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RESEARCH ARTICLE

WOMEN'S VIEWS TOWARDS SOCIAL SUPPORT DURING LABOUR AT OMDURMAN MATERNITY HOSPITAL (OMH), SUDAN 2015

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ABSTRACT

Background: labour is a physiological and emotional process for which a woman needs to be accompanied by someone she trusts.
Objectives: To assess pregnant women's views regarding the importance of social support during labour and their preferences of companions at OMH 2015
Methods: A descriptive, hospital-based, cross-sectional study conducted at OMH during 2015. All pregnant women attending antenatal care clinics who were booked for vaginal delivery were included in the study after an informed consent. Data was collected by trained registrars; recorded information included socio-demographic parameters, woman's views on the importance of social support during labour (SSL), preference for companionship and whether they would like their supporters to attend childbirth. Those with previous childbirth were asked about their experience on labour or having SSL given to them by medical or nursing staff. All were asked about their need for formal education about labour and childbirth during the antenatal visits.
Results: Out of 2348 women included in this study, 1995(85.0%), would like their companions to be present during childbirth particularly; educated (PV= 0.001), urban residents (PV= 0.0001), nulliparous (PV= 0.0001) and younger age clients (PV= 0.0001). The preferred companion was the mother 1091 (54.7%) followed by sisters 559 (28.0%), husband 305 (15.3%) and other relatives 40 (2.0%). Refusal of companion was mainly due to socio-cultural reasons, particularly among elder multiparous less educated women. Most (98.5%) of participants would like to have education during antenatal care visits. Among women with previous experience of delivery 979(95.0%) rated the care providers during labour as poor social supporters.
Conclusions: Most of pregnant women appreciated the importance of SSL and would like to have a companion, mainly by mothers and sisters, and they would like to have formal education about labour and childbirth. There is a need for change in health policies and practice and strengthening providers' practice towards social support.

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INTRODUCTION

Labour is a physical and emotional experience, for which a woman needs to be accompanied by someone she trusts (Simkin P. Pain, 2011). Social support during labour (SSL) is non medical care given to women throughout labour, it is more useful when provided by non- hospital staff particularly when started earlier in labour. Supportive care during labour may involve emotional support, comfort measures, providing information and advocacy. SSL may enhance progress of labour, increase the chance of spontaneous vaginal birth, women feeling of trust which will reduce the need for obstetric intervention and it has no reported adverse effects (Hodnett *et al*., 2007). Women will deliver smoothly without the need for pain relief, instrumental assistance or cesarean section (C/S), with shorter duration of labour and more satisfaction (Hodnett *et al*., 2007). During centuries; nearly in all societies, women gave birth at home where they have been helped and comforted in labour by other women. However, recently in many countries, more women are giving birth in hospitals where there is a need for social support during labour. Modern obstetric care frequently subjects women to institutional routines, unfamiliar staff, high rates of intervention with lack of privacy which may have adverse effects on the progress of labour. The evidence has shown that women receiving support

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from a companion during labour and childbirth are emotionally and physically comforted (McCool and Simone, 2002). This social and psychological support provided to women during labour and childbirth improves their satisfaction and outcome of labour. Despite the advantages of social support during labour and childbirth (SSL) healthcare policies and maternity care providers in several countries are reluctant to accept it as an essential component to their comprehensive care package. The World Health Organization (WHO) recommended that; the parturient woman should be accompanied by people she trusts and with whom she feels at ease, preferably her mother, close relatives, a friend or her husband (NICE Clinical Guidelines, 2007). Public or private hospitals should give women the option of having a companion during labour and childbirth and encourage healthcare policies to include educational materials to pregnant women and their chosen companions prior to delivery, preferably during antenatal care visits (NICE Clinical Guidelines, 2007).

Barriers to the implementation of SSL are; refusal of some women the presence of companions during labour particularly at the time of childbirth in addition to physical environment and logistics preparations cost. Health workers' negative attitudes toward patients, and polices prohibiting relatives from being present in the labour room. Midwives or health care providers usually they lack labour support skills or may work in short staffed environment. In some countries; doulas (women with special training in labour support) are used for birth support or assistance, where they provide information about labour, tangible physical and emotional support (Bruce *et al*., 2001). These barriers may discourage some women from delivering at public hospitals, particularly in rural areas where they depend on certified midwives or traditional birth attendants, who allow them to obtain social and emotional support from family members or friends during home delivery (McGrath and Kennell, 2008). In Sudan, hospital delivery is still low compared to developed countries; however in urban citizens there is increasing tendency for hospital delivery. This may be due to increased women education and increasing health awareness. Unfortunately; the hospitals, which provide medical and maternity care, do not allow companions to be present in the labour rooms and at the same time do not provide social support to birthing women. The staff in the labour room is often overworked and exhausted and trained in providing professional maternity care but not social or psychological support. While in home deliveries, social support during labour and child birth is part of the Sudanese culture. To our knowledge, there is no published literature on social support from Sudan or a similar research has not been done before. This study is to assess women's views on social support during child birth and how it can be maintained and incorporated into our modern obstetric care system.

MATERIALS AND METHODS

A descriptive, hospital-based, cross-sectional study conducted at OMH during 2015. All pregnant women attending antenatal care clinics who were booked for vaginal delivery were included in the study after an informed consent. Data was collected by trained registrars using a structured format. Recorded information included socio-demographic parameters, woman's views on importance of social support during labour (SSL), preference for companionship and whether they would like their supporters to attend childbirth or not. Those with previous childbirth were asked about their previous experience on labour or having SSL given to them by medical or nursing staff. All were asked about their need for formal education about labour and childbirth during the antenatal visits. Collected data was analyzed using SPSS version 20.

RESULTS

Total number of women included in the study were 2348, 1995 (85.0%) would like to have their companion during labour, while 353 (15.0%) do not like anybody to attend their delivery. Table (1) shows the socio-demographic characteristics of participants, with regard to their age, residence, education, parity and occupation. Women who preferred to have companion; believed that companion may ease their pain by emotional support 1143 (57.3%), comfort them physically by holding hands 704 (35.3%) and may read Quran or pray for them 148 (7.4%). Most of participants 1902 (81.0%) appreciated the importance of social support, few of them consider it to have no role or have no idea about its effect on labour. Preferred companion was the mother, 1091 (54.7%), followed by sister, 559 (28.0%), the husband, 305 (15.3%) and other family members 40 (2.0%). Those who preferred husband for companionship were highly educated 275 (90.0%), (PV= 0.001). Women who refused to have someone beside them during labour 353 (15.0%), believed that; labour is something private, 079 (22.3%), or for religious reasons 050 (14.2%) and others are embarrassed to be seen in this situation 224 (63.5%). However, those who refused their husband to attend their delivery, would believe that the husband cannot withstand the situation emotionally, 304 (18.0%), or they do not like the husband to remember this embarrassing situation, 609 (36.0%) other are afraid that it might affect their sexual appeal to the husband 777 (46.0%). Women with previous experience, most of them, 1245 (95.0%) rate health care providers as poor social supporters.

Table 1. Distribution of pregnant ladies who participated in the study according to their socioeconomic characteristics at OMH.2015

Characteristic	Groups	Frequency	Percentage %
Age in years	< 20	0136	05.8
	20 - 30	1047	44.6
	31 - 40	0944	40.2
	>40	0221	09.4
	Total	2348	100%
Parity	Nulliparous	1038	44.2
	Multiparous	1310	55.8
	Total	2348	100%
Residence	Urban	1864	79.4
	Suburban	0484	20.6
	total	2348	100%
Education level	Illiterate	0251	10.7
	Primary school	0463	19.7
	Secondary school	0477	20.3
	University	1157	49.3
	Total	2348	100%
Occupation	House wife	1693	72.1
	Laborer	0009	00.4
	Employee	0519	22.1
	Professional	0127	05.4
	total	2348	100%

Table (2) shows the association of socio-demographic characteristics on the acceptance of social support during labour.

Table 2. Association of socioeconomic characteristics on acceptance of social support during at OMH.2015

Characteristic	Want companion N= 1995		Don't want companion N= 353		PV
Age < 20	131	05.6%	005	00.2%	
20 – 30	944	40.2%	099	04.2%	
31 – 40	826	35.2%	120	05.1%	
>40	094	04.0%	129	05.5%	
Total	1995	85.0%	353	15.0%	0.0001
Parity – Nulliparous	1016	43.3%	019	00.8%	
Multiparous	0979	41.7%	334	14.2%	
Total	1995	85.0%	353	15.0%	0.0001
Residence-Urban	1686	71.8%	179	07.6%	
Suburban	0309	13.2%	174	07.4%	
Total	1995	85.0%	353	15.0%	0.0001
Education – Illiterate	0176	07.5%	073	03.1%	
Primary school	0258	11.0%	096	04.1%	
Secondary school	0399	17.0%	059	02.5%	
University	1162	49.5%	124	05.3%	
Total	1995	85.0%	353	15.0%	0.0001

DISCUSSION

Social support during labour is a component of care in many societies, by female companions (Marshall H Klaus *et al*., 1986). The evidence has shown that social support has significant reduction in perinatal complications; including cesarean section, augmentation by oxytocin, less admission to neonatal care nursery with shorter duration of labour (Marshall H Klaus *et al*., 1986). Several studies were done in different parts of the world regarding SSL, their results confirmed the benefits of SSL on birthing women and newborns. The findings of this study showed that a good number of participants (85.7%) were willing to be accompanied by supportive companion during labour and delivery. This is similar to studies done in Malawi 71%, Nigeria 86%, Zambia 63% and Hong Kong 63% (Banda *et al*., 2010; Morhason *et al*., 2008; Maimbolwa *et al*., 2001; Lei, 2015). However, a small study done in Saudi Arabia showed that the acceptance rate to social support was (45.3%), affected by community believes (Al-Mandeel *et al*., 2013). In this study, the preferred companion were the mother, sister, husband and other female family members e.g. grandmother, aunt and mother in-law. This is similar to the studies done in Malawi, where female family members were preferred over the husband (11.4%), while in Zambia the husband was never nominated as first companion of choice (Banda *et al*., 2010; Morhason *et al*., 2008). This is most likely due to women's feelings of embarrassment or fear of husband sexual rejection from the presence of other female relative during labour (Banda *et al*., 2010; Morhason *et al*., 2008). On the other hand in the developed countries male partner was the companion of choice influenced by cultural reasons, women's education and feeling of equity with their husbands (Lei, 2015; Kennell *et al*., 1991; Sapkota *et al*., 2012; Vehviläinen-Julkunen and Emelonye, 2014). The acceptance to labour support was higher among younger women rather than older women where some of them decline the idea specially the grand multiparous who have gone through the normal labour many times without a companion, and this social support might affect their privacy and they will be embarrassed to be seen in this situation. Also high acceptance was higher among urban than rural residences, mostly affected by level of education. Education has an empowering effect on women through the broadening of their horizons and awareness raising, as educated women had more acceptance for the husband being the social companion. This is similar to that found in Nigeria where Socio-demographic variables were found to be statistically significant for the desire of a companion in labour, particularly; nulliparity, and professionals (Morhason *et al*., 2008). Most of participants (99.0%) would like to have formal education on social support during labour as part of the ANC, and this is similar to other African studies (Morhason *et al*., 2008; Al-Mandeel *et al*., 2013). Usually primigravidae receive verbal advices regarding normal labour from external sources of information such as relatives, and friends which can be helpful but contradictory information can be harmful to the laboring women as relatives usually reflects their personal experiences, believes and taboos. Despite the fact that training and teaching session regarding labour should be a component of routine antenatal care, no adequate information is given to the laboring women during ANC .This would have an implication on women expectations regarding labour experience, as reported by African countries like Malawi and Nigeria (Banda *et al*., 2010). In contrast to that in many developed countries, for example in Hong Kong and Sweden the main sources of childbirth information are the midwives during antenatal care education (Banda *et al*., 2010).

Conclusion

Women appreciate the importance of SSL and desire to have SSL during childbirth was confirmed. Mothers and sisters were the preferred companions while husband was requested the highly educated women. There is an information gap regarding labour and labour companionship which needs to be filled during antenatal care, with change in the health policies and practices regarding SSL.

REFERENCES

Al-Mandeel HM, Almufleh AS, Al-Damri AJ, Al-Bassam DA, Hajr EA, Bedaiwi NA, Alshehri SM. 2013. Saudi women acceptance and attitudes towards companion support during labor. Should we implement an antenatal awareness program? *Ann Saudi Med.*, 33 (1): 28-33.

Banda G, Kafulafula G, Nyirenda E, Taulo F, Kalilani L. 2010. Acceptability and experience of supportive companionship during childbirthin Malawi. *BJOG*, 117:937–945.

Bruce A. Meyer, Jane A. Arnold, Debra Pascali-Bonaro, 2001. Social support by Doulas during labor and the early postpartum period. Hospital Physician September, 57- 65

Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. 2007. Continuous support for women during childbirth. Cochrane Database of Systemic Reviews, Issue 3. Art. No:CD003766

Kennell J, Klaus MH, McGrath S, Robertson S, Hinckley C. 1991. Continuous emotional support during labor in a US hospital: A randomized controlled trial. *JAMA*, 265: 2197-2201.

Lei H. 2015. Companionship during labour was highly acceptable among women and partners. *Hong Kong J Gynaecol Obstet Midwifery*, 15 (2): 124-130.

Maimbolwa M, Sikazwe N, Yamba B, Diwan V, Ransjö-Arvidson A. 2001. Views on involving a social support person during labor in Zambian maternities. *Midwifery*, 17 (4): 226-234.

Marshall H Klaus, John H Kennel, Steven S Robertson, and

Roberto Sosa. 1986. Effects of social support during parturition on maternal and infant morbidity. *British Medical Journal*, vol 293:585-587.

McCool WF. and Simone SA. 2002. Birth in the United States: An overview of trends past and present. *North Am nursing J*., 37 (4): 735-746.

McGrath S. and Kennell J. 2008. A randomized controlled trial of continuous support during labor for middle-class couples: effect on cesarean delivery rates. *Birth*, 35(2): 92-97.

Morhason I, Omar K, Bello A, *et al*. 2008. Attitude and preferences of Nigerian antenatal women to social support during labour. *Journal of Biosocial Science*, 40 (4): 553–562.

NICE Clinical Guidelines. National Collaborating Centre for Women's and Children's Health (UK). Intrapartum Care: Care of Healthy Women and their Babies during Childbirth. RCOG Press; 2007, London, No. 55.

Sapkota S, Kobayashi T, Kakehashi M, Baral G, Yoshida I. 2012. In the Nepalese context can a husband's attendance during childbirth help his wife feel more in control of labour? *BMC Pregnancy Childbirth*, 12: 49-52.

Simkin P. 2011. Pain, suffering, and trauma in labor and prevention of subsequent post traumatic stress disorder. *J Perinat Educ*., Summer; 20(3):166-76.

Vehviläinen-Julkunen K, Emelonye A. 2014. Spousal participation in labor and delivery in Nigeria. *Ann Med Health Sci Res*., 4 (4): 511-515.

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