MIDWIVES' VIEWS REGARDING BIRTH COMPANIONSHIP DURING CHILDBIRTH IN DESIGNATED PRIMARY HEALTH CARE FACILITIES IN LIMPOPO PROVINCE

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1. DECLARATION

I Yolanda Janice Sekwati

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Declare that:

“Midwives’ views regarding birth companionship during childbirth in designated Primary Health Care Facilities in Limpopo Province”

Is my original work and has not been previously submitted before for any degree or examination by me or anyone else at any other institution.

I further declare that all efforts to acknowledge sources used in this study were taken by means of complete references in the text and reference list.

Date: 24.10.2021 Signed: **Yolanda Janice Sekwati**

2. DEDICATION

In loving memory of my mother, Molly Cecilia Moolman
and my brother, Kevin Anthony Dominic Moolman.

Many say time is a healer, but the pain of losing you is still with me, I still remember your laughter, I see your smiles, and hear your voices in my dreams. You were my strength, my safe place, the only people I knew who would always love me and be there for me. Even though you are gone, I still feel your presence around me, I know you are with me, my guardian angels watching me. Thank you for everything you sacrificed for me, a mother's love and a brother's love are unconditional; even in death, love never dies. You have earned your angel wings for the beautiful souls you were in life, I'm so proud that I had you as a Mommy and Kevin as a brother. Mom, you will always be a queen to me. I will love you always.

This study is also dedicated to the following people in my life:

- A very special thank you to my husband, my soulmate, my better half, Mampuru Nicolus Sekwati, Bauba (Tsiko) you have been my support, my strength, my lifeline throughout. Our hearts are linked together, thank you for taking care of me in unimaginable ways, you lifted me up when I was down and weary and you held this family together, you continued with your role and responsibility of being a daddy and husband, you understood my craziness and stood with me through it all I'm proud to have you as my husband, my soulmate, and the father of my children. Real men are hard to find, I'm one of the lucky few.

- My daughter, Nozipho Leishell'e Molly Sekwati and my son, Ntwampe Mckalyn'e Sean Sekwati, my two heartbeats, my sunshine on cloudy days, thank you for your love, your butterfly kisses at night and your hugs when I felt like giving up. You two are my reason for breathing, my reason for getting up and trying to be a better me. Thank you for making me laugh and smile, for giving me strength when I felt down, thank you for making me supper and taking care of me, I'm so proud of the two of you.

- To my cats, Mbuzi, Snononoz, Jamlodie, Einstein and Amara you kept me calm and happy with your purring and love, I love you so much, my cuddly fur babies.

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4. ABSTRACT

Introduction and background: The birth companionship programme was introduced as part of the Respectful Maternity Care (RMC) in Limpopo Province in 2017. The RMC initiative aims to improve the quality of care for pregnant women and encompasses transforming maternity units and providing physical and emotional support for women during pregnancy, labour, birth, and postnatal period. The term 'Birth or labour companion' refers to the support that pregnant women receive during labour or childbirth. This can be provided by a partner, family member, friend, doula, or a healthcare professional. The presence of a birth companion affords pregnant women emotional support, information as well as coping techniques. As a result, midwives are expected to offer pregnant women the option of having a birth companion during labour and birth. However, most primary health care facilities in the province have not yet embraced the birth companionship programme. As expected, the birth companionship was not practiced by midwives at the health care facilities where this research was conducted.

Objectives: To explore and describe the midwives' views regarding birth companionship during childbirth in designated Primary Health Care Facilities in Limpopo.

Methodology: A qualitative research method was used to explore and describe the views of midwives on birth companionship in the Sekhukhune District of the Limpopo Province. The population is comprised of trained and practicing midwives in the 10 designated Primary Health Care Facilities. Purposive sampling was used to select midwives who were more knowledgeable about the problem under investigation. A total number of 30 midwives were interviewed. In-depth interviews were conducted with the midwives until saturation was reached. The interviews were conducted using a semi-structured interview guide. Tesch's open coding data analysis approach was used and applied when analysing the data. Ethical considerations and trustworthiness were maintained throughout the data collection, analysis and presentation of research findings.

Findings: Three main themes and sub-themes related to midwives' views on birth companionship emerged. The themes are midwives' knowledge and training on birth companionship; The role of birth companion during labour and the barriers affecting implementation of birth companionship. These themes further guided recommendations for birth companionship and the implementation thereof in midwifery practice, education and research.

Conclusions: Birth companionship is not widely practiced at the designated primary health care facilities where this study was conducted. Midwives, even though they understood the concept of birth companionship, had limited knowledge. Factors such as culture, poor infrastructure and human resources at primary health care facilities are amongst barriers to the successful implementation of birth companionship. Clear guidelines and training are necessary for midwives to implement and/or improve birth companionship practise at healthcare facilities. Lastly, midwives who receive training should train others within their facilities to ensure that birth companionship, as an option, is offered to women seeking antenatal care.

Key words: birth companionship, birth companion, childbirth, midwives, labour support

5. ACRONYMS/LIST OF ABBREVIATIONS

LIST OF ABBREVIATIONS/ACRONYMS	MEANING
DOH	Department of Health
HTS	HIV Testing Services
PHC	Primary Health Care
WHO	World Health Organisation
BP	Blood Pressure
SANC	South African Nursing Council
ICM	International Confederation of Midwives
UP	University of Pretoria
PHC	Participant Primary Health Care Facility
PA PHC F	Participant A Primary Health Care Facility F

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CHAPTER 1: ORIENTATION TO THE STUDY

1.1 Introduction and background

There is a global interest to improve the maternal care of women during childbirth and one of the components to ensure this happens is the involvement of birth companions, the interest can be seen with the production of surveys on doulas in the United States of America (USA) and Canada (Maternity Support Survey, 2014). A birth companion is any person chosen by the pregnant woman to provide support during childbirth. The companion can either be a family member, friend, spouse, or doula (WHO, 2016). The birth companion can play various roles, such as providing the pregnant women with information, assisting when there is a communication breakdown, as well as providing reassurance and emotional support.

The World Health Organisation (WHO) recommends that respectable maternity care is essential for positive childbirth and fosters the promotion integration and involvement of birth companions (WHO, 2019). The continuous support of women by birth companions during childbirth improves the chances of a normal vaginal birth (Bohren et al., 2017). The authors go further to indicate that such support has no identified adverse effects. Labour support can be offered by a nurse, a midwife, or any person including those that are part of the healthcare facility staff or not and even those that are not related to the woman in labour. This person has to be chosen by the women in labour and could either be a family member, a friend, or a community member whom the pregnant women depend on to enhance the care and experience during childbirth (Portela & Anayda, 2017).

Birth companion is not a new concept phenomenon. According to Pearson (2014), for centuries, women of royalty across Europe gave birth in full view of an audience. Women in the community would gather together to witness the birth and provide support to the woman who was about to give birth. Also, in China customarily and historically women in labour were supported by other women, these could be family or community members. This was done to reduce the fear and anxiety pregnant women experience during childbirth (Man, Wang & Qi, 2018). In Africa, similar to China, customarily and historically, women were supported by other women especially the elderly during childbirth. However, in Africa birth companionship is increasingly being introduced into maternal health services, for instance the National Guidelines for Quality Obstetrics and Perinatal Care in Kenya mentions that all pregnant women must be encouraged to nominate and

have a birth companion of their choice during labour (Fulani et al., 2018). In support Dynes (2018) maintains that pregnant women feel in control and reassured when birth companions are present. According to Hedin (2017) birth companionship improves maternal and newborn health outcomes.

In addition, the inclusion of birth companionship has shown an improvement in maternal health care provision and reduced the health providers' workload (Dynes et al., 2018). The advantages have been identified as non-pharmacological and include pain relief methods such as massage and meditation. Birth companions also nurture and support the women during childbirth (Dynes, 2018). They also advocate for the women during labour, they play crucial roles like reminding health care providers to examine the woman in labour and report any changes. The presence of birth companions enables an environment where health care providers are given an opportunity to attend to multiple patients and/or serious matters i.e. in instances where a health care provider is working alone or where there are shortages (Bohren, 2019:2). WHO (2019) alludes that pregnant women feel reassured when a birth companion is present. Knowing that the birth companion is present during childbirth provides reassurance and makes the pregnant woman feel at ease. WHO (2016) maintains that the woman's right to choose a birth companionship should always be enhanced. This should be done by making recommendations, guiding women through the practise and assuring them of their rights and choice available to them as birthing women. Women have the basic right to decide freely whether to have or not have a birth companion during childbirth. Pregnant women must be provided with information and education and to make informed choices (WHO, 2016).

According to Brown et al. (2007), birth companionship can improve the quality of care for women during childbirth. The authors purport that women are often left alone for long periods during childbirth and birth companions can help fill this gap. In their study, it was found that the majority of state hospitals in South Africa (SA) did not allow a companion to be present during labour and birth. It was also found that introducing childbirth companions was more difficult than anticipated, particularly in under-resourced health care facilities with frequent staff changes (Brown et al., 2007). According to Bohren et al. (2017), the benefits associated with birth companionship include positive birthing experiences and positive maternal outcomes. These include an increase in normal vaginal deliveries and a reduction in the use of intrapartum analgesia. Postpartum depression is much lower in women who are supported by birth companions (Bohren et al., 2017). The National Patients Rights' Charter of South Africa declares that every person has a right to health care (Health, 2020). This means that the rights of pregnant women must be taken into

consideration and these include the right to a birth companion during childbirth. Pregnant women have the right to human dignity which can be guaranteed by having a birth companion present during childbirth (Swaddle, 2018). Accordingly, birth companionship has been found to be an essential right to make a choice that can be exercised by pregnant women during childbirth. Birth companions in most cases act as advocates to maintain the dignity of pregnant women (Swaddle, 2018).

A study by Spencer et al. (2018), on the challenges of implementing continuous support during childbirth at selected public hospitals in the Northwest Province of South Africa, mentions that the absence or lack of implementation of policies on continuous support during childbirth is a challenge. Lack of policies or guidelines compounds the challenges of implementing programmes such as birth companionship in state institutions (Spencer et al., 2018). The authors allude that the Maternity Care Guidelines of 2016 by the South Africa National Department of Health (DOH) are not precise with regards to the implementation and management of birth companions (Spencer et al., 2018). This means there are no specific guidelines with regards to birth companionship programmes and the management thereof.

In 2018, an improved version of the maternity case record was introduced in Primary Health Care Facilities in the Limpopo province of South Africa. The improved version included a section where pregnant women can select and write the name of the preferred birth companion. Although this is the case, there is still a lot of resistance from the midwives to implement the birth companionship programme in the province. Midwives claim that the pregnant women in labour would throw tantrums in the presence of the birth companion and they would feel pressurised into ensuring that all the pregnant woman's needs are met (Bangal, 2018). As such, midwives are not supportive of the birth companionship programmes (Bangal, 2018). Meanwhile, in India, birth companions are not allowed in the labour room for fear that they will introduce infection, due to their frequent movements (in and out of the labour room).

In SA, only one province, the Western Cape (WC), has clear guidelines regarding birth companionship. The Western Cape Department of Health clearly outlines that pregnant women can bring in partners or birth companions of their choice during childbirth. Birth companions are mandated to bring their identity document (ID) and/or forms that permit them to be at the maternity unit (Western Cape DOH, 2019). Despite the advantages of having a birth companion during childbirth, the implementation of birth companionship programmes are still not implemented in

maternity settings (Lunda et al., 2018). The question then arose as to what midwives working at selected public hospitals in the Limpopo Province of South Africa, perceive to be the challenges in implementing birth companions during childbirth. Understanding the midwives' views regarding birth companions during childbirth could contribute to the formulation of recommendations for the promotion thereof. According to Sharanya (2018), it is important for midwives and other nursing staff, to change their attitude towards birth companionship for programme to be successful.

1.2 Problem statement

The birth companionship programme was introduced to Primary Health Care Facilities in Limpopo in 2017 (Limpopo Initiative for Newborn, 2017). However, to date, the programme is still not fully functional in many of the health facilities in the province. As (Bohren et al., 2019; Brown et al., 2007; Maputle & Nolte, 2008) state best practices for birth companionship during childbirth are known, however, they are not generally practised and/or implemented. Primary Health Care Facilities were provided with birth companion registration forms and midwives were to inform and explain the programme and processes of birth companionship to the pregnant women during antenatal visits. Ideally, midwives ought to provide each pregnant woman with a birth companion registration form which must be completed and signed. On the contrary, the researcher also a midwife observed that pregnant women visiting Primary Health Care Facilities were not informed about their rights to choose birth companions to support them during childbirth. This is in contravention to the Constitution which states everyone has the right to access information (SA Constitution, 1996). As such, pregnant women are entitled to information regarding birth companionship programmes.

Numerous complaints about the harsh manner in which midwives treat pregnant women and their companions and/or their relatives were posted in the suggestion box where the researcher works, complaints were lodged by pregnant women, their families and friends. Relatives and friends have reported being turned away and informed they cannot be present during childbirth. Currently, there are no policies or guidelines regarding the role of the birth companion in the labour ward during childbirth; also midwives have not been trained on the birth companionship programme
Some of the Primary Health Care Facilities have no screens in the labour room to maintain privacy during childbirth (Bangal, et al., 2018). Midwives feel they will not be able to manage the pregnant woman when she becomes uncooperative during childbirth, they fear being perceived as being harsh, most midwives seem to lack understanding and knowledge regarding the benefits of birth companionship. Midwives also fear the risk of cross-infection in the labour room from people

walking in and out of the labour ward without control (Kabakian-kasholian & Portela, 2017). Midwives feel there is a likelihood that conflict/s can occur between them and their birth companions. The presence of a companion is viewed as an extra activity and some midwives feel birth companions need to be monitored. The consequences of facilities not implementing the birth companionship programme includes among others increase in the number of complications during childbirth, increase infant mortality, midwives spending more time engaged in labour support activities and dissatisfied birthing mothers (WHO,2019; Kabakian-kasholian & Portela, 2017).

Thus the researcher sought to explore the midwives' views regarding birth companionship during childbirth at designated primary health care facilities in Limpopo. The study aims to understand how midwives perceive birth companionship and whether they offer birth companionship as an option at their health facilities. Understanding their views will assist in the drafting of policies and implementation plans for birth companionship in Primary Health Care clinics.

1.3 Significance of the study

The significance of this study is to contribute to nursing practice, nursing education and the existing body of knowledge. The findings of the study may also be useful to the Department of Health in Limpopo and the community at large.

1.3.1 Nursing practice

- This study may improve nursing practice by imparting knowledge on the importance of birth companionship during childbirth.
- The study may assist in understanding midwives' views regarding birth companionship during childbirth and in turn helps address barriers to the implementation of birth companionship programmes.
- It may further assist in bringing to light midwives who are regarded as facilitators to birth companionship.

1.3.2 Nursing Education

- The information conveyed in this study may be incorporated and/or inform midwifery curriculum to include birth companionship.

- The study might lead to future research and the formulation of policies and regulations that promotes the quality of care and support provided to pregnant women during labour and childbirth.

1.3.3 Existing body of knowledge

- The results of the research study on the midwives' views regarding birth companionship during childbirth at selected primary health care facilities, adds to the existing body of knowledge that aims to improve the quality of care provided to a pregnant woman during childbirth.

1.4 Research question

Emanating from the above problem statement, the central question of the study was:

- What are midwives' views regarding birth companionship during childbirth?

1.5 Research aim

To explore midwives' views regarding birth companionship during childbirth at designated Primary Health Care Facilities in Limpopo.

1.6 Study objectives

The objective of the study was:

- To explore and describe the midwives' views regarding birth companionship during childbirth in designated Primary Health Care Facilities in Limpopo.

1.7 Definition of key terms

1.7.1 Birth companion

A birth companion is an individual who offers physical, emotional, and informational support to the woman in labour. It can be anybody the woman chooses (Afulani et al., 2018). For this study, a birth companion is either a friend, husband, partner or family member who accompanies the woman to a health facility and supports the pregnant woman during the full period from when labour begins until childbirth.

1.7.2 Childbirth

The process of delivering a baby and the placenta, the membranes and the umbilical cord from the uterus to the vagina and the outside world (William, 2020). For this study, childbirth refers to the time when the pregnant woman arrives at a health facility having labour pains until the baby is expelled from the womb.

1.7.3 Midwife

According to the South African Nursing Council (SANC) (2005), a midwife is a person registered in terms of section 31, and qualified and competent to independently practice midwifery in the manner and to the level prescribed and can assume responsibility and accountability for such practice. For this study, a midwife is a qualified healthcare professional who assists pregnant women during labour

1.7.4 Views

According to the Cambridge dictionary (2021), views are opinions, beliefs, ideas, or a way of thinking about something. In this study views are midwives' outlook about birth companionship.

1.8 Paradigmatic Perspective

According to Rehman and Alharthi (2016), researchers must be in a position to comprehend and pronounce their beliefs about the nature of reality. The authors goes further to indicate that paradigm is understanding what is known (perceived reality) and how to attain the knowledge. In this study the researcher followed a naturalistic paradigm (Polit et al., 2017). This approach helps the minimise the distance between the researcher and participants by observing them in their natural enviroment (Cherry, 2019). The approach was suitable for the study because it enabled the researcher to collect subjective data exploring the midwives' views regarding birth companionship during childbirth by them observing and interacting with them in the natural environment.

1.8.1 Ontological Assumptions

This is a branch of philosophy that deals with the nature of reality (Polit et al., 2017; Botma et al., 2015). This assumption is concerned with how people view the world. The current study intended to understand how midwives' views on birth companionships. Therefore, the researcher defined the reality from the participants' viewpoint. In this study, the ontological assumptions was

employed to understand to the midwives' views regarding birth companionship during childbirth at the selected primary health care facilities in Limpopo.

1.8.2 Epistemological Assumptions

Epistemology refers to the study of the nature of knowledge and how this knowledge is acquired and validated (Denicolo & Becker, 2012:125; Rehman & Alharthi, 2016). According to Polit (2017), epistemology refers to how the enquirer relates to those being researched. The researcher interacted with the participants which are the midwives with the aim of understanding their views and understanding on birth companionship. The interactions were done at designated primary health care facilities in the Limpopo province, which the researcher regarded as natural and familiar environments for the midwives. Semi-structured in-depth interviews were selected for this enquiry as they allowed the researcher and participants time to interrogate the social phenomena without influence. Ideas that the researcher produced before the interview were noted prior to interviewing to eliminate any bias.

1.8.3 Methodological Assumptions

The methodology provides direction and guidance to the researcher on the methods to be used to gain knowledge (Botma et al., 2015:41). An inductive process was used for data collection. A qualitative methodology was utilised to explore and describe the views of midwives concerning birth companionship during childbirth. In-depth interviews were conducted using a semi-structured interview guide to gather data from research participants (Creswell, 2006). Tesch's open coding data analysis approach was used following the eight steps (Botma et. al., 2015).

1.9 Delimitations

The study only focuses on midwives who deliver babies and facilitate childbirth at health care facilities in Limpopo. The other reason for including this population was that they had been working at the selected primary health care facilities for over two years and were involved in the antenatal care, labour and birth processes and were thus best suited to answer the research question.

1.10 Outline of the study

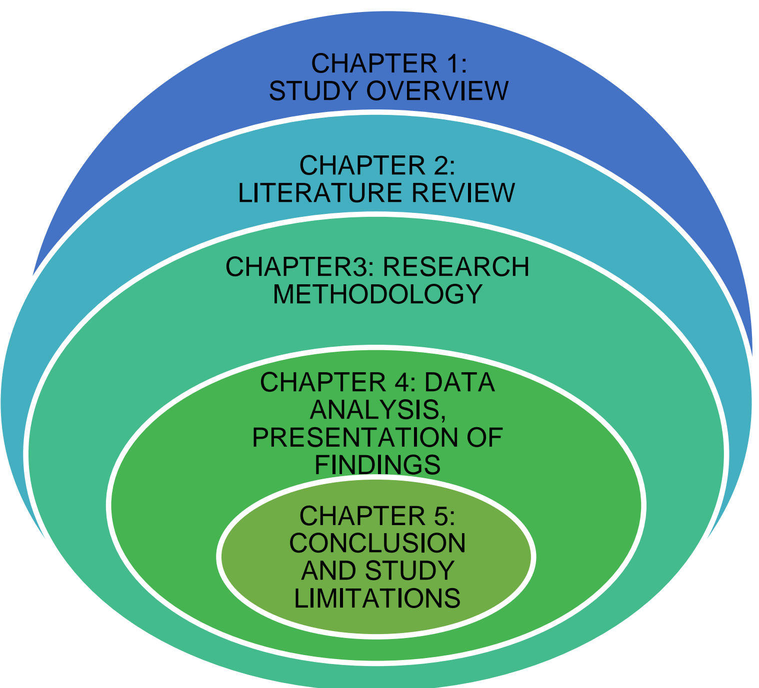

Figure 1.1: Study Overview

1.11 Conclusion

Chapter 1 outlined the overview and background to this study. Literature regarding birth companionship was also introduced. The aims and objectives, research question, research question and the significance of the study were also outlined. Also discussed in this chapter are the qualitative, descriptive, explorative design that was used. The in-depth interviews conducted to fulfill the objectives of the study and the ethical considerations were briefly outlined. Chapter 2 focuses on the in-depth literature reviewed for this study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature reviewed for this study. The overall aim of the study is to determine midwives' views on birth companionship at designated primary health care facilities in the Limpopo province to understand the provision or lack of provision of birth companionship to pregnant mothers presenting for delivery at the health facilities. The literature reviewed for this study provided insights on the challenges of implementing birth companionship at health facilities. Secondly, it highlighted facility-level barriers, interpersonal barriers, as well as individual barriers associated with the implementation of birth companionship. Lastly, the literature highlighted the views and desires of pregnant women regarding birth partners during childbirth.

2.2 Methodology for searching sources

The review followed an integrated approach that addressed the research question 'what are the midwives' views regarding birth companionship during childbirth?' (Winchester & Salji, 2016:308). The integrated review was selected for its role in evidence-based practice for nursing. Furthermore, integrated reviews collect information in both qualitative and quantitative studies about the selected topic. In integrated reviews, grey literature that involves policy documents, reports, opinion pieces, editorials, commentaries, book chapters and also other sources of evidence are explored (Johnson, Fogarty, Fullerton, Bluestone & Drake, 2013:2). The following steps are involved in the integrated review process: the identification of keywords, search strategy, search outcome, and reporting of results (Noble & Smith, 2018:39).

2.2.1 Identification of key words

The following keywords were used to search the literature for this study:

- Birth companionship
- Labour companionship
- Birthing partners
- Birth companionship in South Africa
- Factors influencing birth companionship
- Provider views on birth companionship.

2.3 Search strategy

The researcher used the following search engines; the University of Pretoria Library, PubMed and Google Scholar to search for scholarly articles on the topic under study. The search included studies dating from 2004 to 2021. The older studies were included in the study because of limited data available on the research topic. The selected search engines were relevant for the study because they offer research in the fields of nursing, medicine and patient care, among others.

2.4 Presentation of the literature reviewed

The literature reviewed for this study focused on studies conducted on labour or birth companionship during childbirth.

2.4.1 Birth companionship

According to the WHO, birth companionship is the continuous support provided to a pregnant woman during childbirth by a family member, spouse, friend, or health care professional (WHO, 2019). The birth companion plays various roles during childbirth including providing the pregnant woman with information about the childbirth process, facilitating communication between the midwives and the pregnant woman and providing emotional support and reassurance to the pregnant woman (WHO, 2019).

The pregnant woman has the right to human dignity and this can be upheld by having a birth companion during childbirth. Birth companionship is an essential human right for a pregnant woman during childbirth. This is due to the fear and anxiety experienced by the pregnant woman leading up to and during childbirth, which can have negative health outcomes for both the mother and the baby (Wang et al., 2018). The National Patients Rights' Charter of South Africa (Health, 2020) declared that every person has a right to health care. This includes the right to provide quality service to all pregnant women and includes having a birth companion during childbirth. Two recent recommendations made by the WHO confirm the benefits of the companion of choice at birth on labour outcomes, however, institutional practices and policies do not always support its implementation in different settings around the world (Kabakian-Khasholian & Portela, 2017). WHO recommends that all pregnant women should have a birth companion during childbirth (WHO, 2018a).

Having family members present, one-on-one care, or the continuous presence of a health professional/midwife has been recommended by the WHO (WHO, 2018). In their 2018 study, Wang et al, found that the length of the labour process was significantly lower for women who received supportive care, compared to those who did not receive such care (Wang et al., 2018).

Support during childbirth can be offered by a nurse, a midwife, and/or any other persons present during labour. However, Kabakian-Khasholian (2017) states that a person chosen by the woman in labour, like a family member or friend, enhances the pregnant woman's experience during childbirth. Midwives who allow and support birth companionship during childbirth show that the pregnant woman's autonomy is respected (WHO, 2016). The pregnant woman has the freedom to make decisions about her body, her pregnancy, and how she would like to experience childbirth. The pregnant woman must be afforded the right to select the birth companion of their choice to be present during childbirth. Furthermore, the pregnant woman must be given the autonomy to express her views, make decisions and choose who will support her during childbirth (WHO, 2019).

According to the WHO, women benefit and find value in the presence of a birth companion. Having someone they know and trust, who can provide emotional and psychological support, is of great value to pregnant women and this can positively improve childbirth outcomes.

2.4.2 Benefits of birth companion

Research shows that there are medical, as well as psychosocial, benefits to birth companionship. Women have a more positive recollection of their birth experience when they are supported in decision making and they, in turn, have a great deal of trust in their care providers to make decisions on their behalf (Cook & Loomis, 2012). The following are the benefits of birth companionship, as outlined in the literature.

2.4.2.1 Workload reduction for health facility staff

A study conducted in India on the opinions of pregnant women regarding the desire and choice of a labour companion states that labour wards, particularly in public health facilities, are usually busy and it is not always possible for present staff to pay individual attention to every woman who is in labour. More often than not, doctors and nurses are also not enough to look after the needs of individual labouring women (Bangal et al., 2018). The introduction of birth companions, who are not part of the hospital staff, may serve as a solution to this problem of staff shortages. The

presence of birth companions permits health providers an opportunity to attend to serious matters while the birth companion reminds staff to examine the woman in labour and report any changes. In addition, birth companions help to reduce the staff workload while providing support to the women during childbirth (Kabakian-Khasholian & Portela, 2017).

2.4.2.2 Emotional and Psychological support

According to the WHO (2019), knowing that a birth companion is present provides reassurance and makes the pregnant woman feel at ease. The presence of a companion provides labouring women with a greater feeling of control and reassurance (Banda, 2010, as cited in Dynes et al. 2019). Birth companions nurture and support the women during childbirth, and throughout childbirth. Furthermore, the presence of a birth companion has a positive influence on how health care providers treat and interact with pregnant women during childbirth.

2.4.2.3 Improved maternal and new-born health outcomes

A study conducted by Essex and Pickett (2008), shows that compared to their accompanied counterparts, unaccompanied women are more likely to have a preterm birth, an emergency caesarean section, spinal pain relief, or general anaesthetic, prolonged labour and lower satisfaction with life at nine months postpartum. Having a birth companion present is associated with an increase in normal spontaneous vaginal deliveries and general satisfaction of service.

While in Kenya, birth companionship has been used as a measure to reduce maternal deaths. The involvement and support of birth companions has results in the reduction of mortality rates that occur during childbirth (Afulani, et al., 2018). The authors go further to indicate that this contributed to the reduction of maternal deaths in the country.

2.4.3 Perceptions of midwives about birth companionship

Although best practices for birth companionship during childbirth are known, they are not generally practised and/or implemented (Bohren et al., 2019; Brown et al., 2007; Maputle & Nolte, 2008). Studies from Africa and countries abroad on birth companions report that although having someone present during labour is beneficial for the pregnant woman, this practice is not highly supported by midwives. The resistance from midwives to implement the birth companionship programme are due to the following; infection control in labour wards (Bangal, 2018), negative behaviours of pregnant women and their doulas (Hwang, 2004) and limited space in the health facilities (Bangal, et al., 2018). A study conducted by Kabakian-Khasholian et al. (2017) alludes

that health providers perceive the usefulness of the companions only in facilities that have nurse and midwife shortages.

2.4.4 Facility level barriers to birth companionship

The facility-based barriers are discussed:

2.4.4.1 Limited space in health facilities

Overcrowding and limited space in public health facilities is a problem that is not unique to SA. The lack of facility space and privacy also contributed to birth companionship programmes not being implemented (Bangal, et al., 2018). The privacy of other women in the labour ward is compromised in the presence of unknown persons. A Kenyan study alludes that the pregnant woman can have a birth companion present during childbirth, provided that the companion has their accommodation (Afulani, et.al., 2018). However, in the study, it is not clear whether this was to be accommodation inside or outside the health facility.

2.4.4.2 Infection control in labour wards

Another reluctance to adopt the birth companionship programme at health facilities resulted from health providers' concerns with cross-infection and overcrowding in labour wards (Kabakian-Khasholian & Portela, 2017). According to Bangla, et al. (2018), birth companions are not allowed in labour wards due to the fear that they can introduce infection resulting from frequent movements in and out of the labour room.

2.4.4.3 Lack of health care provider training

Sensitising health care providers about the birth companionship programme is necessary and of the utmost importance. The reviewed literature indicates that most health care providers are not trained and acquainted with birth companionship programmes. Midwives also have a negative attitude since birth companion support is viewed as not being part of their job description (Kabakian-Khasholian & Portela, 2017). A lack of understanding of the benefits of the birth companionship programme has been identified as part of the reasons why the implementation of birth companionship is negative (Dynes et al., 2019).

2.4.5 Barriers to birth companionship

Other barriers to birth companionship are now discussed:

2.4.5.1 Increased pressure on midwives in the presence of birth companions

During the labour process, the birth companion will act as an advocate in circumstances where they feel the pregnant woman is being neglected, to maintain the dignity of the pregnant woman (Bohren et al., 2019). This is a positive benefit for the pregnant woman but may result in additional pressure for the midwives. Midwives reported feeling pressurised by the presence of the birth companion to ensure that all the pregnant woman's needs are met. Health care providers feared that the expected collaboration of the women and birth companions with the healthcare team might result in interference with clinical decisions (Bangla, et al., 2018).

2.4.6 Perceptions of pregnant women regarding birth companionship

Findings by the WHO (2018) suggest that the primary outcome for all pregnant women undergoing childbirth should be a "positive childbirth experience". According to the report, women want a positive childbirth experience that fulfills and/or exceeds their prior personal and socio-cultural beliefs and expectations. This includes giving birth to a healthy baby in a clinically and psychologically safe environment, with continuity of practical and emotional support from birth companions and technically competent clinical staff. Most women want physiological labour and birth, and to have a sense of personal achievement. They also want control and involvement in decision-making, even when medical interventions are needed and/or wanted.

Ensuring autonomy, agency, and choice for pregnant women are some of the WHO-recommended guiding principles. Women have the basic right to decide freely whether to have a childbirth companion of their choice. The pregnant woman must be provided with information, education and means to make informed choices (WHO, 2016). Afulani (2018) alludes that, in African countries, birth companionship is increasingly being introduced into maternal health guidelines. Although this is the case, there is no data evidencing the practice of birth companionship, or the lack thereof, in SA. A study conducted in India by Bangal et al. (2018) on the opinions of pregnant women regarding their desire to have a labour companion found that 90% of the women expressed a desire to have a labour companion. 50% chose a mother as first choice to be the labour companion. The reasons for choosing a labour companion included psychological support (42%), reduction in labour pains (21%), reduction of fear and apprehension

(12%), and feelings of strength and encouragement (7%). These findings show that, given the opportunity, many pregnant women would choose to have a birth companion during childbirth.

Although there is evidence supporting the benefits of birth companionship for pregnant women, midwives are still not implementing the birth companionship in their facilities. Prior to introducing a companion of choice, understanding health care providers' attitudes and sensitising them to the evidence is necessary and of the utmost importance. This study sought to understand the reasons why midwives do not offer the option of birth companions to patients that deliver at public primary health care facilities.

2.5 Conclusion

The literature review provided insights on the challenges of implementing birth companionship at health facilities and also highlighted facility-level barriers, interpersonal barriers, as well as individual barriers associated with the implementation of birth companionship.

CHAPTER 3: RESEARCH DESIGN AND METHODS

3.1 Introduction

This chapter describes the research design and method, as well as the ethical considerations and incorporates the following: the description of the study setting; study population, sampling and inclusion criteria; data collection; data analysis and result dissemination. The research design and method direct the research project and are the general approach the investigator takes in carrying out the research project. Furthermore, it dictates and controls the acquisition of data (Leedy & Ormrod, 2018:73).

3.2 Research method: qualitative exploratory descriptive research

Polit and Beck (2017:765) define research methods as the techniques used to structure a study and to gather and analyse information systematically. The authors further describe research methods as the steps, procedures and strategies for gathering and analysing data in a study. This study employed a qualitative research method and the qualitative exploratory descriptive research design. The qualitative exploratory descriptive research approach covers several forms of research inquiry that assist in explaining and understanding social phenomena (Babbie & Mouton, 2005). Exploratory research design addresses an issue or problem in need of a solution (Grove, Burns & Gray, 2013:66).

The exploratory design was used to gain insight into and have an understanding of the problem under study. In exploring the problem under study, the researcher asked the questions and participants were given an opportunity to respond. The study was exploratory in nature, the researcher wished to explore a phenomenon and had high levels of uncertainty and ignorance about the subject (Babbie, 2010:89). The study explored the phenomenon and necessitated the opinions of midwives with regards to the option of women having birth companionship when they came to deliver at their respective health care facilities. The researcher did this by utilising an audio recorder and field notes to confirm the actual words spoken by the midwives.

3.2.1 Research Design

A qualitative research design method was followed, by using an in-depth and holistic method. The phenomenon was investigated by collecting rich narrative material, utilising a flexible research design (Polit & Beck, 2012:763). The qualitative research method was used to describe and explore the phenomenon from the participants' experiences (Polit & Beck, 2012:23). The

researcher used this method to gain rich in-depth information on the midwives' views regarding birth companionship during childbirth in selected primary health care facilities in Limpopo. The researcher wanted to find out the true reflection and real-life experiences of the midwives. A semi-structured interview guide was used; midwives were observed in their natural environment and transcripts were used to compare the data collected from the audio recordings.

According to Polit et al. (2017), descriptive design is based on a naturalistic inquiry, the study shows part of an event or phenomenon. Descriptive designs are used to identify problems related to the current practice, make judgments and related statements that can be used to predict, describe and control the phenomenon being studied (Burns & Grey, 2013:215). The study is descriptive as it described the phenomenon and is based on valid responses relevant to the research questions put forward by the researcher. This approach assisted in the researcher gaining accurate information that was necessary on the midwives' views regarding birth companionship during childbirth in selected primary health care facilities in Limpopo.

3.2.2 Study setting

The study setting refers to the physical location and conditions in which data collection takes place (Brink et al., 2013:59). This study was conducted in 10 primary health care (PHC) facilities in the Limpopo province of SA. All the healthcare facilities are situated in the Greater Sekhukhune district which is approximately 122 kilometers from Polokwane. Makhuduthamaga Sub-District has an insignificant number of public clinics, where on average there is 1 clinic per 17 000 people (District profile, 2020). Sekhukhune district is largely rural and is home to the Bapedi people.

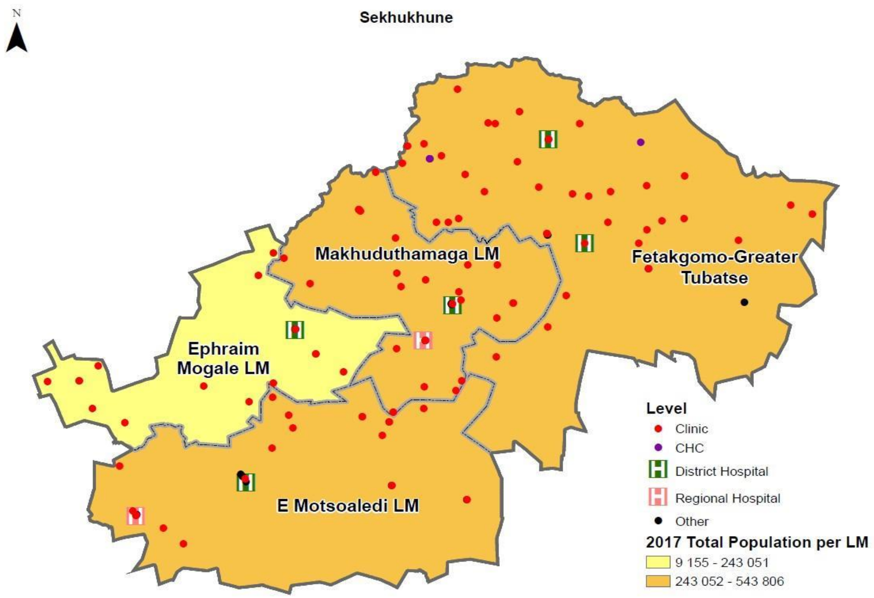

Figure 3.1: Map of Sekhukhune, Makhuduthamaga sub-district – red dots indicating clinics

The healthcare facilities were selected because they are primary health care facilities and they offer midwifery services. Each facility has a maternity section. The layout consists of the latent phase room which has two beds, the delivery room which has three beds, and the post-natal room which consists of four beds. The services which are offered are maternal health-related, helping low-risk case women during childbirth.

Table 1 indicates the selected health care facilities the number of interviews conducted in each facility.

Table 3.1: Selected health care facilities and the number of participants

PHC FACILITIES	NUMBER OF MIDWIVES INTERVIEWED IN EACH PHC
FACILITY E	2 MIDWIVES
FACILITY B	3 MIDWIVES
FACILITY H	3 MIDWIVES
FACILITY A	3 MIDWIVES
FACILITY K	1 MIDWIFE
FACILITY D	4 MIDWIVES
FACILITY J	3 MIDWIVES
FACILITY I	5 MIDWIVES

FACILITY F	2 MIDWIVES
FACILITY C	4 MIDWIVES

3.2.3 Study population

The study population is the target group that is eligible for the study in line with the inclusion criteria (Polit & Beck, 2017:274). The study population consisted of thirty midwives from the 10 primary health care facilities. The nurses were trained in midwifery and had been in their role at the facility for at least two years. Twenty midwives were purposively selected to give their perspectives on the subject matter. The initial sample size was twenty midwives however, on reaching the end of the last interview, the researcher felt that saturation was not reached since there was not enough rich information coming from the midwives. The researcher then interviewed 10 more midwives to gain rich data. Saturation was reached during the last interviews where the researcher felt that there was no new information to be obtained from the midwives.

Durrheim and Painter (2006:95) state that "qualitative researchers typically work with and prefer small, non-random samples of information with rich cases that they can study in-depth". As this was a qualitative study, the aim was to gain rich information from participants.

3.2.4 Sampling

According to Brink et al. (2013), a sample is a subset of the population selected by the researcher to obtain information representing the population (Brink et al., 2013:141). Purposive sampling refers to the selection of research participants based on specific criteria which are relevant to answer the research questions (Creswell, 1998). Creswell (2009:178) further states that the idea behind qualitative research is to purposefully select participants who will best help the researcher to understand the problem. Therefore, participants in this study were purposefully selected to explore and describe the midwives' views regarding birth companionship in primary health facilities in Limpopo.

In a type of cluster sampling, the researcher first located the primary health facilities where maternal health delivery services are offered. The researcher approached and obtained consent from the operational managers in the facilities to conduct interviews with midwives at the facilities. The researcher made appointments to meet with the midwives in each facility. The purpose of the

research was outlined to the midwives and those willing to participate in the study were noted and dates for interviews were set.

There is no rule of thumb about the sample size in qualitative research. Authors suggest that data saturation be used as a guiding principle. Saturation can be achieved with a relatively small number of effective and well-informed participants (Polit & Beck, 2017:357). Bernard (2013) suggests that 10-20 knowledgeable people are enough to uncover and understand the core categories in any well-defined cultural domain or study of lived experience. A minimum of 20 participants were initially selected for this study, however, a further 10 participants were selected to ensure that adequate data were collected and data collection was stopped when saturation was achieved and no new information was obtained.

3.3 Inclusion criteria

Inclusion criteria are the characteristics that study participants must have to participate (Polit & Beck, 2017). The inclusion criteria for this study were:

- Professional nurses trained in midwifery, both male and female, who are approved by the South African Nursing Council (SANC)
- Working at designated primary health care facilities in Limpopo
- Serving as a midwife at a PHC for at least two years.

Exclusion criteria:

- All midwives working at hospitals
- Other professional nurses without midwifery training.

3.4 Data collection

Botma et al. (2015:131) define data collection as the precise and step-by-step gathering of information to resolve a research problem. The information can be gathered through structured or semi-structured observations and interviews; data collection also involves setting boundaries for the study as well as establishing protocols for recording information (Creswell, 2006).

3.4.1 Preparatory phase

3.4.1.1 Recruitment of participants

The researcher first obtained consent from the facility managers to conduct the interviews with the midwives. Recruitment of participants was done by the researcher. Prior to the interviews

taking place, the researcher contacted the participants telephonically. During the telephone conversation, the purpose of the interviews was outlined, and the aims and objectives of the research study were explained to the midwives.

3.4.1.2 The pilot study

A pilot study was conducted at Mamone clinic. This is a facility where the researcher had easy access and it is where the researcher currently works. The pilot study aimed to test the data collection tools for clarity of concepts, accessibility of the language and to determine whether the questions were aligned with the study objectives. The researcher sought permission from the operational manager to conduct pilot interviews with colleagues trained in midwifery. After receiving written permission from clinic management, the researcher approached three midwives, informed them about the study and requested their participation in the interviews. Written informed consent was obtained from the three midwives and interviews were conducted. All three interviews were conducted in the HIV testing services (HTS) counselling room where the researcher could have uninterrupted conversations with each participant. The semi-structured interview guide was used to enquire about the topic under study. When the pilot interviews were concluded, the interview guide was updated.

3.4.1.3 The interview phase

The researcher approached healthcare facilities that offered midwifery services in the Sekhukhune district. Permission was sought and obtained from operational managers at the designated primary health care facilities selected to participate in the study. All facilities that were approached by the researcher granted permission for the study to be conducted (see Annexure C). The researcher introduced the study during staff meetings at the facilities. Midwives who expressed interest in partaking in the study provided their contact information to the researcher, subsequent to this, the researcher contacted potential participants telephonically to schedule the interviews. Participants were selected based on the inclusion criteria (stated in 3.3 above) and their willingness to participate, and they were selected using a purposeful sampling method.

3.4.1.4 Semi-structured interviews

Semi-structured in-depth interviews were used as a method of collecting data. Interviews are important because they allow participants to give detailed responses and to speak about personal experiences (Kelly, 2006). This technique allows the researchers to engage in a conversation with study participants rather than in a formal structured interview (Creswell, 2006). Furthermore, semi-

structured in-depth interviews allowed study participants to elaborate on their accounts without restrictions.

Thirty in-depth interviews were conducted with nurses trained in midwifery. An interview guide with semi-structured questions was used during the interviews. The central questions posed to all participants included “**what are your views on birth companionship in your facility?”,** “what are the challenges you face regarding the implementation of birth companionship at your facility,” after which the researcher probed and made follow-up questions (see annexure E for the interview guide).. All interviews were recorded using a tape recorder with consent from the study participants. Using a tape recorder ensures that all the data gathered is captured correctly and accurately. The recorded interviews were later transcribed verbatim and these were inclusive of field notes collected during the interview process. The field notes comprised of the researcher’s observations of the environment, tone of voice and facial expressions of participants. These assisted a lot during data analysis when the researcher was listening to the recording, as they informed the formulation of key words and coding the transcripts. The researcher ensured that Covid-19 protocols were followed. All interviews were held in a well ventilated room, the only people present were the researcher and the participant. Both parties wore surgical masks throughout the interview, there was no physical contact during the interviews, both the researcher and participants maintained the 1,5m distance between them. Hand sanitizers were available and used during and after the interviews. The table utilised was cleaned with disinfectant, the researcher was screened before entering the health facilities.

The interviews were used to gain detailed information about the midwives’ perceptions and opinions on birth companionship. Boyce and Neale (2006) describe in-depth interviews as providing a more relaxed atmosphere where people may feel comfortable to have a conversation with a researcher, unlike any other form of data collection. The interviews relied on the researcher’s ability to probe to ensure that the objectives of the study were met. During each interview, the interviewer showed interest in what the participants were saying and ensured that participants were comfortable. These are important aspects for obtaining rich and detailed information from participants (Boyce & Neale, 2006).

Neuman (2014) outlines the importance of context during the interview, where the interaction should occur in private offices rather than noisy lunchrooms. The interviews were conducted in the midwives’ consultation rooms in the morning when minimal disruptions were expected before

the midwives could start their daily routine. The dates and times of the interviews were scheduled according to the availability of the study participants.

The interviews were conducted in HTS/counselling rooms and in facilities where these rooms were not available, maternity rooms were used. The researcher arrived early to allow time for the midwife to get ready for the interview. The role of the researcher was explained to each participant, this role included asking questions, taking notes and using a tape recorder to record the interviews. The researcher explained the informed consent form and after consenting, each midwife was given a copy of the consent form. As advised by Neuman (2014), the researcher built rapport with each interview participant prior to commencing with the interview. The researcher shared her background in nursing and midwifery to build trust and encourage the participants to be open. The researcher was also careful not to force responses and avoided asking leading questions.

The interviews lasted approximately 15 to 40 minutes and the researcher concluded each interview by thanking the participants for taking part in the research. No incentives were given to participants for being part of the study.

3.4.1.5 Communication skills

During the interview, the researcher used probing, paraphrasing, and listening skills to ensure rich communication with each research participant. The researcher listened to participants' responses without interruption, this was done to obtain as much information as needed. Non-verbal communication was also observed to encourage participants to speak; cues such, as 'nodding the head,' and verbal cues such as, 'uhm' 'mmmh' (Neuman, 2014) were used. This was done to show the participant that the researcher was listening and interested in what they had to say. When probing, the researcher asked the participants to explain statements that were not clear. Participants were also asked to elaborate on their accounts when the researcher felt that they had not provided sufficient information, this was done by using phrases like "could you explain what you mean by that". Furthermore, the researcher also repeated what participants said to ensure that she had understood the participants' responses. The researcher also kept a reflective journal, writing down notes to reflect on the interviews. All interviews were conducted in English.

3.4.2 Post interview phase

After each interview, the researcher thanked the participants for their participation in the study. The recorded interviews were later transcribed verbatim along with the field notes collected using the reflective journal during the interview process (see Annexure F).

3.5 Data analysis

Data analysis refers to the systematic organisation, integration and examination of data to search for patterns and relationships among the specific details (Neuman, 2014:477). In qualitative research, data analysis involves connecting data to concepts and identifying broad trends or themes across the data set (Neuman, 2014:477). A qualitative research analysis begins while gathering data (Polit & Beck, 2012: 751). However, such analysis tends to be tentative and incomplete (Neuman, 2014:477). Therefore, data analysis begins during data collection and continues until the end of the study.

The first step in data analysis is the data coding process; coding is the process of dividing data into parts by using a classification system. In this research, Tesch's open coding data analysis approach was used (Botma et al., 2015). This approach proposes eight steps to be considered in data analysis. The steps followed are now outlined.

Step 1: Prepare and organise: this involves organising the data which are the transcribed interviews into different categories. During this step, the researcher read an entire transcript carefully to obtain a sense of the whole while jotting down some ideas.

Step 2: Developing a general sense: During this stage of the analysis, the researcher read and re-read the data and listened to the audiotapes. A general sense was obtained and also the meaning was derived. With each case, the researcher asked, "what is this about?" and thought about the underlying meaning in the information. The researcher's thoughts were written down and highlighted in different colours.

Step 3: Coding the data: The data was organised into themes and sub-themes. A list was made of all the themes or topics. Similar themes or topics were clustered together.

Step 4: Describe and identify the themes: A description of the setting, the people, the themes and sub-themes emerged and was used to create headings in the reporting of the findings. The researcher applied the list of themes to the data.

Step 5: Represent findings: The researcher found the most descriptive wording for the themes and categorised them. A narrative passage was used to convey the findings. A detailed discussion

of several interconnecting themes was used. Figures and tables were generated to illustrate the findings.

Step 6: Interpret data: The researcher made a personal interpretation of the meaning of the data using the findings from the data as well as in literature.

Step 7: Assemble data: The data material belonging to each category was assembled and the codes were grouped alphabetically.

Step 8: Recording of data: An independent coder was sought for this study to increase inter-coder reliability. The researcher recorded data as necessary and a consensus was reached with the independent coder. Literature was reviewed and the research findings were placed into context in relation to the reviewed literature (Streubert & Carpenter, 2011:92).

3.6 Trustworthiness

Trustworthiness is the degree of confidence that qualitative researchers have in their data (Polit & Beck, 2017:768). Credibility, transferability, dependability and confirmability are criteria used to assess trustworthiness. According to Houghton et al., these strategies are essential in designing ways to increase the rigor and assessing the value of findings in qualitative research (Houghton, Casey, Shaw & Murphy, 2013:14).

3.6.1 Credibility

Credibility is the qualitative equivalent of the concept of validity in quantitative research. According to Senton (2003:64), the concept of credibility deals with the question, “how congruent are the findings with reality?” Credibility of the study was ensured through prolonged engagement with research participants (Polit & Beck, 2017). The researcher sought to form a trusting relationship with study participants by having face-to-face interactions with them during the initial visits to introduce the study at the designated research sites.

The use of audio-recording to record all interviews further added to credibility to the study, along with the notes taken to record non-verbal cues from participants. The raw data is stored in a secure place for future reference. The interviews were collected until data saturation was reached.

3.6.2 Dependability

This is the reliability of data over time and conditions (Polit & Beck, 2017). Here the findings from the research study must not differ if repeated; for this study, the researcher ensured that when conducting the semi-structured interviews, an interview guide was utilised for all the interviews.

Dependability was further ensured by using an independent co-coder and to avoid the repetition of information meetings were held between the researcher and the independent coder to reach a understanding on themes and sub-themes emerging from the data.

3.6.3 Confirmability

Confirmability refers to the objectivity of two or more external people about the relevance of data (Polity & Beck, 2017). The researcher submitted study notes, audio recordings and transcripts to an independent co-coder to check for congruence between two or more independent people (Polit et al., 2017). This reduces researcher bias, further ensuring that views and voices presented are not that of the researcher but the research participants. Potential observed selection bias was solved by confronting the information with different recordings during the interviews.

3.7 Dissemination of research results

Dissemination of results refers to communicating the results of the study through presentations at conferences and publications. This leads to a researcher's professional growth, recognition, and financial rewards. Furthermore, the study findings create an opportunity for reviews and future research (Grove, Burns & Gary, 2013:619).

3.8 Transferability

This characteristic refers to the degree to which the results of the study will be generalised in a similar context. The current research results will be extended to enlighten the challenges and perceptions of birth companionship among midwives.

3.9 Ethical considerations

Any research that studies people deals with ethical issues; care must be taken to ensure that the human rights of the research participants are not infringed. The code of ethics is formed, based on the declaration of Helsinki. The researcher must follow a code of conduct that has ethical principles to guide the researcher (Polit et al., 2017). For this study, the researcher followed the code of ethics which includes the ethical principles to protect the research participant. Written informed consent was obtained from the participants as part of adherence to the code of ethics.

The following principles were further adhered to in this study. Ethical approval was obtained from the University of Pretoria Research committee (approval number, see Annexure A). Provincial approval was also obtained from the Limpopo Province Department of Health (see Annexure C).

Institutional permission was also obtained from the operational managers of the institutions (see Annexure E). Prior to conducting the study, the researcher made an appointment with the relevant participants, to obtain consent and inform them about the study. The following ethical principles were also maintained throughout the study.

3.9.1 Beneficence

Beneficence is when the researcher ensures that no harm comes to the research participant as well as tries to minimise the harm and maximise the benefits to ensure that the research participants are safe (Polit et al., 2017). For this research study, this is non-invasive research, questions asked were based on the midwife's views regarding birth companionship during childbirth. There were no traumatising questions or pressure during the research. The researcher ensured sensitivity as necessary and kept self-control.

3.9.2 Non-maleficence

Polit et al. (2017) mentioned that non-maleficence is when the researcher prevents, avoids, and reduces the harm that could occur towards the research participants during the course of the study. Here the researcher ensured that research participants were not exploited, and their human rights and dignity were upheld. The researcher ensured that no harm came to the participants. The researcher ensured that participants felt comfortable, safe and were not coerced to partake in the research study. The study was conducted by the researcher under the supervision and guidance of the supervisors. The researcher considered human rights as well as the nurse's rights.

3.9.3 Elimination of bias

A semi-structured interview guide was prepared to guide and inform the researcher during the interviews (Annexure F). This was done to eliminate bias and to standardise all data collection. Throughout the study, the researcher sought to minimise bias by being aware of her own opinions and ensuring that they did not interfere with the study processes. Polity and Beck (2017:176) describe bias as an influence that produces an error in an estimate or an inference.

3.9.4 Principle of respect for persons

The principle of respect for persons means that human beings are autonomous and have the right to self-determination and the right to complete disclosure (Polit & Beck, 2017:140). In this study, all research participants were respected. Complete information on what the research study entailed was provided to participants so they could make an informed decision on whether or not

to participate in the research study. All participants who agreed to take part in the research study received the participants' information leaflet (see Annexure G as well as consent forms to sign (see Annexure H).

3.9.5 *Principle of justice*

Justice refers to the research participants' right to fair treatment and the right to privacy (Polit & Beck, 2017:141). Fair treatment means that the researcher will keep all the promises that were made at the beginning of the research study (Brink, et al., 2017:37). The researcher made certain that all the scheduled appointments made with participants were honoured. The research participants were not misused or manipulated during the interviews, the researcher ensured time management by being punctual on arrival and not exceeding 45 minutes when conducting the interviews. Privacy was maintained by ensuring that the staff at the facilities were informed beforehand that interviews would be conducted on a certain day in a certain room. The interviews were conducted in a quiet empty room where there were few interferences, the door always remained closed and there was a do not disturb sign placed on the outside. All the data received from participants is kept confidential, and stored on a memory stick. Participants had read, understand, and accepted the participant information leaflet and consent forms.

3.9.6 *Informed consent*

Informed consent occurs when participants are given sufficient information regarding the research study (Polit et al., 2017). An in-depth explanation of the research study was given to the midwives before obtaining their permission to participate in the study (see Annexure H). The researcher conducted in-depth interviews and requested permission to utilise an audio recorder before commencing the interviews. Participants were reassured by the researcher regarding the protection of the data collected and assured privacy and confidentiality. Participants were informed that there were no potential risks in taking part in this research study and that they could withdraw their participation at any time without consequences.

3.10 Conclusion

This chapter described the research design and methods used to conduct the study. The data was collected through in-depth interviews, with the intention to extract data that would answer the research question from purposively selected participants. The reliability and validity of the study were observed throughout all research activities. Chapter 4 provides an overview of the study findings, data analysis and presentation of findings.

CHAPTER 4: DATA ANALYSIS, PRESENTATION OF FINDINGS

4.1 Introduction

The previous chapter presented the research design and methods used to conduct this study. This chapter focuses on the presentation of the study's findings. The objective of the study was to explore and describe the midwives' views regarding birth companionship in designated primary health care facilities in Limpopo.

4.2 Overview of the research findings

A qualitative research approach was used to conducting the research study. Data was collected by means of utilising in-depth interviews from the 10 June 2020 - 30 September 2020. Data was collected from thirty (30) in-depth interviews conducted with midwives at ten (10) different facilities. The session took place in a quiet room located within the maternity units, which was convenient and accessible to the midwives. Face-to face interviews were conducted due to the fact that all the settings were in the rural areas where Internet connectivity is a challenge and also most of the participants did not have the appropriate Apps needed to do virtual interviews. Although, this is the case interviews were conducted under very strict observation of the COVID 19 protocols. The researcher ensured that the interview rooms were well ventilated and only the researcher and the participant were in the room, sitting 1,5 meters away from each other and also wearing masks. It was also ensured that both the researcher and participants sanitize before and after each interview. Covid-19 regulations where adhered to during data collection.

The researcher achieved a sense of the whole study by transcribing the interviews, reading and rereading all interview transcripts. Codes were created by grouping similar topics together and organising these alphabetically. The codes were written on the margins of the paper and colours were used to distinguish the codes. Similar codes were grouped to create meaning. Meetings between the co-coder and the researcher took place at this point and themes and sub-themes were discussed until consensus was reached.

4.3 Description of demographic data of participants

The table below outlines the included target population.

Table 4.1: Sample characteristics

Variable	Frequency
Gender	
Male	4
Female	26
Designation	
Operational Manager	3
Acting Operational Manager	4
Professional Nurse Midwife	15
Professional Nurse accoucher	1
Clinical Nurse Practitioner	7
Total	30

Table 4.1 shows participants' characteristics and these are presented according to gender and designation. The total number of participants as well the percentage of the sample is indicated. The sample implies that more females than males are practicing midwifery at the 10 health care facilities, which was expected as women have always outnumbered men in the nursing profession worldwide and SA is not an exception (Kent, 2019).

4.3.1 Summary of research findings

The findings of this study are summarised into four themes and each theme have subthemes. Explanation of the codes used with the quotations from participants. The researcher used a combination of facilitator number (A-alphabets as unique code), PHC, to indicate the primary health care facility the participant came from and lastly the facilities where allocated numbers (ranging from A-J). Table below provide clarification.

Table 4.2: Clarification of used codes

Code	Meaning
PA	Participant A
PHC	Primary health care facility
J	Facility number J

Table 4.3: Presentation of the themes and sub-themes of this study

Themes	Sub-themes
1. Midwives' training and knowledge about birth companionship	1.1 Defining birth companionship. 1.2 Training on birth companionship.
2. Role of birth companion during labour	2.1 Holistic Support for the pregnant woman, in forms of emotional, psychological support, physical and informational support. 2.2 Birth companionship support for midwives during labour. 2.3 A need for male involvement during child birth
3. Barriers to implementing birth companionship at health facilities	3.1 Individual level barriers (errors in pregnancy). 3.2 Interpersonal barriers (culture). 3.3 Midwives approach to birth companionship. 3.4Facilitybased barriers (space/infrastructure).

4.3.2 Theme 1: Midwives' training and knowledge about birth companionship

4.3.2.1 Sub-theme 1.1: Defining birth companionship

In this study, the majority of participants were aware of the concept of birth companionship. Most participants regard birth companionship as a form of support and accompaniment to the woman who is pregnant; some participants mentioned that birth companionship is the support provided to a pregnant woman during delivery and throughout labour. Some stated birth companionship starts from antenatal care, other participants mentioned that birth companionship is either provided by a husband, partner or relative who supports this pregnant woman.

As one participant mentioned,

"Birth companionship is when a pregnant woman is having someone to support her during delivery, throughout the delivery. (PA- PHC J)"

Other participants stated the following:

"Birth companionship I think it's a doula, someone who supports you during labour. …when someone is in pain and is about to give birth." (PB- PHC F)
"…it is any person who supports you during delivery, it can be your brother, your sister or your husband or even your pastor can help you." (PD- PHC D)

"I just know that it is a person that the pregnant woman chooses to be there to offer them support when they are delivering." (PC –PHC H)

"…what I heard about birth companionship is that it is about having someone to accompany the client to the labour ward and stay with them until delivery". (PB- PHC C)

According to the participants, the support can be provided by anyone that the pregnant woman chooses. Examples of people who could provide support were the husband, a mother or a family member who can accompany the pregnant woman during labour. Furthermore, the characteristics of the person to provide support were mentioned, the midwives stated that the birth companion must be someone that the pregnant woman trusts.

"…what I know about birth companionship is when the pregnant woman chooses someone either her husband, mother or a relative to accompany them during labour and even after birth. The one thing I also know is that some of the best companions will accompany them to antenatal classes so that they also know what is to be done during childbirth." (PA- PHC F)

"Birth companionship is about the pregnant woman. She is supposed to have a supporter, a person who can support her during birth. It can be a friend or a family or a husband, anyone who can give support during birth." (PD –PHC C)

Another participant indicated:

"…if I explain more about this birth companion. The person has the right to choose any person that she needs to support her. It is either the mother, husband, or the young sister or whoever can support that person to feel free to deliver with that person present." (PB- PHC-E)

The following participants stated that:

"Okay, birth companionship is a process. It involves a person who supports a pregnant woman during delivery whether it be a partner or a relative or anyone that can support the woman during this time of period of delivery." (PC- PHC J)

"Birth companion means that the woman should be supported. The woman should choose somebody she trusts that she would give support. It might be the fiancé, it might be the partner, it might be the husband, it might be the granny, whoever that the woman feels she is comfortable about that person to come and support her woman during labour." (PA- PHC E)

4.3.2.2 Sub-theme 1.2: Training on birth companionship

The dissemination of information about birth companionship to healthcare workers was fragmented, training and knowledge were minimal. Participants mentioned that they were not trained, and information regarding birth companionship was provided in passing in the form of a memo to those who attended maternal health meetings. Some participants mentioned having had a short introduction to birth companionship while they were at college. One obtained the information from a WhatsApp group. The absence and/or lack of implementation regarding birth companionship during childbirth was communicated. Participants indicated that even when they did attend a workshop on birth companionship, the guidelines were not practised and/or implemented at their respective health care facilities.

As one participant stated:

"Personally I don't feeling good about this. The birth companion programme brought by the department of health. Number one, we were not gathered by the department to inform us, we just heard about the programme when we were attending the maternal health services, so, there was not a formal thing or communication. We were not informed about it and trained on how to implement birth companion. We are clueless; we do not even have pictures because we are not exposed to the birth companion." (PE- PHC I)

Other participants stated that:

“No one has ever been trained about it, but at our trainings there is a part, most, actually I can say we have been taught during our trainings at the colleges, universities, they do talk a lot about it. It is just that at the facility and, workshops further information about it does not happen. …but during our trainings they do teach about the birth companionship.” (PA-PHC D)

“Uhhh, we were just given forms that we received from… I don’t remember if it was the sister that went for maternal outreach, if I remember well. She comes with the form and said this is the forms that they were given after the meeting. There was no explanation, they didn't explain at all. They were just told that a birth companionship is a supporter. This is nothing big, it is just the support that come to be there for the pregnant woman when she is in labour. There was no formal teaching, and/or service training or workshop.” (PA-PHC E)

One participant said:
‘‘Honestly, we were never told about this birth companionship, what to do and how to go about it. I know about birth companionship from my community service then when I first came here. We just try to talk to patient about the form and I don’t know where it disappeared to. We were just told this is a birth companionship form, but we were never told much about it. So actually we just tell patients you have to have a companion. we just tell them that.’’ (PA- PHC J)

The following participants indicated that they have not been trained.
“…up to now we haven’t had any workshop and training. We have just given the information that the pregnant woman must have a birth companion, and they gave us the forms that pregnant women must fill. this form, you We give this form to the pregnant women indicating that they must have the birth companion when they are in labour. We were not workshopped on what we must do.” (PC- PHC I)

“No I’ve never been trained about birth companionship, we just saw the pamphlets distributed by the department. I’ve never been trained about that, just that I understood it myself.” (PB- PHC B)

Another participant supported the statement above.
“*Truth speaking? No training as yet because, you know these days we’re just given forms. We don't know, we don’t have the content of what is really happening with this thing. In my facility we were never trained, we were just given the forms. Then we’ll will see how to implement.” (PA-PHC B)*

"No, we were not given lectures or discussions in the facility. Also the facility doesn't allow this and it was not built to allow this and there is no policy that allows this programme." (PA-PHC C)

Other participants mentioned that through an informal method of training:
"We just received this message from WhatsApp. We didn't get enough information about the programme. A poster was printed for the notice board and got the messages from colleagues and no formal announcements. I also got this information on my own." (PC- PHC J)

4.3.3 Theme 2: Role of a birth companion during labour

The benefits and roles of birth companionship during delivery, particularly for woman in labour. The midwives stated that pregnant woman need support during childbirth. It was also mentioned that some forms of support can be physical, psychological and emotional, and informational is vital. Support can be in the form of massages as one midwife stated, since childbirth is a strenuous process. A birth companion is viewed as an individual who will be there for the pregnant woman when afraid and needing reassurance. Participants voiced the following in support of the roles that birth companions can perform.

This participant stated:
"It helps with the wellbeing, psychological support, mental health and physical health. Birth companionship will help support the pregnant woman therefore prevent some of the complications like psychological issues that may arise due to pregnancy." (PA - PHC C)

4.3.3.1 Sub-theme 2.1: Holistic support for the pregnant woman

Midwives reported on the psychological support as a benefit of birth companionship. Another participant stated:
"I should think the benefits, number 1 is to support their baby psychologically, their child who is in labour. I should think that the lady will feel at ease. She won't be afraid of us because she is accompanied by the family, husband or partner. …and then again in case of the husband, he will see and experience the process of giving birth. He would see it with his own eyes." (PB –PHC D)

On the issue of the physical support of companionship, participants indicated:

“Support, may be psychological support by comforting the pregnant woman and reassuring the pregnant woman. Physical support, providing therapeutic, encouraging the woman to dig deep and breath to really relieve the pain, … you see, yeah.” (PA – PHC D)

“The support is psychological support because the woman needs someone who can support her because this time is very strenuous even physical but also emotional. As such, she needs additional support during the delivery and also physical maybe like the massages. The companion can support her during that time and process.” (PC- PHC J)

Other non-pharmacological benefits of birth companion reported were:
“For support. Support is everything when you have someone who will be there rubbing your shoulders and back showing that they there for you. You will also feel supported.” (PA –PHC J)

Another participant added:
“A birth companionship is someone who must give you support during the time when you are in pain. It might be your mother, it might be your husband, your sister, or someone you trust. That person who is going to be there for you during that time when you are scared, and you don’t know what to expect.” (PB- PHC F)

4.3.3.2 Sub-theme 2.2 Birth companionship support for midwives during labour

In addition to birth companions providing support to the pregnant woman, the midwives felt that having a birth companion present in the labour ward, assists nurses with information and monitoring how the labour is progressing, helps in delivering instructions to patients, being with the pregnant woman during times when the nurses have to do other duties or attending to other patients will be of great help.

As one participant mentioned:
“When assisting a woman during childbirth, sometimes giving instructions might be a challenge as the patient sometimes doesn’t hear or understand since they will be concentrating on the pain or worried about the survival of their child. Most of us the midwives and accoucheurs we sometimes lose temper because you will be giving your patient simple straight forward instructions (e.g. please don’t push just hold your breath while the contractions are still building their strength) and the patients sometimes give in to pain by satisfying the urge to start pushing, disrupting the whole process which leads to us losing our temper which is not alright. So, having a birth

companion will help a lot, we can instruct the companion please tell her not to push. This will help us since they will be helping us midwives deliver the instructions to patients thus avoiding communication breakdown that normally happens at the last step of delivery." (PA- PHC F)

Another participant supported the above statement and stated:

"To us if the woman is not co-operative, we may ask the companion, please talk to her to do this and that. The companionship may encourage the pregnant woman to do what we are requesting." (PA- PHC D)

Other participants put it this way:

"A birth companion has an important role of assisting me during the delivery. …because if I need someone help maybe I can let the birth companion tell her to call someone this side to assist me with this and that. and I am going even tell that there is a problem with this and that." (PB- PHC E)

"…because, let's say the woman is not co-operating in the labour ward, the birth companion they will assist me as a midwife and convince the patient to co-operate." (PC- PHC D)

Other participants support the above statement by indicating:

"Some are very much co-operative. They will help you during delivery they say to the woman, "please be co-operative, be co-operative". And the patient becomes co-operative because of the person who is next to her." (PD- PHC D)

"If the woman comes alone then when she start having pains as a midwife you must still go and rub the back but if the birth companion was around, that work was going to be shifted to the birth companion, while the midwife is busy preparing her stuff or may be assisting other women to give birth." (PB- PHC H)

"I think I i's very good to have a companion because the woman will be supported and I'll be able to do my job because sometime I have to support the woman psychologically and also do my job. In this case when I leave the patient and going to do something, she is having someone that will be able to help her because I cannot leave the patient alone. I'll be content knowing she is with someone else who will help her." (PC- PHC J)

"So now I'm taking it as a positive thing like I have indicated there are shortages of nurses. So, it will be of good help for nurses, more so that they are helping nurses to report anything that is bad from the patient to nurses, they will make nurses to be alert. In our facility you may find we are short staffed, maybe we are two midwives and then one is seeing a patient, the other chronic patient and then you are attending a pregnant woman, so sometimes you'll be frustrated if another case come in, at least when there is a companion you'll be able to help other patients. You won't be doing all the rubbing and managing the woman all this time." (PA- PHC J)

Another participant felt that birth companions can be of great help in alerting midwives regarding the condition of the woman after delivery and felt this can help save the lives of the mother and infant.

"Okay, yes it can reduce the mistakes because that person will make you aware of any dangers which may occur to the woman I can give an example, I have delivered the woman, and the woman really is excessive bleeding and I'm not aware as I am focusing on the baby. The companion will make me aware. You see that there is something which is not good even with the baby the companion will tell me to go and check on the baby. …I can immediately assist the baby, maybe with oxygen or whatever so that I can save the life." (PB- PHC E)

Birth companions were also seen as people who could alert the nurses about the progression in labour and when the pregnant woman was in need of assistance. Midwives elaborated on how the birth companion could be of assistance to the nursing staff.

One participant put it this way:
"Because our facility don't have alarms the birth companion will be one who alerting us. She will miss something then we will go and attend to the patient because we're having other patients that we have to attend and then the birth companion will the one who will help. … I think if someone is next to you, you'll be alert and then we won't be make the mistakes and then they can also help with the attitude that we sometimes have towards patients." (*PA- PHC J*)

4.3.3.3 Sub-theme 2.3: A need for male involvement during child birth

The need for male partner involvement is deemed as necessary by some participants who were interviewed. Participants felt males will have a better understanding of the childbirth process and the importance of recuperating after the delivery. They felt that men will better understand the

stages woman go through during child birth. The pregnant woman's pain will be understood and this could encourage male partners to be more proactive when it comes to family planning and child spacing. Males will have a clear view of the importance of supporting their partners and caring for the woman and the child post-delivery. The following quotes support male involvement for childbirth.

One participant put it this way:
"Let's say it is a man, the partner who is involved during that period of giving birth as my companion. Going forward he will understand what I went through during that process. He will understand the need to support me even after delivery. He will understand the need to be involved in the caring for the child, supporting me throughout, even after pregnancy and ultimately he will also understand why I must take a break from giving birth, we can maybe reach an agreement after three years, because my body need to rest after giving birth." (PA- PHC B)

Another participant indicated that males will be able to understand the stages of labour.
"So, let me say, the person accompanying the client to the labour ward (maternity), since he will be there with the wife, he will experience all the stages that the wife goes through during labour. …meaning that the husband will be able to understand the risk of getting pregnant more than five/six times. Thus, making family planning a team effort." (PC- PHC C)

On further involvement of the male in the women's future decision on child spacing. Other participants elaborated such:
"I like it. It will help men to do child spacing because sometimes they just say I want six babies. But if he accompanies the partner during birth he can see it is tough. He will see everything, the pain women go through then he will be content with having small number of children." (PD- PHC C)

"Love the idea. I love the fact that the male partners will experience the whole progress thus informing them about the issues that women go through and leads to men understanding the whole journey of pregnancy until delivery, because most men are clueless about what happens in the labour ward. …when women complain about issues they are going through during pregnancy, since their male partners are clueless, they fail to understand the state of pain that their female partners go through. Therefore, they will help and/or co-operate in the process of healing. The male partner will remember the whole process of giving as such remember the pain

that the female partner went through and he will understand that it is better for the partner to have fewer babies." (PB- PHC C)

"Yes, so that they can know that even if they are the males they have the responsibility during their child's delivery or their woman being pregnant." (PC- PHC B)

4.4 Theme 3: Barriers to implementing birth companionship at health facilities

As stated above, birth companionship was not practiced in any of the health facilities where the study was conducted. Even midwives who had some form of training and/or information regarding birth companionship were not practicing it nor offering the service to their patients. Several barriers to implementing birth companionship were outlined by the midwives. They believed that these factors influenced their decisions on giving information to pregnant women about the option of having a birth companion during the delivery process. The barriers can be classified in three categories, individual level barriers (errors during childbirth), interpersonal level barriers (cultural beliefs), and facility level barriers (infrastructure and privacy).

4.4.1.1 Sub-theme 3.1.1: Individual barriers (errors during childbirth)

These barriers are those related to the midwives; as such this section will focus on factors that influence the midwives to withhold information regarding birth companionship from pregnant women. These are fears or attitudes that the midwives had regarding this phenomenon.

The researcher's study findings reveal the midwives are not comfortable having someone "watching" them during the delivery. Additionally, there was consensus across the interviews about the number of errors that occur during the delivery process. This made midwives reluctant to give information about birth companionship to pregnant women. The perspective of midwives regarding the presence of a birth companion in the labour ward differed.
The first reason that midwives gave for not wanting birth companions present during delivery was that some pregnant women are not co-operative during labour, this results in midwives having to find ways to get them to co-operate such as slapping them on the thighs. This gets done out of stress and fear that the baby would suffocate or even die.

Secondly, midwives felt that that are some errors that occur during pregnancy which are not deliberate. These would lead to many problems, such as lawsuits and getting reported by birth

companions who were privy of the situation. Some of the terms used to describe this were "*scared to be exposed*". Lastly, some midwives were of the opinion that some of the errors were as a result of midwives taking shortcuts because of the extensive experience they have. These participants felt that having birth companions would be of benefit because midwives would be forced to do things correctly and thus avert the lawsuits.

Participants stated that many pregnant women do not co-operate during delivery, so in order to save the life of the baby, midwives have to be harsh. This is supported by the statement below.

And the participants said:
"…when women give birth there are so many errors that can happen. …what we are fearing that the errors will be seen by the relative or whoever will be accompanying the mother and that maybe that can lead to us too having problems. We mght be reported when there was this error, there and most times we don't do those errors deliberately. We are make mistakes in pursuit of trying to save both the mother and the child. …when the mother is not co-operating I will maybe inflict harm to her not not deliberately actually but, because now as a midwive you are scared that if the mother is not co-operating the child can suffocate or even die during birth." (PC- PHC A)

"…yeah, that is one of the most delivery process that is frustrating more especially if the pregnant woman is not co-operative. Some midwives shout. Shouting on the pregnant woman, some even lay the hand on the pregnant woman so you will be afraid to encourage woman to open their legs. Sometimes we even hold the legs in order to allow the baby to come out freely but to some companions that might not be a good thing because some of them are not really co-operating and we want an alive baby."
(PA- PHC D).

The participant supports the above statements and said:
"…ummm isn't it as individuals people are different, so with my experience with that one. ...it was like uhhh, that woman she was not cooperating just because her partner was around and all that. As you know as during delivery sometimes that we have to be harsh for a person to deliver so when a partner is around it will be very much difficult because …mmmh sometimes like we have to cut they will ask during the process why are you cutting and you'll have to explain and at times there no time to explain" (PB- PHC A)

One midwife reported that she once had a bad experience with a birth companion and that led to precipitated labour which could cause problems for both mother and baby. This is how she narrated the story.

"…this other time when I was helping a woman to give birth, there came her grandma, she came with a bottle of water, the liquid looked like water, she was giving the women to drink. Fortunately, I saw it before she could drink so I asked "what's that? ". She said it is medication from morutI (pastor). …we know there is this thing called makgorometša push me, like when the woman drink that she will have precipitated labour. That is the bad experience I had with a birth companion, because obviously it wiould have put us in danger. Let's say I didn't see her, and then the woman will start doing things or having precipitated labour." (PB- PHC J)

"I think that is the one that can assist, because really with birth companion I think we can do away with those lawsuits and because a companion would be witnessing whatever you are doing and I think again with the professional nurses or the midwives, they will not take short cuts. ...what I'm saying is they won't [double up] take short cuts. Isn't it when we know how to do a job, some of us are …and don't do things accordingly. Yes, you are used to [taking] shortcuts [for] some of the things, but with a birth companion present I think no midwife will do the shortcutting, whatever. …let me give an example with taking of blood pressure. We know when you have to take blood pressure somebody must read and you must locate and pump, count the bump, but we don't normally do that. We just have a physical puff, puff, puff, then we read that blood pressure. We don't do everything according to...." (PA PHC H)

Participants who had not had birth companionship practiced at their facilities are fearful of the implications of this practice. Others saw the positive side of having someone present to witness the labour and birthing process, stating that the birth partner can play the role of a witness in case of adverse events.

This is illustrated in the following extract.

"…let's say a mistake happens during delivery, and the mistake was done by the patient not me as the midwife. …the pregnant women will not place the blame on me since the second person will be there as a witness and will know if the patient was not co-operating during labour. They'll know that the patient is the one who was wrong therefore they cannot sue." (PC- PHC D)

Other participants supported the statement and stated:

"…and whatever happens, good or bad s/he would not hear it from the media. S/he would be there seeing everything, going through everything with the health professionals and will understand whatever outcome that will happen on that day. There will be peace and acceptance in my family, because somebody was there on their behalf and noticed everything, every move. But these days we've got a very serious problem with men, They only hear one side of the story then they come to the conclusion that the health professionals were wrong. …while they don't know what really happened." (PA- PHC B)

"Let me tell you, if there is this macerated or this still birth or a maternal death, …and birth companion is there when you identify the problem and calls the doctor, you do everything to remedy the situation at least the birth companion will see everything. And then when the problem arises at the end of the day s/he will be able to explain on your behalf "…nurses were doing this and this, but at the end of the day there was this thing [adverse event]". And then if nurses shout at patients the birth companion will see why the nurses are shouting and/or that the patient is not co-operating." (PA PHC J).

4.4.1.2 Sub-theme 3.2: "The way of doing things" cultural constraints

Cultural beliefs emerged as a major barrier for midwives to allow birth companionship to pregnant women at their health facilities. Cultural beliefs ranged from regarding pregnancy and child birth as sacret, thus putting the responsibility of the pregnancy solely on women. Some believe are that men are not supposed to see the womens' vagina because it is a taboo and can cause a loss of libido. Midwives are not offering birth companion as an option because in many African cultures, fathers are not permitted to be present during labour, and others feel their unborn babies will be bewitched and the men do not want to enter the labour ward, because pregnancy and child birth are viewed as women's issue.

This is illustrated in the fellowing responses:

"…because here we are in the rural areas. …birth companionship in the culture is like when when you are giving birth its something that is sacret between the woman who is giving birth and the midwife. No one else is supposed to enter the place where the birth is taking place according to the culture so, I think that is what has been practiced." (PC- PHC A)

"In our culture, we were raised by old people and they believe that is a taboo for a man to see the blood coming from the woman's vagina during birth and/or knowing her fertility. It is a taboo. The process becomes sacret and female responsibility. All this needs to be kept a secret and it is

known to be the women and it is their responsibility to take care of themselves and the new-born with help of other female relatives. the men are not supposed to know anything. It was/is a secret. The female reproductive system should be not be known or seen by any male even if it is your husband, that is why our fathers stayed in Gauteng and didn't care about the babies." (PA –PHC C)

*"…they feel they must, that is that language they use. In our language the saying goes bat*š*wa banneng (they are from men, from men who are circumcised). Nobody enters the birth place especially men. If they go there, they will be breaking their cultural norms." (PA- PHC E)*

4.4.1.3 African male's perspective

"…if I can just go back, firstly as an African traditional man, most of men don't believe in accompanying their women to clinic or a health facility when they are pregnant, they believe is a woman's thing. As African men, we are taught that immediately after realising that your wife has missed her periods, I should stop having sex with her. I'm not supposed to give her support with regards to her pregnancy. …that's a woman thing and that's how we African men are brought up, if she goes to the clinic or doctor she'll go alone because it's a women thing; if I drive her there, I will not accompany her into the the consulting room." (PA- PHC F)

"Traditionally, men were not allowed to be present during delivery and it was known to be a taboo for a man to see the baby being delivered from the woman's private parts because black people are very secretive. All information regarding sex and pregnancy is hidden and labelled as forbidden." (PC – PHC D)

Some of the midwives mentioned that, culturally, men are not supposed to see the woman during child birth because this leads to a loss of libido in men and the man can end up having no sexual desire at all for his partner. Some midwives have expressed having had experienced loss of libido during their practice after witnessing childbirth.

In support of the above statement, participants pronounced:
"…say the baby is about to be delivered in the presence of the spouse. There is a myth that if the baby is delivered in the presence of the spouse, the man will be traumatised to a point of losing sexual desire to their woman therefore, fuelling the fear of pregnant women bring their spouse to the hospital for support during childbirth. Culturally you're not used to some of these things, to the

extent that even at home, its going to affect you because there is still life after giving birth. …you might lose interest in having sex with that person for some time. …because culturally as men we are not supposed to see the vaginas of our wives giving birth. … is regarded as taboo." (PA-PHC D)

"…if, I attended the woman who is delivering, …ehh, after the vagina becomes big, the babies comes out and seeing blood, most men thinks that ehh.. the vaginas is not going to go back to normal size after delivery. …and then again seeing the midwife cutting the vagina the thought that the vagina is going to be big, others will no have the desire for sex with their partners after that." (PA- PHC A)

4.4.1.4 Impact on the sexual relation:

"…yes. and also mhhh, this thing neh, it is somehow cause ehh, sometimes it decreases the libido or whatever… because those things that comes out during delivery they can make one lose libido for the rest of their lives. …even my experience during my first delivery, it was difficult for me to go back to my girlfriend because it was something else. I didn't want to to to, to, indulge in sex anymore, because it was something else, it was a bad experience." (PB- PHC A)

"If you ask a man, a husband to come inside, he'll say that he cannot come because if he is going to look at the vagina where the baby comes from, that is going to be a problem." (PA- PHC K)

"…I mean this is culture and others will say it is because of their religion. They say if a woman is going to deliver, the husband must not be close. …just because of religion and/or their beliefs. Others are cultural and belief that people we are going to bewitch the baby and/or they are going to lose the baby." (PB- PHC E)

According to the midwives, Bapedi men in the Sekhukhune region attend initiation schools where they are taught that they should not see women's blood. They are taught not to touch a woman during their menstrual cycle and during this time the women are not allowed to cook. Other views concerning culture are that black men are afraid of seeing blood and are generally afraid of being in labour ward.

Furthermore, midwives were of the view that black men would lose interest in being sexually intimate with their partners after seeing the procedures that happen during labour, such as an

episiotomy. They believe that should the men see how the vagina expands, they would not understand that it will go back to normal after the delivery.

One participant supported the above statement and said:

"I can say in our culture, starting from when we still young and attending circumcision… They go there to get rules, they teach them as a woman, you mustn't do XY. For instance if a woman is menstruating men should not touch such a woman, and they should not let such a woman cook for them. …so you can imagine what about bearing a child seeing blood, touching blood. …ahhh, so I say the problem is when the woman is delivering, the problem, when they see that the vagina is becomes big when the head is bulging or even when midwife is cutting an episiotomy. …then there are those who are afraid of blood, they are afraid to see blood." (PA- PHC A)

Another view point was that the Bapedi men of Limpopo do not regard the antenatal journey, labour and childbirth as important. Most men would rather sit in their cars, or go sit in shebeens while their wives attended antenatal care or go for child birth.

Other participants indicated that:

"…working in the rural area, I've been told that by pregnant women. They say men would rather sit in their cars or go sit in shebeens. They don't see their husband accompanying them to their ANC clinics or during birth because according to their culture they say this is not allowed. The people in the area are too much attached to their culture." (PB- PHC H)

Another participant shared her personal experience of child birth and how her husband accompanied her for the child birth but decided to sit in the car. He was there, but not there for her the way she expected.

"My husband is a traditional man. He was there but not there like he was just coming and saying are you still okay. This man didn't deliver, I'm telling you. I really needed those words from this man who caused this thing but that man is traditional and he told me even the next time when I give birth, he won't be there. He said, you better call your mother because I won't dare seeing you in that pain. I saw you and you looked like you were dying." … I don't know about this tradition." (PB- PHC F).

4.4.1.5 Sub-theme 3.3: Midwives' approach to birth companionship

In this study, some midwives stated that they would not feel comfortable having birth companions present while they delivered babies. Midwives felt that the birth companion will be an interference in the labour ward, others felt it was better to send birth companions away, midwives resistance to change and their short tempers were some of the negatives noticed by participants.

As participants mentioned,
"I don't like it, I feel like if the birth companionship is there, they will be interfering with everything that we will be doing. They'll be questioning us, they'll want to tell us what to do during the process of labour and everything else, I suspect they will interfere a lot." (PC- PHC H)

"…no we are always sending them away because ehh, it will be during the night ehhh we feel like maybe they should go back and rest." (PB- PHC A)

Another participant supported the above statements
"… this one time we had this man and he didn't want to come, they just said no come in but when he was inside we just said no you can wait outside because we didn't see what he was doing. We felt he was not doing the woman any favour because he was not helping and he was impatient." (PC- PHC J)

These participants put it this way:
"…the staff attitude. Most of our midwives don't like taking action when a programme or something is introduced, they are reluctant to implement the programmes such as these. There will be a few nurses that tries, however, there are those that don't want to do anything. They are used to their old routines and they don't want change. They cannot accept change; they are resistant." (PC- PHC H)

"…yeah, some of our the attitudes as health care professionals are really not welcoming. … really, some attitudes are not acceptable because was it gonna be easy to watch your partner being shouted." (PA- PHC D)

"…because they think when they come in with the wives, they'll be looking for negative things and not the positive things. They disregard the midwives and want to do their own things." (PC- PHC B)

This participant puts it this way:

"…you'll be alert and then you won't even make mistakes, the attitude towards the patient will be different because there is someone there and you know that you have to do everything right and correct, according to the book." (PC- PHC J).

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4.4.2 Sub-theme 3.4: Space/ Infrastructure/privacy

Many of the participants mentioned that infrastructure and spacing was a problem when it came to implementing birth companionship programmes. Due to the poor infrastructure at some facilities, there is no privacy. Midwives felt that spacing, poor infrastructure are some of the contributing factors to birth companionship not being implemented at the primary health care facilities. There is inadequate spacing due to small cubicles and not enough privacy to have a birth companion remain in the labour room during childbirth.

Participants indicated that:

"We are working in a very small clinic, where there is no space. It is important to have birth companion even though we don't have the space. In cases where other patients are around I ask them to go outside so that they can provide privacy. It is difficult, you'll find. some sitting at the passage they can hear woman screaming… Yah yah yah, it is really challenging, the facility is not helping." (PB- PHC E)

"Poor infrastructure. If we had enough rooms, beds and space for pregnant women. …and also the infrastructure needs to modernised." (PB- PHC C)

"The challenges that we are experiencing in our facility are huge, very huge. My facility is very small. Two consulting rooms you can just imagine, then in comes three women in labour. I only have one bed for delivery. I really don't know what it is that I'm going to do." (PA- PHC E)

"The space. I don't think the infrastructure is good for having a birth companion around. The labour rooms aren't like divided in such a way that they can accommodate a birth companion. There isn't enough space." (PC- PHC H)

Other participants indicated the importance of building new facilities as expounded below:

"I think we need to build a new structures." (PA- PHC C)

“..because the delivery rooms are so small and next to the consulting rooms, when the baby is being delivered the patient in the consulting can hear everything.” (PC- PHC B)

4.5 Conclusion

This chapter outlined the data analysis, and the presentation of the findings. The next chapter, chapter 5, includes the discussion of the findings and literature control.

CHAPTER 5: THE DISCUSSION OF FINDINGS AND LITERATURE CONTROL

5.1 Introduction

The purpose of this study was to explore the midwives' views regarding birth companionship during childbirth in the primary health care facilities in the Limpopo Province of South Africa. Ten healthcare facilities were selected in the Sekhukhune District for their proximity to the problem under investigation. Qualitative research methods were used to explore the study topic and describe the study findings. In-depth interviews were conducted with the thirty midwives from the ten primary health care facilities.

Semblances of negative attitudes and reluctance to offer birth companionship to pregnant women seeking antenatal, labour and childbirth services at the facilities were found throughout. Participants shared their views which gave the researcher an in-depth understanding regarding birth companionship and the challenges thereof, regarding its implementation. The study findings labelled in terms of the themes were consistent and supported by previous literature on the challenges to implementing birth companionship in healthcare facilities.

The following three themes emerged during the data analysis:

- Theme1: Midwives training and knowledge about birth companionship
- Theme 2: Role of a birth companion during labour
- Theme 3: Barriers to implementing birth companionship at health facilities.

5.2 Discussion of themes and sub-themes

5.2.1 Theme 1: Midwives' training and knowledge on birth companionship

WHO has recommended that every pregnant woman should have a labour companion of her choice during labour and childbirth (WHO, 2015:4). Therefore, midwives should be trained and should demonstrate the capacity to deal with birth companions. Many midwives have defined birth companionship as the support given to a pregnant woman during delivery, either by a brother, sister, mother, husband, or a pastor. This was an important finding aligned with previous literature. Lavender et al. (2020:2) affirmed that birth companionship is support provided to a pregnant woman during labour and childbirth. Bohren et al. (2017:2) define birth companionship as support provided to a woman during childbirth and labour. Birth companionship is seen as the continuous

presence of a support person during labour and childbirth (Khasholian & Portela, 2017:1). A birth companion is someone you feel comfortable with, an individual chosen by the pregnant woman to accompany and remain with her until childbirth is over. The responses of midwives in the Sekhukhune primary healthcare facilities have also confirmed that a birth companion is any person chosen by a pregnant woman to provide her with continuous emotional, physical, and psychological support during labour and childbirth (Sarwal et al., 2021). This finding is also consistent with the WHO's definition that a birth companionship is a support given to a pregnant woman during labour and childbirth; this may be done by a partner, family member, friend, health care professional, or doula (WHO, 2019).

However, the midwives alluded to hearing about birth companionship from colleagues who attended meetings where birth companionship was mentioned in passing and most of the midwives had not attended any workshops and/or seminars on birth companionship. There are no clear birth companionship guidelines for the midwives to follow in implementing the programme. Midwives seemed to be clueless about birth companionship. The Maternity care guidelines (2016:41) stipulate that midwives should allow family and friends to provide companionship during labour. Nearly 90% (26 out of 30 participants interviewed) did not attend birth companionship workshops and lacked proper training to link knowledge and the practice. However, they had an idea of what birth companionship is, although the majority had not received formal training and this impacted negatively on its implementation. This finding is consistent with some previous literature on the fact that lack of training on how the birth companionship programmes should be conducted, remains a challenge for midwives (Spencer, Du Preez & Minnie, 2018:4).

It also alluded that midwives were resistant to and/or are not well trained on how to implement birth companionship (Bohren, 2019:2). Lack of training affected the awareness, acceptance and implementation among midwives (Kabakian-Khasholian & Portela, 2019; Bohren, Berger, Munthe-Kans & Tunclip, 2019). Poor implementation and/or no implementation of birth companionship was associated with the absence of clear guidelines (Getahun, Ukke, & Alemu, 2020:1). Many countries do not have policies supporting birth companionship and many health care facilities do not allow women to have a birth companion (WHO, 2020:3). However, the midwives acknowledge that the presence of a birth companion can benefit the pregnant woman in labour and childbirth.

5.2.2 Theme 2: Role of birth companion during labour

The role of the birth companion was described in many ways from the communication facilitator between the midwives and the pregnant women to acting as an advocate for the pregnant woman. This finding is consistent with the current literature. The WHO, for instance, acknowledges that the birth companion can assist in preventing communication breakdown between the midwife and woman who is in labour, speaks up on behalf of the woman acting as an advocate, ensuring the woman is not mistreated, conveying the pregnant woman's wishes, provides non-pharmacological pain relief by massaging the pregnant woman, holding her hand, giving emotional support, praising the woman and giving words of encouragement (WHO, 2020:2) In other words, the birth companion can be described as someone who provides emotional, informational, physical and psychological support (Sarwal, Sarwal, Tygai, & Sarwal, 2021). Bohren, Berger et al. (2019:2) suggest that providing continuous support during labour and child birth to the pregnant woman has positive outcomes for both the woman and the unborn child.

The male birth companion, especially in the case of a husband or male partner present during labour and childbirth, is beneficial for the woman in labour and the unborn infant and can prevent frequent pregnancies. Several studies have shown that the experience men go through during childbirth has an effect on their thoughts about planning their next pregnancy. Nanjala and Wamalwa (2012:63) affirmed that men lack knowledge about the experiences that the pregnant woman goes through during childbirth. The study showed men had no knowledge regarding pregnancy and delivery and the complications associated with childbirth. According to Lwanga and Atuyambe et al. (2017:6-7), the men's support is an essential component for making a women's world better, as men's involvement in childbirth creates a bond with the partner and the new-born and thus promotes family togetherness. The presence of a male-birth companion is seen to strengthen the bond between the father and the infant (Souza, & Gualda, 2016:2)

Bohren et al. (2019:2) list information, practical, and emotional support, as well as speaking up in support of women as benefits associated with birth companionship. The perception was that having someone familiar, that the woman trusts, would allow her to be comfortable and less anxious during labour. Kungwimba and Malata et al. (2013:46) concluded that birth companionship provides psychological support, physical support and can ease the pressure off the midwives. A study done by Sarwal, et al. (2021) showed that midwives identified the role of a birth companion as someone who will give emotional support, provide physical and psychological support and improve communication between the midwife and pregnant woman. In practice, the

birth companion would act as a liaison between the midwives and the woman who is in labour, providing necessary information to both. For instance, the physical support consists of rubbing the woman by massaging her shoulders and back and helping with a breathing exercise, giving her a better birthing experience, the physical support provided to the pregnant woman includes massaging shoulders and back, wrapping the baby after delivery. Banda, Kafulafula, et al. (2010:941) confirm that birth companions are viewed as people who could help with taking care of the infant, as the new mother would still be recovering from the birth. This was seen as a good way to form a bond between the father, mother and the infant (Kungiwimba-Malata et al, 2013:48).

The birth companion helps to bridge the communication between the woman in labour and the midwives. In case there is a misunderstanding between the woman in labour and the midwives due to language barriers, the birth companion can help if s/he does not have the same problem. This is supported by Bohren (2019:2). The author indicates that, among other functions, companions give informational support by providing information about childbirth and bridging communication gaps between health workers and the women in labour. Birth companions communicate with the midwives on behalf of the pregnant woman (Roberts, 2021).

Midwives have multifaceted roles in the labour room and they are often in need of help, mostly in the case of communication breakdown with the pregnant woman. Midwives always feel that there is a need for assistance to bridge the communication gap with the pregnant woman. Birth companions enforce instructions to the pregnant woman, assisting the midwives to get the pregnant woman to do what is right and to co-operate in order to have a safe delivery. This finding was also consistent with the previous literature. A systematic review done by Lunda, Minnie and Banda (2018:8) found that midwives are unable to provide continuous support, unlike birth companions, due to the multifaceted roles midwives have. Getahun, Ukke et al. (2020:2) and Dynes, Bizen et al. (2018:93) affirm that birth companions can assist in reinforcing messages and instructions to the pregnant woman during labour and childbirth. They can also remind the midwife on time to re-examine the pregnant woman and alert the midwife regarding any changes that occur with the pregnant woman.

Although the role of the birth companion was positively accepted by the midwives in terms of the support they receive, the acceptance of a birth companion is still subjected to different barriers. There is still a significant debate on their participation with regard to cultural values, the witness of error (mistakes) and infrastructure.

5.2.3 Theme 3: Barriers to implementing birth companionship at health facilities

The following were identified as barriers to the successful implementation of birth companionship at the designated health facilities: errors during childbirth, cultural constraints, midwives' approach to birth companionship, space and privacy (facility based barriers).

5.2.3.1 Individual level barriers (Errors in childbirth)

The efforts that the midwives put in trying to help the pregnant woman during labour are sometimes challenging. Midwives may lose their temper, or make unnecessary mistakes to the detriment of the pregnant woman. Midwives felt that having a birth companion present meant they would be less likely to be blamed for the negative outcomes and/or accused of mistreating the pregnant woman. Sometimes midwives have no choice but to use a little force and/or yell in trying to provide the best possible care to the pregnant woman and the baby (Galle & Manaharlal, et al., 2020:7). This finding is consistent with the results of many studies. According to Bangal and Bayaskar, (2018:114-116), the presence of a birth companion puts pressure on the midwives to ensure that all the needs of the pregnant woman are met.

The present study reveals that although the midwives perceived the presence of a companion to be beneficial to them; they are still not comfortable having someone "watching" them during the delivery. Additionally, the midwives felt that having someone observing their work would make them uncomfortable, resulting in errors. This made them reluctant and opposed to the idea of having birth companions in the delivery rooms. Some of the factors mentioned by Gizachew, Getinet and Bekele (2020:11) for not preferring to have a birth companion present, are fear of litigation if any complications occur, as well as the feeling of being uncomfortable during the examination of the pregnant woman in front of the birth companion.

The midwives are also not comfortable with the present external person during the labour because of errors beyond their control which may occur during delivery. With the presence of an external person, these errors can be used against them. It was deemed that birth companion could take pictures and audio-recordings of all the happenings within the labour room. There were contrasting views regarding the presence of a birth companion when errors occur. The midwives were concerned that having birth companions in the labour ward may result in legal problems for them, where they would be reported for things that happen during the labour and birth. Birth companions will be using their phones to take pictures and videos of what occurs during labour and childbirth. At times, harsh methods like shouting at the pregnant woman and laying hands on

the pregnant woman who is not cooperating is needed in order to save the baby's life. Bengal and Bayaskar, et al. (2018:116) indicated that birth companions could provide incorrect information to relatives about the minor errors and deficiencies in the care of the woman in labour. Birth companions might interfere with the rights of other pregnant women by taking photographs (Summerton & Mtileni, 2020:151).

5.2.4 Midwives' approach to birth companionship

A study conducted by Bohren reported that most midwives display unfriendly attitudes towards birth companions (Bohren, 2019:2). Midwives stated that they would not feel comfortable having birth companions present while they delivered babies and that the pregnant woman will not co-operate in the presence of a birth companion.

Birth companions are also viewed as interference to midwives. It was concluded by several authors (Khasholian & Portela, 2017:10; Banda et al., 2010:941) that pregnant women will not be co-operative with midwives in the presence of a birth companion. There were concerns that birth companions will interfere with medical decisions affecting the pregnant woman and that traditional medicine can be used by birth companions. It is alluded that birth companions will interfere with clinical duties (Summerton & Mtileni, 2020:151). There is also an element of negative attitude towards birth companions from midwives. Birth companions have been turned away from institutions and midwives feared that some of the birth companions will give the woman in labour traditional medicine.

The use of force is among the mistakes observed in the labour ward. Reiter and Walsh (2014) concluded that incorrect medication or incorrect doses are given to pregnant women, failure to monitor foetal heart and pregnant woman's blood pressure, and failure to diagnose potential birth complications are some of the errors that can occur during childbirth. Therefore, the presence of the birth companion would witness the efforts that the midwife put in trying to curb the occurrence of an adverse event. This finding was supported by several studies. Chaote and Mwakatundu, et al. (2021:9) found that the birth companion will be a witness to what occurred and will explain how hard the midwife tried to help the mother and her baby. Midwives are sometimes disrespectful or harsh towards pregnant women during labour and childbirth and this is justified in order to ensure a positive birth outcome (Tolsma, Temane et al., 2020:6).

5.2.5 Cultural constraints

According to the ancient cultural practices, men or non-initiated men and children are not allowed into the labour room during childbirth. The health facilities should be one of the highest settings that respect the cultural tradition as a way to unite with the ancestors. The newborn is welcomed to the society and to the ancestors if the cultural traditions are respected. Therefore, the midwives are not offering birth companionship as an option of support in the labour ward due to cultural constraints. This finding was consistent with two studies. Bangal and Bayaskar et al. (2018:114-116) allude that cultural factors are part of the reason for the non-implementation of birth companionship in certain facilities. Getachew supported the statement that culture hinders the acceptance of birth companions in the labour room (Getachew et al, 2018:8).

Culture is a big deterrent to birth companionship and men acting as birth companions are the most concerned. Men are not allowed in the labour room during childbirth (Brindley, 1983, 1985b; Gumede, 1978). Pregnancy and birth are seen as women's issues from which men should be excluded. Many cultures in Africa and Asia consider pregnancy and childbirth as a woman's responsibility (Kashaija, Mselle et al., 2020:2). From a young age, women are taught about the differences between men and women, and also about behaviours that they need to avoid where women are concerned. Men are not allowed to see a woman's menstrual cycle or the birth process. There are many reasons from different cultural aspects. The attitudes of midwives may be influenced by culture (Adeniran, Adesina, et al., 2017:113).

Other personal impacts' of male involvement in childbirth include the loss of sexual intercourse and the loss of libido is believed to be consequences that would be as a result of a man witnessing his partner giving birth. Bruce (2017) alluded that men losing interest after witnessing childbirth.

Facility-based barriers reported in the literature indicate that there is no need to bring a birth companion in a poor infrastructure with limited space. Midwives were concerned about their clinics and adequate infrastructure to accommodate birth companions. This is supported by a study that was done by Gizachew, Getinet and Bekele (2020:10) who mentioned that the commonest reason for not involving birth companions during labour and childbirth is due to lack of adequate space. Getahun, Ukke and Alemu (2020:2) alluded that poor infrastructure to protect privacy and overcrowding of labour wards was two of the reasons birth companionship is not practised. The issue of lack of enough space to accommodate the birth companion overlaps with the protection of other women's privacy.

According to Bohren (2019), the lack of facility space and privacy also contributes to the birth companionship opposition to participate in the labour ward. Women have to be placed in multiples in single rooms because the facilities are small and structural resources, such as extra beds, are limited. Overcrowding in shared labour rooms and privacy is a major concern in resource-constrained facilities (Kasholian & Portela, 2017:10); pregnant women lack privacy due to infrastructural constraints which makes it difficult for midwives to accept birth companions (Getachew, Negash & Yusuf, 2018:8).

5.3 Conclusion

This chapter outlined the discussion of the findings using supporting literature. Chapter six presents the limitations, recommendations and conclusion of the study.

CHAPTER 6: STUDY LIMITATIONS RECOMMENDATINS AND CONCLUSION

6.1 Introduction

The chapter outlines the limitations of the study, as well as recommendations based on the findings. The purpose of this study was to explore and describe the midwives' views regarding birth companionship during childbirth in the designated primary health care facilities in the Limpopo province of South Africa. The study was conducted with thirty midwifery participants at primary health care facilities in one district of the Limpopo province. Cultural differences may exist when comparing the study setting to others. Hence, different results may arise from studies conducted in other settings. The majority of participants in the study were females, however, having a male perspective enriched the study findings. As a result, rich data was collected from participants and in-depth descriptions of results are provided.

6.2 Study limitations

The study was conducted using in-depth interviews, only midwives who had worked for two or more years in primary health care facilities were selected to participate. Other nursing categories were excluded from the study. One of the limitations is that participants were midwives from the same sub-district of the Limpopo province. Therefore, the findings may not be generalised to other settings, albeit rich data was collected to describe the study and its findings to allow the study to be replicated.

6.3 Recommendations

The recommendations of this study are discussed in the sub-sections below. These are discussed according to the themes outlined in chapter 4.

6.3.1 Recommendations for midwives

- The Limpopo Department of Health, together with the relevant districts, should develop a clear policy and guidelines in order to standardise the implementation of birth companionship. A formal and comprehensive in-service training programme must be developed and conducted in each district.
- Midwives who will be selected to receive the training should then conduct training at their facilities on their return.

- Midwives should provide patient education regarding birth companionship to all pregnant women during antenatal care.

6.3.2 Recommendations for health facilities

- Health facilities management should ensure the implementation of birth companionship follows the stipulated guidelines.
- Health facilities management should create conducive environments to accommodate birth companions. This can be done by reconstructing the stage 2 labour room into single rooms.
- Health facilities should have birth companionship guidelines visible on notice boards, and antenatal consulting rooms, these should guide staff and patients seeking antenatal care.
- Providing birth companionship should be included as a key performance area for health facilities in the Sekhukhune district.

6.3.3 Recommendations for future research

- A study should be conducted in similar settings around SA in order to inform the development of national guidelines on birth companionship.
- A study should be conducted on Bapedi males as birth companions.
- Studies can be conducted to assess the need for birth companionship from pregnant mothers.
- Research needs to be conducted on the barriers to the successful implementation of birth companionship at local primary health care facilities.
- Research needs to be conducted to develop clear guidelines to address the barriers to the successful implementation of birth companionship.

6.4 Final conclusion

Birth companionship also referred to as continuous support, is one of the important practices that have value and benefit for women during labour and childbirth. However, this practice is overlooked. As an attempt to move towards a more patient-centered care offering, health care facilities should start offering birth companionship services. Studies should be conducted to understand the barriers to its successful implementation and recommendations should be developed as to how best it can be implemented. Conducive environments should be provided for patients to be able to freely choose the service.

The study objective to explore and describe the midwife's views regarding birth companionship during childbirth in designated primary health care facilities in the Sekhukhune district of the Limpopo province was met. The findings presented to outline the midwives' perspectives on birth companionship. Barriers to implementing birth companionship are also outlined, as well as the potential benefits of having birth companions during labour are presented. Based on the data analysed, the recommendations made help to develop clear policies and guidelines that address the barriers to the implementation of birth companionship.

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8. ANNEXURE A: RESEARCH ETHICS APPROVAL

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

28 May 2020

Approval Certificate
New Application

Ethics Reference No.: 286/2020
Title: MIDWIVES VIEWS REGARDING BIRTH COMPANIONSHIP DURING CHILBIRTH IN DESIGNATED PRIMARY HEALTH CARE FACILITIES IN LIMPOPO PROVINCE

Dear Mrs YJ Sekwati

The **New Application** as supported by documents received between 2020-04-30 and 2020-05-27 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 2020-05-27.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2021-05-28.
- Please remember to use your protocol number (286/2020) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers
MBChB MMed (Int) MPharmMed PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag x323
Gezina 0031, South Africa
Tel +27 (0)12 356 3084
Email: deepeka.behari@up.ac.za
www.up.ac.za

Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

9. ANNEXURE B: DECLARATION REGARDING PLAGIARISM

Declaration regarding plagiarism

Full Name: YOLANDA JANICE SEKWATI

Student Number: 17366225

Topic of work: MIDWIVES VIEWS REGARDING BIRTH COMPANIONSHIP DURING CHILDBIRTH IN DESIGNATED PRIMARY HEALTH CARE FACILITEIS IN LIMPOPO

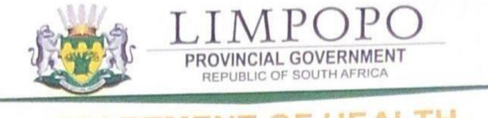
DECLARATION

- I understand what plagiarism is and am aware of the University's policy in this regard.
- I declare that this proposal is my own original work. Where other people's work has been
- used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with the requirements as stated in the University's plagiarism prevention policy.
- I have not used another student's past written work to hand in as my own.
- I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

Signature: Y J SEKWATI Date: 24.08.2021

10. ANNEXURE C: PERMISSION LETTER TO CONDUCT RESEARCH IN LIMPOPO DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT PRIMARY HEALTH CRE FACILITIES



DEPARTMENT OF HEALTH

Ref : LP-2020-08-003
Enquires : K. Letseparela
Tel : 015-293 6028
Email : Kurhula.Hlomane@dhsd.limpopo.gov.za

Mrs YJ Sekwati

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Midwives views regarding birth companionship during child birth in designated Primary Health Care Facilities in Limpopo Province

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
   b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   e. The approval is only valid for a 1-year period.
   f. If the proposal has been amended, a new approval should be sought from the Department of Health
   g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department

21/08/2020
Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

The heartland of Southern Africa – Development is about people!

11. ANNEXURE D: FACILITIES APPROVAL LETTERS

FROM OPERATIONAL MANAGERS OF THE SELECTED PRIMARY HEALTH CARE FACILITIES

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB -DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: ASNATH KGAPHOLA

From: Operational Manager MARISHANE Clinic

Cell: 0762214514

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT MARISHANE CLINIC

Kindly be informed that your permission to conduct research study at MARISHANE CLINIC have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT

ASNATH KGAPHOLA

SIGNITURE: [signature]

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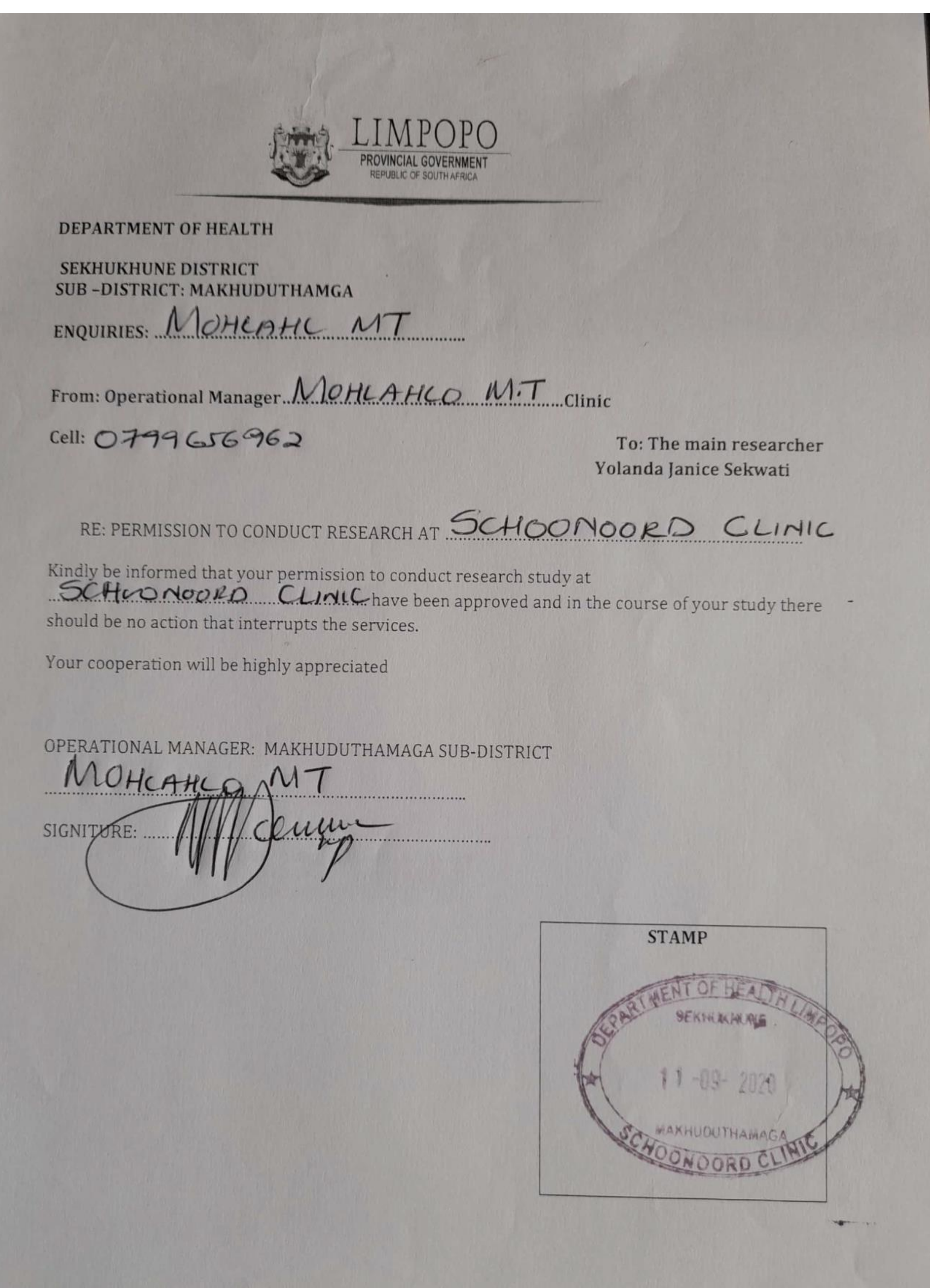
2020 -09- 3



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: MOHLAHL MT

From: Operational Manager MOHLAHLO M.T **Clinic**

Cell: 0799656962

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT SCHOONOORD CLINIC

Kindly be informed that your permission to conduct research study at SCHOONOORD CLINIC have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT
MOHLAHLO MT

SIGNITURE:

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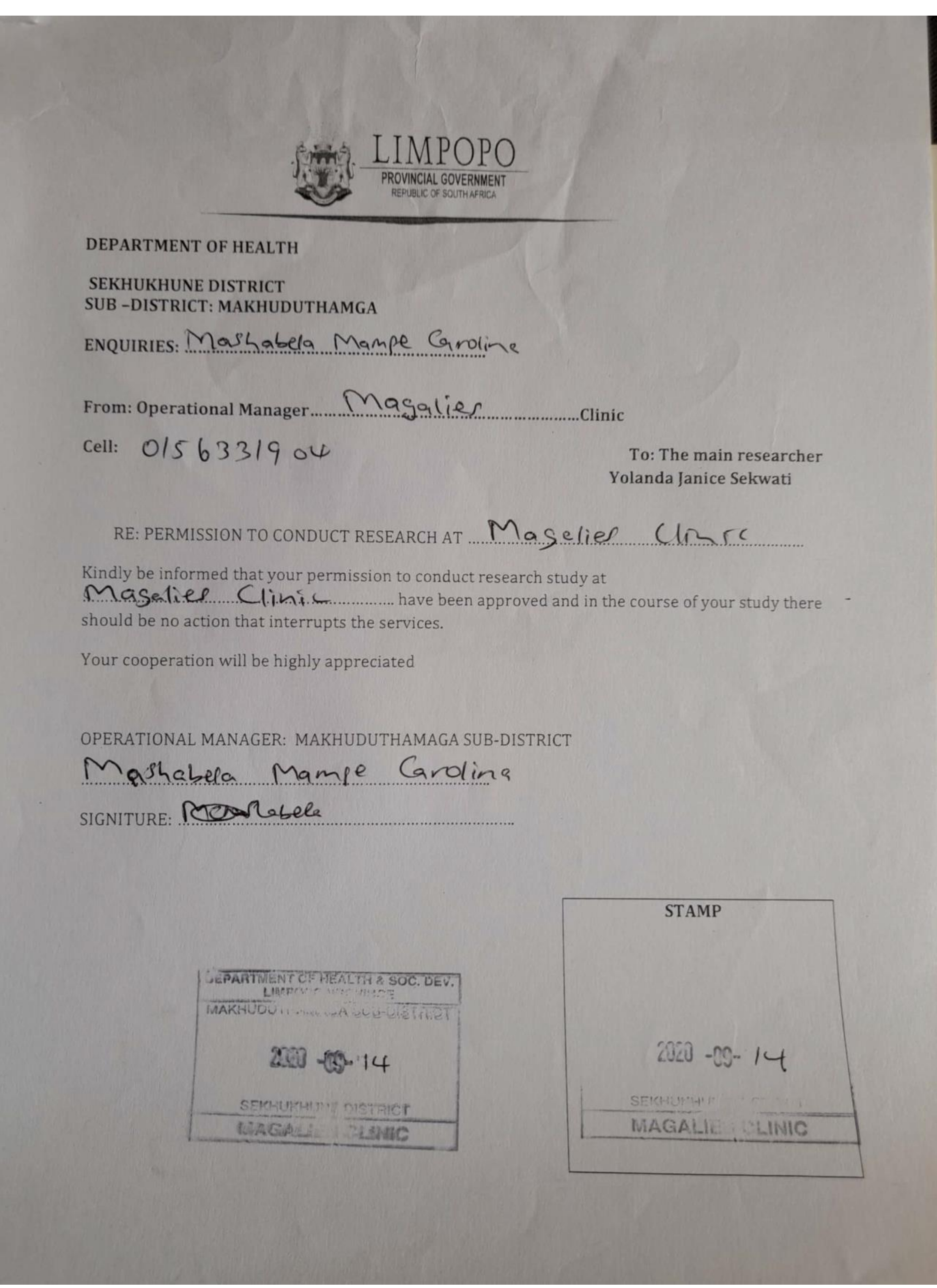
DEPARTMENT OF HEALTH LIMPOPO
SEKHUKHUNE
11-09-2020
MAKHUDUTHAMAGA
SCHOONOORD CLINIC


LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: Mashabela Mampe Caroline

From: Operational Manager Magalies Clinic

Cell: 015 633 19 04

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT Magalies Clinic

Kindly be informed that your permission to conduct research study at Magalies Clinic have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

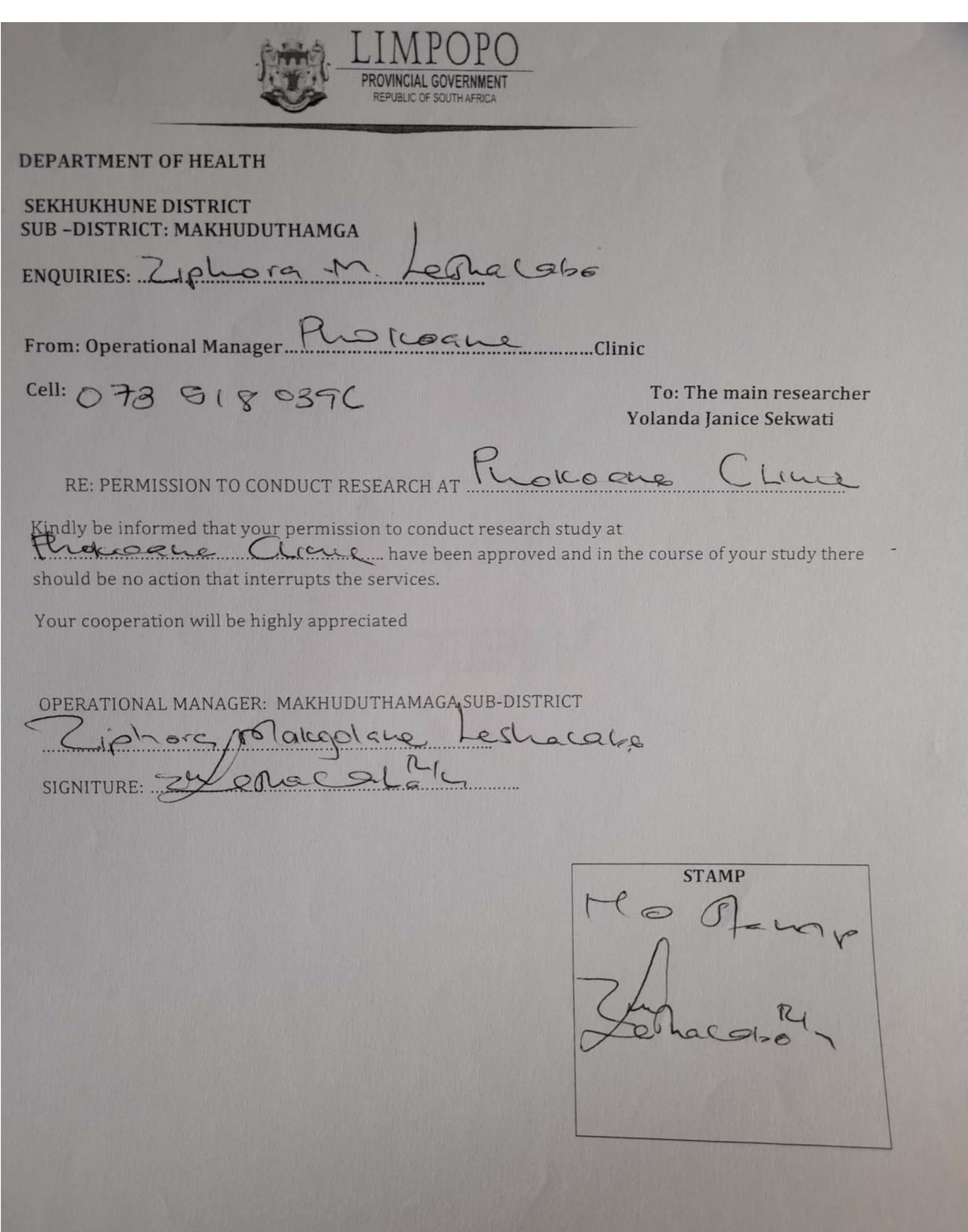
OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT
Mashabela Mampe Caroline

SIGNITURE: [signature]

STAMP

DEPARTMENT OF HEALTH & SOC. DEV.
MAKHUDUTHAMAGA SUB-DISTRICT
2020 -09- 14
SEKHUKHUNE DISTRICT
MAGALIES CLINIC

2020 -09- 14
MAGALIES CLINIC



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: Ziphora M. Leshalabo

From: Operational Manager Phokoane Clinic

Cell: 073 818 0390

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT Phokoane Clinic

Kindly be informed that your permission to conduct research study at Phokoane Clinic have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT
Ziphora Makgolane Leshalabo

SIGNITURE: [signature]

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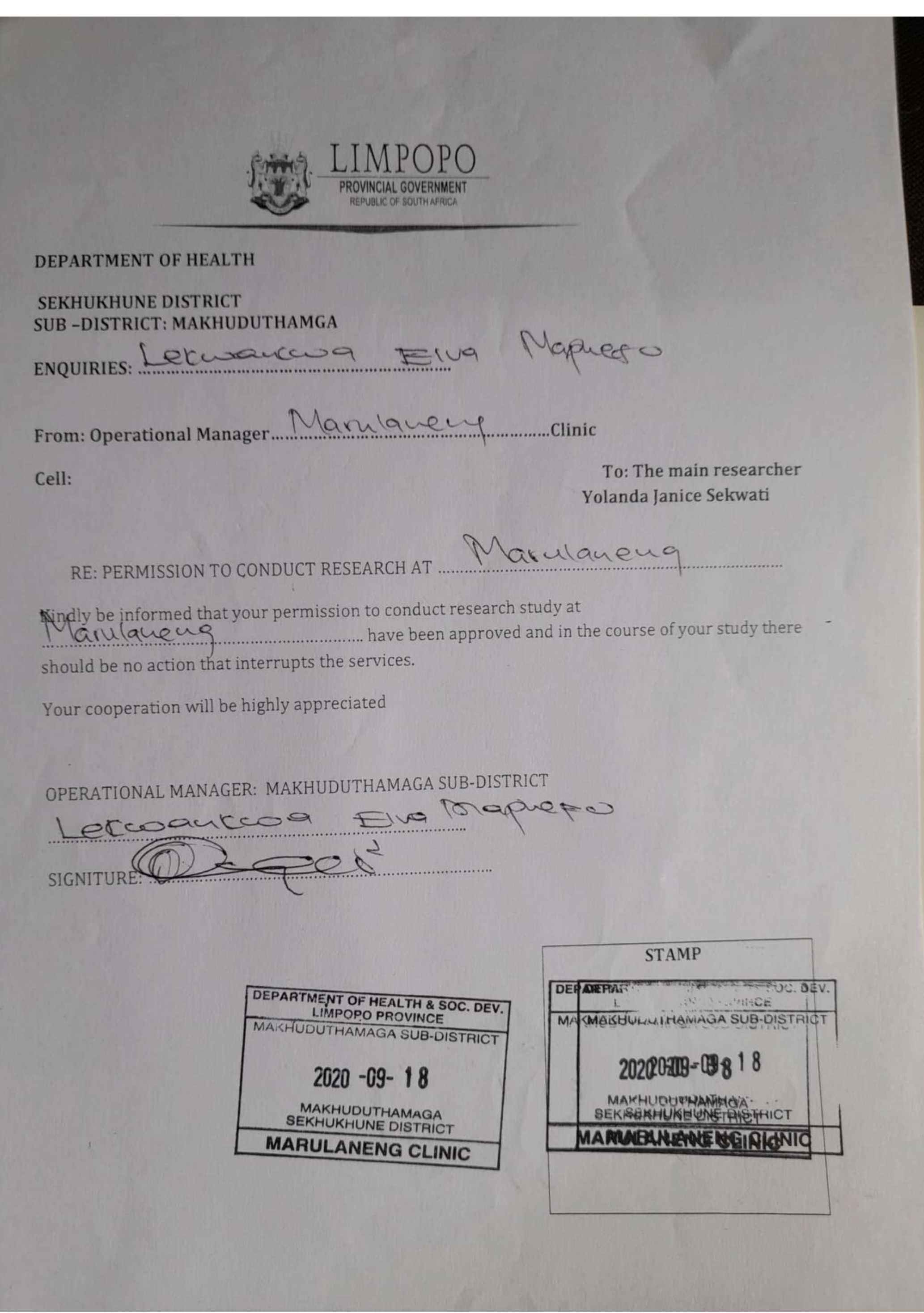

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: Letwantwa Elva Maphefo

From: Operational Manager Marulaneng Clinic

Cell:

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT Marulaneng

Kindly be informed that your permission to conduct research study at Marulaneng have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT
Letwantwa Elva Maphefo

SIGNITURE: ....

STAMP

DEPARTMENT OF HEALTH & SOC. DEV.
LIMPOPO PROVINCE
MAKHUDUTHAMAGA SUB-DISTRICT
2020 -09- 18
MAKHUDUTHAMAGA
SEKHUKHUNE DISTRICT
MARULANENG CLINIC

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: MALEKA S.M

From: Operational Manager MANGANENG **Clinic**

Cell: 0829257494

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT MANGANENG CLINIC

Kindly be informed that your permission to conduct research study at MANGANENG CLINIC have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT

MALEKA S.M

SIGNITURE: [signature]

STAMP

2020 -03- 18

SEKHUKHUNE DISTRICT

MANGANENG CLINIC

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: Ruth Maredi

From: Operational Manager Dichoeung Clinic

Cell:

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT Dichoeung Clinic

Kindly be informed that your permission to conduct research study at Dichoeung Clinic have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT
Ruth Maredi
SIGNATURE: RMaredi

STAMP

DEPARTMENT OF HEALTH & SOC. DEV.
LIMPOPO PROVINCIAL
MAKHUDUTHAMAGA SUB-DISTRICT
2020 -09- 11
SEKHUKHUNE DISTRICT
DICHOEUNG CLINIC

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DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: Selina Sedibana
From: Operational Mananger of Mamone Clinic

Cell: 071 400 5088

To: The researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT ....MAMONE CLINIC........

Kindly be informed that your permission to conduct research study at ....MAMONE CLINIC......have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

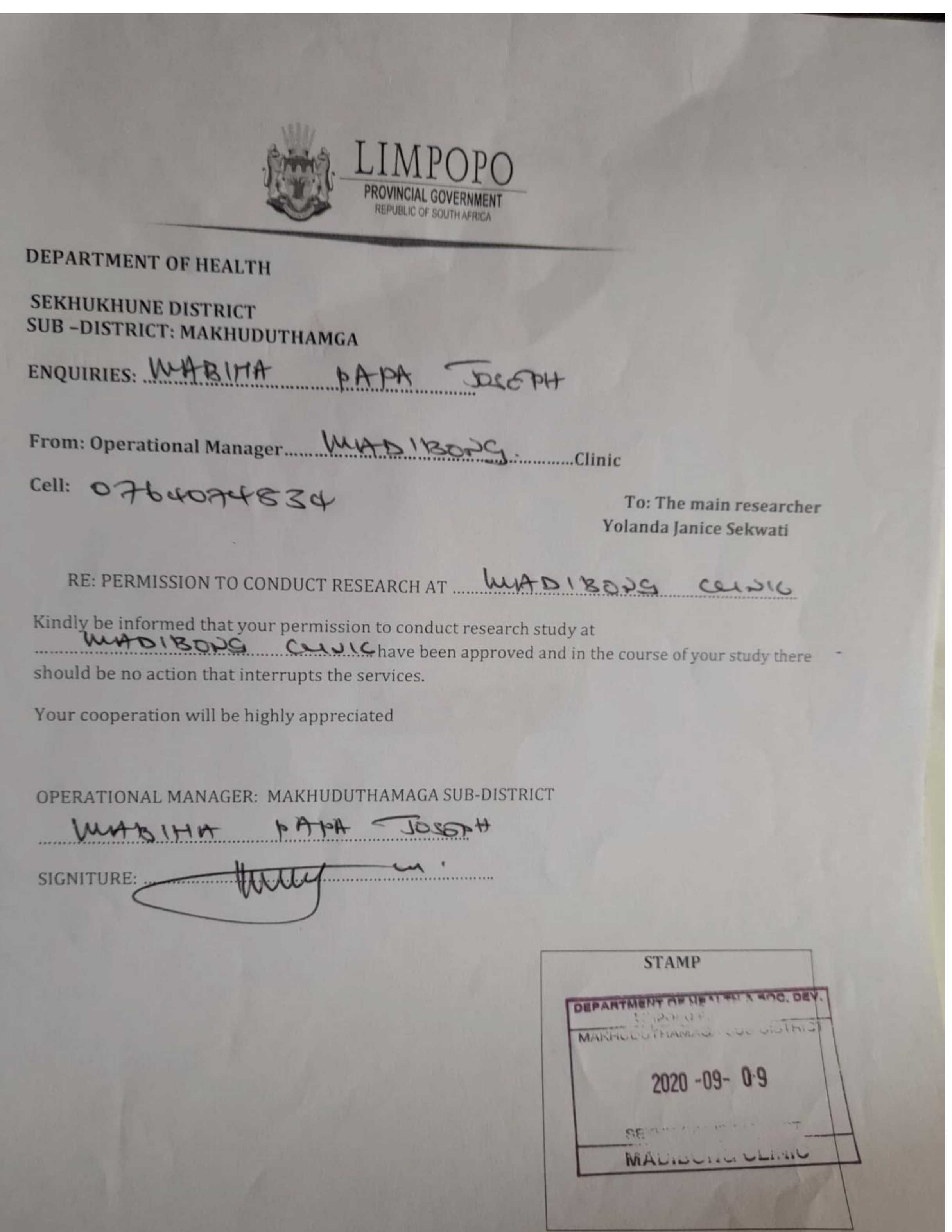
OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT

Mamone Clinic

SIGNITURE

STAMP

DEPARTMENT OF HEALTH & SOC. DEV.
LIMPOPO PROVINCE
MAKHUDUTHAMAGA SUB-DISTRICT
2020 -05- 05
SEKHUKHUNE DISTRICT
MAMONE CLINIC



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: MABIHA PAPA JOSEPH

From: Operational Manager MADIBONG Clinic

Cell: 0764074834

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT MADIBONG CLINIC

Kindly be informed that your permission to conduct research study at MADIBONG CLINIC have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT

MABIHA PAPA JOSEPH

SIGNITURE: ....

STAMP

DEPARTMENT OF HEALTH & SOC. DEV.
MAKHUDUTHAMAGA SUB-DISTRICT
2020 -09- 09
MADIBONG CLINIC

DEPARTMENT OF HEALTH

SEKHUKHUNE DISTRICT
SUB –DISTRICT: MAKHUDUTHAMGA

ENQUIRIES: Kehumile Lettie Mosoane

From: Operational Manager St. Ritas Gateway **Clinic**

Cell:

To: The main researcher
Yolanda Janice Sekwati

RE: PERMISSION TO CONDUCT RESEARCH AT St. Ritas Gateway Clinic

Kindly be informed that your permission to conduct research study at St. Ritas Gateway Clinic have been approved and in the course of your study there should be no action that interrupts the services.

Your cooperation will be highly appreciated

OPERATIONAL MANAGER: MAKHUDUTHAMAGA SUB-DISTRICT

Kehumile Lettie Mosoane

SIGNITURE: [signature]

STAMP

DEPARTMENT OF HEALTH & SOC. DEV.
LIMPOPO PROVINCE
MAKHUDUTHAMAGA SUB-DISTRICT
2020 -09- 09
SEKHUKHUNE DISTRICT
ST RITA'S GATEWAY CLINIC

12. ANNEXURE E: RESEARCH INTERVIEW GUIDE

TOPIC: MIDMWIVES VIEWS REGARDING BIRTH COMPANIONSHIP DURING CHILD BIRTH IN DESIGNATED PRIMARY HEALTH CARE FACILITIES

1. OVERVIEW

The goal of the IDI is to understand the views and perceptions of midwives regarding birth companionship during childbirth. Key topics include knowledge and awareness of birth companionship, training on birth companionship guidelines. The goal of these interviews and focus group discussions is to understand perceptions of midwives about birth companionship, how these may influence health care provision, and approaches to tailor health care delivery for mothers during childbirth. The IDI guide is focused on understanding the views of a single individual/participant.

The objectives of the study were:

- To explore and describe the midwives' views regarding birth companionship during childbirth in designated Primary Health Care Facilities in Limpopo.

2. GENERAL PRINCIPLES

The general principles followed by the researcher:

- Describing to the participant the goals of the study i.e. their understanding or view and perceptions on child birth, birth companionship and management of women during child birth.
- Preparing for the interviews
- Conducting the interviews
- Transcription (in real time and as soon as possible after the interview)
- Data analysis and storage.

The researcher was mindful not to spend more than thirty-five minutes with the research participant. This was done to limit the contact period during COVID-19 restrictions. The thirty-five minutes included five-minute ice breakers in-between interviews with the research participants. The interviews were conducted in a quiet room away from any distraction. The researcher jotted down field notes in a notepad.

The researcher posed a central question: What are the midwives views regarding birth companionship during childbirth in Designated Primary Health Care Facilities in Limpopo?

1. Introduction
   - Thank you for agreeing to be part of the interview. The aim of this interview is to obtain understanding of the midwives' views regarding birth companionship during child birth.
2. General questions
   - Please tell me how long you have been working at this facility?
   - What is your role at the facility?
3. Knowledge about birth companionship
   - Please tell me what you know about birth companionship?
   - What training have you received regarding birth companionship?
   - What do you feel should be included in the information to give a birth companion?
4. Implementation of birth companionship
   - Do you offer birth companionship to pregnant women at this facility?
   - Have you faced any challenges implementing birth companionship at this facility? If so, please tell me more about those challenges.
   - Please tell me about your personal experiences regarding birth companionship if you have any.
   - How can birth companionship be implemented at your facility?
5. Perceptions about birth companionship
   - What are your personal views as a midwife about birth companionship?
   - Please tell me about some of the advantages of having birth companionship in the labour room during childbirth?
   - What are the benefits of using birth companionship during childbirth?
   - What are the disadvantages of not using birth companionship during childbirth?
   - What are the benefits of having a birth companion during childbirth?
   - What challenges have you encountered regarding implementing of birth companionship

13. ANNEXURE F: SAMPLE TRANSCRIPT

AUDIO RECORDING NOTES FOR RESEARCH STUDY ON THE MIDWIVES' VIEWS REGARDING BIRTH COMPANIONSHIP IN DESIGNATED PRIMARY HEALTH CARE FACILITIES IN LIMPOPO

Date: 11.09.2020

Participant: *PA-PHC F*

Facility: F

Interviewer: Yolanda Janice Sekwati

Interviewee: Participant PA-PHC F

Venue: Participant PA-PHC F

Interview lasted: 47 min 06 sec

Audio notes as on tape:

Interviewer: Good afternoon, thank you for joining me in this study. My name is Yolanda Sekwati my research is based on the "midwife views regarding birth companionship during childbirth in designated areas in Limpopo". So, *PA-PHC F* thank you very much for agreeing to be a research participant. If I may ask, how long have you been working in this facility?

Participant PA-PHC F: I have been here since 2015. So, this is my 6th year working here.

Interviewer: What is your role in this facility?

Participant PA-PHC F: I am a professional nurse.

Interviewer: How long have you been working as a midwife.

Participant PA-PHC F: I have been working as a midwife for 8 years.

Interviewer: Can you tell me more about bed companionship in your own words.

Participant PA-PHC F: What I know about birth companionship is when the pregnant woman chooses someone either her husband, mother or a relative to accompany them during labour or even after birth. One thing I also know is that some of the best companion will accompany them to antenatal classes so that they also know what is to be done during childbirth. What I know about birth companionship is that these people chosen for this role, they also accompany them for antenatal classes so that they also know what needs to be done during labour.

Interviewer: As a midwife with your years of experience can you tell me more of birth companionship can you tell me more about it?

Participant PA-PHC F: What I know about birth companionship I myself being a man who is also a has a wife, I used to accompany my wife to her antenatal classes during her pregnancy which I found them helpful not only being an acchoucher for my practice as a midwife and for other men it helped a lot, i was willing to learn and experience it with our wives. So those exercises in antenatal classes really helped my woman during labour and a lot and I learned a lot and got so much hope, so much knowledge from that experience and I tried to to to bring some of the things into my practical work which is not easy. Because I remember very well when my woman, my wife was going to give birth, ehh, we had our private room (obviously we were at a private hospital) but with us here in the clinic

and also in our government setup we don't have that much privacy for somebody to accompany that pregnant woman, but then I think that one will be if it is to be done the way we taught at school I think it would be a great advantage for woman who come to deliver in our clinics. However, we don't have enough space to give each and every patient privacy therefore it will not be easy to implement this companionship.

Interviewer: You saying that in your facility is not easy, tell me more about birth companionship and why you say it is not easy to implement it in this facility?

Participant PA-PHC F: In my facility is not easy firstly because of the setup of our maternity, the mini maternity rooms here in our clinic, if I can just go back, I'm a firstly, as an African traditional man, most of men they don't believe in accompanying their women to clinic or even health facility when they are pregnant, they believe is a woman's thing. Secondly, I I told you about the way our maternity is, there is not enough space to afford our patients privacy the way our beds if I can say or the setup of our maternity the way it is and it does not allow an extra person into the ward. the way our beds are placed it need someone who according to my knowledge is already a midwife or nurse because it doesn't allow 3rd and 4th person into the room to assist, that's how I'm viewing it, I don't know.

Interviewer: Please tell me more about challenges you face in implementing birth companionship in this facility?

Participant PA-PHC F: Like I said, we have woman who come here to deliver without their husbands, boyfriends or friends and we also have parents who come try to assist during delivery. So, because they are not leaving the pregnant patients alone, we feel crowded since we don't have enough space to come assist thus bring a companion will be imposing on the other privacy of other women in the delivery room. so as maternity primary health centres we also have challenges with the spacing, so, our room are not built in a way that a companion can come into the ward and sit comfortably and watch or assist me in delivering the baby and I also believe that some of the companions if maybe we do have

some of these companions need to be taught to assist, they are not yet at a stage where they can just come in and assist during childbirth, so a lot of training is still needed.

Interviewer: Tell me more, can you explain more about how they need to be trained to assist, about what you mean when you say some still needs to be trained?

Participant PA-PHC F: I think we can start when the lady comes for their first anc booking, so they shouldn't come alone but with a companion either a husband or friend. so that person will occasionally be accompanied in their anc appointments with subsequent visits, so they will undergo all the tests alone their husbands will just be there to witness everything but not tested. Therefore, the husband will be able to know and understand the all the steps and processes we take this lady on a journey, the pregnancy journey and delivery because the purpose of these anc classes is to take the patients on a journey of what to expect during pregnancy. Therefore, the companions will be the ones reminding the pregnant lady about appointments and collecting their results thus allowing the husbands to be more involved in the pregnancy. so, if we start at that time it will be easier to implement because antenatal exercises are also part of the program which will help train the companion on how to assist the pregnant woman. I think labour is an emergency of some sort, but we have enough time to prepare for it. However, if the time of labour arrives and I'm working with a companion that is clueless about delivery, it is going to frustrate me as a midwife. Meaning I will be asking them to do things that they have not practiced before but if they undergo the anc classes together, they will be better prepared for the task so when I give instructions (massage or support the pregnant lady) they will be knowing exactly what I am talking about.

Interviewer: So if I'm hearing you correctly, you are saying that you prefer that the birth companion comes to start as early as antenatal care instead of just coming during childbirth, that's your preference and with your reasons so they can be well acquainted, knowledgeable and know what is expected of them if I'm correct from what I heard from you,

Participant PA-PHC F: Yes! Correct. You are correct.

Interviewer: Tell me some of the advantages of having birth companion during childbirth.

Participant PA-PHC F: I'm going to go back a little bit, the advantages of having a birth companion is that ummmh me, from my experience, when I was there for my wife during our pregnancy and delivery. My wife having me there, a familiar face and someone who knows her and how to ease her stress, like if I'm the husband I know my wife love to massage feet when she's stressed that is a great time for me now (e.g. massage her feet and comforting her was easier because we are close) or communicate with her was beneficial making the process more bearable. Whereas looking at it from the midwife or health professional point of view, the communication won't be easy since there will be things that she'll be trying to communicate to her but will fail to express themselves due to fear. Therefore, having a companion is the best things since they are with someone they know and understands you and will be able read your expressions and the third person will help ease the tension and misunderstanding between patient and midwife.

Interviewer: Talking about easing tension and misunderstanding between patient and midwife, please explain more on what you mean about that?

Participant PA-PHC F: When assisting a woman during childbirth, sometimes giving instructions might not be heard or understood since they will be concentrating on the pain or worried about their child surviving. Most of us the midwives and acchouchers we sometimes lose our tempers because you will be giving your patient simple straight forwards instructions (e.g. please don't push just hold your breath while the contractions are still building their strength). The patients sometimes give in to pain by satisfying the urge to start pushing disrupting the whole process which leads to us losing our temper with our patient which is not alright. So, having a birth companion will help a lot, please tell her not to push, since they will be helping us midwives deliver the instructions to the patients (please tell her to push or support her) that way, thus avoiding communication

breakdown that normally happens at the last step of delivery. it becomes more difficult it's a bridge, it becomes difficult even then when it's a footling, it becomes difficult even then when there's some kind of ahh ahh ahh when there is some abnormality in the pregnancy which needs to be intervened that were the mother's cooperation is vital for the baby to be delivered safely.

Interviewer: As a midwife as an acchoucher I would like to know what are your own views of having a birth companion during childbirth in the labour ward.

Participant PA-PHC F: My own personal views actually we do need it, like I said I believe that we need birth companions I remember when I accompanied my wife to the delivery room, after the delivery of our baby she looked at me and said "we did it" but she was the one who did the whole thing, I was just supporting her, this shows that it was team effort and yes! Together we did it. Secondly, being a black African man who is traditionalist, I think we need to go back and support our men and inform them that our woman needs us. the strength we have as men is also required in the delivery room. personally, being there for my wife giving her support through delivery and being there when my child was born was the best thing that has happed to me. so, I think having a birth companion in my own experience you can ever have and not having one is denying yourself that pleasure to experience that or denying your woman the support she dearly needs. Some rights. if I can say so, because really when I'm finishing, check how woman who had the pleasure of having a birth companion by her side during childbirth usually feels supported whereas a woman who was not given that opportunity usually feels alone or lonely in the experience which even when she tries to tell the experience to the next person it's just her word and no one can relate to the experience whereas women with birth companion will have some who will relate to her experience. Do you still remember what happened, do you remember, yes I was there, yes I was there, you see that this one was supported, let me say this Yolandie most people who had companions will even report back to say health professionals where really professional because there's somebody who was here supporting this person, whether is a family member or husband himself. Therefore, if something traumatic occurs in the labour ward, it will be easy for her to talk to the next person whereas, the other woman without a companion will have to die with the

experience because it will be hard for them to share the story due the fear of not being believed. So, birth companion is the best option for any pregnant woman. According to my knowledge.

Interviewer: Explain more about being a traditional man and how your culture shapes your ideas towards birth companion?

Participant PA-PHC F: As an African man we are taught that immediately after realizing that my wife as missed her periods or tested pregnancy, I should stop having sex with her. I'm not supposed to give her support with regards to her pregnancy. That's a woman thing that's how we African men are brought up to think, if she goes to the clinic or doctor shall go alone because it's a women thing even if I drive her there I will not accompany her inside I would rather go to the bottle store and sit with other men while she's having her appointment with a doctor. We are made to believe that all pregnancy related issues are women issues and if they need help, they can ask this mothers or the husbands' mother or sisters for help. So, even when she's going to give birth, I will accompany her to the hospital but no walk into the delivery room. I know of men who are my friends who drove their wives to the private hospitals where they had an opportunity the chance to be birth companions for their wives but they could not take the opportunity and opted to stay outside the labour room and left their wives with the health professionals in the labour room. They will wait outside the delivery room and pick up the baby for a few minutes and give the baby back to the mother. even when the wife or girlfriend has already given birth, they won't even carry the baby, the woman who is just coming out of maternity maybe post-natal six hours will carry the baby, the mother will be expected to carry the baby home. Yena, he will be holding the bags because he does not know how to hold the baby. Another thing is that after the baby is born, the couple will no longer sleep in the same room. so, the mother will share a bed with another female relative (mother or sister) so they share duties of waking up at night and feeding the baby and the man will go sleep at a separate room. Every morning he just come greet before going to working or carrying out everyday activities. This is a problem because it denies us the opportunity to bond with our babies at the most crucial stage of their lives that is the first band needed as fathers. So, if they were present during the pregnancy journey, all the way to delivery and

the first days after birth, the baby would have bonded with them accordingly. Additionally, the man would have known on what is expected from him in the delivery room during labour and how to handle the baby after birth. As African men we still need to be trained and enlighten so that we know that pregnancy is not a woman thing but a parent thing meaning it requires team effort. I come from a woman and she also come from a woman. We need to change our mind-set regarding the pregnancy issue. so this is a responsibility for those who are blessed with more knowledge regarding this topic to spread the information in our communities and between ourselves.

Interviewer: Tell me the disadvantages of not having birth companion

Participant PA-PHC F: The biggest disadvantages of not having birth companion is fear. Some they fear what thy carrying, most women who go into the labour room alone they were being afraid. The feel of whether the baby was going to make it alive or fear of looking at the baby and checking the sex of the baby. So, having the companion will be assisting where the patient is failing. as a man I cut the cord of my daughter, so just imagine having that beautify experience of cutting cord that experience gave me the opportunity to bond with my daughter. Another also based on fear, some women will not speak up if they are hungry or thirsty because of the myth that if they eat during that it will delay contractions so if the birth companion is present, they can help with that. Some woman when they are alone will waiting for the contractions to be strong they won't be lonely, they will be having a companion and not feel the need to always call the nurse during this period. It is also difficult for us health professionals you a professional nurse midwife accoucher, to address the patient if there is a language barrier but with a companion, will be overcome this very easily. Moreover, challenges that can be overcome by having a companion, this can challenge are fear and not hearing instruction, which are very important for the delivery of the baby.

Interviewer: You talk a lot about language barrier, so do you have any experience on that? tell us more about that.

Participant PA-PHC F: **I grew up in (XXX a place name) and I still stay here so the popular language here is Sepedi. However, there are also Swati speaking people around here. So, we face problem of Pedi speaking people not understanding Swati. And they use our facilities; imagine if there is a pure lady Swati patient having to be delivered by a me a man who speaks Sepedi only. You can see that there is already language barrier so if there is a birth companion in the room the person can help facilitate or deliver instruction from the midwife to the patient.**

Interviewer: if I heard you correctly you say one of the disadvantages is the barrier, the breakdown in communication, can you tell me what some are of the problems, challengers you encountered in your practice as a midwife in this facility regarding birth companion?

Participant PA-PHC F: **I have not experienced much of the challenges in this facility because of the structure of this facility. It is too small to accommodate a companion in our labour room so most of the deliveries happened when I was still working as the hospital. Our biggest challenge in this clinic is that we get a lot of pregnant women arriving here when they are already at advanced r stage of labour, but with the few experienced I got it was good, everything went well. As a midwife we were taught to never leave a pregnant woman who's labouring alone, but in a set up where I work, we are forced to leave the pregnant lady alone because we are always under stuffed. According to the South African Nursing Council I am not support to be the only midwife on duty but circumstances here force us to work alone meaning I can be busy with one patient and be called on another emergency so I will be forced to leave the one patient alone to attend another. So, even if I will not be expected to intervened on the second patient but to just give instruction to my juniors on how to help that patient, within a second that I wasn't attending the first patient in labour something bad can happen and if we had a birth companion seating with the patient full time this can be avoided. Birth companion is need in such situations to help keep an eye on the patient and notify the midwife if anything goes wrong. Nobody is going to spread the word until we as midwife and acchouchers make it our mandate to organize community reach out meeting so we can inform our**

people about this program. We must talk to our people especially men that they are needed during pregnancy of their wives.

Interviewer: tell me more about your training for birth companionship

Participant PA-PHC F: In my training were told that birth companion is very important, with the little research that we did there we could see that it is very helpful also the experience that I have so far, I can attest that it is needed because it reduced anxiety, makes labour more memorable, can't say pleasurable but memorable, it makes midwifes live easy since they can even go to the bathroom knowing there is someone looking after their patient. In my training we were not allowed to be in the labour room with the patient alone. We always had a companion however; at that time, we saw it as interfering but as we went into practice in clinics, we realized that having a companion is not interfering but very important. Them asking us questions shouldn't be labelled as interfering but seen as people who are trying to understand or learn more from the nurses. So, a confident midwife, confident acchoucher are confident about their techniques or what they are generally doing, as such patients or companions' questions shouldn't intimidate them. **Because most of the people who are against having companions in the delivery room are afraid that if they are seen helping pregnant women during delivery, they end up interfering with the process, whereas this can be a learning experience for them.**

Interviewer: What kind of fears or interference are you talking about regarding birth companion during childbirth?

Participant PA-PHC F: Firstly, in our culture when you start asking questions people start viewing it as having an attitude problem. They will be saying things like "are you here to support the pregnant lady or to ask me a lot of questions"? Whereas, what they don't understand is that companion is the voice of reason for the patient and giving good explanation to the companion may put the patient at ease allowing the process of delivery to go freely. So, if the questions from companions fall upon ears of a midwife that is not

confident in their word, they are most likely to be labelled as interference. If the health professionals are confident about their work, **companions asking questions will not be an issue.**

Interviewer: Do any of your co-workers have experience/trained with birth companion? Especially older midwives?

Participant PA-PHC F: I can't say much about my junior co-workers but in our midwife lesson, there is a chapter on birth companion so the midwife I am working with now, I believe she might have knowledge on this program. Older midwifes are aware about this program. because we don't practice it often, so that may be the problem why most people are not aware of it.

Interviewer: What do you think is the main reason why is it not practiced here?

Participant PA-PHC F: Firstly, interference, secondly, attitude in a sense that midwifes feeling the companions will be inspecting their work and questioning what they are doing. Thirdly, our beds, I will take you there after this interview you will be able to see that they are not user friendly. Imagine an old woman coming here, as a companion having to climb on tome of one of the beds won't be safe. Lastly, lithotomy position since we only allow our patience to deliver in this position not any other position, which is not fair. I have had an experience with a patient that was limping, and I asked why, and she explained that she had an accident year back so I could see that leg will not be able to de that lithotomy. We had to try other positions for giving back (e.g. kneeling) which made labour easier.

Interviewer: Tell me more about the policies you have for birth companionships?

Participant PA-PHC F: It states strictly that it is for the benefit of us midwife to have birth companions during delivery. If the patient comes with a companion, they already stand a

better chance for good service since there is a 3rd person in the scene who will be their voice of reason and witness in whatever that happens in the hospital. Therefore, they will get the privacy the deserve, will be talked to in the right way and even though their companion knows nothing about what happened in the hospital, their presence will be beneficiary to the patient.

Interviewer: How will you implement birth companion in this facility?

Participant PA-PHC F: Firstly, information and education are very important. If we are still governed by tradition as African men and we can't be companions of our wives, why not let our mothers or sisters that normally sleep with the mother of new-borns come to the hospital and be their companions? What I know is that even though these old women have little to no formal education, they can still be very helpful in the delivery room because of they experience they have of giving birth. At the moment, information on birth companion is still limited to our people. They still don't understand the importance of this program.

Interviewer: thank you.

Participant PA-PHC F: thank you.

Codes description

CODE	DESCRIPTION
Gold	Knowledge
Yellow	Challenges Infrastructure Privacy Staff shortages Equipment
Red	Male involvement Active participation from husbands and partners during pregnancy and childbirth
Green	Cultural barriers

	Myths regarding childbirth
Dark blue	Role of birth companion Communication Prevent misunderstandings Ease tensions Promote comfort Relieve stress Support midwife Rub feet and back
Light blue	Training No one trained at work Short introduction at school
Light green	Midwives approach to birth companionship Midwife attitudes Seen as interference Inspecting midwifes work Questioning midwife actions

14. ANNEXURE G: INFORMED CONSENT DOCUMENT FOR IN-DEPTH INTERVIEW

Study Title: MIDWIVES VIEWS REGARDING BIRTH COMPANIONSHIP DURING CHILDBIRTH IN DESIGNATED PRIMARY HEALTH CARE FACILITIES IN LIMPOPO

Researcher: Yolanda Janice Sekwati

Supervisor: Professor F.M Mulaudzi

Co. Supervisor: Ms. M.R Musie

Institution: University of Pretoria, School of Health Care Science, Nursing Department

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 076 5122 079

Afterhours number: 076 5122 079

Email: sekwatiyolanda@gmail.com

WhatsApp: 076 5122 079

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

Date	Month	Year	Time

Dear Prospective Participant

Dear Mr. / Mrs. ....…………………………

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing this research for master's degree purposes at the University of Pretoria. This document gives information about the study to help you decide if you would like to take part. Before you agree to take part in this study, you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about what we will be discussing during the interview.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to explore the midwives' views regarding birth companionship during childbirth in Designated Primary Health Care Facilities in Limpopo. You will be interviewed by the researcher in a place that is private and easy for you to reach. The researcher will ensure that you are comfortable and that the interview will take place in an environment that you feel is more suitable for you.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM THE PARTICIPANTS

If you agree to participate, you will be asked to participate in an individual interview which will take about 35 minutes. The individual interview will be a one-on-one meeting between the two of us. I will ask you several questions about the research topic. This study involves answering some questions such as what are your views regarding birth companionship in childbirth? With your permission, the interview will be recorded on a recording device to ensure that no information is missed.

4) RISKS AND DISCOMFORTS INVOLVED?

I do not think that taking part in the study will cause any physical or emotional discomfort or risk.

5) POSSIBLE BENEFITS OF THE STUDY

You will not help directly by being part of this study. But your participation is important for us to better understand the views of the midwives regarding birth companionship during childbirth in Designated Primary Health Care Facilities in Limpopo. The information you give may help the

researcher improve with the implementation of birth companionship during childbirth, midwives might be more willing to accept and support birth companionship during childbirth. This may help in improving the services for pregnant woman during childbirth, by assisting woman have a positive birth experience by ensuring each pregnant woman who comes for childbirth has the full support of a birth companion who will ensure the advocacy, emotional support, the psychological support and assistance in relieving the anxiety and stress that pregnant woman experience during childbirth. This research study might help build a trusting relationship between the midwife, the pregnant woman as well as the community.

6) COMPENSATION

No compensation will be given for participation in the study. But your participation will be highly valued.

7) VOLUNTARY PARTICIPATION

The decision to take part in the study is yours and yours alone. You do not have to take part if you do not want to. You can also stop at any time during the interview without giving a reason. If you refuse to take part in the study, this will not affect you in any way.

8) ETHICAL APPROVAL

This study was submitted to the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, telephone numbers 012 356 3084/012 356 3085 and written approval has been given by that committee. The study will follow the Declaration of Helsinki (last update: October 2013), which guides doctors on how to do research in people. The researcher can give you a copy of the Declaration if you wish to read it.

9) INFORMATION ON WHO TO CONTACT

If you have any questions about this study, you should contact:

Researcher: Yolanda Janice Sekwati

Cell: 076 5122 079

WhatsApp: 076 5122 079

Email: sekwatiyolanda@gmail.com

10) CONFIDENTIALITY

We will not record your name anywhere and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym (another name) and we will refer to you in this way in the data, any publication, report, or other research output. All records from this study will be regarded as confidential. Results will be published in medical journals or presented at conferences in such a way that it will not possible for people to know that you were part of the study.

The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Research Ethics Committee. All these people must keep your identity confidential. Otherwise, records that name you will be available only to people working on the study, unless you give permission for other people to see the records.

All hard copy information will be kept in a locked facility storage at the University of Pretoria, for a minimum of 5 years and only the research team will have access to this information.

11) CONSENT TO PARTICIPATE IN THIS STUDY

- I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read, and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed, and presented in the reporting of results.
- I understand that I will not be penalized in any way should I wish to stop taking part in the study and my withdrawal will not affect my treatment and care.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

Participants name: …………………………………. Date…………....

Participants signature………………………………. Date……………...

Researcher's name: YOLANDA JANICE SEKWATI Date…………….

Researcher’s signature: Y J SEKWATI Date……………….

15. ANNEXURE H: CONSENT TO PARTICIPATE IN THE RESEARCH STUDY

I confirm that the person asking my consent to take part in this study has told me about nature, the process, risks, discomforts and benefits of the study. I have also received, read and understood the above-written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participating in the study. I understand that there is no penalty should I wish to discontinue the study and my withdrawal will not affect my marks in any way. I have received a signed copy of this informed consent agreement.

Participant's name: ………………… Date: ……………

Participant's signature: .... Date: ....

Researchers name: YOLANDA JANICE SEKWATI Date: ....

Researchers signature: YJ Sekwati Date: …..............

16. ANNEXURE I: EDITING CERTIFICATE

Unit 3 West Square Business Park
407 West Avenue
Randburg
2194

12 November 2021

To whom it may concern

This serve to confirm that I have edited the language, spelling, grammar and style of the MSc dissertation by Yolanda Janice Sekwati, **MIDWIVES' VIEWS REGARDING BIRTH COMPANIONSHIP DURING CHILBIRTH IN DESIGNATED PRIMARY HEALTH CARE FACILITIES IN LIMPOPO PROVINCE.**

Yours Sincerely

JFK Musi
Publisher, editor and translator

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