

# Inefficiency in Community Education as A Barrier to Advocacy for Normal Birth: A Qualitative Study

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## Abstract

**Introduction:** High levels of childbirth fear is an important factor to reduce mother desire to normal birth and Higher rates of caesarean section (CS) are experienced in fearful women. The advocacy for normal birth is an intervention to reduce fears and can help mothers making correct decisions for type of their delivery. obstetricians and midwives play a key role in educating community towards normal birth. The present study aimed to explore the barriers to advocacy for normal birth, in maternity units and hospitals. Therefore, it is necessary to recognize specific barriers to planning, design and interventions such as community education for childbirth. **methodology:** this qualitative-exploratory study aimed at examining barriers to advocacy for normal birth. Participants were selected purposefully from the obstetricians, midwives and women whom involved normal birth in hospitals in Tehran, Iran. 22 interviews were conducted among participants during May-January 2016; deep interviews were conducted 35-120 minutes. **Analysis:** all interviews were recorded in an each word by tape were implemented then inserted in MAXQDA 10 Software. Coding and analysis steps were taken using Strauss and Corbin paradigm based on grounded theory. **Results:** one of main issues was educational inefficiencies in maternal care system which is conditional cause of barriers to advocacy for normal birth, This issue has two main category including: weakness in training human resources and inefficiency in general awareness of community about advocacy for normal birth. This paper explains the category "inefficiency in general awareness of community about advocacy for normal birth". **conclusion:** Inadequate quality of education during pregnancy to women and Ineffective teaching of childbirth preparation were the sub categories which the participants explain it as a barrier, so that changes in this field regarding effective childbirth preparation classes for women in favor of normal birth, can improve normal birth in hospitals of Iran.

**Keywords:** Advocacy, Normal Birth, Community Education, Classes

## Introduction:

Obstetrician education enhanced preparedness for birth and positive parenting in women with intense fear (Toohill et al., 2014; Fenwick et al., 2013). However the skills of midwives in this part is poor. Type of childbirth and its results like many of modern health implications are subjected to a complicated interaction between several factors including personal, behavioral, social, and economic factors in woman's life (Oguta, 2015); whereas, increasing rate of Cesarean in many of countries all around the world has led to concern of researchers and officials in field of public health (Khaleghi et al., 2009). High percent of unnecessary cesarean section is one of risk factors for health of mother and baby (Sakala & Mayberry, 2006). women are affected by friends, relatives and their own gynecologist for choosing the type of delivery (Orfali, 2012), obstetricians and midwives as the most important health and maternity care staff in the field of pregnancy and childbirth can play an important role in educating normal birth, will provide a platform for health promotion measures, create environments that support and develop women's individual skills to promote normal birth. Women with childbirth fear more often choose a caesarean section (CS) (Nieminen et al., 2009). They are also at increased risk of medical interventions like elective

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CS (Salmela-Aro et al., 2012). High CS rates are of concern across industrialized countries due to higher physical and psychological morbidity (Rouheet et al., 2013).

Researchers have emphasized on necessity of strengthening public health training about complications of cesarean and social support for women to help them prepared for childbirth (Hannah, 2004).

Support process is subjected to continuous efforts to translated information related to justifying reasoning, justification and making good relationship with decision makers. Health practitioners should cooperate, listen to the mother, pay attention to her voice, and respect her, they must helping mothers to make wise decision about childbirth in order to provide safety (Hansen et al., 2008).

Physicians and midwives are the first lines that mothers refer for pregnancy and childbirth cares; in this regard, they have a high effect on decisions and cooperation of mothers in natural childbirth (O'Neill et al., 2013). It is essential to find barriers preventing healthcare employees to advocacy for normal birth (Lori et al., 2005). This Qualitative analysis of grounded theory identifies barriers to advocacy for normal birth, and factors affecting it, as well as the relationship between them.

## Methodology

18 Participants were selected among health personnel who had required awareness and experience about normal birth; obstetricians and midwives who work in private and governmental hospitals of universities in medical sciences in Tehran were interviewed to collect data. Also 4 Women were recruited by researchers in antenatal clinics, Health care centers and hospitals, obstetricians' clinics, and offices were selected as research environment based on the agreement between researcher and participants.

In this qualitative research, based on inclusion criteria three years' work experience, work place was delivery wards in private and governmental hospitals' of Tehran. Sampling continued until it reached to data saturation.

In present study, sample size was determined during process so that researcher finished the sampling of qualitative part after interviews and analysis of them when codes were not formation of new concept in analysis. saturation in data was created after performing 22 deep interviews.

To evaluate validity or accuracy of study, external check & peer debriefing was used. In this regard, the text of interview along with results obtained from coding and extracted categories was given to research team and one of experts in qualitative research to find understanding of researcher in order to attract complementary and critical opinions. Research review was also conducted and data were examined by guide professors, and advisors in order to make sure of consistency between categories and opinions of participants. Researchers kept all documents during research in order to validate study. Analysis of qualitative data were done using grounded theory approach from first interview, coding and interpreting data and constant comparing data based on Strauss and Corbin (Corbin & Strauss, 2008). All recorded interviews were implemented word-by-word and text files were prepared and transferred to MAXQDA10 Software. Coding was done by researchers (Nahid, 2014) main concepts and categories were formed. The coded data were used at this step to determine specifications, relation between categories and main subjects.

## Results

### *inefficiency in community education*

Includes two main categories as follows

#### **1- Inadequate quality of childbirth preparation classes**

Most participants mentioned that, the community education of normal birth advocacy and childbirth classes, are the basis for the participation and support of mothers to encourage normal delivery, they explained that these trainings are inadequate. A 28 years old woman who gave birth normally said in this regard: "The educators should inform young people or teenagers before marriage and community education on TV, billboard, mass media, give information about normal birth from the doctors must give at least five years earlier, I think this is poor in our country in maternity care. Mothers are very interested in education, and must guide by midwives. Let's have it soon in The hospital but it is late in the pregnancy I think "

A midwifery instructor with 20-year qualifying work in preparation classes described the poor quality of the classes as follows: "childbirth preparation classes give some strict information that they are not attractive and appropriate for our mothers to be, and I think

the information should be close to our culture. It does not have to be enough. we must research more and See how it is. Because there is no one who knows what it means, in the true sense of education, is it ?! "

## 2- Ineffective teaching of childbirth preparation

the effectiveness of the community education classes on natural childbirth support was broadly explained by the majority of the participants in our study. In this case, a midwife who works in a government department with 10 years of experience said: "The need is to expand classes time, Pregnancy is very interesting. For example, if you are going to marry, the premarital class will be forced to do it, but it is not forced for childbirth preparation classes . If the couples are forced to take part in classes and then the hospitals accept them for delivery would be better ,because they do not welcome the preparation the classes. It must to advertise through the media, until This class will be more effective. "

Also, a midwife with 27 years of experience has emphasized: "Now our classroom is not very relevant. I see the mothers take part the classes but they continues again to Caesarean section. Specialists with the first symptom get cesarean section. Some things interfere with the appearance that they make a few afford to normal delivery. I think that the training is not public and community based. It is for a small number of people . They are well-informed about the cesarean section!."

An expert midwifery instructor in childbirth Preparatory classes said: "I think our classes are not professional enough like the expert coach of childbirth classes. But if we love working on this classes, It's a good job. It belongs to us. we are just the person who provide information to the mothers. But unfortunately our classes is poor in this matter. "

An educator explained the problem of teaching to spouses; "Well, when I want to learn, I do not have a group tutoring session of mothers. I do not have any couple of them separated by private classes. It's not so easy to manage a class. To my mind, we explain the normal birth to couples, but our culture does not accept that. Although Our class is very friendly. It is not easy for men to ask their questions. In my opinion, the class itself is very important for the mother, if they come to, although the spouse are a great supporter. But the truth is, I see that he's so annoyed with his mobile phone, for example, he's ashamed of the heavy load of information. The truth may be, he is a worker. First, the class has come up with the issues that privacy is talking about. It's easy to get the right answers in every part of our society. It does not take time. It takes time to get involved in the community. They can be made to be comfortable with these issues. Well, for those who have higher education, they are better learning to spouses.

## Discussion

advocacy for improvement of health of mothers and infants in case of normal birth for midwives consists of notification, support and protect women, mediating role between them and obstetricians and their colleagues, midwife' sponsorship to help mothers and facilitate their wise choices. Midwives are responsible to respect for human dignity; they look after for women as humans with human rights, respect for them and making them feel important (Hadjigeorgiou & Coxon, 2014).

The findings of this study give some insight into the factors that shape midwives and obstetricians who are community responsive through advocacy with patients and communities.

Poor communication between the physician midwife and mother,Lack of emotional relationship with mother in preparation classes for childbirth and maternity cares, inattention to human dignity, making the women feels embarrassment not paying attention to privacy of woman, observing human principles, and inappropriate behavior with women who is giving birth can be named as barriers to advocacy for normal birth. It is recommended to do classes more related to sponsorship and communicational skills, strengthening and increasing community education , teaching behaviors and methods to support the couples in childbirth classes in order to use advocacy skills to promote normal birth.

Behroozi conducted a study in which, participants expressed more attention and concentration of physicians on practical skills to spend their time for mother (Roxana et al., 2011).

Participants in this research expressed that there is a luxury culture in which, people believe in physician not midwife, physician is more recognized by mother compared to midwife in private hospitals, physician-centered culture, tendency of people toward physician and acceptance of the word of physician about cesarean, while it is recommended to healthcare physicians creating security and trust in planning for mother's childbirth and making mother participate in wise decision-making about care of themselves (Hadjigeorgiou & Coxon, 2014). Physicians may make changes and advocate for individuals and they may work for changes at community and broad institutional levels. Hence, physicians advocate on micro and macro levels, based on their unique relationships (individual or collective) developed with patients over time

## Conclusion

Obstetricians and midwives are not interested and skillful enough to educating community about normal physiologic childbirth. Mothers' inadequate satisfaction with childbirth preparation Classes , The inadequate participation of spouses in classes , dissatisfaction with the training of childbirth classes by female trainer for men ,Lack of localization of educational materials for spouses in childbirth preparation Classes ,Lack of integrity and coherence of childbirth preparation classes at private and public health centers ,weakness of interested and motivated coaches in holding childbirth classes ,were explained in details by participants.it is necessary to improve childbirth classes close to culture of the community and train more skillful trainers from midwives and obstetricians focusing in childbirth preparing classes.

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