Themes and trends in qualitative research on women’s experiences of maternal morbidities in low and lower-middle income countries

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Contribution of a review of qualitative studies

• Qualitative research can explore the reasons behind the quantitative results: what, why, how questions.

• A biomedical diagnosis of maternal morbidity does not reveal the depth of impact that morbidity has on a woman's life—i.e., short term or life-long, with minor impediment to her activities of daily living or severe disability compromising her productivity.

• Examining the woman’s perception of her pregnancy, complications, and long term impact on her life can inform public health approaches as well as complement and perhaps challenge biomedical classifications of maternal morbidity.
Presentation:

- Present findings about the profile of the qualitative literature in maternal health
- Share some reflections on carrying out a qualitative systematic literature review and researching maternal morbidities
The objectives of the review:

**Aim**
- To undertake a systematic review of qualitative research on maternal morbidities, maternal well-being and health-related functioning in low income and lower-middle income countries.

**Primary objectives**
- To describe the research objectives of qualitative studies on maternal morbidities
- To identify, describe and analyse key concepts and themes within the qualitative literature on maternal morbidity, well-being and health-related functioning
- To explore the impact of maternal morbidity on women’s lives from their point of view (and/or that of the researcher)
Maternal morbidity defined as "any health condition attributed to and/or complicating pregnancy and childbirth that has a negative impact on the woman's well-being and/or functioning."
Methods

• The protocol was adapted from the WHO Systematic Review of Maternal Morbidity and Mortality draft protocol

 Searching

• 8 electronic databases were searched: Medline, Sociofile, CINAHL, Embase, LILACS, African Index Medicus (AIM), RAI anthropology index online, AAA Anthrosoure

• Includes some hand searching and receiving qualitative papers from health functioning review team’s search
Methods

Participants
- Women who are or have been pregnant of all ages and disease groups as defined by the WHO definition of maternal morbidities in low income and lower-middle income countries

Study design
- Qualitative studies, including interventional studies, observational studies, and mixed-method studies with significant qualitative contribution

Setting
- Any (facility and community) in lower and lower-middle income countries

Year
15205 titles identified from the search

Excluded studies that looked at:
- Women’s understandings of signs and symptoms
- Hypothetical situations
- Quality of care
- Barriers to accessing maternity care

131 papers included in final review
findings
Increase in publication of these studies
- Are these topics being researched qualitatively more frequently?
- Is there an increase in funding for qualitative research?
- Is qualitative research finding a broader platform for dissemination?
- ....or is there a greater amount of research being published overall?

Capturing qualitative studies on maternal morbidity
- Qualitative research is indexed differently
- Research in some qualitative research fields do not describe methods in abstract
- “Maternal morbidity” by another name....
  Are only scholars affiliated with the medical sciences doing research on maternal morbidity?
Geographic distribution of papers

- Delineation of low and lower-middle income countries from others
- Under-resourced areas
  - All middle income countries were included originally in our search. When screening for LMIC, many studies in certain “lower income” pockets in these were excluded, which could have also shed light on themes

- Country groupings useful, but not necessarily if you are trying to understand a morbidity, or ways of experiencing morbidities
Data collection methods

- Semi structured questionnaire: 5%
- FGDs: 9%
- Semi structured interviews: 20%
- FGDs & IDIs: 28%
- IDIs: 17%
- With observations: 12%
- Anthropological: 7%
- Personal account: 1%
- Lit reviews: 1%

Data collection methods

- Semi structured questionnaire
- FGDs
- Semi structured interviews
- IDIs
- FGDs & IDIs
- With observations
- Anthropological
Methods

How can we get at women’s lived experience of their illness through fieldwork?

• Limitations of one-off interviews and FGDs

• Qualitative methods dependent on the research question
  • But often a reflection of budget, time, and human resources, desire, creativity

• Papers are “a recipe, like cooking fast food”

• Why the lack of observation?
  • Researcher is instrument”
## Morbidities studied (# of papers)

<table>
<thead>
<tr>
<th>Morbidity</th>
<th># of papers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near miss (any/all)</td>
<td>16</td>
</tr>
<tr>
<td>Fistula</td>
<td>14</td>
</tr>
<tr>
<td>Labour &amp; delivery complications</td>
<td>13</td>
</tr>
<tr>
<td>General morbidity</td>
<td>13</td>
</tr>
<tr>
<td>Anxiety, distress</td>
<td>13</td>
</tr>
<tr>
<td>HIV</td>
<td>10</td>
</tr>
<tr>
<td>Postpartum depression</td>
<td>9</td>
</tr>
<tr>
<td>Malaria</td>
<td>8</td>
</tr>
<tr>
<td>Infertility</td>
<td>6</td>
</tr>
<tr>
<td>Abortion complications</td>
<td>6</td>
</tr>
<tr>
<td>Anemia</td>
<td>5</td>
</tr>
<tr>
<td>Pregnancy complications</td>
<td>4</td>
</tr>
<tr>
<td>Pregnancy loss</td>
<td>4</td>
</tr>
<tr>
<td>Uterine prolapse</td>
<td>3</td>
</tr>
<tr>
<td>Economic problems</td>
<td>3</td>
</tr>
<tr>
<td>Sexual &amp; intimate partner violence</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2</td>
</tr>
<tr>
<td>Preterm delivery</td>
<td>2</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>1</td>
</tr>
<tr>
<td>Mastitis</td>
<td>1</td>
</tr>
<tr>
<td>Physical disability</td>
<td>1</td>
</tr>
</tbody>
</table>
• Which topics lend themselves to qualitative study?

  - High number of fistula papers (14), a morbidity with a comparatively low estimated prevalence (all papers were from SSA where there are an estimated 6000 new presentations/year (Adler 2013))

  - Anxiety and distress vs post partum depression
Periods of focus in papers

- Infertility
- Abortion complications
- Pregnancy
- Labour and delivery
- Post-Partum
- Late post-partum
Closing reflections

Å Challenges for this review at many levels:
  Î conceptually, at the points of searching, screening and analysis

Å How systematic....? Challenges and limitations of qualitative systematic reviews
  Î Narrowing of topic and question for feasibility

Å Need for rigorous, conceptual perspectives of qualitative research that involve triangulation, observation and reflections of experience over time
Thank you

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