



ELSEVIER

Contents lists available at ScienceDirect

## Midwifery

journal homepage: [www.elsevier.com/midw](http://www.elsevier.com/midw)

## A community-based participatory research approach to explore community perceptions of the quality of maternal–newborn health services in the Dominican Republic

Jennifer Foster, MPH, CNM, PhD (Assistant Professor and Principal Investigator)<sup>a,\*</sup>, Rosa Burgos, Lic., MA (Program Director and Nurse Researcher)<sup>b</sup>, Carmen Tejada, Lic., (Nurse Researcher)<sup>c</sup>, Ramona Cáceres, Lic., (Nurse Researcher)<sup>c</sup>, Asela T. Altamonte (Community Researcher)<sup>d</sup>, Lydia J. Perez (Community Researcher)<sup>d</sup>, Frank R.M. Nobao (Community Researcher)<sup>d</sup>, Marilyn F. Urbaz (Community Researcher)<sup>d</sup>, Annemarie Heath CNM, MSN (Clinical Collaborator)<sup>e</sup>, Rebecca C. Hilliard, RN, MSN (Research Assistant)<sup>a</sup>, Fidela Chiang, BA, BSN (Research Assistant)<sup>a</sup>, Priscilla Hall, CNM, MSN (Research Assistant)<sup>a</sup>

<sup>a</sup> Lillian Carter Center for International Nursing, Center for Research Maternal–Newborn Survival Nell Hodgson, Woodruff School of Nursing, Emory University, 1520 Clifton Road, Suite 428, Atlanta, GA 30322, USA

<sup>b</sup> Centro Universitario Regional del Nordeste, Dominican Republic

<sup>c</sup> Hospital San Vicente de Paúl, Dominican Republic

<sup>d</sup> San Francisco de Macoris, Dominican Republic

<sup>e</sup> Proyecto ADAMES, Amherst, MA 01002, USA

### ARTICLE INFO

#### Article history:

Received 30 January 2010

Received in revised form

14 May 2010

Accepted 2 June 2010

#### Keywords:

Community-based participatory research

Maternal health services

Health-care quality

### ABSTRACT

**Objective:** to understand both men's and women's beliefs and attitudes regarding public maternity and newborn services, care and quality.

**Design:** qualitative, cross-sectional, retrospective study with an observation arm, using community-based participatory research as both the mechanism of enquiry and catalyst for change.

**Setting:** four urban neighbourhoods in the Dominican Republic, selected in collaboration with the Provincial Medical Public Health Director and the partnering local public hospital.

**Participants:** adolescent women (15–20 years of age), adult women (21–49 years of age) and adult men (> 19 years of age) from the four neighbourhoods were recruited to participate in focus sessions, personal interviews and/or antenatal observations. A total number of 137 participants were recruited: 27 males, 51 adolescent females and 59 adult females. The attrition rate was 17% ( $n=23$ ). Dominican and US midwives and nurses, as well as community leaders, comprised the research team.

**Measurements and findings:** following informed consent, self-reported demographics and obstetric history were collected. Twelve focus groups and 12 individual interviews were recorded and transcribed, then qualitatively analysed for content and interpretation of salient themes. Antenatal observations were performed by community leaders to identify patterns of antenatal health-care delivery and utilisation. The main over-riding theme uncovered by the research was 'no me hace caso', or that women and men accessing the maternal health system did not feel valued. The significant amount of time required to receive care was interpreted by the participants as a lack of respect. Finally, the idea of 'cuña' emerged, in which participants noted special treatment for those with social connections to health-care providers. Presentation to the hospital was challenging but resulted in hospital volunteers joining the community volunteer group to collaborate on improving services.

**Key conclusions and implications:** this study, conducted in the Dominican Republic, illustrates international collaboration between university researchers, maternity service providers and community members. Community-based participatory research may be an effective mechanism to unite community members and health providers in the common mission to improve maternal–newborn health services.

© 2010 Elsevier Ltd. All rights reserved.

### Introduction

The constraints of limited resources have not diminished the global intention in public health to improve quality health-care

\* Corresponding author.

E-mail address: [jennifer.foster@emory.edu](mailto:jennifer.foster@emory.edu) (J. Foster).

services. The US Federal Agency for Healthcare Research and Quality (AHRQ) categorizes quality across four dimensions; 'effectiveness, patient safety, timeliness, and patient centeredness' (Agency for Healthcare Research and Quality [AHRQ], 2008, p. 1). In areas of the world where both maternal–newborn mortality and morbidity are high, maternal health services that function in this way could significantly reduce the annual 530,000 maternal deaths globally, and achieve the World Health Organization's (WHO) Millennium Development Goals (MDGs) 4 and 5 (World Health Organization, 2005).

Since the launch of WHO's Safe Motherhood Initiative in 1987, considerable resources have been devoted to augmenting the capacity of skilled birth attendants to provide basic obstetric care (World Health Organization, 1997). The reasons for the lack of progress in reducing maternal mortality have been a topic of extensive debate (Shiffman and Smith, 2007). Currently, WHO ranks maternal and newborn care as a high global priority for patient safety research (World Health Organization, 2009).

The overall literature on quality of care in the developing world is discouraging. Reports from Brazil, Tanzania, Mexico, Kenya, Ecuador and the Dominican Republic describe care that is inadequate with respect to standards and guidelines, gaps in provider knowledge, overmedicalisation of normal pregnancy and poor management of women with complications. Providers have demonstrated disrespectful attitudes towards patients as well as compassion fatigue (Boller et al., 2003; Miller et al., 2003; Barros et al., 2005; Barber, 2006; Harvey et al., 2007). It is worth noting, however, that there are also reports of achievements in quality of care focused on reduction of disparities, and structural efforts to increase skilled birth attendance (Clapham et al., 2004; Liljestrand and Pathmanathan, 2004).

Additionally, researchers and policy makers have increasingly realised the importance of women's perceptions of quality care. In an anthropologically based quality-of-care study, indigenous Mayan women in Guatemala expressed fear and frustration of not being attended to by health-care personnel, feelings of powerlessness, and an overall lack of trust in staff competence (Berry, 2008). From Nigeria, Fawole et al. (2008) emphasised that client perceptions of quality of care influence their health behaviours, including utilisation and compliance with services. Moreover, regarding the quality of maternity care in other parts of Africa, examples of disrespectful treatment have been reported, as well as inefficient, ineffective or simply poor medical care (D'Ambruoso et al., 2005; El-Nemer et al., 2006).

In the Making Pregnancy Safer (MPS) initiative, WHO has noted that access and utilisation of quality health services to achieve maternal and newborn health require significant behavioural change on behalf of both consumers and providers of maternal health services. Consumers need to develop capacities to stay healthy, make healthy decisions, and respond to obstetric and neonatal emergencies. They also need increased awareness of their rights, needs and potential problems related to maternal and newborn health (Safdar et al., 2002). Providers need to improve the quality of their services, as well as strengthen the linkages for social support with health systems and their interactions with women, men, families and communities (World Health Organization, 2003). Furthermore, the MPS initiative has emphasised that education processes for individuals, families and communities should be oriented to create knowledge, not deliver it (World Health Organization, 2003).

This article reports on a community-based participatory research (CBPR) study conducted in the Dominican Republic. The Dominican Republic is a Caribbean country that shares its border with Haiti on the island of Hispaniola. There are over nine million inhabitants, and nearly half (42.2%) live below the national poverty line (Central Intelligence Agency, 2010). Although classified as a middle-income country in 2010 by the World Bank (World Bank, 2010), income

inequalities continue to plague the country, with two-fifths of the gross national product going towards the richest 10%, and less than one-fifth going towards the poorest half (Central Intelligence Agency, 2010). Although 97% of births occur in health facilities, a lack of health-care quality has been reported (Miller et al., 2003). The maternal mortality ratio (150–160 maternal deaths per 100,000 live births) and the infant mortality rate (22 infant deaths per 1000 live births) remain higher than one would expect given the well-developed public health infrastructure and almost universal institutionalised births (Pan American Health Organization, 2007).

For readers unfamiliar with CBPR, it is an approach that joins community representatives and academically trained researchers in a process of collaborative research that is intended to invoke action or behavioural change. CBPR involves community members in all aspects of the research, from the initial question to data collection, analysis and dissemination (Minkler and Wallerstein, 2008). The US AHRQ defines CBPR as, 'a collaborative approach to research that combines methods of enquiry with community capacity-building strategies to bridge the gap between knowledge produced through research and what is practiced in communities to improve health' (Viswanathan et al., 2004, p. v).

The theoretical framework underlying CBPR is the process of conscientisation, articulated by Freire (2007). As an adult educator of illiterate people, Freire observed that impoverished or marginalised persons who engage in naming and reflecting upon their own social condition become empowered to change it. Given that disparities in the health of mothers and infants are concentrated within the most impoverished and disenfranchised populations, the CBPR approach is relevant to improve participation of communities in improving maternal–newborn health, as well as encouraging their involvement in the health systems designed to serve them.

One critical tenet in CBPR's efficacy is that the community must formulate the research question (Mosavel et al., 2005; Foster and Stanek, 2007). This study was one of the outcomes of a continuing international partnership between US midwives (one trained in medical anthropology) and Dominican nurses that was initiated in 2003. Earlier activities of the partnership have been reported elsewhere (Foster et al., 2005, 2006; Foster and Heath, 2007; Foster, 2009). Following an increase in maternal mortality cases within a six-month period, the Dominican nurses identified delays in accessing care for complications as a factor contributing to maternal deaths. The research question emerged from this concern: why did women with obstetric complications delay arrival at the hospital until they were in such deteriorated condition(s) that the hospital could do little to help them? There was a perception among the Dominican nurses that women delayed accessing care because they held beliefs and attitudes regarding obstetric care that caused them to delay seeking help.

One objective of the study was to gain a deeper understanding of women's and men's beliefs, attitudes and behaviours towards the maternity services in the hospital where women delivered, to help understand why women in the Dominican Republic with obstetric complications delay care essential to their survival. CBPR was the methodology selected for this research based on the premise that the maternal health-care providers, researchers and community members, by working together to jointly understand the community's experience of maternity care, could then unite to improve it. The mechanism of alliance for change was the research process itself.

## Methods

### *Community-based participatory research*

The Provincial Medical Public Health Director from the Secretariat of Public Health and Social Assistance suggested four

Download English Version:

<https://daneshyari.com/en/article/10515928>

Download Persian Version:

<https://daneshyari.com/article/10515928>

[Daneshyari.com](https://daneshyari.com)