

Disrespect and Abuse during Childbirth: A Quest for Respectful Maternity Care

Bharathi K R, Monika Bhaskar K

Adichunchanagiri Institute of Medical Sciences

Abstract: ***Background:** Respectful maternity care during childbirth has been called, “care coordinate and given to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and allows informed choice and continuous support during labor and childbirth.” **Objectives:** The aim of this study is to synthesize comprehensive evidence on the nature and extent of disrespect and abuse (D&A), contributing factors, and consequences of disrespectful and abusive intrapartum care from the women’s and providers’ perspectives and to forward recommendations. **Material and methods:** The study was conducted from October 2020 to October 2021 at a tertiary care hospital, Adichunchanagiri institute of medical sciences, B G Nagara, Karnataka. The findings were grouped, interpreted, and summarized into categories. **Results:** The overall prevalence of non - respectful care at the health care facilities in the study area is very high (44.9%). The highest rates seen in non consulted care 70% followed by non confidential care 64.7%. Least rates was noted in detention in facility is 8.3%. **Conclusion:** To address this alarming problem, participation in empowering and educating of women on their rights and expectations during the childbirth, creating conducive environments for health care providers is necessary.*

Keywords: abuse, disrespectful, childbirth, maternity care, respectful maternity care.

1. Introduction

Respectful maternity care during childbirth has been called, “care coordinate and given to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and allows informed choice and continuous support during labor and childbirth” [1].

During labour and childbirth, all women should have the right to respectful, dignified care [2]. Disrespect and abusive (D and A) care during childbirth contrasts with respectful care and implies a divergence. The standard of delivery services and is a reflection of the right to health [3].

D&A, a worldwide epidemic, causes women to experience unimaginable anguish, psychological embarrassment, prevents them from getting maternity services from medical facilities, and they may not plan to visit medical facilities in the future.

In 2011, the White Ribbon Alliance (WRA) [4] convened a launch of global campaign for promoting the definite standards of respectful maternity care rooted in International human rights. A framework of human rights was proposed to avert the disrespect and Abuse of childbearing women.

According to the charter, seven rights were drawn from the categories of disrespect and Abuse which are not mutually exclusive:

Article 1: Every woman has the right to be free from harm and ill - treatment.

Article 2: Every woman has the right to information, informed consent and refusal, and respect for her choices and preferences, including the right to her choice of companionship during maternity care.

Article 3: Every woman has the right to privacy and confidentiality.

Article 4: Every woman has the right to be treated with dignity and respect.

Article 5: Every woman has the right to equality, freedom from discrimination, and equitable care.

Article 6: Every woman has the right to healthcare and to the highest attainable level.

Article7: Every woman has the right to liberty, autonomy, self - determination, and freedom from Coercion.

Bowser and Hill [5] categorized disrespect and abuse into seven dimensions: physical abuse, non - consented care, non - confidential care, non - dignified care, discrimination, abandonment of care, and detention in healthcare facilities.

Emerging data from numerous nations and situations has shown that disrespect and abuse are a pervasive problem, and significant effort has been done in recent years to quantify their incidence in a range of healthcare settings [6 - 9]. Three studies that attempted to determine the prevalence of D&A were recently reviewed, and the findings ranged from 15 to 98% [10]. However, few studies have been conducted despite the evidence showing that D&A is widespread and have been carried out to identify and assess strategies that may improve D&A and encourage respectful maternity care (RMC) [11]

During childbirth, many women encounter contempt and abuse; yet, these incidents are rarely well - recorded or considered when planning maternal health services. There aren’t many studies on the psychosocial aspect of childbirth care; instead, the focus is mostly on the professional competence of the carer and the pleasure of the patient; possibly one barrier to the quality of intrapartum care is the attitude and behaviour of the carer. [3, 12, 13]

Therefore, the goal of this study is to synthesise all available data on the nature and severity of D and A, as well as the causes, effects, and recommendations of disrespectful and abusive intrapartum care from the viewpoints of women and clinicians.

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2. Material and Methods

Aims and Objectives

To assess the prevalence and determinants of disrespect and abuse (D&A) during childbirth in our hospital.

It was a prospective observational study. It was conducted from October 2020 to October 2021 at a tertiary care hospital, Adichunchanagiri institute of medical sciences, B G Nagara, Karnataka.

Sample size: Based on previous studies conducted, the sample size is calculated based on pilot population. Considering Standard deviation at 95% CI (confidence interval) with 5% margin of error (0.05) the estimated SD = 0.5, we estimate the sample size to be 384. After removing correction for attrition at 10%, the estimated size with accordance to data population is 300. Hence we included 300 patients immediately after delivery.

We used the Bowser and Hill methodology to synthesise data. This typology was adopted because the majority of the listed articles employed this framework for their data synthesis.

This framework was determined to be appropriate for achieving the goal of this review. The framework classifies contributing variables into person and community level, policy and governance level, providers, and service delivery factors, and it divides disrespect and abusive care into seven domains.

These categories were used to group, interpret, and summarise the results.

Nonconsented Care: Between 16 and 92.5 percent of women reported that their right to information and informed consent was continuously violated during facility - based childbirth in fifteen of the studies [14 - 21]. Unconsented episiotomy, per - vaginal examination, unconsented caesarean delivery, instrumental delivery, and labour augmentation were among the complaints made by a sizable number of women. They also claimed that carers failed to introduce them by name during the admission process, failed to inform the women of the progress and subsequent evaluations during labour, and did not obtain written or verbal informed consent before/during any procedure.

Nonconfidential Care: The stated prevalence of nonconfidential care ranges from 11% to 81.7%. In sixteen of the studies, violations of women's rights to privacy and confidentiality were noted. These violations included a lack of physical privacy (curtains, screening, and any other visual barriers) [14], a lack of auditory privacy, and an increase in staff members and assistants.

Nondignified Care: Women in all of the included studies - ranging from 8 to 55.3 percent - reported that their entitlement to be treated with dignity and respect was violated during childbirth. Without cause and with no consideration for the patients, women are subjected to insults, yells, threats, and intimidation.

Discriminatory care: According to eight cross - sectional studies, women experienced discriminatory care because of their traditional beliefs, rural residence, low educational status or lack of a formal education, race, religion, or ethnicity, low economic status, being a teenager, or HIV seropositivity [14 - 21]. Some women also experienced inequitable care because of language barriers.

Abandonment of facility: Women reported that they were left alone or unattended during labour and delivery, that their right to healthcare, the highest level of health that is possible, and ongoing care was denied them, that pain management was neglected despite their need for it, that it did not arrive on demand, that their movement was restricted for a long time, and that procedures were delayed after decisions. [4]

Physical Abuse: Between 9% and 87.9% of women reported experiencing physical abuse while giving delivery. To name a few, getting hit, slapped, or pinched by a medical professional; having an episiotomy performed; having the perineum sutured without anaesthesia; and having the abdomen forced downward (using fundal pressure) to deliver the baby, anaesthesia, restrained or tied down during labour, the legs being forcedly and harshly separated, prior experiences of sexual abuse by the carer, and findings from qualitative studies have all been used to argue that painful per - vaginal examinations have been performed repeatedly without informing the patient of the results. [5]

Detention at facility: Women who were detained in health facilities for reasons such as failure to pay reported being held there between 2.9% and 25.9% of the time, against their will, and out of fear.

Statistical analysis: Data was entered in the excel spread sheet. Descriptive statistics of the explanatory and outcome variables were calculated by mean, standard deviation for quantitative variables, frequency and proportions for qualitative variables.

3. Results

Sociodemographic characteristics:

Variables	Frequency	Percentage
Age		
18 - 25 years	184	61.30%
26 - 30 years	106	35.30%
>30 years	10	3.30%
Level of education		
Primary	57	19%
Secondary	137	45.60%
Higher	106	35.30%
Area		
Rural	280	93.30%
Urban	20	6.60%
Previous deliveries		
0	145	48.30%
>= 1	155	51.60%
Perinatal visits		
<6	43	14.30%
>6	257	85.60%
Type of delivery		

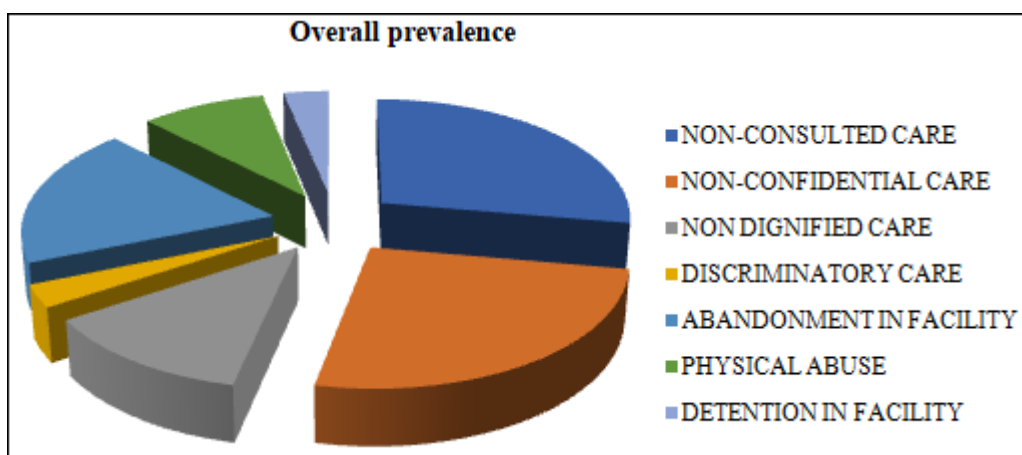
Vaginal	280	93.30%
LSCS	20	6.60%
Referred		
Yes	80	26.60%
No	220	73.30%
Main care provider		
Doctor	300	100%
SBA	0	0
TBA	0	0

Time to reach for delivery		
Day (8 AM to 8PM)	143	47.60%
Night (8PM to 8 AM)	157	52.30%

The overall prevalence of non - respectful and abusive care:

In our study, the overall prevalence of non - respectful care was 44.9%.

Variable	Yes	No	Percentage (%)
• NON - CONSULTED CARE			
1. Provider did not introduce herself	252	48	70%
2. Provider did not encourage to ask questions	234	66	
3. Provider did not respond politely, truthfully and promptly	158	142	
4. Provider did not explain the procedure	196	104	
5. Provider did not give periodic updates on the status and progress of childbirth	199	101	
6. Provider did not allow to move during progress of labour	195	105	
7. Provider did not allow to assume the position pf choice during childbirth	255	45	
8. Provider did not obtain consent prior to procedure	191	109	
• NON - CONFIDENTIAL CARE			
1. Curtains and physical barriers not used	185	115	64.70%
2. Drape or body covering not used	171	129	
3. The number of staff members around were not logical	227	73	
• NON DIGNIFIED CARE			
1. Provider did not speak politely	249	51	31.40%
2. Provider made insults/threats	8	292	
3. Provider used abusive language	26	274	
• DISCRIMINATORY CARE			
1. Provider used languages difficult to understand	26	274	7.60%
2. Provider showed disrespect based on specific attribute	20	280	
• ABANDONMENT IN FACILITY			
1. Provider did not encourage to call if needed	216	84	47.60%
2. Provider made patient feel above to unattended	28	272	
3. Provider did not come quickly when needed	185	115	
• PHYSICAL ABUSE			
1. Provider used physical force /slapped/hit	10	290	23.08%
2. Women were physically restrained	10	290	
3. Baby was separated without medical indication	42	258	
4. Did not receive comfort/pain relief as necessary	215	85	
• DETENTION IN FACILITY			
	25	275	8.30%



4. Discussion

The seven universal rights of childbearing women were used in this study to examine the prevalence of disrespect and maltreatment of women during childbirth.

In our study, about of half (44.9%) experienced D&A during childbirth. It is comparatively very less than studies conducted in Ethiopia [16, 18]

In this study as well as previous multi - centric investigations, the rate of non - consented care is

exceptionally high (70%). It exceeds the outcomes of a Kenya study by more than a factor of two [7].

This can mean that our healthcare providers don't give clients' rights to knowledge and informed consent as much weight as they do other rights. In terms of non - confidential treatment, a sizable percentage of women reported that their privacy was violated during labour and delivery, which is consistent with the findings from other studies conducted. [3, 16].

Moreover, it is less common than unconsented care. Next, abandonment of a facility is subjective. For instance, when a client with a condition that requires team management, such as postpartum haemorrhage or shoulder dystocia, is in a room, the risk of exposure for nearby clients increases.

In our study, aggressive language was used less frequently than non - dignified care. When compared to studies conducted in African regions, physical abuse, discriminatory treatment, and facility confinement, are far less common. The consideration of each infringement of women's rights independently is the study's main strength. This shows what should be given priority for intervention.

Also, because the interview took place right before discharge, recall bias was reduced. The study, however, would have been more thorough if it had been backed up by actual observation.

5. Conclusion

The prevalence of non - respectful maternity care at the health care facilities in the study area is very high. To address this alarming problem, participation in empowering and educating of women on their rights and expectations during childbirth, creating conducive environments for health care providers, strengthening of health systems to decrease the communication gaps between the health care providers and the women on what can result in disrespectful care during childbirth on respectful maternity care is necessary. Health care providers need to be trained on respectful maternity care.

Since this study was limited to our health facility and made on the basis of interview and questionnaire, we recommend to other researchers to conduct further studies by including direct observation

Additional Information

Disclosures Human subjects: Consent was obtained or waived by all participants in this study. IEC, Adichunchanagiri Institute of Medical Sciences issued approval AIMS/IEC/20092020. This is to certify that the project entitled ' DISRESPECT AND ABUSE DURING CHILDBIRTH: A QUEST FOR RESPECTFUL MATERNITY CARE', under the guidance of Dr. BharathiK. R, Associate Professor, Dept. of Obstetric and Gynecology, All the activities related to this work, Intellectual Property Ownership & financial issues will be carried out in accordance with appropriate laws and regulations existing in India and Karnataka. I/we also declare that data driven from this study will be used for

academic purpose only. The prior written informed consent will be taken to reproduce/ publish / extend any kind of data in any form like poster presentation, manuscript publication & further maturation to research /grant proposal from the work. . Animal subjects: All authors have confirmed that this study did not involve animal subjects or tissue. Conflicts of interest: In compliance with the ICMJE uniform disclosure form, all authors declare the following: Payment/services info: All authors have declared that no financial support was received from any organization for the submitted work. Financial relationships: All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. Other relationships: All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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