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A Secondary Analysis of Mistreatment of Women During Childbirth in Health Care Facilities

Cheryl Tatano Beck Q10

ABSTRACT

Objective: To conduct a secondary qualitative analysis of a phenomenological study of traumatic childbirth to identify the types and frequency of mistreatment of women during childbirth in high-income countries.

Design: Analytic expansion was the type of secondary analysis chosen to make further use of a primary qualitative data set to ask a new question that was not included the original study aims.

Setting: The primary data set of women's experiences of traumatic childbirth was obtained via the Internet.

Participants: The Internet sample of 40 mothers consisted of 23 women from New Zealand, 8 from the United States, 6 from Australia, and 3 from the United Kingdom who experienced traumatic births.

Methods: Krippendorff's content analysis of categoric distinction was used to analyze the mothers' narratives of their traumatic births. The typology of mistreatment and abuse of women during childbirth in health care facilities worldwide outlined by Bohren et al. provided the categories for the content analysis.

Results: Six types of disrespectful and abusive treatment during childbirth were reported by participants, from those reported most often to least often: *Failure to Meet Professional Standards of Care, Poor Rapport Between Women and Providers, Verbal Abuse, Physical Abuse, Health System Conditions/Constraints,* and *Stigma/Discrimination*.

Conclusion: Findings confirm results from studies of mistreatment of women during childbirth in health care facilities in low- and middle-income countries. Prevention and elimination of mistreatment of women during childbirth are the ethical responsibility of all obstetric health care providers.

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Correspondence
Cheryl Tatano Beck, DNSc, CNM, FAAN, University of Connecticut, School of Nursing, 231 Glenbrook Rd., Storrs, CT 06269-2026.
cheryl.beck@uconn.edu

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The disrespectful and abusive treatment of women during childbirth in health care facilities has been called a blind spot in respectful, women-centered care (Van Lerberghe et al., 2014). This blind spot is present in rich and poor countries. Freedman and Kruk (2014) concluded that the mistreatment of women during childbirth was a sign of crisis of quality and accountability in a health care system. The World Health Organization (2014) published the following statement on the prevention and elimination of disrespect and abuse during facility-based childbirth:

> Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue. (p. 1)

Disrespect and abuse of women during labor and birth have been reported in low- to middle-income countries (Abuya, Warren, et al., 2015; Asefa & Bekele, 2015; Kruk et al., 2014; Okafor, Ugwu, & Obi, 2015). Evidence of the type and frequency of disrespect and abuse is critical for effective prevention, interventions, policy, and advocacy. As of July 2016, the World Bank defined *low-income countries* as those that had gross national incomes per capita of $1,025 or less in 2015, *middle-income countries* as those that had gross national incomes per capita between $1,026 and $12,475 in 2015, and

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Prevention and elimination of disrespect and abuse of women during labor and birth are the ethical responsibility of all obstetric health care providers.

Cheryl Tatano Beck, DNSc, CNM, FAAN, is a distinguished professor in the School of Nursing, University of Connecticut, Storrs, CT.

high-income countries as those that had gross national incomes of $12,476 and greater per capita in 2015 (World Bank, 2016). To date, no studies have been conducted in higher-income countries. Therefore, the purpose of this study was to conduct a secondary data analysis of a primary qualitative study of women's experiences of traumatic childbirth in high-income countries.

Review of the Literature

A systematic review of qualitative evidence regarding barriers and facilitators to facility-based births from 34 studies in 17 low- and middle-income countries was conducted by Bohren et al. (2014). Key barriers related to disrespectful and abusive obstetric care included mistreatment and abuse by health workers, neglect and delays in receipt of care at the facilities, inadequate health facility staffing and infrastructure, and fear of stigmatization and treatment disparities among HIV-positive women. Bohren et al. concluded that mistreatment, neglect, and abuse by health care staff led to dissatisfaction, mistrust, and avoidance of facility-based care among women.

Bohren et al. (2015) conducted a mixed-methods systematic review to synthesize qualitative and quantitative findings on the mistreatment of women during childbirth in health care facilities worldwide. Results from 65 studies representing 34 countries were included in their review. The authors used Thomas and Harden's (2008) method for thematic synthesis of qualitative research in systematic reviews. A meta-analysis of the quantitative studies was not possible because of their high level of heterogeneity. Therefore, synthesis of the quantitative findings included a description of the studies' characteristics, outcome measures, and key results. A typology of the mistreatment of women during childbirth was developed from this mixed-methods systematic review (see Table 1). This typology comprises first-, second-, and third-order themes. Bohren et al. defined first-order themes as the "identification criteria describing specific events or instances of mistreatment. The second- and third-order themes further classify these first-order themes into meaningful groups based on common attributes. The third-order themes are ordered from the level of interpersonal relations through the level of the health system" (2015, p. 7). The authors found nine studies conducted in the past 5 years in which mistreatment of women during labor and birth in low- to middle-income countries was investigated, including studies in Tanzania, Kenya, Nigeria, Ethiopia, Ghana, Malia, and five countries in eastern and southern Africa.

Kruk et al. (2014) investigated disrespectful and abusive treatment during facility births in Tanzania. Using a structured questionnaire, the researchers interviewed 1,779 women who gave birth in health care facilities on exit from the facility and re-interviewed a random sample of 593 of those women 5 to 10 weeks later in the community. To assess for disrespect and abuse, mothers were asked if they experienced specific events during childbirth in the following six categories: *Nonconfidential Care, Nondignified Care, Neglect, Nonconsented Care, Physical Abuse,* and *Inappropriate Demands for Payment.* In the exit sample, the prevalence of any abusive or disrespectful treatment during labor and birth was 19.48% ($n = 343$) and in the follow-up sample was 28.21% ($n = 167$). The most frequently reported disrespectful and abusive experiences were *Shouting or scolding* (8.71% on exit and 13.18% on follow-up), *Ignored when needed help* (7.93% on exit and 14.24% on follow-up), and *Threatening or negative comments* (5.28% on exit and 11.54% on follow-up).

Also in Tanzania, McMahon et al. (2014) conducted a qualitative study on disrespectful and abusive maternity care. In-depth interviews occurred with 112 participants, including women, their male partners, community health workers, and public opinion leaders. The most frequently cited type of harsh or abusive treatment was *Feeling Ignored or Neglected. Verbal Abuse* was also commonly reported, whereas *Physical Abuse* was rarely identified. *Unpredictable Financial Demands* was another type of abusive treatment mentioned.

In Kenya, the prevalence of disrespect and abuse during childbirth was explored by Abuya, Warren, et al. (2015). Interviews were conducted with 641 women who were being discharged from postpartum wards. Twenty percent ($n = 129$) of women reported some type of disrespect and abuse during labor and birth. *Disrespect* and *abuse* were defined as feeling humiliated or disrespected during childbirth. Responses to