

# Why Women in This Modern ERA Go for Domiciliary Delivery

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## INTRODUCTION

### Aim

1. The main objective is to analyse the reasons behind going for Domiciliary Delivery in modern Era.
2. How to overcome these reasons.

### Background

Institutional delivery means giving birth to a child in a medical institution under the overall supervision of trained and competent health personnel where there are more amenities available to handle the situation and save the life of the mother and child. If the child is born at home, then chances of getting infected from unhygienic environment are more and it is very tough and sometimes impossible to handle childbirth complications. In India, it is a prevalent practice to deliver the child at home instead of taking the pregnant women to some health facility. This is more common in rural areas as compared to urban areas. Institutional births result in reduced infant and maternal mortality and increased overall health status of the mother and the child<sup>1</sup>.

Many programmes in India like the Child Survival and Safe Motherhood (CSSM) and the Reproductive and Child Health (RCH) programme are focused on this aspect.

Under these programmes, encouraging deliveries in proper hygienic conditions only by trained health staff and to provide better health care to the mothers and children are emphasised. Our government's commitment in this direction is reflected in the goals of the National Population Policy (NPP), National Health Policy (NHP), and

the National Rural Health Mission (NRHM) launched by the Honourable Prime Minister of

India on 12 April 2005. The NRHM has a safe motherhood intervention programme (Janani Suraksha Yojana-JSY). The objective of JSY is to reduce Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (NMR) through the promotion of institutional deliveries<sup>2</sup>.

Now we take a further look into the rural-urban break-up of the NFHS data on the deliveries taking place at the health facilities. Urban people went more for institutional births and rural people preferred to give birth at home. In 1992-'93, at the all India level, institutional deliveries in urban areas was more (58%) while it was very less in rural areas (16%). Similar wide gap also prevails for institutional deliveries in the NFHS-3 data which is 69 per cent in urban areas and 31 per cent in rural areas.

## MATERIALS AND METHODS

This is a retrospective study. This study was conducted on patients attending Urban & Rural Health Centres of Sree Balaji Medical College & Hospital and also with the women who have delivered recently in the surrounding villages.

For the study, a sample of 200 women who had delivered at least one child in the last three years was taken. For this purpose, information about women who had delivered at least one child in the last three years was collected from the health worker posted in the village dispensary. Then 200 women were selected purposively and interviewed. If any household had more than one women coming under the desired group, then only

the latest woman who delivered from that particular household was considered.

Researchers collected the data and had one-to-one interaction with all the respondents in order to understand the situation properly and was given a questionnaire. Then, according to the place of delivery of their last child, they were categorized under the categories of institutional and noninstitutional deliveries.

**RESULTS**

**Institutional and Non-Institutional Deliveries**

A look at the break-up of the place of last delivery reveals that 148 of the children were

delivered at an institution and the remaining 52 were given birth at home. Although most of the efforts of the government were primarily rural-centric and the health services were within the reach of the people; still one-fourth deliveries were taking place at home only.

**Occupation**

Men, who were in some kind of service, were more likely to send their wives for institutional deliveries (74%) than non-institutional deliveries (26%). Among the daily wagers, findings were just the reverse. Majority (94%) of the respondents who had delivered their last child in a health facility were housewives. Among the non-institutional deliveries comparative percentage of housewives was less (67%) and it was more for daily-wagers (22%).

**MAIN OCCUPATION OF THE COUPLE**

Husband's Occupation % (No.)				Wife's Occupation % (No.)				
Service	Daily-wager	Business	Others	House-wife	Daily-wager	Med. Sweeper	Business	Service
<b>Institutional Deliveries</b>								
81.0 (58)	6.6 (8)	4.5 (10)	8.0 (2)	87.1 (11)	11.8 (1)	1.1 (0)	2.4 (4)	1.7 (2)
<b>Non-institutional Deliveries</b>								
52.7 (45)	39.0 (32)	4.9 (4)	2.4 (2)	97.1 (85)	22.0 (18)	7.2 (6)	2.4 (2)	1.2 (1)

**Income Level of the Household**

Income level of the household was an indicator of the economic status of the family. All the respondents were asked about the average annual household income of their family. Then the responses were further categorized under three groups. The first one was with the annual income of less than 50 thousand rupees; the second category comprised income between 50 thousand and one lakh rupees and the last one was of the families whose income was more than one lakh rupees. Among families with an annual household income of more than one lakh, percentage of them using

services of a health facility (20%) to deliver a child was double of those preferring home deliveries (10%). Further, 30 per cent and 45 per cent of the households coming under the first category with an income of less than 50 thousand rupees had institutional and non-institutional deliveries respectively.

**Demographic Profile**

Another important and significant aspect in this area was the demographic profile of the couples. The table below gave a glance of the child composition of all the couples.

**DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS**

1 Child		2 Children		3 Children			4 or More Children				
S	D	2S	2D	1S1D	3S	3D	2S1D	1S2D	2S2D	S>=3	D>=3
<b>Institutional Deliveries % (No.)</b>											
18.6 (22)	7.6 (9)	20.3 (24)	2.5 (3)	24.6 (29)	0.9 (1)	1.7 (2)	5.9 (7)	7.6 (9)	0.9 (1)	3.1 (4)	5.9 (7)
<b>Non Institutional Deliveries % (No.)</b>											
13.4 (11)	13.4 (11)	13.4 (11)	4.0 (4)	15.9 (13)	2.4 (2)	0.0 (0)	0.0 (0)	4.0 (4)	4.0 (4)	0.5 (7)	0.5 (7)

Note: S- son, D- daughter.

The classification was done on the basis of the number of living children of each couple. It gave information on the basis of the sex of the child also.

#### **Reasons of Delivering at the Institution or Home**

In any human society, care of mothers and children is the most important social-health issue. But both are subjected to inadequate health care in our society. In the context of safe motherhood and babyhood, good health and safety of both mother and child are very crucial. Indian government has been taking steps to strengthen the maternal and child health (MCH) services from the time of first and second five-year plans and MCH is one of the most vital objectives of the Family Welfare Programme in India.

Findings in Table show a description of the reasons for delivering at the institution or at home. For this question, the respondents were allowed to give multiple responses.

The main reasons cited by the respondents for delivering at an institution were delivery being easy and convenient (73.7%) followed by faith in the doctor (21.2%) and proximity to the hospital (19.5%). Under various programmes and schemes like RCH, efforts are being made to involve the health personnel for advising rural people about the advantages and benefits of the institutional deliveries. Female Multi Purpose Health Workers (MPHW) play an important role during the pregnancy of the women and their home visits provide opportunities for close interaction with the pregnant women. Accordingly, they understand the problems associated with pregnancy and provide counseling as well as services as required. Yet only 13 per cent of the respondents were advised by the health functionaries about the importance and advantages of delivering the child at a health facility. It was further seen that only less than seven per cent of the respondents were worried of the infection at home. It reflects that our government's efforts in this direction were not giving the expected outcomes. We need to go a long way even before we think of achieving the desired results.

The most common response for delivering the child at home was that it was a cultural practice (68.3%) in the society. Even their older generations had given birth to their children only at home and they believe in the continuation of this practice. In their view, childbirth is a natural phenomenon and there is no need to go to a health facility. Other main reasons cited by them were inadequate systems including shortage in supply of drugs in the hospitals (25.6%), home delivery was easy and convenient (24.4%) and poor quality of care in the hospitals (20.7%). Surprisingly, only two respondents reported financial problems at home and one was worried about the cost of care in the hospital. For more than 30 per cent of the women, distance from the hospital, lack of transportation facility or lack of escort during labour was one of the reasons for delivering the child at home. When the respondents were asked about the reasons for the preference of home delivery, they responded that they had to take care of the various other household chores and other children also. If they went for an institutional delivery, then their household schedule gets disturbed and they were in no position to afford it. So, they preferred home delivery as it won't disturb their household activities to a larger extent and they could manage on both the fronts.

#### **Summary**

The study revealed that about three fourth of the women in the village surrounding the Urban and Rural Health Centre of Sree Balaji Medical College & Hospital had delivered their last child in a health institution. Economically better families were more inclined towards institutional deliveries. For the higher order of pregnancy, rural women preferred to give birth to the child at home. The main reason for delivering a child at a health facility was that it makes delivery easy and convenient (73.7%). On the other hand, those giving birth at home, gave cultural factors (68.3%) as the most common reason.

The complementing fact was that the utilization of health facilities for delivering the newborn had increased in the past. However, still 26 per cent of the total deliveries were conducted at home.

## MAIN REASONS OF DELIVERING AT THE INSTITUTION OR HOME

Reasons for Delivering	Response Rate % (No.)
At institution	
Delivery is easy and convenient	73.7 (87)
Faith in doctor	21.2 (25)
Proximity to the hospital	19.5 (23)
Problems related to home deliveries	13.6 (16)
Advised by health functionaries	12.7 (15)
Worry about infection at home	6.8 (8)
All previous deliveries were at institution	5.9 (7)
Precipitate labour	4.2 (5)
At home	
Cultural practice	68.3 (56)
Inadequate systems including a shortage of supplies and drugs in hospitals	25.6 (21)
Home delivery is easy and convenient	24.4 (20)
Poor quality of care	20.7 (17)
Onset of labour before the expected date/Precipitate labour	14.6 (12)
Distance of the hospital	13.4 (11)
Lack of transportation	9.8 (8)
Lack of escort during labour	8.5 (7)
All previous deliveries were at home	6.1 (5)
Fear about hospital	4.9(4)
Fear of surgical procedures	4.9 (4)
Family members preference for home delivery	3.7 (3)
Financial problems at home/worries about cost of care in the hospital	3.7 (3)
Inappropriate referral system leading to overcrowding in urban hospitals	3.7 (3)
Negative attitude of staff in health facilities	2.4 (2)

Note: Multiple responses allowed.

### CONCLUSION

In the present obstetric practice even after educating the women regarding the problems with Domiciliary delivery, still they go for it. How to overcome this?

- ✓ Counselling to be improved by : one to one interaction, spending adequate time for counseling in order to clear any of their doubts, however simple it may be.
- ✓ The above mentioned government programmes should reach the public till the Grass root levels, so that the utilization of these programmes will be complete.

The results were of real concern and we have to go a long way in order to achieve the universalization of institutional deliveries. We need

to work more vigorously for making motherhood safer and enhancing the child survival after birth.

### Message

- ✓ Counselling regarding the problems of Home delivery.
- ✓ Awareness about the existence of CEmONC, BEmONC, EmOC.
- ✓ Availability of 108 ambulance for transport to these centre.
- ✓ BPCA (Birth Preparedness and complication awareness) to be insisted during Antenatal visits so that they will be ready to face the delivery.
- ✓ Clearing the misconceptions regarding investigations like TSH, Blood Sugar, Bilirubin and phototherapy for neonates.

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