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Perceived effects of midwives attitude towards women in labour in Bayelsa State, Nigeria

**¹Onasoga, Olayinka A.,¹Opiah, Margaret Mombel, ¹Osaji Teresa Achi and ²Iwolisi Azibaben

¹Department of Maternal and Child Health Nursing, Faculty of Nursing, Niger Delta University, Wilberforce Island, Bayelsa State, Nigeria ²Faculty of Nursing, Niger Delta University, Wilberforce Island, Bayelsa State, Nigeria

ABSTRACT

The attitudes of midwives towards women in labour certainly counts for their decision about where to give birth the next time they are pregnant. When the attitudes exhibit by midwives to mothers in labour are good, mothers tend to generalize a likeness to every midwife viewing the midwives as having the same character. On the other hand, when midwives exhibit a bad attitude to women in labour, it will be counted on the midwives as being wicked and unfriendly. As such negative attitude will bring negative outcome of the birth process such as prolonged labour, severe haemorrhage, severe labour pain, still birth e.tc. Hence, this research was conducted to determine the perceived effects of midwives attitude towards women in labour in Bayelsa State, Nigeria. A descriptive survey design was used, a sample of 80 respondents were selected using a simple random sampling technique. Questionnaire was used to obtain information from literate respondents; oral interview was used for the illiterate respondents using the same questions. The data collected was analyzed using descriptive statistics in form of tables and charts. The results of the study revealed that midwives exhibit both positive and negative attitude but the negative attitude (55%) outweighs the positive attitude (45%). These attitudes have effects on the woman in labour and it is a major factor influencing the women's choice and decision about where to give birth. Hence, there is need for midwives to improve in their attitude towards women in labour in order to render quality care to the women and this will enable them to patronize the health care facilities in order to reduce maternal and perinatal mortality and morbidity rate.

It was recommended that midwives need to be train and retrain on inter-personal skill in order to have positive and sensitive attitude towards their clients during labour.

Key Words: Attitude, Effect, Labour, Midwives, Perception, Women.

INTRODUCTION

Statistics worldwide shows that 130 million women give birth in the hospitals attended by trained midwives each year. In developing countries only about 57% of women give birth with a skilled attendant (midwife) present (Valeri, 2007). In Europe 75% of births are attended to by midwives (Janssen, 2007). In Nigeria with a population of 140 million people with women of child bearing age constituting about 31 million, only about 40% of the deliveries are attended to by trained midwives (Midwives Serves Scheme, 2009).



The birth environment has a profound effects on how labour progresses and on how women remember their birth experience (Lamaze, 2007). The place of birth should provide a distraction-free, comfortable, supportive and reassuring environment for mothers and their families. Women need to remain confident, have freedom to respond to their contractions in any way that works for them and have continuous emotional, psychological, and physical support throughout labour (Lothian, 2002). Childbirth, a profound experience which carries a significant meaning to the woman, her family and her community requires midwives caring attitude during labour (Waldenstrom et al, 1996). Childbirth is said to be a universally celebrated event, an occasion for dancing, fireworks, flowers or gifts. Yet for many women in labour each day in sub-Sahara Africa particularly in Nigeria childbirth is experienced not as a joyful event but as sad experience due to midwives attitude towards the labouring mother.

An attitude is a relatively enduring predisposition to respond in a reasonably consistent manner toward a person, object, situation or an idea. Evaluations of the attitude are expressed by terms such as liking-disliking, pro-anti, favouring-not favouring, and positive-negative. Therefore, midwives need to respond to the woman in labor in a reasonably caring manner (attitude) for psychological wellbeing (Kozier and Erbs, 2008). Lucia (2005), states that a lot of mothers have expressed both satisfaction and dissatisfaction on the attitude of midwives during labour. Some women choose not to give birth in a hospital because of fear of being treated badly by midwives. Some of the experiences the women shared were positive, others described serious abuse and neglect by midwives, they were rude, refused to offer assistance, and in some cases threatened women in labour. This attitude was a major influence on women's decisions about where to give birth.

Natukunda (2007) stated that women in labour complained of unfriendliness, rudeness, aggressiveness and abusive attitudes of midwives as a factor influencing their choice of delivery at the hospital. Women expected kind, courteous and professional treatment from midwives. Because of these negative attitudes of midwives, women may seek care in the hands of unqualified personnel resulting to complications like severe haemorrhage, fresh still birth, neonatal and maternal morbidity and mortality. Many of these complications can be prevented by midwives positive attitude towards mothers in labour as well as access to good reproductive health services during pregnancy where midwives are considered to be caring during pregnancy and labour. When the attitudes exhibit by midwives to mothers in labour are good, mothers tend to generalize a likeness to every midwife viewing the midwives as having the same character. On the other hand, when midwives exhibit a bad attitude to women in labour, it will be counted on the midwives as being wicked and unfriendly. As such negative attitude will bring negative outcome of the birth process such as prolonged labour and complications such as severe haemorrhage, severe labour pain and still birth. While positive attitude of midwives towards mothers in labour and complications such as severe haemorrhage, severe labour pain and still birth.

Lucia (2005) stated that midwives negative attitudes to women in labour influence their decisions about where to give birth. Some women choose not to give birth in a hospital because of fear of being treated badly by midwives. Pregnant women who were treated badly during labour looked elsewhere the next time they were pregnant and would not recommend these health facilities to other women. Negative attitudes by midwives to women in labour will elicit negative outcome in the birth process. On the other hand, positive behaviours of midwives to women in labour will bring about positive outcome in the labour process and make women take full control of the birth process.

Due to the increasing maternal death rate in Nigeria and the patronage of women to other places instead of the hospital during delivery and the complications brought to the hospitals from these places prompted the researchers to carry out this research study. Therefore, it is significant to determine the perceived effects of midwives attitude towards women in labour in Bayelsa State, Nigeria

The specific objectives of this study include-:

- To determine midwives attitude towards mothers in labour.
- To determine the effects of midwives attitude towards mothers in labour.

MATERIALS AND METHODS

This is a descriptive survey design conducted in a Teaching Hospital in Bayelsa State. The target populations were women who have had their babies delivered in the hospital. A simple random sampling technique was used to select 80 women who have had their babies delivered in the hospital from the antenatal clinic and the post natal units in the teaching hospital selected. A self developed questionnaire was used to obtain data from literate respondents; oral

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interview was used for the illiterate respondents using the same questions. The data collected were analyzed using tables, simple percentage (%) and bar charts. Confidentiality, anonymity and respect of the respondents were maintained to protect their rights during the course of the research

RESULTS

variables	frequency	percentages
Age (in years)		
15-24	20	25.0
25-34	30	37.5
35-44	17	21.3
45 and above	13	16.2
Occupation		
Civil savant	15	18.8
Trading	25	31.2
Farming	35	43.7
Others	5	6.3
Marital Status		
Married	70	87.5
Single	10	12.5
Educational Qualification		
Primary	20	25.0
Secondary	25	31.2
Degree	20	25.0
Diploma	15	18.8

Table 1 above showed that 37.5% of the respondents were between the ages of 25-35 years, 25% are between the ages of 15-24 years, 21.3% are between the ages of 35-45 years and 16.2% were between the ages of 45 years and above. Most 43.7% of the respondents were farmer, 31.2% were traders, 18.8% were civil servants, while 6.3% engaged in other activities. 87.5% of the respondents were married and 12.5% were single. Majority 31.2% of the respondents had secondary educational qualification, 25% had primary, another 25% had degree, while the remaining 18.8% had diploma.

Questions	Responses	frequency	percentages
How ware you accelered when you ware in Labour?	Warmly	62	77.5
How were you received when you were in Labour?		18	22.5
Were you given any information about your Labour on admission to reinforce your previous knowledge?	Yes	55	68.75
	No	25	31.25
Did the midwife review your birth plan with you?	Yes	65	81.25
	No	15	18.75
Was the midwife with you throughout your Labour?	Yes	32	40
	No	48	60
What is your impression of midwives attitude?	Very Good	6	7.5
	Good	14	17.5
	Fair	16	20
	Poor	24	30
	Very Poor	20	25
How can you describe the attitude of the midwife that attended to you?	caring	36	45
	uncaring	44	55
Total		80	100

TABLE 2: MOTHERS RESPONESES ON MIDWIVES ATTITUDE (n=80)

Table 2 reveals that 77.5% respondents were warmly received by midwives during labor while 22.5% said they were neglected. Majority 68.75% of respondents said they were given information about their Labour on admission while 31.25% said they were not given information at all. Majority of the women 81.25% said the midwives reviewed their birth plan with them while 18.75% said their birth plan has not been reviewed by any midwife when they were in Labour. It is also highlighted in the table that 40% of the respondents said that the midwives was with them all through the Labour process while 60% said the midwives only came occasionally to check on them prior to second stage of Labour. Also rating the impression the mothers had on midwives attitude 7.5% of the women said that the midwives attitude was very good, 17.5% said their attitude was good, 20% said their attitude was fair, 30%

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said their attitude was poor and 25% said the midwives attitude was very poor. To describe the attitude of the midwives that attended to the women in Labour 45% of the respondents said the midwives were caring and 55% of the respondents expressed uncaring attitudes of the midwives.

Questions	Responses	frequency	percentages
How many children do you have?	1-2	22	27.5
	3-4	30	37.5
	5-6	21	26.25
	7 and above	7	8.75
Were they delivered in the same hospital?	Yes	28	35
	No	52	65
Give reasons for your answer to above question	midwives attitudes was encouraging	28	36
Give reasons for your answer to above question	A midwives attitude was not encouraging.	52	65
What effect does the midwives attitude have on you during Labor?	Positive Negative	36	45
		44	55
		80	100

Table 3 revealed that 27.5% of the women have 1-2 children, 37.5% have 3-4 children, 26.25% have 5-6 children, and 8.75% of respondents have 7 children and above. 35% of the respondents said they delivered their babies in the hospital while 65% of the women did not deliver their babies in the hospital. 35% of the women said that midwives attitudes were not encouraging while 65% said that midwives are friendly and have a caring attitude during labour. The table also shows that 43.75% of women delivered their babies in the hospital, 15% delivered at home, 27.5% delivered their babies with the traditional birth attendants, 7.5% delivered their babies under the care of the spiritualist and 6.25% delivered their babies in other places. With regards to the effect of the midwives' attitude on the women during labour, 45% of the women expressed a positive effect while 55% of the women expressed a negative effect.

DISCUSSION

The analysis on the research study shows that majority of the respondents were given information about the labor on admission and were warmly received by midwives during their labor. Although 60% of the respondents said that the midwives was not with them all through the labour. Majority 55% of the respondents rated the attitude of the midwives as being poor, 20% rated it as being fair, only a very small percentage of women 25% rated their attitude as being good. To describe the attitude of the midwives that attended to them in Labour, majority of the respondents said that the midwives expressed uncaring attitudes towards them and the uncaring attitude prompt them to have the other babies delivered outside the hospital. Lucia (2005) study on women in labour in Ghana stated that mothers mentioned that midwives shouted at their client, were rude, refused to offer assistance and in some cases threatened woman in labour. According to Wilkins (2002), cordial relationship between the midwife and the woman during labour is very important and will enhance positive outcome.

The finding also revealed that midwives has both negative and positive attitude towards women in labour but the negative attitude (55%) outweighs the positive attitude (45%). The midwives attitude also has both negative and positive effect on the women in labour. According to Natunkunda (2007), the positive attitude of a midwife is essential in the delivery of a healthy mother and a live baby. 65% of the respondents said their babies were not delivered in the same hospital because of the unfriendly, abusive and insulting attitudes by midwives. The previous experience they had with midwives never gave them the courage to have their babies delivered in the hospital again. As such, most of the women choose to deliver their babies at home, traditional birth attendant, spiritualist and other places. The findings is in line with the study of Lucia (2005), that women expected a kind, courteous, and professional treatment from midwives and when women were treated badly during labour they looked elsewhere the next time they were pregnant and would never recommend those health facilities to other women.

CONCLUSION

This study revealed that midwives' attitude elicit both positive and negative effect on women in labour, but the negative attitude outweighs the positive which is a major factor influencing the women's choice and decision about where to give birth, as such the women who were badly treated will never come to the health care facilities to have

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their babies. This has resulted in a lot of women going to seek care in the hands of unskilled, untrained and unqualified personnel resulting to increase in obstetric complications which has been implicated in maternal and perinatal morbidity and mortality.

Recommendation

Based on the research findings the following recommendations were made:

• Midwives need to be train on inter-personal skill in order to have positive and sensitive attitude towards their clients during labour which will in turn influence their usability of the hospital facilities during labour.

• Midwives should be properly supervised by trained managers who will ensure quality care and positive attitude towards women in labour..

REFERENCES

[1] Janssen, P.A. (2007) A Guide to a Health Birth, United State of America, birth 34 (2), 140-147.

[2] Kozier, W. and Erb's (2008) Fundamental of Nursing: Eight edition New York, Person International Edition.

[3] Lamaze, I. (2007) Journal of Prenatal Education. 2007; 16 (3).11-15.

[4] Lothian, J.A (2002) Journal of Prenatal Education. 2002; 11 (3) :viii – xi.

[5] Lucia, D' Ambruoso (2005) Midwives Attitudes to Women in Labour in Ghana Acra, Mikono Publisher .

[6] Midwives Serves Scheme, (2009) Accelerating Reduction in Maternal, Newborn and Child Morbidity and Mortality through improved access to skills attendant at birth, Nigeria, Federal Ministry of Health and National Primary Health Care Development Agency (NPHCDA).

[7] Natukunda, C. (2007) Midwifery Behaviour and Practice, Acra, Mikono Publisher.

[8] Sandall, J. (2005) British Journal of Midwifery, Vol. 59 106-111.

[9] Valerie, M.N. (2005). West African Journal of Nursing, Vol.16, 65-66.

[10] Waldenstrom, (1996) Child Experience: a study of 295 new mothers. Birth 1996; 23 (3): 144-153.

[11] Wilkins, P. (**2000**) Relationship: the Paucity of Professional Paradigm, 3rd edition, London, Macmillan publisher.