

# Determinants of Home Delivery among Women in Rural Punjab Pakistan

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## ABSTRACT

Pakistan is one of the countries with highest maternal mortality rate and a big share of this percentage is concentrated around the child birth process that takes place at home with help of untrained birth attendants that eventually leads to increased morbidity and mortality. This study was planned to find out the determinants of the decision that women should give birth to a child at home. A cross sectional study was carried out in rural areas of Punjab, Pakistan from March 2017 to June 2017. A total of 350 married women, between 20 to 45 years of age, who had given birth to their last child at home were enrolled through a non-probability, convenient sampling method. They were interviewed by Lady Health Workers during their routine visits in community after written informed consent through a pre-designed, pre-tested questionnaire. The obtained data was then analyzed using SPSS 22. Results showed that 82% of participants thought that home delivery is more comfortable, 58% did not find it important to prefer institutional delivery over home delivery. 42.5% thought that labor is easy at home, 38.2% had transportation problems and in around one third cases family refused institutional delivery. The study showed that in addition to improvement in health care infrastructure efforts must also be done for better women education and empowerment.

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## INTRODUCTION

Every day around 800 women die from preventable causes related to childbirth and pregnancy around the world. 99% of these deaths occur in developing countries and ratio of maternal mortality is higher in those who are younger, poor and belong to the rural population. Poverty, lack of information, distance from health care facilities and cultural practices are the barriers that prevent women from seeking health care during pregnancy and childbirth.<sup>1</sup> Safe delivery services and antenatal care are two most important interventions that can prevent maternal mortality and morbidity.<sup>2</sup>

Maternal mortality in Pakistan is 260 deaths per 100,000 live births<sup>3</sup>, USA has maternal mortality of 28<sup>4</sup>, China 27<sup>5</sup> and Japan has 5 maternal deaths per 100,000 live births. Most of the maternal deaths in Pakistan are concentrated around the time of delivery, hemorrhage is responsible for about half of these deaths followed by sepsis, eclampsia, obstructed labor and unsafe abortion<sup>6</sup>. Child birth is the most significant event in the life of a woman and the process of birth as well as the short time following it is very critical in life of a child born in developing countries. Hence the choice of place of delivery is very important as it is directly related to the quality of health care provided to the mother and infant. In view of the risk factors, institutional deliveries with the help of trained birth attendants are being encouraged internationally. However, in Pakistan about fifty percent of deliveries take place at home by untrained birth attendants leading to complications that are preventable otherwise.

This study was planned to find out the determinants of choice of home delivery in mothers of rural areas of Punjab

as by improving the rate of institutional deliveries and addressing the factors behind the decision of home deliveries maternal and infant health can be improved.

The objective of study was to find out the factors influencing the decision of women about home delivery.

## MATERIALS AND METHODS

A total of 350 participants were enrolled through a non-probability, convenient sampling method in a community based cross-sectional study in the rural areas of district Sahiwal Punjab, Pakistan from March 2017 to June 2017. Community members of age 20 years to 45 years with parity of one or more than one who delivered their last child at home were included in the study. Exclusion criteria was nulliparous, age less than 20 and more than 45 years and those who had all institutional deliveries. Study participants were interviewed by Lady Health Workers during their routine visits in community after written informed consent through a pre-designed, pre-tested questionnaire. During interviews, all questions were asked in local language (Urdu/Punjabi) which were later converted to English language for data analysis. Data was entered in SPSS-22 for analysis. Quantitative variables like age were presented as mean and qualitative variables like profession and questions were presented as percentages and frequencies.

## RESULTS

A total of 350 participants were included in the study. Mean age was 29.14 years. 76.2 % were housewives/unemployed with 50% of them working in fields out of poverty, 5.1% were private workers, 2.2% had a government job and 3.4% were doing their own business. 59.1% of them had a monthly income of less than pkr 10,000, 35.1% had between 10,000 to 50,000 and 5.7% earned 50,000 to 1 lac

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monthly. 35.2% of study participants were uneducated, 19.7% had education to secondary school level, 16.5% had done matric, 9.4% intermediate and 6% graduation. 25.7% of women were para 2, 23.4% were para 3, 14% were para 4, 19.1% were para 5, 9.4% were para 6 and 8.2% had parity of 7. All of them delivered their last child at home.

Following reasons were reported by respondents for preferring home delivery over institutional delivery.

Table 1: Reasons for Home Delivery:

Reason for home delivery	(n)	% age
Easy labor	149	42.5%
Home is more comfortable	287	82%
Transport problem	134	38.2%
No health facility nearby with 24hour services of gynecologist	68	19.4%
Feel shy/privacy	87	24.8%
Family refusal	117	33.4%
Do not know the importance	203	58%
Cost effectiveness	94	26.8%
Rude attitude of health care attendants	23	6.5%

## DISCUSSION

This study was planned to determine the factors that influence the decision of rural women about place of their delivery. For this purpose, 350 women were interviewed over a period of 3 months who delivered their last child at home. 42.5% of them said that labor was easier at home, it may be the emotional support that they get by their family in our culture that they find it easy at home. 82% thought that home was more comfortable and they were not confined in hospital for a day or more during childbirth. 38.2% reported that they had transport issues and in emergency situation they could not get transport to shift them to the nearest health facility<sup>7</sup>.

19.4% said that there was no health care facility with 24-hour services by a qualified gynecologist that's why preferred an experienced Dai over young nurses and lady health visitors in health facility to attend them during child birth. 24.8% women said that in public health facilities there was no privacy and doctors attend more than 1 woman in the same labor room that's why they opted for home delivery. 33.4% women reported that their family refused an institutional delivery and they had to undergo the child birth process at home. A study in Jhang also proved that family refusal particularly decision of husbands and their education level matters a lot in choice of place of delivery<sup>8</sup>.

Fifty eight percent of the women opinioned that along with other factors lack of knowledge and information about necessity of health care by a professional and trained birth attendant at the time of delivery is one of the most important factors for choosing home delivery over institutional delivery. 26.8% of women thought that it was cost effective to deliver their bay at home as health care facilities in nearby public hospitals were not up to the mark and going to private hospitals seeking healthcare was not possible for them financially<sup>9,10</sup>. 9.4% of women said that they had a bitter experience at public health facility, health care providers were rude and non-cooperative with patients and hence they decided to deliver at home. This is an important factor behind quackery in Pakistan that due to over burden and lack of ethical training health care

professionals don't pay attention to counselling of the patients, quacks and DAIs on other hand are very polite and gentle in their dealings and that's why patients find them reliable.

## CONCLUSION

In our study it is evident that lack of knowledge about complications of childbirth and their management, unavailability of transportation and proper facilities at public sector hospitals are important determinants behind the choice of home delivery by rural population.

**Recommendations:** We recommend that women education and empowerment should be taken earnestly. To fortify health care service utilization these services should be accessible to masses in rural areas and available when needed.

**Limitation:** The limitation of this study was that the study subjects were approached from a small sect of rural population hence the findings cannot be generalized to the whole rural population.

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