

Factors affecting place of Delivery at a Rural Community of Lahore, Pakistan

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Abstract

Background: This study was conducted at a rural Community of Lahore Pakistan in 2021, to assess the different factors that affect place of delivery and delivery practices. The different factors that affect delivery choices were financial problems, gender role issues and traditional practices, cultural and ethnic values, access to health centers due to distance.

Study design and method: A descriptive cross sectional quantitative study design was used. Data was collected from married females through convenient non probability sampling technique and interviews. 70 married females participated in this study. **Results:** Fear of hospital due to no exposure in health centers, lack of maternal education and cultural values major influence their delivery choice, According to the results approximately 70% of the population had cost issues and 58% preferred to deliver at home because of psychological satisfaction and convenience. **Conclusion:** The findings of the Research emphasize the need of building maternal health centers to overcome the cost and distance issues. Educating females regarding maternal health. Maternal health centers may effectively reduce the risk of precipitate delivery and traditional delivery practices.

Keywords: Risk factors, traditional delivery practices, maternal education.

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INTRODUCTION

Pakistan has shown gentle decline from the last ten years in its maternal mortality ratio from 276 to 186 deaths per 100,000 live births. Although it is quiet distant to get the target of 70 per 100,000 live births by 2030 as stated in Sustainable Development Goal. This urban-rural dissimilarity for the location or setting of delivery is inflate in Sindh with 42% of childbirths takes place at home in rural areas in comparison with 28% in central cities or civil areas. In the urban areas of Pakistan approximately 81% of deliveries take place in the hospitals but in the rural areas the proportion falls upto 50% (Asghar *et al.*, 2020). Mostly 300,000 women died due complications associated with

pregnancy in 2017. Countries with low resources have majority of deaths (94) (Bongaarts, 2016). The low gender status of females and dominant status of males leads to adverse effect on women's maternal health (Khan *et al.*, 2009). Pakistan is a patriarchal society and usually men take home and finance decisions. Women live in rural areas and urban shanty towns are considered as second in command and have restricted or most certainly not say in personal and family concerns (Naz & Chaudhry, 2012). Reliance on trained birth attendants is considered as a major hurdle in pursuing suitable maternal care. The large number of TBAs are untrained and have no clinical competence to deal with complex problems during pregnancy or delivery (Maheen *et al.*, 2020). With the inhabitant of about

204.6 million people, Pakistan is the sixth prominent country in the world. The maternal mortality rate was 140 per 100,000 live births in 2017 in Pakistan. (“The Denominator for Maternal Mortality—Total Births or Live Births?” 2002). The goal of MDG 5 is to lessen the maternal mortality ratio (MMR) by three quadrant from 1990 to 2015. (United Nations, General Assembly, 2005). The Millennium Development Goal (MDGs 1990–2015) emphasize the significance of declining maternal and child mortality upto 75%. In 2015, this has resulted in meaningful decline of maternal mortality rate (MMR) to 38% worldwide (WHO, 2019). Bangladesh, Nepal, and Pakistan bring about commendable development in the depletion of MMR in the past few years. From 2010 to 2017, MMR reduce to 186/100000 in Nepal, 173/100000 live births in Bangladesh, and 140/1000000 in Pakistan (Prasad *et al.*, 2015). In most of the developing Countries , more than a third of pregnant women have no approach or get in touch with health care providers before they delivery, and 57% of births occur with the absence of skilled attendant present (Coeytaux *et al.*, 2011). A key determinant that impact mother and new born health is place of delivery (Feyissa & Genemo, 2014). In accordance with WHO, immediate and efficacious skilled care during of delivery can make the impression between the matter of life and death for both women and their newborn? (Prasad *et al.*, 2015) However the discussion regarding protection and women's decision to choose either home delivery or health facility delivery carry on in the developed world, an unpleasant consequence of home delivery has been recorded in developing nations (Pathak *et al.*, 2014).

METHODS

Study Design: This was a descriptive cross- sectional quantitative study.

Study setting: This study was conducted in rural community of Lahore Pakistan. All married females of this community participated in this research study. Data was collected from 70 willing females after their consent.

Sampling technique: Data was collected by the researchers by using non-probability convenient sampling technique. The participants were all married pregnant and non – pregnant women and those were willing to participate.

Variables: The two variables of this research study are the factors and choice of delivery. Demographic variables include gender, age, occupation and religion. Consequently information on demographic data and socioeconomic status of all women were collected.

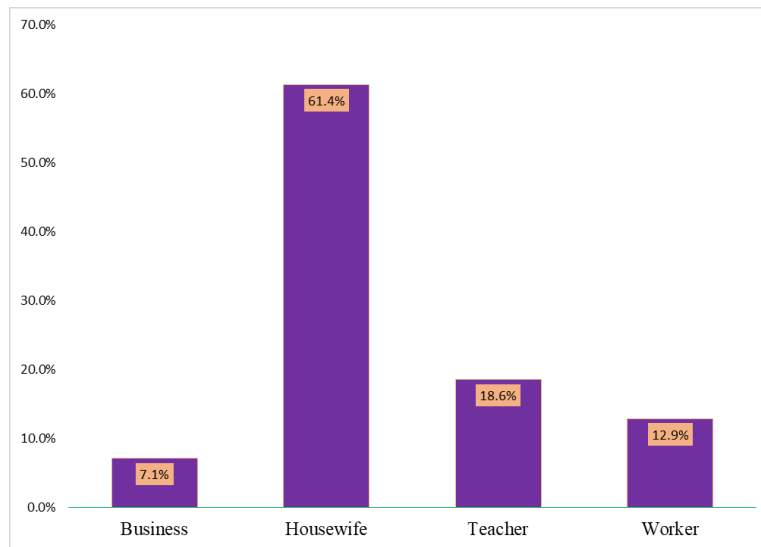
Age: 20 – 40 years of females (94%) with mean (32.49 ± SD 8.94). 6 % of the females were between 41-70 years of age.

Data Analysis: Data was analyzed by using SPSS version 22 software.

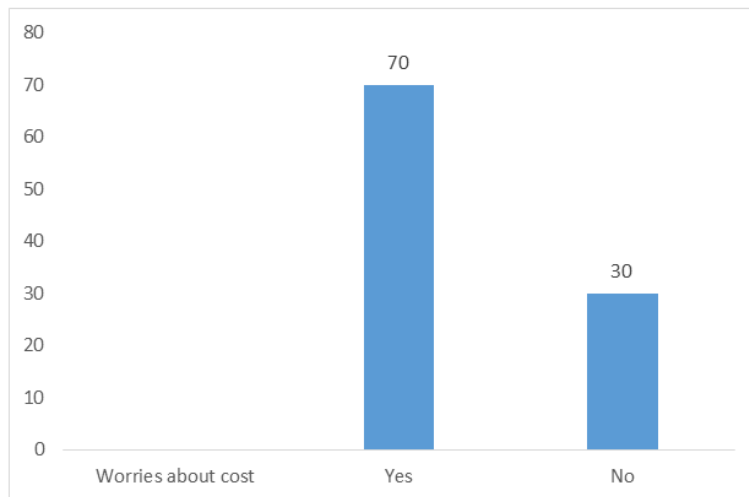
RESULTS

According to the results the majority of the women were worried about cost because of the financial problems in families and according to the results 70 % of the females have faced same financial issues .Approximately 55% of the females have easy previous delivery experience while 42 percent of the females have poor home delivery experience. 74% females have fear regarding hospital because they have traditional mind sets and less familiar with hospital environment. 51% of the females have transport issues because of lack of income, resources and personal vehicles. Approximately 58 percent of the females preferred to deliver baby at home because of easy access and traditional religious and moral values. Majority of the females about 62% preferred home delivery because of the influencing ethnic and cultural values.65 % of the females also have less maternal education, delivery practices knowledge because of lack of education. Majority of the families about 42% have no satisfaction regarding home delivery because of the high maternal morbidity rate. Approximately 55% of the females have resources availability during home delivery that is why they preferred home delivery. Approximately 47% of the females precipitate delivery of poor antenatal care.

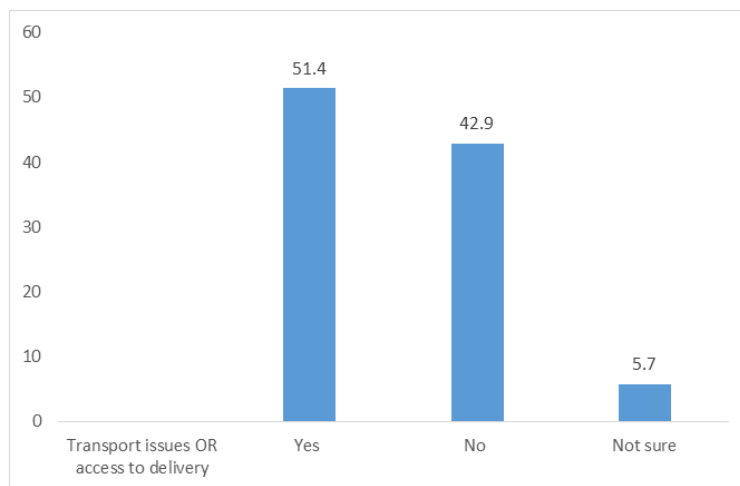
Occupational chart of Malikpur Community Females:



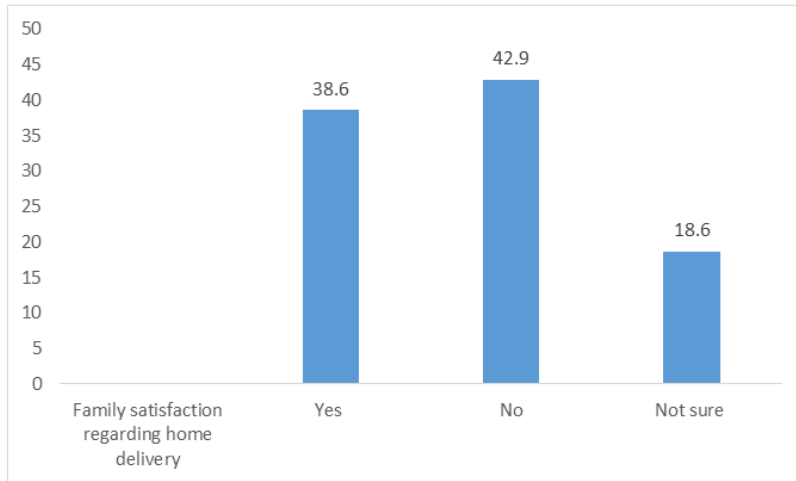
Worries about cost?



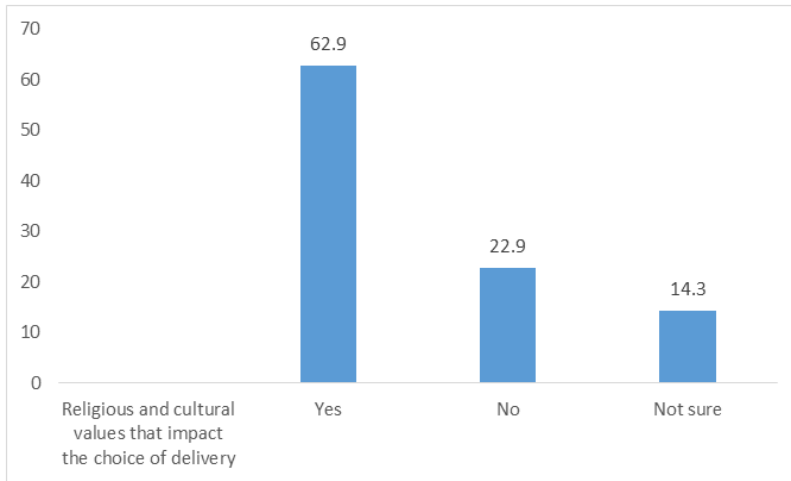
Transport issues or Access to delivery?



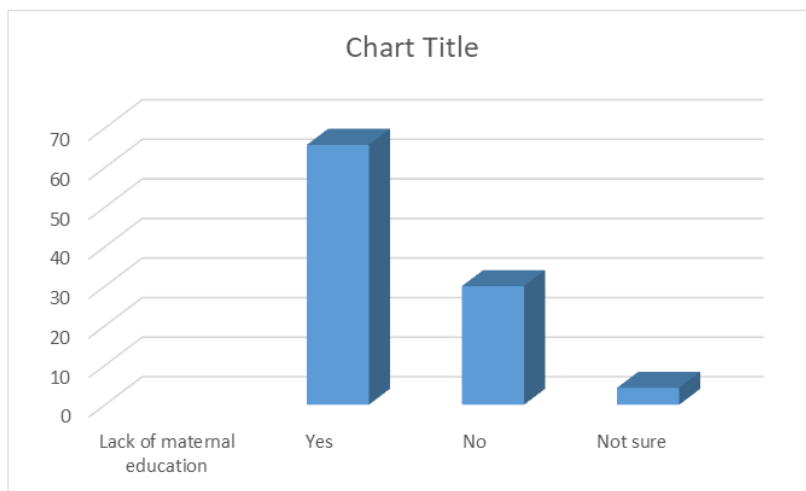
Family satisfaction regarding delivery?



Cultural and religious values that influences the delivery choice?



Lack of Maternal education?



Factors directly associated with place of delivery:

Factors
Cost issues and maternal education
Distance or access
Family Satisfaction
Resources availability
Influencing cultural values

DISCUSSION

The purpose of this study conducted at Malikpur in 2021 is to determine the factors that influence the choice and place of delivery in rural community. The factors that were identified through this study are cost issues, transport problems and their traditional beliefs that prevent them to go in hospitals and clinics. These factors are the root cause of maternal mortality in this community. These neglect attitude directly and indirectly effects the health of mother during pregnancy and delivery period.

The study in Eritrea was conducted to determine different determinants that influence the choice of delivery among females living in realm communities of Eritrea. Generally, the percentage of women who had delivered in health facility was only 24.6%. This proportion is less than the most newly national LQAS survey that records 62% of mothers deliver their child in health centers (Adgoy *et al.*, 2021).

A study conducted in Nepal in which Most of the women who are housewives have often, women who are housewives have restricted or no approach to and less ability to take decisions in their family matters; they totally depend on their husband's mother for pregnancy and maternal care related needs (Simkhada *et al.*, 2010).

The proportion of home delivery is still inflated Lao PDR; with 34.5% in nationally and in the Savannakhet province it is about 38.4% (Statistics, 2021).

The root of maternal mortality and morbidity are preventable in today's period of technology and medical development .A life span threat of dying due to pregnancy associated causes for a Pakistani woman is I in 80 in comparison to I in 61 in under developed countries as a body and 1 in 4,085 in developed countries (Bongaarts, 2016).

Another study was conducted in Rural Punjab Pakistan (2017) to assess the factors influencing home delivery. A total of 350 married , between 20 to 45 Years of age, were interviewed who had given birth to newborn at their home over a period of last three months .According to the results 42.5 % women said that labor was peaceful for them at home because of comfort assistance because of their culture and family

members. 82 percent of the participants said that home was more easy and they did not went to hospital before and after during birth. 38.2 percent of the participants had transport problem and during critical situation they did not get shift to nearby health center or clinic (Jain *et al.*, 2015).

CONCLUSION

The present study concluded that majority of the participants approximately 70% have cost issues because of the financial problems in rural community. The attitude of Malikpur Community towards delivery practice is old and traditional due to preconceived ideas that delivery of baby in home is more satisfactory than hospital. Ladies are dependent on husbands regarding financial concerns. Most of the ladies have fear regarding hospital delivery because of no previous hospital delivery experience. Ethnic and traditional values motivates them to deliver baby at home. They have psychological satisfaction with home delivery as compare to hospital delivery. Approximately 65% of the females have no maternal education because of high illiteracy level and no awareness regarding hygienic delivery measures at home. Majority of the Malikpur community has less resources availability due to which delivery takes place at home and those who have adequate resources and no financial issues traditional and pre conceived mind set hassle them to deliver baby at home. Majority of the females have precipitate delivery because of no access to hospital or clinic. Untrained birth attendants attend delivery at home with unhygienic delivery measures. The other issues that influences home delivery are traditional values because their man don't want their ladies to go outside and deliver baby other than home. Rural ladies have no choice other than home delivery. There is no facility of any maternal clinic or midwife availability at the time of delivery. Majority of the people of this community are poor and their monthly income comes from agriculture. Transport issues also impact the choice of delivery. Pregnant ladies feel hesitate to go hospital for regular maternal checkup and delivery of baby because of influencing cultural and ethnic values.

RECOMMENDATIONS

- We recommend Government to build more antenatal clinics for the delivery of pregnant Ladies.

- Educational session and seminars should be arrange on safe delivery practices and knowledge regarding institutional delivery
- Government should take initiative to provide trained female medical staff for females so that the rural pregnant ladies don't feel any problem while discussing their concerns associated with delivery.

Limitations:

- This study was conducted at only Malikpur Rural Community that's why the findings of the study cannot be generalize to the all rural Communities of Pakistan and the sample size was small that's why it can't be generalize.
- These findings cannot be applicable to young unmarried ladies.
- Our study only explore the factors that influences place of delivery but did not explore the factors that influence delivery at home.

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