Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

FACTORS INFLUENCING UPTAKE OF SKILLED DELIVERY SERVICES AMONG WOMEN OF CHILDBEARING AGE AT KASANJE SUB COUNTY, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

Vicky Nachap, Rebecca Namubiru, Dr. Jane Frank Nalubega, Immaculate Prosperia Naggulu*
Mildmay Uganda School of Nursing and Midwifery.

Abstract

Background

The uptake of skilled delivery services was associated with improved maternal and neonatal health outcomes. So, this study aimed to assess factors affecting the uptake of skilled delivery services among women of childbearing age in Kasanje Sub County, Wakiso district.

Methodology

A cross-sectional study design was used employing both quantitative and qualitative approaches to data collection using a semi-structured questionnaire. The information was manually tallied and scientific measures were used to analyze the recorded information. Thereafter, Microsoft Word and Excel programs were employed followed by a presentation in the form of frequency tables, graphs, and figures like pie charts and bar graphs.

Results

The results of the study were all females, in the age range of 15 to 49 years. The majority (75%) were married, (60%) had more than three children, 64% were housewives 37% travelled over 10 to reach the health centre and (66%) earned 10,000-50,000/= a month. Most (50%) used a boda boda to reach the health center and over 62% of them had to wait for over an hour before being worked on while 50% complained that midwives were rude to them.

Conclusion

Findings showed that the low uptake of skilled delivery services among women of childbearing age at Kasanje Sub County is high all being influenced by parity, education level, occupation, social support like partner involvement, economic status, the distance needed to be moved, and character of midwives.

Recommendation

Midwives and doctors in charge of maternal health need to equip themselves with good customer care service skills so that they can positively influence and change pregnant mothers' attitudes towards health professionals and service delivery.

Key words. *Uptake of Skilled Delivery Services, Women of Child-Bearing Age, Kasanje Sub County, Wakiso District.*
Submitted: *2025-01-10* ***Accepted:*** *2025-02-20* ***Published:*** *2025-03-01*

Corresponding Author: Dr. Jane Frank Nalubega
Email: ***janecll.nalubega@gmail.com***
Mildmay Uganda School of nursing and midwifery.

Background of the study

Skilled delivery services are defined as those services provided directly by a licensed professional to promote, maintain, or restore the health of an individual or to minimize the effect of injury, illness, or disability (Department of Health and Social Services, 2018). Skilled delivery services during birth contribute significantly to positive delivery outcomes, with estimated maternal deaths reducing from 543 to 239 per 100,000 live births as of 2018 in low and middle-income countries compared to an estimated less than 12 per 100,000 women delivering by skilled intervention in high-income countries such as Australia (Sumankuuro et al., 2019).

In 2020, the global maternal mortality rate (MMR) remains a significant health challenge, especially in low-income regions. Worldwide an estimated 810 women die each day due to complications related to pregnancy and childbirth, with about 95% of these deaths occurring in low and lower-middle-income countries. Sub-Saharan Africa accounts for about 70% of global maternal deaths, with an MMR of 430 per 100,000 live births compared to 12 per 100,000 in high-income countries. Most of these deaths are preventable.

Globally, over 20 million mothers become pregnant every year, and about 15% of these mothers develop obstetric complications such as bleeding during pregnancy, childbirth, and postnatal period, infection, prolonged and

obstructed labor, and toxemia (WHO 2019). Interestingly, access to appropriate health services (e.g., skilled delivery service during pregnancy and childbirth) is an important strategy for promoting the health of the mother and the baby (Tesfaw et al., 2018). Skilled and hygienic delivery service for the mother can reduce the risk of complications during and after labor and childbirth (Tesfaw et al., 2018). Evidence shows that lack of access to essential obstetric care services is one of the important factors that contribute to the high burden of maternal morbidity and mortality, especially in developing countries. The majority of these complications arise from obstructed labor, hemorrhage, sepsis, and eclampsia. These complications are manageable and could be addressed by health professionals during pregnancy (i.e., mother's antenatal clinic attendance), delivery, or post-partum through treatment and prompt referral (whenever necessary). Numerous studies around the world show that despite several decades of global health initiatives on maternal health, the maternal mortality ratio has remained virtually unchanged over the past 17 years. Assistance during delivery by a skilled attendant is recommended as a means to reduce child and maternal mortality. Globally, higher levels of maternal education have been associated with better health behaviors at delivery (Vallières et al., 2013). However, given that heads of households tend to be the decision-makers regarding accessing healthcare, some educated mothers may find themselves prevented from accessing healthcare at the point of delivery (Vallières et al., 2013)

In sub-Saharan Africa and South Asia, an estimated 68% of pregnant women in these regions receive skilled health care during delivery (Sumankuuro et al., 2019). Due to the low use of skilled birth attendants (SBAs) during delivery, an estimated 88% of all maternal deaths occur in sub-Saharan Africa and Southern Asia. In Africa, 60 percent of the women deliver without a skilled attendant 18million a year at home and during the last 10 years, the average coverage of deliveries with a skilled attendant on the continent has not increased significantly. This means that two in three women who need emergency obstetric care do not receive it.

In Sub-Saharan Africa, nearly half a million women die around the time of child delivery and during the first week after birth, mainly of causes directly related to childbirth. This accounts for two-thirds of maternal deaths in the region). In Ethiopia, the burden of maternal morbidity and mortality is high recorded at 401 deaths per 100,000 live births (EDHS, 2016). Even though the rate of infant and child mortality in Ethiopia is decreasing, the progress is slow. In Ethiopia, the risk of death from complications relating to pregnancy and childbirth over the woman's lifetime is 1in 67, which is 2.3 times greater than an equivalent estimate (Mugambe et al., 2021), for developing countries (1 in 150) and 2.7 times higher than the world's estimate (1 in 180).

Utilization of perinatal services in Uganda remains low, with correspondingly high rates of unskilled home deliveries, which can be life-threatening. According to the Sustainable Development Goals (SDG) of 2015, maternal and child health has been noted as an international issue of concern. Specifically noted in Goal 3 of the SDGs, by 2030 maternal mortality should be reduced to a ratio less than 70 per 100,000 live births globally. 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, and 550 of those deaths occurred in sub-Saharan Africa. Maternal mortality is largely related to poor access to obstetric care, especially during the intrapartum period. Although it has been widely acknowledged that hospital deliveries provide an effective opportunity for minimizing maternal and neonatal deaths, a significant fraction of mothers in low-income countries continue to deliver without the assistance of skilled health workers.

Methodology

Study design and rationale.

The study was a descriptive cross-sectional study design that used a quantitative method of data collection. The study design was chosen because it would give the researcher the ability to easily gather information without bias. The design was also chosen because it offered the researcher an opportunity to probe for more information through explanations of otherwise unclear responses from respondents.

Study setting and rationale.

The study was conducted in Kasanje Sub County in Wakiso district. Wakiso District is located in the central part of Uganda. The population of the area is a mixture, to mention but a few. Kasanje Sub County was used for this study because it's the most active community in the county of Busiro, and therefore receives a great number of patients particularly mothers seeking delivery services and enabled the researcher to get the required number of respondents without bias. The research also helped draw measures for any shortcomings in the delay of mothers to the uptake of skilled delivery services.

Study population.

The study population was women of reproductive age of Kasanje Sub County and permanent residents of Kasanje Sub County within the data collection period.

Sample Size Determination.

The sample size was determined by Yamane's 1967 formula by Taro Yamane as follows; n =N/ (1+ Ne^2)

Where n was the sample size

N was the number of clients (40) in 4 days e was the desired level of precision (0.05)

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

n =40/ (1+40*0.05^2) therefore; n = 36 Therefore, the study employed 36 participants.
Sampling Procedure.
The study used snowballing where the Village health team introduced me to the first participant. Then the participant led me to others until the desired number was fulfilled.

Inclusion Criteria.

The respondents were parous women, and a resident of Kasanje Sub County who provided informed consent.

Exclusion Criteria

Null parous women

Definition of Variables.

Independent variables Included; Uptake of Skilled delivery will be the dependent variable**. Dependent variables**
The independent variables included individual, cultural, and health-related factors affecting the uptake of skilled delivery services.

Research Instruments.

The researcher used a self-semi-structured questionnaire to collect data from the mothers. This provided the researcher with adequate information in a short time and eliminated bias during data collection.

Data Collection Procedure.

The data was collected using a self-semi-structured questionnaire that was answered by the mothers in the community using open-ended and closed questions.

Data Management.

Each answered questionnaire was collected and kept in a safe locker only accessible to the researcher. Data was entered using Microsoft Access Software by the researcher. Errors were minimized by cleaning and rechecking all data entries with the original data forms. The data was imported to MS Excel which was used for coding and validation.

Data Analysis.

The information was manually tallied and scientific measures were used to analyze the
Recorded information. Thereafter, the use of Microsoft Word and Excel programming was employed followed by a presentation in the form of frequency tables, graphs, and figures.

Ethical Considerations.

The proposal was approved; an introductory letter was obtained from the Dean Mildmay Uganda School of Nursing and Midwifery which was presented to the Kasanje Sub County
headquarters to grant the researcher permission to conduct the research at the Kasanje sub-county community. The researcher obtained consent from the respondents every day and the respondents were assured of absolute confidentiality. The respondents did not write their names on the interview guide.

Results

Table 1: Table1: Distribution of the socio-demographic characteristics of the respondents (n=36)

Responses	Frequency	Percentage (%)
Age		
15-25	6	17
26-35	18	50
36-45	9	25
46-49	3	8
The education status of the women		
None	1	2.8
Primary	20	55.6
Secondary	10	27.7
Tertiary	5	13.9
Occupation		
Employed	1	3

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

Businesswoman	9	25
Peasant	3	8
Housewife	23	64

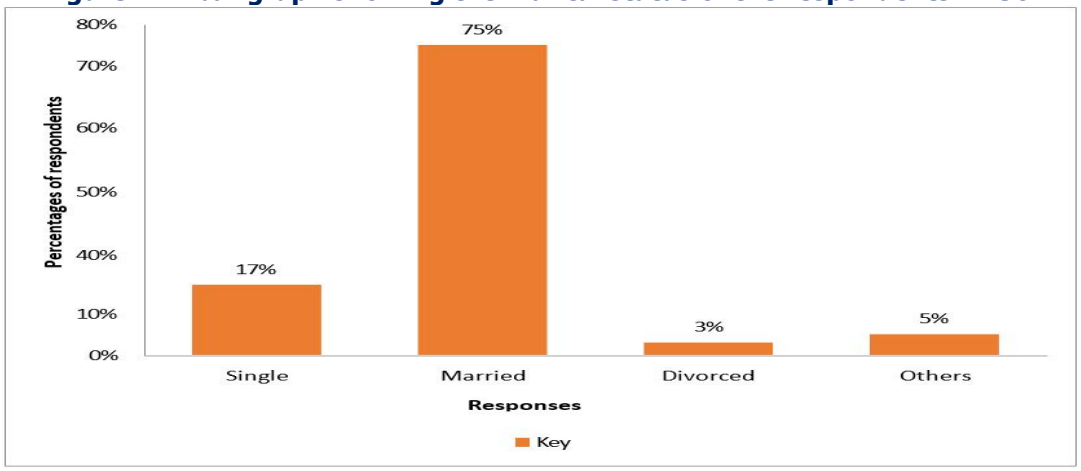
N = 36, Primary data, 2024.

From Table 1, most of the respondents 18 (50%) were aged between 24 and 29 and the least 3 (8%) were 46 years and above.

Regarding respondents' education status, the majority of them 20 (55.6%) were primary school graduates and the least 1 (2.8%) had not attained any formal education.

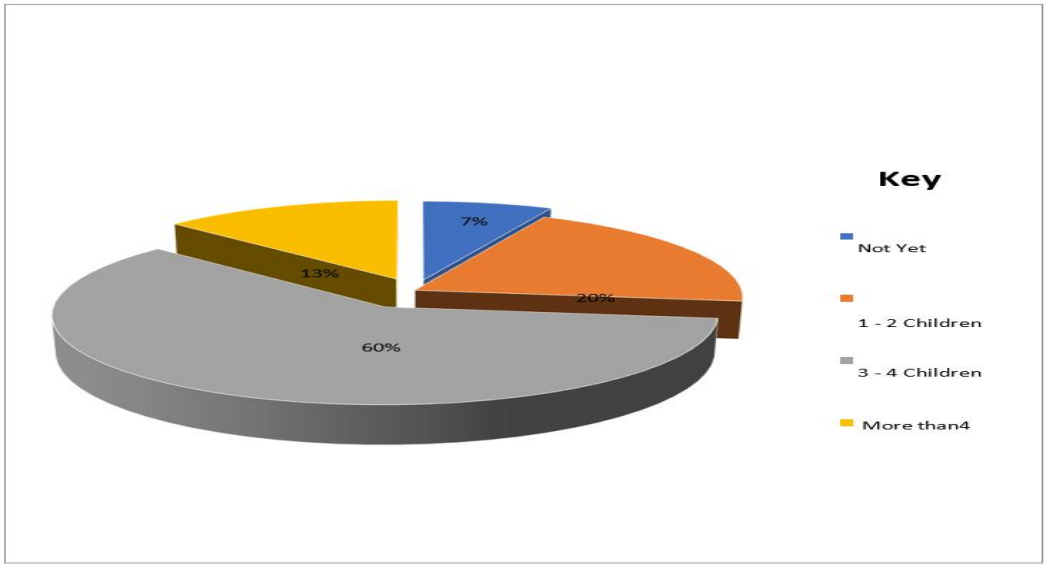
About the respondent's occupations, most of them 23 (64%) were housewives, followed by 9 (25%) who were businesswomen, 3 (8%) were peasants, and the least 1 (3%) were employed.

Figure 1: A bar graph showing the marital status of the respondents n=36.



From Figure 1, the majority of the respondents 27 (75%) were married and the minority 1 (3%) of the respondents had divorced.

Figure 2: A pie chart showing respondents' number of children.

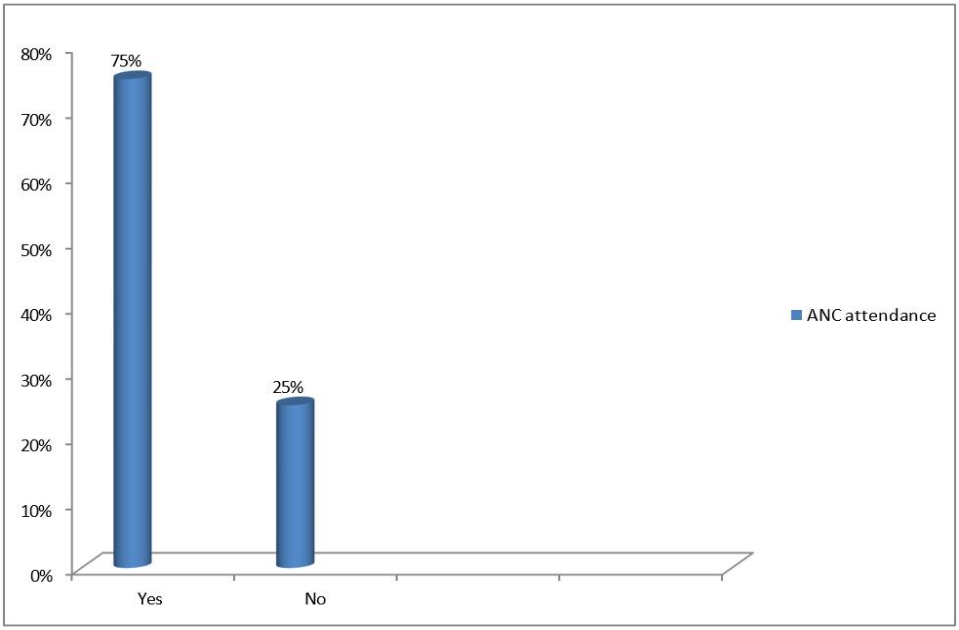


According to Figure 2 , when respondents were asked about the number of children they had, most 21 (60%) had 3-4

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

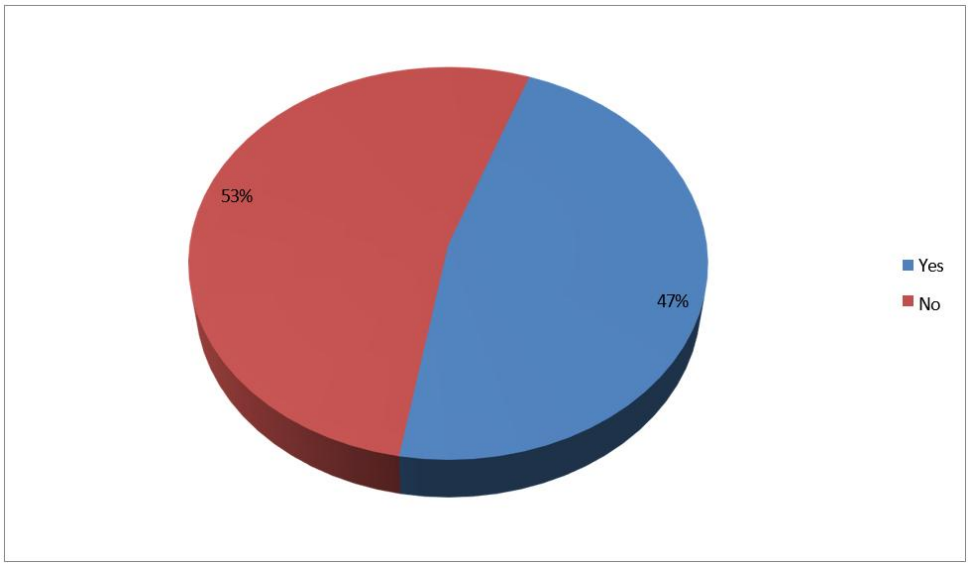
children and the least 3 (7%) had not yet had children.

Figure 3: A graph showing attendance of antenatal care during this pregnancy.



The majority, 27 (75%) of the respondents had attended antenatal care during this pregnancy, and the least, 9 (25%) did not attend ANC.

Figure 4: A pie chart showing whether mothers received any information on the signs and symptoms of childbearing during the antenatal visits.

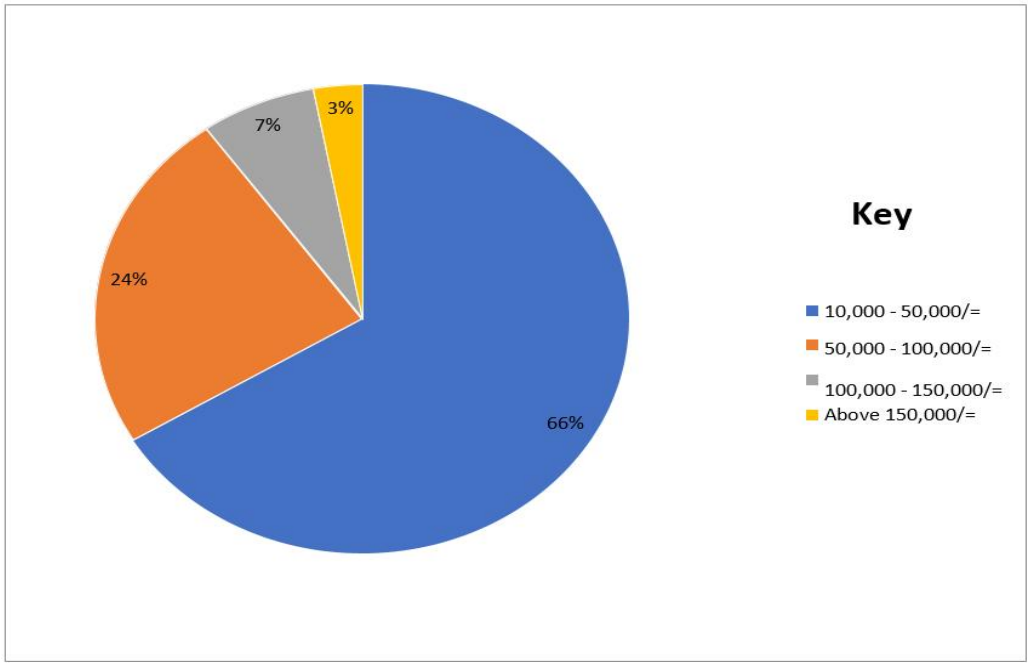


From the figure 4, when respondents were asked whether they received any information on the signs and symptoms of childbearing during the antenatal visits, most 19 (53%) noted that they did not receive any information. The least 17 (47%) replied yes.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

Cultural factors influencing uptake of uptake of skilled delivery services.

Figure 5: A pie chart showing how much money respondents made in a month.



From the figure 5, the majority 24 (66%) of the respondents earned between 10,000 and 50,000/= a month. The least 1 (3%) replied that they made above 150,000/= a month.

Table 2: Cultural factors influencing uptake of uptake of skilled delivery services n=36.

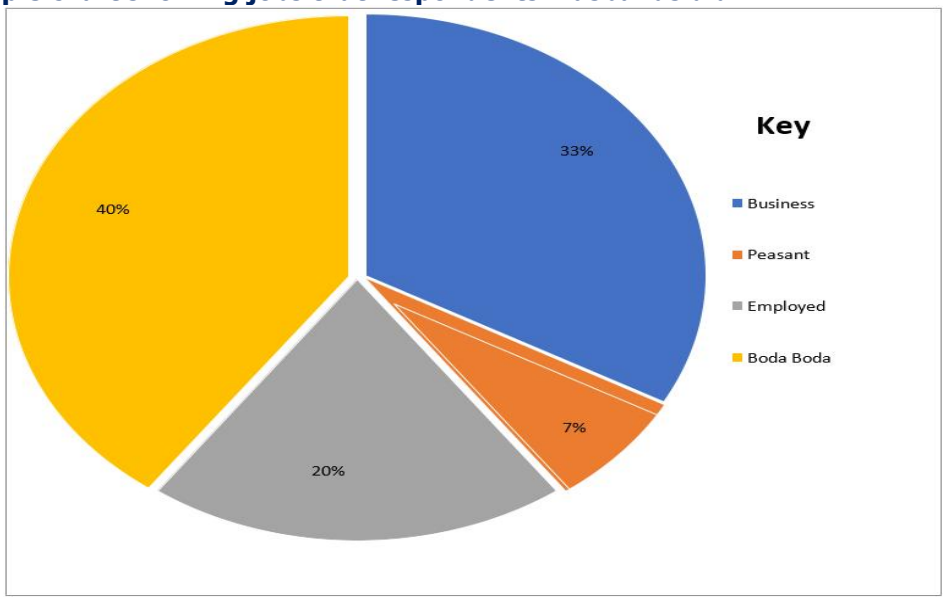
Items	Frequency	Percentage (%)
A person who accompanied the mother to the hospital		
Husband	5	13.9
Sister	6	16.7
Mother-in-law	16	44.4
Others	9	25.0
Other household members		
Other children	17	47
None	9	25
Other relatives	10	28
Several mothers who used local herbs.		
Number of mothers who used local herbs before coming to the hospital	30	83
Number of mothers who did not use local herbs before coming to hospital	6	17

N = 36, Primary data. 2024.

From the table, when respondents were asked who accompanied them to the facility, most 16 (44.4%) noted that they came with their mothers-in-law. The least 5 (13.9%) came with their husbands. About which mothers left home as they came to the health center, most 17 (47%) said their other children while a few 9 (25%) left no one. And regarding if mothers had used local herbs before, they came to the facility, the highest number, 30 (83%) said yes, while the least 6 (17%) didn't use local herbs.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

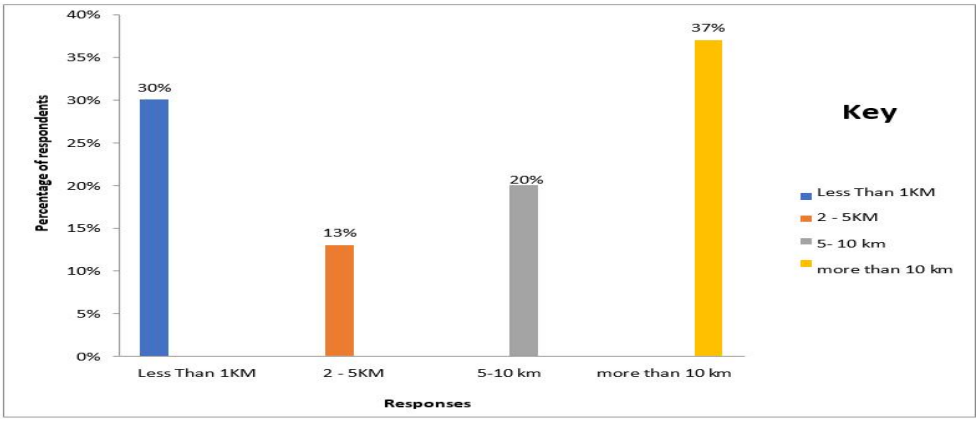
Figure 6: A pie chart showing jobs that respondents' husbands did.



From the pie chart above, when respondents were asked the jobs, their husbands did, the majority 14 (40%) replied that they were boda boda riders. The least 3 (7%) responded that they were peasants.

Health facility-related factors influence the timely uptake of skilled delivery services.

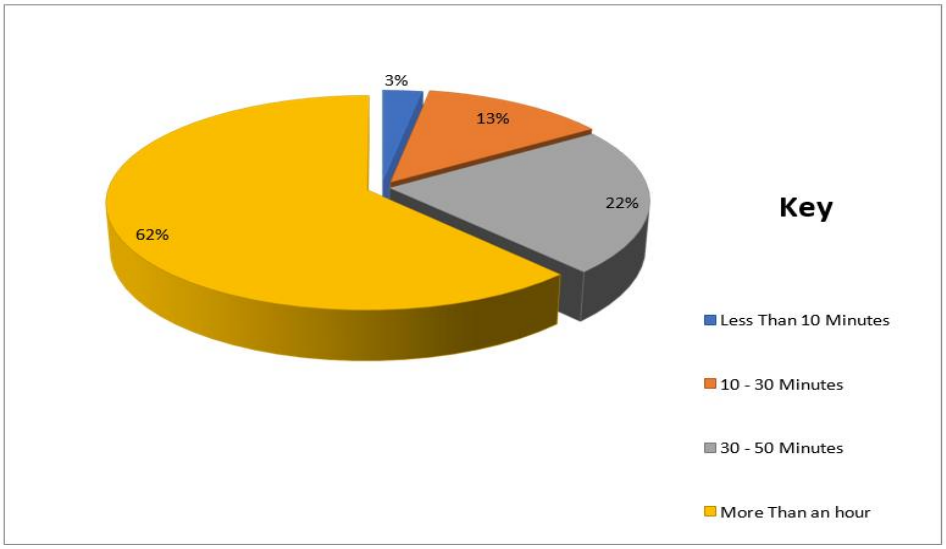
Figure 7: A graph showing the distance of respondents from the health center.



From the graph above, most 13 (37%) of the respondents were more than 10 Km away from the health center and the least 5 (13%) stayed 2–5 KM away from the facility.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

Figure 8: A pie chart showing the length of time respondents spend at the health center before being worked on.



Regarding the length of time respondents spent at the facility waiting to be worked on, 22 (62%) of them said that they waited for more than an hour while the least 1 (3%) waited for less than 10 minutes.

Table 3: Health facility-related factors that influence timely uptake of skilled delivery services.

Items	Frequency: n=36	Percentage (%)
Transport means used to go to the hospital.		
taxi	3	8.3
Boda Boda	18	50
On foot	10	27.8
Others	5	13.9
Found a midwife at the health centre		
No. of mothers who found a midwife at the health center.	31	86.1
No. of mothers who did not find a midwife at the health center.	5	13.9
The behavior of the midwife at the health center.		
Caring	14	38.9
Rude	18	50
Polite	4	11.1
Found treatment at the health center		
No. of mothers that received treatment.	18	50
No. of mothers that did not receive treatment.	18	50

From the table above, when respondents were asked how they reached the health center, most 18 (50%) noted that they used boda bodas, and the least 3 (8.3%) used taxis.

About mothers finding a midwife/nurse the last time they visited the health center, the majority 31(86.1%) answered yes while a few 5 (13.9%) noted that they were not available.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

Regarding how the respondents rated the behavior of health workers during their previous visit, most 18(50%) responded that they were rude. The least 4 (11.1%) noted that they were polite.

When asked if they found drugs in the health center, responses were equally shared as 18 (50%) said yes and the same number said no to the effect.

Discussion

Socio-demographic characteristics of the respondents.

The majority of the respondents 50% were between the ages of 26 and 35, an age bracket that aligns closely with the peak reproductive age. Younger mothers, particularly those who were in their early 20s or teens, experienced higher rates of unplanned pregnancies, which led to an increased need for maternal healthcare services. However, younger mothers also faced unique barriers, such as limited awareness about skilled delivery services or social stigma around seeking institutional support, which prevented them from utilizing such services. Alternatively, older mothers had more experience with childbirth, which potentially made them more confident in navigating both home and institutional delivery options. These findings aligned with Obafemi et al. (2019), who noted that in young childbearing populations, social stigma and cultural expectations had led to lower uptake of skilled services, particularly among younger, first-time mothers.

The results of the study showed that 20 (55.6%) respondents studied primary school and the least 1 (2.8%) had not attained any formal education. Education played a pivotal role in empowering women with knowledge about the importance of skilled delivery services and how to access them. Mothers with some education were more likely to understand the risks associated with home delivery and to prioritize institutional care during childbirth. This observation aligned with Al Nasser et al. (2020), who found that in Pakistan, educated mothers were more likely to seek skilled delivery services compared to those without formal education. Limited educational attainment likely contributed to lower awareness of available maternal healthcare options, particularly among those who did not complete primary school. Increasing educational access and health literacy could therefore have enhanced skilled service uptake.

The results of the study showed that 23 (64%) were housewives. This lack of formal employment reflected limited financial independence among mothers, which influenced healthcare decisions. Housewives, often reliant on their spouses for financial support, struggled to afford transportation and healthcare fees associated with institutional delivery. This economic dependency was a common barrier to accessing skilled services, as shown by Shah et al. (2018) in Ethiopia, where low household income was correlated with delays in seeking maternal care. Additionally, the high percentage of housewives suggested that many respondents might have lacked exposure to health information typically accessed through the workplace or social networks outside the home. Interventions that provided financial and informational support to housewives could have increased the utilization of skilled delivery services among this group.

The findings of the study showed that the number of children a mother has, or her parity, emerged as a significant factor influencing the decision to utilize skilled delivery services among women of childbearing age. According to the findings, a majority (60%) of respondents had three or more children. This pattern reflects an essential demographic characteristic that shapes attitudes toward skilled delivery: higher-parity women often feel more experienced and may rely on traditional methods or unskilled assistance during childbirth, particularly in rural settings. This inclination arises from a perceived self-sufficiency, which, while rooted in experience, can lead to a lower perceived need for institutional support during delivery. These findings align with Ayigubeni's (2019) research in Nigeria, which found that mothers with higher parity often choose home delivery or traditional birth attendants due to experience, self-reliance, and sometimes cultural reinforcement.

Cultural factors that influenced uptake of skilled delivery services.

Findings showed that (66%) respondents earned between 10,000 and 50,000/= a month. The least (3%) made above 150,000/= a month. This showed that many of the mothers were financially not well and therefore had problems paying off for services like transport and other basic requirements needed during skilled delivery services. This kept them home without seeking skilled delivery services. The study is in agreement with a study by Kasuti et al. (2021), such financial constraints in rural Uganda where mothers from economically disadvantaged backgrounds are more likely to forego skilled healthcare services due to both direct costs and the indirect impact of income scarcity on decision-making.

The majority, (44.4%) of the respondents came with their mothers-in-law, who misled their daughters to delay access to health care. The least (13.9%) came with their husbands. Phafoli, Van Sweden, & Alberts, (2017) study on Variables Influencing Delay in Antenatal Clinic Attendance among Teenagers in Lesotho asserts too that social support has been reported to affect attitudes and therefore influences the turn-up for institutional deliveries in comparison to those without social support from close relatives like the

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 6 No. 3 (2025): March 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i3.1557
Original Article

husband. Hence without a supportive spouse to help with childcare, finances, or transportation arrangements, mothers faced significant challenges to the demands of attending a health facility for delivery. While many husbands were polygamous, others were unserious and careless due to constant drinking of alcohol, which left mothers to underutilize the skilled delivery services.

According to the findings, (47%) stay with their children and (25%) live with no children since their first pregnancy "prime gravidas", while the multiparous mothers who had other children were in fear of leaving the children alone at home, this kept them worrying, waiting for a responsible person that would come around and remain with the other children hence

delay in seeking health care services. This relates to a study by Mugweni, Ehlers, & Roos, (2018) in the Marondera District of Zimbabwe which found that some pregnant women preferred to avoid attending ANC. They were compelled to deliver at home because they had nobody to remain at home while they visited the health facilities due to their other responsibilities at home hence underutilizing health care services.

Many of the respondents, (83%) used local herbs, while (17%) didn't use local herbs. Those who had used local herbs got the information about the herbs from friends and their in-laws hence underutilization of skilled delivery services. The study was in line with a study by Sychareun et al. (2019) found that mothers in Laos and other rural areas believe that herbs and traditional practices provide necessary strength for labor, reduce discomfort, and are more in tune with local health beliefs than institutional services. This reliance on traditional medicine delayed or prevented women from seeking skilled delivery services, contributing to complications that could have been mitigated by professional care.

Findings showed that (40%) of the husbands were boda boda riders. It was observed that many youths had taken up boda boda riding as a job compared to other forms of employment. As a result, they often lacked time to support their wives during delivery. Some were also reported to have multiple partners some were school girls, while others feared involvement due to potential conflicts with the parents of young women they were associated with. The least (7%) were peasants who earned little money and could not meet the demands since they worked a lot and were paid less. However, this leaves them with low incomes since they are the breadwinners to support their families especially mothers who need to attend health care during ANC visits and delivery. This agrees with Sumanguru bin Ali's (2022) report on maternal care practices among the ultra-poor households in rural Bangladesh revealed that financial constraints, coupled with traditional beliefs and rituals, delayed care-seeking in cases where complications arose.

Health facility-related factors that influenced uptake of skilled delivery services among women of childbearing age.

The findings of the study showed that 37% of respondents lived more than 10 km from the health center, while the smallest group (13%) lived 2–5 km away from the facility. This indicated that the further mothers lived from the facility, the higher their likelihood of underutilizing delivery services. This was consistent with Shaikh and Hatcher's (2019) study on health-seeking behavior and healthcare utilization in Pakistan, which noted that mothers who lived more than 10 km from a health facility were twice as likely to delay or avoid seeking healthcare compared to those who lived within 10 km of a facility. These findings demonstrated that distance was a factor affecting the uptake of skilled delivery services.

The study showed the research findings, 62% of respondents waited for more than an hour, while the smallest group (3%) waited for less than 10 minutes. This suggested that the longer mothers had to wait, the more likely they were to delay in utilizing skilled delivery services. These findings aligned with Awoke and Seleshi's (2018) study on maternal delays in utilizing institutional delivery services in Bahir Dar, Ethiopia, which found that extended wait times at health centers affected the uptake of delivery services.

Findings showed that (50%) of respondents relied on boda-bodas (motorcycle taxis) to reach healthcare centers. While boda-bodas are a popular means of transport, they may not be ideal or even accessible for mothers in labor, particularly on rough or unpaved roads common in rural areas. Moreover, the cost of boda-boda rides can be prohibitive for low-income families, especially in emergencies when costs are higher. Only 8.3% of respondents could afford taxis, which are generally safer and more comfortable for laboring mothers. The reliance on boda-bodas reflects a lack of accessible, reliable transportation, which poses a significant barrier to the timely use of skilled delivery services. This finding aligns with Gier's (2016) study in Eastern Uganda, which noted that the cost and availability of transportation significantly affect mothers' ability to access healthcare facilities for delivery, especially in urgent situations.

Findings showed that (86.1%) of respondents found a midwife available at the health center during their last visit, while 13.9% did not. For mothers who arrived at a facility only to find that no skilled healthcare provider was available, this lack of consistent support likely discouraged future visits. It was reported that the absence of trained

personnel led to mistrust in the healthcare system and reinforced the perception that institutional delivery might not be reliable. Yarinbab and Balcha (2018) in Ethiopia found that mothers who experienced a lack of skilled health providers were less likely to return for institutional delivery services in future pregnancies. Ensuring that healthcare facilities were consistently staffed with midwives and other skilled personnel could enhance trust and improve utilization rates.

According to the findings, 50% of respondents encountered rude behavior from health workers during their previous visit, while only 11.1% described the staff as polite. It was revealed that negative experiences, such as rudeness or perceived neglect from healthcare providers, discouraged mothers from seeking skilled care, especially if they felt unwelcome or unvalued. Women instead chose to deliver at home, where they could receive supportive care from family members, rather than endure the emotional stress of an unwelcoming environment at a health facility. Taylor & Roberts (2017) similarly documented in Malawi that previous negative interactions with healthcare staff were associated with delayed attendance for antenatal care (ANC) and lower rates of skilled delivery use. Addressing these attitude-related barriers by improving provider-patient relations and training staff in respectful care practices could have enhanced mothers' comfort with institutional delivery. The study showed that 50% of respondents reported not receiving the necessary treatments.

During previous visits to health facilities. This inconsistency in treatment, significantly impacted mothers' trust in the healthcare system, as it suggests a lack of reliability in the services provided. When mothers expected or had previously experienced stockouts or a lack of essential medications, they questioned the effectiveness and adequacy of institutional care, which led them to seek alternative delivery options. This shortage of medications and essential supplies can be particularly discouraging in the context of maternal healthcare, where adequate treatment and prompt medical intervention are crucial for addressing potential complications during childbirth. For women, the absence of treatments might have reinforced perceptions that healthcare facilities could not fully support them in times of need. Kawuwa, Mairiga, and Usman (2017) in Nigeria found a similar correlation, noting that mothers who previously encountered a lack of obstetric medications at health facilities were less likely to return for skilled delivery, as they felt that these centers might fail to provide adequate care during critical moments.

Conclusions

Based on the research findings, it was noted that the uptake of skilled delivery services among women of childbearing age at Kasanje Sub County is low regarding obvious benefits of skilled delivery services in comparison to the dangers that come with not attending ANC and home deliveries that are conducted by untrained traditional birth attendants which are fairly high as reported in previous studies done in the area and region.

Concerning the drivers affecting the uptake of skilled delivery services, parity, education level, occupation, social support like partner involvement, the awareness of the availability of drugs, and the health worker's attitude had significant associations with low utilization of ANC. In addition, the economic status highly influenced the number of mothers that could turn up to the center.

Based on the findings of this study, it can be concluded that there is a low uptake of skilled delivery services. This was related to age, parity, and visiting the health center for antenatal services.

Therefore, if mothers know the importance of skilled delivery services from health centers, they are most likely to deliver from there.

Husband's support for them other during pregnancy and at the time of delivery influences mothers' uptake of skilled delivery services.

Recommendations

Ministry of Health and other responsible bodies including the health worker should strive to increase the knowledge of mothers about the importance of uptake of skilled delivery services.

Midwives and doctors in charge of maternal health need to equip themselves with good customer care service skills so that they can positively influence and change pregnant mothers' attitudes towards health professionals and service delivery.

Ministry of Health should plan and implement routine campaigns for health education of mothers about issues related to pregnancy and maternity care services using all the available avenues for dissemination of information so that women's general knowledge about skilled delivery services is increased.

The management of Kasanje Sub County should put in effort to counsel and give enough information to pregnant women as regards the uptake of skilled delivery services during pregnancy.

Acknowledgment

I would like to thank the school administration, my supervisor, and the mothers in Kasanje Sub County for participating in the research.

The school administration of Mildmay School of Nursing and Midwifery for the service and support rendered to me as a student for the timeless effort and guidance rendered to me during the research period.
My family members for the advice offered during the research period. May the Almighty God reward your efforts

List of Abbreviations

ANC: Ante-Natal Care
CDC: Center for Disease Control and Prevention
CEmOC: Comprehensive Emergency Obstetric Care
DFID: Department for International Development
DHIS: District Health Information System
EmOC: Emergency Obstetric Care
FGD: Focus Group Discussions
HIV: Human immunodeficiency virus
UDHS: Uganda Demographic and Health Survey
UNBS: Uganda National Bureau of Statistics
KSPAS: Kenya Service Provision Assessment
MNPI: Maternal & Neonatal Program Efforts & Index
MMR: Maternal Mortality Rates
MDGs: Millennium Development Goals
MVA: Manual Vacuum Aspiration
OR: Odds Ratio
PAC: Post Abortal Care
UNFPA: United Nations Population Fund
UNICEF: United Nations Children's Fund
WHO: World Health Organization

Source of funding
The study was not funded.

Conflict of interest
The author declares no conflict of interest.

Author contributions
Vicky Nachap, principal investigator.
Rebecca Namubiru supervised the research.

Data availability
Data is available upon request.

Informed consent
The study participants consented to this study.

Author Biography
Vicky Nachap is a diploma student of midwifery extension at Mildmay Uganda School of Nursing and Midwifery.

Rebecca Namubiru, tutor at Mildmay Uganda School of Nursing and Midwifery.

References

1. Mugambe, R. K., Yakubu, H., Wafula, S. T., Ssekamatte, T., Kasasa, S., Isunju, J. B., Halage, A. A., Osuret, J., Bwire, C., Ssempebwa, J. C., Wang, Y., McGriff, J. A., & Moe, C. L. (2021). Factors associated with health facility deliveries among mothers living in hospital catchment areas in Rukungiri and Kanungu districts, Uganda. *BMC Pregnancy and Childbirth*, *21*, 329. https://doi.org/10.1186/s12884-021-03789-3
2. Sumankuuro, J., Mahama, M. Y., Crockett, J., Wang, S., & Young, J. (2019). Narratives on why pregnant women delay seeking maternal health care during delivery and obstetric complications in rural Ghana. *BMC Pregnancy and Childbirth*, *19*(1), 260. https://doi.org/10.1186/s12884-019-2414-4
3. Tesfaw, N., Gizachew, A., Kassa, G. M., & Abajobir, A. A. (1970). Skilled Delivery Service Utilization and Associated Factors among Mothers Who Gave Birth in the Last Two Years in Northwest Ethiopia. *Ethiopian Journal of Health Sciences*, *28*(4). https://doi.org/10.4314/ejhs.v28i4.8
4. Tesfaw, N., Gizachew, A., Kassa, G. M., & Abajobir, A. A. (2018). Skilled Delivery Service Utilization and Associated Factors among Mothers Who Gave Birth in the Last Two Years in Northwest Ethiopia. *Ethiopian Journal of Health Sciences*, *28*(4), 423–432. https://doi.org/10.4314/ejhs.v28i4.8
5. Vallières, F., Hansen, A., McAuliffe, E., Cassidy, E. L., Owora, P., Kappler, S., & Gathuru, E. (2013a). Head of the household education level as a factor influencing whether delivery takes place in the presence of a skilled birth attendant in Busia, Uganda: A cross-sectional household study. *BMC Pregnancy and Childbirth*, *13*(1), 48. https://doi.org/10.1186/1471-2393-13-48
6. Vallières, F., Hansen, A., McAuliffe, E., Cassidy, E. L., Owora, P., Kappler, S., & Gathuru, E. (2013b). Head of the household education level as a factor influencing whether delivery takes place in the presence of a skilled birth attendant in Busia, Uganda: A cross-sectional household study. *BMC Pregnancy and Childbirth*, *13*, 48. https://doi.org/10.1186/1471-2393-13-48
7. Babar, T. S., & Hatcher, J. (2017). Health seeking behavior and health service utilization in Pakistan:

challenging the policymakers. *Oxford Journal of Public Health, 1*(2), 6-56. doi:10.1093/PubMed/fdh207

8. Bidhan, K. S., Musfikur, R., Tawhidur, R., Jahangir, H., Laura, R., & Dipak, K. M. (2016). Reasons for Preference of Home Delivery with Traditional Birth Attendants (TBAs) in Rural Bangladesh. *Public Library of Sciences, 1*, 12-25. doi: https://doi.org/10.1371/journal.pone.0146161 50
9. Inyang, M. P., & Walker, D. (2016). The Inextricable Effect of Health Worker's Attitude on Primary Health Care Implementation in South-South Nigeria. *Public Health Research, 6*(2), 34-44. Retrieved from http://article.sapub.org/10.5923.j.phr.20160602.0 2.html
10. Kabir, M. A. (2017). Safe-delivery practices in rural Bangladesh and its associated factors: evidence from Bangladesh demographic and health survey-2004. *East Afr J Public Health, 4*(2), 67-72. Retrieved from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?c md=Retrieve&db=PubMed&dopt=Cit ation&list_uids=18085134
11. KDHS. (2019). Estimates of Maternal Mortality. *Kenya Demography and Health Survey*, 127,129,329. Retrieved from https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf
12. Kristen, A., Mark, H., & Marleen, T. (2016). Low Use of Skilled Attendants' Delivery Services in Rural Kenya. *Journal of Health, Population, and Nutrition, 4*(3), 12-26. Retrieved from http://www.ncbi.nlm.nih. gov/PMC/articles/ PMC3001150/ pdf/jpg 0024-
13. 0467.pdf
14. KRMCAHIF. (2016). Remaining Gaps and Obstacles. *Ministry of Health, Kenya*, 8-16. Retrieved from http://www.global financ ing facility.org/ sites/off new/files/Documents/Kenya%20RMNCAH%20I nvestment%20Framework_March%202016.

PUBLISHER DETAILS:

Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
(ISSN 3006-1059) Print
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256 775 434 261
Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa