

ABSTRACT

Back ground: Maternal and child mortality rates are still high in Lao PDR. Home delivery (HD) without skilled birth attendants (SBAs) is one of the risk factors related to these mortality. There is disparity of the HD rate between urban and rural area, and among ethnic groups. Researches on the choice of delivery place in remote areas of minority ethnic groups, however, are limited. This study aims to identify factors associated with choice of delivery place between HD and facility-based delivery (FD). Specific objectives are 1) to see the opinion of women who gave a birth on the choice of delivery place, 2) to see the opinion of health care providers (HCPs) and village health volunteers (VHVs) on the choice of delivery place, and 3) to clarify the role of family, friends and VHVs on the choice of delivery place in a community.

Method: A community-based qualitative research was conducted between February and March, 2020. In-depth interviews were conducted to 16 women of eight rural villages who delivered in the last 12 months in Xepon District, Savannakhet Province, Lao PDR (Two each from a village). In addition, three focus group discussions (FGDs) with health care providers (nine in total; four from Xepon district hospital (DHP) and five from Dongsavan and Manchy health centers (HCs)) and ten key-informant interviews (KIIs, seven male and three female village health volunteers (VHVs)) of the villages were conducted. The detail results of FGDs and KIIs were described in appendices.

Results: In the individual level, positive perception of HD and low risk perception were main reasons of HD. On the other hand, fear of complication, experience of still birth, and prolonged

labour pain during HD were reasons of FD. According to HCPs, low education level and language barrier were related to poor understanding of health education contents, and thus to choice of home delivery. In the interpersonal level, the FD women had better communication with their families, and prepared better compared to the HD group. The FD family prepared cash and transportation using their social network. In contrast, the HD women had less communication with their families, and some decided HD by themselves. In the community level, the trend of delivery place had shifted from HD to FD. Improved accessibility and increased knowledge through community health education were the factors of the trend. In the societal (national policy) level, the free delivery policy and limitation of HCPs' assisted childbirth only in health facilities were the factors of increasing FD, while the absence of other incentive like transportation and food allowance was the factor of remaining of HD.

Conclusion: Based on the main findings of this study, the following four promotions are suggested; 1) Family communication on birth preparedness and birth place, 2) Education to primipara especially young primipara, 3) Back-up services of HD to minimize the emergency risks of HD, and 4) Free delivery policy implementation including non-medical benefit. The voice from the field should be respected to provide health care service certainly.

(499 words)