

ABSTRACT

Pregnant women's access to quality skilled attendant has become a focus of global efforts to realize the right of every woman to the best possible healthcare during pregnancy and childbirth. Childbirth at health facilities reduces maternal morbidity and mortality, improves fetal outcomes and reduces mother-to-child transmission of HIV. Women who deliver at home are less likely to use antiretroviral therapy (ART) to prevent HIV transmission to their infants and for their own health. Despite the various national and international efforts initiated to improve maternal health, more than half a million women worldwide die each year as a result of complications arising from pregnancy and childbirth. This study adopted a cross-sectional study targeting 360 HIV positive mothers attending comprehensive care centers in Kakamega County. The study was set out to determine socio-cultural, health system and operational factors that prevent HIV positive mothers from seeking and accessing skilled delivery. The study involved both quantitative and qualitative methods of data collection, structured questionnaires were used to collect data from study participants while qualitative data was collected using an interview guide. Data was analyzed using both descriptive and inferential statistics by use of Statistical Package for Social Sciences (SPSS) version 17, Chi square test was performed to establish the association between the independent variables and place of delivery. More than half of the respondents (55.6%) were married, majority (55.8%) of the mothers knew their HIV status through a visit to ANC clinic, 43.9% had attained primary education, 60.9% of the respondents delivered from home. These findings indicated that a lot has to be done to reduce the proportion of home delivery in order to reduce risks associated with it. This study found that knowledge of HIV status, education status, marital status, spousal status had significant ($P < 0.05$) associations with health facility delivery, those with primary education and above were 6.6 times more likely to seek skilled delivery than those with no formal education ($P < 0.001$, 95% CI: 3.66- 11.95). Women with four or more antenatal visits were 5.95 times more likely to seek skilled attendance ($P < 0.018$, 95% CI: 1.35- 26.18). Interventions aimed at improving skilled delivery should include promotion of formal education of women, financial preparation for delivery and promotion of ANC attendance. The findings of the study highlighted the determinants of skilled delivery that are critical for improved programmatic interventions.