

Socio-demographic and obstetric factors influencing choice of facility for delivery among pregnant women at Kasangati Health Center IV.

A cross-sectional study.

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Abstract

Background:

The study aimed at determining the socio-demographic and obstetric factors affecting choice of facility for delivery among pregnant women attending antenatal care at Kasangati Health Center IV, Wakiso District.

Methodology:

A descriptive cross-sectional design was used, and a questionnaire was used to collect data from 32 mothers attending antenatal care at Kasangati Health Center IV who were randomly selected. Collected data were analysed using descriptive statistics with the aid of SPSS 27, and results were presented in the form of frequencies and percentages using tables, graphs, and charts.

Results:

Findings show that most of the respondents, 17(42.5%), were between 26-35 years of age, and the least, 3(7.5%), were above 45 years of age. The majority of the participants, 19(47.5%), had a secondary education level, and 18 (45%) were running a small business as their occupation. Slightly above half of the participants, 21(52.5%), indicated that the distance from their home to the delivery health facility was more than 5km, suggesting long distances. The majority, 32(80%) of respondents, agreed that a history of adverse pregnancy outcomes pushes women towards facility-based deliveries, while 23(57.5%) indicated that their household income was between 500,000-1,000,000/=, whereas 24(60%) indicated that they had ever experienced malpresentation. This implies a fear of an increased risk of complications.

Conclusion:

While higher education, income, and previous obstetric complications positively drive the selection of a delivery center, physical distance remains a persistent negative barrier to care access.

Recommendations:

The administration of Kasangati Health Center IV should improve its delivery services to be competitive. Pregnant mothers residing more than 5km to delivery health facility choose a nearby clinic, which may not have good service, or delivery from home.

Keywords: Socio-demographic and obstetric factors, choice of facility for delivery, pregnant women, Kasangati Health Center IV.

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Background

Maternal mortality is largely related to poor access to obstetric care, especially during the intrapartum period (Bwire et al., 2021). Increasing health facility deliveries requires that women have the physical and financial means to access the facilities whilst being assisted to make decisions to seek these services (Bwire et al., 2021; Oryema et al., 2023). Although government interventions, such as the construction of more health facilities, training of community health workers to promote community health education, and linkage to facilities for pregnant

women, are in place, health facilities are still underutilized (Bwire et al., 2021).

In developing countries, some pregnant women deliver under the care of either their family members, traditional birth attendants, or no one at all (Agboyeto et al., 2024). Concerns related to efficiency, availability of services, and physical infrastructure in public facilities have been reported in some low- and middle- income countries and may affect whether mothers deliver in government health facilities or not (Oryema et al., 2023).

Many mothers believe private institutions provide better antenatal care, delivery support, and postnatal care compared to public facilities (Bwire et al., 2021). This preference stems from modern equipment, qualified staff, and shorter waiting times. Private facilities invest in infrastructure and staff training, offering consistent drug availability, cleaner facilities, and personalized care (Balaba et al., 2023). Against this background, this study established the obstetric and socio-demographic factors influencing choice of facility for delivery among pregnant women attending antenatal care at Kasangati Health Center IV, Wakiso District.

Methodology

Study Design and Rationale

This study used a descriptive cross-sectional design since data were collected from different individuals at a particular point. This design was used since it systematically covered a large number of respondents quickly while generating factual and accurate information. A quantitative method of data collection was applied.

Study Area and Rationale

The study was conducted at Kasangati Health Center IV located in Kasangati, along Gayaza- Kampala Road, Nangabo, Kyadondo, Wakiso District, Central Region, Uganda. The facility functions as the district's referral health center, catering to a population exceeding two million across urban and rural areas. Funded by the government, the center offers complimentary services, including maternal and child healthcare, immunizations, dental and ophthalmic care, inpatient and laboratory services, management of chronic diseases like diabetes and hypertension, HIV/AIDS and TB treatment, health screenings, and community outreach programs. Additionally, the facility provides surgical and emergency obstetric care. It houses 30 inpatient beds and sees a daily outpatient volume of 150-200 individuals. The center attends to approximately 120 antenatal care patients daily and manages between 200 and 250 deliveries each month.

Study Population

The study target population was mothers attending antenatal care at Kasagati Health Center IV. This study population was chosen because they were the ones who chose to deliver at the health center. The health facility manages between 200-250 deliveries each month, which, on average, is around 7 deliveries per day. This study only considered a population of 45 respondents.

Sample Size Determination

The sample size was determined using the Yamane Taro (1967) formula.

$$n = \frac{N}{1 + N(e)^2}$$

Where;

n is the required sample size

N is the total number of the population

e is the level of precision

$e = 0.05$

$= 40.4$

$n = 40$

Thus, the sample size was 40 respondents.

Sampling Method/Procedure

A simple random sampling technique was used in the selection of the study respondents. This technique was preferred because it gave an equal opportunity for every member of the population to be selected. It also required minimal knowledge of the population. The sampling was done by randomly selecting the respondents who consented to participate in the study until the required sample was attained.

Inclusion Criteria

All mothers attending antenatal care at Kasangati Health Center IV, who consented to participate in the study, were considered respondents.

Exclusion Criteria

Mothers who are not attending antenatal care at Kasangati Health Center IV and those who did not consent to participate in the study.

Dependent Variable

Was the choice of facility for delivery among pregnant women attending antenatal care?

Independent Variable

Were the socio-demographic and obstetric factors influencing the choice of facility for delivery among pregnant women?

Research Instruments/Tools

A structured self-administered questionnaire was used in data collection. The instrument was designed to collect relevant information about the study problem. This tool was relevant for this study because it enabled easily understandable and answerable questions to be set, capturing all the study variables. It was also less costly regardless of the sample. The questionnaire was pretested on 4 respondents in the same health facility who were not

considered in the actual data collection exercise. A pretest was done to ensure that the questionnaire was valid and reliable for data collection. The respondents who did not know how to read and write answered the questionnaire with a translation into the local language that they understood well.

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Data Collection Procedure

After approval of the proposal, an introductory letter was picked from the School of Nursing and Health Sciences of Kampala University that helped in the introduction to the in-charge of Kasangati Health Center IV, who then introduced the respective respondents. The respondents were informed about the general objective of the study in order to ensure confidentiality of the information they provided. Each respondent was contacted at his/her own time. This prevented the sharing of information among respondents. Data were collected within 8 days, dealing with 5 respondents daily.

Data Management and Analysis

The filled questionnaires were collected, checked for any errors and completeness, and counted after every data collection day to ensure that they were all returned, coded, and kept in a safe place as a backup. A flash disk was also used to store data. Data were analyzed using descriptive statistics with the aid of SPSS 27. Then it was presented in

the form of frequencies and percentages using tables, graphs, and charts.

Quality Assurance: Validity and Reliability

Validity and reliability were ascertained by pretesting the questionnaire on 4 respondents who were not considered in the real data collection exercise. Also, the reliability of the questionnaire was ascertained through the supervisor's guidance and approval of the tool.

Ethical Considerations

An introductory letter was obtained from the School of Nursing and Health Sciences of Kampala University that introduced the investigator to the in-charge of Kasangati Health Center IV, from whom consent was sought.

Before administration of the questionnaire, informed consent was sought from the respondents to determine whether he/she was willing to be one of the respondents. This helped to have a free and good relationship with respondents and also to make them confident in filling/answering questions without hiding information. The study respondents were also given a chance to withdraw at any time they wished; they were also assured that their information would be confidential and that it was purely for academic purposes. The study was done anonymously in that no one's name or identification details appeared in the report.

Results

Socio-demographic factors influencing choice of facility for delivery among pregnant women attending Antenatal care at Kasangati Health Center IV.

Table 1: Showing age and education level of respondents (n=40).

Variable	Response	Frequency (f)	Percentage (%)
Age range	16 – 25 years	12	30.0
	26 – 35 years	17	42.5
	36 – 45 years	08	20.0
	Above 45 years	03	7.5
	Total	40	100
Education level	None formal	01	2.5
	Primary	06	15.0
	Secondary	19	47.5
	Tertiary	14	35.0
	Total	40	100

Source: Primary Data. (2005).

The study findings in Table 1 show that most of the respondents, 17(42.5%), were between 26 and 35 years of age, and the least, 3(7.5%), were above 45 years of age. The study results also show that most of the respondents, 19(47.5%), had a secondary education level, and a minority, 1(2.5%), had not attained any formal education.

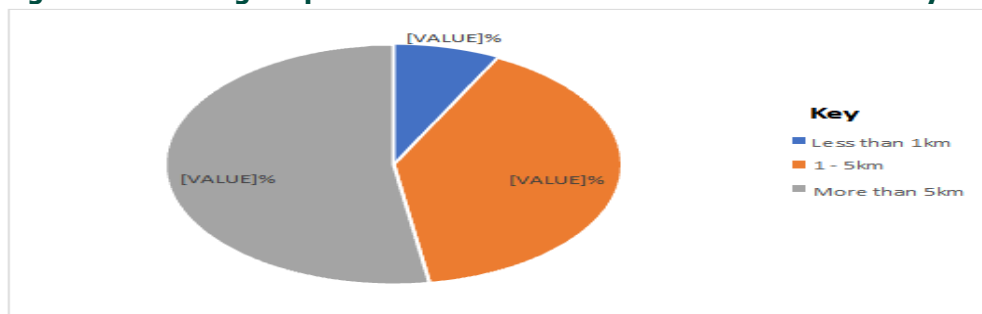
Table 2: Showing marital status, occupation, and residential status of respondents (n=40).

Variable	Response	Frequency (f)	Percentage (%)
Marital status	Single	11	27.5
	Married	24	60.0
	Separated	04	10.0
	Widow	01	2.5
	Total	40	100
Occupation	Peasant farmer	07	17.5
	Small business	18	45.0
	Employed	15	37.5
	Total	40	100
Residential status	Rural	05	12.5
	Peri-urban	22	55.0
	Urban	13	32.5
	Total	40	100

Source: Primary Data. (2025)

The study result shows that above half of the respondents, 24(60%), were married, while a minority of them, 1(2.5%), were widows. The result also shows that most of the respondents, 18(45%), were running small businesses as their occupation, and a few of them, 7(17.5%), were peasant farmers. Further, the study results show that the majority of the respondents, 22(55%), were residing in peri-urban areas, and a minority, 5(12.5%), were residing in rural areas.

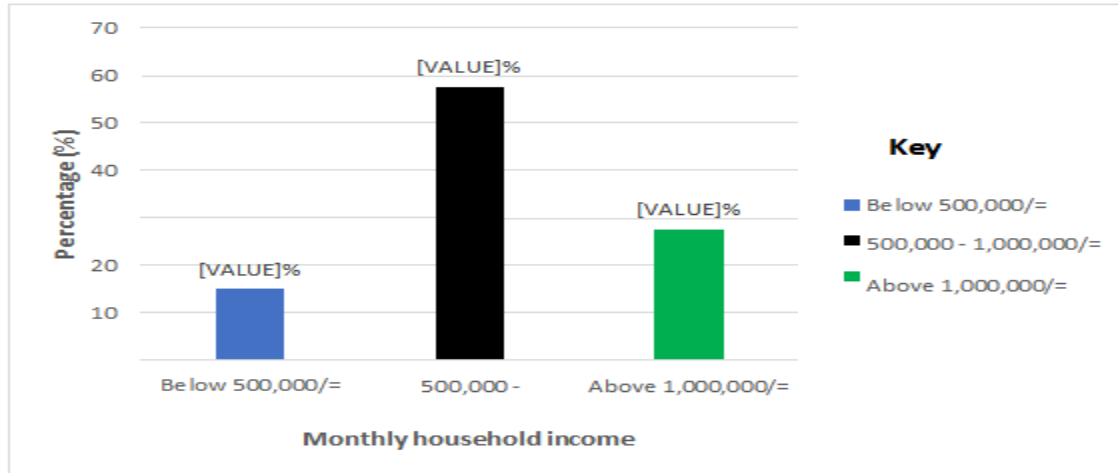
Figure 1: Showing respondents' distance from home to the delivery health facility, n=40



Source: Primary Data. (2025)

Figure 1 shows that slightly above half of the respondents, 21(52.5%), indicated that the distance from their home to the delivery health facility was more than 5 km, and a few of the respondents, 3(7.5%), said that it was less than 1km.

Figure 2: Showing monthly household income of the respondents, n=40.



Source: Primary Data. (2025).

Figure 2 shows that majority of the respondents 23(57.5%) indicated that their household income was between 500,000 – 1,000,000/= and minority of the respondents 6(15%) indicated that was below 500,000/=

Obstetric factors influencing choice of facility for delivery among pregnant women attending antenatal care at Kasangati Health Center IV.

Table 3: Showing obstetric factors that influence choice of facility for delivery among pregnant women, (n=40)

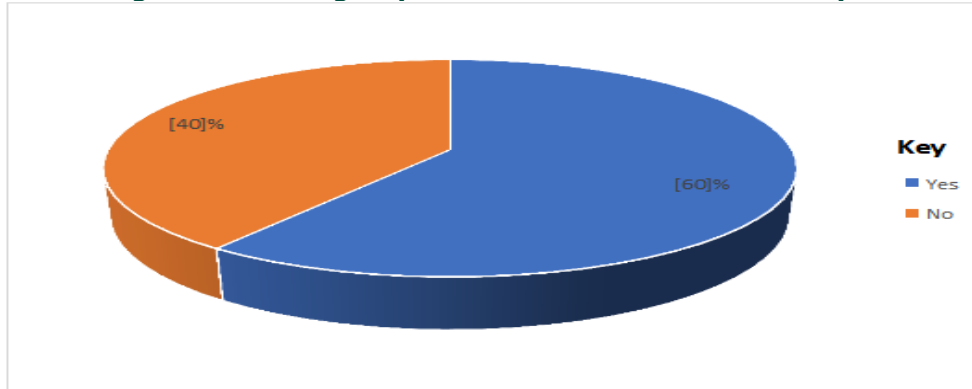
Variable	Response	Frequency (f)	Percentage (%)
First-time pregnancy	Yes	15	37.5
	No	25	62.5
	Total	40	100
Number of children the respondents had	1 – 2	17	68.0
	3 – 4	06	24.0
	5 and above	02	8.0
History of Adverse Pregnancy Outcome Strongly Pushes Women towards facility-based deliveries	Total	25	100
	Agree	32	80.0
	Not sure	02	5.0
	Disagree	06	15.0
	Total	40	100

Source: Primary Data. (2025).

The study findings show that a high number of respondents, 25(62.5%), indicated that the current pregnancy was not their first pregnancy, and the remaining 15(37.5%) indicated that it was their first pregnancy. The study result also shows that out of 25(62.5%) who indicated that the current pregnancy was not their first pregnancy, the majority of them, 17(68%), indicated that

they had 1-2 children, and a minority of 2 (8%) indicated that they had 5 and above children. Further, the study results show that the majority of the respondents, 32(80%), agreed that a history of adverse pregnancy outcomes strongly pushes women towards facility-based deliveries, and a minority, 2 (5%), were not sure.

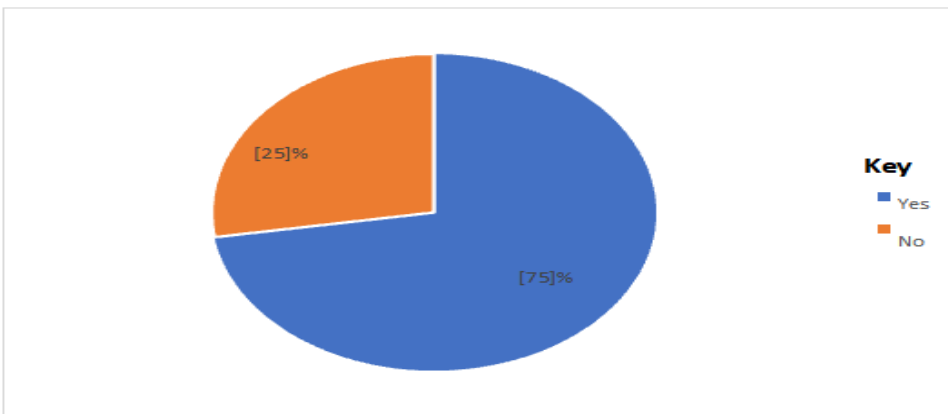
Figure 3: Showing respondents who have ever had malpresentation (n=40).



Source: Primary Data. (2025).

The majority of the respondents, 24(60%), indicated that they had ever experienced malpresentation, and the rest of the respondents disagreed having experienced it.

Figure 4: Showing that based on scan results, the number of babies influenced the choice of health facility delivery (n=40).



Source: Primary Data. (2025).

Figure 4 shows that the majority of the respondents, 29(75%), agreed that based on scan results, the number of babies influenced their choice of health facility delivery, and the rest disagreed.

Discussion

Socio-demographic factors influencing choice of facility for delivery among pregnant women attending Antenatal care at Kasangati Health Center IV.

The study results show that most of the respondents, 19(47.5%), had a secondary education level. This implies that they are knowledgeable enough to understand which

health facility they prefer for delivery with better delivery services. The study finding is supported by Amwonya et al. (2022), who indicated that educated women are more likely to be aware of the risks associated with childbirth and recognize the benefits of skilled birth attendants.

Most of the respondents, 18(45%), were running small businesses as their occupation. This implies that they had some money, and this makes them prefer delivering in a hospital with good maternal and infant services. This finding concurs with Bwire et al. (2021), who found that being a businesswoman and belonging to the highest wealth quintile favoured facility delivery. The study result also shows that 22(55%) of the respondents were residing in peri-urban areas. This is an indication that they will

prefer to deliver from a health facility within the peri-urban and urban areas with good maternal services since they are knowledgeable about them. This finding is supported by Lee et al. (2022), who found that women residing in urban areas generally had better access to healthcare facilities, including hospitals and clinics.

The study result shows that slightly above half of the respondents, 21(52.5%), indicated that the distance from their home to the delivery health facility was more than 5km. This implies that the risk perception and safety concerns may make women fear delivering on the way to a better facility due to the long journey, leading to a preference for any nearby health facility. This finding is supported by Anguzu et al. (2023), who indicated that distance to the nearest health facility has been shown to be a significant barrier to facility-based deliveries, particularly in rural communities where women may have to travel long distances on foot or by unreliable transportation.

The majority of the respondents, 23(57.5%), indicated that their household income was between 500,000 – 1,000,000/=. This is an indication that they are able to afford to deliver from the health facility the feel has better maternal services. This finding is supported by Aanyu et al. (2025), who indicated that women from higher socioeconomic backgrounds are more likely to choose private health facility-based deliveries.

Obstetric factors influencing choice of facility for delivery among pregnant women attending Antenatal care at Kasangati Health Center IV

The majority of the respondents, 25(62.5%), indicated that the current pregnancy was not their first pregnancy. This implies that they might not prefer to deliver at an expensive health facility with all the best services since they are experienced, except if they faced challenges in previous pregnancies. This finding is supported by Agaba et al. (2020), who found that women of higher parity and experience in previous deliveries feel confident in their ability to deliver at home, particularly if they have had uncomplicated previous births or in a government health facility nearby. The study finding is also contrary to Baud et al. (2023), who indicated that primigravidas are often encouraged to deliver in a facility due to the unpredictable nature of first labor and the potential for prolonged labor or complications. In contrast to the finding, Kabahinda et al. (2022) found that younger, first-time mothers are more likely to seek good health facility-based care due to concerns about complications during their first delivery and the influence of healthcare providers during ANC.

The majority of the respondents, 32(80%), agreed that a history of adverse pregnancy outcomes strongly pushes women towards facility-based deliveries. This implies that previous adverse pregnancy history, such as stillbirths,

miscarriages, and preterm labor, scares pregnant women to prefer a health facility with the best obstetric services. This finding is supported by Amanuel et al. (2021), who indicated that women who have previously experienced stillbirths, miscarriages, preterm labor, or postpartum hemorrhage are more likely to seek delivery in a setting equipped to handle potential complications. The study finding is in agreement with Arrowsmith (2023), who indicated that multiple pregnancies are associated with an increased risk of preterm labor, low birth weight, and other complications that require specialized care. The study finding is contrary to Cignacco et al. (2022), who indicated that multiparous women (those who have had multiple pregnancies) with a history of uncomplicated deliveries have more flexibility in their choice of facility.

The majority of the respondents, 24(60%), indicated that they had ever experienced malpresentation. This implies that fear of increased risk of complications and a desire for expert management to ensure a safe delivery for themselves and their baby leads pregnant women to prefer to deliver at a health facility with good obstetric services. This finding is supported by Barrowclough et al. (2022), who found that women had an occiput-posterior or occiput-transverse foetal malposition was a significant obstetric factor influencing delivery choice.

The majority of the respondents, 29(75%), agreed that based on scan results, the number of babies influenced their choice of health facility for delivery. This implies that being pregnant with more than one baby necessitates choosing a good health facility for delivery because any complication can arise during delivery. This finding is supported by Shen et al. (2021), who found that multiple pregnancies, such as twins or triplets, are inherently considered high-risk and necessitate delivery in a hospital setting.

Limitations

Only considering mothers who have delivered at Kasangati Health Center IV was not robust enough to generate information for generalization of factors influencing choice of facility for delivery among pregnant women attending antenatal care at Kasangati Health Center IV.

Conclusion

Socio-demographic factors like high education level, being married, running a business or being employed, living in peri-urban and urban areas, and high monthly household income positively influence the choice of facility for delivery among pregnant women. Long distance from home to the delivery health facility negatively influenced the choice of facility for delivery among pregnant women.

Obstetric factors such as first-time pregnancy, previous history of adverse pregnancy outcome, experience of

malpresentation, and pregnancy for more than one baby positively influenced the choice of facility for delivery among pregnant women.

Recommendation

Ministry of Health should ensure that most of the delivery health facilities are up to standard and all necessary equipment should be present, so as not to put the life of pregnant mothers and unborn babies at risk. This will help to reduce the preference for private health facility delivery and maternal morbidity and mortality, which are commonly experienced in the government-aided health facilities, making most of the pregnant women prefer delivery in private clinics and hospitals.

Kasangati Health Center IV should ensure that it improves its delivery services to be competitive with other delivery facilities, both private and government-aided. The medical superintendent should also ensure that the health workers handle clients with great care. This will encourage pregnant mothers to choose to attend antenatal care at Kasangati Health Center IV and deliver at the hospital as well.

Implications for Nursing Practices

Study findings revealed that the distance from pregnant mothers to the delivery health facility was more than 5km, leading to the choice of a nearby clinic, which may not have good service or delivery at home. The implication of this to nursing practice is that nurses, doctors, and other health workers should sensitize pregnant mothers and the entire community that the choice of delivery health facility matters a lot for the health of the mother and her unborn baby. Thus, they should choose a health facility with good delivery services and records.

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carry out the study in the area, as well as all respondents who agreed to participate in the study.

List of abbreviations

AIDS: Acquired Immunodeficiency Syndrome.

ANC: Antenatal Care.

APR: Adjusted Prevalence Ratio.

CI: Confidence Interval.

CS: Caesarean Sections.

EmOC: Emergency Obstetric Care.

SPSS: Statistical Package for the Social Sciences.

UBOS: Uganda Bureau of Statistics.

UDHS: Uganda Demographic and Health Survey.

WHO: World Health Organization.

Source of funding

The study was not funded.

Conflict of interest

The author declares that there was no conflict of interest.

Author contributions

DA: Conceptualization, Methodology, Investigation, Writing-original draft.

SO: Data curation, Formal analysis, Visualization.

KN: Supervision, Validation.

GDA: Writing-review and editing.

All authors approved the final version of the manuscript and agreed to be accountable for the work.

Data availability

Data are available upon request.

Informed consent

Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

Author biography

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