



The Impact of The Strengthened Gender Sensitive Midwifery Care Provided by Midwives on Pregnant Women's Knowledge, Attitude and Acceptance of Midwifery Care

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ABSTRACT

Background: Gender sensitive midwifery services are needed by women, especially during pregnancy, childbirth and puerperium. Gender inequality in society has a negative impact on the acceptance of antenatal care for mothers. Gender sensitive midwifery care is needed to improve maternal health status during pregnancy.

Purpose: This study aimed to determine the impact of gender sensitive midwifery care provided by midwives on pregnant women's knowledge, attitude and acceptance of midwifery care.

Method: This was a quantitative experimental study with pre-posttest for 1 group design. This study involved pregnant women who received midwifery care from 40 midwives, totaling 200 pregnant women obtained through purposive sampling in 2 provinces. Paired t-test was used to measure the difference in the results of the variables measured in pregnant women before and after 3 months of the intervention made for the midwives.

Results: Pregnant women's knowledge, attitude and acceptance of midwifery care increased after the intervention was made for the midwives. The mean difference (MD) for knowledge was -2.07 ($r=0.864$), p value=0.000 in DKI Jakarta, and MD=-2.70 ($r=0.467$), p value= 0.000 in South Kalimantan. For attitude in DKI Jakarta, MD=-1.03 ($r= 0.99$, p value=0.000) and in South Kalimantan the mean difference (MD) was -2.8 ($r= 0.445$, p value=0.000). For acceptance of gender sensitive midwifery care in DKI Jakarta MD=-2.71 ($r= 0.67$, p value= 0.000) and in South Kalimantan MD=-4.5 ($r= p$ value=0.000).

Conclusion: There was a difference and increase in score for knowledge, attitude and acceptance of midwifery care in pregnant women before and after the midwives received the intervention on gender sensitive midwifery care in the two provinces. It takes great attention from midwives to ensure that all pregnant women receive a gender sensitive midwifery service.

Keywords: *midwifery care, gender sensitivity, pregnancy*

BACKGROUND

The pregnancy period requires more attention from partners, families and the surrounding community. Midwives also play an important role in providing this attention (Renfrew et al., 2014). Many problems related to gender inequality occur during pregnancy, such as difficulty in accessing health services due to unsupportive families and cultural factors (Hoque, 2015; Kalin, 2011) and difficulty in meeting adequate nutritional needs during pregnancy as the effect of gender inequality and low empowerment of women in society (Vir, 2016). Problems due to gender inequality during childbirth (Bakker et al., 2020) can also lead to increased cases of maternal morbidity and mortality during the reproductive period. In Indonesia, women's reproductive health and sexuality are sensitive topics and are heavily influenced by religion, culture and norms (Yusran et al., 2020). As a result, many reproductive health problems occur in Indonesia such as premarital sex, unsafe abortion, and childbirth before married.

The basic cause of gender inequality during pregnancy is mothers' lack of knowledge about the importance of antenatal care during pregnancy, resulted from poor education and gender inequality in society (Kalin, 2011; ParfaitM & Eloundou-Enyegue, 2004). In addition, financial problems and the role of the closest people and the surrounding community are closely related to the low antenatal coverage for pregnant women up to 1 month postpartum visit. Women's inability to make decisions also contributes to cases of maternal and child morbidity and mortality, especially in the perinatal period (Li, 2004).

Midwives as health workers who are close to women are expected to strengthen women's ability to empower themselves, especially during the reproductive period (Horton & Astudillo, 2014). It is done by providing services using a gender sensitive approach in midwifery practice which is expected to increase women's understanding (knowledge and attitude) about their reproductive health, especially during pregnancy, childbirth and the postpartum period. Strengthening the knowledge and skills of midwives especially in gender sensitive midwifery practice has an important role in improving the services they provide and enhancing women's self-empowerment. It can be done through professional training or improved formal education (Filby et al., 2016). Midwifery services provided with a gender perspective to women can be performed in all midwifery service settings (Horton & Astudillo, 2014). In Indonesia, 75% of births are assisted by midwives (Supradewi & Rajab, 2013). Midwives play an important role as people who are closest to women and they are strategic health workers in reducing maternal and child morbidity and mortality in Indonesia. To address the reproductive health situation in Indonesia related to women and children, midwives are not only required to have midwifery clinical expertise, but are also expected to have the ability to analyze health problems related to gender inequality (Supradewi & Rajab, 2013). Thus, midwives are able to teach women to be more empowered and able to understand the importance of health for themselves especially reproductive health.

OBJECTIVE

This study aimed to determine the impact of the strengthened midwifery services with a gender perspective approach provided by midwives on pregnant women's knowledge, attitude and acceptance of midwifery care during the antenatal period in two provinces in Indonesia.

METHOD

This was a quantitative experimental study with pre-posttest for 1-group design involving 200 pregnant women with gestational age in the 2nd and 3rd trimesters who received midwifery care from private practice midwives in DKI Jakarta (20 midwives) and South Kalimantan Provinces (20 midwives). Respondents of this study were obtained using purposive sampling and they have filled out the informed consent to become respondents of this study.

In this study, pregnant women were given a questionnaire regarding knowledge, attitude and acceptance of midwifery care with a gender sensitive approach before the midwife received training in gender sensitive midwifery practice and 3 months afterwards. The questionnaire has been measured for its validity and reliability using the Pearson product moment. The assessment was carried out for variables of knowledge and attitude of pregnant women and the acceptance of midwifery care with a gender perspective provided by midwives before and 3 months after they received training in gender sensitive midwifery care. The training was conducted for 3 days, then the midwives were asked to apply the results of the training to their clients.

The paired t-test was used to measure the difference in the results of the variables measured in pregnant women before and 3 months after the intervention was made for the midwives. The data was analyzed using SPSS 21 (SPSS Inc. Chicago USA).

This study was approved by the Ethical Committee of the Jakarta III Health Polytechnic of the Ministry of Health No. KEPK-PKKJ3/ 246/V/2019.

RESULTS

Of the total 200 participants, based on table 1, most respondents were 20 - 35 years old (81.5), had received basic education (75%), had occupation as housewives (67.5%), income from husband/family (82%), were multipara (59%) and had a good history of antenatal check-ups (70.5%).

Table 1. Respondent characteristics according to the impact of the strengthened gender sensitive midwifery care on pregnant women's knowledge and attitude towards midwifery services

Variables		N	%
Age (years old)	< 19 and > 35	37	18,5
	≥ 20 – ≤ 35	163	81,5
Education	Basic education	150	75,0
	High education	50	25,0
Occupation	House wife	135	67,5
	Worker	65	32,5
Source of income	Husband/ family	164	82,0
	Her own income	36	18,0
Social activity	Not active	744	37,0
	Active	126	63,0
Parity	Primipara	81	40,5
	Multipara	119	59,0
History of antenatal check up	Poor	59	29,5
	Good	141	70,5

Based on table 2, there were differences in pregnant women's knowledge, attitude and acceptance of midwifery care provided by midwives before and 3 months after these midwives received training in gender sensitive midwifery care in the two provinces where the study was conducted; the mean for knowledge before the intervention was 39.58 and after the intervention was 41.65 (p value=0.000) in DKI Jakarta Province. The mean for knowledge before the intervention was 41.95 and after the intervention was 44.65 (p value=0.000) in South Kalimantan Province. The mean for attitude before the intervention was 40.45 and after the intervention was 41.48 (p value=0.000) in DKI Jakarta Province, while in South Kalimantan Province it was 42.99 before the intervention and 45.78 (p value=0.000) after the intervention. The mean for acceptance of midwifery care before the intervention was 47.62 and after the intervention was 50.33 (p value=0.000) in DKI Jakarta Province, and 50.79 and 55.34 (p value=0.000) before and after the intervention respectively in South Kalimantan Province.

Table 2. Analysis of the impact of gender sensitive midwifery care on pregnant women's knowledge, attitude, and acceptance

	N	Pre intervention		Post intervention		P value
		Mean	SD	Mean	SD	
Knowledge						
1. DKI Jakarta	100	39,58	4.33	41,65	4.29	0,000
2. South Kalimantan	100	41,95	3.54	44,65	2.67	0,000
Attitude						
1. DKI Jakarta		40,45	4.28	41,48	4.27	0,000
2. South Kalimantan		42,99	3.41	45,78	3.66	0,000
Acceptance of gender sensitive midwifery care						
1. DKI Jakarta		47,62	5.16	50,33	5.56	0,000
2. South Kalimantan		50,79	5.26	55,34	3.72	0,000

Based on table 3, it was found that there was a positive and significant association between knowledge (DKI Jakarta: $r=0.864$, p value=0.000; South Kalimantan: $r=0.467$, p value=0.000), attitude (DKI Jakarta: $r=0.99$, p value=0.000; South Kalimantan: $r=0.445$, p value=0.000) and acceptance of midwifery care with a gender sensitive approach (DKI Jakarta: $r=0.67$, p value=0.000; South Kalimantan: $r=0.285$, p value=0.000) in pregnant women who received midwifery care from midwives before and 3 months after the midwives were trained in gender sensitive midwifery care. The average score of pregnant women's knowledge was 2.07 higher after the intervention in DKI Jakarta and 2.7 higher in South Kalimantan. For pregnant women's attitude the average score was 1.03 higher after the intervention in DKI Jakarta and 2.8 higher in South Kalimantan. On average, the score of pregnant women's acceptance of gender sensitive midwifery care was 2.71 higher after the intervention in DKI Jakarta and 4.5 higher in South Kalimantan.

Table 3. The difference between pregnant women's knowledge, attitude, and acceptance of midwifery care before and after they received intervention in the form of midwifery care with a gender perspective

	r	MD	95% CIs	P value
Knowledge				
1. DKI Jakarta	0.864	-2.07	-2.51, -1.62	0.000
2. South Kalimantan	0.467	-2.7	-3.35, -2.04	0.000
Attitude				
1. DKI Jakarta	0.99	-1.03	-1.06, -0.99	0.000
2. South Kalimantan	0.445	-2.8	-3.53, -2.05	0.000
Acceptance of midwifery care with gender perspective				
1. DKI Jakarta	0.67	-2.71	-3.57, -1.84	0.000
2. South Kalimantan	0.286	-4.5	-5.64, -3.45	0.000

DISCUSSION

Of the 200 pregnant women who were respondents of this study, there was a positive and significant association between their knowledge, attitude and acceptance of midwifery care provided by midwives before and 3 months after these midwives received training in midwifery care with a gender sensitive approach. In addition, it was found that the average score of pregnant women's knowledge, attitude and acceptance of midwifery care increased after the midwife received training in midwifery care with a gender sensitive approach.

Increased knowledge and attitude of pregnant women about gender sensitive midwifery care is needed to improve the quality of health during the antenatal period. With the increase in knowledge about gender perspectives in midwifery care, pregnant women are able to change their behavior about pregnancy to be better and gender sensitive. It is also known that there is a significant association between pregnant women's increased knowledge and reduced possibility of dropping out of pregnancy check-ups and access to healthcare services (Kalin, 2011; ParfaitM & Eloundou-Enyegue, 2004). Further, pregnant women with better knowledge will improve the contribution of midwifery service providers to better service delivery (Betron et al., 2018).

The impact of pregnant women's awareness of the importance of gender sensitive midwifery care is one way of accelerating the reduction in the maternal and child mortality and morbidity rates (Tunçalp et al., 2015). A qualitative study in Indonesia regarding unequal access to maternal and child healthcare from a gender perspective identified gender issue as one of the determinant factors that had an impact on maternal and infant mortality rate and must be addressed immediately to ensure that every pregnant woman and newborn receive adequate and quality services during the antenatal, perinatal and puerperal periods (Yusran et al., 2020). This finding supports the 2015 WHO statement that the important thing to be achieved is how to ensure that mothers and children can receive quality care during their reproductive years, starting from pregnancy, childbirth and puerperium (Souza et al., 2013). With the increase in knowledge, attitude and acceptance of midwifery care in pregnant women, it is hoped that there will be an increase in awareness of pregnant women about the importance of quality midwifery services during pregnancy, childbirth and the postpartum period.

The results of the study showed that pregnant women's knowledge, attitude and acceptance of midwifery care had increased within 3 months after midwives received training. This shows the importance of increasing the knowledge and skills of midwives in providing midwifery care with a gender sensitive approach to pregnant women. The results of the study showed that 95-97% of trained midwives applied their knowledge gained from the training to their clients (results are not shown in the table). Midwives are part of the health workers who are included in the health system. The role of the midwife is to ensure the quality of care provided for women and the reproductive health (Carolan, 2011). The results of a longitudinal study in Ghana to health workers revealed the importance of health workers' motivation to improve the quality of health services (Alhassan et al., 2013), and these results can be adopted by midwives as health workers to motivate themselves to provide quality services with a gender perspective for all their clients. Increased knowledge and skills of midwives in providing gender sensitive midwifery care play an important role in enhancing their communication, respect and dignity for clients and in providing emotional support without discrimination (Tunçalp et al., 2015). Increased knowledge, skills and abilities of health workers bring the success of standardized services as well as satisfaction to their clients (Kak et al., 2015).

Despite its limitations, this study has several advantages as it was conducted in 2 provinces and plays an important role in improving the health status of mothers and children. The weaknesses of this study include a limited number of samples (only 200 pregnant women) and the analysis of the results that has not linked the increase in knowledge, attitude and acceptance of pregnant mothers with the increase in knowledge and skills of midwives after being trained in midwifery care with a gender perspective approach (Erulkar et al., 2004).

CONCLUSION

The results of this study can be concluded that there was an increase in knowledge, attitude and acceptance of pregnant women towards midwifery care before and after the midwives received training in midwifery care with a gender sensitivity approach. It is important for midwives to provide gender sensitive midwifery care as an innovation in midwifery services to prevent maternal and child morbidity and mortality during the perinatal period.

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