

A Culturally Appropriate Birthing Space at Matongo Health Centre in Kisii, Kenya

Results from an Operational Research Study

By Dana Corbett

Topics Investigated

- Barriers to a health facility delivery
- Health facility delivery experiences
- Reasons women choose home births
- Characteristics of a culturally appropriate birthing space
- Cultural beliefs and traditional birthing practices in Kisii (and nurses' understanding of these beliefs)
- Mothers' understanding of labor
- Openness to medicine and interventions
- Male involvement
- Post-delivery monitoring

Informants

- Traditional Birthing Attendants
- Mothers (who delivered at home and at MHC)
- Nurses who work at MHC

Barriers to a Health Facility Delivery

- Mothers (think) they can't afford it
 - Husband is a “drunkard” and there is no money for hospital charges
- Roads may be impassable during rainy season
- Poor birth planning – too weak to walk when delivery begins
- Family member may be a midwife
 - Hard to justify a facility birth

Health Facility Delivery Experiences

- Feeling uncomfortable with frequent checks to monitor cervix dilation
- Doctor left cotton in womb – required additional surgery
- Verbal and physical abuse from providers and nurses
- Don't always like the food they're given
- Cannot bathe after delivering
- Husbands and family members are treated poorly
- In some situations, hospitals have been understaffed and mothers have had to give birth by themselves

Quotes about Health Facility Deliveries

“Another disadvantage of delivering in the hospital is the **harassment** from the nurses and some medical staffs there. They **shout** at you like get onto the bed quickly yet you are in great pain.” – *Mother*

“I remember when I delivered in our referral hospital, when I was there, there was **no water for two days**, and within those two days I did not take a shower and you can imagine having that odor of **blood, sweat and medicine.**” – *Mother*

“The thing that scares me about delivering in hospitals is the fact that there is **no privacy** and sometimes they can **slap you or pinch you** on the thighs or sometimes they **cut you with scissors** leaving you with wounds, and you know when you have wounds according to the Kisii tradition **the husband will reject you.**” – *Mother*

“Sometimes in the hospital there were not enough nurses to help them out with childbirth and they had to go through the process themselves as opposed to home childbirth that was facilitated by an individual midwife per a mother.” – *TBA*

Reasons Women Choose Home Births

- Friends and family can visit and bring food and clothes
- Mothers think the baby should stay inside until the umbilicus has healed
- Fear of abuse and exposure
 - Especially HIV+ patients
- Want to deliver in the position of their choice
- Cultural beliefs and practices
 - “Evil Eyes”
 - Amasanga
 - Practices burying the placenta
- Don’t understand importance of health facility births
- Can be accompanied by the family of their choice

“At home the afterbirth is well taken care of, as opposed to the hospital where they carelessly dispose it, at home they take good care of it so that I can be able to give birth successfully the next time.”

What would a culturally appropriate birthing space in Kisii look like?

Components of a Culturally Appropriate Birthing Space

- Plenty of linen (for beds and to wrap the baby)
- Cervix dilation diagrams or models
- Pictures of delivery positions
- Heaters
- Attentive and respectful care from nurses
- Ability to bathe
- People in the delivery room – whoever the mom wants!
 - Husband, mother, mother-in-law, sister, nurses, etc.
 - Varying opinions about whether husbands should be in room

Components of a Culturally Appropriate Birthing Space

- Furniture
 - Mattresses on floor
 - Stool
 - Rope from ceiling to assist women in squatting position
 - Chair (to rest in after delivery)
 - Mosquito nets over beds
 - Place for family or TBA (whoever accompanied mother to clinic) to stay
- Clinic Infrastructure
 - Cleaner rooms
 - Transportation system
 - Running water (to bathe)

Components of a Culturally Appropriate Birthing Space

- Privacy Measures
 - Divide rooms with curtains
 - Long gowns for mothers
- Food Preferences
 - Water, black tea, ugali, Coca Cola, bread, kale, chinsaga, porridge
 - Warm beverages are important to keep mothers warm and stimulate delivery and milk production
- Items needed at facility
 - Gowns, gloves, goggles, & gum boots for nurses
 - Blankets, bed sheets, basins, sanitary pads, gas, sugar, linen, water for patients

Birthing Positions

- Currently, lithotomy is the only position available at MHC
- Preferred positions include:
 - Laying on a flat surface close to the ground
 - Kneeling
 - Sitting on a stool
 - Squatting (using a rope)
 - Laying left lateral

“When in pain, you do not feel like raising your legs, like to me I prefer kneeling or lie flat on a flat surface and I do not want to lift my legs up.”

“This mother will birth in any position she wants. She will enjoy the experience. Then she will go spread the news: ‘Oh, if you go to Matongo you can deliver in any position that you want. The nurses there will let you squat, do anything that you want!’”

Cultural Beliefs

- *Amasanga*

- The belief that if a mother's husband is having an affair and the mistress sees the mother and/or baby, the mother and/or baby will have serious health problems
- Mothers are afraid to go deliver at the facility because anyone can walk around the hospital

- *Evil Eyes*

- A person with “evil eyes” may cast a spell on mother or baby
- Put *obosasa* on baby's navel to protect him/her

“This is a spell cast from the eyes of an evil person. With just a look, the person transfers some evil materials to your child and all of a sudden, your child develops fever, stomachache and even death maybe some seconds away.” – *Mother*

Traditional Birthing Practices

- When labor is not progressing, mother may blow into a gourd. If she is too tired, a “strong man” may come and suck air from her mouth.
- Lizard waste on umbilicus
- Ways to simulate childbirth:
 - Hot water, tea
 - Roots of *masosa*
 - Burnt roots of *pawpaw*
 - *Ekerachwoki* (burnt herb)
 - *Omoko'riko* (soil at fireplace dissolved in water; also good for PPH)
 - *Omwabori* (AKA *egwagwa*) dissolved in water on mother's back
 - Encourage mother to walk around

Traditional Birthing Practices

- *Chinkenene* – crushed leaves of strawberries to reduce stomach pain
- Mother drinks *chinsaga* boiled in water to stimulate milk production
- Mother drinks *enderema* boiled in water to reduce pain
- Mother chews bud of *ekerachwoki* plant to remove afterbirth
- Give baby *ekemiso* to keep from crying at night
- Put *obosasa* on baby's navel to protect him/her from *Evil Eyes*

Nurses' Understanding of Cultural Beliefs & Practices

- Both nurses knew that mothers do not like medical interventions and pain medicine
- Both nurses knew that privacy was important
- Both nurses knew that traditional remedies (i.e. herbs) exist, but could not list examples other than *Amasangi*
- Only one nurse knew that mothers do not like to deliver on the beds
- Only one nurse had knowledge of cultural beliefs (i.e. *Amasanga*)
- Nurses discourage the use of herbs and traditional remedies before labor to prevent fetal distress

Mothers' Understanding of Labor – What do they want to know?

- Progress of labor (i.e. how much they are dilated)
- When it is time to start pushing
- If they need a C-section
- If their blood pressure is too high or low
- If the baby is healthy and facing the right direction
- How much time is left during labor
- That labor might be longer for nulliparous women

Openness to Medicine & Interventions

- Mothers understood that health facilities can handle complications (C-sections, PPH, PMTCT, incubator), but still prefer as few interventions as possible
- Mothers are generally comfortable with:
 - Vital signs and urine output monitoring
 - Antibiotics
 - Immunizations
- Mothers generally do not want pain medicine. Instead:
 - Drink *enderema* or *chinkenene* boiled in water
 - Pour warm water over belly
 - Have family member rub mother's back
 - Tie a cloth around stomach to compress it
 - Prepare during ANC (i.e. breathing techniques)
- Usually resistant to episiotomy

“To them, that’s their dignity, that’s womanhood. Undergoing that pain during delivery proves that you’re a woman in Africa.”

Male Involvement

- Not always treated well when they come to the facility
- Husbands may work in another town requiring mothers to leave before 24-monitoring period is over
- Men do not always accompany women to facility due to shame
- Most women don't want husbands in the room
 - Experience is “traumatic” for men and impacts sexual relationship

“After giving birth the women will tie your stomach ... When the stomach is tucked in, your husband will love you, but when it is hanging the husband will not like you.”

Post-delivery Monitoring

- Some mothers enjoy staying for 24 hour because they are comforted knowing that they will get help if a complication arises
- Other mothers will only stay if:
 - They are given small incentives →
 - Beds have mosquito nets
 - They can access quality food
 - They have clean water to drink & bathe with
 - They have privacy
 - The rooms are clean
 - They can sleep with their baby
 - Family can visit them

Diapers
Sanitary pads
Maternity dresses (hospital gowns)
Linen/bedding
Food
Baby lessos
Umbrellas
Soap
Basins
Linen to wrap the baby

Recommendations???