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#### ABSTRACT

This paper describe the methodological approach employed in the development of a culturally congruent CLS framework for women in the South West region of Nigeria. A concurrent mixed method approach was utilized for the two-phase study involving the pregnant women, nurse-midwives and health policy-makers. Phase I involved the assessment of the perceptions, attitudes and preferences of the study population to CLS in public health facilities in Ondo State, Nigeria.

In Phase 2 of the study, culturally congruent Continuous Labour Support framework for women in south-west Nigeria was developed using the Model Development Approach by Walker and Avant.

#### BACKGROUND

Historically and transculturally, it is quite commonplace for childbirth to take place at home, with trusted family members and friends providing care and support for the labouring woman. This family-based and traditional support system for childbirth is valued by women and, is also associated with a positive childbirth experience. However, with the shift of childbirth from home to the hospital, this valued traditional childbirth practice has been subsumed by modernity and technological interventions. Ethics, culture and religion form the basis for the diversity of factors affecting utilisation of maternal health services in Africa. In Nigeria, about two-thirds of all women deliver babies outside of health facilities without the chance of being attended to by medically skilled attendants. Socio-cultural and ethno-religious factors rank among other reasons for under-utilisation of Maternal and Child Health services in Nigeria. These include unfriendly attitudes of health workers, abuse, maltreatment and more importantly the lack of continuous labour support (CLS) during childbirth. The rate of maternal mortality can only be reduced when maternity services are rendered in an atmosphere that is culturally acceptable to women in labour. A significant number of research studies have revealed the desire of Nigerian women to have CLS from their social networks. However, this kind of practice is rare in Nigeria, especially in public health facilities. Implementation of CLS in public hospitals requires a standardised framework to influence policy, neither of which exists in Nigeria. Different CLS frameworks are used in the western world, but none has been found fit for the divergent cultural landscape of Nigeria.

### METHODOLOGY

A mixed method research (MMR) approach following an explorative concurrent design was adopted for this study. The study was conducted into two phases. Phase I was concerned with collecting empirical data for concept identification. Phase 2 was the framework development of the culturally congruent CLS for women in south west Nigeria.

## TABLE 1; SUMMARY OF PARTICIPANTS

Category	Total number of participants	Method of data collection
Pregnant women	368	Questionnaire
Pregnant women	88	Focus group of discussion
Nurse/ midwives	44	Focsu group of discussion
Policy-makers: Directors if Nursig services Chief medical directors Medical directors Heads of Nursing Services	2 3 2 7	Individual interview

## DATA COLLECTION

Purposive sampling method was adopted in selecting a sample from all three populations in 7 secondary public health facilities Ondo state. Data was collected from September of 2014 to April 2015 with the use questionnaire, focus group and individual interviews. Table 1 gives details of the study participants.



friends, neighbor

Nurse- Midwives

mother-in-law, sisters, brothers,

Pregnant women during labour

Primary healthcare facility

Tertiary healthcare facility

Stakeholders acceptance

Conductive environment

Community involvement

Awareness and advocacy

Programme structure Flexibility of choice\

Education and training

childbirth experience

CLS for women during labour Positive

Secondary healthcare facility

## PHASE 1: CONCEPT IDENTIFICATION

A concept refers to "a mental image of a phenomenon, an ideal, or a construct in the mind about a thing or an action". The concepts in this study were identified, described and developed through synthesis of data from the administration of questionnaires, focus group individual interviews and field notes from all stakeholders involved in the study.

ANALYSIS OF DATA

## PHASE 2: CONEPT DEVELOPMENT AND RELATIONAL STATEMENTS

The process of framework development followed the model development approach by Walker & Avant (2005, 2011) and Dickoff et al (1968). Concept synthesis is a strategy for developing concepts based on observation or other forms of empirical evidence. A total number of 29 concepts and related concepts were identified, developed and described to form context in the CLS framework. The summary of the concepts and description is given in



The developed framework fulfills the yearning of some women for a culturally congruent maternity care which aim at minimizing socio-cultural hindrances to the utilisation of maternal and child health services, increases skilled birth attendance and reduces the menace of maternal mortality and morbidity. Description of the developed framework is given in part 2 of the paper.

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## REFERENCES

Family support system
Childbirth routines

Challenges

Infrastructure

Role conflicts

Organisation culture and policy

Trust Privacy and confidentiality

Government involvement and Policy

Cultural/religion conflicts

Professional gate keeping

Security, safety issues

Resources: infrastructure,

Flexibility of choice

Education/Training

Positive attitude of all

viders and policy makers

Multi-Faceted approach

Community involvement

Collaboration

programmes

Finances, Recruitment of staff

Designing programme structure

Stakeholders (women, health care pro-

Public health education and awareness

Fulfillment of cultural expectations

Positive childbirth outcomes and expe-

Confidence and trust in Organisation

Cooperation and confidence building

between women, family and health care

Family involvement in care

Sense of belonging and control

Increased utilization of care

Male involvement in women care

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