

Factors Associated with Woman in Child Bearing Age Not Wanting to Deliver in a Health Facility Despite Antenatal Care Attendance, in Kakamega Central Sub-County

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Abstract

Background

Despite a large proportion of women attending ANC during pregnancy, a significant percentage still avoid delivering at the health facility thus increasing the risk of adverse pregnancy outcomes and death. Knowledge of factors associated with the women's decision against health facility delivery is limited. The main objective of this study is to examine factors associated with women's decision against health facility delivery despite ANC attendance in Kakamega Central Sub-County, Kakamega county, Kenya.

Methodology

Design: A community based cross sectional study.

Sample size: 302 women who attended ANC but did not deliver in a health facility.

Sampling. Simple random sampling

Analysis. Analyzed using SPSS V19. The statistical significance level was set at $p < 0.05$. Descriptive statistics and associations-using chi-square was utilized.

Results: Significant associations between education level of the women and poor staff availability and unfriendliness ($P=0.049$), Marital status and high cost of delivery ($p=0.050$), parity with poor preparatory service ($p=0.000$), long distance ($p=0.000$), high cost of delivery ($p=0.000$) and poor staff availability and unfriendliness ($p=0.000$) and other costs and health facility delivery ($p=0.0063$) were found to be some of the factors discouraging women from Kakamega Central sub-county from delivering in a healthy facility.

Conclusion and recommendation

Women need to be empowered economically, mentally and socially in order for them to make sound decisions when it comes to delivery.

Keywords: Antenatal care attendance, Health facility delivery, Kakamega Central Sub-County.

Introduction.

Improving maternal health is one of the United Nations (UN) Millennium Development Goals (MDG). (Ninety nine percent) 99% of all maternal deaths occur in developing countries. Current estimates of maternal mortality ratios in Kenya are at 400 deaths per 100,000 live births¹. With a functioning health care system, most maternal deaths are avoidable if complications are identified early. A measure of the proportion of deliveries assisted by skilled attendants is one of the indicators of progress towards achieving MDG-5, which aims at improving maternal health².

In the western rural parts of Kenya area, the usage of the ANC is high, but the proportion of women using health facilities to deliver is very small (less than 30%). Use of professional delivery services is low .One (1) out of every five (5) women delivered unassisted². So what could be the, factors associated with women's decision against health facility delivery despite ANC attendance in Kakamega Central Sub-County.

Methodology

Cross sectional study design was used to collect the data. Simple random technique was used to identify a sample size of 302 women who attended ANC but did not deliver in a health facility. The 302 women was arrived using the Fishers formula .The Study took place between 1st of December 2013 and 31st of March 2014. A structured interview was used in collecting the data after which the data was cleaned, coded and analyzed using SPSS V 19. Descriptive statistics was used to examine the individual characteristics in the study and chi-square tests were used to examine the associations between the independent variables and outcome (factors associated with not attending health facility for delivery purposes). The statistical significance was considered at $p < 0.05$.

Results

(a) *Associations of socio-demographic characteristics and health factors affecting delivery at a health facility*

In terms of Socio-demographic characteristics, four key factors were identified. This factors included

level of education, marital status, age and parity.

The key things in the level of education that had a positive influence in choosing the place of delivery was the facility comfort (p=0.025), staffing and staff friendliness (p=0.049).

Marital status of the women was also found to have some influence on not to use health facility to deliver in .The key things found affecting this group was high cost of delivery (p=0.05) and inadequate staff availability and staff friendliness (p=0.011).

Age of the mothers was key when it came to services offered during ANC attendance (p=0.004) and staff availability and staff friendliness (p=0.000).

Parity of the mother played a key role especially with regards to services during ANC (p=0.05), preparatory services for delivery (p=0.000), the distance to the health facility for ANC service and delivery (p=0.000), cost of delivery (p=0.000) and staff availability and friendliness. See Table 1 below;

Table 1: Associations of socio-demographic characteristics and health facility factors

<i>Socio-demographic</i>	Unsatisfactory service during ANC	Poor preparatory service for delivery	Long distance to the health facility for ANC service and delivery	Poor facility and comfort	No/ inadequate supplies/commodities	High cost of delivery	Poor staff availability and unfriendliness
Education level	P=0.587	P=0.682	P=0.792	P=0.025	P=0.274	P=0.792	P=0.049
1=None	7(77.8)	7(77.8)	9(90.0)	9(100)	10(100)	9(90.0)	5(50.0)
2=Primary	74(81.3)	69(75.0)	81(88.0)	82(89.1)	76(82.6)	81(88.0)	48(51.6)
3=Secondary	112(86.2)	88(67.2)	109(82.6)	115(87.1)	103(78.0)	109(82.6)	86(66.7)
4=Tertiary	10(71.4)	11(73.3)	13(86.7)	13(86.7)	10(66.7)	13(86.7)	12(80.0)
5=N/A	1(100.0)	1(100)	1(100.0)	1(100)	1(100.0)	1(100.0)	0(0.0)
Marital status	P=0.096	P=0.062	P=0.313	P=0.589	P=0.505	P=0.050	P=0.011
1=Single	70(79.5)	64(72.7)	5(5.7)	81(91.0)	74(83.1)	83(93.3)	43(48.3)
2=Married	112(86.2)	95(70.9)	5(3.7)	114(85.1)	103(76.9)	105(78.4)	89(67.4)
3=Widowed	10(90.9)	4(36.4)	0(0.0)	10(90.9)	10(90.9)	10(90.9)	6(54.5)
4=Separated	9(90.0)	8(80.0)	0(0.0)	10(100.0)	9(90.0)	9(90.0)	8(80.0)
5=Divorced	3(60.0)	5(100.0)	1(20.0)	5(100.0)	3(60.0)	5(100.0)	5(100.0)
Age	P=0.004	P=0.107	P=0.158	P=0.208	P=0.695	P=0.504	P=0.000
Parity	P=0.050	P=0.000	P=0.000	P=0.144	P=0.419	P=0.000	P=0.000
1=1-2	79(76.0)	81(76.4)	8(7.5)	99(92.5)	83(77.6)	100(93.5)	59(54.6)
2=3-4	90(88.2)	75(72.1)	1(1.0)	91(87.5)	84(80.8)	76(73.1)	77(75.5)
3=5-6	22(88.0)	8(33.3)	0(0.0)	18(75.0)	23(92.0)	24(96.0)	8(33.3)
4=More than 6	8(100.0)	5(62.5)	0(0.0)	6(75.0)	6(75.0)	6(75.0)	4(50.0)

(b) Association between economic factors and reasons behind a woman's decision not to deliver in a health facility

The kind of work a woman is doing and income associated with it, showed some significant association with a woman not wanting to deliver in a health facility. The key things that had most influence was the services offered during ANC, preparation for delivery, high cost of delivery and hospital staff availability during delivery as shown in table 2 below.

Table 2: Associations of economic characteristics and health facility factors

<i>Economic factors</i>	Unsatisfactory service during ANC	Poor preparatory for service delivery	Long distance to the health facility for ANC service	Poor facility and comfort	No/ inadequate supplies/ commodities	High cost of delivery	Poor staff availability and unfriendliness
Income	P=0.000	P=0.035	P=0.897	P=0.471	P=0.991	P=0.006	P=0.001
1=Farming	34(89.5)	32(80.0)	32(80.0)	39(97.5)	32(80.0)	28(70.0)	30(76.9)
2=Business	109(87.2)	85(67.5)	102(81.0)	110(87.3)	102(81.0)	108(85.7)	80(63.5)
3=Salaried	48(88.9)	35(62.5)	44(78.6)	47(83.9)	44(78.6)	51(91.1)	34(61.8)
4=Others, Specify	5(83.3)	5(83.3)	5(83.3)	5(83.3)	5(83.3)	4(66.7)	2(33.3)
5=N/A	8(36.4)	19(95.0)	17(77.3)	19(90.5)	17(77.3)	22(100.0)	5(22.7)
House type	P=0.387	P=0.263	P=0.117	P=0.724	P=0.548	P=0.280	P=0.156
1=Permanent	55(83.3)	42(63.6)	45(68.2)	56(84.8)	56(84.8)	60(90.9)	45(68.2)
2=Semi	118(81.4)	110(74.3)	89(60.5)	133(89.3)	118(79.2)	123(82.6)	89(60.5)
Permanent	31(91.2)	23(67.6)	17(48.6)	31(91.2)	27(77.1)	30(85.7)	17(48.6)
3=Temporal							

(c) *Health facility factors and women's decision against health facilities delivery.*

Services they missed during ANC visits (66%, p=0.038) e.g. mother child booklet, mosquito nets, folic tablets and Tetanus injection, transport incurred during ANC visits and staff availability during services ANC (67% p=0.026) played an important role on most of the women interviewed with regards to the decision not to deliver in a healthy facility.

Discussion

Education level of the women was found to have some significant association with two out of seven health facility factors, with regards to not choosing to deliver in a health facility. This factors were, poor state of the facility and staff availability and friendliness. Marital status of the woman also was found to have some influence. This influence being; lack of staff needed during the ANC visits. The result further indicated that number of previous pregnancies played a significant role. Those who had had 5-6 pregnancies reported not receiving any advice on where to deliver, compared those who had 1-2 previous pregnancies.

The distance also affected a woman's decision to deliver in a health facility. The Further the facility, the lower the chances of the woman delivering in that health facility. This findings was similar to study done in Nepal, which found out that women living more than one hour away from a health facility are 8 times less likely to use health facility during delivery than those who are nearer³

Although we did not formally test associations between various economic characteristics and decision against health facility delivery, our descriptive analysis points to a strong presence of contextual determinants on the decision for home deliveries. Specifically, low level of education, young age at marriage and dependence on farming suggests a state of powerlessness with regard to decision making within the household. That socio-demographic, and specifically education and income strongly influence delivery practices is a well-known phenomenon. Our study findings closely resemble other studies carried out in regions that score very low on the Kenyan poverty index. For instance, Nyanza and Coast province still record high rates of home deliveries, followed by western province. Our findings also corroborate the findings of other studies across Africa which show a clear relationship between maternal decision making power and delivery outcomes^{5,6}.

We also found positive associations between level of medical facility and costs, and other costs. Contrary to conventional beliefs about free maternity care, our findings point to a systematic misunderstanding of the concept "free" in maternity services and care. Although few studies have been published since the declaration of free maternity services in Kenya, unreliable reports already suggest the existence of misunderstanding and distortions of free maternity care. Nevertheless, it is possible that extra costs incurred by mothers in the form of gloves, intra-partum medications, gauze; and other supplies represent a significant financial burden⁷.

Most of the government health centers and dispensaries are run by very few staffs who offer all the services. The supplies that were missing mostly were ferrous and folic acid and dewormers which significantly affected the women decision to deliver in the health facility. A finding similar to a qualitative study by Mrisho in Southern Tanzania and Kyomuhendo in Uganda^{4,8}. This could be explained by the fact that most on them attended ANC once.

Conclusion

Majority of women of reproductive age in Kakamega Central sub-county tend to make decision not to deliver in the health facility due to poor staffing and unfriendliness and poor facility and comfort which are basically facility factors. Other factors like, transport to the health facility and lunch while at the facility played also a very important role in their decision making.

Level of education was also a key factor in the decision making. Marital status and missing of most staffs during ANC visit especially for single women and widows and the Number of pregnancy especially above 3, made them not to deliver in a health facility.

Recommendations

It is recommended that government and those whose responsibility for hiring are to look at the issues to do with cost of delivery, staff levels and the distance between health facility. Health facilities staff are also to be trained on issues to do with hospitality.

Conflict of interest

No conflict of interest

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