

Awareness and Experience of Disrespect and Abuse Among Pregnant Women Receiving Care in Selected General Hospitals Lagos State

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Abstract:

Improved quality of care as well as pleasant experiences during perinatal period, plays an important role in reducing preventable maternal mortality and morbidity. Occurrence of disrespect and abuse (D & A) in maternity care services affects the overall quality of care and may undermine women's trust in the health system. The purpose of the study was to investigate the awareness and experience disrespect and abuse of pregnant women receiving care in General Hospitals in Lagos State, the study employed descriptive survey design. The selection of the pregnant women was done using multi stage sampling procedure in which a sample of 440 who met the inclusion criteria was selected. The instrument for data collection was tagged "Disrespect and Abuse among Pregnant Women Receiving Care Questionnaire". The research instrument was presented to the experts of Nursing Science who ascertained the content and face validity of the study instrument. The validated questionnaire was checked for reliability where 40 copies of the questionnaires were administered. The reliability test results yielded a coefficient value of 0.796 for knowledge, 0.887 for disrespect and abuse. Data collected for the

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study were analysed using descriptive and inferential statistics. Results revealed that the level of awareness of pregnant women on disrespect and abuse while receiving care in General Hospitals was low. In addition, the pregnant women in the general hospitals were said to experience little or minimal form of disrespect and abuse while receiving care in General Hospitals. It was recommended among others that Government agencies in charge of health should train and sensitized nurses on how to avoid disrespect and abuse of pregnant women anytime they are receiving care in the hospital.

Keywords: Awareness, Experience, Disrespect and Abuse, Pregnant Women, Care,



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Introduction

Maternal and child health is a fundamental component of the global health agenda, particularly health issues surrounding pregnancy, delivery and postpartum care. Improved quality of care as well as pleasing experiences during perinatal period plays an important role in decreasing preventable maternal death and illnesses. Thus, the product of pregnancy largely depends on availability of skilled care during the whole perinatal period as well as the experiences of care by the pregnant women are pertinent in achieving anticipated person-centred outcomes. The concept of disrespect and abuse is very puzzling to describe. This is because; it is interpreted differently by the pregnant women, their family, healthcare providers and administrators. That is, what is seen as disrespect and abuse differ from one culture to another. However, Freedman and Kruk (2014) defined disrespect and abuse (D &A) in childbirth as interactions or conditions that are experienced as or intended to be humiliating or undignified.

Globally, it has been observed that pregnant women experience different forms of disrespect and abuse at one time or the other in the course of child birth. These abuses and disrespect comprise being ignored, shouted at, slapped, and abandoned to deliver a child alone (Kruk, et al, 2018; Sethi, et al, 2017). All these disrespects and abuses are grouped or categorized into physical abuse, discrimination, non-dignified care, non-consented care, abandonment or neglect, non-confidential care, and detention (Orpin, et al, 2019). In Nigeria, some researchers have reported prevalence rates of disrespect and abuse among women during childbirth as high as 23.7% in Kaduna State (Idris, et al, 2013), 98% in Enugu State (Okafor, et al, 2015) and 70.8% in Rivers State (Moore, et al, 2011). The studies conducted in Nigeria seem to focus on disrespect and abuse during childbirth with minimal emphasis on other facets of maternity care such as antenatal and postpartum. This suggests that more research is needed in Nigeria to comprehend this phenomenon in other facets of maternity care childbirth. Few primary qualitative studies have explored women's experiences of disrespect and abuse in Nigerian maternity care facilities (Bohren, et al, 2016). One such study investigated women's, doctors' and midwives' experiences, and factors that contribute to ill-treatment in facility-based childbirth (Bohren et al., 2017). Both women and health professionals were found to either experience or witness physical abuse, verbal abuse during childbirth and detainment in health facilities.

There is growing demand for inexpensive and quality healthcare services in Government hospitals. The Lagos State Government has prominently participated in the health of its citizens by furnishing the government owned hospitals with human and non-human resources thereby became astounding among other states in Nigeria. There is need for apt evaluation of disrespect and abuse of pregnant women receiving care in General Hospitals in Lagos State, Nigeria. A growing body of research suggests that globally, many women experience poor treatment during childbirth (Abuya et al., 2015; Bohren et al., 2015). Such treatment violates the rights of women to dignified care, and also threatens their rights to life, health, and exemption from discrimination (WHO, 2015).

Disrespectful and abusive maternity care can be experienced in various forms such as being ignored, shouted at, and slapped by healthcare providers, and abandoned to deliver a child alone in health facilities (Orpin, et al, 2018), thus contributing to the number of births



assisted by non-skilled personnel. It is therefore crucial to know what forms of disrespect and abuse exist and how to prevent them, and better meet women's physical, socio-cultural, emotional and psychological needs as part of broader efforts to provide better quality care. In addition, awareness and most especially, their experience of disrespect and abuse during perinatal period in the Nigerian health system has not been painstakingly documented despite its possible significance to the reduction of Nigeria's maternal mortality ratio, as well as encouraging utilization of maternity services in Nigeria (Ishola, et al, 2017; Okafor, et al, 2015). It is in the light of the above that the researchers are interested in examining the awareness and experience of disrespect and abuse among pregnant women receiving care in General Hospitals in Lagos State, Nigeria. This study specifically:

1. determined the awareness level of pregnant women on disrespect and abuse while receiving care in General Hospitals;
2. examined forms of disrespect and abuse experienced by pregnant women while receiving care in General Hospitals; and
3. examined if awareness of pregnant women on disrespect and abuse will not significantly influence their experience of disrespect and abuse in general hospitals.

Research Questions

The following research questions were raised for this study:

1. What is the awareness level of pregnant women on disrespect and abuse while receiving care in General Hospitals?
2. What forms of disrespect and abuse experienced by pregnant women while receiving care in General Hospitals?

Research Hypothesis

The null hypothesis below was postulated for this study:

1. Awareness of pregnant women on disrespect and abuse will not significantly influence their experience of disrespect and abuse in general hospitals.

Methodology

This study adopted a descriptive survey design. The population for the study were all the 3020 pregnant women who had delivered at least once at the facilities and presently in their first to third trimester attending antenatal care in the selected General Hospitals in Lagos State, Nigeria. Sample of 423 pregnant women were selected for the study. The 423 represented the number of respondents across the selected clinics to which copies of the questionnaire were administered. The sample size was justified because the pregnant women were spread among the nine selected clinics in Lagos State. A multi-stage sampling procedure was employed for the selection of the sample.

The instrument for data collection was tagged "Disrespect and Abuse among Pregnant Women Receiving Care Questionnaire". The questionnaire has a total of 35 items with a consent and explanation page attached. The research instrument was presented to the experts of Nursing Science who ascertained the content and face validity of the study instrument. The validated questionnaire was checked for reliability where 40 copies of the questionnaires were administered. All the forty (40) copies distributed were recovered, while reliability test results yielded a coefficient value of 0.796 for knowledge, 0.887 for disrespect



and abuse, while the overall instrument has coefficient value of 0.826. The researchers administered the instrument with the help of two research assistants.

The completed instrument was coded and analysed using the Statistical Package for Social Science (SPSS) version 23. Descriptive statistics such as mean, standard deviation and frequency tables were used to answer the research questions. Hypothesis was tested using linear regression analysis at 0.05 level of significance.

Results

Research Question 1: What is the awareness level of pregnant women on disrespect and abuse while receiving care in General Hospitals?

Table 1: showing level of awareness level of pregnant women on disrespect and abuse

Level of awareness	Frequency	Percentage
Low (0 - 4)	264	62.4
Moderate (5 - 9)	118	27.9
High (10 - 14)	41	9.7
Total	423	100

Source: Field survey 2021

The result above shows that majority of the respondents 264 (62.4%) out of 423 had low level of pregnant women on disrespect and abuse while receiving care, 118(27.9%) out of 423 had moderate level of pregnant women on disrespect and abuse while receiving care while 41 (9.7%) out of 423 had high level of pregnant women on disrespect and abuse while receiving care. In conclusion the level of awareness of pregnant women on disrespect and abuse while receiving care in General Hospitals was low.

Research Question 2: What forms of disrespect and abuse experienced by pregnant women while receiving care in General Hospitals?

Table 2: Disrespect and abuse among pregnant women receiving care in general hospitals

	MEANS (\bar{X})	SEM	STD
Procedures without your consent	1.82	0.03	0.59
physical abuse	1.37	0.02	0.32
non-dignified care	1.58	0.03	0.52
abandonment/neglect of care	1.91	0.04	0.79
non-confidential care	1.41	0.02	0.46
Detention	1.40	0.03	0.65
Discrimination	1.26	0.01	0.25
Grand mean	1.54	0.03	0.51

Field survey 2021

The table 2 above revealed the means score of the form of disrespect and abuse experienced by pregnant women while receiving care in General Hospital. The procedures without client consent has an average mean \bar{X} = 1.82 and Std = 0.59. 'Physical abuse' has an



average mean \bar{X} = 1.37 and Std= 0.32; 'Non-dignified care' has an average mean \bar{X} = 1.58 and Std= 0.52; abandonment/neglect of care has an average mean \bar{X} = 1.91 and Std= 0.79; non-confidential care has an average mean \bar{X} = 1.41 and Std= 0.46; detention has an average mean \bar{X} = 1.40 and Std= 0.65; discrimination has an average mean \bar{X} = 1.26 and Std= 0.25.

A weighted mean score of 2.5 and above indicate high form of disrespect and abuse while a mean score less than 2.5 indicate low forms of disrespect and abuse by pregnant women while receiving care in General Hospitals. Therefore, the pregnant women in the general hospitals could be said to experience little or minimal form of disrespect and abuse while receiving care in General Hospitals.

Test of Hypothesis

Hypothesis 1: Awareness of pregnant women on disrespect and abuse will not significantly influence their experience of disrespect and abuse in general hospitals.

Table 3: Showing the Regression between Awareness of pregnant women on disrespect and abuse and their experience of disrespect and abuse in general hospitals

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	2488.349	1	2488.349	508.028	.000 ^b
Residual	2062.081	421	4.898		
Total	4550.430	422			
R = .739; R² = .547; Adj. R² = .546; Std. error = 2.213					
a. Dependent Variable: Disrespect and Abuse					
b. Predictors: (Constant), Level Of Awareness					

Awareness of pregnant women on disrespect and abuse yielded a coefficient of multiple regression (R) of 0.739 and a multiple correlation square of 0.547. This shows that 54.7% of the total variance in the disrespect and abuse among pregnant women is accounted for by their awareness. The Table 3 also indicates that the analysis of variance of the multiple regression data produced an F-ratio value significant at 0.00 level (R = .739, R² adj. = .547, $f_{(1,421)} = 508.349$; P = .000). Therefore, the hypothesis that stated awareness of pregnant women on disrespect and abuse will not significantly influence their experiences of disrespect and abuse in general hospitals was rejected.

Discussion

The result show that majority of the respondents 264 (62.4%) out of 423 had low awareness level of disrespect and abuse while receiving care. This contradicts the result obtained in Benue State. In their study, Orpin, et al (2018) found out that women was aware of the abuse they experienced while receiving care, but while some said they will not use the facility during their next pregnancy, some feel they will still use these facility because they feel it is safe to use it. Though makes them feel helpless and resentful. Also, in a study carried out in Kenya, It was discovered that the women utilizing their hospitals reported that they are not satisfied with the care they received (Swahnberg, et al, 2017). This is due to the fact that there is discordance between the expectation of the women as regards the care they



expecting to receive because they are more aware of what a respectful perinatal experience should be and what they received from these hospitals. In furtherance, in a study carried out in 3 selected facilities in Lake zone, District, Tanzania, the women, despite knowing that they care they are receiving in these facilities are inadequate, they have accepted these behaviors as norm. These Women reveal how they were constantly exposed to disrespect and abuse in their interactions with healthcare workers, during perinatal period. All women, regardless of their age or socio-economic status, experienced both non-supportive and supportive care.

Women's experience of such conflicting treatment is further complicated by the manifestation of non-supportive care. These studies further reveal how normalized and legitimized non-supportive care has become over time, with women lacking power or opportunities to confront this experience (Milteneburg, et al, 2018). However, experience of D&A can results in women's avoidance and/or delayed use of health facilities (Kujawski et al. 2015; Peca & Sandberg 2018). It could also have adverse effects on women's reproductive lives such as lack of desire to have children, fear of getting pregnant and childbirth, and choice of the mode of childbirth (Lukasse et al. 2015; Schroll et al. 2013).

The result shows that the pregnant women in the general hospitals experienced little or minimal form of disrespect and abuse while receiving care in General Hospitals. A growing body of research showed that globally, many women experience poor treatment during childbirth (Abuya et al., 2015; Bohren et al., 2015; Ogunlaja, et al, 2017). Such treatment violates the rights of women to dignified care, and also threatens their rights to life, health, and exemption from discrimination (WHO, 2015). Also, a study was carried out in a midwifery led obstetric unit in Tschwane District, South Africa, it was discovered that. Women experience verbal abuse such as shouting, labeling, judging, and rude remarks, some of the women were abandoned and neglected, which resulted in their giving birth without assistance. Furthermore, the midwives violated their rights and denied them care such as pain relief medication, birth companions during childbirth, and access to ambulance services in childbirth are common and that women received undignified care from midwives. Disrespectful care happened despite South Africa having adopted the better-birth initiative strategy (Moyer, et al 2014).

In addition, in a system review carried out in Ethiopia, Mengesha, et al (2020), observed that disrespect and abuse such as physical abuse, non-dignified care, non-confidentiality care, non-consented care, discrimination, abandonment/neglect, and detention in health facility are reasons, women do not seek maternal care. As a result, women experience psychological humiliations, grievances, and unspoken sufferings during childbirth. These negative aspect of maternity care may influence women's decision not to make use of health facilities in their present or subsequent deliveries (Bohren et al, 2014, Finlayson & Downe, 2013, Moyer et al, 2014) thus contributing to the number of births assisted by non-skilled personnel.

The outcome of the hypothesis revealed that 54.7% of the total variance in the disrespect and abuse among pregnant women is accounted for by their awareness. Therefore, the hypothesis that stated awareness of pregnant women on disrespect and abuse significantly influences their experiences of disrespect and abuse in general hospitals. Therefore, awareness of D&A may make women avoid the use of health facilities. However,



Orpin, et al, (2019), found that, despite the awareness of the D&A that occurs in the district hospitals, women still patronize these facilities, not because they are not aware, but they know the benefits of hospital birthing process. Thus, experiences of D&A may not necessarily result in women's avoidance and/or delayed use of health facilities as Kujawski et al. (2015) and Peca and Sandberg (2018) opined in their study, as they may have accepted or normalize D&A in these facilities. However, it could also have psychological effects on women's reproductive lives and may be expressed as lack of desire to have children, fear of getting pregnant and childbirth, and choice of the mode of childbirth (Lukasse et al. 2015). It may influence some women's decision on the choice of facilities they will use in their subsequent deliveries (Bohren, et al 2017; Lukasse, et al, 2015), thus contributing to the number of births assisted by non-skilled personnel. It is therefore crucial to know what forms of disrespect and abuse exist and how to prevent them, and better meet women's emotional, physical, socio-cultural and psychological needs as part of broader efforts to provide better quality care.

Conclusion

The study concluded that most prevalence of disrespect and abuse of pregnant women receiving care in general are; shouting at, not told information before/during a procedure, ashamed for being exposed naked to others and their movement restricted for a long time. In addition, majority of pregnant women had low level of awareness of disrespect and abuse while receiving care.

Recommendations

Based on the result from this study, the researchers hereby recommended the following:

- 1) Government should enact policies that address prevention of disrespect and abuse of pregnant women during maternal care.
- 2) Government should employ more staffs in general Hospitals to cover three shifts in order for the nurses to be able to care for the pregnant women any time they are receiving care in the hospital.
- 3) Government agencies in charge of health should train and sensitized nurses on how to avoid disrespect and abuse of pregnant women anytime they are receiving care in the hospital.
- 4) To reduce maternal and neonatal mortality, pregnant women should be treated or approach with love and respect as a way to motivate them to patronize hospitals of any condition of their health and of their baby's position so they can have a voice in the process and to plan to make decision for the safety of them and the baby.

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