ABSTRACT

Improving the wellbeing of children through uptake of child health services is an important public health goal for Kenya. It determines the health of the next generation and can predict future public health challenges for families and communities. Evidence exists that maternal factors influence child health services uptake, but how the specific maternal factors influence child health services uptake is not known in Nyando where under-five mortality is still high at 73 per 1000 live births compared to the national level which is 52. Utilization of child health services is critical in the realization of the public health goals. The purpose of the study was to establish maternal demographic, economic and health factors influencing child health service uptake in Nyando Sub-County. It adopted a cross-sectional study design. Yamane's formula (1967) was used to calculate the sample size. Proportionate systematic random sampling was used to obtain the sample size (n=419). A sample interval of 7 was used to identify women in households who had children under the age of five. Logistic regression was used to assess maternal factors influencing child health service uptake. Bivariate analysis showed the association between the variables. Women with less than five children had 0.61 times likelihood of their children being immunized (OR: 0.61**;** CI: 0.41 – 0.91, p= 0.015,) and 0.83 likelihood of receiving Vit A supplements (OR: 0.83; CI: 0.72 – 0.96, p=0.011,) compared to children of women with five or more children. Mothers with above primary education had 0.69 likelihood of exclusively breast feeding (OR: 1.69; CI: 0.53 – 0.90, p= 0.007) compared to mothers with primary and below. Unemployed mothers were 2.00 times likely to exclusively breast feed (OR: 2.00; CI: 1.18 – 3.37, p=0.010). Mothers who attended antenatal clinics were 0.32 times likely to immunize their children (OR: 0.323; CI: 0.117-0.0895, p= 0.030,) and 0.31 times likely to exclusively breast feed (OR: 0.306; CI: 0.188-0.498, p=<0.001). Children delivered in health facilities were 1.53 likely to be immunized (OR: 1.52; CI: 1.05-2.21, p=0.026), 1.41 likely to be exclusively breast fed (OR 1.43; .2.43-1.65, p= <0.001) and 1.61 times likely to get Vitamin A supplements **(**OR: 1.161; CI: 1.025-1.315, p=0.019). Children of mothers who went to postnatal clinics had 10.30 likelihood of being immunized (OR: 10.30; CI: 3.60-29.45, p=<0.001) and 4.34 likelihood of being exclusively breastfed (OR: 4.34; CI: 2.51-7.52, p=<0.001) compared to children whose mothers did not attend postnatal clinics. It is hoped that these results will provide information useful to reduce morbidity and mortality in children under the age of five in Nyando sub-County, Kisumu County, Kenya.