ABSTRACT

The provision of skilled care during delivery is an indicator to monitor progress in reducing maternal mortality and falls in Goal 3 of the Sustainable Development Goals (SDGs). However, the proportion of Skilled Birth Attendance is low in developing countries. In sub-Saharan Africa, approximately only half of all live births were delivered with the assistance of skilled birth attendance in 2016. The proportion of births assisted by skilled birth attendance in Kenya is 61%, which is one third lower than the international target of 90%.Kamukunji sub-County is considered a high maternal and neonatal burden area and has the lowest antenatal care utilization in Nairobi County. Poor antenatal care is a risk factor for adverse pregnancy outcomes for both the mother and the baby. Despite this, there exists limited information on the prevalence and factors affecting utilization of skilled birth attendance by Somali women in Kamukunji sub-County. The main objective of this study was to determine the prevalence of skilled birth attendance, utilization and its correlates by women of Somali origin residing in Kamukunji Sub-county. Specific objectives were to: determine prevalence of use skilled birth attendance, identify the socio-demographic, economic and cultural factors and examine the perceptions of health workers on factors affecting utilization of skilled birth attendance. The study was cross-sectional in design. Study participants were women of Somali origin of reproductive age who had delivered at least one child in the past, and had been living in the sub-County for at least 12 months. A sample size of 299 was calculated using Fishers' formula from a total population of 13,271 women of reproductive age in study area. The instrument that was used to collect data was a structured questionnaire. Variables of interest were: use of skilled birth attendance; socio-demographic and economic characteristics; cultural practices, and; perceptions of health workers in Kamukunji sub-County. Binary logistic regression was used to identify factors associated with skilled birth attendance. Odds ratio and 95% confidence interval were used to estimate magnitude of association. Results with p value < 0.05 were statistically significant. Altogether, a total of 281 women of Somali origin and eight nurses were interviewed. A total of 274 responded to the inquiry on use of unskilled birth attendance of which 134 (48.9%) reported that they had used unskilled birth attendance for delivery services at least once; while 140 (51.1%) indicated that they had never sought the services of unskilled birth attendance for delivery in their lifetime. The factors that were found to influence the use skilled birth attendance were: secondary level education (OR=5.86(1.32-26.10), p=0.020), divorce (OR=5.19, CI.62-16.66, p=0.006), both the respondent and the spouse employed (OR 9.59 CI 1.19-77.02, p=0.033); husband only employed (OR=8.99 CI3.62-22.33, p=0.0001) and ability to speak other languages besides Somali (OR, 4.83, CI 2.9-10.62, p= <0.001). The following factors were negatively associated with use of skilled birth attendance: inability to speak health worker language (OR-01.4, CI 0.03-071, p=0.017), older age (43-49 years) (OR=0.14, CI 0.03-0.71, p=0.017) and lack of privacy. Although majority of the respondents had reported using skilled birth attendance for their last delivery, the use of unskilled delivery was found to be high among this population as shown by the fact that half of the respondents reported having ever used unskilled birth attendance in their lifetime. There is the need for the Ministry of Health, Division of Reproductive Health and County Department of Health, to design holistic but context based intervention strategies that are specifically focused on addressing the reduction of use of unskilled birth attendance amongst this subpopulation.