

Access to primary healthcare services and associated factors in urban slums in Nairobi-Kenya.

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Extended abstract

Background

Knowledge of access to primary healthcare is crucial for the delivery of Kenya's universal health coverage policy. We assessed the level of access to primary healthcare services and associated factors in urban slums in Nairobi-Kenya.

Methods

The data were drawn from the *Lown scholars'* study of 300 randomly selected households in Viwandani slums (Nairobi, Kenya), between June and July 2018. Access to primary care was measured using Penchansky and Thomas' model. Access index was constructed using principle component analysis and recoded into tertiles with categories labeled as poor, moderate and highest. Ordered logistic regression analysis was used to determine the factors associated with access to essential primary care. The adjusted odds ratios and 95 percent confident intervals were used to interpret the strength of associations.

Results

The likelihood of being in moderate or highest access tertile was significantly lower among female-headed households (OR 2.35 [95% CI 1.35-4.11]; $p < .001$), households with an average quarterly out-of-pocket healthcare expenditure of 30 USD or more (OR 0.29 [95% CI 0.16-0.52]; $P < .001$) and households that sought care from public health facility (OR 0.20 [95% CI 0.12-0.32]; $P < .001$).

Conclusion

Our study shows inequity in access to primary care among households in urban slum settings in Nairobi, Kenya. There is an urgent need to actualize the two-pronged strategy for UHC i.e., a full spectrum of good quality essential primary healthcare services and improved social health protection.