

## Factors Influencing Home Deliveries in Somalia\*

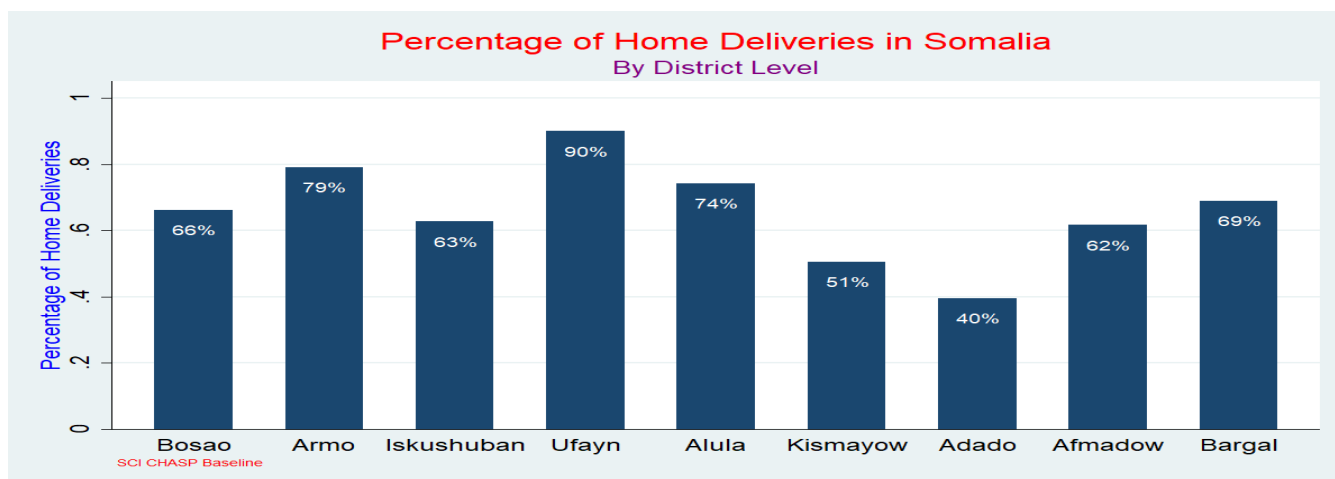
### Background

Complications during pregnancy and childbirth contribute to a significant number of maternal and newborn deaths and disabilities in the world and specifically in countries like Somalia. Home deliveries are more likely to be unhygienic, conducted by an unskilled service provider followed by complications such as prolonged/obstructed labor, hemorrhage, sepsis often contributing to a maternal near miss or death. Mothers die due to lack of access to emergency obstetric care for timely treatment of complications of childbirth such as hemorrhage, obstructed labor, eclampsia and infection<sup>†</sup>. Despite huge effort from the Government of Somalia and the international stakeholders to curb pregnancy related deaths and disabilities, maternal mortality ratio (MMR) have remained high i.e. 732/10,000 live births<sup>‡</sup>.

**Data and methodology:** As part of the inception phase of Community Health and Social Accountability Programme (CHASP) in Somalia, a baseline survey was conducted across six districts in Puntland state of Somalia (Bosaso, Armo, Iskushuban, Alula, Bargal, Ufayn) two districts in Jubba-land state (Kismayo, Afmadow) and one district in Galmudug state i.e. Adado district. Eligible participants in this study were women of child bearing age (WCBA), 15-49 years, who had delivered at least one child aged below 5 years at the time of interview. Study participants were asked questions on the number of antenatal services they attended, who conducted the ANC counselling i.e. doctor, nurse, midwife or traditional birth attendant (TBA), access to media such as TV or radio, birth preparedness plan etc. The association between home delivery and possible factors was assessed at 95% CI. Factors that were significant during bivariate analysis and having p-value <0.2 were further incorporated into multivariate analysis and variables that were finally significant at p<0.05 were incorporated in to the final model. The correlation analysis is not based on specific district, but rather its overall estimation.

**Findings:** Out of 2,175 eligible WCA who had given birth to at least one child at the time of interview, 1,449 (67% )of them delivered at home. Majority of districts surveyed are located in Bari region in Puntland State. Ufayn district, had the highest number of home deliveries i.e 90% of mothers delivered at home, followed by Armo (79%), Alula (74%), Bargal (69%), Bosaso (65%) and Iskushuban (63%) respectively, Figure 1.

**Figure 1: Percentage of Home deliveries in Somalia by districts level**



One of the major factor that contributed to high number of WCBA to deliver at a facility is the distance from their homes to the facilities. Majority of the participant in Bari region were commuting at a distance of approximately 50 kilometers while in Galgaduud and Lower Juba region half of the WCBA commuted at a similar distance. Other factors investigated that were significantly associated with facility delivery includes; meeting a skilled health worker at the

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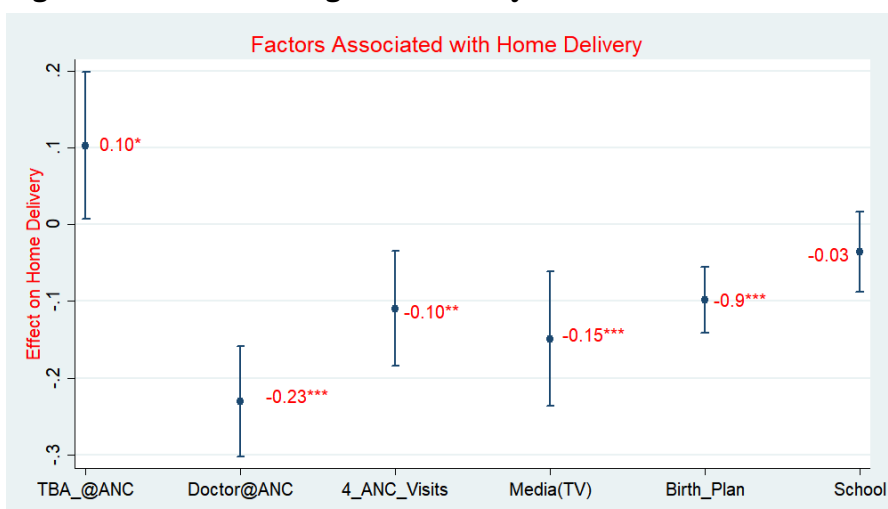
<sup>†</sup> <http://www.emro.who.int/som/programmes/reproductive-health.html>

<sup>‡</sup> [Country statistical profiles 2017](#)

health facility for ANC, number of antenatal visits, received birth preparedness counselling plan at previous visit and access to media such as TV or Radio. (Figure 2).

The results suggest that, in Somalia the probability of a mother who met a trained TBA at the health facility during ANC is more likely to deliver at home. It's worth noting that Joint, Health and Nutrition Programme (JHNP), a multi-donor pool fund program that ended in 2016 used to support community midwives with incentives i.e. trained TBA's. However, this is not the case currently rather the ministry of Health (MoH) decided to stop the incentives and instead train qualified midwives.

**Figure 2: Factors effecting home delivery in Somalia**



On the other hand, a mother counselled by skilled health workers other than TBAs during antenatal care (ANC) is less likely to deliver at home by 23 percentage points compared to a mother who met skilled birth attendants like nurses or midwives at the health facility. Additionally, the study found that attendance of 4 antenatal visits reduces home deliveries by 10 percentage points compared to a mother who attended less than 4 ANC visits. Birth preparedness counselling was also shown to reduce home delivery by 9 percentage points. Access to media specifically TV reduces home delivery by 15 percentage points compared to those mothers who did have access to other media types.

**Discussion and Conclusion:** Despite efforts by the Somali government and international partners to increase access of mothers especially rural, the number of home deliveries are still high. Our study established 67% of mothers interviewed delivered at home. Correlation between 4 ANC and more visits were shown to be associated with practice of institutional delivery. This was also reported in studies conducted in Afghanistan, Nepal and Bangladesh<sup>1,2</sup>. Mothers who deliver at home may consider home delivery as normal cultural practice. These mothers may not be aware of the importance of health institution based delivery services and thus should be encouraged. As shown in our results, exposure to media specifically TV was shown to increase the likelihood of facility based delivery. Studies has shown that mass media radio and television exposure were more likely to increase women's knowledge about pregnancy and labor including danger signs and complications and perhaps contributes to facility delivery<sup>4</sup>. Studies from Malawi and Nepal showed similar association between no/fewer than four ANC visits and home delivery<sup>2,3</sup>. During antenatal care checkups and at the end of last trimester, Women usually receive birth preparedness counselling that ultimately encourages them to deliver at the health facility.

### References

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**Recommendation: Strategies to foster institutional delivery should focus on upgrading quality of care services at the health facilities, subsequent ANC visits should be followed up. Increasing the number of skilled health providers at maternity centres should be given special attention. Raising the awareness of mothers about the importance of institution based deliveries services should be**