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Choice of Place of Delivery during Pregnancy in Kenya: A Case of Kitui West Sub- County

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Abstract

The objective of the study was to explore factors determining choice of place of delivering the baby in Kitui West Sub County. The population of women within childbearing age (15 – 49 years) according to 2009 census was 1230 in Kitui West Sub County (KNBS et al.; 2009). The study design was mainly qualitative in nature. To collect data from pregnant women and postnatal mothers, semi structured interview guide was used while unstructured interview guide was used to gather data from focus group discussion. One hundred and eight seven pregnant women were interviewed before and after delivery to establish where they delivered and the reasons for their choice. Data was transcribed and emerging themes and patterns were identified, coded and categorized according to themes. This research revealed that choice of place of delivery was mainly influenced by; husbands, previous safe deliveries, confidence in the traditional birth attendant, complications during childbirth, previous complications during childbirth, mothers in law, awareness of complications that could occur during childbirth and mothers of unmarried pregnant women. Majority of the respondents appeared to have scanty information about childbirth complications which seemed not to have influenced them to choose to deliver in a health facility. Health Belief Model by Becker and Maiman (1977) postulates that unless an individual perceives severity of a medical condition the likelihood of taking action is minimal. There was a challenge of reaching pregnant women who did

not attend antenatal clinic. What seems to hinder pregnant women from gaining profound information regarding childbirth needs to be explored.

Key words: Traditional birth attendant, husband, mother-in-law, delivery, baby

Introduction

It is during delivery when mother and infant are likely to face high risk of death as a result of complications related to childbirth. Delivering in a health facility reduces problems related to childbirth such as infections which can affect mother and infant. As pointed out by Jones (2013), pregnant women feel safest giving birth in a hospital because emergency personnel and equipment are available if the woman develops complications or needs medical attention. This is why delivering in a health facility is critical in order to reduce maternal and infant mortality rates. The problems associated with childbirth account for nearly 75 percent of all maternal deaths which are preventable or treatable if the woman seeks timely medical help (UNICEF et al.; 2015). Good care of the woman during pregnancy and childbirth is associated with reduced rates of deaths of mother and infant (WHO et al.; 2003). It is noted from WHO, World Bank and UNICEF report (2015) that 510 women die every day in Kenya due to pregnancy and childbirth related complications. According to this report, these complications could be prevented or controlled if a woman chose to deliver in a health facility. Most of these deaths happen due to inappropriate management of complications during delivery, prolonged labour, and lack of watchfulness at the first critical hours after birth. Some pregnant women choose to deliver in a health facility because of humane treatment they receive from the medical health care providers. However, majority of other pregnant women claim that they are harshly treated, rushed and not listened to by the professional health care providers and that is why they do not choose to deliver in a health facility (Novick 2010).

Problem Statement

In Kenya 98 percent of pregnant women countrywide attend antenatal clinic and only 61 percent of them end up delivering in a health facility and the rest 39 percent deliver at home assisted by a relative or a traditional birth attendant (TBA) (KNBS et al.; 2014). The Kenya government underscores the importance of pregnant women giving birth in a health facility because of obvious advantages such as availability of facilities and trained personnel in case of childbirth related complications. There are also extended medical care services for pregnant women who may have conditions such as diabetes, hypertension and HIV positive which require specialized care during delivery. In this regard, the government has scaled down barriers that would prevent pregnant women from choosing to deliver in a health facility by shortening distances to health facilities. The government has also ensured that all government health facilities offer free comprehensive health care services which include maternal health care (KNBS et al.; 2014).

Despite efforts by the government to assist pregnant women, they seem not to have taken full advantage of maternal health care services. This is evidenced by the fact that 39 percent of pregnant women in Kenya deliver at home as mentioned above. The situation in some of the counties is even worse including Kitui where 54 percent of the pregnant women deliver at home (KNBS et al.; 2014). What explains this discrepancy, where efforts are made to make maternal health care services accessible and yet a big percentage of pregnant women deliver at home?

Materials and Methods

Ten health facilities were selected out of 18 using simple random sampling technique. To calculate the sample size for pregnant women within the 10 health facilities and their environs, the following formula was used; 1230 x 15/100=184.5 rounded up to 185. This formula was based on the fact that, according to 2009 census, the population of women at child bearing age (15 – 49 years) was 1230 in Kitui West Sub-County (KNBS et al.; 2009). From each facility and its environs, the researchers intended to interview 19 pregnant women which was arrived at by dividing 185/10 = 18.5, rounded up = 19 pregnant women. The researchers used the same formula of 15 percent to calculate number of pregnant women who did not attend antenatal clinic (ANC clinic), thus; 19 x15/100 = 2.9, rounded up = 3 pregnant women from the environs of the sampled health facilities. However, some of the health facilities were oversampled to compensate for the ones which had less numbers considering that the focus was women within gestation between 7 - 9 months which was a small segment among pregnant women. In the final end a total of 187 pregnant women were interviewed. Out of 187 respondents 135 attended ANC clinic, 30 did not attend ANC clinic and 22 formed focus group discussion (FGD) drawn from 2 among the 10 sampled health facilities.

Findings and Analysis

The raw data was transcribed and emerging themes and patterns were identified, coded and categorized. Data was scrutinized and the main idea was identified. Interpretation of data was done by comparing qualitative and quantitative data and common themes were picked according to the research objectives.

Results

Most of the respondents‟ responses were reported verbatim and the respondents were given pseudonyms to conceal their identity. The research results indicated that, 126(93 percent) respondents out of 135 among those who attended ANC clinic had planned to deliver in a health facility. Nevertheless only 86(64 percent) delivered their babies in a health facility and the rest 49(36 percent) delivered at home assisted by TBAs. Out of the 30 respondents who did not attend ANC clinic, 18(60 percent) had indicated that they would deliver their babies at home. Six (20 percent) out of 30 respondents had indicated that they would deliver in a health facility. Surprisingly only 3(10 percent) respondents out of 30 delivered in a health facility and the rest 27(90 percent) delivered at home assisted by TBAs. The research also revealed that 64 percent out 165 that is; 135 respondents who attended ANC clinic and 30 who did not attend ANC clinic were aware of complications that could occur during childbirth.

The first part of the discussion focused on 135 respondents who attended ANC clinic. This research revealed that choice of place of delivery by pregnant women was determined by; awareness of complications that could occur during childbirth, complications during childbirth, confidence in the TBA, precipitated labour, previous complications during childbirth, previous safe deliveries and significant ones as discussed under:

Table 1 below shows at a glance, determinants of place of delivery for 86 respondents who delivered in a health

Table 1: Determinants of place of delivery for 86 respondents

ariable	Nature of complication	**Variable**	Nature of complication	**Variable**	Who influenced	**Variable**	**Variable**
Previous complications	Caesarean section (n7)	complication during birth	Prolonged labour (n11)	Influence of significant ones	Husbands (n16)	Awareness of complications (n5)	Autonomy (n20)
	Death of baby (n2)		Difficult labour/small pelvic bone (n1)		Mothers (n6)		
	Premature baby (n2)		Breech presentation (n1)		Mothers in law (n2)		
	Poor contraction (n1)		Twins (n1)		Fathers (n2)		
	Vomiting (n1)		Excessive bleeding (n2)		Fiancé (n1)		
Total	**13**		Ruptured amniotic sac (n1)		Family members (n1)		
		Total	**17**		Parents (n1)		
				Total	**29**	**5**	**20**
Variable							
Refusal by TBA to conduct delivery because of HIV transmission (**n2**)							

Previous Complications during Childbirth

Thirteen respondents (15 percent) out of 86 delivered in various planned health facilities because of the prior complications they suffered during childbirth. According to these respondents, they did not want to risk by delivering their babies at home. For instance, 7 respondents had previously delivered their children through caesarean section and they were informed by the nurses never to attempt to deliver at home because the caesarean scar could rupture. Other 2 respondents delivered in a health facility because of a different experience altogether. According to them, they had previously lost their first-born babies and they did not want to take a chance by delivering at home. These 2 respondents delivered baby girls safely in various health facilities. On the same note, 2 other respondents maintained that they delivered in a health facility because their previous children were born premature. For that reason, delivering in a health facility was their desired option because of the professional care given according to them. Two other respondents, Silingi and Kavata, gave birth in a health facility because of different challenges. For instance, Silingi had previously experienced prolonged labour as a result of poor uterine contractions at home while Kavata vomited after delivery of her previous child. These 2 respondents stated that they delivered in a health facility because they were afraid that the same experiences could reoccur.

Complications in the Process of Childbirth

Seventeen (20 percent) respondents out of 86 delivered their babies in a health facility because they experienced problems in the process of childbirth. Eleven (65 percent) out of the 17 respondents experienced prolonged labour at home and the TBAs assisting in these deliveries had no other option but to refer the respondents to health facilities for professional help. For instance; Ndinda had prolonged labour and the TBA tried to assist her without avail. As a result of this challenge, she was

accompanied by her sister who was a TBA and her mother to Kitui County hospital where she delivered a baby boy through caesarean section. Nduma suffered prolonged labour and the TBA suggested to the family members that she should be transferred to Kauwi health facility. The family members obliged and Nduma was transferred to the health facility where she delivered normally but the baby was put on oxygen because she developed difficulties in breathing since she was tired. The baby's condition gradually improved. Nduume had planned initially to deliver in a health facility but later changed her mind and decided to deliver at home. During the process of labour, she was transferred by the TBA to Kalimani health facility because of prolonged labour where she gave birth to a baby girl without any problem. Munini had similar experience like the rest of the above respondents. Initially she had planned to deliver in a health facility but later decided she would deliver her baby at home. In the process of labour, the TBA realized that the delivery was taking too long than it was anticipated. Therefore, she was transferred to Kitui County hospital where she delivered a baby boy without any problem. Though Koki and Mwongeli had intended to deliver their babies in a health facility which they had not identified, when labour pains began they decided to deliver at home. According to these two respondents, the decision to deliver their babies at home was based on the fact that they could not foresee any problem during childbirth as they had always delivered their babies without any childbirth complications. For instance, Koki was 31 years old and had 3 successful deliveries in a health facility while Mwongeli who was 28 years old, had 3 safe deliveries at home. However, both of them developed prolonged labour and were transferred by the TBAs to a health facility. Muna experienced poor uterine contractions while being assisted at home by a TBA. Labour failed to progress and according to the TBA assisting in the delivery, cervical dilation seemed not to progress either. Muna was eventually taken to Kitui County hospital but she lost her baby boy because she arrived in the hospital too late. Other 4 respondents, Kula, Kwita, Kumela and Kanyoi suffered similar prolonged labour ordeal as their above colleagues trying to deliver at home under the patronage of TBAs. These respondents were consequently transferred to different health facilities by the TBAs. Ndunge conceded that she was giving birth at home and unfortunately the baby presented itself with the legs instead of the head which posed a challenge to the TBA. She was rushed to Muthale mission hospital where she was assisted to deliver but the baby was a stillbirth. Mbaika, narrating a similar experience during childbirth had the following to share:

> *My mother-in-law who was assisting me during delivery was taken aback when she realized that after delivering the 1st baby (a girl), there was yet another in the womb who could not be delivered normally. There was delay to get to the health facility because there was no money for transport. By the time we reached Kauwi health facility, it was too late to save my baby"s life. To my disappointment, the baby was delivered but lifeless.*

Nziva who was 34 years old, had 3 children of which one was delivered at home. In all her previous deliveries, she never experienced any problem during childbirth. Nziva pointed out that her mother-in-law played a key role in influencing her choice of place of delivery because the former was more experienced in childbirth. Nevertheless, she ended up in a health facility because after delivery she started bleeding excessively and the TBA gave her some cold milk and some herbs but the bleeding did not stop. She was taken to Matinyani health facility where some membranes were removed from the uterus and she was given some injections and the bleeding stopped shortly after. Mukai"s case

was different from the above cases because, according to her she had intended to deliver her baby at home but the TBA advised her otherwise. Her narration was as follows:

> *I wanted to give birth at home. However, I was advised by the TBA to seek medical help because my pelvis structure was too small to allow for normal delivery. I insisted that I wanted to deliver at home since I believed all would be fine. Before the onset of labour, I experienced bleeding and I remembered one of the lessons taught during ANC clinic was to be particularly attentive to bleeding from the genital tract because this could amount to childbirth complications. I was taken to Kitui County hospital where I managed to deliver a healthy baby boy through caesarean section.*

Kavuvu was 26 years old and had 2 previous deliveries in a health facility without any problem. She had initially planned to deliver in a health facility but changed her mind during the onset of labour and called a TBA to assist. According to Kavuvu, she had enough experience in childbirth and she did not see the need of delivering in a health facility. However, her experience of childbirth was different this time as narrated in the following extract:

> *When I started experiencing labour pains, my mother-in-law and a TBA stayed with me. Progression of labour was promising in the beginning but slowly labour pains subsided and yet the „waters had broken" (amniotic fluid had poured). The TBA and my mother-in-law informed my husband that I should be transferred immediately to Kitui County hospital for further management. In Kitui hospital I was put on drip and within two hours I delivered a baby girl.*

Makusa"s childbirth experience was not different from Kavuvu"s. According to Makusa, she had wanted to give birth in a health facility but later changed her mind and decided to give birth at home as she did not expect any problems during childbirth. When labour pains began she called a TBA. All the same, things did not work out as it was anticipated as recounted in her following experience, "In the process of labour, we realized that there was poor progression of labour pains because of poor uterine contractions. The labour pains were irregular and weak to push the baby in order to quicken the delivery process. The TBA and a relative accompanied me to Maseki health facility where I was given an injection and I delivered a baby boy without further problems".

Influence by Significant Ones

Twenty-nine (34 percent) respondents out of 86 were encouraged by their significant ones to deliver in a health facility. These significant ones included; 16(56 percent) husbands, 6(21 percent) mothers of unmarried respondents, 2(7 percent) mothers in law, 2(7 percent) fathers of unmarried respondents, 1(3percent) Fiancé, 1(3 percent) family members and 1(3 percent) set of parents.

Awareness of Complications during Childbirth

Five respondents (6 percent) out of 86 delivered in a health facility because they were aware of some possible complications that could occur to a woman in the process of childbirth as confirmed by one of the respondents who said, "Being my first pregnancy, I was careful to deliver in a health facility because complications associated with childbirth could also occur to me". This respondent gave birth to baby boy in a health facility as planned. Other respondents in this category cited the following

conditions which could occur during childbirth; excessive bleeding and retained membranes after giving birth, a baby swallowing amniotic fluid during birth and developing difficulties in breathing after birth leading to the death of the baby. Kaveke and Nzilili were articulate about these childbirth complications.

For instance, Kaveke pointed out: "Being my first pregnancy, I was careful to deliver in a health facility because complications associated with childbirth such as the baby developing difficulties in breathing could also occur to my baby". She delivered safely in Kitui County hospital. Nzilili on the other hand pointed out that it was frightening to bleed excessively and so chose to deliver in a health facility. The rest of the 2 respondents in this category of those who were aware of childbirth complications gave birth to a boy and a girl in their chosen health facilities.

Autonomy in Choosing Place of Delivery

Twenty (23 percent) out of 86 respondents made their own choices of place of delivery without unwarranted influence. These respondents decided on their own accord to deliver their babies in a health facility.

Refusal by TBAs to conduct deliveries

Two respondents (2 percent) out of 86 delivered in a health facility because TBAs declined their requests to conduct deliveries. The TBAs were so afraid of HIV/AIDS transmission from the woman giving birth such that they could not come near a pregnant woman in labour. Luthi narrating her experience with TBAs in respect of the above matter said:

> *I appreciate the tender loving care accorded to me by TBAs during labour and after delivering the baby. I am a mother of 4 children, all delivered with the assistance of TBAs at home. I was surprised this time because when I called for their help none of them heeded my call. I later learned that they were under strict orders from the ministry of health not to conduct any deliveries because of HIV/AIDS scourge.*

The next discussion focussed on the determinants of the 49 respondents who attended ANC clinic but delivered at home. Table 2 below summarised what influenced their place of delivery.

Table 2: Determinants of place of delivery for 49 respondents

Variable	**Variable**	Who influenced	**Variable**	**Variable**	**Variable**
Safe delivery (n**12**)	Significant ones	Mothers in law (n**6**)	Confidence in TBA (n**7**)	Precipitated labour (n**3**)	Autonomy (n**9**)
		Husbands (n5)			
		Mothers (n4)			
		Fathers (n1)			
		Fiancés (n1)			
		Grandmother (n1)			
12	**Total**	**18**	**7**	**3**	**9**

Previous Safe Deliveries

Twelve (24 percent) respondents out of 49 bragged that they had continued giving birth at home because of their previous safe deliveries which were attributed to the number of children one had delivered and an assumption that all deliveries were the same. For instance, Maua (38 years old)

Mang‟ele (36 years old), Kavithe (35 years old), Ndeveimwe (34 years old) decided to deliver at home on account of their safe previous deliveries and experience in childbirth. Ndeveimwe had previous safe deliveries of 3 children in a health facility and she believed that the current delivery could safely be conducted at home. Therefore, during labour her mother-in-law invited a TBA who conducted the delivery successfully. On the same note, Nthenya (35 years old), Nzila (35 years old), Syombua (34 years old), Syokau (32 years old) and Kaluu (30 years old) planned to give birth at home because they had previously given birth to children at home without complications. Although Wanza (29 years old), Kaluma (27 years old) and Mukethe (25 years old) had wished to deliver in a health facility, each one of them had planned to deliver at home because they did not perceive any problems giving birth at home as they were used to delivering at home without undue suffering. In conclusion, these women respondents birth at home without complications.

Influence by Significant Ones

Eighteen (37 percent) respondents out of 49 were influenced by significant ones to deliver at home. These significant ones included; 6(33 percent) mothers in law, 5(27 percent) husbands, 4(22 percent) mothers, 1(6 percent) father, 1(6 percent) fiancé and 1(6 percent) grandmother. For instance, 6 respondents out of 18 claimed that their mothers in law decided for them where they should deliver their babies. Nonetheless some of the respondents suffered in the process of giving birth at home. For instance, Ndungwa, sharing her experience during delivery at home contended that, she was encouraged by her mother-in-law to deliver at home because she had previously delivered 3 children safely at home. However, during delivery, she suffered from excessive bleeding which made her dizzy and she lost consciousness. She was rushed to Neema health facility where she was transfused blood. On a similar account concerning the role played by mothers in law, Kavusi maintained that her mother-in-law wanted her to deliver in a health facility but she had not specified which one in particular. It was until labour pains set in that her mother-in-law realized it was too late to make arrangements to go to a health facility. Her mother-in-law called a TBA to conduct the delivery and Kavusi gave birth safely. Mbaluta who was 34 years old, had previously delivered one child at home. She was avidly encouraged by her mother-in-law to deliver at home since she had not experienced any complications in her previous deliveries. Unfortunately, after delivery, the baby did not cry immediately after birth. The TBA and the mother-in-law, banged tins' hoping the noise would make the baby to cry. This method did not work. The last option was to splash cold water on the baby which worked. Nasi on the other hand was persuaded by her mother-in-law to deliver at home. Although she was hesitant at the beginning, she finally gave in for the sake of peace. The remaining 2 respondents conceded that their mothers in law encouraged them to give birth at home which they did.

Place of delivery for five respondents was chosen by their husbands. For instance, Kathina said that she was surprised when her husband insisted that she had to give birth at home. To expound on her experience she further said, "Although I had planned to deliver my baby in a health facility, when my husband discovered that I was in labour, he called a TBA instead of organizing for transport to a health facility. Nevertheless, the TBA conducted the delivery safely at home". Other 2 respondents out of 5 did not know why their husbands chose for them to give birth at home. Their husbands simply dictated where the delivery would take place. Surprisingly, one respondent among these 2 did not take offence when her husband chose place of delivery for her. Sharing her experience along the

same line of choice of place of delivery, she said, "I delivered safely at home because I was encouraged by my husband to deliver there. In fact, I had planned to deliver in a health facility though I had not specified a particular one". Two other respondents maintained that their husbands were the custodians of the family assets and had the mandate to decide where the baby would be delivered. On the same note, they further claimed that since their husbands were the heads of the family according to Kamba culture, they had absolute right to identify place of birth for the baby.

This research also revealed that 4 mothers of unmarried respondents played a role in determining on behalf of their daughters where the baby should be born. For instance, Mwende's mother had promised to support her to deliver in a health facility which was not identified. She ended up delivering her baby girl at home assisted by a TBA since her mother did not identify the health facility where she could deliver. Likewise, other 3 respondents were encouraged by their mothers to deliver at home assisted by TBAs since the position of the baby in the uterus was okay and normal delivery was envisaged. According to Mbaunzi's mother, by giving birth at home, expenses of delivering the baby in a health facility such as transport was avoided. Keli and Kasungo accepted the wishes of their mothers to deliver at home. These young pregnant women had to comply because they were under the custody of their mothers since they were not married.

A father of one of the unmarried respondent, a grandmother and a fiancée played a significant role in influencing choice of place of delivery of 3 respondents as reviewed in this research. For instance, Wandia's father encouraged her to deliver her baby at home. "My father encouraged me to deliver at home because of the care and concern by relatives. When labour pains began, a TBA was called and I delivered a baby boy safely at home", said wandia. Mulau was prevailed upon by her grandmother to deliver at home since she was living with her. She contended that her grandmother assured her of safe delivery because the baby"s head in the uterus was presenting and normal delivery was possible. "I did not see then the need of delivering in a health facility since my grandmother was a good TBA", said Mulau. However, Mbuva had a different experience during childbirth at home. Her experience was captured in the extract below:

> *My fiancée had promised to support me to deliver in a health facility but he was not available at the time when labour began. I was so disappointment because my family members were not prepared financially for a delivery in a health facility. I did not have money to facilitate my movement from home to the health facility. The only option was to call a TBA who conducted the delivery. I delivered a baby boy without any challenge.*

Confidence in the TBA

Seven respondents (14 percent) out of 49 delivered at home because of the confidence they had in TBAs after being assured by the latter that normal delivery was possible. Although, Mwikali had previously lost a baby during delivery at home, surprisingly, she still gave birth at home assisted by a TBA without any recourse to her previous loss under the patronage of a TBA. Nonetheless according to Mwikali, the death of her previous baby was God's design and it had nothing to do with the place of birth or the TBA conducting the delivery. However, this time she delivered a baby girl without any problem. Nthoki seemed to have had real faith in TBAs, because she had been advised by the nurse to deliver in a health facility. Interestingly she chose to deliver at home when the TBA assured her of a safe delivery at home. Against all odds, she delivered a baby boy safely. Ndini was

contemplating delivering in a health facility until labour pains began. In her narration she said, "To avoid logistics of going to a health facility, when labour pains began I requested my husband to call a neighbour who was a good TBA. I was convinced that I was going to deliver normally without a problem since I never experienced any problems during my last delivery. As anticipated I delivered a baby girl without problems". Velesi on her part also narrated her experience during childbirth, she said:

> *The membranes ruptured early and the amniotic fluid drained out and I started bleeding, but I was confident all would be well. The TBA and my mother-in-law massaged my abdomen with coconut oil and administered some herbs to induce labour pains. After sometime I experienced strong contractions and gave birth to a baby boy and the bleeding stopped.*

Even so, 2 respondents among those who were assured by the TBAs of safe delivery at home, experienced childbirth challenges (excessive bleeding) as they attempted to give birth at home. For instance, Mbeneka, 36 years old had 2 children, one of which was born at home and the other one in a health facility without problems. According to the respondent, the TBA had assured her of a safe delivery at home. Unfortunately, after giving birth she started bleeding excessively because the placenta was retained. The TBA managed to deliver it and after sometime the bleeding eventually stopped. Mbinya suffered from excessive bleeding after delivering a baby girl because of retained placenta too. According to the respondent, the TBA and the mother-in-law put a tip of a rope in her mouth to enforce her to vomit so that the same force could exert pressure to expel the placenta. This happened and the placenta was expelled and the bleeding stopped. The remaining one respondent said, "I delivered my two children safely at home assisted by a TBA and therefore I did not anticipate any complications delivering at home". She delivered a baby boy.

Precipitated Labour

Three (6 percent) respondents out of 49 delivered their babies at home on account of quick labour (precipitated labour). Malinda had planned to deliver her baby at Kalimani health facility. This did not happen. She was relaxing alone at home and suddenly childbirth pains started. She quickly informed her neighbor who responded immediately. The pains intensified such that there was no time to arrange to go to Kalimani health facility. The neighbor assisted her and Malinda gave birth to a baby boy. Like Malinda, Malomo planned to deliver in Ndiuni health facility, but due to experience of precipitated labour, she ended up delivering a baby boy at home alone. The other respondent, Matha, said, "I actually delivered a baby girl at the gate of Kauma health facility because labour period was short and I could not reach labour ward".

Autonomy in Choosing Place of Delivery

Out 49 respondents, 9(18 percent) decided on their own to deliver at home without unwarranted influence.

The next discussion captured responses from 30 respondents who did not attend ANC clinic. As indicated earlier only 3(10 percent) respondents out of 30 delivered in a health facility and the rest 27(90 percent) delivered at home. Place of delivery of respondents in this category was influenced by; previous safe deliveries, significant ones, confidence in the TBA and complications during childbirth.

Table 3 below indicates the determinants of place of delivery for 30 respondents.

Table 3: Determinants of place of delivery for 30 respondents

Variable	**Variable**	Who influenced	**Variable**	**Variable**
Safe delivery (n**10**)	Significant ones	Mothers in law (n1)	Confidence in TBA (n**7**)	Complication during birth (n**3**)- (These respondents delivered in a health facility)
		Husbands (n5)		
		Mothers (n1)		
		Fathers (n1)		
		Fiancées (n1)		
		Grandmother (n1)		
10	**Total**	**10**	**7**	**3**

Previous Safe Deliveries

Ten (33 percent) respondents out of 30 delivered their babies at home because of their previous safe deliveries. For instance, Mukui (36 years old) narrating her experience said:

> *I did not see the need of delivering my baby in a health facility after having delivered 4 children at home assisted by a TBA without complications. I felt comfortable to deliver at home where the environment was familiar. Having delivered those 4 children at home safely, it was a clear sign that subsequent deliveries would be safe too. Therefore, that is why I delivered my baby girl at home because I did not see the need of delivering in a health facility.*

The remaining 9 respondents just like Mukui delivered their babies at home because of similar experiences of previous safe deliveries. For instance, Makundo (32 years old) delivered her 4 children at home safely; Mwikya (23 years old) had delivered one of her 2 children at home successfully, Mengo (21 years) delivered her first child at home assisted by a TBA safely, Mwongeli (24 years) had delivered her 2 children also at home and never experienced any challenges at all. She said that there was no need of delivering her baby in a health facility since she had not faced any challenges. Mwini (30 years old) said, "I chose to deliver at home because I did not see delivery as a big deal having delivered at home twice without any problem". Another respondent in this group, Ndungu aged 32, said, "I have delivered 3 children, one in a health facility and the other 2 at home without any childbirth challenges. Therefore, I delivered a baby boy at home because I did not foresee any childbirth problems".

The 3 remaining respondents namely; Mukina (30 years old) Mwove (26 years old) and Kasumuni (24 years old) each gave their reasons for delivering at home. To elaborate further Mukina said, "I delivered at home to avoid logistics of transport. Actually, I delivered my first born at home and there was no problem" while Mwove said; "I avoided delivering in a health facility because a woman was expected by the nurse to buy new clothes for the baby which I find expensive. That is why I delivered at home". This respondent concluded by pointing out that since she never experienced any problem during her first delivery at home, there was no need of bothering delivering her baby in a health facility. Kasumuni on her part said; "I delivered at home because I felt encouraged when I saw my relatives around me. Furthermore, the TBA was always kind and massaged my abdomen and the back to relief pain. When I delivered my first born safely in a health facility, I decided all other deliveries would take place at home assisted by a TBA".

Significant Ones

Ten (33 percent) respondents out of 30 were influenced by significant ones to deliver at home. One respondent in this category, Mukeli aged 19, who was expecting her first baby, she delivered a baby boy at home because of her father‟s influence. Mukii aged 22, whose grandmother was a TBA and being the one responsible for choosing where the respondent would deliver, the latter conducted the delivery and Mukii delivered a baby girl safely. Wambu aged 34, gave birth to a baby boy at home encouraged by her mother. The mother told her, "You have delivered your previous 4 children at home safely; this one will be fine too". Syomiti said, "My mother-in-law and my husband encouraged me to deliver at home and I complied because I did not want to cause a discord in the family. The delivery was conducted by a TBA where I delivered a baby girl". The place of delivering the baby for the rest of the 6 respondents; Syokwia, Mwiia Mwiitu, Wakyende, Wendo and Musau was determined by husbands. Syokwia had previously delivered 2 children safely, one in a health facility and the other one at home. Mwiia and Mwiitu had previously delivered 4 children each at home without any childbirth complications. "My husband told me to deliver the current baby at home. When he noticed that I was in labour he called a TBA who conducted the delivery", said Mwiia. Just as Mwiia, Mwiitu delivered at home assisted by a TBA and her mother-in-law as planned by her husband. Wakyende, Wendo and Musau maintained that, their husbands were the head of the family and therefore they were responsible for determining where the baby would be delivered.

Confidence in the TBA

Seven (24 percent) respondents out of 30 delivered their babies at home because of the confidence they had in the TBA. Mumo aged 38, described her ordeal during childbirth in the following text:

> *I have delivered all my 8 children at home successfully with encouragement from my husband. My husband always brought a TBA to conduct my deliveries. But I really wanted to deliver this baby in a health facility as I was advised by the nurse on account of my age. But I did not see the need of delivering in a health facility when the TBA assured me that the position of the baby in the uterus was okay since the head was presenting and progression of labour was fine. I began bleeding excessively immediately after birth. I was given a mixture of „omo"(powder soap) and water and some concoction to drink in order to control the bleeding which worked. But I felt dizzy and weak after this. I was accompanied by my mother-in-law and my husband to Kitui County hospital where I was transfused blood because I was anaemic.*

Mukulu aged 32, one among the 7 respondents who had full confidence in the TBA, had delivered 6 of her 8 children at home without complications. The 2 previous children she delivered in a health facility was as a result of prolonged labour at home and the respondent was transferred to a health facility by the TBA. This respondent maintained that she was assured by the TBA that safe delivery was possible since the position of the baby was okay. She delivered a baby boy at home without any problem. Kakulu aged 38, also had delivered all her 7 children at home without any complications. Despite the fact that she had been advised by the nurse to deliver in a health facility, she finally delivered a baby girl at home after the TBA observed that progression of labour was fine. Kutu aged 35 years had delivered her 4 children at home without complications with assurance from the TBA.

This respondent delivered a baby boy at home after being assured by the TBA that safe delivery was possible. Mutunge aged 28, unmarried and was expecting her first baby; although she had attained secondary level of education, her mother convinced her to deliver at home under the care of the renowned village TBA who was her best friend. This respondent complied with her mother's plea and delivered a baby boy at home. The remaining 2 respondents all gave birth safely at home after the assurance from the TBA that home delivery was possible.

Complications during Childbirth

Three respondents (10 percent) out of 30 delivered in a health facility not from their own volition. This was evidenced by the respondents' experiences. According to Mutuli (30 years old), Kaluki (32 years old) and Kasau (19 years old) their plan was to deliver at home which was not possible because they experienced complications in the process of childbirth at home. Each respondent shared their experiences as under: For instance, Mutuli's experience during childbirth was captured in the extract below:

> *Though I had planned to deliver in a health facility, I changed my plan and decided to deliver at home as usual. Bearing in mind that I had delivered all my 4 children at home without any childbirth complications, I did not expect to have any problem in the process of childbirth. Even so, things were different this time. In the course of labour we realized that the baby was not being born as anticipated and the TBA decided that I should be taken to Matinyani health facility. On our way to the health facility, I could not feel the baby's movements and I got worried. Arriving at the health facility, the nurse examined me and said she could not feel the foetal heart. I was shocked to hear this. I was put on drip and after sometime I delivered a baby boy who was dead. I was devastated because I was longing to having a baby boy.*

According to Kaluki at the time of delivery, the TBA realized that she was too weak to push the baby out of the uterus. The husband called a pastor to pray for his wife because he believed that she was bewitched but without avail. The TBA called for the nurse from Kalimani health facility to prevail over the husband to take the wife to a health facility. Kaluki was taken to Kalimani health facility but her blood pressure was high and her body was swollen too. The nurses at Kalimani could not manage the situation, so she was transferred to Kitui County hospital where she eventually delivered safely a baby girl. The last respondent in this category Kasau, narrated her experiences as follows:

> *I had planned to deliver my baby at home assisted by a TBA. However, when I started experiencing labour pains, my mother-in-law called a TBA to conduct the delivery. For a full day and until evening there was no sign that I was going to deliver soon. The pain was intense and I was exhausted. My mother-in-law and the TBA accompanied me to Muthale mission hospital where I had a normal delivery. The nurse said I was lucky the baby was alive because the cord of the baby had coiled around the neck which was strangling the baby as it tried to advance for birth.*

Discussions

Influence by Significant ones

The place of delivery was influenced by; significant ones, autonomy of the respondents, confidence in the TBA, previous complications during childbirth, complications during childbirth, awareness of

possible complications during childbirth, previous safe deliveries, precipitated labour and fear of contracting HIV/AIDs by TBAs.

For 47(35 percent) respondents out of 135 who attended ANC clinic, the final place of delivering the baby was influenced by significant ones who included; husbands (45 percent), mothers of unmarried respondents (21 percent), mothers in law (17 percent), fathers of unmarried respondents (7 percent), fiancés (4 percent), a grandmother (2 percent), family members of a respondent (2 percent) and parents of a respondent (2 percent). The figure of 47 included 29 respondents who delivered in a health facility and 18 who delivered at home. On the other hand, 10 out of 30 respondents who did not attend ANC clinic delivered at home having been influenced by significant ones. These significant ones included; husbands (60 percent), a father (10 percent), a grandmother (10 percent) a mother (10 percent) a mother-in- law (10 percent)

In support to what has already been discussed about influence of significant ones, Magoma et al.; (2010) point out that in some communities, childbirth are events embedded with social meaning and often involve significant family members and community participation. Their study found out that husbands and elders in the Maasai and Watemi communities played key gate keeping roles in women's reproductive health, and were principally responsible for deciding where women delivered their babies. Another study carried out by Agus and Horiuchi (2012) in West Sumatra, Indonesia focusing on factors influencing the use of antenatal care services revealed that pregnant women were largely encouraged by their family to seek ANC services and these women had to comply. The pregnant women admitted that they took their family advice without question because they trusted them and they wanted their family to be happy with them.

The magnitude of influence of husbands regarding place of delivery in this study was confirmed by the Chi-square test analysis ($\chi 2=6.036$; df =2; p=0.049) which indicated that there was an association between choice of place of delivery and influence by significant ones. Owino and Legault (2013) in support of the above assertion posited that utilization of maternal health care services for pregnant women depended on significant ones especially husbands and mothers if the pregnant woman was unmarried. This assertion of husbands choosing where their wives should deliver was also confirmed by Leone (2016) who in reference to a study carried out in Sunamganj, Bangladesh in 2015 established that husbands made 50 percent of the decisions at family level regarding maternal and healthcare utilization.

Autonomy in Choosing Place of Delivery

In this study, out of the 135, 21 percent made their own choices of place of delivery without any influence. It was expected that the number of respondents who would deliver in a health facility would be higher bearing in mind that respondents who attended ANC clinic and did not seek for permission before choosing place of delivery were 53 percent. In this regard, Woldemicael (2007) posits that women’s autonomy in decision making is pivotal in explaining use of maternal and child health care services.

Complications in the Process of Childbirth

Seventeen (13 percent) out of 135 from respondents who attended ANC clinic and 10 percent of the 30 who did not attend ANC clinic delivered in a health facility because they experienced problems in

the process of childbirth. These included; prolonged labour, excessive bleeding, breech presentation, twin delivery, ruptured membranes and poor uterine contraction. Out of these seventeen cases, 10(58 percent) respondents experienced prolonged labour. It is estimated that 488 maternal deaths per 100,000 live births occurred in Kenya according to KNBS et al.; (2014). These deaths were associated with prolonged and difficult labour among other causes.

Another complication which compelled respondents in this study to deliver in a health facility was excessive bleeding. Two (12 percent) respondents out of 17 suffered from excessive bleeding. One of the causes of maternal mortality globally is severe bleeding which may happen after childbirth (Magadi 2000). In fact, between 1997 and 2002 in Kenya women who died because of excessive bleeding after delivery were 4 percent (Angatia, 2010). One respondent suffered complications during delivery because the baby presented itself with the legs instead of the head (breech presentation). She was rushed to a health facility but the baby was stillbirth. When the pregnancy is at 32 weeks, the position and presentation of the fetus become more significant. If a breech presentation or an oblique position is therefore detected, it should be presented to a doctor for investigation and correction without delay (Cruz 1976). Another respondent was transferred to a health facility after delivering one twin at home. The TBA was unable to deliver the second twin because according to her it was difficult to deliver twins. On the same line of thought, Brandon et al., (1992) agree with the sentiments of this respondent because they recognize also how difficult it is to deliver twins. Another complication that necessitated referral of a respondent to a health facility was ruptured membranes. Ruptured membranes may often lead to death of mother and baby or ruptured uterus and its treatment may include caesarean section (Yifru et al., 2014). Agus and Horiuchi (2012) agree that one of the childbirth challenges causing maternal deaths if not checked is rupture of membranes and draining out amniotic fluid surrounding the foetus. Besides this condition being a challenge, Brandon et al., (1992) view it as a precursor to mother and foetal infection because when the protective membranes are broken, the mother and the foetus are constantly exposed to infection.

One of the respondents in this category experienced poor progression of labour. Cruz (1976) associates uterine action with psychological needs of the pregnant woman. Irrational fear that the baby may be malformed, fear that labour will not progress well would certainly cause tension hence disturb normal rhythm of the uterine action (ibid).

Another complication observed in this research was pelvis structure which made one of the respondents to deliver in a health facility. Magadi (2000) in this connection points out that some pregnant women of certain height may not be able to deliver normally because their pelvis may not accommodate the baby during delivery and she may experience obstructed labour.

Previous Complications during Childbirth

Ten percent out of 135 respondents among those who attended ANC clinic delivered in various planned health facilities because of the prior complications they suffered during childbirth. Yifru et al., (2014) advise that women with prior history of complications should deliver in a health facility where trained obstetricians would give professional help. Gabrysch and Campbell (2009) contributing to this discussion point out that women with previous obstetric complications preferred to deliver in a health facility.

Previous Safe Deliveries

Nine 9 percent out of 135 respondents who attended ANC clinic and 33 percent out of 30 who did not attend ANC clinic, continued giving birth at home because of their previous safe deliveries which were attributed to the number of children one had delivered and the assumption that all deliveries would be the same and their age. The views of these respondents are in tandem with those of TBAs and elders among Watemi and Maasai communities as established by Magoma et al (2010). According to these researchers, TBAs and elders in these two communities maintained that pregnant women with no risk factor as confirmed in health clinics should continue to deliver at home because these were „normal" pregnancies and safe delivery was possible. Previous safe deliveries are a sure way of anticipating that all subsequent pregnancies would be the same (Kibaru, 2006). Grunebaum (2013), contributing to age as a factor that influence women to deliver their children at home, points out that women between the ages of 35 and 49 were less likely to seek skilled delivery services especially if they had delivered other children without a problem as compared to women who were younger. Concerning the number of children one had delivered which was likely to influence place of delivery, Kitui et.al. (2013) argue that, women who had 4 or more deliveries were 65 percent less likely to deliver in a health facility when compared to those for whom this was the first child.

Confidence in TBAs

Five percent out of 135 who attended ANC clinic and 24 percent out of 30 who did not attend ANC clinic, delivered at home because of the confidence they had in TBAs. Although one respondent had previously lost a baby while delivery at home, she still sought services of a TBA. Another respondent defied the advice of the nurse against delivering at home and still sought the services of a TBA. One more respondent had full confidence in the TBA because when the membranes ruptured early and the amniotic fluid drained out she started bleeding. The obvious thing to do was to organize for immediate transfer to a health facility because this was an emergency. Instead, she believed the TBA and her mother-in-law would manage the situation and they indeed managed. The centrality of a TBA especially among the rural communities is associated with the highly valued social role they played in the communities (Owino and Legault 2013). The TBAs offered emotional support and continuity of care in comparison to the type of care that is made available at the health units (Magoma et al., 2010). Adding voice to this discussion on confidence on the TBAs, Rahmani and Brekke (2013) maintain that TBAs were popular because they were not expensive as they were paid in kind, they were tolerant and kind, and spent more quality time with pregnant women. Supporting the views of Rahmani and Brekke (2013), Agus and Horiuchi (2012) maintain that, TBAs display overt interpersonal skill, special care, and respect for local customs which could not be exemplified by young midwives. In Butajira district of Ethiopia, women preferred to deliver at home assisted by TBAs because members of the family were allowed to be with the expectant women during labour and delivery which was consoling (Roro and Hassen 2014).

Awareness of Complications during Childbirth

Four percent out of 135 respondents delivered in a health facility because they were aware of complications during childbirth. In support, Mpembeni et al., (2007) assert that pregnant women who were aware of risk factors associated with childbirth were more likely to utilize health facilities for delivery compared to those with no knowledge.

Precipitated Labour

Two percent out of 135 respondents who attended ANC clinic delivered their babies at home on account of quick labour. Fast progression of labour as a determinant of choice of place of delivery was supported by Cotter et al., (2006) who point out that quick labour may result to a pregnant woman not being able to seek delivery services in a health facility because of time factor.

Fear of contracting HIV/AIDs by TBAs

Two respondents (1 percent) out of 135 delivered in a health facility because TBAs declined their requests to conduct deliveries.

FGD - Respondents Who Attended ANC Clinic

This discussion took place in two health facilities where 12 and 10 respondents were interviewed. The respondents observed that, the significant role played by significant ones such as husbands, mothers in law and mothers in choosing place of delivery for pregnant women was profound. In this context, it was clear from the study findings that majority of pregnant women did not have the autonomy in choosing their place of delivery. "The central role of a TBA in influencing the choice of place of delivery could not be overlooked" said one of the respondents. Majority of the respondents indicated that hospitals were the last resort when complications set in during childbirth at home. It was also observed from the discussion that choice of place of delivery was also based on past experiences that was, if the previous deliveries were safe or not.

Recommendations

This research revealed that 64 percent out of 165 respondents that is, 135 who attended ANC clinic and 30 who did not attend ANC clinic were aware of complications related to childbirth. Nonetheless, only 4 percent delivered in a health facility because of this awareness. Based on this disparity there is need to probe further to find out if the knowledge of awareness of complications that could occur to pregnant women during childbirth, is adequate to motivate them to choose to deliver in a health facility. It is also important to explore if significant ones especially husbands, mothers in law and mothers of unmarried pregnant women were aware of likely complications during childbirth.

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