ASSESSING UTILIZATION OF REPRODUCTIVE HEALTH SERVICES BY YOUNG REFUGEE WOMEN AGED 18-24 YEARS IN EASTLEIGH, KAMUKUNJI CONSTITUENCY, NAIROBI KENYA.

By

Simon Muturi Wahome

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Supervisor : Dr Rose Ayikukwei

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ABSTRACT

Women in humanitarian settings bear by far the greatest burden of reproductive health problems. Among the women of reproductive age, 36 % lives are lost due to this. The data about reproductive health issues among the urban refugees is scanty.Failure to deal with reproductive health problems at any stage in life sets the scene of these women later health and development problems. It is also the right the women refugees to access appropriate healthcare inorder for them to have best chances of having healthy infants. Studies done in other regions have shown that lack of disease surveillance and prevention of reproductive health related issues among the refugees pose a great public health threat to the host country challenging the recent stand of the Government of Kenya (GoK), on urban refugees to return to concentrated camps, and therefore should not receive protection and assistance while in urban areas.The study was conducted among young refugee women aged 18 -24 years and the health facilities where they seek reproductive health services in Eastleigh, Kamukunji Constituency, Nairobi county. It had four objectives. First, to asses how young refugee women' attitudes and beliefs toward reproductive health influence their uptake of the services, secondly, to determine the reproductive health needs of refugee women, third, to asses factors that affect utilization of reproductive health services among young refugee women and lastly, to investigate the major challenges that local health facilities face in regard to providing reproductive health services to the young refugee women aged 18 to 24 years. The study was only restricted to to women refugees or assylum seekers currently living in Eastleigh, Nairobi, Kenya. It adopted a cross-sectional design technique. Data was collected from the existing women refugee welfare groups through Focus Group Discussions (FGDs) in Eastleigh and questionnaire administered to the health facilities in Eastleigh. Proportionate stratified sampling technique was used where all the 66 health facilities in Eastleigh were clustered into; 14 government facilities, 20 NGO supported facilities and 32 privately owned clinics. A formula $n = \frac{n_o}{1+\frac{n_{o-1}}{N}}$ was used to determine representation of each strata. A total of of six focus groups were conducted. The research study revealed that refugee women face discrimination from the health workers and harrassment from the police, an impendement in walking freely to the health facilities to seek services. The study did not find level of

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education and strategy to reach the women refugee with reproductive health as a major barriers towards utilization. In addition, policy environment, attitudes and beliefs by both service providers and the refugees influence the uptake of the reproductive health services. The data collected was analysed using the Statistical Package for Social Sciences (SPSS) as a standard tool and qualititive triangulation and later tabulated inform of pie-charts, bars,tables and verbal responses from the FGDs. The study therefore recommended trainings to healthcare providers on skills of serving refugees and inter-agency coordination of the refugee programmes in Eastleigh.

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