

Using PAR to explore how to improve maternal health in PNG

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I. INTRODUCTION

Maternal mortality is a serious problem in developing countries that is largely preventable. PNG is amongst 189 member states that accepted the United Nations Millennium Declaration in 2000. In endorsing this, PNG pledged to achieve the eight Millennium Development Goals (MDGs). Of this, a fifth (MDG 5) is to improve maternal health and its target is to reduce maternal mortality by 75% between 1990 and 2015. In PNG, the maternal mortality (per 100 000 live births) is 300, one of the highest rates in the world (World Health Organization, 2007a). That is about 50 times the maternal mortality rates of women in Australia. Further, the highest rates of maternal mortality are among poorest women in rural areas. It is extremely important to explore how maternal mortality can be reduced in rural areas of PNG. The research question is: What can be done to reduce maternal mortality in a rural village of New Ireland Province, PNG?

II. METHODS

The overall purpose of this study was to research alongside village women to explore local contexts and seek understandings about the factors that impact on high maternal mortality rates in Lomakunaru village, the field site in New Ireland Province, PNG, and collaboratively agree on strategies to reduce maternal mortality. In phase one I recruited volunteers and interviewed six PNG/Australian women in order to gain PAR expertise in data generation, transcription, translation from Pidgin, application of the 'look, think and act' (LTA) analysis framework, and PAR group process within the supported supervisory context of Newcastle, Australia (six months). Utilising one to one interviews and PAR group processes, phase two was in partnership with 4 volunteer village women in Lomakunaru village. The objectives were to collaboratively explore maternal health, examine and describe factors and contexts that are associated with maternal mortality and to build awareness about maternal mortality through the PAR process and collaboratively decide on reform strategies.

III. RESULTS

The findings for phase 1 of the study will be reported at this conference. Four PNG women shared their stories and were surprised how little they had understood birthing. The group suggested that an educative strategy might be the most useful in Nina's village but recognised that women would make these decisions themselves (they were mindful of literacy levels and male hierarchies in the village).

IV. CONCLUSION

Setting agenda by research participants is a norm in PAR process but in the phase one of this study, this did not quite work because participants were quite happy to accept what researchers had suggested. Facilitation is based upon authenticity and genuineness of researcher/s and is important aspects of PAR to

ensure a number of things occur including flexibility during the process; negotiate with the par group about the role of the facilitator and to maintain focus of the group. Disclosure about a person's private life to others from a facilitator to participants or vice versa is an important reflection of facilitation. When a person is open to share her past life stories and experiences to others, this will ultimately lead others to listen and talk openly about issues and concerns and then through this, agenda will lead to actions or change can occur.