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Summary Report

Preference of Birthing Place:
A Mixed Methods National Study of Communities, Households, Community Midwives & MNCH Programme

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Acknowledgment

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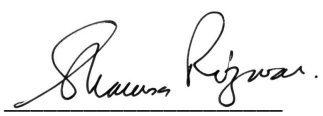
Disclaimer

Declaration

We have read the report titled: Preference of Birthing Place: A Mixed Methods National Study of Communities, Households, Community Midwives and MNCH Programme, and acknowledge and agree with the information, data and findings contained.



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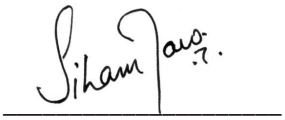

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Introduction

Globally, 600,000 women die, every year, due to pregnancy-related complications and 98% of these deaths occur in developing countries. Pakistan has a high maternal mortality ratio and is one of the six countries that contribute to 30% of the world maternal mortality.

According to the World Bank, one of the major contributors to maternal mortality is a very low proportion of deliveries conducted by skilled birth attendants (SBAs) in the developing countries. The situation in Pakistan is no different as the national figures show that only 39% of deliveries are conducted by SBAs (PDHS, 2008) and the majority are conducted by traditional birth attendants (TBAs). To address this high maternal mortality ratio and attempt to increase the rate of deliveries conducted by SBAs, the Pakistan Maternal Newborn and Child Health (MNCH) Programme has launched the community midwives (CMW) initiative.

In Pakistan, the high rate of home-based deliveries is attributed, by previous local studies, to the lack of accessibility to health facilities and skilled birth attendants, and they have highlighted that women prefer to deliver at home even if a free and accessible facility is available. With this in mind, the MNCH Programme clearly states in its PC1 that it will promote home-based deliveries by the CMWs. The MNCH Guidelines for the Deployment of Community Midwives, however, require establishing "work stations" within the homes of the CMWs, which are not meant for conducting deliveries but will be equipped with an examination couch for providing antenatal and postnatal check-ups. The CMW's medicine, equipment, supplies and delivery kits will be placed in a secure corner of these work stations. These Guidelines also define a "catchment area", covering a population of 5000, for each CMW where she will perform home-based deliveries. In parallel to the idea of CMWs conducting deliveries at homes, certain organisations like PAIMAN have piloted the idea of "birthing stations", which are essentially similar to the work stations defined by the MNCH Programme but where deliveries can also take place.

Since the major reasons behind home-based deliveries in Pakistan are the lack of accessibility to health facilities and to skilled birth attendants, it will be very interesting to see what the larger rural population would prefer if a CMW (a skilled birth attendant) is placed well within their reach with an established birthing station where deliveries can be conducted. Would they still prefer being serviced by these CMWs at their homes or at the birthing stations?

Additionally, the experience and the perceptions of the CMWs are largely unknown. A study conducted by PAIMAN explored the opinion of CMWs as to how they could improve their acceptability in their respective communities, however, this study did not explore their own preference of place for providing services (Wajid A, Rashid Z, & Mir A M, 2010). Moreover, it is also important to explore the perspectives of other important stakeholders such as the women (prospective mothers as their opinions may vary from the collective household decisions), the community elders and the key MNCH Programme personnel regarding their preferences and the challenges foreseen. The opinion of community elders, for CMW placement, is indispensable to make the initiative socio-culturally more acceptable.

The success of the CMW initiative, therefore, depends upon community acceptance and a CMW placement strategy that takes into account the views of the service providers, along with those being serviced, as to where they would prefer that the CMWs conduct deliveries. The purpose of this mixedmethods national level study, covering four provinces, was to document these preferences, and their associated reasons, from the various stakeholders.

This study highlights provincial-level findings which will provide useful insight in reviewing the current provincial deployment strategy of CMWs. We expect that the provincial MNCH Programmes will utilise the study findings for CMW placement policy decisions as this will enable them to achieve a higher degree of acceptance of the CMW initiative at the community level.

Study Design and Methodology

This was a cross-sectional, mixed methods study. We **quantitatively** documented the preferences, and the related reasons, of 1450 rural households, with married women of child bearing age (15– 49 years), who were selected through multistage sampling from nine districts of four provinces (shown in Figure 1). The sample size was calculated on the basis of the proportion (66%) of home-based deliveries in Pakistan (PDHS, 2008). Assuming this baseline, at 95% confidence level, with a relative precision of 5%, the total sample was calculated to be 1450 (inclusive of 10% attrition) using the **World Health Organisation (WHO) Sample Size Calculator.**

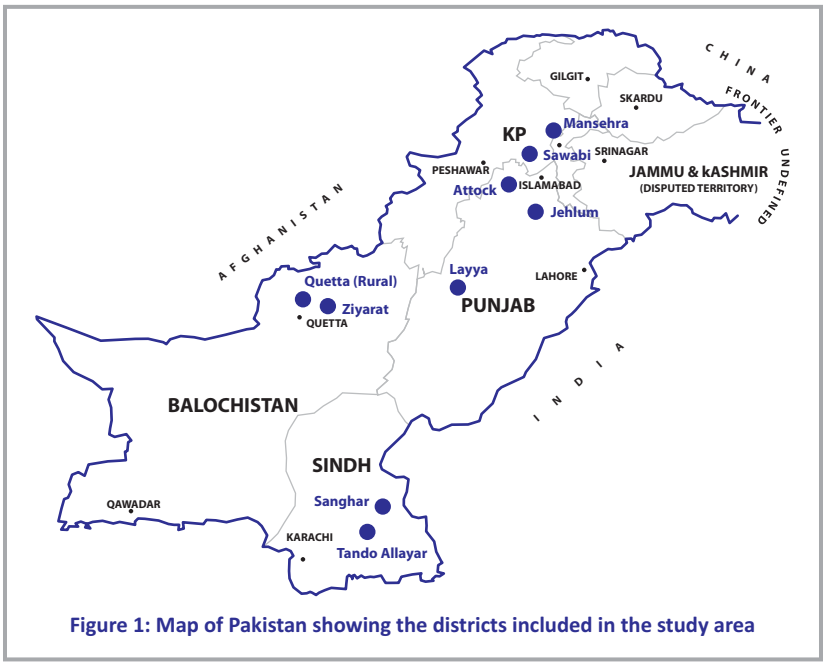


Figure 1: Map of Pakistan showing the districts included in the study area

The quantitative instruments were questionnaires that had two sections: the basic demographics like age, parity, socio-economic status, education level, employment status, family structure, etc.; and section two captured the preference for the place of birth along with reasons. The views and reasons for a particular preference of the women, CMWs, community elders and the MNCH Programme personnel were obtained qualitatively through focus group discussions (FGDs) and indepth interviews (IDIs).

The respondents were purposively selected, from the same districts as those of the quantitative survey, with the help of the local lady health workers (LHWs). In total, 28 interviews were proposed for all four respondent types depending on achieving the sample saturation amongst individual types of respondents. The total interviews comprised: eight FGDs with the women; eight FGDs with the CMWs; four FGDs with the community elders; and eight IDIs with MNCH Programme personnel. As instruments, field guides were separately prepared for the FGDs with women, community elders, and CMWs. For the IDIs with the MNCH Programme personnel, detailed questionnaires were prepared.

Those instruments that were to be used in the community were translated in the local language, and all the instruments were piloted prior to the start of the data collection stage.

Key Results

The results of the study will be discussed separately for quantitative results and qualitative findings.

Quantitative Results

Of the 1457 eligible households approached, only seven refused to take part, giving the study a good response rate of 99.52%. Each household was asked to make a collective decision as to their preference for the place of delivery

conducted by the CMW, that is, either at the respondents' homes or at the CMW's birthing station. The key results are as follows:

National Household Preference of a CMW Serviced Birthing Place

Figure 2 illustrates the national preference of community households for a birthing place. A majority of the households preferred the CMW to service them at the birthing stations. Interestingly 29% (426) households opted for having a flexibility to be serviced by the CMW either at the birthing station or at home. Less than a quarter (22%) of the households preferred that the CMW conduct the delivery at their home. Another important finding that is not depicted in the graph was that 2% (30) of the households did not want to be serviced by the CMW altogether.

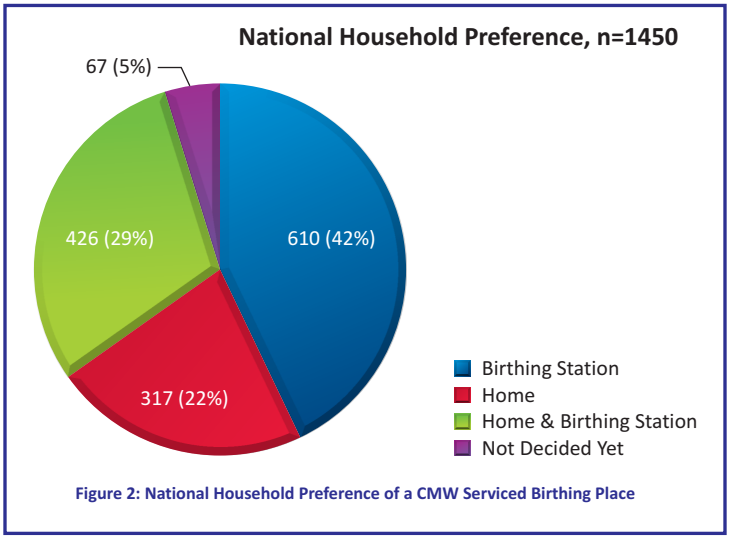
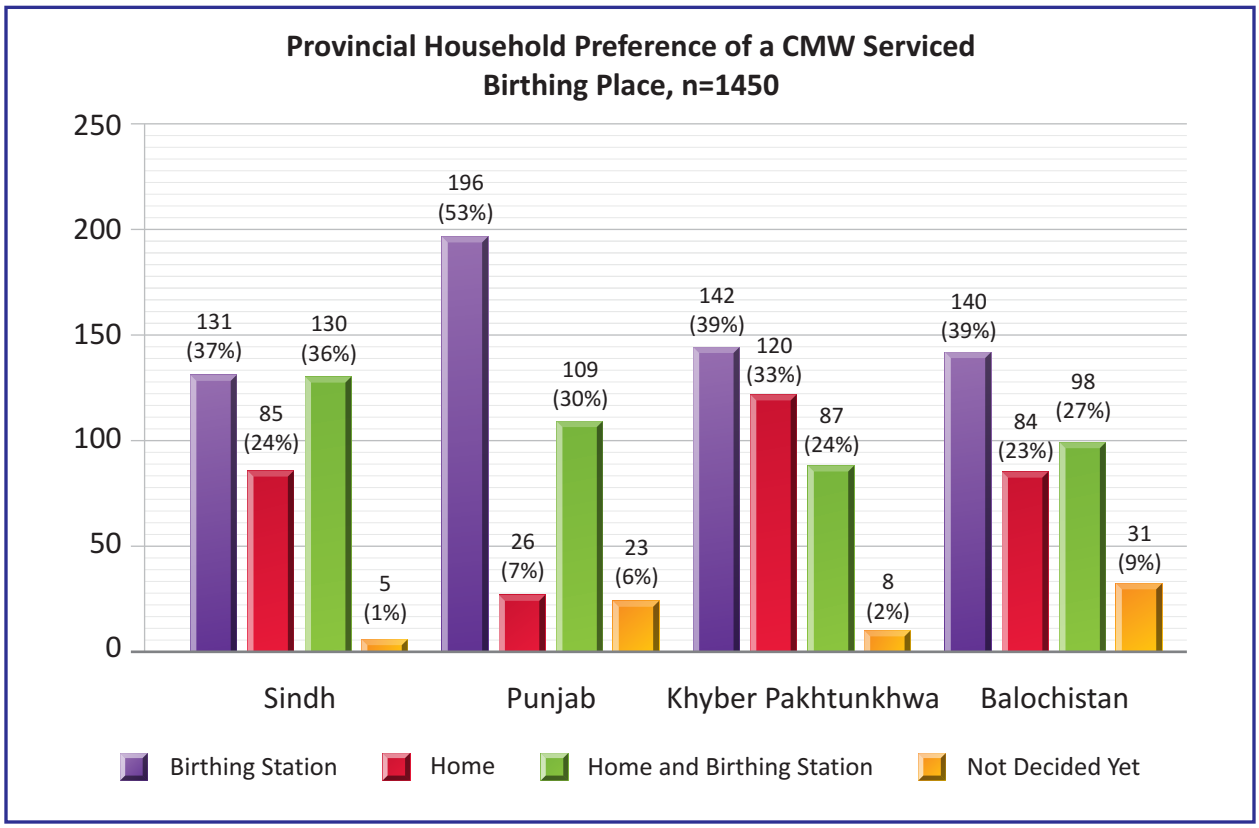


Figure 2: National Household Preference of a CMW Serviced Birthing Place

Provincial Household Preference of a CMW Serviced Birthing Place

Figure 3 illustrates the province-wise community household preference, for a birthing place. A majority of households in Sindh preferred the birthing station followed by the flexibility of either birthing station or home, and home deliveries



were preferred by relatively fewer households. In Punjab, more than half the households opted for the birthing station, which is greater than the national preference. In Province Khyber Pakhtunkhwa, the choice of birthing station stands as the foremost choice, however, unlike other provinces, the second choice is home delivery. The household preference in Balochistan is similar to the overall national preference.

Household Reasons for Choosing Birthing Stations

The foremost reasons for choosing the birthing station was that it would be better equipped as compared to the facilities at home. Almost all the responses refer to the lack of available facilities at home. An important finding is that Province Khyber Pakhtunkhwa has reported the lack of space for delivery within the home more often than the rest of the provinces, and those households that lack facilities at home will opt for the birthing station if in the vicinity. Household Reasons for Choosing Home as the Place of Delivery The majority of the households, that preferred home-based deliveries, perceived an extra financial cost in the form of medicine, possible fee, and transportation if the birthing station is not in the vicinity. The local customs also seem to play a major role in making this choice. Another very important reason for choosing home was the stigma associated with women going out of the home, and the issues of shyness and privacy. The majority households, in Khyber Pakhtunkhwa, that chose home-based deliveries stated good family support and help available at home as the reason, which would not be available otherwise.

Reasons for having Flexibility between Both Home and Birthing Station as the Place of Delivery

The households that preferred flexibility between home or birthing station gave two main reasons: the nature of the delivery (complicated/ uncomplicated); and their financial circumstances at the time of the delivery.

Qualitative Findings

The quantitative data captures the preferences of household, but in order to include the opinions of other important stakeholders, FGDs and IDIs were undertaken with them.

This qualitative data was obtained from a total of 196 respondents spread across four types: the women (72); the community elders (48); the CMWs (68); and the MNCH Programme personnel (8).

Preferences for a Particular Birthing Place

The majority of the women chose to have their deliveries at the birthing station followed by the flexibility of being serviced by the CMW at either the birthing station or at their home in case of an emergency or if the delivery takes place in the evening/night. Some of the women preferred only homes and in Balochistan some women strongly voiced that the CMW should conduct deliveries at home as it is considered odd for women to go out of their houses.

Welcoming the idea of CMWs to control maternal mortality, the majority of the community elders preferred birthing stations and went on to suggest that the CMW set it up in her own home or the Basic Health Unit, which is easily accessible by the community at large. A few said that home-based deliveries are culturally more appropriate, and it was interesting to note that none of the elders strongly opted for flexibility between the birthing station and home.

The CMWs, across all provinces, overwhelmingly preferred setting up birthing stations as the place for deliveries, but suggested that an initial visit should be made to the women's homes for an introduction and to spread awareness. They also preferred that the birthing stations be set up at their own homes to be able to provide 24-hour services and as a means of providing stature to them in their communities.

The MNCH Programme personnel were of the opinion that CMWs should conduct deliveries at the women's homes. One District Coordinator suggested that they should have a mobile cabin made of wood or plastic to adjust into the courtyards of houses as many did not have surplus rooms, particularly in Balochistan and Khyber Pakhtunkhwa. Another personnel member, however, suggested that the CMWs should have birthing stations within their own homes as it will be convenient, and that the Programme is thinking of establishing birthing stations for them.

Reasons for a Particular Preference

The primary reasons for preferring birthing stations were: the availability of better facilities compared to homes, particularly in the case of an emergency; better privacy during delivery; proximity to their homes; and that birthing stations will enable the CMWs to provide better services through a higher confidence level and an increased standing in the community.

The reasons for some of the women and community elders choosing home-based deliveries were: that the home ensures better privacy from outsiders and is in line with cultural values; and that the elder women (mothers-in-law), who are influential in such decisions, would prefer home-based deliveries, therefore, such women chose home as the preference for this particular reason.

The major reasons many women and a few community elders opted for having a flexibility of being serviced by CMWs either at the birthing stations or at the homes were the case of an emergency and the lack of transportation late at night.

Challenges

The challenges that the CMWs may face were mentioned by the respondents as: the lack of awareness in the community about CMWs; competition with traditional birth attendants (TBAs); delay in deployment and certification of CMWs; inadequate skill-set and lack of training of the CMWs; inadequate remuneration of CMW services; issues related to the mobility of the CMWs in the communities including security; and the young age and marital status of the CMWs.

Discussion and Conclusion

The CMW initiative of the MNCH Programme in Pakistan is aiming to reduce a high national maternal mortality by increasing SBA deliveries. For the success of this very important initiative, the deployment strategy of CMWs has to be in line with the wishes of the community and the requirements of the CMWs. To help the Programme achieve this objective, this first of its kind mixed methods national level study was undertaken to get informed about the preferences of various stakeholders about where they would like the CMWs to conduct deliveries as well as their reasons. The representative provincial data emerging from this study is particularly useful for the Programme in the post-devolution scenario.

We feel that the traditional view, that the majority of women in Pakistan prefer deliveries at home, is not due to a preference, but is perhaps due to the fact that TBAs are the only affordable and accessible community-based option available to them, and that several reasons including financial, logistical, and a fear of operations results in the non-utilisation of health facilities for deliveries. Now that the households have a choice of a skilled birth attendant within their community, their actual preference for a place of delivery has come to light.

The major finding of this study is that the majority of the households nation-wide opted for birthing stations, rather than homes, as the preferred birthing place followed by the demand for a flexibility to have either of the options available, however, a minority is still opting for home-based deliveries by the CMWs.

This major reason for choosing birthing stations, nationally as well as provincially, was the perception that homes lack the necessary facilities for deliveries, for example, a separate place, temperature control, emergency equipment, privacy from family members, etc. This reason was followed by the proximity of the proposed birthing station which made it a viable option. The reasons for suggesting the flexible option are understandable as women may prefer that the CMW conduct the deliveries in their homes at odd hours, or when a complication or non-availability of transport restricts their mobility.

The study has revealed that nationally less than a quarter (22%) of the households would explicitly prefer home-based deliveries. The Province Khyber Pakhtunkhwa had a little higher percentage of households (33%) preferring home births, probably due to traditions and a more conservative culture.

An important finding through the perception of the MNCH Programme personnel is that the Programme is viewing the CMWs as substitutes for TBAs, who only deliver at home, which is in line with the historical view. This positioning is in contrast to the opinions expressed by the community stakeholders. The wholehearted efforts of the Programme in achieving its objectives may be hampered by the divergent views of the policy makers and the important community stakeholders.

Recommendations/Implications

This is an excellent opportunity where the wishes of the community, families, women, as well as the CMWs are aligned in terms of preference for the birthing place. Now it is up to the Programme to capitalise on this opportunity and address the challenges foreseen by the stakeholders, particularly the community midwives who will carry this initiative forward provided that their motivation and commitment is ensured. The key recommendations for the Programme are given below:

1) The MNCH Programme should revisit their approach towards home-based deliveries, through CMWs, by converting the envisaged work stations into birthing stations where deliveries can take place as well. This will have minimal additional cost implications.

2) A flexible mixed model approach would be ideal to cater for the preferences of the majority. Under this model the CMW would be placed in a birthing station but whenrequired she would conduct home-based deliveries as well.

3) A well thought out strategy for launching and introducing the CMWs into their communities should be undertaken with the assistance of media, and the existing community-based agents like the Lady Health Workers and Lady Health Supervisors.

4) It is necessary to ensure that the CMWs acquire a high standard of skill-set, with a sound practical experience. Better communication skills which will help the CMWs to engage with the communities in more confident manner.

5) The Programme needs to ensure a highly motivated CMW work-force and this can be achieved by resolving procedural delays such as timely distribution of certificates as well resolving their financial considerations.