Determinants of non-institutional deliveries

Studies in determinant of non-institutional deliveries are interested in millennium development goals (MDGs) number 5, which aims at reducing maternal mortality by 75percent 75% between 1990 and 2015.[1] The major causes of maternal mortality in developing countries are haemorrhagehemorrhage, eclampsia, malaria, infections, abortions and complications of obstructed labourlabor.[2] A closer look at these factors indicates that these causes of maternal mortality are preventable if health facilities are used during pregnancy and delivery.[3] Unfortunately, in developing countries, the use of health facilities is limited due to, among other factors, poor accessibility in terms of distance, inadequate transport infrastructure, poverty and culture.[4]

A literature review of the determinants of delivery service use showed that there is ample evidence that higher maternal age, education and household wealth and lower parity increase use, as does urban residence. Facility use in the previous delivery and antenatal care use are also highly predictive of health facility use for the index delivery, though this may be due to confounding by service availability and other factors.[5] A Kenyan study found that living in urban areas, being wealthy, more educated, using antenatal services optimally and lower parity strongly predicted where women delivered, and so did region, ethnicity, and type of facilities used.[6] Findings from a Malawian study indicate that home deliveries were associated with age, region, type of residence, education, the use of contraceptives, wealth status, the number of children ever born and the number of prenatal visits.[3]

Access this article online	
Website: www.jomip.org	Quick Response Code
DOI: 10.4103/9783-1230.144769	

A Nigerian study from Aba, South Eastern Nigeria found that age, marital status, education, work category were all statistically significant for the use of non-institutional birth place choices.[7] Thus, these factors that have been shown by various studies to be determinants of non-institutional deliveries should be considered in the design of interventions aimed at reducing the proportion of non-institutional deliveries.

Stephen Onwere

Department of Obstetrics and Gynaecology, Abia State University Teaching Hospital, PMB 7004, Aba, Abia State, Nigeria.
E-mail: stephenonwere@yahoo.com

REFERENCES

1. United Nations. United Nations Millenium Declaration Fifty-fifth Session of the United Nations General Assembly. (General Assembly Document, No. A/RES/55/2). New York: United Nations; 2000.
2. Genbbels E. Epidemiology of maternal mortality in Malawi. Malawi Med J 2007;18:206-25.
3. Palamuleni M. Determinants of non-institutional deliveries in Malawi. Malawi Med J 2011;23:104-8.
4. Kruk ME, Prescott MR, Galea S. Equity of skilled birth attendant utilization in developing countries: Financing and policy determinants. Am J Public Health 2008;98:142-7.
5. Gabrysch S, Campbell OM. Still too far to walk: Literature review of the determinants of delivery service use. BMC Pregnancy Childbirth 2009;9:34.
6. Kitui J, Lewis S, Davey G. Factors influencing place of delivery for women in Kenya: An analysis of the Kenya demographic and health survey, 2008/2009. BMC Pregnancy Childbirth 2013;13:40.
7. Nduka I, Nduka EC. Determinants of non-institutional deliveries in an urban community in Nigeria. J Med Investig Pract 2014;10:102-7.

How to cite this article: Onwere S. Determinants of non-institutional deliveries. J Med Investig Pract 2014;9:101.

Source of Support: Nil, **Conflict of Interest:** None declared.