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Midwives' Associations' Dual Role in Supporting Members and Driving the Profession Forward: A Qualitative Interview Study from Bangladesh

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Abstract

Background: Professional midwives are being introduced as a long-term solution to improve maternal and newborn health in Bangladesh and to contribute to Universal Health Coverage. Professional midwives' associations are a core element of a strong midwifery profession according to the International Confederation of Midwives (ICM). The Bangladesh Midwifery Society (BMS) was formed in 2010 to advocate for the introduction of professional midwifery in Bangladesh. Since 2017 BMS has benefitted from an international twinning partnership with the Royal College of Midwives (RCM) UK and has undergone significant organizational development.

Objective: The study aimed to describe the experiences, knowledge and attitudes of selected members of the Bangladesh Midwifery Society (BMS) about how the society was supporting its members and the wider profession of midwifery.

Methods: Semi-structured individual interviews with eighteen BMS members and executive board members.

Results: This study demonstrated that in Bangladesh the midwives' association has played a dual role in supporting its members and in driving the profession forward.

Conclusions: This study confirms that the BMS, collaborating nationally and internationally with strategic partners, is a key player in establishing and supporting the nascent profession of midwifery in Bangladesh. It complements other data about efforts to build BMS' capacity and influence and it makes recommendations for future practice, policy and research.

Keywords: *Midwives' association, twinning, midwifery, Bangladesh, qualitative study, semi structured interviews*

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Introduction

Midwifery services are a vital part of health care systems [1-3]. Midwives can meet the majority of sexual, reproductive, maternal, newborn and adolescent health care needs and contribute to achieving global health goals [4, 5]. However, many women in Bangladesh, especially those who are socially excluded or living in remote or rural areas, do not have access to midwifery services [6]. For the past 15 years government policy in Bangladesh shifted its focus to community-based maternity care provided by midwives. Historically, midwifery training in Bangladesh was part of nursing education [7] and did not meet global midwifery education standards [8]. Now, the Government of Bangladesh has introduced a new professional midwifery cadre as a long-term solution to improve maternal and newborn health in Bangladesh [9]. This work is supported by the United Nations Population Fund (UNFPA) and a myriad of other international and national organizations [7, 10].

Initially, 1600 nurse-midwives completed an additional six-month post-basic training in midwifery, enabling them to achieve the international standard for midwifery education. Many of these nurse-midwives were then deployed as Certified Midwives. In 2013, a direct-entry diploma midwifery education programme complying with international standards was introduced in Bangladesh to prepare the new midwife cadre for autonomous, evidence-based midwifery practice. A bespoke MSc in Sexual and Reproductive Health care was supported by Dalarna University, Sweden, to develop midwifery educators for the new midwifery cadre. The Bangladesh Nursing and Midwifery Act was approved in 2016 and graduates from the diploma midwife education programme became licensed as registered midwives [7, 10]. Now more than 3000 diploma midwives are serving a population of 65 million people [9].

The Bangladesh Midwifery Society (BMS) was established in 2010 to advocate for the introduction of professional midwifery in Bangladesh. Professional midwives' associations are a core element of a strong midwifery profession [11] and are key to integrating the profession into health systems and in creating an enabling environment for midwives [7, 10]. Since 2017 BMS has benefitted from an international twinning partnership with the Royal College of Midwives (RCM) in the United Kingdom (UK) and has undergone significant development, with a focus on organizational capacity building, young midwife leadership development and advocacy. Since 2017, membership has grown from around 20 to 2,234 paid members (December 2021). BMS has a national executive board committee of fifteen members governing the association, with regional committees in the eight divisions of Bangladesh. BMS works with national and international partners to create a demand for midwifery services in the population, to advocate for high-quality midwifery education and services, and an enabling

environment for midwives. BMS also provides its members with continuing professional development through its bespoke e-learning platform, a young midwife leader development programme and opportunities for in-country internships.

This study aimed to explore members' experiences of their professional association in 2017, in the first year of the international twinning partnership. It provides complementary data to other baseline measures taken at the outset of the twinning initiative.

Methods

Design and ethics

An inductive qualitative design was chosen as this provides a simple, straightforward approach for deriving findings from focused questions [12]. Data were collected through semi-structured open-ended individual interviews based on a topic guide and analyzed by inductive content analysis [13]. The interviews were conducted with BMS members. Ethics approval was obtained from the Directorate General of Nursing and Midwifery (DGNM) in Bangladesh in 2017.

Setting and participants

A convenience sample of seven nurse midwife board members and one student midwife board member were interviewed, all from Dhaka division for ease of access. The BMS executive were founding members, who were likely to have a rich experience of the association. However, at the time of this study none of the BMS executive were midwives according to ICM standards [14]); Participants were selected by snowball sampling and were all staff or students in midwifery education institutions in Dhaka (the capital city of Bangladesh). The remaining 10 BMS general members were also recruited through snowball sampling, and gave their responses to participate by e-mail. A total of eighteen (18) BMS members were recruited according to the inclusion criteria of being a founding member or a BMS member. An invitation letter, informing participants that the interviews were voluntary and confidential, and that participants could withdraw from the interview at any time without giving a reason, was sent to all selected participants.

Materials

A topic guide with open ended questions was designed to ascertain whether participants experienced BMS to be:

- supportive to its members and the profession,
- supporting the progress of midwifery as a separate profession in Bangladesh,
- performing its key functions as a professional association

Follow-up questions were used as probes, encouraging participants to add further information related to the topic guide.

Data Collection

Individual semi-structured interviews, lasting for approximately 40 to 45 minutes, were conducted by the two first authors in a quiet room of the participant's choice; audio recordings were digitally captured without names. Researchers and participants were native Bangla speakers but midwifery education in Bangladesh is conducted in English. Therefore, the interviews were conducted interchangeably in English and Bangla for better understanding of the participants' experiences and perceptions. The recordings were kept in a locked cabinet to which only the researchers had access.

Analysis

The audio-recorded interviews were transcribed word-by-word. Dialogue in Bangla was translated into English by an experienced translator. The transcripts, comprised of seventy pages, were analyzed by the authors using content analysis described by Elo and Kyngäs [13]. First, all transcripts were read several times until the authors became familiar with the data. Secondly, the authors searched for meaning units, small text parts, corresponding to the objective of the study. Text that did not relate to the objective was extracted. The meaning units were condensed and labelled with a code. Thereafter the codes were sorted by similarities and differences into six categories, relating to the participants' perceived role of the BMS. Two sub-categories emerged from each category: 1) Directly linked to members of BMS; and 2) Indirectly linked by "moving" midwifery within the society of Bangladesh. By moving we mean establishing midwifery, moving midwifery forward, creating an enabling environment for the midwifery profession. An overarching main category emerged after several readings of the full result section.

Results

An overarching main category was: BMS advocate for professional midwives' possibilities to work within their full scope of practice, directly linked to the members of BMS and indirectly by "moving" midwifery in the society of Bangladesh. The different categories with subcategories are described below.

Category 1: Promote the establishment of the midwifery profession nationally

Directly linked to the members of BMS

Participants described that BMS worked with international organizations to strengthen its capacity to advocate for the midwifery profession and promote women's sexual and reproductive health by providing quality midwifery care. The twinning partnership between the RCM, UK's professional midwives' association, and the BMS, with UNFPA support, was deemed helpful to ensure the establishment of a well-functioning association, beneficial to midwives and to women in Bangladesh. One participant stated: "*BMS continuously develops the midwifery profession with a holistic view from different perspectives and at all levels.*" (IDI-2)

Indirectly by "moving" midwifery in the society of Bangladesh

BMS was perceived as being involved in the policy and planning mechanism in Bangladesh, promoting the establishment of the midwifery profession nationwide. BMS, together with a whole range of stakeholders, including international and national Non-Governmental Organisations (NGOs) and international donor agencies, raised the demand for midwives. This reinforced that a midwifery association in a country is an important pillar in advocating for the profession at policy level which directly affects the individual members of the association.

One participant said: "*BMS representatives have a great role for professional development, so they raised their voice for the development of the midwifery profession, and it happened."* (IDI-12)

Category 2: Ensure midwifery practice is carried out in accordance with scientific evidence and international standards

Directly linked to the members of BMS

Participants perceived that a midwife must get hands-on practice in tandem with theoretical knowledge to develop herself both clinically and theoretically. They reflected that BMS had facilitated continuous professional development, e.g., skills practice with simulation-based learning, ensuring that evidence based clinical practice was provided at the workplace. Respondents felt that BMS had advocated for evidence-based, midwifery-led care to enable midwifery students and graduate midwives to work within their full scope of practice. BMS therefore had a central role in supporting new members in this regard: "BMS *is supportive to good clinical environments for practice in providing expertise and competence."* (IDI-10)

Indirectly by "moving" midwifery in the society of Bangladesh

Participants explained that BMS members had been facilitated by development agencies to attend national and international conferences for scientific development of the profession. "*Through BMS we attend different national and international programmes in research and in leadership and management*" (IDI -10). The participants described that BMS collaborated with the RCM to ensure that the new midwifery profession in Bangladesh would provide quality midwifery care that meets international standards. Through this collaboration, BMS received support and knowledge about twinning, mentorship, strategic directions, and international standards for midwives. One participant stated: "*BMS communicates with the Royal College of Midwives and with national and international organizations, communicating worldwide strategies for development of the midwifery profession, not only in Bangladesh, but globally."* (IDI-11)

Category 3: Ensure midwifery education is designed for promotion of professional development

Directly linked to the members of BMS

BMS members at the time of the study were all enrolled as faculty and clinical teachers, engaged in supporting midwifery students to become competent midwives. The midwifery students were seen as being future colleagues, future BMS members. Through the supervision and counselling that students received from faculty and clinical teachers, BMS members provided guidance in theory and evidence-based practice. One respondent described this support:" BMS *members in theoretical or clinical teachers' positions provide hands-on training in skills, lab sessions for the midwifery students to become competent midwife practitioners."* (IDI-8)

With support from UNFPA, foreign universities educated these faculty members; membership in BMS was a selection criterion for such education. Respondents thought that this would result in well-educated BMS members, becoming future educators for bachelor's and master's courses in midwifery. For example, one respondent proposed that: *"The masters' education in SRHR is preparing the faculty and soon there will be BSc courses;* ***they*** *will* be *perfect teacher for the midwives."* (IDI-8)

Indirectly by "moving" midwifery in the society of Bangladesh

BMS was thought to be an advocate at high-level meetings for a career pathway for midwives and attached to this, the development of a dedicated midwifery faculty. One participant

expressed: **"***BMS has contributed to developing the direction of midwifery and is working to establish BSc and MSc programmes and higher education for the midwives."* (IDI-5)

All participants described that BMS advocated for midwifery leadership and management skills, demanding that the authorities create a dedicated workforce of midwifery faculty and clinical teachers. BMS was also perceived to be advocating for midwives to become managers and clinical leaders, ensuring that midwifery education is designed for the promotion of students' learning. One participant stated: **"***BMS is demanding that the authorities address the need for essential resources at institutes/colleges. They are also advocating for clinical teachers, lab facilities and accommodation for the students"* (IDI-11)

Category 4: Dialogue about midwifery and women rights

Directly linked to the members of BMS

The association advocated for recognition of the midwifery profession and women's rights as a women's profession in Bangladesh through dialogue with leaders and managers at all levels; in this way BMS was supportive to its members. When applying for positions in NGOs working with women's right issues, participants perceived that it was advantageous to be a BMS member, as suggested in statements like the following:

"*Many organizations such as private universities in Bangladesh are involved in developing the midwifery profession. They would like to work with BMS."* (IDI-4)

BMS was noted to have dialogued with the national Bangladesh Nurses' Association to help them understand and differentiate between the midwifery profession and the nursing profession. Respondents deemed that having a good relationship between BMS and the professional nurses' association was important to establish the midwifery profession in Bangladesh; if nurses and midwives are directly linked through their respective professional associations, they can promote women's rights together:

" BMS members and nurses' association members work together to establish rights for women and their infants in Bangladesh." (IDI-9)

Indirectly by "moving" midwifery in the society in Bangladesh

Participants noted that many national and international organizations, such as the World Health Organization (WHO), UNFPA, Ipas, and Save the Children, were actively working in

collaboration with BMS to support women's rights in Bangladesh. BMS was felt to have influenced partnership building and dialogue with these organizations about the midwifery profession and midwives' scope of practice to include women's rights, reducing violence against women and child marriages, teaching and providing family planning in Bangladesh, and influencing donors. Respondents thought that reaching out at the community level with such national dialogues of what a midwife is and her scope of practice could only happen through the decentralization of BMS, benefitting more community midwives/BMS members and women. One participant stated: "*Further dialogue with different organizations is needed and decentralization is a way forward for communicating the BMS messages."* (IDI-7)

Category 5: Promote sexual and reproductive health from a rights perspective

Directly linked to the members of BMS

BMS was described as encouraging its members to work in different areas of midwifery and in areas related to reproductive health and rights, to promote women's sexual reproductive health in Bangladesh, for instance in refugee camps in partnership with UNFPA.

"*BMS encourages the midwifery students to work in areas related to early marriage and, adolescent health, on the sexual and reproductive health.* (IDI-13) It was also perceived that BMS encourages its members to attend education programmes related to women's sexual and reproductive health and rights. "*BMS supports its members to get educated and work in areas that empower women*." (IDI-13)

Indirectly by "moving" midwifery in the society in Bangladesh

In addition, BMS was felt to encourage its individual BMS members to search for education and positions in NGOs and in national and international organizations, with the aim of moving sexual and reproductive health and rights issues forward in Bangladesh. BMS was recognized as having an advocacy plan for promotion of women's sexual and reproductive health and rights messages through the Bangladesh's media. A media advocacy plan was reported to have been created to reach out with messages to society. "*BMS is having a media advocacy plan in the schedule for this year"* (IDI 3). Furthermore, BMS, through collaboration with national and international organizations, trained some of its members in media communications: "*Before data collection this member went to TV channel to talk…."* (IDI-13). BMS was also reported to be advocating in different forums for policy improvements beneficial for midwives.

Category 6: Progress health, medical and social services, for the health of women and children

Directly linked to the members of BMS

BMS was observed to have advocated for the recruitment and retention of midwives within the health system, to improve medical and social services beneficial for moving midwifery-led care forward in Bangladesh. Participants thought autonomous midwives could counsel women, for example regarding family planning, menstrual regulation (a euphemism for safe abortion care in Bangladesh) and breastfeeding. It was felt that this would be an encouragement both to independent BMS members and for women in Bangladesh. Autonomous practice and midwifery-led care would improve health services. BMS was said to have advocated for the opportunity for midwives to become independent practitioners. This could move midwives' scope of practice forward to make midwives more accessible to the population of Bangladesh in the future. One participant said: "*when midwives get the positions, they perform with quality care for mother and children.*" (IDI-3).

Indirectly by "moving" midwifery in the society in Bangladesh

Participants suggested that BMS provided support to the public and private sectors through advocacy for midwifery-led care to be embedded within the health services. BMS members were reported to have visited Bangladesh's remote areas to inform local policy makers about: the situation for young women, promoting normal birth and avoiding unnecessary caesarean sections, and prioritizing the health needs of women and newborns rather than the needs of medical and social service providers. The BMS, together with other organizations, was said to have coordinated a variety of outreach programmes and to have maintained co-operation and dialogue with doctors and nurses, while promoting midwives' focus on health and rights. One BMS member observed:

"I *attended an outreach programme on early marriage counseling. It had a focus on adolescent reproductive health, and also focused on women's and children's health."* (IDI-12).

All these efforts were felt to have propelled the movement towards autonomous midwifery practice and midwifery-led care in Bangladesh.

Discussion

The objective of this study was to describe selected BMS members' perceptions of the how a professional midwives' association can support the profession.

Dual role of a midwives' association

The categories and sub-categories identified from the data analysis show that participants perceived BMS as having a dual role: providing direct support to its individual members and actively creating an enabling environment, driving forward the midwifery profession in Bangladesh. Midwives had not yet been deployed into the national health workforce in Bangladesh. There was no designated job title of 'Midwife' and the national guidelines for midwives [15] had only just been published and were not yet widely received or understood. With BMS founded by nurses, with a vision for introducing a new profession of midwives to accelerate achievement of Bangladesh's national health goals, support to individual members included a strong focus on continuing professional development through teaching of clinical skills and simulation-based learning. It also included enabling its members to participate in national and international conference and events, which provided a steppingstone to higher education and job opportunities.

Creating an enabling environment for midwifery, was achieved in numerous ways. First, BMS was perceived as having active dialogue with different national and international private and public stakeholders such as other health professional associations, non-governmental organizations, UN agencies and policy makers. Secondly, respondents explained that BMS was advocating change to important issues. Midwifery education was one such issue; this comprised pre-service and in-service education, teaching resources, ensuring sufficient faculty and clinical teachers to move the profession forward and the development of higher education for midwives at the Bachelor's and Master's degree level.

Other issues highlighted were the development of a career framework for midwives, midwifery leadership development, the importance of midwifery being established in Bangladesh on a foundation of scientific evidence-based practice, raising awareness of societal and cultural issues affecting women's sexual and reproductive health, and having a rights-based approach. In particular, BMS was recognized for advocating that midwives must be enabled to work to their full Scope of Practice (SOP), providing access to high-quality midwifery care for women and their families in Bangladesh. BMS was also acknowledged as having influence in the news media.

These reported activities mirror many of those in the ICMs' Member Association Capacity Assessment Tool (MACAT) [14] which provides insight and guidance on the structure

and function of a professional midwives' association, enabling an organization to assess its own capacity and to develop strategic plans to maximize its growth and impact. The MACAT has been used throughout the BMS and RCM twinning project as the primary indicator of BMS' organizational capacity. Interestingly in 2017, when this qualitative study was conducted, BMS' overall MACAT score was only 29%, with low scores in the areas of visibility and media relations, one of the activities that respondents identified as a strength of the organization. However, collaboration, partnerships and networks were identified in the MACAT as a strength which concurs with the findings of this study. This demonstrates the importance of collecting qualitative data to triangulate with quantitative data and highlights some of the perils of self-assessment tools.

Role of twinning partnership in building BMS' capacity as a professional midwives' association

BMS was described as a functioning association, useful in establishing the new midwifery profession in Bangladesh. The nascent twinning project between the RCM and the BMS, with UNFPA support, was felt to have contributed to this, although the partnership was less than one-year-old. Recently, international partnerships have been encouraged as a way of accelerating progress to global development goals and of building midwifery capacity [16-18]. Midwifery twinning partnerships can empower associations to take on their role in contexts where they wish to build effective health care systems [19]. Building strong professional associations is crucial for advancing the status of midwifery, accelerating gender equity, and improving maternal and newborn health outcomes [20].

Advocacy and leadership

This study described the perceived involvement of BMS members in advocacy at policy making levels and in workforce planning, for instance advocating for midwives' deployment into the Bangladesh health workforce. BMS was seen to be collaborating with the Ministry of Health and other national and international organizations. This concurs with Lindgren et al. [21] who identified a midwifery association as one key actor collaborating with others to promote the midwifery profession. However, this study also shows that involvement was often limited due to the lack of professional recognition or understanding of the role of the midwife. Because the midwifery profession is a new profession in Bangladesh and the BMS is also new, BMS was often not invited to participate in strategy planning and policy development, either for education, regulation or at a midwifery practice level. When midwives and their professional association are provided with opportunities to contribute to policy development and planning, they can help achieve the 2030 agenda with health for the poorest women [22] bridging the gap

of universal health coverage [23].

This study shows that midwifery leadership must be enhanced, within and beyond Bangladesh, as there are similar barriers globally with gender equity gap in global and national health care leadership [24]. The twinning project prioritized leadership development, with 50 young midwife leaders participating in a bespoke development programme. Many of these midwives are now leading the BMS, with several employed at a policy level while others are part of international leadership initiatives. BMS is also starting to take its place at an international policy level by participating global conferences and events. However, many of these opportunities have come through the twinning partnership and through local international partners such as UNFPA. To be sustained, BMS must develop its own networks and linkages.

Scope of midwifery practice

Nationally and internationally, a midwife's scope of practice is clearly defined [15, 25]. Participants in this study frequently mentioned the importance of midwives being able to work to their full scope of practice; this was seen as a key advocacy priority for BMS. This corresponds with findings in a mixed method study of experiences of the new cadre of midwives in Bangladesh [9]. Although midwives in that study were satisfied with many aspects of their new career, they were also found to be constrained from undertaking their midwifery role and often diverted to tasks unrelated to midwifery and for which they had not been educated. This situation was exacerbated by the COVID-19 pandemic, where many midwives in Bangladesh were diverted into non-midwifery roles. Indeed, there are many barriers for midwives in Bangladesh society; economic, professional and individual [26, 27]. This highlights the importance of midwives having a voice at local and national levels in Bangladesh and the task of the professional association in creating the professional space for midwives and safeguarding their role as the key provider group for sexual, reproductive, maternal, and newborn health [28].

Strengths and Limitations

The inductive qualitative design of this study was a strength, allowing participants to describe their experiences. This is especially important as the voice of midwives is not always heard [29] The possibility for the participants to speak freely in both English and Bangla further strengthens the credibility of the study [13]. Ethical issues were appropriately addressed, ethical clearance and ethical research guidelines have been followed and considered. Limitations include the selection of participants from only one division. Bangladesh has eight divisions with disproportionate health service coverage [30]; therefore, a wider sample of participants might have revealed different findings. Additionally, participants were all from the education sector,

either faculty members [31] or midwifery students [32]; the voice of practicing midwives was not represented, as there were no registered midwives in Bangladesh at the time. However, qualitative studies are not necessarily designed to be representative. As emphasized by Elo et al. [13] there is always more to investigate, and the findings should be interpreted with caution. None of the data presented directly mention BMS role in strengthening midwifery regulation.

Conclusions

Bangladesh provides an example of collaboration and cooperation for the establishment of a midwifery profession where midwives are a new cadre. This study demonstrates the role of a professional midwives' association as a key player in that effort and the importance of national and international partnerships in strengthening and supporting those associations. The findings of this research provide a useful baseline for endeavours to strengthen midwifery in Bangladesh and can be triangulated with findings from future qualitative studies. The study shows the importance of midwives having a voice and a place, through their professional association, in policy-level dialogue about midwifery and that investment is needed in midwifery leadership to give midwives the necessary skills and confidence to engage at the highest levels.

Midwives in Bangladesh continue to require support to work to their full scope of practice to ensure maximum contribution to achieving Bangladesh's sustainable development goal targets. Participants in this study called for BMS to be decentralized, ensuring that midwives from every division and in every workplace were represented within, and supported by, their professional association, bringing BMS closer to women and midwives working in remote areas. It is therefore reassuring that recent BMS board elections (2018 and 2021) resulted in the appointment of BMS officers representing midwives from across the country and from both urban and rural settings.

The importance of a rights-based approach to strengthening midwifery was also highlighted. Midwifery associations have an important role in leading efforts to achieve women's sexual and reproductive health rights, the right to respectful maternity care.

The study showed the importance participants gave to research and evidence-based practice in midwifery. BMS can play a key role in driving midwifery research in Bangladesh in inter-related research themes with universities. This might provide a useful focus for the development of midwifery research in Bangladesh.

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Conflict of interest

Nothing to declare

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Figure 1. Illustrating categories.