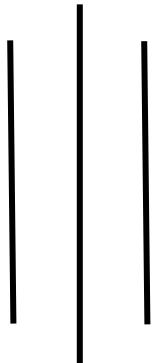


**EXPLORING THE REASONS FOR
HOME DELIVERIES AMONG THE WOMEN OF
MYAGDI DISTRICT OF NEPAL**



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A RESEARCH REPORT SUBMITTED TO

**Health Office Myagdi, Myagdi
Gandaki Province
Nepal
2024**

DECLARATION

To the best of our knowledge and belief we declare that this research report entitled “Exploring the Reasons for Home Deliveries Among the Women of Myagdi District of Nepal” is the result of our own research and contains no material previously published by any other person except where due acknowledgement has been made. All sources of information, data, and references used in this report have been duly acknowledged and cited. This report has not been submitted, either in part or in full, to any other institution for any other purpose.

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ACKNOWLEDGEMENT

This report, titled "Exploring the Reasons for Home Deliveries Among the Women of Myagdi District of Nepal," is the result of our dedicated efforts. We are thankful for the opportunity to conduct this study. However, this project was not accomplished by one person alone; many individuals supported us from the beginning of the study to the completion of this report.

We sincerely thank the Health Office, Myagdi for giving us the chance to thoroughly understand the research process. We are especially grateful to the Health Coordinator of different municipalities of Myagdi for their invaluable assistance. Our heartfelt thanks go to all the staffs who assisted us in collecting data, without whom this research would not have been possible. We are also grateful to the participants for their cooperation during the data collection process.

We would like to extend our thanks to Mr. Raghbendra Mishra and Mr. Birendra Jaiswal for their unwavering support throughout this research. Finally, we recognize and appreciate the help from every individual, both known and unknown, who contributed to the completion of this study.

SUMMARY

Childbirth is a crucial event, yet preventable causes related to pregnancy and childbirth result in nearly 800 daily maternal deaths, predominantly in low and middle-income countries. In 2020, only 38.1% of Ethiopian women used institutional delivery services, while other African countries reported rates as low as 10%. Higher rates were observed in Zambia and Malawi. Various factors, including education, age, ethnicity, socio-economic status, antenatal care attendance, and geographic location, influence the choice of delivery location.

The WHO aims to reduce maternal and newborn mortality, emphasizing the importance of skilled birth attendants (SBAs). In Nepal, despite free childbirth services and cash incentives, over one-third of women in Gandaki Province, including Myagdi District, still deliver at home. This trend persists due to cultural beliefs, economic constraints, and accessibility issues. Maternal mortality remains a significant public health issue, and institutional delivery is crucial for preventing maternal deaths.

This study seeks to understand the factors influencing home deliveries in Myagdi District, Nepal. It focuses on the perspectives of pregnant women and health workers, aiming to develop targeted interventions to improve maternal health outcomes. The study employs a qualitative research methodology with descriptive cross-sectional design, using in-depth and key informant interviews with women who delivered at home and health workers in Myagdi District.

Key themes identified include cultural and traditional beliefs, reasons for giving birth at home, opinions regarding maternity services, and suggested improvements. Traditional beliefs, such as delivering at home due to familial pressure, persist. Reasons for home delivery include geographical difficulties, lack of transportation, sudden onset of labor, and economic constraints. Despite awareness of better services at health facilities, many women still opt for home births due to these challenges.

Health workers emphasized the need for improved transportation infrastructure, community education on the benefits of professional maternity care, and enhanced resources at health facilities. Participants suggested that better roads, timely transportation, and counseling could encourage institutional deliveries. The study highlights the importance of addressing socio-economic and geographic barriers to improve access to institutional care and reduce maternal and child mortality.

In conclusion, while traditional practices and beliefs still influence home deliveries in Myagdi District, practical barriers such as transportation, geography, and economic constraints play a significant role. Improving infrastructure, raising awareness, and enhancing healthcare services are crucial steps toward increasing institutional delivery rates and improving maternal and child health outcomes in Nepal.

LIST OF ABBREVIATIONS

ANC	Ante-Natal Care
ANM	Auxiliary Nurse Midwife
IDI	In-depth Interview
KII	Key Informant Interview
LMIC	Low Middle-Income Countries
NCBI	National Center for Biotechnology Information
PHCC	Primary Health Care Center
SBA	Skilled Birth Attendant
SHP	Skilled Health Personnel
TBA	Traditional Birth Attendant
WHO	World Health Organization

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CHAPTER I

INTRODUCTION

1.1 Background

Child birth is one of the crucial events in the life of a women and her family. However, almost 800 women died each day due to preventable causes related to pregnancy and child birth with almost 95% of all deaths worldwide occurring in low and middle-income countries in 2020. The location of childbirth can impact the health and survival rates of both mother and child(1). The quality of maternal and newborn care is also linked to where the delivery takes place. In some developing countries, many women give birth outside of healthcare institutions. A study from Ethiopia reported that 38.1% of women used institutional delivery services, while other African studies indicated institutional delivery rates as low as 10%. Conversely, studies from Zambia and Malawi found higher rates of institutional deliveries at 42.5% and 58%, respectively. Various factors such as a woman's education level, age, ethnicity, residence area, socio-economic status, antenatal care attendance, parity, and her partner's education level influence her choice of delivery location(2)

World Health Organization (WHO) aims to reduce maternal and newborn mortality in all countries. This is one of the targets of Sustainable Development Goals 3 (SDG 3) (3). The significance of having skilled professionals present during childbirth is evident in the notable decrease in maternal mortality and morbidity when compared to home births. This reduction is largely due to the availability and utilization of maternity care facilities and experienced personnel (4)

Maternal mortality remains a public health issue and a central focus of public health efforts and policies in Nepal. Giving birth at a health facility plays an important role in preventing maternal deaths. About fifteen percent of pregnancies face significant complications and unexpected outcomes, necessitating immediate access to emergency obstetric services (5). Even during a straightforward delivery, it's crucial to have skilled medical assistance present throughout (6) Although child birth services are free and women receive a cash incentive for giving birth at a health facility in Nepal, more than one third women gave birth at home in Gandaki Province (7)

Several studies have quantitatively examined the factors contributing to the low institutional delivery rate in Nepal and have provided useful insight. A few qualitative studies have also been published in the Nepalese context. However, a more comprehensive understanding of the problem, which takes into account the perspectives of all those directly involved with the decision regarding the place of delivery and associated care, is much needed (8).

The deliveries which take place at home and are assisted by TBAs are often performed in unsafe and unhygienic conditions resulting in increased risk of maternal and child morbidity and mortality. The improvement of the maternal and child health situation in Nepal is not uniform across the country. This low maternal health service utilization is also affected by a shortage of health work force—especially in rural areas. In addition to limited health care facilities and

qualified health professionals, social norms and taboos lead to practices that are potentially harmful and contribute to maternal and child mortality. In FY 2079/80, 79.8% of the deliveries were attended by SBA/SHP. Notably there is consistent improvement in Karnali, Madhesh and Gandaki provinces but these changes are lower than the national averages (7).

Access to maternal health services, including skilled birth attendant (SBA), has been proven to be important in reducing maternal deaths. The WHO recommends the presence of an SBA during delivery because complications can arise anytime during labor and delivery. However, physical access and finance have long been identified as major barriers to the use of health services by women in LMICs (9).

Increasing access to good quality institutional care during labour and delivery has been identified as a key strategy in increasing maternal and infant survival. Delays in reaching a health facility, and delays in receiving the correct care in the right place, at the right time, can be fatal (10).

1.2 Problem Statement

Maternal mortality remains a global problem. Although Nepal has made a significant progress in reducing the Maternal Mortality Ratio in last two decades a lot remains to be done especially in rural areas of the country. Institutional delivery service utilization is one of the proven interventions to lower the health risks for both mothers and newborns. In Nepal, although childbirth services are free and incentivized, many women still deliver at home, especially in rural areas like Myagdi district, where institutional delivery rates are below provincial and national averages (7).

Although child birth services are free and women receive a cash incentive for giving birth at a health facility in Nepal, more than one third women gave birth at home in Gandaki Province. In the Myagdi District of Nepal, which lies in Gandaki province the condition is even worse as a significant number of women opt for home deliveries despite the availability of healthcare facilities. This trend persists even though institutional deliveries are generally considered safer due to better access to trained healthcare professionals and medical resources. The choice of home delivery could be influenced by a variety of factors, including cultural beliefs, economic constraints, accessibility issues, and perceptions of healthcare quality.

1.3 Rationale and Justification of Study

Access to maternal health services, including the presence of skilled birth attendants (SBAs), is vital for reducing maternal deaths. The WHO recommends SBA presence during delivery to address complications that may arise at any time during labor and delivery (WHO). However, physical access and financial constraints remain major barriers to the use of health services by women in low- and middle-income countries (LMICs). Enhancing access to quality institutional care during labor and delivery is a key strategy to improve maternal and infant survival rates. Delays in reaching health facilities and receiving appropriate care can be fatal, underscoring the need for timely and adequate healthcare access.

While several studies have quantitatively analyzed the factors contributing to low institutional delivery rates in Nepal, there is a lack of comprehensive understanding that incorporates the perspectives of pregnant women in the decision-making process regarding the place of delivery. This gap is particularly significant given that home births assisted by traditional birth attendants often occur in unsafe and unhygienic conditions, increasing the risk of maternal and child morbidity and mortality.

Therefore, this research aims to provide a comprehensive understanding of the factors influencing the choice of delivery location and associated care in Myagdi district of Nepal, with a focus on the perspectives of pregnant women and health workers. This understanding is crucial for developing targeted interventions to improve maternal health outcomes and reduce mortality rates in Nepal and similar settings.

1.4 Objectives

1.4.1 General objectives:

- To explore the reasons behind the home deliveries in Myagdi district.

1.4.2 Specific objectives:

- To explore the perception of women on home delivery.
- To identify the socio-economic and cultural factors acting as a barrier for institutional delivery.
- To understand the perspective of Health service providers regarding home deliveries.

1.5 Research question

What were the causes leading to home deliveries among women of Myagdi district?

CHAPTER II

LITERATURE REVIEW

The objective of this literature review was to get the depth ideas about the reasons for home delivery. Literature search was done by reviewing printed materials including journals and books and through internet search. Literature was searched using various databases like Google Scholar, Research Gate, Pub Med, NCBI along with various websites. The search terms for literature review were “home delivery”, “factors associated with home delivery”, “home delivery in Nepal”, and “reasons for home delivery among women”.

2.1 Review and analysis of existing literature

Child birth is one of the crucial events in the life of a woman and her family. However, almost 800 women died each day due to preventable causes related to pregnancy and child birth with almost 95% of all deaths worldwide occurring in low and middle-income countries in 2020 (1).

One study in Ethiopia suggests several factors affect the home delivery. The study highlights how factors like educational status of the women and their husband, history of ANC follow up, health education about maternal health and knowledge about institutional delivery play a huge role in deciding the place of delivering the baby. Women who had a history of ANC follow up, received health education about maternal health, had good knowledge and positive attitude were less likely to give birth at home (11).

Another study from Uganda points out how numerous economic challenges, as well as sociocultural beliefs and expectations influence women's choices for unskilled home deliveries in rural southwestern Uganda (12).

A study from Kenya stated that long distance from the nearest health facility rather than economic and cultural factors was the major reason for women choosing to deliver their babies at home (13).

One study from Bangladesh reveals diverse factors which influences delivery choices among urban women in Bangladesh. Factors like regional divisions, religion, family size, employment, age, education, household roles, parity, and access to information plays a very decisive role for women to deliver their babies at home despite the availability of healthcare facilities (14).

A study conducted on “Determinants of home delivery among semi urban setting of Nepal” highlighted some of the factors affecting the choice of place of delivery among mothers in a semi urban settlement in Nepal namely mothers' educational level, husbands' education and occupation, financial constraints, lack of transportation and ignorance (15).

Another study among Dalit population of Nepal stated that only 30% of the mothers had institutional delivery. The reasons for home delivery were feeling of un-necessary, far distance, lack of transportation and associated cost. Promotion of birth preparedness, uptake of ANC service, proper counselling for institutional delivery, promoting women autonomy and

strengthening women to have planned pregnancy were some recommendations to promote institutional delivery (2).

An observational study from Nepal illustrates how parity and educational level of mothers play a small, but significant role in determining the place of delivery. Factors like economic variables and distance from the maternity hospital are major causal components for choosing the place of delivery, while cultural characteristics like ethnicity, the observance of the menarche ritual-days and the type and size of the family, or who is head of household or obstetric history have little influence or are not risk indicators for the place of delivery (16).

Another study from Nepal shows that distance to health facility, socio-economic status, socio-demographic status, literacy level, number of ANC visits play a vital role in determining the place of childbirth (17).

One study from Madhesh concludes that majority of women prefer institutional delivery over home delivery. Reasons influencing the institutional delivery were safe and clean delivery, better service, fear of complications, cheap/free services, counselling during ANC visit, previous bad experience of home delivery. The reasons for few women choosing home delivery were health facility delivery is not necessary, comfortable at home, sudden onset of labor hospitals are costly, no means of transportation to reach facility, expenses of other family members while hospital stay. Factors such as women occupation, ANC visit, husband preferred place, delivery at preferred place and use of nearest health facility were major factors influencing place of delivery (18).

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

3.1 Research method

Qualitative research methodology was used.

3.2 Study design

Descriptive cross-sectional study design was used. Qualitative data was collected from the women who had delivered their babies at home in the past six months and from the health workers of Myagdi district through In-depth interviews and Key Informant Interviews respectively.

3.3 Study population/Sampling frame

The study population was women who had delivered their biological babies at home in the past one year and health service providers of Myagdi district.

3.4 Study site and its justification

This research was conducted in Myagdi district which is one of the rural and deprived districts of Gandaki province of Nepal. Also, the district was chosen because the institutional delivery of the district is only 59% which is below the institutional delivery of Gandaki province (66%) as well as that of the national average of 80%.

3.4 Sampling method

A purposive sampling technique was used to select the required number of participants for individual semi-structured interviews. The sample size was based on data saturation, that is sampling to the point at which no new information was obtained, and redundancy was achieved.

3.5 Research population

The purpose of this study was to understand the reasons why the women chose to deliver their babies at home in Myagdi district. The research population in this study comprised of women who had delivered their baby at home in the past six months and the health service providers of Myagdi district.

3.6 Inclusion and Exclusion criteria

3.6.1 Inclusion criteria

To qualify to participate in this study, a participant had to be

- Mothers who gave birth to live babies at home within the past six months period.
- Mothers who were above eighteen years at the time of data collection.

- Health workers of Health post and PHCC of Myagdi district.

3.6.2 Exclusion criteria

The study did not consider participants who fall under listed criteria:

- Mothers who gave birth to live babies in health facilities assisted by skilled attendants within the past six months period.
- Mothers who will be below eighteen years at the time of data collection.

3.7 Expected time and duration of the study

The expected time and duration of research was June to July 2024.

3.8 Tools and techniques for data collection

Semi-structured interviews lasting around 30 to 40 minutes were carried out with recently delivered women and health workers. The data were collected by trained data enumerators. It used face-to-face interview method to collect the data and audio recording were done, which were further transcribed.

3.9 Pretesting

Pre-testing was done in 5% similar study population.

CHAPTER IV

RESULTS

Based on the responses of the In-depth interview and Key informant interview these themes were developed.

Cultural and traditional beliefs related to child birth

Our study findings reveal that the cultural traditions play a very important role in making decision regarding the place of delivery of the baby. Since there has been a tradition of delivering the baby at home, there is a pressure from mother-in-law and father-in-law to deliver the baby in home as they have delivered their own baby at home and believe that its better to deliver the baby at home rather than visiting the health facility. One participant from Raghuganga Rural Municipality stated:

In my family we deliver the baby at home, my mother, my mother-in-law and my sisters all delivered their babies at home. The tradition of delivering the baby at home with the help of Traditional Birth Attendant has been deeply rooted in my family. Thus, although the practice of delivering the baby at hospital is increasing, I chose to deliver my baby at home.

Traditional beliefs like feeding the baby after 3 days of delivery, putting oil in the ear of newly born child is still prevalent in some parts of Myagdi distict. Few participants raised concern about these practices.

Reasons for giving birth at home

This theme focused on the reasons for home delivery. Our findings show that various personal, family and health-related factors played an important role in influencing women to give birth at home.

One woman from Malika village stated that, “*I went into labour pain at about 10 o’clock at night and it was raining at that time, also there was non availability of ambulance so I had to give birth at home.*”

While another woman from Ollari village stated that,

I planned to have my baby at a health facility, but things didn’t go as planned. I wasn’t in much pain before the birth, and my husband told me not to go to the health facility for the delivery. The main reasons I had the baby at home were my husband’s support, not having enough money, and the health facility being too far away.

Another main reason for the home delivery was the geographical difficulty. Geography of Myagdi has played a very important role in the home delivery. One woman from Kemjo village stated that,

“I felt pain five days before my due date. The health post was far away, and the ambulance was delayed, so I had to give birth at home.”

Similarly, other women from Okharbot village stated about how the geographical difficulty and the absence of her husband led her to deliver the baby at home.

I suddenly felt pain at night, but my husband wasn't there. The road & its condition was bad, the hospital was far away, and it was the rainy season. Because of these reasons, I had to give birth at home.

The Health Facility staffs also stated how socio-economic status, geography and other personal reasons have been major barriers for institutional delivery in Myagdi district. One health staff stated,

“Because of their poor economic situation, the sudden start of labor, and the lack of transportation, along with the difficult geography, the women here often have no choice but to give birth at home.”

Other health staff also had a similar view regarding the home delivery in Myagdi district. He stated, *“It seems that the traditional beliefs of the elderly people, geographical difficulty area, family reasons and weak economic conditions are the main reasons for the women in this region to give birth at home.”*

Although, another health staff also stated about the role of geographical barriers for home delivery, he somehow emphasized the lack of discussion among the family members regarding the place of delivery as the major driving force of home delivery in Myagdi. He states,

“One reason is the challenging geography, which makes it hard to reach health facilities. Another reason is that families rarely discuss the importance of giving birth in a health institution. This lack of communication and awareness means many women, feeling isolated and unsupported, end up giving birth at home.”

Opinion regarding maternity services

In Myagdi district, although families are aware of the good maternity services available at health facilities, many still choose home deliveries. Traditional beliefs and cultural practices play a significant role in this preference. The challenging geography of the region makes it difficult to reach medical centers, reinforcing the inclination towards home births. Additionally, despite their awareness, families often do not discuss the importance of institutional deliveries, leading to a lack of preparedness when labor begins.

One woman from Ollari village stated that,

“The health institutions had good quality care that I couldn't get at home. If I had given birth in the hospital, I would have received help and food. But I didn't go, so I didn't get anything, not even clothes or money.”

Another woman from Okharbut Village stated that,

“Compared to home delivery, giving birth in a health facility is better because they can quickly handle issues like a stuck umbilical cord, relieve stomach pain, and ensure both the baby and mother stay healthy.”

Even though many women are aware of the excellent care available at health facilities, some still choose to give birth at home for various reasons. One health staff stated that,

“A lot has been said before and no matter how much it is said, the number of home births has increased slightly due to geographical difficulty, transportation inconvenience and financial lack. Among these, financial need is the main factor.”

Many women have shared positive experiences with health care services at health facilities, highlighting the benefits of professional medical care during childbirth. Women often mention receiving valuable support, such as nutritious food and necessary medical supplies, which enhances their overall experience. Additionally, the clean and well-equipped environment of health facilities helps in ensuring both their health and that of their babies.

One woman from Kemjo village stated,

“I've heard wonderful things from other women about the maternity services at the health facility. They say if any problems happen during delivery, the doctors and nurses handle them quickly.”

Another woman from Mangala village also stated, *“I have heard positive things like home delivery should not be done, you should go to the hospital when needed.”*

Health staff stated, *“There is no such negative experience, but there is a complaint that there is a problem in giving birth in the health institution due to the geographical situation.”*

Improvement to be done for making women give birth at health institution

Our study suggests that to increase the number of deliveries at health institutions in Myagdi district, several improvements are needed. First, better transportation infrastructure is essential to make it easier for pregnant women to reach health facilities, especially in the region's challenging geography. Additionally, raising awareness through community education about the benefits of professional maternity care can help shift cultural attitudes and encourage more families to choose hospital births. Finally, improving the availability and quality of services at health facilities, such as ensuring adequate staffing and resources, would make them more appealing and trustworthy for expectant mothers.

One woman from Malika village stated that, *“The roads need to be good, and vehicles should be available. Pregnant mothers should stay close to the health facility a week before giving birth and make all the necessary preparations ahead of time.”*

While another woman stated that, *“There should be a large hospital with facilities in the village and a delivery facility as close as possible.”*

Another woman from Shivagarbhuja village had a different perception. She emphasized on the importance of counselling during pregnancy. She stated that, *“To bring the women of the community to the health facility the staff of the health facility should go to the homes of the women for providing counselling to those women who are going to deliver the baby in the health facility.”*

One health staff shared few changes which are most to improve the status of Myagdi district. According to him, *“The paperwork process needs to be simpler and faster. Health institutions*

should have more resources and better equipment. Transportation to these facilities should be easier, and financial support should be available to help families afford care. These changes would make it easier for women to give birth at health facilities.”

Similarly, another health staff stated, “*To improve health services, the geographical issues need to be addressed. Every health institution should have a birthing center, and skilled health workers should be trained in safe birth practices. Additionally, waiting rooms should be available in remote health institutions.*”

Another health staff also had similar opinions, “*In Myagdi district, the first issue to address is the geographical challenges. The second issue is family-related problems. Additionally, health institutions should have waiting rooms to help increase the number of institutional deliveries.*”

CHAPTER V

DISCUSSION

This qualitative study identified a broad range of reasons that influence the home delivery. The results were listed under 4 themes: Cultural and traditional beliefs related to child birth, Reasons for giving birth at home, Opinion regarding maternity services, and Improvement to be done for making women give birth at health institution respectively.

Importantly, the analysis included insights from in-depth interviews (IDIs) with mothers who had recently given birth and key informant interviews (KIIIs) with different health personnel involved in pregnancy, childbirth, and postpartum care. These interviews provided both similar and differing viewpoints.

In contrast to several previous studies conducted in Nepal using both quantitative and qualitative methods, we believe this qualitative study offers significant value by providing a deeper understanding of the issues that mothers, health workers, and key community members in Myagdi district care about deeply. These issues include socio-cultural aspects, perceptions, and beliefs, which vary greatly among different cultures, societies, and individuals. Such nuances are not easily captured through quantitative surveys alone. Additionally, since this study was conducted in an area with limited access to health facilities, it is particularly well-suited to uncovering the underlying reasons for the ongoing challenges in Myagdi district.

Our study reveals that most mothers who gave birth at home reported the absence of current cultural and traditional beliefs related to childbirth, which contrasts with the past when such practices were common. This shift may be attributed to the passing of older generations, evolving societal beliefs, norms, and values, as well as advancements in knowledge and awareness facilitated by government programs from local to central levels.

However, some participants mentioned enduring practices such as feeding milk to the baby a few days after birth, applying oil, and baking in coal fire smoke. These practices were highlighted as current cultural and traditional beliefs related to childbirth. Despite this, the participants noted that these harmful traditions are no longer practiced, reflecting a significant cultural shift.

These findings align with previous studies that have documented the decline of traditional childbirth practices due to modernization and increased awareness(19). Similar sentiments were echoed by most health institution heads in the Myagdi district, who reported that harmful traditions and cultural practices were once prevalent but have since faded away.

The transition observed in our study is consistent with the broader trend of diminishing traditional practices in many communities, driven by increased education, improved healthcare access, and targeted awareness programs. As noted by Johnson and Patel, the role of governmental and non-governmental organizations in promoting maternal and child health education has been crucial in eradicating outdated and harmful childbirth practices (20).

The primary reason for home deliveries, as identified in our study, is the physical access to birthing facilities, which is influenced by both the distance from health facilities and the availability of transportation. Many participants indicated that the proximity to the nearest health facility, timely availability of transport, and the geographical and road conditions were significant factors affecting their ability to access health institutions. This was true even for the wealthy and advantaged women of the district.

These findings are consistent with a study conducted in the hill areas of Nepal, which highlighted the lack of roads as a critical barrier to reaching birthing facilities (10). Additionally, some participants in our study pointed out the lack of support from husbands, financial constraints, and seasonal challenges as natural barriers to accessing birthing facilities. This aligns with studies from countries with similar socio-economic conditions, such as Uganda and Pakistan, where economic dependency and lack of support have been shown to impact women's decision-making power and access to healthcare (21).

The findings of our study emphasize the need for improving infrastructure, including transportation and road conditions, to ensure better access to birthing facilities. Furthermore, addressing socio-economic barriers, such as financial constraints and lack of support from spouses, is crucial for improving maternal health outcomes. As highlighted by (21) (22), enhancing women's economic independence and support systems can significantly impact their ability to access essential health services.

Most of the participants have also reported that the unexpected and sudden arousal of the labour pain around a week before the expected date of delivery for not accessing the health institution.

Similar reasons have been highlighted by the health institution in-charges which has been pointed out by the participants previously such as geographical conditions, distances of the health facilities, unavailability of the transportation when needed, economic hardships, lack of family support etc.

In addition to the issues of access, some participants in our study expressed concerns about the lack of suitable accommodation and appropriate foods at health facilities. These concerns align with findings from a quantitative study in rural Chitwan, Nepal, which identified the lack of medication, inadequate equipment, and absence of essential facilities like operating theatres, X-ray machines, and laboratories for blood testing as key reasons for bypassing closer birthing centers (8).

Despite these challenges, our study found that most participants perceived the quality of services provided by health institutions to be significantly better and more reliable than those available at home during delivery. This sentiment was echoed by key informants, who noted that women in the area receive quality services and information tailored to their needs and demands from health institutions. One in-charge of a health institution stated, "The women here are getting quality services and information from health institutions based on their thought and demand."

These findings highlight the importance of addressing infrastructural and resource gaps in health facilities to ensure comprehensive and satisfactory maternal care. Improving accommodation, food quality, and availability of essential medical equipment and services at health institutions can help

reduce the reliance on home deliveries and ensure safer childbirth experiences. Shah's (2016) study underscores the necessity of enhancing health facility capabilities to meet community expectations and health needs effectively (8).

Our approach aligns with previous studies that emphasize the importance of including diverse perspectives to understand the barriers to institutional delivery. For example, Morrison et al. (2014) highlighted the need to consider geographical and socio-economic factors when addressing access to birthing facilities. Additionally, Shah's (2016) study in rural Chitwan, Nepal, underscored the significance of capturing community-based insights to inform health service improvements.

CHAPTER VI

STRENGTHS AND LIMITATIONS OF THE STUDY

This community-based study, unlike facility-based ones, included mothers who gave birth at home across the Myagdi district. We purposively selected Rural Municipalities (RMs) and participants to gather views through in-depth interviews (IDIs) and key informant interviews (KII), ensuring representation across caste and socio-economic spectrums. Thus, the insights gained reflect a broad range of experiences of women during pregnancy, birth, and the postpartum period.

Importantly, the findings from our study are relevant not only to Myagdi district but also to other districts in Nepal characterized by diverse geographical terrains, ethnicities, socio-cultural backgrounds, and weak socio-economic conditions. By capturing the views and experiences of women, health professionals, and key stakeholders, this study identifies existing barriers to institutional delivery and informs actionable steps to address them.

All data collection and transcription were conducted in the local language by health staffs native to the Myagdi district. Researchers and competent local colleagues translated the data from Nepali to English. Two independent coders developed the coding frame, and several researchers were involved in all stages of the analysis to minimize subjective interpretation. Despite this thorough process, the identification of codes was based on a limited number of IDIs and KII, which may have led to some information being missed. Data analysis in English could have distorted some nuanced statements, but researchers reviewed original recordings to ensure accurate representation of participants' views.

CHAPTER VII

CONCLUSION AND RECOMMENDATION

Recently, Nepal has been focusing more on increasing the number of women giving birth in hospitals. In Myagdi district, there have been improvements in making birthing centers more physically and financially accessible. However, this study shows why some women in Myagdi still prefer not to use these facilities, offering insights for policy changes.

The study suggests improving birthing center infrastructure with better equipment and accommodation, training midwives, and reducing paperwork. Additionally, transportation and roads need upgrades, possibly with financial incentives. Health staff should visit expectant mothers at home to provide counseling, every health institution should have a birthing center, and remote areas should have waiting rooms.

Involving husbands, mothers-in-law, and other family members in programs can help increase the use of hospital births. National programs should use local facilitators to remove barriers and offer friendly, culturally sensitive care. The effectiveness of these efforts should be continuously researched.

REFERENCES

1. WHO. Maternal mortality: World Health Organization [Internet]. [cited 2024 Aug 2]. Available from: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
2. Tamang JP, McNeil R, Tongkumchum P. Factors Associated with Non-Institutional Delivery among Pregnant Women in Nepal. *Asian Soc Sci*. 2019 Jun 30;15(7):43.
3. Ahmad Tajuddin NAN, Suhaimi J, Ramdzan SN, Malek KA, Ismail IA, Shamsuddin NH, et al. Why women chose unassisted home birth in Malaysia: a qualitative study. *BMC Pregnancy Childbirth*. 2020 Dec 19;20(1):309.
4. Tabong PTN, Kyilleh JM, Amoah WW. Reasons for the utilization of the services of traditional birth attendants during childbirth: A qualitative study in Northern Ghana. *Women's Health*. 2021 Jan 18;17:174550652110024.
5. UNFPA. Saving Mother's Lives The Challenge Continues.
6. Kerber KJ, de Graft-Johnson JE, Bhutta ZA, Okong P, Starrs A, Lawn JE. Continuum of care for maternal, newborn, and child health: from slogan to service delivery. *The Lancet*. 2007 Oct;370(9595):1358–69.
7. Department of Health Services (DOHS). Annual Health Report 2079/80.
8. Shah R, Rehfuss EA, Paudel D, Maskey MK, Delius M. Barriers and facilitators to institutional delivery in rural areas of Chitwan district, Nepal: a qualitative study. *Reprod Health*. 2018 Dec 20;15(1):110.
9. Barnes-Josiah D, Myntti C, Augustin A. The “three delays” as a framework for examining maternal mortality in Haiti. *Soc Sci Med*. 1998 Apr;46(8):981–93.
10. Morrison J, Thapa R, Basnet M, Budhathoki B, Tumbahangphe K, Manandhar D, et al. Exploring the first delay: a qualitative study of home deliveries in Makwanpur district Nepal. *BMC Pregnancy Childbirth*. 2014 Dec 27;14(1):89.

11. Letose F, Tusa A, Sahlu D, Miherite Y. Discontinuation of long-acting reversible contraceptive methods and associated factors among reproductive-age women in Shashemene town, Oromia, Ethiopia. *Front Glob Womens Health.* 2024 May 7;5.
12. Atukunda EC, Mugenyi GR, Obua C, Musiimenta A, Agaba E, Najjuma JN, et al. Women's Choice to Deliver at Home: Understanding the Psychosocial and Cultural Factors Influencing Birthing Choices for Unskilled Home Delivery among Women in Southwestern Uganda. *J Pregnancy.* 2020 Jun 3;2020:1–12.
13. Moindi RO, Ngari MM, Nyambati VCS, Mbakaya C. Why mothers still deliver at home: understanding factors associated with home deliveries and cultural practices in rural coastal Kenya, a cross-section study. *BMC Public Health.* 2015 Dec 3;16(1):114.
14. Ahmed KT, Karimuzzaman Md, Mahmud S, Rahman L, Hossain MdM, Rahman A. Influencing factors associated with maternal delivery at home in urban areas: a cross-sectional analysis of the Bangladesh Demographic and Health Survey 2017–2018 data. *J Health Popul Nutr.* 2023 Aug 21;42(1):83.
15. Darega B, Dida N, Tafese F, Ololo S. Institutional delivery and postnatal care services utilizations in Abuna Gindeberet District, West Shewa, Oromiya Region, Central Ethiopia: A Community-based cross sectional study. *BMC Pregnancy Childbirth.* 2016 Dec 7;16(1):149.
16. Wagle RR, Sabroe S, Nielsen BB. Socioeconomic and physical distance to the maternity hospital as predictors for place of delivery: an observation study from Nepal. *BMC Pregnancy Childbirth.* 2004 Dec 22;4(1):8.
17. Mahato PK, van Teijlingen E, Simkhada P, Sheppard ZA, Silwal RC. Factors related to choice of place of birth in a district in Nepal. *Sexual & Reproductive Healthcare.* 2017 Oct;13:91–6.
18. Yadav N, Prasad Paneru D, Shrestha N, Ranjan Yadav R. Factor associated with women's choice for place of delivery in a selected municipality of Madesh Province, Nepal. 2024 Apr 19 [cited 2024 Aug 2]; Available from: <https://www.researchsquare.com>
19. Smith A, JB, & LC. Changes in Childbirth Practices: A Cross-Cultural Perspective. *Journal of Health and Culture. Journal of Health and Culture.* 2018;12(3):45–60.

20. Johnson D, & PR. Modernization and Maternal Health: The Impact of Awareness Programs. International Journal of Maternal and Child Health. 2020;15(2):89–105.
21. Ellemers N. Gender Stereotypes. *Annu Rev Psychol* [Internet]. 2018 Jan 4 [cited 2024 Aug 2];69(Volume 69, 2018):275–98. Available from: <https://www.annualreviews.org/content/journals/10.1146/annurev-psych-122216-011719>
22. Naz Bhutta R. Effects of Economic Dependency on Decision Making Power of Women in Rural Areas of Tehsil Dera Ghazi Khan. Article in International Journal of Research in Business and Social Science [Internet]. 2013 [cited 2024 Aug 2];2147–4478. Available from: www.hrmars.com/journals

ANNEX

Annex 1: Questionnaires

Reasons for Home Deliveries Among Women in Myagdi District, Nepal

Introduction:

Thank you for participating in this study. The purpose of this interview is to understand the reasons why some women in Myagdi District choose to deliver their babies at home. Your responses will help us develop better health programs for mothers and babies in this region. This interview is confidential, and your identity will not be disclosed. Please feel free to share your experiences and thoughts openly.

Participant Information:

- Age: _____
- Number of children: _____
- Village/Community: _____
- Education level: _____
- Occupation: _____

Questions:

Personal and Family Background

1. Can you tell me about your family and household?
2. How many children do you have and what are their ages?

Knowledge and Awareness

3. What do you know about the maternal health services available in your area?
4. How did you learn about these services?

Cultural Beliefs and Practices

5. Can you describe any cultural beliefs or traditions related to childbirth in your community?
6. How do these beliefs influence your decision on where to give birth?

Experiences with Healthcare Services

7. Have you ever visited a healthcare facility for antenatal care? If yes, can you describe your experience?
8. What has been your experience with healthcare providers during pregnancy?

Reasons for Home Delivery and/ or Barriers to Institutional Delivery

9. Can you explain why you chose to deliver your baby at home? Were there any specific reasons or circumstances that influenced your decision?

11. What challenges or barriers do you face in accessing healthcare facilities for childbirth? Are there any financial, geographical, or social factors that make it difficult for you to go to a hospital or health centre for delivery?

Support Systems

13. Who supports you during your pregnancy and childbirth? (Family, friends, traditional birth attendants, etc. How important is the presence of these support systems in your decision to deliver at home?

Perceptions of Quality of Care

15. How do you perceive the quality of care provided at healthcare facilities compared to home deliveries?

16. Have you heard of any positive or negative experiences from other women regarding institutional deliveries?

Health Outcomes and Experiences

17. Can you share any experiences related to the health outcomes of your home deliveries?

18. Were there any complications or emergencies, and how were they handled?

Suggestions for Improvement

19. What do you think could be done to encourage more women in your community to choose institutional deliveries?

20. How can healthcare services be improved to better meet the needs of the institutional delivery of women in your community?

21. Is there anything else you would like to share about your experiences with childbirth and maternal health services?

Thank you for sharing your experiences and insights. Your input is invaluable in helping us understand the reasons behind home deliveries and how we can improve maternal health services in Myagdi District. If you have any questions or need further information, please feel free to ask.

This qualitative questionnaire aims to explore the complex factors influencing the decision to have home deliveries. It covers personal experiences, cultural beliefs, perceived barriers, and suggestions for improvement, providing a comprehensive understanding of the issue.

(Key Informant Interview with Health Personnel)

Thank you for participating in this interview. The purpose of this study is to understand the perspectives of health personnel regarding the reasons why some women in Myagdi District choose to deliver their babies at home. Your insights will help us develop better health programs for

mothers and babies in this region. This interview is confidential, and your identity will not be disclosed. Please feel free to share your experiences and thoughts openly.

Key Informant Information:

- Name (optional): _____
- Position/Title: _____
- Healthcare Facility: _____
- Years of Experience: _____

Background and Experience

1. Can you briefly describe your role and responsibilities in maternal healthcare services in your health facility?
2. How long have you been working in this area, and what has been your experience with maternal health services?

Knowledge and Awareness

3. From your perspective, how aware are women in Myagdi District about the available maternal health services?
4. What sources of information do women typically rely on for their knowledge about childbirth options?

Cultural Beliefs and Practices

5. Can you describe any cultural beliefs or traditions related to childbirth that are prevalent in this community?
6. How do these cultural beliefs impact women's decision to deliver their baby at home?

Experiences with Healthcare Services

7. Based on your observations, how do women perceive the quality of care provided at healthcare facilities?
8. Can you share any negative feedback you have received from women regarding their experiences with institutional deliveries?

Reasons for Home Delivery and/ or Barriers to Institutional Delivery

9. In your experience, what are the most common reasons women in this district choose to deliver at home?
10. Are there particular circumstances or conditions that you have noticed which led women to opt for home deliveries?
11. What challenges or barriers do you think prevent women from accessing healthcare facilities for childbirth?

12. How significant are factors such as cost, distance, transportation, and social support in influencing these decisions?

Support Systems

13. Who typically supports women during their pregnancies and deliveries in this community?

14. How do these support systems influence the choice of delivery location?

Health System Factors

15. How do the availability and accessibility of healthcare facilities impact the rate of home deliveries?

16. What is the role of traditional birth attendants in this community, and how do they influence delivery choices?

Health Experience sharing

17. Can you share any observations or data on the health outcomes of home deliveries compared to institutional deliveries in this district?

18. Have there been instances of complications or emergencies during home deliveries that you are aware of? How were they handled?

Recommendations for Improvement

20. How can healthcare services be improved to better meet the needs and preferences of women to encourage them for institutional deliveries in this community?

21. Is there anything else you would like to share about your experiences with maternal health services and the issue of home deliveries in Myagdi District?

Thank you for sharing your valuable insights and experiences. Your input is crucial in helping us understand the reasons behind home deliveries and how we can improve maternal health services in Myagdi District. If you have any questions or need further information, please feel free to ask.

This qualitative questionnaire aims to gather in-depth insights from health personnel about the reasons for home deliveries among women in Myagdi District. It covers their experiences, observations, and recommendations, providing a comprehensive understanding of the issue from a healthcare provider's perspective.