LOW INSTITUTIONAL DELIVERY SERVICE UTILIZATION IN KASSALA
A. Abbakerr¹, Y. Mohammed¹, A. AbdelAziem², I. Abdulmutalab¹, E. Abdulla², M. Ishag¹
¹. University of Khartoum, Khartoum, Sudan
². University of Kassala, Kassala, Sudan

Background: Sudan, has a high maternal mortality rate during birth. The maternal mortalities that occur during home births can be due to a lack of skilled birth attendants, who can recognize and deal with obstetric emergencies. This study investigated the rate and the reasons for choosing an institution for delivery versus a home birth among mothers in Kassala, Eastern Sudan.

Methods: This community-based cross-sectional study was conducted between May and September 2012. A multistage sampling technique was used to select 686 participants. Sociodemographic, medical and obstetric history was gathered using a structured, pre-tested questionnaire.

Results: Of the 686 enrolled women, 297 (43.3%) had an institutional delivery and 389 (56.7%) had a home delivery. The reasons for home delivery were: urgent delivery (49.6%), a bad previous experience with a hospital delivery (38.2%), shyness (11.0%), fear of a Caesarean delivery (20.6%) and financial reasons (22.4%). Being younger (OR=1.8, 95% CI=1.2─2.5), primiparae (OR=1.7; 95% CI=1.0─2.8), educational level ≥ secondary level (OR=2.8, 95% CI=1.5─4.5), being employed (OR=1.7, 95% CI=1.1─2.7) and using antenatal care (OR=6.1, 95% CI 2.3─16.0) were the predictors for an institutional delivery.

Conclusions: Younger age, education to beyond secondary school level, primiparity and antenatal care use were the predictors for an institutional delivery in this study. Increases in education and antenatal care would increase the rate of institutional deliveries.