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Home Delivery in the Monisso Health Area: Tominian Health District

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Abstract

Unassisted home birth exposes mother and child to the most harmful complications. These complications are identified as one of the main causes of maternal and neonatal morbidity and mortality. ***Goal*:** To study the factors favoring home births in the Monisso health area. ***Method*:** Descriptive cross-sectional study in the period from January 1 to December 31, 2020 in the Monisso health area. ***Results*:** The proportion of home births was 80% (N= 210). The reasons given were respectively: the brevity of the labor of delivery (31.55%), the lack of financial means (25.60%), socio-cultural reasons (23.21%), the long distance between the village and the CSCOM (12 .5%), the high cost of delivery costs in the health center (6.55%). ***Conclusion*:** Home births are still very common in rural areas, particularly in developing countries.

Keywords: Childbirth, Home, Postmen, Health Area, District, Tominian.

INTRODUCTION

For several years, leaders of different African countries have been looking for ways to improve the conditions of childbirth for women, with the aim of reducing the rates of maternal and neonatal deaths as much as possible [1]. Providing health centers with equipment seems to improve the quality of deliveries even if this does not guarantee their use.

The WHO (World Health Organization) estimates that each year more than 20 million women suffer from problems linked to unassisted childbirth [2], of which it is estimated that 60 to 80% of women in developing countries continue to give birth at home without any assistance or with the help of unqualified people and usually in an unsanitary environment [3].

Several factors including ignorance, poverty, especially economic constraints, poor quality housing, lack of drinking water, unsanitary conditions are among other contributing factors [4, 5]. Especially since most of these women are not systematically informed of the risks associated with home birth.

In Senegal, 38% of births took place at home [6] and 17% in Ivory Coast [7]. In Mali, according to the EDSM-VI (the Demographic and Health Survey) carried out in 2018, the maternal mortality ratio was 325 maternal deaths per 100,000 live births and the neonatal mortality ratio was 33 per 1000 live births [8].

Maternal mortality is largely dependent on the non-use of assisted childbirth. According to the same source, the birth rate in a health establishment in Mali is 67%. The home birth rate in the Bamako district was 16.18% [9].

In the Tominian health district in 2020, the assisted delivery rate in health centers was 45.48% and that of the Monisso health area was 13.59% [10].

The majority of women evacuated to the Reference Health Center (CSRef) for complications linked to home births came from the villages of Monisso; this is why we initiated this study to identify local factors influencing home births.

Specific Objectives:

- Determine the frequency of home births in the Monisso health area
- Describe the socio-economic characteristics of women who gave birth at home
- Identify individual, socio-economic, cultural and institutional factors that could favor home births
- Make recommendations on changes to make and means to implement in order to reduce home births.

METHODOLOGY

This was a descriptive, cross-sectional study ranging from January 1 to December 31, 2020, a period of 12 months.

This health center is 240 km from the Ségou region and 180 km from the Mopti region; it is the first level of reference where 24 community health centers (Cscom) are attached. With an area of 6,563 km2 and a population of 330,232 inhabitants.

The Monisso health area is located in the circle of Tominian with a population of 21,225 inhabitants, the growth rate is 3.6% per year [8].

The economy is based on agriculture, livestock and trade and Christianity, Islam and animism are the religions practiced.

The CSCOM staff is made up of a DTC (Health Technician), an Obstetrician Nurse, a caregiver and a matron.

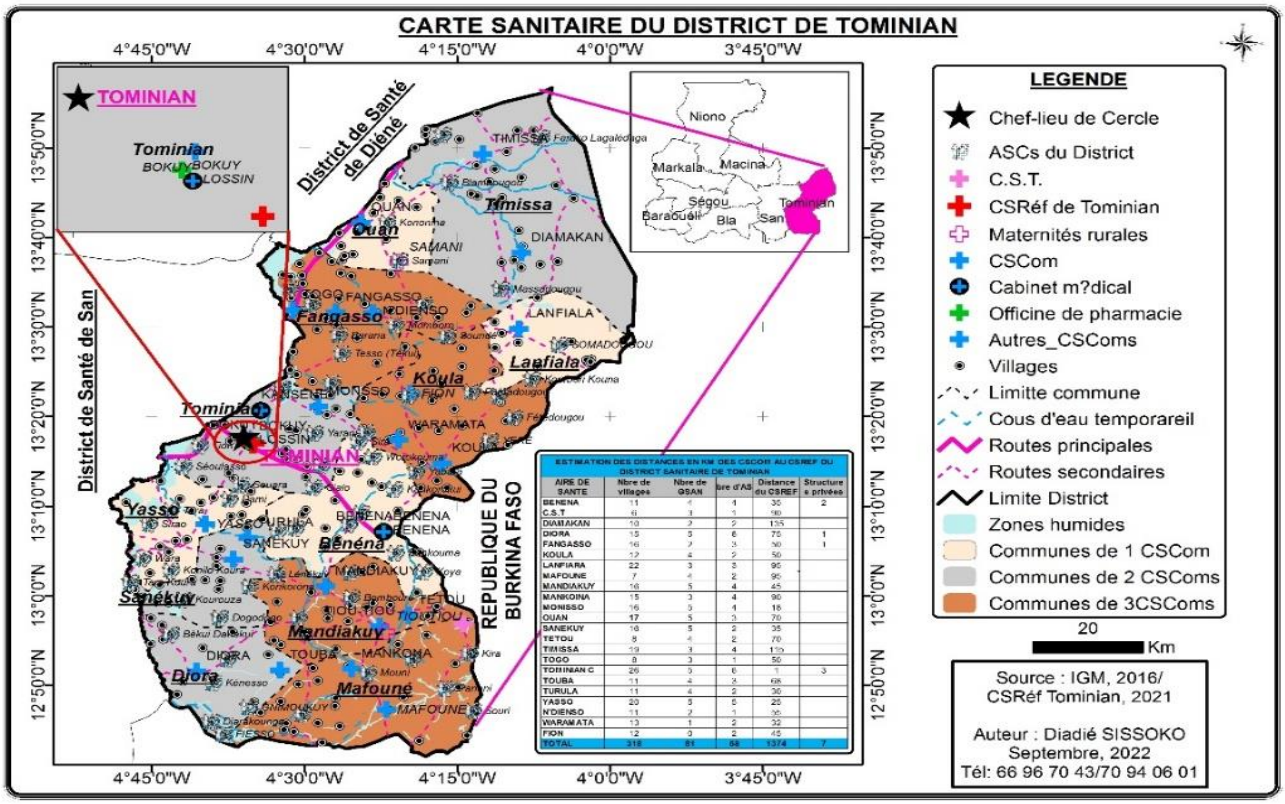
Inclusion criteria:

Any woman living in the Monisso health area and having given birth between January 1 and December 31, 2020 who agreed to participate in the study.

Non-inclusion criteria:

- Woman who gave birth outside our study period.
- Women not living in the Monisso health area at the time of delivery.

Data analysis was done by Epi info, Exel and SPSS 25.0 software.



RESULTS

➢ **Quantitative aspect:**

Frequency:

Of the 210 women surveyed; 168 say they gave birth at home and 42 in a health center, representing a home birth rate of 80%.

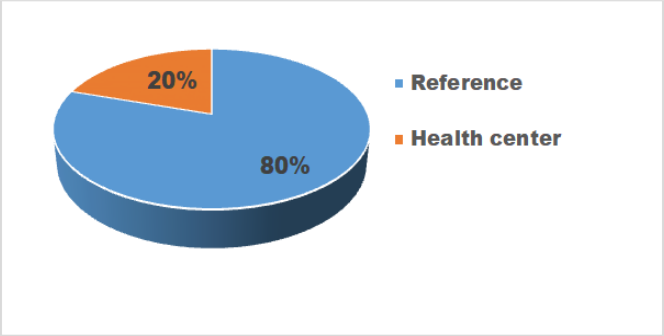


Fig 1: Depending on the place of delivery

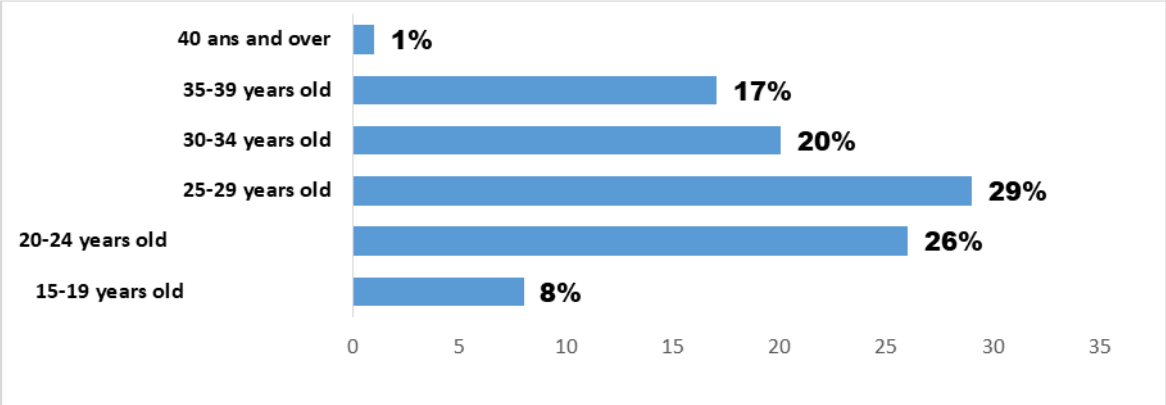


Fig 2: According to the age of the parturients

The average age of women who gave birth at home was 27.4 years with extremes between 17-40 years.

Table I: Distribution of women surveyed who gave birth at home according to ANC

CPN	Number	Frequency
YES	136	81%
NO	32	19%
Total	**168**	**100%**

81% of women who gave birth at home had at least one prenatal consultation
37% of them had completed at least 04 CPN.

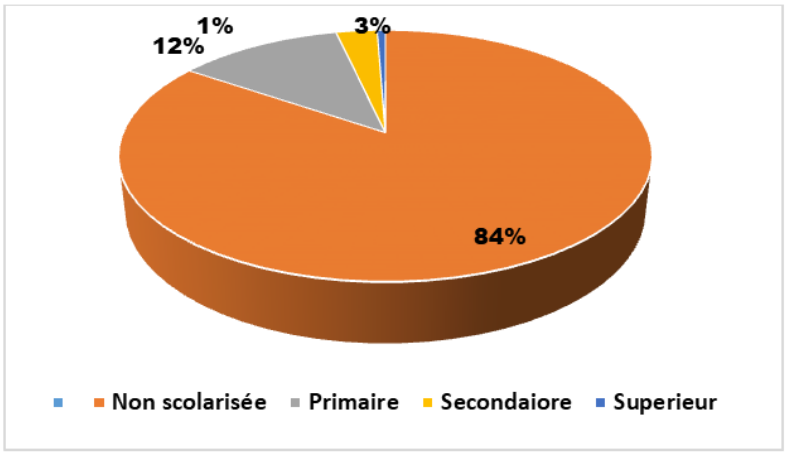


Fig 3: According to the level of education of women

In 84.52% of women who gave birth at home are not in school followed by primary level with 11%.

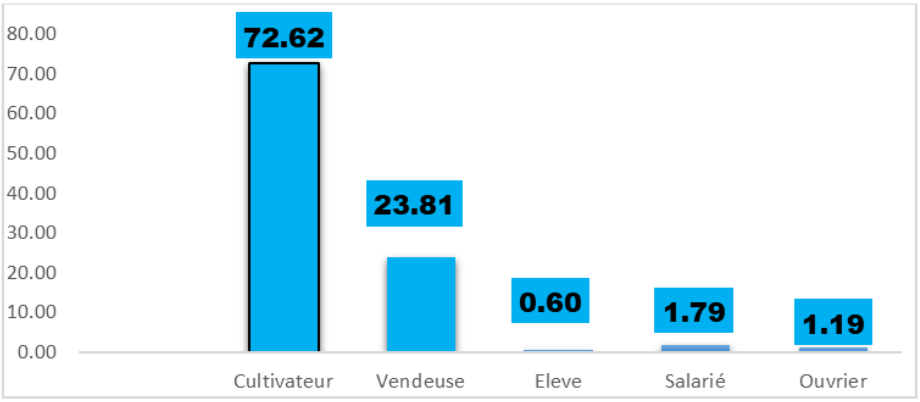


Fig 4: According to the profession of women

The majority of spouses of women who gave birth at home are mainly farmers, including their wives.

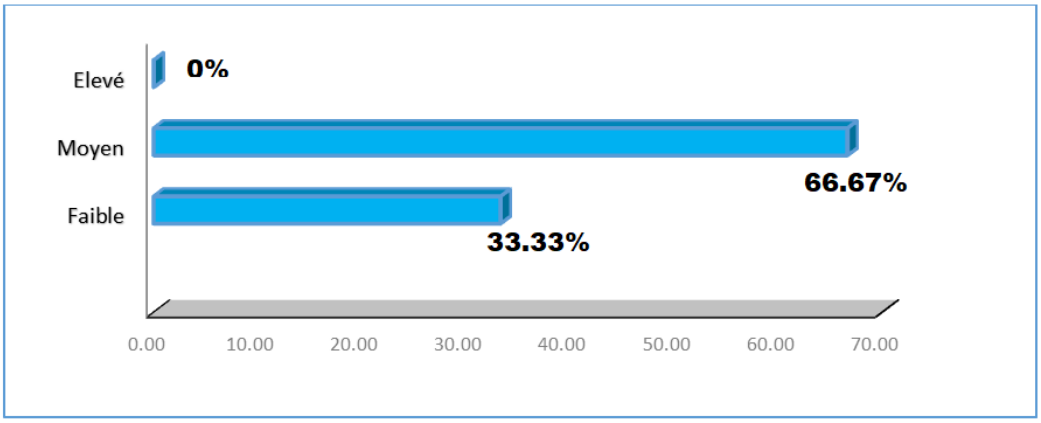


Fig 5: According to household income

More than 30% of households have a low income.

Table II: According to the level of knowledge of parturients on the risks associated with home births

Knowledge of risks	Number	Frequency
Yes	60	35.72
No	108	64.28
Total	**168**	**100**

More than 60% of women are unaware of the risks of giving birth at home.

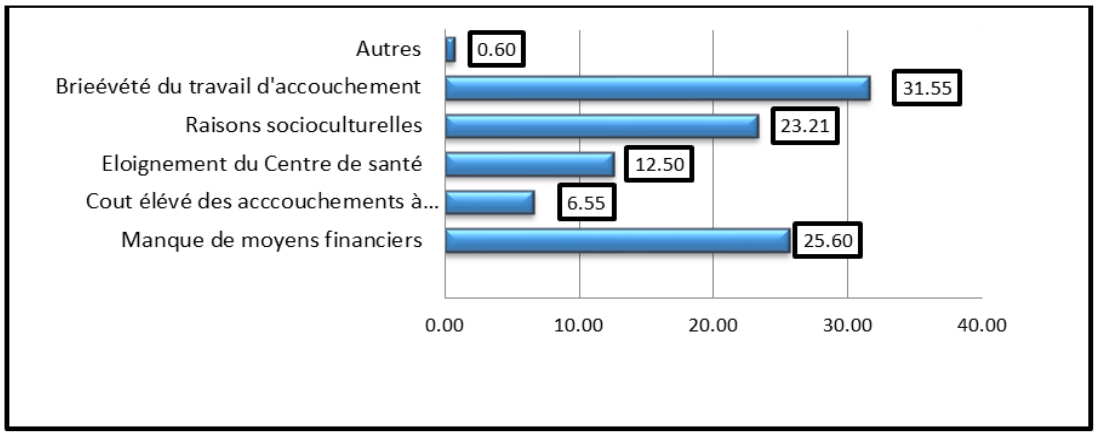


Fig 6: Factors related to home birth

More than 80% of women say they gave birth at home because of the shortness of the labor, socio-cultural reasons, socio-economic reasons, the distance from the village to the CSCOM, the high cost of childbirth.

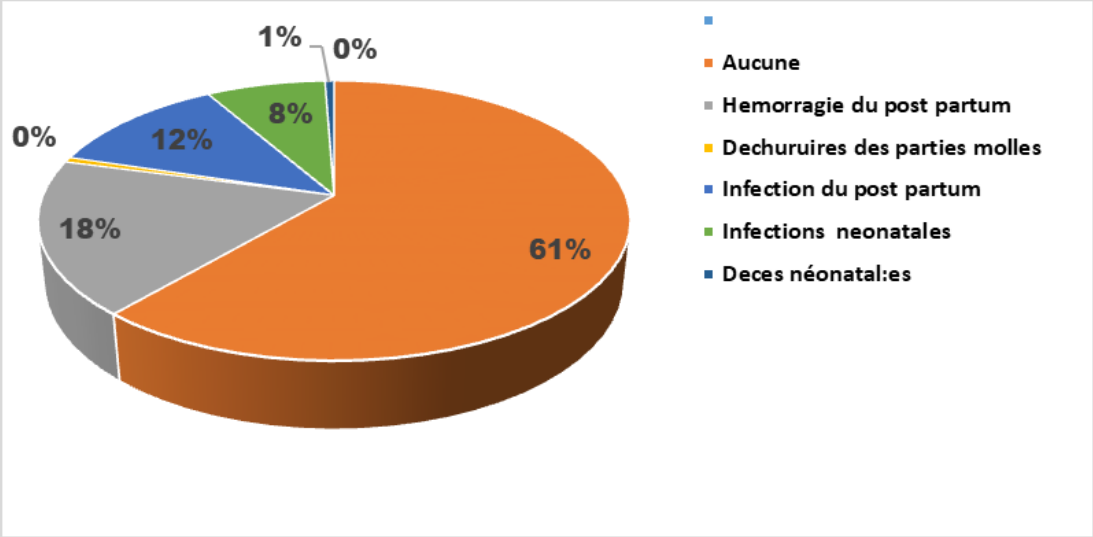


Fig 7: Complications observed during home birth

In fact, 38.69% of women who gave birth at home had complications during their last home births. The main complications were postpartum hemorrhage (17.86%) and postpartum infections (11.90%).

Health workers and community health workers found that bleeding after childbirth, illnesses of the mother and child, and sometimes of the newborn were the most frequent complications.

- **Qualitative Data:**

Over 10 years, only 1/3 of traditional birth attendants say they have received training on childbirth (Last training was in 2011).

These traditional birth attendants described their response in these terms:
"***It's been ten years that we have neither training nor control, we are left to our own devices…***"

More than 90% of traditional birth attendants, or 29/30, did not have any materials or equipment for deliveries.
"***We have no equipment for childbirth, we do our deliveries with bare hands and cut the umbilical cord with the razor blade…***"

The general signs of danger in a pregnant woman were not known by 17/30 (57%) of traditional birth attendants; but 30% (09/30) knew at least one risk and/or complication of home births.

For community leaders and women, the majority of home births in this locality are motivated by lack of financial means and sometimes by insufficient knowledge of the advantages of an assisted birth in a health center.
"***The cost of childbirth is high for us, if you reduce the cost you will see***"

DISCUSSION

The use of reproductive health services in general and in particular unassisted and/or home birth still poses a public health problem in the Tominian health district, especially in the Monisso health area.

During our study period, the majority of women had given birth at home. This is higher than that of the studies of FAYE, VROH SANGHO and BOPE which found respectively, 38%, 17%, 16.18% and 37% [6, 7, 8, 11]. Without statistical difference $P < 0.05$.

In our social context, in rural areas, home and/or unassisted birth is seen as courage and bravery on the part of women, unlike women who come to give birth at the health center.

Other reasons may be the basis for under-occupancy of health centers for childbirth, some of which are linked to geographical accessibility and economic accessibility.

Numerous government actions in collaboration with strategic, technical and financial partners are attempting to correct this trend through the installation and recruitment of community health workers, qualified personnel in the centers, the rehabilitation and construction of new health centers. closer to communities.

Finally, several health programs, particularly in reproductive health, in particular cesarean section, and family planning are made free in order to contribute to the reduction of maternal and neonatal deaths.

Complications linked to unassisted childbirth can be serious and sometimes overlooked by the population.

The persistence of home births is also linked to the fact that our rural communities do not find a parallel between this state of affairs and the complications that arise.

In our study, the majority of home births were carried out by traditional birth attendants even if more than 50% were unaware of the indications for evacuation, particularly the signs of danger in a pregnant woman.

The even irregular requalification of traditional birth attendants is a big step towards improving reproductive health in general and preventing complications related to childbirth in particular. This opens the chapter of gender inequality given the limited economic power of women, difficult access to health centers and sometimes rudimentary and/or unavailable means of transport.

Certainly several women affirmed that childbirth costs were high, but we believe that the implementation of universal health insurance and the establishment of village solidarity funds will make it possible to partially resolve this problem even if illiteracy had had a negative impact.

The cost of reproductive health services derives essentially from the policy of the Malian state so that it does not hinder attendance at health centers.

CONCLUSION

Reproductive health remains a major challenge to address in Mali. Despite the multiple strategies provided, many efforts remain to be made on the one hand by maintaining and on the other hand by capitalizing on the achievements to change the mentalities of the population.

The socio-cultural and economic gravity in our district is a particularity which requires particular attention.

Evaluating the maternal and neonatal consequences of deliveries outside health facilities could help find real solutions to this problem.

REFERENCES

1. Alexander, K. (2006). Home births: Maternal-fetal prognosis at the reference health center in commune V of the Bamako district. FMPOS Medicine Thesis 2006 M …
2. WHO. (1998). World Health Report January-February 1998.
3. Sidibé, A. (1995). Home birth, a risk for mother and child. Medical overview Kinsangani (DRC), 12, 720-723.
4. Diop, A., & Manuela, T. (1987). Safe motherhood. *Health Medical Forum*, 8(2), 164-170. WHO Geneva 1987.
5. Hart, R. T. (1991). The integration of maternal and child health services into primary health care. *Geneva*, 101, 7.
6. Faye, A., Wone, I., Samb, O. M., & Tal-Dia, A. (2010). Study of the contributing factors of home birth (Senegal) Bulletin of the Society of Pathology.
7. Vroh, J. B. B., Tiembré, I., & Zengbé-Acray, P. (2009). Prevalence and determinants of home births in two precarious neighborhoods in the commune of Yopougon (Abidjan), Ivory Coast. *Public Health*, *21*(5), 499-506. S.F.S.P Editions.
8. Sangho, O., Soumana, O. T., & Youssouf, D. (2020). Comparison of the determinants of home birth in two neighborhoods in commune V of Bamako/Mali. *Mali Medical*, *35*(3).
9. Mali Demographic and Health Survey (EDSM VI 2018)
10. Tominian Local Health Information System (DHIS2).
11. Bope, M., Kwete., & Bukuru Nyota, R. (2016). Factors favoring home births in the Lemera Rural Health Zone in South Kivu, DR Congo. International Journal of…, 2016 - researchgate.net.