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Choice of Place of Delivery – Home Or Hospital, Among Mothers of Urban Slums of Nalgonda District

KEYWORDS: Home Delivery, slum dwellers, urban

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ABSTRACT ***Background:*** *The current policy of Government of India under N.R.H.M. and R.C.H. is to encourage an institutional delivery which is vital in lowering the maternal mortality. AIM: To assess the percentage of home and hospital deliveries in urban slums of Nalgonda in the year April 2014 to March 2015.*

Materials & Method: *study setting: Women who delivered during April 2014 - March 2015 residing in field practice area of urban health Centre Nalgonda (Dist.) Telangana. Study design: Cross- sectional, descriptive study. A pretested & pre-structured semi-open-ended pro-forma was used. Study duration: April 2014 to March 2015. Selection of study subjects: All women who delivered during April 2014 to March 2015. Inclusion criteria: Mothers in age group of 18 – 35 years. Exclusion criteria: Who have not given consent, severely moribund patients. Not available in the study area during the study period.*

Results: *Out of total 153 deliveries 3(1.96%) were home deliveries, 147(96.07%) mothers were literate. 144(94.11%) belonged to S.E. class BPL. 55(35.94%) from joint families. 95(64.05%) deliveries were in multiparous women. 90 mothers were aware of monetary benefits from government and all 153 mothers had 3 ANC's. 108 mothers stayed more than >3kms from hospital.*

Conclusion: *MCH services were well utilized. The leading factors associated as evident are low socio economic status, customs, spontaneous delivery, monetary problems, and homely atmosphere. Health education to mothers and dialogue with the health staff can be the remedial measures to encourage hospital deliveries.*

INTRODUCTION

Home deliveries are still taking place even in urban slums, having close proximity to the health institutions. Government of India is to encourage institutional deliveries which is an important step in lowering the maternal mortality[1]. Special inputs are given to facilitate institutional deliveries even in remote rural areas[1]. Hence, present study was undertaken to highlight various factors associated with home deliveries in urban slums. Urban health centre affiliated to Kamineni institute of health sciences is rendering primary health care services to 20000 population including both slum and non-slum areas. Present study reports the home delivery cases in the slum areas of Urban Health Centre, Panagal, Nalagonda. The study was conducted with an objective to study various factors associated with home delivery.

MATERIALS & METHODS

A cross -sectional, descriptive, community based study was carried out in the slum units of the field practice area of Urban Health Centre. The slum population is about 20,000. The study period was conducted from April 2014 to March 2015. A pretested, structured proforma was used for the study. All the respondents were mothers. The preliminary information like name, age, address, place of delivery, awareness about complications of pregnancy and labour and monetary benefits from government and the distance from home to hospital was collected. More emphasis was given to know where the deliveries were conducted. Appropriate Statistical tests were used.

Table 1: Distribution of cases according to place of delivery (n = 153)

Place of delivery	No.	%
Home deliveries	3	1.96 %
Hospital deliveries	150	98.04 %
Total	153	100 %

Table 2: Association of different social factors with place of delivery

Social Factors	Hospital Delivery (n=150) (%)	Home Delivery (n=3) (%)	p
Literacy status of mother.			
Literate	146 (97.33%)	1 (33.33%)	
Illiterate	4 (2.66%)	2 (66.66%)	<0.01
S.E. Class of the family			
BPL	141 (94%)	3 (100%)	
APL	9 (6%)	0 (0%)	<0.01
Type of family			
Nuclear	96 (64%)	2 (66.66)	
Joint	54 (36%)	1 (33.33)	<0.01

Literacy status of the mother, socio-economic class of the family and type of family are strongly associated factors with place of delivery. Using Chi Square Test, shows statistical significance. Hospital deliveries are more frequent in literate mothers (97.33%), while only 1(33.33%) among 3home deliveries was literate . Only 3(100%) home deliveries were seen who belong to BPL Social class.1 (33.33%) of cases of home deliveries had joint type of family (fig 1).

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Fig 1: Distribution according to socio economic status

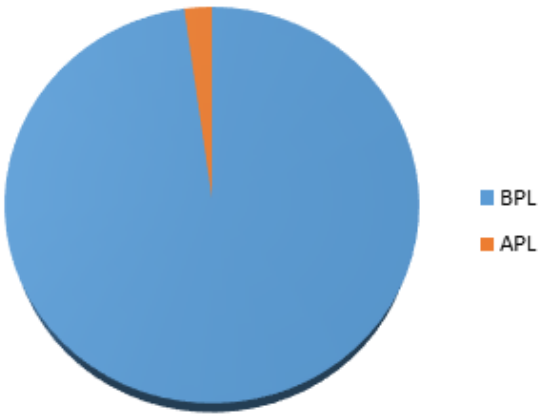

Table 3: Distribution of cases according to parity & place of delivery

Parity status	Place of delivery	Total
	Home	Hospital
Primi	0	58
Multi	3	92
Total	3	150

In multiparous women home deliveries are more common3 (1.96%).

Table 4: Distribution of cases according to their awareness about monetary benefits from govt..

Awareness of govt. benefits	Home delivery	Hospital delivery	Total (%)
Yes	2 (66.66%)	88 (58.66%)	90 (58.8%)
No	1 (33.33%)	62 (41.33%)	63 (41.2%)
Total	3	150	153 (100%)

Table 5: Distribution of cases according to number of ANC visits

ANC visit's	Home	Hospital	Total
3 visit's	3	150	153
<3 visit's	0	0	0
Total	3	150	153 (100%)

Table 6: Association of cases according to distance from home to hospital

Distance	Home	Hospital	p
<3km	0	45	
>3km	3	105	
Total	3	150	<0.01

Shows statistical significance.

DISCUSSION

Total deliveries were 153 out of which 3 (1.96 %) were home deliveries and 150 (98.4%) were hospital deliveries.

The percentage of home deliveries as reported by various studies in different parts of the country varies widely. In the study in Delhi slums, Agrawal et al[6] reported 32% home deliveries while at Nainital in Uttaranchal Sanjay Pandey et al[7] reported 51.45% home deliveries. At both these places utilization of other MCH services was also very low. National Family Health Survey 28 reported 40.1 % non-institutional deliveries in urban areas. Our study is comparable to the study in urban slums in Vellore by P.K. Moni[3] et al who reported 3.6% home deliveries. Banerjee et al reported 7 % home deliveries in Kolkata slums[4]. Solapur Municipal Corporation reports 5 % of the deliveries as home deliveries.[5]

147 mothers in our study were literate. Kotnis & Gokhale et al[7] study reported literacy rate of 68.13% in the mothers in Solapur slums.

In our study 144 mothers belong to BPL social class. 9 mothers belong to APL social class. Doke and Sathe et al [8]from Aurangabad reported 48.38% home deliveries as belonging to low socioeconomic status. Pande et al [9] in a study at Nainital, Uttaranchal reported that all the home delivery cases were from low income group families. In our study all 3 home deliveries belong to low social group (BPL) which is comparable to previous two studies.

Only one mother i.e. 1 (33.33%) is from a joint family. Kontis and Gokhale [6]et al in the study at Solapur reported that 80.21% mothers were from joint families. In joint families the customs and traditions play dominant role which is one of the important reasons of home deliveries in our study. Home deliveries in our study were conducted by untrained persons. In this study:

i. Low socio economic status
i. Multiparity leading to spontaneous delivery
ii. Dissatisfaction from hospital services are reasons for home delivery.
iii. Distance from home to district hospital, lack of transport are also the reasons for home deliveries. All these women who delivered had total 3-4 ANC visits.

Literacy status of the mother, socio-economic class of the family and type of family are strongly associated factors with place of delivery.

All home delivery mothers i.e. 3(100%) are multiparous. In multiparous women the progress of labour from onset to delivery is very fast. So in multiparous women, spontaneous delivery was an important reason of home delivery.

With regard to 3 home delivery mothers only 2 (66.66%) mothers were aware of monetary benefit from govt. Were as out of the 150 mothers who delivered at the hospital 88 (57.5%) were aware about monetary benefits from govt. shown in table 4.

All the 153 mothers who delivered at home and hospital had at least 3 ANC visits (table 5).

In table no.6 the distance from home to hospital was displayed - statistically significant ($p<0.01$). In this study almost 3/4th (108) of the mothers resided more than 3kms away from the hospital. The distance played an important role in these mothers

Time trend shows some decline in home deliveries. Health education activities in urban slums by U.H.C. staff could be responsible for some decline in home delivery cases.

CONCLUSIONS

All 3 of the home deliveries occurred in multipara indicating the need to motivate multiparous mothers in ANC visits to arrange for ready transport as the1st stage of delivery is short. In joint families and in families from low socio economic group customs and traditions, pressure or advice by elderly ladies dominated. Spontaneous deliveries, mon-

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etary problems, homely atmosphere and distance from home to hospital and dissatisfaction from health services were the leading causes for home deliveries.

SUGGESTIONS

Maternity hospitals should be made mother friendly so that leading causes of home deliveries like late ANC registration, monetary problems, fear of hospitals, and dissatisfaction from health services could be eliminated. All the pregnant women should be motivated for institutional deliveries during their antenatal visits giving special attention to multiparas & mothers from poor socio-economic group. The mothers should be explained what happens if they deliver at home i.e. sepsis to both mother and child and PPH which requires hospitalization. Much time will be lost during the process which may result in loss of life of mother or child or both. Motivation for institutional deliveries by ANM's and ASHA's should be strengthened.

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