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Cultural Childbirth Practices, Beliefs & Traditions in Liberia

Jody R. Lori PhD, CNM, FACNM

Purpose of Study

To understand the socio-political and cultural context of childbirth in Liberia including practices, beliefs and traditions that influence maternal health, illness and death.

Research Questions

- **How do Liberian women, family members and community members understand and describe maternal illness and death?**

- **What are the political, social and cultural factors that influence the ways women seek care during pregnancy and childbirth?**

Maternal Mortality Worldwide

- **1,400 women die every day from complications related to childbirth (500,000/year)**

- **UN Millennium Development Goals (MDG) targeted a 75% reduction in maternal mortality by 2015**

- **MDG #5 has made the least progress to date (Rosenfield, Maine & Freeman, 2006)**

- **32% of births in sub-Saharan Africa are attended by a skilled attendant (Krug, Prescott & Galea, 2008)**

Background

- **Little or no progress has been made to improve maternal mortality figures in sub-Saharan Africa in the past 20 years (Lawn et al., 2006)**

- **Maternal mortality in sub-Saharan Africa is nearly 50 times higher than in industrialized countries (Ronsmans & Graham, 2006)**

- **Maternal mortality is 1 in 15 for a woman in Africa compared to 1 in 3750 for a woman living in North America (Abdoulaye, 2006)**

The Lancet

Maternal mortality for 181 countries, 1980–2008:
a systematic analysis of progress towards Millennium
Development Goal 5

Margaret C Hogan, Kyle J Foreman, Mohsen Naghavi, Stephanie Y Ahn, Mengru Wang, Susanna M Makela, Alan D Lopez, Rafael Lozano, Christopher J L Murray

- **New modeling**

- **Estimated maternal deaths had decreased from 526,000 in 1980 to ~343,000 in 2008**

- **Substantial albeit varied progress is being made toward MDG 5**

Trends in Maternal Mortality

- **Only 10 out of 87 countries with MMR over 100 in 1990 are on track to reach MDG5**

- **30 countries made insufficient or no progress since 1990**

- **99% of all maternal deaths in 2008 occurred in developing regions, with sub-Saharan Africa and South Asia accounting for 57% and 30% of all deaths respectively.**

Please see original image of the cover of "Trends in Maternal Mortality: 1990 to 2008" at http://www.who.int/ reproductivehealth/publications/monitoring/9789241500265/en/ index.html

Maternal Mortality (2008)

Low (< 100)　　Moderate (100 - 299)　　High (300 - 549)　　Very High (>= 550)　　No data
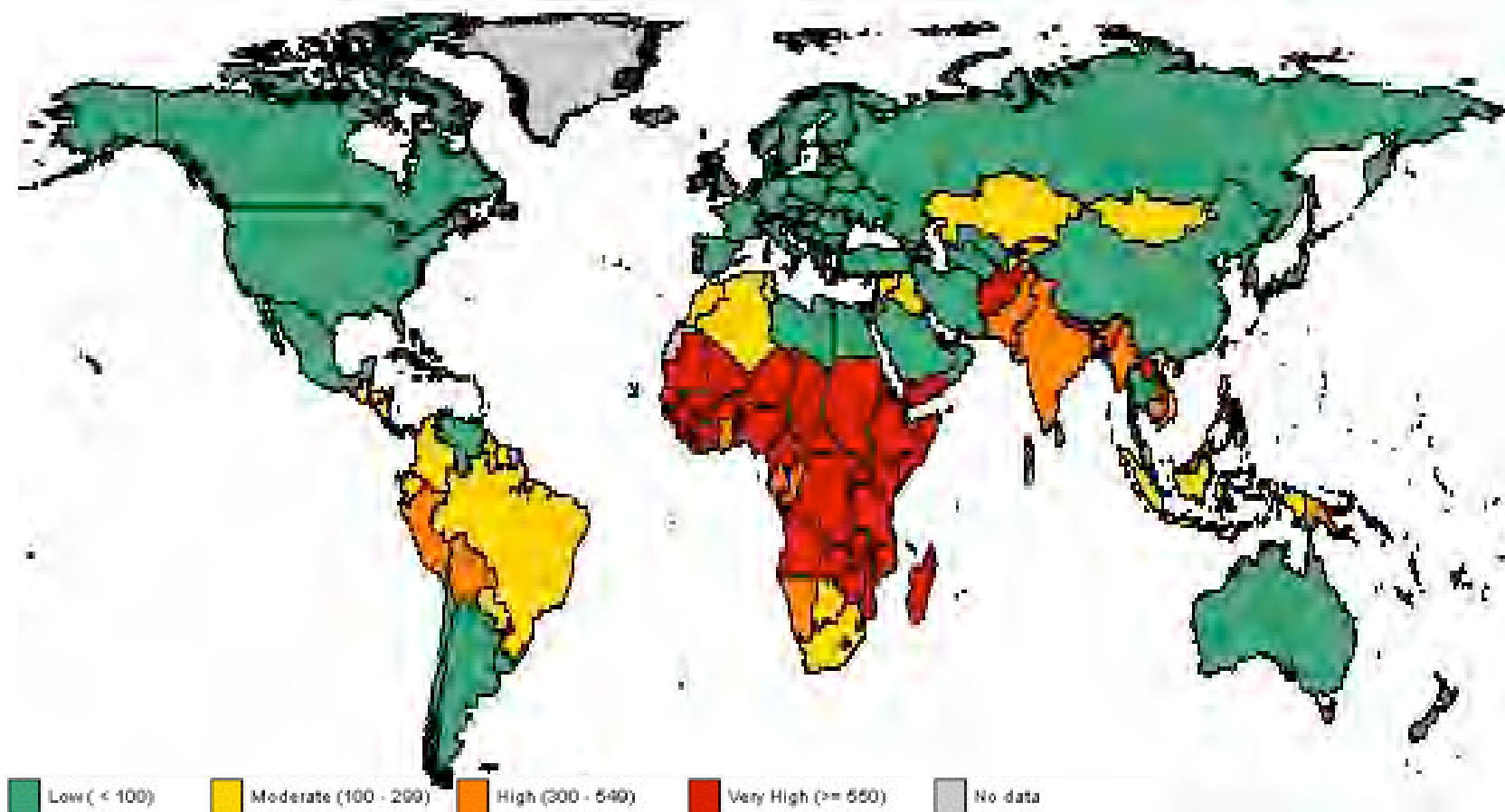
Liberia

Juan Freire, "Liberia_Comunidad pescadores"

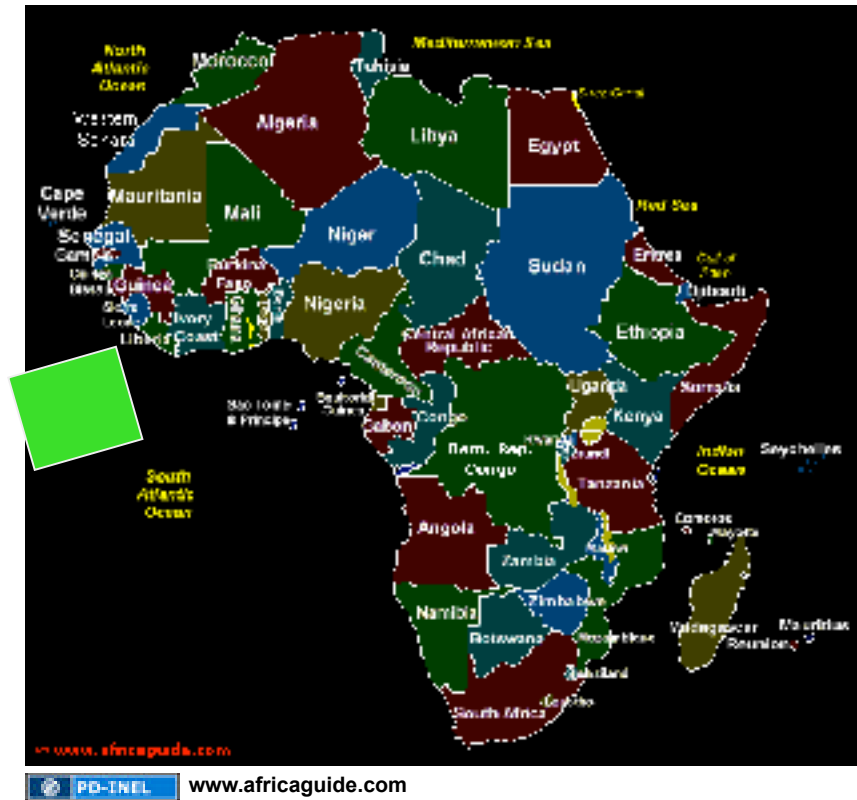- **Post-conflict (2004)**
- **85% unemployment**
- **80% population lives on less $1USD/day**
- **One of the fastest growing populations in sub-Saharan Africa**
- **Lack of professional health care providers**

www.africaguide.com

Highlights from the Literature
Childbirth Beliefs & Traditions

- **Women have less personal autonomy, less freedom & less access to information than men (Filippi et al., 2006)**

- **How delivery site was determined. Pregnancy viewed as normal; not requiring medical care (Amooti-Kaguna & Nuwaha, 2000)**

- **Women lack of responsibility for decision-making – often relegated to older women (Jensen, 2005)**

- **Vulnerability during pregnancy from spirits or witchcraft (Adams et al., 2005; Chapman, 2006; Okafor, 2000)**

Theoretical Framework

Global Feminist Theory

Vulnerability

Human Rights

Gender-based Violence

War Trauma

Global Feminist Theory

- **Woman centered**

- **Supports human rights**

- **Promotes a reciprocal relationship between the researcher & participants**

- **Asks how women experience oppression**

Research Design

- **Method**
  - **Critical Ethnography**
    - **Unfairness & Injustice**
    - **Voice of participants**

- **Setting**
  - **Rural Bong County**
  - **16 rural health clinics & 1 referral hospital**
  - **Total population ~ 600,000**

- **Sampling Plan**
  - **Purposive sampling- based on participant's experiences**
  - **Chain referral- relied on participant referral**

Data Collection

- **Demographic questionnaire**
- **In-depth semi-structured interviews**
- **Participant observation**
- **Field notes**
  - **Personal, Methodological, Observational & Theoretical**
- **Documents/Artifacts**

Data Analysis

- **Iterative process**

- **Mentorship of Chair**

- **Inductive process**

- **The Ethnograph©**
  - **Codewords**
  - **Codebook**
  - **Conceptual Categories**
  - **Major Themes**
  - **Overarching Theme**

Data Analysis
Establishing Trustworthiness

- **Credibility – prolonged engagement, peer debriefing with translator/cultural broker & Dissertation Advisor, member checking with participants, multiple data collection modes**

- **Dependability – reflexivity, audit trail, meticulous notes, expert peer review from Dissertation Advisor**

- **Confirmability – journaling, field notes, interview notes and recorded data**

- **Transferability – enhanced by thick descriptions, left in the hands of the consumers of this study**

Inclusion Criteria

- **Sample: postpartum women, family members & community members**

  - **Any postpartum woman who suffered a severe childbirth complication**
  - **Adult men and women who were relatives of a woman who died during pregnancy or shortly after childbirth or experienced a severe complication**
  - **Community members and health care providers with knowledge of the contextual factors in the area of interest**
  - **Over age 18 years**
  - **Willing & able to share her experiences**
  - **Speaks English or Kpelle**

Definition of Complications

- **Complications:**
  - **Hemorrhage leading to shock, emergency hysterectomy and/or recommended blood transfusion**

  - **Hypertensive disease of pregnancy including eclampsia and severe pre-eclampsia**

  - **Dystocia resulting in uterine rupture**

  - **Infections with fever or a clear source of infection and clinical signs of shock**

  - **Severe anemia with hemoglobin levels $\leq$ 6g/dl**

Study Context & Participants

- **54 participants**

- **10 postpartum women with a severe maternal morbidity**

- **44 family & community members of women suffering a severe morbidity or maternal mortality (8 cases of maternal mortality)**

Participant Demographics

Demographics Postpartum Women (n=10)	Mean	Range
Age	21.33	18-26
Education (years completed)	3	0-8
Size of household	8.7	3-20
Gravidity (number of pregnancies)	2.9	1-10
Number of living children	1.8	0-8

Demographics Family & Community Members (n=44)	Mean	Range
Age	45.3	18-70
Education (years completed)	7.5	0-20
Size of household	8.6	1-30

Study Findings

Behind The House

Secrecy Surrounding Pregnancy & Childbirth

Patterns of Communication
Female Traditions
Supernatural Forces

Power & Authority

Decision-making Authority
External Influence
Victimization in Childbirth

Distrust of Healthcare System

Acceptance of Traditional Healers/Medicine
Barriers to Accessing Biomedical Care
Trust in Community

Lori, JR & Boyle, JS. Maternal Health, Illness and Death in Post-Conflict Liberia. Health Care for Women International 32(6): 454-473.

Secrecy Surrounding Childbirth & Pregnancy

- **Female Traditions**

    Bush schools or secret societies

    Female-genital mutilation/ritual cuttings

- **Patterns of Communication**

    "…it is taboo for women to come out and talk about pregnancy and delivery and menstruation…"

    Lack of awareness & understanding

- **Supernatural Forces**

    Belief in witchcraft & magical powers

    Planned destiny "Only God solves the problems."

Power & Authority

- **Decision-Making Authority**

Need to obtain permission from a male family member to seek care

Deference to elders for decision-making "small child"

- **External Influence**

  Women are taught to be obedient and submissive to their husbands
  Community norms

- **Victimization in Childbirth**

  Ill treatment received in pregnancy & during childbirth
  Influenced by low levels of education, poverty, gender & social class

Distrust of the Health Care System

- **Acceptance of Traditional Healers/Medicine**

Confidence & trust in indigenous practitioners

Unfamiliar with the hospital environment

- **Barriers to Accessing Biomedical Care**

  Structural – remoteness, money, transportation

  Cognitive – fear, misunderstanding of the hospital

- **Trust in the Community**

  Comfort in known & familiar surroundings

  Trust in traditional practices "The people that live here, they [are trusted] more than the [clinic] nurses…. Mainly they trust the people they live with."

Overarching Theme

"When a woman is in labor you take her behind the house."

Behind the House

- **Participants did not conceptualize maternal illness and death with the same biomedical constructs used in Western medicine**

- **Cultural has a profound influence on childbirth**

- **Women experienced reproductive vulnerability because of low levels of education, poverty and status within the community**

- **Women lacked authority & awareness over their reproductive health**

Behind the House

- **Perceived vulnerability to harm from spirits & witchcraft which contributed to secrecy & precluded women from seeking care**

- **Gender inequities compromised decision-making**

- **Women were exposed to ill-treatment under the rubric of "blaming the victim"**

- **Women prioritized social norms over biological problems they experienced**

Limitation of the Study

- **Innate power differences & social status**

- **Language limited to English & Kpelle**

- **Literacy-level**

Implications??

Implications - Practice

- **Provides a theory that explains the socio-political and cultural context of childbirth in Liberia including practices, beliefs and traditions that influence maternal health, illness and death**

- **Help guide clinical practice**
-
- **Health and human rights are inseparable**

- **Providers can incorporate findings into everyday practice by providing accurate information to women & family members**

- **Highlights the importance of cultural sensitivity**

- **Move people to action**

Conclusions

- **Adds to the literature by providing an additional understanding of the socio-political and cultural context of childbirth in Liberia therefore extending nursing knowledge**

- **No reported studies have captured the structural and cognitive barriers identified in this research by the women, families & community members in post-conflict Liberia**

- **Starting point for social transformation**

Questions??

Additional Source Information

for more information see: http://open.umich.edu/wiki/CitationPolicy

Slide 9, Image 1: Please see original image of the cover of "Trends in Maternal Mortality: 1990 to 2008" at http://www.who.int/reproductivehealth/publications/monitoring/9789241500265/en/index.html

Slide 11, Image 1: Juan Freire, "Liberia_Comunidad pescadores", flickr, http://www.flickr.com/photos/jfreire/3350521326/, CC: BY 2.0, http://creativecommons.org/licenses/by/2.0/.

Slide 23, Image 1: Lori, JR & Boyle, JS. Maternal Health, Illness and Death in Post-Conflict Liberia. Health Care for Women International 32(6): 454-473.