Factors Affecting Pregnant Women's Preferences of place of Delivery inYabello Town, Oromia Regional State, South East Ethiopia.

MSW Dissertation Research Project

(MSWP-001)

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Declaration

I hereby declare that the dissertationentitled**Factors Affecting Pregnant Women's Preferences of place of Deliveryin Yabello Town,Oromia Regional State, South East Ethiopia.**submitted by me for the partial fulfillment of the MSW in Indira Gandhi National Open University(IGNOU) New Delhi is my own original work and has not been submitted earlier, ether to IGNOU or to any other institution for the fulfillment of the requirement for any other programme of the study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporate in this report from any earlier work done by me or other.

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Certificate

This is to certify that Mr.Omar GobeWario,Student of MSW from Indira Gandhi National Open University,New Delhi was working under my supervision and guidance for his project work for the course MSWP-001

His Project Work Entitled **Factors Affecting Pregnant Women's Preferences of Place of Delivery in Yabello Town,OromiaNational and Regional State, South East Ethiopia** which he is submitting is his genuine and original work

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Omar GobeWario

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List of Abbreviations

ANC	Antenatal care
CSA	Central Statistical Authority
EDHS	Ethiopia Demographic and Health Survey
HEW	Health Extension Worker
FGD	Focus Group Discussion
HC	Health Center
HF	Health Facility
HS	Health Service
HWs	Health Workers
ID	Institutional Deliver
IMR	Infant Mortality Rate
MCH	Maternal Child Health
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
ORHB	Oromia Regional Health Bureau
PNC	Postnatal Care
SBAs	Skill Birth Attendants
TBA	Traditional Birth Attendance
WHO	World Health Organization

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Abstract

The aim of the dissertation is to explore pregnant women's decision-making andmajor influences on their preferences for a place of delivery. The study was conducted in yabello town area in Oromia Regional State ,South East of Ethiopia with the aim of investigating the individual, community and health facility level factors affecting pregnant women's preference of place of delivery. In depth interview,key informants interview, FGD, document review and personal observation were used as method. three major issues were revealed. first attitudes and cooperation with in the health care system was identified as main factor.Secondly cultural aspects such as influence from decision makers,and traditional views concerning danger signs on pregnancy and delivery were important.Finally, distance and transportation and cost was shown their influence on choice place of delivery. We conclude that the most respondents who uses the health institution in Yabello town were those with better education level and better in income.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The World Health Organization (WHO, 2005) estimated that about 536,000 women of reproductive age die each year from pregnancy related complications. Nearly all of these deaths (99%) occur in the developing world. These deaths are almost equally divided between Africa (251,000) and Asia (253,000), with about 4% (22,000) occurring in Latin America and the Caribbean and less than 1% (2,500) in the more developed regions of the world. Maternal mortality rate also shows the same disparity among regions .The world figure is estimated to be 400 per 100,000 live births. It is higher in Africa (830), followed by Asia (330), Oceania (240), Latin America and the Caribbean (190), and at the bottom the developed countries (20) .Globally, at least 160 million women become pregnant annually.(Yalem.T, 2010).

In Ghana, it is believed that most children are born at home with the assistant of traditional birth attendants however, to reduce the maternal and child mortality rate an effort has to be done under medical supervision. Because the service that the mother get during birth has a very important health impact for herself and her child too. Mothers who give birth at home are mostly get traditional assistance whereas mothers who deliver child at institution will get service from tainted medical personnel's. In Ghana over the past 15 years institutional delivery continues to be less than 50% (Committee, 2010).

There are a number of factors affecting women's preference of delivery place. Among them women's educational level and that of their parents had been shown to be one of the factors that affects mothers preference of place of

delivery by a study undertaken in Tigray, Ethiopia. The probability of a mother who had a family member who at least attended a secondary education of giving birth at a health facility was 11 times higher than those who did not have. One interesting finding is that women with secondary education (38%) were more likely to use the health facility for delivery place than illiterate ones (Yalem. T, 2010)

The attitude of health workers is one factor that significantly influenced the choice of place of delivery. In a study on obstetric services utilization in northern Transvaal, South Africa, revealed that negative staff attitude contributed 9.8% to the reasons for home delivery. In a study on socio-economic factors responsible for poor utilization of the primary health care in rural Nigeria, found that unfriendly attitude of health workers contributed 3.6% of the major factors that cause non-utilization. Positive interaction between expectant women and health care providers however lead to client confidence and compliance. In a study on the role of skilled birth attendants in increasing supervised delivery in the West Gonja district of Northern region, Ghana shows that the women complained about the unfriendly behavior of some health providers. They mentioned being harsh, insolent and abusive during labor as common behavior. The providers give preferential treatment to clients who were expensively dressed up (Esimai and Fasubaa, 2002).

Study conducted in Nigeria shows that women‘s with formal education tend to deliver in the hospital while those with no formal education tend to deliver at home. The husband‘s occupational status was also found to be another determinant of place of delivery as wives of employed husbands tend to deliver at the hospital Among 137 mothers who delivered in the Hospital, 126 of them (92%), their husbands are engaged in one occupation or the other (S.H.Idris U. M., 2006).

According to EDHS 2011 national ANC,SBAs and delivery at HF were 33.9%.10% and 9.9% respectively. While great discrepancy among the region were observed in Oromia institutional delivery (ID) is very low where 92% taken place at home (Millenium Development Goals).Whereas according to the RHB coverage of ANC,SBAs, and PNC has increased to 79%,17%,40%as of 2003 EFY respectively (ORHB, 2011). From this data we can understand that even though there is high ANC service given on the contrary there is low delivery provided by SBAs.Mother who had educated family member positively influence to select health facility as a delivery place.while mother with no or less education situation will lead as to the following questions. Why do women prefer to give birth at home ?what are the factors affecting women to give birth at home ? What is the magnitude of prefer to give birth at home ? So, the factor affecting women's choice and reason for preference of birth place has to be addressed. There is no study that has been done in the Town to find out the determinants therefore, it is important to identify the factors which lead to either home or health institution delivery. The result of this research will be used as a guide for zonal administrator to take measure on and solve the problem.

1.2 Problem Statement

Annually more than 500000 maternal death occur worldwide, the majority equally divided between Africa and Asia (Yalem. T, 2003). Less than 1% of the pregnancy-related death occurs in the more developed part of the world. Making maternal mortality the health indicator showing the greatest disparity between the developing and developed countries (Kowalewiski M, 2004).More than half a million women, the majority of whom live in poor countries, die each year due to pregnancy-related complications (WHO, 2005).The disparities in mortality ratios between developed and developing countries reported by the United Nations (Fund, 2006).

Ethiopia is predominantly rural, low-income country in Eastern Africa. The most recent estimate of Ethiopia‘s maternal mortality ratio of 673 per 100,000 live births, however, remains among the highest in the world and has fallen little if at all since 2001. Maternal mortality in Ethiopia is likely linked both to extremely low utilization of skilled birth attendants, low facility delivery and to even lower use of emergency obstetric care. The 2005 Demographic and Health Survey found that only 25% of all Ethiopian mothers living in rural areas received any antenatal care from a health professional in their last pregnancy, 3% delivered in a health facility, and 0.3% delivered by Caesarean section (Macro, 2006).

Even though many researchers have been conducted studies to identify and understand why maternal health care services are under utilized in Ethiopia still there is no remarkable change at all. In other way, utilization of maternity care service is too law and very hard to achieve millennium development Goal. In Ethiopia there is very limited study on preference of women to birth place and because of this there is wide gap of information.

Therefore, the result of this study will aware policy makers and concerned line department on preference of women take into account the measure to be taken in making good choice, identifying problem to addressed the possible solution by themselves then develop ownership towards the services.

1.3 Research Questions

we can understand that even though there is high ANC service given on the contrary there is low delivery provided by SBAs.Therefore, most of the mothersgive birth at home while few of them give birth at health institution. This will lead as to the following questions.

1.Why women prefer to give birth at home or health institutions?

2. what are the factors affecting women to give birth at home or health institution?

3.What is the magnitude preferred to give birth at home or health institution ?

So, that these questions which will further needed assessed.

1.4 Objectives of the Study

General objective:

To identify factors affecting pregnant women's preferences of delivery places in Yabello Town of Oromia Regional State, South East of Ethiopia.

Specific objective

1. To assess the socio-demographic and economic of the study participants in Yabello Town
2. To examine magnitude of the pregnant women‘s preferences of delivery places in Yabello town
3. To identify factors affecting pregnant women‘s preferences of delivery places in Yabello Town of OromiaRegiona State,

1.5 Definition of key terms

Skill Birth attendants refers an accredited birth professional such as midwife, doctors or nurse who has been trained in the skill needed to manage normal ..(Ethiopia Woreda Based Guideline).

Traditional Birth attendants: A birth attendant who initially acquired the ability to delivering babies herself ..(Ethiopia Woreda Based Guideline).

House hold define as a single person living alone or a group of voluntarily living together, having common house .A husband is considered as house hold head.

Health center: refers to an establishment which provides both preventive and curative services. It comprises five satellite health posts and is expected to serve for 20,000 people.(Ethiopia Woreda Based Guideline).

Towns are localities in which urban kebele administrations that have 1000 or more people whose inhabitants are primarily engaged in non-agricultural activities as town irrespective of whether urban administration has been established or not .(Ethiopia Central Statistical Agency(E.C.S.A)

3.6 Limitation

- In this study the data collectors are health professionals therefore, I have fear of professional biasness.
- The sample size used in this study was to small and the finding may not represent the whole women of reproductive age in yabello town at all.

3.7 Structure of dissertation Research Project

This ***dissertation Research Project***is divided into **five chapters**and each chapter is described as below

- Chapter 1 : Orientation of the study - overview of the research problem, purpose and significance of the study, objectives of the study, foundation of the study and highlights of the research design and methodology are discussed.
- Chapter 2: Literature review – this gives an in-depth review of the literature related to the research topic.
- Chapter 3: Research design and method – details of the research approach to study the research topic is given in this chapter.
- Chapter 4: Analysis, presentation and description of the research findings.
- Chapter 5: Conclusions and recommendations – these are discussed based on the research outcomes. The list of references is appended to the thesis. Other annexures include

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Frame Work

A brief history of the trends in the place of birth since the Second WorldWar shows a rapid decline of non-institutional births in the US from 44% in 1940 to less than 1% in 1970. Whilst the drop was slower in Britain, reducing from 50% in 1940 to less than 10% in 1970, it was slowest in the Netherlands, fallingfrom 70% in 1963 to 32% in 1982, and gradually increasing to 35% in 1990 (Wagner 1994)

The place of delivery often determines the quality of care received by the mother and infant and is an important factor in differential risks of prenatal mortality .In delivering essential obstetric services there are four basic model of care deliveries are conducted at home by community member relatives who receive brief training, deliveries takes place at home but it is performed by professional, deliveries is performed by a professional in a basic essential obstetric care facility or all women give birth in a comprehensive essential obstetric care facility with the help of professional (Koblinsky , 2001)

In developing countries, especially those in Southeast Asia and sub-Saharan Africa, culturaland societal norms lead to high levels of home-based deliveries. Although exact figures vary depending on the country, and on the regions within the country, a study based on data from 48 DHS surveys spanning the globe found that more than half of deliveries took place at home(Fund, 2011.)

In Sub-Saharan Africa, the adjusted maternal mortality ratio (MMR) was 900 deaths per 100,000 live births in 2005 (World Health Organization, 2007). The fifth Millennium Development Goal calls for a reduction in maternal mortality ratio by three quarter between 1990 and 2015 (WHO,2007)Although many effort have been done to reduce maternal death worldwide, more than half millions of women die each year as the result of childbirth andcomplications

of pregnancy, and higher number of these death occurs in developing countries particularly sub Saharan Africa and Asia (WHO,2005 pp.45)

2.2 Causes of Maternal Mortality rate

The major causes of maternal deaths in Sub-Saharan Africa are mainly due Tohemorrhage (34%); sepsis and infections, including HIV/AIDS (16%); Hypertensive disorders of pregnancy (9%). Obstructedlabor(4%), Anemia(4%), Abortion (4%),Other causes 30% which include ectopic pregnancy, embolism and other indirect causes (UNFPA, 2007).

2.3. Home verses institutional delivery

Globally, it is estimated that 34% of the mothers deliver with no skilled attendant; this means there are 45 million births occurring at home without skilled health personnel each year. Skilled attendants assist in more than 99% of births in developed countries compared with 62% in developing countries. In five countries including Ethiopia the percentage drops to less than 20%. The study conducted in Tigray, Ethiopia demonstrated that institutional delivery service utilization was very low. In the last five years only 4.1% of mothers gave birth in the health facility for their recent child. The majority of births 95.9% took place at home compared to 4.1% births at different health facilities of the district (Yalem. T, 2010) .Study in south west Ethiopia revealed ANC attendance of 48%,the difference in health service utilization between urban and rural was explained to be attributed to the fact that the urban mothers have more access to the different health services and better education levels. in a nationally representative sample survey in Ethiopia, study done in Arsi and SNNPR receipt of maternity care was found to vary by age, residence, and other socio-demographic factors, where as another study in Adiss Ababa showed that lack of time, absence of illness,

and lack of awareness are the major reasons for non-attendance of ANC (Mesfin, 2004), (Farrow, 1996).

The rate of home births with in the UK remains low at approximately 2%, but it is believed that if women had true choice the rate would be around 8-10%.Furthermore, the studies into women's descriptions of home birth experiences have produced qualitative data on increased sense of control, empowerment and self-esteem, and an overwhelming preference for home birth. As a trend, the demand for birth centers and midwifery services varies in different countries. Birth centers and midwifery services grew substantially over the last decades of the 20th century in the United States of America (USA).In Turkey, home delivery represents only a small fraction of the total reported deliveries, while in Tunisia, community health centers staffed by university educated midwives are well dispersed throughout the country and most deliveries are in these health centers, or in local hospitals or clinics (Habib, 2010).

The Tanzanian health system comprises a well-established network of health facilities throughout the country, and the government encourages all pregnant women deliver at health facilities. The government has also mandated that maternal and child health services, including deliveries, be exempted from fees at any government facility. The reality, however, is that women are asked to bring delivery kits, such as razorblade, gloves and cotton wool. In Tanzania, although health facilities are closer to rural households than in many African countries, more than half of children are delivered at home despite a high coverage (94%) of antenatal care (ANC) (Margaret,2009),

2.4 Factors Affecting Delivery in Health Facility

Several studies have been conducted Worldwide on the factors affecting delivery in health facilities and the following was observed, The issues of risk and vulnerability, such as lack of money, lack of transport, sudden onset of labour, short labour, staff attitudes, lack of privacy, geographical location, perception of poor quality of health services, tradition, cultures and the pattern of decision-making power within the household were perceived as key determinants of the place of delivery(Mrishetal,2007,Magoma,2010,Zulfiqur et al,2009)

The attitude of health workers is one factor that significantly influenced the choice of place of delivery. In a study on obstetric services utilization in northern Transvaal, South Africa, revealed that negative staff attitude contributed 9.8% to the reasons for home delivery. In a study on socio-economic factors responsible for poor utilization of the primary health care in rural Nigeria, found that unfriendly attitude of health workers contributed 3.6% of the major factors that cause non-utilization. Positive interaction between expectant women and health care providers however lead to client confidence and compliance. In a study on the role of skilled birth attendants in increasing supervised delivery in the West Gonja district of Northern region, Ghana shows that the women complained about the unfriendly behavior of some health providers. They mentioned being harsh, insolent and abusive during labor as common behavior. The providers give preferential treatment to clients who were expensively dressed up (Ratcliffe, 2001)

A research was conducted on factors affecting choice of delivery place among women's in Haramaya by Mezmur in 2011 using a cross-sectional study. The study revealed that of the total 458 who had participated in the study 228(49.8%) of them preferred home delivery due to distance of home from the health facility. Likewise, having a belief on TBA 224 (48.8%) and lack of transportation 164(35.8%) were also factors to give birth at home.

On the other side, reason for choosing health institution delivery were safe and clean delivery 184 (40.2%), better service144 (31.4%), fear of complication 97 (21.2%), and having information about health institution delivery 86(18.8%). In addition concerning decision of delivery 122(26.8%) replied decision was made by wife and 132(28.8%) replied decision was made by their husband (Mezmur, 2011).

2.5 Socio Economic Factors and Delivery in Health Facility

Household financial capacity is one of the major factors in the determination of place of delivery, and this depends on mother occupation and husband occupation. Women who are working and earning money may be able, to save and decide to spend it on a facility delivery. Several studies find that farming women are less likely to have skilled attendance at delivery than women in other occupations (Addai , 2000)

Wives of husbands with higher status occupations could be more able to use facilities for delivery. High status occupations are associated with greater wealth, making it easier for the family to pay costs associated with skilled delivery care. Limited ability to pay and high hospital costs have been identified as the major barriers for the rural poor wishing to access health care, due to economic difficulties in rural areas women are not able to afford costs related to deliveries even if the services in some places are free of charge they unable to pay for transport in case of referral or the facility is away from home. (WHO 2007,Mrisho et al 2007). High socio economic status is associated with delivery in health facility and sometimes is confounding with level of education as those with higher education have better jobs and earning higher, so women are encouraged to participate to income generating activities in order to rise their economic status.

The safety and women‘s right of choice to home delivery verses hospital delivery is continuously debated in the developed countries but undesirable outcome of home delivery such as high maternity and prenatal mortality is documented in developing countries .A study in Netherlands examined that women‘s of high socio-economic states delivered more often at home irrespective of other factor. (Habib, Oct 9 2010).

2.6 Socio Demographic Factors and Delivery in Health Facility.

Mother’s literacy level is also important determinant of place of delivery as those with non-formal education tend to deliver at home, and those educated tend to give birth’s in health facilities.A study conducted in Nepal shows that there was relationship between education and place of deliver as those with poor education are more like to deliver at home compared to educated women who tends to deliver at health facilities (Belametal, 2006).

Another study from Cambodia noted that women who attended at least seven years of school are six times more likely to deliver in health facilities compared to those who did not attended (Yanagasawaetal, 2006). The same findings obtained in a study conducted in Kenya and concluded that community based antenatal education might be targeted at poorly educated mother to enable them make informed decision about the place of delivery.It has also been suggested that there may be community effects of education, with more highly educated communities organizing themselves and demanding better public services and higher position for health on the political agenda (Grosse , 1999).

In contrast, better awareness of poor quality in many facilities and higher confidence in self-care may delay care seeking among educated women. Education is likely to be associated with wealth and even residence. (Bolam et al, 2006). The age and parity are also determinants for the place of delivery, Study done in Zambia shows that 55% of women delivery in health facilities is

younger and out ofthat 65% are those having the first baby. The educational status of the women and that of their partners had strong relationship with the choice of delivery place. Educated women presumably have better sense of appreciation and concern for their health. The study conducted in Tigray shows that mothers who had educated family member/s were positively influenced to select health facility as a delivery place. The probability of a mother who had a family member who at least attended a secondary education of giving birth at a health facility was 11 times higher than those who did not have. One interesting finding is that women with secondary education (38%) were more likely to use the health facility for delivery place than illiterate mothers (3%). Mothers with secondary education were more likely to select a health facility for delivery place than those who were illiterate (Yalem. T, 2010)

In Bangladesh and Thailand women with primary education did not differ from women with no schooling in receiving delivery assistance(Mihret. H ,2008).Women with primary level education were more likely to receive delivery assistance from health personnel in Peru and Guatemala.(Edward. N, 2009).while in Thailand urban women were more likely to use ANC but no difference in turkey and Karnataka in India (Mihret , 2008)

2.7 Cultural Factors and Delivery in Health Facility.

Perceived quality of care, which only partly overlaps with medical quality of care, is thought to be an important influence on health care-seeking and place of delivery. Assessment of quality of services is largely depends on personal experience with health system (Duong.D,2004). Elements, such as less waiting times, satisfaction with the service received,including staff friendliness, availability of supplies and waiting times are perceived as good quality. In many cases, the medical 'culture' may clash with the woman's, for example, when family members are not allowed to be present, supine birthing position is imposed or privacy not respected; this may lead to perceptions of

poor quality (Thaddeus .S ,1994). Some studies mention that women report better quality of care in private facilities but that cost deters them from using those services.(Meskon, 2003, Mrisho, 2007).

Perceived interpersonal quality of care overlaps to some extent with traditional beliefs and possibly sometimes with ethnic discrimination. The Concern about quality of services sometimes interacts with other barriers, for example with distance or cost. Perceived quality of services plays a major role in choice of place of delivery. In some areas women decided to go to private health facilities, where they pay instead of going to government health facilities which are closer to their homes and services are provided free.(Mrisho, 2007)

Communities' beliefs on health facilities delivery are important on the choice of place of delivery. In other places they believe that normal delivery should be conducted at home and delivery at health facilities are beneficial for those with complications only (women identified with problems and risk factors during antenatal clinic). The availability of delivery assistance by TBAs has been reported to be associated with non-utilization of a healthfacility for delivery in rural areas, Study conducted in northern part of Tanzania shows that traditional births attendants are the ones who determine the place of delivery among Masai tribe and they also arrange for the kind of diet required by the

Women after delivery, in order to improve health facilitiesdeliveries TBAs must be involved, well informed and full participated.(Shankwaya,2008, Magoma,2010). They believe that TBAs and relatives are affordable and able to meet their expectation during delivery and postpartum period, these services cannot provide at health facilities (Magoma, 2010).Another findings by Mrisho in Tanzania shows that labor is kept secret because any complications develops it means the women is adulterous and remedy for that is to mention all men have slept with her(Mrisho,2007).In Zambia it is

believed that placenta must be buried in certain manner for a women to continue bearing children,this is contrarily to health facilities where placenta is burned by incinerator (Shankwaya,2008).

Different ethnicities groups have different cultural values and these cultural values may prevent women to access health facility for delivery. Knowing these values and addressing them in cultural sensitive manner in that the community could improve delivery in health facilities. According to the study conducted on cultural beliefs and traditional rituals about child birth practice in Lao by(Ychareun, 2009), if the birth attendants are male, most of them however, their husbands could accept it if the gender of the health care provider

CHAPTER THREE

Research Design and Methodology

3.1 Study areaDescription

The study was conducted in Yabello town, which is 655 kms from Addis Ababa to South East of Ethiopia. Yabello is capital city of Borena Zone admiration.The town has one district hospital and one health center. The Town population is estimated about 22,223 out of which 10,273(46.2.%) are females According to 2010/2011 Ethiopian central statistical agency data. Yabello is selected because it serves as main town of Borana zone and connects many woredas and rural populations. Also, it is one of the commercial towns in the South East of the country and close to Kenya about 200km from Moyale Kenya. Yabello town is divided into two administrative zones (locally called *Kebele*).

3.2 Research Design and Method

3.3 Universe of the study (Study population)

The universe of the study (the study population) consists of all women within child bearing age (15-49) who are living in Yabello town.

3.4 The Sampling Method

First, identification of all households in the study area was made using respective kebele residents registered in association with the kebele administration. According to the information obtained from Yabellotown administration,there are 1300 households in kebele 01 and 2637 households in kebele 02. Convenient sampling method in this cross sectional study was applied to select 75 women. Women who were never been pregnant, who weren‘t physically and mentally capable to be interviewed and who were not willing to be interviewed were excluded from the study.

3.5 Data Collection: Tools and Procedures

Household survey using structured questionnaires were used for interview. Both closed ended and open ended questions were utilized for data collection. The questionnaires include items for socio demographic characteristics, socio economic factors, health system factors and cultural factors. Women who werenot voluntary to be interviewed were assured of non-retribution for not participating.

The English version interview questions were translated into Afan Oromo local language to obtain data from the study participants and to ensure they understand the contents properly. On daily bases the researcher has checked for accuracy and completeness of the filled questionnaires and all completed questionnaires were given number after completing the work.

Pre testing of tools

The Afan Oromo version questionnaire was pre-tested in the field to know if it is clear and understood by the study participants. After pretest some questions were slightly adjusted for better understanding by respondents without changing the meaning.

Recruitment and training of research assistants

Two research assistants were recruited and trained by the researcher for one days on how to use the research instrument and the easier way to collect data from respondents. This was important to them to be familiarizing with the research and give them enough experience in collecting information in the field. The research assistants three of them are nurses , one with Public health profession,

Quantitative part

After reviewing relevant literatures and other information sources, the questionnaire used to collect the data for the quantitative part of the study will be prepared by the principal investigator. Then, these questionnaires will be administered to the study participants by the trained data collectors.

Qualitative part of the study

The qualitative part of the study involves focused group discussion (FGD). With the help of FGD, it was managed to explore the experiences, thoughts, feelings, attitudes and ideas of participants on determinants of the choices of delivery places. The questions shall be selected in relation to the research objectives while taking into account local knowledge, cultural sensitivities and taboos.

3.6 Data Processing and Analysis

Quantitative data

The collected quantitative data wasentered,edited, coded and analyzedusing SPSS version 16.0 for the analysis. Percentages and frequency distributions of the relevant variables were calculated.The relationship between dependent and independent variables was assessed by Chi-square tests of phi, Cramer's V and Kendall's tau-b.

Qualitative part

The audio taped participants' conversations was transcribed verbatim and translated. Then the data will be systematically coded segment by segment based on the research questions manually. Categories will be formed and then based on the emerged relationships between the categories; themes will be developed and used to answer the research questions in conjunction with the

data from the quantitative survey. Key informants and focus group discussion participants were

Selected purposively and saturation of information was used to decide on adequacy of the samples. The study got ethical clearance from the respective zonal Health office, and informed verbal consent was obtained from all participants.

Data quality control

The following key strategies will be used for data quality control:

- All data collection tools was translated to local language and back translated to English by people who have proficiency in translation to ensure its consistency.
- Training of data collectors and supervisors was made to enable them acquire basic skills necessary for data collection and supervision, respectively.
- Pre-testing of data collection tool was made in DukamKebele on 10% of sampled women and based on the results of pre-testing necessary adjustment to the data collection tools was made.
- Data will be maintained through checking for completeness of questionnaires by data collectors and investigator on daily basis.
- Each session was recorded by tape for not to miss all ideas discussed.
- The transcription will also be checked by interviewees for consistency and accuracy for FGDs.

3.7Ethical considerations

Ethical clearance Official letter will be written from kidest Mariam University College to Yabello town administrative office of municipality .Yavello town administrative office of municipality officials will give admission latter for the study. The objective and procedure of the study was informed to all participants. Respondent was included on voluntary bases after they have given verbal consents. The privacy was guaranteed regarding the participant names and other personal identification. Finally the interviewer was given to participant's information regarding importance of SBAs and complication relating to pregnancy.

Chapter Four

Research Design and Methodology

A total of seventy five women in the reproductive age group were interviewed and the description for each variable is presented in the subsequent sections.Table 4.2 Place of Delivery

4.1 Choice of place of delivery

From the total 75 respondents 57 (76%) of them were preferred to delivery at health institution and 18 (24%) of them were preferred to deliver at home.

Table 1: Summary of Choice of place of delivery (N = 75)

variable	Frequency	Percent
Health institution	57	76
home	18	24
Total	75	100

4.2 Age of Respondents

In this study from the total 75 respondents, 42 (56%) of the women were at age of 15-25 while women with age of 26-35 were 20 (27%).On the other hands the women with age of 36-46 were 13 (17%) .Therefore, most of women were at age of young or reproductive age.According to statistical analysis of chi-square test using Kendall's tau-b there is a no relationship between age and choice of place of delivery(Kendall's tau-b = 0.050)

Tabel 2: Summary of age of respondents (N = 75)

Category	Frequency	Percent
Age 15-25	42	56%
Age 26-35	20	27%
36 and above	13	17%
Total	75	100%

4.3 socio-demographic characteristics

Marital status

In this study most of the respondent women were currently married. From the total 75 respondents 61 (81.3%) of them were married while the rest 14 (19%) were not. Using chi square test, there is strong and significant association between marital status and choice of place of delivery (Phi/Cramer's Vis 0.657).

Religion

In this study from 75 respondent 35 (47%) were Orthodox, while 18 (24%) were Muslim. On the other hands22 (29%) were protestant, catholic and wakefata.According to statistical analyses using Cramer's V there is strongand positive association between religion and choice of place of delivery(Cramer's V = 0.899)

Ethnicity

Out of 75 respondents 43 (57%) were from Oromo ethnic while the rest 32 (43 %) were from other ethnic group.According to statistical analysis using Cramer's Vthere is statistically strong and positive relationship between Ethnicity and choice of place of delivery (Cramer's V = 0.861)

Mother's Occupation

From the total 75 respondents 47 (62%) were house wives while government servants were 18 (24%). On the other hands 10 (13.3%) wereOthers/Farmer,merchant,Daily Laborer,Student merchants , daily laborer respectively. According to statistical analysis using Cramer's Vtest, statistically there is no significant association between Mother's Occupation and choice of place of delivery (Cramer's V = 0.078)

Husband's occupation

From the total respondents 33 (44%) of them were government employee while merchants were 20 (27 %).On the other hands 22 (27%) were daily laborer and farmers.Using Cramer's V chi-square test there is statistically medium association between husband's Occupationand choice of place of delivery (Cramer's V =0.268)

Mother's education

Out of the total respondents women 36(48 %) of them were educated secondary and above level while 20 (27%) of them were primary level. On the other hand 18 (24%) of them where Illiterate and read and write.On the other hand out of the total respondents 33 (44%) secondary and above level of mother's prefer to deliver in the health institution while 8 (11%) of illiterate mother's prefer to deliver at home. According to statistical analyses using Kendall's tau-b shows amedium to large relationship between mother's education and place of delivery (Kendall's tau-b = 0.447).This clearly depicted that becoming at the level of secondary and above in educational status is protective for home delivery.

Husband's Education status

Out of the total respondents husbands44 (65 %) of them were educated secondary and above level while 13 (18%) of them were primary level. On the other hand 12 (17%) of them read and write. According to statistical analysis

using Kendall's tau-b test shows no relationship between husband's education and choice of place of delivery (Kendall's tau-b=0.050).

Economic status

House hold financial capacity is one of the major factors in the determination ofplace of delivery. Socio economic status was classified according to wealth index using principalcomponent analysis where by women were categorized into threecategoriesless than 400 Birr, 4001-600 Birr and above 600 Birr which indicates their social economic status respectively as shown in aboveabove. There were medium relation ship between the place of delivered and socio economic status of family Similarly by considering those with income Birri 600 and above revealed as protective for home delivery.According to statistical analyses using Kandall's tau-b shows no relationship between income and choice of place of delivery (Kandall's tau-b = 0.026).

Table 3: Summary of socio-demographic characteristics of study participants (N = 75)

variable	Category	choice of place of delivery				Chi-square test (strength of relationship)
		Health institution		home		
		number	percent	number	percent	
Marital Status	Married	47	63%	14	19%	0.657**
	Others/Single,Separated or Widowed	10	13%	4	5%	
Religion	Orthodox	26	35%	9	12%	.899**
	Muslim	15	20%	3	4%	
	Others/Protestant,Catholic,Wakefata/	16	21%	6	8%	

Ethnicity	Oromo	33	44%	10	13%	.861*
	Others	24	32%	8	11%	
Mother's Occupation	House wife	34	45.30%	13	17.30%	.078**
	Government servant	17	22.70%	1	1.30%	
	Others/Farmer,merchant,Daily Laborer,Student/	6	8.00%	4	5.30%	
Husband's occupation	Government servant	27	36%	6	8%	0.268**
	Merchant	16	21%	4	5%	
	Others	14	19%	8	11%	
mother educational status	primary	14	19%	6	8%	0.447***
	secondary	33	44%	4	5%	
	others Illiterate and read and write	10	13%	8	11%	
Husband's educational status	Read and write	7	10%	5	7%	0.050***
	Primary education	8	11%	5	7%	
	Secondary education and above	38	54%	8	11%	
Family income	Less than 400 Birr	4	5%	5	7%	0.026***
	401-600 Birr	13	18%	5	7%	
	Above 600 Birr	40	54%	7	10%	

***** indicates value of chi square test using **phi**

****** indicates value of chi square test using **Cramer's V**

******* Indicates value of chi square test using **Kandall's tau-b.**

4.4Reason for Delivery at health Institution

Most of the respondents prefer to delivery at the health institution. From the total respondents 32 (42.7%) of them said we preferred health institution because we can get better health services while 11 (14.7%) of them said we can get save and clean delivery at health institution.

Table 4

variable	Number	%
Better service	33	58%
Safe and clean delivery	11	19%
close to my home	5	9%
I was informed to deliver in health institution	4	7%
. Fear of complication	4	7%
	57	100%

4.5Assistants during Delivery

During delivery most of the respondents were assisted by health professionals. From the total respondents 47 (71.%) of them were assisted by mid wives while 10 (15 %)of them were assisted by health officers during delivery.

Table 5

Category	variable	Number	%
institutional assistants	Health extension workers	5	8
	Midwife	47	71
	Health officer	10	15
	*I d*on‘t remember	4	6
	Total	66	100.00%

4.6Reasonsfor selecting ofhealth institution

From the total respondents 34 (63.3%) of them said health institution save the life of mother and child while 12 (22%) of them said health institution is clean place to delivery .

Table 6

Category	variable	Number	%
Reasons for selecting of health institution	Clean	12	22.20%
	Save mothers and child life	34	63.00%
	No retain placenta	3	5.60%
	No bleeding	3	5.60%
	Shorten labor	2	3.70%
	Total	54	100.10%

4.7Husband's choice of place of delivery

From the total respondents 60 (80%) of the husbands wereinterested to choose health institution for their wives to deliver while the rest 12 (16%) of them were preferred if their wives deliver at home.

Table 7

Category	variable	Number	%
husband choice	Health center	62	86.10%
	home	10	13.90%
	Total	72	100.00%

4.8Last and Next Delivery Place.

Most of the respondents last delivery was at health institution. Out of 75 respond 35 (47.9%) last delivery was at hospital while 23 (31.5%) last delivery was at health center**.**Totally 58 (79.4%) of last delivery was at health institution.On the other hand from the total respondent 57 (80.3%) of them prefer their next delivery in the hospital.

Table 8

Category	variable	Number	%
Last delivery	Hospital	35	47.94%
	Health center	23	31.50%
	Home	15	20.56%
	total	73	100.00%
Next delivery	Hospital	57	80.30%
	Health center	2	2.80%
	home	12	16.90%
	total	71	100.00%

4.9Decision Makers on place of delivery

1 The most strong decision makers on place of delivery was both husband and wives. Out of the total 75 respondents 37(49.3%) were decided by both husbands and wives while 32 (42.7%) were decided by wives alone.

Table 9

Category	variable	Number	%
Who decide for you	Just me	32	42.70%
	My husband	6	8.00%
	Both of us	37	49.30%
	Total	75	100.00%

4.10Traditional medication and its reasons for utilization

There are few respondents who said we used traditional medication for delivery. From the total respondents only 10 (15.2%) of them were used traditional medication during delivery. Out of the total respondents 8 (80%) of them were said they use traditional medicine to shorten labor while the rest 2 (20%) of them were said they use traditional medicine to get relief pain during labor time.

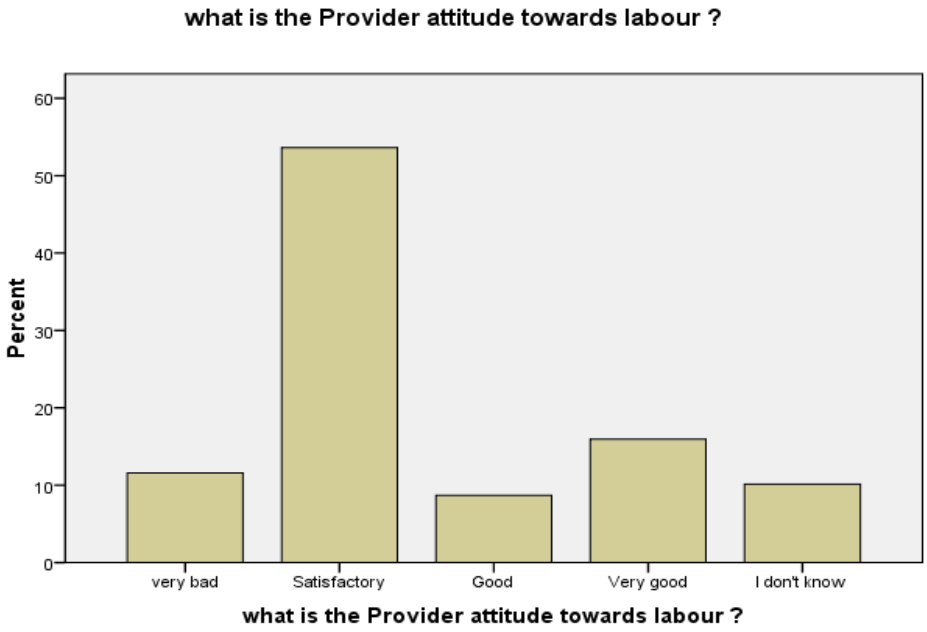
Table 10

Category	variable	Number	%
Do you use Traditional medicine?	Yes	10	15.20%
	No	52	78.80%
	i do not know	4	6.10%
	Total	66	100.10%
What is the reason for medication?	To shorten labor	8	47.10%
	To relief pain	2	11.80%
	I don't know	7	41.20%
	Total	17	100.10%

4.11providersattitude towards labor

The graph below explains about providers attitude towards labor. As shown in the graph from the total 75 respondent about 37 (49.3%) say the attitude of provider towards labor were satisfactory while 11(14.7%) of respondents say very good. On the other hand about 8(10.7%) of the respondents says the providers attitude towards labor was bad while 7((9.3%) of the respondents say I do not know.

Figer 11



DISCUSSION

Several studies show that women age, marital status, level of education,women occupation, husband occupation and head of household can influence the choice for place of delivery. The studies also investigate on factors that affect positively or negatively delivery in health facilities among women with reproductive age, these factors weresocio demographic characteristics, Health facility factors; socio economic factors and cultural factors.In this study the total number of samples considered was75 and all of them were voluntarily participated making the response rate 100%.this is just because the sample size was too small and manageable size .On the other hand I used convenient sampling.

Social Demographic Characteristics and Delivery in Health Facility

In s this study the chi square test showed that there is amediumrelation ship between education and place of delivery (X^2= 0.292).This clearly depicted that becoming at the level of secondary and above in educational status is protective for home delivery.In focused group discussion educated discussants pointed out those skill birth attendants can help us than traditional birth attendants in saving the life of mother and child during hard situation by operation. One of discussant said that *"I prefer to deliver my children in a health facility. Because the traditional birth attendants do not sometimeswear gloves. In contrast, health care providers wear gloves, useclean equipment and medications for delivery."*

In group two focused group discussion most discussant also said that *"" we born in a health facility. Health facility delivery will benefit us as well as our children. In contrary, TBA can sometimes ineffient in managing deliveries which could endanger our health andour babies* ".This is comparable with the study done in Nepal .The study conducted in Nepal show that there is relationship between education and place of deliver as those with poor education are more like to deliver at home compared to educated women who tends to deliver at health facilities (Belam et al 2006).

The study conducted in Tigray by T.Y in 2010 also shows that Mothers with secondary education were more likely to select a health facility for delivery place than those who were illiterate.Some of the focused group discussion participants also agreed with this idea, The possible reason for this may be

those who are educated can get access to differentliteratures and also can get information from the school.

In the study conducted by Ensor and Cooper 2004 it is argued that better educated women are more aware of health problems, know more about the availability of health care services, and use this information more effectively to maintain or achieve good health status .A study in Bangladesh found that 74% of women with more than ten years of education used skilled birth attendants during deliverycompared to 18% who are un educated (Anwar et al 2007). The other study done by Mrisho in Southern Tanzania showed that mothers with primary and higher education were more likely to deliver in health facilities compared to un educated mothers, Also Lwelamira found that women with higher education in Bahi district they tend to deliver in health facility compared with those with primary or formal education (Mrisho et al 2007,Lwelamira J 2012) .

In generally from different countries different researcher theist shows that more educated mothers prefer to deliver in health institution when compared to those mother's with less or no education. The reason why educated women prefer health institution for delivery than illiteratewomen as to me is educated women has access to get more information through discussion with educated friends, reading different literatures, books and brushers. The other point may be educate mother may get new ideas from school.

Health Service Factors and Health Facility Delivery

The study showed that there is no difference between place of delivery and distance from health institutions for the urban residence in Yabello town.But different study shows that distance is one of the determinants for place of delivery among pregnant mothers especially in rural areas where by health facilities are scarcely distributed. The study conducted by Mrishofound that 84% of women who gave birth at home, intended to deliver in health facility

and ended deliver home due to long distance and problem of transport (Mrisho et al 2007). In Nepal study found that women living more than one hour away from health facility are eight times less likely to use health facility during delivery (Wagle et al 2004).In this study most of the focused group participants suggest that the health institution is not too far from their home and because of this most of them delivered in yabello hospital.

In focused group discussion few mother who prefer home for delivery said 1labor often comes during the night. We pay a lot of moneyfor transportation. However, when we reach there, medications and equipment are often in shortsupply. Eventually, we end up taking prescriptions tobuy from private pharmacies. During the night the private pharmacy do not give service so we have to wait until the morning. This is comparable with the study done in Uganda.In Uganda due to inadequate drugs, Medical equipment and supplies, despite of good policies and efforts, the use of health facility for delivery did not rise (Kyomuhendo 2003).In the study conducted byMarisho 2007 One women during group focus discussion said she heard from the radio that delivery in government health facilities are free of charge but when you went there your asked to buy everything.

Socio-Economic Status and Delivery in Health Facility

House hold financial capacity is one of the major factors in the determination ofplace of delivery. Several studies found that women with higher socio economic status were associatedwith skilled attendance during delivery. This study showed that there were medium relation ship between the place of delivered and socio economic status of family (Eta value = 0.292***) Similarly by considering those with income Birri 600 and above revealed as protective for home delivery.This is comparable with the study done in Tanzania. The study conducted by Lwelamira in Bahi district in Tanzania also has similar findings where by the odds of delivery in health facility was higher in women

with high income group compared to those with lower income group(OR=2.3 CI=1.23-3.97) (Lwelamira , 2012).

On the other hand the study conducted in Ruwanda finding also shows the same as Tanzania .In Rwanda study reported that socioeconomic status of household was stronger predictor of woman decision to deliver at health facility where by probability of poor to deliver at home where much higher than wealthier (OR=4.37,CI=3.43-5.56) (Urumungi Y, 2010). Several studies found that women with higher socio economic status were associated with skilled attendance during delivery.Similar finding with the study done by Mrisho whereby least poor women were more likely to deliver in health facility than poorest (RR=1.07, 95%CI=1.03- 1.43). According to my understanding a family with high Income has a positive impact on place of delivery. As explained in both focused group discussion one and two labor comes during night time and it is difficult to get transportation during this time with reasonable cost. In the discussion family with less income can not afford the cost of transportation and this lead them to give birth at home while family with better or high Income use health institution because they can afford transportation cost easily.

Social Cultural Factors and Delivery in Health Facility

In this study in focused group discussion One of the discussant said that "*my grandmother, just tell me :- do not worry, deliver home so that I can take care of you.so that the i listen more to my grandmother than what was told by the health extension worker to me* ". This is traditional view to motherhood that will affect the pregnant mother place of delivery.

Inthisstudy during focused group discussion in both group one and two most of the mothers said that when labor starts the men should not listen to them except traditional birth attendants and mother in law or other relatives. The study conducted in Tanzania reveals the same thing.In contrary to other studies done in Tanzania by Mrisho were by labour was kept secret because any complications develops it means the women is adulterous and remedy for that is to mention all men have slept with her(Mrisho M 2007).In this study during group discussion with focused group the discussants also said there is believe that placenta should be buried at the back of their house in our tradition but,this traditional belief get weaken recently. The study done Zambia shows the same. The study conducted In Zambia where by community believed that placenta must be buried in certain manner for a woman to continue bearing children, this is contrarily to health facilities where placenta is burned by incinerator (Shankwaya S 2008).

Social cultural factor primarily influence the women decision making whether to seek care or not rather than affecting women to reach health facility. Many studies reported some traditional belief that affect the choice for place of delivery, A study in northern part of Tanzania found that women belief that normal delivery should be conducted at home and delivery at health facilities are beneficial for those with complications only (Magoma 2010).

In this study 82 (22.3%) responded that presence of TBAs in their area makes women to deliver at home, they believe that they are capable of conducting delivery. This is similar to the findings obtained by Magoma that traditional births attendantsare the ones who determine the place of delivery among Masai tribe and they also arrange for the kind of diet required by the women after deliver (Magoma M 2010.In this study, no any traditional belief found that hinders delivery in health facility.

As women are frightened togo to the health service, due to unfamiliar practices and their perception of the treatment they will receive. For example, one woman said, *"I am in a bed having serious pain and I called one nurse to see me but she shout and try beat me."* Many discussantstated that most of them are not happy with the act of midwives and some health professional

CHAPTER FIVE

CUNCLUSION AND RECCOMMENDATION

5.1 CUNCLUSION

The purpose of the study was to analyses and describes the factors that influence the choice of place of delivery by pregnant women in yabellotown. The researcher conducted an extensive literature review to gain information on previous related studies done to get an in depth understanding of the research topic. Many factors play into a woman's decision on where to seek delivery services during her pregnancy. Previous literature has shown a strong link among age, level of education, cost of delivery, and delivery location. This study supports the associations between level of education and delivery location and cost of delivery and delivery location, but does not support the association between age and delivery location. In this study, we found that women who are seeking facility-based care are doing so because they seek a higher quality of services and know that they and their child will be safer. For women not seeking facility-based deliveries, cost and level of education were the two main barriers. Women's perceptions of the cost of delivery and the knowledge they have about health facility persuaded them to deliver either at home or at a less-equipped facility. A cost is a main factor in choosing delivery location, women will likely continue to deliver at home, and these home based births will continue to contribute to maternal and infant mortality in Yabello.in many researchWith distance as a perceived barrier, but in this study the data showing that most facilities are within 30 minutes of a woman's home. According to my observation in Yabello town the hospital is in the center of the town and the distance has positive impact on mother's choice of place of delivery. In generally I concluded the following points

The findings concluded as follows

1. In this study the respondents with better level of education has a better health seeking behavior when compared to those with les education level and this needs further attention
2. Health workers' professional conduct highly contributes towards attraction or discouragement of women to choose of place of a delivery site. According to the explanation of focused group discussionunprofessional behavior of health workers discouraged women from choosing the health institution for delivery.
3. Transportationcost itself was identified as a barrier during focused group discussion, most mothers argued that labor comes during night but during that time we cannot get transportation and because of this the choice we have is to delivery at home. Some mothers also said the transportation we have is Bajaj and its cost is too much during night .

4. In focused group discussion respondents explained that Yabellotown hospital has an ambulance but, this ambulance did not give them any service during night when labor comes and this needs further attention.

5. Yabellohospital do not have professional social worker who can provide professional service for their clients. Many of the respondents explains that they are dissatisfied with some health professional during delivery,

5.2 Recommendation

The following recommendations are intended to form a basis for future studies

1. Improving education among girls, especially beyond primary school needs tobe strengthened and encouraged by the Government as education has an impact on thewomen decision on the choice of place of delivery

2. Efforts should be made to improve the image of health workers in the eyes of the public by initiating or promoting programs that continuously monitor the midwifes and other health professionals conduct, with mechanisms to address identified inefficiencies. Refresher progamm should be organized to improve the misconduct of health professional,
   .
3. Yabello town hospital has an Ambulance but, this ambulance did not serve pregnant women during the labor time therefore, the hospital board should give direction to Yabello hospital management to start ambulance service for pregnant mother in Yabelo town.
4. Both quantitative and qualitative study approach should be used in research study. In depth interview or focus groupdiscussions was an excellent tools to be addressed in research.
5. Yabello hospital do not have professional social worker who can provide professional service for their clients, Therefor,I recommend if the hospital management hire professional social workers,
6. Finally this study shows that there was a very good health seeking behavior in Yabello town. Further study is needed or best practice in the area should be studied and organized by the concerned bodies and disseminate to other towns

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Annexes

PR**PROFORMA FOR SUBMISSSION OF MSW PROJECT PROPOSAL FOR APPROVAL FROM ACADEMIC COUNSELLOR AT STUDY CENTER**

Enrollment No.**: 099130760**

Date of submission: **January ,2013**

Name of the study center :**St. Mary University college**

Name of the guide: **MrSabsib Belay**

Title of the project Factors: **Factors Affecting Women's Preferences of Place of Delivery InYabello Town, Oromia National and Regional State, South East Ethiopia.**

Name and Address of Guide : Name& address of the student

Sebsib BelayOmar GobeWario

St. Mary University CollegeStudent's Signature_____

Approved Signatures_____

Annex 2: English version of consent form &questionnaire

Introduction: Greeting

Good morning: Thank you for coming to all of you.

Name _____ date _____ time started _____

ended _____ Signature _____

Name of note taker _____ date _____ time started _____

time ended _____ signature _____

Read the following as it is:

Now we brief you why we want all of you. Then we discuss about several issues. We will asking you question about your experience with the maternal health care services and pregnant women preference to birth places in your area and question related to health problems, and factors affecting utilization of the available services.

My name is----------I am from----------I am part of a team of people who are carrying out a survey on Factors affecting women's choice of delivery place. I would like to ask you some question regarding the topic. The result of this study will help an input to improve the service. This interview will take about 15 minutes please assured that your name is not being recorded and any other identifying information will be kept confidential your participation is voluntary, and you have the right to not participate fully or partially your preference will not affect the health care you would normally receive. You may stop the interview at any time. However, we hope that you will participate in this study since your views are important may I begin the interview now?

Yes---------- No---------- If yes continue the interview

If no thanks the women &proceed with next respondents

Name of the interviewer----------sign----------Date----------

Name of the supervisor----------sign----------Date----------

Annex 3. Interview schedule for women respondents

No	Activities	In charged body	Jan	Mar	April	May	Jun	July	Aug	september
1	Proposal preparation	PI Advisor								
2	Permission for ethical issue	PI								
3	Mapping areas	PI Advisor								
4	Developing, and assessing data collection	PI Advisor								
5	Conducting training	PI								
6	Data Collection organizing analysis and writing up report	PI Advisor								
7	Report submission	PI Advisor								
8	Report Dismination	PI								

Annex 4schedule for interview women key informant

No	Activities	In charged body	Jan	Mar	April	May	Jun	July	Aug	september
1	inteview for key informants	Data collectors								

Annex 5Schedulefor Focused Group Discussion

No	Activities	In charged body	Jan	Mar	April	May	Jun	July	Aug	september
2	Focused Group Discussion	Data collectors								

Annex 4: **Questionnaire – English version**

Part.I Respondents socio demographic characteristics

101. Age in year at present

102. Marital Status 1.Married 2.Single 3.Divorced
4.Separated 5.Widowed

103. Religion 1. Orthodox 2.Muslim 3. Protestant
4. Catholic 5. Other specify

103. Ethnicity
1.Oromo 2. Burji 3.Gabra 4.Gurage 5. Amara
6. Other specify

105.respondant's occupation
1.House wife 2.Civil servant 3.Merchant 4.Farmer
5.Dailylabors 6.Student's 7. Other specify

106. What is the main occupation of your husband

1. Farmer 2.Daily laborers 3.Merchant 4.Governmental employer
5.Other (specify)

107.Respondant's educational status
1. Illiterate 2.Read and writes 3. Primary education (1-8)
4.Secondary education and above

108. For those married husband educational status

1.lliterate 2.Read and writes 3. Primary education (1-8)
4.Secondary education and above

109. Monthly house hold income

1.<200 2.200-400 3.401-600 4.601-800 5.800 above

110. What is the estimated distance from home to the near by delivery institution?1. upto 30 minute 2.one hour 3. above one hour

Part II Women's choice on place of delivery and the reasons for their choice

201. Where is your choice regarding to your place of delivery?

1.Health institution

If (health institution) skip to q 204 & 205 2.Home

(For those who prefer to home delivery)

202.What is your main reason to prefer home delivery?

(MORE THAN ONE ANSWER POSSIBLE

1. Distance of health institution 2.No means of transportation 3.I have no money to pay 4.I dislike the behavior of health workers 5.Trust on TBA 6.The service is not available

7. Not necessary for labor & delivery 8.I have bad experience delivery in health institution 9.Because my culture restrict me 10.Other specify

203. If at home who assisted you?

1.Mother 2.Mother –in-low 3.TTBA 4.Neighbor

5.Health extension workers 6.TBA 7. 0thers specify

204.For those who prefer health institution what is your main reason

(MORE THAN ONE ANSWER POSSIBLE)

1.Better service 2.Safe and clean delivery 3.close to my home 4.I was informed to deliver in health institution 5. Fear of complication

6.The approach of health worker is best 7.other specify

205. If at health facility who assisted you?

1. Health extension workers. 2. Nurse 3. Midwife 4.Health officer

5. Don't remember

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1. No need of transport 2. No cost 3.No bleeding

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1. Yes 2. No

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1.<100 2.>100 3.Free of charge

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401.Do you face any problem during delivery in your home ?

1. Too much bleeding
2. Nothing happen
3. Long last labor

402.what is your age during your first pregnancy ?

1. 15 2.15-17 3. 18-25
4. 26-35 5. 36-45
5. 46 and above

403.have you face abortion ? 1.Yes 2. no

Date of data collection--------- Code of data collector---------- Name of data collector-------- Signature of data collector----------

PROFORMA FOR SUBMISSSION OF MSW PROJECT PROPOSAL FOR APPROVAL FROM ACADEMIC COUNSELLOR AT STUDY CENTER

Enrollment No.**: 099130760**

Date of submission: **January ,2013**

Name of the study center :**St. Mary University college**

Name of the guide: **MrSabsib Belay**

Title of the project Factors: **Factors Affecting Women's Preferences of Place of Delivery InYabello Town, Oromia National and Regional State, South East Ethiopia.**

Name and Address of Guide : Name of the student

Sebsib BelayOmar GobeWario

St.Mary University CollegeStudent's Signature_____

Approved Signatures_____

Factors Affecting Pregnant Women's Preferences of place of Delivery

inYabello Town, Oromia Regional State, South East Ethiopia.

MSW Dissertation Research Project Proposal

(MSWP-001)

Prepared By

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Enrollment No.099130760

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Indira Gandhi National Open University

School of Social Work

January, 2013

Addis Ababa , Ethiopia

Table of Contents

List of Abbreviation

ANC	Antenatal care
CSA	Central statistic Authority
EDHS	Ethiopia Demographic and Health Survey
HEW	Health Extension Worker
FGD	Focus group Discussion
HC	Health Center
HF	Health Facility
HS	Health Service
HWs	Health Workers
ID	Institutional Deliver
IMR	Infant Mortality Rate
MCH	Maternal Child Health
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
ORHB	Oromia Regional Health Bureau
PNC	Postnatal Care
SBAs	Skill Birth Attendants
TBA	Traditional Birth Attendance
WHO	World Health Organization

1.1 Background of the Study

The World Health Organization (WHO) estimates that about 536,000 women of reproductive age die each year from pregnancy related complications. Nearly all of these deaths (99%) occur in the developing world. These deaths are almost equally divided between Africa (251,000) and Asia (253,000), with about 4% (22,000) occurring in Latin America and the Caribbean and less than 1% (2,500) in the more developed regions of the world. Maternal mortality rate also shows the same disparity among regions .The world figure is estimated to be 400 per 100,000 live births. It is higher in Africa (830), followed by Asia (330), Oceania (240), Latin America and the Caribbean (190), and at the bottom the developed countries (20) .

Globally, at least 160 million women become pregnant annually.(T Y. , 2010). In Ghana, it is believed that most children are born at home with the assistant of traditional birth attendants however, to reduce the maternal and child mortality rate an effort has to be done under medical supervision. Because the service that the mother get during birth has a very important health impact for herself and her child too. Mothers who give birth at home are mostly get traditional assistance whereas mothers who deliver child at institution will get service from tainted medical personnel's. In Ghana over the past 15 years institutional delivery continues to be less than 50% (Committee, 2010).

There are a number of factors affecting women's preference of delivery place. Among them women's educational level and that of their parents had been shown to be one of the factors that affects mothers preference of place of delivery by a study undertaken in Tigray, Ethiopia. The probability of a mother who had a family member who at least attended a secondary

education of giving birth at a health facility was 11 times higher than those who did not have. One interesting finding is that women with secondary education (38%) were more likely to use the health facility for delivery place than illiterate ones (T Y. , 2010)

The attitude of health workers is one factor that significantly influenced the choice of place of delivery. In a study on obstetric services utilization in northern Transvaal, South Africa, revealed that negative staff attitude contributed 9.8% to the reasons for home delivery. In a study on socio-economic factors responsible for poor utilization of the primary health care in rural Nigeria, found that unfriendly attitude of health workers contributed 3.6% of the major factors that cause non-utilization. Positive interaction between expectant women and health care providers however lead to client confidence and compliance. In a study on the role of skilled birth attendants in increasing supervised delivery in the West Gonja district of Northern region, Ghana shows that the women complained about the unfriendly behavior of some health providers. They mentioned being harsh, insolent and abusive during labor as common behavior. The providers give preferential treatment to clients who were expensively dressed up (Esimai OA, 2002).

Study conducted in Nigeria shows that women‘s with formal education tend to deliver in the hospital while those with no formal education tend to deliver at home. The husband‘s occupational status was also found to be another determinant of place of delivery as wives of employed husbands tend to deliver at the hospital Among 137 mothers who delivered in the Hospital, 126 of them (92%), their husbands are engaged in one occupation or the other (S.H.Idris U. M., 2006).

According to EDHS 2011 national ANC,SBAs and delivery at HF were 33.9%.10% and 9.9% respectively. While great discrepancy among the region were observed in Oromia institutional delivery (ID) is very low where 92% taken place at home (Millenium Development Goals).whereas according to the RHB coverage of ANC,SBAs, and PNC has increased to 79%,17%,40%as of 2003 EFY respectively (ORHB, 2010/2011). From this data we can understand that even though there is high ANC service given on the contrary there is low delivery provided by SBAs.. mother who had educated family member positively influence to select health facility as a delivery place. of mother in This situation will lead as to the following questions. Why do women prefer to give birth at home ?what are the factors affecting women to give birth at home ? What is the magnitude of prefer to give birth at home ? So, the factor affecting women's choice and reason for preference of birth place has to be addressed. There is no study that has been done in the Town to find out the determinants therefore, it is important to identify the factors which lead to either home or health institution delivery. The result of this research will be used as a guide for zonal administrator to take measure on and solve the problem.

1.2 Problem statement

Annually more than 500,000 maternal death occur worldwide, the majority equally divided between Africa and Asia (T A. C., 2003). Less than 1% of the pregnancy-related death occurs in the more developed part of the world. Making maternal mortality the health indicator showing the greatest disparity between the developing and developed countries (Kowalewiski M, 2004) .
More than half a million women, the majority of whom live in poor countries, die each year due to pregnancy-related complications (WHO, 2005).The disparities in mortality ratios between developed and developing countries reported by the United Nations (Fund, 2006).

Ethiopia is predominantly rural, low-income country in Eastern Africa. The most recent estimate of Ethiopia‘s maternal mortality ratio of 673 per 100,000 live births, however, remains among the highest in the world and has fallen little if at all since 2001. Maternal mortality in Ethiopia is likely linked both to extremely low utilization of skilled birth attendants, low facility delivery and to even lower use of emergency obstetric care. The 2005 Demographic and Health Survey found that only 25% of all Ethiopian mothers living in rural areas received any antenatal care from a health professional in their last pregnancy, 3% delivered in a health facility, and 0.3% delivered by Caesarean section (Macro, 2006). Even though many researchers have been conducted studies to identify and understand why maternal health care services are under utilized in Ethiopia still there is no remarkable change at all. In other way, utilization of maternity care service is too law and very hard to achieve millennium development Goal. In Ethiopia there is very limited study on preference of women to birth place and because of this there is wide gap of information.

Therefore, the result of this study will aware policy makers and concerned line department on preference of women take into account the measure to be taken in making good choice, identifying problem to addressed the possible solution by themselves then develop ownership towards the services.

1.3 Research Questions

we can understand that even though there is high ANC service given on the contrary there is low delivery provided by SBAs. Therefore, most of the mothers give birth at home while few of them give birth at health institution. This will lead as to the following questions.

1. Why do women prefer to give birth at home or health institutions?
2. what are the factors affecting women to give birth at home or health institution ?
3. What is the magnitude of prefer to give birth at home or health institution ?

So, that these questions which will further has to be addressed.

1.4 Objectives of the Study

General objective:

To identify factors affecting pregnant women's preferences of delivery places in Yabello Town of Oromia Regional State, South East of Ethiopia.

Specific objective

4. To assess the socio-demographic and economic of the study participants in Yabello Town
5. To examine magnitude of the pregnant women‘s preferences of delivery places in Yabello town and
6. To identify factors affecting pregnant women‘s preferences of delivery places in Yabello Town of OromiaRegiona State,

1.5 Definition of key terms

Skill Birth attendants refers an accredited birth professional such as midwife, doctors or nurse who has been trained in the skill needed to manage normal . .(Ethiopia Woreda Based Guideline).

Traditional Birth attendants: A birth attendant who initially acquired the ability to delivering babies herself ..(Ethiopia Woreda Based Guideline).

House hold define as a single person living alone or a group of voluntarily living together, having common house .A husband is considered as house hold head.

Health center: refers to an establishment which provides both preventive and curative services. It comprises five satellite health posts and is expected to serve for 20,000 people.(Ethiopia Woreda Based Guideline).

Towns are localities in which urban kebele administrations that have 1000 or more people whose inhabitants are primarily engaged in non-agricultural activities as town irrespective of whether urban administration has been established or not .(Ethiopia Central Statistical Agency/E.C.S.A)

2.1 Literature review.

The various dimensions of autonomy, such as position in the household, financial independence, mobility and decision-making power regarding one's own healthcare, may all impact on health facility use. In many countries, women cannot decide on their own to seek care, but have to seek permission from a husband or mother-in-law. Furthermore, women may lack control over material resources needed to pay for expenses, their mobility may be restricted or they may lack access to vehicles or even bicycles or donkeys‘ .However, women's informal power in the household may mitigate some of the above (Habib)

A research was conducted on factors affecting choice of delivery place among women’s in Haramaya by Mezmur in 2011 using a cross-sectional study. The study revealed that of the total 458 who were participated in the study 228(49.8%) of them preferred home delivery due to distance of home from the health facility. Likewise, having a belief on TBA 224 (48.8%) and lack of transportation 164(35.8%) were also factors to give birth at home. On the other side, Reason for choosing health institution delivery were safe and clean delivery 184 (40.2%), better service144 (31.4%), fear of complication 97 (21.2%), and having information about health institution delivery 86(18.8%). In addition concerning decision of delivery 122(26.8%) replied decision was made by wife and 132(28.8%) replied decision was made by their husband (Mezmur, 2011).

According to the study conducted on cultural Beliefs and Traditional Rituals about Child Birth practice to Lao by ychareun, V,2009 If the birth attendants are male, most of the However, their husbands could accept it if the gender of the health care provider is male (Sychareun, 2009)A research conducted on Factor influencing women's choice of place of delivery in Rural Malawi-an explorative study by Link Seljes, JobanneSundbyandJonechimango show that distance and transport were considered as one of major constraint. In the interview made one of the health worker said that "many of the women stay very far from the hospital. In some places there are no labour transport, pickups ,no buses they use bicycle, so it is problem when the mother start the labour there. That is why most of the women just deliver at the TBA's. theycan not reach the hospital. In the rainy season the road condition is also worsen and a any time of the year it is difficult and dangerous to travel by night. Additionally lack of money was given as reason for not using the health facilities. Even the government hospitals expects the women to bring certain equipments like razorblade, plastic sheet.

Research Design and Methodology

3.1 Study area Description

The study was conducted in Yabello town, which is 655 kms from Addis Ababa to South East of Ethiopia. Yabello is capital city of Borena Zone admiration.The town has one district hospital and one health center. The Town population is estimated about 22,223 out of which 10,273(46.2.%) are females According to 2010/2011 Ethiopian central statistical agency data. Yabello is selected because it serves as main town of Borana zone and connects many woredas and rural populations. Also, it is one of the commercial towns in the South East of the country and close to Kenya about 200km from Moyale Kenya. Since Yabello town is divided into two administrative zones (locally called *Kebele*), 38 women of child bearing age groups who had experience in pregnancy and delivery will be included in the study. Totally 75 women will be selected for the study.

3.2 Research Design and Method

3.3 Universe of the study

The universe of the study consists of all women with in child bearing age (15-49) in Yabello town.

3.7 The Sampling Method

First, identification of all households in the study area will be made using respective kebele residents register in association with the kebele administration. According to the information obtained from Yabello city administration. There are 1300 households in kebele 01 and 2637 households in kebele 02. Convenient sampling method in this cross sectional study will be applied to select 75 women. Women who were never been pregnant, who

weren‘t physically and mentally capable to be interviewed and who were not willing to be interviewed will be excluded from the study.

3.8 Data Collection: Tools and Procedures

Household survey using structured questionnaire were used for interview. Both closed ended and open ended questions were utilized for data collection. The questionnaires include items for socio demographic characteristics, socio economic factors, health system factors and cultural factors. In case of The women were asked for consent to be interviewed with assurance of non retribution for not participating. Those unwilling to participate were allowed to be excluded in interview but no anyone refused. Data were collected on daily basis from morning to evening including weekends for the period of two weeks.

The English version interview questions were translated into afaan Oromo local languge to obtain data from the study participants and to ensure they understand the contents properly. On daily bases the researcher was countercheck for accuracy and completeness of the filled questionnaire and all completed questionnaires were given number after completing the work.

Pre testing of tools

The afan Oromo version questionnaire was developed by the investigator and pre tested in the field to know if it is clear understood by the recent delivered women. After pretest some questions were slightly adjusted for better understand by respondents without changing the meaning.

Recruitment and training of research assistants

Two research assistants were recruited and trained by the researcher for one days on how to use the research instrument and the easier way to collect data from respondents. This was important to them to be familiarizing with the research and give them enough experience in collecting information in the

field. The research assistants three of them are nurses , one with Public health profession,

Quantitative part

After reviewing relevant literatures and other information sources, the questionnaire used to collect the data for the quantitative part of the study will be prepared by the principal investigator. Then, these questionnaires will be administered to the study participants by the trained data collectors.

Qualitative part of the study

The qualitative part of the study involves focused group discussion (FGD). With the help of FGD, it will be managed to explore the experiences, thoughts, feelings, attitudes and ideas of participants on determinants of the choices of delivery places. The questions shall be selected in relation to the research objectives while taking into account local knowledge, cultural sensitivities and taboos.

3.9 Data Processing and Analysis

Quantitative data

The collected quantitative data will be edited, coded and entered to SPSS version 16.0 for the analysis. Percentages and frequency distributions of the relevant variables will be calculated and also the significant and relationship between dependent and independent variable's calculated by phi, Cramer's V and Kendall's tau-b. thespss version 16.6 edition two prepared by George A.Moragan,NancyL.Leech,GeneW.Gloeckner and Karen C.Barrett page, 99-105 was used. The analyzed date were briefly described

Qualitative part

The audio taped participants' conversations will be transcribed verbatim and translated. Then the data will be systematically coded segment by segment based on the research questions manually. Categories will be formed and then based on the emerged relationships between the categories; themes will be developed and used to answer the research questions in conjunction with the data from the quantitative survey. Key informants and focus group discussion participants were

Selected purposively and saturation of information was used to decide on adequacy of the samples. The study got ethical clearance from the respective zonal Health office, and informed verbal consent was obtained from all participants.

1. Ethical consideration

Ethical clearance approval will be obtained from St. Mary University College and the University College will write a supporting letter to Yabello town administrative office of municipality. Yabello town administrative office of municipality officials will give admission letter for the study. The objective and procedure of the study will be informed to all participants. Respondents will be included on voluntary bases after they have given verbal consents. The privacy will be guaranteed regarding the participant names and other personal identification. Finally the interviewer will give to participant's information regarding importance of the study.

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Annexes

Annex 1: English version of consent form &questionnaire

Introduction: Greeting

Good morning: Thank you for coming to all of you.

Name _____ date _____ time started _____

ended _____ Signature _____

Name of note taker _____ date _____ time started _____

time ended _____ signature _____

Read the following as it is:

Now we brief you why we want all of you. Then we discuss about several issues. We will asking you question about your experience with the maternal health care services and pregnant women preference to birth places in your area and question related to health problems, and factors affecting utilization of the available services.

My name is----------I am from----------I am part of a team of people who are carrying out a survey on Factors affecting women's choice of delivery place. I would like to ask you some question regarding the topic. The result of this study will help an input to improve the service. This interview will take about 15 minutes please assured that your name is not being recorded and any other identifying information will be kept confidential your participation is voluntary, and you have the right to not participate fully or partially your preference will not affect the health care you would normally receive. You may stop the interview at any time. However, we hope that you will participate in this study since your views are important may I begin the interview now?

Yes---------- No---------- If yes continue the interview

If no thanks the women &proceed with next respondents

Name of the interviewer----------sign----------Date----------

Name of the supervisor----------sign----------Date----------

Part.IRespondents socio demographic characteristics

101. Age in year at present

102. Marital Status 1.Married 2.Single 3.Divorced 4.Separated 5.Widowed

103. Religion 1. Orthodox 2.Muslim 3. Protestant 4. Catholic 5. Other specify

103. Ethnicity

1.Oromo 2. Burji 3.Gabra 4.Gurage 5. Amara 6. Other specify

105.respondant's occupation

1.House wife 2.Civil servant 3.Merchant 4.Farmer 5.Dailylabors 6.Student's 7. Other specify

106. What is the main occupation of your husband

1. Farmer 2.Daily laborers 3.Merchant 4.Governmental employer 5.Other (specify)

107.Respondant's educational status

1. Illiterate 2.Read and writes 3. Primary education (1-8) 4.Secondary education and above

108. For those married husband educational status

1.lliterate 2.Read and writes 3. Primary education (1-8) 4.Secondary education and above

109. Monthly house hold income

1.<200 2.200-400 3.401-6004.601-800 5.800 above

110. What is the estimated distance from home to the near by delivery institution?

1. upto 30 minute 2. one hour 3. above one hour

Part II Women's choice on place of delivery and the reasons for their choice

201. Where is your choice regarding to your place of delivery?

1.Health institution

If (health institution) skip to q 204 & 205 2.Home

(For those who prefer to home delivery)

202.What is your main reason to prefer home delivery?

(MORE THAN ONE ANSWER POSSIBLE

1. Distance of health institution 2.No means of transportation 3.I have no money to pay 4.I dislike the behavior of health workers 5.Trust on TBA 6.The service is not available

7. Not necessary for labor & delivery 8.I have bad experience delivery in health institution 9.Because my culture restrict me 10.Other specify

203. If at home who assisted you?

1.Mother 2.Mother –in-low 3.TTBA 4.Neighbor

5.Health extension workers 6.TBA 7. 0thers specify

204.For those who prefer health institution what is your main reason

(MORE THAN ONE ANSWER POSSIBLE)

1.Better service 2.Safe and clean delivery 3.close to my home 4.I was informed to deliver in health institution 5. Fear of complication

6.The approach of health worker is best 7.other specify

205. If at health facility who assisted you?

1. Health extension workers. 2. Nurse 3. Midwife 4.Health officer

5. Don't remember

206. Where is the choice of your husband to your place of delivery?

1.Health institution 2.Home

207. Where did your last delivery take place?

1. Health center 2.Home

208. Where will your next delivery, when you are pregnant?

1.Home 2.Hospital 3.Health Center

209. Who decides on place of your delivery?

1.Just me 2.My husband 3.Both 4.TBA 5.Other specify

210.Is there any traditional medication given to the mother during child birth at home

1.yes 2.No

211. what is the reason for medication

1.To hasten child birth 2.To relief pain 3.To prevent complication of child birth 4.Other specify----

Part III Health service factors and thinking of women on choice delivery place

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1.Yes 2.No

302. Are you satisfied with delivery services given at health units? 1. Yes 2.No

303. If No what is the reason

1. It kills time 2.unfair and expensive price 3.Unabl to perform cultural ceremonies 4.Unpleasant approach of health workers 5.other specify

304. Do you think that there is a difference giving birth at home and health facility?

1. Yes 2. No

305. Which one is the best 1.Health facility 2.Home

306. If you think health facility is best why?

1. Clean 2. Save mothers and child life 3.No retain placenta 4. No bleeding 5.Shorten labor 6. Other (specify)

307. If you think home is best why?

1. No need of transport 2. No cost 3.No bleeding

4. There is privacy 5.Cltural ceremony 6,other (specify)

308.Delivery service Provider attitude toward laboring women 1.Poor

2.Satisfactory 3.Good 4.Very good

309.Do you pay money for pregnancy service given in health institution

2. Yes 2. No

310.Payment for delivery service

1.<100 2.>100 3.Free of charge

IV Obstetric questions

401.Do you face any problem during delivery in your home ?

6. Too much bleeding
7. Nothing happen
8. Long last labor

402.what is your age during your first pregnancy ?

2. 15 2.15-17 3. 18-25
9. 26-35 5. 36-45
10. 46 and above

403.have you face abortion ? 1.Yes 2. no

Date of data collection-------- Code of data collector---------- Name of data collector-------- Signature of data collector----------