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International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo



CLINICAL ARTICLE

Disrespect and abuse during facility-based childbirth in a low-income country[☆]Innocent I. Okafor^a, Emmanuel O. Ugwu^{b,*}, Samuel N. Obi^b^a Department of Obstetrics and Gynecology, Enugu State University Teaching Hospital, Enugu, Nigeria^b Department of Obstetrics and Gynecology, University of Nigeria Teaching Hospital, Enugu, Nigeria

ARTICLE INFO

Article history:

Received 15 March 2014

Received in revised form 8 August 2014

Accepted 3 October 2014

Keywords:

Abuse

Disrespect

Facility-based childbirth

Nigeria

ABSTRACT

Objective: To determine the prevalence and pattern of disrespectful and abusive care during facility-based childbirth in Enugu, southeastern Nigeria. **Methods:** A questionnaire-based, cross-sectional study was undertaken at Enugu State University Teaching Hospital between May 1 and August 31, 2012. Women accessing immunization services for their newborns were eligible when they had delivered in the previous 6 weeks and had received prenatal care and delivery services at the hospital. The main outcome was the proportion of women who had experienced disrespectful and abusive care during their last childbirth. **Results:** In total, 437 (98.0%) of 446 respondents reported at least one form of disrespectful and abusive care during their last childbirth. Non-consented services and physical abuse were the most common types of disrespectful and abusive care during facility-based childbirth, affecting 243 (54.5%) and 159 (35.7%) respondents, respectively. Non-dignified care was reported by 132 (29.6%) women, abandonment/neglect during childbirth by 130 (29.1%), non-confidential care by 116 (26.0%), detention in the health facility by 98 (22.0%), and discrimination by 89 (20.0%). **Conclusion:** Disrespect and abuse during childbirth are highly prevalent in Enugu. The findings indicate the size of the issue of disrespectful and abusive care during childbirth in low-income countries.

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1. Introduction

In low-income countries, disrespect and abuse during childbirth are common causes of suffering and violate human rights. Childbirth is an important event for women and their families, and the presence of a skilled birth attendant is one of the key interventions to reduce maternal and neonatal morbidity and mortality [1]. Women in labor expect empathy, support, confidentiality, and respect from their birth attendants [2]. However, many women seeking childbirth services, especially those in low-income countries, receive various forms of subtle and overt disrespectful and abusive care from their birth attendants [1,3–8]. The care they receive at a health facility is sometimes more dangerous than is giving birth at home [3].

The autonomy, dignity, preferences, and fundamental human rights of women giving birth are so frequently violated that such care is seen by the community as normal [2]. Unfortunately, many women bear this disrespectful and abusive care without complaint, and the insults

often continue unabated for decades. Consequently, women quietly resort to alternative—often substandard—childbirth services where their autonomy, dignity, and rights are respected. Disrespectful and abusive care could contribute to the very low proportion of births supervised by skilled birth attendants in Nigeria (36%) despite a high uptake of prenatal care (60%) [9]. This scenario is different from that in high-income countries, where 98% of pregnant women receive prenatal care and 94% give birth under the supervision of a skilled birth attendant [10]. The high use of skilled care in these countries could be related to women's experiences of respectful treatment during childbirth in addition to the existence of a high-quality and reliable healthcare system.

Despite the negative effect of disrespectful and abusive care during childbirth on the use of skilled birth care in low-income countries, there is no operational definition and no validated measurement tool (questionnaire) [2,11]. In view of this gap in knowledge, Bowser and Hill [2] performed a landscape analysis commissioned by the US Agency for International Development and identified seven categories of attributes that effectively defined disrespectful and abusive care in facility-based skilled childbirth: physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment/neglect of care, and detention in facilities until hospital bills are paid. Prevalence estimates for disrespect and abuse during facility-based childbirth are necessary for the design, monitoring, and evaluation of interventions to promote respectful care during childbirth, especially in low-resource settings.

[☆] Presented at 64th Meeting of Nigerian Surgical Research Society; December 6, 2013; Enugu, Nigeria. Published as an abstract: Niger J Surg 2014; 20(1):42–46.

* Corresponding author at: Department of Obstetrics and Gynecology, University of Nigeria Teaching Hospital, Ituku/Ozalla, Enugu, PMB 01129, Enugu State, Nigeria. Tel.: +234 8037790402.

E-mail address: vajel@yahoo.com (E.O. Ugwu).

The present study aimed to determine the prevalence and pattern of disrespect and abuse during facility-based childbirths in southeastern Nigeria by assessing nursing mothers' views about their childbirth experiences. The findings will help to highlight the magnitude of the problem in this geographic region.

2. Materials and methods

The present cross-sectional study took place at Enugu State University Teaching Hospital Parklane (ESUTH-Parklane) in southeastern Nigeria. Enugu State has a mixed rural and urban population, most of whom are Christian and of the Igbo tribe. Further details about the study area have been provided elsewhere [12].

The hospital is a tertiary health institution owned by the Enugu State government and is located in the center of the Enugu metropolis. It provides comprehensive obstetric services, including skilled childbirth care, and has the highest client flow for maternity and immunization services in the state. The hospital handles an average of 1800 deliveries annually, with a bed capacity of 34 in the obstetrics unit. The obstetrics/gynecology department has 10 consultants, 17 residents, 20 house officers, and 45 nurses. Pregnant women usually come to the prenatal clinic or labor ward on their own, but some women are referred from a general hospital, private hospital, or maternity home. After a normal delivery, women are observed for 48 hours before discharge. The hospital also has a consulting room where immunization services are provided.

The present study included a convenience sample of consecutive postnatal mothers who accessed services for their newborns at the immunization clinic of ESUTH-Parklane between May 1 and August 31, 2012. All mothers who had received prenatal care and delivery services for their last childbirth at ESUTH-Parklane were eligible. Mothers whose last delivery had taken place more than 6 weeks ago were excluded to reduce recall bias. Ethics clearance for the study was obtained from the Institutional Review Board of ESUTH-Parklane. All participants provided written informed consent.

Each eligible woman was initially approached privately in a separate room by the principal investigator (I.I.O., a consultant obstetrician) or a research assistant for counseling to participate in the study. Three female medical interns (house officers) drawn from the obstetric unit of the hospital were trained by the principal investigator to assist with data collection. The training included education on the objectives of the study and the collection of sensitive data. After counseling, a self-administered, structured, and pretested questionnaire (Supplementary Material S1) was distributed to participants. Illiterate women were helped by the trained medical interns, who translated the contents of the questionnaire into the woman's local dialect and completed the questionnaire on the basis of her responses.

The main outcome measure was the proportion of women who had experienced at least one type of disrespectful and abusive care during their last childbirth. Data sought included sociodemographic characteristics of the respondents, including age, marital status, religion, tribe, educational level, and parity. The second aspect of the questionnaire covered the seven categories of disrespect and abuse during childbirth [2]: physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment of care, and detention in the health facility. Disrespect and abuse during childbirth was said to have occurred if the respondent answered yes to any of the specific questions concerning the seven categories of disrespect and abuse. Sexual abuse was defined as any action that pressured or coerced the woman to do something sexually against her wishes [13]. Facility-based care from a skilled birth attendant was defined as care received during delivery in a health facility with adequate facilities and skills necessary to manage normal deliveries and diagnose and manage complications [14].

Assuming a 50% prevalence rate of disrespect and abuse during childbirth, a confidence level of 95%, a margin of error of 5%, and a non-response rate of 10%, the required sample size was calculated to be 446.

The statistical analysis was performed using SPSS version 16 (SPSS Inc, Chicago, IL, USA). Cross tabulation was used to analyze categorical data, and relationships were expressed using odds ratios and confidence intervals. $P < 0.05$ was considered statistically significant.

3. Results

In total, 460 questionnaires were administered and 446 were correctly filled, giving a response rate of 97.0%. The mean age of the respondents was 32.1 ± 2.7 years (range 18–45). All respondents were Christian, and almost all were from the Igbo tribe (Table 1). Most respondents were married and multiparous, and more than one-third had completed tertiary education (Table 1).

Of the 446 women interviewed, 437 (98.0%) reported at least one kind of abuse and disrespect during their last childbirth. The prevalence of disrespect and abuse was similar across all age groups, educational levels, and other sociodemographic categories of the respondents (Table 1). There was no significant association between disrespect and abuse and maternal sociodemographic characteristics ($P > 0.05$) (Table 2).

The provision of non-consented services and physical abuse were the most common types of disrespectful and abusive care during facility-based childbirth, affecting 243 (54.5%) and 159 (35.7%) respondents, respectively (Table 3).

4. Discussion

The present study has demonstrated that disrespect and abuse during childbirth are very common in Enugu, southeastern Nigeria. The provision of non-consented care services was the most common form of disrespect and abuse reported, with a prevalence of 54.5%. The sociodemographic characteristics of the study population, including tribe, educational status, and religion, are similar to those reported in previous studies from the same area [15,16].

Complaints of abuse and disrespect in hospitals, coupled with health workers' views that women are ignorant, explain the unwillingness of some women to deliver at a health facility, which is often considered as a last resort [17]. Women are often denied the right to make informed

Table 1
Sociodemographic characteristics.^a

Sociodemographic variable	Overall frequency (n = 446)	Frequency of abusive and disrespectful care
Age		
≤20 years	15 (3.4)	15 (100.0)
21–30 years	287 (64.3)	284 (99.0)
31–40 years	136 (30.5)	131 (96.3)
41–50 years	8 (1.8)	7 (87.5)
Tribe		
Igbo	428 (96.0)	420 (98.1)
Yoruba	7 (1.6)	6 (85.7)
Hausa	4 (0.9)	4 (100.0)
Idoma	3 (0.7)	3 (100.0)
Igala	2 (0.4)	2 (100.0)
Urhobo	2 (0.4)	2 (100.0)
Marital status		
Married	420 (94.2)	411 (97.9)
Single	16 (3.6)	16 (100.0)
Widowed	10 (2.2)	9 (90.0)
Educational status		
No formal education	8 (1.8)	8 (100.0)
Primary	72 (16.1)	72 (100.0)
Secondary	200 (44.8)	197 (98.5)
Tertiary	166 (37.2)	160 (96.4)
Parity		
Primipara	107 (24.0)	106 (99.1)
Multipara	307 (68.8)	301 (98.0)
Grandmultipara ^b	32 (7.2)	29 (90.6)

^a Values are given as number (percentage).

^b Parity >4.

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