Positive and negative perceptions of labor and birth among Burmese refugees in Thailand: Perspectives from new mothers and care providers

Anjali Madeira MN, MPH, RN
School of Nursing, MN/DNP programs, University of MN

Introduction

The objectives of this study were 1) to describe women’s perceptions during their labor and birth experience, including care processes and interactions with care providers, and 2) to describe provider perspectives on women’s psychosocial wellbeing during labor, and 3) to describe providers’ philosophies of caregiving.

In-depth interviews (IDIs) and focus group discussions (FGDs) with maternity care providers and women giving birth in the previous 4 months were conducted at clinics in two refugee camps in Thailand and in a nearby Thai government referral hospital. Participant observation was conducted in the labor and post-partum wards and delivery rooms of these facilities.

Financial Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>Requested funding</th>
<th>Matching funds from ARC</th>
<th>Amount spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Your stipend</td>
<td>182 hrs X hourly rate of $20/hr.</td>
<td>$3,640</td>
<td>$3,289</td>
</tr>
<tr>
<td></td>
<td>Estimate of hours:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 hrs/month May-June= 20hrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25 hrs/month July-August=50hrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 hrs/month Sep-Dec=60hrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 hrs/month Jan-Mar=36hrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 hrs in April Total hrs= 182 hrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>School of Nursing Graduate Assistant rate is $17.42 - $27.14 DOQ.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Research Subjects</td>
<td>Participant incentives at $7/participant X 30 participants</td>
<td>$210</td>
<td>$199</td>
</tr>
<tr>
<td>3 Supplies &amp; Services</td>
<td>Translator at $15/day X 6 days (3 days in each location) Minimum wage in Thailand is $10/day, looking for individual with medium to advanced skills, therefore budgeting 150% of minimum wage.</td>
<td>$90</td>
<td>$75</td>
</tr>
<tr>
<td></td>
<td>Local research coordinator at $10/half-day X 7 half-days Minimum wage in Thailand is $10/day, Ms. Drani has advanced skills and degree, therefore budgeting 200% of minimum wage.</td>
<td>$70</td>
<td>$70</td>
</tr>
<tr>
<td></td>
<td>Translation and transcription of all interviews and focus groups</td>
<td>$0</td>
<td>$1,500</td>
</tr>
<tr>
<td>4 Equipment</td>
<td>Digital voice recorder for taping interviews and discussion groups</td>
<td>$46</td>
<td>$0 (borrowed from co-investigator)</td>
</tr>
</tbody>
</table>
12-month student license for Atlas ti, qualitative analysis software program $120 $0 $120

Travel

Round-trip flight from Minneapolis, MN to Bangkok, Thailand $1,800 $0 $1,911

Expenses in country (10 days)

Roundtrip bus or train from Bangkok to clinic locations - $50 X 2 locations =$100
Estimated public transportation costs to and from airport and public transportation terminals in Bangkok = $50
Food and housing in transit (including Bangkok) - estimated $40/day X 4 days = $160
Housing in Umphang, Thailand - estimated $20/day X 7 days = $140
Food and incidentals in Umphang - estimated $20/day X 7 days = $140
(Estimated per diem is lower than US State Dept rates for Thailand of $106/day)

Academy of Women's Health Annual Congress April 16-19th, Washington DC

Registration - $195
Membership - $90
Housing - $0 (will stay with family and commute to conference hotel)
Local Transportation (metro) - $8/day X 4 days = $32
Roundtrip airfare from Minneapolis - $250

TOTAL $6,993 $540 $7,533

Results

Twenty-four mothers and 17 providers participated in either one of 6 FGDs or 8 IDIs. Providers included midwives, a traditional birth attendant, nurse’s aide, nurse, and physician. Several incidents of disrespect and abuse were reported and observed, including but not limited to lack of privacy, discrimination on the basis of ethnicity and religion, lack of consent, and verbal and physical abuse. Providers cited stress from high caseloads and lack of resources, language barriers, and educational disparities between patient and provider as barriers to Respectful Maternity Care (RMC), while mothers commonly cited poor communication, language barriers, discriminatory attitudes and lack of patience by providers. For many women, disrespectful or abusive care influenced their decisions about where to seek future care. Providers and women alike cited trust as a major factor in establishing a positive relationship during their care.

Publications (planned, in press, or published)

A manuscript is planned for publication in a peer-reviewed journal upon completion of data analysis.

Presentations (planned or completed)

2) Oral and Powerpoint presentation to School of Nursing faculty and students in Fall 2014. (can provide Powerpoint slides upon request)

3) Round Table discussion at CORE Group Meeting in DC in April 2015. (Title: *Addressing disrespect and abuse of women during pregnancy and childbirth*)

4) I have also submitted an abstract in conjunction with several other global groups working on RMC to form a panel of presenters at the upcoming Global Maternal and Newborn Health Conference in Mexico City this fall.

**Future Project plans**

This study has been an important catalyst for discussions and planning with the American Refugee Committee to begin incorporating RMC programming and Awareness training into existing health programs in ARC’s countries of operation. I continue to work with the Health team at ARC to network with other NGOs and US Government agencies to seek fruitful partnerships and funding opportunities for research and implementation of proven interventions.

In addition, I plan to continue working on this topic throughout my DNP Nurse-Midwifery degree, which begins in September 2015. I greatly appreciate the opportunity the Consortium has provided and I am confident that the ripples of this pilot research will be far-reaching.