

The Pull and Push Factors Influencing Choice of Place and Delivery Attendant in the Urban Slums of Nyalenda, Kisumu East District, Kenya

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Abstract

Back ground: Maternal and child mortality is a major problem facing developing countries. Access to quality care during pregnancy and child birth is a crucial factor for prevention of maternal mortality and morbidity. Cultural barriers have contributed to poor uptake in skilled delivery. Great Lakes University of Kisumu works in collaboration with ministry of health in the implementation of community health strategy as an intervention to improve maternal, new born and child health outcomes. A minority of women (34.7%) in peri-urban slums of Kisumu, did not change from using unskilled birth attendants in response to the intervention. This study investigated the pull and push factors influencing choice of place and delivery birth attendant from the perspectives of users and non-users of skilled delivery services.

Method: This study was a comparative qualitative in design where data was collected by focused group discussions with women of reproductive age (15-49). Five focus groups were made up of women who used unskilled attendants during their last delivery. Another five groups were of women who used skilled attendants during the last delivery. The data collected were coded according to emerging themes and subthemes regarding factors influencing choice of place of delivery.

Results: The factors pushing women away from skilled attendants included lack of cultural cleansing so that the a mother is able to have more children, poor quality of care, age gap between users and service providers creating privacy issues, inadequate continuity of care viewed by clients as negligence not matching the cost of care, inadequate supplies and barriers such as transport at the time of need as well as the comfort of caring family members. The main pull factors influencing the use of skilled attendants included comprehensiveness of care provided at health facilities, access to emergency services in case of complications, subsidy of cost of care.

Conclusion: Many of the factors pushing away women from skilled attendants such as quality of care, transport barriers, and comfortable environment of care, can be addressed through better planning and preparedness of the clients and service providers. Factors attracting women to skilled attendants can be enhanced by increasing availability of comprehensive services, emergency care and affordability of services at the time of need through insurance and subsidy.

Keywords: skilled attendant, unskilled attendant, home delivery, hospital delivery, TBA, urban slum

1.0 Introduction and Background

The World Health Organization (WHO) estimated that in 2008 there were 342,900 maternal deaths, most of them occurred in developing countries (WHO 2008). Maternal health care services provided by well trained and equipped health workers is widely recognized as important in preventing maternal and new borne morbidity and mortality. Good pre and postnatal care and skilled assistance at the time of childbirth are thus very important to ensure maternal and child survival (S. Bhattacharya, M. et al 1993). Community beliefs on health facilities delivery are important on the choice of delivery assistant. Quality of services largely depends on personal experience within health system (DuongD, 2004). Elements such as waiting time, staff friendliness, and availability of supplies are critical to acceptable quality.

Often, the medical 'culture' may clash with that of the woman's, for example, when family members are not allowed to be present, supine birthing position is imposed or privacy not respected; this may lead to perceptions of poor quality (Thaddeus S 1994). Some studies mention that women report better quality of care in private health facilities but the cost deters them from using those services, and instead they seek the services of unskilled attendants (Meskon N 2003, Mrisho M 2007). The availability of delivery assistance by TBAs has been reported to be associated with non utilization of a health facility for delivery in rural and urban slum areas. A study conducted in northern Tanzania showed that traditional births attendants were the ones who determined delivery attendant among Masai tribe and they also arranged for the kind of diet required by the women after delivery (Shankwaya S 2008, Magoma M 2010). Different ethnicities have different cultural values and these cultural values may prevent women to access health facility for delivery. Knowing these values and addressing them in the community could improve delivery in health facilities. In peri-urban settings unskilled birth attendants consider themselves as private practitioners who respond to request for service and receive compensation in return (Singh 1994, UNFPA 1996). As they receive compensation in cash or in kind from their clients' family, they make their services affordable since they generally accept whatever is offered to them (Jeffery et al., 1984, Singh 1994). Given the cost involved in accessing the formal health care service in Kenya, unskilled attendants are much more affordable to impoverished people (Banerjee et al., 2004a, Chirmulay and Gupte 1997, Hitesh, 1996). Yet the use of unskilled attendants' places a woman and a newborn at increased risk due to delivery trauma, infections, and anemia. The unskilled attendants are not trained and do not have the capacity to identify certain complication quickly and refer cases before child birth and delivery. This exposes the women and newborn to serious harm and risk of death.

Kenya is among the sub-Saharan countries with high maternal mortality ratios, at 488 per 100,000 live births (KDHS08-09). The 2008-09 KDHS found that two out of five births (43 percent) are delivered in a health facility, while 57 percent are delivered at home with the assistance of unskilled birth attendants such as Traditional Birth Attendants (TBA's), family members, friends or neighbors. Worse still, the deliveries are conducted in unhygienic environments predisposing the mothers and babies to postpartum and Neonatal sepsis (Sheela Saravanan et al, 2008). The implementation of community health strategy in Nyalenda, supported by Great Lakes University of Kisumu, realized minimal improvement in maternal health indicators when compared to the rural and nomadic counterparts (Olayo et al 2014). About a third (34.7%) mothers were still using unskilled delivery despite the fact that they had health facilities within less than 5km radius. This study set out to investigate the pull and push factors influencing choice of place and delivery attendant in the Urban Slum of Nyalenda, Kisumu, Kenya.

2.0 Methods

2.1 Study Design

The study employed a qualitative approach comparing the perspectives of skilled attendant users and non-users, using focused group discussions (FGDs). A total of 10 FGDs were conducted 5 with women who delivered at home with TBAs and 5 with women who delivered in the health facility, with each group comprising of 12 women per interview. An equal number of respondents both skilled and unskilled birth attendant's users were selected from each of the ten villages in the study area. For sample size determination, the concept of saturation was used to determine when to stop the interviews with initial assumption that 10 interviews, 5 users and 5 non-users of skilled attendants would be adequate to achieve saturation, as described by Mayan (2009), and Morse (1994). The FGDs were designed to get their perspectives on the choice of delivery place, preferred attendant and the reasons for their choice. The FGDs were conducted by trained research assistants that had previous experience on conducting FGDs. For each FGD, two research assistants were used with one leading discussion and the other as a note taker. The discussion was conducted in the local language and tape recorded then later transcribed and translated back to English. Each research assistant took field notes in the local language.

2.2 Data Processing and Analysis

The researcher then read through the transcriptions and then coded the responses, guided by the specific objectives of the study. Emerging themes and sub-themes were identified and the data synthesized. The frequency of mention of certain concepts was noted in the discussions to facilitate comparison between the users and non-users. The data from all sources of respondents was then fitted within the main objectives of the study, focusing on the reasons for choosing one or the other source of care.

Ethical approval was obtained from the ethical review board of Great Lakes University through the department of community health and development. At data collection informed consent was obtained from the respondents. This was done by explaining to the respondent about the study as well as what they were consenting to. They were also informed of their right to participate or withdraw from the study at any time for any reason. Risks and benefits of the study participation were also explained.

3.0 Results

1.1 The Following Themes Emerged as Being More Strongly Expressed by Non-Users and Users of Health Facilities: Socio-Cultural Beliefs, Quality of Care, Affordability and Access

3.1 Socio-Cultural Beliefs

Spiritual beliefs: A prominent sub theme under this theme was religious prohibition of the use of health facilities or even medication. This seemed to have a powerful influence on the choice of delivery assistant, since any use of such services is misconstrued as lack of faith. This concern was raised more frequently by respondents not using health facilities. “According to my religion one should not take medicine therefore people from my church prefer visiting TBAs who will not us drugs” Said a non-user respondent.

Cultural beliefs: Another sentiment expressed strongly by older unskilled attendant users was the age gap between themselves and the service providers since they considered them their children or children in law, and should not see them naked, according their culture.

"I cannot deliver in the hospital because there, I might meet with a male doctor who is my in-law, delivering in hospital is for younger women” said a non-skilled birth attendant user. Respondents mentioned "preventive" traditional care against witch-craft that the TBA can administer to the mother and newborn, particularly for a mother that had been losing children. “In some instance, if a mother has been giving birth and the children keep on dying, some cultures believe that the TBA can cleanse a mother so that if she gets pregnant again her child will not die. The TBA knows how to administer treatment on the child in order to prevent the child from witchcraft” explained unskilled birth attendant user.

In terms of decision making it was interesting that most skilled delivery respondents had the support of their husbands. In few instances, neighbors also helped to make the decision to either go to the health facility or TBA for delivery services. This was expressed by a respondent “I made the decision of going to the TBA because if I went to the hospital they will want money and since I did not have any complication during my ANC visits I just made the decision on my own because my husband doesn’t bother.” Another respondent mentioned “I did not have money to go to the hospital; my husband assisted me to make the decision though he doesn’t like my delivering at the TBA.”

Table1.0: Socio-Cultural Perspectives of Users and non-users of Skilled Attendants

Skilled Attendant	Unskilled Attendant
Few respondents across the groups expressed prohibition by churches regarding delivery at the health facility	Majority of respondents across the groups expressed that their churches prohibited them from seeking hospital delivery services or medicines
Few expressed non-acceptance of disposal of placenta at the hospital, but they still preferred hospital delivery because of the comprehensive care	Many more expressed the need for "proper" disposal of placenta directed by the TBA to avoid complications during her next delivery
Traditional post-partum treatment was not expressed by women who used skilled attendants	Most of the respondents expressed preference of TBA because of traditional post partum treatment for the mother and newborn to protect the child against witch craft
Respondents expressed the need to keep labor secret to avoid complications	Respondents expressed the need to keep labor secret to avoid complications
Most respondents expressed the involvement of husbands in decision making	Most respondent among this group made the decision on their own
Most young mothers across the FGDs expressed preference to deliver in the hospital, being it was their first pregnancy and they feared possible complications	Young girls in this category still desired hospital delivery but were discouraged by the fear of nurses while older mothers with higher parity preferred the TBA because of experience

3.2 Quality of Care

One of the main reasons influencing choice of delivery attendant according to the participants in focus group discussions was the quality of care. Both users and non users of skilled attendants felt that quality of care was a major determinant. Most of the users of unskilled attendants expressed that health care workers in health facilities mistreated and neglected the mothers and did not stay with the mothers during labour unlike the TBAs, they only come to attend to the mother when the baby is approaching. At times when the mother is in pain and screams, the health workers shouts at them to keep quiet while she continues watching television. "They do not tell on the progress of the child instead they treat us like object not as human being", said a respondent. They perceived poor care as being shouted at, delay in receiving care, unavailability of equipment and supplies, congestion and non-personalized care, privacy and effective communication, especially in government public health facilities. The poor attitude was noted to be very common among the women nurses by both respondents who utilized the services of both skilled and unskilled birth attendants.

"I like the TBA so much because when you go to the hospital, the nurses will scare you away, when you are in labor and call them they will wait until the baby is out and almost falling that's when they come and ask you 'so it was near' while the TBA will always be there with you, puts everything ready to receive the baby and handles you well unlike the hospital where nurses harass people" explained a user of unskilled birth attendant. This view was supported by users of hospital delivery. One user added "some nurses seat watching TV and are not bothered even when the mother is in labour and when you call her, she refuses but only come when the mother has delivered on her own which is not a good practice." and another "some of them after taking you to labor bed they just leave you on your own while they go to sleep and you end up giving birth without assistance and at the time of discharge they want you to pay yet you delivered on your own" stated a user of hospital delivery. Of particular concern was the attitude of female nurses that was often repelling as they are rude, harsh, and uncaring they surely need to improve on their attitude.

A respondent of skilled user expressed "At the hospital some nurses even beat mothers and you are left alone to deliver yet the nurse is just seated watching television. Another added "I saw a female nurse kick a mother who was about to deliver and a male nurse who was passing by came and assisted the mother". There were a few hospital delivery users who narrated good experience especially with the "doctors" (male skilled birth attendants). They felt they were friendly, cooperative and courteous when offering their services. One said "I have not seen any bad thing with males "doctors" at the hospital in terms of delivery because when I went they treated me well because with my other child I was bleeding but they took good care of me and even cleaned the sheets that I used and they didn't quarrel....". They narrated the problem of non-personalized care in the hospital due to workload as compared to the TBAs; lack of equipment and essential supplies in hospitals where patients are asked to purchase, last minute in contrast to TBAs who appear well prepared for their cases. Language of communication may discriminate against some potential users while TBAs are able to communicate well in a language that the user understands and is also able to provide individual post natal care. Respondents expressed a desire to be handled by a health care provider who they could easily communicate with in a language they were comfortable with, which was more likely with a TBA.

"In the health facilities you could get someone who does not understand your language hence communication becomes a problem making the healthcare provider leave you stranded" stated a non-hospital user respondent. Respondents expressed that at times inadequate communication was not about language but about attitude. When a client asked the stage of labor the health worker's response was deplorable. Another user of skilled birth attendant expressed it like this "Sometimes their attitude is so bad during labor, but when you are about to deliver they take care because they know the baby is coming but during labor the nurses tend to be so rude." Against the TBAs both categories of respondents mentioned their use of unhygienic procedures that may transmit infection from one to another. Some of the user of skilled attendant said that they have no problem to be attended to by a younger health care worker whereas those who used unskilled attendant did not prefer to be attended with a younger birth attendant which many a times become a common practice at the health facility. Some said that they do not want to be attended by a younger health care worker. Some non-users said that mothers have a resentment to be attended to by a younger health care worker because they have a belief that no younger health care worker should see their body except the ones who have delivered and have experience.

The lack of privacy and confidentiality was also reported by the mothers to be some of the reasons for giving birth at home with a TBA, because at the health facility there are many trainees from medical institution present during delivery who are allowed to do their practice, this hence makes the women feel shy and uneasy having to expose themselves to the trainees. “I like delivering at a TBA because when I deliver in the hospital, I will be exposed to students who are trainees from institutions who are on practice and it is not good for such a crowd to look at me while at the TBA one is not exposed.”

Table1.0: The Perspectives of Users and non-users of skilled Attendants on Quality of Care

Skilled Attendant	Unskilled Attendant
Lack of privacy , in the hospital was expressed by users of hospital delivery due to overcrowding by students from KMTC who deliver women yet not inexperienced	Lack of privacy was expressed even more unanimously by non-user respondents because care givers include students from KMTC who would see them naked and are still inexperienced.
Harsh communication Few respondent from this group expressed concern about harsh treatment	Harsh communication: was expressed more strongly by non-hospital user respondents, indicating that they preferred the TBA because of friendly care.
Poor attitude particularly among female nurses, expressed more by hospital users	This view was shared by non-hospital users
Perception of risk of infection transmission was expressed strongly by hospital users. due non-aseptic techniques by TBAs	Non-users concurred that the only thing they don't like with the TBA.
Non-availability of equipment and supplies and patients asked to buy, last minute	Non-hospital users expressed that a TBA is always ready with most of the equipment and supplies.
This was not evident among this group	They expressed good post-natal follow up by the TBA
Hospital users did not have communication problem due to language and illiteracy	Non-hospital users expressed strong appreciation of the TBA's ability to communicate with them well
Heavy workload among providers undermines personal attention at the hospital due to congestion	The TBA can provide individualized total attention.

Affordability

According to respondents care seeking was influenced by affordability of care, flexibility of payment, and avoiding the cost of leaving home to be in hospital. Husbands tended to be involved in choice of attendant, this tended to be so for the reason that the TBA was cheaper and more flexible in demanding payments. Most respondents, both hospital users and non-users expressed that the hospital was expensive, and not flexible in modes of payment, a woman had to complete payment before she could be discharged. Additionally, one had to leave their home and be confined in the health facility leaving family on their own with no one to look after them. Interestingly, most respondents regardless of user status also expressed that the TBA was expensive but flexible in terms of payment and a woman could pay in kind or pay by installment, yet at the hospital one has to pay cash before she goes home. Non-hospital users expressed that the flexibility of the TBA was good in that the TBA will leave you to go home even if you don't finish the payment but the hospital one was forced to pay everything.

There were mixed feelings as to whether the cost of conducting delivery in a health facility was high or low amongst hospital delivery service users with majority suggesting that it was high though it was also noted that the government introduced a scheme where pregnant mothers buy a card commonly known as “kadi ya uzaaji” which subsidized costs but only for vulnerable women. "Kadi ya uzaji" made hospital cost affordable but was not available for all women. Yet they still preferred hospital delivery because of the comprehensiveness of care available.

One hospital user explained,

“Charges in the hospital is affordable because during delivery there are so many things the nurses do for us mothers” Another said, “Charges in the hospital is not so high being that sometimes the income level of people is quite different, we thank God because those who earn low income can now afford to deliver in the hospital because of the kadi ya uzaaji which has helped us a lot.”

It is noted that the respondents who used TBAs also considered them more expensive compared to the hospitals charges. However, they preferred the TBA services because of the flexibility of making the payment. The TBAs accepted either monetary or non-monetary form of payment when a mother did not have money at the time of delivery. A respondent explained

“When I compare the payment at the hospital it is lower but we end up going to the TBA because at the hospital they want money immediately while at the TBA you can pay in bits.” Some participants also suggested that they did not go to the hospital due to the responsibility they had at home as a single parent; they had no one to care for their children and hence decided to give birth at home. A respondent explained “I was all alone at home with the children and did not have any one to leave behind with the children, so I called my mother in law to come and assist me during delivery and when she arrived, she immediately assisted me and I gave birth safely.”

Accessing care:

It emerged that it was critical to know when to seek care either by due dates, as expressed by health facility users or labor signs, expressed by non hospital users who end up delivering at home because the labor onset is recognized only at night when there was no means to get to the hospital, and the only option is a TBA, even if they had intended to deliver in the health facility. Often this was further complicated by inadequate access roads. This seemed a major determinant of place of delivery for users and non-hospital users alike.

A respondent explained

“.....my delivery came so urgent and the hospitals were far so I decided to go to the TBA.” And another “.....my labor started so late in the night and I didn’t have the means to reach the hospital because it was far and at around four in the morning I gave birth.” “...Personally I did not make any decision to deliver at a TBA I had a problem with reaching the hospital so I found myself in the hands of a TBA.” Some of the participants who used unskilled birth attendant also indicated that they had initially made the decision to deliver in the hospital but **due to delay in seeking care** they could not access the health facility when labor commenced and hence resorted to unskilled birth attendant.

One expressed it this way

“I really wanted to deliver in the hospital because I made the decision with my mother this is because the hospital gives quality services but being that my labor was so soon and the hospital was far that’s why I delivered at a TBA.”

3.3 Risk Perception

When the respondents were asked to identify some of the obstetric complications that may arise during labor or delivery, participants, users and non users of hospital delivery identified haemorrhage, obstructed labor due to the baby not being in the right position, a mother not having enough blood and sepsis that required them to deliver in a hospital. Both groups also tended to consider it important that young women, particularly during first pregnancy should better deliver at the health facility. Difference between users and non users only emerged with regard to sepsis which was recognized more as a danger sign among hospital users as compared to non users. Most of the respondents who gave birth in the health facility suggested that they did so because they either considered themselves to be at a high risk of developing obstetric complications or had experienced one before and they believed that it is only the skilled birth attendant who could handle such complications. A respondent stated “Some mothers suffer from complications during delivery that can only be handled in the hospital and I feel that hospital delivery is the best.”

4.0 Discussion

The study compared the distribution of socio-cultural variables among users of unskilled attendants and non users of skilled attendants. In this study there were some spiritual beliefs at play such as churches prohibiting followers from use of medical facilities, association of complications with unfaithfulness, the need for cleansing by a TBA at delivery to prevent child deaths and proper disposal of the placenta to ensure continued child birth. Among both users and non users, child birth and delivery was viewed as a normal event in a woman’s life. Women also explained that some of the complication were as a result of spiritual attacks and therefore needed the intervention of a faith healer which is contrary to the health facility. In the Urban slums of Nyalenda, Kenya, churches continued providing faith healing avenues where pregnant women would be prayed to and then cleansed to relieve them from the attacks.

This study is similar to one conducted in Zimbabwe, where faith healers were believed to possess powers that enabled them to protect the woman and the pregnancy from harm, thus they played a key role in the care of pregnant women during the early stages of pregnancy to the choice and delivery attendant at birth (Mathole T, Lindmark G, Majoko F, Ahlberg BM, 2004). Traditional and cultural beliefs and decision making within the community and at household level influence the choice and place of delivery attendant, among the non users of skilled assistant, cultural beliefs related to pregnancy and child birth were aimed to preserve the continuity and well being of both the child and the mother. This study agrees with one done in Tanzania by Mrisho whereby labour was kept secret because if any complications developed it means that the woman is adulterous and the remedy for that is to mention all men the woman has slept with (Mrisho M 2007) and in Zambia where the community believed that placenta must be buried in a certain manner for a woman to continue bearing children, this pushes the woman away from the hospital where placenta is burned by incinerator (Shankwaya S 2008). This study brought out the pull and push factors influencing use of unskilled and skilled deliveries and the necessary careful balancing of these in the process of decision making. Social cultural, quality of care, accessibility and affordability factors primarily influence the woman's decision making whether to seek care or not rather than affecting the woman to reach health facility, majority of both users and non users of skilled delivery were assist to make decision either by their partners or mother-in law which is similar to a previous research carried out in rural Tanzania (Mrisho et al., 2007).

Majority of non users of skilled attendant confirmed that they were more comfortable at the hands of TBAs and in the presence of their families and relatives, they viewed the TBA as being more motherly because they know how to comfort the mother there are always with the mother unlike the hospital where you are left on your own during labor and the nurse only comes after the baby has been delivered. Perceived quality of care, which only partly overlaps with medical quality of care, is thought to be an important influence on health care-seeking and delivery attendant. Assessment of quality of services largely depends on personal experience with health system (DuongD, 2004). In this study most of the respondents, both users and non-users of hospital delivery services concurred concerning waiting time, nurses being rude and uncaring, pushing them away from hospital services. This study is similar to one conducted in Indonesia by (TitaleyCR, Hunter CL, Dibely MJ, Heywood P, 2010) and in Uganda by (Keril L, Kaye D, Sibyell K, 2010). Respondents were also concerned about communication, availability of staff, equipment and supplies, workload and crowding to be undermining personalized care and privacy. Elements such as waiting times, staff friendliness, and availability of supplies are perceived as good quality. Respondents were also concerned about technical quality of care and experience of personnel which tended to push them away from hospital delivery as opposed to comprehensiveness of care, and hygienic practices which tended to pull them towards hospital delivery. Perceived quality of care services plays a major role in choice of delivery attendant. In some areas women decided to go to private health facilities, where they pay instead of going to government health facilities which are closer to their homes and services are provided free.(Mrisho M 2007).

1.2 The Other Issue Raised is the Young Health Provider at the Health Facility. Most Women Do Not Reject the Younger Nurses as Such But Still Others Refuse to be Attended to by A Younger Health Care Worker Because Some Older Mothers are Not Comfortable to be Seen by Younger Health Care Workers Due to Lack of Adequate Experience, Frequently, these are Students from Government Institutions Who Are on their Learning Session and their aim is to Conduct their Practices on the Mother Which is Not Comfortable to the Mother.

Poor road network and capacity to cover transportation cost were frequently cited as some of the contributing factors to unskilled delivery, most mothers of unskilled delivery also reported that they delivered at home because labor started earlier than expected which was not according to the due dates given at the hospital and it was also late in the night and raining at the same time which was quite inconveniencing to the woman, therefore because of lack of choice, they call a TBA to attend to them. The findings are similar to other previous studies (Amooti-Kaguna & Nuwaha, 2000; Chandrashekhar, Hari, Binu, Sabitri & Neena, 2006). A number of barriers such as transportation cost and access to health facility were identified as some of the pull factors for home delivery. Some studies also found that lack of accessibility to health service was among the barriers for health facility delivery (Borgi et al., 2006; D'Ambruoso et al., 2005; Amooti-Kaguna & Nuwaha; 2000). In this study certain risk factors were also identified as some of the pull factors for skilled attendant. Both users and non users of health facility delivery identified hemorrhage, obstructed labor due to the baby not being in the right position, a mother not having enough blood and sepsis that required them to deliver in a hospital.

Therefore it is important to reduce the health risk of the mother and the baby which can only be done by increasing the number of deliveries supervised by skilled attendant. A comprehensive medical attention can reduce the risk of infection and improve effective interventions at birth. Both groups also tended to consider it important that young women, particularly during first pregnancy had better deliver at the health facility.

5.0 Conclusion

The only way of reducing maternal mortalities is by getting more expectant mothers to go for skilled assistant during delivery. Maternal health care services provided by well trained and equipped health workers is widely recognized as an important protective factor against maternal and new borne morbidity and mortality. Socio-cultural factors and quality of care regarding pregnancy, choice of place and attendant shape how pregnant women seek available pregnancy related healthcare services. Many of the factors pushing away women from skilled attendants such as quality of care, transport barriers, and comfortable environment of care, can be addressed through better planning and preparedness of the clients and service providers since they present greater obstacles to the uptake of skilled attendant. Factors attracting women to skilled attendants can be enhanced by increasing availability of comprehensive services, emergency care and affordability of services at the time of need through insurance and subsidy.

5.1 Recommendations

The following recommendations are made based on the findings:

- Based on quality of care, both user and non-users of skilled attendant described poor attitude and abusive nature of service providers as a major push factor to health facility delivery, training should be organized on medical ethics to all health providers and be lobbied at the national level to enforce the ethical short course to the health providers
- Further research on qualitative study approach should be conducted using in depth interview on behavior change on both users and non-users of skilled attendant

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