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Companionship during childbirth: As experienced and perceived in rural Nepal, Sindhupalchowk

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ABSTRACT

Aims: To explore the experiences and the perceptions of reproductive-aged women and their main influencers, including husbands or mothers-in-law during their most recent institutional delivery regarding companionship during childbirth. To identify the experiences and perceptions of nursing staff regarding companionship during childbirth.

Methods: A qualitative approach was adopted to interview chosen eleven reproductive-aged women, five main influencers (three husbands and two mothers-in-law) and three nursing staff of Melamchi Primary Health Care Center by purposive sampling, in a community setting.

Results: Overall, almost all the women were not allowed to be accompanied by their relatives during childbirth in the Primary Health Care Center, when majority of them wanted company of their husbands, followed by female relatives. The nursing staff also concurred to the need of companionship during childbirth for support. On the contrary, a few interviewed women and all the husbands did not find any importance of companionship to the women in labor. Main reasons expressed were the ignorance among husbands to support their partners during childbirth and a feeling of shyness or discomfort among women in presence of known person during the process.

Conclusion: The practice regarding the provision of companionship during childbirth is not congruent to the felt need for and importance of it by majority of women and nursing staff. Privacy, infection control and institutional policy were the concern for companionship during childbirth.

Key words: childbirth, companionship, experience, perception, Respectful Maternity Care

INTRODUCTION

Among the South Asian Countries, Nepal ranking 149/189 on the Human Development Index¹ is one of the least developing countries

s with a fragile status of maternal and child health.² Though Nepal succeeded in attaining Millennium Development Goal targets,³ Sustainable Development Goal targets are highly ambitious to achieve. For that, apart from enhancing institutional delivery, there is a need to focus on components that impact experience of care of childbearing women.⁴ While the strategies such as institutional and skilled personnel assisted births are being advocated, the biomedical interventions can undermine the experience of the women.⁵ A positive childbirth experience requires an amalgamation of clinical component, including technically sound personnel as well as psychological component including emotional companion support.⁶ Respectful Maternity Care represents various components of the experience of care from the clients' perspective.⁷ Companionship during childbirth is one of the crucial components necessary for ensuring positive experience of care for women and also to provide a chance for their partners to bond.⁸ Irrespective of the importance of the companionship, many women, mainly in low-resource settings, go through labor alone. Hastings⁹ has stressed the need to guide relevant policies by women's voices from grass-root level. There is a need to identify their experiences and perceptions in community setting to obtain their genuine reply.¹⁰ The main purpose of the study was to understand experience and perception of reproductive-aged women, their main influencers (husbands and mothers-in-law) and nursing staff on companionship during parturition.

METHODS

A qualitative approach was utilized to understand the experiences and perspectives on companionship during childbirth of reproductive-aged women who had given

birth in Melamchi Primary Health Care Center (PHC) of Sindhupalchowk district via normal vaginal delivery at least before six weeks from the initiation of the study, their main influencers (either husbands or mothers-in-law of the women), the nursing staff who had been providing their service in the health facility. The study was done in January – February 2020, after attaining ethical approval from the institutional ethical committee and Nepal Health Research Council.

By using purposive sampling, eleven reproductive-aged women, five main influencers (three husbands and two mothers-in-law) and three nursing staff of Melamchi PHC were identified. When the health facility (Melamchi PHC) in-charge provided a permission letter for the conduction of the study, contact information of reproductive-aged women, who were the service beneficiaries of the PHC, was extracted from the PHC health record. Some women were contacted via their phone numbers whereas others were met in-person when they were visiting the PHC either for immunization of their children or their own health check-ups. The main influencers were met in-person during home visits. The nursing staff's appointments were taken in-person at the PHC and their interviews were taken at their residents off-duty. In-depth interview guidelines prepared for the different groups of interviewees were utilized. A logbook was created based on the demographic background of each participant and unique codes were allocated to each of them. A code book was prepared, and thematic analysis was conducted based on the matrix display.

RESULTS

Theme 1: Lack of practice of companionship

The women were enquired about the people who were accompanying them during their childbirth in the PHC. Almost all of them informed that nobody was allowed to accompany them during the child delivery. It is evidenced in the comment below by a woman and her mother-in-law, who had taken her daughter-in-law, by herself, to the PHC:

“Nobody was allowed inside the labor room.” (Woman, 27 years old)

“I did not accompany my daughter-in-law in the labor room; I was not allowed inside.” (Mother-in-law, 50 years old)

On the contrary, when the health providers were asked about the prevailing practice of allowing company to their clients during the childbirth in the labor room, two of the nursing staff informed about the practice of allowing anyone of the clients’ relatives, mainly female relatives followed by husbands. However, a nurse denied the practice and her reason was to avoid infection and to safeguard privacy of other clients present in the same labor room concomitantly. She said:

“We do not allow any accompanying relatives in the labor room during the childbirth to minimize the chance of infection...Even if we allow the clients’ relatives to accompany them during the childbirth in labor room, because of the present setting in the PHC, there will be no privacy in the presence of more than one client in the labor room at a time.” (Nurse, 27 years old, Melamchi PHC)

Theme 2: Husbands as a predominant preference for a company

All the participants were also asked about their perceptions on whether anybody must be allowed to accompany childbearing women in the labor room and if yes, who must be allowed. Mixed responses were

obtained to the query. Most of the women articulated their preference for their husband’s presence in the labor room to support them, followed by mothers-in-law or any other female family members due to their motherhood experience. Interestingly, another reason for their preference towards their husbands’ presence during their childbirth was to make them realize the difficulty of a childbearing woman. Reverberating the issue, a woman said:

“I feel men have to be allowed to accompany their wives during their childbirth. If the husbands witness the hardship their wives go through during the labor, they will understand the intensity of difficulty of childbirth. In order to make them realize the hardship of childbirth, they should be allowed to accompany their wives in the labor room. If my husband were allowed inside the labor room, I would have got emotional support from him during the labor pain; he could have helped me massaging my back during the pain.” (Woman, 22 years old)

The health providers were also asked about their perception regarding the companionship during the childbirth. All of them, agreed to the requirement of companionship of either husbands or mothers-in-law to childbearing women during parturition for support. One of the nurses notified the need of following women’s wish while deciding about the companionship. She articulated that:

“I think if clients want anybody to accompany them during the childbirth, we must let anyone inside the labor room; it will provide emotional support to the clients. However, if any visitors wish to stay in the labor room but the clients do not prefer to, then we should not allow anyone.” (Nurse, 24 years old, Melamchi PHC)

One of the nurses, who is a mother herself of two children, empathized with her clients during her own child delivery. She said:

“I gave birth in a hospital in Kathmandu valley. During my own childbirth, I was wishing for someone to be allowed to accompany me during the labor. I was feeling scared at that time when nobody could accompany me. I felt my relative's presence would have provided more support to me.” (Nurse, 25 years old, Melamchi PHC)

Theme 3: Ignorance of husbands to support women during childbirth

Out of all participating women, a few women did not prefer the company of their relatives, including their husbands, during their child delivery. All the interviewed men also echoed the similar notion. The major reason behind it was discomfort for women in presence of their known people in the labor room. It was followed by another reason: the reason was ignorance of husbands to help their wives in such a situation.

A woman stated that the unnecessary of her husband's company in presence of health providers during childbirth as:

“...allowing husbands inside the labor room is also not useful; the health providers are the one who know everything and provide us service; husbands will not have any idea to help. It is better not to let mother-in-law too inside the labor room; it will be uncomfortable in front of her.” (Woman, 27 years old)

While asking the same question, a man also expressed the futility of allowing husbands in the labor room due to lack of any knowledge to support their partners during parturition:

“Some women during childbirth might feel very shy if their husbands are allowed inside the labor room. Perhaps, because of that the PHC doesn't allow husbands inside the labor

room. Even if husbands are allowed inside the labor room, what can we do during the child delivery? We can do nothing to help. The health providers are available in the labor room to assist the women. So, it is better if no relatives are allowed to accompany women during childbirth.” (Husband, 31 years old)

DISCUSSION

The study explored the experiences and perceptions of reproductive-aged women, their husbands and mothers-in-law and nursing staff regarding the companionship during childbirth in the health facility.

The findings showed that the women were found to be the least able to practice their autonomy in having company of personally preferred person during their childbirth.^{8,11} The main reason among the health providers for the prohibition was to avoid cross-infection, to safeguard privacy of other women in labor and shyness among childbearing women.¹² However, regarding risk of infection, a nursing staff's statement: ‘...if we have to allow company to the clients during the childbirth, the risk of infection can be controlled’ depicted the possibility of the provision of companionship, if required.

As stated by Miller et al,¹³ provision of companionship entails physical adjustment in labor room for maintaining privacy of all women in labor. In the rural health facility, the provision of companionship comes at the cost of maintaining privacy of other clients due to lack of optimal infrastructures. Hence, in order to provide companionship to childbearing women, the physical setting in health facilities has to be restructured so that, privacy for all parturient women can be maintained.

The companionship was found to be effective as denoted by the studies.^{14,15} Many

of the women expressed their affinity towards their husbands' company for physical as well as emotional support. They also wanted their husbands to accompany them during their childbirth to make their husbands realize the difficulty of giving birth. Whereas some of them, including a few husbands expressed the futility of their husbands' presence during the childbirth. Both kinds of responses denote the non-involvement and ignorance of males in the childbearing process.^{16,17} It also coincides with the study by Lewis et. al,¹⁸ which showed the preponderant role of women in childbirth and compromised role of their husbands in their childbirth. As mentioned by Bohren et al,⁸ involvement of husbands during childbirth can help in strengthening bond among them with their partners and newborns. However, the restrictive protocol of health facilities in Nepal is hindering for the provision of chosen companionship to childbearing women.

The study has incorporated a limited number of women, their family members and nursing staff of one local health facility in Sindhupalchowk district as the limitation of the study.

CONCLUSIONS

The study found out that despite the affinity of women towards companionship, mainly that of husbands, during childbirth, women had to go through the parturition process in absence of their husbands. The areas to address seem to be the privacy, infection control and the policy to keep companion during childbirth.

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