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Title of article: Respectful Midwifery Care in Malawi: Educating Midwives on a Human Rights Based Approach

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Abstract

"Ensure healthy lives and promote well -being for all at all ages" is the focus of Sustainable Development Goal 3 (World Health Organisation 2015). Malawi has one of the highest maternal mortality ratios in the world at 634 per 100,000 live births (WHO 2015). A priority within Malawi over the last 15 years has been to improve women's access to skilled birth attendants through training and educating more midwives and encouraging women to deliver in health facilities (Kumbani et al 2012). The evidence suggests that improving women's access to a skilled birth attendant is one of the most effective means of improving birth outcomes (Bowser and Hill 2010, Bohren et al 2015). However, women's choices around accessing skilled birth attendance have been negatively impacted by the treatment they receive from their care provider. A gap in training around respectful maternity care was identified as a means to improving women's experiences in childbirth.

Aim: To design and pilot a training module for clinical midwives in the promotion of respectful maternal care and demonstrate to participants the link between human rights and maternal health care and how a human rights based approach may improve the experiences of patients and care providers.

Methods: The training programme was devised jointly by an interdisciplinary team from midwifery and law. Relevant materials were devised and grafted on to the programme already being delivered in Malawi by the Scottish team under the auspices of the Scottish Universities and the Malawian Ministry of Health partnership. These materials reflecting the PANEL approach were then piloted in Malawi with a group of 40 midwives and managers. The materials were delivered by presentation, discussion and case scenarios .

Evaluation: Participants were invited to provide anonymised free text quotes on completion of the training. The data gathered indicated an appetite for learning around Respectful Maternity Care. Cognisance has been given to the feedback received from the Facilitators.

Limitations: It must be emphasised this was a modest pilot but nevertheless the feedback received from participants and trainers was valuable for revision of the materials and has provided valuable insight for future training.

Introduction

Improving access to maternity care is one of the most effective ways of reducing the maternal death rate (Kumbani et al 2012, Bohren et al 2015). Although Malawi's maternal mortality rates are slowly improving the country remains one of the worst in the world (WHO 2015). Prior to the introduction of the Sustainable Development Goals, (in particular Goal 3), the Millennium Development Goal (MDG) 5(A) sought to reduce the maternal mortality ratio by three quarters between 1990 and 2015 (United Nations 2015). Despite progress being made, this target was not met in Malawi. According to the 2015 MDG Report there were still an estimated 289,000 maternal deaths in 2013, concentrated in sub-Saharan Africa and southern Asia (United Nations 2015). This area accounted for 86% of maternal deaths (United Nations, 2015, p.39).

The Malawi Health Sector Strategic Plan states that the "maternal mortality rate reduced from 984/100,000 in 2004 to 675/100,000 in 2010 with an increase in women delivering at health centres from 57.2% in 2004 to 73% in 2010" (Government of Malawi, 2011, p.12). Efforts to reduce maternal mortality have mainly focussed on improving women's access to maternity care by developing accelerated midwifery education programmes and maternity waiting homes (Kumbani et al 2012, Bell et al 2014). This has resulted in improved numbers of women attended by skilled birth attendants during childbirth. However sustaining and improving care in childbirth is challenging when considering women's experiences of care, in particular disrespectful and abusive care. Disrespectful care can have a detrimental effect on a woman's physical, mental and emotional wellbeing as well as on bonding and attachment with her baby (Bohren et al 2015). Evidence suggests that the fear of abuse from midwives is a powerful deterrent for women choosing to access maternity care (Brown 2010).

The evidence base around disrespect and abuse of women by maternity care providers is growing and is of global concern (Bowser and Hill 2010, Warren et al 2013, Asefa and Bekele 2015, Bohren et al 2015). In Malawi, disrespect for women during childbirth has been reported frequently by the media and women. The absence of education and training around respectful care and advocacy in midwifery curricula and continuous professional development programmes was also highlighted by the Christian Health Association of Malawi (CHAM), midwifery leadership within colleges and the Association of Malawian Midwives (AMAMI). Respectful care is also embedded within the Nursing and Midwifery Council of Malawi's Professional Documents (NMCM 2009). The identification of disrespectful care in Malawian communities and the lack of a specific educational package prompted the development and piloting of a Respectful Maternity Care educational training package. The package supports the improvement of the quality of care within health facilities through education, in an attempt to enhance community service delivery in addition to facilitating behavioural change at all levels (Government of Malawi 2011).

The human rights based approach project

On the basis of this evidence a successful funding application was made to the Burdett Trust for Nursing (http://www.btfn.org.uk). The project was designed to promote leadership skills in midwives embedding a human rights approach throughout all aspects of care delivery. This was introduced through the PANEL approach, an approach widely used to reinforce the importance of human rights concepts in everyday life (http://www.scottishhumanrights.com/humanrights/humanrightsbasedapproach. PANEL is an acronym for participation, accountability, non-discrimination and equality, empowerment and legality.

Participation refers to the right of an individual to be involved in any decision making relating to their own treatment. In practice, this means that information should be readily available, accessible and appropriate. Accountability depends on effective monitoring. Monitoring in the Malawian context may be undertaken by nursing and midwifery regulatory bodies. In order for effective monitoring to be achieved, adequate mechanisms overseeing policy and practice need to be in place. In addition, redress can be sought for alleged breaches of human rights. For non-discrimination and equality to be achieved no one should be disadvantaged in accessing health care because of sex, race, colour, age, religion, disability, health status, sexual orientation, socio-economic or other status. Rights holders must be empowered to know, be able to exercise their human rights and to have their voices heard during development of policy and practice. Finally, these human rights must be legally enforceable and linked to national and international human rights law.

The pilot of the training was delivered by two members of the Scottish team in Malawi at the end of February 2015. The event was high profile within Malawi and received endorsement from the Ministry of Health and the Nursing and Midwives Council of Malawi (NMCM).

Training methods:

The training materials were designed by human rights experts within the team with familiarity of how a human rights based approach can be tailored to various settings. The main learning outcome for the training was to demonstrate the link between human rights and health care, with an emphasis on maternal health. The training also sought to identify how a human rights based approach may be introduced to improve the experiences of women, their families and care providers.

Training materials were designed to introduce participants to the international human rights legal system and identifying the sources and nature of international human rights. The training focused

specifically on health as a human right using power point presentations and open discussion of how human rights is reflected in the delivery of maternal care. The PANEL approach was discussed in detail on day two using anonymised case studies.

Participants were encouraged to be involved from the outset and the training began with an 'ice breaker'. The aim of the ice breaker was to introduce human rights vocabulary as well as introducing participants to each other. The activity utilises terms and definitions around human rights concepts and also divides participants into groups ready for discussion of case studies. For instance, "Martha is a woman in her final stages of labour. She has a tear and delivers a live baby. However, the hospital has no anaesthetic to numb the site. As she is stitched up she screams in pain and the midwife shouts abuse and slaps her to be quiet."

An open teaching style was adopted by the facilitators to encourage exchange of lived experiences and to promote ownership of the learning. Participants were invited to discuss the case using the PANEL approach. This and other "live" case studies were designed with input from Malawian partners. Wider discourse was promoted by small group presentations of each case study followed by comments and further analysis by the wider group.

Teaching methods included power point/flip chart presentations, supported by handouts, case studies, small group discussion and wider plenary sessions. A Student and Facilitator Handbook have been prepared following the feedback received from participants and facilitators. The materials, although designed as a complete programme to run over two days, can also be divided and used as stand-alone components. This provides flexibility as the programme can be tailored made to meet the needs of different cadres in a variety of clinical settings

Selection of Participants

Participants were invited through the principal Malawian partner and included approximately 40 midwives, managers and lecturers who were involved training and delivering care in healthcare

facilities. Participants were made aware of the confidential and sensitive nature of the material. They were asked to keep disclosure of events or experiences confidential. Participants were also made aware of the potential emotional response to the material and, in the event of a participant leaving the room, a simple hand signal was agreed to communicate to the facilitators that the exit was innocuous with no cause for concern.

Evaluation of the Pilot.

At the conclusion of the training a qualitative evaluation was undertaken. Participants were asked to provide free text comments on what was positive about the session and what improvements/revisions could be made to in the materials to inform future delivery. The participants mainly found the content engaging, educational and appropriate for practice. Particularly, comments were received in relation to the active participation within the workshop, describing the ice breaker activity as “adventurous”. Active participation was also described as boosting morale within the training. In addition, responsibilities within clinical practice and “other rights that were not visible” were identified. One of the suggestions received was that the materials should be more contextually specific. This was addressed during subsequent delivery of the training, at which Midwifery managers, leaders and Continual Professional Development (CPD) Facilitators further updated and adapted the course materials for the Malawian context.

Facilitator evaluation:

Previous experience of undertaking training in Malawi informed the facilitators approach to planning. The pilot adopted a Socratic approach, encouraging participants to become involved from the outset. It was a new approach for most of the participants who were more familiar with a didactic teaching method. Accordiingly, additional time was allocated for attendees to discuss, consider and respond. The group overcame initial hestitation, and engaged and actively participated: “the group discussed

the realities of the clinical sites." (Participant 10). The daily challenges of being able to provide respectful care against the backdrop of working with a chronic lack of physical resources were discussed.

Future developments

Further funding was secured for three years from the Scottish Government Malawi Development Programme in 2015 for a project, *Improving Respectful Midwifery Care in Rural Malawi: a Human Rights Approach*, This is currently building on the work of the pilot project and is designed to promote respectful midwifery care by incorporating a human rights approach through the preregistration midwifery curricula and continuous professional development programmes. More robust evaluation will be conducted to determine whether the training has an impact and leads to a change in the practice of midwives and improves the treatment and care offered to women.

Conclusion

This was a modest pilot training module prepared on respectful maternal care. The feedback received from participants and facilitators has demonstrated an appetite for further respectful care training.

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