

Maternity Care Services in Different Countries

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Abstract

Background: In the 21st century, it became common that people move from one country to another with the intentions of settling permanently or temporarily in the new location. At the same time, the number of asylum applicants and refugees is increasing in Europe. For example, based on data from 2014, 302 772 Ukrainian, 169 657 Chinese, 134 881 Indian and more than 75 000 Syrian citizens have got residence permits. 44,1 million (6%) of European general population are Muslims.

This requires culturally sensitive midwifery and maternity care provided by health professionals to a woman giving birth, knowledge of different religious beliefs and skills to solve ethical problems caused by communication with patients having different cultural and religious needs.

Objective: To develop a literature review about maternity care in Syria, Turkey, China, Israel, India, Afghanistan and Ukraine.

Methods: Qualitative research method has been used, a literature review has been developed.

Conclusions: In different countries, people believe in various birth rituals and it is often when maternity care is provided by an attendant having no special training.

For instance, in China, women giving birth are not recommended to be touched and care providers have to give a reason for each touch. In India, a thing helping protect against the „evil eye“ has to be in a delivery room. Women in Eastern Turkey feel embarrassed at being naked during childbirth, especially when care is provided by a male one, and mostly the women give birth at home.

According to Turkish beliefs, the sacred book Quran has to be in the room where a woman giving birth is. In Afganistan, in order to have midwifery care, the husband's or some male relative's permission is required. In Syria, women often are not satisfied by forced measures in maternity care services, for instance enema is given before labour, and having any direct indications, labour induction is done. Health care services for all citizens in Ukraine are free of charge. Mostly, women give birth in hospitals where routine procedures are performed according to orders of personnel, ignoring wishes of women giving birth.

Today, in these countries maternity care services in health care institutions are provided under instruction of experienced personnel. Thus, culturally appropriate maternity care is expected, if possible.

Keywords: giving birth, parturient, birth companion, midwife, traditional birth attendant, culture, custom.

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Background

According to the Eurostat data 2015, 302 772 Ukrainian, 169 657 Chinese, 134 881 Indian, and more than 75 000 Syrian and Russian citizens have obtained residence permit in European Union countries (1).

23% of the world's population are Muslims (2) and 44, 1 million Muslims live in Europe, making up 6% of European general population, and the number of them is expected to increase (3). Among immigrants, there are many young women who will be a significant part of midwifery clients. Thus, it is important to know cultural differences and other religious beliefs in order to provide security and high-quality obstetric care for clients (4).

Objective: To develop a literature review about maternity care in Syria, Turkey, China, Israel, India, Afghanistan and Ukraine.

Methods: Qualitative research method has been used, a literature review has been developed. Reliability in the research is provided by citing literature from the period 2005 – 2017, in-text citations and reference list. The research does not include offenses towards race, sex, language, religion, social origin, ethnicity, health condition or heredity, but it is based on different cultures and cultural traditions.

SYRIA

Syria is a Middle Eastern country with the population of 19 million inhabitants, from which 90% are Muslims. Islam in Syria puts a high value on modesty, virtuosity and purity. The word *Islam* is derived from the word with the same root *salam*, which means "peace". Islam is the youngest of the major world religions, but makes the world's second-largest religious tradition after Christianity. There are five pillars of Islam: the Testimony of Faith, Prayer, giving zakat (support of the needy), Fasting the Month of Ramadan, the Pilgrimage to Makkah (5).

The state of women in Islam is different in different countries. Covering the hair and body is a common feature, which is not determined in the Quran. For instance, shaking hands with the opposite gender in Islam are found inappropriate or impolite, making Muslim patients feel uncomfortable. Education level, gender, and age are also influencing factors (5, 6, 7).

In Syria, most births take place in hospitals, 87% of them are attended by an obstetrician or a midwife (8). Based on the research by Bashour et al. in 2006, 65,8% of 500 interviewed women preferred to give birth in hospital because of modern equipment, which was being introduced during the last decade and enables to observe the fetus and the woman giving birth. 60, 4 % of women wanted a doctor and 21, 2 % of them wanted a midwife to attend childbirth. Home birth was attended by a traditional birth assistant (9, 10).

Women have no privacy and they have to follow orders of the personnel using routine childbirth procedures during labor: shaving women`s pubic hair, giving enemas, performing an episiotomy and induction of labor (10). According to Islamic views, childbirth is „women`s business“ only and the husband`s or any support person`s presence at childbirth is not accepted. Women feel embarrassed when helpers are men (8, 11).

According to the research by Abushaikha et al. in 2012, women only wanted to be taken to hospital by their husband on time. The most preferred persons to provide support were female relatives, including mother or sister. In Syria, there is a tradition to pray for a woman and her child because giving birth is said to be “unanticipated” process (8).

TURKEY

Turkey is a predominantly Muslim country where 99,8% of the population are Muslims, mostly Sunnis and Alawites, but also Christians and Jews. People on the periphery are still quite conservative and Islamic traditions are followed. Comparing Turkish women to women from other Islamic countries, Turkish women are relatively more westerly and have more freedom to direct their own lives (5). Birth traditions are more followed in Eastern Turkey villages where conservative societies persist, and under-aged women get married to give birth to children. Male children are more highly valued because they are expected to show the family`s welfare. After giving birth to a daughter, a woman has to start doing housework as soon as she can, otherwise it looks like she is lazy. A woman having no children is thought to be infertile by mother-in-law, and her husband will be allowed to practice polygamy in order to have children (12, 13).

Although Turkish women are afraid of giving birth in a health care institution, 78% of births in Turkey take place in hospitals where up to 30 women may be in one patient room and the service is provided by doctors, midwives and nurses forming a link between modern medicine and local traditions. Fathers are allowed to be present as support persons in small private hospitals only (14, 15). Women feel uncertain in the position of being naked, especially in front of male doctors, and thus, they are allowed to give birth without taking their clothes off

(16). Ignoring orders of the personnel and screaming while getting contractions make women feel uncomfortable (14). According to the article by Boyacioglu et al. published in 2008, 20 in 32 women participating in the research were still satisfied with obstetric care (12).

According to Turkish beliefs, the sacred book Quran has healing power. Thus, the Quran has to be in the delivery room. Based on the research by Ozsoy et al. in 2008, 38,7 % of 150 Turkish women prayed for relief, had lower back massage, used hot Sitz baths, oiled their abdomen and perineum, drank water or caraway tea, or eat dates during labor. It was important to have knotted things in the birthing room. In case of retained placenta, traditional methods as sitting on baked lentils, hay or zucchini, and tying heavy things to umbilical cord were used (13). 30,3 % of births are Cesarean sections because the procedures like vaginal examination, episiotomy and vacuum extraction are unpleasant to women. At the same time, personnel also prefer Cesarean section in order to make the process faster and avoid women's suffering (14, 15).

CHINA

91,59% of the total population in China are Chinese, 1,28% Tchuangs, 0,84% Manjus, 0,78% Huis, 0,71% Miaous, 0,66% Uyghurs and 0,63% Tujias, and 3,51% are people of other nations. Confucianism is the most widely spread religion in China but Muslims make up a large number of the population, too. Confucianism is a theory, later religion, developed by Chinese philosopher Kong Fuzi. This is a traditional approach to the world based on respect for ancestors, family loyalty and traditions (5).

In China, giving birth is called “great and dangerous power”, which is wanted to be restrained with modern technology and scientifically based methods (17). Thus, the rate of out-of-hospital births is decreasing. Since 2003, an innovative program with the purpose of having hospital births only was introduced. So, delivery has become a surgical procedure that can be summed up in one word “control” (17, 18). Home births are still common in villages because they cost less (19).

In China, vaginal delivery in hospitals is conducted by an obstetrician or a nurse-midwife (*zhuchanshi* or professional medical assistant in obstetrics) who has completed a 2-4 year program in gynecology and obstetrics. They have to provide delivery care for low-risk pregnant women, attend deliveries independently, and provide primary care for newborn infants (18, 17). According to the traditions, women in China are not allowed to express their emotions accompanied with labor pain, but in big hospitals, pain killers are used to conduct the delivery easier (18). People do not like to touch each other, hereby massage for pain relief

being used in the Western world widely is not used in hospitals in China. Before each touch, obstetric care providers have to give a reason for this. Only a very short eye contact is held with hospital personnel (17).

In town hospitals, women giving birth are not allowed to walk around in a patient room due to ultrasound transducers placed on the maternal abdomen (17). In county hospitals, 2-8 women giving birth are in one room being not separated with curtains from each other (19). According to the research by Cheung et al. published in 2011, pubic hair of all women was shaved before labor and episiotomy was performed to women giving their first birth. In 89,9% of all cases, amniotomy was used and in 39,8 % of all cases oxytocin was used to enhance progress in active labor (18). Women trust obstetric care providers considering delivery a frightening and tormenting process, and many of them wish a Cesarean section delivery to have less „suffering“. During 1998-2007, the Cesarean delivery rate has increased from 6% to 26% (17).

There is a belief in China that the future of a child is determined by time, day, and year of his/her birth. This is also a reason why elective Cesarean section is chosen, and thus, it is possible to choose the child's „lucky day“ (20, 17).

ISRAEL

The population of Israel is about 7 million people. 76% of them are Jews, followed by Arabs (19%), and other minorities (5%). Judaism is the most spread religion in Israel, which developed on the 2nd millennium BC. Today, it is supported by Tanah, especially by Torah and Talmud (5). Christianity and Islam have developed from Judaism. Judaism is divided into three branches: orthodox, conservative and progressive Judaism. Orthodox Jews are much more likely to follow the traditions related to childbirth. According to the rules of Judaism, a rabbi, that is a teacher, gives advice (21, 22, 23).

According to Tanah, Jews have to have at least two children – a girl and a boy. If a family is childless, a couple will undergo infertility treatment and participate in support groups (21). Most of deliveries take place in hospitals and are attended by midwives (22). Based on the article by Noble et al. in 2009, 77% of 55 midwives participating in the research carried out in Israel had Bachelor's or even higher degree. Half of them were not Jews, but they were aware of cultural traditions (22). In Israel, female genital mutilation is practiced to some extent and it can cause childbirth complications or psychological problems later (5).

The husband as a support person is allowed to be with his wife in the delivery room, but he is not allowed to see any discharge accompanied by childbirth. The husband can stay behind a curtain or next to the wife's head, and his main task is to support his wife emotionally and mentally reading a prayer. A married man does not look in the eyes of unknown women, including in the eyes of an obstetrician. A man is not allowed to take in his arms the newborn who has not been bathed after birth. Some women prefer a sister, mother or girlfriend of her to be a support person (21, 23).

In hospitals, it is common that amniotomy and intravenous oxytocin are used but women have the right to refuse the procedures. To make a right decision, the family will consult with a rabbi. In Israel, Shabbat is followed. That is a day of rest, which begins at nightfall on Friday and lasts until nightfall on Saturday. If there is a need for Cesarean section during Shabbat, the husband will discuss the problem with a rabbi, and the acceptance will be signed after the "day of rest" only (21, 17).

INDIA

Religion in India is called Brahmanism or Hinduism used as synonyms. Hinduism is considered the oldest religion, which developed 3000 years ago in the Indus Valley in Pakistan. According to the number of the followers, Hinduism became the world's third largest religion, after Christianity and Islam. The population of India is more than 1 billion people and more than 100 languages are spoken there. India's caste system is a social structure that divides people with different origins into ranked categories. India is a male-centered society where women and health of them depend on their social status (5, 24, 25).

65 % of deliveries take place at home in India, 35 % of them are attended by a medical assistant in obstetrics, called *dai*, who has got her knowledge and skills in the family or passed 6-day training (26, 17). The husband and female family members can stay with a woman during delivery. Indian men do not want their wives to give birth in hospital when a male doctor attends the delivery. The research by Knivestøen in 2012 shows, that in case of the elective Cesarean section, women leave the hospital and decide to give birth at home (27). According to Indian traditions, something made of iron has to be put in the corner of the room where delivery takes place in order to frighten away evil spirits. In the house should not be any knots, which symbolically would hinder the fetus's descending through the birth canal. To enhance progress in active labor, a hot wrap is placed on the abdomen. In transition phase of labor, a woman can squat, be on all fours or sit on a stool (17, 27).

Day recommends mother to cut the umbilical cord in order to get the baby attached to her. After cutting the umbilical cord, the father will immediately give honey and butter to the child reading at the same time a prayer into the child's ear. Placenta is fed to dogs, or to prevent witchery, it is buried deep under the ground, advisably near to a university, because the child is thought to go to university then (17, 27, 26).

According to the Indian tradition, Ayurveda knowledge written ca 5000 years ago is used in obstetrics. Ayurveda comes from the Sanskrit words "ayur" meaning life and "veda" meaning knowledge, that is life-knowledge indicating that health is a persistent balance between the body, mind, and conscious. Ayurveda medicine contains a vast knowledge of the use of herbs (28). In order to relieve labor pain, one coastal village's midwife recommended to put 7-8 garlic cloves into a glass of water and boil the mixture until only half of water remains, to add one whipped egg, and drink the mixture then". Based on her words, the spirit of a person who had died young was believed to haunt in case of prolonged labor (17, 26).

AFGHANISTAN

Health care sector in Afganistan has a lot of problems (29). In spite of development, availability of maternity care is unevenly distributed. A person from the community is a traditional birth attendant, who has acquired the knowledge and skills from other traditional birth attendants (30). To have quality maternity care, a bribe has to be given or connections have to be used, but husband's or a male relative's permission is requested for this. Position for birth is chosen in accordance of birth attendant's wish. In hospital, not all newborns are placed on mother's chest and it is often when they are not weighed or observed, but they are swaddled tightly. After homebirth, a newborn is bathed immediately after the birth. It is dangerous for a newborn in the cold winter months because a newborn is not able to regulate his/her temperature yet. Mothers do not have enough knowledge about caring for a newborn, as a result of what they have also breastfeeding problems (31).

UKRAINE

Ukraine is the largest country in Europe with the population of 50 million people. Most of them are Ukrainians, and Russians are the largest ethnic minority in the country (17,3%). Percentage of other ethnic groups is quite small (0,6% are Byelorussians, 0,5% are Moldovans and Crimean Tatars, 0,4% are Bulgarians, 0,3% are Hungarians, Romanians and

Poles, 0,2% are Jews, Armenians, Greeks and Tatars, 1,2% are other ethnic minorities). 80% of the population are adherent to the Orthodox Church (32).

According to the traditions, the first birth has to be given before a woman reaches the age 25. Health services for all citizens in Ukraine are free of charge. Before the 90s, according to one tradition midwives advised women to unbind their hair and untie all knots in the delivery room. Positive thoughts were said to be important. The placenta was taken home to put it in the ground. In the 21st century, most traditions have been forgotten (33,34).

In Ukrainian bigger cities, childbirth education classes take place in maternity units where fathers also become informed about how to provide support for their wives during childbirth. Generally, giving birth is considered a “women`s business” and men are thought to lose interest in having sex with their wives after being present at the birth (33). Nowadays, it is common to give birth in hospital because home births are banned by the law. Giving birth at home may happen when there is not enough time to reach the hospital. At home, childbirth is attended by older women who have already given birth but having no professional training for (35).

Birth customs of the Soviet era have persisted until today. Women have to lie on their back on birthing beds during delivery. The room has to be brightly lighted to enable the personnel to see better while doing their activities. Women follow doctors` and midwives` routine orders. Shaving pubic hair, giving enemas, episiotomy and cutting umbilical cord immediately after birth are common (35).

According to the data of the article by Kolomiytseva et al. in 2012, the rates of vaginal deliveries have reduced and the rates of Cesarean sections have increased reaching 50% in some health institutions during last 10-15 years in Ukraine (36).

SUMMARY

Dr. Sherif Abdel Azeem emphasizes in his book „Women In Islam Versus Women In Judeo-Christian Tradition“ (2010) that it should be critically thought what to take over from Western or other cultures. The Quran places a high value on communicating with each other and also learning. At the same time, „blind“ imitating others might show loss of someone`s self-respect (37).

Based on the foregoing, the population of the countries consists of very many nations and childbirth traditions coexist with each other. Nowadays, Western traditions enabling women

to choose a method of delivery themselves are becoming more and more common in addition to traditional childbirth customs. Today, due to moving to other countries, women more often give birth in developed countries and thus, obstetric personnel has to be aware of different childbirth traditions in order to provide safe and effective care during labor and delivery.

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