

6-2016

Needs and expectations: A membership survey of the midwifery association in Afghanistan

Sabera Turkmani

University of Technology, Australia, sabera.turkmani@uts.edu.au

Cristina de Nicolás

Governance and Organizational Development Consultant, cristinadenicolas@gmail.com

Fatima Gohar

Newborn Health Consultant, UNICEF, fatima.gohar@gmail.com

Pashtoon Azfar Zyaee

International Confederation of Midwives, P.Zyaee@internationalmidwives.org

Follow this and additional works at: <https://ecommons.aku.edu/jam>



Part of the [Nursing Midwifery Commons](#)

Recommended Citation

Turkmani, S, Nicolás, C d, Gohar, F, & Zyaee, P A. Needs and expectations: A membership survey of the midwifery association in Afghanistan. *Journal of Asian Midwives*. 2016;3(1):4–17.

Needs and Expectations: A Membership Survey of the Midwifery Association in Afghanistan

¹Sabera Turkmani; ²Cristina de Nicolás; ³Fatima Gohar; ⁴Pashtoon Azfar Zyaee

1. **Corresponding Authors:** Researcher, University of Technology Sydney, Email: sabera.turkmani@uts.edu.au
 2. Governance and Organizational Development Consultant, Email: cristinadenicolas@gmail.com
 3. Newborn Health Consultant, UNICEF, Email: fatima.gohar@gmail.com
 4. Technical Midwifery Advisor, International Confederation of Midwives, Email: p.zyae@internationalmidwives.org
-

Abstract

A survey of the Afghan Midwives Association (AMA) members was conducted in April 2013 to determine the profile of the midwifery workforce, and to provide guidance on the professional needs and expectations of midwives in the future. Of the estimated 3,000 members across the country, around 500 participated in the Annual Congress, 400 questionnaires were distributed randomly among participants, and 357 were returned (89% response rate representing 12% of the overall membership).

The results showed that most members are pleased with the Association, and value its work, particularly its ability to advocate on their behalf with the Ministry of Public Health, on midwifery matters. They also appreciated that AMA provided an opportunity to share professional information and experiences in a context where many work in remote and isolated areas. As a result, a majority of the members believed that the Association must better identify the needs of its members and develop strategies to improve its services accordingly.

Whilst there was general support for the mandatory payment of fees, some found this to be expensive; this calls for a review of the contribution that the types of membership given to each of the members, considering their income.

Most respondents believe that an area for improvement is communication and access to information. Although some of them have information about the current governance mechanisms and agendas, a significant proportion is not aware of these and, consequently,

participation in regularly updated activities is often limited. This survey has identified opportunities that the Association could use to improve their coverage and membership. These opportunities include using mobile phones to increase communication with members.

Key Words: Midwifery, Midwives, Association, Afghanistan

Introduction

Health professional associations are significant contributors towards achieving health indicators in low resource settings¹, not just because of their expertise and skills, but also because of their potential to contribute to social and political change towards health improvement. Empowered, robust, and active associations, with effective organizational aptitudes in relevant fields, are critical to effectively making their voices heard as well as working with and influencing key partners to improve health policy and practice^{1,2}. As evidence shows, creating an effective network of groups in a challenging and post conflict context is a potential way for raising issues and mobilizing people to bring changes³.

The establishment of the Afghan Midwives Association (AMA) in 2005, was the first step for Afghan midwives, as the frontline providers, that allowed them to engage in the improvement of maternal and child health. It also presented an opportunity for them to become recognized professionals in the country, raising midwifery to its rightful place of value and respect in the society^{4,5}. At present, the mission of the AMA is also to strengthen the capacity of its members so that they can take a unique leadership role in influencing midwifery quality service delivery and in advocating for policy and legislative changes^{6,7}.

At present, the AMA is the professional body representing midwives and the practice of midwifery in Afghanistan⁸. The Association is known as a civil society organization that advocates for women's health and rights in Afghanistan and beyond. Its structure includes an executive board, headed by a president, who is accountable to the membership, unlike majority of other civil society organizations in Afghanistan². The AMA is working collaboratively with the government and other partners to contribute towards the improvement of maternal, newborn, and child health (MNCH) in Afghanistan^{5,8}. Despite the fact that the role of midwifery associations is crucial and valuable for advocating for the improvement in quality maternity care and relevant policy development at a national level, their involvement has been restricted and has not been acknowledged adequately due to lack of expertise and capacities⁹. However,

the future strategic plan of the AMA is to focus on the leadership development of its staffs so that they can get fully involved in the development of national policies and strategies.

The road for the AMA has been long and challenging but fruitful. Today, the Association has three thousand members across Afghanistan, representing one of the biggest women's networks in the country^{5, 8}. The success and organizational strength of an association is significantly related to the strengths and growth of its membership¹; as the membership grows it gives additional power to the association to speak out on behalf of the profession. The AMA started with 80 members in 2005 and the membership grew to 3000 by 2013.

The association currently has access to a wide network of the qualified midwifery workforce in the area of maternal and newborn health care, through its 34 provincial chapters^{5, 8}. As part of its organizational development, the AMA runs projects and activities aiming at building a stronger network and providing members a better opportunity for capacity building. The cost of membership is an important aspect in people joining and staying within the Association. Currently, the membership fee is less than USD 1 /month.

Besides its key role in advocacy and in setting standards in midwifery practice, each year the AMA sponsors annual trainings and conferences. Despite the difficult security situation on the ground, the Association sponsors members from remote and under-served areas to give them a sense of professional belonging, connection and trust. In the same spirit, the AMA has established a system of recognition, through awards for those midwives who excelled in their field and had high achievements, and provides scholarships through national and international partners for participating in midwifery-related conferences and trainings. Over the years, the AMA has realized how relevant these educational and other opportunities are to enable members to share their learnings, seek advice, and access existing resources in the form of knowledge and information, which they may not be able to obtain without the AMA as their professional connector.

The Association also publishes a quarterly newsletter which serves as a platform to update members on relevant issues and is an essential means to disseminate information to those who have no or very limited access to the Internet⁷. The printed copy of the newsletter is distributed either via AMA provincial missions or directly by the chapter directors during regional meetings.

While the AMA's membership and influential role at the policy level have unquestionably advanced in the last ten years, in view of its experience, the Association requires more in-depth understanding for a sustainable future. There is no such a standardised benchmark regarding the salary of a midwife; however, our unofficial information indicates that midwives' salary ranges between USD 200-300/month, depending on the organisation and its remoteness. The data reported here are the result of the first survey which was an initial attempt to get to know the demographics and main interests of the AMA population. Questions were directed toward six areas: Working and experience, Income, Membership status, Membership services, Membership cost, and Communication. The results of this survey can potentially be used for the AMA's future strategic planning.

Method

The purpose of the survey was to obtain basic demographic information and to collect feedback from the AMA members concerning their expectation and satisfaction with the AMA services provided, as well as to guide the Association on the professional needs that the midwives prioritized. The results provided detailed descriptive data to identify gaps and to develop a pathway for future changes.

An anonymous questionnaire was developed by an AMA technical subcommittee supported by an international consultant. The instrument was reviewed and modified by the Executive Board and the Ethics Committee of the Association, respectively. The questionnaire contained 29 questions, including demographic information, issues related to the demographic characteristics of its members, the nature of membership, general satisfaction about AMA services, and questions about communication and networking.

The tool was translated into Dari, tested with the assistance of the association's regional chairs, and finally adjusted as needed, based on the comments from the field.

At the beginning of the questionnaire, informed consent was included in a written form, including a section devoted to explaining the purpose, before the tool was distributed to the participants. This is how the respondents were made aware of the possibility of withdrawing at any time during the survey, that the responses were anonymous, and that they were not required to provide any identifiable information when returning the questionnaire. During the presentation of the instrument, respondents were requested to complete the questions corresponding to "current members", "past members" or "non-members", depending on their

specific status. Thematic questions included a profile of the midwife workforce (age, origin, employment mode and place, use of mobile communication technology) and reasons for and benefits in joining the Association.

The questionnaire was distributed to all midwives participating in the AMA Annual Conference, from thirty three provinces of Afghanistan (all except Nuristan). Once completed, the questionnaires were returned to the AMA appointed person for subsequent data processing and analysis.

Results

Demographics

Of the estimated 3000 members of the association across the country, around 500 participated in the Annual Congress. Of the 400 questionnaires distributed randomly among participants, 357 were returned showing a response rate of 89% of those distributed, and 12% of the total membership.

There was a wide geographical representation among the respondents to the questionnaire. In total, 33 of the 34 provinces in Afghanistan were represented, with 21% coming from the capital city, Kabul, and the rest from the remaining 32 provinces. A total of 0.8% represented remote provinces such as Paktika in the South, and Takhar in the North-East of Afghanistan.

Survey results showed that the average age of the respondents was 29 years, while the vast majority were aged between 20-29 (51%), followed by 19% aged between 30-39; 18% less than 20 years old, and 12% aged 40 or older.

Overall, the average number of years of experience as a midwife was 7.4 years. In response to the question on current professional status, 77% of the respondent-midwives reported being employed, 16% unemployed, and the remaining 7% were students of midwifery.

Of those employed, 68% were in a full-time position, 14% were part-time employees, and 5% were self-employed. The remaining 13% did not respond to this question.

The majority of the midwives who completed the questionnaire are clinical practitioners (62%), while some reported being academics (18%) and managers within the health sector (20%). The midwives specified their employment from a varied list of employers,

ranging from public hospitals to NGOs. However, the questionnaire did not intend to identify the level of migration between the different agencies or the intention of permanence in a given position.

While responding to a question on monthly income, 13% of the midwives reported the lowest salary at USD 50/month, followed by 17% receiving over USD 300/month, and 52% receiving less than USD 200/month, which shows a fairly even distribution of the lower and higher wage earners.

Membership

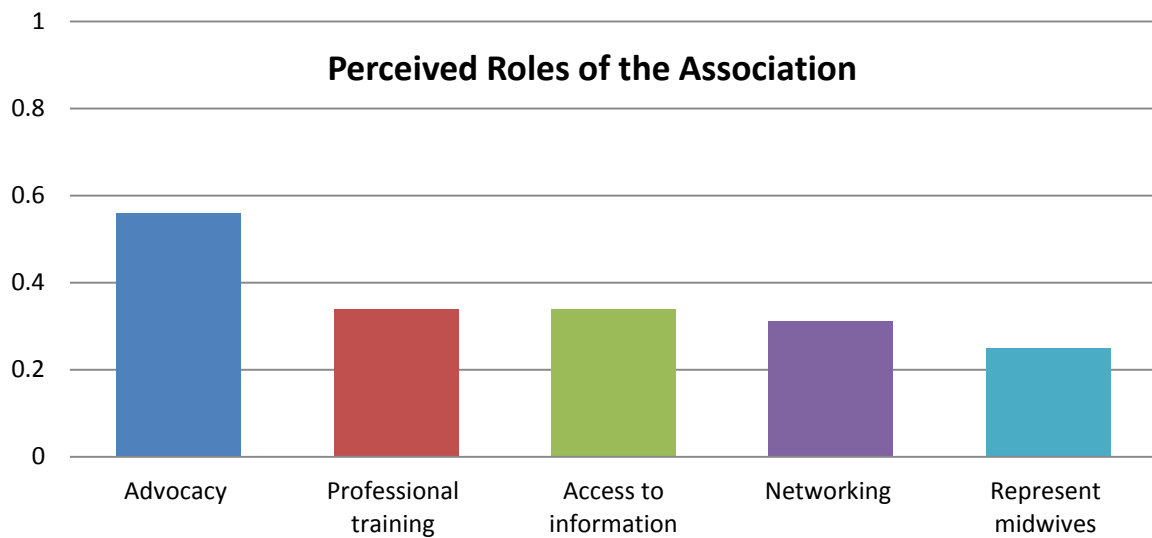
Participants in the survey were asked to identify whether they were “current members” (defined by those still regularly paying membership fees without delay), “past members” (defined by those former members who no longer pay membership fees), and “non-members” (defined by those who never approached the AMA to become a member) of the Afghan Midwives Association.

Through subsequent questions about membership, the aim was to identify the main reason(s) why members and non-members chose to be a part/not to be a part of the Association.

Among midwives responding (n=288), more than half were current members (77%), 13% were past members, and only 10% were non-members. Among this last group, 100% of the respondents expressed lack of knowledge about the existence of the AMA. In the case of former members, 43% referred to the high membership fees as the main reason for unsubscribing, and the remaining 67% felt that membership did not provide additional value or benefits to their professional careers.

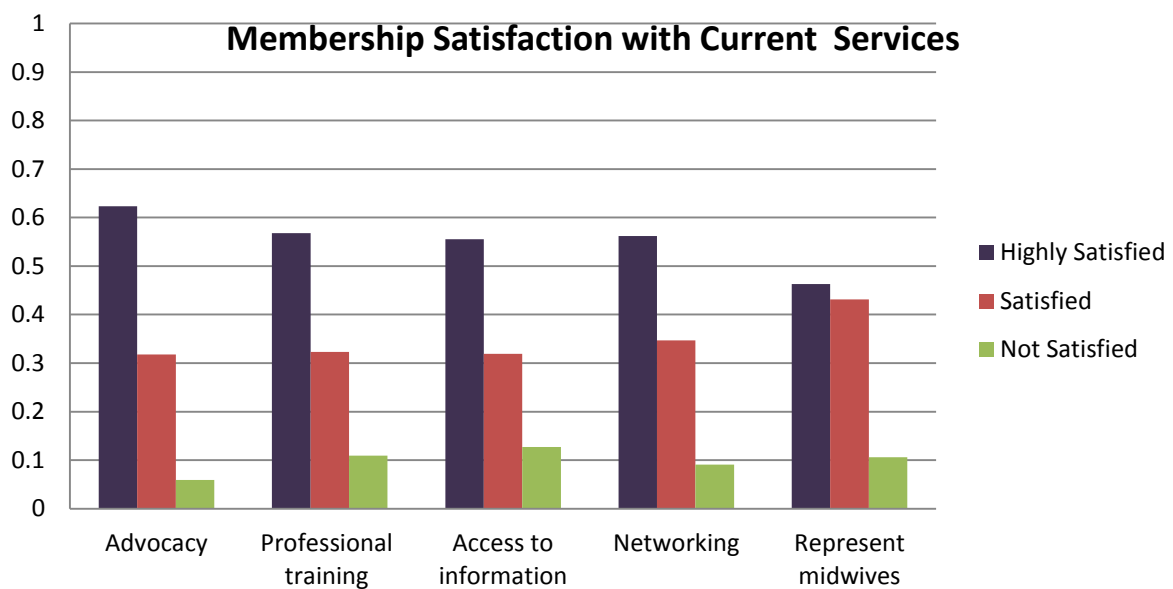
From a list of services, each respondent was asked to identify the services they believed AMA should provide to its members. From the total number of respondents to this question (n=357), more than half (56%) perceived that the AMA should advocate for and negotiate with the Ministry of Public Health (MoPH) on midwives’ matters, followed by providing professional training opportunities for midwives, and providing its members access to international and national information, such as ICM documents and national policies and guidelines. Figure 1 provides insight into what the respondents thought should be the main AMA’s role.

Figure 1: Perceived Role of the Afghan Midwives Association (n=357)



The members were asked to rate their satisfaction with the Association’s current activities. The responses showed that there is a level of difference between the members’ expectations and their current satisfaction with the Association’s activities (Figure 2).

Figure 2: Membership satisfaction with Current AMA activities (n=236)



Overall, most members were satisfied with their membership in the Association; most being satisfied or very satisfied (85%). The remainder identified that they were not satisfied with the Association or their membership with the AMA. A similar number of current midwives

would recommend the Association to others (83%); while there remains a number who would not recommend the Association to a colleague.

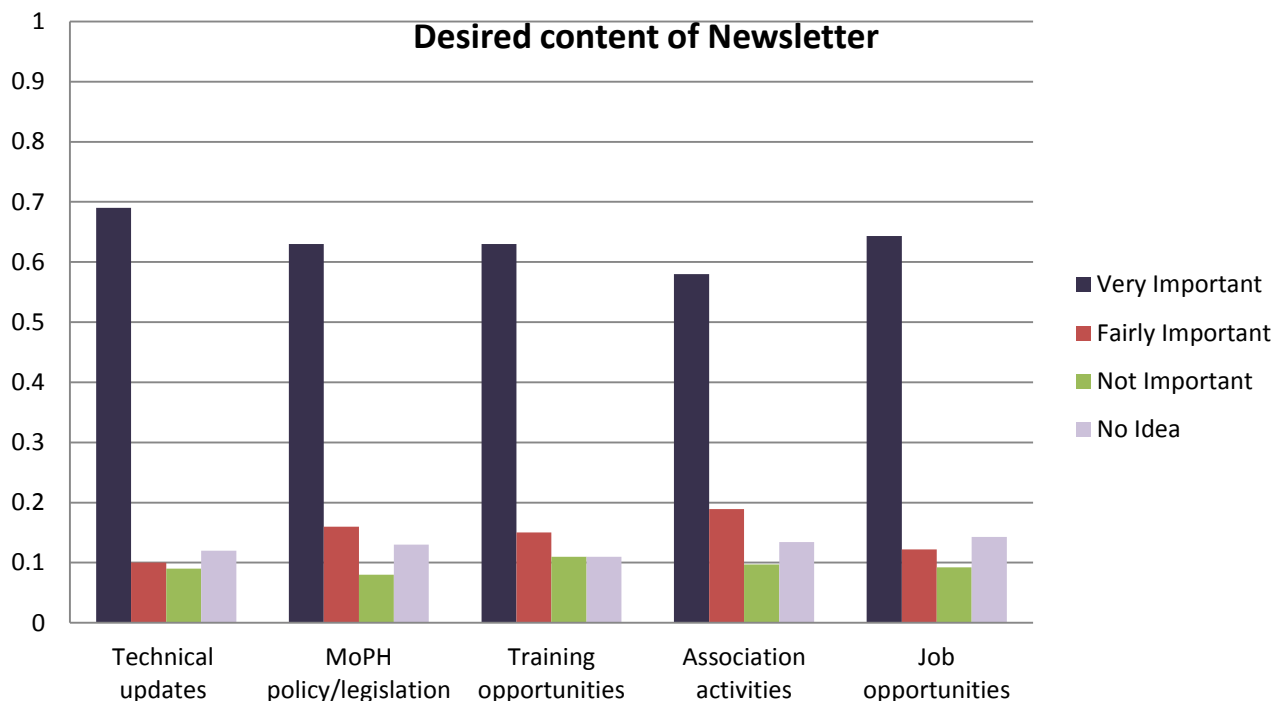
Out of those current members (n=288) who responded to this question, a small portion (23%, n=66) considered the membership expensive, while the remainder found the membership either reasonable (53%, n=153) or inexpensive (24%, n=69).

Communication

The AMA Newsletter is a vital part of the Association’s communication with its members, as many of the members have no access to the internet and email.

While newsletters are regularly sent out to members, there is a significant portion of members (39.0%) missing out on its distribution. Figure 3 lists the key content that members considered important to have in the regular newsletter.

Figure 3: Important Issues for Members (n=244)



The responses show that midwives are very interested in clinical updates, policy issues, and issues relevant to their profession, which need to be included in the newsletter contents. Not surprisingly, possible job opportunities were considered as important as professional activities. While the AMA administration and management to be reported to ensure the transparency of

the Association, their relevance to the members is less important than aspects that directly impact their work and working environment.

There was a variation in the readership of the newsletter; there are those with a level of committed reading (24%) and those that read it sometimes. There are also those who never read the newsletter, even though receiving it; the general reason given was time constraints. It should, however, be noted that 27% found that the topics presented in the newsletter were uninteresting and that they were not presented in a professional way.

The majority of the respondents (n=357) had attended Association general meetings in the past year, with almost three quarters of the members attending 2 or more meetings throughout the year. Meetings remain a vital component of the Association for members to have face to face interaction with the executive committee, to voice issues and concerns related to the members. Increasing the relevance of the meetings by sending out draft agendas to members to have their input may increase attendance and relevance.

Mobile phone use among midwives is widespread (93.5%). The majority of the midwives had access to electronic communication. There was a variety in the choices of telecommunication companies used by the midwives in Afghanistan. The choice may heavily depend on the availability of services in that area. This assumption is reinforced by the fact that 13% of the midwives subscribed to more than one tele-communications Company, because services available in Kabul may not be transferable to the provinces.

Discussion

Since its inception, in 2005, the AMA has performed various functions aimed at strengthening the midwifery profession and improving maternal health in Afghanistan. It has also played a critical role as a technical body, supporting the national midwifery education programme. In addition, it provides in-service training for midwives, and actively participates in the executive board of the Afghan Midwifery and Nursing Accreditation Board and in policy development.

The 2013 AMA membership survey was one of the few of its kind in the region, as it appears that no similar type of survey has previously been conducted in the South Asian region. Limited evidence about professional associations is also emphasized in other studies^{10, 11} at the global level. Although the methodology adopted is based on purposive sampling of those who attended the AMA annual conference, the study still provides a snapshot of the nature of the AMA membership.

Overall, the survey results show that there is strong support for its activities. In general, members value its services, particularly the role the Association plays in advocacy, and the role it could potentially play in the professional development of midwives.

The demographic characteristics of a group such as midwives, in a context like Afghanistan, is critical because it allows the collection of specific viewpoints based on diversity of age, representation, and socio-cultural background². Prohibition of women's education for a decade during the Taliban regime^{4, 5, 12} made finding educated women who could be trained as midwives a challenge.

In this particular survey the average age of respondents was 25 years, which indicates that women providing midwifery services in Afghanistan are fairly young. This could mean that continuing mentorship and training programmes by more senior midwives; is a crucial priority which, in turn, could provide an avenue to involve these midwives in sharing their practical experience. However, this could also be challenging, since educational content and techniques have dramatically evolved^{13,14}. With that in mind, a tailor-made professional development program, specific for senior midwives, with a focus on mentorship skills, may be a more appropriate approach.

Voluntary associations, such as the AMA, are driven by their membership. Evidence shows that a range of factors affect membership motivation, including each individual member's commitment, time availability and the cost of participating¹⁰; the findings in this survey are also in line with. Most of the midwives committed to the AMA for a long term were initially encouraged by their peers to get involved in the Association. Another conclusion emerging from this survey is that AMA needs to review its current activities to better meet the expectations of its members, and make itself attractive to other midwives. More than that, it should consider the importance of word-of-mouth as a key means of communication in relation to the Association.

An effective communication approach is a critical factor in accessing midwives and increasing membership, particularly in a context like Afghanistan, where access to information and communication is often difficult. Therefore, alternative methods of delivering messages need to be explored further by the AMA to ensure that members are kept up to date with activities, including advocacy efforts.

There is obviously a need to improve the quality of the AMA newsletter. Currently, the AMA newsletter mainly consists of a bulletin used to announce important news rather than a platform for scientific and professional information. It will be critical for the AMA to improve the research capacity of its members, which will allow it to introduce a future system of peer review for evidence-based publications, to enhance their professional knowledge in the area of midwifery care. Whilst this involves additional time and resources, it will be of vital importance that the AMA uses its newsletter as a platform for the promotion and advancement of the profession in a vulnerable environment, for visibility, and for a positive feeling of belonging to the Association. Additionally, AMA could consider including information related to clinical and policy issues, which the survey shows as being of special interest to midwives.

The Association's meetings are a vital component for networking, lobbying, and advocacy. These meetings provide members an opportunity for face-to-face interaction with the Board and/or Executive Committee, and for raising their issues and concerns. A way to increase the attendance and relevance of the meetings could be the sending of draft agendas, thereby providing members an opportunity to give their input and become participants in the process, rather than being passive attendants receiving information only.

These study results show that although the majority of the respondents were clinical practitioners, there are increasing career paths and diversifications within the profession. Some of the midwives work in the academic field as educators, and others in managerial positions within the health sector. As with any professional body, having such avenues open to midwives encourages the experienced ones to remain in the field, rather than to look for opportunities elsewhere. At the same time, retention of midwifery professionals in Afghanistan is still a great challenge, mainly due to insecurity and the consequent lack of motivation, which pushes the professionals to stop practicing¹².

One finding of the survey was the perception of respondents about the benefits of belonging to the Association – which revealed, similarly to other studies, that the benefits of members and non-members should be clearly differentiated between passive and active members^{10, 15}, as those who get tangible benefits are more likely to become advocates for the association and motivate others to become active members¹¹. According to the results of the survey, the current membership fee of USD 1 per month does not appear to be a concern for the members, considering that the median salary of midwives is about USD 200 per month. However, the AMA could consider developing a more comprehensive membership fee system,

aligned with the categorization of members, or a system of a benefits package, which could be attractive for different categories of members in the profession.

The retention of members is crucial to the survival of membership-based associations, and determining the benefits and factors that can affect the relationship between the members and the association can greatly influence the membership retention rates^{16, 17}.

This survey is a clear call to the Association to prioritize and focus on certain activities and to introduce more tangible benefits for its members in order to maintain and improve the membership.

Conclusions & Recommendations

The findings from this survey and the experience of conducting this initial study can help the AMA for its future planning, including providing a tool to measure its progress, and encourage the AMA to conduct more in-depth analysis of members' needs through ongoing research.

Based on the findings of the survey, the following recommendations are being made for improving the convergence between needs, expectations, and offers of membership to the AMA and its members:

- The AMA should conduct more in-depth analysis of members' needs. This could be accomplished through ongoing follow-up surveys.
- In order to achieve organizational sustainability, the AMA should develop strong marketing strategies that include building a strong relationship between the management and its members.
- The AMA needs to strengthen its international network by linking its website to other professional websites, such as the International Confederation of Midwives (ICM) and other midwifery associations in the region. This will provide more learning opportunities for members as well as an opportunity to share updates and be informed about key achievements in the field.
- The AMA should investigate alternative methods for communication with its members, including telecommunications via SMS. Communication methods should consider approaching members in their preferred language, Dari and Pashtu, to ensure that the information is well understood.

- The AMA should review the AMA Newsletter with the goal of making it more informative and effective.

Due to the methodology used, the results should not be interpreted as representing all midwives in Afghanistan. Only those that participated in the Annual Conference were approached, therefore, there could be a bias in the results as those able to attend may not represent the vast majority of midwives working in urban, rural, and remote settings.

A factor which might have contributed to errors in the survey includes the questionnaire design flaws (including language: the initial questionnaire, designed in English, was only translated into Dari).

Acknowledgments

The authors wish to thank all of those who helped us run this survey, including Peter Cross the president of Innovative Development Expertise & Advisory Services (IDEAS), Futures Group Afghanistan Office, Saleha Hamnawozada, the former Executive Director of AMA and AMA staff and members.

References

1. Andrews H, Perron L, Vander Plaetse B, Taylor DJ. Strengthening the organizational capacity of health professional associations: The FIGO LOGIC Toolkit. *International Journal of Gynecology & Obstetrics*. 2013;122(3):190-1.
2. Delmonico DL, Manderino D, Griffin E. Society for the Advancement of Sexual Health (SASH): Results from the Membership Survey 2006 and 2012. *Sexual Addiction & Compulsivity*. 2014;21(1):57-74.
3. Chih-Chieh C. An Emerging Transnational Movement in Women's Human Rights: Campaign of Nongovernmental Organizations on "Comfort Women" Issue in East Asia. *Journal of Economic & Social Research*. 2003;5(1):153-81.
4. Currie S, Azfar P, Fowler RC. A bold new beginning for midwifery in Afghanistan. *Midwifery*. 2007;23(3):226-34.
5. Turkmani S, Gohar, F, Shah, F, Hamnawazada, S, & Zyaee, P. Strengthening Midwifery Education, Regulation and Association; A case study from Afghanistan. *Journal of Asian Midwives* 2015;2(1).

6. AMA. Afghan Midwives Association Constitution In: AMA, editor. Vision and mission Kabul, Afghanistan: AMA; 2006.
7. AMA. Afghan Midwives' Association vision and mission: AMA; 2013 [cited 2016 11 February]. Available from: <http://www.afghanmidwives.org/index.php/who-we-are/2014-12-21-10-21-24.html>.
8. UNFPA. State of Afghanistan's Midwifery 2014. Kabul, Afghanistan: UNFPA, 2014.
9. Lopes SCT, Patricia ; Bokosi, Martha ; Homer, Caroline Se ; Ten Hoop - Bender, Petra. The involvement of midwives associations in policy and planning about the midwifery workforce: A global survey. *Midwifery* 2015;31(11).
10. Holmes K, Slater A. Patterns of Voluntary Participation in Membership Associations: A Study of UK Heritage Supporter Groups. *Nonprofit and Voluntary Sector Quarterly*. 2012;41(5):850-69.
11. Slater A. Users or Supporters? Understanding Motivations and Behaviors of Museum Members. *Curator: The Museum Journal*. 2003;46(2):182-207.
12. Mansoor GF, Hashemy P, Gohar F, Wood ME, Ayoubi SF, Todd CS. Midwifery retention and coverage and impact on service utilisation in Afghanistan. *Midwifery*. 2013;29(10):1088-94.
13. Partamin, Kim Y-M, Mungia J, Faqir M, Ansari N, Evans C. Patterns in training, knowledge, and performance of skilled birth attendants providing emergency obstetric and newborn care in Afghanistan. *International Journal of Gynecology & Obstetrics*. 2012;119(2):125-9.
14. Kim Y-M, Zainullah P, Mungia J, Tappis H, Bartlett L, Zaka N. Availability and quality of emergency obstetric and neonatal care services in Afghanistan. *International Journal of Gynecology & Obstetrics*. 2012;116(3):192-6.
15. Hooghe M. Participation in Voluntary Associations and Value Indicators: The Effect of Current and Previous Participation Experiences. *Nonprofit and Voluntary Sector Quarterly*. 2003;32(1):47-69.
16. Gruen TW, Summers JO, Acito F. Relationship Marketing Activities, Commitment, and Membership Behaviors in Professional Associations. *Journal of Marketing*. 2000;64(3):34-49.
17. Vincent NA, Webster CM. Exploring relationship marketing in membership associations. *European Journal of Marketing*. 2013;47(10):1622-40.