The Perceptions of Women in Northern Ontario About Their Reproductive Health Care and the Provision of this Care by Midwives

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What Lies Beneath Mural. A Myths & Mirrors Community Arts Project. Sudbury, ON.

Agenda

Background

Methods

Results divided into 3 papers:

- Ratings by Women of their Reproductive Healthcare Service Quality in Northern Ontario
- Cervical Cancer Screening Experiences & Preferences for Midwives by Women in Northern Ontario
- Women's Perceptions about Reproductive Healthcare Services in Northern Ontario: A Qualitative Description

- Discussion of combined results
- Overall Implications

AUDIO | Sexual health care remains inaccessible to some northerners

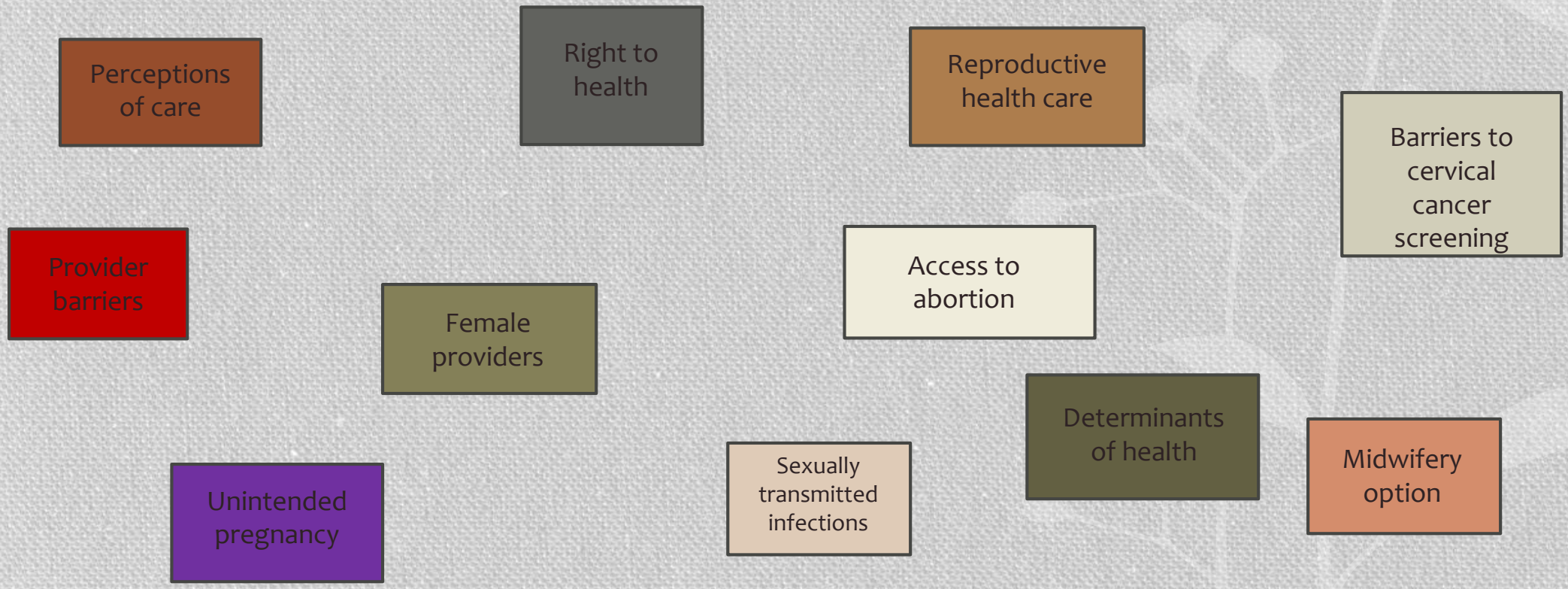
CBC News Posted: Jul 30, 2014 1:25 PM ET | Last Updated: Jul 30, 2014 3:27 PM ET

A researcher at Laurentian's School of Rural and Northern Health wants to know what you thought of your last pap test. (iStockphoto)

Motivation

- Midwife since 1999
- Expertise in the delivery of reproductive health care
- Provision of care in rural, remote and northern settings
- The voice of the consumer
- Person-centred care

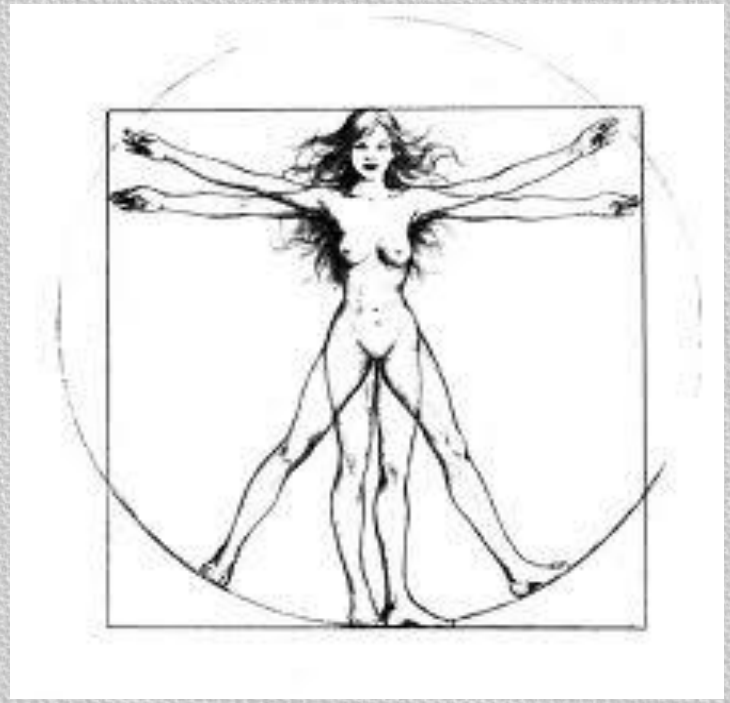
Background



(International Covenant on Economic, Social and Cultural Rights, 1976)

Definition of Woman/Women

For the purposes of this study, the words "woman/women" will refer to sex, as opposed to gender, recognizing that a participant's gender identity may differ from their anatomical, physiological and/or genetic assignment. When examining women's reproductive health care, women will refer anatomically and physiologically to participants with female reproductive organs and corresponding hormonal and endocrine systems (Health Canada, 2003).



5 Core Elements of Reproductive Health Care

- pregnancy care which includes antenatal, intrapartum, and postpartum care
- Contraception and infertility services
- abortion services
- care for sexually transmitted infections and reproductive cancers
- promotion of sexual health

World Health Organization (2002) *Defining sexual health. Report of a technical consultation on sexual health* 28-31 January, 2002 Geneva, World Health Organization. Retrieved from http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf

Research Questions:

- How do women perceive their reproductive health care?
- How do women's perspectives of their reproductive health care influence their use of reproductive health care services?
- What elements of a woman's reproductive health care experience enable her to more fully engage in recommended care?
- What elements of a woman's reproductive health care experience act as a barrier to obtaining services?
- Do women view midwifery care as an acceptable alternative to current providers or options for reproductive health care?

- Attempts to see and understand the world through the eyes and experiences of oppressed people
- apply the vision and knowledge to social activism and social change (Brooks, 2007).
- seeks to repair the historical trend of women's misrepresentation and exclusion from the dominant knowledge canons (Brooks, 2007)
- interrogates the influences of politics and the economy on women's material experiences (Syed, 2021).

But…

Not privileged over men's standpoint because all knowledge is located and situated (Hekman, 1997).

Abandon the idea of the 'universal woman' and accommodate differences while preserving analytical power.

Women' cannot be reduced to one group sharing one experience and a single perspective (Hekman, 1997).

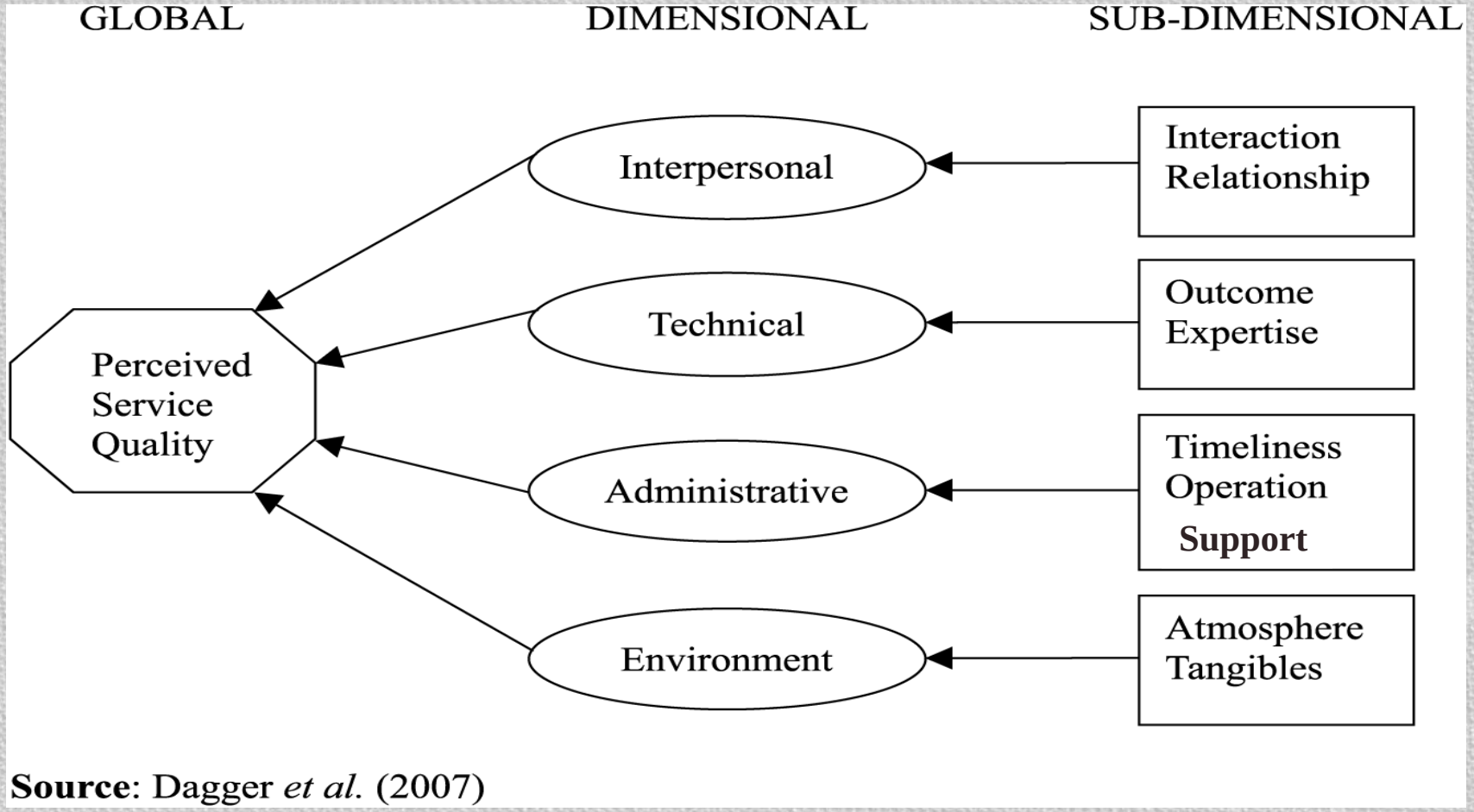
Each woman's standpoint represents a unique lived experience and perspective constantly evolving and changing across space and time and should be valued as such (Brooks, 2007).

Methods


Phase I
Preparation
• website
• pilot tools
• ethics approval
Phase II
Data Collection
• surveys
• interviews
Phase III
Data Analysis
• quantitative: statistical analysis
• qualitative analysis
Phase IV
Interpretation & Conclusions
Suggestions for improvement of existing reproductive health care

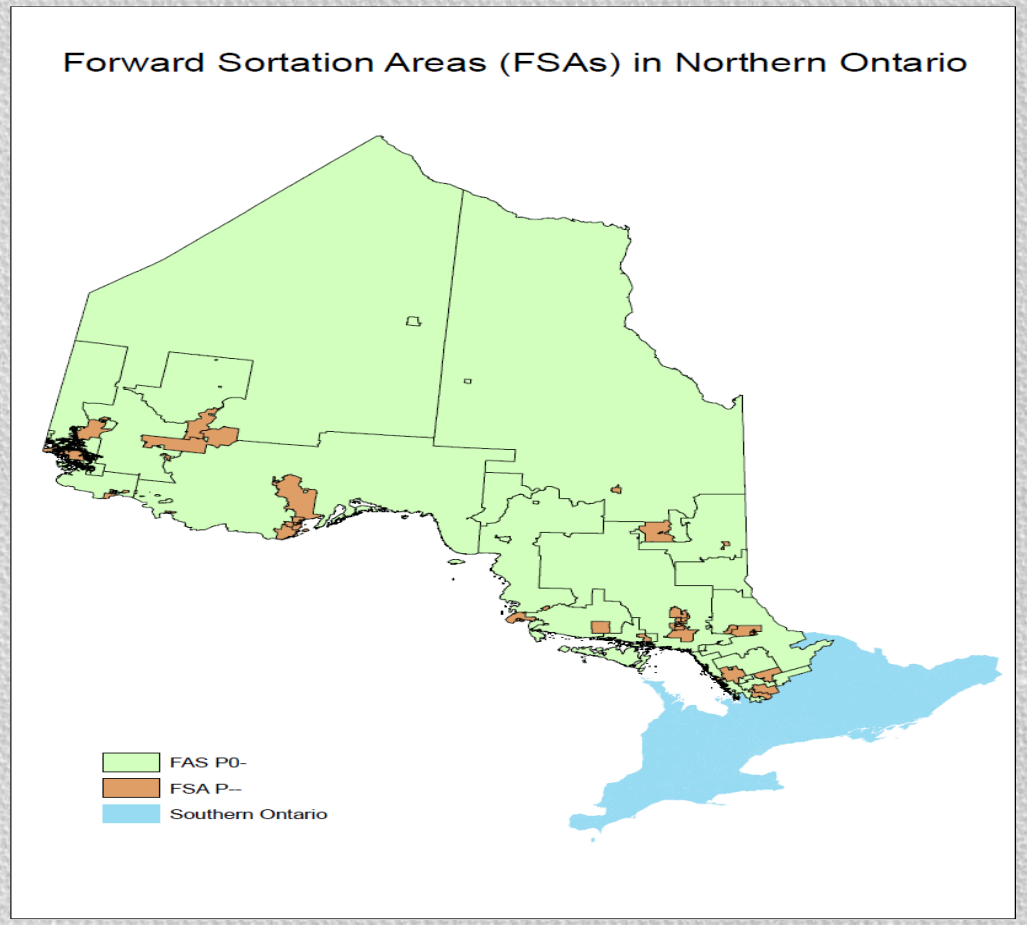
Hierarchical Model of Health Service Quality

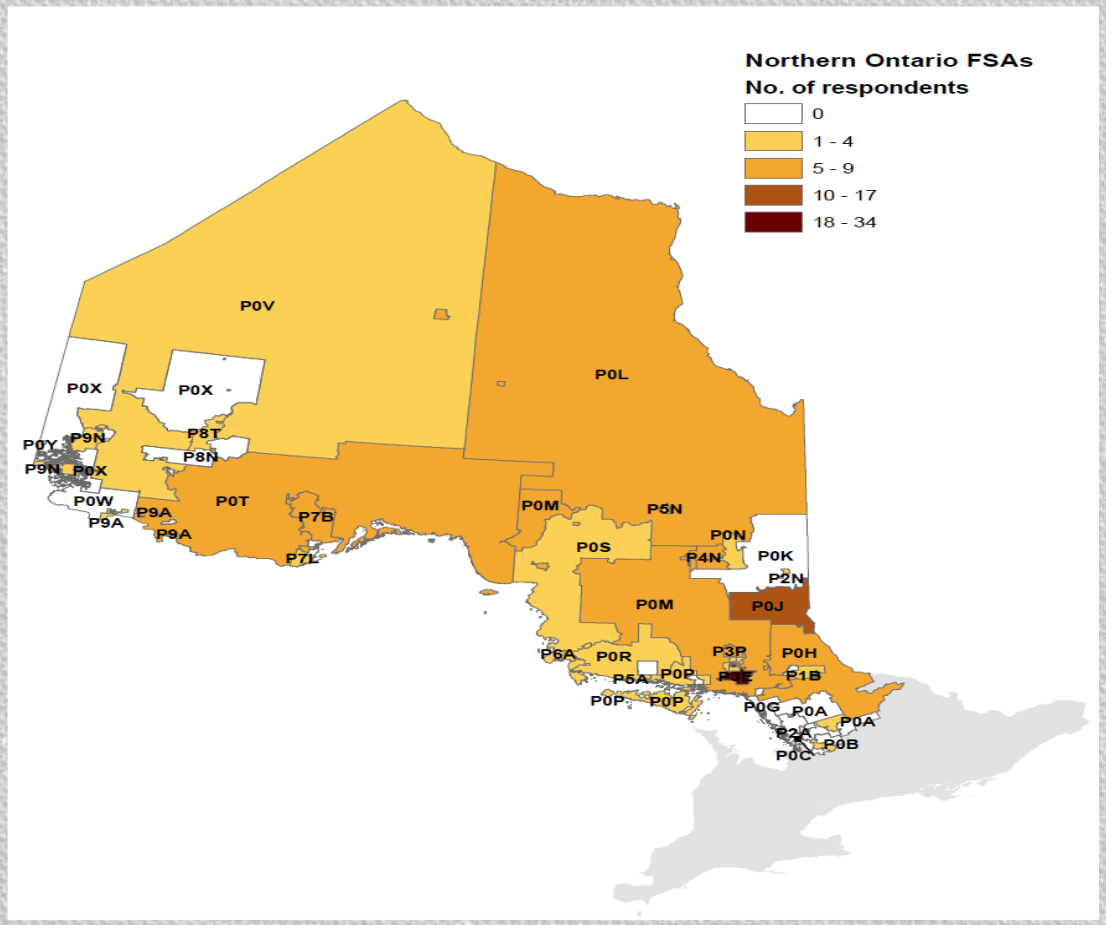
Dagger, T.S., Sweeney, J.C. & Johnson, L.W. (2007) A hierarchical model of health service quality: scale development and investigation of an integrated model. *Journal of Service Research,* 10(2), 123-142.



Source: Dagger *et al.* (2007)

The area I am defining as “northern” corresponds with the “P” postal codes, with codes beginning in “P” signifying urban residency and “P0” indicating rural residency.






Women of Northern Ontario
Please fill out my survey!
Log on to
reproductivehealthcare.ca


COCHRANE


ARCTIC
WATERSHED
ELEVATION
504 m
FROM HERE
ALL STREAMS
FLOW NORTH
INTO THE
ARCTIC OCEAN


YOU ARE CROSSING
90° LONGITUDE WEST
AND ARE ENTERING
EASTERN STANDARD
TIME ZONE

RATINGS BY WOMEN OF THEIR REPRODUCTIVE HEALTHCARE SERVICE QUALITY IN NORTHERN ONTARIO

Purpose: This study explores Northern Ontario women's ratings of service quality concerning their reproductive healthcare.

Methods: Participants included adult women residing in Northern Ontario. The Hierarchical Model of Health Service Quality (HMHSQ) acted as both a conceptual framework and an aid to developing the data collection tool. The resulting survey, offered in French and English, asked participants to rate their reproductive healthcare experiences. Descriptive statistics and multivariate linear regression models determined whether residency, language, education, income, overall health, and access to care (independent variables) were associated with the dependent variable, perceived quality of reproductive healthcare services.

Research Question #1: How do women perceive their reproductive health care?

Independent Demographic Variables

Independent Variables	Category	Survey Participants Number	%	*Population of Northern Ontario (%)	Participants vs Population N. Ontario
Participants		173	100	N=300535	
Residency	Rural	50	28.9	34.0	$X^2 = 2.083$
	Urban	123	71.1	66.0	p =0.149
Language	Francophone	54	31.2	18.0	$X^2 = 20.790$
	Non-Francophone	119	68.8	82.0	p < .001
Education Level	High School	28	16.2	29.1	$X^2 = 13.615$
	College or University	97	56.1	70.9	p < .001
			+ 27.7		
	Graduate	48	= 83.8		
Family Doctor	Yes	148	85.5	90.1	$X^2=4.175$
	No	25	14.5	9.9	p=0.041

*Statistics Canada (2012) Canadian Community Health Survey, 2012 [public-use microdata file]. Ottawa, Ontario: Statistics Canada. Health Statistics Division, Data Liberation Initiative [producer and distributor].

Ratings of Reproductive Health Care

	Number	%	Mean	STD
ALL RESPONDENTS	173	100		
Technical	168	97.1	4.51	1.77
Outcome	171	98.8	4.55	1.59
Expertise	167	96.5	4.68	1.64
Interpersonal	171	98.8	4.55	1.739
Interactions	169	97.7	4.56	1.7
Relationship	169	97.7	**3.73**	1.97
Environmental	170	98.3	4.4	1.655
Atmosphere	170	98.3	4.4	1.57
Tangibles	171	98.8	4.17	1.64
Administrative	169	97.7	4.34	1.745
Timeliness	171	98.8	4.29	1.916
Operations	168	97.1	4.59	1.408
Support	168	97.1	**3.78**	1.688

Linear Regression Results of Factors Influencing Perceived Quality of Reproductive Healthcare (n=173)

Quality Care Dimension	Significant Variables Remaining in Final Step of the Model	Unstandardized Coefficients		Standardized Coefficients	p Value	Adjusted R Square
		B	Std. Error	Beta		
Technical	Availability	0.369	0.092	0.293	<0.001	0.131
	Overall Health	0.288	0.109	0.193	0.009	
Interpersonal	Availability	0.345	0.090	0.278	<0.001	0.125
	Overall Health	0.292	0.107	0.199	0.007	
Environmental	Availability	0.340	0.086	0.286	<0.001	0.137
	Overall Health	0.296	0.102	0.211	0.004	
Administrative	Availability	0.341	0.092	0.272	<0.001	0.116
	Overall Health	0.277	0.109	0.187	0.012	

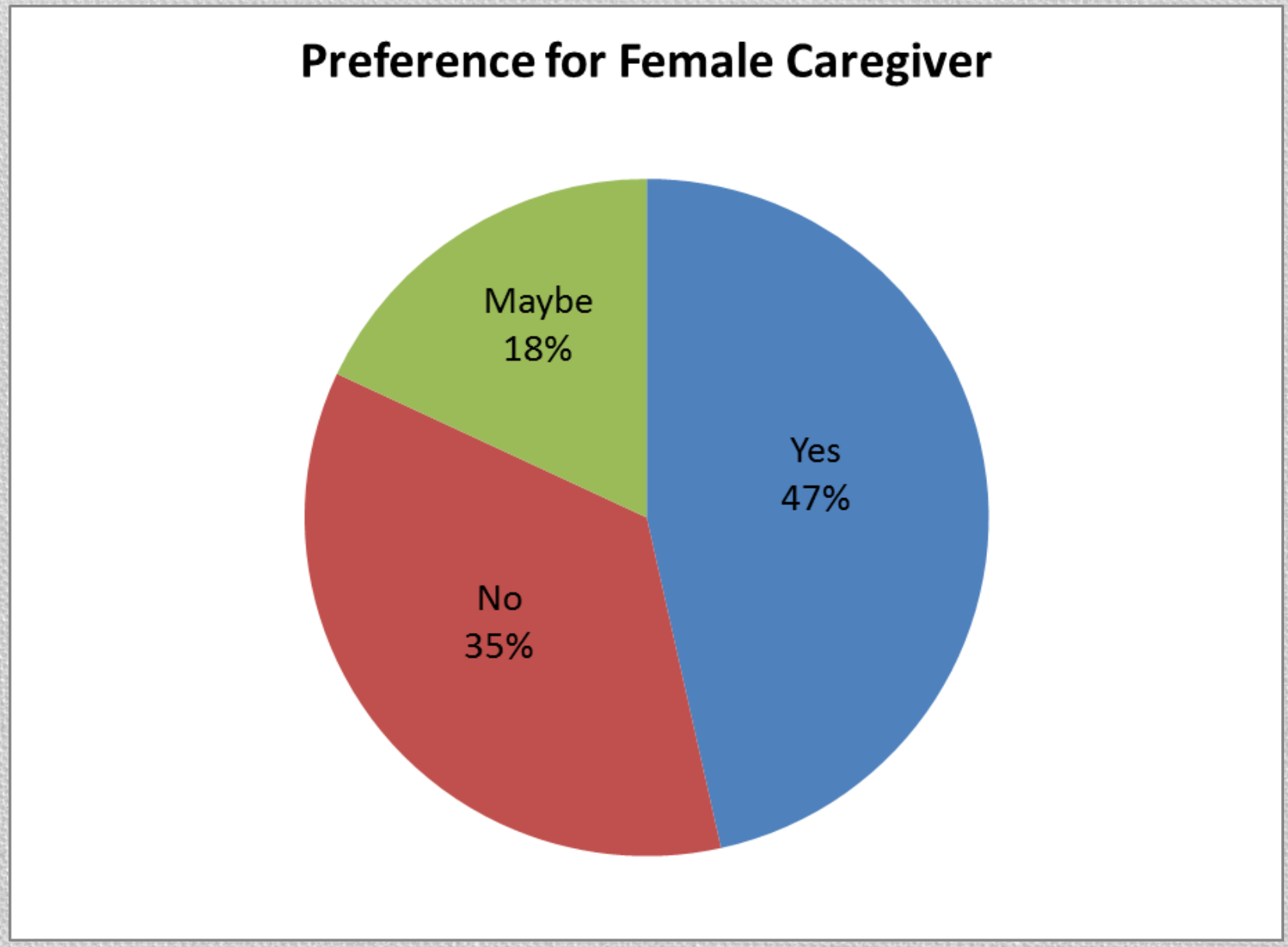
* Independent Variables included in the first step of the model but not significant in the final step – **R=residency** (rural/urban); **L=language** (Francophone/Anglophone); **E=education** (High School / College or University / Graduate); **I=income** (< $49,999 / $50,000 - $99,999 / > $100,000); **O=overall health** (poor / fair / good / excellent); **A=availability of services** (poor / fair / good / excellent); **FP=family doctor** (yes/ no)

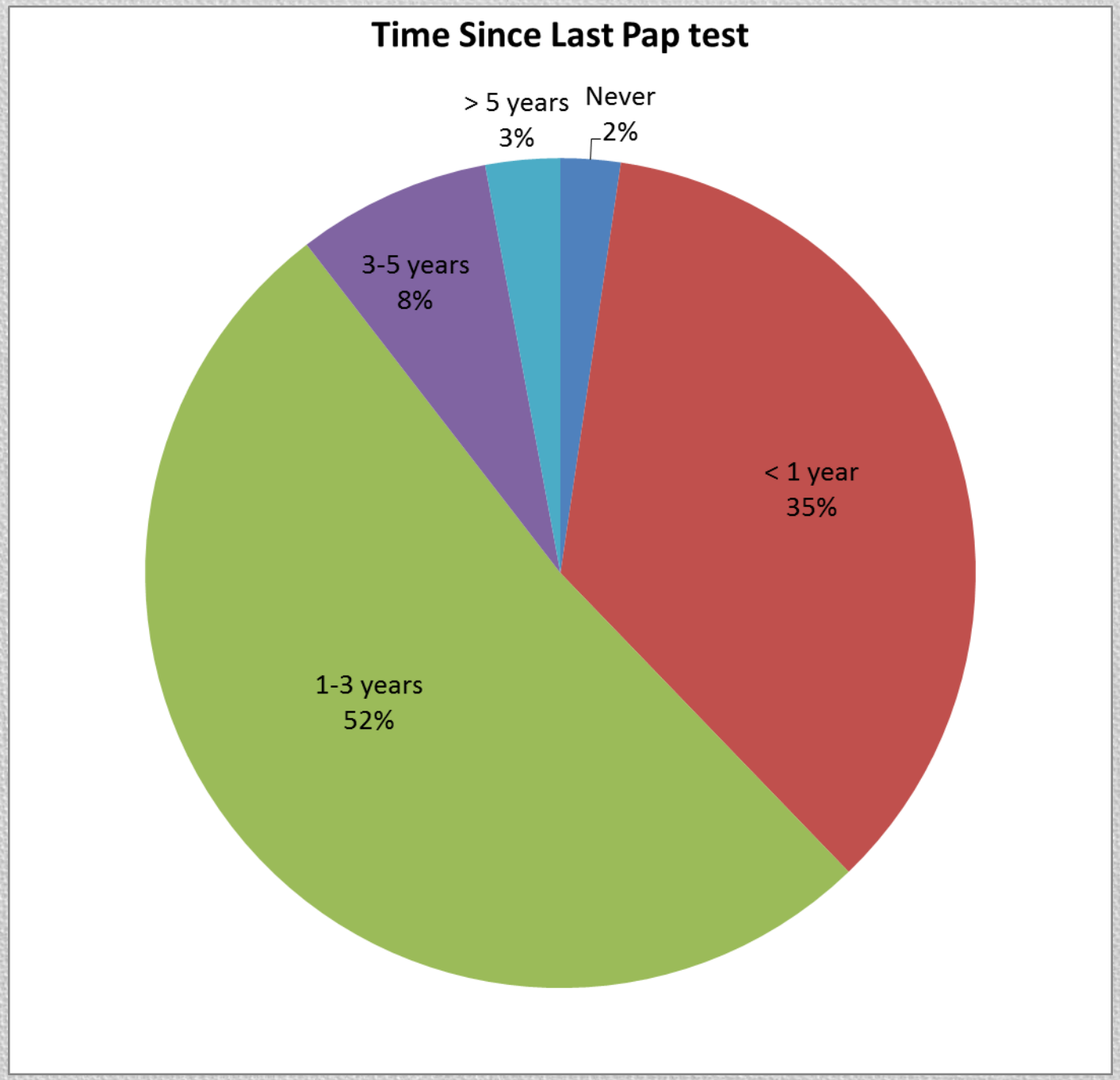
Cervical Cancer Screening Experiences & Preferences for Midwives by Women in Northern Ontario

Purpose: This study explored Northern Ontario women's preferences regarding cervical cancer screening to improve service provision.

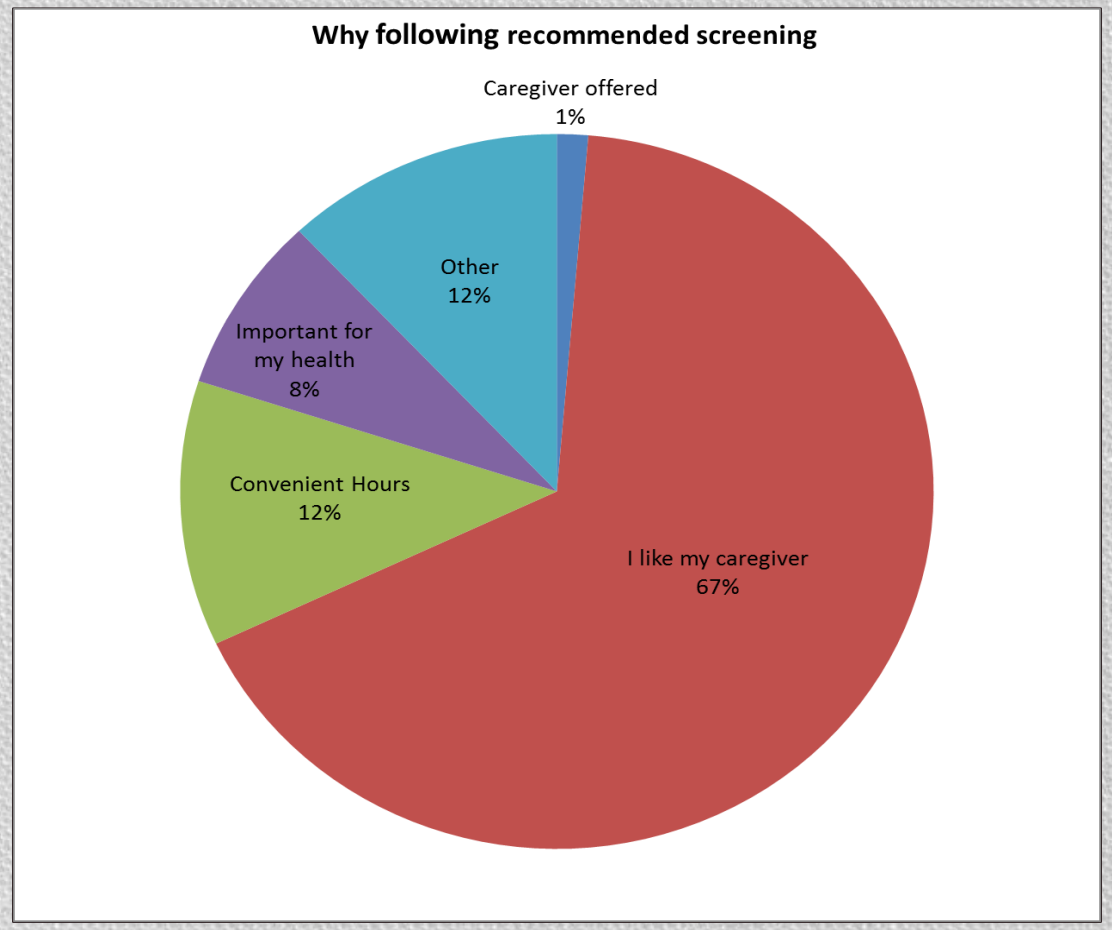
Methods: Women in Northern Ontario completed a survey about their reproductive healthcare experiences. Descriptive statistics and multivariate logistic regression models determined whether residency, language, education, income, family physician, and preferring females for cervical screening are associated with preferring a midwife for cervical cancer screening.

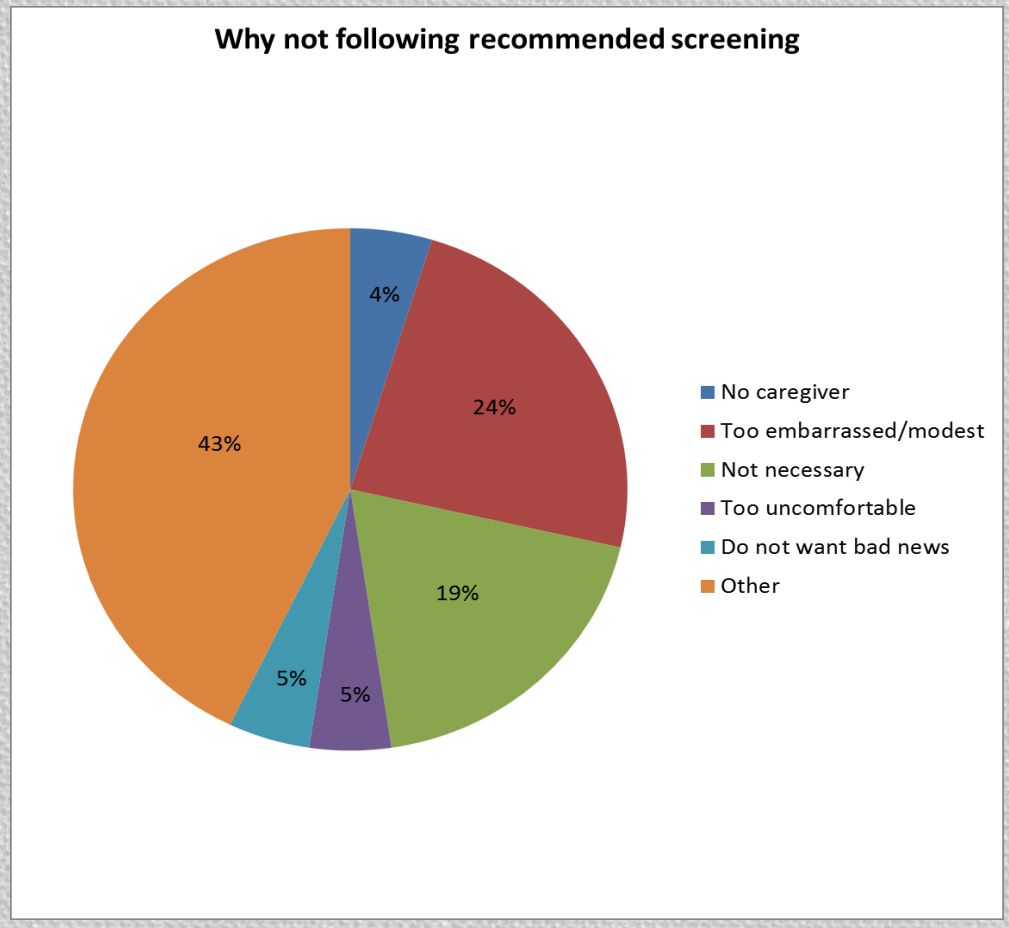
Research Questions # 2 & 5: How do women's perspectives of their reproductive health care influence their use of reproductive health care services? Do women consider midwives to be an acceptable option?


Preference for Female Caregiver
Maybe
18%
Yes
47%
No
35%


Time Since Last Pap test
> 5 years
3%
Never
2%
3-5 years
8%
< 1 year
35%
1-3 years
52%

Reasons provided by respondents for complying / not complying with cervical screening guidelines





Logistic Regressions of Factors Influencing Preference for Midwife as Provider of Cervical Cancer Screening in all Respondents*

Model	Dependent Variables	Independent Variables Remaining in Final Step of Model	Odds Ratio (OR)	95% Confidence Interval (CI)	p-Value
Model 1	Preferring Midwife – All Respondents(N=173)	Residency – Rural	2.352	1.413 – 3.917	0.001
		Family doctor	0.327	0.127 – 0.842	0.021
Model 2	Preferring Midwife – Only Respondents who were Never a midwifery client (N=112)	Family Income	0.428	0.222 – 0.827	0.012

* Independent Variables – **residency** (rural/urban); **language** (Francophone/Anglophone); **education** (High School / College / University / Graduate); **income** (< $49,999 / $50,000 - $99,999 / > $100,000); **family doctor** (yes/ no), **Female provider** (yes/no)

Women's Perceptions about Reproductive Healthcare Services in Northern Ontario: A Qualitative Description

Purpose: With a goal to improve service provision, this portion of the study involved interviewing women in Northern Ontario about their reproductive healthcare experiences.

Methods: A multimodal recruitment strategy and maximum variation sampling were applied to speak with a diverse group of interviewees. Nineteen participants agreed to a semi-structured interview. The approach draws on qualitative description (QD) tenets while incorporating constructivist grounded theory (CGT) data analysis techniques.

Research Questions # 3, 4, & 5:

- What elements of a woman's reproductive health care experience enable her to more fully engage in recommended care?
- What elements of a woman's reproductive health care experience disable her from obtaining the services she desires or requires?
- Do women view midwifery care as an acceptable alternative to current providers or options for reproductive health care?

Five Conceptual Constructs

- Gender
- The care environment
- The relationship with the care provider
- Characteristics of quality care
- Administrative practices

Gender

"There are certain questions about like say for example reproductive health that you're not going to ask a male physician. Not like because he might not have the knowledge, I'm sure male physicians do, but it makes more sense to talk about like menstrual cycles to a woman I think. So just like if I was a physician and someone was talking to me about erectile dysfunction, like I'd have no reference point to say 'oh like that's totally normal, like it might statistically be normal but'…I have no personal experience to draw upon. So I think the comfortable one would be with a female physician just because they would be able to draw on their own experiences and backgrounds." (Galen)

The Care Environment

"All the women that were having abortions that day all put in a room together. All in our gowns and booties and like, next, next. …and it wasn't even done one on one – they would call in 3 women at a time and say 'OK, you 3 are the next 3 and here you have to take this medication in the next 10 minutes. Take this now and then go back out into the waiting room. It was very clear that everybody in that room was there that day to have an abortion." (Mira)

The Relationship with the Care Provider

"I was definitely bawling my eyes out at the visit. I think it was just the rushing and like, you know not like I would have wanted her to sit and watch me cry or anything but like you know, there's a couple of questions that come up and would have been nice to have them answered and then to know that you know, that if I think about a couple more questions...Just a resource even, like a pamphlet or just something." (Maya)

Characteristics of Quality Care

"I went to do a colposcopy with a doctor at the hospital and I have seen her like once or twice before in the last couple of years. She remembered me, like as soon as I walked in the room she said 'hello again, how are your classes?' because she remembered what program I was in and everything, and she was like 'now you remember how this all goes' and she was always like saying 'I am sorry, you are going to feel a quick pinch and it might be a little cold here'. She was talking though the whole thing and it was really comfortable actually." (Dara)

Administrative Practices and Policies

"It was always like that embarrassing moment when you are at the counter and they are like, what are you here for? Well I have a (?) bumps on my labia. You wouldn't necessarily want to say it out loud, especially in a waiting room, ...if it was just a place where it was only reproductive health, it would almost feel better like being at the counter and saying, just saying that like I try really hard not to be embarrassed...." (Maya)

Women's Perceptions of Their Reproductive Healthcare (Question 1)

- Most consumers of reproductive healthcare in Northern Ontario rate this care as fair to good, with interpersonal relationships and administrative support rating lower.
- Most women favour female practitioners for their reproductive health care.
- Most women access reproductive health care through their family doctor's office, but a large percentage would prefer to visit a midwifery clinic for this care.

Perspectives on Care and Influence on Reproductive Healthcare Choices (Question 2)

Northern **–** non-physician options acceptable; care by locums likely unavoidable; travel south; lack of privacy & discrimination resulting in avoidance of care

Gender – concessions for male providers but also psychological stress, delays, and avoidance.

Person-Centred Care – encourages uptake of recommended care; participation in shared decision-making; perceived as higher quality care

Continuity of Care – improved satisfaction leading; better outcomes from seamless care; builds trust

Enablers to Accessing Reproductive Healthcare (Question 3)

- General well-being and perceiving that acceptable reproductive healthcare is available.
- Liking one's caregiver
- Female healthcare providers
- Access to midwives for reproductive healthcare outside of pregnancy and postpartum
- Welcoming and flexible administrative practices and staff

Barriers to Accessing Reproductive Healthcare (Question 4)

- feeling pressured, judged, and discriminated against by medical personnel and administrative staff.
- rushed and compromised care
- not having a family physician to encourage compliance or a female to decrease embarrassment
- non-existent abortion services, or dated abortion practices
- lack of interpersonal skills limited two-way information sharing
- A lack of time or interest in providing education or answering questions
- low SES
- avoiding a situation where they feel vulnerable
- a distaste for exposing their genitals from a position of submission
- a lack of faith in the health system
- A lack of privacy and anonymity

Midwives as Acceptable Reproductive Healthcare Providers (Question 5)

- Midwives are a viable and acceptable option to provide this care by past and current consumers and people who have never been clients of midwives.
- Participants in my study showed an understanding and appreciation for the role of midwives in our healthcare system. While only 6.5% of survey respondents currently access cervical cancer screening at a midwife's office, nearly a third of them (29.8 %) would choose a midwife if available.
- Rural women, with lower incomes, and no family physician were most likely to make this choice.
- Some interviewees expressed that the great thing about midwives is the relationship you build with them and offered that their comfort level would be higher with a midwife.
- Those with experience under midwifery care liked that the appointment times weren’t rushed.

Overall Implications for Reproductive Healthcare

- Women report overall good health and adequate access to services but still indicate a desire for change in the way health care, and particularly reproductive health care, is provided in Northern Ontario. Greater provision of person-centred care would be welcomed.

- More female practitioners and more types of health care providers able to provide reproductive health care would increase the options available to women.

- According to the Hierarchical Model of Health Service Quality (Dagger et al., 2007), if women's perceptions of the quality of care that they are receiving were to improve, that could result in increased satisfaction with the services provided, informing behavioural intentions to engage in recommended care.

Thank you!

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