

**Title: Utilization of skilled birth attendants among women of reproductive age in Central District, Kitui County**

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Skilled Birth Attendance is one of the most important interventions in reducing material mortality. With only 44% of deliveries assisted by skilled birth attendants in Kenya, the number of maternal deaths is significantly higher. The aim of this study was to identify factors determining utilization of skilled birth attendants in Central Division of Kitui North District. The specific objectives were to determine the proportion of Women of Reproductive Age (WRA) utilizing Skilled Birth Attendants (SBAs), to assess the socio-cultural factors influencing utilization of skilled birth attendants and to establish the barriers to utilization of skilled birth attendants by women of reproductive age in Central Division. This was a descriptive cross-sectional study utilizing quantitative and qualitative approaches targeting women of reproductive age group 15-49 years. Data was collected using interviewer administered questionnaire and focused group discussions for the child bearing age respondents who had delivered within the last one year preceding the study and interview guide for key informants. Chi-square was used to test the association between the research variables and odds ratio for the relationship between the dependent and independent variables under study. Data was analyzed using STATA 10.0 and presented in figures, tables, frequencies and numerations. The results showed antenatal attendance rate of 90.9% while proportion of deliveries attended by skilled attendant was at 41.4%. The following factors were found to influence utilization of SBAs in the study area: age ( $\chi^2=8.65(df=2)$ ,  $p=0.013$ ), religion (OR 3.22,  $p=0.004$ ),

**Abstract:** level of education (OR 2.43,  $p=0.05$ ), partner's occupation (OR 0.533,  $p=0.029$ ), parity (OR 0.26,  $p=0.002$ ), residence (OR 4.07,  $p<0.0001$ ), type of housing (OR 0.502,  $p=0.010$ ), house ownership (OR 0.39,  $p=0.001$ ), number of house occupants ( $\chi^2=10.9(df=2)$ ,  $p=0.004$ ), household monthly income (OR 1.73,  $p=0.018$ ), ANC attendance (OR 5.6,  $p=0.025$ ), facility for ANC attendance (OR 0.388,  $p=0.001$ ), birth preparedness (OR 0.8,  $p=0.015$ ), Decision to attend ANC ( $\chi^2=7.59(df=2)$ ,  $p=0.022$ ), Decision on delivery place ( $\chi^2=10.424(df=2)$ ,  $p=0.005$ ) and health facility staffs attitude during childbirth (OR 5.18,  $p=0.014$ ). Barriers to utilization of SBAs included; massive training of TBAs who provided free or cheap services at the comfort of their own homes, emergency nature of labour, lack of coordinated referral systems, poor and unreliable means of transport incase labour starts at night, limited infrastructure, and limited number of SBAs due to high turnover. This study recommends that there is need to equip women with knowledge, higher socio-economic status and streamlining the transport and referral systems between the community and the health facility through community involvement and ownership. Birth preparedness should be advocated for every pregnant woman and the health facilities and address the discrepancy between antenatal attendance and deliveries by SBAs. Finally there is need to deploy SBAs (nurses) in rural areas and motivate them to avoid high turnover. The interventions will help scale up utilization of SBAs in the study area hence improved pregnancy outcomes if the recommendations are addressed to make achievement of MDGs four and five a reality.