

# Home Deliveries in Rural and Urban Districts in Kenya

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**Abstract:** Home deliveries is common in developing countries Kenya included where mothers are assisted by Traditional Birth Attendant during delivery. Most birth which occur at home can result in complications which cannot be handled in the absence of qualified health personel and a health facility. To reduce maternal mortality its important that mothers deliver in a hospital with qualified health personnel.

**Objective:** The study aimed at establishing the factors that contribute to home deliveries in both rural and urban Districts in Kenya.

**Methodology:** A cross sectional study design was preferred. A sample of four hundred postnatal mothers in Rural and Urban hospital attending maternal child health clinics were selected for the study. Eligibility was mothers who had delivered at home within one year prior to the study. Focus group discussion guides were used to collect data. Data was analyzed by correspondence and thematic analysis and presented in figures and summary narratives.

**Results:** Most mothers in rural area delivered at home compared to urban 119 Mothers delivered at home in rural while only 47 did so in rural area. This is associated with lack of money and transport. Home deliveries are preferred because they are cheap, no cost of travelling, TBA have a positive attitude and use polite language, there is one to one care so chances of self-delivery do not arise and mothers are in familiar environment.

**Conclusion:** Home deliveries are still common in Kenya despite availability of health services.

**Recommendation:** Health worker should improve during delivery on the care they give to the mother irrespective of their socio-economic status.

**Keywords:** Care during delivery, Home deliveries, Tradition birth attendants.

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## I. INTRODUCTION

Home deliveries are common in developing countries including Kenya. This results in maternal mortality due to complications which can be managed effectively by skilled bith attendants in the hospital. The deliveries which take place at home and are assisted by TBAs and are often performed in unsafe and unhygienic conditions resulting in increased risk of maternal and child morbidity and mortality. Kenya introduced free maternity services in June 2013 to increase hospital delivery in all public hospitals (8) this increased the hospital delivery however maternal mortality rate still remains high at 362 (1) despite this being a decrease from 488 (6) compared to global 216 (2). Its also insufficient to achieve the 75 % reduction target by millennium development goal (MDG) five. Despite the fact that 96% of pregnant attend antenatal care only 50.4 % in rural and 82.4 % deliver in the hospital (1). If home deliveries with unskilled birth attendant can be eradicated maternal mortality would reduce. In view of this a research was carried out in a rural and urban District in Kenya.

The objective of the study was to assess the factors that contribute to home delibvery and how they can be addressed to prevent maternal death due complications.

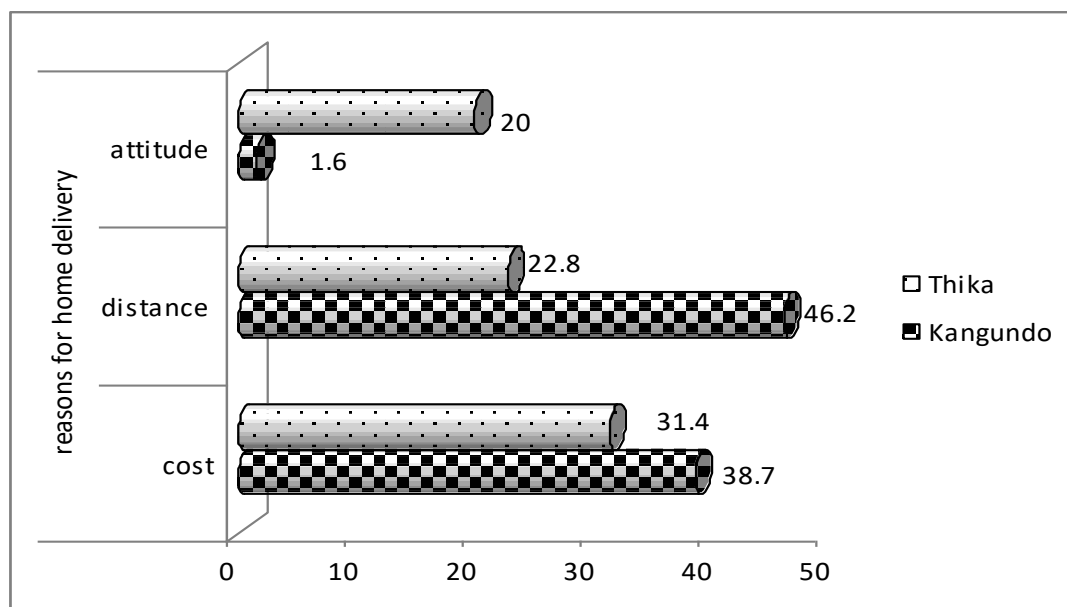
## II. METHODOLOGY

A cross sectional study design was preferred. A sample of four hundred postnatal mothers in Rural and Urban hospital attending maternal child health clinics were selected for the study. Kangundo district represented Rural while urban was represented by Thika District. Eligibility criteria were mothers who had delivered at home within one year prior to the study. Structured questionnaire interviews, Focus group discussion guides and Key informants interviews were used to collect data. Data was analyzed by correspondence and thematic analysis and presented in figures and summary narratives.

## III. RESULTS

Of the 119 mothers who delivered at home in Rural 114 (95.7%) reported no complications with only 4.3% reporting complications. In Urban where out of 47 mothers who delivered at home 32 (96.7%) had no complications with only 3.3% reporting complications. When asked why they choose to deliver at home 46 (38.7%) in rural mentioned cost 55 (46.2%) distance from home compared to urban 11(31.4%) and 8 (22.8%) respectively attitude of the health care worker was also featured by 7 (20%) inUrban compared to 2 (1.6%) in rural (Figure 1)

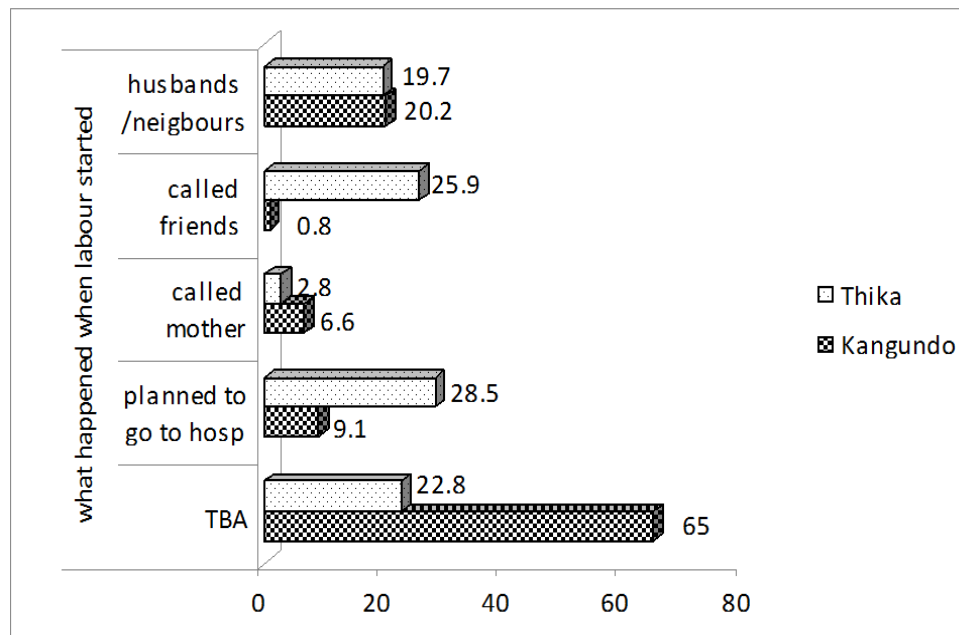
FGDs and KII mentioned the following reasons for home delivery; good services as one of the clients put it that TBAs are good they use polite language and follow you for at least 7 days. This was confirmed by a TBA who was a Key informer "tunawongerasha vizuri na tunawapebelesa" (we talk to them nicely and encourage them). There is privacy the TBA only allows one or two women to be in the room as one participant put it, "Men and children are chased away." Bed and beddings available no sharing of beds thus lowered risk of infection. Mothers are provided with hot drink, food and hot water for bath after delivery. The services are cheap and readily available no transport needed the TBA usually comes or the client walks to her home. Confirmed with TBA who said "we charge them Kshs 700 paid little by little or can pay in kind". Though she was fast to respond that nowadays they don't deliver them due to fear of Aids unless in case of emergency. This was also due to the fact that the Ministry of Health has instructed them not deliver mothers at home to prevent maternal death. Familiar environment where everything is explained in a polite language and family members encourage the client. Clean environment since it only one patient being delivered at a time.



Thika represent urban District and Kangundo Rural District

**Figure 1: Reasons for home Delivery from Rural and Urban**

What clients did when labour started 78 (65%) in Rural they called a TBA, 11 (9.1%) Planned to go to the hospital while 8 (6.6 %) called their mothers and 22 (20.2%) called their husbands and neighbours. Compared to Thika 8 (22.8%), 10 (28.5%), 1 (2.8%) and 7 (19.7%) respectively (figure2)



**Figure 2: What mothers did when labor started at home**

Assistance during delivery in Rural was 83 (69.2%) by TBA, 9 (7.5%) by relatives, 9 (7.5 %) delivered on their own and 19 (15.8 %) by friends / neighbours while in urban 15 (42.8%) delivered by TBA, 10 (28.6%) by relatives and 10 (28.6%) by friends / neighbours, none delivered on her own.

From rural only 27 (22.5%) of all home deliveries wished they could have gone to the hospital compared to 2 (28.5%) in urban. The ones who did not wish they could have gone to the hospital in rural (91) mentioned TBA were good and they assisted them well 71 (78%), no complications 11 (12%), it was an emergency 5 (5.4%) and it was expensive 4 (4.3%). In thika only 4 (11%) did not wish to go to the hospital since labour was emergency, expensive and they had been mistreated before.

If they thought they would have gotten better care in the hospital 68 (57.1%) in Rural and 4 (57.1%) in Urban said yes. 66 (66.7%) of all the mothers who delivered at home in Rural and 4 (66.7%) in Urban had planned to go to the hospital during delivery but changed their mind. Reason of change of mind was featured in Rural as due distance from hospital 34 (53.2%) cost of services 17 (27.2%) and 8 (11.7%) abrupt labor others 5 (7.9%) included mistreatment, /harsh language and rudeness by the health care workers. Urban the number was too small therefore not considered.

Of all those who delivered at home only 6 (5%) reported complications in both districts. Of all those people who delivered at home all of them went to the hospital but only 9 (7.2%) reported to the hospital within the recommended time of two days.

Where they would deliver if they got pregnant again 44 (38.3%) from Rural said home compared to 1 (16.7%) from Urban. On advantages of home delivery 62 (53.4%) from Rural cited it was cheap, 17 (14.7 %) said it was near, 5 (4.3%) no mistreatment and 32 (27.5%) said none. In urban advantages did not feature. On disadvantages complications, infections and lack of immunizations featured most.

The respondents were asked what they knew about hospital delivery, in Rural district 42 (46.2%) did not know anything, 27 (29.7%) said know about being beaten, harassed and mistreated, 15 (16.4 %) cited management of complications and 7 (7.7%) cited mistreatment. In Urban these problems did not feature since they were few home deliveries.

Out of 119 mothers who delivered at home in Rural 110 mothers answered the question on disadvantages of hospital delivery 45 (40.9%) mentioned cost, 46 (41.8%) said none, 11 (10.1%) mentioned distance to the hospital 8 (7.2%) mentioned mistreatment by the health workers (figure 3). In Urban out of 47 mothers who delivered at home only 4 (8.5 %) mentioned disadvantages of home delivery with 1 (2.1%) in each case saying its expensive, waited for long, chased away and the baby may die.

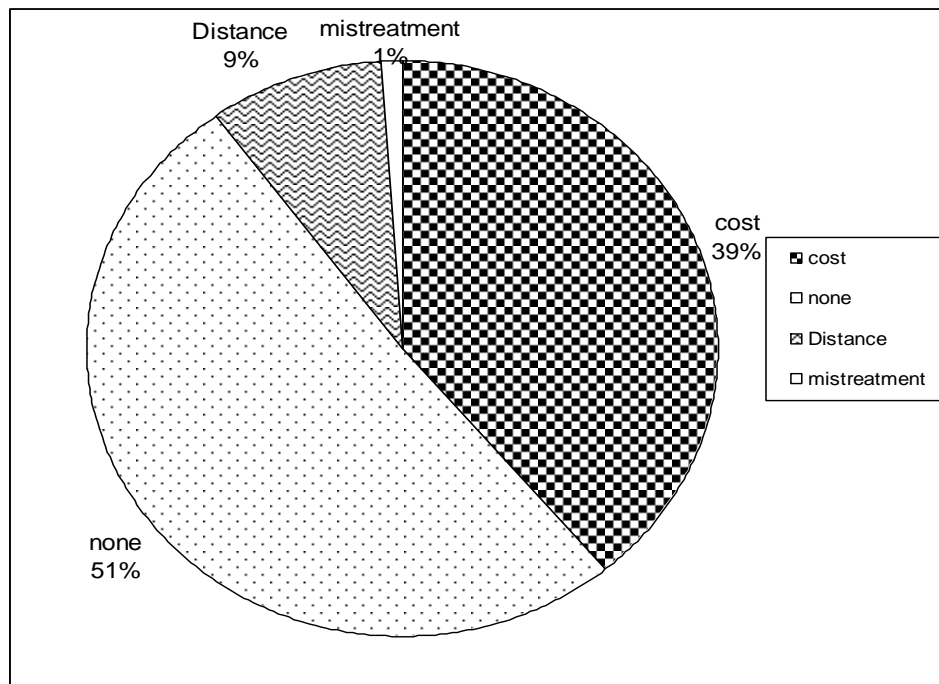


Figure 3: Disadvantages hospital delivery by those who delivered at home

In Rural 119 mothers who delivered at home responded to the question on advantages of hospital delivery, 69 (57.6%) cited prevention and management of complications 20 (17.1%) said it is safe to deliver there, 13 (10.9%) mentioned immunization and 6 (5%) assisted delivery and 11 (9.2 %) said none (figure 4)

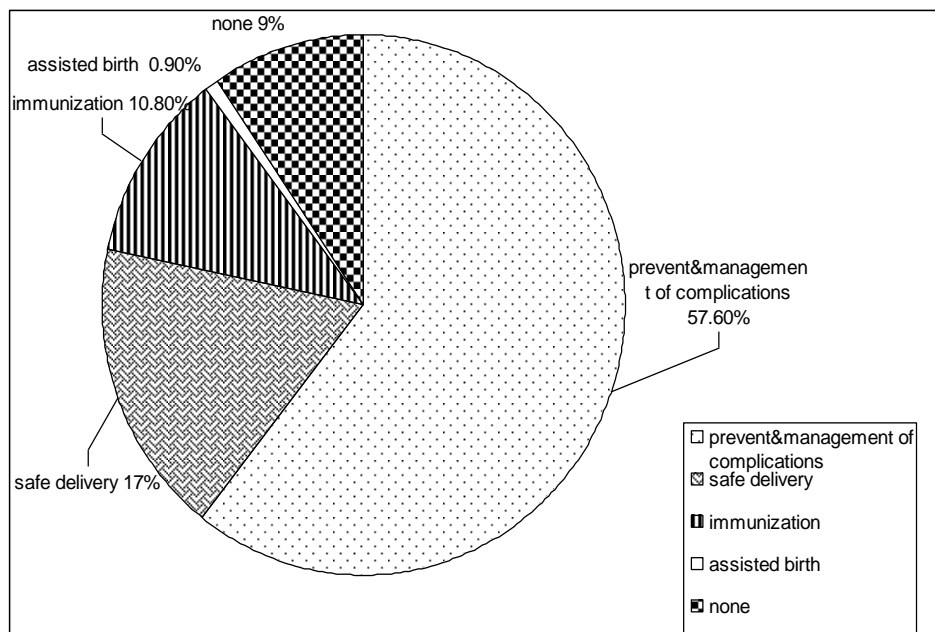


Figure 4: Advantages of hospital delivery by those who delivered at home.

#### IV. DISCUSSION

##### Advantages and disadvantages of hospital delivery as mentioned by the respondents:

The main advantages of hospital delivery were that there were qualified staffs that were able to prevent and detect complications and manage them.

The main disadvantages of hospital delivery was lack of privacy which featured prominently in urban, cost of services commonly featured in rural, harshness of the health care workers mostly in urban, lack of assistance during delivery, abuse and mistreatment which was common in both areas this was also reported in research in urban area informal sectors and also among the urban poor (3,4).

#### **Advantages and disadvantages of home delivery as per the respondents:**

The main advantage of home deliveries in both areas was the fact that it was cheap, traditional Birth attendant had positive attitude / used polite language, the environment was familiar including TBAs and relatives also privacy was maintained. Similar results were found in Bangladesh (9)

Disadvantages included excessive bleeding, complications to the baby and infection. Considering the advantages of home delivery those are small things which could be implemented in the hospital to encourage delivery there. There is need to decrease the cost of delivery services to a manageable level and also instill positive attitude to the health workers so that they can use polite language, ensure privacy and orientate mothers during antenatal care attendance to familiarize themselves with the hospital environment.

#### **Assessment of respondents on their experiences during home Delivery:**

The main reason for home deliveries in both areas was mentioned as cost, distance from the hospital and attitude of the health workers Similar results were found in Bukina Faso where distance was one of the factors hindering utilization of maternal services during delivery and also KDHS (5,6.). When labour started 65% of rural mothers called TBA and 69% were assisted by them meaning they are readily available. In urban only 28% called TBA and 38% were assisted. On complications only around 4% and 3% in rural and urban got complications after home delivery. This makes the mothers to want to deliver at home again since they did not have a problem during delivery therefore see no difference between hospital and home. This could be attributed to lack of knowledge. Only 22.5 % and 28.5% in rural and urban respectively wished at one time during delivery they would have gone to the hospital. Whether they had planned to go to the hospital at one time 62% in rural and 67% in urban said yes but later changed their mind due to distance, cost, abrupt labor, mistreatment/harsh language and rudeness by the health care workers this concurs with what was mentioned by mothers in Nairobi informal sector and ministry of health (3 7).

Of all those mothers who delivered at home all of them went to the hospital at one time but only 7.8% went to the hospital within the recommended time of two days a clear indication that there is no need to go to the hospital if delivery was normal.

Where they would deliver if they got pregnancy again 38% in rural said home compared to 17 % in urban. This is a clear indication that there is still a large number which will continue delivering at home unless the factors that are promoting home delivery are addressed.

The fact that these people delivered at home were asked about the advantages of home delivery and they were the same as reasons they had given for home delivery that is cost, distance and attitude of health worker. On disadvantages only complications and infections were featured.

Disadvantages of hospital delivery cost, distance and mistreatment featured while others said none. On advantages of hospital delivery quality of care preventive and management of complications, safe delivery and immunization were mentioned. Only less than 1% mentioned assisted delivery. This is a clear indication that mothers given the right information and inadequacies addressed would utilize hospital for delivery services but as it is today mothers go to the hospital to be assisted only when there is a complication but not for normal delivery.

## **V. CONCLUSION**

1. Respondents who deliver at home could deliver in the hospital because they had knowledge that the hospital has qualified staffs who are able to prevent, detect and manage complications but they are discouraged by lack of privacy, cost of services, harshness/mistreatment by the health workers and the language used, lack of assistance during delivery even when in the hospital and babies being stolen and exchanged.

2. Home deliveries are preferred because they are cheap, no cost of travelling, TBAs have a positive attitude and use polite language, there is one to one care so chances of self delivery do not arise and mothers are in familiar environment.
3. Respondents do not find it necessary to deliver in the hospital especially when they attend clinic and no complication are detected and those who thought they can utilize the services change their mind due to cost, transport, abrupt labor and mistreatment/harsh language and rudeness of the health care worker.
4. Respondents who delivered at home do not see any sense of going for postnatal care as long as the baby and the mother are fine and only go later for immunization of the baby.

## VI. RECOMMENDATION

1. Health worker should improve the care they give during delivery. Mothers should be prepared during antenatal clinic on importance of hospital delivery and what is expected of them during labor.
2. Health facility should improve the health services in terms of emergency transport from one hospital to the other. Upgrade and build more health facilities which are able to deal with emergencies thus reducing the work load per hospital. Equip the hospitals with essential drugs and equipment for day to day use.
3. The County Government should increase the number of health workers to reduce work load. Retrain health workers on communication skills and motivate them to improve relationship with patients and hold barazas and campaigns to improve the image of the hospitals to mothers.

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