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FACTORS THAT INFLUENCE PLACE OF DELIVERY CHOICE AMONG EXPECTANT MOTHERS IN CHISAMBA

BY

BUNDA FREDRICK

BSPH 18112045

SUPERVISOR: DR. PAMELA M MWANSA

A RESEARCH PROPOSAL IN PARTIAL FULFILMENT FOR THE AWARD OF BACHELOR OF SCIENCE IN PUBLIC HEALTH

DECLARATION

I, FREDRICK BUNDA do hereby declare to the Research Ethics Committee of University of Lusaka under the Public Health department that although I may have conferred with others in preparation of this dissertation and drawn upon a range of sources cited in it is my personal work and has not been submitted or being submitted for any degree award to any other University.

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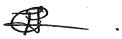

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Signature of Supervisor: Date: 25/05/22

DEDICATION

This research dissertation is dedicated to my wonderful family, who have been essential in its accomplishment. I also dedicate it to my friends and colleagues who have never stopped encouraging and motivating me during my studies.

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I would want to express my gratitude to all of the people and organizations who helped me accomplish this dissertation successfully in various ways. First and foremost, I want to express my gratitude to my supervisor, DR PAMELA M MWANSA, for her tireless efforts in leading, correcting, and directing me throughout this project. I would also like to thank her for her patience with me when I was submitting my work for review. I also want to express my gratitude to the University of Lusaka administration for all of the support and information they provided to me, which was quite beneficial. Finally, I desire to thank all my friends and family who have rendered a helping hand for this research to be fully completed.

LIST OF ACRONYM

ANC	**Antenatal Care**
MOH	**Ministry of Heath**
UNICEF	**United Nations International Children's Emergency Fund**
UNFPA	**United Nations Population Fund**
WHO	**World Health Organization**
ZDHS	**Zambia Demographic and Health Survey**

Table of Contents

CHAPTER ONE: INTRODUCTION

1.0.0 Background

Maternal mortality still remains a very serious threat to public health concern in both the United States and around the African countries. Many governments around the world are working hard to reduce these figures. Every year, an estimated number of 303,000 women die in the world during pregnancy period and delivery, with the majority of deaths occurring in underdeveloped economies. "Maternal mortality in Zambia is estimated at 183 deaths per 100,000 live births," according to (Phiri ML, Chasaya M, Ngomah MA 2020). Even the United Nations has expressed concern about preventable maternal fatalities, as evidenced by Sustainable Development Goals, which aspires to reduce global maternal mortality to less than 70 per 100 000 live births by 2030."

A pregnant woman's birth location is decided by her entire family. When making such selection, many factors must be considered. The study's purpose was to look at the major factors that impact pregnant women's decisions on the location of where to give birth." There is some situations that influence women's decisions about where to give birth. As a result, the study could provide light on significant issues that pregnant women face. The location of delivery has a direct impact on the maternal mortality rate in Chisamba, particularly in the study area where I intend to conduct this research" (MOH 2016). Mothers' odds of surviving there childbirth may improve or decrease depending on where they give birth. This research provides valuable data and information that will be utilized to inform initiatives and policies aimed at lowering maternal mortality and benefiting women.

Maternal mortality is defined by the World Health Organization (WHO 2013), the United Nations Children's Fund (UNICEF 2017), the United Nations Population Fund (UNFPA 2015), and the World Bank (2011) "It could also be a cause related to the pregnancy or a complication of the pregnancy or its management; it could also be a cause related to the pregnancy or a complication of the pregnancy or its management; it could also be a cause related to the pregnancy or a complication of the pregnancy or its management; it could also be a cause related to the pregnancy or a complication of the pregnancy Urban and rural environments in developing nations differ substantially in terms of infrastructural development, access to information and education, socioeconomic well-being, culture, and attitudes that influence the quality of several areas of life, including maternal health." There is a breach in the study on whether various factors influence

women's choice of delivery place depending on whether they live in rural or urban settings, or whether the relevant factors remain the same.

1.1 Statement of the Problem

Having deliveries in health facilities attended to by skilled and qualified health professionals helps reduce maternal mortality (Mahiti et al., 2015). "Low usage of competent delivery services can lead to high maternal and newborn death rates, which are among the Millennium Development Goals' targets." Many maternal deaths and injuries are preventable, yet many women do not have access to or use proper maternal health care services. Furthermore, health-care utilization appears to differ depending on whether women live in urban or rural areas. Maternal deaths in Chisamba increased from 88 in 2010 to 130 in 2011 (MOH, 2014); this increase is a severe hindrance to the country fulfilling its MDGs and is linked to sociocultural norms. Other factors include inadequate health-care facilities, equipment, workers, infrastructure, and plain ignorance" (Yidana & Mustapha, 2014). Although competent birth attendance is low and there is a significant equity gap between urban and rural populations, three-quarters of all maternal deaths in Zambia occur during birth and the immediate postpartum period (ZDHS, 2018).

1.2 Justification of the study

The “maternal mortality rate in Zambia continues to be a challenge for the overall health and development agenda, and many efforts to address the situation have not been successful, this is according to the reports from the United Nations and many of its international bodies. The information gathered in this study will help relevant authorities clearly see the issues to focus on and plan for and to properly strategies to reach those targets”. The findings are important as they will be useful to the reproductive health service planners in designing appropriate, efficient educational and preventive policy initiatives.

1.3 General Research Objective

To assess factors that influence place of delivery choice among expectant mothers in Chisamba

1.4 Specific Research Objectives

1. To explore the choice of place of delivery among pregnant women in the study area, Chisamba.
2. To identify steps taken up by the authorities to address the choice of place of delivery among pregnant women.
3. To assess interventions put in place by the relevant authorities to address choice of delivery among pregnant women in Chisamba.

1.4 Research Questions

1. What informs the choice of place of delivery among pregnant women in the study area?
2. What interventions where put in place by the relevant authorities to address choice of delivery among pregnant women in Chisamba?
3. What steps have been taken up by the authorities to address the choice of delivery among pregnant women?

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter focuses on the theoretical review of literature while highlighting the major theories that guided the study. It also examines various empirical studies related to this research while establishing the gaps this study intends to fill. The conceptual framework of the study is also discussed including the theoretical framework.

2.1 Reasons for Choosing Place of Delivery

Distance to health facilities could be a barrier for antenatal women to choose to deliver in health facility as observed by Meme (2002). Magadi (2000a) posits that at times road networks may make ease of access of a health facility impossible. According to Roro and Hassen (2014), long distances to health facilities could hinder pregnant women from 26 accessing maternal health care services. This was revealed by a study carried out by these authors who interviewed women in Ethiopia, Butajira district to find out why majority of them did not prefer to deliver in a health facility. Information was gathered from 81 women through Focus Group Discussions (FGDs). Supporting the same view regarding distance to the health facility, Bruce and Blanchard (2015) confirmed that when health facilities were far away, pregnant women tended to give birth at home. Bruce and Blanchard (2015) study was investigating preferences for infant delivery site among pregnant women in Northern Karnataka, India where majority of women delivered at home assisted by TBAs. On the same subject matter, according to Kitui et al., (2008/2009), ease of access of a health facility increased health facility delivery. Additionally, when Gabrysch and Campbell (2009) searched articles from Pub-Med, Ovid databases, they discovered that majority of pregnant women could not access maternal health services from health facilities which were far away.

Local context

Zambia is a lower-middle income country with 58% of the population living below the international poverty line of US$1.90 per day. The overall fertility rate is 5.3 births per woman, with a substantially higher rate in rural areas 6.6 as compared with urban areas 3.7. Two-thirds of births overall and 56% of births in rural areas occur at a health facility. The maternal mortality ratio in Zambia is high at 224 deaths per 100 000 live births (WHO *et al.*, 2015). User fees for

primary health services including facility delivery were formally abolished in rural areas in 2006. However, there is mixed evidence regarding the resulting impact of user fee removal on healthcare utilization .The costs of delivering at a health facility in Zambia go beyond user fees. In addition to paying for transportation to and from the facility, pregnant women are often told during antenatal care visits that they are required to purchase and bring supplies (e.g. cotton wool, surgical gloves and disinfectant) to the facility for delivery (Scott *et al.* 2018a). Some women choose to stay at maternity waiting homes prior to delivery, which are meant to have no formal fees in Zambia but in some cases have costs, including for meals .Finally women in Zambia have reported embarrassment and public shame as a result of delivering at a facility without having new clothing for their baby, and as a result many women purchase new clothes which can be quite expensive. In recent years, the Saving Mothers Giving Life (SMGL) program has been rolled out throughout much of Zambia including in the study area (Kruk *et al.*, 2016). A multi-donor program aimed at reducing maternal mortality, SMGL involves activities to increase demand for and access to facility delivery, including birth preparedness activities with some savings-related content.

2.2 The condition of the roads

According to Kitui et al., (2009) utilization of maternal health care services among the pregnant women would be a limiting aspect. These findings were obtained from 3,977 women through a questionnaire where they indicated that poor road networks were hindering them from accessing maternity services which eventually made them to give birth at home. Kitui et al., (2008/2009) further point out that abrupt delivery reduces chances of giving birth in a health facility. Magadi (2000a) further points out that, another hindering factor to accessing delivery services could be associated with low economic status whereby health delivery services are too expensive such that pregnant women could not afford. This is evident in that only 31 percent of pregnant women in the lowest income bracket in North America get some of the recommended health care services while 93 percent of pregnant women in the same region, who are above poverty level line seek all recommended health care delivery services (Grunebaum, 2013).

Magadi (2000a) and Grunebaum (2013) argue that while mothers have full responsibility of caring for the children they may have little or no control of choices regarding economic resources. In

reference to this research, the implication of the above argument is that pregnant women may have limited choices regarding place of delivering their babies where finances are to be taken into consideration. Meme (2002) further concedes that pregnant women who work in factories and offices which are incompatible with maternal needs may pose a challenge to them. Another contributing factor to none access to delivery health care services can be linked to some women who have little or no control over their reproductive health (Kitonga, 2011). In such cases women usually rely on their husbands or partners or in-laws to seek permission to access maternal health care services. For instance, many Indian women are of the opinion that they have little or no control over their pregnancies and outcomes of the same and therefore believe they have to consult their spouses. This kind of control sometimes causes delay in seeking medical help which may be fatal at times (ibid).

2.3 Distaste and personal

Distaste and personal views can influence a pregnant woman's preference of place of delivering her baby. For instance, some of the major reasons related to none access to delivery services in a health facility in North America, Australia and Europe can be said to be connected to; dislike of labour ward tedious procedures, past negative experiences, limited control of self, affordability and unfamiliar environment (Grunebaum, 2013).

2.4 Age

In a study done by Gabrysch and Campbell (2009) another determinant that can influence a pregnant woman to utilize ANC and delivery health care services. This assertion is supported by the fact that women between the ages of 35 and 49 are less likely to seek delivery services especially if they have delivered other children without a problem as compared to women who are younger (ibid). Further, established that the higher the maternal age, the less likely for the pregnant woman to deliver in a health facility. The two researchers searched articles from Pub-Med, Ovid databases and other relevant sources and found out that aged pregnant women tended to delivery their babies at home. Still exploring factors that influenced choice of place of delivery for pregnant women, Gabrysch and Campbell (2009) found out that level of education a pregnant woman attained significantly influenced her choice of place of delivery. The researchers' observation was that increased access to maternal health care services corroborated with higher level of education of pregnant women. On the same note, Kitui et al., (2008/2009) interviewed 3,977 women through

a questionnaire to establish aspects which motivated them to choose where to give birth. Their research revealed that women with low level of education tended to deliver at home while pregnant women with higher level of education preferred to deliver in a health. Poor usage of delivery health care services can closely be linked to low educational attainment of the pregnant woman which is related to poor decision making in health seeking behaviors. Higher level of education is associated with greater use of ANC and delivery health care services (Owino & Legault, 2013). Decision to support antenatal women to give birth in a health facility will largely depend on the level of education and attitude of most significant others (ibid).

2.5 The level of education and economic status of a pregnant woman

(KNBS & ICF Macro, 2015) asset that education and economic status of a pregnant woman can be associated with the likelihood of seeking skilled help in a health facility. Only about 25 percent of antenatal women with low education seek skilled assistance from a health facility as compared to 85 percent of births to women with secondary or higher education. Apart from low education, some religious leaders forbid their followers to seek medical help but instead to pray and ask God to intervene in their sickness for healing (Ndung'u, 2009).

Sometimes accessing delivery health care services will depend on the knowledge, attitude and exposure of the pregnant woman and most significant others especially the husband and the parents if the woman is unmarried (Owino & Legault, 2013). In the same connection, Owino and Legault (2013) further maintain that lack of awareness of the advantages of these maternal health care services may create a barrier for pregnant women to access delivery health care services. Kibaru et al., (2006) outline one of these advantages as prevention of transmission of HIV from mother to baby during childbirth or breastfeeding period. This is achieved by the professional health care provider by taking every precaution to ensure that there is no risk of transmission. To establish whether number of previous births influenced choice of place of delivery, Anyait and Mukanga (2012) carried out a research in Busia district of Uganda to establish indictors that influence women to give birth in a health facility. Five hundred women who had delivered in the past 2 years were interviewed. The results indicated that one of the indicators that influenced women to give birth in a health facility was few children a woman had delivered. According to these researchers, pregnant women with less than 4 children preferred to deliver in a health facility. Gabrysch and Campbell (2009), after searching articles from Pub-Med and Ovid databases and Kitui et al.,

(2008;2009) after analyzing views of 3,977 women respondents, arrived at a similar conclusion that, the number of children a women had delivered, strongly predetermined where to give birth.

According to Bruce and Blanchard (2015), social cultural factors influenced pregnant women in their choice of place of delivery. To explore this hypothesis, the two researchers carried out a research in Northern Karnataka, India where majority of women delivered at home assisted by TBAs. They interviewed 110 antenatal women who said in part that they preferred to give birth at home assisted by a TBA because it was comforting to be with the TBA because of the care she exemplified. Besides, there was respect from the society for being a mother

2.6 Determinants of Place of Delivery

Cruz and Adams (1976) contributing to the importance of awareness of advantages of delivering in a health facility posit that, pregnant women should be aware of complications that may arise during childbirth. This is crucial so that in case of any eventualities appropriate measures can be taken to save the life of mother and infant. Owino and Legault (2013) contributing to what other aspects may deter pregnant women from accessing ANC and delivery health care services posit that, a woman may lack inner drive to utilize health care services if the pregnancy was unplanned. According to Cotter et al., (2006) in other occasions, fast progression of labour can be another factor which may result to a pregnant woman not being able to seek delivery services in a health facility because of time factor. The role played by significant others greatly influenced where pregnant women gave birth as viewed by Anyait and Mukanga (2012). Based on a research carried out in Busia district of Uganda by these researchers, it was revealed that women, who depended on others for decision on where to deliver, experienced difficulties in choosing the place to deliver their baby. This was so because their decisions were constantly influenced by others since they lacked independence in choosing where to give birth. Nevertheless, according to Roro and Hassen (2014) women in Ethiopia, Butajira district, chose to give birth at home assisted by TBAs because members of the family were allowed to be with her during labour and delivery which was consoling.

Among the intervening variables, the following aspects were considered; Knowledge of awareness of complications that may occur to a pregnant woman and the baby during childbirth, awareness of advantages of delivering in a health facility, access to health facility, level of income, pregnant woman's past experiences and sex of the baby. The level of knowledge of awareness regarding a

woman's and a baby's complications during childbirth, and awareness of advantages of delivering in a health facility were tested by Rahmani and Brekke (2013) in Afghanistan.

These researchers found out that pregnant women lacked information concerning the importance of utilizing maternity services and the need to deliver their babies in a health facility. Level of income of a pregnant woman according to Rahmani and Brekke (2013), Roro and Hassen (2014), Bruce and Blanchard (2015) could significantly determine where she would give birth. The results of a study carried out by Rahmani and Brekke (2013) among the Afghanistan women, showed that these women encountered pecuniary difficulties in paying for maternal health care services. A study by Gabrysch and Campbell (2009) revealed that household wealth was an important predictor to where a pregnant woman would give birth. Kitui et al., (2008/2009) and Anyait and Mukanga (2012), postulated that if health facility.

2.7 Literature Gap

Research findings by Novick (2010) indicated that, women attempted to talk about their experiences in relation to quality of maternal health care services but the author felt that this needed to be verified. It was observable that the researchers therein focused their investigations on quality of maternal health care services which was their objective. However a gap exists because pregnant women are not given chance to discuss where they are planning to deliver their babies and what would influence their choice. Besides, no follow up was made to ascertain where the pregnant women eventually delivered their babies. This study therefore intends to fill up these gaps by documenting views of pregnant women in Chisamba who are in their third trimester of pregnancy about their preference of where to deliver their babies and the reasons attributed to their choice.

2.8 THEORETICAL FRAMEWORK

This study was informed by 2 theoretical frameworks; Health Belief Model (HBM) which was modified by Becker and Maiman (1977), Predisposing Factors on Health Care Utilization Model by Andersen (1995) and Theory of Autonomy by Anderson (2013). These 2 theories are significant and appropriate to this study because of the contribution they make concerning what would influence an individual to utilize health care services.

2.8.1 Health Belief Model

The HBM is one of the theories extensively used in conceptual frameworks to explain health behavior. The authors argue that for an individual to take health related action, a certain perception

about the situation must be conceived. In this study, this meant the preference of place of where to deliver babies by pregnant women was likely to be influenced by a certain awareness that was visualized about place of delivery. The theory was derived from cognitive theory of behavior developed by Bandura (1977).

2.8.2 Cognitive Theory

As pointed out by Bandura (2001), cognitive theory is rooted in past experience and schemas which are patterns of thought hypothesized to organize human experience and guide information processing about people and relationships. The schemas direct attention, organize encoding and influence retrieval of information. This theory further points out that, 22 individuals cognitively make meaning of events based on memories, beliefs and expectations before final action is taken. Banda, (2013) points out that, people evaluate events in terms of likely outcomes, weigh how useful those outcomes are and select the courses of action accordingly and a belief that a behavior if well performed will result according to the expected outcome. Therefore the interplay between cognitive theory of behavior and HBM, which envisions that a certain perception about a situation must be conceived, were better placed in this study to predict choices where pregnant women were likely to deliver their babies.

2.8.3 Predisposing Factors on Health Care

Utilization Andersen (1995) postulates that an individual's desire to utilize a service stems from the need to do so. If it is a health service, the person should be suffering from a certain condition. The degree of severity and duration the person has suffered will also determine the urge to use the service. Other factors that may contribute according to Andersen include; financial capability of the person, support given by others, the knowledge the person has about the advantages of using the service, the dangers the condition suffered may harbor, how hospitable the service providers are and how determined is the person suffering to overcome all barriers to utilize the service. Finally, access to a service is possible if the recipients have a certain degree of freedom to use the services out of their own free will.

2.9 CONCEPTUAL FRAMEWORK

According to Thaddeus and Maine's (1994) model, reasons expectant mothers may or may not seek skilled care at childbirth have been captured in some thematic areas, in the following points,

accessibility to health facilities, care environment and resources, and availability of skilled attendants.

Figure 1 is a diagram expression of the conceptual framework that is showing different factors that can influence the choice of place of delivery.

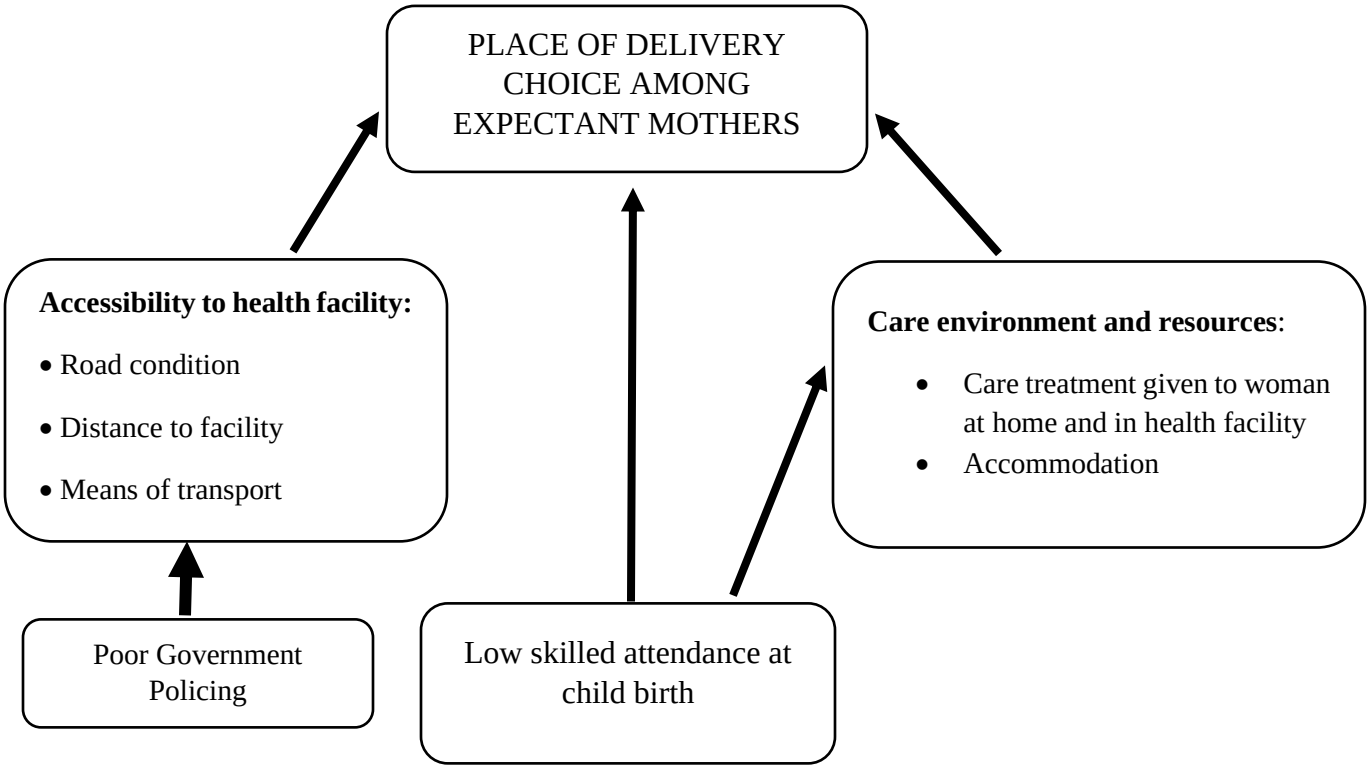

Figure 1: Conceptual framework (adapted from Thaddeus and Maine, 1994).

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter presents the methodology that was used in the study. It was structured under the following. Study population, research design, sample size, sample selection and research setting,

data collection tools, validity and reliability, ethical consideration, inclusion and exclusion criteria, data collection techniques and pilot study.

3.1.0 Research Design

In this research, the qualitative descriptive study design was used. The qualitative descriptive study has been regarded as essential and appropriate for research questions based on determining the who, what, and where of events or experiences, as well as gaining insights from informants about an unknown phenomenon. In this research cross sectional study design was used because the research focused on gathering information in one particular area at a given time frame.

It's also the label of choice when you require a simple explanation of a phenomenon or data in order to build and refine questionnaires or interventions. In Chisamba, the study focused on the factors that influence pregnant women's choice of delivery location.

3.2.0 Study Area

This research was conducted in Chisamba. Chisamba is a city in Zambia's central region with a total size of 5, 526 square kilometers. The district borders Lusaka, Chongwe, Chibombo, Kabwe, Kapiri Mposhi, and Luano Districts, and is one of the newly constituted districts. As of 2019, the District has a total population of 103,983, with 51,955 females and 52,028 males. This study included expecting moms and mothers of children aged 0 to 5 years old. The Chisamba Health Office employees who worked directly with children and mothers were also included in the study.

3.3.0 Study Population

The study included all health workers and focused on expecting moms as well as mothers with children under the age of five. All pregnant or expectant moms living in Chisamba at the time of the study, as well as those who visited Chisamba at the time, were included in the study. Women who are not pregnant, as well as those who have children but are not expecting, were excluded.

3.4.0 Sampling Strategy

Regarding expecting moms and mothers with children aged 0 to 5 years, non-probability purposive sampling was used. Health care practitioners were interviewed in depth. Purposive sampling, specifically homogeneous type sampling, was used to sample health workers.

3.5.0 Data Collection Techniques

In order to collect data, in-depth interviews (IDIs) were used. IDIs were recorded and then converted into notes later. However, a notebook was utilized in an emergency scenario.

3.6.0 Sample size

The population has a sample size of 15. According to Gerrish and Lacey, most qualitative research sample sizes lie between 10 and 30, with 10 being the most common (2010) because saturation usually occurs between 10 to 12 participants. Five (5) health practitioners and ten (10) mothers were interviewed for this study, total 15 people.

3.7.0 Data Management and Analysis

The data was acquired utilizing in-depth interviews and a personal cell phone; the data was then converted to writing format before being prepared for a thematic analysis. A thematic analysis could be done in a variety of ways. The following processes of thematic analysis are demonstrated by Greg Guest, Kathleen M. MacQueen, and Emily E. Namey (2012): familiarizing, coding, generating themes, reviewing themes, defining and labeling themes, and writing up.

3.8.0 Scientific Rigor

The researcher had to establish credibility in order to get reliable information. Credibility determines if the research findings are credible and accurate interpretations of the participant's original opinions based on the participant's original data. This is because, in order to collect consistent and reliable data, participants must have faith in the researcher.

3.9.0 ETHICAL CONSIDERATION

The Research Ethics Committee granted ethical approval for this study due to the sensitivity of the research, which focused on children, mothers, and health providers who worked directly with the children. Permission was also acquired from every person talked with, and if a volunteer was unavailable at the time of the interview for any reason, the research was rescheduled.

The study followed the concepts of autonomy, respect for individuals, and their freedom to control their own life. It was accepted when a participant refused to provide their ideas or opinions, including whatever decisions they made, because they had the freedom to do so.

CHAPTER FOUR: RESULTS PRESENTATION

4.1 Introduction

This study reviewed the various factors that influence expectant mothers' choice of delivery place in Chisamba District. I used concurrent triangulation to investigate a mix of qualitative and quantitative data, including semi-structured interviews with pregnant women and professional participants were included, as well as a complete survey. Using a mixed method approach, I studied potential factors that influence pregnant mothers' choice of delivery location in both rural and urban contexts. My decision was influenced by my belief that social phenomena have multiple constructions and that understanding them necessitates a mixed approach that capitalizes on the advantages of both qualitative and quantitative data while minimizing the drawbacks connected with sole use of quantitative and qualitative analysis (Teye, 2012).

The following were the research questions that led the investigation:

1. What informs the choice of place of delivery among pregnant women in the study area?
2. What interventions where put in place by the relevant authorities to address choice of delivery among pregnant women in Chisamba?
3. What steps have been taken up by the authorities to address the choice of delivery among pregnant women?

The data were analyzed based on in-depth interviews with fifteen (15) respondents in Chisamba, including mothers and healthcare providers. Guardians were chosen at a three-year interval (3). The themes under examination were predetermined and emerging themes of factors that influence pregnant mothers' choice of birth location in Chisamba. The themes and their respective purposes are listed in the table below.

Figure 1.1 Emerging Themes

Specific Objectives	**Themes**

1. To explore the preference of place of delivery among pregnant women in the study area, Chisamba.	- Complications in the Process of Childbirth - Influence by Significant Others
2. To identify steps taken up by the authorities to address the preference of place of delivery among pregnant women.	- Preferred Place of Delivery
3. To assess interventions put in place by the relevant authorities to address preference of delivery among pregnant women in Chisamba.	- Authorities action to influence place of delivery

4.2 Demographics of Participants

The study included fifteen (15) participants, ten of whom were pregnant women, and five (5) healthcare personnel, the majority of whom were volunteers, including the supervisor of community health workers. Chisamba supplied them all. With the exception of a small sample of women of childbearing age who were not yet mothers and were cared to by community health experts, the majority of the participants were already mothers with children.

4.2.1 Complications in the Process of Childbirth

Traditional birth attendants (TBAs) directed both ANC-attendees and non-attendees to various health facilities for additional management due to problems during childbirth at home. Twenty percent of the 86 ANC attendees who delivered their kids in a health facility did so because they had complications during labour. Sixty-five percent of the 17 respondents had lengthy labor at home, forcing TBAs aiding in these deliveries to refer the respondents to health facilities for professional assistance. For example, P1 was in labor for a long time, and the TBA attempted unsuccessfully to help her. As a result of the situation, she was brought to Chibombo maternity

facility by her sister, a TBA, and her mother, where she delivered a baby boy via cesarean section. P2 had planned to give birth at a hospital, but changed her mind and chose to give birth at home. Due to the length of her labor, the TBA transferred her to a health facility, where she gave birth to a baby girl without incident. P3 had a similar experience as the other respondents. She had planned to give birth at a hospital but changed her mind and decided to do so at home. The TBA noted that the delivery was taking longer than expected during labor. She was moved to Chisamba Health Post, where she gave birth to a healthy baby boy.

"After delivering the first baby (a girl), my mother-in-law was taken aback when she realized there was another baby in the womb that couldn't be born regularly." Because there was no money for transportation, there was a delay in getting to the health institution. It was too late to save my baby's life by the time we arrived at the hospital. The baby (a male) was delivered but lifeless, much to my disappointment."

P3, who was 34 years old, has three children, one of whom was born at home. She has never had a problem giving delivery in any of her pregnancies. She stated that because her mother-in-law was more experienced in labor, she was able to influence her choice of where she delivered her kid. Regardless, she wound up in a medical facility. She began bleeding profusely after giving birth to a baby girl, and the TBA gave her some cold milk and remedies, but the hemorrhage continued. She was rushed to the Chisamba health center, where the uterus' membranes were removed and she was given injections, and the bleeding stopped quickly.

It is clear from the foregoing that pregnancies can differ. The fact that the previous three births were all safe at home does not guarantee that the fourth will be. It's also worth noting that failure to determine the number of infants in the uterus during pregnancy increases the danger of giving birth at home.

"I wanted to have my baby at home." The TBA, on the other hand, urged me to seek medical care because my pelvis structure was too narrow for a regular delivery. I insisted on delivering at home since I was confident everything would go smoothly. I had bleeding before to the commencement of labor, and one of the lessons given during ANC was to be very aware of bleeding from the vaginal system because it could lead to childbirth difficulties. I was transferred to a maternity center in Chibombo, where I delivered a baby boy via caesarean section."

4.2.2 Influence by Significant Others

Mothers-in-law, husbands, dads, mothers, and grandmothers of unmarried pregnant women who are referred to as significant others in this study had a major influence in deciding where to deliver for respondents. Significant others influenced respondents to give birth at home or in a hospital. For example, among the 64 percent of 135 ANC participants who delivered at a health facility, 34 percent were urged to do so by their significant others

"I gave birth safely at home since my spouse urged me to do so." In reality, I had planned to give birth in a hospital, albeit I hadn't specified which one."

Two more women claimed that their husbands were the guardians of the family's assets and had the authority to choose where the baby would be born. On the same note, they stated that because their husbands were the family's leaders of state according to their culture, they had complete authority over the baby's birthplace.

"Because of the care and concern from relatives, my father pushed me to deliver at home."
A TBA was called when labor pains started, and I delivered a baby boy safely at 91 home."

Since P4 was staying with her grandmother, she was urged to give delivery at home. Her grandma assured her of a safe delivery because the baby's head was visible in the uterus and a regular delivery was feasible, she claimed.

"I didn't see the point in delivering in a hospital because my grandmother was a wonderful TBA at the time," she says.

4.3 Preferred Place of Delivery

The preferred delivery location was a hot topic among participants. Pregnant women had the option of having their babies in a hospital or at home with the help of a conventional birth attendant, according to feedback. Most pregnant women choose or want to deliver at health facilities rather than at home, according to the participants. Despite their preference for delivering in facilities, I saw that a number of pregnant women preferred home birth to health facilities.

4.3.1 Reasons for Home Delivery

In order to understand the disparities in site of delivery among women, participants were asked about the factors that account for their preference for residency delivery. According to the report, pregnant women choose home delivery for a variety of reasons. I saw the traditional concept that a woman's ability to deliver at home is a symbol of her husband's strength and devotion; confidence in traditional birth attendants' maternal capability and hospital staff's behavior functioned as a deterrent for expecting mothers to seek health facilities when in labor. Furthermore, economic and environmental factors such as poverty and poor road networks connecting communities to health care facilities influenced pregnant women's birth place selection.

Regardless of a pregnant woman's willingness to go to the hospital when in labor, I have seen instances where the commencement of childbirth makes it difficult for them to deliver at a hospital. When questioned about such unusual occurrences, a member in a focus group discussion noted.

"I prefer home delivery because most labor and delivery processes begin around midnight, making it impossible to go to the hospital."

"I normally give birth in the house," another participant said, "since I don't even realize I'm in labor because the delivery procedure is so quick." I have no problems, and it usually happens at midnight when you are deep sleeping and there is no available transportation.

While the replies above suggest that home delivery is spontaneous and unexpected, a disclosure by a female participant added a new perspective to the debate: "Some of us are forced to deliver at home since society labels women who give birth in hospitals as weak." So, “when I was in labor, they made me labor from Wednesday to Friday and then took me to the hospital when they knew it was a difficult labor”. Most of us prefer to give birth at home in order to appear powerful. During child birth, your family tells you to do your best to birth at home because delivery is a physiological procedure that can be easily conquered with perseverance.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This final chapter is broken into five sections, starting with the introduction. I analyzed the research questions and summarized the results in the overview, which comprises of brief summaries of the theory underlying the study's objective. In light of the literature study and the theoretical framework presented in Chapter 2, I reviewed the data. The limitations of the study are followed by recommendations for additional research and social ramifications. To investigate characteristics that may influence pregnant women's delivery venue selections in the Chisamba area, I conducted semi-structured interviews with a group of professionals and expectant women, as well as a detailed survey.

I aimed to fill a space in the research by identifying substantial differences in factors that influence women's choice of delivery place in Chisamba District. Many studies have looked at the factors that impact mothers' labor and delivery decisions, but they have focused on features in a specific setting: either rural or urban. In developing countries, however, there are major infrastructural and behavioral variations between rural and urban residents, including health and social alternatives such as motherhood, pregnancy, and childbirth. Road networks, building facilities (hospitals and clinics), and basic social facilities are all in need of improvement.

Views differ between urban and rural locations because of disparities in educational levels, wealth levels, belief systems, and sociocultural norms. Many studies are centered on rural or urban settings (Anyait et al., 2012; Envuladu et al., 2013; Chamroonsawasdi et al., 2015; Caulfield et al., 2016; Egharevba et al., 2017; Kifle et al., 2018; Ravi et al., 2014). Due to the variety of alternatives available to them, both urban and rural residents face a variety of situations that may influence their labor and delivery choices. This study was necessary due to the scarcity of literature on the subject in Ghana and Africa. Existing research ignores the intricacies of these disparities between urban and rural populations, making comparison impossible. Most expecting women prefer to deliver at health facilities rather than at home, according to the participants.

Despite their preference for giving birth in hospitals, I discovered a group of expectant women who chose home delivery, particularly in Tolon District (Figure 2). This could be because rural areas lack particular skills and competencies compared to urban areas. The location of a woman's birth may be influenced by her home, whether rural or urban (Enuameh, 2016). The findings of this study corroborate those of GDHS (2014) and Envuladu (2013), which revealed that most rural participants favored home delivery over delivery at a health institution.

Expecting mothers may prefer for a home birth over a hospital birth for a variety of reasons. As indicated in the text, the following factors may lead to expecting mothers giving delivery at home: The ability of a lady to give birth at home is thought to reflect her strength and love to her husband. "Some of us are obliged to birth at home because society deems women who deliver in hospitals as weak," one participant said. So they forced me to give birth from Wednesday to Friday and then brought me to the hospital when they realized it was a difficult labor. Most of us choose to give birth at home in order to appear powerful. During child birth the family advises you to try your possible best to deliver at home since delivery is a physiological process and with tenacity, you can easily overcome.

This is a local tradition, and it explains why people choose to deliver at home, which is impacted by social and cultural values at both the family and community levels (Montagu et al., 2011). The circumstances surrounding labor, the behavior of health professionals, and the distance traveled to a health facility all had a role in health care facility delivery. Laboring in the middle of the night was a strong predictor of a home/TBA birth. Though labor can be unexpected at times, it is usually not. One participant stated, "I generally give birth at my house since I don't even realize I'm in labor because the delivery procedure is so quick." I have no problems, and it normally happens at midnight when you are deep sleeping and there is no available transportation.' Women who give birth at home frequently blame their behavior on the unexpected time of their labor, which usually occurs at night when they don't have access to transportation to go to a health facility (Biweta, 2015). The capacity to detect labor signals early could play a big role in where women give birth. According to this study, expecting mothers were more likely to deliver at a health care facility when labor provided them time to get there.

According to Alvarenz, Gil, and Hemandez (2009), educated women are more likely to give birth in a health facility than uneducated women, whose babies are delivered by TBAs. Other research have discovered a link between maternal deaths caused by pregnancy and women's educational levels (Yanagisawa et al., 2006). Researchers in Ethiopia discovered a strong correlation between educational background and health-care facility use in another investigation (Afework et al., 2014). Kanini et al. (2013) also discovered that women with higher education are more aware of the risks associated with home delivery and are more likely to use a health facility than women with lower education.

A well-informed person is more likely to have better decisions on life choices that promote a healthier living. At comparison to a woman with no formal education, a mother with a primary school diploma or above is more likely to give birth in a health facility. As a result, education raises awareness of fundamental child birth delivery, and care issues. The amount of education of a pregnant woman influences her decision to give birth in a health facility rather than at home.

Anyait et al., (2012) discovered that if an expecting mother is uncircumcised, she will be circumcised by inexperienced TBAs during labor among the indigenous Maasais. To avoid this, mothers self-deliver, endangering both mother and child's life, in order to escape getting circumcised. Even though others say that giving birth at home is preferable since it saves a family money.

Whitworth et al. (2011) emphasized the importance of focusing on the quality of available care during the pregnant period in order to avoid death or injury. Focused ANC has been demonstrated to improve maternal outcomes by allowing for the early detection and treatment of illnesses. Diagnosing and treating high blood pressure helps to prevent eclampsia, for example, has been shown to lower mortality (WHO, 2014). ANC is thought to have a good impact on maternal health. Regular attendance of ANC meetings enables for the early detection and treatment of pregnancy-related issues, as well as dietary advice and guidance to improve the health of pregnant women (WHO, 2013). Knowing the status of their pregnancies would put pregnant women and their families in a better position to seek support from skilled health professionals as soon as symptoms appeared (Kabakyenga et al., 2011).

CHAPTER SIX: CONCLUSION AND RECOMMENDATION

6.1 Conclusion

The choices of pregnant women for delivery locations may differ across rural and urban areas. Unlike urban women, who prefer facility delivery, the majority of rural women choose house delivery. This could be due to a variety of factors influencing one's delivery site preference. Finally, pregnant women in rural areas had poor educational levels and were treated unfavorably by health staff. Respondents in urban areas, on average, experienced lower travel lengths to health facility facilities compared to those in rural areas.

6.2 Limitations of the Study

Regardless of the thorough selection and application of all components of this study, it was affected by circumstances beyond the researcher's control, as were all others of its kind. Due to these constraints, the scope of this project is limited. However, the quality of the data obtained and the findings of this investigation were unaffected. The study's shortcomings arose from two degrees of difficulties. To begin with, the investigation was limited by a language barrier. Not everyone in this study could read, write, or speak English. When appropriate, the questionnaire was translated into their native tongue. Non-Zambians were not included in the study. Language is at the heart of communication and information exchange. When communication breaks down owing to a language barrier, critical information acquired may be inaccurate or erroneous. As a result, data gathering errors and misinterpretation of collected data are possible. However, as seen in this study, a precise and consistent translation of the questionnaire into local dialect reduces data collection error.

6.3 The Implication of Social Change

Because of how many women perceive birth and the cultural traditions and taboos around it, this study may provide knowledge that can assist shape the decisions they make. This research has shed light on the impact of people's prior pregnancy experiences and how that influences how they perceive the danger of pregnancy. This research could also reveal women's opinions toward the dangers of childbirth and how they are dealt with, as well as the norms and values within different cultures that enlighten people about the need for and necessity of researching the use of maternal health facilities. Given the distinctions between urban and rural areas, the national maternal health

care program should devise separate methods for each. In rural areas, where ANC is underutilized, the government should concentrate on increasing the quality of ANC through core ANC programs, particularly for disadvantaged women. Rural women should receive more education on maternal concerns. Patients in rural locations should have access to a health facility close by to reduce the likelihood of giving birth at home.

6.4 RECOMMENDATIONS

Recommendations for Action

The findings of the survey will aid policy implementation. A summary of the findings will be disseminated to Maternity Departments in both urban and rural hospitals across the country as a result. This will assist in the development of successful maternity policies in both urban and rural areas. As a result, when the need arises, the entire team of health professionals involved in the care of pregnant women will be more responsive to the demands of the patients. A written report of the findings, in English or the local language, as well as the investigators' contact information for the participants in case they have any queries.

Since every person interviewed contributed to the study's success, this appraisal of the findings is needed. The Ghana Health Service should applaud and 146 design motivated packages for all competent birth attendants to keep up the good work in the various health facilities throughout the country, given the high achievement of health facility delivery in the urban region and the moderate achievement in the rural region.

According to one study, women who did not attend ANC were more likely to give birth at home. As a result, Ministry of Health officials and community educators should push pregnant women to seek ANC more aggressively.

GANTT CHART FOR THE WORK PLAN

ACTIVITY	August 2021	September 2021	October 2021	September 2021	October 2021	November	December 2021	January 2022

						2021		
Proposal writing and editing								
Proposal presentation								
Data collection								
Analysis comparison and compilation								
Printing of project								
Final project submission								

BUDGET

S/N	ITEM /DESCRIPTION	QUALITY	UNIT COST (K)	TOTAL COST (K)
1.	Airtime	Data bundles	K200	200
2.	Printing of proposal		K100	100
3.	Stationery (pen, pencil and note book)		K100	100
4.	Printing of data collection tools (questionnaires)		K100	100
5.	Helper	2	K500	500
6	Miscellaneous		K200	200

	TOTAL COST			K1200

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APPENDICES

APPENDIX 1: Letter of Introduction by the Researcher to the Respondents

Dear participant,

My name is Fredrick Bunda from University of Lusaka. I am an undergraduate student. Currently I am conducting a research on factors that influence place of delivery choice among expectant mothers in Chisamba. I kindly request you to participate in this research. Please feel free to participate because your views will be treated with confidentiality. Besides, your names will be coded to conceal identity. Your participation will be voluntary.

Thank you,

Fredrick Bunda

APPENDIX 2: Interview Guide for ANC-Attendees and Non-Attendees

Section I: Personal Details of the Pregnant Woman

Name of Facility……..

Interview date……..

Respondent number……

Contact of respondent ……

Village…….

1. What is your age? .....

2. What is your marital status? .....

3. What is your level of education? ……..

4. What is your religion? .....

5. What is your occupation? .....

Section II

1. What is the gestation period of pregnancy (in months)? ……

2. What is the number of your previous deliveries? ……...

3. What is the number of your previous children delivered at home? ……....

3b. What were the reasons for choosing to deliver at home? .....

4. What is the number of your previous children delivered in a health facility? …….

4b. What were the reasons for choosing to deliver in a health facility? .....

5. Do you have any children who have died during childbirth? .....

6. Where were they born, was it at home or in a health facility? ……..

7. What was the cause of the death? .....

8. Any complications experienced during previous childbirth? Explain…….

9. Where are you planning to deliver the baby? Explain……..

10. Before you choose your place of delivery, is it necessary to seek for permission from Anyone? Explain……

11. Are you aware of any complications that can occur to a pregnant woman during child? Birth? Explain…….

12. Are you aware of any complications that can occur to a baby during child birth? Explain ……

13. Does choosing to deliver in a health facility or at home depend on the pregnant woman's Level of income? Explain ……

14. Are you aware of any advantages of delivering in a health facility? Explain……

15. Does age determine whether a pregnant woman will choose to deliver her baby at home or In a health facility? Explain……

16. Are cultural beliefs and practice likely to influence your choice of place of delivering? Explain……..

17. Do your religious beliefs and practices influence your choice of place of deliver? Explain…….....

18. Can lack of transport influence your choice of place of delivery? Explain……..

19. Does your occupation influence your choice of place of delivery? .....

APPENDIX 3: Nurses Interview Guide

Place of interview

1. Do you think there are times a pregnant woman plans to deliver in a health facility but

Later chooses to deliver at home?

2. Does the anticipated gender of a baby influence choice of place of delivery for the Woman?

3. Do you interact in any way with traditional birth attendants (TBAs)?

4. Which category of pregnant women is likely to deliver in a health facility and why?

5. Are the pregnant women aware of their reproductive rights?

6. What do pregnant women say about delivering in a health facility?

7. If a pregnant woman was being attended by a TBA all through and only comes for delivery in a health facility, would she be assisted?

8. is there a government policy regarding what a TBA should know?

APPENDIX 4: Interview Guide - Postnatal Women

Date of interview

A. Where did you eventually deliver your baby?

B. Was the place of delivery different from the place you had planned to deliver?

C. Reasons for change of place of delivery if applicable

D. If you knew the baby's gender before delivery would you have changed place of delivery?

APPENDIX 5

UNIVERSITY OF LUSAKA
SCHOOL OF MEDICINE AND HEALTH SCIENCES
LEOPARDS HILL CAMPUS
Plot No. 37413, Off Alick Nkhata Mass Media. P. O Box 36711, Lusaka.
Phone: +260211258505, 258409 Fax +260211233409; Cell +260976075850,961917862,
E-mail:unilus@zamnet.zm,ictar@zamnet.zm

SCHOOL OF MEDICINE AND HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

Ref no: IORG0010092-2022/045

Date: 17th January, 2022

BUNDA FREDRICK– BSPH 18112045

Re: Research Title; FACTORS THAT INFLUENCE PLACE OF DELIVERY CHOICE AMONG EXPECTANT MOTHERS IN CHISAMBA

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS Research ethics committee
2. Approval from the Lusaka District health Management or equivalent health authorities should be sought.
3. The study tools should be added.
4. An informed consent form should be attached and filled by all study participants (If dealing with primary data)
5. The risks and benefits should be included in the consent form.

Congratulations and the committee wishes you success in your work.

Prof Kasonde Bowa
MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)
Chairman- UNILUS REC
Professor of Urology and Consultant Urologist
Executive Dean
University of Lusaka and University Teaching Hospital
School of Medicine and Health Sciences.

UNIVERSITY OF LUSAKA

SCHOOL OF MEDICINE AND HEALTH SCIENCES
LEOPARDS HILL CAMPUS
Plot No. 37413, Off Alick Nkhata Mass Media. P. O Box 36711, Lusaka.
Phone: +260211258505, 258409 Fax +260211233409; Cell +260976075850,961917862,
E-mail:unilus@zamnet.zm,ictar@zamnet.zm

Date: 17th January, 2022

……

……..

……..

PERMISSION FOR **BUNDA FREDRICK No. BSPH 18112045** TO CONDUCT A RESEARCH STUDY AT YOUR FACILITY/ INSTITUTION/ ORGANIZATION
Reference is made to the above subject matter

The University of Lusaka, School of Medicine and Health Sciences here by requests for permission for **Bunda Fredrick** a Public Health Student to conduct research at your facility/ institution/ organization, entitled**; FACTORS THAT INFLUENCE PLACE OF DELIVERY CHOICE AMONG EXPECTANT MOTHERS IN CHISAMBA.**

The research is in partial fulfillment of the requirements for the degree of Bachelor of Science Public Health. This is purely for academic purposes and information gained in such a way will not be used in the public domain without prior authorization from the institutions/ organizations involved.

The research topic has been cleared by the University of Lusaka, School of Medicine and Health Sciences Research Ethics Committee as per the attached copy. Data collection is expected to be done from **1st February, 2022 to 29th April, 2022**.

The University of Lusaka avails itself of this opportunity to review to your office the assurances of its highest considerations and looks forward to your timely and favorable response.

Prof Kasonde Bowa
MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)
Chairman- UNILUS REC
Professor of Urology and Consultant Urologist
Executive Dean University of Lusaka and University Teaching Hospital
School of Medicine and Health Sciences.

NATIONAL HEALTH RESEARCH AUTHORITY
Paediatric Centre of Excellence, University Teaching Hospital, P.O. Box 30075, LUSAKA
Chalala Office Lot No. 18961/M, Off Kasama Road, P.O. Box 30075, LUSAKA
Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA0000019/22/03/2022 **Date: 22nd March, 2022**

The Principal Investigator,
Bunda Fredrick,
University of Lusaka
Lusaka, Zambia

Dear Bunda Fredrick,

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for authority to conduct research titled **"Factors That Influence Place of Delivery Choice Among Expectant Mothers in Chisamba."**

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA quarterly from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

Prof. Godfrey Biemba
Director/CEO
National Health Research Authority

01

NATIONAL HEALTH RESEARCH AUTHORITY
Paediatric Centre of Excellence, University Teaching Hospital, P.O. Box 30075, LUSAKA
Chalala Office Lot No. 18961/M, Off Kasama Road, P.O. Box 30075, LUSAKA
Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

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MCH – No objection

Yours sincerely,

Prof. Godfrey Biemba
Director/CEO
National Health Research Authority

REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
CHISAMBA DISTRICT HEALTH OFFICE
30 MAR 2022
DIRECTOR
P.O. BOX 820010, CHISAMBA

Noted

MCH DSCO
F-T-T

REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
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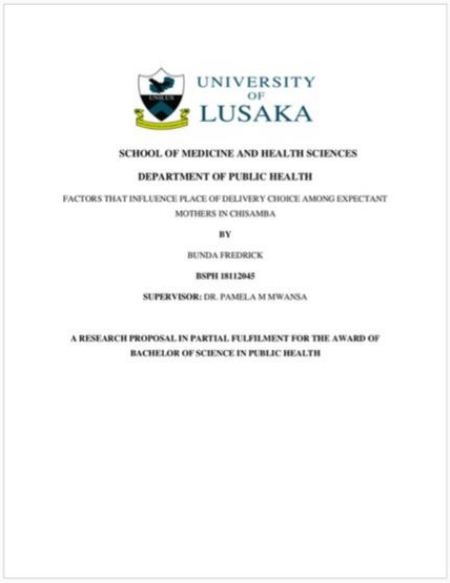

UNIVERSITY OF LUSAKA

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

FACTORS THAT INFLUENCE PLACE OF DELIVERY CHOICE AMONG EXPECTANT MOTHERS IN CHISAMBA

BY

BUNDA FREDRICK

BSPH 18112045

SUPERVISOR: DR. PAMELA M MWANSA

A RESEARCH PROPOSAL IN PARTIAL FULFILMENT FOR THE AWARD OF BACHELOR OF SCIENCE IN PUBLIC HEALTH