

Attitude Toward Institutional Delivery vs Home Delivery Among Pregnant Women: A Cross-Sectional Questionnaire-Based Study

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ABSTRACT

Background: Institutional delivery is a key strategy for reducing maternal and neonatal morbidity and mortality. Despite improvements in healthcare access, a proportion of women still prefer home delivery due to socio-cultural and economic factors.

Objective: To assess the attitude toward institutional versus home delivery among pregnant women.

Methods: A cross-sectional questionnaire-based study was conducted among 400 pregnant women across two medical colleges, two nursing colleges, and one private hospital in India. Data were collected by 50 MBBS students/interns, 50 nursing students, and 50 nurses using a structured Likert-scale questionnaire.

Results: Majority (72%) preferred institutional delivery, while 18% preferred home delivery and 10% were undecided. Positive attitudes toward institutional delivery were associated with higher education, prior antenatal care, and awareness of complications. Financial concerns, cultural beliefs, and family influence were major determinants of preference for home delivery.

Conclusion: Although institutional delivery is widely accepted, gaps remain due to socio-cultural and accessibility factors. Targeted awareness and strengthening healthcare infrastructure are essential.

Keywords: Institutional Delivery, Home Delivery, Attitude

1. INTRODUCTION

Maternal mortality remains a major public health concern, particularly in developing countries. Institutional delivery ensures skilled birth attendance and emergency care, significantly reducing complications. Studies indicate that approximately 22% of women in India still deliver at home, with 34% believing institutional delivery is unnecessary. Barriers such as lack of transportation, financial constraints, and socio-cultural beliefs continue to influence delivery choices. Understanding women's attitudes toward delivery settings is crucial for improving maternal healthcare utilization.

2. SPECIFIC OBJECTIVES

Primary Objective

- To assess the attitude of pregnant women toward institutional versus home delivery.

Secondary Objectives

- To identify factors influencing delivery preference
- To evaluate the role of socio-demographic variables
- To assess awareness regarding benefits of institutional delivery

3. METHODOLOGY**Study Design**

- Cross-sectional, questionnaire-based study

Study Tool

- Pre-validated structured questionnaire (Likert scale)

Questionnaire: Attitude Toward Institutional Delivery vs Home Delivery Among Pregnant Women**Section A: Socio-Demographic Details**

1. Age: ___ years
2. Residence: Rural / Urban
3. Education: Illiterate / Primary / Secondary / Graduate / Postgraduate
4. Occupation: Homemaker / Employed / Other
5. Gravida: Primigravida / Multigravida
6. Previous delivery: Institutional / Home / Not applicable

Section B: Attitude Assessment (Likert Scale)

Instructions: Please indicate your level of agreement with the following statements:

Scale:

- 1 = Strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly Agree

Core Items (15 Statements)

1. Institutional delivery is safer for both mother and baby.
2. Skilled healthcare providers are essential during childbirth.
3. Complications during delivery can be better managed in hospitals.
4. Home delivery is as safe as institutional delivery. (*Reverse scored*)
5. Cultural traditions favor home delivery in my family/community.
6. I feel more comfortable delivering at home than in a hospital. (*Reverse scored*)
7. Institutional delivery reduces the risk of maternal death.
8. Financial cost influences my choice of delivery place.
9. Distance to healthcare facility affects my decision.
10. Family members influence my decision regarding place of delivery.
11. Antenatal care increases awareness about institutional delivery.
12. Privacy concerns make me prefer home delivery. (*Reverse scored*)
13. Government schemes encourage institutional delivery.

14. I trust healthcare professionals more than traditional birth attendants.

15. I would recommend institutional delivery to others.

Scoring System

- **Positive attitude items:** 1, 2, 3, 7, 11, 13, 14, 15
- **Reverse scored items:** 4, 6, 12
- **Neutral influencing items:** 5, 8, 9, 10

Reverse Scoring Method

- Strongly Agree = 1
- Agree = 2
- Neutral = 3
- Disagree = 4
- Strongly Disagree = 5

Total Score Interpretation

Score Range Interpretation

60–75	Strong positive attitude toward institutional delivery
45–59	Moderate positive attitude
30–44	Neutral attitude
15–29	Preference toward home delivery

Validity & Reliability

- **Content Validity:** Reviewed by experts in Obstetrics & Gynecology and Community Medicine
- **Face Validity:** Pre-tested on 20 pregnant women
- **Reliability:**
 - Cronbach's alpha \approx 0.78–0.85 (acceptable internal consistency)
- **Pilot Study:** Conducted prior to main data collection

Study Setting

- 2 Medical Colleges
- 2 Nursing Colleges
- 1 Private Hospital in India

Study Population

- Pregnant women attending antenatal clinics

Sample Size

- Total: 400 pregnant women

Data Collectors

- 50 MBBS students & interns
- 50 nursing students
- 50 nurses

Inclusion Criteria

- Pregnant women willing to participate
- Age ≥ 18 years

Exclusion Criteria

- Critically ill patients
- Non-consenting participants

Ethical considerations: Not deemed necessary

Data Analysis

- Data analyzed using descriptive statistics
- Chi-square test used for association
- $p < 0.05$ considered significant

4. RESULTS**1. Demographic Profile**

Variable	Frequency (%)
Age 18–25	48%
Age 26–35	40%
Age >35	12%
Rural	55%
Urban	45%
Educated	68%

2. Preference of Delivery

Preference	Percentage
Institutional Delivery	72%
Home Delivery	18%
Undecided	10%

3. Attitude Toward Institutional Delivery

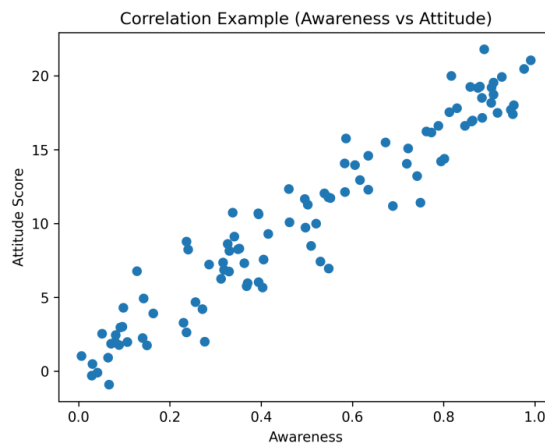
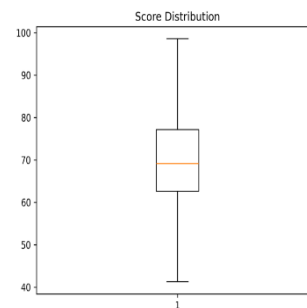
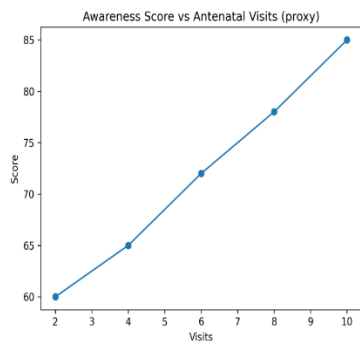
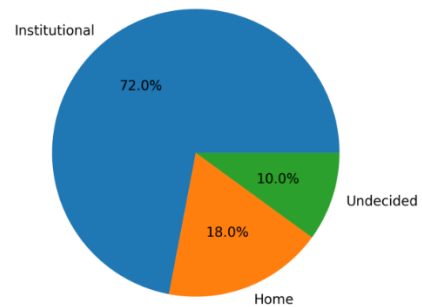
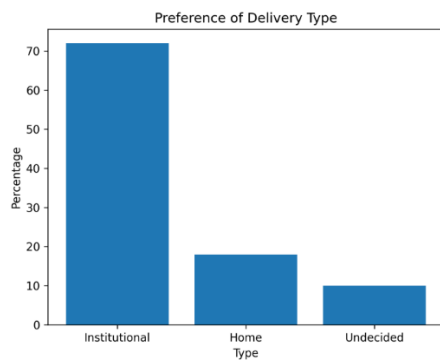
- 80% agreed it is safer for mother and baby
- 75% believed complications can be managed better
- 70% trusted trained healthcare professionals

4. Reasons for Preference of Home Delivery

Factor	Percentage
Cultural beliefs	30%

Factor	Percentage
Financial constraints	25%
Family pressure	20%
Distance/transport issues	15%
Previous home delivery experience	10%

Delivery Preference Distribution



These findings are consistent with national data where cost, accessibility, and family permission significantly influence home delivery decisions .

5. Association Analysis

- Higher education → significantly associated with institutional delivery ($p < 0.01$)
- Urban residence → higher institutional preference
- ANC visits → strong positive association

4. DISCUSSION

This study demonstrates a generally positive attitude toward institutional delivery, aligning with national trends showing increased facility-based childbirth. Institutional deliveries account for over 70% of births in many datasets, with skilled attendance strongly linked to improved outcomes .

However, a notable minority still prefers home delivery due to:

- Cultural norms
- Economic barriers
- Limited autonomy in decision-making

These findings highlight the persistent gap between awareness and practice.

5. CONCLUSION

Most pregnant women show a favorable attitude toward institutional delivery, but socio-cultural and economic barriers continue to influence decisions. Strengthening awareness programs and improving accessibility can further reduce home deliveries.

6. RECOMMENDATIONS

- Enhance community-based awareness programs
- Improve rural transport and healthcare access
- Promote government schemes (JSY, JSSK)
- Encourage family involvement in counseling

7. STRENGTHS OF STUDY

- Multicentric design
- Adequate sample size (400)
- Inclusion of diverse healthcare settings

8. LIMITATIONS

- Self-reported data (response bias)
- Cross-sectional design (no causality)
- Limited geographic representation

9. **CONFLICT OF INTEREST:** None declared.

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