

Place of Delivery: Perceptions, Tensions, and Experiences

Results from a Six-County Qualitative Study in Kenya

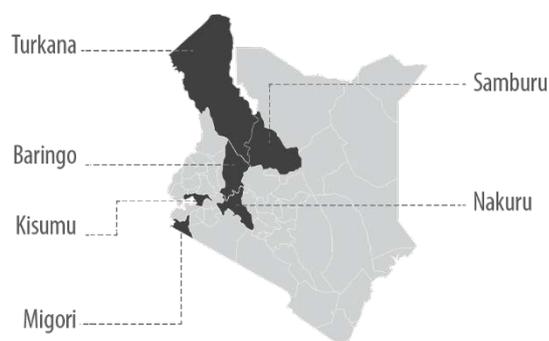
An Analysis Brief from The DHS Program

Why study place of delivery?

The 2014 Kenya Demographic and Health Survey (KDHS) was the first survey in Kenya to produce county-level estimates. These estimates show notable differences among counties in facility delivery. The percent of live births delivered in a health facility ranged from 18% (Wajir County) to 93% (Kiambu County). The reasons for the variation are not fully known, and **greater understanding of the behavioral and contextual factors that influence place of delivery can be vital to preventing maternal deaths.**

Which counties were included in the study?

The six counties selected—Baringo, Kisumu, Migori, Nakuru, Samburu, and Turkana—vary in population size and population density, and in relation to numerous climatic, cultural, economic, ethnic, geographical, historical, linguistic, livelihood, and social factors. Within each county, two wards were selected for data collection based on the density of health facilities—with high density generally found in peri-urban wards and low density generally found in rural wards.



What methods were used to conduct this analysis?

Data Collection Methods



20 focus group discussions to explore community perceptions about delivery options



24 key informant interviews with community leaders, health care providers, and traditional birth attendants



60 in-depth interviews with individual women who had given birth within the last two years

Data collection included **three types of interviews** (see graphic on left), to explore the specific research questions:

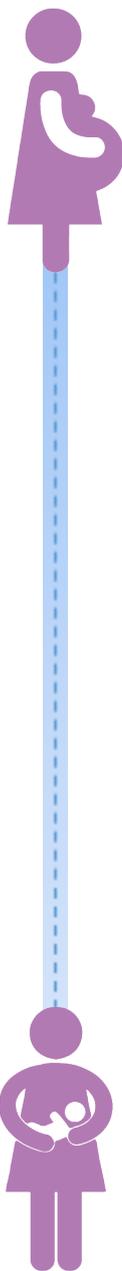
1. How do pregnant women make and implement choices about where to deliver?
2. Why do pregnant women choose not to deliver at health facilities, even when such facilities appear to be available?
3. What individual factors and contextual factors beyond individual agency influence women's behavior with regard to where they deliver?

Similar to the methodological approach known as patient journey mapping, the data collection tools were designed with the aim of mapping the journey for Kenyan women from the time when they learn they are pregnant to when and where they give birth. A **journey mapping approach** recognizes that the path for a patient from the starting point to the ending point often is not a straight line. With any such journey, many economic, familial, and sociocultural factors must be navigated along the way; thus the data collection tools were designed to elicit the details and nuances of a woman's journey from the initial awareness of pregnancy to delivery of the birth. In addition to the focus on mapping journeys, the data collection tools were designed bearing in mind **narrative research methods**. Part of mapping a patient journey includes uncovering a story or the narrative and context related to a woman's delivery experience.

What are the key results?

The study's conclusions recognize that contextual factors and decision-making pertaining to place of delivery are complex and do not necessarily occur at a single point in time. The pregnancy-to-delivery continuum follows an ever-shifting terrain, influenced by myriad individual and collective beliefs, perceptions, tensions, and experiences. In summary, specific conclusions include:

- **Favorable views about seeking health services at health facilities coexist with interest in traditional approaches**, notably the use of herbs, and hesitancy to position health care solely in biomedical terms.
- **Women hold traditional birth attendants (TBAs) in high esteem** and often turn to them when skilled birth attendants (SBAs) are not accessible, and in instances when SBAs lack knowledge about cultural beliefs and practices.
- Women sometimes feel insecure and have fears regarding facility delivery and home delivery. **Concerns about inconsistent respectful maternal care** at health facilities and potentially variable support from male partners exacerbate what women feel and experience, and in turn, shape decisions about place of delivery.



THE PREGNANCY-TO-DELIVERY CONTINUUM

Perceptions about Health Care

- With limited power to fix systemic problems, negative views of facilities become entrenched
- Women sometimes motivated by the goods health facilities provide more than health services

Tensions during Pregnancy

- Women potentially view health facility delivery as a means to avoid food-related customs
- Sometimes TBAs and SBAs give women different assessments and information about options

Experiences during Pregnancy

- Often maternity wards have a limited number of beds for women in labor or ready to deliver
- HIV testing is potentially both a barrier to as well as a motivator for facility delivery

Women's Narratives of Delivery

- Participants described instances where they felt providers were impatient and verbally abusive
- Many women indicated TBAs as provide psychosocial support, which is less common in facilities

Male Perspectives

- Most male participants shared belief that facility delivery is increasingly the desired approach
- Males sometimes prioritize decision-making and power over being present and supportive

What does this mean?

Recommendations emerging from the study call for improving the quality of and accessibility to health care while also finding ways for women and their partners to adopt a more health facility-centered approach to maternal care. In summary, specific recommendations include:

- Continued and coordinated training for health facility staff regarding respectful maternal care, including a focus on increasing appreciation for nonbiomedical perspectives, alleviating fears and insecurities, combatting (not exacerbating) stigma, and promoting gender equity.
- Establish and act on both short-term and long-term strategies to overcome transportation challenges and financial burdens relating to indirect and hidden costs that limit access to health facilities.
- Maintain balanced and inclusive strategies for promoting health facility delivery, including recognition that many women and their male partners will be hesitant to seek health services at health facilities if health facilities are dismissive of cultural beliefs and practices.