)(2012) some of the reasons why women prefer to deliver at home include lack of transport, fears about negative attitudes of health workers, long distances to health facilities, cultural preferences ,and charges for services which are beyond what most women can afford.

# 1.2 Statement of the problem

The international conference on population and development and the suitable development goal on health care set the goals of achieving at least 75% reduction in the maternal mortality rates between the years 1990 and 2015. What emerged from the discussion is that although the percentage of women and children death due to complications during and after pregnancy decreased to 43% from 532,000 in the year 1990 to 303,000 in the year 2015, the figure is still very high. It is estimated that the decline rates is therefore at 5.5%.

The new [Sustainable Development Goals](http://www.unfpa.org/sdg), also known as the Global Goals, call for bringing the maternal mortality ratio down to 70 deaths per 100,000 live births by 2030. The 44% decline since 1990 translates into an average annual decline of just 2.3%. Between 1990 and 2000, the global maternal mortality ratio decreased by 1.2% per year, while from 2000 to 2015 progress accelerated to a 3.0% decline per year (United Nations, 2010).

Although, the reports from WHO (2014), have also shown that the maternal mortality rates have decreased since 1990s in the Sub Sahara Africa, the rates are only estimated to be half of the previous years, which is still not a good positions compared to what other countries have done so far. For instance in regions of Asia and North Africa, the maternal mortality statistics showed that the decline between 1990 and 2015 was far greater considering the global maternal mortality ratio per 100 000 live births which showed a declined by only 2.3% per year between 1990 and 2015.

There have been increased rates of accelerated decline in maternal mortality from 2000 onwards. In some countries in Kenya, annual declines in maternal mortality between the years 2000–2010 were above 5.5%. Majority of the cases of death resulted from such factors as; severe bleeding, sepsis, eclampsia, obstructed labor and the consequences of unsafe abortions all causes for which there are highly effective interventions. It was also noted that the high maternal mortality rates indicated an increase among the impoverished communities.

Although more than 90 percent of Kenyan women are purported to receive antenatal care from a medical professional, fewer than half of all births do not take place in a health facility, according to the 2008-2009 Kenya Demographic Health Survey. In Machakos county reports from the health department have indicated that more than 60% of the women from rural areas lack effective maternal health care hence they rely upon mid wife’s which complicates the situation. The prevalence of these home births plays a large role in the counties’ high maternal death rate in recent years. This study therefore sought to evaluate the effect of poverty, culture, community participation and level of awareness of maternal care services on the effectiveness of the maternal health care programs in Machakos County.

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# 1.3 Purpose of the study

The purpose of this study was to evaluate factors affecting the effectiveness of maternal health care program among women in Kenya, with a focus on women attending maternal clinics in Machakos County referral hospital.

# 1.4 Specific Objectives

The specific objectives were;

1. To examine how poverty affects the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital.
2. To find out how culture affect the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital.
3. To assess how community participation affect the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital.
4. To examine the extent to which level of awareness on maternal health care affects the effectiveness of maternal care program among women attending maternal clinics in Machakos County Referral Hospital.

# 1.5 Research Questions

The study sought to answer the following research questions;

1. How does poverty affect the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital?
2. What is the effect of culture on effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital?
3. To what extent does community participation affect the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital?
4. To what extent does the level of awareness on maternal care affect the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital?

# 

# 1.6 Significance of the study

The study is expected to be significant not only to families where they have experienced the loss but also to facility managers who are in charge of managing the maternal health care programs. This study shall help them understand the challenges and factors that can help make the program a success. The study shall also help donors who sacrifice their resources to make the program available to understand factors that influence success so that they can design programs that shall address the challenges that influence success of the program in future. To add on that, the study shall be useful to policy makers in relation to drafting policies that is related to enhance the successful implementation of various programs not only in health.

The study shall furthermore highlight other important relationships that require other students and researchers to focus on their future research. Researchers are expected to use this study as a basis for discussions on how to improve maternal health care programs among communities in the country. The study is a source of reference material for future researchers on other related topics as it would also help other academicians to focus on similar topic in their studies. To the researcher, the study shall help her understand how critical maternal health care is and a social worker the study shall assist her understand the factors that influence success of health related programs.

# 1.7 Limitations of the study

This study was faced by various limitations, for instance primary data was collected from the women attending clinics who were assumed to understand the importance of maternal health care programs. The study was also be limited to the degree of precision of the data obtained from the respondents. The study was faced by respondent’s sincerity in responding to the statement items in the questionnaire. The study was only be concerned with women attending clinics during the study period; it was not consider women who have been on the program because it might be difficult to trace them. A broader focus might provide a broader dimension to the problem hence it might reveal other aspects of program implementations other than what the target population is expected to reveal. The study was also be limited to descriptive research design and was limited to a questionnaire as the data collection instrument.

# 1.8 Scope of the study

This study sought to evaluate factors affecting the effectiveness of maternal health care program among women in Kenya. The study was limited in scope to the mothers attending maternal health care between the periods of October 2017 to march 2018. The study only focused on four factors poverty, culture, level of awareness and community participation that were considered to have an effect on the effectiveness of maternal health care. The study was conducted between the months of January to April 2018.

# 1.9 Operational definition of terms

**Community participation** it refers to the engagement by the community on major decision involving health care. In health it plays an active and direct role in the development of appropriate health services, in ensuring the conditions for sustained better health and in supporting the empowerment of community to help development’

**Culture** this refers to the way people do things, culture includes the does and don’ts of a certain group of people who share similar values and norms.

**Level of awareness** refers to the extent to which people understand a certain concept or happening.

**Maternal clinics** these are health facilities that deal with other and child related issues of Program is a broader concept of a project. A program covers various types of projects aimed at achieving asset goal or objectives

# CHAPTER TWO

# LITERATURE REVIEW

# 2.1 Introduction

This chapter presented review of related literature in line with themes pertinent to the four research questions: It reviewed empirical studies based on the three objectives. It was also present the theory and the conceptual framework that guided the study.

# 2.2 Maternal health care

The global concern of the maternal mortality rates raises a lot of concerns on the effectiveness of maternal health care programs across the world (WHO,2014 ; UNICEF 2016). Maternal mortality has been defined as death of woman while pregnant or within the 42 days of a termination of a pregnancy, irrespective of the duration and size of the pregnancy from any other cause related to or aggravated by the pregnancy (WHO, 2000). It is estimated that of the 130 million infants born each year worldwide, 4 million die in the first 28 days of life (UNICEF, 2016). The neonatal period is very critical in determining the future of the child that is born. This tender age is the most vulnerable time for the child because their immune system is not fully developed to deal with the wide range of pathogens within the external environment.

According to Lutambavu et al, (2016), neonatal deaths accounts for almost 40% of

all the under-fives child deaths and more than half of infant’s deaths. Despite this it has not been given the priority it deserves. Although, Mortality in the neonatal period tends to decline more slowly than in the post neonatal period (1-59 months) there is still an increase in the proportion of newborn deaths in most parts of the world. Globally, the rates of neonatal death as a proportion of the under-fives deaths increased from 37% in 1990 to 44% in 2013. The WHO (2016) report indicates that almost one million new born deaths occurring in 2013 occurred on the same day they were born. This accounted for 16% of all under-fives deaths and more than one third of all neonatal deaths (WHO 2016). On the other hand Lutambayu and Michelo (2015) indicated that a total of two million newborns died within the first seven days after birth representing 73%of all neonatal deaths.

Neonatal mortality is still a major problem especially in the developing countries and Africa as a whole. It is estimated that of the 7.7 million death of the under-five children’s, 3.1 million occurred after birth through to one month of life. Of these death 99% were notably in Africa and other developing countries (Ezeh and Agho, 2014). The situation in Kenya like in most of the African states is equally worrying. According to the Kenya, the Demographic and Health Survey done in 2014 (KDHS 2014) it is noted that there has been improvement in reproductive and child health outcomes for the period 2008/09 to 2014. This shows that there is a decrease in the under-five death by 13 per 1000 live births from 24 in the previous period. The neonatal mortality rate declined from 31 per 1000 live births to 22 per 1000 live births between 2008/09 to2014 (KDHS 2014).

# 2.3 Causes of Mortality rates among women and new born children

According to Nyirenda (2012) maternal mortality is caused by various factors such as; sever bleeding, infections before and after birth, hypertension disorders in pregnancy, obstructed labour and unsafe abortion. although these factors are well known and documented , there are other underlying triggers that results from the socio-cultural factors that have been noted to play a significant role in the death of the mother and the infants in pregnancy, labor and puerperium that most of the times are neglected. Among those factors that have received attention in the recent past are the harmful traditional practices such as female genital mutilation that has been documented to cause prolonged and obstructed labor as a result of adhesions. Such practices have been noted to contribute upto 4% of all the maternal death. Other social cultural related factors include; food restrictions and taboos associated with the pre and post-partum periods of a woman’s life, like preventing a pregnant woman from eating eggs among other very important dietary foods. Research in this area of cultural taboos has not be done extensively in Kenya especially from the sociological perspective.

According to KDHS (2014), it is observed that among the Kenyan women the mortality rates vary with the wealth status of the women, where by women from wealthier households tend to have better chances of survival than those from poor families. Women from rich families have the economic power to seek better maternal health care than those from poor backgrounds who are unable to secure their lives and hence seek better health care during pregnancy. There is still limited study explaining the need for understanding the effectiveness of maternal health care given that there is a lot of attachment of the people to their culture which also contributes to their social status including level of education, level of income, experience, age and family background.

A  [study](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0171236) by Republic of Kenya [RoK] (2011) assessed the quality of maternal health services in Kenyan facilities and the relationship between quality of care and poverty. The study used a sample of 550 health facilities with the aim of making it as inclusive as possible. Using mixed methodology in collection and analysis of the data such factors as level of poverty, level of education, health, standard of living and household wealth were considered. The research revealed that there was a generally law maternal health care in almost all the counties where the study was conducted with a whole 91% of the respondents indicating that they did not have access to proper health care facilities and programs. It was also noted that 17% of women could access effective delivery care coverage. This is really a worrying trend in the 21st century and for country like Kenya. In Machakos county the situation is not different as it is a reflection of what other counties indicated .

According to Lutambayu and Michelo (2015) in [Ghana](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0081089), [Malawi](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002151) and [Zambia](https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-12-151) , such factors as Infrastructure have had a devastating effect on the maternal health care programs as many lacked essential supplies such as towels, magnesium sulfate and exam lights. The quality of maternal health care was significantly worse for poorer women. Just like in Kenya it was established that women living under very impoverished conditions are most affected by the lack of effective maternal health care . Lutambayu and Michelo (2015) further noted that the wide inequality in the maternal health care has contributed to a great extend to the health outcome and the high maternal health ratio in most counties.

# 2.4 Stakeholders involved in provision of maternal

Swanson and Davis (2003) noted that among the sub-Sahara African states, there is a big problem in enhancing the health facilities and equipping them effectively for provision of effective maternal health care . There are inadequate resources that are also of poor quality denying the patients the best services. These challenges have made most African countries to start contemplating the decentralization process for the health facilities. Yeas, et al (2004) on the other hand indicated that the poor state of facilities in most maternal health care facilities contribute to a large extent on the poor maternal health care program effectiveness. Tam (2005) indicated that the poor state of customer service in some public health facilities in Kenya has resulted in high turnover and weak morale among staff, making it difficult to guarantee 24-hour coverage resulting in, problems with patients care, increased cost of operations due to inefficiencies, this has led to some of the patients having no confidence in the staff and hence management of the program.

Andaleeb (2000) studied the effectiveness of the health care facilities in Ghana and noted that the attention of the health care service providers is of paramount importance in enhancing the effectiveness of the health care programs for the mothers. It is noted that every country needs a good health care system and it is important to recognize that a healthy population is better disposed in achieving the productivity that is needed to improve the state of the facilities.

WHO (2000) indicated that resource distribution is very inequitable in most health facilities, and this has led to poor management, underfunding and deteriorating infrastructure leading to fall in the quality of healthcare. It is also noted that the Health care is a very labour-intensive profession requiring very highly committed personnel. There is high level of Shortage of staff due to low motivation leading to inadequate human resources. According to the (RoK, 2010) it is noted that Healthcare centers in the country only offer preventive and curative services sometimes with no specialized medical care provided. Dispensaries are meant to be the system’s first line of contact with patients, but in some areas, healthcare centers or even hospitals are effectively the first points of contact and they play a critical role in enhancing the health care policy. The government health service is supplemented by privately owned and operated hospitals and clinics and faith-based organizations hospitals and clinics, which together provide between 30 and 40 percent of the hospital beds in Kenya

It is also noted that the NGOs play a very important role in advancing the health policy through CBOs which are very active in enhancing the health care policy. The ROK 2010 report has to large extended applauded the role played by these bodies in enhancing the performance of the maternal health care programs (Adams and Colebourne, 1999). There has been a lot of funds misappropriation as a result of lack of proper financial management.There is need to enhance service delivery at the facilities through improved financial management which entails effective financial planning, control systems, remuneration and liquidity. Besides there is need to ensure that the outsider’s confidence is developed in the management (Arhin-Tenkorang, 2000).

Sun and Shibo (2005) call for the proper financial management practices where they suggest that the hospital management should be able to distinguish between good costs and enhance organizational capability in allocation of financial and other resources. Blas and Limbambala (2001) on the other hand notes that Financial accountability is required to enhance the effectiveness of the maternal health care using monitoring, auditing and accounting mechanisms defined by the country legal and institutional framework is a prerequisite to ensure that allocated funds are used for the intended purposes.

There is an almost 4,700 health facilities in Kenya offering the maternal health care services to the public. This accounts for almost 51 percent of these facilities (RoK, 2011). The Health services are integrated as one goes down the hierarchy of health structure from the national level to the provincial and district levels. The two national referral hospitals are Kenyatta National Hospital in Nairobi and Moi Teaching and Referral Hospital in Eldoret. Provincial hospitals act as referral hospitals to their district hospitals (RoK, 2001).

# 2.5 Gaps in Literature Review

The purpose of the review of the above literature is to avoid unnecessary and unintentional duplication of framework from which the research findings are interpreted and also demonstrate the researcher’s familiarity with existing knowledge. It is widely acknowledged that health workers are not producing the desired output of health interventions. Many have echoed this concern, for example, ministers of health during the fifty-second session of the WHO Regional Committee for Africa (WHO 2002) and other organizations and policy- and decision-makers at the high-level forum on the millennium development goals (High-Level Forum 2004, World Bank 2000). It is stated that cultural factors are major constraint in achieving the millennium development goals (MDGs) for reducing poverty and diseases. It is against this background that the current study seeks to investigate on the factors influencing maternal healthcare delivery services.

# 2.6 Theoretical Framework

The investment framework choice of interventions and pathways towards improving maternal health care outcomes is informed by the theory of change as summarized in figure 2.1.

-Reduced morbidity and mortality and improved quality of life among the women and children

-enhanced social economic development from optimizing the demographic divide

Impact

Outcome

-Improved equity

-Enhanced efficiency

-Universal health coverage

Outputs

-Improved service delivery

-Enhanced community engagement and participation

-Strengthened health systems

# Figure 2.1: Theory of planned change as applied in maternal health care

From the theory it is noted that the expected outcomes include the universal health coverage with financial protection, improved equity and enhanced efficiency. All these can lead to the desired impact to reduce morbidity and mortality as well as advance realization of the demographic divided contributing to Kenya’s socioeconomic development (NCPD and PRB 2014).

Prioritized investments are needed to ensure that underserved populations and areas will have access to services and that equitable coverage is improved. Scaling up of well-known high impact interventions, such as institutional deliveries and financial protection, is important to improve maternal health indicators (Dickson et al 2014). This can only be achieved if key challenges in service delivery are addressed, including enhanced quality of care and integration in already existing services.

Innovative approaches, like private-private partnerships and performance based financing, are needed to address supply side barriers. Other solutions will be required to address demand side barriers, such as community engagement and demand side financing. County governments will make evidence-based decisions depending on their specific needs and priorities to efficiently use resources to achieve Universal Health Care. Strengthening the health system is critical to ensure the effective and efficient availability and use of quality maternal health care services. Improving workforce distribution, staff competency and productivity is vital as it constitutes the largest share of health expenditures. Better availability of essential medical supplies, such as vaccines, FP commodities, and necessary equipment will enable the staff to provide the priority interventions. Sustained availability of adequate financial resources is essential for the successful implementation and desired impact (RoK, 2011).

The national government will work with county governments and development partners to improve efficiency of existing resources, increase both domestic and external resources, and ensure harmonized use to address inequities. Strengthened leadership and governance at all levels are key pillars to coordinate effectively, reduce leakages, improve efficiency and promote sustainable maternal health care service delivery. The availability of data, including births and deaths will contribute to better decision-making and enhance accountability to results. A multi sectoral approach will be required to address other social and infrastructure determinants such as education, gender equality, water and sanitation, transport and communication and food security. Strong political commitment, respect for human and reproductive health rights and promotion of peace and security remain critical for achieving improved maternal health care outcomes (RoK, 2011). Based on this theory the conceptual; framework is developed as shown in figure 2.2.

# 2.7 Conceptual Framework

The variables of the study were conceptualized as having a direct relationship as shown in figure 2.1. The independent variables were conceptualized as poverty level, culture of the community, community participation and the level of awareness of maternal health care among the women in the community. This relationship was presented in figure 2.2.

Poverty

Culture

Community Participation

Level of Awareness

Effect

Provision of Maternal health care

**Independent Variable Dependent Variable**

# Figure 2.2: Conceptual Framework

**2.7.1 Effect of Poverty on maternal health care**

Poverty is a state of marginalization and deprivation in the conditions needed to make life meaningful for individuals as members of distinct social groups. In general, the evidence provided by UNDP (UNDP, 2005). According to Shehu, 2002; Olowonefa, 2001), the incidence, depth and severity of poverty have been growing in Kenya over the years. Using an income level of $8.20 per month to indicate the poverty line and US $4.00 to indicate extreme poverty the data from the World Bank and UNDP statistics.

Research has shown that poverty is a term that helps to define the level of inequality in resources among various people in a community. In this study poverty will be considered in terms of the ability of the people in a society to access health services when they are ill. Poverty defines the gap between the rich and the poor and it affects the effectiveness of the maternal health care among the mothers. The number of children who are fully immunized, the number of children at age 5 years who are under height, under–five mortality rates and infant mortality rates per 1000 live births. Research shows a consistently dismal health pattern for the poor. In Early 2000 for example, only 13.9 percent of one year olds born to the poor were fully immunized, the corresponding rate for the rich was 58.1 percent. Infant mortality rate was 102.2 per 1000 live births among the poorest 20 percent of the population and 68.6 among the richest 20 percent of the population. Under–five mortality rate was two times higher among the poor than among the rich (UNDP, 2005).

According to a report by UNDP (2005) it is noted that majority of the people who are poor not only run the risk of more frequent ill-health, but they also face the possibility of premature death more than those at the top of the social ladder. On the other hand a report by WHO (2003) indicates that the risk of illness and premature death is more than twice as high among the poor as among the rich. Since poverty is often a convergence of the absence of several factors and conditions needed to maintain life at an appropriate level, poor people also suffer from diseases that do not or hardly affect those from rich families. Thus morbidity and ill-health and mortality arising from malaria, tuberculosis and diarrhea are likely to be more prevalent among the poor than among the rich. It has also been shown for example, that HIV/AIDS has a higher prevalence among the poor than among the rich.

It is also noted that children from poor families stand a high chance of suffering from malnutrition as they are likely to go hungry and lack the appropriate foods to enhance their health. The cost of treatment for the poor people is therefore likely to be burden to them as they do not have a constant income to sustain them or even seek for better medical cover. Poor people are also less likely to be able to access health facilities that are located far away from them as the cost of transportation may be above the means available to them. Poverty is the confluence for the various social conditions that negatively impact upon health in Kenya. Thus actions to address poverty should lie at the core of policy (UNDP, 2005).

The lack of income has a devastating effect on the health of women and children and this offers a big challenge. Income inequality has a major effect upon health for individuals as members of social groups. Surveys shows, for example, that whereas either doctors or nurses attended to 83.3 percent of women in the highest wealth quintile during delivery, only 10.6 percent of women in the lowest wealth bracket were attended to by the same category of health personnel. In fact, 20.3 percent of this category of women was not attended to by anyone during delivery while another 34.3 percent of the women were attended to by relatives (National Population Commission, 2003).

In addition, infant mortality rates in poorer areas are often four or more times higher than in richer areas. There are three groups of factors that are harmful to the health of the urban poor. The first includes the direct effects of poverty i.e. low income, limited education and insufficient diet. The second factor relates to the man-made conditions of the living environment including poor housing, overcrowding, pollution and an increased exposure to infectious diseases. The third factor involves social and psychological problems encompassing instability and insecurity (Harpham et. al. 2008). The excessive vulnerability of the urban poor and their exposure to pathogenic agents means that infectious diseases and malnutrition are severe health problems in slums. The socio-economically disadvantaged in general tend to be more vulnerable, both physically and economically, and this needs to be considered when interpreting environmental health differentials. With their greater levels of exposure to poor sanitation, overcrowded living conditions, inadequate nutrition, social stresses, exposure to environmental pollutants and limited access to health care, they are more likely both to get sick and suffer prolonged periods of illness.

**2.7.2 Effect of Culture on maternal health care**

Moore (2012) explains that Gender inequality, poverty, and disparities in women’s and girls’ access to health, education and income as well as lower socio-cultural status are all key factors that negatively impact maternal health, because women who suffer these inequalities also have fewer possibilities of accessing HIV prevention information and contraceptives, putting them at greater risk of unplanned pregnancies. This leads to increased rates of induced abortion, especially unsafe abortion, because abortion is illegal or highly restricted in most developing countries. Making these interconnections, visible shows how the improvement of maternal health goes hand in hand with the improvement of other social determinants that go beyond women’s needs in health care services. Putting this in the context of the development goals framework, we must recognize that all MDGs are interrelated, and none of them can be fully achieved without the others (World Bank, 2000).

According to Noah (2001), drinking alcohol during pregnancy can cause physical and mental birth defects. The report shows that no level of alcohol use during pregnant has been proven safe. Each year, more than 50,000 babies are born with some degree of alcohol-related damages. Many women are aware that heavy drinking during pregnancy can cause birth defects, but many do not realize that moderate or even light drinking also could harm the fetus. According to (Osken, 2003), he said in some traditional communities, girls are engaged in marriage at their very early ages of life (12-13) and they are usually exposed to the pressure of having male children not only to belong to the husband’s lineage but also to secure access to inheritance. For instance in some traditional community in Nigeria, a woman who has 10 or more children is compensated with a cow on the10th live birth. Such cultural practices can expose women/girls to the health risks of early and frequent pregnancies that can lead to high maternal morbidity and mortality. Food taboos are prevalent in several African communities, during pregnancy and child birth; women’s eating habits are guided by these local taboos, which deny the consumption of certain food that can fall within the range of protein, carbohydrate or fruits (Machandooluechi and Hill Kaufor, 2004).

Even though the international conference on population and health development are in different countries including both developed and developing countries but still the problem of the maternal mortality associated with socio-cultural practices is the problem in the developing countries such as Kenya. Despite of all that have been explained by the previous scholars, we still difficultly find the effects of socio-cultural practices on the maternal mortality rate (Machandooluechi and Hill Kaufor ,2004). Therefore, this research is directly aiming at examining the effects of cultural practices on the maternal health care rate as it has not been previously conducted in Machakos county.

According to Nasah et al (2001), explain that most of the Africans societies have different practices and beliefs related to reproduction, these may adversely affect the behavior of women with complicated pregnancy. Traditional healers using traditional practices may delay hospitals treatment of serious conditions. Some cultural and behavioral factors such as female circumcision and infibulations have also been found to associate with high maternal mortality rate. Also, there are some cultural norms that exert a strong influence on the nutritional intake of women in the pregnant and post- delivery period, these cultural beliefs may limit intake of iron and protein food especially from animal sources such as chicken and eggs this leads the problem of anemia that is caused to closely space births of the maternal women due to poor nutritional (World Bank, 2000).

**2.7.3 Effect of Community Participation on maternal health care**

Community participation in health is: ‘a process whereby people, both individually and in groups, exercise their right to play an active and direct role in the development

of appropriate health services, in ensuring the conditions for sustained better health and in supporting the empowerment of community to help development’ (Rifkin,2009). Involving communities in assessing their own needs and in developing strategies to meet those needs can increase intervention ownership and sustainability, while responsiveness to community needs in planning and implementation of health programmes can help improve health equity, service delivery, and uptake of care (Rifkin ,2014).

Various reviews and World Health Organization (WHO) Guidelines have highlighted the importance of community participation for improved health. The WHO commissioned systematic reviews of health promotion interventions involving community participation. Secondary analysis was performed on two of them here; quality improvement of maternity care services where community members participate in processes to review the quality of health services either as informants or as partners with health providers in planning and implementation to improve quality; and maternal and newborn health programme planning and implementation, where community members are involved in planning, designing, implementing and monitoring strategies and interventions (George , Mehra, Scott , Sriram,2015) .

Based on these reviews, community participation in quality improvement and in health programme planning and implementation is now recommended by WHO to improve use of skilled care during pregnancy, childbirth and the postnatal period for women and newborns increase the timely use of facility care for obstetric and newborn complications and improve maternal and newborn health. In addition to the available evidence on the impact of participation, it is also important to understand which factors influence implementation of community participation interventions for maternal and newborn health (WHO, 2015). This study addresses this question, exploring stakeholder perspectives and experiences of community participation interventions, and identifying barriers and facilitators to successful participation of the community in enhancing maternal health care in Machakos County.

**2.7.4 Effect of Level of Awareness on maternal health care**

According to the World Health Organization (2004) it is noted that there is a strong correlation between education and several health indicators. In Nigeria, for instance the education of a mother is shown to strongly affect type of antenatal care provider, neonatal, post-neonatal, infant, child and under five mortality rates, type of person providing assistance during delivery, and access to health facilities in case of illness among other health indicators. Whereas no one provided antenatal care to 59.6 percent of mothers without education, the corresponding figure for mothers with education higher than secondary school was only 1.7 percent. At the same time, a doctor provided antenatal care to 70.2 percent of mothers with education higher than secondary school as against only 8.2 percent of women who had no education. Indeed, the percentage of women provided with ANC by a doctor dramatically increases as the educational level of the mother rises. With these statistics it is worrying that most mothers have low level of education and this is a great challenge for them when dealing with health related issues. In Machakos County for instance we have the elite women in most towns but in rural areas a big percentage of the women are either illiterate or semi-literate which poses a big challenge for them in understanding the challenges of maternal health.

Literacy level affects the access that women have to health facilities in case of illness, even when account is taken of other socio-economic determinants. Women who lack awareness of maternal health education tend to be more severely affected by all the factors that limit access to health care in case of illness. Research has also shown that in Africa only 1.7 percent of women with education higher than secondary school may not know where to go in case of illness compared with 22.4 percent among women with no education. Women with no education also have more problems with the need to obtain permission to go for medical treatment (16.9 percent), having to take transport (31.8 percent), not wanting to go alone (20.8 percent) and concerns that there may not be a female health provider at the medical facility (Lambo, 2006). The poor health welfare in terms of maternal care is affected by poverty that is associated with illiteracy among the society, the high maternal mortality rate estimated to 74% of death per 1000 women and live birth in which the main reasons for these death comes from ignorance on maternal health care services (James,2008).

# CHAPTER THREE

# RESEARCH DESIGN AND METHODOLOGY

# 3.1 Introduction

This chapter presents research design, target population, sample and sampling procedures, description of data collection instruments and procedures, description of data analysis procedures and ethical considerations.

**3.1 Research site**

Machakos County is of Kenya. Its Area is 5,952.9km2 .Its largest town is Machakos, the county's first administrative headquarters. The county had a population of 1,098,584 as of 2009 census. The county borders [Nairobi](https://en.wikipedia.org/wiki/Nairobi_County) and [Kiambu](https://en.wikipedia.org/wiki/Kiambu_County" \o "Kiambu County) counties to the west, [Embu](https://en.wikipedia.org/wiki/Embu_County" \o "Embu County) to the north, [Kitui](https://en.wikipedia.org/wiki/Kitui_County" \o "Kitui County) to the east, [Makueni](https://en.wikipedia.org/wiki/Makueni_County" \o "Makueni County) to the south, [Kajiado](https://en.wikipedia.org/wiki/Kajiado_County" \o "Kajiado County) to the south west, and [Muranga](https://en.wikipedia.org/wiki/Muranga_County" \o "Muranga County) and [Kirinyaga](https://en.wikipedia.org/wiki/Kirinyaga_County" \o "Kirinyaga County) to the north west. Subsistence agriculture is mostly practiced with maize and drought-resistant crops such as sorghum and millet being grown due to the area's semi-arid state. The county also plays host to the open air market concept with major market days where large amounts of produce are traded. Fruits, vegetables and other food stuffs like maize and beans are sold in these markets.

# 3.2 Research Design

The research design is provided the plan that will be employed to carry out the research. There are various design adopted to various studies depending on the required results and the nature the relationship between the variables. The research design seeks to answer various research questions such as what , who, how , when and whom.  This study used a descriptive survey research design. This design emphasizes on understanding the opinion and perception of the respondents. It also helps to describe the cause-and-effect relationships (Creswell, 2012).

This research design was applied because it is appropriate when attempting to describe the happening of events that are in progression and there is no clear end to them. According to Gall, Borg, & Gall, (2008) descriptive studies help to explain why things are the way they are and the respondents are asked to give their views, opinions and actual description of what they feel about the existing condition. Machakos County is affected by various factors as described in this study.

# 3.3 Target Population

The target population of this study comprised of women attending maternal health care in Machakos County. According to the statistics at the hospitals records department (2017) there are 530 women attending clinics at the referral hospital between the months of November 2017 to March 2018. Most of the mothers attending these clinics are mothers with at least a previous child. The choice of the mothers is guided by the fact that they have an experience on the program and care in a position to provide appropriate data that helped to answer the research questions.

# 

# 3.4 Sample Size and Sampling Procedure

Sampling is a process used to select a small number of respondents out of a large study population. It makes the research more workable and if done inclusively gives appropriate results. According to Mugenda and Mugenda (2008) the sample size depends upon the purpose of the study and the nature of the population under scrutiny. They further propose that a sample size of between 10-20% is sufficient for a study. For this study therefore ten percent that is 53 respondents were considered an appropriate sample size for the study. The sample was selected using simple random sampling method because the respondents have much similar characteristics and attend the maternal care programs. The list of the 530 mothers was requested from the hospitals records department. This enabled the researcher to select every 10th mother on the list to form the sample size.

# 

# 3.5 Data Collection Instruments

The study used primary data in order to collect data from the respondents for answering the research questions of the study. In order to collect the primary data, the researcher used a semi structured questionnaire as the main data collection tool. The questionnaire consisted of a list of questions relating to the objectives and research questions of the study. The questionnaires were used to collect both quantitative and qualitative data from the mothers selected for the study. Gall, Gall and Borg (2003), points out that questionnaire are appropriate for research studies since they collect information that is not directly observable. Both open and closed ended questions were used to collect the data for the study.

The questionnaire was designed to have five sections with questions addressing each objective. There were four statements addressing informants’ demographic information; for each objective a five statements were used for each objective. In order to examine the opinion and measure the perception of the mothers who are on the program the questionnaire were constructed using a 5 scale likert, where 5- strongly agree, 4- agree, 3- not sure, 2- Disagree and 1- Strongly disagree.

# 3.7. Validity of the Instruments

The instruments were validated through content validity. Content validity refers to the degree to which the sample of the test represents the content that the test is designed to measure (Orodho, 2005). The researcher assessed content validity through the use of experts in the area of maternal care at the hospital as advocated by Mugenda & Mugenda (1999). The Experts were consulted to provide their opinion on the content and face validity of the questionnaire. Their views and opinion were used to improve the effectiveness of the questionnaire.

# 3.8 Reliability of the Research Instruments

Reliability of measurement concerns the degree to which a particular measuring procedure gives similar results over a number of repeated trials (Orodho 2005). Reliability was assessed using the internal consistency method. This is where the questionnaires were subjected to the reliability test by use of the Statistical Package for Social Sciences software. Orodho (2005) observes that this method has the advantage of testing the questionnaire only ones. Gay (2002) says that any research instrument with a reliability coefficient of between 0.6 and 1.00 are acceptable and reliable enough.

# 3.9 Piloting of Research Instruments

Before the data collection, the research instruments were piloted among women attending the maternal program but who were included in the final study. For this study a pilot sample of 5 respondents which is 10% of the total sample of the study were selected for use in the pilot. The aim of the pilot study was to enhance the validity and reliability of the research instruments. It also allows the researcher to create familiarity with the instrumentation. Piloting was important because it helped in revealing deficiencies in the questionnaire (Mugenda &Mugenda, 2003).

# 3.10 Data Collection Procedure

The researcher collected the introduction letter from the School of Arts And Social Sciences, Department of Social Studies to facilitate the data collection process. The letter was used as an introductory letter to the hospital management at the referral hospital to allow the collection of the data. The researcher then visited the health records department at the hospital to request for permission to carry out the research and also to familiarize with the patients. The questionnaires were distributed to the mothers by the help of the maternity staff at the hospital, after 2 days the questionnaires were collected back for analysis.

# 

# 3.11 Data Analysis Methods

The data from the completed questionnaires were coded, edited and entered into the computer software for analysis. Data was analyzed using descriptive statistics (frequency and percentages) with the aid of Statistical Package for Social Sciences (SPSS) Version 20. The established patterns, trends and relationships from the information gathered was used to make the generalizations of the study. The researcher then summarized the patterns observed from the study and presented in frequency tables and graphs. The analysis was subsequently interpreted, discussed and presented in chapter four.

# 

# 3.12 Ethical Considerations

When carrying out a research it is very important to ensure that the freedom and confidentiality of the respondents is assured. According to Mugenda (2008) ethics in research is one that allows for freedom of response from the participants as well as protects their rights. This study involved the acquisition of personal information, ethical principles therefore considered during the data collection process. Before proceeding with data collection and analysis, approval was sought from hospital staff and the patients since the study is a sensitive one. The participants were informed of the nature and procedures of the study. The participants further informed that their participation is purely voluntary and they have the right to withdraw from the study at any time. The confidentiality and anonymity of the participants were ensured by ensuring that the descriptions that might reveal the identity of an individual are not written anywhere on the questionnaire and by using numeric labels when quoting the participants’ statements. In addition, the researcher ensured ethical consideration by ensuring that all citation used in the study are clearly referenced to avoid plagiarism (Black, 2009).

# CHAPTER FOUR

# DATA ANALYSIS, PRESENTATION AND INTERPRETATION

# 4.0 Introduction

This chapter presents the findings of the study based on the study objectives. The chapter presents the data analysis by first considering the demographic variables, then analyzing the results on every objective to assess the respondent’s views and opinions.

# 4.1 Response rate

The study sampled a total of 53 respondents from those mothers who were attending maternal clinics with their new born babies between the 1st October 2017 and 20th February 2018. All the women who were sampled respondent well to the questionnaires because the researcher indicated to them that the study was for academic purpose and the findings might influence the way the maternal health care programs in the near future. This meant that the total response rate was 100%. Similarly the nurses who participated in the study were very cooperative and were very ready to respond to the various interview questionnaires. Since the interview session was made very brief it was easier for the nurses to spare some of their time to respond. All the 10 interviews conducted were successful and provided very effective response.

# 4.2 Demographic Factors of respondents

The study sought to establish the demographic factors of the mothers attending health care program. The study considered: maternal age, marital status, level of education and the income level. These variables defined the social demographic factors. The results were presented in the following section.

**4.2.1 Mothers Age**

The study sought to establish the mothers age and assess its effect on the participation of the mother in maternal health care programs. The results were presented in figure 4.3.

# Figure 4.1 Age of the respondents

Majority of the neonates in the study population as recorded from the maternal and neonatal files were born by mothers aged between 18-30 years, 47.5%, followed by 29.7% who were of ages below 18 years. This implies that most of the respondents who participated in the study were young women aged between 18-30 years.

## 

## 4.2.2 Marital Status

It was important to know whether the women attending the clinics were married or not. This was important because it is noted that the marital status has an effect of the attendance of maternal health care programs. The results are shown in figure 4.2.

# Figure 4.2 Marital status

Majority of women who gave birth in the period between 1st October 2017 and 31st January 2018 were married 46 %, followed by 43 % who were single and 10% who were widowed. This implies that most of the respondents were married.

## 

## 4.2.3 Level of Education

The study also considered the level of education in order to establish whether it had any influence on effectiveness of maternal health care programs among the mothers and children in Machakos County. The findings are presented in figure 4.3.

**Figure 4.3: Education Level**

# The results of the study shows that most of the mothers 38% who attended the maternal health care programs had secondary education, 22% had attained primary school education, 20% had attained tertiary level education and 14% had no education. This implies that most mothers who attended the maternal health care programs had a low level of education. This is a contributing factor to the type of occupation of most of the respondents and the level of income.

**4.2.4 Number of children**

The study also sought to establish the number of children of the respondents to assess whether it influences their participation in maternal health care programs. The results were presented in figure 4.3.

# 

# Figure 4.3: Number of children by the respondent

The results on the table show that most of the respondents 80% had 1-2 children while only 20% had between 3 and 4 children. This implies that young mothers seek maternal health care programs more frequent than mother who have more children. Young mother find it more important to seek maternal health care to be sure of what they need to do for their health and the health of the child. Mother with more children has to some extent got the knowledge required for the care of their children and themselves and hence their frequency is reduced.

**4.2.5 Occupation of the respondent**

The study also sought to establish the occupation of the respondents and determine whether it has an influence on their perception of the maternal health care program. The results are presented in figure 4.4.

# Figure 4.4: Occupation of the Respondents

The results show that most of the respondents did not have any form of occupation meaning they were house wives hence they had no formal income. There was an equal number of respondents who were teachers, hawkers and secretaries while only 6.7% said they were nurses. This shows that most respondents might be coming from families with low income since most of them were not employed. This implies that they had no other option but to seek their maternal health care at the county referral hospital.

**4.2.6 Income of the respondents**

The study also sought to establish whether the level of income has an influence on how the respondents perceive the effectiveness of maternal health care programs among the mothers in Machakos County. The results are presented in figure 4.5.

# 

# Figure 4.5: Respondents level of Income

The results on table 4.4 show that most of the respondents 40% earned an income of less than kshs 2000 per month , followed by 26.7% who earn below kshs 5000, 20% earn more than kshs 10000 while only 13.3% earn between kshs 5000- 10000. This confirms the previous response on the occupation of the respondents where it was noted that most mothers who attended the maternal health care clinics were not in any formal employment. This implies that most respondents had very low incomes and hence could only seek their maternal health care from the county referral hospital.

# 4.3 Findings based on the objectives

The study findings based on the objectives were presented in this section.

**4.3.1 Poverty affects the effectiveness of maternal health care program**

The study sought to establish the effect of poverty on effectiveness maternal health care program among women attending maternal clinics in Machakos County Referral Hospital. The respondents were asked to indicate their views on a five likert scale where; 5- Strongly Agree, 4- Agree, 3- not sure , 2- Disagree , 1- Strongly Disagree . The results are presented in table 4.1.

# Table 4.1. Effect of poverty on maternal health care

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | Most women don’t attend maternal health due to lack of money | 6.7% | 13.3% | 13.3% | 46.7% | 20.0% |
| 2 | I prefer to stay at home after delivery and take care of my family because I am poor | 20.0% | 20.0% | 6.7% | 26.7% | 26.7% |
| 3 | Women from poor households don’t seek proper maternal care hence being exposed to high risks | 0 | 0 | 0 | 40.0% | 60.0% |
| 4 | The health of the mother and child depends on their family background | 0 | 6.7% | 6.7% | 26.7% | 60.0% |
| 5 | The lack of food due to poverty reduces the effectiveness of the maternal health care | 6.7% | 0 | 20.0% | 13.3% | 60.0% |
| 6 | Poverty affects effectiveness of maternal health care | 6.7% | 6.7% | **0** | 46.7% | 40.0% |

The results in table 4.1 show that most respondents 46.7% agreed that women in Machakos county don’t attend maternal health care programs due to lack of money followed by 20%, who strongly agreed, 13.3% disagreed and only 6.7 strongly disagreed with the statement. This implies that lack of finances among the women affects their ability to attend the maternal health care programs.

The results also show that most respondents 26.7% strongly agreed that most women prefer to stay at home after delivery and take care of their other family members. This is also attributed to lack of finances which show that there is poverty in the area among many households. Only 20% of the respondents strongly disagreed this also shows that poverty is a factor contributing to mothers inability to attend maternal health care program in Machakos County.

It was also noted that majority of the respondents 60% strongly agreed that women from poor households don’t seek proper maternal care hence being exposed to high risks while 40% agreed with the statement. This shows that poverty contributes to the ineffectiveness of maternal health care among the women in Machakos.

On whether the health of the mother and child depends on their family background, the results show that majority of the respondents 60.0% strongly agreed with the statement, 26.7% agreed and 6.7 disagreed with the statement. this implies that a Childs and mothers health care strongly depends on the family background where by children and mothers from poor family backgrounds are likely not to have proper maternal health care and this affects their wellbeing .

The results also noted that most respondents 60.0% agreed that most women lack food due to poverty and this reduces their participation in the maternal health care programs in Machakos County. Only 6.7 percent agreed with the statement. This shows that poverty is a major contributor in influencing the effectiveness of the maternal health care programs among women. The results also show that most of the respondents 46.7% and 40.0 % agreed that Poverty affects effectiveness of maternal health care programs among mothers and their children in Machakos while only 6.7% disagreed with the statement. This implies that women living in poverty are at high risk of not attending maternal health care programs and this affects their health. It is therefore noted that poverty is a big contributor to the ineffectiveness of the maternal health care programs by the mothers in Machakos, therefore the many challenges that face mothers and their children for not attending the maternal health care is as a result of poverty.

**4.3.2 Culture affects the effectiveness of maternal health care program**

The study sought to establish the effect of culture on the effectiveness of maternal health care programs among women attending maternal clinics at Machakos referral hospital. The respondents were asked to give their views on a likert scale of 5- Strongly Agree, 4- Agree, 3- not sure , 2- Disagree , 1- Strongly Disagree . The results are presented in Table 4.2.

# Table 4.2: Effect of culture on the effectiveness of maternal health care programs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | Our community values influence mothers attendance of maternal health care | 13.3% | 20.0% | 13.3% | 26.7% | 26.7% |
| 2 | Our culture influences the uptake of various health programs in the community | 6.7% | 26.7% | 26.7% | 20.0% | 20.0% |
| 3 | Our cultural norms prohibits women attending maternal health care programs | 20.0% | 33.3% | 20.0% | 0 | 26.7% |
| 4 | because of our culture manage women have lost lives for lack of proper medical care | 20.0% | 46.7% | 0 | 20.0% | 13.3% |
| 5 | Mortality rate among new born can be reduced if people stop focusing much on the culture | 20.0% | 6.7% | 0 | 33.3% | 40.0% |
| 6 | Culture influences mothers attendance of maternal health care | 6.7% | 20.0% | 20.0% | 26.7% | 26.7% |

The results in Table 4.2 show that most respondents 26.7% strongly agree and 26.7% agreed that the community values influence mother’s attendance of maternal health care. It was also noted that 20% and 13.3% disagreed and strongly disagreed with the statement. This implies that most mothers who are supposed to attend maternal health care clinics do not do so because of culture.

It is also noted that most respondents 26.7% disagreed while 20% agreed that culture influences the uptake of various health programs among women in Machakos County. This implies that the uptake of various health programs among women and children in Machakos County. On whether cultural norms prohibits women attending maternal health care programs among women in Machakos county, the results show that most respondents 33.3 % disagreed with the statement, while only 26.7% of the respondents strongly agreed with the statement. This shows that the cultural norms of the communities in Machakos do not fully influence the effectiveness of maternal health care programs.

The study also noted that most of the respondents 33.3% disagreed that the cultural norms prohibits women attending maternal health care programs while 25.7% strongly agreed with the statement. This shows that most mothers in Machakos County felt that the cultural norms do not influence the effectiveness of the maternal health care programs in the county. The results also show that most respondents 46.7% disagreed that culture has caused many women to lose their lives for lack of proper medical care while 13.3% strongly agreed and 20% agreed with the statement. This shows that there was mixed reaction on the effect of culture on effectiveness of maternal health care programs among the women.

The results also show that most women who participated 40% and 33.3% strongly agreed and agreed respectively that mortality rate among new born can be reduced if people stop focusing much on the culture and they embrace the maternal health care programs effectively. Only 20% strongly disagreed with the statement. It was also established that most of the respondents 26.7% and 26.7% respectively agreed and strongly agreed with the statement that culture influences mother’s attendance of maternal health care among mothers attending health care programs in Kenya. Only 20% of the respondents disagreed with the statement. This show that culture contributes to the low uptake of maternal health care among mothers and their children in Machakos County. It is therefore noted that the count government should address the issue of culture in promoting the maternal health care programs in Narok County.

**4.3.3 Community participation affects the effectiveness of maternal health care program**

The study also sought to establish the effect of community participation on the effectiveness of maternal health care program. The respondents were also required to give their responses on a five scale Likert where ;5- Strongly Agree, 4- Agree, 3- not sure , 2- Disagree , 1- Strongly Disagree . The results are presented in Table 4.3.

# Table 4.3: Effect of community participation on maternal health care

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | The community is involved fully in maternal health care programs | 28.3% | 34.0% | 3.8% | 22.6% | 11.3% |
| 2 | Community helps to finance the activities of maternal health care programs | 15.1% | 28.3% | 28.3% | 17.0% | 11.3% |
| 3 | Community offers support through volunteers to the maternal health care programs | 0 | 45.3% | 9.4% | 22.6% | 22.6% |
| 4 | Community members are ready to provide required skills and knowledge for effective maternal healthcare | 22.6% | 49.1% | 11.3% | 5.7% | 11.3% |
| 5 | Community members provide required resources to enhance maternal health care | 28.3% | 24.5% | 9.4% | 15.1% | 22.6% |
| 6 | Community members are involved in the planning of the maternal health care programs | 28.3% | 18.9% | 20.8% | 17.0% | 15.1% |

The results in Table 4.3 shows that majority of the respondents 34% and 28.3% disagreed and strongly disagreed that the community is involved fully in maternal health care programs. Only 22.6% agreed with the statement indicating that the community members are not involved in maternal health care and this affects its effectiveness.

The results also show that most respondents 28.3% disagreed agreed while only 17% agreed with the statement that the Community helps to finance the activities of maternal health care programs. This shows that the community does not help in the financing of the health care programs and this affects the effectiveness of the maternal health care programs in the county.

On whether the community offers support through volunteers to the maternal health care programs, the results show that most respondents 45.3% disagreed while 22.6% strongly agreed with the statement. This shows that most respondents disagreed that the community offers the necessary support through volunteers to the maternal health care programs.

The results also show that most of the respondents 49.1% disagreed that the community members are ready to provide required skills and knowledge for effective maternal healthcare followed by 22.6% who disagreed and only 11.3% strongly agreed with the statement. This shows that community members are never ready to participate in maternal health care by providing their skills and knowledge to support the effectiveness of maternal health care programs.

The study also shows that most respondents 28.3% and 24.5% strongly disagrees and disagreed respectively that community members provide required resources to enhance maternal health care. Only 22.6% agreed that the community members provide required resources to enhance maternal health care for the mothers at Machakos County.

The study also established that most respondents 28.3% strongly disagreed that community members are involved in the planning of the maternal health care programs while 15.1% strongly agreed with the statement. This shows that the community members are not involved in the maternal health care programs and this might be a contributing factor to the effectiveness of the programs in Machakos County. The results therefore indicate that the community members do not take an active role in enhancing the effectiveness of the maternal health care programs in Machakos County.

**4.3.4 Level of awareness on maternal health care affects the effectiveness of maternal care program**

The study sought to examine the effect of level of awareness on the maternal health care programs among mothers attending the program in Machakos County. The results were presented in Table 4.4.

# Table 4.4: Level of awareness on maternal health care

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | I am well aware of maternal health care service | 0 | 11.3% | 13.2% | 30.2% | 45.3% |
| 2 | I was educated on maternal health care during the antenatal clinics | 3.8% | 15.1% | 0 | 52.8% | 28.3% |
| 3 | Most women lack the maternal health care information | 7.5% | 3.8% | 13.2% | 43.4% | 32.1% |
| 4 | Most challenges women and their children face results from lack of awareness of the maternal health care programs | 22.6% | 11.3% | 0 | 49.1% | 17.0% |
| 5 | Women can improve their survival rates is they dependent on effective maternal health care programs | 11.3% | 15.1% | 0 | 28.3% | 45.3% |
| 6 | I have gained a lot of knowledge as a result of attending maternal health | 4.8% | 20.2% | 0 | 44.3% | 30.7% |

The results presented in Table 4.4 show that most of the respondents 45.3% strongly agreed that most respondents were aware of maternal health care service with only 3.8% who strongly disagreed that they were aware of the maternal health care programs. This indicates that most mothers attending the maternal health care programs were well aware of the program.

It was also noted that most respondents 52.8% agreed that they were educated on maternal health care during the antenatal clinics and hence they had knowledge of the same. Only 3.8 also strongly disagreed with the statement indicating that they were not aware of the programs. This implies that maternal health care programs are effective as they educate mothers on how to take care of themselves and the children.

The results also show that most respondents 43.2% agreed that women lack the maternal health care information followed by 32.1% who strongly agreed, 13.2% were not sure while only 7.5% strongly disagreed. This shows that most respondents believe that mothers lack health care information and hence find the maternal health care programs very effective in assisting them to get the required information.

The results also show that most respondents 49.1% agreed followed by 17% who strongly agreed that the challenges women and their children face results from lack of awareness of the maternal health care programs in the county. It is also noted that 22% strongly disagreed with the statement. This shows that according to most respondents mothers lack appropriate information on maternal health care. This might affect their perception of the effectiveness of programs.

On whether women can improve their survival rates if they depended on effective maternal health care programs, most of the respondents 45.3% strongly agreed followed by 28.3% who agreed and 15.1% and 11.3% who disagreed and strongly disagreed with the statement. This implies that the survival rates for mothers and children can be improved if they attended the maternal health care programs.

The results also show that most respondents 44.3% agreed followed by 30.7% who strongly agreed with the statement that the mothers have gained a lot of knowledge as a result of attending maternal health. This implies that the maternal health care programs provided at the referral hospital are very effective in enhancing the health of the mother and the young children.

From the results it is noted that maternal health care programs are considered to be very important and hence effective in enhancing the health of the mother and the child. It is noted that some respondents indicated that the health of the mother and the child is highly influenced by the effectiveness of the maternal health care programs. Some of the mothers indicated to have gained a lot of knowledge on how to take care of their health and that of their child as results of attending the maternal health care programs.

# 4.4 Findings from the Interviews

The results from the interview with the nurses on duty were presented to show consistency in the information provided. The interviews were conducted on various visits at the referral hospital where the nurses on duty were interviewed on the four factors that this study considered. In most cases the responses from the nurses were a confirmation of what most of the respondents indicated. It was noted that most nurses observed that most mothers who attended the health care programs were young mothers with one or two children,, this shows that mothers with more children did not either see the need for continuing g with the program as they had gained the skills or were just ignorant of the same. The nurses also observed that most mothers who attend the clinics are taught a lot and hence hey gain a lot of knowledge on how to take care of the child and themselves. It was also observed that most mothers who attended the maternal health care programs at the hospitals come from low income backgrounds.

The nurses were asked to give their views on whether Poverty affects the effectiveness of the maternal health care programs where most of them actually indicated that to some extend poverty does affect the effectiveness of the maternal health care programs. One nurse observed that though most of the services are provided free or at a very small fee but most mothers are unable to attend the programs because they even lack the means of coming to the hospital. The nurses therefore indicated that most mothers from poor families are not able to effectively use the maternal health care programs because they lack even the money for fare. Most of these mothers also lack money to buy nutritious food which is part of the requirements. This confirms the despondences from the questionnaire which also indicated that most mothers come from poor backgrounds and hence are unable to attend the maternal health care programs.

The responses of the nurses on whether Culture affects the effectiveness of maternal health care program. All the nurses who were interviews agreed with the statements indicating that maternal health care programs are influenced by the culture of the communities. In this community for instance ; one nurse noted , that we still have many mid wives who perform most of the deliveries at home and in that case the mothers will fail to turn up for the maternal health care programs as they are attended to by the mid wife at home. This exposes the mothers and the children to a lot of health risks.

The nurses also observed and indicated that there was very little participation by the community in the provision of the health care services at the hospital. This could be attributed to the assumption that most mothers have on the programs. They believe the program is free and they expect the nurses to give them all the required information so when they are told to pay something they decline. The community also does not offer their support to encourage women and mothers to take up the programs. This contributes to the low attendance of the mothers putting many of them in the risky hands of the mid wives.

The interview with the nurses also confirmed that most mothers are ignorant of the maternal health care and their level of awareness of the effectiveness of the programs. Most mothers cannot claim not to be aware of the program as they are introduced to the program during their clinic visits during pregnancy but just disappear on delivery. The findings therefore show that the nurses confirmed most of the statements that were defining the factors that affect maternal health care among the mothers and children in Machakos County.

# CHAPTER FIVE

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

# 5.1 Introduction

This study aimed at assessing the factors affecting the effectiveness of maternal health care programs on mothers in Machakos County. In this study, questionnaires and interviews were used to collect the needed quantitative and qualitative data from the respondents. This chapter therefore presents the summary and conclusions reached as well as recommendations and areas warranting further research are also highlighted.

# 5.2 Summary of Major Findings

Based on the results of this study, the following are the major findings in line with the analysis: the results indicate that most of the respondents were young in the age brackets of between 18-30 years. Most of them were young mothers with at least 2 children and were from low income families with an income of less than shs 5000 and majority having no formal occupation. The results also established that most respondents were married.

The results have also shown that poverty affects the effectiveness of the maternal health care programs among most mothers. It was established that most mothers come from poor households and hence are unable to attend the maternal health care programs. It was established that because of the poor family background most women lack the money to attend the maternal health care programs at the referral hospital this affects their health and that of their children. A similar observation was made by the nurses who also noted that poverty among the house holds affects the effectiveness of the maternal health care programs in the county.

The results also established that majority of the respondents agreed that cultural practices affected the effectiveness of the maternal health care among the mothers and their children. According to the results most mothers felt that culture influences their choice of maternal and this impact negatively on the effectiveness of maternal health care. The results also indicted that due to the cultural norms many women and children have lost their lives when they could have gotten assistance from the health care programs this implies that culture of the community affects the effectiveness of maternal health care among mothers in Machakos County.

The results also established that there is little community participation in enhancing the maternal health care programs. It was noted that the community does not offer support in terms of skills and knowledge. There is need for the community to fully support the program so that they can save the many lives of mothers and children that are lost due to lack of appropriate support during these early times.

The results also showed that majority of the respondents agreed that the most mothers who are supposed to attend the maternal clinics lack the necessary information. This indicates that the level of knowledge on the maternal health care was very low among the mother with young children. The level of knowledge was therefore a factor in the effectiveness of the maternal health care programs. A similar view was also held by the nurses though there was mixed responses since some of the nurses indicated that most women are just ignorant of the fact that they need to attend the maternal health care clinics for the sake of their health and that of the children.

# 5.3 Conclusion

# The purpose of this study was to examine the factors affecting the effectiveness of the maternal health care programs. The results presented have indicated the effect of the four factors on the effectiveness of the maternal health care programs. The results have indicated that the four factors affect the effectiveness of maternal health care programs. The study concludes that poverty among the mothers affect the effectiveness of the maternal health care among the mothers and their children.

# The study also concludes that culture of the community affects the effectiveness of maternal health care programs similarly the study concludes that lack of community participation in the maternal health care programs affects the effectiveness of the program in Machakos County. The study also concludes that lack of information among the mothers affects the effectiveness of the maternal health program. This implies that the effectiveness of maternal health care programs is influenced by various factors among them poverty, culture, community participation and level of information by the mothers who are supposed to attend the maternal health care.

# 5.4 Recommendations

# Based on the findings the study recommends that;

The program should be made available at the clinics in the various communities so that accessibility can become much easier. Also there is need to remove any fee however small so that every mother and child can be able to access the services without any problem.

There is also need to sensitize the community so that the cultural barriers can be eliminated and that women can be assisted to ensure that they attend the maternal health care programs.

It is also important to ensure that the community is sensitized to actively participate in making the maternal health care programs more effective since without their support the programs can not be effectively implemented.

It is also recommended that mothers need to be sensitized about attending health care programs since it equips them with effective knowledge and skills on their personal health and the health of their children.

# 5.5 Areas for further study

This study was limited on the basis of the scope and only four factors were considered. There is therefore need for a study to cover other factors and other counties.

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# APPENDICES

# Appendix 1: Introduction letter

Dear respondent,

I am a student at Maasai Mara University, pursuing a Bachelor’s Degree in sociology. I am currently conducting a research to ***evaluate factors affecting the effectiveness of maternal health care program among women in Kenya, with a focus on women attending maternal clinics in Machakos County referral hospital***. You are kindly requested to respond to each questionnaire as openly as possible by ticking in the space provided where applicable and providing further explanation on your response. Please respond to all the questions openly to the best of your understanding. Note that your participation in the process is voluntary; however, you are encouraged to participate. The study is for academic purpose and all the information will be treated with utmost confidentiality. Kindly do not write your name on the questionnaire.

Thanks for participating.

Yours faithfully

Kalondu

## Appendix 2: Questionnaire

**Section A: Background Information**

1).What is your age?

Under 20 years

Between 20-30 years

Over 30 years

2). Please indicate your marital status?

Single Married Widowed

Others

3).What is your level of your formal education?

No education Primary level Secondary level

Tertiary University Level

4). How many children do you have?

1-2 3-4 more than 4

5). Please indicate your occupation in the space below. -----------------------------------

6. What is your income bracket? (Please tick as applicable)

Below Kshs. 2000 [ ]

2001-5000 [ ]

5001-10,000 [ ]

Above 10,000 [ ]

**PART II: OBJECTIVES**

**Section A: Poverty affects the effectiveness of maternal health care program**

Please use numbers 1-5 where 5- Strongly Agree, 4- Agree, 3- not sure , 2- Disagree , 1- Strongly Disagree to rate each of these items aimed at examining how poverty affects the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | Most women don’t attend maternal health due to lack of money |  |  |  |  |  |
| 2 | I prefer to stay at home after delivery and take care of my family because I am poor |  |  |  |  |  |
| 3 | Women from poor households don’t seek proper maternal care hence being exposed to high risks |  |  |  |  |  |
| 4 | The health of the mother and child depends on their family background |  |  |  |  |  |
| 5 | The lack of food due to poverty reduces the effectiveness of the maternal health care |  |  |  |  |  |
| 6 | Poverty affects effectiveness of maternal health care |  |  |  |  |  |

7. Please indicate any other poverty related effects on maternal health care in Machakos County.

………………………………………………………………………………………………………………………………………………………………………………

8. Suggest ways through which maternal health care can be improved ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Section B: Culture affects the effectiveness of maternal health care program**

Please use numbers 1-5 where 5- Strongly Agree, 4- Agree, 3- not sure , 2- Disagree , 1- Strongly Disagree to rate each of these items aimed at finding out how culture affect the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | Our community values influence mothers attendance of maternal health care |  |  |  |  |  |
| 2 | Our culture influences the uptake of various health programs in the community |  |  |  |  |  |
| 3 | Our cultural norms prohibits women attending maternal health care programs |  |  |  |  |  |
| 4 | Because of our culture many women have lost lives for lack of proper medical care |  |  |  |  |  |
| 5 | Mortality rate among new born can be reduced if people stop focusing much on the culture |  |  |  |  |  |
| 6 | Culture influences mothers attendance of maternal health care |  |  |  |  |  |

7. Explain any other cultural issues in your community affecting maternal health care among women. ---------------------------------------------------------------------------------------------------------------------------------------

8. Please suggest any strategies that can be employed to enhance maternal health care among women. --------------------------------------------------------------------------------------------------------------------------------------------

**Section C: Community participation affects the effectiveness of maternal health care program**

Please use numbers 1-5 where 5- Strongly Agree, 4- Agree, 3- not sure , 2- Disagree , 1- Strongly Disagree to rate each of these items aimed at examining how community participation affect the effectiveness of maternal health care program among women attending maternal clinics in Machakos County Referral Hospital

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | The community is involved fully in maternal health care programs |  |  |  |  |  |
| 2 | Community helps to finance the activities of maternal health care programs |  |  |  |  |  |
| 3 | Community offers support through volunteers to the maternal health care programs |  |  |  |  |  |
| 4 | Community members are ready to provide required skills and knowledge for effective maternal healthcare |  |  |  |  |  |
| 5 | Community members provide required resources to enhance maternal health care |  |  |  |  |  |
| 6 | Community members are involved in the planning of the maternal health care programs |  |  |  |  |  |

7. Please comment on the effect of community participation on the effectiveness of maternal health care among women in machakos county ……………………………………………………………………………………………………………….

8. What is your opinion on how community members can be influenced to enhance maternal health care in the county. ………………………………………………

………………………………………………………………………………………………………………………………………………………………………………

**Section D: Level of awareness on maternal health care affects the effectiveness of maternal care program**

Please use numbers 1-5 where 5- Strongly Agree, 4- Agree, 3- not sure , 2- Disagree , 1- Strongly Disagree to examine the extent to which level of awareness on maternal health care affects the effectiveness of maternal care program among women attending maternal clinics in Machakos County Referral Hospital.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **1** | **2** | **3** | **4** | **5** |
| 1 | I am well aware of maternal health care service |  |  |  |  |  |
| 2 | I was educated on maternal health care during the antenatal clinics |  |  |  |  |  |
| 3 | Most women lack the maternal health care information |  |  |  |  |  |
| 4 | Most challenges women and their children face results from lack of awareness of the maternal health care programs |  |  |  |  |  |
| 5 | women can improve their survival rates is they are eliminated on effective maternal health care programs |  |  |  |  |  |
| 6 | I have gained a lot of knowledge as a result of attending maternal health |  |  |  |  |  |

7. Give your general view on level of maternal health care among women in Machakos County

……………………………………………………………………………………………………………………………………

8. How can the level of awareness on maternal health among women are made more effective in the county.……………………………………………………………..

**THE END**

## Appendix 2: Interview for Hospital Staff

**Section A: Background Information**

1). Please indicate your age bracket?

2).Please indicates your education level?

3). How long have you worked at the hospital?

5). Please indicate your position in the hospital?

**Section A. Poverty affects the effectiveness of maternal health care program**

1, Please indicate your view on effects of poverty on maternal health care among women attending health care in Machakos County.

2. Suggest ways through which maternal health care can be improved.

**Section B: Culture affects the effectiveness of maternal health care program**

1. Explain any cultural issues affecting maternal health care among women attending health care in Machakos health care
2. Please suggest any strategies that can be employed to enhance maternal health care among women

**Section C: Community participation affects the effectiveness of maternal health care program**

1. Please comment on the effect of community participation on the effectiveness of maternal health care among women in Machakos County

2. What is your opinion on how community members can be influenced to enhance maternal health care in the county?

**Section D: Level of awareness on maternal health care affects the effectiveness of maternal care program**

1. Give your general view on level of maternal health care among women in Machakos County

2. How can the level of awareness on maternal health among women are made more effective in the county.

**THE END**