

## ACCESS AND UTILISATION OF REPRODUCTIVE, MATERNAL, NEONATAL AND CHILD HEALTH SERVICES AMONG WOMEN WHO INJECT DRUGS IN COASTAL KENYA: FINDINGS FROM A QUALITATIVE STUDY

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**Introduction:** The Kenyan government has committed to increasing access to comprehensive reproductive, maternal, neonatal and child health (RMNCH) services. However, inequalities still exist. Women who inject drugs are an important sub-population for public health interventions, yet their RMNCH needs have largely been overlooked. Additionally, there is a lack of research to inform RMNCH interventions for this sub-population.

**Methods:** In 2015, we undertook interviews and focus group discussions with 45 women who inject drugs and five key stakeholders to understand these women's RMNCH experiences and needs.

**Results:** Women' access to essential services across the RMNCH continuum was low. Two thirds of the women were not using contraception. Many discovered they were pregnant late, due to amenorrhoea of drug use, and thus were unable to enroll for antenatal care early. Facility-based deliveries were limited with many choosing to deliver at home. Following delivery, women's attendance to immunization services was sub-optimal. Stigma from healthcare workers was a major factor impeding women's use of existing RMNCH services. The prospect of experiencing withdrawals at health facilities where waiting times were long, deterred utilization of these services. Additionally, women faced competing priorities, having to choose between purchasing heroin or spending their money on health-related costs.

**Conclusions:** Several barriers disrupted women's access to services across the RMNCH continuum. Consequently, there is a need to develop equitable, comprehensive, and family-centered RMNCH interventions tailored to women who inject drugs, through a combination of supply- and demand-side interventions. For optimal impact, RMNCH services should be integrated into harm reduction programs.

**Disclosure of Interest:** None