Mother to child transmission of HIV accounts for 90% of pediatric HIV/AIDS cases worldwide. Prevention of mother to child transmission of HIV (PMTCT) could curb the increasing rate of pediatric HIV/AIDS. A substantial proportion of perinatally acquired HIV-1 infection occurs at or near delivery, which suggest that obstetrical factors have an important influence on transmission. PMTCT interventions should target appropriate management of HIV positive pregnant women, which could reduce transmission of HIV from mothers to their infants. Safer obstetrical practices available in the hospitals such as use of elective cesarean section have been shown to reduce the risk of transmission by 50% and by 80% when combined with antiretroviral therapy. Access to these safe obstetric services remains a big problem in resource-constrained settings. This study assessed how level of income, level of knowledge on mother to child transmission of HIV (MTCT) and PMTCT, attitude of health workers as perceived by HIV positive mothers and adequacy of information given by health workers affected hospital delivery among HIV positive mothers involved in a community based PMTCT program in Kibera. A cross sectional study was carried out in which pre-tested questionnaires were administered to 146 HIV positive mothers in Kibera. Overall, 56.2% delivered in the hospital while 43.8% delivered out of the hospital. Traditional birth attendants assisted 28.8% while friends and relatives assisted 11.6% and 5.5% were not assisted. 69.5% knew of their HIV status when they were pregnant, while 30.5% knew their HIV status before pregnancy. Bivariate analysis showed that level of income, level of knowledge and attitude of health workers towards HIV positive mothers were significantly associated with hospital delivery (p = 0.003, p = 0.008 and p = 0.024 respectively). There was no significant association between being given information on ways of HIV transmission and prevention and hospital delivery (p = 0.142). Multivariate logistic regression showed that level of income was the most significant determinant and hence barrier to hospital delivery. These findings show that PMTCT programmes should focus more on addressing the financial barrier to accessing PMTCT services which includes hospital delivery. More education on ways and prevention of MTCT as well as the potential risks of home delivery should be given to HIV positive mothers. Emphasis should also be on giving adequate training to health workers aimed at improving their attitude towards HIV positive mothers. Traditional birth attendants should also be integrated in the programmes because of the crucial role they play in obstetric care in this area. This is evidenced by the big percentage (28%) of mothers who sought their assistance during delivery.

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