

I AM GIVING BIRTH! WHERE TO GO: UNDERSTANDING WOMEN'S EXPERIENCES IN CHOOSING BIRTHPLACE

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Abstract

Birthplace is one the important decision and life event for women, often, the decision-making in choosing the birthplace will be influence by many aspects. To date there is still limited research done on women's birthplace decision making from the perspectives of women as consumers. Many researches that have been done on pregnant women's decision-making have largely been focused on the health implications of their decision. This research is aims to understand the women's experiences in deciding ideal birthplace This research will provide invaluable information that will benefiting both industrial and consumer as well as achieving the 10th/11th Malaysia development plan and Millennium Development Goal 5, which emphasized on improving the healthcare sector and maternal services.

Keywords: *Birthplace, Decision Making And Marketing*

2015 GBSEJournal

Introduction

Malaysia healthcare industry is one of the growing and profitable sectors that offered vast economic potential to the country (Economic Transformation Programme, 2010). There are wide-ranging of healthcare services available that in line with Malaysian government effort to provide universal access and high quality of care across clinics and hospital nationwide (Ministry of Health Malaysia, 2011a).

In achieving the goals in providing the universal access and better services, various actions has been taken such as the development of national health plan 2011-2015 that emphasized in improving the quality of healthcare and Millennium Development Goals 5 that emphasized on improving the maternal quality in Malaysia.

Regardless of various efforts, there are several challenges that need to be address systematically, with the raising medical cost and lack of expertise in particular area, discrepancy between public and private healthcare sector brought more challenges in achieving the 2020 vision (Ministry of Health Malaysia, 2011b).

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Maternal mortality is one of the challenges highlighted in millennium development goal (MDG 5), maternal health is an important indicator for country's overall development as well as country's social, economic and environmental condition (UNDP, 2005). Over the years, the maternal mortality rate has decreased significantly (EPU, 2012). However, more effort needs to be done to further improve the quality of maternal services where the physical, social and financial barriers should be eliminate in providing universal access nationwide (United Nations Country Team Malaysia, 2011).

Therefore, in the notion of providing the universal access and better services, the healthcare industry need to understand and explore the consumer consumption behavior in details in maneuvering the particular strategies. Understanding consumer behavior and their need in maternity consumption will help the government, policy makers, and healthcare provider in delivering quality service that meet the consumer expectation and need.

In modern world of maternal and pregnancy, women as consumers are considered as part of process in creating desired consumption that lead to the ideal birth (Rutherford & Gallo-Cruz, 2008). Healthcare provider need to understand and actively anticipate consumer in understanding the process in choosing birthplace as each consumer group are unique and have its own belief, preferences, ideology (feminism) (Harding, 1996).

Throughout times, maternity care has experienced tremendous change where previously the childbirth took place at home setting, thus, through rapid development institutional or hospital birth has become a major place for women to give birth shifting away from traditional birth practices (Berg, Lundgren, Hermansson, & Wahlberg, 1996). Despite of the vast research that has been done within the women and maternity context, there is limited information and knowledge in understanding the phenomena of childbirth extensively (Berg & Dahlberg, 1995); (Waldenström, 1999) specifically from the lenses of the consumer. Thus, this research intends to understand in-depth on women's childbirth experiences in choosing the birthplace, how fear of childbirth and social media influence women's future childbearing consumption pattern.

Furthermore, the consumerism element within healthcare sector is important for the healthcare provider in tapping the right market and fulfilling the consumer need and demand. Consumerism in healthcare signified that patient may voice out their opinion and right, have the access towards the particular information and participate in decision making process (Lee & Yom, 2007). Hence, in delivering quality services particularly the maternal services, service provider need to anticipated consumer voice and opinion continuously and note that consumer and provider have a different standard and expectation in assessing healthcare services (Lee, 2003).

Choosing birthplace required consumer to be part of the decision process, thus, due to the dynamic structure of healthcare industry, service provider need to go extra mile in meeting demand and customer need. Hence, marketing helps to build awareness and engage the targeted consumer and create the demand for product and services that ultimately influence the behaviors and attitudes of consumer towards provider maternity services.

Additionally, in choosing the birthplace, women often received a question on where they plan to have their baby, will it be in government or private hospital? Common scenario happened to pregnant women in Malaysia (Bernama, 2009). However, despite of the common practices and question asked there is little information and study available in understanding the reason behind every choice and decision made in choosing the birthplace.

There are still many aspects that need to be uncovered and understand in improving the maternal service quality in Malaysia in achieving the stated goals (i.e. MDG 5, RMK10/11). Therefore, this research intends to understand in-depth on women's childbirth experiences in choosing the birthplace and how interrelated factor and event (i.e. doctor-patient relationship, social network, fear of childbirth, etc.) influence women's future childbearing consumption pattern.

Women's Experiences in Choosing Birthplace

Consumerism is important in service industry especially the healthcare industry where the source of profit relied on the consumer consumption towards particular services particularly for private healthcare institution. Understanding the consumer particular behaviour towards maternal care services in Malaysia is crucial in achieving the goals outlined in national development plan (RMK10/11) as well as the millennium development goals.

Women nowadays are becoming an active consumer where they tend to seek out maternity care that offered quality services (Rothman, 2006) whilst contemporary hospitals starts to tailoring their maternity services that meet the customer demands in respond towards competition and lucrative industry (Rutherford & Gallo-Cruz, 2008). Choosing a birthplace is not an easy task as the birthplace is an important component in childbirth process that involved emotional and social cultural aspects (Grigg et al., 2014).

Cultural aspects have a significant influence on women in choosing the birthplace as women tends to choose the birthplace that match their belief and values (Levy, 1999); (Cherniak & Fisher, 2008); (Grigg et al., 2014), hence, women can either choose to give birth at hospital, birth centre or homebirth that match to their belief and culture. Moreover, there are several factors that as well influenced birthplace choices which are risk, safety, autonomy, availability of information, accessibility towards the service and infrastructure, spouse involvement during the childbirth process and previous childbirth experiences (Grigg et al., 2014); (Murray-Davis et al., 2014).

Being able to have the ideal birthplace will give women sense of satisfaction and positive experience throughout the childbirth process, however, to date there is limited information available in understanding women's decision making in choosing particular birthplace over another setting (Hadjigeorgiou et al., 2012) and how their experiences influences their decision.

Women's previous childbirth experiences have significant impact in influencing birthplace decision making (Cunningham, 1993), study on women's experiences on childbirth is vital as the childbirth and pregnancy phases are one of the important events that help in shaping women's psychological development (Berg & Dahlberg, 1995); (Hofberg & Ward, 2003).

Expectations and experiences of women on childbirth are equally important to identify as it will help both maternity provider and women in planning the ideal birth (Gibbins & Thomson, 2001). In addition, as a result of modernization and rationalization of maternity and healthcare system, the childbirth has transformed to be medically controlled where the women felt that their body belongs to the hospital and confines women's right and control throughout the childbearing process (Berg et al., 1996).

Due to the disenchanting and modernization of childbirth, women are shifting towards the traditional unassisted childbirth methods (homebirth) with more researches focusing on home birth practices (Jouhki, 2012); (Hadjigeorgiou et al., 2012); (Boucher, Bennett, McFarlin, & Freeze, 2009). Traditional childbirth practice is not well supported in Malaysia which lack of expert assistance and safety practices leads to more safety issue. There are several cases where the mother suffered complication during the child delivery and died (home birth) due to the lack of expert assistance during the child delivery process (Hui, 2014).

Furthermore, in childbirth process, women tend to develop expectations and experiences that are vary among others based on their previous psychosexual development (Gibbins & Thomson, 2001); (Berg & Dahlberg, 1995). Childbirth is an intimate event for women where the experiences gained from the process remained forever in their memory for entire life (Berg & Dahlberg, 1995) and women who had experienced positive childbirth tend to remember the event as positive memories as compared to those who had negative experience (Simkin, 1991).

Moreover, fear of childbirth is one of the phenomena that need to be understand further, unfavourable experience due to the negative experiences and modernization of procedure has stripped off the subjective and intimate qualities of childbirth process where 'technocratic' model applied in hospital birth treated women like a birthing machine and the health professional will decide what is best for them (Ebert et al., 2014); (Rutherford & Gallo-Cruz, 2008).

Therefore, loss of control over the process along with the pain that women has to endured during the labour might influence women future consumption as well as leads to fear of childbirth (tokophobia) (Bakshi, Mehta, Mehta, & Sharma, 2008). Thus, understanding the process of choosing the birthplace will help policy maker, strategist and scholars in better comprehend the phenomena and catering the demand and desire of women in creating the ideal birthplace (Grigg et al., 2014).

Women's Birth Experiences and Decision Making

Childbirth is one the major event that crucial for women and previous childbirth experience does influence their decision and choices (Cunningham, 1993). Having the ability to choose the desired birthplace will give women satisfaction and favorable experiences (Berg & Dahlberg, 1995); (Hadjigeorgiou et al., 2012).

Experiences on childbirth inclusive the postpartum care has significant impact towards women life and health as childbirth is a major life event for them (Gibbins & Thomson, 2001; Parfitt & Ayers, 2009). The experiences of childbirth may vary according to individual and it

can be either positive or negative experience. Women that have positive birth experiences tend to have more confident and contribute towards its psychological development and more self esteem (Simkin, 1991), they felt that they have successfully bring their baby to the world safely.

Meanwhile for women that have negative experiences, they may suffered numerous possible postpartum stress such as high level of anxiety, depression, post-traumatic stress syndrome (PTSD), mental tortured and many more (White, Matthey, Boyd, & Barnett, 2006). The negative experiences may caused by various factors such as complication during birth, expectation is not met, poor doctor-patient relationship, pain during labor and high level of intervention during the childbirth (Salmon & Drew, 1992) ; (Waldenstrom, Hildingsson, Rubertsson, & Radestad, 2004); (Wilde-Larsson, Sandin-Bojô, Starrin, & Larsson, 2011) (Mooney and Ryan, 1993).

Furthermore, childbirth experience and decision making engaged with women's feeling (i.e. anxiety, confident, control) which those states of feelings influenced women birth experiences directly (Gibbins & Thomson, 2001). Previous research done discovered that feeling of anxiety and confidence in ability to cope during labor contributed to the positive birth experience (Gibbins & Thomson, 2001); (Booth & Meltzoff 1984); (Shearer 1995).

Conceptual Overview

Agency concept in healthcare consists of principal and agent which the principal is known as an ill-informed individual (patient) and the agent is informed individual (doctor/professional) (O' Sullivan, 1990); (Neuman & Neuman, 2009). The concept of agency is applicable within the healthcare industry where it fits the basic concept of agency.

Agency concepts look at the role of the agent in satisfying the principal demand, in healthcare context the doctor should act at his/her best practice in meeting the patient need/demand (Labelle at al. 1994). Doctor as agent should act on the patient's best interest and focusing on both consumers' health and utility (Pauly, 1994). The main objective of agency in health care is to maximize principal utility function, in consumerism agency concept are more rooted towards economic perspective. The models are further discussed from the consumerism perspective.

Robin Downie, (1998) illustrated that this model is grounded on market relationship between both parties (doctor and patient) and it is based on the contract trading between principal and agent. Contract trading outlined that both parties interest should be protected and the contract also imply strict limits. The contractor models give an opportunity in building mutual trust and relationship between parties and it is oriented on money for services for every service exchange between doctor and patient (May, 1983).

However, the contractor model encourage individualistic approach on both parties, Politt, (1990) stated that consumer will be at disadvantage states, the doctor will act within the contract limit boundary and not putting extra mile in servicing the patient (May, 1983).

Contradict to the contract model covenantal model is grounded on deeper-covenant relationship where the agent (doctor) has deeper responsibility towards the principal (patient) and has deeper interaction between them (May, 1983). May further argues that, covenantal model can functioning well the presence of trust between principal and agent. This model outlined that the agent willing to maximize the principal interest due to the sense of commitment towards principal. Yet, this model is not well applied nowadays. The application of agency concept is more on the contractor model which is money oriented model.

Phenomenology Research

The phenomenological research is focusing more on understanding the meaning of experiences of particular individual which as the events occurred in spontaneous manner in the course of daily life (Von Eckartsberg, 1986). According to Patton (1990), the phenomenology can be addressed as a philosophy, a method and an approach in conducting qualitative study. The word of ‘phenomenon’ can be emotion, relationship or entity.

Furthermore, Patton (1990), stated that the phenomenologist tend to seek out and understand the meaning of particular experience for those who experience it and Sanders, (1982); Von Eckartsberg, (1986); Moustakas, (1994) indicated that phenomenologist is focusing on understanding the meaningful ‘human sciences’ about particular individual or societies rather than over-viewing it as mere science knowledge.

Moreover, the phenomenological approach is considered as fit for this study as the main point of this study is to uncovered and understand further the experience of women particularly the Malaysian women on how they give meaning of the childbirth (process) which at the end of the day, it will shaped their preferences and decision in choosing the ideal place to give birth that meeting their expectation/requirement. Thus, the phenomenological approach will provide deeper/universal understanding and more meaningful information behind the stated factor/experience that quantitative approach cannot measure (Sanders, 1982; McClelland, 1995).

Network-Episode Model

Network episode model (NEM) was developed by Pescosolido, (1991), it is a dynamic healthcare framework as derived from the social exchange, decision making and social network theory. The main objective of NEM is to uncover how social interaction within social network lead to decision making with regards of health events that are influenced by network characteristics (e.g. structure and content) (Kincaid, 2004).

In understanding the women birthplace experience that shape their preferences and decision making, NEM will provide a guideline/framework in understanding how the social network of particular participants will influence the birthplace preferences and decision. According to the Borgatti et al. (2009), social network where the individual set in (community) can have powerful direct and indirect effect on beliefs, behaviours on particular entity over time. Borgatti et al. (2009) further explained that social network analysis has become common practices in both physical and science.

Thus, it is applicable and fit for this study in understanding the women experience in choosing birthplace preferences and decision making by looking from the participants social network perspective. The social network theory will look in term of network variables (e.g. density, tie strength and the composition of a women's social network) and health care utilization decision making.

For this study, the network variables (e.g. density, tie strength and composition of women network) will help to understand the social circle of participants in discovering to what extent the social network of participants influence and give impact towards participants birthplace decision making and also how their stories (e.g. word-of-mouth, previous experience, blog, etc.) help give meaning towards participants in shaping her birthplace preferences (healthcare utilisation).

Conclusion

The phenomenon of childbirth has significant potential that previous birth experiences will somehow influences women's childbearing consumption and decision in the future. The finding from this study will provide in-depth information regarding the birthplace decision making from the lenses of consumers. It also help maternity care provider in Malaysia to better understand on how experience influence women in choosing birthplace and thus, helping both consumers and industry experiencing better service quality and the nation in achieving national strategy (MNP/MDG5) in providing universal and quality access nationwide.

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