



WHAT MOTIVATES MIDWIFERY STUDENTS TO STUDY MIDWIFERY IN PAPUA NEW GUINEA?

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Papua New Guinea's maternal mortality ratio is estimated to be as high as 733 maternal deaths per 100,000 live births. Like many low and middle income countries (LMIC), PNG has a significant shortage of qualified midwives and it has been calculated that the country needs to quadruple their midwifery workforce to improve quality and coverage. The ratio of midwives to pregnant women in PNG has been stated as 1:1000 which equates to a 50% unmet need for midwives. These services are provided by various cadres of health workers in PNG, mostly comprising of Registered Nurses (RN) and Community Health Workers (CHW).

Quality midwifery care has been recognised as one of the most effective methods of reducing maternal mortality. It is essential that focused efforts are directed toward increasing the number and quality of midwives. However, attracting suitable applicants to study midwifery and retaining them in the workforce has been a challenge. Prior to 2012, midwifery education was not prioritised, there were few midwifery courses and students did not have any financial assistance to study midwifery. In 2011, there were less than 300 midwives in PNG. By 2014, there were around 750 midwives providing Sexual, Reproductive, Maternal, Newborn and Child Health (SRMNCH) services in PNG, but this number is still inadequate to meet the country's needs.

Why do students choose to become midwives?

The motivation for becoming a midwife in low to middle income countries is informed by only a few studies of quality and none from the Pacific Region. Students' motivations to study midwifery in low income countries have been categorised as either personal and intrinsic, or professional and extrinsic. Personal reasons for

studying midwifery have included an interest in pregnancy and childbirth, feelings of altruism or wanting to help others and a personal experience of pregnancy or birth. Professional motivations have included job security and salary, opportunities for continuing professional development and increased autonomy.

There is a lack of consensus in the literature regarding specific personal attributes or characteristics which typify the 'good' midwifery student but it has been found that high levels of emotional intelligence and literacy can be predictive of competent nursing practice and longevity in nursing and midwifery. For health workers in low to middle income countries, the motivations for studying are context-specific, and appear to be different from those in developed countries. One of the primary motivations is to be employed, not necessarily to belong to a profession, and depending on the country's university entry processes, it may be a career that is chosen for them and not one that they choose themselves.





Table 1. Themes and subthemes to the question: ‘Why did you choose midwifery?’

Themes	Number of responses	Total responses (%)
Recognising a public need		
Wanting to tackle the high maternal mortality	101	41.0
Wanting to serve women and improve maternal and child health care	43	17.5
Sub Total	144	58
Recognising professional needs		
Needing to improve midwifery skills and knowledge	41	16.6
Being aware of the shortage of midwives	17	6.9
Sub Total	58	24
Building upon experience		
Having an interest and/or experience in maternal and child health	44	17.9
Sub Total	44	18
Total	246	100

Sub-totals are rounded

Table 2. Ranking of sub-themes by number of responses

Sub-theme	Number of responses
1. Wanting to tackle the high maternal mortality	101
2. Having an interest and/or experience in maternal and child health	44
3. Wanting to serve women and improve maternal and child health care	43
4. Needing to improve midwifery skills and knowledge	41
5. Being aware of a shortage of midwives	17



“I came across mothers who died - I tried to do all that I can to save them but did not have the knowledge and skills.”



There are no studies recording the motivations of midwifery students in the Pacific region. Therefore, the aim of this study was to examine the motivation of students in PNG to study midwifery. This was part of a wider study into the experiences of midwifery students and graduate midwives in PNG. Ethics clearance was granted by the PNG Medical Research Advisory Committee (numbers 11.36 and 14.18) and UTS HREC (number 2012000065).

METHODS

Towards the end of their course, 298 midwifery students over three cohorts spanning 2012-2014, were surveyed and 25 students were also interviewed from the 2014 cohort about aspects of their midwifery studies. As part of the survey and interview, students were asked to describe their motivation to become a midwife with the question: why did you choose to study midwifery? Transcription data from the interviews and survey data related to this question were analysed using content and thematic analysis.



RESULTS

A hundred and ninety-four students completed the survey and each gave between 1-3 different responses for choosing midwifery, making a total of 246 responses (65% response rate). Prior to studying midwifery, participants were working in a variety of settings, 39 of which were employed in senior in-charge roles and six as educators. All but one respondent was female. Three main themes emerged which were recognising a public need,

recognising professional needs, and building upon experience (see Table 1). The sub-themes indicated that 41% of respondents studied midwifery because they wanted to help address the high maternal mortality in the country (see Table 2). This was followed by having an interest and/or experience in maternal and child health, wanting to serve women and improve maternal and child health and the need to improve midwifery skills and knowledge. Students also stated that the shortage of midwives in PNG was a factor in their decision to study midwifery.

Recognising a public need

Midwifery students recognised the public need for improved care for childbearing women. This was expressed in various ways although all recognised that the level of maternal health was poor. The majority of responses (58%) indicated that they chose to study midwifery as recognition of the public need for health care for women in particular. The central motivation within this theme was altruistic with an outward looking emphasis; students saw the needs within the community and were motivated to become midwives in response. Responses within this theme were further categorised into two sub-themes.

Wanting to address the high maternal mortality

Maternal mortality in PNG is extremely high and impossible to ignore, especially by nurses working in the health system. All members of the community are affected by this but the burden falls largely on women living in rural areas. Concern about the number of women dying in PNG was the single major motivating factor for the participants, making it the largest sub-theme with 41% responses (n=101). For example, participants stated:

"The maternal death rate is very high and I want to be part of the health team to help reduce this."

"Because many mothers are dying from preventable causes"

Maternal mortality ratios just read as statistics can diminish the horror of the lived reality for many health workers globally. Watching

women die in childbirth is a distressing event that affects family members and health workers deeply. Many of the participants had first-hand experience or some exposure to maternal death. Nine participants cited that being directly involved in a maternal death was their motivating factor for commencing midwifery studies; such was the impact of this experience, these participants decided to pursue midwifery in order to develop the skills to prevent further deaths from occurring. Some reported that women died in front of them and they did not know how to save their lives. Some of the responses included:

"I came across mothers who died of complication(s) which I tried to do all that I can to save them but did not have the knowledge and skills".

"I saw (that) many mothers died just from being pregnant, delivery and after birth".

The results of this study are directly due to the students' personal and professional experiences with maternal mortality in PNG. The maternal mortality ratio in PNG is one of the highest in the world

Needing to serve women and improve maternal and child health care

Some participants expressed a particular desire to assist women in specific ways. Many lived amongst women and their families in rural areas and felt a strong connection with the community they served. Being a midwife was seen as providing them with important skills. For example, one participant said: *"...so I can go back and help mothers to have clean and safe supervised deliveries".*



“...so many times we have to refer complications to better/bigger hospitals - mothers die in the process, so the knowledge gained here will help me or enable me to help the dying/needy women out there”

In particular, disadvantaged women were mentioned, with participants saying that they wanted to be midwives:

*“To serve the poor and suffering ones in PNG”
“Because I want to work with mothers, help them in times when they are depressed, encounter problems in their life.”*

Recognising professional needs

Recognising professional needs focused on how these nurses chose to increase their skills and knowledge in maternal and child health and address midwifery workforce shortages.

Needing to improve midwifery skills and knowledge

Twenty-nine participants commented on their desire to further their skills, representing the second largest group of responses. These responses were often related to having been in situations where specific midwifery skills could have improved maternal or neonatal outcomes. Some of the students said:

“Because working with mothers and children all the time, I wanted to have a broader knowledge in midwifery to work well and competently”.

Many participants were acutely aware of the shortage of skilled midwifery care in their country, and stated this as a reason that they chose to become midwives

Being aware of the shortage of midwives

Many health centres, particularly in rural areas, have no midwives at all, yet this is where many obstetric emergencies occur. Awareness of a shortage of midwives was a common finding. Participants who commented on this issue were from both rural and urban areas and their

comments reflected upon either the lack of midwives or the lack of services for women in their location of origin. Two participants said:

“I saw the need for more midwives as there was one midwife looking after about 11,000 people.”

Building upon experience

Thirty-four participants either had experience in reproductive, maternal or newborn health, or had a strong interest in the field. Those with previous experience had worked within labour wards, gynaecology units, in the community and within nursing and midwifery schools. By choosing to study midwifery, participants identified that they wanted to build upon their existing experience.

Having an interest and/or experience in maternal and child health

Twenty of the respondents stated that they had an interest in the field of midwifery. Many participants stated that they had been working in SRMNCH for varying periods of time, and saw the need to improve their knowledge and skills by studying midwifery. Some participants stated:

“... this is where my interest is as I worked in labour ward”

A smaller number of respondents (n=6) were already teaching midwifery and neonatal health yet had no formal qualification in the discipline. They commenced their studies in order to feel qualified to teach others. The participants expressed:

“As a supervisor I need to know the skills and assist those in the clinical setting”

There is evidence from other low to middle income countries to suggest that a 3-year direct-entry Bachelor of Midwifery course, where it is not a pre-requisite for students to be a nurse may be a solution to workforce shortages. This may also impact maternal mortality. For example, the impact of the 2013



direct-entry midwifery program in Bangladesh, in terms of lives and life years saved over a 30-year career span, was estimated to result in 36,000 lives saved. A similar direct-entry midwifery program in PNG would have a similar effect of significantly boosting the midwifery numbers and it would also ensure that the quality and numbers of the nursing workforce are maintained for nursing duties.

CONCLUSION

The majority of students chose to study midwifery as they recognised a public need for health care for women. Many indicated that they wanted to help reduce the high maternal mortality. This is a unique finding reflecting the dire state of maternal and child health in PNG and is of great contrast to the motivations of midwifery students in developed countries. Midwives are an essential part of PNG’s fight against maternal and newborn mortality and morbidity and it is vital to attract midwifery students to increase midwifery numbers and the capacity of PNG to improve outcomes for mothers and babies.

Further Information

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