Pregnant women:A comparison of Ghanaian Japanese experiences duri

報 告

Pregnant Women
—A Comparison of Ghanaian and Japanese Experiences during Pregnancy—

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ABSTRACT
The purpose of this study was to compare the experiences of pregnant women in Ghana and Japan with the ultimate goal of exploring ways to improve maternal and child care. We interviewed 28 pregnant women in three Maternity Homes and in one hospital in Japan and obtained their informed consent to participate in the study. Following collection of this data, discussions were held with midwives who are owners of maternity homes, practitioners, and researchers. The data was gathered from May through July in 1999.
The mean age of the pregnant women interviewed was 30 years, and their ages ranged from 17 to 43 years. There were 10 primipara and 18 multipara. The study compared three aspects of the pregnant women's experiences in Ghana and Japan: issues related to the individual, environment, and institution.
We found that pregnant women were motivated in their self-care by the interventions of midwives, which were not only directed toward solving their medical problems, but also toward encouraging adaptation to motherhood. Our results suggested that midwives have significant responsibility in promoting good maternal and child health in these two countries.

Key words
Ghana, Pregnancy, Midwife Experiences, Childbearing

INTRODUCTION

In every country, women and children play an important role in the continuance of human existence, and because of this, the World Health Organization has made maternal and child health care as one of the strategies for "health for all by the year 2000"[1].

I am a visiting Researcher/Trainee of the Bishop Williams Memorial Fund and currently studying at St. Luke's College of Nursing in Tokyo. My country is Ghana. And my main objective in Japan is to study the maternal and child health system with a plan to apply it in my hospital when I return with a hope of reducing the high maternal and infant mortality rate. My first step to achieve this objective was to collect information, hence this study.

1) St.Luke's College of Nursing
2) Doctoral Program

GHANA[2] (Table1)

Ghana is a small, tropical, developing country, located on the West Coast of Africa. It occupies an area of 238,537 square kilometers. The population is about 20 million, and 70% of Ghana's population are mothers and children. It is multicultural with many languages. The national language is English. The most common religions are Christianity and Islam. Education is similar to that in Japan. The literacy rate is 88% for males and 74% for females.

VITAL STATISTICS (Table2)

In 1997, the birth rate in Ghana was 44/1,000

Table 1. Information of Ghana and Japan

	GHANA	JAPAN
Area	238,537 km^2	372,723 km^2
Population	20,000,000	124,707,000
Culture	Multi-cultural	Mono-cultural
Language	English	Japanese
Religion (Mainly)	Christianity & Islamic	Buddhism
Literacy Rate	males 88%／females 74%	99% (Both)

Table 2. Vital Statistics

	GHANA	JAPAN
Birth rate	44 / 1,000 pop.	9.6 / 1,000 pop.
Fertility rate	6 / woman	1.42 / woman
Maternal mortality rate	214 / 100,000 pop.	6.9 / 100,000 pop.
Infant mortality rate	82 / 1,000 pop.	3.8 / 1,000 pop.
Life expectancy	53.9 yrs / M	76.1 yrs / M
	58.5 yrs / F	82.1 yrs / F

population[3]. In Japan, it was 9.6/1,000 population[4]. The fertility rate is 6 children/woman in Ghana and 1.42 children/woman in Japan. The maternal mortality rate is 214/100,000 births in Ghana and 6.9/100,000 births in Japan. The Infant mortality rate is 82/1,000 births in Ghana, and, in Japan, it is 3.8/1,000 births. Life expectancy at birth in Ghana is 53.9 years for males and 58.5 years for females. In Japan, it is 76.1 years for males and 82.1 years for females.

PURPOSE

The purpose of this study was to compare the experiences of pregnant women in Ghana and Japan with the ultimate goal to explore ways to improve maternal and child care. Although pregnancy among all women is the same 10-month period, experiences during pregnancy in these two countries are different. We thought it would be useful to compare some of these experiences.

METHOD

We interviewed 28 pregnant women in three Maternity Homes and in one hospital in Japan and obtained their informed consent to participate in the study. The data was gathered from May through July in 1999. The tone of the interviews was friendly and relaxed, and the questions were open-ended. The interview focused on food, things to avoid, family support, the relationship between pregnant women and health care providers, experiences during pregnancy, and the role of childbirth education classes. Interviews were documented, both taped and written.

The information regarding Ghana was based on my 6-year working experience as a midwife in a town hospital. Following collection of this data, discussions were held with midwives who are owners of maternity homes, practitioners, and researchers.

RESULTS

1. Characteristics of Subjects

The mean age of the pregnant women interviewed was 30 years, and the age range was from 17 to 43 years. There were 10 primipara and 18 multipara. They were all healthy with no high risk factors. Five of the

Table 3. Pregnancy Experiences

1) Individuals

GHANA	JAPAN
・Little information on health	・Over abundance of information
・unplanned pregnancy	・planned pregnancy
・irregular follow up visit	・regular and religious follow up visit

2) Environment

GHANA	JAPAN
・harmful beliefs	・no harmful beliefs
・human sexuality not openly discussed	・openly discussed
・poverty	・have enough money
・childbearing is the responsibility of the society	・childbearing is responsibility of the parents alone

3) Institution

GHANA	JAPAN
・health care facilities not well equipped	・over equipped health care facilities
・free antenatal care	・antenatal care not free
・no health insurance	・(government pay delivery cost)

Table 4. Comparison of Man Power

	GHANA	JAPAN
Private Midwives	729	2,539
Practicing Midwives	8,004	24,129
Obstetric/Gynecologists	410	11,509

women worked outside the home, and the others were housewives.

2. Pregnancy Experiences (Table3)

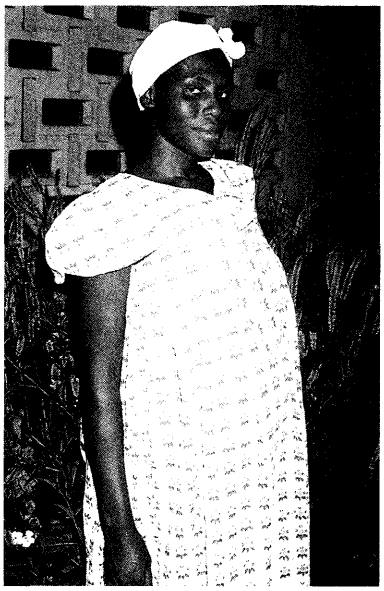
1) Individual

In Ghana, there is little information on women's health. As an example, there is little knowledge of reproductive health. There are many unplanned pregnancies, especially among teenagers. Women visit their physician or midwife irregularly during pregnancy. One of the reasons for this is they believe they spend too much time during visits. Another reason is inadequate funds.

In Japan, there is an over abundance of information on childbirth from television, magazines, friends and health workers. This amount of information makes it difficult for women to make choices. Pregnancies are planned, and women's health is followed closely during regular antenatal visits.

2) Environment

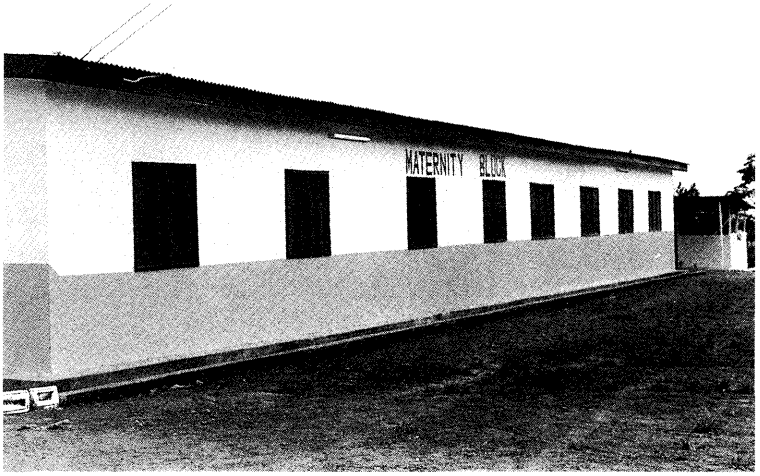
In Ghana, there is poverty and also harmful beliefs that affect pregnancy. For example, F.G.M (Female Genital Mutilation) which was practiced on young girls in some parts of Ghana and led to prolonged



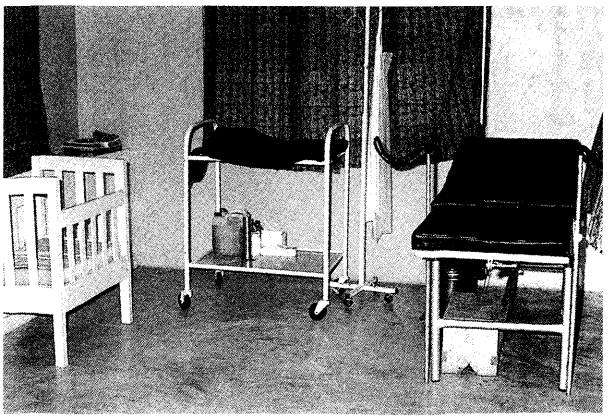
pregnant women in Ghana

maternity blocks in a city

junior midwife



maternity blocks in a village



labor room in a village

labor. Some tribes do not allow pregnant women to eat animal protein. Lack of open discussion regarding human sexuality leads to misunderstanding of the mechanism of reproduction and unplanned pregnancies. However, childbearing is considered the responsibility of society, which means that pregnant women and children get special attention from everyone. People have great respect for all pregnant women and are ready to help them when in need.

In Japan, there are no such harmful beliefs and most women are financially secured. Recently, discussion of human sexuality has become more open. However, according to the mothers we interviewed, childbearing is the responsibility of parents and primarily the responsibility of the mother alone. Though the fertility rate is very low, pregnant women do not get special attention from the public. Even on public transportation, people seldom offer their seats. When a child is doing something dangerous, few people care or respond.

3) Institution

Although there is no health insurance in Ghana, women receive free antenatal care. However, health care facilities are not well equipped. And, in addition, there is shortage of staff: 729 private midwives; 8,004 practicing midwives; 410 obstetricians/gynecologists in 1997.

Comparatively, Japan has over-equipped health care facilities. Although health insurance does not cover antenatal care, government pays the cost of delivery. Staff includes 2,539 private midwives, 24,129 practicing midwives, 11,509 obstetricians/gynecologists in 1997.

DISCUSSION

1. A comparison of pregnancy experiences

The above findings were categorized into three areas: 1) Information concerning pregnancy, 2) Social responsibility toward child bearing, and 3) The empowerment of women, especially as it relates to human sexuality.

Regarding information concerning pregnancy, there is little in Ghana. In Japan, there is an over abundance of information. This amount of information makes it difficult for women to make decisions.

There is strong social responsibility toward child bearing in Ghana, and pregnant women get special attention from families, friends, and society. This was so in the past in Japan, but not today. Recently, in Japan, there is concern about child abuse, which is believed to be caused by several factors in society. One of these factors is children are reared by parents or mothers alone. Therefore, several networks in society are very important to avoid these concerns [5].

We found that both Ghanaian and Japanese women need to be empowered to improve the quality of their lives. In Ghana, there is less empowerment of women in part because human sexuality is not openly discussed and therefore less understood, and because of harmful cultural beliefs regarding women.

2. Midwife's Responsibilities

Midwives in both countries have significant responsibilities in terms of maternal and child health. In Ghana, however, one midwife attends many women because of staff shortages. In Japan, midwives work mainly in the hospital. Although they have all the skills to attend normal cases, doctors are always present [6].

Recently, many women have decided to deliver in maternity homes or in their own homes, instead of hospitals, if their pregnancy has been normal. There are still some controversies [7], however, according to mothers interviewed and references [8][9]. They choose these places for birth because they feel more relaxed, comfortable, and free to ask questions. Their confidence builds as a result of the same person taking care of them. In addition, mothers have the opportunity to choose their own method of delivery.

CONCLUSION

In conclusion, we found that pregnant women were motivated in their self-care by the interventions of midwives. These interventions were not only directed toward solving their medical problems, but also toward encouraging adaptation to motherhood. Our results suggested that midwives have significant

responsibility in promoting good maternal and child health in these two countries.

Throughout this study, we also realized the importance of increasing awareness of different cultures, exchanging ideas, and helping to empower all women to achieve the goal "health for all by the year 2000".

Acknowledgements

We are very grateful to the pregnant women who participated in this interview. We also acknowledge with thanks Nurse/Midwife Fusako Sei of Baby Healthy Mirai, Ms. Asako Ishimura of Ishimura Josannin, Ms. Taneko Mohri of Mohri Josannin, Mariko Martey of Martey Josannin and Kyoko Saito of St.Luke's International Hospital for their immense contribution towards this study. We also thank the faculty members of the Maternal and Infant Nursing & Midwifery Department, St.Luke's College of Nursing, for their advice and participating in the discussion

We would like to express our heartfelt thanks to Professor Toni Harrington for her advice on the manuscript.

I am really grateful to have the chance to study at St. Luke's College of Nursing and appreciate with thanks the support from all faculty members.

I am also grateful to the executive committee of the Bishop Williams Memorial Fund at Rikkyo University (St. Paul's University). For sponsorship.

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