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Circumstances leading to home childbirths among women living in Winterveldt, Tshwane Municipality of South Africa

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Abstract

Childbirth complications, which may include maternal and perinatal mortality are common among women giving birth at home compared to those giving birth at health care facilities. Increasing access to childbirth in health care facilities improves the maternal and perinatal health outcomes for both the mother and child. There are however reported cases of home childbirth and decreasing numbers of health care facilities' births in developing countries. The researchers identified an increase in number of babies born before arrival in several health care facilities and therefore explored this phenomenon in order to understand circumstances leading to this practice. The findings of the study have a potential to inform interventions and strategies to strengthen community health education and engagement on maternal and child health issues. Information gathered through this study will also be important in informing decision making on prioritization of key interventions to incorporate Traditional Birth Attendants (TBAs) services in reproductive health care. An exploratory descriptive qualitative study was used to conduct in-depth interviews amongst women of childbearing age living in a semi urban area of the Tshwane municipality in South Africa. The sample of this study was made of 21 purposively selected women who had experienced home childbirth. Thematic content analysis was used for data analysis. Many women made a choice to give birth at home due to religious and cultural beliefs. However, some women wished to give birth in a health care facility but due to unintentional factors such as lack of transport, failure to identify labour pains, and fast labour; they ended up giving birth at home. Some of the women indicated harsh treatment in health care facilities compared to the pleasant birthing experience at home as reasons for opting for home childbirth. *(Afr J Reprod Health 2024; 28 [9]: 16-24).*

Keywords: Born before arrival**,** home childbirth, and traditional birth attendants

Résumé

Les complications de l'accouchement, qui peuvent inclure la mortalité maternelle et périnatale, sont fréquentes chez les femmes qui accouchent à domicile par rapport à celles qui accouchent dans des établissements de soins de santé. L'amélioration de l'accès à l'accouchement dans les établissements de soins de santé améliore les résultats de santé maternelle et périnatale, tant pour la mère que pour l'enfant. Des cas d'accouchements à domicile ont cependant été signalés et le nombre d'accouchements dans les établissements de santé a diminué dans les pays en développement. Les chercheurs ont identifié une augmentation du nombre de bébés nés avant leur arrivée dans plusieurs établissements de santé et ont donc exploré ce phénomène afin de comprendre les circonstances ayant conduit à cette pratique. Les résultats de l'étude ont le potentiel d'éclairer les interventions et les stratégies visant à renforcer l'éducation sanitaire communautaire et l'engagement sur les questions de santé maternelle et infantile. Les informations recueillies dans le cadre de cette étude seront également importantes pour éclairer la prise de décision sur la priorisation des interventions clés pour intégrer les services d'accoucheuses traditionnelles (AT) dans les soins de santé reproductive. Une étude qualitative descriptive exploratoire a été utilisée pour mener des entretiens approfondis auprès de femmes en âge de procréer vivant dans une zone semi-urbaine de la municipalité de Tshwane en Afrique du Sud. L'échantillon de cette étude était composé de 21 femmes sélectionnées à dessein qui avaient accouché à domicile. L'analyse du contenu thématique a été utilisée pour l'analyse des données. De nombreuses femmes ont choisi d'accoucher à la maison en raison de leurs croyances religieuses et culturelles. Cependant, certaines femmes souhaitaient accoucher dans un établissement de santé, mais en raison de facteurs involontaires tels que le manque de transport, l'incapacité d'identifier les douleurs de l'accouchement et la rapidité du travail ; elles ont fini par accoucher à la maison. Certaines femmes ont indiqué que les traitements sévères dans les établissements de santé, comparés à l'expérience agréable de l'accouchement à la maison, étaient les raisons pour lesquelles elles avaient opté pour l'accouchement à domicile. *(Afr J Reprod Health 2024; 28 [9]: 16-24).*

Mots-clés: Nées avant l'arrivée, accouchement à domicile et accoucheuses traditionnelles

Introduction

Childbirth is an important, intimate, and personal experience for most women, and it is generally associated with good health outcomes for the mother and baby[1,2]. Childbirth is described by the World Health Organization (WHO) as a natural process and a joyful social event, not just for the family but for the community at large making it a public health subject[2]. As much as good clinical care is recommended, the WHO advocates for positive experience of care as part of a client-centred approach[2]. This was also emphasised by Leinweber *et al*[3] when they found that a positive childbirth experience has a positive effect on women's psychosocial well-being[3]. Most women undergo normal childbirth with healthy babies; however, complications cannot be predicted. There is an increased risk of maternal and perinatal mortality among women who give birth outside health care facilities compared to those who give birth in health care facilities. Increasing access to safe deliveries is also said to be key to the reduction of avoidable maternal and perinatal mortality[4].

In contrast to the developed countries that offer choice on birthplace setting and encourage home deliveries for low-risk pregnancies, Sub-Saharan Africa has always aligned themselves with the WHO recommendations for in-facility deliveries for all women irrespective of their risk category[4,5]. Despite this recommendation, there is a continuing rise in home childbirths that occur without assistance of a skilled birth attendant particularly in developing countries[5].

Data from the District Health Information System showed a concerning decline in the number of children delivered in health care facilities from 85.4% in 2020 to 74.4% in 2022[6]. In-facility delivery rate is a health indicator that monitors accessibility of maternity and obstetric services in the country. The indicator calculates the deliveries in health care facilities as a proportion of expected deliveries in the population. Expected deliveries are estimated based on the current population of children under one year. Monitoring this indicator guides the government to plan for resources to meet the population service demands[6].

Despite the South African government's efforts to ensure adequate access to Primary Health Care (PHC) services, some women living in Tshwane North still choose to give birth at home, and the reasons for their choices are not known. In 2018 alone, a Community Health Centre (CHC) that services the same community reported a total of 84 children born before arrival (BBA) at a health care facility compared to the total in-facility delivery of 832[6]. This amounts to a concerning BBA incidence rate of 9.8%. Furthermore, the 2020 data indicates a 3.7% increase of BBA incidence in two years with a total of 161 BBAs recorded which is almost double the number of BBAs in 2018, against the 1189 in-facility deliveries[6]. The CHC in the study area had a BBA incidence rate of 13.5% at the time of the study. This put the facility incidence of BBAs at 10.1%. This incidence rate was higher than the district average of 3.4%[6]. The aim of this study was to explore the circumstances leading to home childbirth in this community.

Methods

Study design and setting

An explorative descriptive qualitative study design was used to conduct in-depth interviews with women who experienced home childbirth in Winterveldt, a semi urban village located in the north west of Pretoria, 40km away from the Pretoria Central Business District. Winterveldt forms part of the City of Tshwane Metropolitan Municipality and had a population of approximately 120,826 residents in the last general census[7].

The community is serviced by three public health facilities, i.e., two PHC clinics and one CHC. The two PHC clinics offer a comprehensive integrated package of PHC services and operate only on weekdays for eight hours a day. The CHC offers the PHC services plus maternity services, and is open for 24 hours. In-depth individual interviews with 21 women who were purposively selected based on having previously undergone a home childbirth were used to collect the data. The sample size was determined by data saturation[8]. Women aged 18 years and above who once experienced home childbirth, residing in Winterveldt for at least one year and able to speak and understand Setswana or English were included in the study. Young girls under 18 years of age, those that never experienced home childbirth, unable to understand Setswana or English and new residents in the area were excluded as the study sought to understand the circumstances

that led to home childbirth in a language that a participant can understand and narrate.

Population and sampling

Participants were selected using purposive sampling and only women who experienced home childbirth were selected for the study. Personal judgement was used to only select individuals who can help answer the research question by reliving their experiences. A total of 21 participants were interviewed. Sampling and further interviews were stopped as data saturation was reached and there was no new information emerging.

Data collection procedure and ethical considerations

Ethical approval to conduct the study was granted by Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC) (clearance certificate number H/81/2019:PG). Permission to conduct the study within the community was obtained from the community leaders following a briefing meeting on the study objectives. A community meeting was convened in a central place and contact details of potential participants were taken to set up individual appointments for in-depth individual interviews after the meeting. Data collection only commenced after the above processes were completed. Written informed consent was obtained from each participant before the interviews were conducted. The participants were also assured of their anonymity and confidentiality of the information that they shared. Participants were further informed that their participation in the study was voluntary.

In-depth individual interviews were conducted by the chief researcher using an interview guide which consisted of three main questions followed by probes. The interview guide was developed in English and translated into Setswana, which is one of the most commonly spoken language in the area. The guide included questions relating to how the participants ended up giving birth at home, their previous birth experiences, and how they think giving birth at home differs from giving birth at a health care facility. The interviews took place per appointment at the participants' homes to ensure privacy and confidentiality. Informed consent was requested in Setswana amongst all participants. Permission to audio record the interviews was obtained from all the participants and in addition field notes were written by the researcher to describe non-verbal cues expressed by participants. Each interview lasted for 12 to 32 minutes. The demographic data were collected from participants before each interview. All audio recordings were transcribed verbatim in Setswana and thereafter translated into English.

Data analysis

Data analysis was done using thematic analysis which is defined by Nowell[9] as a process used to identify, analyse, organize, describe, and report themes found within a data set. The transcripts were read repeatedly by the researcher to familiarize herself with the data and to identify initial codes. A code book was developed for consistent labelling of data. New codes were added as they emerged. Themes and sub-themes were then identified and finalized to present the findings. Trustworthiness was maintained through adhering to the four strategies: credibility, transferability, dependability, and confirmability[10].

Strategies to ensure trustworthiness

The following actions were taken to ensure the rigour of this study.

Interviews were conducted in Setswana as it was the local language that the participants understood better. The researcher collected the participants demographic data; recorded field notes to reflect reactions posed by participants; and conducted in-depth individual interviews with probes for further clarity on questions asked and to understand the context of the participants responses. Verbatim transcription was done to ensure that interpretation is based on the original words of the participants. In addition, the research findings were supported by actual participants' quotes. A reliable digital recorder was used to ensure good quality of sound for the information captured during the in-depth individual interviews. Peer debriefing with the supervisor was done after the first two interviews. The transcripts were discussed with the supervisor for guidance and to ensure collection of quality data in subsequent in-depth individual interviews as well as to improve the interview guide based on emerging information from the first two interviews.

Table 1: Sociodemographic characteristics and obstetric history of the study sample

Variable	Sub-category	Freq.	Percentage
Age category	< 25 years	1	5
	25-30 years	7	33
	31-35 years	4	19
	36-40 years	6	29
	>40 years	3	14
Educational status	None	3	14
	Primary	6	29
	Secondary	12	57
	Tertiary	0	0
Marital status	Single	15	71
	Married	6	29
Number of children	1-2	3	14
	3-4	7	33
	5-6	7	33
	>7	4	19
Place of birth in the last pregnancy	Home	13	62
	Health facility	8	38
Reasons for visiting a health care facility after giving birth	Check-up and birth records	6	29
	Birth records only	6	29
	TBAs advise	1	5
	N/A	8	37
Antenatal care attendance in previous pregnancy	1-4 visits	7	33
	5-7 visits	10	48
	8 or more visits	4	19

Results

This section describes the demographic information of the study participants as well as circumstances that led to them giving birth at home. The first part of this section will be a summary of the study participants' demographic information, followed by the qualitative information related to circumstances which led to them giving birth at home.

Demographic and obstetric information of the participants

Demographic and obstetric information of participants was collected and is summarized above in table 1. The ages of the study participants ranged between 24 and 45 years, with a mean age of 34 years.

All participants reported to have attended antenatal care during their previous pregnancies.

More than half of the study participants (62%) visited a health care facility after birth at home. Reasons for visiting a health care facility after giving birth were as follows: of the women who gave birth at home in their previous pregnancy, 46% visited a health care facility for check-up and birth records, another 46% for birth records only and 8% went to a health care facility as advised by the traditional birth attendant. The average number of children born by the participants of this study was 5.1.

Circumstances leading to home childbirth

Four sub-themes related to the theme on circumstances leading to home childbirth emerged. These were religious and cultural beliefs, social norms, previous unpleasant experience in health care facilities, and unforeseen circumstances. These four sub-themes are described in detail below.

Religious and cultural beliefs

The majority of the participants cited religious and cultural beliefs as some of the reasons they opted to give birth at home. Some even indicated that the rules of the church they attended did not allow them to go to health care facilities. Here are some of the quotes related to this sub-theme:

"Mmmh, it could be by the rule of the church, it expects that you get a baby, when you get a baby, you get it at home. Of course, so that they can see that the church also assists." (Participant 2)

"Our culture is Shona, as Shona we are used to giving birth at home." (Participant 8)
"Indeed, they say we should give birth at home. Ahhh….at church…it is a rule that…it is rules that they…they…they…that were there a long time ago when the church started." (Participant 11)
"Like we Shona…we are Shona so, we actually according to our guidance, we are not supposed to go to hospitals, because in our culture there are grannies that assist with giving birth, that assist to do this and that. So, rightfully we give birth at home…rightfully so. (Participant 14)
Ok…Mhhh….I can say the first reason, when I was growing up and the church that I am attending, we are not allowed to go to the clinic." (Participant 19)

Social norms

The concept of home childbirth and having traditional birth attendants were socially acceptable norms in this community and the participants reported that they got information about where to get the best childbirth care from close acquaintances such as neighbours, friends or even have a family member who offers the services. Here are some of the quotes related to this sub-theme:
"When I was growing up, my mother was assisting people. So that is where I saw, from when I was a child, I started seeing a person giving birth when I was a child…giving birth at home." (Participant 4)
"I heard from my friend… After she gave birth, she told me that aaiii…you once told me that you were not treated well at the hospital, I gave birth at home and that woman treats people well." (Participant 6)
"I also grew up while she was helping people give birth. I do not know when she started, I know when I saw other people say, such and such gave birth, they were assisted by such and such a granny, so and so, and that is when I saw that the granny indeed does help and so I was also assisted by her when giving birth." (Participant 7)
"I knew them because they stay around here. They stay here…mmmh…these grannies, they stay here. They have been helping people for a long time. They have been helping people around here." (Participant 12)

Previous unpleasant experience in health care facilities

Previous experience at health care facility also emerged as one of the reasons for opting for home childbirth. The participants who had previous bad experience from a health care facility reported that they did not wish to ever go to a health care facility for childbirth again. Here are some of the quotes related to this sub-theme:
"I went to the clinic with my first child since 2000, when I got my first child, I gave birth at the clinic at Odi. Hei…they did not treat me well. I gave birth again in 2002, I gave birth again at Odi, eish I saw the same thing, things were the same." (Participant 6)
"I saw it different, because there is a child that I gave birth to at the clinic. When I was in pain, the nurses were watching TV. As I was in pain, I was telling them that something wants to come out. They said, "No go to the toilet…go wherever. I got to the bed with my shoes on, got to the bed and pushed the baby alone." (Participant 18)
"At the hospital some swear at you, get off the bed…do this…hei haai it's a problem (shaking her head)." (Participant 8)
"Even if you drop your baby we don't care, get on the bed, if you cannot it is your problem, we were not…, they told me that they were not around when I did this thing" (Participant 12)
"Now at the clinic they leave you just like that when you are feeling pain, they just look at you and tell you, when you got pregnant where did you think the baby will come out from? You should have pain because it is the pain of giving birth." (Participant 18)
"I felt that the labour pain is not getting better, I felt that indeed the baby is getting weak. I felt that she was playing and doing like this, stepping around and suddenly I felt that one-one, it was getting slow and getting slower, I said, come…come. At last, I did not know how it was happening and why, I do not know…I just heard them running to me and gathered around me. When they got to me, they said, let us help her, let us help her, they held me…and said…no, no, it is over here, they held the baby and said it is over here." (Participant 12)

Unforeseen circumstances

Some participants reported that they ended up giving birth at home due to unplanned circumstances such as unavailability of transport and fast labour. Here are some of the quotes related to this sub-theme:

"We are supposed to go to the clinic, because maybe you find that I… I do not have money, for… for

transport. Because we do not have cars at home." (Participant 1)
"Sometimes you find that you want to be able to deliver at the clinic but because you do not have transport to go to hospital on time, you will find that you call those grannies to come and assist you." (Participant 2)
"Ahhh…I, that made me to give birth at home…many times I…I do not get sick 'referring to labour pains' for a long time. Ehhh… It is just that many times, my children most of the time, when I start in the morning around 7…8 0'clock I will be holding a baby in my arms." (Participant 3)
"I did not have a reason. At that time there was no transport, it just happened so fast that I gave birth at home." (Participant 13)
"I…like…the reason that made me to give birth at home, is because of…is it not, it was my first child, I do not know the pain if it is a baby's pain or what, so when I was home, I felt the pain and I ignored it thinking haai…haai…it is just a pain. So, when I was calling granny saying I feel the pain, I feel like this and that, she said why did you not say all this time? I said no, I thought it's just a pain that will end soon." (Participant 16)
"She came when I was already in pain and the baby was about to come out. It was my first time. I did not know because when it is the first time you do not know if maybe the pain will be more that these ones." (Participant 18).

Discussion

This study explored circumstances leading to home childbirth among women living in Winterveldt. Cultural and religious beliefs came out strongly as most of the participants who gave birth at home reported the rules of the church as one of the reasons why they gave birth at home. The majority of participants in this study were Zimbabweans and were members of the Gospel of God apostolic church which is a predominately attended by Zimbabweans. Participants reported that they were previously not allowed to visit health care facilities for any health-related issues and only relied on spiritual healing. This is an indication that religion is one of the most common barriers for utilization of health care services during birth.

A study by Tsara[11] supported this notion of the church having a serious influence on health seeking behaviour. Factors such as cultural, and religious beliefs and practices affect decision making for many families regarding health seeking behaviours.

Our findings also revealed that family members of the women who gave birth at home supported these decisions. Even though some of the participants would not actively support the decision, they did not indicate having a problem with women giving birth at home. There is evidence that the practice is socially acceptable within the community, and this is also based on the TBAs practices which formed part of the participants' beliefs. More of TBAs views on home childbirth are deeply enshrined in their practices during labour and delivery. These practices are highly acceptable by the communities they serve and includes relying on spiritual revelations for guidance, allowing family members to support the woman in labour and their believe in birth as a natural process[12]. Aziato and Omenyo[12] also found that TBAs are generally accepted and accessible in the community and women would give each other information on where to find them. It was discovered that some participants even recommended them based on the care they provided and their experience on the work. In addition, some TBAs are related to the women who give birth at home where it is a norm to follow the family custom and not have to choose amongst the ones that are residing in the community. This was reaffirmed by Muhongya *et al*[13] when they found that availability of TBAs in more rural areas was a more prominent reason for home deliveries especially where the phenomenon is a socially acceptable norm. In addition, TBAs perceived that they are readily available for their community and are better equipped to offer emotional and practical support. This notion is supported by similar studies which also looked at enhancers to home child birth[14, 15,16].

Women who had previously experienced disrespect and abuse whilst giving birth at a health care facility reported that they do not wish to ever give birth in these facilities. These women indicated that they prefer giving birth at home where they are valued and respected. The phenomenon described above, was also reported by Kassa *et al*[17] who discovered that women are sometimes exposed to rude and disrespectful behaviour from health care professionals, and this creates a barrier in accessing health care services and results in home deliveries. Women who never experienced a health care facility

birth also reported fear of giving birth at clinics based on what they described as poor service by people they know. It is due to this perceived poor quality of care that women would decide to give birth at home. This issue was also reported by Esan *et al*[18] who conducted an observational study on respectful maternal care in health care facilities in Nigeria and found that perceived poor quality of care contributes to poor access of health care services during antenatal care and childbirth. The findings are further supported by evidence that the women's experience of care during childbirth influences their choice of childbirth setting for future pregnancies[19, 20,21,22,17]. Some of the women in the current study indicated that they would not use the health facilities in future because of the traumatic birthing experiences they had.

In contrast to the good treatment that women received when giving birth at home, women expressed unpleasant experience when they gave birth at a health care facility and some of them vowed to never give birth there again. This was also reflected by women that had previously given birth in health facilities when they reported more humane and respectful care by TBAs as compared to the harsh treatment received from nurses[23,24]. Several studies have also reported disrespect and abuse as one of the factors associated with poor utilization of maternity health services in middle-income countries[15,23,25,26]. In addition, women reported verbal and physical abuse in the hands of health care professionals.

Both intentional and unintentional factors play a role in the determination of place of childbirth. Literature further indicates that many women who give birth at home, do so unexpectedly whilst awaiting emergency medical services to transport them to a health facility, therefore resulting as BBAs[27]. Though some women opted for home childbirth due to other circumstances, others wished to give birth in a health care facility but unexpectedly gave birth at home. Some women stated lack of transport as the reason that led to them giving birth at home where they requested neighbours for assistance, but the transport would either arrive late after the baby is already born or not come at all. Others indicated that they were not aware that they were in labour and ignored the pain thinking that it will pass; and some verbalized having fast labour and did not have time to arrange to go to a health care facility. This is in line with Beukes *et al*[27] study which found that some of the reasons given by women for home childbirth range from patient being unaware of labour (31%), having short labour (29%) and waiting for strong labour pains or rupture of membranes (19%). The findings by Fouche and James[28] also supported the study by Khupakonke[4], which indicated ambulance delay as the major challenge where 84% of women who give birth at home do so while waiting for transportation to a health care facility

Conclusion

The study found that women were forced by different circumstances to give birth at home. Some of the circumstances that led to home childbirth were linked to the women's past experience of a health care facility birth, which many described as unpleasant. Although women opted to give birth at home, some were willing to go to a health care facility to get assistance however, due to unintentional circumstances such as lack of transport, being unaware of labour pains and having fast labour, they ended up giving birth at home with the assistance of TBAs**.**

Recommendations

The findings of this study warrant a need for further studies to explore the views, experiences, and practices of TBAs on home childbirth in order to get a broader view of the issue from a different perspective. It is also recommended that health education and health awareness programmes for family planning services need to consider the findings of this study in order to improve access to giving birth in facilities. PHC managers at different levels need to strengthen implementation of the patient satisfaction survey in midwifery obstetric units for women to report their experience of care on discharge. The feedback will assist with identifying gaps, and developing interventions to improve patient experience of care with focus on respectful maternity care.

Authors' contributions

Conceptualization, methodology, validation, investigation and data analysis: Rebecca Makau and Modikwe Rammopo

Writing and review: Rebecca Makau, Modikwe Rammopo, and Debbie Habedi

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