A HEIDEGGERIAN HERMENEUTIC STUDY: MALAYSIAN CHINESE WOMEN’S EXPECTATIONS AND EXPERIENCES OF CHILDBIRTH

Lee Na

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A HEIDEGGERIAN HERMENEUTIC STUDY:
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OF CHILDBIRTH

LEE NA

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PENGHARAPAN DAN PENGALAMAN KELAHIRAN BAGI WANITA
BERBANGSA CINA DI MALAYSIA

LEE NA

Tesis yang dikemukakan untuk memenuhi keperluan bagi
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ABSTRACT

A HEIDEGGERIAN HERMENEUTIC STUDY: MALAYSIAN CHINESE WOMEN’S EXPECTATIONS AND EXPERIENCES OF CHILDBIRTH

Pregnancy and childbirth is considered as a turning point in women’s life. Women have to adapt to the physiological and psychosocial changes. At the same time, they have to undergo the stress of childbirth as well. Women’s experiences of childbirth can bring great impact on her life. Positive birth experiences can inspire their self confidence and bring about a sense of well being. Socio-cultural values, beliefs and health care system have significant influence on women’s expectations and experiences of labour. Women’s perception and coping manner, caregiver support, labour room management and obstetric interventions may vary from country to country. Thus, women’s expectations and experiences of labour in Malaysia may vary from that in western cultures. As a result, the finding of the research studies conducted in the western cultures may be difficult to apply to Asian women. In view of the scarcity of phenomenological research conducted on women’s childbirth experiences in Malaysia, it is timely to conduct this hermeneutic phenomenological research to explore the lived experience of women undergoing childbirth.

The philosophical framework that underpins the study is that of Heideggerian hermeneutic phenomenology. Heideggerian hermeneutic phenomenology is referred as the philosophy of interpreting the meaning of Being and reveal its significance. This study aims to understand and interpret women’s childbirth experiences. To gain an in-
depth ontological understanding of women lived experiences, it is necessary to obtain their narrative in order to capture the rich experiences vividly.

Two sessions of in-depth interviews were conducted on eight criterion selected Chinese women. Women were asked to express their expectations on their childbirth as well as sharing the meaning embedded in their childbirth experiences. All interviews were recorded and transcribed verbatim. The informants’ narrative on their lived experiences of childbirth was described under five major emergent themes. These themes were being apprehensive about childbirth, being enduring of the labour pain, being supported by the midwives, being compliance with the institutional rules and being thrown out of the crisis of childbirth. The five emergent themes were individually discussed in great depth from the Heideggerian perspective.

The study highlights a number of issues in relation to obstetrical and midwifery practices. The issues that need to be addressed include the need to empower the women with sense of control, improve maternity services and strengthen autonomous midwifery practices. Cultural congruent maternity care should be considered in a multi-ethnic society like Malaysia.
ABSTRAK

PENGHARAPAN DAN PENGALAMAN KELAHIRAN BAGI WANITA
BERBANGSA CINA DI MALAYSIA


Kajian ini adalah berdasarkan kepada falsafah Heideggerian hermeneutic phenomenology. Heideggerian hermeneutic phenomenology adalah falsafah berkaitan
dengan tafsiran maksud menjadi sesuatu pengalaman bagi manusia. Kajian ini bertujuan untuk memahami dan mentafsir pengalaman wanita dalam kelahiran. Mendapatkan riwayat wanita adalah satu kaedah yang penting jika pengkaji ingin memahami pengalaman kehidupan wanita secara mendalam dan terperinci.


Kajian ini telah menimbulkan beberapa isu penting berkaitan dengan amalan obstetrik dan kebidanan. Antaranya adalah berkaitan dengan penghormatan wanita dan penglibatan wanita dalam penjagaan semasa kelahiran. Tidak lupa juga, perkhidmatan materniti dan amalan kebidanan perlu dimantapkan. Kesimpulannya, Malaysia ialah sebuah negara yang merangkumi pelbagai bangsa, jadi perkhidmatan materniti yang selaras dengan budaya perlu dipertimbangkan.
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1.1. Introduction to the Study

Pregnancy and childbirth can be considered as a bitter-sweet experience for a woman. It is the most unique experience that a woman will never forget for the rest of her life. A woman in labour has to undergo severe labour pain. However, at the end of her labour pain she also experiences extreme joy; the joy of giving birth to her baby. As soon as the woman is pregnant, she starts to gather information regarding her pregnancy and childbirth. All this information that she has gathered helps her to form certain expectation about her pregnancy and childbirth. It is important to take note that socio-cultural values and beliefs have significant influence on women's expectations and experiences too (London et al., 2003; Callister et al., 2007). Ontologically, a pregnant woman is not merely an object that can be classified as a primigravida or according to her obstetric condition. The contention is that she is also a daughter, a working woman, and a wife with her past, present and future. All these determine who she is and influence how she thinks, acts, feels and behaves.

Majority of the studies on women's expectations and experiences of childbirth were conducted in the quantitative paradigms (McCrea & Wright, 1999; Ip et al., 2003; Oweis & Abushaikha, 2004; Ayers & Pickering, 2005). The finding was quantified into numbers and percentages, which did not capture the true essence of the lived experiences.
of the women. In addition, a large majority of these studies were conducted in the western cultures. The social cultural value of Asian women may be different from western cultures, therefore, women’s expectation and experience of childbirth in Malaysia may vary from that of women in the western cultures. As a result, the finding of the research studies conducted in the western cultures may be difficult to apply to Asian women. In view of the scarcity of phenomenological research conducted on women’s childbirth experiences in Malaysia, it is timely to conduct this hermeneutic phenomenological research to explore the lived experiences of women undergoing childbirth.

This study aims at enhancing midwives’ understanding on women’s expectations on their childbirth as well as the meaning embedded in their childbirth experiences. The evidence based knowledge generated from this study can be used to underpin midwifery practices. The lived experiences of the women are studied hermeneutically in order to illuminate the meaning that they ascribe to their childbirth experiences. The goal of hermeneutic phenomenological study is to increase understanding of the meaning of lived experiences (Cohen et al., 2000).

1.2. Research Questions

Socio-cultural values, beliefs and health care system have significant influence on women’s expectation and experience of labour. Women’s perception and coping manner, caregiver support, labour room management and obstetric interventions may vary from.
country to country due to cultural variation and practices. Malaysia is a multiracial country, the social-cultural values and beliefs of Chinese women may vary from women of other races. However, the health care system in Malaysia is standardized throughout the country with slight variation to suite local needs.

1.2.1. Maternity care in Sarawak, Malaysia

Women gather information on childbirth from families, friends, books and health care professionals. Generally, well structured antenatal classes on childbirth are scarce. Parenthood education classes mainly focus on breast feeding. The average numbers of nurses working in the maternal and child health clinic in the Kuching city of Sarawak are around ten nurses in one clinic; these nurses have to attend to an average number of one hundred and fifty women a day. Their heavy work-load forces them to focus mainly on routine antenatal examination.

Healthy antenatal women will have no opportunity to enter hospital labour room until they are in labour. Therefore, the labour room is a strange place for them, especially the primigravida. Sarawak General Hospital's labour room practice medical model of care with active management of labour. When women are admitted to the hospital for delivery, health professionals start their vigilant management to ensure optimal physical health of the mother and the baby's well-being. Women are often overwhelmed by this active management but they have to remain passive and comply with it. Women in labour
have to undergo various interventions, to name but a few, vaginal examination every two to four hours, artificial rupture of membranes, continuous fetal monitoring, setting up of intravenous infusion, and taking of blood specimen. Besides that, they are instructed to keep nil orally and confined to bed. Dorsal position is the only birthing position prescribed to women. Women’s partners are normally advised not to be with them in the labour room. This is partly due to the physical set up of the labour room or the women’s partner is not mentally prepared. There is limited choice of pain relief for women in labour; Entonox and pethidine are two commonly used analgesics. Women have no control over the choice of pain relief as this decision is normally made by doctor.

Women in labour are forced to conform to the above management and they have no power to influence any decision but to rely on the midwives and doctors for any decision during labour. Women with labour pain need emotional support to help them to go through this difficult time. Midwives are the best persons who can provide valuable support to them. However, it is difficult to have one midwife to take care of one woman in a busy labour ward. As a result, women may receive care from different midwives. In addition to that, women may not have midwives to be with them all the time. In view of this situation, women may receive fragmented care from the midwives. It is difficult to develop personal trusting relationship with the midwives. This will add to the feeling of loneliness and anxiety for the women in labour.
Pregnancy and childbirth are closely related to the sexual function and reproductive system. Interventions carried out for women during labour usually require the exposure of women’s most intimate part of the body. This made them feel embarrassed and shameful. It is difficult for her to preserve her dignity when she has to expose her body to many strangers. In addition to that, some of the interventions are rather invasive and it causes physical discomfort and pain too. In Asian culture, women usually keep the traumatic experience to themselves and they don’t talk about it openly. This is because women are worried that they may get humiliating comments from others. Not only are Asian women less expressive, they are also not used to taking responsibility over the situation (Ip et al., 2003). Therefore, they tend to leave the decision making to the authority figures.

My informal conversations with postnatal women who have their delivery in Sarawak General Hospital also have frequently revealed that they felt helpless, loss of control while in labour and relied on the staff in the labour ward. They also felt that they have very little knowledge on delivery process and how they should behave during labour, as a result, they remained passive. On the other hand, midwives in the labour room often labeled the women as being un-cooperative and perceived that some women put in poor effort during childbirth. Midwives usually have these types of comment when women shouted during contraction, and when they do not engage in active pushing or do not perform correct pushing technique during the second stage of labour. In providing care for pregnant women, health care professionals need to constantly remind themselves
that quality of care is not solely determined by the implementers but also the user of health care. Thus it is important for midwives and obstetricians to listen to women’s voice and communicate effectively with them in order to know what aspects of care benefit them. By listen actively to the women’s voice, shared understanding can be achieved and midwives will be more sensitive toward women’s need.

It is therefore of upmost importance that these issues concerning women’s childbirth expectation and experience in Malaysia are explored in greater depth because of the different socio-cultural background and practices. Strategies can then be planned to assist the women to develop realistic expectations and improve the present management that aims to contribute to positive labour experience.

1.2.2. Reflection on my lived experience

I have many years of working experience in the labour room and I always talk to women regarding their childbirth experience. As I relate my lived experience with the experience of these women, they are very similar in certain aspect. I have my first childbirth twenty-one years ago. However, I can still remember my childbirth experience very clearly. Kitzinger (2006) stressed that it is important not to assume that women will forget their labour pain and experiences. If women viewed their birth experiences as negative, they would not change their mind again even after a few years. Although I am a nurse and familiar with the labour ward environment, I still have the fear and anxiety when I was warded to the labour room. I had seen and conducted many deliveries and I
knew the delivery process very well. Nevertheless, I felt quite unsettled because I did not know how my labour pain was going to be like. On the other hand, I was rather excited because I would be going home with the little baby in my arms.

Even though my first childbirth was twenty-one ago, my experience of labour pain is fresh in my mind. I can recall that the pethidine injection made me drowsy, but I could not close my eyes and rest because the contraction pain came at frequent interval. I felt very frustrated and helpless because I was drowsy and empty-headed, my body was weak, and the pain was excruciating. During the attack of the contraction pain, I have the strong urge of bearing down. At the same time, I felt like shouting aloud. However, I tried hard to control myself so as not to shout because I knew very well that I am a nurse and I should behave myself. The midwife would label or criticize women who shouted and could not tolerate contraction pain. I wanted to tell somebody close to me how I suffered but there was nobody to talk to. I felt like holding somebody’s hands because I felt that I was fighting the battle alone. Without a family member beside me, the lonely feeling was just overwhelming. Although my nursing colleague was with me on and off, I felt that I could not relate my true feelings to them. They were too busy to really listen to me and I did not want to interrupt their work. On the other hand, their reassurance was superficial and standard for all the women in labour and it lost its individuality. As the baby’s head descended and pressed on the perineum, there was a burning sensation at my genitalia areas. This feeling frightened me as it was like my genital region being torn apart and mutilated. I had a vaginal delivery with episiotomy after six hours of active
phase of labour. The contraction pain and the tearing apart feeling at the genitalia haunted me for many months after delivery.

I had my second childbirth two years later. Toward the third trimester, the memory of the past childbirth came rushing back. Whenever I thought of my first childbirth, my adrenaline level increased, my heart beat increased, my throat turned dry and I wished I was not pregnant. The onset of my second childbirth started with ruptured membrane at home, I was reluctant to be admitted to the labour room. I cried when I recalled the tearing apart type of labour pain, the lonely and helpless labour room’s experience. If someone were to ask me the meaning of childbirth, I would say childbirth means the woman has to endure the severe pain alone and she has to be prepared to surrender her body to the health care professionals.

Heidegger (1962) emphasized that hermeneutic inquiry must start with a fore-understanding of the taken for granted background. Authentic interpretation can be achieved when there is fore-understanding of the experiences. My personal experience and my frequent interaction with the women have provided me with the pre-understanding of the phenomenon and this guides me to raise few research questions and shape the objectives of the study. In addition, being a Chinese woman myself has also provided me the fore-understanding of the Chinese culture to study the Chinese women’s expectations of labour and their experiences of childbirth. Research questions that I asked in the light of the issues and problems highlighted in the literature are as followed: