Journal of Asian Midwives (JAM)

Volume 2 | Issue 2

Case Report

12-2015

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Yasmeen Jan Mohammad
Aga Khan University, Pakistan, yasmeen.mohammad@aku.edu

Rafat Jan
Aga Khan University, Pakistan, rafat.jan@aku.edu

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Yasmeen Jan Mohammad[1]*, Rafat Jan[2]

[1]MScN, RN, LHV, Senior Instructor at Aga Khan University School of Nursing and Midwifery (AKU-SONAM) Stadium Road, P.O. Box 3500, Karachi 74800, Pakistan

[2]PhD, RN, RM, Professor & President Midwifery Association of Pakistan (MAP)
Aga Khan University School of Nursing and Midwifery Stadium Road, P. O. Box 3500
Karachi, Pakistan, 74800

Corresponding Author: **E-mail:** yasmeen.mohammad@aku.edu
Telephone: (92 21) 34865453, 34865400
Mobile: 0092 0331 2059715

Abstract:

It is well accepted globally, that midwives can save the lives of mothers and their new-born successfully, if the community stakeholders provide support and freedom for full scope of practice. Recognising this many countries deploy midwives in the community as an intervention to achieve the MDGs (Millennium Development Goals) 4 and 5 targets set for decreasing maternal and neonatal mortality, respectively.

However, high-income countries' reports show very good results, in achieving MDGs 4 and 5 while the low-income countries lag behind in this regard. The situation in high-income and low-income countries is different because midwives practising in the community in low-income countries face many barriers. These barriers include a lack of understanding of midwives' role, inadequate logistic arrangements, patriarchy, culture, and norms at the level of the family and society that affect all CMWs' (Community Midwives) lives as women.

This case report seeks to explain how the pattern of the patriarchal social system imposes barriers on the practice of midwives in low-income countries, with particular focus on Pakistan. It also recommends that midwives should be empowered in order to deal with barriers that are imposed due to patriarchy and tradition.

Key Words:
Community Midwives, Pakistan, gender, maternity care, patriarchy

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Introduction:

Globally, midwives' with proficiency in midwifery skills are the popular health professional who care for women in their pregnancies, childbirth, and the postpartum period, at their homes, community clinics, or hospitals.[1]In the past many high-income countries, such as Sweden, the United Kingdom, Australia, New Zealand, the Netherlands, and France, set a good example for an efficient role of midwives in the communities.[2] Low-income countries also train midwives; yet, they experience a shortage of midwives at the community level because many of the midwives prefer to work in maternity hospitals instead of in the community.[3] Hence, with joint recommendation of the World Health Organization (WHO), the International Federation of Gynaecology and Obstetrics (FIGO), and **t**he International Confederation of Midwives (ICM),[4] various low-income countries, such Pakistan, the African nations,[5]Afghanistan,[6] Bangladesh,[7] Indonesia,[8]and Sri Lanka,[9] started to address this problem through training of CMWs. The central theme behind their approach is to bring basic Maternal, Neonatal and Child Health (MNCH) care services within the reach of women[2,4] who, due to the patriarchal tradition, face difficulties in approaching health care facilities, especially for pregnancy and childbirth matters.[10]

Patriarchy is a system of social structure in which males hold most of the power, authority and leadership roles. This primary position of men in patriarchal societies delegates women to subservient and subordinate positions.[11-13] Furthermore, studies conducted on women's autonomy and on gender concepts argue that a patriarchal society justifies men's power to determine the condition of and make the key decisions for

women in their lives; such as investment in a woman's education, allowing her to seek health facilities, providing opportunities for jobs, and mobility.[14-16]

Case Report:

Pakistan is a country south Asia in which 65% of the pregnant women residing in the rural areas have difficulty to access quality health services, in regard to pregnancy and childbirth matters.[17-18] Conferring, a recent Pakistan Demographical Health Survey [PDHS] 2012-2013[19], the maternal mortality ratio (MMR) is 276 per 100,000 live births, and the neonatal mortality rate (NMR) is 54 per 1000 live births, with a 4.1% fertility rate. According to this report still 47 % of women delivers their babies in homes, under the supervision of un trained personnel such as Traditional Birth Attendant (TBA) or a relative, as they are easily available, accessible, and affordable, as compared to professional services.

There are many factors in Pakistan that stop women from using professional services, the major ones being the patriarchal tradition, culture, and norms which impose social restrictions on women's mobility. In order to overcome these circumstances, the Government of Pakistan, in 2006, committed to train and deploy 12,000 CMWs in all the its four provinces, as an intervention to reduce MMR and NMR.[20]

All the CMWs in Pakistan are local women, between 18-35 years of age, with ten years of schooling, who have been equipped with professional midwifery skills to manage normal (uncomplicated) pregnancies, childbirth processes, and the postpartum period, and to detect complications in the mother and/or /baby for appropriate referral. Each CMW is responsible for approximately 10,000 people in her geographical catchment area.[20-21] Up until 2011, the country had trained and deployed 4,700 CMWs in all the four provinces.[22] yet, a survey conducted in two districts of Punjab reports that only 3 - 11.7% births are attended by CMWs.[23]

Along with this, various other studies, which have evaluated CMWs' practices, inform that CMWs face many challenges regarding mobility in their communities.[24-27] However, in such analysis the impact of patriarchy on midwives' practices at the community level is missing. Thus, this case report addresses how the patriarchal authority, rooted in the

Pakistani man's ethos, is impacting female CMWs role performance. This case study is a part of a larger qualitative study conducted in Matiari, a sub-district of Hala, in the province of Sindh, in 2012. The study population consisted of 11 practising CMWs, who were deployed in their respective communities through Maternal Neonatal Child Health Program (MNCHP), after acquiring the Pakistan Nursing Council (PNC) license. The experiences related to patriarchal power; as shared by the CBMWs are presented in the following paragraphs by structuring them into two narratives: 1) male ethos at the family level impedes CMWs' mobility; and 2) male ethos at the community level impedes CMWs' mobility. The narratives are excerpts from participants that highlight the issue.

Male ethos at the family level:

This centered on preserving the masculine prestige and honour under the title of guardians and how it was used to govern women and provide security to them.[16] In Pakistan, CMWs are all women, who have generally been brought up in the traditional way of seeing men in the role of fathers, fathers-in-law, brothers, or husbands as, the principle guardians. Bounding by such traditional perceptions , almost all CMWs first regard themselves as a '*woman'* , as a daughter, sister, wife, or mother, instead of being an individual or independent person. Thus, they perceive themselves as the property of their father, or father-in-law, brother or husband and as totally dependent on them. With this understanding the CMWs, are always consider male members of the family important and give special respect to their decisions. These thoughts were expressed by one study participant who stated:

> "Definitely we [CMWs] also have to respect the opinions of our family members; we can't live by creating an isolated world of our own. I am not only a midwife; I am also a daughter, sister, and wife of somebody. So, definitely, we have to look after all these things. Also, we are also a part of this environment, and we can't survive in this way. So I don't think that we would be able to continue this [job] further." (FG1 R3)

At the same time, the CMWs, living in patriarchal and traditional families viewed the male members of the family as principle decision makers, despite the fact that accepting

their authority resulted in sacrificing their own dreams and interests to work as CMWs. The following story, of attending a home delivery without permission, illustrates how the participant, as a '*woman',* was bound to follow the traditional behaviour of the family's male members, while also revealing how women in the family are governed by men.

> "Once, one client, who lived in a village a little far from where I lived, called me at 10:30 at night. When I returned home after attending to that lady, what I heard from my family members only I know and my God knows … Because when I left for that lady's house, at that time my brother was sleeping. [So] I just told my mother that I am going to this lady's house, and her daughter-in-law is having the pains …" (FG1 R1)

Male ethos at the community level:

Many CMWs converse about the offensive attitude of the male members, expressed through contemptuous and distressing comments. It is significant to note that men who follow traditional patriarchal social practices at the community level consider themselves as heroes, which they demonstrate through various crude forms of subtle and unsubtle behaviors; such as, harassment, violence and scary symbols etc. All these attitudes of man upset CMWs who trying to earn an honest living. One participant shared:

> "The community people have their own mental level. They make fun of family members, and say that they are *beigairat* [shameless] that they [the parents or husbands of practicing CMWs] have given too much freedom to their daughters or wives to roam outside. Even if a committed girl would go outside, against her family's wishes, the other community people would say that, this girl [CMWs] is shameless, returning home alone at the time of Maghrib Azan [call for evening prayers]". (FG1 R1)
>
> The same respondent further added:
>
> "Sometimes, when we, as CMWs, are at the pregnant lady's house, her husband or brother in-law would come and try to talk to us in a suggestive way." (FG1 R1)

Many study participants felt that these circumstances put restrictions their flexibility of movement within respective community. As one participant stated:

> "Since there is no specific time for the delivery, people can call the CMWs at any time, but the male family members often don't give us permission to go at night". (FG 1 R6)

Discussion:

The participants excerpts highlight that CMWs, as women, have to work in certain boundaries', particularly in Pakistan, when where these are deeply embedded in the patriarchal culture and tradition. . This culture forces them to fulfill traditional roles and responsibilities as subordinates within the family and in society. Consequently, as women, the CMWs in Pakistan have to be obedient and they cannot question males, such as their husbands, fathers, or brothers. These outcomes are in line with social literature, in which studied on female autonomy in a patriarchal, traditional culture have identified the prevalence of the customary parochial culture that sets the code of conduct and values for males to be raised with full consciousness of their distinctiveness and girls with submissive behaviour.[28-29] With this construct of power, the men at the family level limit women's rights by enforcing dominance in the name of "honour" or protection or security. Hence, according to this case report, young, unmarried CMWs living in such a patriarchal culture specifically gave high value the decision of their male family members, who did not permit them to visit pregnant women in their homes, and discouraged them from attending home births alone.

In contrast, outside the family circle, male dominance portrays men as violence perpetrators and this creates a fear in women. Males outside the families frightened CMWs, which restricted their movement. The CMWs voiced this by saying that they were scared that they might become victims of bullying or abuse. Their solution, when receiving a labour call, in the absence of any male members at home they use the company of their brother, father, or husband, or at times their mother-in-law. Such situation are also described in other studies, which explored other type of female health workers that are based communities. These included Lady Health Workers (LHWs) and Lady Health Visitors (LHVs), where experiences in relation to gender-based constraints

revealed some similar problems; like health staff were afraid of walking alone, thus they sought help from their immediate family male members.[30-31] The participants' views, as discussed above, also show they did not feel secure in moving alone in the community. However, it is significant to note here that the above mentioned evidence contradicts the Pakistan Country Gender Profile report (2007-2008), [32] which states that in the Islamic ideology is practiced which gives equal rights to men and women.

Recommendations:

This case report provides crucial insights into some key socio-cultural reasons that create obstacles for midwives, especially in terms of their mobility, which limits program effectiveness, i.e. bringing maternal health care nearer to where women live. Hence, it is very difficult for the country to follow the recommendations outlined in the Safe Motherhood literature and CMW deployment policies developed in Pakistan, all of which trying to promote home births by trained CMWs.[24-27] Thus this case report suggest that there is a need at the national level for a campaign to facilitate CMWs' knowledge of human and women's rights so that they can be empowered and enabled to protect themselves in a patriarchal culture.

However, empowerment alone may not be enough to improve the situation or remove the obstruction. The policy makers also need to take concrete action to help change fundamental cultural beliefs and norms. Hence, another recommendation is to raise the recognition of the CMWs by educating them and by advocating their competency among the local communities, other maternity care professional teams, and the traditional birth attendants. This awareness is important for increasing trust, respect, and recognition of CMWs in the respective communities.

This case report highlighted that the activity of CMWs is limited by patriarchal traditions. This demonstrates that the policy makers and implementers at the administrative and educational levels need to strengthen the curriculum regarding empowerment. This will enhance the sustainability of the CMWs and, consequently, help to achieve the MDG 4 and 5 successfully.

The data discussed in this case study was derived from 11 CMWs' views and experiences. These midwives practiced at one specific site and belonged to one cohort,

who was deployed in March 2012. Therefore, the findings may not be generalizable; however it is likely to have implications for other parts of Pakistan, which operate within similar patriarchal system.

Conclusion:

Evidence suggests that CMWs, as women, are deeply anchored in the patriarchal tradition. Due to this CMWs firmly believed in obeying their fathers, brothers and husbands and could not move out of their home without permission. Thus, they could not practise their role fully, as expected at recruitment. Therefore, it is important that the policy makers take specific action to empower the CMWs while planning and preparing the ground for the deployment of CMWs. Some of these actions include educating midwives and their family members, specifically fathers, brothers, and local male members in the communities, regarding the need for and value of midwives, so that they can provide support to the said midwives.

Acknowledgements:

We are grateful to the Aga Khan University School of Nursing and Midwifery, and all those who supported us while undertaking this research work. We would also like to extend special thanks and deep gratitude to community midwives who shared their valuable experiences, as it would not have been possible to conduct this research without their cooperation.

Conflict of interest:

There is no conflict of interest from any author

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