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Factors Contributing to Homebirths in Mutwot Location, Nandi North District

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Abstract:

Background: Worldwide more than half of all births occur at home. The World Health Organization estimates that more than 1,000 women die daily from childbirth related complications and 99% of these maternal deaths occur in developing countries. In Kenya, homebirths account for 40% of all deliveries. In Nandi North District, 59% of all deliveries occur at home. In the year 2008/2009, 25% of mothers that presented late in labour to the Mosoriot Health Center had birth related complications. Therefore, in order to come up with effective maternal health promotion strategies in Kenya, there is need to understand the factors contributing to home deliveries.

Objectives: The main objective of the study was to determine the factors contributing to homebirths in Mutwot Location, Nandi North District. Specifically, to determine the prevalence of homebirths in Nandi North, determine factors that influence preference for homebirths in Nandi North, and determine the community's perceived attitude towards hospital births.

Study Design: A cross-sectional descriptive study involving 75 postnatal mothers selected by using systematic sampling procedures at the MCH/FP clinic at Mosoriot Rural Health Centre. The researchers obtained data from the mothers via an interview schedule questionnaire.

Study Findings: Majority (95%) of the mothers attended antenatal clinic at least once before the birth of the baby. The highest number (72%) of those that attended clinic sought the antenatal services of Mosoriot Health Centre. The antenatal visit happened in the second trimester of pregnancy for the majority (51%) of those that attended. The prevalence of homebirths was 29%, those who opted for it mentioned the TBA proximity to her home, and the flexible modes of payment for services rendered as the major underlying reasons. Forty seven percent (47%) of the respondents had no previous home delivery, 29% had delivered once at home, while 15% had two previous births at home. Among those who gave birth at home, 44% cited the availability of the TBA as the main reason, while 24% mentioned long distance to the hospital as a hindrance. Among mothers who had homebirths in the past, an overwhelming majority (92%) have never experienced any complications. The most common homebirth complication encountered was excessive bleeding. An overwhelming majority (99%) of respondents would prefer to give birth in a health facility. The majority (51%) of mothers admitted in a health facility for labor and claimed to have benefited from specialized care, with 41% believing that birth complications are rare in case of hospital delivery.

Conclusion: The rate of homebirths is low within the Nandi North. The major reasons for continued practice of homebirths are largely the availability of TBAs and the acceptable modes of payment for their services. The fact that the majority of respondents sought specialized health facility care for the mother and the newborn is indeed an encouraging affront in the reduction of maternal and infant mortality rates. Despite access to a TBA, majority of community members still hold hospital services in high regard.

Recommendation: The Ministry of Health should strengthen and sustain health communication approaches to create awareness for the continued need of skilled maternity services. The low level of education among the mothers in Nandi North warrants further research to determine if the practice of early marriage is the contributory factor for this finding or it could imply that education has little value attached to it compared to marriage.

1. Statement of the Problem

In Kenya, homebirths accounts for 40% of all deliveries. In Nandi North District, over 50% of all deliveries occur at home, despite the improved accessibility to health facilities and general awareness on the benefits of hospital births. At Mosoriot Rural Health Training Centre, which serves Mutwot location, antenatal first visit attendance between November 2008 and October 2009, was 1,030. During the same period, only 425 deliveries were reported at the same facility. This represents 41% of antenatal attendance; the rest 59% are assumed to have opted for homebirths.

In addition, 145 mothers were referred to either Moi Teaching and Referral Hospital or Kapsabet District Hospital, due to birth related complications. These mothers were brought to the health centre in late stage of labour. This implies that they had attempted to deliver at home without success.

In the same period, the number of newborn babies attending the child welfare clinic for the first time was 977. When compared to those mothers who attended antenatal clinic, this represents 95% (Source; District Health Records and Information Officer-DHRIO, 2009).

The implication of the above figures is that majority of the mothers have confidence in antenatal, postnatal and child welfare services, but not labour and delivery care offered at the facility.

The above scenario presents a serious problem that needs to be addressed urgently. Once the factors that influence homebirths are determined, they will be used to fill the existing gaps in maternal and child welfare.

1.1. Broad Objective

To determine the factors contributing to home births.

1.2. Specific Objectives

- i. To determine the prevalence of homebirths in Nandi North.
- ii. To determine factors that influence preference for homebirths in Nandi North.
- iii. To determine the community's perceived attitude towards hospital births.

2. Literature Review

2.1. Background Information

There is increased risk of infection for both the mother and infant if childbirth occurs under unhygienic environment. According to the World Health Organization (WHO), more than 1,000 women die daily from problems related to childbearing. About 99% of these deaths occur in developing countries, including Sub-Saharan countries. More than half of all births in the world are home deliveries, attended by unskilled staff (Mwabu, et al. 2004). In the past, most Americans were born at home with lay midwives attending.

Dr. Mehl did another study comprising 1,046 homebirths and 1,046 hospital births. The two cohorts matched in terms of age and risk factors exhibited no difference in terms of infant mortality. However, the hospital births were associated with higher incidence of fetal distress, maternal perineal lacerations and neonatal infections (<http://gentlebirth.org>).

In the Philippines, price apparently does not affect the choice of a modern or traditional attendant. However, price did have a small effect on whether women using a modern practitioner chose their home or a hospital for birth (Mwabu, et al. 2004). In Ghana, most health care workers suggest that women appreciate the traditional midwife for her willingness to share in the labour process on equal terms, and for her ability to convince the woman to feel safe and capable, which apparently facilitates labour (Mwabu, et al. 2004). In the past, the majority of Kenyans were born at home with lay midwives attending. Despite tremendous resources invested in training Traditional Birth Attendants (TBA) over the past decade, scientific evidence from around the world has shown that training TBAS has not reduced maternal mortality. Although 88% of Kenyan women attend an antenatal clinic at least once during each pregnancy, there are regional disparities in where women deliver. In Western Province, TBAS still attend over 34% of deliveries, whereas a skilled attendant delivers 28% of women. In contrast, a TBA delivers only 6% women in Central Province and 70% women deliver with a skilled attendant (Chimaraoke, et al. 2009).

2.2. Homebirths

A homebirth is a birth that is the emergence or delivery of a baby from the mother's womb in the home environment as contrasted to birth of a baby that occurs in a Hospital environment.

There are two types of home births namely unassisted and assisted births. Assisted births are those at which a professional like a midwife, TBA, or obstetrician attends to the mother during childbirth. Unassisted births also known as free births, may involve simply the woman herself, or a woman attended by her partner, friends or family, (<http://www.gentlebirth.org>).

2.3. Factors Influencing the Choice for a Homebirth

It is incumbent for a would-be mother to choose wisely the circumstances in which to welcome the arrival of her new baby. Sometimes, a woman will decide to give birth at the hospital for her first birth and subsequently to opt for home delivery depending on her feelings of competence to handle the situation after the first encounter. Such a choice ought to be resonant with the wishes of her family and significant other (<http://www.gentlebirth.org>). Homebirths provide a familiar environment to welcome the baby to the family circle and above all they provide a circumstance in which the individual family has control over who should be present and what type of caregiver the mother wishes for herself and the yet to be born baby. Such an environment is bereft of any fear of baby

mix up or theft or having your baby circumcised or vaccinated against your will because of a mix-up. Home births enable a mother to quickly bond with her baby thereby facilitating breastfeeding and all aspects of maternal nurturing. There is reduced risk of infection for the mother and the newborn baby in a home birth unlike in the hospital set up where there is a litany of life threatening nosocomial infections (<http://www.gentlebirth.org>).

Despite all the advantages of homebirth, in case of birth related complications, the risk of maternal or infant death is much higher in the home environment. The transfer of a mother in the middle of a birth from a home environment to a hospital is psychologically and mentally unsettling for both the mother and the attendant. Above all, there is no option of pain relievers at home, if the mother cannot tolerate labor pains. Medical insurance does not cover, the cost of the homebirth, a fact that any birthing mother should reminisce about before choosing a place of birth (<http://www.bbc.co.uk/parenting>)

3. Results

Characteristics		Frequency	Percentage
Sex	Female	75	100
	Male	0	0
	Total	75	100
Age	15 – 24	36	48
	25 – 34	32	43
	35 – 44	7	9
	45 and Above	0	0
	Total	75	100
Marital Status	Married	56	75
	Single	17	23
	Widowed	0	0
	Divorced	2	2
	Others	0	0
	Total	75	100
Occupation	Employed	8	11
	Business	13	17
	Farmer	6	8
	Housewife	36	48
	Others	12	16
	Total	75	100
Education Level	Primary	38	51
	Secondary	28	37
	College	6	8
	University	2	3
	None	1	1
	Total	75	100
Religion	Christian	73	97
	Muslim	2	3
	Total	75	100

Table 1: Demographic Characteristics

The table indicates that 100% of the respondents were female, with the majority (48%) in the age bracket of 15-24 years, and 43% falling between 25 and 34 years. Seventy five percent were married, with most (48%) comprising of homemakers. More than half (51%) had primary level of education. The area is predominantly (97%) Christian.

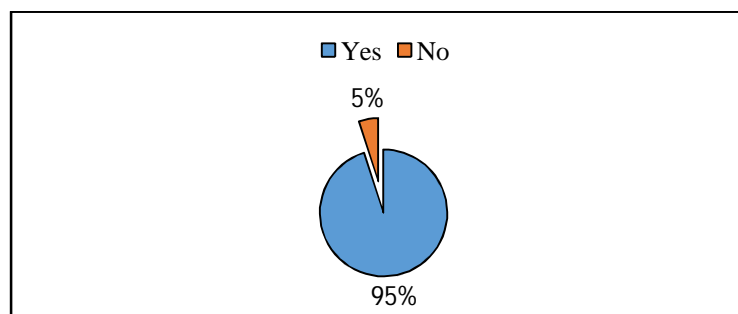


Figure 1: Pregnancy and antenatal clinic attendance

Majority (95%) of the mothers attended antenatal clinic at least once before the birth of the baby.

Health Facility	Frequency	Percentage
Mosoriot Rural Health Training Centre (MRHTC)	54	72
Kapsabet District Hospital	6	8
Kabiyet Health Centre	1	1
Moi Teaching and Referral Hospital (MTRH)	2	3
Others	12	16
Total	75	100

Table 2: Health Facility Attended for antenatal care services

The majority (72%) of the mothers attended Mosoriot Rural Health Training Center.

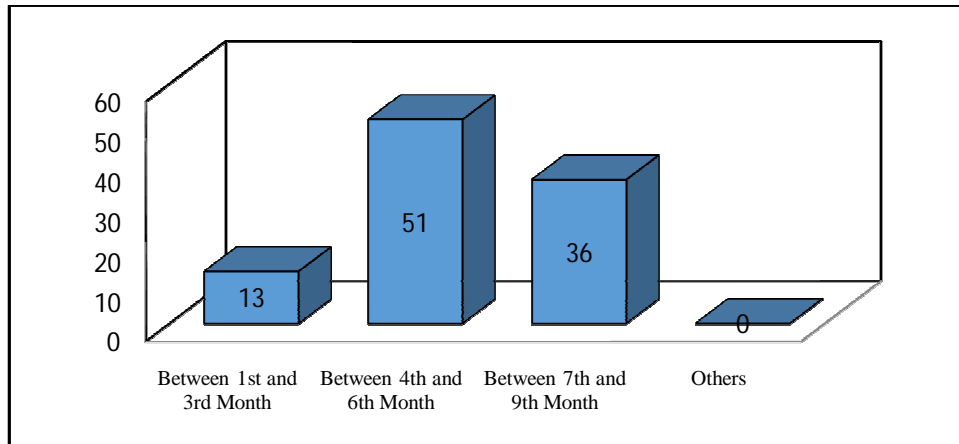


Figure 2: Gestation period at first antenatal clinic attendance

Among the mothers who sought antenatal care services, 51% did so between the 4th and the 6th month of pregnancy, while 36% attended clinic between the 7th and 9th month of their gestation period.

Reason	Frequency	Percentage
Health facility is far	2	50
High cost of health services	1	25
Attended to by TBA	0	0
Negative health staff attitude	0	0
Others	1	25
Total	4	100

Table 3: Reason for non-antenatal clinic attendance

Sixty percent of those who never visited the health facility for antenatal care considered the long distance as the main reason.

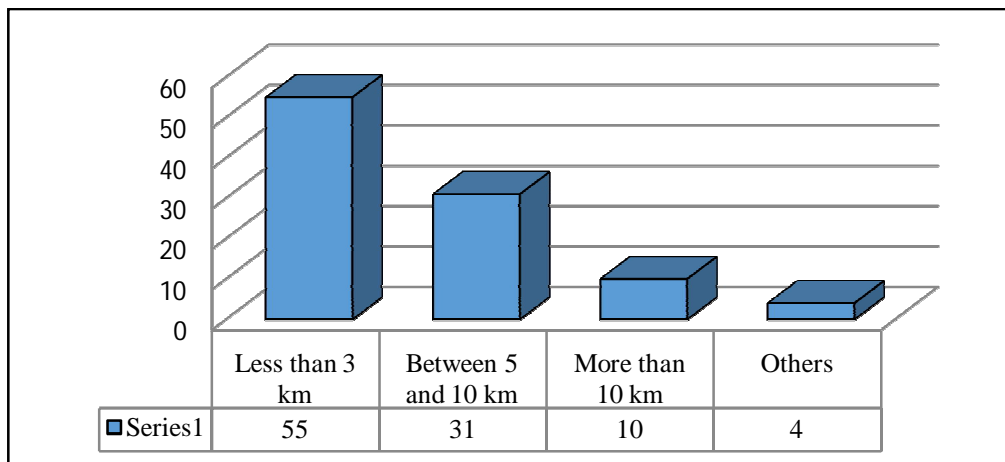


Figure 3: Distance to health facility from the respondents' residence

Overall, the majority (55%) of the respondents came within a radius of less than 3km from the health facility and 31% came from between 5 and 10 km.

Action	Frequency	Percentage
Go to the health facility	52	69
Call a TBA	14	19
Attended to by family member	8	11
Labor and deliver by myself	0	0
Others	1	1
Total	75	100

Table 4: Action taken when in labor at home

The table above indicates that majority (69%) of the mothers go or are taken to the nearest health facility for labor and delivery care the moment they experience labor pains.

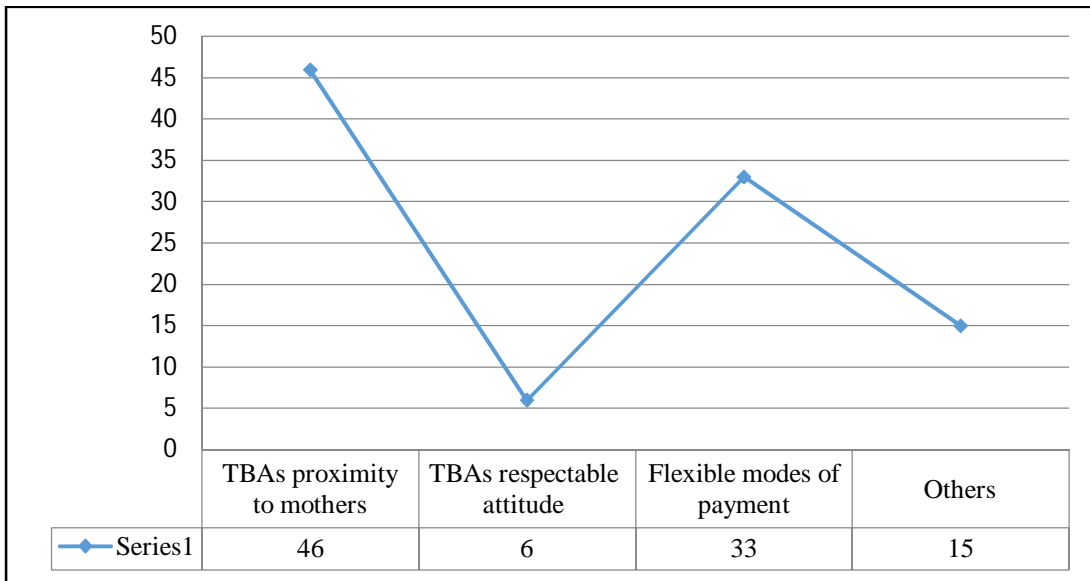


Figure 4: Reason for TBA preference by mothers

TBAs proximity to the mother’s home was the main reason (46%) for seeking their services, in addition to flexible modes of payments (33%) for services offered.

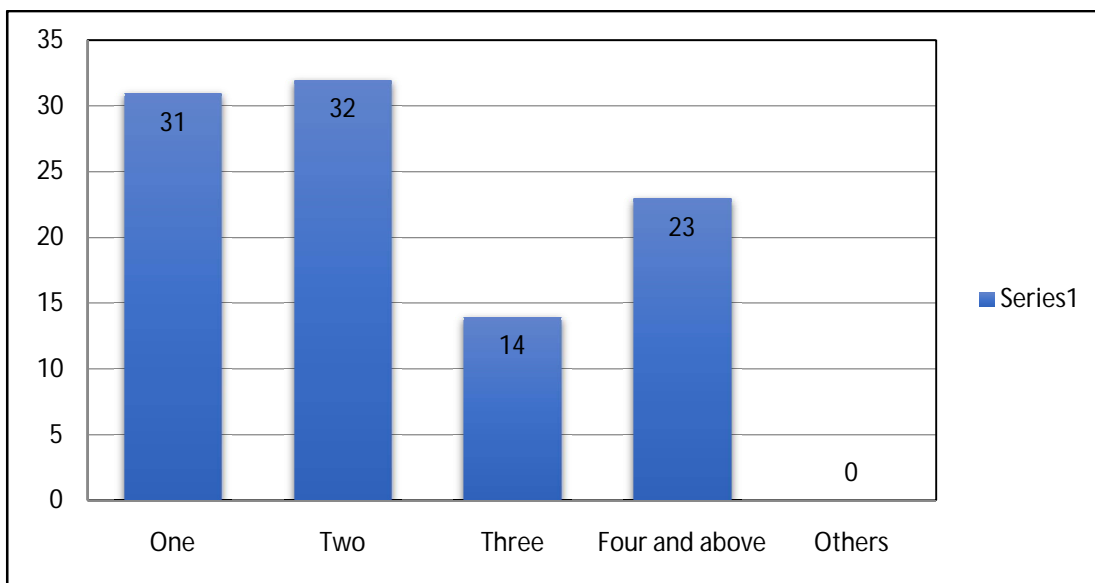


Figure 5: Homebirth Preference in terms of number of previous births

The results show that, 31% of respondents had one previous homebirth, 32% had two, while 23% had given birth to more than four children.

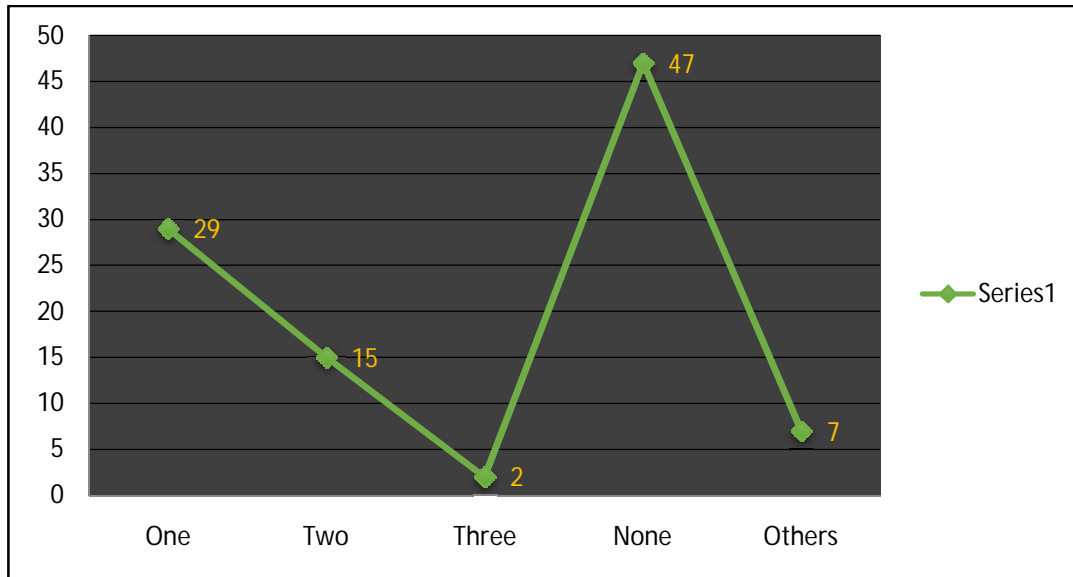


Figure 6: Number of Previous Homebirths

Forty seven percent (47%) of the respondents had no previous home delivery, 29% had delivered once at home, while 15% had two previous births at home.

Place of birth	Frequency	Percentage
Home	22	29
Health Facility	51	68
Home of TBA	0	0
On the way to hospital	2	3
Others	0	0
Total	75	100

Table 5: Place of latest birth

At the time of the study, majority (68%) had their births at a health facility, while 29% and 3% had delivered at home and on the way to the hospital respectively. In total, a third (32%) of all deliveries occurred outside a health facility.

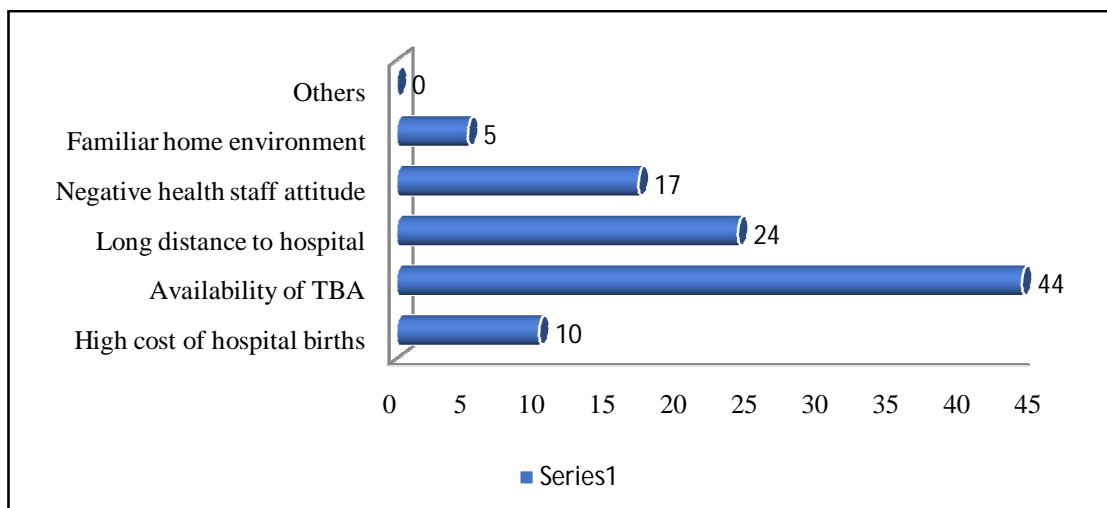


Figure 7: Reason for Homebirths

Among those who gave birth at home, 44% cited the availability of the TBA as the main reason, while 24% mentioned long distance to the hospital as a hindrance.

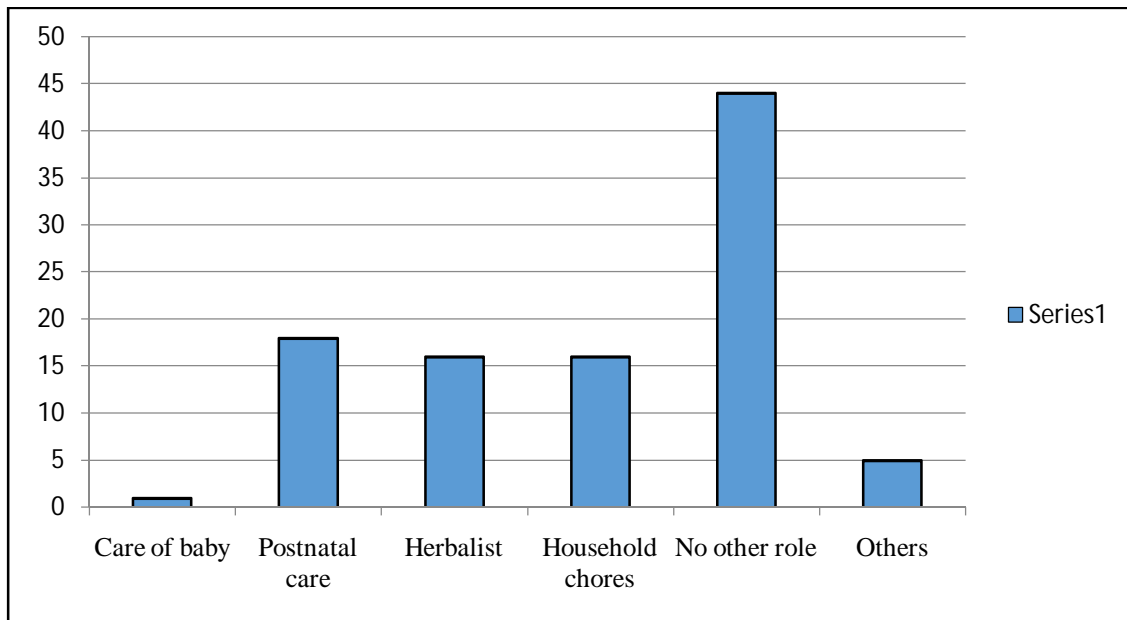


Figure 8: Role of Traditional Birth Attendant (TBA)

The figure above shows that most (44%) of the respondents do not associate a TBA with any other role a part from assisting at birth. However, 18% benefit from their postnatal care services, while 16% reported TBAs assisted with household chores and provided herbal remedies respectively.

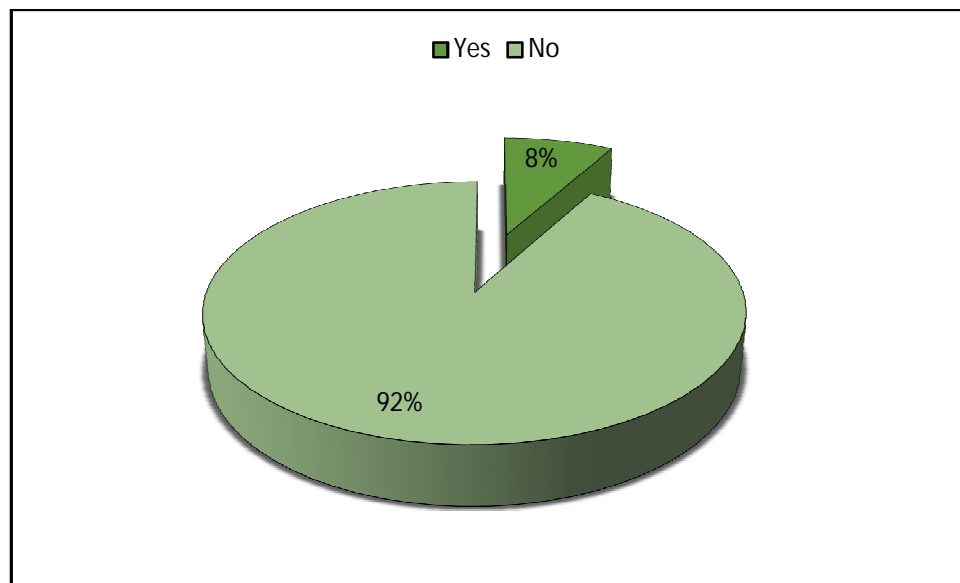


Figure 9: Incidence of Labor and Birth Complications at Home

Among mothers who had homebirths in the past, an overwhelming majority (92%) have never experienced any complications.

Complication	Frequency	Percentage
Excessive bleeding	2	67
Difficult birth	0	0
Baby failed to breath immediately	0	0
Postnatal infection	0	0
Others	1	33
Total	3	100

Table 6: Nature of homebirth complication experienced

The most common birth complication was excessive bleeding (postpartum hemorrhage), which accounted for 67% of the cases reported.

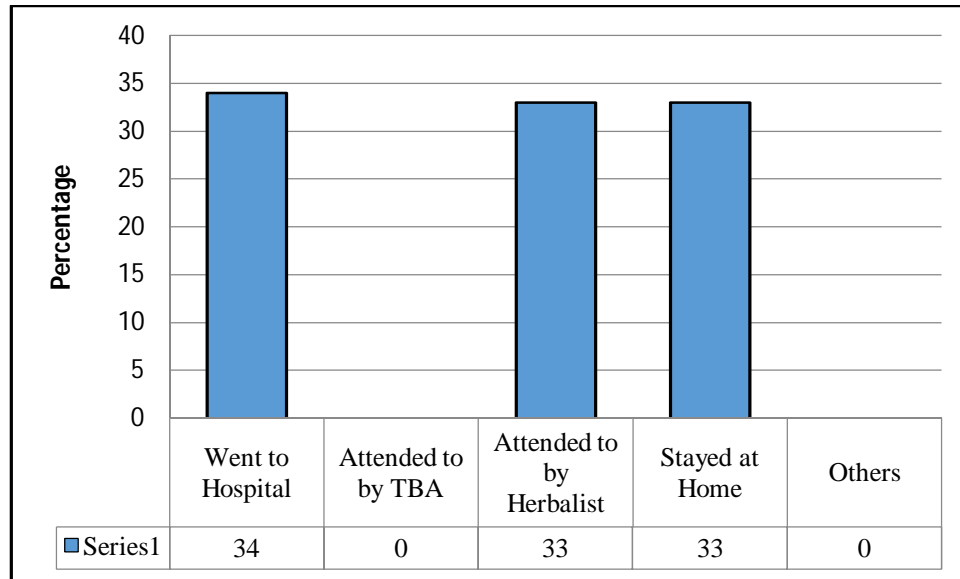


Figure 10: Action taken for homebirth complications

For those mothers who experienced birth complications at home, they could either go the hospital, be attended to by a herbalist on stay at home depending on perceived risk to their health.

Outcome	Frequency	Percentage
Recovered after a few days	3	100
Admitted in hospital for several days	0	0
Still suffer its effects to date	0	0
Baby died	0	0
Others	0	0
Total	3	100

Table 7: Treatment outcome for homebirth complications

There was 100% recovery within a few days following the birth complications for all cases experienced, irrespective of the treatment actions taken.

3.1. Perceived Attitude towards Hospital Birth

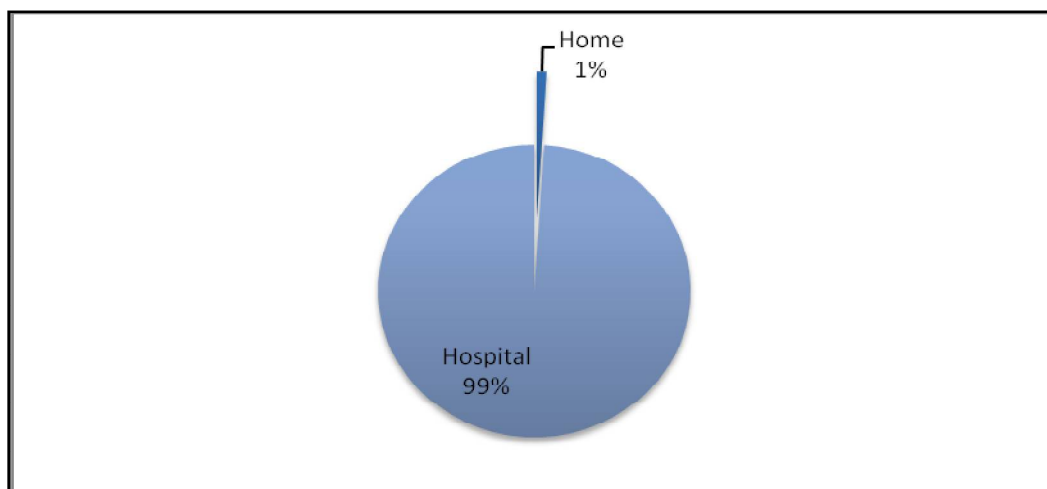


Figure 11: Preferred place of birth

An overwhelming majority (99%) of respondents would prefer to give birth in a health facility

Reason	Frequency	Percentage
Specialized care	38	51
Reduced risk of complications	30	41
Positive staff attitude	0	0
Affordable fees	1	1
Baby can be immunized	5	6
Others	1	1
Total	75	100

Table 8: Reasons for preference of hospital births

The above table indicates that, majority (51%) of mothers admitted in a health facility for labor and delivery care can benefit from specialized care, with 41% believing that birth complications are rare in case of hospital delivery.

4. Discussion of the Findings

The 15-24 age brackets formed the bulk of the respondents while those in the 25-34 age groups accounted for 43% (Table 1). Three quarters of the respondents were married, implying that the institution of marriage is highly valued by the community. A high proportion (48%) of the participants were homemakers with 51% having attained only primary level education, thus could not secure any formal employment (Table 1).

The majority (95%) of pregnant mothers understands the importance of antenatal care and actually seeks these services (Figure 1). The clinic of choice is Mosoriot Rural Health Training Centre (MRHTC), attended by 72% of the mothers (Table 2). An encouraging finding noted is that, majority (51%) of the respondents' first clinic attendance falls half way through their gestation period (Figure 2). This is important for early diagnosis and management of pregnancy related complications. However, a significant percentage (36%) attend clinic for the first, probably the only time during late pregnancy, which raises their vulnerability to pregnancy, and birth related complications.

Those who never attended antenatal clinic (Table.3) gave the long distance to the health facility as the main reason. However, 55% and 31% came from a radius of less than 3 km and between 5 and 10 km respectively, a cumulative figure of 86% (Figure 3). This raises an element of either ignorance or negligence for personal health.

One of the most encouraging findings is that, 69% go to the nearest health facility the moment they detect labor pains (Table 4), with 19% reportedly calling a TBA for help. It means the majority of respondents are aware of the importance of seeking specialized care for the mother and the newborn. This is important for the reduction of maternal and infant mortality rates.

However, TBAs proximity to the mother's home is the most influential factor responsible for homebirth preference, accounting for 46% (Figure 4). The flexible modes of payment at 33% for the TBAs were also a major factor in that payment could take the form of farm produce or poultry.

Among those interviewed, 77% had between one and three previous homebirths, with 23% having had four or more births (Figure 5). On the number of previous homebirths, a significant percentage of 47 (Figure 6) reportedly had never had a home delivery. Twenty nine per cent (29%) and 15% had given birth at home once and twice respectively. In addition, the current prevalence of homebirth is 29% (Table 5), with 3% delivery on their way to the hospital, while 68% delivered in a health facility. This implies that, despite their proximity and attractive modes of payment for their services, TBA preference as a birth attendant of choice is declining among the people of Nandi North.

For those mothers who opted for home delivery, availability of the TBA was the main reason, 42% (Figure 7). The health care service providers would need to offer exemplary services if they are to become the preferred choice of birth attendants, regardless of the presence of TBAs. This would reduce the risk of birth related maternal and infant morbidity and mortality.

According to 44% of the respondents (Figure 8), the TBA has no other role other than assisting at birth. However, in some instances, they offer postnatal care for the first few days following delivery. This involves administering herbal remedies for minor birth ailments and assisting with household chores, where close relatives are unavailable. It is an indication that social bonds are quite strong in this community.

For those mothers who had previous home deliveries, 92% (Figure 9) had never experienced any birth complications. This is probably because only those mothers who consider themselves less prone to complications gave birth at home. The most prevalent complication is excessive bleeding (postpartum hemorrhage), which accounts for 67% of all the cases (Table 6). Reactions to birth complications ranged from seeking medical assistance in hospital to seeking an herbalist help or staying at home. They all received equal responses of 33.3% (Figure 10). It implies that, the risk associated with birth complications is variable among community members. Fortunately, they all attained full recovery within a few days of illness, regardless of the varied interventions taken (Table 7).

Despite access to a TBA, 99% (Figure 11) still hold hospital services in high regard. Irrespective of the distance and the cost of services, the hospital is still the preferred place of birth. Thus, the community's awareness on the importance of hospital birth and associated benefits is adequate.

5. Conclusion

The low level of education among the mothers in Nandi North warrants further research to determine if the practice of early marriage is the contributory factor for this finding or it could imply that education has little value attached to it compared to marriage.

The fact that the majority of respondents are aware of the importance of seeking specialized health facility care for the mother and the newborn is indeed an encouraging affront in the reduction of maternal and infant mortality rates. Despite access to a TBA, majority of community members still hold hospital services in high regard. This implies that childbirth practices hinges on the attitude and actions of the health care providers, rather than necessarily reflecting a preference for a certain birth setting.

6. Recommendations

Comparative studies in other districts may provide insight into the state of homebirths in the country and factors responsible for it. This would help the policy makers and health planners to come up with the way forward to improve infant and maternal health.

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