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 研究課題名(英文) Women's experiences of maternity health care in Mongolia: Listening to Mothers survey
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研究成果の概要(和文)：2016年から2019年にかけて、私は広範囲な文献レビューを行い、アメリカと日本人を適応させることによってアンケートを作成した。30人の女性のサンプルと専門家によるパネル会議を使用して行われたアンケートの検証。翻訳され検証された。データ収集は2017年 - 2018年に行われ、データは2018年 - 2019年に分析された。2018年1月から4月にかけて、4つすべての産科病院で出産した、18歳から45歳までの合計839人の女性を採用するための2段階サンプリング法。回答率は90.2%であった

研究成果の学術的意義や社会的意義

The study finding will disseminate to clinicians, researchers and policy makers, and provide evidence based knowledge to public. The study questionnaire is possible to use routinely to assess quality of maternity care are in maternity not only Mongolia, but also similar developing countries.

研究成果の概要(英文)：During 2016 to 2019, i conducted extensive literature review, developed the questionnaire by adapting USA and Japanese Listen to mothers surveys questionnaire. Validation of questionnaire conducted by using sample of 30 women and expert panel meetings. was translated and validated. The data collection conducted 2017-2018, and data analyzed in 2018-2019. Two-stage sampling meth to recruit total of 839 women who aged 18 to 45 years, gave birth at the all four maternity hospitals during January and April 2018. The response rate was 90.2% (757/839). About 40% of women were the giving birth for the first time. Overall 33.5% women were satisfied with all items. Prevalence of physical abuse, non-dignified care, poor attitude of health professionals and non-consented care were 5.3%, 6.2%, 7.7% and 22.9% respectively. Almost all women had no choice of birthing position.

The study results are presented at two conferences

研究分野：Women`s health

キーワード：respectful care women`s experience quality of care childbirth maternity care

様式 C - 19、F - 19 - 1、Z - 19、CK - 19 (共通)

1 . 研究開始当初の背景

Despite of numerous efforts of national and global community and existence of effective interventions, maternal health is major concern for health systems around the world. The WHO multi-country facility-based surveys on maternal and perinatal health in 2004-2006 and 2010 found that in globally severe maternal complications were 4.7–13.1 per 1000 live births and maternal mortality was 0–279 per 100,000 despite having relatively high coverage of essential interventions. Moreover, in most regions inappropriate use of medical interventions (i.e. high rates of cesarean section and induction of labor and low coverage of early initiation of breastfeeding) was observed. These studies therefore highlighted improvement of quality of health care in globally.

The last decades much more attention has been given to the improvement of quality of care. Measures of quality can be obtained on administrative data or survey and client exit survey. Currently national and international agencies mostly use administrative data (i.e. civil and birth registration, census and health statistical data) or large scaled survey on population health (USAIDS, Demographic Health Survey; WHO, Health Survey; UNICEF, Multi-Indicator Survey). Although the data covers the important health indicators, short- and long-term outcomes and women's experience and needs respective to health care and support are not captured. Women's/patient experience is important component of the evaluation of health care and identifying existing barriers.

The comprehensive and national U.S survey of women's childbearing experience "Listening to Mother" (LTM) was carried out in 2002, 2006 and 2010. The LTM is systematically examined many aspects of childbearing experiences including various practices, knowledge, outcomes, received care and interventions from planning the pregnancy through the postpartum period that had not previously measured nationally, or uncounted in other national data. Information about the original LTM, questionnaires, as well as the report are open to public at the Childbirth Connection web site <http://www.childbirthconnection.org/>. The LTM recommendations and results are widely disseminated to childbirth educators, researchers, clinicians, policy makers and open to public as basis of the evidence-base for maternity care.

Kishi R et al conducted a study to examine Japanese women's perinatal experience and multicultural differences by adapted the LTM questionnaire.

Mongolia is one of the developing countries successfully reduced maternal mortality from 199.0 in 1990 to 50.8 in 2012 per 100000 live births. Almost all deliveries (99%) take place in facilities. 67.2% of total population residence in the Ulaanbaatar, capital city. Best of our knowledge there is no study in Mongolia on women's perinatal experience, practice, knowledge and women's attitude to health care they received.

2 . 研究の目的

To explore Mongolian women's experience with childbirth and satisfaction with maternity care in Ulaanbaatar.

3 . 研究の方法

Two-stage sampling method was employed to recruit total of 839 women were random sampled to recruited from 30 family health centers out of 133, in 8 districts, Ulaanbaatar. Women who aged 18 to 45 years, had singleton birth and no severe maternal and neonatal complications, gave birth at

the all four maternity hospitals during January and April 2018. The LTM-II survey questionnaire was translated and validated.

4 . 研究成果

The response rate was 90.2% (757/839). The mean age of the study participants was 29.8 years of age (± 5.8) and 94.6% were married. Proportions of the high level of education (>12 years) and unemployment were 63.0% and 22.1%, respectively. About 40% of women were the giving birth for the first time.

Antenatal care: 87.5% had the first antenatal care visit ≤ 12 weeks of gestational age, and 10.4% had pregnancy complications. About 60% of pregnancies were planned. Nine items were used to assess maternal satisfaction using Likert scale (very satisfied, satisfied, okay, dissatisfied, very dissatisfied) and first two positive answers were considered “satisfied”. Measured items were number of antenatal visit, waiting time, doctor’s knowledge and skill, communication, clients’ privacy and confidentiality, doctor’s advice, explanation of procedures before examination, performs of general examination, and satisfaction of all over received care. Overall 33.5% women were satisfied with all items. After adjusting maternal age, education, marital status, planning of the index pregnancy, parity and number of ANC visits, higher household income (AOR 1.23; 95%CI 1.27 – 2.59) and non-complicated pregnancy (AOR 3.72; 95%CI 1.78 – 7.76) were associated with overall satisfaction.

Intrapartum care: The women’s satisfaction with care during delivery were 75%, and women who had vaginal delivery, giving birth for the first time and lower education (<12 years) were higher satisfaction but none significant differences.

Birth outcomes of women are shown in table 1.

Table 1. Birth outcomes

Term birth (38-41 wks)	560	74.0%
Onset of labour	183	36.4%
Induction	144	19.0%
None	197	26.0%
Mode of delivery (CS)	204	26.9%
Birth complications	27	3.6%

Thirty two percent of women had experienced at least one instance of disrespect care during childbirth in maternity hospitals in Ulaanbaatar. Prevalence of physical abuse, non-dignified care (shouted at, scolded, and laughed at scorned), poor attitude of health professionals and non-consented care (vaginal examination and episiotomy) were 5.3%, 6.2%, 7.7% and 22.9% respectively. Almost all women had no choice of birthing position (figure 1).

Lack of privacy (sharing same delivery room or no screen blocking view) was reported by the 81.3% of women.

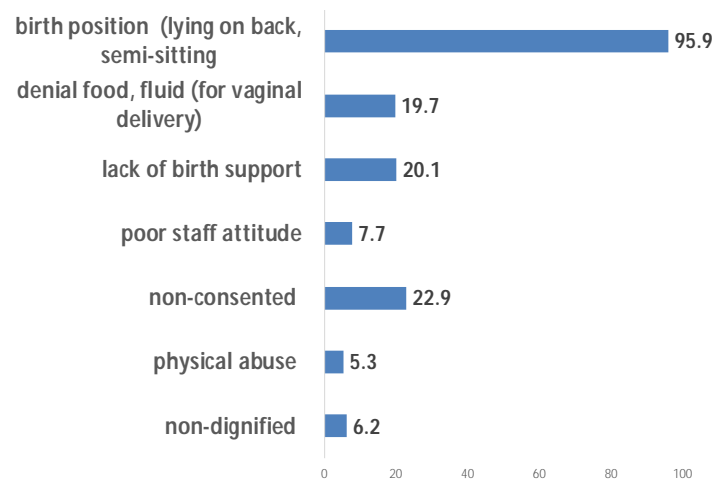


Figure 1. Women`s experience with care during delivery

5 . 主な発表論文等

〔雑誌論文〕(計 2 件)

1. モンゴルとの助産交流② モンゴルでのドゥーラワークショップ
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福澤 利江子; Togoobaatar Ganchimeg; 杉本敬子; 岡山久代; T
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Workshop training

4. Doula workshop: The Perinatal doula`s practice and contribution to modern Maternity care and current situations and challenges in Mongolian maternity care. Fukuzawa Rieko; Ganchimeg Togoobaatar. Mongolian National Health Science University of Mongolia. Ulaanbaatar, Mongolia 2017.12.18-19

〔図書〕(計 0 件)

〔産業財産権〕
出願状況(計 0 件)

名称：
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種類：
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出願年：
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取得状況(計 0 件)

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種類：
番号：
取得年：
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〔その他〕
ホームページ等

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