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en Health facility or home delivery? Factors influencing the choice of delivery place among mothers living in rural communities of Eritrea

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ABSTRACT

Background: In Eritrea, despite high antenatal care (ANC) use, utilization of health facilities for child birth is still low and with marked variations between urban and rural areas. Understanding the reasons behind the poor use of these services in a rural setting is important to design targeted strategies and address the challenge contextually. This study aimed to determine factors that influence women's choice of delivery place in selected rural communities in Eritrea.

Methods: A cross-sectional survey of 309 women aged 15–49 years with a delivery in the last 1–2 years prior to the survey was conducted in a randomly selected villages of Hadish Adi, Serea, Genseba, Kelay Bealtat, Dirko, Mai Leham, Kudo Abour, Adi Koho, and Leayten. Data were collected using an interviewer administered questionnaire. Chi-square tests were used to explore association between variables. Using odds ratios with 95% confidence intervals with $p < 0.05$ taken as statically significant association, bivariate and multivariate logistic regression analysis were used to identify factors that affect the choice of delivery place.

Results: Overall, 75.4% of the respondents delivered their last child at home while 24.6% delivered in health facility. Women whose husband's had no formal education were less likely [AOR = 0.02; 95% CI 0.01–0.54] to deliver in health facility. Women who had joint decision-making with husbands on delivery place [AOR = 5.42; 95% CI 1.78–16.49] and women whose husbands choose health facility delivery [AOR = 2.32; 95% CI 1.24–5.11] were more likely to have health facility delivery. Respondents who had medium wealth status [AOR = 3.78; 95% CI 1.38–10.37] have access to health facility within 2 km distance [AOR = 14.67; 95% CI 2.30–93.45] and women with traditional means of transport [AOR = 9.78; 95% CI 1.23–77.26] were also more likely to deliver in health facility. Women who read newspaper daily or infrequently had three [AOR = 3.77; 95% CI 1.12–4.04] and almost three times [AOR = 2.95; 95% CI 1.01–8.59] higher odds of delivering in health facility. Similarly, women who have knowledge about complications during delivery [AOR = 4.39; 95% CI 1.63–11.83], good perception on the quality of care they received [AOR = 9.52; 95% CI 1.91–47.50], had previous facility delivery [AOR = 2.69; 95% CI 0.94–7.68], have negative experiences of delivery outcomes in her community [AOR = 1.31; 95% CI 1.00–4.96], and women who perceive home delivery as life threatening [AOR = 1.84; 95% CI 1.46–3.38] were more likely to deliver in health facility.

Conclusion: To increase health facility delivery, raising women's awareness on the benefits of delivering in health facility, male involvement in the use of maternal health services, increasing women decision-making power, addressing common barriers of lack of transport, and compensations for transport expenses to alleviate the cost of transport are recommended. Efforts to shorten distance to reach health facility and health education focusing on the potential threats of delivering at home at the individual and community level can have substantial contribution to increase health facility delivery in rural communities of Eritrea.

KEYWORDS

Antenatal care; Health facility delivery; Home delivery; Rural community; Eritrea

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