

**ISSN:**

2542-2758 (Print) 2542-2804 (Online)

**ARTICAE INFO:**

Received Date: 18 September, 2024

Accepted Date: 5 March, 2025

Published Date: 30 April, 2025

**KEYWORDS:**

Decision making, delivery, factors, hospital services, women.

**CORRESPONDING AUTHOR:****Ismita Sharma**

Lecturer, Department of Nursing  
Birat Medical College Teaching Hospital,  
Tankisinuwari-2, Morang, Nepal  
Email: [ismitasharma2010@gmail.com](mailto:ismitasharma2010@gmail.com)  
ORCID ID: 0000-0002-8248-7179

Access the article online



DOI: 10.62065/bjhs605

**CITATION:**

Sharma I, KC H, Mishra A. Decision Making Factors Among Women Delivering at Tertiary Care Hospital in Eastern Nepal. 2025; 9 (2): 52-57.

**COPYRIGHT:**

© Authors retain copyright and grant the journal right of first publication with the work simultaneously licensed under Creative Commons Attribution License CC - BY 4.0 which allows others to share the work with an acknowledgment of the work's authorship and initial publication in this journal.



## Decision Making Factors Among Women Delivering at Tertiary Care Hospital in Eastern Nepal

*Ismita Sharma<sup>1\*</sup>, Heera Kc<sup>2</sup>, Anjali Mishra<sup>3</sup>*

<sup>1</sup> Lecturer, Department of Nursing, Birat Medical College Teaching Hospital, Tankisinuwari-2, Morang, Nepal

<sup>2</sup> Lecturer, Department of Nursing, Birat Medical College Teaching Hospital, Tankisinuwari-2, Morang, Nepal

<sup>3</sup> Lecturer, Department of Community Medicine, Birat Medical College Teaching Hospital, Tankisinuwari-2, Morang, Nepal

**ABSTRACT**

**Introduction:** Maternal healthcare is a crucial to public health and despite notable improvements in Nepal's access to utilization of maternal healthcare, disparities persist based on social understanding. This study aims to identify the factors influencing women's decisions to deliver at tertiary care hospitals.

**Objective:** The objective was to investigate the decision making factors among women's delivering for childbirth at tertiary care hospital in the eastern part of Nepal.

**Methodology:** This descriptive prospective cross-sectional study was conducted from November to December 2023 at Department of Obstetrics and Gynecology, Birat medical college Teaching Hospital. The study involved mothers aged 20-25 fulfilling inclusion criteria and data was collected through face-to-face interviews using a self-structured proforma, ensuring privacy and comfort. Mothers sociodemographic data and responses from the questionnaire was entered in excel sheet and calculation done by SPSS.

**Results:** In 275 pregnant mothers, with mean age of  $25.32 \pm 4.54$  years, majority (65.8%) resided more than an hour away from the hospital. Notably, (80.7%) were first-time hospital users. Family members primarily made the decision for hospital deliveries (65.1%). Most women (89.4%) found the reception staff approachable, 99.6% reported easy access to doctors, 94.9% experienced short waiting times, and 98.9% praised the cleanliness of hospital facilities. All respondents felt respected by doctors (100%), and nearly all (99.3%) believed doctors allocated sufficient consultation time.

**Conclusion:** The study highlight high levels of satisfaction with the care provided at the tertiary care hospital, despite challenges such as distance which reflects trust in the hospitals services.

**INTRODUCTION**

Nepal has improved access to and utilization of maternal health care significantly. However, there are still differences based on the social standing, amount of education, and place of residence of women. Over the past several decades, Nepal has significantly improved its health statistics, there remains a significant discrepancy between public and private healthcare providers in terms of quality of care from the health professionals, hospital infrastructure, waiting time, reputation of the hospital, government programs physical and medical and diagnostic facilities and services.<sup>1</sup>

A pooled study of 37 low and middle income countries on maternal healthcare service utilization and its associated factors by Hasibul et al found that around one

third(33%) of respondents utilize maternal healthcare services and can play as essential role in reducing maternal deaths.<sup>2</sup>

A qualitative study conducted in rural Nepal to assess the factors influencing decision making for institutional delivery by Shijan Acharya et al concluded that women are increasingly involved in decision making despite reach the hospital late due to the need to include husbands and family members in birth preparedness <sup>3</sup> As a result, choosing where to give birth remains a difficult and complicated decision. The lowland eastern region, which borders India, is known for its many races, cultures, and languages. The region's cultural diversity significantly influences women's healthcare decisions, notably during pregnancy and childbirth. Modern healthcare institutions frequently collide with traditional customs and beliefs, creating a difficult environment for making decisions about maternal healthcare.<sup>4</sup>

Women with more financial stability usually choose private hospitals because they are thought to offer superior services and amenities. But choosing a private facility can be very expensive, both in terms of up-front costs and potential financial burden on the family.<sup>5</sup>

The eastern Terai region's healthcare system is made by a blend of public and private healthcare providers. Even though public healthcare facilities are easily accessible and provide necessary maternal treatments, women frequently look into private healthcare options due to worries about quality, overcrowding, and resource limitations. These private facilities might provide a variety of treatments, ranging from routine prenatal care to the government of Nepal's Safe Motherhood Program, which covers the costs of standard deliveries, cesarean sections, and intensive newborn care.<sup>6</sup>

## METHODOLOGY

Between November to December 2023, observational descriptive quantitative hospital based prospective cross sectional was conducted in the department of obstetrics and gynecology at Birat medical college Teaching Hospital in all mothers fulfilling the inclusion criteria who are in reproductive age in physical and mental condition with written informed consent to participate in the study .A self-structured proforma was administered to the research participants after the pretesting of the tool for its reliability.The proforma had two sections in which sociodemographic variables being the first part and decision making factors the second part.The decision making factors included total 20 items, and the response was on 5 point scale ie strongly disagree(1),disagree(2),neutral(3),agree(4) and strongly agree(5) and was scored respectively. The data was collected by face to face interview. The self-structured performa was pretested for its reliability and validity. Privacy and comfortable settings for participants was ensured For case enrollment in the study Ethical clearance was taken from the institutional review committee of Birat medical college Teaching Hospital (Ref: IRC-PA-354/2023 ).All data and findings was noted in a predesigned Performa. Data collected were checked thoroughly for completion and error. Data was entered manually in windows excel sheet and coded and recorded digitally using an IBM Statistical Package for the Social Sciences

(IBM SPSS Statistics; Armonk, NY, USA) on Windows version 22.0. Descriptive statistics was used for analyzing the data.

## RESULTS

The study included 275 pregnant mothers with a mean age of 25.3 years ( $\pm 4.54$ ). Most had primary education 88(32%), with 32% in other occupations. About 96(34.9%) had a monthly income below 20,000 NPR, majority of participants 181(65.8%) lived more than an hour away from the hospital and Most of them 222 (80.7%) were first-time hospital users. Family decisions predominantly influenced delivery choices 179(65.1%) and majority 204(73.5%) had four or more ANC visits(Table 1)

**Table 1:** Socio demographic variables of women (n=275)

Characteristics	Number(N)	Percentage (%)
<b>Age in years ,Mean age <math>\pm</math> S.D</b>	254(25.327 $\pm$ 4.54)	
Below 20 years	9	3.3
20-24 years	129	46.9
25-29 yrs	88	32.0
30 years and above	49	17.8
<b>Education</b>		
No education	59	21.4
Primary	88	32
Secondary	47	17.1
Higher	81	29.5
<b>Occupation</b>		
Service	63	22.9
Business	58	21.1
Agriculture	66	24.0
Others	88	32.0
<b>Income</b>		
Below 20 thousand	96	34.2
20-29	92	34.3
30-39	63	22.8
40 and above	24	8.7
<b>Decision to deliver at Birat medical college Teaching Hospital</b>		
Self decision	24	8.7
Husband decision	72	26.2
Family decision	179	65.1
<b>Distance from home to visit the hospital</b>		
< 1 hour	94	34.2
1 hour or more	181	65.8
<b>Have you visited this hospital previously ?</b>		
Yes	53	19.3
No	222	80.7
<b>Have you previously delivered at a private hospital in Eastern terai?</b>		
Yes	30	10.9

No	245	89.1
<b>Number of ANC visit</b>		
< 4	73	26.5
4 and above	202	73.5

Regarding decision making factors majority 246(89.4%) participants found the reception approach easy. Nearly all 274 (99.6%) felt doctors were accessible and respectful, with 272(98.9%) agreeing the hospital was clean. 267(97.1%) were influenced by the hospital's reputation, 253(93.1%) by ambulance availability, and 275(100%) by recommendations from friends or family. The government's safe motherhood program 245(89.1%) and hospital location 228(82.9%) also influenced decisions and 237(96.1%) agreed that nurses were qualified (table 2)

**Table No.2:** Number and percentage of factors for decision making to deliver at tertiary care hospital (n=275)

S.N	Factors	Neutral (3)	Agree (4)	Strongly agree(5)
1	Easy approach to the reception staff	29(10.6%)	184(66.9%)	62(22.5%)
2	Easy accessibility to doctor for sharing the problems	1(0.4%)	173(62.9%)	101(36.7%)
3	Waiting time is lesser	14(5.1%)	173(62.9%)	88(32%)
4	Hospital buildings are clean and tidy	3(1.1%)	171(62.2%)	101(36.7%)
5	Doctors treat patient with high respect	0	170(61.8%)	105(38.2%)
6	Doctors give enough time to patients to explain their difficulties	2(0.7%)	154(56%)	119(43.3%)
7	Patient can obtain all sorts of medicines in the pharmacy	36(13.1%)	154(56%)	119(30.9%)
8	Food provided in the canteen is hygienic and better than outside the hospital	54(19.6%)	184(66.9%)	37(13.5%)
9	Doctors asks patients to do necessary test only	16(5.8%)	186(67.7%)	73(26.5%)
10	Doctors are easily accessible to clarify doubts regarding the treatment	5(1.8%)	149(54.2%)	121(44%)

11	Nurses are qualified, skilled and trained to deal with any emergency situations	8(2.9%)	154(56%)	113(41.1%)
12	Feeling of great confidence with the medical team	5(1.8%)	158(57.5%)	112(40.7%)
13	Availability of modern advanced equipment in the hospital	14(5.1%)	166(60.4%)	95(34.5%)
14	Specialty services all under one roof for maternal and neonatal health	9(3.3%)	173(62.9%)	93(33.8%)
15	Reputation of the hospital	8(2.9%)	170(61.8%)	97(35.3%)
16	The location of the hospital	47(17.1%)	153(55.6%)	75(27.3%)
17	Government program safe motherhood (Aama suraksha karyakram)	30(10.9%)	131(47.6%)	114(41.5%)
18	Availability of transport and communication facilities	33(12%)	150(54.5%)	92(33.5%)
19	Availability of ambulance facilities	19(6.9%)	153(55.6%)	103(37.5%)
20	Recommendations from friends or family	0	153(55.6%)	122(44.4%)

## DISCUSSION

The study provides a comprehensive view of the decision-making factors influencing women's choice to deliver at a tertiary care hospital in the eastern Nepal. The findings reflect a range of socio-demographic characteristics and decision-making criteria, offering valuable insights into the factors driving women's preferences for hospital childbirth in this region.

The study cohort predominantly consisted of younger women, with a mean age of 25.34 years. This is consistent with the previous research conducted in the Jhapa district where the mean age of participants was 24.12 years indicating that younger women are often more engaged with contemporary healthcare practices and services.<sup>5</sup> The educational distribution shows a notable level of primary education among the participants, which aligns with findings from similar studies in Nepal highlighting educational attainment as a key determinant of healthcare utilization.<sup>6</sup> The occupation and income distribution reveal a diverse economic background among the women, indicating that the tertiary care hospital caters to a broad demographic. This reflects the healthcare facility's role in providing services to both lower and middle-income households.<sup>6</sup>

The study found that family influence plays a predominant role in the decision-making process regarding the choice of delivery location or institution. This finding is compatible with previous research showing that family and social networks significantly impact healthcare decisions in Nepalese contexts. The strong familial influence underscores the need for healthcare providers to engage not only with expectant mothers but also with their families to facilitate informed decision-making.<sup>7</sup> A study by alpha et al in lalitpur Nepal found that a lack of autonomy among women significantly delayed their decisions to seek institutional care, unlike the findings here where tertiary care facilities were actively chosen with family support. However, in contrast research this research findings has highlighted a shift towards individual autonomy among educated women indicating a gradual cultural transition in decision-making processes.<sup>8</sup>

A significant proportion of the women were first-time users of the hospital's services, which highlights the hospital's role as a primary choice for a considerable number of women despite its distance from their homes. This observation is consistent with a study conducted in Nepal suggesting that first-time users often rely on recommendations and perceived quality of care when selecting healthcare facilities.<sup>9</sup>

The high levels of satisfaction reported by the participants regarding various aspects of hospital services, including doctor accessibility, respectful treatment, cleanliness, and availability of necessary services and equipment, are notable.<sup>8-5</sup> This is reflective of a well-functioning healthcare system that meets patient expectations in critical areas. The satisfaction with the hospital's cleanliness and the competence of medical staff is particularly significant, aligning with findings from similar studies that emphasize the importance of these factors in patient satisfaction. The availability of modern equipment and specialty services was rated highly, indicating that the hospital's infrastructure and service offerings are well-regarded. This contrasts with the study findings conducted from less resource-rich settings by Sultana et al in Bangladesh where the lack of modern equipment and specialized services often leads to lower satisfaction levels.<sup>10</sup>

The significant impact of the government's Safe Motherhood Program (Aama Suraksha Karyakram) on the decision-making process highlights the effectiveness of such initiatives in promoting institutional deliveries. This finding supports previous research conducted by Pokhrel et al in Nepal indicating that government programs play a crucial role in improving access to and utilization of maternal healthcare services.<sup>11</sup> Recommendations from friends and family also played a vital role in influencing the decision to deliver at the hospital. This is consistent with the study findings conducted in Oman where the social dynamics observed and found that word-of-mouth recommendations are highly valued.<sup>12</sup>

While the study shows high levels of satisfaction and positive decision-making factors, some contrasts with a systemic review synthesis with 32 studies from 17 country reflected that the majority of participants were satisfied with waiting times and the approach of reception staff, other studies have highlighted waiting times and the initial point of contact as potential areas

of dissatisfaction in healthcare settings. This discrepancy may be due to variations in hospital management practices or regional differences.<sup>13</sup> Additionally, although the study participants reported high satisfaction with the cleanliness of the hospital and the availability of medicines, a similar study conducted in Eastern Nepal have found that these aspects can be areas of concern in public healthcare facilities, especially in resource-limited settings.<sup>14</sup>

The findings of this study highlight several important socio-demographic factors and decision-making criteria influencing women's choice to deliver at a tertiary care hospital in Eastern Nepal. The data underscores the significant role of family in making healthcare decisions, as well as the importance of accessibility and quality of care.<sup>15</sup> The age and education distribution reflect a young and relatively educated cohort, which might explain the high compliance with ANC visits which was the consistent with the similar study which was conducted in the Bangladesh.<sup>16</sup>

Decision-making factors reveal high levels of satisfaction with various aspects of hospital care, including accessibility to doctors, respectful treatment, cleanliness, and the availability of necessary services and equipment. The influence of government programs and recommendations from trusted sources also play pivotal roles.<sup>10</sup> These insights can guide healthcare policy and hospital administration in improving and maintaining the quality of maternal health services, ensuring that they meet the needs and expectations of the community they serve. Addressing any gaps and continually enhancing service delivery based on patient feedback can further improve maternal health outcomes in the region. These insights can guide healthcare policy and hospital administration in improving and maintaining the quality of maternal health services, ensuring that they meet the needs and expectations of the <sup>17</sup>. Addressing any gaps and continually enhancing service delivery based on patient feedback can further improve maternal health outcomes in the region.<sup>18</sup>

## CONCLUSION

From our study we conclude that this exploratory study aimed to understand the decision-making factors among women delivering at a tertiary care hospital in the eastern Nepal. Key decision-making factors highlighted include the strong influence of family in healthcare decisions, high satisfaction with the accessibility and behavior of medical staff, cleanliness of the facilities, and availability of necessary medical services and equipment. Government programs like the safe motherhood initiative (Aama Suraksha Karyakram) and recommendations from trusted sources were also pivotal in shaping their choices. Overall, the study reveals high levels of satisfaction with the quality of care provided at the tertiary care hospital, despite potential barriers such as distance from home. This indicates a trust in the hospital's services and a preference for its perceived superior care.

## RECOMMENDATIONS

We recommend that in order to further improve maternal health services at tertiary level strategies like enhancement of community outreach education, strengthening family

involvement in healthcare decisions, improving accessibility and reducing waiting times, maintain high standards of cleanliness and Hygiene, ensure availability of medicines and equipment, leverage government programs like the Aama Surakhsha Karyakram to encourage more women to utilize hospital services, enhance transport and communication facilities and encourage satisfies patients to share their positive experiences with their communities.

This study can also be conducted in different level of hospital at different geographical area to ensure greater diversity

## LIMITATIONS OF THE STUDY

This study is conducted only in one hospital thus the findings could not be generalized for other hospitals. Decision making may also be influenced by other factors which is not included in this study.

## ACKNOWLEDGEMENTS

We would like to acknowledge our study participants, colleagues of the department of Obstetrics and Gynecology, Birat Medical College Teaching Hospital, staff members involved in patient care and my family for their support.

**CONFLICT OF INTEREST:** None

**FINANCIAL DISCLOSURE:** None

## REFERENCES

1. Das S, Alcock G, Azad K, Kuddus A, Manandhar DS, Shrestha BP, et al. Institutional delivery in public and private sectors in South Asia: A comparative analysis of prospective data from four demographic surveillance sites. *BMC Pregnancy Childbirth* 2016;16(1). DOI: [10.1186/s12884-016-1069-7](https://doi.org/10.1186/s12884-016-1069-7) PMID: 27649897 PMCID: PMC5029035
2. Shanto HH, Al-Zubayer MA, Ahammed B, Sarder MA, Keramat SA, Hashmi R, et al. Maternal Healthcare Services Utilisation and Its Associated Risk Factors: A Pooled Study of 37 Low- and Middle-Income Countries. *Int J Public Health*. 2023;68. DOI: [10.3389/ijph.2023.1606288](https://doi.org/10.3389/ijph.2023.1606288) PMID: 37936874 PMCID: PMC10625904
3. Acharya S, Gautam A, Bharati T, Busza J, Christofori-Khadka M. Factors Influencing Decision-making for Institutional Delivery in Rural Nepal: A Qualitative Study. 2024. DOI: [10.21203/rs.3.rs-5335904/v1](https://doi.org/10.21203/rs.3.rs-5335904/v1)
4. Shah R, Rehfuess EA, Paudel D, Maskey MK, Delius M. Barriers and facilitators to institutional delivery in rural areas of Chitwan district, Nepal: A qualitative study. *Reprod Health*. 2018;15(1):1-13. DOI: [10.1186/s12978-018-0553-0](https://doi.org/10.1186/s12978-018-0553-0) PMID: 29925398 PMCID: PMC6011343
5. Shah R, Rehfuess EA, Maskey MK, Fischer R, Bhandari PB, Delius M. Factors affecting institutional delivery in rural Chitwan district of Nepal: A community-based cross-sectional study. *BMC Pregnancy Childbirth*. 2015;15(1):1-14. DOI: [10.1186/s12884-015-0454-y](https://doi.org/10.1186/s12884-015-0454-y) PMID: 25884164 PMCID: PMC4339648
6. Marasini B. Health system development in Nepal. *Journal of the Nepal Medical Association*. 2020;58(221):65-8. DOI: [10.31729/jnma.4839](https://doi.org/10.31729/jnma.4839) PMID: 32335645 PMCID: PMC7580485
7. Dahal RK. Factors Influencing the Choice of Place of Delivery among Women in Eastern Rural Nepal. *International Journal of Maternal and Child Health*. 2013;1(2):30. DOI: [10.12966/ijmch.07.03.2013](https://doi.org/10.12966/ijmch.07.03.2013)
8. Pokharel A, Pokharel SD. Women's involvement in decision-making and receiving husbands' support for their reproductive healthcare: a cross-sectional study in Lalitpur, Nepal. *Int Health*. 2023 Jan 3;15(1):67-76. DOI: [10.1093/inthealth/ihac034](https://doi.org/10.1093/inthealth/ihac034) PMID: 35639520 PMCID: PMC9808508
9. Mehata S, Paudel YR, Dariang M, Aryal KK, Lal BK, Khanal MN, et al. Trends and Inequalities in Use of Maternal Health Care Services in Nepal: Strategy in the Search for Improvements. *Biomed Res Int*. 2017; DOI: [10.1155/2017/5079234](https://doi.org/10.1155/2017/5079234) PMID: 28808658 PMCID: PMC5541802
10. Sultana M, Alam M. Factors affecting women's autonomy and decision-making power within the household in rural communities. *J Appl Sci Res*. 2011;7(1):18-22. PMCID: PMC10693143 PMID: 38042837
11. Pokhrel A, Yadav D, Sharma P. Women's satisfaction and its' associated factors on institutional delivery services provided by public health facilities of Tanahun district, Nepal. DOI: [10.21203/rs.3.rs-41847/v1](https://doi.org/10.21203/rs.3.rs-41847/v1)
12. Al-Balushi SMA, Khan MFR. Factors Influencing the Preference of Private Hospitals To Public Hospitals in Oman. *International Journal of Management, Innovation & Entrepreneurial Research*. 2017;3(2):67-77. DOI: [10.18510/ijmier.2017.323](https://doi.org/10.18510/ijmier.2017.323)
13. Karkee R, Tumbahanghe KM, Morgan A, Maharjan N, Budhathoki B, Manandhar DS. Policies and actions to reduce maternal mortality in Nepal: perspectives of key informants. *Sex Reprod Health Matters*. 2022;29(2). DOI: [10.1080/26410397.2021.1907026](https://doi.org/10.1080/26410397.2021.1907026) PMID: 33821780 PMCID: PMC8032335
14. Nath Khanal M. | ISSUE 84 | OCT.-DEC. 2023 Citation Khanal MN, KC VK. Factors Affecting the Utilization of Delivery Care Services in Eastern Nepal. Vol. 21, Kathmandu Univ Med J. 2023. PMID: 39212011



15. Bohren MA, Hunter EC, Munthe-Kaas HM, Souza JP, Vogel JP, Gülmezoglu AM. Facilitators and barriers to facility-based delivery in low- and middle-income countries: A qualitative evidence synthesis. *Reprod Health*. 2014;11(1):1-17.  
DOI: [10.1186/1742-4755-11-71](https://doi.org/10.1186/1742-4755-11-71)  
PMID: 25238684 PMCID: PMC4247708
16. Huda TM, Chowdhury M, Arifeen S El, Dibley MJ. Individual and community level factors associated with health facility delivery: A cross sectional multilevel analysis in Bangladesh. *PLoS One*. 2019;14(2):1-13.  
DOI: [10.1371/journal.pone.0211113](https://doi.org/10.1371/journal.pone.0211113)  
PMID: 30759099 PMCID: PMC6373895
17. AliS, ThindA, StrangesS, CampbellMK, SharmaI. Investigating Health Inequality Using Trend, Decomposition and Spatial Analyses: A Study of Maternal Health Service Use in Nepal. *Int J Public Health*. 2023;68(June):1-10.  
DOI: [10.3389/ijph.2023.1605457](https://doi.org/10.3389/ijph.2023.1605457)  
PMID: 37332772 PMCID: PMC10272384
18. SharmaSR, PoudyalAK, DevkotaBM, SinghS. Factors associated with place of delivery in rural Nepal. *BMC Public Health*. 2014;14(1).  
DOI: [10.1186/1471-2458-14-306](https://doi.org/10.1186/1471-2458-14-306)  
PMID: 24708511 PMCID: PMC3977667