

**DETERMINANTS OF HOME BIRTHS AMONG WOMEN OF
REPRODUCTIVE AGE AFTER ANTENATAL HOSPITAL CARE VISITS IN
NAROK COUNTY, KENYA**

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DECLARATION

This thesis is my original work and has not been presented for a Master's degree in any other University

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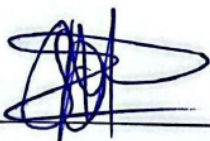
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This thesis has been submitted for review with our approval as University Supervisors.

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ABSTRACT

One of the critical markers for checking the progress of Sustainable Development Goals five is measuring the number of women who give birth in a hospital set up under the supervision of professional health care providers. The study's objectives were to determine demographic characteristics of women from Narok south sub-county who deliver in a non-hospital setup. To assess the level of knowledge on risks associated with home deliveries among women of reproductive age and investigate factors that influenced place of birth. Across-sectional survey of 323 women who delivered at home within the last two years yet attended antenatal care clinics was carried out. The survey was conducted in Narok south sub-county, and respondents were picked randomly from all the wards. Data was collected using an interviewer-administered questionnaire; exploration of variables was done using a chi-square test. Using odd ratio with 95% confidence interval with $p < 0.05$ taken as a statistically significant association. The results on demographics revealed that 62.5% were married, 16.1 single. Those with no formal education were 69.3%, with 0.9% had college level of education. The level of education and marital status had a significant positive effect on giving birth at home. One-way ANOVA analysis, there was a significant influence on source of income and home delivery ($F=62.022$, $P=0.0001$). All three factors (age, education, distance) had a significant positive relationship with the number of children delivered at home ($r = 0.574$, 0.677 and 0.534 respectively). Using Pearson correlation analysis, the findings revealed that the distance to the health facility significantly influenced home delivery ($r=0.53$, $P=0.0001$). On assessing the level of knowledge associated with home delivery, many mothers were aware of bleeding and perineal tears as complications. Given opportunity majority would not deliver at home again (77.4%). Those who had no emergency backup plan were 96.3% and those who stated that they would deliver at home again, had no emergency backup plan. In contrast, women who had emergency backup plans would not deliver at home again (Fishers' exact test = 3.628, $P = 0.043$). Awareness of the risk factors stated 95.0% were aware of the risk of placenta praevia and bleeding problems, and there was no significant difference in the number of women aware of the danger signs to those not familiar (χ^2 value 30000, p -value 0.224). Major contributing factors to home delivery were; lack of transport at the time of delivery (31.0%) and a notion by the respondents that delivery is not a disease (30.0%). Merely 3.1% of the respondents gave birth at home due to their volitions.