EAS Journal of Nursing and Midwifery
Abbreviated Key Title: EAS J Nurs Midwifery
ISSN: 2663-0966 (Print) & ISSN: 2663-6735 (Online)
Published By East African Scholars Publisher, Kenya

OPEN ACCESS

Volume-8 | Issue-1 | Jan-Feb -2026 | DOI: https://doi.org/10.36349/easjnm.2026.v08i01.001

Original Research Article

Theme One: Birth Preparedness as a Determinant of Delivery Site Selection: A Qualitative Study among Breastfeeding Women in Petauke and Lusangazi Districts, Eastern Province, Zambia

Sampa Stanley[1*], Professor Catherine Ngoma[1], Dr. Kabinga Makukula[1]

[1]Department of Nursing Sciences, the University of Zambia, Lusaka, Zambia

Article History
Received: 03.11.2025
Accepted: 08.01.2026
Published: 12.01.2026

Journal homepage:
https://www.easpublisher.com

Quick Response Code

Abstract: Despite progress in maternal health services, rural Zambia continues to record high rates of home delivery. Birth Preparedness and Complication Readiness (BPCR) is promoted to reduce delays in accessing skilled birth care, yet limited qualitative evidence exists on how preparedness influences actual delivery-site decisions among postpartum women. This qualitative study explored the role of birth preparedness in delivery-site selection among breastfeeding women in Petauke and Lusangazi districts, Eastern Province, Zambia. A descriptive phenomenological design was employed involving semi-structured interviews with 17 breastfeeding women who delivered at health facilities and four focus group discussions with 20 women who delivered at home. Data were analyzed thematically following Braun and Clarke's approach. Birth preparedness emerged as the strongest determinant of delivery-site choice. Women who delivered at health facilities reported deliberate preparation including saving money, arranging transport, attending antenatal care, and preparing delivery items. In contrast, home delivery was associated with financial constraints, long distances, lack of emergency transport, cultural restrictions, limited decision-making autonomy, and low perceived risk. Strengthening birth preparedness particularly financial planning, transport readiness, male involvement, and community health education has high potential to increase institutional deliveries and reduce preventable maternal and neonatal risks in rural Zambia.

Keywords: Birth Preparedness, Delivery-Site Choice, Maternal Health, Qualitative Research, Rural Zambia, Institutional Delivery.

INTRODUCTION

Maternal mortality remains a major public health challenge in low- and middle-income countries, with sub-Saharan Africa accounting for a large proportion of global maternal deaths [1, 2]. Skilled birth attendance is widely recognized as one of the most effective interventions for reducing maternal and neonatal mortality [3]. Despite improvements in antenatal care coverage in Zambia, a substantial proportion of women particularly in rural districts continue to deliver at home without skilled assistance [4, 5].

Birth Preparedness and Complication Readiness (BPCR) is promoted by the World Health Organization as a strategy to reduce delays in seeking, reaching, and receiving skilled obstetric care [6–9]. BPCR includes financial planning, transport arrangements, preparation of delivery items, recognition of danger signs, and identification of a health facility. While studies in Africa have explored determinants of delivery-site choice, few have focused on postpartum breastfeeding women, whose experiences reflect recent and practical decision-making processes [10–12]. In Eastern Province of Zambia, particularly Petauke and Lusangazi districts, qualitative evidence on how birth preparedness influences delivery-site selection remains limited. This study aimed to explore the influence of birth preparedness on delivery-site decisions among breastfeeding women in these rural districts.

EXPERIMENTAL SECTION

A descriptive phenomenological qualitative design was used to explore lived experiences related to birth preparedness and delivery-site decision-making. The study was conducted in Petauke and Lusangazi

***Corresponding Author:** Sampa Stanley
Department of Nursing Sciences, the University of Zambia, Lusaka, Zambia

districts of Eastern Province, Zambia, predominantly rural areas characterized by long distances to health facilities, limited transport options, and subsistence farming livelihoods.

Participants included breastfeeding women who had delivered within the previous six months. Purposive sampling was used to recruit 17 women who delivered at health facilities for semi-structured interviews and 20 women who delivered at home for four focus group discussions. Data collection occurred between September and October 2025 using pre-tested interview and discussion guides translated into Nyanja. Audio-recorded data were transcribed, translated into English, and analyzed thematically following Braun and Clarke's six-step approach [5]. Ethical approval was obtained from the University of Zambia Biomedical Research Ethics Committee and the National Health Research Authority.

Results and Discussion

Birth preparedness emerged as the central determinant of delivery-site choice. Women who delivered at health facilities described proactive preparation, including saving money for transport, arranging transport in advance, attending antenatal care, and preparing delivery items. This preparation increased confidence and enabled timely access to skilled care. In contrast, women who delivered at home cited financial hardship, sudden onset of labor, long distances to facilities, lack of emergency transport, and cultural norms discouraging night travel or early facility arrival.

Sociocultural factors strongly influenced preparedness and decision-making. Male partners and elders often controlled financial resources and final decisions regarding place of delivery, limiting women's autonomy. Women with prior obstetric complications or higher perceived risk were more likely to prepare adequately and seek facility delivery. Although antenatal counseling and community sensitization improved knowledge of danger signs and preparation, these alone were insufficient in the absence of supportive household and structural conditions.

These findings align with evidence from other sub-Saharan African settings demonstrating that BPCR is most effective when supported by male involvement, transport readiness, and community-level engagement [10–16]. The results highlight the need to strengthen comprehensive preparedness strategies that address financial, social, and infrastructural barriers rather than focusing solely on knowledge provision.

Conclusion

Birth preparedness is a critical determinant of delivery-site selection among breastfeeding women in Petauke and Lusangazi districts. Women who saved money, planned transport, attended antenatal care, and received family support were more likely to deliver in health facilities. Strengthening antenatal counseling, male involvement, and community-based preparedness interventions can enhance institutional delivery and reduce preventable maternal and neonatal risks in rural Zambia.

Acknowledgement

The author acknowledges the breastfeeding women who participated in the study, the District Health Offices of Petauke and Lusangazi, and academic supervisors for their support throughout the study process.

References

1. World Health Organization. Trends in Maternal Mortality: 2000–2020. Geneva: WHO; 2023.
2. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, et al. Global causes of maternal death: a WHO systematic analysis. Lancet Glob Health. 2014;2(6):e323–33.
3. Zambia Statistics Agency (ZamStats), Ministry of Health (MOH), ICF. Zambia Demographic and Health Survey 2018. Lusaka, Zambia; 2019.
4. Gabrysch S, Campbell OMR. Still too far to walk: literature review of the determinants of delivery service use. BMC Pregnancy Childbirth. 2009;9:34.
5. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101.
6. JHPIEGO. Monitoring Birth Preparedness and Complication Readiness. Baltimore, USA: JHPIEGO; 2004.
7. Kaso M, Addisse M. Birth preparedness and complication readiness among pregnant women in Ethiopia. Reprod Health. 2014; 11:40.
8. Markos D, Bogale D. Birth preparedness and complication readiness among women in Goba District, Ethiopia. BMC Pregnancy Childbirth. 2014; 14:282.
9. Mganga A, Khatib MN, Mohammed A, Ally M, Khasakhala A. Determinants of facility delivery among women in rural Tanzania. PLoS One. 2021;16(3):e0248488.
10. Rocha T, Lufele E, Nyondo-Mipando L, Nyasulu P. Role of birth preparedness in improving maternal outcomes in sub-Saharan Africa. Afr Health Sci. 2020;20(3):1122–31.
11. Kaye DK, Mbalinda SN, Kakaire O, Osinde MO. Risk perception and choice of delivery location in rural Uganda. BMC Pregnancy Childbirth. 2014; 14:89.
12. Kanyangarara M, Chirwa E, Moyo T. Barriers to accessing facility-based care in Malawi. Matern Child Health J. 2018;22(7):1092–9.
13. Bintabara D, Mohamed MA, Mghamba J. Preparedness for childbirth in rural Tanzania: a community-based study. Reprod Health. 2019; 16:5.
14. Bohren MA, Hunter EC, Munthe-Kaas HM, Souza JP, Vogel JP, Gülmezoglu AM. Barriers and facilitators to facility-based delivery in low- and

middle-income countries: a qualitative evidence synthesis. PLoS Med. 2014;11(1):e1001491.
15. Kitui J, Lewis S, Davey G. Factors influencing place of delivery for women in Kenya: an analysis of the 2008–09 Demographic and Health Survey. BMC Pregnancy Childbirth. 2013; 13:40.
16. Tweheyo R, Konde-Lule J, Tumwesigye NM, Sekandi JN. Male partner involvement in antenatal care and skilled birth attendance in Uganda. Reprod Health. 2010; 7:12.
17. Kululanga LI, Sundby J, Malata A, Chirwa E. Barriers to husbands' involvement in maternal health care in Malawi. BMC Pregnancy Childbirth. 2012; 12:49.
18. Sacks E, Kinney MV, Munjanja SP, Moyo S, Moran A, Lawn JE. Community interventions to promote skilled birth attendance: a systematic review. Lancet Glob Health. 2017;5(7):e699–e710.
19. Kearns AD, Caglia JM, Langer A. Community health workers and maternal health: evidence from global public health research. Glob Public Health. 2014;9(6):674–89.

Cite This Article: Sampa Stanley, Catherine Ngoma, Kabinga Makukula (2026). Theme one: Birth Preparedness as a Determinant of Delivery Site Selection: A Qualitative Study Among Breastfeeding Women in Petauke and Lusangazi Districts, Eastern Province, Zambia. *EAS J Nurs Midwifery, 8*(1), 1-3.