

Preference on Home Delivery or Hospital Delivery among the Mothers of a Rural Community of Faridpur, Bangladesh

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Background

The delivery which occurs at home without adequate hygiene and treatment facilities under the birth attendant (trained or untrained) is called home delivery. On the other hand, delivery which occurs in hospitals or health institutions with adequate hygiene and treatment facilities under trained birth attendants is called hospital or institutional delivery.

Aims & Objectives

To assess the preference of home or hospital delivery among the mothers and the factors behind the preference.

Material & Methods

A descriptive type of cross sectional study was carried out at Modhukhali Upazilla, Faridpur, Bangladesh. In this study, 170 respondents were interviewed.

Results

Out of 170 respondents, a significant number (77.06%) showed preference for home delivery while 22.94% went for hospital delivery. It was revealed in the study that majority of the respondents were between 25 to 29 years (40%) who received education up to secondary level (32.94%) and those who belonged to lower middle socio-economic status were 53.30%. It was also noteworthy

that 23.53% of respondents were illiterate and among them, 21.77% showed preference for home delivery. Those who became pregnant for the first time at 16 to 20 years were 64.7%. Among 170 respondents 42.90% of the mothers had two children under 5 years of age. It was also revealed that for home delivery, 77.06% were influenced by the senior family members, close neighbours and trained birth attendants. A small fraction (22.94%) who had hospital delivery were mainly influenced by family members, friends & neighbours. Many respondents who favoured home delivery ventilated their idea as they felt it comfortable in having a homely environment. Some other findings in this study that prevented them from availing hospital delivery were fear, shyness, financial barrier and the distance of health care centre from their residence. On the other hand, reasons in favor of hospital delivery were also many. They were of the opinion that it was safe, complications could be handled (those having previous obstetric history) and emergencies were also taken care of. Another important factor that came out in this study was DSF (Demand Site Financing) where a mother soon after conception was taken care of by getting ANC and safe delivery (normal or LSCS). After delivery, there were incentives both for mother and new born baby.

Conclusion

Health education, knowledge of maternal health care is recommended. Awareness programme is essential in the rural area.