

**SOCIO-DEMOGRAPHIC FACTORS ASSOCIATED WITH SKILLED OR
UNSKILLED DELIVERY AMONG PARTURIENT WOMEN IN BUNGOMA
EAST DISTRICT, WESTERN KENYA**

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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE AWARD OF DEGREE OF MASTERS OF
MEDICINE IN FAMILY MEDICINE**

**SCHOOL OF MEDICINE
MOI UNIVERSITY**

OCTOBER, 2009



ABSTRACT

Background: The percentage of skilled birth attendance in Kenya has declined steadily from 50% in 1988 to 42% in 2003. Only 42% of births take place in health facilities. Socio-demographic factors could be attributed to this worsening trend.

Objective: To determine the reasons why pregnant women choose to deliver their babies in hospital or at home and associated socio-demographic factors.

Methodology: Study area: Bungoma East District, Western Province of Kenya.

Study design: This was a cross-sectional observational study.

Study population: The study population consisted of all parturient women who delivered in the last 48 hours prior to recruitment into the study. Recruitment sites were GOK Health facilities in the District and their immediate catchment areas. Women who delivered at home were identified by community health workers and area chiefs and reported to the Public Health Technicians (PHT) who systematically carried out household visits and interviewed the mother.

Sample size estimation and sampling procedure: Using William C. Cochran Sampling Techniques' for 95% confidence interval (two tailed curved) and prevalence of home deliveries 0.56 (KDHS) sample size calculated was 400. Systematic Sampling method was employed to select study participants. Multistage Sampling at postnatal ward and in the catchment areas of the five dispensaries was done to ensure a representative sample was obtained.

Measurement tools and methods: Quantitative data was obtained from semi-structured questionnaires administered through face to face oral interviews.

Data management and analysis: All collected data was entered in the computer using EPI Info 2002. Frequency tables were generated. Chi-square test was used to check for independent associations between socio-demographic factors and place of delivery. Multiple logistic regression was performed to identify socio-demographic factors associated with choice of place of delivery.

Results: A total of 400 respondents were interviewed. 283 (70.7%) had unskilled delivery while 117 (29.3%) had skilled delivery. 359 (90.0%) were 35 years and below, and 335 (84.0 %) lived more than 5 km from the health facility. 261 (65.8%) were married and 187 (47%) had five or less number of children. 326 (81.5%) had secondary and below as level of education. 295 (73.8%) had unskilled occupation. 52.3% of respondents interviewed expected free delivery services in the hospital. 72.8% of respondents who considered cost as a problem had unskilled delivery, while 64.3% of respondents who considered transport as a problem had unskilled delivery. Age, distance, marital status, parity, occupation, cost, transport and education level were independently significantly associated with place of delivery ($p < 0.05$). Multivariate logistic regression indicated that adjusting for other variables, age and level of education were significantly associated with place of delivery ($p < 0.05$).

Conclusion: Age less than or equal to 35 years is associated with unskilled delivery. Distance less than or equal to 5 km is associated with skilled delivery while distance more than 5 km is associated with unskilled delivery. Secondary level education is more significantly associated with unskilled delivery compared to primary level.