

Original article

Reasons in favour of home delivery among mothers in a rural community

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Abstract

This was a descriptive type of cross-sectional study conducted in villages Enayetpur I & II, Brammhangram, Enayetpur III and Khamargram, Upazila: Enayetpur Sharif among the mobile population. It was aimed to determine the socio-demographic characteristics of the respondents, target and eligible couples; types, beginning and duration of contraceptive use and also to identify the sources of contraceptives.

It was revealed from the findings that 81.8% respondents were within 21-40 years of age, 99.1% were Muslims, and 65.7% of respondents were either illiterate or had completed their primary level of education. 46.5% respondents belong to families with 3 or 4 members. Most of the respondents 60% were having low economic status. Among the respondents 63.7% were house wife, 20.1% weaver and 9.8% were business by occupation.

In this study 72% were contraceptive users. Majority 65.3% respondents were found using contraceptives after 1 year of marital age. However only 27.2% were found using contraceptives just after marriage. Almost 75% respondents were found using contraceptive more than 5 years. On the other hand 68.6% respondents were target couple while 31.4% were eligible couple.

It also revealed that 78.2% respondents were collecting contraceptives from pharmacy. However, it was almost <1% from Depo holder/FP clinic that seems very discouraging. It was found that 93.8% respondents were using oral pill and condom as contraceptive method. However, Tubectomy was done to only 1.36% respondents.

The finding of the study can be a basis for the planners and administrators to take appropriate action particularly at the locality. Moreover awareness program for the households members can improve the acceptance of family planning methods as appropriate thus it will minimize the number of child birth to this particular mobile population.

Introduction

Maternal mortality is one of the greatly neglected problems of health care in developing countries. The world Health organization global estimates indicate that more than half a million women die each year because of complications related to pregnancy and childbirth. All but about 4000 of these deaths take place in developing countries, or over 98% of these deaths occur in the developing world, where maternal mortality is as much as 200 times higher than rates seen in industrialized countries¹.

Health professionals involved in the areas of maternal and child health in the developing world during most of the second-half of this century have been

concerned primarily with the health problems of infants and young children. At the same time, the health status of women of reproductive age has received relatively little attention. This is discouraging since it has been recognized for many years that maternal mortality rates are most developing countries.

While rates of maternal mortality in the United States and other industrialized societies are in the range of 70-75 deaths per 100,000 live births, in many areas of the third world, they are in the range of 200-1000 or more per 100,000 live births¹.

In developed countries, 99% of deliveries are conducted by personnel who are usually very highly trained and who have access to equipment, much of which is more sophisticated than that required for the majority of cases². In contrast, in some developing countries, less than 20% of deliveries are attended by trained personnel, many of whom are trained not as physicians or nurses but as birth attendants to handle the most common needs.

In Bangladesh, 48% are women, and the proportion of female of child-bearing age (15-45 years) is about 20% of the total population³. Around 4% among them (3.9 million women) become pregnant each year. Majority of these women live in the rural areas where health facilities are not easily available; or if available, mothers are usually reluctant to avail those during pregnancy.

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In Bangladesh, more than 95% of women are delivered at their homes 4 and institutional

deliveries are only 5% of all deliveries. Among 95% of home deliveries, 99% are conducted in rural areas. About 30% of the deliveries are conducted by professional traditional birth attendants (TBAs) and 10% 1 by relatives and neighbors. In Bangladesh, currently about 28,000 5 women die every year due to pregnancy and childbirth related causes resulting from the lack of trained persons for attending births in unhygienic home condition.

In general, educated women use healthcare services much more than illiterate women. Research has consistently shown that women's education is strongly linked to better reproductive health, including infant survival and growth of children 5.

In our country, among 48%, only 16% women have the opportunity of being educated. Among them, 65% get married at the age of 15 to 19 years and bear the undue heavy burden of childbirth7.

Due to lack of education, they are ignorant about the importance of prenatal and natal care and danger related to childbirth and there is a great communication gap between them and qualified doctors and they have faith on the traditional folk medicines and traditional birth attendants. Poor socioeconomic limitation is an important factor for not attending a health facility in time. Average per capita income in our country is low and most people burdened with poverty cannot spend necessary money for obstetric care.

Besides these, the status of female population in our country is not encouraging. Women have very little freedom to take their own decisions. They are bound to obey their parents' or husbands' or mother-in-laws'. So, even if the woman desires to consult a doctor or come to hospital for confinement, she cannot do so easily. In spite of the apparently extensive network of service facilities for provision of pregnancy care, there is a dismally low level of utilization of the facilities. In our country, only 35% pregnant women receive antenatal care which mostly consists of one visit only. A very small number of underprivileged pregnant mothers receive antenatal care by doctors and trained midwives 7.

There are many emergency conditions during the course of labour, such as haemorrhage, shock, obstructed labour, cords prolapsed, retained placenta, malpresentation, convulsion, etc. , which may culminate in dangerous effects both for mother and foetus and may play major role in maternal and child death.

This study is an attempt to explore the reasons favoring home delivery in the locality and to determine average number of delivery, living children & outcome of last pregnancy as well as place and persons in delivery. It also aims to identify the complications during last home delivery.

Objective:

General

To minimize complications of delivery and to reduce maternal mortality & morbidity related to pregnancy

Specific

1. To determine Socio-demographic characteristics of respondents
2. To estimate average number of delivery among respondents
3. To determine average number of living children & outcome of last pregnancy
4. To find out the place & persons involved in delivery
5. To identify the complications during last home delivery
6. To find out the reasons favoring home delivery

Methodology

This was a descriptive type of cross-sectional study in villages Enayetpur I & II, Brammhangram, Enayetpur III and Khamargram, Upazila: Enayetpur Sharif during the period of one week data collection from 18th - 24th may' 2009. The size of the sample was 245 and selected purposively. Rural women having experience of pregnancy were the respondents. Data were collected through interview using structured questionnaire. It was processed manually by computer, analyzed and presented in the form of tables and graphs.

Results (Tables & Graphs)**Table: I**

Distribution of respondents by place (n = 245)

Study Place (village)	Number of respondents	Percentage
Enayetpur I	60	24.50
Enayetpur II	0	20.40
Brahmmangram	35	14.30
Enayetpur III	50	20.40
Khamargram	50	20.40
Total	245	100.00

Almost 65% respondents were from Enayetpur village.

Table: II

Distribution of respondents by age (n = 245)

Age in years	Number of respondents	Percentage
15-19	48	19.59
20-24	62	25.31
25-29	49	20.00
30-34	39	15.92
35+	47	19.18
Total	245	100.00

Almost 65% respondents were found within age of 15-29 years of age
 Mean:- 26.48 (SD \pm 1.01)

Table: III

Distribution of respondents by age at marriage (n = 245)

Age at marriage	Number of respondents	Percentage
<15	76	31.02
16-20	134	54.70
21-25	27	11.02
26-30	4	1.63
31+	4	1.63
Total	245	100.00

31.02% respondents were found marital age below 15 years.

Table: IV

Distribution of respondents by duration of marriage (n = 245)

Duration of marriage	Number of respondents	Percentage
1	0	0.00
2	9	3.70
3	33	13.46
4	19	7.75
5	31	12.65
5+	153	62.44
Total	245	100.00

62.44% respondents were found duration of marriage over 5 years.

Table: V
Distribution of respondents by level of education (n = 245)

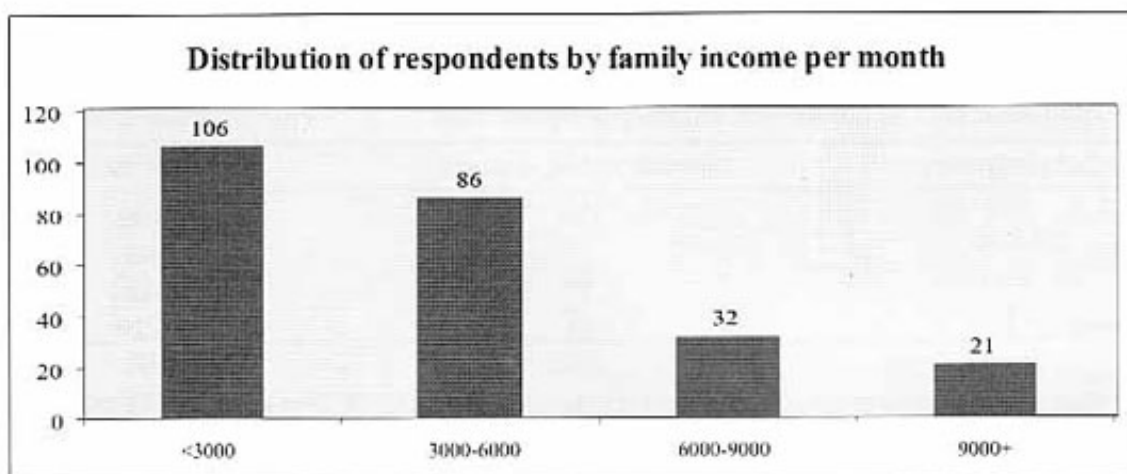
Level of education	Number of respondents	Percentage
Illiterate	83	33.90
Primary	82	33.46
Secondary	58	23.70
H. Secondary	19	7.80
Tertiary	3	1.14
Total	245	100.00

Almost 34% respondents were found illiterate.

Table: VI
Distribution of respondents by occupation (n = 245)

Occupation	Number of respondents	Percentage
House wife	158	64.11
Weaver	61	24.89
Service	9	3.67
Labour	16	6.53
Business	1	0.40
Other Specify	1	0.40
Total	245	100.00

About 89% respondents were found housewife and weaver by occupation.



43.26% respondents' family income was found below Tk3000/= per month. However it was more than Tk9000/= per month to only 8.68% respondents.

Table: VII

Distribution of respondents by times experiences delivery (n = 245)

Time experiences delivery	Number of respondents	Percentage
1	40	16.32
2	61	24.89
3	59	24.08
4	36	14.70
5	15	6.12
6	20	8.16
6+	4	5.71
Total	245	100.00

About 41% respondents were found 1-2 times of delivery experience.

Table: VIII

Distribution of respondents by age of last child (n = 244)

Age of last child	Number of respondents	Percentage
<6 months	22	9.21
6-12 months	48	19.67
>12 months-3 yrs	72	29.50
>3 yrs-5 yrs	33	13.52
5 yrs+	69	28.27
Total	244	100.0

The age of last child were found below 5 years to 71.73% respondents. However, it was above 5 years to only 28.27% respondents.

Table: IX

Distribution of respondents by outcome of last pregnancy (n = 245)

Outcome of last pregnancy	Number of respondents	Percentage
Normal	180	73.49
Obstructed	17	6.93
Caesarian	15	6.12
Low birth weight (LBW)	25	10.20
Still birth	5	2.04
Any other	3	1.22
Total	245	100.00

Obstructed labor was the outcome of last pregnancy to only 6.93% respondents.

Table: X

Distribution of respondents by choice of place for last delivery (n = 245)

Choice of place for last delivery	Number of respondents	Percentage
Domiciliary	206	84.08
Institutional / Hospital	39	15.92
Total	245	100.00

Only 16.73% respondents were found choice of hospital as the place for last delivery.

Table: XI

Distribution of respondents by person advised for domiciliary / institutional delivery (n = 245)

Persons advised	Number of respondents	Percentage
Myself	60	24.48
Husband	99	40.40
Father in law	10	4.08
Mother in law	50	20.40
Other relatives	26	10.64
Total	245	100.00

Husband, mother-in-law and self decision/advice were found reasons for domiciliary/institutional delivery to almost 85% respondents.

Table: XII

Distribution of respondents by persons takes decision for delivery / other health problems n = 245

Persons take decision	Number of respondents	Percentage
Myself	40	16.32
Husband	168	68.59
Father in law	9	3.67
Mother in law	23	9.38
Other relatives	5	2.04
Total	245	100.00

Husband, mother-in-law and self decision/advice were found decision makers for delivery /other health problem to 94.25% respondents.

Table: XIII

Distribution of respondents by personnel conducted last delivery (n = 245)

Personnel conducted last delivery	Number of respondents	Percentage
Doctor	44	17.97
TBA	23	9.38
Dai	162	66.12
Relatives	16	6.53
Other specify	0	0
Total	245	100.00

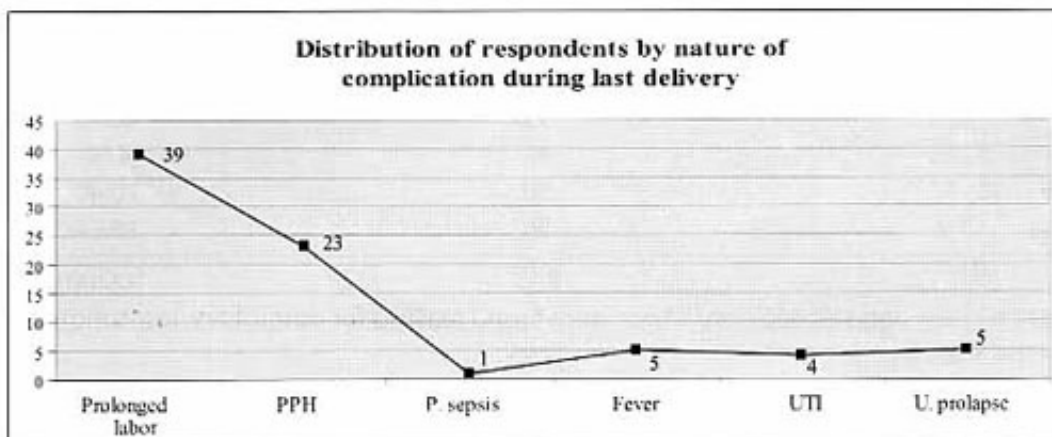
Dai, TBA and relatives were the personnel involved in conducting last delivery to almost 82% respondents.

Table: XIV

Distribution of respondents by complications during last delivery (n = 245)

Complications during last delivery	Number of respondents	Percentage
Yes	77	31.42
No	168	68.58
Total	245	100.00

Among the respondents, 31.42% were found experience of complications during last delivery.



Almost 80% respondents were found having prolonged labor and post partum hemorrhage as nature of complications.

Table: XV

Distribution of respondents by knowledge on delivery facilities in the locality (n = 245)

Knowledge on delivery facilities	Number of respondents	Percentage
Yes	173	70.62
No	72	29.38
Total	245	100.00

29.38% respondents were found unaware about the delivery facilities in the locality.

Table: XVI

Distribution of respondents by awareness about advantages of hospital delivery (n = 245)

Awareness about advantages	Number of respondents	Percentage
Yes	147	60
No	98	40
Total	245	100.00

40% respondents were found unaware about the advantages of hospital delivery.

Table: XVII

Distribution of respondents by reasons for home delivery (n = 206)

Reasons for home delivery	Number of respondents	Percentage
Inexpensive	104	50.48
Religious	25	12.13
Distance	9	4.36
No fear of instruments	8	3.90
Lady Doctor / attendant	12	5.85
Husband & relatives desire	34	16.50
Other's bad experiences in hospital	7	3.39
Any othe	7	3.39
Total	206	100.00

Inexpensive, religion, husbands and relatives desire were found reasons in favor of home delivery to 50.48%, 12.13% and 16.50% respondents

Discussion

In this study it was found that 72% respondents were contraceptive users and almost 68.6% respondents were target couples while 31.4% were eligible couples.

In depth interviews conducted with 104 women and 92 men including 85 couples as part of an ethnographic study in rural Bangladesh suggest that this strategy, despite its success in increasing contraceptive prevalence, often fails to provide adequate information and support to contraceptive users 10. However, this study conducted in a particular group of population showed use of oral pills by the majority.

In this study it was found that 81.8% respondents were within 21-40 years of age. On the other hand another study revealed that never use of contraception among sexually active respondents was 97% for 14-17 years old non student female, half of female ages 14-21 years who are currently attending school have been pregnant, as have 67% of those not in school 6.

This study also showed Tubectomy was the choice as permanent method by 1.36% respondents but review of literature showed in Bangladesh, Tubectomy was the choice by 23.7% 8.

Conclusion

Contraceptive practice and its effectiveness depend on safety, access and satisfaction. The physicians and service provider, supervisor, trainer and policy maker are directly responsible in that, as they perform sterilization, introduced IUD and others. It is supported by trained nurse, midwives, and family welfare visitors, who work in hospitals, family planning clinic and in the rural community.

The purpose of study is to assess the contraceptive practice among the people that might help to establish guideline to assure effectiveness and safety, minimize assess and increase client satisfaction to continue family planning service in Bangladesh. In this study it was found that 78.2% respondents were collecting contraceptives from pharmacy. However, it is almost below 1% in case of Depo holder as well as family planning clinic and seems very alarming, that needs special attention.

During the past to decade the country had experienced a rapid fertility decline. The family planning program in Bangladesh has achieved a remarkable success over the last 35 years. The study on education and fertility in Bangladesh in 1977 showed that female education have relatively more effect on fertility and practiced on contraception than to men. However, this mobile population had a

deviation in life style characteristics that needs particular attention in declining the rapid growth of population.

This particular group of population under study needs attention in respect to their choice of contraceptive methods, availability as well as practice. The finding demands motivational program as well.

Recommendations

- Contraceptive practice needs to be enhanced by creating awareness program among the non users
- Further investigation needs to be done to find out the reasons of non-using services from Depo holders and family planning clinics
- The family members of the study population needs motivation towards acceptance of permanent method
- More attention to be paid to enhance the level of education in the locality for both sexes
- This particular population needs adequate access to the availability of different methods of contraceptives

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