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# ASSESSMENT OF THE KNOWLEDGE AND PREFERENCE OF WOMEN REGARDING PLACE OF DELIVERY IN BAGHDAD CITY

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## ABSTRACT

**Background:** 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 Hence the choice 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. Objective: The object of the study is to assess of the knowledge and preference of women regarding place of delivery. Subject and **methods:** A cross-sectional study conducted in order to assess the knowledge of mothers and preference regarding the place of delivery in Baghdad city and to achieve those aimshas been selected 26 primary health care center by a multi-stage sample simple random sampling technique The total study sample of 500 mothers who were attending to primary health care centers. The questionnaire used structural and interviews as a means of data collection. Data were analyzed through the application of the descriptive data analysis approach and the inferential data analysis approach. The results indicated that approximately (29.4%) of the mothers in the age group (20-24) and the majority of the study sample housewives. (24.4%) women among the 500 chosen to the house as a place to give birth, while the majority (52.6%) chose the hospital as a place of delivery. third of the mothers do not have knowledge of pregnancy at risk and symptoms of delivery. The results also showed the significant association between the profession and the level of education and the blood type of the husband and the place of delivery.

**KEYWORDS:** Assessment, Knowledge, Preference, Women, Place of Delivery.

## INTRODUCTION

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.[1] 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.[2] 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%).[3] 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.[4] 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.[8] Astudy on delivery practices among women in rural India, Punjab, showed that more respondents reported home delivery than reported hospital delivery.[12]

## METHODOLOGY

### Setting of the study

The study was conducted in Baghdad city. Twenty six PHCC,14 from Al-karkh sectors and 12 from Al-Russafa sectors.

### The sample of the study

A sample in this study include (500) of mothers selected from (26) primary health care centers, the number of these mothers from ten - thirty for each center attending to PHCCs to immunize their babies or for getting treatment, to study assessment of the knowledge and preference of women regarding place of delivery in Baghdad city.

### Data Collection

The data collection was through the utilization of structured interview technique with each mother lasted from 14th of December, 2015 to the 14th of April, 2016 for a period of four

months, the data collection was all days of the week except Friday, Saturday and holidays if present Sample selection of mothers was by direct interview, with the mothers for (15-20) minutes for each mother begin at (8:30 Am - 12:30 Pm)

**Data analysis**

Data were presented in simple measures of frequency, percentage, mean and standard deviation Summary Statistics tables including: Mean of score (MS), Grand Mean of Score, or Global Mean of Score (GMS) with their Standard Deviation (SD), Relative Sufficiency (RS%), and assessment by cutoff point (50%) due to scores scales (Yes, and No) in relative to (1, and 0) respectively, as well as (Under / Upper) cutoff point are accounted according to redistribution of overall assessments for creating a 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, and High) through intervals (0 – 33, 34 - 67, and 68 – 100) respectively.

Where Relative Sufficiency (RS%) are calculated by:

$$\text{RS } \% = \frac{Mean\ of\ Score}{no.\ of\ Scoring\ Scales} * 100\%$$

**RESULTS**

**Distribution of Studied Sample according to different Socio-demographic characteristics variables. with Comparison Significant**

Table (1) showed observed frequencies distribution, percent, of studied socio-demographical characteristics variables (SDCV.), with comparisons significant Relative to the "Age of Mothers", majority of studied sample were registered at group (20 – 24) yrs. and they were accounted 147(29.4%), with mean and standard deviation 29.97 yrs., and 8.24 yrs. respectively, as well as highly significant different at P<0.01 were reported among different age Regarding to the "Age of Husband's", majority of studied sample were registered at group (25 – 29) yrs. and they were accounted 116(23.2%), with mean and standard deviation 32.03 yrs., and 7.98 yrs. respectively, as well as highly significant different at P<0.01 were reported among different age groups respectively, groups as well as highly significant different at P<0.01 were reported among different age groups Regarding to the subjects "Mother's Education levels", results seems to be similarly distributed along different of educated levels, as well as no significant different at P>0.05 were reported among different

educational levels While on the subjects of "Husband's Education levels", majority of studied sample were registered low educated level, such that "Primary, and Intermediate school, and they were accounted 227(45.4%), as well as highly significant different at P<0.01 were reported among different educational levels With respect to subjects "Mother's Occupation", majority of the studied sample were "House wife", and they accounted 239(47.8%), and with respects to subjects "Husband's Occupation", majority of the studied sample were "Government officer, and Free Job",

**Table 1: Distribution of Studied Sample according to different Socio-demographic characteristics variables.**

| Socio-demographic characteristics variables. | Frequency | No. | % |
|---|---|---|---|
| graphicMother's Age Groups (Yrs.) | 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 |
| | 45 - 49 | 33 | 6.6 |
| | Mean ± SD | 29.97 ± 8.24 | |
| Husband's Age Groups Yrs. | 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 | |

**Table (1): Continue.**

| Socio-demographic characteristics variables | Frequency | No. | % |
|---|---|---|---|
| Mother's Education Levels | Illiterate | 64 | 12.8 |
| | Read and 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 |

**Distributionof Prefer Delivery Place of studied women.**

Table (2) showed observed frequencies, percent of "Prefer Delivery Place" of studied women, with comparison significant. 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 were preferred their midwife houses.

**Table (2): Distribution of Prefer Delivery Place of studied women.**

| studied women | No. | % |
|---|---|---|
| Home | 122 | 24.4 |
| Midwife Houses | 115 | 23.0 |
| Hospital | 263 | 52.6 |
| Total | 500 | 100 |

**Knowledge of mother's about the cases that should be delivery at a hospital**

Table (3) showed 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 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 3: Distribution of Knowledge of mother's about the cases that should be delivery at a hospital with assessments.**

| Delivery and mother's pregnancy at risk | Resp. | No. | % | MS | SD | Ass. |
|---|---|---|---|---|---|---|
| First Gravid | No | 144 | 28.8 | 0.71 | 0.45 | H |
| | Yes | 356 | 71.2 | | | |
| Mother, who is older than 35 years and multiple births | No | 112 | 22.4 | 0.78 | 0.42 | H |
| | Yes | 388 | 77.6 | | | |
| A mother who has birth preterm | No | 166 | 33.2 | 0.67 | 0.47 | M |
| | Yes | 334 | 66.8 | | | |
| A mother who has previous caesarean section | No | 181 | 36.2 | 0.64 | 0.48 | M |
| | Yes | 319 | 63.8 | | | |
| Different blood group RH -v | No | 154 | 30.8 | 0.69 | 0.46 | H |
| | Yes | 346 | 69.2 | | | |
| A mother who suffered bleeding after the previous delivery | No | 180 | 36 | 0.64 | 0.48 | M |
| | Yes | 320 | 64 | | | |
| A mother who suffer from chronic diseases such as Diabetes and hypertension. | No | 150 | 30 | 0.7 | 0.46 | H |
| | Yes | 350 | 70 | | | |
| The presentation of the fetus in uterus | No | 133 | 26.6 | 0.73 | 0.44 | H |
| | Yes | 367 | 73.4 | | | |
| Mother age less than 16 years (Adolescent) | No | 165 | 33 | 0.67 | 0.47 | M |
| | Yes | 335 | 67 | | | |

Resp.= response , No. = Number of students, MS = Mean of Score, S.D. = Standard Deviation, ASS= Assessment, H.= High, M.= Moderate

**Mother's knowledge about Birth Symptom.**

Table (4) shows summary statistics and initial assessments; such that, observed frequencies, percent, 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 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 were 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 4: Summary Statistics for mother's knowledge about Birth Symptom with assessments.**

| mother's knowledge about Birth Symptom | Resp. | No. | % | MS | SD | Ass. |
|---|---|---|---|---|---|---|
| Cramps extends to the back area | No | 177 | 35.4 | 0.65 | 0.48 | M |
| | Yes | 323 | 64.6 | | | |
| Descent of the abdomen | No | 140 | 28.0 | 0.72 | 0.45 | H |
| | Yes | 360 | 72.0 | | | |
| Sense of regular uterine contraction | No | 176 | 35.2 | 0.65 | 0.48 | M |
| | Yes | 324 | 64.8 | | | |
| Difficulty in breathing | No | 174 | 34.8 | 0.65 | 0.48 | M |
| | Yes | 326 | 65.2 | | | |
| Feeling of heaviness of back lower and frequent urinate | No | 188 | 37.6 | 0.62 | 0.48 | M |
| | Yes | 312 | 62.4 | | | |
| Inability to sleep naturally | No | 260 | 52.0 | 0.48 | 0.50 | M |
| | Yes | 240 | 48.0 | | | |
| The appearance of vaginal discharge brown or mixed with blood | No | 132 | 26.4 | 0.74 | 0.44 | H |
| | Yes | 368 | 73.6 | | | |
| Early rupture of membrane | No | 129 | 25.8 | 0.74 | 0.44 | H |
| | Yes | 371 | 74.2 | | | |
| Pain in the legs | No | 133 | 26.6 | 0.73 | 0.44 | H |
| | Yes | 367 | 73.4 | | | |

Resp.= response , No. = Number of students, MS = Mean of Score, S.D. = Standard Deviation, ASS= Assessment, H: High, M: Moderate.

**Reasons of mothers preference of home delivery**

Table (5) shows summary statistics and initial assessments, such that, observed frequencies, percents, mean of score, standard deviation, and relative sufficiency are included for assess 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 assess, 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 5: Summary Statistics for the Reasons of mothers preference of home delivery with assessments.**

| Reasons of mothers preference of home delivery | Resp. | No. | % | MS | SD | Ass. |
|---|---|---|---|---|---|---|
| The midwife is near to the place | No | 142 | 28.4 | 0.72 | 0.45 | H |
| | Yes | 358 | 71.6 | | | |
| Fear of intervention in hospital | No | 111 | 22.2 | 0.78 | 0.42 | H |
| | Yes | 389 | 77.8 | | | |
| Midwife behave with me quietly | No | 123 | 24.6 | 0.75 | 0.43 | H |
| | 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 | H |
| | Yes | 381 | 76.2 | | | |
| Midwife had midwife bag containing antiseptic , iodine, soap and cotton box and thread the cord and waxed | No | 120 | 24 | 0.76 | 0.43 | H |
| | Yes | 380 | 76 | | | |
| Absence the males in the place of delivery of home | No | 125 | 25 | 0.75 | 0.43 | H |
| | Yes | 375 | 75 | | | |
| There is clean water and boiled | No | 117 | 23.4 | 0.77 | 0.42 | H |
| | Yes | 383 | 76.6 | | | |
| There is suitable sustenance, like warm soup | No | 124 | 24.8 | 0.75 | 0.43 | H |
| | Yes | 376 | 75.2 | | | |
| social support and/or privacy | No | 108 | 21.6 | 0.78 | 0.41 | H |
| | Yes | 392 | 78.4 | | | |

Resp.= response , No. = Number of students, MS = Mean of Score, S.D. = Standard Deviation, ASS= Assessment, H.= High, M.= Moderate.

**Reasons of mothers preference of hospital delivery.**

Table (6) showed 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.

**Table 6: Summary Statistics reasons of mothers preference of hospital delivery with assessments.**

| Reasons of mothers preference of hospital delivery | Resp. | No. | % | MS | SD | Ass. |
|---|---|---|---|---|---|---|
| Medical advice by doctor or other medical staff | No | 110 | 22.0 | 0.78 | 0.41 | H |
| | Yes | 390 | 78.0 | | | |
| The midwifes take care during the steps of labor | No | 114 | 22.8 | 0.77 | 0.42 | H |
| | Yes | 386 | 77.2 | | | |
| There in the hospital unit neonatal and preterm infants | No | 110 | 22.0 | 0.78 | 0.41 | H |
| | 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 | M |
| | Yes | 317 | 63.4 | | | |
| In the hospital I can get all medication of analgesics | No | 165 | 33.0 | 0.67 | 0.47 | M |
| | Yes | 335 | 67.0 | | | |
| Safety and security | No | 105 | 21.0 | 0.79 | 0.41 | H |
| | Yes | 395 | 79.0 | | | |

Resp.= response , No. = Number of students, MS = Mean of Score, S.D. = Standard Deviation, ASS= Assessment, H.= High, M.= Moderate

## DISCUSSION

In this study ,regarding mother's age, (29.4%), of the studied sample were registered at group (20 – 24) years with mean and standard deviation of (29.97) years $\pm$ 8.24 years. this agree by result Yegezu in South West Ethiopia( 2015) with (28.2%)[14] also agree by result Hutton in Ontario, Canada (2009)[13] this age represent optimal reproductive age. This disagree with Idris in Zaria (2006)[15] 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 PHCC have similar characteristics in terms of occupation and household income function as, unemployed (housewives) This result was simaler with results of Ayele in southern Ethiopia (2015) who found that (90.1%) of the mothers were house wives Among the reasons reported by home delivered women for preferring home delivery was social support and/or privacy, this was predominant reason given by women who had home delivery. It was reported by 78.4%. The social support was 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. This feeling may make it less feasible to convince such women to have hospital delivery and thus undermines the view which asserts that all labour events should be considered a complication waiting to happen until proved otherwise.[27] The women described that they feel comfortable when their husbands and other family members were nearby to provide support while giving

birth at home. But in the case of a hospital delivery, husbands and relatives were not allowed into the labor room The privacy of home make home more secret and comfortable place for delivery and but if the event of birth is attended by trained midwives, it may be safe as hospital delivery.[28] This is supported by Shiferaw et.al (2013) study in Ethiopia which showed that people think delivery should be conducted in a comfortable and supportive environment with the help of TBA that encourages home delivery.[29] Many studies were carried out which agree with present study, one study carried out in UK.[30] The reasons given by the studied women for the preference of hospital delivery seem logical and reasonable. Safety and security was undebatable issue which was behind the choice of more than quarter of mothers who had hospital delivery. It was 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.[31] This result was similar to the findings reported by(Mahdi, S. S.,)in Basra (2010) Regarding the Medical advice: This was a fairly common reason for preferring hospital delivery as it was found that 78.0% of the studied women who had hospital delivery reported a medical advice as one of the factors influencing their choice of hospital delivery. This was an important point. As the influence of doctors and other health staff increases, as could happen if the family health model is widely adopted, the demand for hospital delivery is expected to increase Similar results have been reported by other studies carried out in the Basra (2010)by(Mahdi, S. S).[17]

## CONCLUSIONS

Hospital delivery is highly prevailing & highly valued .among women in Bagdad city, it is preferred for being safe, & medically recommended place of delivery home delivery was preferred for social support, privacy & to avoid medical & surgical intervention in hospitals. most of the studied mothers are recorded "Low & Moderate" levels third of the mothers do not have knowledge of mothers about specific cases that should be delivery at a hospital (pregnancy at risk) Third of mother's do not have knowledge concerning delivery symptoms. no Significant association between knowledge of mothers about specific cases of delivery (pregnancy at risk) & symptoms in light of socio - demographical characteristics variables.

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