

## A Survey of Midwives' Knowledge and Attitude towards Gynecologic Laws and Regulations

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### Abstract

**Background and Objectives:** Professional ethics is part of midwifery skills that cannot be separated from it. Midwives must get acquainted with this skill and ethical laws, avoiding at the same time unethical manners.

**Methods:** This study was cross-sectional survey which examined knowledge and attitude of 101 midwives that had been selected by convenient sampling procedure working hospitals of Mashhad. A questionnaire was used in order to collect data. Its validity and reliability was tested and established based on a sample of 20 midwives. The level of knowledge was divided into three groups: good (0.6-1), moderate (0.3-0.5), and weak (0-0.2).

**Results:** The results showed that the midwives' knowledge of gynecologic laws and professional rules was not sufficient and most of midwives had positive attitude (60.8%) but variables such as age, level of education, duration of work, work place, etc. did not have any effect on their knowledge and attitude. In addition, data analysis did not show any statistical relation between attitude and knowledge of midwives.

**Conclusion:** Low level of knowledge may present serious results for midwives and their patients. Therefore, it is necessary for them to obtain in-service training classes and educational workshops in order to increase their knowledge, and subsequently social health.

**Key words:** Attitude, Knowledge, Midwifery, Gynecologic laws and regulations

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### Introduction

Medical profession and its related areas have long been treated as sacred and honorable and great names such as Hippocrates, Aristotle, Avicenna and others have kept it so and now it's up to us to preserve the honor. As the important members of this profession, midwives have certain ethical and professional responsibilities which, if recognized properly, can bring about trust and honor for all those involved in the profession (1).

Since midwives provide services related to some areas such as counseling, family planning, childbirth, mother and childcare, gynecological diseases etc., they need to be well aware of their responsibilities. Knowledge and skill are tools of their trade and without ethical motive; they will not be able to endure the many worries and problems that their job entails. Ethics has always been in the center of midwifery and despite many changes in the field of medicine and midwifery in particular, these ethical obligations have preserved their status so that they have been even defined at an

international level (2).

No profession is immune to carelessness and disorder, hence calling for the need for law and order. In the profession of midwifery, not only due to the relationship of the midwife's expertise with mother and child but also because of all the private and personal affairs shared among them, observing certain ethical codes is deemed indispensable. Therefore, in order to prevent any inadvertent or deliberate errors endangering the health of the mother, family and society, in the first step, midwives should increase their knowledge of areas like secrecy, issuance of birth certificate and hymen health certificate and etc. In the second step, there should be an evaluation of the cases that the legislator has direct intervention with (such as criminal abortion, unapproved medical examination fees, issuing unreal certificates and ...) so that proper measures can be taken to solve them in case these offences are perpetrated through lack of knowledge on the part of midwives.

Developments in the field of medicine and its related areas have brought about certain deliberate or inadvertent crimes and abuses. Today, in spite of all the efforts which doctors and other medical staff make and all the advanced equipments available, statistics indicate increasing patient complaints and dissatisfactions even in cases in which no errors have been committed by medical staff (3).

Considering the serious responsibilities of the medical staff, any violation of the laws can have severe consequences for the standing of this profession. The first step in preventing illegal acts from happening is to have proper knowledge of the related laws (4).

Sometimes this ignorance of the laws takes the individuals beyond their jurisdiction. The importance of having this knowledge is clear (5). With regard to the ever increasing rate of criminal abortion, sexual abuse, false birth certificates or medical leaves and also the rate of patient complaints along with increase in financial value of blood money, illegal abortion centers, huge fees in return for illicit acts and etc., authorities of the profession should adopt a proper attitude and acquire

enough knowledge of the subject. Unfortunately, however, not enough research has been done in this area and those few that exist mainly focus on legal aspects of medicinal use.

This study was performed to evaluate knowledge and attitude of midwives toward gynecologic laws in order to suggest effective in-service training classes or educational workshops for the sake of increasing their knowledge and hence, social health.

### Methods

The present study is a descriptive and cross-sectional one which aims to investigate midwives' knowledge and attitude towards the laws and regulations of midwifery. 101 midwives working in Mashhad hospitals were chosen via convenient sampling in 2007. They had at least an associate's degree and those with the highest education had a master's degree in the field. Data were collected through a questionnaire containing 58 closed-response questions. The first part consists of the demographic data such as age, latest degree, place and year of graduation, second work place, work experience, previous record in referring to medical council office due to legal issues and having a second job (private office). In the second part, questions are designed to assess the midwives' knowledge and attitude towards the laws and regulations of midwifery. In order for the questionnaire to have scientific validity, the method of content validity has been used. After studying the resources, books, scientific journals and articles related to the subject, a questionnaire was designed by the author which was then evaluated by a forensics expert. In order for the questionnaire to achieve scientific reliability, a pilot study was done in which 20 midwives working in a maternity hospital were evaluated by the questionnaire. Using Cronbach's alpha test, the validity of the test was estimated to be 75%, and the reliability of the questionnaire was found to be 78% by Pearson correlation coefficient test. After making the necessary arrangements with the authorities of the hospital, the questionnaire was emailed to the midwives.

In data analysis stage, positive options received one score and false or empty options were assigned zero. The sum of scores and their comparison with mean scores was the criteria for categorizing the knowledge of the participants into three levels of good (0.6-1), average (0.3-0.5) and bad (0-0.2). In the attitude form which consisted of 28 closed-response questions, positive answers were regarded as positive attitude and negative answers as negative attitude.

Data were analyzed by SPSS software using the frequency tables, chi-square test and correlation coefficients of Pearson and Spearman.

## Results

Most of the participants (42.4%) were between 31-40 years of age and the majority of them (87.9%), had master's degree. 14.7% of them had private offices and 79.8% worked in medical centers, too. The work experience of most of them was (32.6%) 1 to 5 years and others ranged from 6 to 10 (23.3%) and 11 to 15 (20.9%). A considerable percentage of the participants (82.6%) had appeared in legal circles as defendants and 98% of them had medical liability insurance.

The results show that midwives' knowledge of the laws and regulations is not at a satisfactory level (table 1).

**Table 1: Midwives' Knowledge about gynecologic laws**

Knowledge	frequency	percent	Total
Weak	64	63.4%	63.4
Medium	37	36.6%	100
good	0	0	0
Total	101	100	

Out of the 30 questions that were asked about knowledge, correct responses varied from 1 to 76% and often the participants' knowledge in this regard was average (36.6%) or weak (63.4%). Variables like age ( $P=0.323$ ), local academic degree ( $P=0.867$ ), work experience ( $P=0.63$ ), work place ( $P=0.941$ ) and having a second job ( $P=0.41$ ) did not seem to affect their knowledge of the laws and regulations in the field of midwifery.

The importance of attitude towards ethics is obvious. Surely, a caregiver should have strong ethical beliefs wherever and whenever there is

vulnerability to ethics. Therefore, in the cases in which there are serious, realistic human-related issues and hardships (such as abortion, issuing false certificates, faithfulness to secrets, and ...) the implications should be properly addressed, because they are not concrete and do not have a legal basis. With this in mind, the attitude toward these intangible feelings gets to be of special importance.

This study shows that most working midwives (60.8%) have a positive attitude towards the regulations (table2).

**Table 2: Midwives' Attitude about gynecologic laws**

Attitude	Percent	Accumulative percent	Total
Positive	39	38.6	38.6
Negative	62	61.4	100.0
No response	1		
Total	100	100	

However, just like the case of knowledge level, age ( $P=0.059$ ), local academic degree ( $P=0.103$ ) work experience ( $P=0.819$ ) and having a second job ( $P=0.754$ ) did not have

any statistical relationship between the midwives' attitude towards the laws and regulations of the field (table 3).

**Table 3: Relationship between Midwives' Knowledge and attitude about gynecologic laws**

Knowledge	Attitude		Total
	Negative	Positive	
Weak	38	26	64
	61.3%	66.7%	63.4%
Medium	24	13	37
	38.7%	33.3%	36.6%
Good	0	0	0
	0	0	0
Total	62	39	101
	100.0%	100.0%	100.0%

In addition, there are not any statistical relationship between midwives' knowledge and attitude, either ( $P=0.71$ ).

### Discussion

The present study surveyed the knowledge level and attitude of 101 midwives- working in the hospitals of Mashhad- toward some laws and regulations of their field. The results show that the knowledge level of the midwives is not satisfactory and there is no statistical relationship between their knowledge level and attitude but most of them (60.8%) had a positive attitude towards the laws and regulations.

In a study by Mohammady in 2003, the relationship between knowledge, educational degree and working was examined. The study delved into some of the duties of midwives with the results showing that their knowledge was not satisfactory (5).

Considering that abortion is illegal in Iran, some of the questions addressed this issue. Unhealthy abortion is one of the major causes of death in mothers, which also accounts for the side effects in millions of mothers who escaped from its dangerous complications (6). Illegal abortion is responsible for more than half of the cases that result in mother's death in the world.

Moreover, it is the major reason for referring to medical centers in the developing counties as well (7). The death of 80,000 mothers every year worldwide which necessarily implies the death of 80,000 infants , and the presence of 10% illegal abortion in Iran necessitates more careful and serious studies by the experts and authorities (8). Furthermore, the considerable costs of criminal abortions and their consequences are among other reasons for further studies on abortion (9).

The present study shows that most midwives do not have enough information about the legal issues concerning abortion and the related legal consequences (whether for the purposes of informing mothers or doing the operation itself). Naturally, increasing the knowledge of midwives, physicians and health care providers about abortion, causes of maternal death and its punishments along with increasing authorities' knowledge can be helpful in finding ways to control or reduce abortion in the society.

The study done by Ghadi Pasha indicates that 15.4% of the participants had average knowledge of the subject, 84.6% were well informed and none of them had weak knowledge of the subject. However, comparably all of the gynecologists were well informed but out of the 121 midwives, 101 had

enough information and 22 were average. Generally speaking, gynecologists were better informed than midwives (10). In a similar study by Rouhparvar in Yazd, only 25.5% of the gynecologists presented a good level of information, 39.1% were average and 35.4% had little information (10). In their study, Askari et al. concluded that midwives don't generally have sufficient information in other related areas of their job. Only 2.2% of the participants were well informed and 39.8% were less than average and 27.4% had very little information about the subject (4).

This study showed that none of the variables, namely age, work experience, work place and second job had any effect on knowledge about laws and regulations of midwifery.

In Ghadi Pasha's study, job status (type of employment in public or private centers) had little effect on their level of knowledge but their work experience played a role. Those with less than 10 years of work experience had more knowledge and the least knowledge level was observed in those with 20-30 years of work experience (10).

Considering that the knowledge level of most of the midwives was at an average or low level, it is important to investigate the causes and to focus on the items that had the least correct answers on the test. The knowledge of midwives should be increased and at the same time, it should become operational. Perhaps by offering in-service training courses and using all sources they can improve scientific and practical information, thus providing better health services in future.

At times, violation of laws is due to the lack of clarity in some legal issues, contrast in duties and law, injustice in some cases or lack of support from the legal authorities, lack of careful guidance or a sense of anxiety about employment status. Therefore, revision and compilation of the laws while taking into account the experiences and opinions of the individual professionals, and training in the laws and duties can prevent many problems from happening and in case of happening, they would be easier to solve.

The relatively high percentage of the negative attitudes (38.6%) could be because of the lack

of support from the authorities. The major problem midwives face is related to their duties in the field which, in spite of the qualitative and quantitative developments in midwifery, remain very limited. Despite midwives' high potentials and their sensitive responsibilities with regard to pregnant mothers and childbirth, their rights are not fully taken account of and legal limitations can sometimes prevent them from providing appropriate services.

The number of "false and no idea" answers in the questionnaire shows that many of the midwives do not have enough information about legal issues. The high percentage of weak or average knowledge of participants in the various age groups and educational levels indicates that they are not motivated enough to improve their knowledge of the subject and the medical society is not doing much for the problem. In-service training courses can be very helpful, but unfortunately, they are mostly concerned with professional and medical issues rather than legal considerations. Therefore, it seems that these courses should be made compulsory for midwives (similar to doctors' in-service courses) and more attention should be paid to the laws and regulations dealing with legal issues in the profession.

The second problem is lack of observation of the midwives who work in their private offices and, because of being separated from academic environments sometimes make use of outdated, abolished and less effective treatment methods which in turn can bring about unpleasant consequences for the patients. Because such patients are not usually aware of their rights, these mistakes are not prosecuted.

## Conclusion

Although most of midwives had positive attitude (60.8%) towards gynecologic laws and professional rules, their knowledge was not sufficient and other variables such as age, level of education, duration of work, work place, etc. didn't have any effect on their knowledge and attitude. Furthermore, data analysis didn't show any statistical relationship between attitude and knowledge of midwives. Low level of knowledge may introduce serious results for midwives and their patients.

Therefore, it is necessary for them to obtain in-service training classes and educational workshops in order to increase their knowledge and hence, social health.

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### References

1. Hajjali F. Legal abortion and its social effects. *Journal of Women's studies*. 2004;2(6):61-98. [Persian]
2. Authors of public relations of Shahid Beheshti medical university. Acquaintance with prescriptions and circulations related to midwives' offices and some rules. Tehran: Shahid Beheshti university publications; 2001. P.9-25. [Persian]
3. Akhlaghi M, Tofighi Zavareh H, Samadi F. Complaints of medical negligence from obstetricians and gynecologists referring to Forensic medicine organization' commission of Iran in 1380-81; etiology and prevent methods. *Scientific Journal of Forensic Medicine*. 2004;10(34):70-4. [Persian]
4. Askari M, Taavoni S, Haghani H, Allami M, Taftachi F. The medico-legal knowledge of the midwives employed by the ministry of health and medical sciences of Iran. *Iran Journal of Nursing*. 2003;16(35):25-32. [Persian]
5. Mohammadi F. Midwives knowledge of professional rules and its relation with some factors in Qazvin. *The Journal of Qazvin University of Medical Sciences*. 2006;10(2):95-6. [Persian]
6. WHO Guidelines Approved by the Guidelines Review Committee. *Safe Abortion: Technical and Policy Guidance for Health Systems*. Geneva: World Health Organization; 2012.
7. Faúndes A, Hardy E. Illegal abortion: consequences for women's health and the health care system. *Int J Gynaecol Obstet*. 1997 Jul;58(1):77-83.
8. Kazemian M. Common methods of illegal abortion and the etiologies of maternal deaths due to its practice. *Journal of Reproduction and Infertility*. 2005;6(4):450-6.
9. Levin C, Grossman D, Berdichevsky K, Diaz C, Aracena B, Garcia SG, et al. Exploring the costs and economic consequences of unsafe abortion in Mexico City before legalisation. *Reproductive health matters*. 2009;17(33):120-32.
10. Ghadipasha M, Gharedaghi J, Hejazi A, Shamsadini Motlagh F, Zarenezhad M. The study of knowledge of gynecologists and midwives in Kerman concerning the abortion rules and regulations in 2008. *Scientific Journal Of Forensic Medicine*. 2009;15(3):176-81.