

PREFERENCE OF HOME DELIVERY AMONG WOMEN IN DAMATURU

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ABSTRACT: *This study examined the factors that determine preference of home delivery and the dangers associated with it among women in Damaturu town of Yobe State. A cross-sectional descriptive design; purposive sampling technique was used in selecting 330 women who had at least delivered once or had been pregnant for not less than 42days; questionnaires were administered; and interview was also conducted. However, cultural factor and fear hampered the collection of more data for the study. Out of 300 questionnaires distributed, 295 were completed. The most important determinants of home delivery in the study were lack of transportation, weak relationship between women and health workers and improper hospital/clinic hygienic. Training of traditional birth attendant, intensive public awareness to both parents, monitoring of hospitals/clinic's environmental hygiene and improvement of patient-health workers' relationship is important. This paper may be used as a reference for further research especially in rural areas of Yobe State.*

KEYWORDS: determinants, home delivery, maternal death, neonatal death

INTRODUCTION

Every day, approximately 830 women die from preventable causes related to pregnancy and child birth. Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in Sub Saharan Africa and almost one third occur in South Asia (WHO, 2019). Pregnancy and period surrounding it is a dangerous time for too many of the 9.2 million women and girls in Nigeria each year. They face a lifetime risk of maternal death of 1 in 13 compared to 1 in 31 for Sub- Saharan Africa as whole. Nigeria estimated annual 40,000 maternal deaths account for about 14% of the global total. Nigeria has been mentioned by the United Nations as having one of the highest rates of maternal mortality in the world (Mojekwu and Ibekwe, 2012). Lack of education with some Traditional Birth Attendants (TBAs), the way they attend to delivery is risky for women and their babies, leading to poor health outcomes and even death (Mfrekemfon and Okere, 2015). Labour occurring during the night was a strong predictor of home/TBA delivery (Egharevba et al., 2017). Cultural practice of the Hausa people plays a major role in determining women's choice of place of child delivery (Okeshola and Sadiq, 2013). Similar study reveals that the choices do not necessarily reflect women's actual preferences, they may in fact prefer to deliver in a facility if it were staffed with motivated, respectful health workers and provided needed drugs and

equipment (Kruk et al., 2009). Furthermore, women's preference of home delivery has been shaped by their negative past experiences with the modern health system including health care provider's competence and poor availability of drugs and equipment (Shiferaw et al., 2013). Factors that are significantly associated with home delivery include place of residence, age of the mother, the average walking time to reach the nearby health facility, number of ANC visits and family size (Kucho and Mekonnen, 2017). Likewise, low maternal education, unemployment among fathers, first pregnancies at less than 18 years of age increase the likelihood of home delivery. (Idris et al., 2006). In addition, other findings show that pregnant women deliver at home due to behavioural, socio-cultural and religious preferences (Abubakar et al., 2017). Women who had low household income and less than 4 antenatal visit were more likely to prefer home delivery (Mekie and Taklual, 2019).

In addition, other study show that poverty is the most frequent cited reason for preferring home delivery with TBA (Sarker et al., 2016). Women's lack of decision making autonomy regarding child birth, dependence on the husband and other family members for the final decision, and various physical and socio cultural barriers including long distances, lack of money for transport and the requirement to bring baby clothes and food while staying at clinic prevented them from delivering at a clinic (Sialubanje et al., 2015). Furthermore, delivery with TBA in Nigeria is influenced and promoted by poor socio demographic and economic factors (Ugboaja et al., 2018). According to UNICEF estimates for Nigeria, maternal mortality ratio is 1100 per 100,000 live births, antenatal care coverage 47 percent, institutions death rate 33 percent and each woman bears six children (Harrison, 2009). Yobe State is characterized second highest maternal mortality in the country, after north-west. It was identified that maternal mortality decline steadily from 2010 to 2013, but there was relative increase in 2014, both of which were associated with antenatal care coverage and hospital deliveries (Kolo et al., 2017).

METHODOLOGY

This study was conducted in Damaturu town of Yobe State, north-eastern Nigeria. Damaturu, the administrative capital of Yobe State is located between latitude 11 44 N to 11 45 N and longitude 11 56 E to 11 45 E. (Emeka and Weltime, 2008). Damaturu is also estimated to have population around 87,706 (NPC, 2009). Damaturu being a capital town of Yobe State is predominantly inhabited by civil servant and traders. Education sector is predominantly under government sector with few private schools. (Tiwary, 2017). The study was a cross sectional descriptive survey conducted in the study area. Thereafter, purposive sampling technique was used in selecting 330 women who had at least delivered once or had been pregnant for not less than 42 days. Data was generated using Key Informant Interview (KII), Focus Group Discussion (FGD) and Self-Administered Questionnaire (SAQ). The data collected was analysed using SPSS statistical tool. FGD was conducted with elderly women of the community, in depth interview was also conducted with health workers, nurse and TBAs. The issues discussed are the capability of the TBAs and health workers, why women prefer to deliver at home and the way in addressing these issues.

Two research assistants were employed for the research where they were guided on the essence of the research and how to go about it. During the field work, permission was taken from the head or members of each house before questioning them. The respondents were informed about the essence of the research and that the information obtained from them would be strictly confidential. Five days was used for the interview, and three months for the distribution and retrieval of questionnaires. In all, 295 questionnaires were filled, and the remaining were invalid.

Challenges faced by the researcher were noncompliance of some respondents due to fear of been caught by health officials and the believe that no changes are going to be made even if they responded. The research is aimed at reducing the rate of maternal and child mortality. The researchers are concerned with the rate of home delivery among both literate and illiterate women. Therefore, this research is aimed at determining the factors that lead to this problem and a possible way-out in order to reduce maternal and neonatal death.

RESULTS/FINDINGS

Socio Demographic of Respondents

The first section examined the age, marital status, occupation, and religion of respondents.

Table 1: Age group of the respondents

Age group				
		Frequency	Valid Percent	Cumulative Percent
Valid	15-20	13	4.4	4.4
	21-25	37	12.6	17.1
	26-30	89	30.4	47.4
	31-35	82	28.0	75.4
	36 and above	72	24.6	100.0
	Total	293	100.0	
Missing	System	7		
Total		300		

From the table above it shows that majority (30.4%) of the respondents are between the age of 26-30 and only 4.4% of the respondents are of 15-20 years.

Table 2: Marital status of the respondents

Marital status				
		Frequency	Valid Percent	Cumulative Percent
Valid	Married	230	79.0	79.0
	Divorced	29	10.0	89.0
	Widowed	26	8.9	97.9
	Single	6	2.1	100.0
	Total	291	100.0	
Missing	System	9		
Total		300		

The table shows that more than 70% (230) of the respondents are married and only 2.1% are single.

Table 3: Religion of the respondents

Religion				
		Frequency	Valid Percent	Cumulative Percent
Valid	Islam	250	86.2	86.2
	Christianity	40	13.8	100.0
	Total	290	100.0	
Missing	System	10		
Total		300		

The table indicates that Islam is the religion of most of the mothers with 86.2% respondents.

Table 4: Occupation of husbands of the respondents

Husband's occupation				
		Frequency	Valid Percent	Cumulative Percent
Valid	Civil servant	75	25.8	43.6
	Trader	127	43.6	69.4
	Unskilled labourer	34	11.7	81.1
	Farmer	35	12.0	93.1
	Unemployed	16	5.5	98.6
	Other	4	1.4	100.0
	Total	291	100.0	
Missing	System	9		
Total		300		

Based on the above table, it reveals that majority of the husbands engage in trading activity, 25.5% are civil servant. 12.0% are farmers, 11.7% are unskilled labourers, 5.5% are unemployed and only 1.4% engaged in other activities.

Table 5: Occupation of the respondents

Respondent's occupation				
		Frequency	Valid Percent	Cumulative Percent
Valid	Civil servant	72	24.7	24.7
	House wife	189	64.7	89.4
	Other	31	10.6	100.0
	Total	292	100.0	
Missing	System	8		
Total		300		

Furthermore, table 5 reveals that most of the respondents are housewives with 64.7% (189) and only 24.7% (72) respondents are civil servants. This shows that majority of the respondents are not well educated.

Antenatal Attendance

This section studies the number of respondents that attend antenatal care during pregnancy and how often.

Table 6: Number of respondents that attended antenatal during pregnancy

Respondent's attendance of Ante-Natal-Care (ANC)				
		Frequency	Valid percent	Cumulative Percent
Valid	Yes	272	93.5	93.5
	No	19	6.5	100.0
	Total	291	100.0	
Missing	System	9		
Total		300		

From the findings of table 6 it reveals that majority of the respondents with 93.5% (272) attend antenatal care. Similarly, 6.5% (19) respondents attend antenatal care regularly. This shows that majority of the respondents are aware of the importance of ANC.

Table 7: The table shows the number of antenatal visit by respondents

Frequency of ANC attendance				
		Frequency	Valid Percent	Cumulative Percent
Valid	Regularly	188	68.6	68.6
	Once in a while	75	27.4	96.0
	When sick	11	4.0	100.0
	Total	274	100.0	
Missing	System	26		
Total		300		

Table 7 reveals that 68.6% attend ANC regularly, 27.4% attend once in a while and only 4.0% of the respondents attend when they are sick. The table shows that majority of the respondents attend ANC regularly during pregnancy period.

Knowledge of Hospital/Clinic Delivery

Also the study shows that majority of the respondents with 63.1% (183) respondents are aware of the safety of hospital/clinic delivery.

Table 8: Respondents level of awareness on hospital/clinic delivery

Respondent's knowledge of hospital/clinic delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	277	94.9	94.9
	No	15	5.1	100.0
	Total	292	100.0	
Missing	System	8		
Total		300		

More than 90% (277) respondents are aware of the importance of hospital/clinic delivery while 5.1% (15) respondents were not aware. This shows that most of the respondents are aware of the importance of hospital/clinic delivery.

Table 9: Number of children of the respondents

Number of children born by respondent				
		Frequency	Valid Percent	Cumulative Percent
Valid	1-4	183	63.1	63.1
	5-9	97	33.4	96.6
	10 and above	7	2.4	99.0
	None	3	1.0	100.0
	Total	290	100.0	
Missing	System	10		
Total		300		

According to the above table, 63.1% of the respondents have delivered 1-4 children, 33.4% have 5-9 children, 2.4% of respondents have 10 and above children and only 1.0% have none. The result shows that most of the respondents delivered 1-4 children.

Table 10: Place of delivery

Place of delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	At Hospital/Clinic	106	36.8	36.8
	At Home	182	63.2	100.0
	Total	288	100.0	
Missing	System	12		
Total		300		

Respondents with 63.2% (182) deliver at home while 36.8% (106) respondents deliver at hospital/clinic. This shows that most of the respondents deliver at home rather than hospital. The findings also show that most of the respondents with 28.2% (80) were assisted by their neighbours during home delivery. Furthermore, majority of the respondents with 83.2% (238) keep their delivery kit with them before time of birth. The results show that most of the respondents get prepared before time of birth.

Table 11: Respondents assistant during home delivery

Who assists during home delivery?				
		Frequency	Valid Percent	Cumulative Percent
Valid	Registered traditional birth attendant	39	13.7	13.7
	Experienced woman	66	23.2	37.0
	Relative	25	8.8	45.8
	Neighbour	80	28.2	73.9
	Self help	35	12.3	86.3
	Professional	39	13.7	100.0
	Total	284	100.0	
Missing	System	16		
Total		300		

Results from table 11 reveals that majority (28.2%) of the respondents were assisted by a neighbour during child delivery, 23.3% were assisted by experienced women. Respondents that were assisted by registered traditional birth attendants and respondents that were assisted by professionals were both 13.7% respondents each.

Furthermore, 12.3% respondents deliver by themselves at home and only 8.8% were assisted by a relative during time of birth.

Table 12: Number of respondents that keep delivery kits before time of birth

Procurement of delivery kits before time of birth				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	238	83.2	83.2
	No	48	16.8	100.0
	Total	286	100.0	
Missing	System	14		
Total		300		

The table shows that 83.2% of most of the respondents keep their delivery kits before time of birth and only 16.8% respondents don't keep their delivery kits on time.

Responses from Respondents That Deliver at Home

This section examines the response of respondents that deliver at home. It shows only the results obtained from questionnaire distributed to mothers that deliver at home in the study area.

Table 13: Number of respondents that encountered complication

Any complication encountered during home delivery?				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	44	24.2	24.2
	No	138	75.8	100.0
	Total	182	100.0	

Most of the respondents with 75.8% (138) have not encountered any complication during home deliver and only 24.2% (44) had experience complications during home delivery. This reveals that most of the respondents that deliver at home have not encountered problems during home delivery.

Nature of Complication Experienced During Home Deliver

Table 14: Type of complication encountered during home delivery

Nature of complication experienced during home delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	Bleeding/Anaemia	17	32.1	32.1
	Stillbirth/Leg First	1	1.9	34.0
	Hypocalcaemia/Pelvic Problems	3	5.7	39.6
	Placenta Issues	12	22.6	62.3
	Hypertension and Related Issues	20	37.7	100.0
	Total	53	100.0	
Missing	System	19		
Total		72		

Most of the respondents from table 13 with 75.8% (138) have not encountered any complication during home deliver and only 24.2% (44) had experience complications

during home delivery. This reveals that most of the respondents that deliver at home have not encountered problems during home delivery.

Table 15: Number of respondents that have loss a child during home delivery

Child loss during home delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	54	30.3	30.3
	No	124	69.7	100.0
	Total	178	100.0	
Missing	System	4		
Total		182		

Table 15 shows that majority of the respondents have not lost a child during home delivery and only 30.3% (54) respondents had experienced loss of child during. This shows that respondents will feel it is safe to deliver at home.

Table 16: Number of children lost during home delivery

Number of children lost during home delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	1-2	41	75.9	75.9
	3-4	12	22.2	98.1
	5 and above	1	1.9	100.0
	Total	54	100.0	
Missing	System	128		
Total		182		

Table above shows that 75.9% respondents had lost 1-2 children during home delivery, 22.2% lost 3-4 children and only 1.9% respondents lost 5 and above children.

Table 17: Respondents level of believe on risk on maternal and neonatal death

Respondent's opinion on the risk of maternal and neonatal death due to home delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	Strongly agree	41	22.9	22.9
	Agree	44	24.6	92.2
	Neutral	39	21.8	67.6
	Disagree	41	22.9	45.8
	Strongly disagree	14	7.8	100.0
	Total	179	100.0	
Missing	System	3		
Total		182		

Table 17 reveals that most of the respondents (24.6%) agree that home delivery is a risk to maternal and neonatal death, 22.9% respondents strongly agree and 22.9% also disagree. 21.8% respondents were neutral and only 7.8% strongly disagree.

Reasons for Avoiding Hospital Delivery

This section shows the factors that aid in home delivery among respondents in the study area.

Table 18: Number of respondents that avoid hospital delivery due to financial factor

Avoidance of hospital delivery is due to low financial status				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	35	19.9	19.9
	No	141	80.1	100.0
	Total	176	100.0	
Missing	System	6		
Total		182		

The study shows that 80.1% (141) respondents do not avoid hospital due to low financial status. Few (80.1%) respondents have financial problem. This reveals that the respondents do not have financial problem that will stop them from delivering at hospital/clinic.

Table 19: Number of respondents that avoid hospital delivery due to fear of caesarean section (CS)

Avoidance of hospital delivery is due to fear of Caesarean Section (CS)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	29.1	29.6	29.6
	No	126	69.2	70.4	100.0
	Total	179	98.4	100.0	
Missing	System	3	1.6		
Total		182	100.0		

Further results from table 19 shows that More than 90% (126) are not avoiding hospital/clinic delivery due to fear of caesarean section and only 29.6% respondents avoid hospital/clinic delivery due to fear of caesarean section More than 90% (126) are not avoiding hospital/clinic delivery due to fear of caesarean section.

Table 20: Number of respondents that have problem with hospital hygiene

Problem with hospital hygiene				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	185	70.6	70.6
	No	110	29.4	100.0
	Total	295	100.0	
Missing	System	5		
Total		295		

Results reveals that 70.6% (185) respondents noted that they avoid hospital due to lack of hygiene in the hospital/clinic and few (29.4%) respondents are not having problem with lack of hospital hygiene. The study shows that most of the respondents have problem with lack of proper hygiene in hospital/clinic during delivery.

Table 21: Number of respondents that have problem with lack of ANC

Problem with lack of antenatal care service				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	52	28.9	28.9
	No	128	71.1	100.0
	Total	180	100.0	
Missing	System	2		
Total		182		

The table above reveals that more than half (71.1%) of the respondents do not have problem with cost of antenatal care and only 28.9% have problem with antenatal care service.

Table 22: Respondents view on cost of delivery

Problem with cost of delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	45	25.1	25.1
	No	134	74.9	100.0
	Total	179	100.0	
Missing	System	3		
Total		182		

Furthermore, table 22 also shows that more than half (74.9%) of the respondents do not have problem with cost of delivery and only 25.1% respondents have problem with cost of delivery.

Table 23: Respondents accessibility to hospital from home

Home far from hospital				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	109	60.6	60.6
	No	71	39.4	100.0
	Total	180	100.0	
Missing	System	2		
Total		182		

In addition, distance from the hospital is a problem because 60.0% (109) respondents are not staying close to the hospital/clinic only 39.4% are living close to hospitals/clinic.

Table 24: Respondents view on availability of transportation during time of delivery

Problem with lack of transportation				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	120	66.7	66.7
	No	60	33.3	100.0
	Total	180	100.0	
Missing	System	2		
Total		182		

Table 24 shows that large proportion of the respondents with 66.7% (120) responses are not mobile and only 33.3% have means of transportation. This will hinder women from distance to reach for hospital/clinic during delivery.

Table 25: Respondents view on health attended violating women's privacy

Health attendants violate women's privacy				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	126	70.0	70.0
	No	54	30.0	100.0
	Total	180	100.0	
Missing	System	2		
Total		182		

From the same findings, it reveals that 70.0% (126) respondents complained about health attendants violating women's privacy especially during labour.

Table 26: Number respondents that avoid hospital delivery due to the presence of male doctors

Avoidance of hospital is due to the presence of male doctors in labour room				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	81	45.0	45.0
	No	99	55.0	100.0
	Total	180	100.0	
Missing	System	2		
Total		182		

In the study it shows that 55.0% (99) respondents avoid hospital/clinic delivery because of the presence of male doctors in the labour while 45.0% said they avoid hospital/clinic delivery due to presence of male doctors in the labour room.

Table 27: Number of respondents that avoid hospital delivery due to cultural believe

Prevented by other cultural beliefs from hospital delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	42	23.3	23.3
	No	138	76.7	100.0
	Total	180	100.0	
Missing	System	2		
Total		182		

The table shows that 76.7% of most of the respondents don't avoid hospital because of cultural beliefs but few (23.3%) respondents deliver at home because of their cultural belief. religious believe that can avoid mothers from hospital/clinic delivery was also raised but the findings show that these problems were not the respondents concern.

Table 28 Number of respondents that avoid hospital due to religious believe

Prevented by other religious beliefs from hospital delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	18	10.0	10.0
	No	162	90.0	100.0
	Total	180	100.0	
Missing	System	2		
Total		182		

Religious believe that can avoid mothers from hospital/clinic delivery was also raised but the findings shows that these problems were not the respondents concern as the table shows only 10.0% have that belief.

Awareness of the Importance and Safety of Hospital/Clinic Delivery

On this issue, the study shows that 96.7% (174) respondents said they are aware while 3.3% (6) respondents are not aware.

Table 29 Number of respondents that are aware of the importance of hospital/clinic delivery

Knowledge of the importance and safety of hospital or clinic on child delivery				
		Frequency	Valid Percent	Cumulative Percent
Valid	Yes	174	96.7	96.7
	No	6	3.3	100.0
	Total	180	100.0	
Missing	System	2		
Total		182		

Lastly, the table reveals that 96.7% have the knowledge of the importance and safety of hospital/clinic on child delivery while 3.3% don't have the knowledge. This shows that most of the respondents have the knowledge and are very much aware of the importance of delivery in hospitals/clinic in the study area.

KII with Traditional Birth Attendants and Experienced Women

"They call me to assist them because they believe that their mothers and grandmothers also deliver at home during their times so nothing would happen to them too." (TBA)

"They seek for my help because they dislike the unhygienic condition of the hospital/clinic. The beds are not properly cleaned after birth of one person and another person will be brought to the same bed. They always complain about dirty dustbin, and sticking odour. But not all of them had once delivered in the hospital, some were told from other women" (TBA)

"Most of them have confidence in me and they feel more cared by my behaviour towards them so why would they go to hospital." (Experienced woman)

"Some of them call me during the night or early hours in the morning to assist them because of lack of transportation that will take them to hospital/clinic." (Experienced woman)

"They call me because of the bad experience they had last with the health workers during labour. They complain about how they had been ill-treated in the hospital/clinic during labour. So they feel more relax because I always give them words of encouragement and I try to be patient with them." (TBA)

"Most of the women that call me to assist them during labour are the Fulani women. They feel ashamed of exposing their body to health workers especially men health workers. To them it's not appropriate." (TBA)

DISCUSSION

This study was aimed at examining the factors associated with home delivery among mothers of Damaturu town of Yobe state. Education is one of the strong key in fighting maternal/neonatal mortality. Similar research noted that, the inclusion of mother's education and husband's education as a strong determinants of place of delivery among mothers found in this study is a strong assertion that education remains a key determinant of health service. (Iduseri et al., 2010). In this study, although there were more women with secondary level qualification, but they still turn out to be ignorant. If to say the expected mothers were well educated, there might be less percentage of home delivery cases since the mothers make their own decision in terms of place of delivery in this study. This was pointed out in the research of Weldearegay (2015) where it shows that, all the participants agreed that most of the time decisions were made by their husbands and TBA's. Apart from that, the attitude of home delivery is more common among women with traders as their husbands. This reveals that the husbands are not well educated. Similar findings were noted in (Kifle et al., 2018), where it shows that women whose husbands had no formal education were less likely to deliver in a health facility. Neighbours are the ones that are assisting mothers during child delivery at home. Thus, the neighbour might be educated or not, has an experience or not. These attitude is very dangerous that requires enlightenment among women of the town although they are well aware of its danger. On the contrary, (Berhe and Nigusie 2019) also reveals that among women with a live birth delivered anytime within the one year prior to the survey, 55.6% had been assisted by non-skilled birth attendance. Furthermore, it is observed that they only go for ANC for check-ups and prescription but not to deliver in the hospital since most of them are regularly attending. On the other hand, in (Shiferaw et al 2013), the result was contrary to this study where it recorded high percentage of women attending ANC. Thus, the problem here is that they are well aware of the importance and safety of hospital/clinic delivery but still choose to ignore that.

Although there are not much complaints about complications during home delivery, but the few had issue of hypertension and excessive bleeding which are a risk to maternal/neonatal death. This was also traced in (Okeshola and Sadiq, 2013). Despite these health issues, mothers still choose to deliver at home. Relationship between health workers and expected mothers is very weak. Mothers have complaints about health workers violating their right. This hinders health workers and patient relationship. The same issue has been raised during an interview with one of the TBA. Similar findings were also found in the study of (Okeshola and Sadiq, 2013).

Transportation was one of the major factors that hinders expected mothers to deliver at hospital/clinic especially if the labour started at night. This was also shown in the study of (Egharevba et al 2017). Lack of proper hygiene is also another main factor that contributed to home delivery. The mothers have complained about improper hygiene especially about labour beds, full dustbins and unpleasant odour. These problems make them uncomfortable and therefore prefer to deliver at their comfort of their homes. Similarly, according to the interview held, these issues drives expected mothers away from hospital delivery despite knowing that delivering at hospital/clinic is safer than

home delivery. In addition, a considerable number of women were concerned about the presence of male health workers present during the time of labour. This problem is mostly as a result of lack of proper education and enlightenment among women.

The study was conducted in Yobe State of North Eastern Nigeria. Furthermore, the study was conducted in some parts of Damaturu town and the result may not be generalizing to other parts of the town. In the sample, 182 respondents were women who deliver at home but their views might not be the same with the entire women of the town. Even though the study reveals the factors that are associated with home delivery, there might be other factors that contribute which we have omitted. The strength of the result might also differ if all the questionnaires were return and if there were no missing response from some questions.

CONCLUSION

Home as a choice of place of child delivery has long been a huge contributor to maternal and neonatal death. Our study contributes to the understanding of the determinants that contributes and increase the cases of home delivery. We noted that the major factors that affects hospital/clinic delivery in Damaturu town were lack of transportation, lack of proper hygiene in the hospital/clinic and weak relationship between staff and patient. The study discovered that deliveries took place at home as a result of lack of transportation especially the labour that occur in the middle of the night. Condition of an environment is very important especially when it comes to health issues. Lack of proper hygiene in the environment of labour room is a factor that drags mothers away from delivering at hospital/clinic. Women complained about the beddings, dustbins, flour and smelly condition of labour room which they cannot bring their baby to the world such state. Lack of good relationship between health workers and patients during delivery has also contributed greatly to home delivery. The study also reveals that most of cases of home deliveries took place without the guidance of a skilled attendant. This situation could aggravate the problem of maternal/neonatal death. Hospital should be made accessible for expected mothers. Proper hygiene should be intensified and be maintain in hospitals/clinics. More training should be done to healthcare workers in having good relationship with mothers especially during labour. Awareness campaign should also be intensifying to improve or reduce home delivery. Proper and free education for adults should be introduce by government and non-government organization. Further similar research should be conducted among the Fulani tribe for most of them believe in their cultural ways of delivering their children at their rooms.

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