Original Article

Preference of Pregnant Women Regarding Place of Delivery in Bahawalpur

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ABSTRACT

Objective: The objective of study was to determine the women's preference for place of delivery among pregnant women of Bahawalpur City.

Study design: Descriptive / cross sectional study.

Place and Duration of Study: This study was conducted at the Outpatient Department of Gynecology Unit, Bahawal Victoria Hospital, Bahawalpur from March 2016 to July 2016.

Materials and Methods: Our study included 100 participants representing the characteristics of a sample. Informed consent was taken from all participants. The expenses of the study were paid by researchers. SPSS version 21 was used. Frequencies tables were made and Percentages were calculated. Cross tabulation was done.

Results: Out of 100 women of reproductive age group, 84 women preferred health care outlet for the place of delivery and 16 women referred home as a place of delivery. Each woman considers a number of reasons for her preference of place of delivery. Among 84 women, 97% preferred HCO for sake of safe and secure delivery, 88% due to easy access to health care facility, 87% for good antenatal care, 84% due to fear of unskilled attendants at home. Among 16 women, 100%p referred home due to fear of interventions at hospital, 94% due to family support and feeling comfortable at home, 81% due to privacy and availability of trained birth attendants at home.

Conclusion: Majority of women preferred H.C.O to deliver baby while only few preferred home for delivery of child. It was concluded that mostly women preferred H.C.O for safe and secure delivery and good quality of care. Those who preferred home wanted privacy, family support and family environment.

Key Words: Pregnant Women, Place of Delivery, Bahawalpur.

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INTRODUCTION

Pregnancy is the period from conception to birth. After the egg is fertilized by a sperm and then implanted in the lining of the uterus, it develops into the placenta and embryo, and later into a fetus. Pregnancy usually lasts 40 weeks, beginning from the first day of the woman's last menstrual period, and is divided into three trimesters, each lasting three months. Delivery; The act or process of giving birth. Assurance of healthcare for all segments of the population with special attention given to the health needs of women and children was one of the top priorities in the Ethiopian Health Policy.[1]The endorsement of MDG in the HSDPs is an indicator of the willpower and commitment of the government to reducing maternal mortality across the country.

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Yet, Ethiopia's health system is underdeveloped and underfinanced. While some progress has been made in providing basic health services to poor women and their children, the progress may be uneven because many people are not reached with services.[2]

Ethiopia's total health expenditure as a percentage of the gross domestic product (GDP) has remained stable at 4.3% for years. With emphasis given to publicly funded healthcare, out-of-pocket payment constitutes 42%.[3] The public health sector is the main provider of primary healthcare and serves two-thirds of the population who cannot afford private healthcare The main objective of the public sector service provision, as stated in the National Health Policy, is "to give comprehensive and integrated primary health care services in a decentralized and equitable fashion".[4]

Childbirth and its process are one of the most significant life events to a woman. The time of birth as well as shortly thereafter is the most dangerous period in a child's life especially the developing world. Hence the choice of place of delivery for pregnant woman is an important aspect of important factor often related to the quality of care received by the mother and infant for influencing maternal and child healthcare outcomes. In Addis Ababa the capital of Ethiopia, though the private health facilities (hospitals and clinics) outnumber public clinics, only 20 of deliveries take place in the private sectors and 17% of mothers deliver at home. This study aims to systematically explore the differences and the

factors that influence women's preferences for places to give birth in Addis Ababa. It is envisaged that a clear understanding of such factors is key in building a responsive maternal healthcare system and improving health outcomes in Ethiopia. [5]

Maternal Mortalityal ways remains a challenging issue in underdeveloped countries. Most Maternal Mortality is due to delivery at home because of poverty. This huge Maternal Mortality is because of obstetrical complications like Bleeding, eclampsia, Sepsis, Obstructed labor and abortion all these can't be predicted before delivery.[6]

Skilled attendance at the time of delivery, timely management of obstetric emergency and effective postnatal care are foremost in promoting maternal health, Skilled care during childbirth is a most important single factor in preventing maternal deaths and the "proportion of births attended by skilled health personnel" is a target indicator to measure improving towards maternal health.[7]

Pakistan is among six countries where estimated maternal mortality ratio of 533 in 1993. Now by initiatives recently this burden fall down to 260.Over the past decades Pakistan introduce policies for the improving of maternal health, introduced community-based midwives to make sure available of skilled care and accessible in low-resource settings to address the issue of skilled birth attendance. Community midwives trained to make delivery at homes, providing care to pregnant women during all their maternity period and the care of new born, counseling, guidance and communicating with community and involving family for safe delivery and dealing with possible emergencies.[8]

According to Health Survey 2013, only 48% of births occur at health center and 52% are attended by skilled workers. Many women fail to attain the community-based services because of unidentified reasons and delivered baby without skilled workers. A large number of factors like physical and financial factors identified from studies.[9]

This study focus on understanding factors that use of available maternal health care services in local context particularly in rural areas and focus on their believes and knowledge about pregnancy and delivery in a pregnant women in rural Pakistan.

MATERIALS AND METHODS

Descriptive cross sectional study conducted at outpatient department of gynecology unit of Bahawal Victoria hospital, Bahawalpur from March-2016 to July-2106. Our study included 100 participants representing the characteristics of a sample. Informed consent was taken from all participants. The expenses of the study were paid by researchers.

Sampling technique was non probability convenient method. All the women in third trimester of pregnancy were interviewed while high risk pregnancies, women not willing to be included in the study were excluded. Preformed and pretested questionnaire was used for data collection.

Data analysis: SPSS version 21 was used. Frequencies tables were made and Percentages were calculated. Cross tabulation was done.

RESULTS

In our study we took a sample of 100 women of reproductive age group. in the overall age distribution the respondents were divided into 6 groups. 14% (14 respondents) belong to age group of 16-20 years40% (40 respondents) were in age group of 21-25 years31% (31 respondents) fall in the category of 26-30 years While 9% (9 respondents) belonged to agegroup of 31-R5 years. 5% (5 respondents) were in age group of 36-40 years and 1 lady was above 40years (in age group of 41-45 years).

In case of education, respondents were divided into 6 maingroups. 28% (28 respondents) were with no formal education, 29% (29 respondents) studied up to primary level 11% (11 respondents) studied up to middle, 10% (10 respondents) have done matriculation, 6% (6 respondents) were up to intermediate level, Only 16% (16 respondents) were graduate and above that level in case of residence of respondents, 74% (74 women) were from urban areas and 26% (26 women) were from rural side.

in case of occupation of the respondents, 89% (89 women) among total respondents were housewives and 11% (11 women) were working ladies and they belong to different fields. Grouping on the monthly family income of respondents to determine their economic status, 67% (67 women) belong to category of <20,000 and 22% (22 respondents) belong to category of 20,000 to 40 000 and 11% were above the 40,000 for their monthly income.

There were three family types in the questionnaire and 45% (45 respondents) belong to nuclear family, 55% (55 women) to extended family and no one was in this category of polygamous type.

We determined the number of living children in the questionnaire by making 4 groups, 21% of them were with no living child at that time. 51% belong to category 1-2 number of living children and 21% were having 3-4 children alive, 7% women were with 5-7 no. living children category, we calculated findings with concern to gravidity, there were 4 groups. 44% (44 women) were in the Category of 1-2. 30% within the 3-4 categories. 17% were in 5-6 category and 9% in category of 7-8.

Taking into account our major concern about place of delivery 84% (84 respondents) preferred health care outlet for their delivery and 16% (16 respondents) liked home delivery. In our study we found that most of our respondents were within age group of 21-25 years i.e.

40%. If further analyzing it then out of this 40% (40 women) 34 preferred health care outlet and 6 of those 40 women preferred to go for home delivery.

The second highest frequency 31% (31 respondents) with age group of 26-30 year was observed. 28 of them were in favor of health care outlet and 3 were in favor of home. As respondents were mostly from urban areas so they preferred health care center more. Out of 74% (74 respondents) 68 women preferred health care outlet and only 6 women of them preferred home. In our study 29% (29 women) studied up to primary level and at this educational level 26 liked health care outlet and 3 preferred home. 28% of respondents (28 women) were having no formal education and 10 of them preferred home but 18 women preferred health care outlet. And as the educational level increases, the preference for health care outlet increases. Those who were graduate and above this level were 16% (16 women) and all of this preferred health care outlet.

Regarding occupation, we found that who were working ladies mostly preferred health care outlet Out of 11% (11 women) working women 10 preferred health care outlet.

Belongs to 1-2 groups and 44 (44/51) preferred health care outlet and 7(7/51) preferred home, Women who experienced first pregnancy mostly preferred health care outlet. Our least frequency 7% of (group 5-7 number of living children), 5 preferred health care outlet and 2 preferred home. In our study we found that high frequency of women 44% were in category of 1-2 of gravidity. 40 (40/44) preferred health care center and 4 preferred home. As gravidity increases the more favor in the health care outlet. Out of 9 with 7-8 gravidity status 6 preferred health care outlet and only 3 preferred home. Following reasons for preferring the H.C.O most frequent reason that come on the top is due to safe and secure delivery, 82 was its frequency. Second most important and frequent reason was good antenatal care provided at health care facility and they were satisfied with that.

The reason that ranked third is fear of unskilled birth attendants at home so they preferred H.C.O. The least common reason was risk factor i.e. hypertension anemia, unconsciousness which directed their decision to H.C.O. In case of home delivery most frequently encountered reason was fear of interventions at hospitals and fear of surgery i,e they may go for C-section.2nd most common reason behind home delivery was privacy at home and comfortable environment at home as well as the family support." most common reason was availability of trained birth attendants at home. Then came the financial issue to be the reason for home preference. Least frequent was with 1 frequency, Bad attitude of health professionals.

So it is concluded that mostly women preferred H.C.0 for safe and secure delivery and good quality of care. Those who referred home wanted privacy, family support and family environment.

DISCUSSION

Our study depicted that majority of women preferred H.C.O. our results were very much consistent with the study conducted in Basra. According to this 83.9% of women delivered at H.C.O and 16.1% at home.[2]Same is the case in our study, 16% preferred home. Study from Ethiopia also showed that 88% preferred delivery at health care facility.[3]while discussing the reasons for health care outlet delivery safety and security comes first with 98.6%.In our study it is 82%. While in reasons fear of unskilled birth attendant at home was also 71% in our study as compared to study in Oromia regional state where fear of unskilled birth attendant was 12%. It can be due to awareness of health facility and knowledge and concerns of people about health. It can be due to low training staff available at home in our region that women have feared.[7]

73% of women of our study were having good antenatal care at H.C.O. So they preferred to deliver at H.C.O. same were the results with study done in rural community in Jos North where 74% of their study participants were attending ANC as women find themselves satisfied with the care provided at H.C.O they preferred to plan delivery at H.C.O for safe and secure delivery.[6] Education is the key determinant in health care. Our study was also showed that as the educational status increases the preference for H.C.O. increases. Illiteracy has inverse relation with choice of H.C.O. in our study all women above graduation level preferred H.C.O. those with no formal education preferred home. Similar is case with respect to socioeconomic status and monthly family income. All of women in our study who fall in > 40000 Rs category of family income, all preferred H.C.O. same facts were seen in while looking at the study done in north India, where high educational status and good jobs of their spouse were associated with H.C.O. During data collection one of the respondents said," I have no plan about where to deliver.it may depend upon my husband whether he can afford the expenses at H.C.O or no."

Other factors like family type and total no. of family do affect the choice of place of delivery. Women with 1-2 children mostly preferred H.C.O. 52% of women who preferred H.C.O were with 1-2 living children. Results support that of study from Entebbe, Uganda which showed that primigravidae were mostly to deliver at H.C.O. those who were having good facility to reach H.C.O preferred to go there for delivery. 70 times was the reason of good transportation among those who preferred H,C.O. 5 of the women who preferred home were telling about bad roads and poor transportation facilities.[10]

Among the reasons for home preference, fear of interventions at H.C.O and good family support stood at the top. Asma aged 25, the respondent of our study said during interview "No, No, doctors will go for surgery and I am afraid of that. 1 will prefer home and my family can take care of me at home". So these are the reasons given by women. They are afraid of interventions at hospitals. They have a mindset that home is place where family is near and support is also available. If we compare with study of Hashemene town, about 30% was the reason that women feel comfortable at home and seek care from family.[11]

Similarly in our case, among 16 women who preferred home almost 13 women give reason of privacy and family support. Remaining consistent with the study of Pokhara city Nepal, main reasons of home delivery were convenience and ease at home (21%) financial problems and cost of care at H.C.0 (11.3%). In our study some difference from that study occurred. We have financial reason at lowest may be the good financial conditions of the respondents and no are low in this respect Comfortable environment is mainly the most uttered reason among women who preferred home delivery.[12]

In Bangladesh according to one study conducted in rural area, results show that delivery by TBAs was first preference for pregnant women. Poverty was also important among this category. In our case in BWP city among those who preferred H.C.O were mostly afraid of unskilled TBAs. This shows that there is lack in providing primary health care and poverty is not main factor for those who preferred home they just wanted family support.[13]

So our discussion comes to end with result that great % is in favor of H.C.O. Results show that people are satisfied with the care provided to them. Among those few who preferred home reason was privacy and family support.

CONCLUSION

Majority of Women preferred H.C.O to deliver baby while only few preferred home for delivery of child, it was concluded that mostly women preferred H.C.O for safe and secure delivery and good quality of care. Those who preferred some wanted privacy, family support and family environment.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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