Reasons Why Women Choose Home Birth

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Abstract – *Maternal deaths in the Philippines remain high. These deaths are mostly due to the large proportion of home births, complications of pregnancy and delivery, and lack of access to facilities and competently trained staff. Utilizing a descriptive, one-shot survey design, the study aimed to determine the reasons why women in a municipality in Iloilo prefer home birth. The respondents were interviewed using a validated questionnaire. Descriptive statistics were used to analyze and interpret the findings. The study revealed that the proportion of home births progressively declined from 2012 to 2014. Birth being imminent or inevitable is the number one reason that supports home birth. Autonomy, safety, affordability, readily available birthing equipment and supplies, accessibility of birth attendant, remote access by going to the birthing center, lack of transportation, and bad weather conditions also led women to give birth at home. Women from the rural areas of the municipality utilized available resources in the community which prompted the predominance of home deliveries assisted by traditional birth attendants (TBAs) and even midwives, who were readily available nearby. This study recommends continuous improvement in existing maternal health interventions and strategies through engagement of women in policy planning, improvement of health service delivery, infrastructural enhancement, better care practices and continuous health education.*

Keywords – *home birth, home delivery, maternal health*

INTRODUCTION

Maternal deaths remain to be the top priority of the World Health Organization (WHO) and the Philippine Department of Health (DOH). In 2015, 830 women died every day due to complications of pregnancy and childbirth and almost all of these deaths occurred in low-resource settings that could have been prevented [1]. In the Philippines, the DOH recorded a total of 8,095 fetal deaths and 1,719 maternal deaths in 2010 [2]. Complications related to pregnancy which occurred during labor, delivery and puerperium is the number one leading cause of these maternal deaths in the Philippine setting. Reports have shown that the predominance of home births assisted by TBAs contributed to the high level of maternal mortality in the country [3].

On the other hand, according to The American College of Obstetricians and Gynecologists, planned home birth is a subject of controversy. While hospitals and birthing centers are believed to be the current norm and the only safest places to give birth, the right of women to make medically informed decisions about their desired delivery site should also be respected [4]. The result of a landmark study entitled Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America [5] reported that giving birth at home was as safe as hospital birth. "Planned home birth attended by a registered midwife was associated with very low and comparable rates of perinatal death and reduced rates of obstetric interventions and adverse maternal outcomes compared with planned hospital birth attended by a midwife or physician" [6]. Respecting women's right to choose their site of delivery supports the idea of providing quality health care. Giving care that is respectful of and responsive to individual preferences, needs, and values which guide patients in all clinical decisions is one of the dimensions of quality care endorsed by the Institute of Medicine [7].

Due to the high level of maternal mortality rate in the international and local context and to help achieve United Nations Millennium Development Goal 5, the World Health Organization strives to improve access to health services to promote maternal health and reduce maternal mortality rates all throughout and after pregnancy. As a response to this global call, the DOH,

together with the provincial and Rural Health Units campaign continuously on providing maternal and child health care to reduce infant and maternal mortality rates. In the year 2012, a municipality in Iloilo implemented a Municipal Ordinance 2012-261 which prohibited home birth and promoted giving birth in a hospital or health facility. However, despite the efforts made by the DOH and the Local Government Units, home deliveries are still prevalent in rural communities. In a study conducted in one rural municipality in Iloilo, 40% of women still opted to deliver at home [8].

In search for reasons why women choose home birth, many international studies were conducted with most studies utilizing qualitative research design. There is also a dearth of local studies carried out to understand why women prefer giving birth at home. Since giving birth is a cultural experience, investigation of why Filipino women in rural communities choose home birth is seen beneficial.

OBJECTIVES OF THE STUDY

The primary focus of this study was to know the reasons why women in a municipality in the province of Iloilo choose home birth. Specifically, this study aimed to determine the number of registered home births and actual home births in the municipality from the years 2012-2014; determine the demographic and socio-economic characteristics of women who gave birth at home in terms of age, civil status, family income, educational attainment, parity, the location of residence, and birth attendant during delivery; and determine the reasons why women in this municipality prefer home birth.

MATERIALS AND METHODS

This study utilized a quantitative, descriptive, one shot survey design. The participants of the study were all women who resided in a fourth class municipality in Iloilo and gave birth at home from the year 2012-2014.

The instrument of this study consisted of two parts. Part One, contained the personal data of the participant which included: age, civil status, family income, educational attainment, parity, residence, and birth attendant. Part Two was a checklist used to determine the reasons as to why the participants chose home birth.

A preliminary survey was conducted with ten women who delivered their babies at home and were asked about their reasons why they chose home birth. The results of the preliminary survey and sources from the literature served as the basis for the construction of the final instrument. The instrument had been subjected to face and content validation in a panel of three jurors. Forward and back translation processes were followed to achieve an equivalent conceptual translation of the English version of the instrument.

A permit to conduct the study was asked from the Municipal Mayor and Municipal Health Officer. Secondary data on home births for the year 2012 to 2014 were accessed from the Local Civil Registrar. After retrieving the list of those registered to have delivered at home, permit to conduct the study was sought from the barangay captains of 18 barangays in the municipality. Midwives and barangay health workers (BHWs) were asked to locate the identified participants. Face to face interviews were conducted in a place comfortable and convenient to the participants during the months of July to September 2015. Informed consent was obtained, and the participants were assured of their anonymity and confidentiality of the data gathered.

The data were processed and analyzed using the Statistical Package for Social Science (SPSS) version 20.0 software. Frequency, percentage, rank, and mean were used to describe the data.

RESULTS AND DISCUSSION

Number of Registered Home Births

Table 1. Number of registered home births in the municipality

Year	No. of registered home births	Total registered live births	%
2012	54	609	8.87%
2013	18	504	3.57%
2014	8	406	1.97%
Total	80	1519	5.27%

Table 1 shows the number of registered home births from years 2012-2014 taken from the records of the Local Civil Registrar of the municipality. The total registered home births were 54 or 8.87% of the total registered live births in the year 2012. It was also the same year that the municipal ordinance 2012-261 was implemented, whereby home delivery of pregnant mothers was prohibited. In 2013, the number of registered home births dropped to 18 or 3.57% of its total registered live births. In 2014, only eight home births were recorded or 1.97% of the total registered live births of that same year. It is noteworthy that there had been a decreasing trend of home birth in a span of 3 years. This decreasing trend in the data may be

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attributed to the compliance of women to the municipal ordinance that prohibits home birth.

Number of Actual Home Births

Table 2 shows the number of actual home births from years 2012-2014. From the initial 80 registered home births, 19 were excluded.

Table 2. Number of actual home births in the municipality

Year	No. of actual home births	Total registered live births	%
2012	40	609	6.57 %
2013	13	504	2.58 %
2014	8	406	1.97 %
Total	61	1519	4.02 %

Seven of the excluded participants cannot be located; six were not able to participate because of change of residence and the other six actually delivered in the hospital and other birthing facilities. These reported hospital births were registered as home births, giving inaccurate data to the Local Civil Registrar. Reporting hospital births as home births were done, as claimed by some of the participants, for easy birth registration, with fewer requirements needed.

A total of 61 participants or 4.02% of the total registered live births in the years 2012 to 2014 were interviewed who actually delivered birth at home. From the total participants interviewed, 40 home births were registered in the year 2012 or 6.57% of its total registered live births and then decreased to 2.58% in the following year, with only 13 reported births that were actually delivered at home. Home births even declined in number in the year 2014, with just eight (1.97%) actual home deliveries.

Demographic and Socio-economic Profile of Women Who Gave Birth at Home

Table 3 presents the personal characteristics of the participants. There was a higher proportion (81.97%) of young adult women aged 20 to 35 years old who had given birth at home compared to middle age group (36 to 49 years old). Similarly, a study found that young maternal age was associated with home delivery [9]. It is significant to note that while teenage pregnancy is prevalent in the municipality, no teenager was reported to have given birth at home.

Most (73.77%) of the participants who chose home birth were married women. An earlier study found that married mothers were less likely to deliver in a health facility [10].

Table 3. Demographic and socio-economic profile of participants

Category	***F***	**%**
A. Age		
Young adults	50	81.97%
Middle aged	11	18.03%
Average age = 32 years old		
B. Civil status		
Single	16	26.23%
Married	45	73.77%
C. Family income		
High income	9	14.75%
Low income	52	85.25%
Average Income = 12,353.28		
D. Educational Status		
No formal education	1	1.64%
Elementary	11	18.03%
Highschool	34	55.74%
College	14	22.95%
Graduate level	1	1.64%
E. Parity		
Primiparous (1)	14	22.95%
Multiparous (2-4)	37	60.66%
Grand multiparous ($\geq$5)	10	16.40%
F. Location of residence		
Rural (Outside of Poblacion)	47	77.05%
Urban (Within Poblacion)	14	22.95%
G. Birth attendant		
Traditional Birth Attendant	32	52.46%
Midwife	20	32.79%
Alone	3	4.92%
Others	6	9.84%

The majority (85.25%) of the participants who preferred to give birth at home belonged to the low-income category with a monthly family income of below Php 10, 000. The researchers observed during the interview that participants with low monthly income were unable to meet their daily needs for them to live decently. They considered giving birth in a health institution as a factor that would raise an issue due to their financial instability. The result corroborates with the findings of studies in the literature that revealed low-income earners and living in a highly socioeconomic disadvantaged neighborhood were associated with home delivery [9],[11], [12].

Regarding their educational background, the highest educational status that the majority (55.74%) attained was high school level. Fourteen (22.95%) participants had reached college level or finished college, eleven (18.03%) had primary education or graduated from it, while the remaining two participants had no formal education (1.64%) and had a graduate

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level of education (1.64%). The result of this investigation mirrors the findings of studies that reported having lower education reduces a mother's likelihood of delivery in a health facility or those who had no formal education and those with only primary school education were opting home delivery [10-11].

More than half (60.66%) of the participants were multiparous or had given birth 2 to 4 times, some (22.95%) were primiparous, while there were still some (16.40%) who had given birth 5 or more times. Correspondingly, in a cross-sectional study in Delhi, India, multiparity was found to be predictive of home birth [13]. Women, having had experience giving birth normally may have gained confidence in their ability to give birth home and had been accustomed to the experience of giving birth within the comforts of home.

A little more than three-fourths (77.05%) of the participants were living outside of the Poblacion where health facilities appropriate for giving birth were distant and unavailable. According to the Australian College of Midwives, women can have unintended home births and roadside births due to distance [14]. This finding indicates that, although health facilities like the Rural Health Units which are commonly located at the center of the municipality are available in most of the rural areas, it is still difficult to utilize such services, most likely due to geographical conditions.

A little over half, (52.46%) of the participants chose the aid of traditional birth attendants. Nearly one-third (32.79%) were helped by midwives while a few (9.84%) were assisted by either their neighbors, mothers, friends, and aunts. Interestingly, three participants (4.92%) were alone giving birth at home. Other researchers explained that women favored TBA probably because they were familiar, polite, flexible in payment, and recognized them, although their service was only limited to uncomplicated births [15].

Reasons for Choosing Home Birth

Table 4 shows the reasons of the participants on why they preferred home birth. The number one reason given by a majority (77.05%) of participants was having had experience birth being imminent or inevitable which motivated them to choose home birth. The untimely onset of labor caught women unprepared thus giving birth at home a more convenient and safer choice. The researchers had observed during data gathering that these participants were residing amidst rice fields, far from the Rural Health Unit of the municipality and that it could take one person to walk an estimation of 20 to 30 minutes just to reach the highway. Path walks were narrow that even a motorcycle could not pass. The geographical factors greatly contributed as to why mothers opted to give birth at home. Earlier studies unveiled that rapid, unexpected labor and abrupt delivery were found to be reasons for giving birth at home [10-11, 16].

Table 4. Reasons why women choose home birth*

Reasons for home birth	*f*	%	Rank
Birth is imminent /inevitable	47	77.05 %	1
Birth attendant is accessible and in a nearby area	36	59.02 %	2
Home birth equipment and materials are readily available compared to the hospital or birth centers	30	49.18 %	3
Home delivery has the support of your family and significant other	29	47.54 %	4
I exercised autonomy in deciding where to give birth	26	42.62 %	5.5
I felt more comfortable and with much privacy in home birth delivery	26	42.62 %	5.5
I was satisfied with the care delivered in home birth	24	39.34 %	7
Home delivery is much more affordable than the hospital and birth center delivery	19	31.15 %	8
Home delivery is safer compared to hospital delivery	10	16.39 %	9
I have a fear of experiencing hospital delivery	7	11.48 %	10
I am influenced by my parents, husband/ significant others to give birth at home	6	9.84 %	11
I had a bad hospital birth experience	5	8.20%	12.5
Difficulty in going to birth centers due to far home locations and lack of means of transportation	5	8.20%	12.5
Bad weather condition	4	6.56 %	14

**Multiple response*

The second most-answered reason by more than half (59.02%) of the participants was "Birth attendant is accessible and in a nearby area". There are a lot of known TBAs in the municipality, and a midwife is assigned in every barangay. Most of the participants know these birth attendants since they reside just near them, creating access to home delivery option.

Availability of home birth equipment and materials was the third most answered reason by almost half (49.18%) of the participants. Mothers, before their inevitable delivery, had sought prenatal care from midwives and were given a list of materials to buy upon giving birth. Having this handy and readily

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available at home, with the birth attendant nearby compelled them to deliver at home rather than travel and go to the birthing center or Rural Health Unit at the Poblacion.

The reason "Home delivery has the support of your family and significant other" ranked fourth, which was the answer of nearly half (47.54%) of the participants. The following reasons 'exercising control or autonomy in deciding where to give birth' and that 'home birth is comfortable and private' were given by two out of ten (42.62%) participants. Ranked seventh and answered by 39.34% of the participants was the reason 'been satisfied with the care delivered in home birth.' At home, women can labor and give birth in the privacy and comfort of familiar surroundings, surrounded by support systems. Among Indonesian women, the perception of comfort and familiarity in selecting the place of giving birth were also significant considerations that led women to choose home as a place of delivery [17]. Likewise, higher satisfaction rate was also found in a study among women who had a planned home birth related to a comfortable home environment [18].

"Home delivery is much more affordable than the hospital and birth center delivery" was answered by 31.15% of the participants. Through giving birth at home with the aid of a TBA, participants claimed they could just give any amount - which could really help in saving money. Furthermore, women who chose home birth were much less likely to be subjected to costly and often unnecessary interventions thus home birth was a more practical and cost-effective option for healthy women and the community [19].

'Home delivery being safer compared to hospital delivery', was cited by 16.39% of the participants. Some experts and studies support planned home birth as a safe option for mothers [4-6, 20].

The reason of being afraid of experiencing hospital delivery follows mentioned by 11.48% of the participants. Other reasons with less than ten percent of participants answering were: being influenced by the parents, husband/significant others to give birth at home (9.84%), having had bad experience in hospital delivery (8.20%), difficulty in going to birth centers due to far locations of homes, and lack of means of transportation (8.20%). The least reported reason of the participants why they opted to deliver at home was because of bad weather conditions (6.56%).

A negative birth experience, meeting rude, unfriendly health workers, being ill-treated, being left alone during delivery and poor maternal health care has been shown by studies for women opting to give birth at home [11, 15-16, 20]. Similarly, some studies found that women who deliver at home intended to deliver in a health facility but could not do so because of distance or geographical locations [10], [11],[14]. Also, irresistible forces of nature like heavy rains and typhoons make it difficult for women to go to birthing centers at the onset of labor. Some areas in the municipality were near the river banks making their area prone to floods, thus passing through the roads were impossible and would place their lives in danger. The onset of labor at night and rainy season were noted to be related to the women delivering at home [16].

CONCLUSIONS AND RECOMMENDATIONS

There is a declining trend in the number of home births in the municipality from 2012 to 2014. The decline may be due to the increased awareness of women regarding the municipal ordinance which prohibited home birth. Nevertheless, full compliance with the ordinance has not been achieved since there are still women in the municipality who opt to give birth at home. Mothers whose homes are relatively far from the Rural Health Unit, and are having difficulty accessing maternal health facilities, are only given the option to rely upon the resources they can utilize nearby. This led to the predominance of home deliveries assisted by TBAs and even midwives, who were immediately available in their community. Women residing in a low-income rural community choose home birth since they believe that giving birth in the hospital is costly. Unfortunately, there are still multiparous women who opt to give birth at home, making them prone to complications of childbirth.

Consistent with evidence from the literature, there is a range of reasons why there are still women in the municipality who consider giving birth at home despite the ordinance that prohibits home birth. While there can be a myriad of reasons why women opt to give births assisted at home, labor may progress rapidly; therefore imminent home delivery can be expected to happen. Other reasons cited for home delivery are greater autonomy, safety, affordability, accessibility of birth attendant, unpredictable weather, and lack of transportation going to birthing facilities.

It is suggested to improve maternal public health interventions and strategies continuously to promote the health and welfare of mothers and their infants. It can be done through engagement of women in policy planning, provision of quality, affordable and more accessible health services, infrastructural enhancement

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like rehabilitation of barangay roads to reduce travel time and continuous health education. Health care professionals should teach women how to recognize signs of true labor to help women be alert and ready when it is time to give birth and educate multiparous mothers about the risks and dangers of giving birth at home. Careful planning of the birth experience taking into account women's cultural beliefs, insights, and personal expressions of birth, addressing their fears and safety issues, and their need for privacy, control and comfort are necessary for a satisfying birth experience. The presence of significant others during birth may also be taken into consideration. Furthermore, a call for better caring behaviors among health care professionals attending women at birth is necessary.

This study is limited to only one municipality, including home births in a three-year span, employing a descriptive research design. A wider scale investigation, covering larger population and longer time period, testing for differences in the reasons for home birth grouped according to women's profile, and use of mixed method design may be conducted by future researchers interested in studying home birth.

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