“Caring is Curing”: Views from Women in Improving Maternal Health Care in Aceh, Indonesia

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Abstract: In the current policies and provision of maternal health, a clear need has emerged on the importance to attach both women’s views and their involvement in maternity care. Increasingly, women seek knowledge, satisfaction and involvement about their received maternity care. In Aceh Province, Indonesia, maternal mortality still becomes concern in maternal health care. Therefore, the need to increase the women’s knowledge and their involvement in maternal health become the importance aspect in improving maternity care. The aim of this study was to examine the perception of women concerning their knowledge, satisfaction and involvement in improving maternal health care. Qualitative study design with phenomenology approach was utilized. Theoretical sampling strategy has been employed. Data collection involved in-depth interviews where sample size was determined by data saturation. Interviews were recorded, transcribed verbatim and thematically analyzed. Ethnic approval was gained and Interviews were conducted with 12 mothers. The current emerging themes emerged the importance of information during pregnancy and childbirth, relationship between women and midwives; support from the health professionals and involving women’s partner during pregnancy and childbirth. Understanding the need from women in maternity care can assist the midwives in supporting the women’s right in improving maternity care.

1 INTRODUCTION

The global policy and provision of maternal health has largely focus on the importance of attaching the women’s knowledge and their involvement in maternity care (Koblinsky, 2016; Paudel, et. al., 2015). The quality of maternity care is defined as the provision of maternal health services and appropriate treatment for the individuals and population based on professional knowledge and inherent with the reproductive rights (Gamedze-Mshayisa, et. al., 2018). Perceived quality is the central element in service utilization and users plays an important role in determining quality of care (Srivasta, et. al., 2015). The women’s access to maternity care influenced by their opinion and experiences with health systems (Larson, et. al., 2014). Accessing women’s perception provides the opportunity to hear their voice and more responsive to the people’s need and expectation; thus it enable the health system more effective (Gamedze-Mshayisa, et. al., 2018).

Currently, there is an increasing attention and recognition to have respectful maternity care based on the women’s personal, social and health needs (Koblinsky, 2016; Bohren, et. al., 2015). It is important to engage with the women’s experiences, since they are in the position to provide in-depth information, based on their experiences to maternity care. This study uses qualitative methodology in order to explore the women’s experiences related to their pregnancy and childbirth, inherent with the maternity care that they received. This enables to understand their views on what they perceived as quality of maternal health care.

The study aims to explore the perception of women concerning their knowledge, satisfaction and involvement in improving maternal health care; with the objectives to explore the views of women in improving maternity service and to examine factors which promote the quality of maternity service.
2 METHODS

This study used qualitative phenomenology design with semi-structured in-depth interviews. This method enabled to explore the women’s knowledge and their views regarding improving maternal health services; including their interaction with the health care providers which influenced their pregnancy and childbirth experiences.

2.1 Study Setting

Indonesia is one of the countries in South East Asia that has high maternal mortality rate (MMR) with 126 maternal deaths in 100,000 lives (WHO, 2015). The Aceh Province has relatively higher MMR than the average Indonesian MMR, with 134 maternal deaths in 100,000 lives and neonatal mortality rate 24 in 100 lives (Indonesian Ministry of Health (MoH), 2015). The study focused in Aceh Besar district (Kabupaten) where it has 23 sub-districts (Kecamatan) with one public hospital in the district’s capital city and each sub-district has public health center called Puskesmas. Puskesmas is part of the public health system in Indonesia which provides preventive, promotive and curative health care services to the community. In terms of maternal health services, each Puskesmas has maternal and neonatal unit that provide services to the community particularly the women and children.

2.2 Data Collection

All in-depth interviews took place in one of sub-districts in Aceh Besar. The participants were selected by the virtue of providing information and knowledge inherent with the study aims and objectives. The selection criteria for the participants includes: giving birth within the last 12 months, gave birth with the health professionals’ assistance (midwives), resides in the study setting, willingness to participate in the study and have the ability to provide the consent of the study. The snowball sampling was also conducted in order to obtain rich information from the participants.

Prior conducting the interview, all participants were asked to sign written informed consent which was reviewed verbally by the interviewer. In order to protect and minimise potential harm to the participants, pseudonyms were utilized and all the information regarding place, health facilities and other identified persons had been anonymously placed during the study analysis and reporting the study findings.

The interview guidelines were prepared and pilot tested with 3 participants whom have similar criteria in the neighboring sub-district; in order to adjust and clarify the questions’ flow. The interviews were conducted in Bahasa Indonesia and some of them were in local Acehnese language. The duration of the interviews lasted within 1 – 1.5 hours in the participants’ home. All the interviews were conducted by the first author and field notes were also taken during the interviews in order to record all the interviews’ comments and the situation in detail.

2.3 Data Analysis

All the interviews were audio recorded, transcribed verbatim and analyzed by the first author. The transcripts were analyzed using thematic analysis by identifying all sections which relevant to the research questions. The next step was to assign the content which frequently occurred, coded and then classified in the form of emerging themes. The study result were summarized and discussed by all the authors in order to reach the agreement. All the emerging themes and participants’ quotes were then translated into English.

3 FINDINGS

There were 12 postpartum mothers aged 20 – 40 years participated in this study. Most of them are multigravida mothers with the newborn as young as 5 days old. Most mothers have the senior high school education and stay at home mothers. Table 1 shows the characteristics of the participants whom involved in the study.

Table 1: The Characteristics of the Mothers Interviewed.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Categories</th>
<th>Frequency (N=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20 – 25 Years</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>26 – 30 Years</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>31 – 35 Years</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Above 35 Years</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>Primary School</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Senior Highs School</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Bachelor Degree</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>None Above</td>
<td>-</td>
</tr>
<tr>
<td>Occupation</td>
<td>Housewife</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Government Employee</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Self-Employee</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Farmer</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>1</td>
</tr>
</tbody>
</table>
There were four themes emerged from the study which explained the women’s views regarding improving maternal health care.

3.1 The Importance of Information during Pregnancy and Childbirth

This theme emphasized on the importance of information for the mothers during pregnancy and childbirth. The mothers considered the information as source of knowledge in order to prepare for the parenthood, kept informed about their pregnancy and childbearing progress also as a source of reassurance. Moreover, the information also enables the mothers to feel included in maternity services by enabling them to make choice for their maternity care.

3.1.1 Preparing for Parenthood

Although most participants were multigravida mothers, they still required information especially from the health professionals to assist them in carrying out their roles during the childbearing process. Moreover, some young mothers desperately need all the information during their pregnancy and childbirth.

As a new mother sometimes I get confused and don’t know what to do, especially I don’t have my family around...so the midwife is the only person I ask for help. (Andien, 23 years)

This is my second pregnancies...but still if they (midwives) delivered the information regarding my pregnancy and how to keep my first born healthy while I’m pregnant...it would be very helpful...it will relieve my stress little bit...because each pregnancy are different... (Dara, 26 years)

3.1.2 Informing the Progress of Pregnancy and Childbearing

Most mothers considered the maternity information from the health professionals as obtaining information about the progress of their pregnancy and childbirth. They required this information to ensure both the mothers and their babies in healthy condition.

It is better if they (the midwives) inform us about the process that we’re going through...from pregnancy to after birth. (Fatma, 34 years)

Everytime I go to my midwife (to get pregnancy check), she always ensure whether I had enough sleep, do I still feel the baby movement...eating healthy food...and she even made a phone call to make sure I am alright...it is nice and I get knowledge as well...also I feel comfortable by her care. (Geubrina, 32 years)

3.1.3 Source of Reassurance

During the interviews, most mothers discussed the information provided by the health staff as a source of reassurance. The average women living in rural area considered having less access to health education especially in maternity care. Therefore, during the maternal health services, most women rely the information from the health professionals and intend to be passive during the interaction with their midwives. The health information provided by the health staff would be the source of assurance even in the situation where they do not have any knowledge regarding their needs in maternity care.

Sometimes I don’t know what to ask...because, this is my first pregnancy, also I am too shy to ask since there are many people around (in puskesmas)...so if the midwife could just provide all the information, it is so much appreciated. (Inong, 20 years)

The midwife often asked...’do you have any questions?’ I don’t even know what to ask...I have no experience of being pregnant before... (Jelita, 22 years)

3.1.4 The Ability to make Informed Choice

The provision of knowledge and information regarding maternal health, should be aim to involve women in maternity services that they received. Most participants in the study considered the health
information delivered from the health professionals, should be followed by providing the chance to choose their maternity care. The mothers’ involvement regarding their care during pregnancy and childbirth would increase their comfort in obtaining the health services.

Usually the midwife who educate us (the mothers)…will give us the chance to choose about the treatment that we will have…it made me feel involved and cared for...

(Buleuen, 37 years)

When she (the midwife) asked me whether I would like to deliver in her clinic or Puskesmas, I felt that she has fewer egos and she understand me very well. (Hasnah, 29 years)

3.2 Relationship between Women and Health Care Providers

All the mothers participated in the study addressed the importance of having good relationship with the health care providers in terms of improving maternity services. The harmonious relationship between the women and their midwives is the key of having successful maternity care provision. Most mothers considered good relationship with their health professionals as being listened and respected during the care of pregnancy and childbirth.

3.2.1 Being Listened

The idea of being listened is having balanced relationship by the ability to listen others perspectives. In terms of maternity care the mothers considered their needs of being listened about their concerns and circumstances related to their pregnancy and childbirth. It enabled the health professionals providing the right maternal health services to the women and their newborns.

I prefer the midwife who is willing to hear my concern, it shows that she care and most probably she will provide the care that I need. (Dara, 26 years)

It would be nice to have the midwife who is friendly and care about us (mothers), because then we will not be reluctant to come to her and seek the treatment from her. (Ella, 32 years).

3.2.2 Being Respected

Being respected is considered of having the chance to provide and received the care in respectful manner. Most mothers discussed having the feeling of being cured by only obtaining care in respectful way and considered their rights in maternity care.

I like her (the midwife) because she doesn’t make decision for my treatment by herself, she always ask my opinion…I like the way she makes me feel included during the treatment. (Leli, 32 years)

I feel like being cured already when she cares about me…all my pain and worries are gone and I have the strength during the childbirth. (Keumala, 28 years)

3.3 Support from the Health Professionals

Having support from the health professionals is the important aspects required from the mothers in maternal health care. They considered seeking maternity care to a supporting health professional in order to have successful childbirth and childbearing process also to be involved in decision making.

3.3.1 Successful Childbirth

The health professionals should considered having both clinical and interpersonal skills in order to deliver successful childbirth. Providing support to the mothers is the key to obtain their trust and optimising the care to the women.

Off course I will look for the experienced midwife…usually she has the skill and good knowledge...because I want to have a comfortable...and safe childbirth and healthy baby. (Cahaya, 25 years)

When you feel supported especially by the midwife…at least you will feel at ease…and this really helps during childbirth. (Ella, 32 years).

3.3.2 Support during the Childbearing

Most postpartum mothers considered having less attention compared to the stage of their pregnancy and during childbirth. Support from the health
professionals during the childbearing process also important in having good quality of maternity care.

It is better to have the midwife and other health staff from puskesmas to come visiting...sometimes we as mother couldn’t go to Puskesmas very often since we have the baby... (Andien, 23 years)

It seems that since we have already gave birth, they (midwife) considered we are doing OK...in fact there are many things happen after the childbirth...especially I am a new mothers...I still confuse...the midwife’s support is really needed... (Jeulita, 22 years)

3.4 Involving Women’s Partner during Pregnancy and Childbirth

The role of male partner is considered important within the woman’s life, especially during pregnancy and childbirth. Most mothers generally gained support from their families during pregnancy and childbirth. However, the support mainly still derives from their mothers and female relatives. The women considered their husbands should be involved more than just physical support but also social and emotional support.

My husband is very helpful so far...but I wish he could be involved more than just take me to the midwife (for pregnancy check)...I have asked him to be present as well every time I meet with the midwife, but he said it is the “woman” business... (Cahaya, 25 years)

Usually when we are pregnant it is the mother or sister we ask for assistance (support)...because you know (uhmm)...being pregnant or gave birth is related to women...they (husbands) don’t have experiences on those things...but I mean...men could also assist women in other things right...for example taking care of our other kids while I’m pregnant or at least emotional support... (Buleuen, 37 years)

4 DISCUSSION

The research findings displayed as core category of “Caring is curing” emphasizes on the importance of feeling cared for and supported from the women as a central focus on the provision of maternity care. Despite receiving comprehensive care, the women highlighted the need for more information in order to support their knowledge in addition for their wellbeing during pregnancy and childbirth. It is conceivable that providing the information within the maternal health services is already considered as treatment in maternity care. Maternal health information and education enable the women having the capability to make decision and assured about their pregnancy and childbirth (Hou & Ma, 2013).

Furthermore, the women’s relationship with the midwives as their maternal health care provider also contributed to the effective provision of maternal health care. Most women considered their midwives’ preferences not only based on the professional but also personal relationship. This situation required more responsibility from the health care provider in order to have good personal skills in terms of delivering maternity care. A respectable relationship between the health care provider and the women is considered has the ‘healing’ effect to the women and facilitates the adequate maternal health service. Adapting good personal skill to professional skills in delivering maternity services enabling the health care providers to provide sufficient maternal health care (Bradfield, et. al., 2018).

The study also underlined the importance of involving partners by highlighting their role during pregnancy and childbirth. The evidences show that male involvement in maternity care reduce maternal anxiety (Kaye et. al., 2014; Ghosh et.al., 2010) and increase the women’s uptake to maternity care (Mirkovich et. al., 2017; Kaye et. al., 2014). Despite male involvement as a source of financial support and facilitating to the health facilities; the women emphasised the role of their male partners to be involved in emotional support. The need to be motivational supported also considered in order to empower the women in receiving adequate maternal health care.

5 CONCLUSIONS

The study findings provide useful explanation and in-depth information on the provision of maternity care based on the caring process. This knowledge will provide potential intervention related to improving the quality of maternal health care. For most women interviewed in this study their understanding of adequate maternity care is influenced by their feeling of being cared for also
treated with respect. Efforts to implement intervention targeted to women’s care should be focus on the women’s need and their wider context of social and psychological aspects. Therefore, this study serves an illustration of the women’s live experiences in terms of their interaction with health care providers and health facilities, as well as their surrounding activities and companions regarding the maternity care. This knowledge will add to the intervention to improve the quality of maternal health services.

ETHICS APPROVAL

This study holds ethical approval from Ethics Committee of Faculty of Nursing, Syiah Kuala University in Banda Aceh, Indonesia.

DISCLOSURE

The authors state that they have no competing interests.

AUTHORS’ CONTRIBUTIONS

SS$^1$ and SS$^2$ involved in conceptualising and designing the study. SS$^1$ conducted the interviews performing data analysis and prepared for the article’s first draft. All authors commented on the first draft and contributed to the revisions of the manuscript. All authors read and approved the final manuscript.

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REFERENCES


