

## Evaluation of Women's Knowledge and Personal Preference about The Place of Delivery in Baghdad City

تقويم معارف الامهات وتفضيلهن الشخصي لمكان الولادة في مدينه بغداد

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المستخلص:

الهدف: تهدف الدراسة إلى تقويم معارف الامهات وتفضيلهن الشخصي لمكان الولادة في مدينة بغداد.

**المنهجية:** أجريت دراسة مقطعية في مدينة بغداد على الامهات للفترة من ١٤ من كانون الاول ٢٠١٥ ولغاية ١٤ من شهر نيسان ٢٠١٦ وشملت عينة الدراسة ٥٠٠ من الامهات اللاتي كن يراجعن مراكز الرعاية الصحية الأولية وقد تم اختيار العينة من ٢٦ مركز للرعاية الصحية الأولية عن طريق عينة متعددة المراحل بتقنية العينة العشوائية البسيطة وتم استخدام الاستبانة والمقابلات كوسيلة لجمع البيانات وتم عملية تحليل البيانات باستخدام أساليب الإحصاء الوصفي الثنائي والاستدلالي. **النتائج:** أظهرت نتائج الدراسة إلى أن حوالي (٢٩.٤%) من الامهات في المرحلة العمرية (٢٠-٢٤) وكان متوسط العمر للامهات (٢٩,٩٧) عام وكانت الغالبية العظمى من عينة الدراسة ربات بيوت و حوالي ٩٣,٤% من مستوى اجتماعي واقتصادي متوسط ومنخفض إن (٢٤%) امرأة من بين ٥٠٠ اخترن البيت كمكان للولادة في حين أن الغالبية (٥٢.٦%) اخترن المستشفى كمكان للولادة لأسباب تتعلق بالأمان، السلامة، بنصيحة الأطباء أو عاتلي أو طبي. أما اختيار البيت فقد كان لأسباب تتعلق بالخصوصية والإسناد الاجتماعي وكانت ثلث الامهات من عينة الدراسة ليس لديهن معرفة حول العوامل المعرضات للخطورة وحول علامات الولادة. **التوصيات:** أوصت الدراسة تحسين خدمات رعاية الأمومة في المستشفى لتكون ذات جودة عالية ومكان امن وصحي ومريح للولادة ويجب على أطباء التوليد ان يسألوا الامهات حول مكان المفضل للولادة ومحاولة مساعدتهم وفقا لحالتهم وتوجيههم لاتخاذ الخيار الصحيح.

**Abstract:**

**Objective:** The study aim to evaluate of women's knowledge and personal preference about the place of delivery in Baghdad City

**Methodology:**

descriptive study conducted in baghdad city on the mothers for the period from the 14th of December, 2015 to the 14th of April 2016. The sample of study included 500 mothers who were attending to primary health care centers have been chosen sample of 26 primary health care center by a multi-stage Simple random sampling Data was collected through a constructed questionnaire, validity Data was analyzed by using of descriptive and inferential data analysis methods .

**Results:** The results indicated that approximately (29.4%) of the mothers in the age group (20-24) and the average age of the mothers (29.97) a year and the majority of the study sample housewives and approximately (93.4%) of the level social and economic of Low & Moderate that (24.4%) women among the 500 chosen to the home as a place to give birth, while the majority (52.6%) chose the hospital as a place of birth for security reasons, safety, and the advice of doctors or medical The chosen of the house was for privacy reasons and social attribution. Third of the mothers do not have knowledge of pregnancy at risk and symptoms of delivery.

**Recommendations:** Improve the maternity services at hospital to be of high quality care safe healthy & comfortable place for delivery. the obstetricians should ask all women about preferred place of delivery & try to help them according to their condition and direct them to take right choice.

**Key Words:** Evaluation , Knowledge ,Personal, Preference , Women,Place of Delivery

## Introduction

Childbirth is considered a life changing event for most women and families all over the world, but childbirth is also associated with great risks, and in severe cases disability and even death for mother or child<sup>(1)</sup>. Most deliveries occur in hospital, in developed world<sup>(2)</sup>. Most deliveries take place at home in the developing world with the support of a traditional birth attendant<sup>(3)</sup>. Childbirth and its process are one of the most significant life events to a woman the time of birth as well as shortly thereafter is the most dangerous period in a child's life especially in the developing world<sup>(4)</sup>.

Hence the choice of place of delivery for a pregnant woman is an important aspect of maternal healthcare. The place of delivery is an important factor often related to the quality of care received by the mother and infant for influencing maternal and child healthcare outcomes<sup>(5)</sup>. Deliveries are help by a number of professions include: family physicians and obstetricians and midwives<sup>(6)</sup>. The World Health Organization (WHO) has reported that the proportion of deliveries attended by skilled health providers rose from (58) Percent in 1990 to (68) percent in 2008 worldwide, but remained at only about (50) percent Africa<sup>(7)</sup>. Some women prefer home birth because they dislike birthing in hospital, are concerned about exposing the infant to hospital-borne pathogens or dislike the presence of strangers at the birth some prefer home birth because they

feel it is more natural and less stressful<sup>(8)</sup>.

Iraqi women today suffer from a lack of educational opportunities, a lack of health care and limited access to the labor market. Iraq is one of the countries with high maternal mortality and neonatal mortality ratio (35/ 100 000) live births, neonatal mortality rate (23/ 1000). Poverty and adverse socioeconomic conditions lead to early marriage and disruption of education, teenage pregnancy and childbirth, high maternal and neonatal mortality with morbidity and more children born to live in these adverse conditions<sup>(9)</sup>. Previous field studies carried out in Basra indicated that hospital delivery represented about (76.2%) of all reported deliveries. The remaining deliveries took place at home either under the supervision of trained midwives (11.4%) or untrained midwives (12.4%)<sup>(10)</sup>.

The World Health Organization (WHO) states that the main tasks for the caregivers during labour are; supporting the woman, her partner and family during labour, observing the labouring woman, monitoring the baby during and after birth, detecting risk factors and problems, performing minor interventions such as amniotomy and episiotomy and referral to a higher level of care if risk factors or complications develop<sup>(11)</sup>. A study on delivery practices among women in rural India, Punjab, showed that more respondents reported home delivery than reported hospital delivery<sup>(12)</sup>.

## Methodology

Descriptive study conducted in Baghdad city on the mothers for the period from the 14th of December, 2015 to the 14th of April 2016. The sample of study included (500) mothers who have attended to primary health care centers. 26 primary health care centers have been chosen as a sample of 26 primary health care centers by a multi-stage Simple random sampling.

The first stage of selection is health districts—selection districts are selected by simple random sample for 50% from health districts. The second stage of selection is Primary Health Care Center are listed selected by simple random sample for 25% from Primary Health Care Center. There are two health directorates and seventeen districts, seven in AL Rusafa and ten in AL Karkh.

A random sample of Primary Health Care Center is obtained from each of (9) districts. The total number of selected health centres is 26 from both health directorates. A total number of (500) mothers are collected from all centres, during (4) months of the year. The study sample included all mothers aged between less than twenty and more than forty years, who had at least one child or more who attending the child care unit at primary health care centers during the period of data collection.

Data is collected through a constructed questionnaire, reliability. In order to achieve the early stated objectives.

And evaluation by cutoff point (50%) due to scores, scales (Yes & NO) in relative to (1 & 0) respectively as well as (Under / Upper) cutoff point are accounted according to, redistribution of overall evaluation for creating contingency tables to find out relationships with some socio-demographical variables according to classified relative sufficiency throughout (0.5) also reassess relative sufficiency either for items or main domains by (Low, Moderate & High) through intervals (0 – 33, 34 - 67 & 68 -100) respectively

**Results:****Table (1): Distribution of Studied Sample According to Different Socio-Demographic Characteristics**

Items	Frequency	Number	percent
Mother's Age Groups (Year )	15 - 19	31	6.2
	20 - 24	147	29.4
	25 - 29	83	16.6
	30 - 34	91	18.2
	35 - 39	61	12.2
	40 - 44	54	10.8
	Mean ± SD	29.97 ± 8.24	
Husband's Age Groups (Year)	20 - 24	115	23
	25 - 29	116	23.2
	30 - 34	81	16.2
	35 - 39	80	16
	40 - 44	53	10.6
	45 - 49	55	11
	Mean ± SD	32.03 ± 7.98	
Mother's Education Levels	Read & write	93	18.6
	Graduate of primary school	84	16.8
	Graduate of intermediate school	81	16.2
	Graduate of secondary school	86	17.2
	Higher education	92	18.4
Husband's Education Levels	Illiterate	45	9
	Read and write	72	14.4
	Graduate of primary school	120	24
	Graduate of intermediate school	107	21.4
	Graduate of secondary school	75	15
	'Higher education	81	16.2
Mother's Occupation	Government officer	166	33.2
	House wife	239	47.8
	Free job	95	19
Husband's Occupation	Government officer	228	45.6
	Free job	249	49.8
	Unemployed	23	4.6

Table (1) shows observed frequencies distribution, percent, of studied socio-demographical characteristics (SDCv.), Relative to the "Age of Mothers", majority of studied sample are registered at group (20 – 24) years and they are accounted

147(29.4%), with mean and standard deviation 29.97 years. and 8.24 years respectively, Regarding to the "Age of Husband's ", majority of studied sample are registered at group (25 – 29) years. and they are accounted 116(23.2%), with mean and standard deviation 32.03 years and 7.98 years respectively, Regarding to the subjects "Mother's Education levels ", results seems to be similarly distributed along different of educated levels, While on the subjects of "Husband's Education levels", majority of studied sample are registered low educated level, such that "Primary, and Intermediate school, and they are accounted 227(45.4%), With respect to subjects "Mother's Occupation", majority of the studied sample are "House wife", and they accounted 239(47.8%), and with respects to subjects "Husband's Occupation", majority of the studied sample are "Government officer, and Free Job", and they accounted 477(95.4%).

**Table (2):. Personal Preference Delivery Place of women**

Items	Number	percent
Home	122	24.4
Midwife Houses	115	23.0
Hospital	263	52.6
Total	500	100

Table (2) shows observed frequencies, percent of "Prefer Delivery Place" of studied women, Results showed that half of sample's individuals preferring hospital, and accounted 263(52.6%), quarter of sample's individuals preferring home , and accounted 122(24.5%), while leftover are preferred their midwife houses.

**Table (3):Evaluation Women's Knowledge about the Cases that Should be Delivery at Hospital**

Items	Response	Number	percent	Mean of Scores	Standard Deviation	Evaluation
First Gravid	No	144	28.8	0.71	0.45	High
	Yes	356	71.2			
Mother, who is older than 35 years and multiple births	No	112	22.4	0.78	0.42	High
	Yes	388	77.6			
A mother who has birth preterm	No	166	33.2	0.67	0.47	Moderate
	Yes	334	66.8			
A mother who has previous caesarean section	No	181	36.2	0.64	0.48	Moderate
	Yes	319	63.8			
The presentation of the fetus in uterus	No	133	26.6	0.73	0.44	High
	Yes	367	73.4			

Table(3) shows summary statistics and initial assessments, such that, observed frequencies, percents, mean of score, standard deviation, and relative sufficiency were included for evaluation responding levels for studied sample for studying

questionnaire's items concerning distribution the cases should be delivery at a Hospital. Results shows that rather than most of questionnaire's items with regards to this part are assigned passed according cutoff point, either with high or moderate assess, but taking into consideration mothers who were answered negatively, results indicating that about third of them along all items of this part doesn't having any idea about their significant indeed, and that may playing a decays roles in choosing hospital for delivery.

**Table (4):Summary Statistics for Women's Knowledge about Birth Symptom with Evaluation**

<b>mother's knowledge about Birth Symptom</b>	<b>response</b>	<b>Number</b>	<b>percent</b>	<b>Mean of Scores</b>	<b>Standard Deviation</b>	<b>Evaluation</b>
<b>Cramps extends to the back area</b>	No	177	35.4	0.65	0.48	Moderate
	Yes	323	64.6			
<b>Descent of the abdomen</b>	No	140	28.0	0.72	0.45	High
	Yes	360	72.0			
<b>Sense of regular uterine contraction</b>	No	176	35.2	0.65	0.48	Moderate
	Yes	324	64.8			
<b>Difficulty in breathing</b>	No	174	34.8	0.65	0.48	Moderate
	Yes	326	65.2			
<b>Feeling of heaviness of back lower and frequent urinate</b>	No	188	37.6	0.62	0.48	Moderate
	Yes	312	62.4			
<b>Inability to sleep naturally</b>	No	260	52.0	0.48	0.50	Moderate
	Yes	240	48.0			
<b>The appearance of vaginal discharge brown or mixed with blood</b>	No	132	26.4	0.74	0.44	High
	Yes	368	73.6			
<b>Early rupture of membrane</b>	No	129	25.8	0.74	0.44	High
	Yes	371	74.2			
<b>Pain in the legs</b>	No	133	26.6	0.73	0.44	High
	Yes	367	73.4			

Table (5) shows summary statistics and initial assessments; such that, observed frequencies, percent, mean of score, standard deviation, and relative sufficiency were included for evaluation responding levels for studied sample for studying questionnaire's items concerning distribution of delivery symptoms. Results shows that rather than most of questionnaire's items regards to this part are assigned passed according cutoff point, either with high or a moderate assess, but taking into consideration mothers who are answered negatively, results indicating that about third of mother's knowledge concerning delivery symptoms, doesn't having any idea about significant of this part, and that may playing a decays roles in treated delivery.

**Table (5): Summary Statistics for the Reasons of Women's Personal Preference of Home Delivery with Evaluation**

Reasons of mothers Personal preference of home delivery	Response	Number	percent	Mean of Scores	Standard Deviation	Evaluation
The midwife is near to the place	NO	142	28.4	0.72	0.45	High
	Yes	358	71.6			
Fear of intervention in hospital	NO	111	22.2	0.78	0.42	High
	Yes	389	77.8			
Midwife behave with me quietly	NO	123	24.6	0.75	0.43	High
	Yes	377	75.4			
Inject me medication for uterus contraction and stop the bleeding after or during birth	NO	119	23.8	0.76	0.43	High
	Yes	381	76.2			
Absence the males in the place of delivery of home	NO	125	25	0.75	0.43	High
	Yes	375	75			
There is clean water and boiled	NO	117	23.4	0.77	0.42	High
	Yes	383	76.6			
There is suitable sustenance, like warm soup	NO	124	24.8	0.75	0.43	High
	Yes	376	75.2			
social support and/or privacy	NO	108	21.6	0.78	0.41	High
	Yes	392	78.4			

Table (5) shows summary statistics and initial evaluation such that observed frequencies, percents, mean of score, standard deviation, and relative sufficiency are included for evaluation responding levels for studied sample for studying questionnaire's items concerning distribution of home delivery. Results shows that rather than most of questionnaire's items regards to this part were assigned passed according cutoff point, with high evaluation, but taking into consideration mothers who were answered negatively, results indicating that about quarter of studied mothers concerning home delivery significant, doesn't having idea about this part, and that may playing a decays roles in choosing home delivery.



**Table (6): Summary Statistics Reasons of Women's Personal preference of Hospital Delivery with Evaluation.**

Reasons of mothers Personal preference of hospital delivery	response	Number	percent	Mean of Score	Standard Deviation	Evaluation
Medical advice by doctor or other medical staff	No	110	22.0	0.78	0.41	High
	Yes	390	78.0			
The midwives take care during the steps of labor	No	114	22.8	0.77	0.42	High
	Yes	386	77.2			
There in the hospital unit neonatal and preterm infants	No	110	22.0	0.78	0.41	High
	Yes	390	78.0			
Get immediate specialized care when needed and the same applies to my baby	No	183	36.6	0.63	0.48	Moderate
	Yes	317	63.4			
In the hospital I can get all medication of analgesics	No	165	33.0	0.67	0.47	Moderate
	Yes	335	67.0			
Safety and security	No	105	21.0	0.79	0.41	High
	Yes	395	79.0			

Table (6) shows summary statistics and initial assessments, such that, observed frequencies, percents, mean of score, standard deviation, and relative sufficiency were included for assess responding levels for studied sample for studying questionnaire's items concerning distribution of hospital delivery. Results shows that rather than most of questionnaire's items regards to this part were assigned passed according cutoff point, either with high or a moderate assess, but taking into consideration mothers who were answered negatively, results indicating that about more than quarter of studied mothers concerning hospital delivery significant, doesn't having idea about this part, and that may playing a decays roles in choosing hospital delivery.

## Discussion

In this study regarding mother's age of the studied sample are registered at group (20 – 24) years with mean and standard deviation of (29.97) years + 8.24 years This finding supportive evidence is available in the study stated that most of the sample mother's (28.2%) are between (20 – 24) years of age<sup>(13)</sup>.

Education is one of the key social determinants of health and health care Low levels of female education and lack of empowerment prevent women from seeking maternal care several studies have also identified mothers' level of education as one of the factors that determines choice of delivery place<sup>(14)</sup>.



With respect to the mother's socioeconomic status the findings indicated that over quarter of them were of the low and half medium socioeconomic status this result presented that most of mothers in Primary Health Care Center have similar characteristics in terms of occupation and household income function as women unemployed (housewives) This finding supportive evidence is available in the study stated that the mothers are medium socioeconomic status preferring home delivery<sup>(15)</sup>.

It is reported by 78.4%. The social support is through birth attendant, relatives, friends and others, which is a very important factor for reassurance of delivered women and for the support of progress and outcome of labour. women choose home birth because they hate the birth center or a hospital environment or dislike the presence of strangers .

in the birth preferably ,birth at home because they feel it is more natural and less stressful to avoid interventions medical unnecessary in birth and previous negative experiences hospital, and more control and comfortable and familiar environment <sup>(27)</sup> . This finding

supportive evidence is available in the study stated that the reasons home delivered women for preferring home delivery is social support and/or privacy,<sup>(28)</sup>.

This is predominant reason given by women who had home delivery This is a fairly common reason for preferring who found (37, 9%) of the women suffer the underlying pain in child birth differently and less negative in home surroundings <sup>(29)</sup> The reasons given by the studied women for the preference of hospital delivery seem logical and reasonable. Safety and security is undebatable issue which is behind the choice of more than quarter of mothers who had hospital delivery. It is good reason and indicates a high level of awareness among women regarding their valuation of their health and the health of their incoming babies. The informed choice of women to have hospital delivery was very basic for disseminating the culture of proper decision regarding health care seeking behavior. Child birth was not a laboratory project that can be reproduced at will with outcomes compared with each other, nor it is a surgical procedure that can be planned, timed, controlled and forced to obtain the desired outcome <sup>(30)</sup>.

### Recommendations

The study recommends the need to improve the maternity services at hospital to be of high quality care, safe, healthy, & comfortable place for delivery. The obstetricians should ask all women about preferred place of delivery and try to help them according to their condition and direct them to take right choice.

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