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HEALTHCARE

CHALLENGES BIRTH COMPANIONS AND MOTHERS FACE ON KNOWLEDGE SHARING IN KAKAMEGA COUNTY

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ABSTRACT

Purpose of the Study: Birth Companions and expectant mothers exchange ideas and practices on maternal health and thereby learn to accommodate any changes likely to be realized during referrals. The study investigated the challenges facing knowledge sharing among birth companions on maternal health in Kakamega county on safe deliveries of children in the County.

Methodology: The study used mixed method approach based on a survey design. Data was collected from 782 sampled from a population of 5768 comprising of birth companions, community health volunteers, public health officers, district health officers, matrons and director health services using questionnaires, interview and observation checklists. Qualitative data was analysed using statistical software package (SPSS) to generate descriptive and inferential statistics while the qualitative data was analysed thematically.

Results: The study found out that Birth companion's advice mothers to deliver in hospitals and ensure enhanced quality care on maternal health through referrals to health facilities. Service provided by birth companions are more hampered by cultural barriers and poor communication structures such as structures such as infrastructure and language. The birth companions faced such challenges as lack of personal protective equipment like gloves and masks. Motorbike riders did not wear masks, while some did not have helmets or provide expectant mothers with one. These challenges put mothers at risk of contracting COVID-19 and other infectious diseases, thus endangering their lives as they sought maternal health care. The study further established that

there were few uncooperative mothers who refused to go to hospital for safe delivery of their children. Birth companions also met language and cultural barriers, unclean hospitals, financial constraints, stealing of infants, fear of caesarean section by expectant mothers, illiteracy, lack of transport by expectant mothers to go to health facilities, hostile and unfriendly nurses, prolonged labour, and fear of young doctors and lack of security when walking to a health facility at night when accompanying mothers in labour pain.

Conclusion: The study concludes that birth companions hold knowledge that can define key danger signs during labour and childbirth, yet lack associations where they can share, exchange, practice experiences, information and knowledge within the health system nationally, inadequate trainings to help reduce maternal and child mortality rates as envisioned in Kenya's Vision 2030 which directly contributes to the Sustainable Development Goals.

Recommendations: The study recommends improved health awareness by health managers in health institutions and remuneration for birth companions by county government. Government to develop training policies to advance knowledge sharing by BCs for improved health services and behaviour change, and that BCs to continue offering their services at grassroots as they provide a direct link between expectant mothers, health system, and partnerships both in rural and urban setup. The study is of importance to county governments to make improvements on challenges facing birth companions and mothers including other health practitioners in sharing knowledge on safe deliveries of children.

Keywords: *Knowledge sharing, Birth companions, challenges, Expectant mothers, Maternal health, Kakamega County*

INTRODUCTION

Knowledge sharing is considered to be the main process of knowledge interaction (Miller & Smith, 2017). It is the assistance and collaboration of others in order to come up with new ideas as well as solving problems (Rehman et al., 2019). This can occur through networking and also the correspondence that includes direct exchange of information with individuals as well as communication with other experts (Rauchberger, 2018). In as much as "knowledge sharing" is often used in reference to "information sharing". It describes the purpose of sharing and exchanging information and knowledge with others. According to Tonin and Lacoroni (2017) knowledge sharing translates into exchange, experience or understanding of anything with an

expectation of gaining more insights and understanding about something. Without knowledge sharing practices, birth companions (BC's) may not recognize and respond appropriately to complications of pregnancies (Cheptum et al., 2017).

Therefore, deliveries attended by untrained BCs are risky for women and their babies, leading to poor health outcomes and even death. The existence of BCs is as old as the number of years However, according to Bililignand Mulatu (2017) delays in seeking care is one of the key factor that lead to maternal death, which can be associated with lack of knowledge about quality care and also obstetric danger signs. Ethiopian federal ministry of health plans to reduce the MMR to 199/100,000 live births by 2020. Health institution has engaged in operations (Fukuzaw and Kondo 2017). Knowledge sharing with mothers can enable BCs to appropriately identify early signs of complications for educating the mothers and in return, avoid loss of lives that occur due to ignorance.

According to WHO (2016) maternal health in Romania is equally of serious concern, where approximately 60% of all expectant mothers seek medical help from a doctor during the early periods of one month which is associated with lack of improved health systems where most of the women who lost their lives while delivering, hardly enjoy the benefit of pre-natal protection (UNICEF, 2016). Knowledge sharing can help minimize loss of lives as well as lack of identifying a doctor at the point of need. The BCs also known as Doulas in Greek are the ones who assist mothers, before, during and after delivery. BCs knowledge sharing results in exchange of knowledge among mothers which can help them achieve preferences for doctors rather than doulas where mothers prefer them to the doctors because they are able to share secrets and are trusted more than the health practitioners.

In Africa, poverty, cultural practices and a shortage of primary healthcare services are forcing women in Nigeria to seek the help of untrained birth companions, despite the serious risks involved. BCs ensure that a woman is not left alone during labour and also provide information on emotional and physical support to them during delivery. Afulani et al. (2018) revealed that BCs are able to help mothers since they understand their beliefs and cultures and can assist them when need arises through knowledge sharing. (Oyenuga, Adebiyi, Dakare & Omoera, 2019) affirmed that challenges related to culture may be the most important factors for successful penetration of positive health seeking behaviour practices can be enhanced through knowledge sharing among

BCs. Foster (2016) observed that health institutions can have challenges in disseminating tacit information to individuals. The scholars point out that BCs need to share information and knowledge among mothers of childbearing ages in their sub-counties within and outside the health institution to create a competitive advantage among other counties (Mannava, Durrant, Fisher, Chersich & Luchters, 2015).

In Kenya Titi Amayah (2013) noted that the relevance of knowledge sharing on maternal health remains a concern by health practitioners. The role of BCs in knowledge sharing enhances safe deliveries and therefore needs to be investigated to establish whether this knowledge can be exchanged or documented for future reference. Knowledge sharing by BCs can help reduce MMR. UNFPA (2014) report confirms that out of the 47 counties in Kenya, Kakamega was ranked 5th among the 15 leading counties with high maternal deaths after Nakuru, followed by Kilifi. According to Kenya Vision (2030) maternal deaths remain a major challenge despite the many efforts that are being made. The number of deaths for every 100,000 live births largely remained unchanged between 1988 - 2008. The government's target of reducing maternal mortality rate (MMR) from 410 to 147 per 100,000 live births has not been met. Instead, it is at 342, while in Kakamega county the MMR is at 316. The use of skilled attendants at delivery stands at 46%. Knowledge sharing among BCs enables mothers to exchange knowledge and share it with others on safe deliveries, given that when a mother dies during childbirth her infant has only 19% chances of surviving their first month (USAID, 2016).

STATEMENT OF THE PROBLEM

Despite elaborate strategies of knowledge sharing among BCs in Kakamega, the county still registers high maternal mortality rates among expectant mothers and children. Worse still, Kakamega county mainly experiences very high maternal deaths despite the services of BCs and institutional medical practices.

RESEARCH OBJECTIVE

Investigate the challenges facing BCs and mothers in sharing knowledge on safe deliveries of children in Kakamega County with a view of coming up with strategies to reduce the mortality rate during childbirth.

RESEARCH QUESTION

What are the challenges facing BCs and mothers in sharing knowledge on safe deliveries of children in Kakamega County with a view of coming up with strategies to reduce the mortality rate during childbirth.

LITERATURE REVIEW

Challenges Facing Birth Companions in Sharing Knowledge

Wasuna (2016) found that barriers to seeking quality care services from health facilities can pose a lot of challenges to patients. The trust placed by mothers on BCs can hinder access to health facilities in cases where labour is quick and a mother needs to be referred to a health facility promptly, in the absence of trusted specific BCs can hinder access to quality care. In Sierra Leone for example, the cultural barriers and trust of BCs hinder pregnant mothers in seeking health services since their husbands trust a woman than skilled male professionals that form the larger majority as they share cultural beliefs (Morara 2016; Alkier, Milojica, &Roblek, 2017). In Ethiopia, the scenario is the same as most expectant mothers prefer delivering at home, rather than in health centres. Risks associated with mothers delivering at home can result in complications such as placenta retention causing haemorrhage sub chronic bleeding which can lead to maternal deaths if not well attended by a health professional. These behaviours can affect the general health of expectant mothers through delays in seeking for maternal services during delivery.

Lack of Transportation

Lack of transportation to a health facility is a challenge that affects both BCs and expectant mothers during referral. BCs are not expected to allow an expectant mother to walk by herself to the health facility in case labour is quick and delivery can occur at any time (Scott, et al. 2018). Knowledge sharing creates awareness for both BCs and mothers to seek for help at an early stage thus access to quick means of transportation to a health facility either by use of a mort bike, taxi, bicycle or even walking to a health facility can be applied.

Choice of a Birth Companion

Choice of a BCs can cause delays in seeking for assistance during labour by an expectant mother. WHO (2018) explains that an expectant mother has a choice to make pertaining to the choice of a companionship. Expectant mothers are free to choose the person they prefer to assist them offering

them psychosocial and emotional support during labour and delivery. Therefore, expectant mothers who delay in making the appropriate choices can pose challenges when seeking maternal health care as they are not able to make informed decisions on the choice of a BCs that can assist them when need arises. Knowledge sharing by BCs on delay on choices of a companionship selected by expectant mothers can be avoided if mothers are well informed.

In Mexico, maternal death rates are as high as 862 for every 100,000 live births. Verney (2015) found that mothers prefer a BC to a skilled midwife, preferably in cases where the personnel is considered to be a single young girl, with no children. Lack of knowledge can hinder them from providing technical assistance and also providing support to the mother during the childbirth process and subsequently ensuring that mothers eat a balanced diet which is of nutritional value after delivery (Najafi, 2017). This is important as the BCs require knowledge to respond to emergencies that may occur during and after delivery for further assistance in health facilities.

WHO (2016) reported that in Romania, women in remote areas lack access to quality care and hence pose great challenges for doctors and nurses and even make them avoid working in these rural areas. In order to facilitate access to healthiness, the Romanian Ministry of Health took a stern decision in 2004 by offering incentives to reassure and motivate BCs to work in rural areas.

METHODOLOGY

The study adopted mixed methods approach. The contextual set up of the study was Kakamega County in Kenya which currently has a population of 1,660,651 million and an area of 3,034 km. The County has 282 health facilities which formed the premise of this study. Kakamega county was chosen for this study because it reports high death rates on maternal health (KNBS 2016; WHO 2016). The study population was 5768 comprising of 500 BCs; 78, key informants and 190 Community health volunteers and 5000 mothers who had sought services of BCs in this County. Non-probability, purposive sampling technique was used to select BCs, mothers, key informants and community health. Snowball sampling was employed to select subjects where the first identified study subject (mother who had sought services of BCs) named others that they knew had also sought services, provided or knew services of BCs until the required sample number was attained that yielded a sample size of 782.

FINDINGS AND FINDINGS

BCs challenges when sharing knowledge with mothers

The study sought to investigate the presence of challenges when sharing knowledge with maternal mothers. The results are shown in table 2. A variety of opinions mentioned on the challenges faced when sharing knowledge with maternal mothers were mentioned. They include, with uncooperative mothers who don't want to go to hospital (15.3%) being the most represented, 9.4% language barrier, 8.4 % hospital not clean, 7.2% financial constraints and thievery of babies. The findings show that there was a presence of challenges when sharing knowledge with maternal mothers. This finding is in tanderm with Kaba, and Ramaiah (2018). That knowledge sharing is necessary with maternal mothers.

Table 2: Challenges when Sharing Information with Maternal Mothers

Challenges	Frequency	Percentage
Uncooperative mothers who don't want to go to hospital	49	15.3
Language barrier	30	9.4
Hospitals are not clean	27	8.4
Financial constraints	23	7.2
Thievery of babies	23	7.2
Fear being operated	22	6.9
Illiteracy	21	6.6
Cultural barriers	20	6.3
No transport	19	5.9
Some women are more resistant to the BC idea.	15	4.7
Hostile and unfriendly staff/ Nurses	14	4.4
Women who are close to menopause fear young doctors to deliver them	8	2.5
No relatives to assist	7	2.2
Prolonged labour, too much pain	7	2.2
Fear of young doctors	5	1.6
No security at night	5	1.6
Some Kenyan men don't accompany their wives for ANC and delivery	4	1.3
Inadequate facilities in the hospitals	4	1.3
Demonstration- some of them need to be shown practically	3	.9
No food after delivery	3	.9
Pay bill after birth	3	.9
Prejudice	3	.9
No association with mothers	2	.6
Resistance to BCs instructions	2	.6
No ID	1	.3
Total	**320**	**100.0**

Challenges Facing Health Practitioners when Sharing Knowledge with BCs and Mothers

The study sought to establish the challenges health practitioners face when sharing information with mothers and BCs on maternal health. The results in figure 1 show that health practitioners face challenges when sharing knowledge. Majority 65.1% of the respondents who said yes indicated that the health professionals face challenges while 34.9% who said no indicated that there were no challenges faced by health professionals. The results show that health professional face challenges when sharing knowledge with mothers. The study revealed that health professionals cited several challenges that they encountered when sharing knowledge. Mothers

travel for long distances to reach the health facility and their concentration rates at times was low and not be able to pay much attention to the issues addressed. Knowledge on placenta retention, some mothers think is a taboo to talk after delivery, language barrier from mothers who could not communicate fluently or speak their mother tongue only, illiteracy where mothers were not free to be attended to by male doctors. This study finding agrees with the findings of Koblinsky, Tain, Gaym, Karimi, Carnell and Tesfaye (2017) that language barrier can hinder access to health facilities when different communities speak different dialects that may be a challenge to both birth companions and expectant mothers.

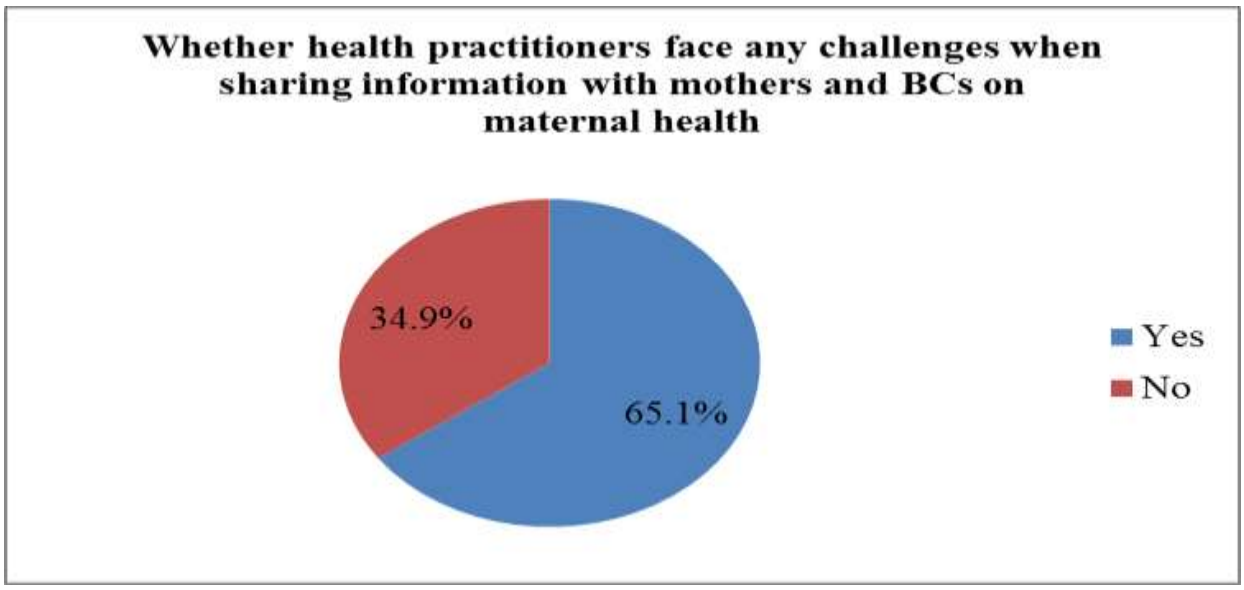

Figure 1: Whether health practitioners face any challenges when sharing information with mothers and BCs on maternal health

Challenges Facing Expectant Mothers and BCs on Maternal Health

The study also sought the challenges facing expectant mothers and BCs on maternal health. The findings are shown in table 3. The results clearly show that identified category (BCs, Mothers and Health workers). Baby coming out with legs or breach was known to mothers and health workers, while mothers with narrow pelvis was a challenge facing health workers since they are the personnel that performs deliveries. The prolonged labour challenge was known by the three categories since BCs assist mothers in referrals and health workers assists in delivery while the mother can be able to tell how long they labour before delivery. This implies that expectant

mothers and BCs face challenges in maternal health. Challenges facing BCs in their routine activities include; lack of financial support whereby BCs often rely on their own financial base to assist expectant mothers, as a result the type and quality of support is not equal in all scenarios. Another challenge is that most BCs spent most of their time on income generating activities and only spare few hours with expectant mothers. This way, the mothers do not get adequate attention, hence frequently exposed to danger. The study also established that most BCs are often related with their clients (blood relationship) this therefore limits provision of their services to mothers in need if they are not related, even if they are neighbours. This study also revealed that the services provided by BCs is often hampered by cultural barriers and poor communication structures (both infrastructure and language). Most communities in Kakamega County have a reservoir of cultural practices/norms that prohibit sharing of certain type of knowledge between certain members of the family. Contradiction of these norms is an act considered as taboo. This coupled with the fact that it is hard to get services of a BC unless you physically scout for them and strike a good rapport which in many cases is not an easy task to achieve.

Additionally, the study established that these mothers decline to deliver in the hospital for fear of failure to settle their hospital bills after delivery hence subjecting them to hospital detention. As a result, these mothers pose challenges to effective knowledge sharing and timely hospital referrals. This finding agrees with the findings of Chorongo, at al. (2016) that antenatal care and postnatal care help in monitoring the growth of the unborn child and failure to attend these important visits can affect the lives of the unborn baby and those that need postnatal care in health systems. The study also established that there exist uncooperative mothers who still want to deliver at home. This group of mothers also make it difficult for BCs to exchange information with other mothers and therefore, hinder access to new ideas and sharing of knowledge on danger signs in case of complications. The study revealed that these uncooperative mothers do not want to deliver in hospital and attend hospital clinic citing theft of babies, fear of Caesarean section, illiteracy, lack of transport to health facilities, hostile and unfriendly nurses, prolonged labour and fear of death if handled by young inexperienced doctors as major reasons. This finding agrees with de Bernis, Mary, William, Petra and Leisher (2016) that there are several ways in which an expectant mother can experience labour and in the event of prolonged labour then complications can likely occur.

Table 3: Challenges facing expectant mothers and BCs on maternal health

Challenge	Category of Respondents		
	BCs	Mothers	Health workers
Baby come out with legs or breech		X	X
mothers with narrow pelvis			X
over bleeding		X	X
prolonged labour	X	X	X
foetal distress while mothers with narrow			X
Death during/after operation	X		X
Placenta retention			X
Inadequate infrastructure	X	X	
Breech of code of conduct	X	X	
Truculent husbands	X	X	X
Uncooperative elderly mothers			X
Limited number of community health extension workers		X	
High blood pressure			X
Long distance to hospitals	X	X	

Challenges Facing BCs and Expectant Mothers When Sharing Information on Maternal Health Care

The study sought to establish whether BCs and expectant mothers face challenges when sharing information on maternal health. The findings are shown in table 4. The findings show that 15.2% of the respondents indicated lack of knowledge on placenta retention, 15.2% indicated taboo restriction, 15.2% language barriers. Therefore, the findings show that there are challenges identified by health professionals that can only be understood by the medical practitioners. Birth companions need to be trained on medical terminologies so that they can be able to share information on placenta retention and health management processes. Knowledge on caesarean

delivery should be availed to the mother as well as family members. This finding are in line with Koblinsky et al (2017) and Bernis et al., (2016) that there should be a strong commitment by any government to ensure that challenges of maternal health are a primary goal and should be prioritized for improvement Findings of show that caesarean practices need to be carried out in consultation with the family members.

Table 4: Challenges BCs face when sharing knowledge with mothers

Challenges	Frequency	Percentage
Knowledge on management of placenta retention	7	15.2
Taboo restrictions	7	15.2
Language barrier	7	15.2
Practicing of outdated procedures	7	15.2
Illiteracy	3	6.5
Mothers not free to be attended by male doctors	3	6.5
When they give birth they are given a bill yet they thought is free and yet she has no MTIBA (NHIF)	3	6.5
Supplies inadequate	2	4.3
Lack of transport	2	4.3
Birth plan knowledge is wanting	2	4.3
Mothers come when they have had prolonged labour	1	2.2
Security issues	1	2.2
Few medical personnel compared to delivers	1	2.2
Total	**46**	**100.0**

Challenges Faced During Delivery

The study sought to establish whether there were challenges facing during deliveries as shown in table 5. The findings revealed that (15.7%) of the responds were of the view that mothers do not cooperate during deliveries, (11.8%) indicated that there was lack of resources to share through Ministry of health sub County level and over bleeding. The findings are in tandem with Oloyede, Udo &Nyong (2015) that expectant mothers experience challenges during delivery therefore, health institutions need to have adequate resources to manage the demands.

Table 5: Challenges faced during deliveries

Other challenges faced during deliveries	Frequency	Percentage
Mother's don't co-operate	8	15.7
Lack of resources - share through the MOH sub-county level	6	11.8
Over-bleeding	6	11.8
Clients come with no clothes for unborn reason they are poor so the staff have to donate	5	9.8
Mothers want to squat	4	7.8
Lack of enough equipment in case of emergency	4	7.8
Lack of transport in case of refers	3	5.9
Prolonged labour	3	5.9
Foetal distress	3	5.9
Obstruction	2	3.9
The BC may delay with the mother until complications exceed during labour	2	3.9
Uncooperative spouses	2	3.9
Payment	1	2.0
Rude nurses	1	2.0
Lack of communication	1	2.0
Total	**51**	**100.0**

CONCLUSION

Birth companions hold knowledge that can define key danger signs during labour and childbirth, yet lack associations where they can share, exchange, practice experiences, information and knowledge within the health system in the county and nationally, inadequate trainings to help reduce maternal and child mortality rates as envisioned in Kenya's Vision 2030 which directly contributes to the Sustainable Development Goals.

RECOMMENDATIONS

The study recommends improved policy health awareness by health managers in health institutions and remuneration for birth companions by county government. Government of Kenya to develop training policies to advance knowledge sharing by BCs for improved health services and behaviour change, and that BCs to continue offering their services at grassroots as they provide a direct link between expectant mothers, health system, and partnerships both in rural and urban setup. The study recommends that there should be a policy trainings of birth companions by AMFEF on management of placenta retention that can help reduce MMR. BCs and expectant

mothers should be assisted with transport to health facilities by the county government of Kakamega.

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