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Individual and socio-cultural factors influencing the choice of place of delivery among pregnant mothers at Kisubi Hospital, Entebbe, Wakiso District: A cross-sectional Study.

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Abstract

Background:

The study aims to examine the Individual and socio-cultural factors influencing the choice of place of delivery among pregnant mothers at Kisubi Hospital, Entebbe, Wakiso District.

Methodology:

The study design was descriptive and cross-sectional, employing quantitative methods of data collection. The study was carried out at Kisubi Hospital at the ANC. The study involved pregnant mothers attending the Antenatal Clinic at Kisubi Hospital. A predetermined sample size of 30 respondents was used in this study. The study employed a simple random sampling procedure to get participants for the study.

Results:

The results indicate that the majority, 17(56.7%) of the respondents had given birth to 3-4 children, while the least, 2(6.7%) had given birth to more than 6 children. indicated that most 16(53.3%) prefer to have their next birth from Traditional Birth Attendants, while the least 5(16.7%) said at home. indicates that the majority, 20(66.7%), revealed that they do not normally plan in advance for the child, while the least 10(33.3%) said they do. The majority, 19(63.3%) of the respondents revealed that their previous baby was not delivered from the facility, while 11(36.7%) delivered from the health facility. indicated that most 14(46.7%) revealed that the highest level of education for their partner was secondary school, whereas the minority 2(6.7%) were of tertiary level.

Conclusion:

lack of someone to help them with the domestic chores during pregnancy and after birth and previous baby not being delivered from the facility

Recommendation:

The community leaders should sensitize the community on the importance of institutional deliveries.

Keywords: Place of delivery, Antenatal care utilization, Socio-cultural factors, Individual factors, Kisubi Hospital, Entebbe, Wakiso District
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Background

In Asia, studies have shown that 35% of all antepartum, intrapartum, and postpartum hemorrhage are due to unsafe home delivery practices (Adegoke and VandenBroek, 2019).

The home delivery rate in Europe as of 2021 stands at 20.0%, with rural regions having the highest proportion (Sychareun et al 2021). In East Africa, despite various global initiatives focused on maternal health, in 2015 alone, an estimated 830 women died daily as a result of complications related to pregnancy and childbirth due to the management of labour by inexperienced birth attendants (Dahab and Sakellariou, 2020). Further still, a meta-analysis conducted among three East African countries showed a 21% higher risk of perinatal mortality during home deliveries compared to deliveries at a health facility (Wado, Sully, and Mumah, 2019).

Furthermore, pregnant mothers are also still unwilling to prepare and deliver in health facilities, but resort to home childbirth, and only seek care in case of complications; this has led to severe morbidity and mortality (Makanga et al., 2016; Bedford et al., 2016). If prior births were straightforward, women of higher parity might not consider the need for medical assistance since they are more likely to rely on their prior experiences (Boerma & Mathers, 2020). Educational level is one of the most important factors in determining the selection of place of delivery (Maureen et al., 2019). The cost of the ambulance was also too high to transport the mother during complications. Thus, the poorer the mother, the less likely she was to deliver in a health

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facility (Mehmood *et al.*, 2019). Other women believe that delivering in a health facility puts one at risk of losing their baby through theft. A nurse can swap your baby with a different baby. This may be done for women who may be looking for either a male or a female. Whether this is a perception or real, the fact that they harbor these feelings discourages them from utilizing health care facilities during childbirth (Justice et al., 2020).

The status of women is such that the husband is usually the primary decision makerMen make decisions about the wife's usage of health services, the size of the family, and the timing of sexual relations. Men also control household finances, and in case of any need, the man has to decide whether to do it or not, and thus, in case the husband provides support to the wife, she is more likely to deliver from a health facility (Ishaku et al., 2020; Solomon et al., 2019). Mothers may also decide to deliver from home because the placenta needs to be handled with care, since the disposal of it is related to traditional rituals and is associated with luck and misfortunes. Also, the umbilical cord needs special handling as the umbilical cord of a baby girl is to be cut with a knife, while that of a baby boy is to be cut with an arrow, but this could not be done in the health facility (Solomon et al., 2019). The study aims to examine the Individual and socio-cultural factors influencing the choice of place of delivery among pregnant mothers at Kisubi Hospital, Entebbe, Wakiso District.

METHODOLOGY

Study design and rationale

The study design was descriptive and cross-sectional, employing quantitative methods of data collection. This study design was chosen because of convenience, and data collection was to take place at a particular period in one point in time, and also because it suited the researcher's limited time.

Study setting and rationale

The study was carried out at Kisubi Hospital at the ANC. The hospital is about 30 kilometers South.

East of Kampala, Uganda's capital city. It is situated in the Katabi division, Kisubi Parish, in Entebbe.

Municipality. It is approximately 15 kilometers from Entebbe town along Kawuku Trading Centre. Kisubi Hospital is a private not-for-profit hospital managed by the hospital director. It offers services such as antenatal care services, inpatient and outpatient services, maternity services, family planning services, immunization services, etc. It's maternal and child service on a daily basis handles 60 mothers, and monthly, a population of approximately 4500 mothers.

The area is mainly dominated by fishing activities and moderate subsistence agriculture. The study will focus mainly on the factors influencing the place of delivery among pregnant mothers attending.

Kisubi Hospital, Entebbe. The study concentrated on the period 2022 because this was the time when higher statistical data on the cases of mothers shunning the utilization of health facilities for childbirth was highlighted in Wakiso District and specifically at Kisubi Hospital.

Study population

The study involved pregnant mothers attending the Antenatal Clinic at Kisubi Hospital.

Sample size determination

A predetermined sample size of 30 respondents was used in this study. This sample size fits in the UNMEB research guidelines, which state that a sample size between 30 and 80 respondents is enough for a diploma level. This sample size was also well fitting within the researcher's limited financial and time resources.

Sampling procedure

The study employed a simple random sampling procedure to get participants for the study. Letters "S" and ''N were written on 60 different pieces of paper of the same size and color,

30 papers with "S" and 30 papers with ''N'' and then folded, put in a tin which was then shaken. Using a simple random sampling method, the tin was passed, and each mother was allowed to pick one piece of paper at a time. Mothers who had picked a paper with the letter "S" were picked to participate in the study. This method was used to give an equal opportunity for all the mothers to participate in the study. The method also helped the researcher to easily control the quality of information received.

Inclusion criteria

All pregnant mothers attending the ANC clinic who had voluntarily consented to the study were included in the study.

Study variables

Dependent variable

Choice of place of delivery by pregnant mothers

Independent variable

In this case, the independent variables were;

- Individual factors: maternal age, parity, level of education, economic inaccessibility, preferred place of next delivery.
- Socio-cultural factors: influence of antenatal care, trimester of the mother at first antenatal, issues of trust, status of the woman, traditional beliefs and practices, perception of pregnancy and delivery, partner's level of education.

Research instrument

Data was collected using a standard questionnaire specifically prepared for this study. The data collection tool had both open and closed-ended questions so as to elicit as much information as possible.

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Data collection procedure

Approval was obtained from the supervisor and principal of St. Michael's Lubaga Hospital training schools. Permission to collect data was then sought from the Kisubi Hospital administration. The administrator introduced the person in charge of maternal and child health, who then introduced the respondents. After obtaining consent from respondents, a semi-structured questionnaire was administered to ANC mothers. The questionnaire included closed-ended questions to assess the factors influencing the choice of place of delivery by pregnant mothers. One respondent was interviewed at a time. Data was collected within a period of 2 weeks.

Data management

The collected data was cleaned, edited, coded, and entered item by item to check for completeness, accuracy, and consistency. Only the researcher kept the collected data to avoid any access by unauthorized people and losses.

Data Analysis

Data was analysed manually, and the analysed data was presented in the form of tables, graphs, and pie–charts using computer software Microsoft Office Word 2010 and Microsoft Office Excel.
2010 program.

Ethical considerations

After approval of the research proposal by the research committee of Lubaga Hospital Training Schools, further permission was sought from the person in charge of Kisubi Hospital, Entebbe, with the help of an introductory letter from the research committee. The respondents were informed about the purpose of the study before administering any tool and told about their rights to participate or not. Individual informed consent was obtained from respondents before proceeding with the exercise by appending their signatures or thumbprints on the consent form.
They were assured of total confidentiality, and their names were not required, but numbers were issued.

RESULTS

Socio-demographic characteristics of respondents

Table 1: Socio-demographic characteristics of respondents, n=30

Variable	Category	Frequency	Percentage (%)
Age	20-25	8	26.7
	26-35	14	46.6
	36-45	6	20
	46years and above	2	6.7
Occupation			
	House wife	16	53.3
	Civil servants	5	16.7
	Business/self-employed	8	26.7
	Peasant	1	3.3
Religion			
	Anglican	5	16.7
	Catholic	20	66.6
	Moslem	2	6.7
	Others	3	10

Table 1 indicates that the majority, 14(46.6%), were of the age group of 26-35years while a few, 2(6.7%), were 46years and above. Regarding occupation most 16(53.3%) of the respondents were house wives while the least 1(3.3%) were peasants
According to religion, the majority 20(66.6%) were Catholics, whereas the minority 2(6.7%) were Moslems.

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Individual factors influencing the choice of place

Table 2: Respondents' parity, level of education, and daily household income n=30

Variable	Category	Frequency	Percentage (%)
Parity	1-2	8	26.6
	3-4	17	56.7
	5-6	3	10
	Above 6	2	6.7
Total		30	100
Level of education			
	Non formal	2	6.7
	Primary	12	40
	Secondary	10	33.3
	Tertiary	6	20
Total		30	100
Daily household income	Less than 5000Ugshs	10	33.3
	5000- 10000 Ugshs	17	56.7
	10000-15000Ugsh	9	30
Total		30	100

From table 2 results indicate that the majority, 17(56.7%) of the respondents had given birth to 3-4 children, while the least, 2(6.7%) had given birth to more than 6 children.
Regarding the level of education, many 12(40%) had primary level as their highest level of education, while the least 2(6.7%) did not have any formal education.

Most 17(56.7%) of the respondents had 5000-10000/= as their daily household income while the least 9(30%) said it was more than 10000/=

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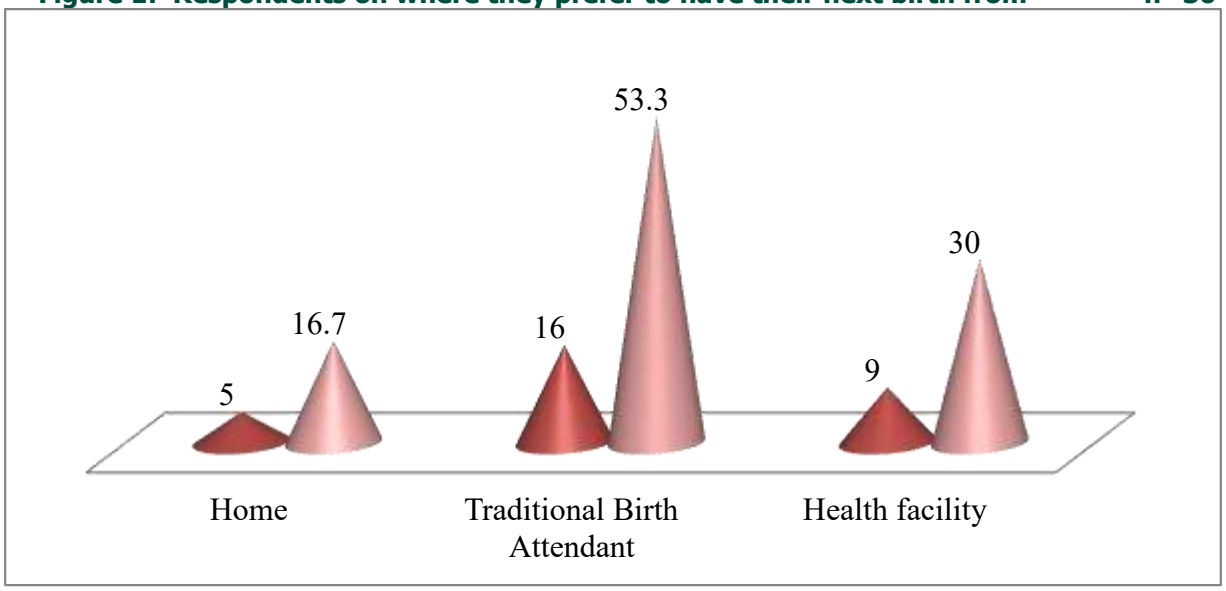
Figure 1: Respondents on where they prefer to have their next birth from n=30



Results from figure 1 indicated that most 16(53.3%) prefer to have their next birth from Traditional Birth Attendants, while the least 5(16.7%) said at home.

Socio-cultural factors that influence the choice of place of delivery among pregnant mothers.

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Table 3: Respondents on whether they always attend ANC services during pregnancy and the number of times **n=30**

Question	Response	Frequency	Percentage (%)
Do you always attend ANC services during pregnancy?	Yes	20	66.7
	No	10	33.3
Total		**30**	**100**
How many ANC visits do you attend to?	One	15	50
	Two	10	33.3
	Three	5	16.7
	More than four	00	00
Total		**30**	**100**
In which trimester did you start receiving ANC services?	First trimester	3	10
	Second trimester	10	33.3
	Third trimester	17	56.7
Total		**30**	**100**

Findings from table 3 indicated that most 20(66.7%) do not always attend ANC services during pregnancy, while the least 10(33.3%) attend.

Half 15(50%) of the respondents attended one ANC visit, whereas none attended more than four times. 17(56.7%) of the respondents started to receive ANC services in the third trimester, while the least 3(10%) in the first trimester.

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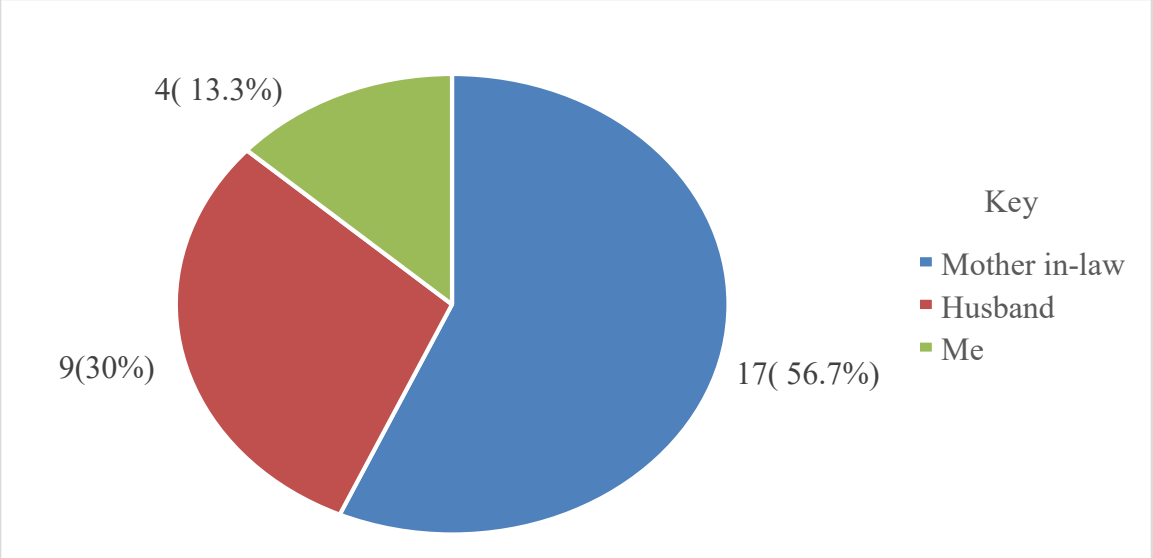
Figure 2: Respondents on who normally decides where to give birth from n=30



Findings from figure 2 revealed that most 17(56.7%) reported that their mother-in-law decides where they should give birth, while the least 4(13.3%) said it was themselves.

Table 4: responses of respondents on whether they have cultural practices that are normally performed on the baby after birth, and on whether they normally have someone to help them with domestic chores during pregnancy and after birth, n=30

Question	Response	Frequency	Percentage (%)
Do you have any cultural practices that are performed after delivery?	Yes	23	76.7
	No	7	23.3
Total		**30**	**100**
If yes, which practices?			
	The placenta needs special handling	8	34.8

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	The umbilical cord needs immediate culture care	12	52.2
	Mother needs herbs	3	13
Total		**23**	**100**
Do you have someone to help you with the domestic chores during pregnancy and after birth?	Yes	8	26.7
	No	22	73.3
Total		**30**	**100**

Table 4 indicates that 23(76.7%) revealed that they had cultural practices that are normally performed on the baby after birth, while the minority 7(23.3%) said they did not have. Out of those who revealed that they had cultural practices that are normally performed after delivery, most 12(40%) revealed that the umbilical cord needs immediate cultural care, while the least 3(10%) said the mother needs herbs.

Many 22(73.3%) of the respondents normally did not have someone to help them with the domestic chores during pregnancy and after births, while the least 8(26.7%) had.

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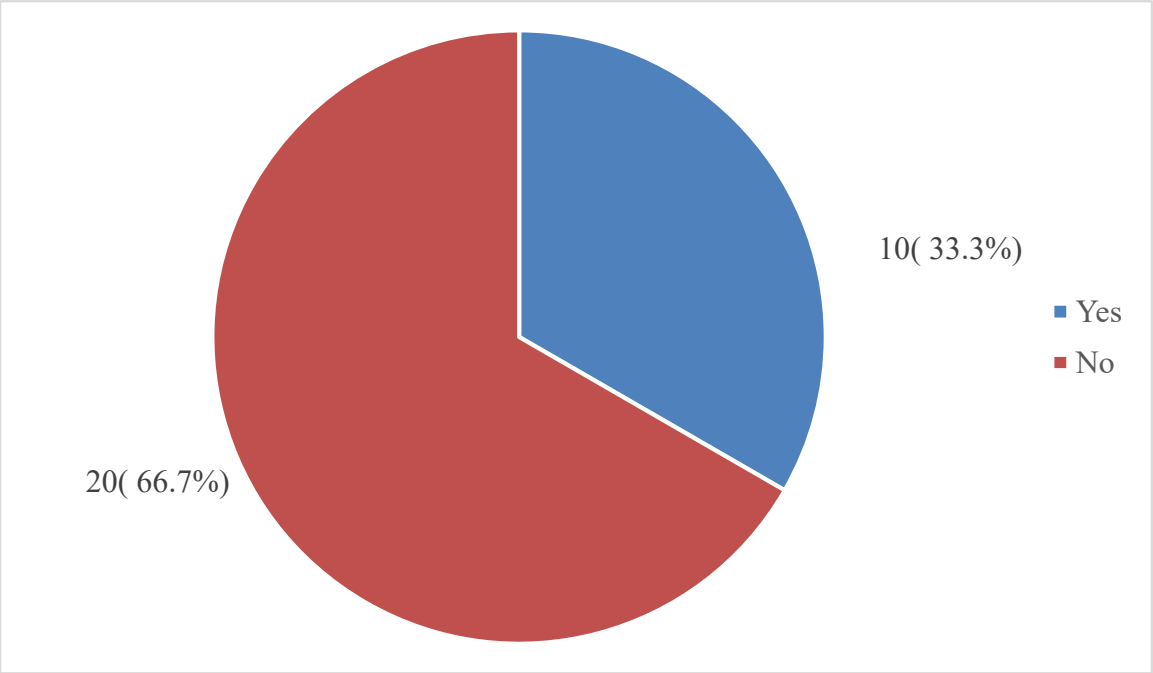
Figure 3: Making planning in advance for child birth **n=30**



Results from figure 3 indicate that the majority, 20(66.7%), revealed that they do not normally plan in advance for the child, while the least 10(33.3%) said they do.

Table 5: Respondents on whether they delivered the previous baby from the health facility and whether they were satisfied with the health care service that was provided, n=11

Question	Response	Frequency	Percentage (%)
Did you deliver the previous baby from the health facility?	Yes	11	36.7
	No	19	63.3
Total		**30**	**100**
If yes, were you satisfied with the health care service that was provided?	Yes No	3 8	27.3 72.7

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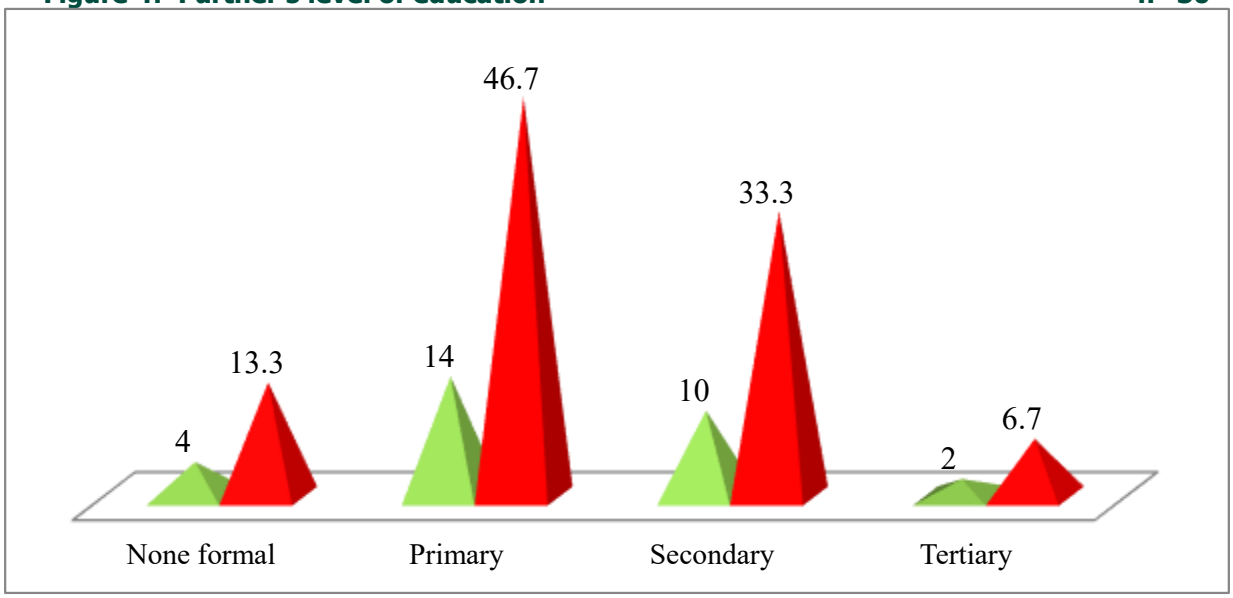
Total		**11**	**100**

Note: The number of respondents changed from 30 to 11 because some of the respondents didn't answer the question. From table 5 majority, 19(63.3%) of the respondents revealed that their previous baby was not delivered from the facility, while 11(36.7%) delivered from the health facility. Out of those who were delivered from the hospital, many 8(72.7%) revealed that they were not satisfied with the health care service that was provided, while the least 3(27.3%) were satisfied.

Figure 4: Partner's level of education **n=30**



Results from figure 4 above indicated that most 14(46.7%) revealed that the highest level of education for their partner was secondary school, whereas the minority 2(6.7%) were of tertiary level.
level.

DISCUSSION

Socio-demographic characteristics of respondents

Table 1 indicates that the majority, 14(46.6%), were of the age group of 26-35years. This is because age group one is expected to have settled into relationships to have children, for that matter. Therefore, regarding occupation, 16(53.3%) of the respondents were housewives. This was in line with a study conducted by Kwanema et al (2017) in Uganda, which revealed that most young women were more likely to deliver in health facilities than older women. According to religion, the majority, 20(66.6%), were Catholics. This is probably because the hospital is Catholic-founded, therefore it attracts more Catholics than other religions. This is in line with the study of (Magoma et al 2020) that revealed that there is trust when delivery is conducted by a relative or a member of the same tribe.

Individual factors influencing the choice of place of delivery among pregnant women

From table 2, the results indicate that the majority, 17(56.7%) of the respondents had given birth to 3-4 children, while the least, 2(6.7%) had given birth to more than 6 children. This indicated that they had experience with the previous deliveries and had no reason for a hospital delivery. This is in line with a study conducted by Kwamena et al (2019) that revealed that mothers in their first pregnancy were more likely to have their baby in a hospital. Women of higher parity prefer to rely on their prior experiences and might not consider the need for health care services if past deliveries were straightforward, according to another study by Boerma & Mathers (2020). A woman is therefore more likely to deliver at a facility during her first birth or if she had a previous obstetric complication. However, according to Esther C Atukunda *et al. (*2020), if a woman delivered her

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first child without complications, utilizing a facility for subsequent births is often viewed as unnecessary. Regarding the level of education, many 12(40%) had primary level as their highest level of education. This demonstrated that most could not comprehend the relevance of hospital deliveries. This result concur with those for the study by (Amwonya, Kigosa and Kizza, 2022) revealed that educated mothers may attach a higher value to their health, may be more aware of the benefits of preventive health, may have greater decision making power, may have greater confidence in dealing with service providers, and may and may be willing to travel outside their homes. The minority 2(6.7%) of the respondents attended non-formal education. Similarly, findings for the study by Maureen et al (2019) revealed that educational level is one of the most important factors in determining the selection of place of delivery. The study found that Women with an educational level of junior and above were 8.8 times more likely to give birth in a health facility as compared to those who have lower levels of education.

Most 17(56.7%) of the respondents had 5000-10000/= as their daily household income. This demonstrated that respondents did not have enough financial facilitation for institutional deliveries, which made them look for other options for delivery. The findings were in line with those of a study by Dankwah et al (2019), which revealed that although government health facilities were said to be free of charge, they have many hidden costs. Some facilities require women to buy supplies such as cotton wool, soap, basins, clothes, and polythene paper to use during and after delivery. And a few 9(30%) said it was more than 10000/=. Further still, Dankwah et al. (2019) revealed that the cost of the ambulance was also too high to transport the mother during complications. Thus, the poorer the mother, the less likely it was that she would deliver in a health facility.

facility.

Results from figure 1 indicated that most of the respondents 16(53.3%) prefer to have their next birth from Traditional Birth Attendants. This was probably because of the care they received from the traditional attendants previously during delivery. On the contrary, a study by Gabrysch and Campbell (2020) revealed that the preferred place for the next delivery was also positively associated with health facility delivery. However, the minority 5(16.7%) said they wanted to have the next birth at home; on the contrary, the study revealed that respondents who preferred to deliver their next pregnancy in a health facility were almost twice as likely to deliver in a health facility as those who preferred to deliver at home. Furthermore, a study by Turan et al (2019) found that women who received good-quality delivery care service in their previous births in a health facility were more likely to deliver their next child in a health facility. More still, literature for the study by Sharan et al (2019) revealed that poor services rendered at health facilities, such as a lack of delivery equipment, inadequate health staff, and essential drugs, may discourage women from delivering in health facilities.

Socio-cultural factors that influence the choice of place of delivery among pregnant mothers

Findings from table 3 indicated that most 20(66.7%) do not always attend ANC services during pregnancy. This was probably because of the parity that made them think that ANC was not so necessary to be attended regularly as scheduled. In addition, respondents had a belief that when they attend ANC regularly, health workers would force them to have a hospital delivery. This finding was in line with the literature for the study by Magoma et al (2020), who revealed that women may believe that attending ANC will diminish the likelihood of a complicated delivery and use of ANC in a preventative manner as a means to ensure a normal pregnancy and homebirth. This may explain why, in some contexts, ANC coverage is nearly universal while facility-based coverage is low. According to this study, at least 10(33.3%) attend, more still (Ahinkorah *et al.*, 2021) in settings where ANC attendance was nearly universal, those few women who did not seek ANC felt uncomfortable seeking facility-based delivery due to their unfamiliarity with the health system and fear of mistreatment for not possessing an ANC card. Additionally, according to Verma and Verma (2022), ANC providers may not be adequately advising women of the importance of facility-based delivery due to the heavy workload and limited time to discuss complex issues with their patients.

17(56.7%) of the respondents started to receive ANC services in the third trimester. This demonstrated that mothers attend ANC in the last trimester to be sure that the parameters are normal to allow them deliver from other places other than the health facility. The results were not different from those of a study conducted by Christiana et al (2022) that found that the trimester in which the mothers visited ANC for the first time was another factor that negatively affected the choice of place of delivery. Similarly, a study by Aggarwal and Thind (2021) found that mothers who visited ANC during the last trimester were 0.18 times less likely to deliver at a hospital. Another study by Henry et al (2018) found that women who started ANC visits after the second trimester were less likely to have facility delivery. And none of the respondents attended more than four.

times.

Findings from Figure 2 revealed that 17(56.7%) reported that their mother-in-law decides where they should give birth. The findings concur, with Kwamena et al. (2019 who

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revealed that developing confidence about one could be taken as trust. Still, the study conducted by Meyer *et al. (*2014) asserted that there is trust when delivery is conducted by a relative or a member of the same tribe as a stranger at the hospital. These trusted individuals include grandmothers, mothers-in-law, and mothers, and in some cases, TBAs. Trust is a social phenomenon because it occurs as a result of communication within and between individuals. While the minority of the respondents 4(13.3%) said it was their decision to decide where to give birth, depending on their previous experiences from where they delivered, still, according to Justice, et al (2020), women believe that delivering in a health facility, one stands a risk of losing their baby through theft. A nurse can swap your baby with a different baby. Whether this is a perception or real, the fact that they harbour these feelings discourages them from utilising health care facilities during childbirth.

Table 4 indicates that 23(76.7%) revealed that they had cultural practices that are normally performed on the baby after birth. Out of those who revealed that they had cultural practices that are normally performed after delivery, 12(40%) revealed that the umbilical cord needs immediate cultural care. Respondents believed that their choice of place of delivery is based on the fact that when they deliver in the health facility, they are not able to access local herbs that are meant to be used immediately after delivery freely. The findings were similar to those of a study by (Mudonhi and Nunu, 2022) who revealed that herbs are believed to both prevent and treat a variety of problems during pregnancy and child birth, they were believed to ease pain, to facilitate delivery and to avoid infections, and in case a woman delivers from a health facility such medications are discouraged thus interfering with the traditional practices. Further still, Solomon et al (2019) found that mothers may also decide to deliver from home because the placenta needed to be handled with care, since the disposal of it is related to traditional rituals and is associated with luck and misfortunes. Also, the umbilical cord needs special handling as the umbilical cord of a baby girl is to be cut with a knife, while that of a baby boy is to be cut with an arrow, but this could not be done in the health facility.

Many 22(73.3%) normally did not have someone to help them with the domestic chores during pregnancy and after birth. Respondents had it in mind that those who deliver from health facilities are not easily discharged after delivery, yet they always need immediate discharge following a normal delivery because they do not have anyone to help them with domestic chores at home. This probably contributed to their decision to have their deliveries from home. Similar to this finding, Esther C. Atukunda *et al. (*2020) found that women preferred to deliver at home to allow them to continue with family responsibilities like taking care of children and preparing meals. It was mentioned that women, especially those with other young children at home, disliked being admitted to health facilities because doing so caused suffering, and children were left with no one to take care of them. While the minority 8(26.7%) of the respondents had someone to help them after birth. Mothers who had a helper for them after delivery preferred health facilities since they wouldn't worry about their household and children at home. The findings were in line with those of the study by Mokuo et al. (2019), which mentioned that women, especially those with other young children at home, dislike being admitted to health facilities without anyone to take care of their children, while those with a caretaker were fine with being admitted.

From table 5, the majority, 19(63.3%), revealed that their previous baby was not delivered from the facility. This contributed to a number of deliveries from TBA and home as mothers reported not having any complications as they delivered from other places other than health facilities previously, in addition to that, out of those who delivered from the hospital. This finding concurs with that in a study by Lwelamira and Safari (2016), respondents who expressed satisfaction in their last place of delivery and those who wished to deliver their next child in a health facility were 4 times more likely to deliver in a health facility, respectively. Regarding this, factors that could compromise and reduce clients' satisfaction include insufficient infrastructure, long waiting time, and shortage of health workers, disrespect of health workers, inadequate essential drugs, and equipment. This explains the minority number of respondents, 11(36.7%), who deliver from health facilities. Women in deprived regions prefer to deliver at home rather than to pay for poor services at the health facility.

Results from figure 4 indicated that most 14(46.7%) revealed that the highest level of education for their partner was primary school. This indicated that some partners could not comprehend the importance of institutional delivery yet they are the one to support their wives financially and socially hence influence on the choice of place of delivery The findings were in line with those according to a study by Boerma & Mathers, (2020) who revealed that husbands' educational level was also important in determining place of delivery as women whose husbands had junior and above level of education found to have higher odds of facility delivery. Whereas a minority of the respondents 2(6.7%) had a partner with a tertiary level of education. Mothers with husbands with higher education preferred hospital delivery since they are well informed about the advantages of facility delivery and the disadvantages of home delivery. Further still, the study by Turan et al (2019) revealed that an increase in a partner's level of education increases their cognitive ability to comprehend health education materials, which in turn helps

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the person to make better health choices, though the effects might be direct or indirect.

Conclusion

Based on the study findings, it was concluded that there are individual and socio-cultural factors influencing the choice of place of delivery among pregnant women in Kisubi Hospital.

According to individual factors influencing choice of place of delivery among pregnant women, the majority of the respondents had given birth to 3-4 children, many had primary level as their highest level of education, and most of the respondents had a low income of 5000-10000/= as their daily household income.

Regarding, Socio-cultural factors that influence choice of place of delivery among pregnant mothers; most mothers do not always attend ANC services during pregnancy and some were attending to one ANC visit, many start to receive ANC services in the third trimester, mother inlaw were the one deciding where they should give birth from, many had cultural practices that are normally performed on the baby after birth that cannot be done in the hospital, lack of someone to help them with the domestic chores during pregnancy and after birth and previous baby not being delivered from the facility.

Recommendation

To the Ministry of Health

The government should ensure accessibility of health care services close to the communities to solve the change of long distances that are travelled to the health facilities.

To the community

The community leaders should sensitise the community on the importance of institutional deliveries. This can be done through all community gatherings.

Implications for nursing practices

Nurses play a very important role in advocating for hospital/facility delivery; this should be done through creating awareness among the masses on the dangers of delivering from home and TBAs, and emphasising the importance of hospital/facility delivery to avoid complications.

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Abbreviations

ANC: Antenatal Care
TBA: Traditional Birth Attendant
UNMEB: Uganda Nurses and Midwives Examinations Board
UGSHS: Ugandan Shillings
SNO: Senior Nursing Officer

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Conflict of interest

The author did not declare any conflict of interest.

Author contributions

Prossy Nammanda was the principal investigator.
Nelson Kakande supervised the research.
Elizabeth Nakyeyune supervised the research.

Data availability

The data is available upon request.

Author Biography

Prossy Nammanda is a student at Lubaga Hospital Training School.

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REFERENCES

1. Adegoke and VandenBroek (2019). Factors influencing women's preference for health facility delivery in Jharkhand, India.
2. Aggarwal R, Thind A. (2021). Effect of maternal education on choice of location for delivery among Indian women. National Journal of Medicine India.

3. Ahinkorah, B.O. et al. (2021) "Examining barriers to healthcare access and utilisation of antenatal care services: evidence from demographic health surveys in sub-Saharan Africa," BMC Health Services Research, 21(1), p. 125. Available at: https://doi.org/10.1186/s12913-021-06129-5.
4. Amwonya, D., Kigosa, N. and Kizza, J. (2022) "Female education and maternal health care utilisation: evidence from Uganda," Reproductive Health, 19, p. 142. Available at: https://doi.org/10.1186/s12978-022-01432-8.
5. Atukunda, Esther C et al. (2020) "When Women Deliver at Home Without a Skilled Birth Attendant: A Qualitative Study on the Role of Health Care Systems in the Increasing Home Births Among Rural Women in Southwestern Uganda," International Journal of Women's Health, 12, pp. 423–434. Available at: https://doi.org/10.2147/IJWH.S248240.
6. Atukunda, Esther C. et al. (2020) "Women's Choice to Deliver at Home: Understanding the Psychosocial and Cultural Factors Influencing Birthing Choices for Unskilled Home Delivery among Women in Southwestern Uganda," Journal of Pregnancy, 2020(1), p. 6596394. Available at: https://doi.org/10.1155/2020/6596394.
7. Bedford. J., Gandi. M., Admassu. M., Girma. A (2016) 'A Normal Delivery Takes Place at Home ': A Qualitative Study of the Location of Childbirth in Rural Ethiopia. Maternal Child Health J.
8. Boerma, T. & Mathers, C. D. (2020). The World Health Organisation and global health estimates: Improving collaboration and capacity. BMC Medicine.
9. Christiana RT, Michael JD, Christine LR. (2021). Factors associated with underutilization of antenatal care services in Indonesia: results of the Indonesia Demographic and Health Survey 2019/2020 and 2021. BMC Public Health.
10. Dahab, R. and Sakellariou, D. (2020) "Barriers to Accessing Maternal Care in Low Income Countries in Africa: A Systematic Review," International Journal of Environmental Research and Public Health, 17(12), p. 4292. Available at: https://doi.org/10.3390/ijerph17124292.
11. Gabrysch, S., Campbell. O, (2020). Still too far to walk: Literature review of the determinants of delivery service use. BMC Pregnancy Childbirth.
12. Ishaku AB, Eje DU, Livinus E (2020). Utilisation of antenatal and delivery services: a cross-sectional survey of mothers in Makurdi, Benue State, Nigeria. Journal of Family Medicine & Community Health.
13. Justice A, Honorati M, Renay W, Shalom AA, Owusu-Agyei S. (2020). Impact of place of delivery on neonatal mortality in rural Tanzania. International Journal of MCH and AIDS.
14. Kwamena SD, Kenneth SA, Hubert A (2019). What influences where they give birth? Determinants of place of delivery among women in rural Ghana. International Journal of Reproductive Medicine, Hindawi Publishing Corporation.
15. Lwelamira, J., and Safari, J. (2016). Choice of Place for Childbirth: Prevalence and Determinants of Health Facility Delivery among Women in Bahi District, Central Tanzania. Asian Journal of Medical Sciences.
16. Magoma. M. R. J. Campbell. O. M. R., Cousens, S., & Filippi. V.. (2020). High ANC coverage and low-skilled attendance in a rural Tanzanian district: a case for implementing a birth plan intervention. BMC Pregnancy Childbirth.
17. Makanga T, Schuurman N, Vilanculo F, Sacoor C, Munguambe K, Boene H, Vilder M, Magee L, von Dadelszen P, Sevene E, Firoz T. (2016) Seasonal variation in geographical access to maternal health services in Southern Mozambique. Int J Health Geographics.https://doi.org/10.1186/s12942-016-0074-4
18. Maureen NS, Thembelihle SPN, Thandeka JB (2019). Access and utilisation of antenatal care services in a rural community of the eThekwini district in KwaZulu-Natal. International Journal of Africa Nursing Sciences.
19. Mehmood, A. et al. (2019) "Dying due to poverty and lack of easy transport": A qualitative study on access and availability of pre-hospital emergency medical services in Kampala, Uganda. Available at: https://doi.org/10.21203/rs.2.13056/v1.
20. Meyer, S. et al. (2014) "Trust in the health system: An analysis and extension of the social theories of Giddens and Luhmann," Health Sociology Review, 17, pp. 177–186. Available at: https://doi.org/10.5172/hesr.451.17.2.177.
21. Mokua J. (2019). Factors Influencing Delivery Practices among Pregnant Women in Kenya: A Case of Wareng District in Uasin-Gishu County, International Journal of Innovation and Scientific Research.
22. Mudonhi, N. and Nunu, W.N. (2022) "Traditional Medicine Utilisation Among Pregnant Women in Sub-Saharan African Countries: A Systematic Review of Literature," INQUIRY: The Journal of Health Care Organisation, Provision, and

Financing, 59, p. 00469580221088618. Available at: https://doi.org/10.1177/00469580221088618.

23. Sharan M, Ahmed S, Naimoli JF, Ghebrehiwet M, Rogo K. (2019). Health System Readiness to Meet Demand for Obstetric Care in Eritrea: Implications for Results-Based Financing (RBF).
24. Solomon W, Ashenaf D, Kedir E, Melba CP, Kidisti T, Almaz B, Tsige A, (2019). Late antenatal care initiation: the case of public health centres in Ethiopia. BMC Research Notes.
25. Sychareun V, Hansana V, Somphet V, Xayavong S, Phengsavanh A, Popenoe R. Reasons rural Laotians choose home deliveries over delivery at health facilities: a qualitative study. BMC Pregnancy Childbirth.
26. Turan JM, Tesfagiorghis M, Polan ML.(2019). Evaluation of a community intervention for promotion of safe motherhood in Eritrea. J Midwifery Women's Health.
27. Verma, R. and Verma, L. (2022) "A Literature Review on Emerging Factors Affecting Antenatal Care Utilisation of Pregnant Women," International Journal of Food and Nutritional Sciences, 11, pp. 58–66. Available at: https://doi.org/10.4103/ijfans_161_22.
28. Wado, Y.D., Sully, E.A., and Mumah, J.N. (2019). "Pregnancy and early motherhood among adolescents in five East African countries: a multi-level analysis of risk and protective factors," BMC Pregnancy and Childbirth, 19(1), p. 59. Available at: https://doi.org/10.1186/s12884-019-2204-z.

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