Prevalence and determinants of unintended pregnancy among women in Nairobi, Kenya

Abstract:

Background The prevalence of unintended pregnancy in Kenya continues to be high. The 2003 Kenya Demographic and Health Survey (KDHS) showed that nearly 50% of unmarried women aged 15–19 and 45% of the married women reported their current pregnancies as mistimed or unwanted. The 2008–09 KDHS showed that 43% of married women in Kenya reported their current pregnancies were unintended. Unintended pregnancy is one of the most critical factors contributing to schoolgirl drop out in Kenya. Up to 13,000 Kenyan girls drop out of school every year as a result of unintended pregnancy. Unsafe pregnancy termination contributes immensely to maternal mortality which currently estimated at 488 deaths per 100 000 live births. In Kenya, the determinants of prevalence and determinants of unintended pregnancy among women in diverse social and economic situations, particularly in urban areas, are poorly understood due to lack of data. This paper addresses the prevalence and the determinants of unintended pregnancy among women in slum and non-slum settlements of Nairobi. Methods This study used the data that was collected among a random sample of 1262 slum and non-slum women aged 15–49 years in Nairobi. The data was analyzed using simple percentages and logistic regression. Results The study found that 24 percent of all the women had unintended pregnancy. The prevalence of unintended pregnancy was 21 per cent among women in slum settlements compared to 27 per cent among those in non-slum settlements. Marital status, employment status, ethnicity and type of settlement were significantly associated with unintended pregnancy. Logistic analysis results indicate that age, marital status and type of settlement had statistically significantly effects on unintended pregnancy. Young women aged 15–19 were significantly more likely than older women to experience unintended pregnancy. Similarly, unmarried women showed elevated risk for unintended pregnancy than ever-married women. Women in non-slum settlements were significantly more likely to experience unintended pregnancy than their counterparts in slum settlements. The determinants of unintended pregnancy differed between women in each type of settlement. Among slum women, age, parity and marital status each had significant net effect on unintended pregnancy. But for non-slum women, it was marital status and ethnicity that had significant net effects. Conclusion The study found a high prevalence of unintended pregnancy among the study population and indicated that young and unmarried women, irrespective of their educational attainment and household wealth status, have a higher likelihood of experiencing unintended pregnancy. Except for the results on educational attainments and household wealth, these results compared well with the results reported in the literature. The results indicate the need for effective programs and strategies to increase access to contraceptive services and related education, information and communication among the study population, particularly among the young and unmarried women. Increased access to family planning services is key to reducing unintended pregnancy among the study population. This calls for concerted efforts by all the stakeholders to improve access to family planning services among the study population. Increased access should be accompanied with improvement in the quality of care and availability of information about effective utilization of family planning methods.