

Women's Experience with Socio-Economic Factors Associated with Perinatal Morbidity and Mortality in Lusaka and Mumbwa Districts of Zambia

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Abstract:

Background: Globally, pregnancy and childbirth are the leading causes of death among women in the reproductive age. More than half a million women and four million infants are reported to die every year due to complications related to pregnancy and child bearing. The efforts to improve quality maternity care have been on the World Health Organization member countries' agenda. There are several socioeconomic factors that influence women's experience of the quality maternity care services they receive. Among them include economic stability, support from spouses, extended family and the community, attitude of health personnel and traditional practice. There have been collective efforts to improve access and use of maternal health care services. However, the reduction of maternal and neonatal mortality has remained a public health challenge in developing countries, mostly in sub-Saharan Africa. Zambia has been striving to reduce maternal mortality by ensuring universal access to maternal and child health care services. Our study aimed to explore women's experience with socio-economic factors associated with perinatal morbidity and mortality in Lusaka and Mumbwa districts, Zambia.

Methodology: This hermeneutic phenomenological study was conducted at four health facilities in Mumbwa and Lusaka Districts of Zambia. A purposeful sample of 45 consenting women organized in four groups was selected. Each group comprised of 11 to 12 women. The focus group discussion guide was used to direct the discussion and the Olympus Digital Voice Recorder WS-852 (Olympus Corporation, Shinjuku, and Tokyo, Japan) was used to record the discussions. The audio data was manually transcribed and verbatim transcript analyzed using ATLAS.ti 8.0 qualitative data software (ATLAS.ti Scientific Software Development GmbH, Berlin, and Germany) to ascertain patterns of relationships between themes and quotations. This study was approved by the University of Zambia Biomedical Research Ethics Committee on reference number 003-06-16. Permission to conduct the study was sought from the Lusaka Provincial and District Health Offices and Central Province Medical Office, and Mumbwa District Medical Office.

Results: Women's experiences with socio-economic factors

Monetary Roles in Pregnancy and Child Rearing: "money is very important because when you are pregnant you can buy baby clothes and requirements, when you deliver you can buy things for yourself and some food to eat. "And sometimes a midwife may tell you that you are required to buy some things like blood".

Society and Mothers Roles in Pregnancy and Child Rearing: "Elderly women in society, mothers, aunts, husbands and grandmothers apart from helping us perinatal woman bath ourselves and the baby, they simplify pregnancy, delivery and child rearing by getting traditional

herbs to enable us to deliver quickly which they put in porridge or cold water or wrap around our pregnancy".

What Do You Do to Facilitate Child Bearing: "we go to the clinic when pregnant so that we can be examined and given advice and medicine for prevention of complications.

What Is Done by Those with Much Money Which Is Not Done by People with Less Money? "People who have money have easy access to better services and ability to deliver from private hospitals". "If you go to public hospitals you will find harsh nurses who will just be shouting at you even when you are in great pain, you will be scared to say it because you are scared of being shouted at". "Yes there is a lot of segregation and shouting at the hospital, nurses here can shout very much and we are evens scared to ask where the toilet is".

How Do You Look after Newly Born Babies? "If the baby is sick and the hospital fails to help I go to the church and when they conduct prayers for the baby it will recover because the baby is innocent and righteous". "There are some charms that are put in the bathing water for the baby so that it can grow health with power with a big body".

Is There Anything Else Which Contribute to Illness or Death of Women and Neonates in the Period Just before and after Delivery of a Child? "For me what I can contribute is that the biggest causes of death are the nurses. Like what happened during my delivery I went to tell them when I was about to deliver that they check on me because I felt that the baby was now coming but instead they shouted at me and dropped me out of the delivery bed and said that the birth canal had not yet opened. I obeyed and Later went outside where my mother was and the moment I got to where my mother was, the baby came out and was born from outside. If I had died or the baby they would have been the causes of the mortality". "in my experience as a woman, we run away when they want to test us at the clinic, even after delivery we always want to argue when we are given some advice or even when we are told we are positive we will continue doing things our own way till the child gets the virus"

Discussion: Having money, supportive family and all the necessary resources during pregnancy simplifies the burden of pregnancy, delivery and child rearing for the health care providers, mothers and society. Women are still ignorant and believe in myths and need information on the dangers of depending on herbs and God in preparation for labor and care of the new born, but also seek help from qualified medical personnel when labor starts. Nurse's and health care worker's attitudes need to change to ensure a reduction in women and newborn mortalities.

Recommendations: There's a need for training of Nurses and other health care workers on self-awareness of attitudes. Women should be empowered with resources that facilitate labor and delivery. Midwives and health care providers should take responsibility for evaluating and correcting the beliefs and traditional practices of the community. Training should be planned for raising awareness in order to support beneficial practices and prevent harmful ones.

Keywords

Maternity Care, Antenatal Care, Postnatal Care, Women's Health, Quality of Care, Midwifery