

Rural Nepal: Despite evidence that hospital births are safer, poverty keeps women home

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Encouraging hospital births are an important component of reducing maternal mortality in low-resource settings. Now, new research shows certain factors, including age and income, determine whether women living in rural Nepal have home births or hospital deliveries.

Sheela Maru ,MD, an instructor in Obstetrics and Gynecology at Boston University School of Medicine and a team of researchers at Possible and Nyaya Health Nepal, interviewed 98 women shortly after birth to understand why they delivered their babies at home or in a [hospital](#). The majority of women acknowledged that giving birth in a hospital was safer than giving birth at home. In fact, 93% of women who gave birth in an institution were satisfied with their experience, while only 32% were satisfied with their home birth. Despite these statistics, only 30% of women in the study had their babies in a hospital or health post (an "institutional birth").

"We found that age, income and land ownership were significant factors in predicting whether a woman would have an institutional birth," explains Maru. "Nearly all women in our study stated they would prefer an institutional birth. Future interventions to increase rates of institutional birth should address structural barriers including, differences in socioeconomic status, social support, and birth preparedness."

Researchers found lack of transportation resources, lack of gender equity or power to independently decide, and poor quality services at

facilities also posed barriers to a hospital or institutional birth. Family, partner and societal support were important factors in a woman leaving her home in labor and reaching an institution. This journey required 'birth planning,' or making preparations in advance for finances, accompaniment, and childcare.

"The majority of these women want to give birth in a hospital setting." adds Maru. "We must support these well-founded wishes by targeting the underlying social and economic inequity and structural barriers that prevent [women](#) from achieving institutional [birth](#)."

Provided by Boston University Medical Center

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