IMPROVING MATERNAL HEALTH USING PARTICIPATORY ACTION RESEARCH WITH WOMEN LIVING IN RURAL PAPUA NEW GUINEA

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Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

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Dedication

This thesis is dedicated to my late parents, Susie and Joseph Aite. They loved me unconditionally and inspired me to reach my goal in life. Their unwavering confidence motivated me to persevere in this work despite their untimely passing during my PhD journey.

To God Be the Glory.

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I am indebted to many wonderful people. I offer my sincere gratitude to the women who participated in this study. I thank the four participants who accompanied me through Phase One of this study set in Newcastle. Their devotion, enthusiasm and support for me as a novice researcher were invaluable. We built relationships which are ongoing. In Lomakunauru village, Papua New Guinea (PNG), I researched alongside ten women who found time to share their childbearing experiences with me. Listening to their stories was humbling and insightful. I thank these village women for sharing their ideas to improve maternal health. Further I thank the thirty or more village women who joined the group meetings. I sensed that together we can make this world a better and safer place for the birth of our children and grandchildren.

My aim was to explore ways to improve maternal health in PNG and this study was to be a community development project. I enrolled as a PhD candidate in Nursing and not in Midwifery although I am a midwife. I wish to acknowledge Professor Tina Koch's extensive knowledge of participatory action research (PAR) which allowed me to explore ways I could research alongside women.

I sincerely thank my supervisors Professor Isabel Higgins and Professor Tina Koch for their ongoing dedication and support to me. You have walked alongside me throughout the duration of three and half years of this study. You demonstrated not only dedication, support, guidance, and encouragement, but you also believed in my ability to conduct the study and complete it successfully. With determination and outstanding research skills from both of you, you have worked tirelessly to bring this study to a conclusion. I am deeply moved by your support. Thank you for believing that my aims to improve maternal health were achievable.

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Speak up for those who cannot speak for themselves,

For the rights of all who are destitute,

Speak up and judge fairly,

Defend the rights of the poor and needy.

(The Bible: Proverbs 31:9 New International Version, 2007)

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Acronyms

ADB- Asian Development Bank

ANG- Air Niu Gini

AusAID- Australian Agency for International Development

EmOC – Emergency obstetric care

GoPNG- Government of Papua New Guinea

HREC- Human research ethics committee

MCH- Maternal and child health

MDG- Millennium Development Goal

MLLG – Murat Local Level Government

MMR – Maternal mortality ratio

NDOH- National Department of Health

NIP- New Ireland Province

PAR – Participatory action research

PAU- Pacific Adventist University

PHC – Primary health care

PHC – Pakasi health Centre

PNG - Papua New Guinea

PPH - Postpartum haemorrhage

UK - United Kingdom

UON- University of Newcastle

UPNG - University of Papua new Guinea

USA – United States of America

SDA- Seventh-Day Adventist

TBA- Traditional birth attendant

UNICEF- United Nations Children Fund

UNFPA- United Nations Population Fund

WHO- World Health Organisation

Glossary

Abortion: Cessation of pregnancy (expulsion or extraction of embryo/foetus) before 22 weeks of pregnancy or foetus weighs less than 500g. Abortion may be spontaneous (due to natural causes, such as miscarriage) or induced (made to happen).

Childbearing Years: The reproductive age span of women, assumed for statistical purposes to be 15-44 or 15-49 years of age.

Community Mobilization: Community mobilises on deliberate, participatory processes to involve local institutions, local leaders, community groups, and members of the community to organise for collective action toward a common purpose. Community mobilization is characterized by respect for the community and its priorities areas.

Emergency Obstetric Care (EmOC) — Responds to unexpected complications such as haemorrhage and obstructed labour with blood transfusion, anaesthesia, and surgery. It does not include the management of problem pregnancies, monitoring of labour, or neonatal special care.

Maternal Mortality: The death of a woman while pregnant, during delivery or within 42 days (six weeks) of termination of pregnancy, irrespective of the duration and the site of pregnancy. The cause of death is always related to or aggravated by the pregnancy or its management; it does not include accidental or incidental causes.

Maternal Mortality Rate: The number of women who die while pregnant or during the first 42 days following delivery per 100,000 women of reproductive age in a given year for any cause related to or aggravated by pregnancy, but not from accidental or incidental causes. The rate reflects the maternal mortality ratio and the fertility rate; it is influenced by the likelihood of becoming pregnant and by the obstetric risk.

Maternal Mortality Ratio: The ratio reflects the risk women face of dying when she is pregnant. The number of women who die during pregnancy or during the first 42 days after delivery per 100,000 live births in a given year from any cause related to or aggravated by pregnancy, but not from accidental or incidental causes.

Number of maternal deaths in a year per (100,000) live births in a year.

Midwife: A midwife" is a professional who has successfully completed the prescribed course of studies in midwifery and has acquired proficiency or the requisite qualifications to be registered and/or legally licensed to practice midwifery. S/he is able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct births on her own responsibility and to care for the newborn and the infant. Such care includes preventive measures;

detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education for the woman and the family and community. This work should involve antenatal education, preparation for parenthood and areas of gynaecology, family planning and childcare. She may practice in hospitals, clinics, health units, domiciliary conditions or in any other service." (Joint ICM/FIGO/WHO definition, 1992).

Obstetric emergency: A severe, life-threatening condition that is related to pregnancy or delivery that requires urgent medical intervention (EmOC) in order to prevent the likely death of the woman. An obstetric emergency: May occur any time during a pregnancy, delivery or up to six weeks after childbirth may occur suddenly without any warning. It requires urgent action to refer a woman immediately to the nearest referral unit for further management.

Public health: Is "the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organizations, public and private, communities and individuals.

Postpartum Haemorrhage: The genital tract blood loss of 500 ml or more postpartum.

Primary postpartum haemorrhage is all occurrences of bleeding within 24 hours postpartum. Secondary postpartum haemorrhage occurs after 24 hours postpartum and up to 6 weeks later.

Reproductive health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes. Reproductive health means people have satisfying sex lives and that they have the capability to reproduce and have the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of, and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to have safe pregnancy that results in positive outcomes not only for the woman and her newborn but the entire family.

Safe Motherhood: The goal of safe motherhood is to ensure that every woman has access to a full range of high-quality, affordable sexual and reproductive health services, especially maternal care and treatment of obstetric emergencies to reduce death and disability.

Traditional Birth Attendant (TBA): A traditional birth attendant is a person (usually a woman) who assists women especially during childbearing process. One initially acquired her skills by giving birth herself or through apprenticeship with other TBAs. She lives in the community in which she practices.

Unsafe Abortion: It is a procedure for terminating unwanted pregnancies usually by lay persons in unhygienic environment.

Vacuum extraction is a medical intervention used by doctors and trained midwives to assist difficult and prolonged second stage of labour.

Abstract

Papua New Guinea (PNG) has one of the highest maternal mortality rates in the Pacific Region. My thesis is that safe birthing is a human right and this has been denied to many PNG women. My research question: 'What can be done to improve maternal health in PNG? is in line with Global Millennium Development Goal 5 and favoured as a community development research approach which allowed me to research alongside fourteen women.

Participatory action research (PAR) as articulated by Koch and Kralik was conducted in two phases. Phase One was an apprenticeship in PAR process conducted in Newcastle under the guidance of the PhD supervisors. Storytelling and facilitating group processes were data generation and analysis strategies learned. The objectives for Phase Two were: (1) to collaboratively explore maternal health, examine and describe factors and contexts that are associated with maternal mortality in Lomakunauru village, PNG; and (2) to build awareness about maternal mortality through the PAR process and alongside village women and collaboratively decide on action and /or reform strategies.

Fourteen women told their stories about pregnancy and birthing: four English speaking PNG women living in Newcastle (Phase 1) and ten Lomakunauru village women speaking their own languages (Phase 2). The student researcher is indigenous to this area and speaks several local languages. Stories were transcribed verbatim and each story was returned to the women for their validation and ownership.

Storied data were analysed and commonalities in village women's experiences were revealed. Women were voiceless in their birthing process. Rural populations are thinly spread and health services are located many kilometres away, often across open seas. Hence the distance a woman needed to travel to gain access to maternal care was one of the major problems recognised. Lack of support from husbands during birthing was common and not surprising in patriarchal communities. Women's preference for gender specific care was noted. Nurses assisting women during the intrapartum process were portrayed as perpetrators of negligence and/or abuse. Spiritual devotion and trust in God during birthing gave women strength. In this Seventh Day Adventist village abortion as a birth control measure was unacceptable.

Village women were brought together to discuss ways to promote maternal health. Awareness was raised about the problems associated with maternal mortality. Resultant action was that women wanted to build an accessible Health Post in the centre of the village. The Health Post would be run by traditional birthing attendants (TBAs). Ten women in this PAR group volunteered to complete TBA educational preparation.

This study shows what is possible when women are given a voice. Grass roots organizations led by

women are likely to be sustainable in the promotion of maternal health. Educational preparation of TBAs is one of the recommendations given because professional registered midwives are not affordable in PNG context.