Abstract

Background

Almost all maternal deaths and other related morbidities occur in low income countries. Childbirth supervised by a skilled provider in a health facility is a key intervention to prevent maternal and perinatal morbidity and mortality. Our study aimed to establish the determinants of health facility utilization during childbirth in Uganda.

Methods

We used Uganda Demographic and Health Survey (UDHS) 2016 data of 10,152 women aged 15 to 49 years. Multistage stratified sampling was used to select study participants and we conducted multivariable logistic regression to establish the determinants of health facility utilization during childbirth. All our analyses were done using SPSS version 25.

Results

The proportion of women who gave birth from a health facility was 76.6% (7,780/10,152: (95% CI: 75.8-77.5). Odds of health facility birth decreased with older age. Women aged 15-19 years were twice as likely to give birth from health facilities compared to women aged 40 to 49 years (AOR=2.25; 95% CI: 1.71-2.96). Women residing in urban areas were more likely to give birth from a health facility compared to those in rural areas (AOR=1.48; 95% CI: 1.18-1.86), as well as those who attended ANC (AOR=3.60; 95% CI: 2.47-5.24).

Women in the Northern region were more likely to use health facilities compared to those in the Central region (AOR=2.42; 95% CI: 1.81-3.22). Odds of health facility birth increased with rise in wealth index and education level. Women with higher education (AOR=5.15; 95% CI: 2.79-9.52) and those in the richest wealth index (AOR=5.14; 95% CI: 3.72-7.10) were five times more likely to give birth from a health facility compared to those with no education and those in the poorest wealth index respectively.

Conclusion

Health facility utilization during childbirth was high and positively associated with; decreasing age, increasing level of education and wealth index, urban residence, Northern region and ANC attendance. We recommended that interventions to promote health facility childbirths in Uganda should target the poor, less educated and older women especially those residing in rural areas.

Background

Approximately 830 women die daily globally from pregnancy related causes [1]. More than half of these deaths occur in sub-Saharan Africa [2]. Majority of these deaths are due to direct obstetric complications [2, 3] that can be prevented through early detection and intervention by a skilled healthcare provider [1, 4].