

Accountability for UHC: A Longitudinal Study on Pregnant Adolescent Girls in Urban Slums in Kenya

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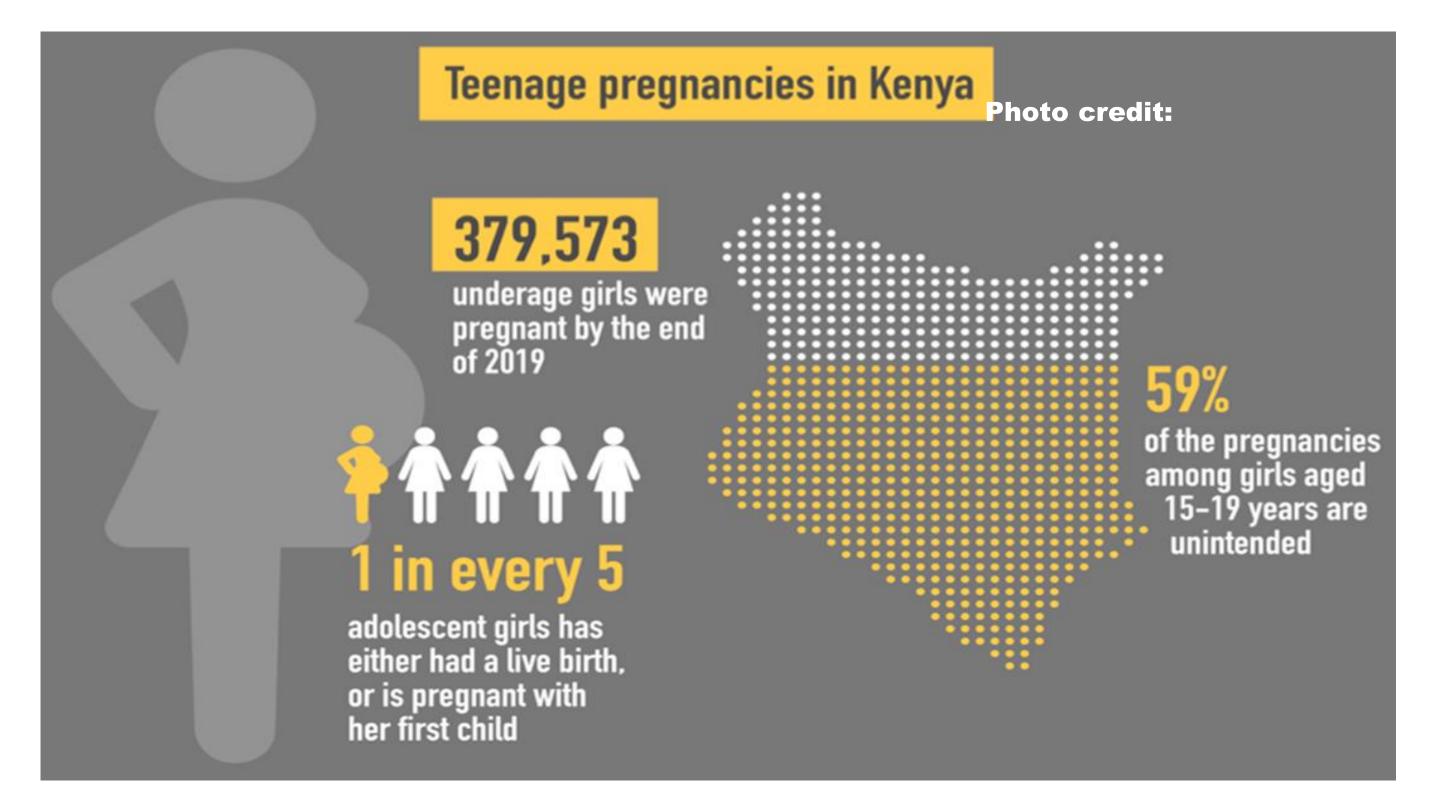
PhD in Global Health

First Year

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Adolescent girls' vulnerability in slums

- Poverty \rightarrow transactional sex, low education level [1]
- Harmful gender norms & Lack of autonomy



- Early sexual debut
- Limited access to contraceptives
- Higher rates of teen pregnancy than non-slum dwellers
- Lack of accessible, quality, affordable health services

source: https://africa.cgtn.com/2020/07/02/unravelling-the-teen-pregnancy-conundrum-in-kenya

DON'T JUST ASK IF HEALTH SERVICES EXIST. Source: UHC Advocacy Guide March 2018 ASK IF THEY'RE ACCESSIBLE, QUALITY & AFFORDABLE FOR ALL.

Social Accountability needed for UHC

Accountability structures and mechanisms in health care can improve health system performance & service delivery and inform policy [2]

External (social) accountability allows for the local level innovation that could improve quality of care and responsiveness to patients and citizens [3,4]

Accountability structures must take into account community governance structures, engage both affected community members and health providers and be responsive to the community concerns [4,5]

to improve the accountability and responsiveness of pregnancy care for adolescents in Study aim: two urban slums in Nairobi, Kenya

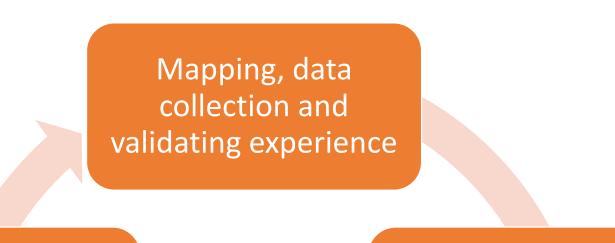
Objectives

- **1. To explore experiences of pregnant adolescents, their** male partners and guardians in accessing and utilising health services
- **2. To determine the costs associated with teenage** pregnancy & their effect on access to health services
- **3. To determine the accountability structures for health** that exist in Nairobi slums; (and involvement of adolescents)
- **To co-design, implement and evaluate a community** 4. intervention

Methods

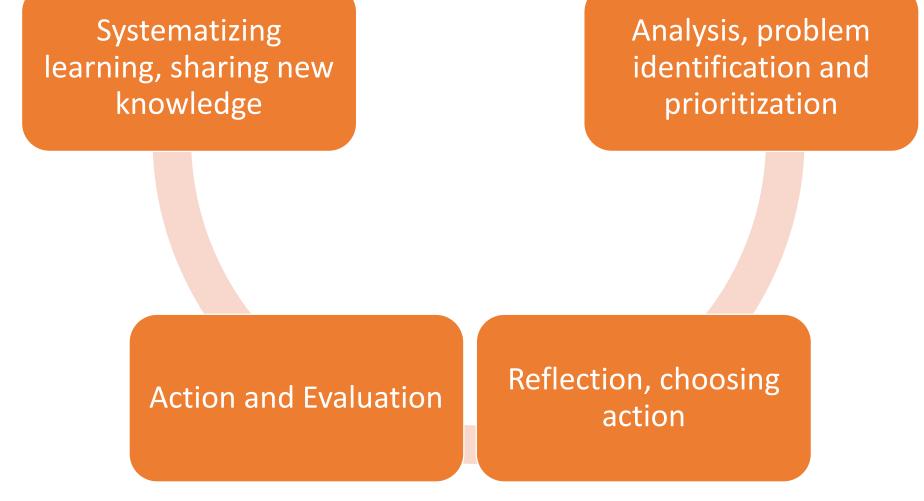
- Longitudinal
- **Community based participatory research (CBPR)** approach with co-researchers
- **Participatory visual methods e.g. photovoice**
- **Journals/diaries**
- In depth Interviews, Focus Group Discussions and **Key Informant Interviews**
- **Assessment of user costs and implications of cost** for missed care

Participatory Action Research Cycles



Principles of CBPR





References:

1) Beguy, D., Mumah, J., & Gottschalk, L. (2014b). 2) Brinkerhoff, D. W. (2004). 3) Cleary, S. M., Molyneux, S., & Gilson, L. (2013). 4) Molyneux, S., Atela, M., Angwenyi, V., & Goodman, C. (2012). 5) George, A. (2003)

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The UKRI GCRF Accountability for Informal Urban Equity Hub is a multi-country Hub with partners in the UK, Sierra Leone, India, Bangladesh and Kenya which we call ARISE. The Hub works with communities in slums and informal settlements to support processes of accountability related to health. It is funded through the UKRI Collective Fund.

