

## Reproductive, Maternal, Neonatal and Child Health

### Introduction

Migori County has a population of just over 916,000 people. About half (49%) of the population is aged below 15, 19% are aged under 5 and 25% are aged 10-19. A woman in Migori County can expect to have 5 children in her lifetime, which is also referred to as the total fertility rate. Migori County's total fertility rate (5.3) is higher than the national rate of 3.9 and is also considered to be a high birth rate. The adolescent birth rate is higher than the national rate – more than 1 in every 10 babies is born to an adolescent girl aged 15-19.

Migori County is one of 15 Counties that account for over 60% of maternal deaths in Kenya. The latest estimate of the County's maternal mortality ratio (MMR) is 673 deaths per 100,000 live births. Child death rates in Migori County mirror the national trend but infant and under five death rates are considerably higher. High maternal and child death rates are linked to high birth rates and limited access to life saving maternal and child health interventions.

This fact sheet highlights the status of key reproductive, maternal and child health

interventions in Migori County, in relation to the national status. The data are drawn from the 2009 and 2014 Kenya Demographic and Health Survey, the Kenya AIDS Indicator Survey (KAIS, 2007), the UN and other national and global studies.

### Policy and legal context

Kenya has favourable policy and legal frameworks that promote reproductive, maternal, child and adolescent health and rights. These frameworks include the Constitution (2010), Kenya Health Policy (2014-2030), Kenya RMNCAH Investment Framework (2016), the National Reproductive Health policy (2007), and the Adolescent Sexual and Reproductive Health policy (2015).

### Maternal health

#### Contraceptive use and unmet need

Use of contraceptives for prevention of unintended pregnancies averts 30% of maternal deaths and improves child survival. Only 44% of

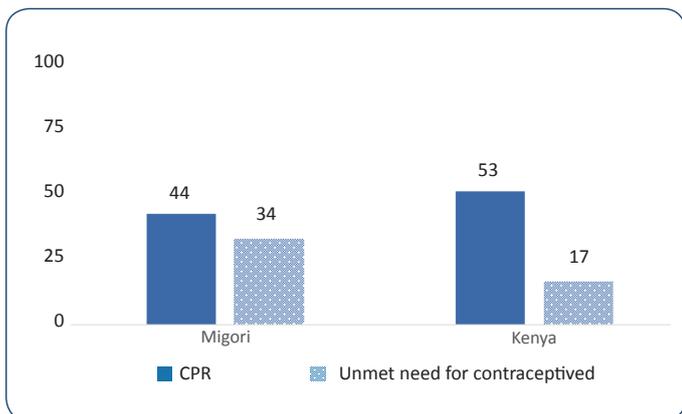
**Table 1. Demographics**

Indicators	Migori County	Kenya
Total Population	916,665	38,589,011
Proportion of the population that are women	52%	50%
Proportion of the population below age 15	49%	43%
Proportion of the population under-five (0 to 4 years)	19%	15%
Proportion of the population ages 10-19	25%	24%
Total Fertility Rate	5.3	3.9
Adolescent birth rate (births per 1000 girls aged 15-19)	136	96
Maternal Mortality Rate (deaths per 100,000 live births)	673	495
Neonatal Mortality (deaths per 1000 live births)	**19	22
Infant Mortality (deaths per 1000 live births)	**50	39
Under five mortality rate (deaths per 1000 live births)	**82	52

\*\* represents regional data

currently married women aged 15-49 in Migori County use a modern contraceptive method compared to the national rate of 53% (Figure 1). Unmet need for contraceptives, refers to the proportion of women who would like to avoid pregnancy but are not using a modern contraceptive method. About one in three (34%) of currently married women age 15-49 in Migori County have an unmet need for contraceptives, which is twice as high compared to the national rate of 17%.

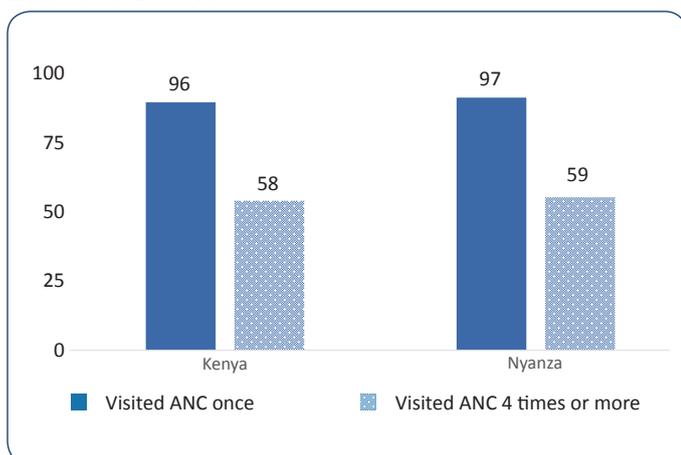
**Figure 1. Modern CPR and unmet need for contraceptives, currently married women ages 15-49 (%)**



### Number of antenatal care visits

Antenatal care is helpful in identifying adverse pregnancy outcomes, when it is sought early in the pregnancy and is continued until delivery. The World Health Organization recommends that women should have at least 4 antenatal care visits during each pregnancy. County data on antenatal care is not available. In Nyanza region, where Migori County is located, 59% of women of reproductive age receive antenatal care at least 4 times during pregnancy, which is about the same as the national rate (Figure 2).

**Figure 2. Percentage of pregnant women ages 15-49 by number of ANC visits**



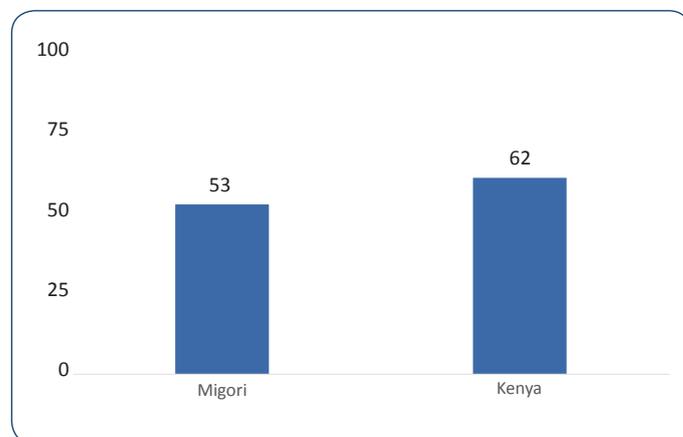
### Place of delivery

Birth-related complications are reduced when women give birth in a health facility. In Migori County, just over half (53%) of births are delivered in a health facility compared to the national rate of 61%.

### Assistance by a skilled provider during delivery

Obstetric care from a health professional during delivery is critical in reducing maternal and neonatal mortality. In Migori County, just over half (53%) of births are delivered by a skilled birth attendant compared to 62% at the national level (Figure 3).

**Figure 3. Percentage of live births delivered by a skilled birth attendant**



### Prevention of mother-to-child transmission (PMTCT)

PMTCT is an intervention aimed at preventing the transmission of HIV from mother to child and is an important intervention towards efforts to eliminate new HIV infections. The PMTCT initiative provides drugs, counselling and psychological support to help mothers safeguard their infants against the virus. Without any intervention, the risk of transmission of infection from the mother to the baby is 20-45%. PMTCT can reduce HIV transmission to less than 2%.

County and regional data on PMTCT coverage is not available. At national level, 74% of pregnant women living with HIV are receiving the most effective antiretroviral medicines for PMTCT. There is need to improve PMTCT coverage given that Kenya is among the top 20 high HIV burden countries in the world and contributes 5% of children aged 0-14 living with HIV and 5% of new HIV infections among children aged 0-14.

The HIV prevalence rate in Nyanza region, where Migori County is located, is the highest at 15.1% relative to the national rate of 5.6%. Although, urban parts of the region (18.3%) and women (16.1%) have disproportionately higher prevalence rate relative to rural (13.9%) areas and men (13.9%).

### Abortion rates

Unsafe abortion is one of the main causes of maternal deaths. A national study conducted in 2012, estimated that the induced abortion rate per

1000 women of reproductive age (15-49 years) and the Induced Abortion Ratio per 100 live births in Kenya is 48 and 30, respectively (Table 2). The abortion statistics for Nyanza region, where Migori County is located, was merged with that for Western region. The combined estimated induced abortion rate and ratio for the two regions are 63 and 39, respectively, which are considerably higher than the national rate and ratio. The study also found that 86% of women who presented to the health facility for post-abortion care were suffering from complications of unsafe abortion.

**Table 2. National and regional induced abortion rates and ratios, Kenya, 2012**

	Number of women (in 000's) of reproductive age (15-49)	Induced Abortion Rate per 1,000 women of reproductive age	Induced Abortion Ratio per 100 live births
<b>Total</b>	9600	48	30
<b>Nyanza &amp; Western</b>	2329	63	39

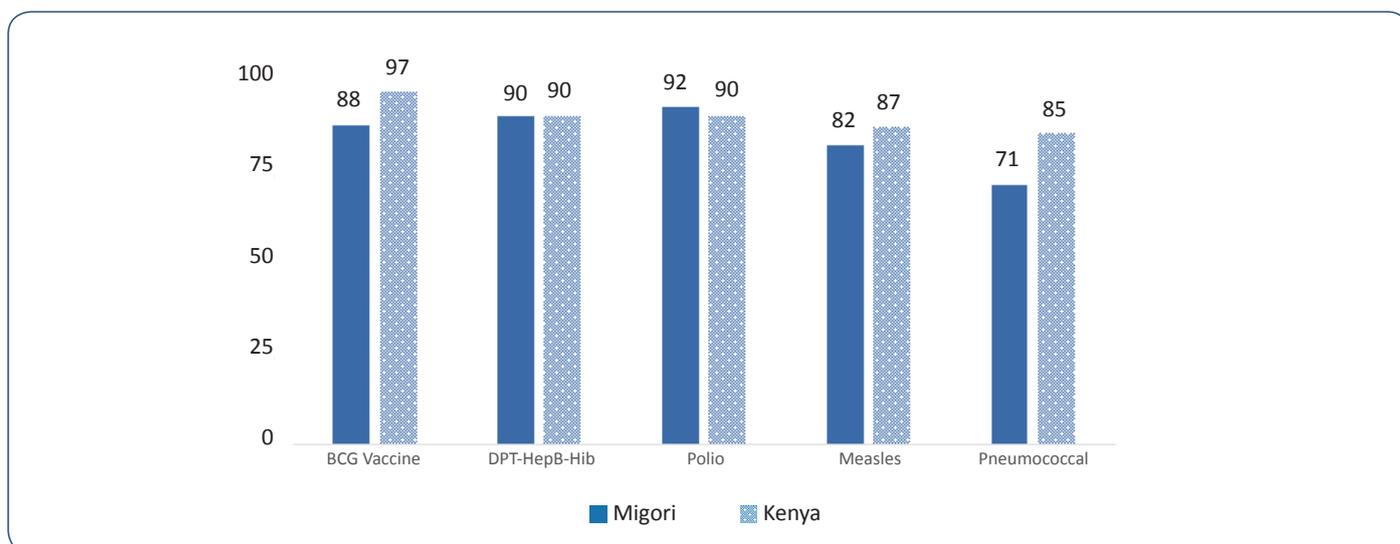
## Child health

### Child immunisation

Universal immunisation of children against six common vaccine-preventable diseases (tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio, and measles) is crucial to reducing infant and child mortality.

The vaccination coverage in Migori County is not universal and is generally lower than the national coverage except the polio vaccination coverage, which is higher (Figure 4).

**Figure 4. Percentage of children ages 12-23 months receiving specific vaccines**

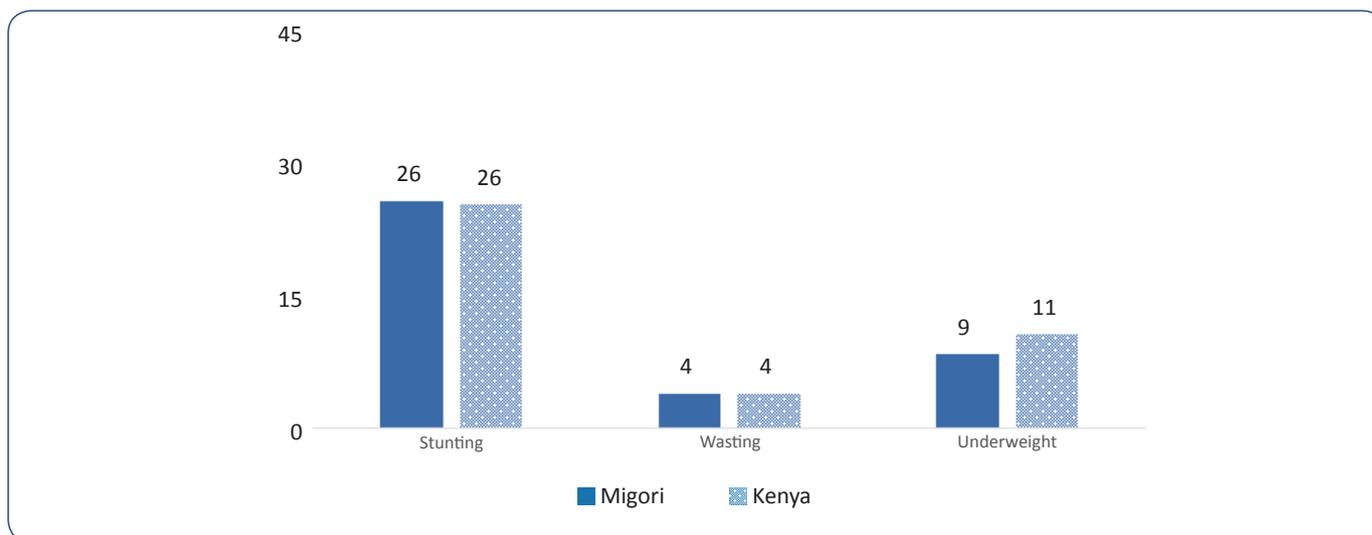


### Nutrition status for children under five years

Adequate nutrition is critical to children's growth and development. The period from birth to age 2 years is especially important for optimal physical, mental, and cognitive growth, health, and development. Stunting (height-for-age), wasting (weight-for-height) and underweight (weight-for-

age) are indicators of nutritional status of children. In Migori County, about one in four (26%) children are recorded to have stunted growth, 4% as wasting and 9% as underweight (Figure 5). Migori County nutritional status rates are comparable to the national rates although Migori County is performing slightly better on the underweight rate.

**Figure 5. Nutrition Status for children under five years (%)**



### Acute respiratory infection (ARI)

Acute respiratory infection (ARI) is a leading cause of childhood morbidity and mortality across the world. Early diagnosis and treatment with antibiotics can reduce the number of deaths caused by ARI. The ARI rate in Migori County is slightly higher (13%) than the national rate (9%).

### Fever

Fever is a major symptom of malaria, a life threatening disease, and other acute infections in children. The fever prevalence rate among children under age five in Migori County is 48% compared to the national rate of 24%. Advice or treatment from a health facility or provider more than half

(61%) of children with fever, which is about the same as the national rate (63%).

### Prevalence of diarrhoea

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children. About one in three (30%) of children under five years are reported to have diarrhoea in Migori County, which is twice as high as the national rate of 15%. Prompt treatment, including oral rehydration therapy, is important in treating diarrhoea. In Nyanza region, where Migori is located, advice or treatment from a health facility or provider was sought for three in five (60%) children with diarrhoea.

## References

1. Ahmed S. Maternal deaths averted by contraceptive use : An analysis of 172 countries maternal deaths averted by contraceptive use : an analysis of 172 countries. 2012; 6736:111–25.
2. Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study (Nairobi, Kenya: African Population and Health Research Center, Ministry of Health, Kenya, Ipas, and Guttmacher Institute 2013).
3. National AIDS and STI Control Programme (NASCOP), Kenya. Kenya AIDS Indicator Survey 2012: Final Report. Nairobi, NASCOP. June 2014.
4. Kenya National Bureau of Statistics (KNBS), Ministry of Health (MoH), National AIDS Control Council (NACC), et al. 2015. Kenya Demographic and Health Survey 2014.
5. Cleland J, Conde-Agudelo A, Peterson H, et al. Contraception and health. Lancet [Internet]. 2012; 380:149–56. Available from: <http://dx.doi.org/10.1016/>
6. UNFPA 2014. Counties with the Highest Burden of Maternal Mortality
7. UNICEF, 2016. Key Regional Charts and Figures - Eastern and Southern Africa