

## **Exploring Users & Non-Users Perception of using facility birth in urban slums of Bangladesh**

**Introduction:** Facility birth plays great role to decrease neonatal infant mortality and decrease the rate of maternal mortality which has been given importance to the Millennium Developmental Goal (MDG) (Islam, & Yoshida, 2009). Urban slum women of Dhaka are facing difficulty to access facility birth as a part of health care facilities (Nahar, Banu, & Nasreen, 2011). They are deprived from facility birth due to some determinants such as education, cost, social taboo and traditional believes, hospital care and lack of knowledge about modern facility (Hossain, & Hoque, 2005). Only 33% slum-dwelling women of Dhaka used facility birth during delivery (Khan, Menhaz, Khalique, Ansari & Siddiqui, 2009). To spread the service in broader scale and to make the service more effective, it's important to know how they perceive facility birth.

**Methodology:** Qualitative method was used to explore the perception regarding facility birth. Maxwell (1996) interactive model of study design was used to illustrate the research design. The Individual In depth Interview (IDI) and Focus Group Discussion (FGD) were conducted at Korail slum and Mirpur slum of Dhaka. All interviews were conducted at respondent's residence. FGD was conducted at BRAC maternity center (Manoshi) as it is a convenient place for all pregnant women of the slum to participate in focus group discussion. Korail slum and Mirpur slum were selected as these are the largest slum of Dhaka and some NGO facility centers and private facility centers for child delivery are available in both the slum. Purposive sampling was used to select sample according to pre- selected criteria to answer specific research questions. Women who already have given birth to their child (Users) at facility centers and women who didn't use facility (Non-users) to give birth were asked to take part of the interview.

The age range was in between 15-30 years. 20 In depth interviews (10 users & 10 non-users) was used to collect in depth information regarding facility birth. 2 Focus Group Discussions were used to collect group opinion of users and non-users regarding use of facility birth. Observation was used to record nonverbal communication and facial expression of participants. Semi-structured open ended IDI guideline was used to conduct in depth Interview (IDI) and topics of focus group discussion. Vignette was used to illustrate a story during focus group discussion. Institutional mapping was used to identify distance of respondent's houses from facility birth centers. Venn diagram was used to illustrate health care facilities for pregnant women based on priorities. Data analysis was started with defining A priori codes clearly. Data familiarization was done through literal, interpretive and reflexive reading. Data reduction was done using A priori code. Then, sub-code was made from A priori code and interpreted the data. 6<sup>th</sup> edition of APA reference system was used in this study for in text citation and reference list.

**Results:** Perception of users revealed that services provided in facility centres were so adequate, for example, follow-up was regular, and medicines were adequate. Health care providers and facilities were adequate in managing and referring complications and emergencies. Behavior of health personnel found to be very supportive and caring during delivery. Women experienced clean, supportive and caring environment during their delivery at facility centres. Almost all of the responded found the facility neat, clean and safe. Some of the respondent mentioned privacy was not maintained throughout the delivery in facility and they explained many deliveries were conducted in same room at a time which made them annoyed. Non-users perceived that facility is only needed in terms of managing complications during delivery. They think, decision of using facility to give birth depend on health status of mother just before delivery. Due to their poor

socio-economic status, they considered using facility as a cause of unnecessary cost and sometimes unnecessary cesarean section.

**Conclusion:** Current findings of the study showed that, users are motivated enough to use the existing facilities of slum to give birth of their baby through facility birth. Their experience of availability and accessibility of this service make them confident to use birth facility center except they wanted more privacy specially during delivering a baby. But, non-users are demotivated to use facility to give birth to their baby due to some determinants such as cost, poor socio economic status, social taboo and lack of knowledge regarding facility. Its seems, there is a lack of information dissemination about the necessity of cesarean section to the people as they are considering the birth facility as waste of money through cesarean section. But, still they are considering facility birth helpful and effective measure to deal with complications during delivery.

## References

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