



Clients' Knowledge Of The Legislative And Religious Rules Of Midwifery In Government Health Facilities In Port Harcourt

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ABSTRACT

This study investigated clients' knowledge of the legislative and religious rules of midwifery in government health facilities in Port Harcourt Metropolis. The study which adopted descriptive survey design. The study population included 416 out of which a sample of 224 clients was selected using the multi stage sampling technique. The instrument for data collection was a structured questionnaire with a reliability index of 0.80. Data collection was done by direct delivery and retrieval method. Data collected was analyzed using descriptive and inferential statistics. The Statistical Product and Service Solutions (SPSS) version 20 was used in analyzing the data. Results revealed that Out of the 224 respondents studied, 199(89.1%) were knowledgeable while 25(10.9%) were not knowledgeable about the legislative rules of midwifery; 152(67.9%) were knowledgeable about religious rules of midwifery while 72(32.1%) were not; The p-value of 0.212 at df of 6 and X^2 of 9.272 shows that there is no significant difference in the knowledge of the legislative and religious rules of midwifery among clients based on their education and age. The study concluded that most client were knowledgeable about legislative and religious rules of midwifery. Based on the study findings, it was recommended that Midwives should as much as possible provide care to clients in line with specified legislative and religious guidelines.

Keywords: Clients, Knowledge, Legislative, Rules, Midwifery, Health facility

INTRODUCTION

Birthing specialists particularly midwives oversee women in labour at various care settings, including private maternity homes and medical clinics. Maternity care is principally concerned about childbearing women, their infants, and the generally typical physiological cycle yet life-emergency of labour. The major issue of uneasiness of birthing assistants such as midwives is with the desires, requirements and wellbeing of the childbearing women, the short-and medium-term health status of the unborn embryo and infant, the overall health of women's family and acclimation to the new family circumstance, and eventually an obligation to self and different experts (Grazyna et al, 2018). Hence, the expanding accentuation on the legalities of practices of midwifery personnel. The Code of conduct for birthing specialists sets out the lawful necessities, proficient conduct and lead assumptions for all birthing personnel in all settings (World Health Organization, 2011).

Midwifery has standards of expert conduct that guide safe practice, and obviously states the behaviour expected of maternity specialists such as midwives by their contemporaries and the more extensive local area (Nursing and Midwifery Board of Australia, 2018). Particular midwives have their very own convictions and qualities. In any case, the code spells out explicit norms which all maternity specialists are required to receive in their training. As per the International Confederation of Midwives (2014),

midwives have an expert duty to comprehend and maintain the code. Hence, satisfactory knowledge on the legislative rules of birthing practices with emphasis on midwifery is central, if the maternity care provider should play out his/her obligation by making the interests of women their first concern, and to practice securely and successfully.

Knowledge implies knowing current realities. Expanding the consciousness of authoritative guidelines in a specific field is one of the techniques to guarantee full consistence with the standards. Supporting the standards is the assumption that maternity specialists will practice their expert judgment to bring about the most ideal results practically speaking (International Confederation of Midwives, 2013). Information and adherence to legislative guideline for maternity care practice assists with advancing and support quality delivery of care. The legislative principles apply to a wide range of maternity care practice in all unique circumstances (Mgbemena, 2018). This incorporates any work where a birthing assistant uses maternity care abilities and information, regardless of whether paid or neglected, clinical or non-clinical (Britany and Declerq, 2019). This encompasses work for the spaces of clinical consideration, clinical authority, clinical administration duties, instruction, research, organization, managerial, advice-giving jobs, and guideline or strategy advancement. The code additionally applies to all settings where a maternity specialist may participate in these exercises, including vis-à-vis, media, or through on the web or electronic means (Kennedy et al, 2015).

Knowledge on legislative guidelines of midwifery would support midwives in providing safe care. It fills in as a guide for general society and the user of healthcare services on what to expect from healthcare providers in specific settings. A midwife who is also a birthing assistant is a public medical services provider, an expert guided by law (WHO, 2011). Consequently, midwifery is treated as a mission, a calling of public trust. The individuality of midwives is exhibited in the expert decisions and actions they take while providing care. Legislative rules, regardless of whether worldwide and public are significant in interaction of forming the legitimate status of the midwives' calling.

Generally, the motivation behind specialized guidelines has been to set principles that guarantee the skill of practitioners, like medical attendants and birthing assistants particularly midwives (International Confederation of Midwives, 2014). Subsequently, laws guiding the practice of maternity care are meant to guarantee high quality maternity care, to shield general society from hurt, and to propel the professional callings. While healthcare laws and guidelines varies from one country to another, worldwide nongovernmental associations like the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM) have given worldwide norms for nursing and maternity care enactment and guideline. There is extensive variety in the lawful status of midwives in various parts of the world. One method of assessing maternity care guidelines includes setting states on a continuum going from one limit, to be specific a prohibitory law to the contrary limit of no law at all (Grazyna et al., 2018).

A common circumstance where religion plays out in midwifery practice is the experience of pain in labour and how it is managed. From the angle of religion, the pain of childbirth is perceived as ordinary and normal by most women and midwife practitioners. According to Kaphle, Hancock and Newman (2013), the impression of labour pain experience as normal physiological interaction may impact Christian midwives to anticipate that women should encounter pains during labour. A few birthing assistants would then console women in labour that it is normal to encounter pains in labour (Halperin, Sarid & Cwikel, 2014). Along these lines, a woman in labour would want to have a simple experience as expressed in the Bible where Hebrew women gave birth to off springs all alone before the birthing assistants showed up (Abushaikha & Oweis, 2015). Consequently, women and birthing specialists in labour would appeal to God for safe labour through different ways relying upon their confidence (Callister & Khalaf, 2017). It is in this way significant that midwives give an empowering climate to women in labour to practice the religion they have confidence in and they should utilize situation based strategies to adequately care for women and their families, one that considers the religion of women.

Knowledge on legislative and religious standards and its cognizant application in proficient practice is an essential commitment in the midwifery. Absence of knowledge in such manner has grave costs, just as

might represent a danger to the patient care. This study examined clients' knowledge of the legislative and religious rules of midwifery in government health facilities in Port Harcourt Metropolis.

Research Questions

The following research questions were answered in this study:

1. What is the knowledge of legislative rules of midwifery among clients?
2. What is the knowledge of religious rules of midwifery among clients?

Hypotheses

1. There is no significant relationship between knowledge of the legislative rules of midwifery among clients based on their education
2. There is no significant relationship between knowledge of the religious rules of midwifery among clients based on their age.

METHODOLOGY

This study adopted the descriptive survey design with a population which consisted of 416 clients in nine chosen government health facilities in Port Harcourt city. A sample of 224 clients was selected using the multi stage sampling procedure which was in four stages. The first stage involves a simple random sampling which was done by balloting using the list of the health centres in Port Harcourt Metropolis as the sampling frame. There are a total of 319 Government Health Centres. At the second stage nine facilities were randomly selected out of the 319 health facilities. At the third stage, the non-proportionate sampling technique was used to determine the number of respondents for each health facility selected and the final stage involved the use of systematic random sampling technique to select the respondents for the study.

A structured questionnaire titled "Clients Knowledge of Legislative and Religious Rules of Midwifery Questionnaire (CKLRRMQ)" with a reliability coefficient of 0.80 was used as the data collection instrument. Data collection was done by direct delivery and immediate retrieval following due ethical clearance to conduct the study. Data collection was done over a period of eight (8) alternate working days. All administered questionnaires were retrieved on the spot to ensure a high return rate. Data collected was analyzed using descriptive and inferential statistics. The Statistical Product and Service Solutions (SPSS) version 20 was used in analyzing the data. The confidence limit for the study was set at 95% reflecting 0.05 level of significance. The criterion mean for the questionnaire items was set at 2.50. Chi-square was used to test the hypotheses in the study.

RESULTS

The results of the study are presented below:

Table 1: Knowledge of Legislative Rules of Midwifery among Clients (n=224)

S/N	Items	Frequency (n)	Percentage (%)	Correct responses (%)
1	Does the midwife have a legal obligation to protect the public from unsafe practices?			
	Yes	196	87.5	87.5
	No	26	12.5	
2	Is it a legislative rule that midwives promote quality of services in care of mothers and children?			
	Yes	194	86.6	86.6
	No	30	13.4	
3	Does the midwife have a legal responsibility to inform clients of what to expect so that they can make choices?			
	Yes	198	88.4	88.4
	No	26	11.6	
4	Do you think it is the legal responsibility of midwives to be accountable and responsible for the care they provide?			
	Yes	210	94.0	94.0
	No	14	6.00	
5	Is it a legal rule for midwives to provide respectful and dignified care to clients?			
	Yes	204	91.0	91.0
	No	20	9.0	
6	Do midwives have the legal obligation to promote and protect pregnancy and childbirth?			
	Yes	203	90.6	90.6
	No	21	9.40	
7	Do you think it is a legislative rule of midwifery for midwives to advocate on behalf of women and their babies?			
	Yes	200	89.3	89.3
	No	24	10.7	
8	If a woman chooses not to follow recommendations about her care, do you think midwives should provide care in the best interest of the woman?			
	Yes	192	85.7	85.7
	No	32	14.3	
Mean correct response		199		89.1%

Table 1 shows the knowledge of legislative rules of midwifery among clients. Out of the 224 respondents studied, 199(89.1%) were knowledgeable while 25(10.9%) were not knowledgeable about the legislative rules of midwifery

Table 2: Knowledge of Religious Rules of Midwifery among Clients (n=224)

S/N	Items	Frequency(n)	Percentage (%)	Correct Responses (%)
1	Is it a religious rule of midwifery for midwives to respect the diversity of clients' belief?			
	Yes	144	64.3	64.3
	No	80	35.7	
2	Do midwives have a religious rule to have utmost regard for the values of individual client and family?			
	Yes	152	67.9	67.9
	No	72	32.1	
3	Is it a religious duty of midwives to respect the choices of clients regarding their care/			
	Yes	158	70.5	70.5
	No	66	29.5	
4	Are midwives as a matter of religious obligation expected to respect clients' priorities?			
	Yes	149	66.5	66.5
	No	75	33.5	
5	Is it a religious rule for midwives to put the faith of women and their families into consideration?			
	Yes	150	67.0	67.0
	No	74	33.0	
6	Do midwives have the religious duty to support every pregnant woman?			
	Yes	162	72.3	72.3
	No	62	27.7	
	Mean correct response	152		67.9%

Table 2 shows the knowledge of religious rules of midwifery among clients. Out of the 224 respondents studied, 152(67.9%) were knowledgeable about religious rules of midwifery while 72(32.1%) were not.

Table 3: Knowledge of the Legislative Rules of Midwifery among Clients based on their Age (n=224)

Education Knowledge	Secondary	Tertiary	Total	Df	p-value	X ²	Decision
Knowledgeable	112	87	199	1	0.110	4.557	Ho Accepted
Not knowledgeable	14	11	25				
Total	126	98	224				

Table 3 shows the knowledge of the legislative rules of midwifery among clients based on their education. The p-value of 0.110 at df of 1 and X² of 4.557 shows that there is no significant relationship between knowledge of the legislative rules of midwifery among clients based on their age.

Table 4.7 Knowledge of the Religious Rules of Midwifery among Clients based on their Age (n=224)

Age	15-25	26-36	37-47	48 and above	Total	df	p-value	X ²	Decision
Knowledgeable	10	76	58	8	152	4	0.200	7.03	Ho Accepted
Not knowledgeable	4	36	28	4	72				
Total	14	112	86	12	224				

Table 4 shows the knowledge of the religious rules of midwifery among clients based on their age. The p-value of 0.200 at df of 4 and X² of 7.031 shows that there is no significant relationship between knowledge of the religious rules of midwifery among clients based on their age.

DISCUSSION OF FINDINGS

Results from the study revealed that majority of the clients had good knowledge of the legislative rules of midwifery. This is in line with the submission of Vahedian et al (2011a) that most women are highly knowledgeable about legislation and healthcare particularly maternal and child health related care. The study findings also agreed with the assertion Enabulele and Enabulele (2016) that most mothers are significantly knowledgeable about the legal requirements and implications of healthcare. The submission of Karatay et al. (2016) that a great number of patients have knowledge of the legislative aspect of healthcare also substantiates the results of this study.

The study finding also showed that most of the clients had good knowledge of the religious rules of midwifery. This result agrees with the findings of a study conducted by Hilbers (2011) which revealed high level knowledge of the religious intricacies of healthcare among patients. The submission of Karatay et al. (2016) also supports the results of this study.

Results from the study showed that majority of the clients perceived that midwives practice religious rules of midwifery to a low extent. This is in line with the submission of A Hilbers (2011) that a good number of the public perceive poor quality midwifery care indicative of inadequate practice of the religiosities associated with healthcare. The assertion of Karatay et al. (2016) also supports the study findings. Hypotheses test put forward by the researcher revealed that there is no significant relationship between knowledge of the legislative and religious rules of midwifery among clients based on their education and age. This means that education and age did not in any way influence the knowledge of legislative and religious rule of midwifery among the clients.

CONCLUSION

This study on clients' knowledge of the legislative and religious rules of midwifery and the perceived practice among midwives in government hospitals in Port Harcourt concluded that majority of the clients had good knowledge of the legislative rules of midwifery. Most of the clients had good knowledge of the religious rules of midwifery.

RECOMMENDATIONS

Based on the study findings, the following are hereby recommended:

1. Midwives should as much as possible provide care to clients in line with specified legislative guidelines
2. The religiosities of different clients should be taken into consideration when providing midwifery care

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