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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


- 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.

Maternal Mortality (2008)
Liberia

- 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

Juan Freire, “Liberia_Comunidad pescadores”
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 ≤ 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)

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<td>Size of household</td>
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<td>3-20</td>
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<tr>
<td>Gravidity (number of pregnancies)</td>
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<td>1-10</td>
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<tr>
<td>Number of living children</td>
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<td>0-8</td>
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### Demographics Family & Community Members (n=44)

<table>
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<td>Age</td>
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<td>Education (years completed)</td>
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<tr>
<td>Size of household</td>
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Source undetermined
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

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.”
• 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??
