

## **Extended Abstract**

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### **Patterns and predictors of private and public health care utilization in an informal settlement in Nairobi, Kenya**

#### **Background**

Knowledge of health care utilization is particularly crucial in low-and middle-income countries where inequalities in burden of disease and access to primary health care exist. Inconclusive evidence exists on health-seeking and utilization of health facilities in the informal settlements in Kenya. This study assessed the patterns and predictors of private and public health care utilization in an urban informal settlement in Kenya.

#### **Methods**

This cross-sectional study used data from the *Lown scholars* study conducted between June and July 2018. It was nested within the Nairobi Urban Health and Demographic Surveillance System. Households were selected using simple random sampling and data obtained for all household members who reported having sought care for an illness in the 12 months preceding the study. Data were collected on health-seeking behaviour and explanatory variables (predisposing, enabling, and need) using an adaptation of Andersen's conceptual framework. Health care utilization patterns by explanatory variables were described using proportions and multinomial logistic regression used to identify the predictors of private or public health care use.

#### **Results**

Three hundred and sixty-four members from 300 households sought care for an illness in the 12 months preceding the study. Almost half (47%) of the respondents sought care from private facilities while about 33% and 20% used public and other facilities, respectively. Health care utilization was influenced by enabling and need factors. Health insurance coverage was associated with private health facility use (OR 3.06; 95% CI 1.48 – 6.31). Satisfaction with the quality of care was associated with lower use of public facilities (OR 0.31; CI 0.11 – 0.84) while satisfaction with cost of care was associated with higher use of public facilities (OR 2.09; CI 1.01 – 4.29). Members who reported an acute infection were more likely to use private facilities (OR 3.07; 95% CI 1.52 – 6.18).

#### **Conclusions**

Health care utilization in the urban informal settlements favours private health facility use. As Kenya commits to achieving universal health coverage, interventions to improve health care access in informal and low-resource settlements should be modelled around enabling and need factors, particularly health care financing and quality of health care provision.

**Key words:** Health care utilization, informal settlement, private facilities, public facilities