KNOWLEDGE AND ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH AT MIDWIFE OBSTETRIC UNITS

LULAMA PRINCESS SOGCWAYI

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KNOWLEDGE AND ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH AT MIDWIFE OBSTETRIC UNITS

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Lulama Princess Sogcwayi

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Supervisor: Mr BSI Sonti

Co-Supervisor: Dr DG Morton

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DECLARATION BY CANDIDATE

NAME:	Lulama Sogcwayi
STUDENT NUMBER:	202335313
QUALIFICATION:	Master of Nursing in Advanced Midwifery and Neonatal Nursing Science
TITLE OF PROJECT:	KNOWLEDGE AND ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH AT MIDWIFE OBSTETRIC UNITS

DECLARATION:

In accordance with Rule G4.6.3, I hereby declare that the above-mentioned thesis is my own work and that it has not been previously submitted for assessment to another University or for another qualification.

SIGNATURE:

DATE: 14th November 2019

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ABSTRACT

Companions provide support to women during the antenatal, labour, delivery and post-natal period. During labour and delivery women experience much pain as well as fear, tension and anxiety. Companionship during labour and childbirth can take the form of physical, emotional and psychological support provided by a loved one. Literature suggests that companionship during labour and delivery has a positive influence on women's birth experiences and improves neonatal outcomes and breastfeeding. Despite the benefits of companionship, however, it is still found to be an uncommon practice in the midwife obstetric units (MOUs) in South Africa and elsewhere.

The objectives of the study were to determine:

- the knowledge of women regarding companionship during labour and childbirth at MOU facilities in the Nelson Mandela Bay Health District (NMBHD) and
- the attitudes of women towards companionship during labour and childbirth at MOU facilities in the NMBHD.
- make recommendations to the NMBHD and MOU managers in order to enhance the practice of companionship during labour and childbirth.

Ethical approval and permission were obtained from the relevant authorities prior to commencement of data collection of the study. Convenience sampling was used to select women from the target population. The research design was quantitative and descriptive. Questionnaires were used to collect data from delivered women at the five MOUs in the NMBHD. Data was collected from 130 delivered women at the five MOUs in the NMBHD between 4th December and 31st December 2018. Descriptive statistical analyses were utilised to analyse the collected data.

Most delivered women 65.4% at MOUs in the NMBHD indicated they had knowledge about companionship during labour and childbirth. Majority of women 77.6% perceived companionship during labour and childbirth to be of importance. Some women were not aware of the purpose of companions as most women 39.2% disagreed that companions shorten length of labour, 45.8% agreed that companions monitor the progress of labour, 32.3% agreed that companions conduct deliveries. Most women 77.7% disagreed that companions as unhelpful, 65.4% are disruptive and 81.6% are

affected by culture. However, 46.2% of the women in the study had no companion present during labour and childbirth, 56.2% preferred the presence of a female companion. Conclusions were made based on the research findings, that there is a need to educate and increase awareness to women regarding companionship during labour and childbirth so that they are more knowledgeable, and in order to strengthen the practice of companionship. Recommendations were made for more educational programmes to be available in antenatal services to increase awareness and enhance knowledge of women about companionship during labour and childbirth. Health educators need to conduct seminars, regular in-service training and include the concept of companions in the curriculum for midwifery students. Policies should be made available in the MOUs regarding companions, brochures or leaflets should also be available and accessible in all languages for the community to enhance awareness on the benefits of having a companion. Maternity registers should include information about companions in order to monitor the practice of companionship at the MOUs.

***Keywords**: Women, Companionship, Midwife Obstetric Unit, Labour and childbirth.*

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LIST OF ABBREVIATIONS

CHC	Community Health Centre
NMBHD	Nelson Mandela Bay Health District
MOU	Midwife Obstetric Unit
NMU	Nelson Mandela University
BBI	Better Births Initiative
WHO	World Health Organisation
DoH	Department of Health
EFM	Electronic Foetal Monitoring
ECSECC	Eastern Cape Socio Economic Consultative Council

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Companions provide support to women during the antenatal, labour, delivery and post-natal period. Because women experience much pain as well as fear, tension and anxiety during labour and delivery, companionship during labour and childbirth can benefit the birthing process significantly. Companionship, which can take the form of physical, emotional and psychological support, can be provided by a midwife, family member, doula, friend or a stranger. World Health Organisation (WHO) recommend the use of companion of choice during labour and childbirth owing to its benefits as a positive influence on women's birth experiences and improved neonatal outcomes and breastfeeding (WHO, 2016:1). However, despite the benefits of companionship, it is still found to be an uncommon practice in the midwife obstetric units (MOUs) in the Nelson Mandela Bay Health District (NMBHD). This study aimed to explore and describe the knowledge and attitudes of women towards companionship during labour and childbirth at MOUs in the NMBHD.

1.2 ORIENTATION AND BACKGROUND

Although labour is a natural physiological process with expectations of outcomes such as a healthy mother and baby, it is characterised by pain which women endure throughout the childbirth process. Traditionally labour took place at women's homes; but over time it shifted to hospital institutions where women were cared for by skilled birth attendants. The presence of skilled birth attendants at birth is widely acknowledged to be a critical factor to ensuring successful birth outcomes for both the mother and baby (Walker, DeMaria, Suarez & Cragin, 2012:27); However, the focus of the skilled birth attendant is largely on the physiology of labour, while the emotional and psychological aspect of labour is often neglected. It is for such reasons that ideally, women are granted by the midwives an autonomous choice of companions for support during labour and childbirth; but the practice of companionship, especially in MOUs, is still an uncommon practice that needs to be explored. During labour and delivery,

women experience painful contractions, fear and anxiety. An important aspect of dealing with labour pain is continuous support and personal attention as no woman should be left alone during labour and childbirth (Sellers, 2012:350). The most common elements of emotional support provided to women are in the form of reassurance, provision of information on the labour progress and advice regarding coping mechanisms, as well as comfort measures such as touch, massage, provision of fluids and advocacy (WHO, 2016:2). Included in these measures are also psychological support such as encouraging and praising the women for positive behaviour (Hodnett, Gates, Hofmeyr & Sakala, 2013:3). Companionship can either be provided by a midwife, partner, grandmother, friend, neighbour, doula or any person of the woman's choice.

It is stated in a study by (Hodnett, Gates, Hofmeyr, Sakala & Weston 2011:3) that historically across the world, women used to receive care and support from other women during labour and childbirth. The process of labour and childbirth was regarded as a women's affair and men were not included. However, in the middle of the 20th century calls were made to re-introduce continuous support of women by women following concerns regarding the dehumanisation of women's birth experiences in hospitals. The study of Hodnett, et al., 2011:3), which included 21 trials from 15 countries involving more than 15 000 women, concluded that all women should have their chosen and continuous one-to-one support during labour.

In South Africa prior to the 1960s, for many women, deliveries were conducted at home by traditional birth attendants. Hospital deliveries were used when emergencies or complications arose; but often the hospital practice resulted in women being left alone with no familiar support, the consequence being that women had little or no influence on choices regarding their pregnancy, labour and childbirth (Cronjé, Cilliers & Pretorius, 2011:719). However, during the 1970s, labour evolved from taking place at home to occurring in a hospital environment where the women were cared for by a trained midwife or obstetrician (Cronjé et al., 2011:719). The workload of the midwives makes it largely impossible for them to be both a skilled birth attendant and a companion of the women in labour, as he/she might be looking after several other labouring women at the same time (Fraser, Cooper & Nolte, 2010:462); hence there

is a need for women to bring their own companions with them to provide them with emotional and psychological support.

Evidence from literature suggests that continuous companionship during labour has positive benefits such as shorter duration of labour, decreased rate of caesarean-section deliveries, less use of pharmacological analgesia and improved childbirth experience and neonatal outcomes (Hodnett, Gates, Hofmeyr, & Sakala, 2013:3). Therefore, it is for these benefits of having a companion that the WHO recommends continuous companionship during labour in order to improve labour outcomes and patient satisfaction (WHO, 2016:2). The recent review by Bohren, Hofmeyr, Sakala, Fukuzawa and Cuthbert (2017:3) on continuous support for women during childbirth was done by performing randomised controlled trials. The results revealed that women who were allocated continuous companionship were less likely to report negative feelings, have caesarean-section births and to have a baby with a low five-minute Apgar score (Bohren et al., 2017:2). According to Bohren, Munthe-Kaas, Berger, Allanson and Tunçalp (2016:2), the term 'continuous companionship' refers to continuous presence and support provided to women during labour and childbirth. The *Saving Babies Report (PPIP) 2012-2013* maintains that intrapartum asphyxia remains one of the five main primary causes of perinatal death, especially in community health centres (CHCs) and district hospitals (Pattinson & Rhoda, 2014:20), which suggests that support of a woman by a companion of choice may be beneficial in reducing maternal and neonatal morbidity and mortality.

Several middle and low-income countries, including South Africa, adapted the Better Births Initiative (BBI) to emphasise labour companionship as a core element of improving maternal and infant health (Hodnett et al., 2013:3). BBI was introduced in several hospitals in South Africa to encourage use of evidence-based maternity care and to enhance the dignity and treatment of women in maternal care services (Marshall, Raynor & Nolte, 2016:292). The South African National Department of Health (DoH) through BBI, emphasises the use of a companion of choice during labour and childbirth as one of the principles for a better birth experience in order to improve women's birth outcomes (Fraser et al., 2010:450). Irrespective of the implementation of BBI in South Africa and other middle- and low-income countries, the practice of companionship during labour and childbirth is still uncommon and remains a challenge.

A qualitative study exploring Saudi Arabian women's attitudes and preferences about the importance of companionship during childbirth demonstrated that a significant percentage of Saudi women preferred not to have a companion during childbirth (Al-Mandeel, Almufieh, Al-Damri, Al-Bassam, Hajr, Bedaiwi, & Alshehri, 2013:29); but the refusal of companionship by Saudi Arabian women was associated with a lack of understanding of the positive impact of companionship, as well as certain cultural beliefs (Al-Mandeel et al., 2013:29).

In another qualitative study, this time conducted in Malawi by Kungwimba, Malata, Malawa and Chirwa (2013:47), it was found that companions were useful and beneficial during labour and delivery; yet, despite the benefits and importance of companionship during labour and childbirth, the women lacked knowledge regarding the type of support they were supposed to receive from their companions. On the other hand, the companions had no knowledge of the type of support expected from them as they refused the women oral fluids and food during labour. In addition, there was also a lack of support for companions by the midwives (Kungwimba et al., 2013:47).

Despite literature emphasising the importance of support during labour, companionship appears to be underutilised by African women cared for in the public sector, more especially in MOUs. For instance, in a South African study by Chadwick, Cooper and Harries (2014:866), set in public healthcare institutions, more than half of the women did not have a companion. It is for this reason the researcher focused the study on MOU facilities in the public sector where the lack of support of a companion was apparent.

1.3 PROBLEM STATEMENT

The researcher had an experience as a midwife working at an MOU in NMBHD. During her practice the researcher noted through observations that most women go through labour and delivery without the presence of a companion. In some cases, companions were often only present on admission, but would then leave the women alone during labour and delivery. During informal communication with colleagues, some midwives

cited that at times companions would be available; but some women refused their support.

As already mentioned, literature reveals that support of a companion is beneficial, especially to the woman and her unborn baby; yet, despite the evidence regarding the benefits of companionship, the practice of companionship sometimes meets resistance, particularly from the women at the MOUs. The researcher was curious and had the desire to investigate about knowledge and attitudes of women towards companionship during labour and childbirth. Considering that information from literature suggests that both knowledge and attitudes are found to be influential in the practice or non-practice of companionship, the researcher sought to investigate and describe the knowledge and attitudes of women about companionship during labour and childbirth at MOUs in the NMBHD.

The research questions that were asked in this study were:

- What do women know about companionship during labour and childbirth at MOU facilities in the NMBHD?
- What are women's attitudes towards companionship during labour and childbirth at MOU facilities in the NMBHD?
- What could be done to enhance the practice of companionship during labour and childbirth at MOUs in the NMBHD?

1.4 PURPOSE OF THE STUDY

The purpose of the study was to explore and describe women's knowledge and attitudes towards companionship during labour and childbirth at MOU facilities in the NMBHD. Based on the results of the study, recommendations were made to be provided to district and nurse managers in order to optimise the use of companions in MOUs in the NMBHD.

1.5 OBJECTIVES OF THE STUDY

The objectives of this study were to determine:

- the knowledge of women regarding companionship during labour and childbirth at MOU facilities in the NMBHD and
- the attitudes of women towards companionship during labour and childbirth at MOU facilities in the NMBHD.
- Make recommendations to the NMBHD and MOU managers in order to enhance the practice of companionship during labour and childbirth.

1.6 CONCEPT CLARIFICATION

The abstract or theoretical meanings of the concepts used in this study need to be clarified for other researchers to understand the context as related to this specific study (Polit & Beck, 2013:66). The key concepts used throughout the study are defined below.

1.6.1 Attitude

Attitude is a point of view or a way of thinking and looking at things (Waite, 2014:53). In this study, attitude referred to the way in which women view, think and are aware of companionship during labour and childbirth, whether positively or negatively.

1.6.2 Childbirth

The term childbirth is used to refer to delivery or giving birth (Hawker & Waite, 2007:125). Childbirth in this study referred to the expulsion of the foetus from the reproductive organs.

1.6.3 Companionship

Companionship is defined as a feeling of closeness being together with another person, either mother, father, friend, sibling or intimate partner (Hawker & Waite, 2007:144). In the context of this study companionship referred to the support provided to women during labour and childbirth, whether physical, emotional and or psychological in nature. The support could be provided by a friend, partner, sibling, mother, grandmother or doula.

1.6.4 Knowledge

Knowledge is referred to as the ability to grasp information, awareness, mastery of, and being well informed about something (Waite, 2014:573). Knowledge in this study refers to the awareness and understanding of post-natal women at MOU facilities in the NMBHD regarding the concept of companionship during labour and childbirth.

1.6.5 Labour

Labour is defined as the work done by the female reproductive organs in order to expel the foetus, placenta and membranes (Marshall, et al., 2016:284). Labour is diagnosed when a woman is having regular and painful contractions with the presence of bloodstained mucus, spontaneous rupture of membranes, cervical dilatation and a resultant expulsion of the foetus (Cronjé et al., 2011:78). Labour in this study refers to the period during which women experience painful contractions, associated cervical dilatation and spontaneous rupture of membranes.

1.6.6 Midwife Obstetric Unit (MOU)

A midwife obstetric unit (MOU) is a public maternity unit run by midwives, which provides 24-hour maternity services. It is usually situated as a maternity section in a CHC and provides basic maternity services (DoH, 2015:19). The MOU in this study was a 24-hour maternity section run by midwives situated in a CHC in the NMBHD which provided low- and intermediate-risk labour and delivery care to women and their newborn babies.

1.6.7 Women

The term “women” refers to adult females (Soanes & Stevenson, 2008:1658). Women in this study were adults in the post-natal period, which is the period immediately following the end of labour and childbirth until the reproductive organs return to the pre-pregnancy condition (Mcdonald & Magill-Cuerden, 2012:725).

1.7 RESEARCH METHODOLOGY

The research design and methods are a plan that provides a framework which specifies the type of information or data to be collected, the sources of data and data-collection procedure (Polit & Beck, 2013:50). The research design and methods utilised in this study are summarised below and will be discussed comprehensively in chapter three.

1.7.1 Research Design

A research design is the plan made in order to respond to the research questions with maximum control over factors that could affect the validity of the research findings (Grove, Burns & Gray, 2013:692). A quantitative, descriptive design was used to investigate women’s knowledge and attitudes towards companionship during labour and childbirth at MOU facilities in the NMBHD. A detailed description of the research design is found in chapter three.

1.7.2 Research methods

Research methods are specific steps which the researcher selects to conduct the study within the chosen research design (Gray, Grove & Sutherland, 2017:193). They describe the methods, techniques and procedures that are employed in the process of implementing the research design or research plan (Streubert & Carpenter, 2011:366). The research methods in this study involved determining the population and obtaining the necessary sample for the study. Development of a suitable data collection tool to be used following the necessary permission to conduct the study was

one of the methods used (see Annexure C). The research population included all the delivered women at the MOU facilities in the NMBHD.

Convenience sampling was used to select the participants who met the set inclusion and exclusion criteria. Operational managers of the MOU facilities acted as gatekeepers and assisted the researcher in gaining access and identified through maternity records. The sample size aimed at was 130 participants as advised by the statistician. A self-administered questionnaire was used to collect data from a convenient sample of women who had delivered at MOU facilities in the NMBHD (see Annexure C). The data-collection instrument was developed by the researcher under the guidance of the supervisors and the statistician. A comprehensive discussion of the research methods is provided in chapter three.

1.8 PILOT STUDY

A pilot study is a small-scale study of the main study that assists the researchers to identify errors and adjust the larger study accordingly (Brink, van der Walt & van Rensburg, 2012:56). For this study the researcher conducted a pilot study on ten participants. The participants were delivered women from one of the MOUs in the NMBHD according to the sampling criteria for the main study. Findings from the pilot were not included in the main study and no adjustments were made to the data collection tool.

1.9 RELIABILITY AND VALIDITY

Reliability is the ability of the measuring tool to produce the same results if used under the same conditions (Botma, Greeff, Mulaudzi & Wright, 2010:177), whereas validity of an instrument is the determination of how well the instrument reflects the concept being examined and is concerned with the consistency of the study (Grove et al., 2013:45). To ensure reliability, the researcher conducted a pilot study to eliminate unclear items and moderate the degree of difficulty of the measurement.

To enhance the validity of the research instrument, the researcher applied the principles of content validity and face validity. Content validity is the evaluation of the

tool to ensure that all the components of the variables to be measured in a study are included in the questionnaire without neglecting important components (Grove et al., 2013:394). On the other hand, face validity refers to the subjective judgement on whether the research instrument appears to measure what it is supposed to measure (Grove et al., 2013:394). A detailed description of how these criteria were met is discussed in chapter three.

1.10 ETHICAL CONSIDERATIONS

The researcher adhered to the ethical principles pertaining to research while conducting the study, following ethical principles adopted from the Belmont Report (1979), which regulates the ethics related to research. The principles are:

- principle of respect for persons,
- principle of beneficence and
- principle of justice and right to anonymity and confidentiality (Polit & Beck, 2012:151).

Further discussions of the ethical principles used and how they were maintained are provided in chapter three.

1.11 CHAPTER LAYOUT

This study comprises six chapters. Chapter one provides the overview of the study. Chapter two presents the literature review that directed the arguments in this study; and augmented the development of the questionnaire, while chapter three deals with the research design and methodology. Chapter four contains the presentation of the research results and chapter five provides a detailed discussion of the research findings. Lastly, chapter six presents the conclusions, limitations and recommendations of the study.

1.12 DISSEMINATION OF FINDINGS

Dissemination of research findings is described as the diffusion or communication of research findings by presentations and publications to a variety of audiences such as

nurses, other health professionals, policy developers and consumers (Grove et al., 2013:692). The final research report will be made available in the Nelson Mandela University to be kept in the library for public use. An article will be prepared for submission to a peer-reviewed academic journal for publication. Furthermore, the findings will be presented at workshops and conferences.

1.13 CONCLUSION

This chapter provided an overview and background of the study. The problem statement that led to the research study was described. The research design, the research objectives, and methods of data collection were discussed. Concepts related to the research study were clarified. Reliability and validity as quality control measures for the study were also discussed. Ethical principles pertaining to the research were stated. The following chapter consists of the literature review related to the research study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter one presented a brief outline of the purpose and the objectives of the study as well as the problem statement and research methods used. This chapter provides an in-depth literature review of the importance of companionship to the labouring women. A discussion of the labour process and the need for companionship is provided and the role of the companion will be presented. The impact of companionship during labour and childbirth and the factors influencing the effectiveness of implementing the practice of companionship will also be discussed in detail. Awareness of women, their partners and community about companionship during labour and childbirth will also be discussed. A wide variety of literature has been reviewed in order to justify existing information regarding companionship. The researcher reviewed peer-reviewed journals, online search engines and databases such as Google Scholar, BioMed, Pubmed, Wiley Online library, SciELO, Science Direct, Cochrane library and Sage using keywords such as companionship, support, labour and childbirth. The literature related to companionship during labour and childbirth will be discussed below.

2.2 THE PROCESS OF LABOUR

It is important to elaborate on the concept of labour in order to understand what women go through that warrants the need for companionship. Normal labour can be diagnosed when the woman is having regular painful contractions with either the presence of a blood-stained mucus, spontaneous rupture of membranes and cervical changes leading to the expulsion of the foetus (Cronjé et al., 2011:78).

Marshall et al. (2016:284) state that labour is the work of the reproductive organs to expel the foetus, the placenta and membranes through the birth canal; however, labour is more than just a physiological event. It is a continuous physiological process; but in theory it is divided into stages which in turn are subdivided into phases (Cronjé

et al., 2011:79). The first stage of labour begins from the onset of contractions until the cervix is fully dilated. Pains related to the first stage of labour are caused by the stretching of the cervix and contractions (Cronjé, Cilliers & du Toit, 2016:88). Some women will at times complain about lower abdominal pains or backache and regular rhythmic uterine contractions (Sellers, 2012:316). The second stage of labour begins from when cervix is fully dilated until delivery of the foetus. The pressure of the presenting part of the foetus on the perineum results in sharp localised pain. The two phases of the second stage of labour are namely the first phase of labour, which occurs when the cervix is fully dilated but the head is not on the perineum and there is no urge to bear down. The second phase of labour occurs when the cervix is fully dilated, and the head is on the perineum resulting in the urge to bear down from the women (Sellers, 2012:316). The third stage of labour, which is the expulsion of the placenta, is usually not associated with pain. The fourth stage of labour is referred to the period following the delivery of the placenta until one hour after birth (Sellers, 2012:316). Pain in the fourth stage of labour following delivery of the foetus is associated with contractions of the myometrium and is not severe (Cronjé et al., 2016:89). Since labour and childbirth require a holistic approach to midwifery care including physical and emotional aspects (Sellers, 2012:127), with all the stages and phases that the woman goes through during labour and childbirth it is imperative that continuous support be available as it is a crucial time for the women.

2.3 THE ROLE OF A COMPANION DURING LABOUR AND CHILDBIRTH

According to Iliadou (2012:385), companionship is also known as support during labour and childbirth which means that there is someone present with the labouring woman who is empathetic, comforting and provides advice in coping with stress related to labour and childbirth. Marshall et al. (2016:293) state that the women have varying requirements and each woman should be treated individually according to her needs; therefore, the midwife should assess the women's individual needs when examining the women as some women prefer total privacy.

According to Caffrey (2011:18), historically women around the world used to receive companionship from other women in the community. Caffrey (2011:18) further states that there was a widespread concern that the institutionalisation of childbirth and the

use of medical procedures in hospitals had led to dehumanisation of care. As a result, women in labour and childbirth were in pain, frightened and lonely which resulted in calls by women for continuous one-to-one companionship during labour and childbirth. Marshall et al. (2016:293) state that admission of a woman to a labour ward can be an alienating experience and the woman might have feelings of acute anxiety.

Companionship during labour and childbirth can be provided by individuals other than midwives trained and designated to provide support (Fraser et al., 2010:463). The physical support should be provided in response to the women's own wishes. The physical support is unique to the individual's own needs and cultural differences, for example, holding hands, rubbing of the women's back and walking with her to the toilet (Fraser et al., 2010:463). Since some women occasionally refuse to be touched, the companion should always inform and ask permission from the woman (Marshall et al., 2016:319).

The emotional support is provided by applying the skill of introducing confidence and expressing caring and dependability (Fraser et al., 2010 462). This emotional support includes advocating, explanation, praising and encouraging. A companion needs to ensure that the woman is informed, understands and is given feedback about every procedure or results from assessment and examination (Fraser et al., 2010:463). Communication needs to be maintained between the women, the midwife and the companion in order to minimize anxiety (WHO, 2013).

According to Bawadi's (2015:1549) study, the Muslim fathers perceived labour in a religious manner and provided spiritual support to the women in labour. The partners turned to God as labour is very painful and prayed to Allah for the relief of their women from the pain. The partners narrated how spiritual support provided comfort and helped in promoting positive feelings and a sense of security which indicates that spiritual support can also be provided by the companion to the women during labour and childbirth according to the women's beliefs.

Companionship during labour and childbirth was introduced into the South African public sector in 2006 through the Better Births Initiative (BBI) in several maternity facilities (Sellers, 2012:29). Through BBI the midwives are encouraged to make use

of beneficial procedures and avoid harmful and painful procedures such as episiotomies, routine neonatal suctioning and instrumental deliveries. Furthermore, women are encouraged to be mobile, to choose their preferred birthing positions, to drink fluids and to have a companion of choice (Marshall et al., 2016:292). The companion is therefore there to assist the women in accomplishing such actions as walking to the toilet and encouraging her to drink fluids and to make informed decisions regarding her labour and childbirth.

2.4 THE IMPACT OF COMPANIONSHIP ON LABOURING WOMEN

A recent study by Kabakian-Khasholian, Bashour, El-Nemer, Kharouf and Elsheik (2018:35), sought to determine whether a labour companionship model was feasible, acceptable, effective and financially viable in three public hospitals in Egypt, Lebanon and Syria. The findings revealed that the companionship model was acceptable feasible and cost-effective. The women's perception of control improved, and the rate of caesarean sections was reduced. It was further recommended that, based on the research findings, the companionship model be adopted in other countries as it enhances the quality of midwifery care and respectful maternity services.

A randomised clinical trial was conducted to explore the effects of continuous support for women during labour by Bohren et al. (2017) which included 26 trials conducted in 17 different countries, 13 trials from high-income settings and another 13 trials from middle-income countries. The results revealed that women who were allocated continuous support were more likely to have spontaneous deliveries, less likely to have a caesarean delivery, analgesia during labour and were more satisfied with the labour and childbirth experience. It is therefore important for women and midwives to be aware of the positive benefits of companionship in order to make informed decisions about the companion of choice. Similar findings were found in a study by Chung, Chiu, Chan and To (2017:13) conducted to compare women in labour with or without a companion in terms of maternal satisfaction and obstetric and neonatal outcomes. The results revealed that multiparous women who were accompanied by a companion had more vaginal deliveries, fewer instrumental deliveries and caesarean sections than those without a companion. The results further revealed that multiparous women with a companion were more satisfied with the compassionate care and emotional support

and had few neonates with a low Apgar Score ≤ 7 at first minute (Chung et al., 2017:13).

Another study was conducted to investigate the effects of the support of a close female relative on low risk primiparous women during labour and childbirth. The findings revealed that the experimental group (who had companions) had a shorter duration of active labour compared to that of the control group. The findings further revealed that women who had the support of a close female relative had elevated maternal self-confidence and self-control during labour and childbirth (Yuenyong, O'Brien & Jirapeet, 2012:50).

Cronjé et al. (2011:89) state that companionship is regarded as one of the main non-pharmacological pain-relief methods during labour and childbirth. Emelonye, Vehviläinen-Julkunen, Pitkäaho and Aregbesola (2017:39-45) conducted a descriptive study to investigate midwives' perceptions of partner presence in childbirth for pain alleviation in Nigerian hospitals. The results revealed that most midwives felt that allowing a partner to be present during labour contributed to pain relief. It was further recommended in the study that the use of evidence-based practice from the study, such as allowing a partner as a means of a support during labour and childbirth, could improve midwifery practice (Emelonye et al., 2017:45).

According to Sellers (2012:126), one of the main causes of anxiety among women in labour is fear. Fear could be related to pain, fear of the mother or baby dying in hospital and fear of abnormality, many of which are fears that are not expressed by the women. Continuous support during labour and childbirth has been found to be useful in reducing the fear and anxiety of labouring women and can also increase patient satisfaction as the woman becomes more in control of the birthing process (WHO, 2016:2). With reduced anxiety and fear and therefore reduced epinephrine levels, there is a decrease in the chance of babies being born with low Apgar Scores and prolonged labour as there is less uterine contractility (Hodnett et al., 2011:4). The presence of a companion has therefore been associated with reduced anxiety, which leads to increased levels of patient satisfaction and positive birthing outcomes.

Birth companions are also being used as a method of improving women's experiences of care in labour and delivery. When a study was conducted in Nigeria to determine the prevalence and pattern of disrespectful and abusive care during facility-based childbirth in low-income countries, the results revealed that 98% of participants reported at least one form of disrespectful and abusive care of which non-consent and physical abuse were the most common. Among other behaviours cited were verbal abuse, physical abuse, non-consensual care, non-confidential care and neglect (Okafor, Ugwu & Obi, 2015:110). Similar findings were revealed in another study conducted by Honikman, Fawcus and Meintjies (2015:284), in their studies in community-based maternity care facilities in South Africa. They reported that women experienced being shouted at by staff and even beaten or neglected. As a result of these reported incidences of abuse, in the Western Cape the Cape Metro established a code for patient-centred maternity care. The code emphasises the importance of women being allowed to have a companion of choice while she is in the facility during labour, and that this practice should be utilised at maternity services to improve the women's birthing experience and as a means of respectful maternity care.

Childbirth is a stressful life event that can be associated with increased risk of psychiatric illnesses such as anxiety and depression (Marshall et al., 2016:491). A review, which was conducted by Iliadou (2012) to identify practical points for supporting women in labour, revealed that emotional support provided by a companion during labour and childbirth improved the mental health of women, thereby decreasing the chances of postpartum depression (Iliadou, 2012:389). Therefore, it is important that the emotional well-being of the women is taken into consideration and supportive measures are provided to the women. The emotional support assists in preventing the perinatal psychiatric disorders caused by stress, anxiety and fear during pregnancy labour and pueperium, thus the positive effect of the role provided by the companion (Marshall et al., 2016:494).

According to Caffrey (2011:19), companionship in institutions where there is no routine Electronic Foetal Monitoring (EFM) has been associated with greater likelihood of vaginal deliveries and less likelihood of caesarean sections; so companion support during labour and childbirth can act as a buffer against the adverse effects resulting from routine medical care.

2.5 FACTORS INFLUENCING IMPLEMENTATION OF COMPANIONSHIP

The implementation of this practice of one-to-one support by a companion of choice is still a challenge in South African public maternity institutions (Sellers, Dippenaar & da Serra, 2018:419). The factors that influence the practice of companionship will be discussed below.

2.5.1 Facility-related factors

A study by Emelonye, Pitkäaho, Aregbesola and Vehviläinen-Julkunen (2016:568-575) investigated barriers to spousal contribution to childbirth pain relief in Nigeria. The results revealed that poor infrastructure in health facilities resulted in a lack of privacy for the women and their supporting partners (Emelonye et al., 2016:568-575). It is therefore important that management and policy makers are sensitised to the needs of women and their companions and that institutional policies as well as the infrastructural facilities are adapted to accommodate companions. Similar findings were found in a qualitative study conducted in Brazil, where pregnant women were denied companions by the health professionals attending them. The study sought to establish reasons why health professionals did not allow the presence of a companion (Brüggemann, Ebsen & Oliveira, Gorayeb & Ebele, 2014:11). The results revealed that there was institutional resistance to implementing the law, inadequate physical infrastructure and material resources as reasons why professionals resisted the presence of a companion during labour, birth and post-partum. The nurse/midwife shortage was cited as another factor influencing implementation of companionship during labour and childbirth as the labour wards were overcrowded and staff overloaded with work (Brüggemann et al., 2014:20).

Kabakian-Khasholian and Portela (2017) conducted a review of Cochrane's studies (2013) which included 41 publications in order to investigate factors affecting implementation of a companion of choice at birth. It was cited in the review that institutional policies, overcrowding and the lack of physical space that allowed the women and their companions privacy were major barriers to the implementation of this practice. Some facilities were small with shared labour rooms and lacked separating cubicles (Kabakian-Khasholian & Portela, 2017:10).

Sellers (2012:337) states that women and their companions should be offered privacy where the environment permits it. If the environment does not allow for privacy, efforts should be made to create some privacy by avoiding examining the woman in front of other women and by limiting the number of people entering the room (Marshall et al., 2016:319). Furthermore, the labouring women may experience feelings of loss of control, which may interfere with the normal physiological process of labour.

Dynes, Binzen, Twentyman, Nguyen, Lobis, Mwakatundu, Chaote and Serbanescu (2019:92-101) conducted a study in Tanzania to assess client and provider factors associated with companionship during labour and birth. Among providers only 21.6% allowed a companion during labour and 10% allowed a companion at birth. It was therefore concluded in the study that service providers are the gatekeepers of companionship. Based on the study findings, it was further recommended that the intervention of a companionship programme during labour and childbirth could be effective at facilities where there was a shortage of staff and increased workload.

2.5.2 Cultural beliefs

Traditional beliefs and cultural practices are still widely respected and adhered to in most African countries. Nigeria is one of the countries where cultural beliefs and practices are particularly prevalent. In 2014, Vehviläinen-Julkunen and Emelonye, (2014:511-515) conducted a study to investigate spousal participation in labour and delivery in Nigeria. Despite the majority of women desiring that their spouse be present as birth companions, spousal participation in the birth process remained poor as among other reasons, Nigeria is a male-dominated country and labour and childbirth are regarded as the responsibility of the women (Vehviläinen-Julkunen & Emelonye, 2014:511-515), hence such cultural beliefs may have a negative effect on the practice of companionship. According to Kabakian-Khasholian and Portela (2017:10), in conservative cultures such as in Arab countries many women indicated that they would appreciate the presence of a male partner as a companion and to witness the challenges of labour and childbirth; however, in Arab cultures the presence of a male partner, especially in shared labour rooms, was considered socially unacceptable.

2.5.3 Attitudes of staff and lack of resources in maternity units

A qualitative study was done by Spencer, du Preez and Minnie (2018) to investigate challenges in implementing continuous support during childbirth in selected public hospitals in the North West Province of South Africa. The results also revealed that there was a shortage of midwives which resulted in burnout among the midwives due to increased workload. The results further revealed that midwives had poor attitudes and low morale which undermined the effective implementation of companionship during labour and childbirth.

According to Sellers (2012:127), South African maternity units in the public sector are overcrowded and there is a scarcity of midwives and obstetricians which makes it difficult for the facilities to allow more family or friends inside maternity units. This means that the midwives carry the burden of care including health education and support. The midwife has a defined role to fulfil which includes clinical, physical, emotional assessment, physical status of both mother and baby as well as the progress of labour (Fraser et al., 2010:462).

Banda, Kafulafula, Nyirenda, Taulo and Kalilani (2010:937-945) state that, irrespective of the overwhelming evidence of the benefits of having a supportive companion during labour and childbirth, implementation of the practice is sometimes hindered by resistance from healthcare providers working in maternity units. Another descriptive cross-sectional study was done in Sri Lanka to establish whether the policy of allowing a female labour companion was feasible. Among 68 consultant obstetricians who participated in the study, the results revealed that 58.8% (n=40) did not allow labour companions in labour wards. The obstetricians cited volume of work and lack of physical space as reasons for not allowing companions in the labour ward. Only 16.7% (n=5) allowed a companion. Fewer than 50% of the obstetricians were aware of the benefits and advantages associated with companionship (Senanayake, Wijesinghe & Nayar, 2017:3). Hence, as healthcare providers are the gatekeepers of companionship, they determine whether companionship is allowed. They are influenced by their environment, especially if they are managing high workloads and staff shortages, which impact negatively on the implementation of companionship (Dynes et al., 2019:92-101).

Kobakian-Khasholian and Portela (2017:10) in their literature review indicated that attitudes of health care providers involved in the intervention were mostly positive. The healthcare providers perceived the presence of a companion as being helpful due to reduced dependency of women on the staff, especially in settings where there was a shortage of staff. Furthermore, the presence of a companion was noted as a positive influence on the behaviour of the staff towards women. In a study done by Ishola, Owalabi and Filippi (2017) to investigate disrespect and abuse of women during childbirth in Nigeria, it was revealed that being over worked in under-resourced facilities demoralised staff, which contributed to bad attitudes and irritability among healthcare workers because they were exhausted (Ishola et al., 2017:11).

Based on the studies cited above, since many healthcare providers are resistant towards the practice of companionship during labour and childbirth, healthcare workers, including obstetricians and midwives, need to be sensitised regarding the importance of allowing companionship during labour and childbirth On the other hand, however, the well-being of the healthcare workers also needs to be taken into consideration by the managers and policymakers in order to improve their morale.

2.6 AWARENESS OF WOMEN AND PARTNERS ABOUT COMPANIONSHIP DURING LABOUR AND CHILDBIRTH

One of the reasons that companionship is underutilized is due to the fact that there is a general lack of awareness of the concept, as well as a lack of understanding of the role of the companion. Critical role players who are not aware of the advantages of companionship include women, their husbands or partners.

2.6.1 Awareness of women regarding companionship

Many women are not aware of the concept of companionship during labour and childbirth. Lack of knowledge of labouring women about companionship was evident in a quantitative study that was conducted in 2014 in order to investigate the opinions of labouring women regarding companionship in labour wards in the Buffalo City Municipal area in the Eastern Cape (Rala, James & Tshotsho, 2014:123). Data was collected from 62 women of whom only 27 knew about companionship and only 15

had companions. Forty-seven women had no companion and of these, 35 had no knowledge of the concept of companionship. These women indicated that they were feeling lonely during their labour, that their labour was long and painful and that they felt as though they were dying, which led to a sense of panic (Rala et al., 2014:123). Another study was conducted to investigate the acceptability and experiences of a supportive companion during childbirth in Malawi. Findings from the study revealed that a supportive companion was highly favoured by the mothers; but it was evident that women required information regarding the benefits of a companion and their expected role prior to admission in a maternity unit (Banda et al., 2010:528-574).

Therefore, women need to be well-informed in order to be knowledgeable about the requirements of a companion of choice to accompany them during labour prior to admission to a maternity unit. Sellers et al. (2018:415) state that women's feelings of fear, of pain and of anxiety are then replaced by knowledge and understanding about childbirth which can be enhanced by information provided by midwives and obstetricians in the antenatal clinics, reading, information from friends, relatives, social networks and companions. Iliadou, 2012:389 states that informational support provided to labouring women and their partners during antenatal care improved physical health which decreased the chances of childbirth complications.

Kungwimba et al. (2013:49) conducted a qualitative study to explore women's experiences of the support they received from their birth companions (female or male) during labour and delivery in Malawi. Most participants (14 out of 20) knew that they were supposed to bring a companion. Primiparous women reported receiving helpful physical, emotional and spiritual support and information from their companions (Kungwimba et al., 2013:49); however, some women indicated that they did not receive the desired support from their companions as they refused the women food and drinks and refused to accompany the women and provide them with a massage. Some companions gave confusing information that contradicted the midwives' advice. The results from the study indicated that these failures could be attributed to a lack of knowledge by companions and women on the roles and responsibilities of a companion (Kungwimba et al., 2013:50), hence the need for only companions who are knowledgeable about their roles and the fact that labouring women need to have adequate information related to labour and childbirth before admission to a maternity

unit. Based on the study findings, it was recommended that there was a need for women and their companions to be adequately trained during antenatal care regarding the type of support to be given to women in labour and during childbirth.

Bakhta and Lee (2010) conducted a qualitative study to assess the attitudes of Russian women towards the presence of a support person during labour. Out of 70 women who were interviewed, 68.6% declined to have a partner present during labour. The women cited reasons such as being afraid of their husbands (15.7%), being embarrassed (17.1%), requiring private experience (22.9%), and possible negative effect on sex life. Only 17.1% of the women agreed and were able to have a companion. It was previously revealed from the findings that many Russian women viewed childbirth as a medical process that should not involve social interaction (Bakhta & Lee, 2010:201-203).

The research findings were congruent with those of a study that sought to assess the knowledge, attitudes, and the practice of health professionals towards labour companions in health institutions in Addis Ababa (Getachew, Negash & Yusuf, 2018:3). The results revealed that most of the participants (93.4%) felt they had knowledge on the importance of a labour companion. However, less than half of the study participants (44.2%) had adequate knowledge regarding the benefits of a labour companion, although the majority had a positive attitude. Only 36.8% of participants stated that it was actually practised in their health institution (Getachew et al., 2018:3).

A pilot study was conducted to evaluate the efficacy of an educational manual for childbirth companions. The previous knowledge of companions before intervention was established as baseline. The results revealed that the intervention group performed a greater number of support actions, and as a result, women had higher satisfaction scores (Teles, Américo, Oriá, Vasconcelos, Brüggerman & Damasceno, 2018:1518); therefore the educational manual was effective in enhancing the knowledge of companions which meant that, by enhancing the knowledge of both the women and their companions, the women received better support from their companions and the outcomes of childbirth were even better. Hence the need by the researcher to investigate the knowledge and attitudes of women towards companionship during labour and childbirth at MOU units in the NMBHD.

2.6.2 Awareness of partners regarding companionship

In a study done by Alharbi, Alodhayani, Aldegether Batais, Almigbal, and Alyousefi (2018) to investigate husband's attitudes and barriers towards their presence with their wives during childbirth the authors concluded that increased levels of education had improved outcomes on husbands' attitudes towards supporting their wives in the delivery room (Alharbi, 2018:1467). Another study was conducted by Soltani, Madiji, Shobeiri, Parsa, and Roshanaei (2018:358) to investigate the knowledge and attitudes of men (as companions) towards participation in their wife's perinatal care. The findings revealed that the men's level of knowledge about their wife's perinatal care was poor in more than half (58%) of men, and moderate in nearly half (41.7%) of them. However, the majority of men (65.3%) had a positive attitude towards participation in perinatal care. Poor participation by men was associated with a lack of knowledge or a low level of knowledge about perinatal care and their roles and responsibilities (Soltani et al., 2018:358).

Some studies have found that women who receive companionship from someone other than a staff member, family member or someone in their social network are perceived to have even better outcomes (Caffrey, 2011:19). Better outcomes are associated with trained doulas being present in the form of continuous companionship. Furthermore, family members lack knowledge or have little experience on how to provide companionship during labour and childbirth. Women who receive support from a trained doula have even better experiences and they receive better support as both the woman and her companion receive support from a trained, experienced and knowledgeable person (Caffrey, 2011:19).

A study by D'Couto (2010) sought to assess the knowledge and anxiety of birth companions in relation to their support in childbirth and the influence of support in maternity centres. Findings from the study revealed that birth companions without undergoing any knowledge programmes exhibited moderate knowledge; underwent moderate stress; and their support provided high satisfaction to only 58% of women in labour (D'Couto, 2010:73); so it was concluded from the study findings that strengthening the areas of knowledge could lead to improved support by from the companion in labour.

Rala et al. (2014:123) conducted a quantitative study in the Buffalo City Municipal area on the opinions of labouring women about companionship in labour wards. The study revealed that women who did not have a companion viewed labour differently. The women had experienced loneliness, fear and painful long labour. The women in the study felt that their experiences could have been better with a companion present during labour and childbirth (Rala et al., 2014:123). The results from the study are in line with the WHO recommendations and existing literature that emphasises the importance of women having a companion of choice during labour and childbirth to improve birthing experience and outcomes.

2.7 CONCLUSION

This chapter dealt with the literature review and sources of literature pertaining to the study were stated. The researcher obtained information on literature dealing with the impact of companionship during labour and childbirth. The concept of labour that warranted the need for companionship was explored, the role of companions during labour and childbirth and the factors influencing companionship during labour and childbirth. Awareness of women, their partners and communities regarding companionship during labour and childbirth from literature were also explored. The following chapter will focus on the methodology in detail; the research questions and objectives of the study will be stated and the study population and methods of data collection, including how sampling was done will also be discussed.

CHAPTER THREE

RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

Chapter two focused on the literature review. The concept of labour and the need for companionship was explained. The role of a companion and the benefits of companionship were discussed. The factors that influence the practice of companionship were explored. Literature on the knowledge about companionship during labour and childbirth and women's attitudes towards it were also explored. This chapter will focus on the methodology of the research study. The research design will be described followed by the research methods. The population, sampling, methods of data collection and the pilot study will be described in detail. Thereafter, the rigour or quality of the research, and the ethical principles that were upheld throughout the course of the study will be described.

3.2 RESEARCH DESIGN

A research design is the plan made in order to respond to the research question (Polit & Beck, 2012:741). The research design is a plan on how to conduct the research study in order to answer the research question and includes the research approach, research methods, data collection tools and methods of data analysis (Moule & Hek, 2011:30). To answer the research questions the researcher employed a quantitative descriptive design which is discussed below:

3.2.1 Quantitative design

Quantitative research is a formal, systematic process whereby numerical information is collected and analysed in order to answer the research question (Gray et al., 2017:25). Quantitative research is conducted to describe new phenomena, events and situations and also to examine relationships between variables (Burns & Grove, 2011:57). The researcher used a quantitative, descriptive research design to

determine the knowledge about, and attitudes of women towards companionship during labour and childbirth at MOUs in the NMBHD.

3.2.2 Descriptive design

Because descriptive studies are non-experimental, they are valuable in documenting the prevalence, nature, behaviour and intensity of health-related conditions (Tappen, 2011:229). Descriptive designs help the researcher to obtain more information about the concept being studied and to identify problems with current practice (Grove & Gray, 2019:202). The outcome of descriptive research is to describe the concepts, identify relationships between concepts and in some cases provide hypothesis development for future quantitative research studies (Burns & Grove, 2011:35). The researcher chose a descriptive study as it aims to describe the knowledge and attitudes of women towards companionship during labour and childbirth at MOUs in the NMBHD.

3.3 RESEARCH METHODS

Research methods are specific steps which the researcher chooses to conduct the study within the chosen research design (Gray et al., 2017:193). The research study took place at the MOU settings were women experienced labour and childbirth. The MOUs are low-risk units at CHCs run by midwives to conduct uncomplicated basic maternity services (DoH, 2015: 19). The steps used to conduct the study are presented below.

3.3.1 Population

The research population is the entire set of cases in which the researcher is interested and can include humans, hospital records or laboratory specimens (Tappen, 2011:273). The target population is the entire population of individuals that meets the sampling criteria (Grove, Gray & Burns, 2015:46). An accessible population is the part of the target population to which the researcher has fair access (Grove & Gray, 2019:229). The target population for this study consisted of delivered women at the

MOU facilities in the NMBHD. The accessible population also consisted of 130 delivered women at all five MOUs in the NMBHD.

3.3.2 Sample and sampling methods

Sampling is the process of selecting a list of characteristics eligible for the study in the target population (Grove & Gray, 2019:230). The researcher made use of convenience sampling to select subjects from the target population. Convenience sampling means the selection by the researcher of participants who are accessible from a convenient target population (Moule & Hek, 2011:95). The researcher chose this sampling method because it provides easy access to the participants and owing to the unpredictable nature of labour and childbirth at MOUs (Brink, et al., 2012:150). The researcher was unable to obtain a sampling frame for the population. The researcher selected the participants who met the sampling criteria for the study from the birth register and maternity records with the assistance of the operational managers of the MOU units. Participants were selected because they happened to be at the MOU during the time of data collection, they met the sampling criteria and were willing to participate. Altogether 130 participants from the five MOUs in the NMBHD took part in the study and were selected by means of convenience sampling. Currently there are five MOUs in the NMBHD. Each MOU conducts an average fifty to hundred deliveries monthly. All five MOUs were included in the research study. Data was collected from all five MOUs on alternate days over a period of one month.

3.3.2.1 Inclusion and exclusion sampling criteria

The researcher identified population characteristics eligible for inclusion in the study by utilising eligibility criteria (Terry, 2012:274). Through eligibility criteria the researcher was able to determine the participants who needed to be included in the population of the study. The inclusion criteria were as follows:

- All women who had delivered and completed a minimum of six hours post-delivery in the selected MOUs in the NMBHD.

The exclusion sampling criteria are the characteristics that can exclude a participant from the sample even though they meet the inclusion criteria (Grove et al., 2015:251). The exclusion criteria for this study were women:

- who had experienced complications at any time during labour and delivery; as there is a risk of physical and emotional trauma and therefore decreased autonomy.
- under the age of 18 years;
- with mental illness or decreased autonomy as well as disoriented women; and
- who were unable to speak and/or understand English.

As all the participants in the study sample met the inclusion criteria, the likelihood of having a homogeneous sample was increased. Homogeneity is possible when the characteristics of a sample are as similar as possible in order to exercise control over extraneous variables that might influence the study (Lobiondo-Wood & Haber, 2010:163).

3.3.3 Methods of data collection

Data collection is a systematic gathering of relevant research in order to respond to a specific research question (Grove et al., 2015:47). Data was collected using structured, self-administered questionnaires which contained fixed questions with pre-coded responses and scales (Botma, Greeff, Mulaudzi & Wright, 2010:134). Operational managers of the MOU facilities were approached for permission and acted as gatekeepers and assisted the researcher to access the women by analysing maternity records. Data collection was done at least six hours post-delivery when the women were in a stable condition and data was collected mostly in the mornings before the women were discharged as this was a more suitable time when the women were more relaxed. Participants were given questionnaires individually in the post-natal wards and screens were used were there were two or more beds in the unit in order to maintain privacy. The researcher supervised the data collection process and communicated with the operational managers of the MOUs regarding collection of completed questionnaires in the NMBHD. Completed questionnaires were enclosed in an envelope and stored in a box for the researcher to collect.

3.3.3.1 Data-collection instrument

Following permission from the relevant stakeholders namely, Nelson Mandela University, Eastern Cape Department of Health and the Nelson Mandela Bay Health District, data was collected from the MOUs in the NMBHD over a period of one month in December 2018. Quantitative data were collected from delivered women in all five MOUs in the NMBHD individually by means of a structured questionnaire (see Annexure C). Questionnaires are self-report forms designed to obtain information through written responses. The questions tend to be less in-depth and the participants cannot elaborate in their responses (Grove et al., 2013:425). The researcher explored the literature regarding companionship and consulted with a statistician and the research supervisors to confirm the relevance of the questions. The following articles helped to guide the researcher in the development of a questionnaire: *Companionship during labour: Attitudes and expectations of Hong Kong Chinese* (Chung, Chiu, Chan, & To, 2017); *Women's perceptions of social support during labour: Development, reliability and validity of the birth-companion support questionnaire* (Dunne, Fraser, & Gardner, 2014)*; Acceptability and experience of supportive companionship during childbirth in Malawi* (Banda, Kafulafula, Nyirenda, Taulo, & Kalilani, 2010) and *Is the policy of allowing a female labour companion feasible in developing countries? Results from a cross-sectional study among Sri Lankan practitioners* (Senanayake, Wijesinghe, & Nayar, 2017)*.*

The questionnaires were divided into three sections. Section A comprised the participants' biographic information and contained closed-ended questions; Section B was concerned with questions on participants' knowledge of companionship during labour and childbirth; and in Section C participants indicated their attitude towards companionship on a Likert scale. The participants took a maximum of fifteen to twenty minutes to complete the questionnaire which had been composed in simple English so that the participants were able to complete it easily.

3.3.3.2 Data collection process

Following obtaining ethical approval from the NMU Faculty Postgraduate Studies Committee (FPGSC) (see Annexure D) and permission from the Department of Health

and the NMBHD (see Annexure F), the researcher and collected data from the five MOUs in the NMBHD by means of convenience sampling using self-administered questionnaires. The researcher collected the completed questionnaires and enclosed them in an envelope every second or third day from each MOU. The operational managers of the MOUs were used as gatekeepers in order to gain access to the target population. The researcher explained the aims of the study to the participants and provided participants with an information letter and informed consent to confirm voluntary participation in the study (see Annexure B). The data collection process took place from 4th December to 31st December 2018 and 130 questionnaires were completed. The acceptance rate was 100% with zero refusal rate as all eligible participants consented and participated in the study (Grove & Gray 2019:232). Following the data collection process, data analysis commenced.

3.3.4 Data analysis

Following collection of the data, it was cleaned and stored on Microsoft Excel spreadsheet for analysis. Data cleaning is the process of identification of errors and extreme values in the data set (Mateo & Foreman, 2014:156). Data management was done during the data collection process as it was easy to identify missing data from the participants and errors. The researcher screened the data, checked for missing data where possible during the data collection process. Data was then captured on Microsoft Excel and stored in a computer with codes and a password and only the researcher and her supervisors had access to this data.

Following data management, data analysis then began. Data analysis is referred to as reducing, organising and finding meaning from the collected data (Burns & Grove, 2011:52). Data was then organised according to frequency distribution. Descriptive statistical analysis was used to analyse data with the assistance of a statistician using IBM SPSS Statistics 24 (IBM Corp 2016). Descriptive statistics are summary statistics that are used in order to quantitatively describe the sample and the variables related to the research study and give meaning to the numerical data (Grove et al., 2015:319). Once the data set had been summarised, the research results were presented in a visual format such as charts, graphs and tables (Brink et al., 2012:148).

3.4 PILOT STUDY

Boswell and Cannon (2011:390) state that a pilot study is a trial of a study done prior to the commencement of the main study. The questionnaires were initially piloted on ten participants using the same sampling criteria for the main study. A registered NMU statistician was utilised in order to analyse data by applying descriptive statistical techniques. Findings from the pilot were not part of the main study. The pilot study which had determined the number of participants available, the period of the study and problems with the measuring instrument (Gray et al., 2017:54), was used to determine the reliability of the measuring instrument and see if there were any errors. No adjustments were made to the measuring instrument. Reliability and validity will be discussed below.

3.5 QUALITY OF RESEARCH

The integrity of the research design protects the validity of the study; therefore, the researcher needs to maintain control over, and consistency of, the design and methods (Grove et al., 2013:524). Reliability and validity as a means of control for the study design will be discussed below.

3.5.1 Reliability

Reliability, which represents the consistency of the measure obtained (Gray et al., 2017:690), means that the measuring instrument was able to measure consistently the attributes of a concept. The researcher was concerned whether the scores obtained from the sample of subjects would be consistent if repeated on a population with similar characteristics (LoBiondo-Wood & Haber, 2018:270). Through the homogeneity of the sample and based on inclusion and exclusion criteria the researcher was able to exercise a certain degree of control of the study with reduced influence from extraneous variables (Lobiondo-Wood & Haber, 2018:153).

The questionnaires were initially piloted on the target population using the same sampling criteria for the main study and the results were analysed by the researcher and the supervisors with the assistance of a statistician. The results of the pilot study

were not included in the main study. A Cronbach alpha test was done to determine internal consistency of the measuring tool (Botma et al., 2010:177). A score of 0.737 was obtained on knowledge of women about companionship. A score of 0.595 was obtained on attitudes of women towards companionship during labour and childbirth. The reliability co-efficiency scores will be discussed in chapter five.

3.5.2 Validity

According to Burns and Grove (2011:205), validity refers to the degree to which the measuring instrument measures what it is supposed to be measuring (Burns & Grove, 2011:205). Validity is of vital importance in obtaining quality findings in a study as it measures the truth of such findings (Gray et al., 2017:224). The types of validity that were utilised in this study, such as content validity and face validity will be discussed below:

3.5.2.1 Content validity

Content validity is used for the development of a questionnaire and measures how well the measuring instrument represents the variable to be measured (Brink et al., 2012:166). The researcher made sure that the questionnaire was validated by the research supervisors together with the statistician, who is an expert in quantitative studies, before being piloted. Validation by experts ensures that all aspects of the construct being measured are included. The researcher also conducted a literature review and the concepts for the proposed study were clearly defined. A literature search and expert reviews of the measuring tool are vital in order to ensure that all important aspects of the variable are included in the questionnaire (Polit & Beck, 2014:205).

3.5.2.2 Face validity

Face validity, which means that the instrument appears to measure what it is supposed to be measuring (Brink et al., 2012:166), makes use of an expert's opinion in order to validate the accuracy of a data collection instrument (LoBiondo-Wood & Haber, 2010:578). The researcher had the questionnaire assessed and validated by the

supervisors who are experienced in quantitative research and an NMU registered statistician. A pilot study was also conducted on ten participants prior to the main study. According to Moule and Hek, (2011:30), a pilot study can be used to test the validity and reliability of the measuring tool. The results of the pilot study were not included in the main study.

3.6 RESEARCH ETHICS

The researcher adhered to the ethical principles pertaining to research while conducting the study and followed the ethical principles adopted from the Belmont Report which regulates the ethics related to human research. The following ethical principles ensured that throughout the study participants were not subjected to any form of harm whether physically, emotionally, psychologically and/or spiritually. The ethical principles are respect for persons, beneficence and justice (Polit & Beck, 2012:151). The three ethical principles will be discussed below:

3.6.1 Principle of respect for persons

Since the principle of respect for persons includes a right to self-determination and full disclosure, participants may participate voluntarily or withdraw participation at any time during the study without prejudice (Brink et al., 2012:35). Informed consent maintains that the researcher is required to inform participants about the study, regarding possible risks and benefits prior to obtaining voluntary participation (Polit & Beck, 2010:557). The participants were provided with an information letter and informed consent (see Annexure B) and were informed of their right to participate or withdraw at any time without penalty during the study.

3.6.2 Principle of beneficence

Beneficence, which is one of the fundamental principles of ethical research, implies that the researcher has a duty to minimise risk or harm and maximise benefits (Polit & Beck, 2010:121). The researcher is required to protect the participants from any harm during the research study whether physical, emotional, spiritual and /or psychological (Brink et al., 2012:35). The researcher strove to ensure that throughout the study

participants were not subjected to any form of harm whether physically, emotionally, psychologically or spiritually. Since the research study did not involve any experiment, there was no physical harm involved in the study. The research questions contained in the questionnaire were closed-ended and not in-depth. The participants were to be referred to a social worker in the facility for counselling if they suffered any emotional or psychological harm during the study as he/she was available via the telephone.

3.6.3 Principle of justice

According to Polit and Beck (2012:155), the third broad principle of the Belmont Report is justice which includes the right to fair treatment and right to privacy. The researcher ensured fair treatment of any participant and all the participants agreed to take part in the study. Participant selection was only based on the study requirements and was not biased. Privacy was maintained as the participants were approached individually in private post-natal rooms with screens where more than one bed was available. Anonymity was maintained as a valuable means of protecting participants' confidential information. Through anonymity the participants could not be linked to the data (Polit & Beck, 2014:89). The researcher ensured that the questionnaires did not contain any personal information and each questionnaire was assigned a number. Data was captured and stored in a computer with an access code and only the researcher had access to the raw data.

3.7 CONCLUSION

This chapter contains a detailed description of the population and sample being studied, as well as the methods of data collection. The data analysis procedure was also explained and the quality of the research study, including ethical principles pertaining to the research study, were discussed. The following chapter will provide a detailed presentation of the research results. The research results will be presented in the order in which they appeared in the questionnaire.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

Chapter three contained a detailed discussion of the research design and methods of data collection. The information on the data collection instrument and data analysis were also discussed. Detailed information on reliability and validity of the data collection instrument were stated and the ethical principles pertaining to the research study were discussed in detail. Chapter four comprises a presentation of the findings in the form of frequency tables, percentages and pie charts.

4.2 ACCEPTANCE RATE

According to Grove and Gray (2019:232), the researcher should report on acceptance or refusal rate of the study by participants as an increase in refusal by participants may increase systemic bias. The acceptance rate is a percentage of eligible participants who consent to be in a study. The acceptance rate for the research study was 100 percent since all participants who met the characteristics of the study and who were approached to take part consented to participate in the study.

4.3 DEMOGRAPHIC INFORMATION

Section A of the questionnaire contained demographic details of the participants such as age, race, employment, religious status, marital status, educational level and number of live babies born to the women. The researcher analysed the data collected on demographic information to be able to identify characteristics of the sample that represented the population in the research study. The sample for the study was 130 participants (n=130) (see Table 4.1).

Majority of participants, 36.9% (n=48), were between 24 and 29 years and a minority of participants were over 35 years of age, 9.2% (n=12). Most of the participants in this study were Africans 71.5% (n=93), followed by Coloureds ,19% (n=25). Minority were

white, 9% (n=11). Majority of the participants, 54.6% (n=71), were unemployed compared to the 29.2% (n=38) who were employed full-time. Most of participants were Christians, 90.8% (n=118), with just 4.6% (n=6) being Muslim. Majority of participants, 62.3% (n=81), were single, with just 24.6% (n=32) of the participants being married and 10% (n=13) co-habiting.

Minority of participants were divorced, 1.5% (n=2); separated, 0.8% (n=1); or widowed, 0.8% (n=1). Over half of the participants had a high school education, 55.4% (n=72), with over a quarter of the participants having a tertiary-level education, 28.5% (n=37). Few of the participants had no education, 3.1% (n=4). Majority of participants, 62% (n=81), were having their second live newborn compared to the 38% (n=49) who were having a baby for the first time.

Table 4.1: Biographical profile of the participants

Demographics	**Frequency (n)**	**Percentage (%)**
Age (n= 130)		
18-23 years	45	34,6
24-29 years	48	36,9
30-34 years	25	19,2
35+ years	12	9,2
Race (n =130)		
African	93	71,5
Coloured	25	19,2
White	11	8,5
Other	1	0,8
Employment status (n=130)		
Unemployed	71	54,6
Self-employed	10	7,7
Employed part-time	11	8,5
Employed full-time	38	29,2
Religion (n=130)		
Christian	118	90,8
Muslim	6	4,6
None	6	4,6
Marital status (n=130)		
Single	81	62,3
Married	32	24,6
Divorced	2	1,5
Separated	1	0,8
Widowed	1	0,8
Cohabiting	13	10
Level of education (n= 130)		
Primary school	3	2,3
Secondary school	14	10,8
High school	72	55,4
Tertiary education	37	28,5
None	4	3,1
Number of babies alive (n= 130)		
First baby	49	37,7
Second or more babies	81	62,3
TOTAL	130	100

4.4 KNOWLEDGE OF PARTICIPANTS ABOUT COMPANIONSHIP DURING LABOUR AND CHILDBIRTH

The participants were asked to indicate in the questionnaire if they had any knowledge about companionship during labour and childbirth. The majority of participants, 65.4% (n=85), indicated that they had knowledge about companionship during labour and childbirth compared to a minority, 21.5% (n=28), who indicated they had no knowledge regarding companionship during labour and childbirth. Only 13% (n=17) were unsure whether they knew about companionship (see Figure 4.1).

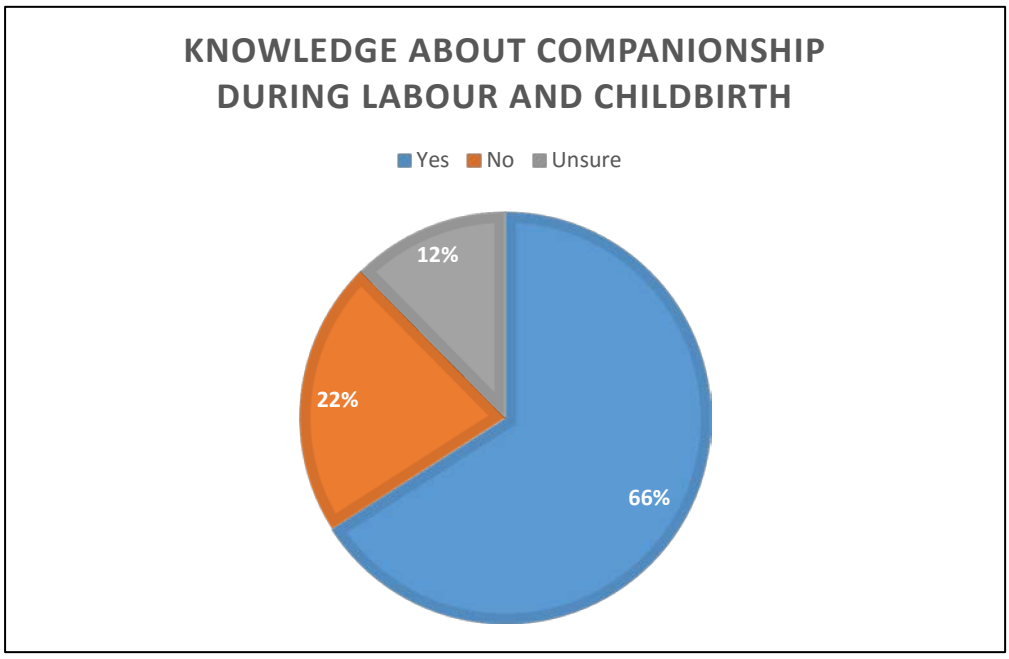

Figure 4.1 Knowledge of participants about companionship during labour and childbirth (n=130)

4.5 PRESENCE OF A COMPANION DURING LABOUR AND CHILDBIRTH

The participants were asked to indicate whether they had a companion during labour and childbirth and the type of companion they had with them. The results revealed that nearly half of the participants, 46.2% (n=60), had not had a companion present during their recent labour and childbirth. Altogether 14.6% (n=19) of the women had their mothers as companions; 14% (n=18) had their husbands as companions, while 10.8% (n=14) had partners as companions. A small percentage 8.5% (n=11) had their siblings as companions, with 4.6% (n=6) having their friends and just two participants having their neighbours as a companion (see Figure 4.2).

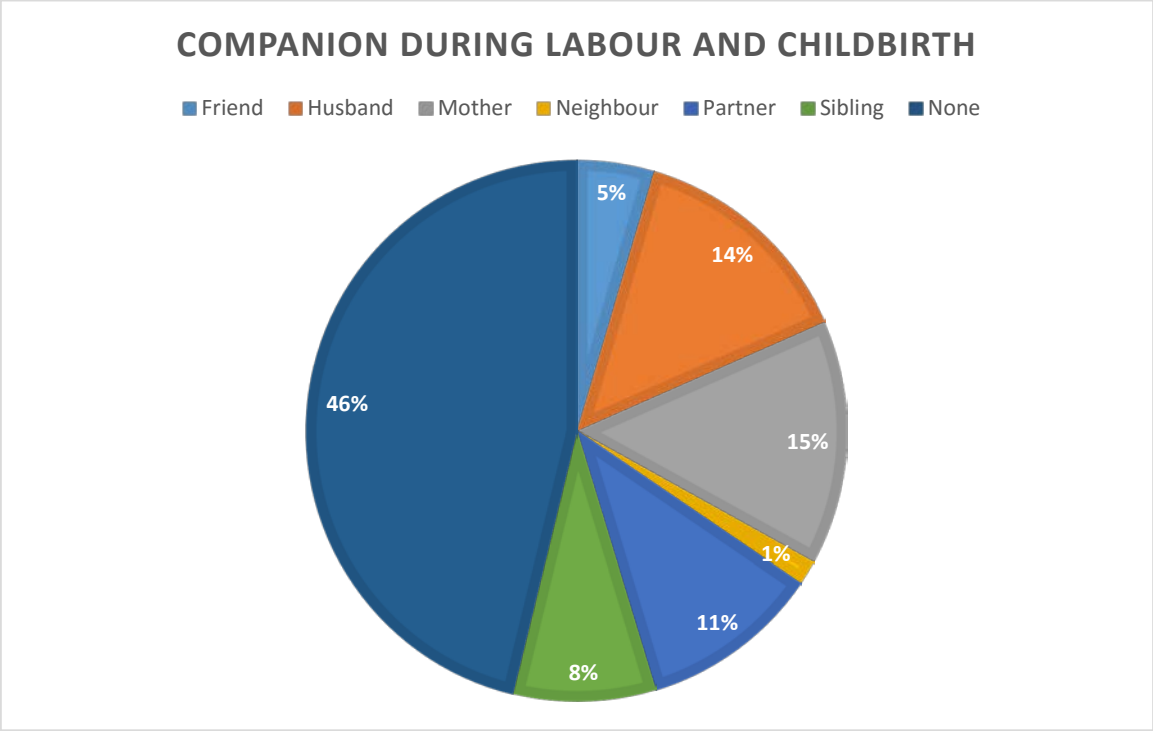

Figure 4.2 Companion presence during labour and childbirth (n=130)

4.6 WOMEN'S PERCEPTIONS OF WHO CANNOT BE A COMPANION

The participants were asked to indicate who they thought could not be a companion. The results from the frequency table revealed that a relatively high percentage of the participants, 43.8% (n=57), indicated that a neighbour could not be a companion. In addition, over a third of the participants, 36.2% (n=47), indicated that none of the listed companions in the questionnaire could be a companion. Other participants indicated that a friend, 8.5% (n=11), sibling, 3.1% (n=4); a partner, 2.3% (n=3), a mother, 2.3 % (n=3); all identified persons, 2.3% (n=3); and the least of all, a husband, 1.5% (n=2), could not be companions (see Table 4.2).

Table 4.2: Who participants perceive cannot be a companion (n=130)

Those who cannot be a companion	**Frequency (n)**	**Percentage (%)**
Friend	11	8,5
Husband	2	1,5
Mother	3	2,3
Neighbour	57	43,8
Partner	3	2,3
Sibling	4	3,1
None of the above	47	36,2
All of the above	3	2,3
Total	130	100

4.7 SOURCE OF INFORMATION REGARDING COMPANIONSHIP

The participants were asked to indicate their source of information on companionship during labour and childbirth. A quarter of participants, 25.38% (n=33), indicated that they obtained information from midwives, while 24.62% (n=32) said that the doctor was their source of information. A further 10.77% (n=14) indicated social media and the Internet as their sources of information; 9.23% (n=12) indicated friends; 7.69% (n=10) indicated radio and television and 4.62% (n=6) indicated magazines and newspapers, while 3.08% (n=4) indicated their doula and 4.62 (n=6) listed non-specified sources of information for companionship (see Figure 4.3).

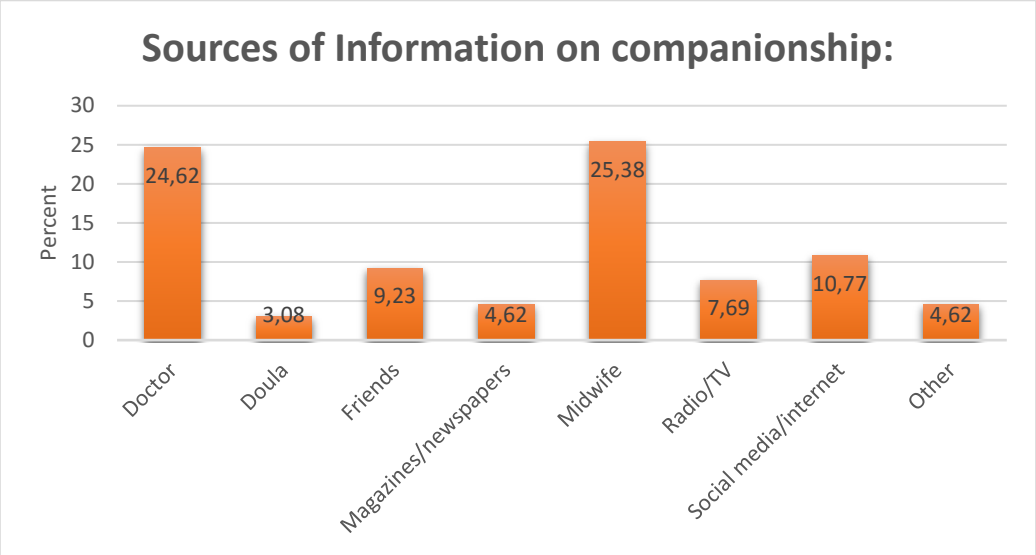

Figure 4.3: Sources of information on companionship

4.8 KNOWLEDGE OF PARTICIPANTS ABOUT THE PURPOSE OF A COMPANION DURING LABOUR AND CHILDBIRTH

Table 4.3 below indicates the participants' responses regarding the purpose of a companion during labour and childbirth. The participants were asked to indicate the purpose of a companion on the questionnaire to establish their knowledge about companionship during labour and childbirth. The participants had to respond to the list of statements whether they agreed ("yes"), disagreed ("no") or "did not know" on the 10 statements listed in the table.

Table 4.3 Participants' knowledge about the purpose of a companion (n=130)

The purpose of the companion is to:

Frequency of responses	**Yes**	**No**	**I do not know**
Help decrease stress and anxiety	76.2% n=99	6.2% n=8	17.7% n=23
Provide verbal reassurance	60.8% n=79	10.8% n=14	28.5% n=37
Provide emotional security to mothers	78.5% n=102	6.2% n=8	15.4% n=20
Assist with pain relief	64.6% n=84	20.8 n=27	14.6% n=19
Reinforce midwives' advice	55.4% n=72	11.5% n=15	33.1% n=43
Monitor progress of labour	48.5% n=63	26.2% n=34	25.4% n=33
Protect mother from verbal abuse	53.1% n=69	21.5% n=28	25.4% n=33
Conduct deliveries	32.3% n=42	43.1% n=56	24.6% n=32
Shorten length of labour	30% n=39	39.2% n=51	30.8% n=40
Increase the chances of a healthy newborn	65.4% n=85	13.1% n=17	21.5% n=28

Table 4.4 below illustrates the knowledge of participants about the purpose of companionship according to the statements provided. The following section discusses the responses of the participants regarding their knowledge of the purpose of companionship during labour and childbirth in accordance with relevant literature.

Table 4.4 Percentage of correct response about the knowledge of participants about the purpose of companion

Statement The purpose of a companion is to:	**(%) correct response**	**Frequency (n) correct response**
Help decrease stress and anxiety	76.2%	n=99
Provide verbal re-assurance	60.8%	n=79
Provide emotional security	78.5%	n=102
Assist with pain relief	64.6%	n=84
Re-enforce midwives' advice	55.4%	n=72
Monitor progress of labour	26.2%	n=34
Protect mother from verbal abuse	53.1%	n=69
Conduct deliveries	43.1%	n=56
Shorten length of labour	30%	n=39
Increase the chances of a healthy newborn	65.4%	n=85

Most of the participants, 76.2% (n=99), agreed that companions helped to decrease stress and anxiety. A minority, 6.2% (n=8), disagreed with the statement that companions decreased stress and anxiety. The remaining 17.7% (n=23) indicated that they did not know whether companions decreased stress and anxiety or not. A majority of participants, 60.8% (n=79), agreed that companions provided verbal re-assurance to women during labour and childbirth while a minority of participants, 10.8% (n=14), disagreed with that statement. The remaining 28.5% (n=37) indicated that they had no knowledge whether companions provided verbal reassurance during labour and childbirth or not.

A majority of participants, 78.5% (n=102), agreed that companions during labour and childbirth provided emotional security to mothers compared to the 6.2% (n=8) who disagreed with that statement and 15.4% (n=20) indicated that they had no idea whether companions during labour and childbirth provided emotional security to mothers or not. A majority of participants, 64.6% (n=84), agreed that companions

during labour and childbirth assisted with pain relief while a minority, 20.8% (n=27), disagreed with that statement. The remaining 14.6% (n=19) indicated that they did not know whether companions during labour and childbirth assisted with pain relief or not. A majority of participants, 55.4% (n=72), agreed that companions during labour and childbirth helped reinforce the midwives' advice compared to a minority, 11.5% (n=15), who disagreed that companions helped reinforce the midwives' advice. The remaining 33.1% (n=43) indicated that they did not know whether companions during labour and childbirth helped to reinforce the midwives' advice or not. Nearly half of the participants, 48.5% (n=63), agreed that companions could monitor the progress of labour while over a quarter, 26.2% (n=34), disagreed with that statement. The remaining 25.4% (n=33) indicated that they did not know whether companions could monitor the progress of labour or not.

Majority of participants, 53.1% (n=69), agreed that companions during labour and childbirth protected women from verbal abuse, while a minority, 21.5% (n=28), disagreed with the statement. The other 25.4% (n=33) indicated that they did not know whether companions could protect mothers from verbal abuse or not. Altogether, 43.1% (n=56) of the participants disagreed that companions could conduct deliveries while nearly a third, 32.3% (n=42), agreed that companions during labour and childbirth could conduct deliveries. The remaining 24.6% (n=32) indicated that they did not know whether companions during labour and childbirth could conduct deliveries or not.

Many participants, 39.2% (n=51), disagreed that companions during labour and childbirth shortened the length of labour, while nearly a third, 30% (n=39), agreed with that statement. The remaining 30.8% (n=40) indicated that they did not know whether companionship shortened the length of labour or not. A majority of participants, 65.4% (n=85), agreed that companionship during labour and childbirth increased the chance of a healthy newborn while a minority, 13.1% (n=17), disagreed with that statement. The remaining 21.5% (n=28) indicated that they did not know whether companionship increased the chances of a healthy newborn or not.

4.9 ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH

Table 4.5 below is related to Section C of the questionnaire. A 5-point Likert scale was used to measure the participants' attitudes towards companionship during labour and childbirth. The Likert scale contained 10 items in which the participants had to indicate whether they "strongly disagreed", "disagreed", were "neutral", "agreed" or "strongly agreed". The 10 items were either related positively or negatively to the women's attitudes towards companionship during labour and childbirth.

Table 4.5: Frequency table on women's attitudes towards companionship during labour and childbirth.

Women's attitudes towards companionship during labour and childbirth	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	%	n	%	n	%	N	%	n	%	n
The presence of a male companion during labour and childbirth is embarrassing	33,1	43	31,5	41	7,7	10	20,8	27	6,9	9
Companions gossip about mothers	21,5	28	43,1	56	13,8	18	18,5	24	3,1	4
Having a companion is important during labour and childbirth	6,2	8	5,4	7	10,8	14	43,8	57	33,8	44
Companionship is not acceptable in my culture	36,2	47	45,4	59	7,7	10	7,7	10	3,1	4
Having a companion can be disruptive during labour and childbirth	28,7	37	36,4	47	17,1	22	11,6	15	6,2	8
A companion does not do anything helpful during labour	26,9	35	50,8	66	6,9	9	10	13	5,4	7
A companion can provide emotional support during labour	5,4	7	10	13	5,4	7	44,6	58	34,6	45
A companion provides pain relief during labour	13,8	18	20	26	16,2	21	33,8	44	16,2	21
A female companion is better than a male companion	10,8	14	14,6	19	18,5	24	37,7	49	18,5	24
A companion can help a mother make important decisions during labour	8,5	11	6,2	8	10,8	14	46,2	60	28,5	37

The results from the frequency table (see Table 4.4) revealed that a majority, 64.6% (n=84) of participants strongly disagreed and disagreed that the presence of a male companion is embarrassing, compared to a minority, 6.9% (n=9), who strongly agreed. Altogether 43.1% (n=56) disagreed that companions gossiped about mothers while very few, 3.1% (n=4), agreed that companions gossiped about mothers. Most participants, 43.8% (n=57), agreed that companionship during labour and childbirth was important. Only a few women, 5.4% (n=7), disagreed with the statement.
A relatively high percentage of participants, 45.4% (n=59) disagreed that companionship was not acceptable in their culture while a small minority, 3.1% (n=4), strongly agreed with that statement. Over a third of the participants, 36.4% (n=47), disagreed that companions were disruptive during labour and childbirth compared to a minority, 6.2% (n=8), who agreed. The results revealed that half of the participants, 50.8% (n=66), disagreed that companions were not helpful during labour and childbirth compared to a minority 5.4% (n=7) who strongly agreed with the statement.

The results showed that most participants, 44.6% (n=58), agreed that companionship during labour and childbirth provided emotional support compared to a few participants, 5.4% (n=7), who strongly disagreed. Over a third of the participants, 33.8% (n=44), agreed that companionship during labour and childbirth provided pain relief compared to 13.8% (n=18) who disagreed. Altogether 56.2% (n=73) strongly agreed or agreed that having a female companion is better than a male companion, compared to a quarter of participants, 25.4% (n=33), who strongly disagreed and disagreed. The majority of participants, 74.7% (n=97), strongly agreed or agreed that companionship could help a mother make important decisions during labour and childbirth, while 14.7% (n=19) strongly disagreed or disagreed with that statement.

4.10 RELIABILITY OF THE PARTICIPANTS' RESPONSES

The reliability of the participants' responses to the questionnaire on each scale was tested using Cronbach's alpha as illustrated in Table 4.5 below. A Cronbach's Alpha score is a test done to measure the internal consistency of the measuring tool in measuring the concept being studied (Grove et al., 2013:391). Discussion of the Chronbach's alpha scores will be in chapter five.

Table 4.6 Cronbach's Alpha scores

Factors	Cronbach's Alpha co-efficient
Knowledge about companionship	0.737
Attitudes towards companionship	0.595

4.11 CONCLUSION

This chapter presented data as derived and analysed from the structured questionnaire. The knowledge of women about companionship during labour and childbirth was generally positive. The analysed data was presented in the form of frequency tables, pie charts and graphs to enhance the presentation of the data. Chapter 5 comprises a description and discussion of the findings as it relates to the relevant literature.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 INTRODUCTION

Chapter 4 presented the results of the data analysis of the data collected for the study while in this chapter the focus is on a discussion of the findings as a means to create a better understanding of those results in the context of this study. After presenting the findings, the researcher summarised the aims of the research, compare these with the findings and draw conclusions to what extent and in which manner the goal was achieved. The research findings were discussed and justified using the relevant literature. The research goal and objectives that were set out for the study are reiterated in the next sub-section.

5.2 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of the study was to explore and describe women's knowledge and attitudes towards companionship during labour and delivery at MOUs in the NMBHD. Based on the results of the study, recommendations were made to be provided to district and operational managers in order to optimise the use of companions at MOUs in the NMBHD.

This chapter is a response to the research objectives. The researcher, with the help of these objectives, sought to determine the following:

- the knowledge of women regarding companionship during labour and childbirth at MOU facilities in the NMBHD;
- the attitudes of women towards companionship during labour and childbirth at MOU facilities in the NMBHD.
- make recommendations to the NMBHD and MOU managers in order to enhance the practice of companionship during labour and childbirth.

5.3 DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

The participants were asked to indicate their age range in the questionnaire. Most of the participants were between the ages of 18 and 29 years. This is in line with the 2017 South African national median age which was 27 for mothers at birth. In addition, 73% of all births in South Africa in 2017 were from mothers between 20 and 34 (Statistics South Africa, 2017).

The participants were asked to indicate their race in the questionnaire. Most of the participants were Africans with 71.5% (n=93), followed by Coloureds with 19% (n=25). A minority of participants, 9% (n=11) were White. Findings from the research are congruent with the population demographics of the Nelson Mandela Bay Municipality (NMBM). The NMBM accounts for a total population of 1.26 million (Eastern Cape Socio Economic Consultative Council [ECSECC] NMBM Socio Economic Review and Outlook, 2017:11). In 2016, the largest population group was the Black African population with 63.23% (799 000) followed by the Coloured population at 22.97% (290 000), the White population at only 12.81% (162 000) and the smallest was the Asian population group with 0.98% (12 400) (ECSECC NMBM, 2017:14).

The research results revealed that the majority of participants, 54.6% (n=71) were unemployed. In 2017, the NMBM had 151 000 unemployed people which is an increase from 116 000 in 2006. The number of unemployed people in the NMBM constitutes 25,08% of the total number of unemployed people in the Eastern Cape Province. The annual unemployment rate increase of 2,65% which is worse than that of the Eastern Cape Province with an annual increase in unemployment rate of 1,65%. (ECSECC NMBM, 2017:48). According to Rala et al. (2014:127), the practice of companionship is poorly utilised in state-owned maternity institutions where the majority of patients are from low socio-economic backgrounds.

The participants were asked to indicate their religion in the questionnaire. The majority of participants were Christians at 90.8% (n=118) with just 4.6% (n=6) of the participants being Muslims. According to Cronje et al. (2011:718), in most African countries, religion has been found to be influential in the practice of companionship. For instance, since Muslim women can only be accompanied by a female as childbirth

is regarded as a women's issue, males are usually excluded (Cronje et al., 2011:718). In Northern Nigeria with a strong Islamic Law and the majority being a Muslim population, the physical presence of a husband in a labour room is strongly opposed, compared to the Christian-dominated Southern Nigeria where a good percentage of spouses were shown to participate in antenatal and post-natal care (Umeora, Ukkaegbe, Eze & Masekoameng, 2011:2).

The participants were asked to indicate their marital status in the questionnaire. The results revealed that 62.3% (n=81) of participants were single, and 24.6% (n=32) of participants were married. These statistics are comparable with Rala et al.'s study where 73% (n=45) were single and 27% (n=17) were married.

The participants were asked to indicate their educational level in the questionnaire. Majority of participants 55.4% (n=72), indicated that they had a high school qualification, while over a quarter of the participants, 28.5% (n=37) indicated that they had a tertiary level qualification. Only 3.1% (n=4) had no education. These figures were similar to the study of Rala et al. (2014:125) on Eastern Cape companionship which revealed that 63% (n=39) of the participants had a high school education and 31% (n=19) had a tertiary qualification. The results of a Nigerian study on spousal companionship revealed that the majority of men who accompanied their wives during labour were highly educated and lived in monogamous families (Umeora, et al., 2011:2).

The results revealed that the majority of the women, 62% (n=81) were having their second live new-born, compared to the 38% (n=49) who had had a live newborn for the first time. Based on the research findings, the researcher is of the opinion that most women might have acquired some experience or knowledge on companionship from previous labour and childbirth as the majority were having a live newborn baby for the second time.

The following sub-subsection will demonstrate how the first objective was met and also assist with the identification of the recommendations to be made. The discussion of the research findings will follow in the order in which they appear in the questionnaire. The discussion pertains to the findings on the knowledge and attitudes of women

towards companionship during labour and childbirth at MOU facilities. The discussion will be validated or justified with relevant literature.

5.4 PRESENCE OF A COMPANION DURING LABOUR AND CHILDBIRTH

The participants were asked to indicate whether they had a companion present during labour and childbirth and the type of companion they had with them. The results revealed that almost half of the participants had no companion present during labour and childbirth. The research findings were in line with the research conducted in 2009 to establish the opinions of labouring women regarding companionship in labour wards at Buffalo City Municipality in the Eastern Cape. The data were collected from 62 women and revealed that only 15 women had had companions, and the majority of women had had no companion at the time of going into labour (Rala et al., 2014:123). The research findings illustrate that the prevalence of companionship during labour and childbirth at MOUs which are state-owned facilities in the NMBHD is still poorly utilised.

The situation regarding the poor usage of companionship in other middle-income countries appears to be similar to the situation in South Africa. In a study conducted in Brazil by (Diniz, d'Orsi, Domingues, Torres, Dias, Schneck, Lansky, Teixeira, Rance & Sandall, 2014:1-14), that sought to investigate the implementation of the presence of companions during hospital admission for childbirth, it was apparent that there was a slow improvement in implementing the companion policy. The findings of the study revealed that 24.5% of women had no companion at all, 18.8% had continuous companionship, with 56.7% who had partial companionship. Lack of or partial companionship during childbirth was associated with women using the public sector: a lack of information and whether it was allowed; and a lack of institutional policies regarding companionship during labour and childbirth (Diniz et al., 2014:1-14).

5.5 PARTICIPANTS' PERCEPTION ABOUT THE CHOICE OF A COMPANION

The participants were asked to indicate who they felt could not be a companion. The results from the frequency table revealed that the many of the participants indicated that a neighbour could not be a companion. Over a third of the participants indicated that none of the listed companions was suited to be a companion. The women's perceptions were contrary to much of the current literature. Marshall et al. (2016:293) state that there is evidence that companionship provided to the women by someone who is neither a family member nor within the women's social network, nor midwives, provide the most effective continuous support during labour and childbirth. In addition, although women appreciate the presence of male partners, some women consider males to be short of the skills required for other support needs (Kabakian-Khasholian & Portela, 2017:10). Indeed, in a Kenyan study Afulani, Kusi, Kirumbi and Walker (2018:174) indicated that less than 25% of the women stated that their partner was their preferred companion during labour and just 6% during delivery.

5.6 PARTICIPANTS' SOURCES OF INFORMATION ON COMPANIONSHIP

The participants were asked to indicate their sources of information on companionship during labour and childbirth. Participants indicated varying sources of information on companionship during labour and childbirth. A quarter of the participants indicated that they obtained information on companionship from the midwives. Another quarter indicated that their doctor was their source of information. Over 20% of participants indicated media, newspapers, internet, social media or radio/tv as a source of information. The research findings were similar to findings from a study conducted in Malawi to investigate the experiences of women with the support they had received from their birth companions during labour and delivery (Kungwimba et al., 2013:47). The results revealed that 14 out of 20 women knew that they were allowed to bring a companion during labour and delivery. The majority of women cited the antenatal clinic as a source of information regarding companionship. Women also cited their source of information as friends, relatives and marriage counsellors. Bawadi (2015:1550) cited Pestvenidze and Bohrer (2007) and indicated that support of fathers for the women during labour in developed countries was noted and the main reason for this practice was due the antenatal classes as a source of valuable information that made

women aware that they should involve their partners. Therefore, midwives have a vital role in providing information and awareness regarding companionship to women and their companions.

5.7 KNOWLEDGE OF WOMEN ABOUT THE PURPOSE OF COMPANIONS DURING LABOUR AND CHILDBIRTH

In Section C the participants were asked to indicate if they had knowledge, no knowledge or were unsure about companionship during labour and childbirth. The results revealed that the majority of participants 65.4% (n=85) indicated that they had knowledge regarding companionship during labour and childbirth. The research findings were in contrast to the findings of Rala et al. (2014:125) whose study investigated the opinions of labouring women about companionship in labour wards, which revealed that the majority of participants, 79% (n=35), of the participants in their study had no knowledge of companionship at the time of delivery.

In another study, conducted by Olumide (2018) in Addis Ababa to assess the knowledge and preferred choice of antenatal clients about companionship during labour and delivery, the results revealed that there was very little knowledge among antenatal clients in public facilities in Addis Ababa regarding their right to have a companion of choice during labour and childbirth. It was therefore recommended from the study that there was a need to increase awareness among antenatal women regarding their right to have a continuous companion of choice during labour and childbirth (Olumide, 2018:42).

5.7.1 Companions help decrease stress and anxiety

The results revealed that the majority of participants, 76.2% (n=99) agreed that a companion helped decrease stress and anxiety. Minority, 6.2% (n=8) of participants, disagreed with the statement that companionship decreased stress and anxiety. Only a small percentage of participants indicated that they had no knowledge whether companionship decreased stress and anxiety. Hence the majority of the participants' responses were in line with a qualitative study conducted in Australia, in 2013 to establish women's experiences of their partner's presence during childbirth. The

results revealed that the partners were instrumental in relieving the women's distress and anxiety (Dlugosz, 2013:52). A similar study was conducted by Salehi, Fahami and Beigi (2016:611-615), which explored the effects of the presence of trained husbands beside their wives during childbirth on women's anxiety. The results revealed that the women's levels of anxiety were significantly reduced by the presence of trained husband/companions accompanying their wives during labour (Salehi et al., 2016:611-615).

The results from the study are congruent with the findings from a study conducted by Sydsjö, Blomberg, Palmquist, Angerbjörn, Bladh & Josefsson, 2015:3), to investigate effects of continuous midwifery support for women in labour with severe fear of childbirth. The findings revealed that women with severe fear of childbirth more often had an induction of labour and shorter duration of labour compared to the parous reference women. Since the results further revealed that women with severe fear of childbirth experienced very high anxiety levels during childbirth; it was concluded that women with severe fear of childbirth might benefit from continuous support by a midwife during childbirth (Sydsjö, et al., 2015:3). In conclusion it would seem that most of the participants appeared to support the idea of companionship playing a role in decreasing stress and anxiety.

5.7.2 Companions provide verbal re-assurance

The results revealed that the majority of participants, 60.8% (n=79) agreed that companions provided verbal re-assurance to women during labour and childbirth. Minority of participants 10.8% (n=14) disagreed that companions provide verbal reassurance while 28.5% (n=37) of the participants indicated that they had no knowledge whether companions provide verbal re-assurance during labour and childbirth. On the whole, the women in this study felt that one of the roles of a companion was to provide verbal reassurance which falls under emotional support and includes advocating, explaining, praising and encouraging (Fraser et al., 2010:463). A companion needs to ensure that a woman is informed, that they understand and that they are given feedback about every procedure or the results from assessments and examinations (Fraser et al., 2010:463).

Lundgren (2010:173-180) in her study concluded that the role of a doula as a companion is to liaise between a woman and the health professional, and that the doula instils in the woman a belief that she has the capacity to give birth. In a study by Bawadi (2015) to assess the kind of support the Arab fathers could provide for their wives, the participants indicated that their role was reassurance which empowered the woman; decreased her despair and furthermore that the companion kept reassuring the women that labour was a normal process and that they would work through it (Bawadi, 2015:1548); so, based on the relevant literature the majority of participants indicated that one of the roles of a companion was to provide verbal reassurance.

5.7.3 Companions provide emotional security to mothers

The results revealed that the majority of participants, 78.5% (n=102), agreed that companions during labour and childbirth provided emotional security to mothers. Minority of participants 15.4% (n=20), indicated that they did not know whether companions during labour and childbirth provided emotional security to mothers or not. Emotional security or support is provided by exercising the skill of instilling confidence and expressing caring and dependability (Fraser et al., 2010:462). As mentioned previously, Bawadi's (2015) study on Arabic men's support during labour found that emotional support was one of the main themes that emerged from the findings about the help received from the fathers who had been encouraged and trained to keep the woman feeling secure and encourage her to be strong and patient. Furthermore, the fathers in the study emphasised the importance of reassuring, encouraging and sympathising with their wives through the labour pains (Bawadi, 2015:1548).

5.7.4 Companions assists with pain relief

The results revealed that a large percentage of participants, 64.6% (n=84), agreed that companions during labour and childbirth assisted with pain relief although a fifth 20.8% (n=27) of the participants disagreed that companions assisted with pain relief, while 14.6% (n=19) indicated that they had no knowledge whether companions during labour and childbirth assisted with pain relief or not. Companionship is regarded as one of the few non-pharmacological pain-relief methods that can be used during labour and childbirth (Cronjé et al., 2011:89). The research results were in line with literature

on the subject. A review of data by Bohren et al. (2017) from 27 randomised controlled trials of continuous labour support involving 15,858 women from 17 countries revealed that the benefits of continuous support by a doula to labouring women included fewer uses of analgesia.

Ahmadi (2010) conducted a study to evaluate the effect of continuous midwifery support on pain intensity in labour and delivery. The findings revealed that midwifery support received by the experimental group was similar to that of a lay companion and included emotional, information and physical support of normal childbirth and that the intensity of pain during labour and the second stage of labour among the supported group were less than that of the control group. It was concluded that continuous midwifery support reduces the intensity of pain during labour and delivery (Ahmadi, 2010:293-304).

Similar findings were found in another study conducted to evaluate the effect of a student-nurse doula programme as companions and its impact on labour analgesia and caesarean-section birth. The results revealed that, with increased number of physical interventions by companions, there was a decrease in the likelihood of epidural use (Paterno, van Zandt & Murphy, 2012:28-34). It can be concluded, therefore, that women who have support from birth companions or doulas are more satisfied with labour and childbirth experience and are less likely to need a caesarean delivery or require analgesia during labour than those who do not (Bohren et al., 2017:34). The majority of participants appeared to understand the benefit of companionship in relation to pain relief.

5.7.5 Companions re-enforce the midwives' advice

The results revealed that the majority of participants, 55.4% (n=72), agreed that companions during labour and childbirth helped to reinforce the midwives' advice. Fraser et al. (2010:463) state that by reinforcing the advice of a midwife, a companion needs to ensure that the woman is informed, understands and is given feedback about every procedure or result from assessment and examination. In Lunda, Minnie and Benade's study (2018:7) it was revealed that the support person was often used as a relay person for messages and for bridging the gap between the women and the

midwives. As a result the women felt reassured and secure. Although the majority of participants appeared to understand this aspect of the role of the companion, there was still a 33.1% (n=43) of women who did not know about the function of a companion.

5.7.6 Companions monitor the progress of labour

The results revealed that almost half of the participants, 48.5% (n=63), agreed that companions could monitor the progress of labour, whilst 25.4% (n=33) indicated having no knowledge whether companions monitor the progress of labour; but essentially it is not within the scope of practice of a companion to monitor the progress of labour. Companionship during labour and childbirth can be provided by individuals other than midwives trained and designated to provide support (Fraser et al., 2010:463); however, in larger more controlled units, doulas have been trained to assist women with basic and supportive non-clinical midwifery care (Sellers, 2012:127). Therefore, companions provide basic supportive care; but they cannot monitor the progress of labour and have to rely on the feedback from midwives and obstetricians. According to Marshall et al. (2016:293), it is not acceptable to utilise companions as a substitute for close observations as midwives in any situation. Only 26.2% (n=34) of participants were aware that companions were not required to monitor the progress of labour.

5.7.7 Companions protect the mother from verbal abuse

The results revealed that the majority of participants, 53.1% (n=69), agreed that companions during labour and childbirth protected the women from verbal abuse by the healthcare staff whilst 25.4% (n=33) indicated having no knowledge. Studies in community-based maternity care facilities in South Africa reported that women experienced being shouted at, beaten or even neglected by the healthcare staff. The Cape Metro established a code for patient-centred maternity care and stated that a companion of choice for the women in a health facility while in labour was a vital component that should be utilised to improve the women’s birthing experience (Honikman et al., 2015:284).

Karevi and Kumar (2017) conducted a study to explore the perceptions of antenatal women, husbands and healthcare service providers on husbands being birth companions during childbirth. The women perceived that having their husband as birth companions could improve the quality of their birth experience. Issues relating to ill treatment by service providers were motivating factors for women to want to have their husbands as birth companions (Karevi & Kumar, 2017:6), indicating that the majority of the participants were aware of this benefit of companionship.

5.7.8 Companions conduct deliveries

Many participants, 43.1% (n=56), disagreed that companions during labour and childbirth conducted deliveries whilst 24.6% (n=32) indicated having no knowledge of whether companions conduct deliveries. Sellers (2012:19) states that doulas or companions are trained lay workers who assist women in labour with basic needs; but they do not possess a clear scope of practice and cannot function independently. Lunda et al. (2018:8) concluded that the support persons such as companions played a vital role which midwives could not fulfil due to their high workloads. These support persons do not replace the midwives' roles, but merely complement the supportive care and companions, including doulas, cannot conduct deliveries. It is, however, clear that a majority of the participants were not aware that companions did not conduct deliveries, hence women need to be informed of the limitations of the companions' functions.

5.7.9 Companionship shortens length of labour

The results revealed that nearly 39.2% (n=51) of participants disagreed that the presence of companions during labour and childbirth shorten the length of labour. Only 30% (n=39) indicated that a companion reduced the length of labour although, according to Cronje et al. (2011:9), women who have a support by a birth companion or doula during labour and childbirth have been found to have the benefit of having a shorter duration of labour. The statement of Cronje et al (2011) is supported by the study of Bolbol-Haghighi, Masoumi and Kazemi (2016:14) who evaluated the effects of continued support by midwifery students who were trained in supportive care and acted as doulas for the labouring women on childbirth and labour. The findings

revealed that support provided by midwifery students shortened the duration of labour. Majority of participants 39.2% (n=51) were not aware of this benefit of companionship.

5.7.10 Companionship increases the chances of a healthy newborn

The results revealed that the majority of participants 65.4% (n=85), agreed that companionship during labour and childbirth increased the chance of a healthy newborn. Hodnett et al. (2011) state that continuous support during labour and childbirth in the form of companionship has been found to be useful in reducing fear and anxiety and increases patient satisfaction as the woman becomes more in control of her labour. With a reduction of anxiety and fear and consequently reduced epinephrine levels there is a decrease in chances of babies being born with low Apgar score and prolonged labour as there is less uterine contractility (Hodnett et al., 2011:4). The research results of Hodnett e al. (2011) were similar to the findings from a study by Gruber, Cupito and Dobson (2013) to investigate the impact of doulas on healthy baby outcomes. The findings revealed that doula-assisted mothers were four times less likely to have a low-birth weight baby, two times less likely to have a birth complication involving themselves or their baby and significantly more likely to initiate breastfeeding successfully (Gruber et al., 2013:49-58). Hence, it is encouraging that a high majority of women were aware that companionship increased the chances of delivering a healthy baby.

5.8 ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH

A 5-point Likert scale was used to measure the participants' attitudes towards companionship during labour and childbirth. The Likert scale contained 10 items in which the participants had to indicate whether they "strongly disagreed", "disagreed", were "neutral", "agreed" or "strongly agreed". Most of the women related positively towards companionship during labour and childbirth based on their responses to the statements.

Similar findings were found in a study conducted in 2015 by (Wan-Kam, Wai-Hang, Lin-Wai, & William, 2015:127), to assess the attitudes and expectations of Hong Kong

Women towards companionship. The findings revealed that companionship during labour and childbirth was highly acceptable by the women and their partners.

5.8.1 The presence of a male companion during labour and childbirth is embarrassing and companions gossip about mothers

The results revealed that the majority of participants, 64.6% (n=84), strongly disagreed or disagreed that the presence of a male companion was embarrassing. Majority of participants 64.6% (n=84), also strongly disagreed or disagreed that companions gossiped about mothers. The research results were in contrast to the findings from previous studies. The results of a study conducted to investigate women and healthcare providers' perceptions on companionship in health facilities in rural Western Kenya revealed that 18% of participants did not desire companions during labour and 63% did not desire a companion during delivery. Reasons cited for not requiring a companion included embarrassment, fear of gossip and abuse (Afulani et al., 2018). Oboro, Oyeniran, Akinola and Isawumi (2011) conducted a study to assess the attitudes of Nigerian women regarding the presence of a husband/partner during labour. In their study, similar findings were revealed, 69 out of 197 women declined all forms of support while 71 of the remaining 128 women declined to have their husband/partner present. The women in the study cited reasons such as personal embarrassment 39.4% (n=28), fear of loss of sexual attractiveness, 26.8% (n=19), concern for their husband/partner 23.9% (n=17), and lack of privacy 21.1% (n=15), (Oboro et al., 2011:56-58).

5.8.2 Companions are not helpful and are disruptive during labour and childbirth

The results revealed that the majority of participants, 77.7% (n=101), strongly disagreed or disagreed that companions were not helpful during labour and childbirth. Majority of the participants, 65.1% (n=84), strongly disagreed or disagreed that companions are disruptive during labour and childbirth. Similar findings were obtained from another study conducted by Al-Mandeel et al. (2013:28-33) to investigate Saudi Arabian women's acceptance and attitudes towards companion support during labour. The results revealed that a significant percentage of Saudi Arabian women preferred not to have a companion. More than one third of the women cited reasons such as

having a companion during labour would not help and most women cited fear of being exposed to their companions.

5.8.3 Having a companion is important during labour and childbirth

Majority of the participants 77.6% (n=101) agreed or strongly agreed that companionship during labour and childbirth was important and the research results were in line with the literature. For instance, Wang, Song, Xu, Hu, Gong, Lee and Che (2018:6) conducted a cross-sectional study on primiparous women in which 362 women self-requested continuous support and another 362 women were provided with routine care. Based on the study findings, which highlighted the many benefits of companionship, it was concluded that the practice of a supportive companion was important and should be included in intra-partum care (Wang et al., 2018:6) indicating that the views of participants were in line with the empirical evidence of research literature.

5.8.4 Companionship during labour and childbirth is not acceptable in my culture

Majority of participants 81.6% (n=106) agreed or strongly agreed that companionship was acceptable in their culture. Contrary to this study, in Nigeria; culture and religion govern the society and as a result in some parts of the country there is a strong cultural belief that labour is longer and labour pains worsen when the spouse is present in the labour room (Vehviläinen-Julkunen & Emelonye, 2014:511-515). As a result, there is poor spousal support during labour and childbirth in parts of the Nigeria where society relies strongly on cultural beliefs, especially when female companions are not available for support (Vehviläinen-Julkunen & Emelonye, 2014:511-515). Hodin (2017) cited that women from Ghana, Saudi-Arabia and Zambia were reluctant to engage the help of a lay birth companion from their communities, as they were concerned about potential social implications, such as social stigma. Another study was conducted in Malawi by (Chasowa, Kandolo, Jack & Kambalu, 2015:66-75) to investigate factors that hindered husbands from participating in maternal healthcare. The results revealed that societal gender-role norms hindered male participation as spousal companions in maternal healthcare. Males viewed accompanying their wife

during pregnancy and childbirth as a waste of time and money as it was regarded as a woman's issue and that therefore women should care for and accompany other women (Chasowa et al., 2015:66-75). Furthermore, the men in the study lacked knowledge and information about the importance and benefits of companionship during pregnancy, labour and childbirth as they regarded themselves only as financial providers (Chasowa et al., 2015:66-75). It can therefore be concluded that cultural beliefs may affect the practice of companionship during labour and childbirth in a society that is not knowledgeable about its importance and benefits.

5.8.5 A companion can provide emotional support during labour and childbirth

The results revealed that majority of participants 79.2% (n=103) agreed or strongly agreed that companionship during labour and childbirth provided emotional support to the labouring women. The research results were in line with literature as, for instance, according to a study by Kungwimba et al*.* (2013:48), all primiparous women in the study were satisfied with the emotional support received from their companions as they chatted, praised the women for their good work and encouraged them. Similarly, another study was conducted by Bangal, Bayaskar, Arjun, Khan and Thorat, (2018) to investigate the opinions of pregnant women regarding desire and choice of labour companion. The results revealed that a large number of women (42%) had expectations of a higher level of emotional support and compassionate care when allowed to have a relative to stay as companion. The women in the study indicated that emotional support was what was expected mostly from their companions. The companions were seen as positive influencers on their self-confidence and control (Bangal et al., 2018:114-118).

5.8.6 A companion provides pain-relief during labour and childbirth

Half of the participants 50% (n=65) perceived that companionship during labour and childbirth provided pain relief while a third 33.8% (n=44) did not agree. About 16.2% (n=21) were unsure about companions as being able to provide pain relief during labour and childbirth. Despite the views of some women regarding the inability of companions to provide pain relief, a study in Jordan by Khresheh (2010) found that companions do indeed help with pain relief. The study assessed whether female

support provided to the women during the first stage of labour had an effect on the use of pharmacological pain relief, duration of labour and post-partum perceptions on the birth experience. The study findings revealed that women who had support during labour were less likely to require pharmacological pain relief than the control group (Kresheh, 2010:21).

5.8.7 A female companion is better than a male companion

More than half of the participants 56.2% (n=73) agreed or strongly agreed that it was better having a female rather than a male companion. The research results were in line with literature; for, according to Cronje et al. (2016:743), most black women and religious Jews and Muslims prefer a female companion to having their husbands. Similarly, the WHO (2013) recommend that even though fathers are encouraged to support and actively participate during labour and childbirth, having a female companion can overcome issues related to a lack of privacy as it is easier when the companion is a female instead of male. In a study by Al-Mandeel et al. (2013:28-33), the majority of Saudi women preferred having their mothers as companions if they were to be given a choice of having their mothers or husbands as a companion. In contrast, the results of a study done by Adeniran, Aboyeji, Fawole, Balogun, Adesina, and Adeniran (2015:307) which was conducted to evaluate the expectations of pregnant women on the role of the male partner during labour and delivery revealed that the majority of women, 84% (n=427), desired companionship during labour and delivery with 80.8% (n=345), preferring their male partner. The reasons cited by women for preferring their male partners was among others for men to “appreciate the value of women” (Adeniran et al., 2015:307).

The differences in preferences by women are in line with the literature and the WHO recommendation that women should be allowed a companion of choice during labour and childbirth (WHO, 2016:2). According to Marshall et al. (2016:293), it is inappropriate to expect that all women have the same requirements and so it is acceptable that women have different preferences regarding their companions during labour and childbirth.

5.8.8 A companion can help the mother make important decisions during labour and childbirth

Majority of participants, 74.7% (n=97), agreed or strongly agreed that a companion could help the mothers make important decisions during labour and childbirth. In Kenya, Afulani et al. (2018:167) found that women felt that companions assisted with providing information such as informing them what to do, helping them make decisions, and advocating for them during labour. Lunda et al. (2018:9) have stated that prenatal education and advice from a support person prepare women for the birthing process and assist women in making informed decisions to improve maternal and neonatal outcomes.

5.9 CHRONBACH'S ALPHA SCORE

A reliability statistic was carried out and the results were moderate to strong with a co-efficiency score of 0.737 obtained for knowledge of women towards companionship. A co-efficiency score of 0.595 was obtained for attitudes of women towards companionship during labour and childbirth.

LoBiondo-Wood and Haber (2010:585) state that the reliability co-efficiency between 0 and 1 expresses a relationship between error variance, true variance and the score observed. The zero variance indicates no relationship and the closer to 1 co-efficiency is a more reliable tool; therefore, the result of Cronbach's alpha co-efficiency was found to be reliable.

5.10 CONCLUSION

The findings discussed in this chapter have illustrated the fact that many women at MOU facilities in the NMBHD are not knowledgeable with regard to companionship, including the purpose of a companion during labour and childbirth. Though most women relate positively towards companionship, the practice of companionship during labour and childbirth is still poorly utilised at MOU facilities in the NMBHD. The female companion was the preferred to a male companion. The next and last chapter of this study will present the conclusions, limitations and recommendations pertaining to

women’s knowledge about companionship during labour and childbirth at MOUs and their attitudes towards it.

CHAPTER SIX

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter discussed the data analysis results. The focus of this chapter will be on drawing conclusions regarding the study, describing the limitations in conducting the study and making recommendations based on the research findings. These recommendations could be used by nursing and midwifery managers to optimise the use of companions in MOUs in the NMBHD.

6.2 OBJECTIVES OF THE RESEARCH STUDY

The objectives of this study were to:

- determine the knowledge of women regarding companionship during labour and childbirth at MOU facilities in the NMBHD,
- determine the attitudes of women towards companionship during labour and childbirth at MOU facilities in the NMBHD and
- make recommendations to the NMBHD and MOU managers in order to enhance the practice of companionship at MOUs.

6.3 ACHIEVING THE RESEARCH OBJECTIVES

To achieve objective number one and two, a quantitative and descriptive research design was used to conduct the study. Convenience sampling was used and the sample size aimed at was 130 participants as advised by the statistician. Altogether, 130 self-administered questionnaires were completed and returned to the researcher yielding a 100% response rate. The inclusion criteria used for the sample were:

- All women who had delivered in the selected MOUs in the NMBHD.

The exclusion criteria for this study were women:

- who had experienced complications at any time during labour and delivery;
- under the age of 18 years;

- with mental illness or decreased autonomy as well as disoriented women; and
- who were unable to speak and/or understand English.

Responses to the data collection tool were captured on a spreadsheet for easy and accurate calculation and the numerical data were categorised, ordered and analysed with the help of an experienced statistician and researcher using IBM SPSS Statistics 24 (IBM Corp 2016) to ensure efficacy of the results. The findings were presented by describing the demographic profile of the participants, their knowledge of companionship during labour and childbirth, and their attitude towards companionship.

6.4 SUMMARY OF FINDINGS

The following sub-sections will provide a summary of the study findings. The summary of the findings will be discussed in the order in which it stated in the questionnaire.

6.4.1 Demographic profile of the participants

One-hundred and thirty (130) postnatal women participated in the study with 100% response rate. Most of the participants, 36.9% (n=48) were aged between 24 and 29 years followed by ages 18-23 years 34.6% (n=45), 19.2% were between 30 and 34 years and 9.2% (n=12) were more than 35 years old. Majority of participants 71.5% (n=93) were African followed by Coloured at 19.2% (n=25), Whites were 8.5% (n=11) with only 0.8% (n=1) of another unknown race. More than half of the participants were unemployed 54.6% (n=71) with 29.2% (n=38) full time employed, 8.5% (n=11) were part-time employed and 7.7% (n=10), self-employed. The majority of participants, 90.8% (n=118) were Christians, 4.6% (n=6) were Muslims and another 4.6% (n=6) had no religion.

Majority of participants, 62.3% (n=81) were single, followed by 24.6% (n=32) who were married. Only 1.5% (n=2) of participants were divorced, 0.8% (n=1) were separated, another 0.8% (n=1) widowed and 10% (n=13) of participants were co-habiting. More than half of the participants, 55.4% (n=72)) had a high -school level of education followed by 28.5% (n=37) with tertiary education and the participants with a secondary-school level was 10.8%. Those with a primary-school level were 2.3% (n=3), Only

3.1% (n=4) of participants indicated no educational level. The majority of participants 62.3% (n=81), had had their second and more live babies whilst 37.7% (n=49) were having their first live baby.

6.4.2 Knowledge of women about companionship during labour and childbirth

The results revealed that the majority of women 65% (n=85), indicated that they had knowledge of companionship during labour and childbirth while only 21.5% (n=28), indicated they had no knowledge and 12.3% (n=16) were unsure. A high percentage of women gave the correct responses in seven out of ten statements in relation to literature when asked about the purpose of companionship. Midwives were cited by the women as their major source of information on companionship. The majority of the women indicated that companionship during labour and childbirth decreased stress and anxiety; that companions provided mothers with verbal reassurance as well as emotional security; that a companion assisted with pain relief during labour and childbirth; and that they also helped reinforce the advice of midwives.

Nearly half the women gave the incorrect response and indicated that companions monitored the progress of labour with a quarter not knowing the answer. Over half of the women indicated that companions protected mothers from verbal abuse. A third of the participants indicated incorrectly that companions conducted deliveries, with a quarter indicating that they did not know. This suggests that many women are not entirely knowledgeable of the purpose of the companion during labour and childbirth.

Minority of women indicated correctly that companionship shortened the length of labour; but a larger percentage of women said this was not the case, with 30.8% (n=40) indicating that they did not know. Majority of women correctly indicated that companionship during labour and childbirth increased the chances of a healthy new-born. The research results revealed that despite the women having some knowledge of companionship during labour and childbirth, some women had no knowledge regarding the purpose of companions during labour and childbirth, and nearly half the women, 46.2% (n=60), had no companion present with them at the time of labour and childbirth. There is for this reason still some work required to educate women regarding the benefits of companionship during labour and childbirth.

6.4.3 Attitudes of women towards companionship during labour and childbirth

Majority of women related positively to most statements concerning companionship during labour and childbirth. Most of the women perceived companionship as important and beneficial and did not perceive companionship as disruptive, embarrassing or unhelpful. Many of the women did not perceive culture as a negative influence on companionship during labour and childbirth. Most women perceived companionship as beneficial in pain relief, emotional support and assisting mothers in making important decisions during labour and childbirth; but most of the women preferred having a female companion. The differences in preferences by women are in line with literature and the WHO recommendation that women should be allowed a companion of choice during labour and childbirth.

6.5 CONCLUSIONS

Following the analysis of data from the participants in the study, it emerged that majority of women had some knowledge about companionship during labour and childbirth, however, most women did not have adequate knowledge regarding the purpose of a companion during labour and childbirth. Most women cited midwives as their major source of information on companionship during labour and childbirth.

Most women related positively towards the concept of companionship during labour and childbirth. Majority of women perceived companionship during labour and childbirth to be beneficial and of importance. Majority of women did not perceive companionship as embarrassing, unhelpful and most women disagreed that companionship is not acceptable in their culture. However, the majority of women preferred having a female companion. Though majority of women indicated having knowledge about companionship, the implementation and utilisation of companions during labour and childbirth remains poor at MOU facilities in the NMBHD as most women had no companion present during their labour and childbirth. The research findings are consistent with literature and emphasise the need to enhance and strengthen the practice of companionship during labour and childbirth at MOU facilities in the NMBHD. There is also a need to increase awareness among the women regarding the importance of having a companion during labour and childbirth.

6.6 LIMITATIONS

The limitations of the study were as follows.

- Since the type of sampling used by the researcher in the study was convenience sampling, generalisability is less clear due to a non-randomised type of sample selection.
- In addition, the research study and the population were drawn solely from public institutions, private institutions not being included in the study.
- The research study was also limited to the accessible population who could comprehend English, causing participants who were unable to comprehend English to be excluded from the study.

6.7 RECOMMENDATIONS

The following recommendations are made to address nursing practice, nursing education and nursing research emerged as a result of the research findings and the limitations of the research study conducted. The recommendations are discussed below:

6.7.1 Recommendations for midwifery practice

The midwifery managers should enforce utilisation of companionship in order to enhance the quality of midwifery practice by the midwives as follows:

- There should be more educational programmes for women in antenatal services regarding companionship during labour and childbirth in order to increase the awareness of the practice among women. Such programmes could include digital recordings showing the practice of companionship during labour and childbirth.
- The antenatal services should also seek to empower and educate companions about how to support the women during labour and childbirth. It is strongly recommended that the DoH should employ trained doulas in MOUs in addition

to midwives as a means of enhancing the practice of companionship during labour and childbirth.

- Motivation should be made to have maternity delivery registers with an indication of whether a companion was present during labour, childbirth and during the postnatal period.

6.7.2 Recommendations for policies formulation and implementation

The following recommendations are proposed for policies formation and recommendation:

- The MOU facilities should have written policies available which stipulate clearly that women may select a companion of their choice during their labour and childbirth. Such policies should preferably be written in the relevant languages of the local communities so that all members of the community will be able to understand. In addition, such policies should be accompanied by brochures or leaflets that summarise the main points of the policy to make it accessible to all women whatever their education status.

6.7.3 Recommendations for nursing education

The following recommendations are proposed for nursing education:

- Midwifery students need to be informed of the importance of companionship by inclusion of this concept in the midwifery curriculum for Nursing Education institutions.
- Midwifery workshops and seminars need to include more information on companionship and its benefits during labour and childbirth.
- The MOUs should hold regular in-service training to empower midwives with knowledge of issues such as companionship so that midwives can disperse the information to the women as well to motivate them to utilise a companion during labour and childbirth.

6.7.4 Recommendations for further nursing research

The following recommendations are proposed for nursing research:

- It is recommended that a qualitative study be conducted in the Eastern Cape to explore the in-depth experiences of women when having a companion during labour and childbirth.
- Further research needs to be done to establish reasons for women for not having a companion during labour and childbirth.
- Further research needs to be undertaken regarding the use of companions in hospital settings where caesarean sections are being performed.
- Further qualitative research needs to be conducted regarding health workers and midwives' attitudes towards companionship during labour and childbirth.
- It is also recommended that research on companionship be undertaken on a larger scale across the Eastern Cape.
- Further research needs to be conducted to explore the role of community health workers in encouraging pregnant women to make use of companions.

In summary, objectives of the study as stated above have been responded to. The research questions have also been answered. These research questions were:

- What do women know about companionship during labour and childbirth at MOU facilities in the NMBHD?
- What are women's attitudes towards companionship during labour and childbirth at MOU facilities in the NMBHD?
- What could be done to enhance the practice of companionship during labour and childbirth at MOUs in the NMBHD?

The study was successful and sought to take into consideration all the ethical research principles indicated in Chapter 3. Documents in this regard are included as annexures to this study.

6.8 CHAPTER SUMMARY

Chapter six illustrated that the research objectives were met and the research questions pertaining to the study were answered. Limitations related to the study were discussed, based on the findings of the study and recommendations were made that would help enhance and strengthen the utilisation of the companionship practice at MOU facilities in the NMBHD. Majority of women indicated that they had knowledge about companionship during labour and childbirth; but many women did not have adequate knowledge regarding the purpose of a companion during labour and childbirth. Most women cited midwives as their major source of information on companionship during labour and childbirth. Though the majority of women indicated having knowledge about companionship, the implementation and utilisation of companions during labour and childbirth remains poor at MOU facilities in the NMBHD as nearly half of the participants had no companion present during labour and childbirth. Most of the women related positively towards the concept of companionship during labour and childbirth and perceived companionship during labour and childbirth to be beneficial and of importance. Half of women did not perceive companionship as unhelpful and embarrassing. Most women disagreed that companionship was not acceptable in their culture and the majority preferred having a female companion. Since the research findings are consistent with literature and emphasise the need to enhance and strengthen the practice of companionship during labour and childbirth at MOU facilities in the NMBHD, increasing the awareness and knowledge of women about the purpose of companions during labour and childbirth could assist in strengthening the utilisation of the practice showing that the research objectives have been met and the research questions have been answered.

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ANNEXURE A: PERMISSION LETTER

NELSON MANDELA
UNIVERSITY

Office of the District Manager
Department of Health
Private bag x 28000
Port Elizabeth
6057

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

My name is Lulama Princess Sogcwayi and I am currently studying towards a degree Master of Nursing, Advanced Nursing Midwifery and Neonatal Nursing Science at Nelson Mandela University in Port Elizabeth. I wish to conduct my research study titled: Knowledge and attitudes of women towards companionship during labour and childbirth at midwife obstetric units. The research study will be conducted under the supervision of Mr. BSI Sonti and Dr DG Morton (Nelson Mandela University).

I hereby seek consent to conduct the research at MOU units in the Nelson Mandela Bay Health District. I would adhere to all the ethical principles as it pertains to the study. On completion of the study I undertake to provide the institutions with a bound copy of the research report. For any further information please do not hesitate to contact me at 041 3730014.

Thanking you in advance for your consideration in this regard

Yours sincerely

Miss L. P. Sogcwayi

ANNEXURE B: CONSENT FORM

NELSON MANDELA UNIVERSITY

Participant information and informed consent

My name is Lulama Princess Sogcwayi and I am currently studying towards a degree Master of Nursing in Advanced Nursing Midwifery and Neonatal Nursing Science at Nelson Mandela University in Port Elizabeth. I wish to conduct my research study entitled: Knowledge and attitudes of women towards companionship during labour and childbirth at midwife obstetric units.

The research study will be conducted under the supervision of Mr. B.S.I. Sonti and Dr D.G. Morton (Nelson Mandela University). The research study will investigate the knowledge and attitudes of women towards companionship during labour and childbirth. Based on the results of the study, recommendations will be made to the NMBHD managers and MOU managers to enhance and strengthen companionship at MOU facilities.

Information will be gathered by means of structured questionnaires. The researcher will ensure that ethical principles such as right to participate or refuse participation, justice, anonymity and confidentiality are adhered to throughout the study. You are being asked to participate in a research study at MOU. Companionship is the support provided to women by either a partner, mother, sister, friend, grandmother, neighbour, doula or midwife during labour and childbirth.

- I realise that I may not participate in this study if I am younger than 18 years of age.
- I realise that the knowledge gained from this study will assist either me or other pregnant women in future.

- I understand that participation in this study is entirely voluntary and I may withdraw at any time if I wish without discrimination.
- If I need help I can contact Miss L P Sogcwayi at Nelson Mandela University 041 5042122
- I understand that data will be kept confidential; but that this information may be used in nursing publication and presentations.
- The study has been explained to me; I have read and understand the consent form and all my questions have been answered and I agree to participate.

Signature of participant Date

Signature of witness Date

Signature of investigator Date

ANNEXURE C: QUESTIONNAIRE

Title: KNOWLEDGE AND ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH AT MIDWIFE OBSTETRIC UNITS

Dear participant,

Kindly complete the following questionnaire. The privacy and confidentiality of your information is assured.

Instructions:

- Please do not write your name or your particulars on the questionnaire
- Please indicate your choice with x
- Please answer all questions

SECTION A: BIOGRAPHICAL DATA

A1. Age

18 – 23 years	
24 – 29 years	
30 – 34 years	
≥ 35 years	

A2. Race

African	
Coloured	
Indian	
White	
Other	

A3. Employment

Unemployed	
Self-employed	
Employed part-time	
Employed full-time	

A4. Religion

Christian	
Muslim	
None	
If other: Specify……	

A5. Marital status

Single	
Married	
Divorced	
Separated	
Widowed	
Cohabitating/ Staying together	

A6. Educational level

Primary school	
Secondary school	
High school	
Tertiary education	
None	

A7. Number of babies born alive

First baby	
Second or more babies	

SECTION B: WOMEN'S KNOWLEDGE ABOUT COMPANIONSHIP DURING LABOUR AND CHILDBIRTH

B1. Do you know about companionship during labour and childbirth?

Yes	
No	
Unsure	

If Yes, B2 is compulsory

If No, proceed to B3

B2. From whom did you receive information on companionship? (You may indicate more than one)

Doctor	
Doula	
Friends	
Magazines/newspapers	
Midwife	
Radio/TV	
Social media/internet	
If other, specify ……	

B3. Who was your companion during labour and childbirth?

Friend	
Husband	
Mother	
Neighbour	
Partner	
Sibling	
None	

B4. Who of the following cannot be a companion?

Friend	
Husband	
Mother	
Neighbour	
Partner	
Sibling	
None of the above	
All of the above	

B5.

Please indicate whether yes, no or do not know. Mark your response with an X.	**Yes**	**No**	**I do not know**
The purpose of a companion is to:			
1. Help decrease stress and anxiety.			
2. Provide verbal re-assurance.			
3. Provide emotional security to mothers.			
4. Assist with pain relief.			
5. Reinforce midwives' advice.			
6. Monitor progress of labour			
7. Protect mother from verbal abuse.			
8. Conduct deliveries.			
9. Shorten length of labour.			
10. Increase the chances of a healthy newborn.			

SECTION C: WOMEN'S ATTITUDES TOWARDSCOMPANIONSHIP DURING LABOUR AND CHILDBIRTH

Indicate the extent to which you agree or disagree with the statements below. Mark your response with an X:	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1. The presence of a male companion during labour and childbirth is embarrassing.					
2. Companions gossip about mothers.					
3. Having a companion is important during labour and childbirth.					
4. Companionship is not acceptable in my culture.					
5. Having a companion can be disruptive during labour and childbirth.					
6. A companion does not do anything helpful during labour.					
7. A companion can provide emotional support during labour.					
8. A companion provides pain relief during labour.					
9. A female companion is better than a male companion.					
10. A companion can help a mother make important decisions during labour.					

Thank you for your participation

ANNEXURE D: ETHICS APPROVAL LETTER

NELSON MANDELA
UNIVERSITY

Copies to:
Supervisor: MR BSI SONTI
Co-supervisor: DR DG MORTON

Summerstrand South
Faculty of Health Sciences
Tel. +27 (0)41 5042956 Fax. +27 (0)41 5049324
Marilyn.Afrikaner@mandela.ac.za

Student number: 202335313

Contact person: Ms M Afrikaner

28-JUN-2018

MRS SOGCWAYI
18 Bramlin street
Westering
PORT ELIZABETH
6025

OUTCOME OF RESEARCH/PROJECT PROPOSAL:
Qualification: 18003 MCur (Adv Midwifery & Neon Nurs Sc) CW
KNOWLEDGE AND ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH AT MIDWIFE OBSTETRIC UNITS

Please be advised that your final research proposal was approved by the Faculty Postgraduate Studies Committee (FPGSC).

FPGSC granted ethics approval. The ethics clearance reference number is H18-HEA-NUR-006 and is valid for three years.

We wish you well with the study/project.

Kind regards,

Ms M Afrikaner
Faculty Postgraduate Studies Committee (FPGSC) Secretariat
Faculty of Health Sciences

ANNEXURE E: DEPARTMENT OF HEALTH'S APPROVAL LETTER

Province of the
EASTERN CAPE
HEALTH

Enquiries: Zonwabele Merile
Email: zonwabele.merile@echealth.gov.za
Tel no: 083 378 1202
Fax no: 043 642 1409

Date: 20 August 2018

RE: KNOWLEDGE AND ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH AT MIDWIFE OBSTETRIC UNITS. (EC_201808_003).

Dear Ms L. Songcwayi

The department would like to inform you that your application for the abovementioned research topic has been approved based on the following conditions:

1. During your study, you will follow the submitted amended protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.

2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.

3. The Department of Health expects you to provide a progress update on your study every 3 months (from date you received this letter) in writing.

4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.

5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

ANNEXURE F: DISTRICT OFFICE'S APPROVAL LETTER

Province of the
EASTERN CAPE
HEALTH

Office of the Clinical Governance Manager
Nelson Mandela Bay Health District
Private Bag X 28000,
Greenacres,
Port Elizabeth,
6057,
REPUBLIC OF SOUTH AFRICA

Enquiries : Dr L P MAYEKISO
Telephone : 041-391-8173
Facsimile : 041-391-8133
E-mail : mbasa.mayekiso@gmail.com

Our Reference: RES SOGCWAYI/2018
Your Reference:
Date: 08 DECEMBER 2018

Ms Lulama Sogcwayi
18 Bramlin Street
Westering
PORT ELIZABETH

REQUEST FOR PERMISSION TO CONDUCT RESEARCH ON THE KNOWLEDGE AND ATTITUDES OF WOMEN TOWARDS COMPANIONSHIP DURING LABOUR AND CHILDBIRTH AT MIDWIFE OBSTETRIC UNITS

In response to your application for permission to conduct the above research, permission is hereby granted with the following proviso:

- Health service delivery should not be disrupted under any circumstances.
- Timeous appointments must be made with the relevant persons prior to commencement of interviews/visits.
- All required data should be collected by the Researcher or a designated fieldworker (whose name should be forwarded to the relevant Sub District Coordinators prior to data collection). The Sub District Coordinators Messrs. Msutu – 083 378 1942, Koll – 060 563 1225 and Reuters – 060 557 9732 should be contacted **before** your visit and this letter is to be presented when visiting the facilities

The Nelson Mandela Bay Health District, as the research site, will expect a copy of the final research report when the study is completed. If the duration of the research period is required to be extended, the District Office (District Manager) should be informed accordingly.

This Office would like to wish you well in your research study.

Yours faithfully

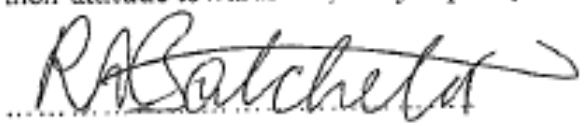
DR L P MAYEKISO
CLINICAL GOVERNANCE MANAGER – NMBHD

ANNEXURE G: LETTER FROM THE EDITOR

No. 5 Villa Heights
Keith Crescent
Broadwood
2019.08.01

To whom it may concern

This letter is to certify that I have been editing and proofreading chapters 1 to 6 of the thesis in partial fulfilment of a Master's Degree in Advanced Midwifery and Neonatal Science for Lulama Princess Sogcwayi entitled " Women's knowledge about Companionship during Labour and Childbirth at Midwife Obstetric Units and their attitude towards it" ,in my capacity as a language teacher(retired).



Rosemary Batchelor(Mrs)
041-3672307 / 0835909222