

Women's Experience on Disrespect and Abuse during Childbirth at Two Referral Hospitals in Sudan 2019

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Abstract: ***Background:** Disrespect and abuse during childbirth is a public health problem in many developing countries, however, little is known about it in Sudan. **Objectives:** To study women's experience on disrespect and abuse during childbirth and its effect on future hospital childbirth at two referral hospitals in Sudan 2019. **Methodology:** This is a descriptive, cohort, hospital based study, conducted at two referral hospitals in different states, 300-600 kilometers from Khartoum the capital of Sudan during 2019. All women who delivered vaginally in these two hospitals were included in the study after an informed consent. Data was collected by trained data collectors using a modified structured format and analyzed using SPSS version 22.0. **Results:** A total of 2204 women were included in the study; their socio demographic characteristics were almost similar in both hospitals. Out of them; 1232 (55.9%) in the age group 21-39 years, 1452 (65.9%) were multiparous, 1214 (55.1%) from rural, 1498 (68.0%) of low socio-economic, and 454 (20.6%) were illiterate (table 1). In this study; a total of 864 (39.2%) reported at least one type of disrespect and abuse. Only 2.5% were treated without permission, 3.8% left unattended by health care providers (HCP), 11.3% and 17.8% experienced physical and verbal abuse respectively. Shouting at were 26.5%, labour was not attended by a relative in 60.3%, treatment violated confidentiality and privacy were 23.6%, and 26.0% respectively (table 4). Only 10.8% were dissatisfied from hospital service and 9.5% will not choose hospital for childbirth in future. **Conclusion:** Disrespect and abuse frequently occurs in these hospitals, but is not a main barrier for institutional childbirth. In- service training of HCP on respectful maternity care and empowering women for their rights to be treated with dignity and respect is important to eliminate disrespect and abuse during childbirth.*

Keywords: Disrespect and abuse, vaginal delivery, referral hospitals, Sudan

1. Introduction

Facility based childbirth with skilled birth provider is important for reducing maternal mortality in developing countries. In spite of improved maternal and child health care services in Sudan, almost 80-85% of deliveries take place at home or not attended by skilled birth attendant (SBA)⁽¹⁾. Barriers to institutional delivery in Sudan include; expensive hospital services, difficult transportation, long waiting time, fear of hospital atmosphere, and lack of privacy and companion⁽²⁾. Disrespect and abuse during child birth in health facilities is a public health problem in many developing countries, but little is known about it in Sudan.

Disrespect and abuse is defined as; any deviation from acceptable standard of good quality care or actions, degrading behavior or lack of empathy and indifference towards people by health care providers (HCP), perceived by women as violating to their rights.^(3,4) It is multifactorial, non-evidenced based care, experienced by health users in different forms; as being ignored, shouting at or using

abusive language, slapping by health care providers or left unattended during delivery, with no privacy or confidentiality⁽⁵⁾. It is classified into; neglect, physical abuse, discrimination, non-consented, non-dignified, or non-confidential care, and detention in health facility⁽⁵⁾. It may result in increased risks of birth complications to mother or baby, post traumatic stress disorders, sleeping problems, sexual dysfunction, desire not to have children or mode of delivery, sleeping problems, and reduce women confidence and trust on HCP and limit the use or access of health facility for childbirth in the future⁽⁶⁾.

Respectful maternity care (RMC) during childbirth is an interaction between women and HCP. Despite of all women rights to have standard care during childbirth, many women experience disrespect and abuse. This is influenced by inadequate setting and resources, with lack of ethical guidelines, training and professionalism, uncooperative and disobedient women choosing delivering position not recommended for childbirth. Special or marginalized groups; like HIV, adolescent, unmarried, displaced or

refugees, illiterate, non-compliant, mentally ill, and low socio-cultural groups when admitted to general labour ward are more vulnerable to experience disrespect and abuse than others⁽⁷⁾.

2. Methodology

This is a descriptive, cohort, hospital based study, conducted at two referral hospitals in two different states. Two public hospitals were used in this study; El Obied teaching hospital in Northern Kordofan state, and Kosti teaching hospital in White Nile state, 600 and 300 kilometers from Khartoum respectively. They were selected as they are away from the capital, in states with high population density. They are accessible, with high client volume, having separate obstetrics and gynecology units with all facilities to deal with obstetrics and gynecological emergencies 24 hours per day with facilities for neonatal care and ICU or HDU units. They are well staffed with consultant obstetricians, resident registrars, trained midwives, anesthetists and neonatologists. Both of them receive self-referred patients or patients referred by medical officers or midwives from rural hospitals or community.

All women who delivered vaginally in these two hospitals during the period from first of January to 30th of June 2019 were included in the study after an informed consent. Data was collected by trained data collectors using structured modified format based on review of literature and types of disrespect and abuse outlined in previous studies to determine women who experienced disrespect and abuse⁽⁵⁾. Women were met in a separate setting when leaving hospital after delivery in the postnatal ward. Women who delivered by cesarean section (C/S) or who were severely ill were excluded. Ethical approval was obtained from ethical review committee (ERC) at Sudan medical specialization board (SMSB), permission was taken from director general and head department of obstetrics and gynecology of each hospital. An informed consent was taken from each participant with the right to refuse without affecting treatment they received. Included variables were; socio-demographic characteristics, occurrence of disrespect and abuse, women's satisfaction from hospital service and intention to use hospital for next childbirth. Data was rechecked and reviewed by the authors for completeness and accuracy, and analyzed using SPSS version 22.0

3. Results

A total of 2204 women were included in this study; their socio demographic characteristics were almost similar in both hospitals. Out of them; 1232 (55.9%) within the age group of 21-39 years, 1452 (65.9%) were multiparous, 1214 (55.1%) from rural, 1498 (68.0%) of low socio-economic, and 454 (20.6%) were illiterate, the rest have variable educational levels (table 1). Of the multiparous women; 1146 (78.9%) had their previous deliveries at home and 306 (21.1%) delivered in hospital. Choice of last childbirth at home was mainly due to expensive hospital fees, 60.4% and difficult transportation 29.1%. It was not related to previous experience of disrespect or abuse during childbirth. In this study; a total of 864 (39.2%) reported at least one type of disrespect and abuse. Only 2.5% were treated without

permission, 3.8% left unattended by HCP, 11.3% and 17.8% experience physical and verbal abuse respectively. Shouting at were 26.5%, treatment violated confidentiality and privacy were 23.6%, and 26.0% respectively. Labour was not attended by a relative in 60.3% (table 4). Overall; 97.5% were treated with consent, 74.0 in privacy, 76.4% with confidentiality, 73.1% free from shouting, and 67.1% were physically and verbally abusive free. Only 10.8% were dissatisfied from hospital service and 9.5% will not choose hospital for next child birth in future.

4. Discussion

Respectful maternity care (RMC); "is the care provided to all women during childbirth that maintains their dignity, privacy, and confidentiality, free from harm, discrimination, mismanagement, with support, informed choice, timely, and friendly"⁽⁸⁾. Generally the rate of disrespect and abuse varies between countries. In this study, the rate of disrespect and abuse is 39.2%, It is higher than that reported in Northern European countries, 13-28%, but is within that reported in Nigeria 23.7- 98%.^(9,10) Statistics from Ethiopia, Kenya and Tanzania reported a rate of disrespect and abuse between 20-70%⁽¹¹⁾. It is also reported as 24% in a central maternity hospital and 80% in a district hospital in Mozambique 2018⁽¹²⁾. Evidence from India, Tanzania, Kenya and Ethiopia; has shown that respectful maternity care (RMC) ranges from 21-80%⁽⁷⁾.

Disrespect and abuse is increased by; poor communication skills between women and health care providers or when there are inadequate health facility polices and resources. It is influenced by the wide social distance between women and HCP or practice of differential care for some groups, especially the marginalized ones⁽¹³⁾. In this study; verbal abuse 17.8%, and shouting at 26.5% are common forms of disrespect and abuse experienced by health care users. This is consistent with that reported in Nigeria, but higher than that reported in Ethiopia, 14.8%^(14,15). However, no clients' discrimination was reported in this study, 67.1% are physically and verbally abusive free, which is comparable to that reported in Ethiopia, 58%⁽¹⁵⁾. Severe forms of disrespect and abuse; slapping or beating by health care providers and detention in facility, are almost non-existing in this study. This is consistent with that reported in Mozambique, while it is often reported in Ethiopia as 13% for physical abuse and 3.2% for detention in health facility⁽¹⁵⁾.

Investment in training of midwives (MW), availing of clean delivery kits and recruitment of MW in health system has witnessed a rise in choosing health facilities for childbirth in the last decade in Sudan⁽¹⁶⁾. Absence of companion, substandard maternity care, long waiting time, disrespect and abuse are among the main barriers to utilization of facility childbirth^(2,5). In this study; absence of companion is 39.1% similar to that reported at Omdurman maternity hospital 2014, which might be a barrier to hospital delivery⁽²⁾. Non-confidential, with no privacy of care (23.6% and 26.0%) are the most common types of disrespect in this study. They may be due to lack of recourses or skilled personnel in communication with care users, this is consistent with that reported in Mozambique⁽¹²⁾. They are among the main violating behavior during childbirth in this

study and the main barriers to hospital delivery reported in Omdurman 2014⁽²⁾. It is also similar to that reported in Mozambique, where lack of confidentiality, privacy, being left alone, shouted at or given treatment without permission are among the main types of disrespect and abuse⁽¹⁴⁾. They may be due to lack of health system resources, such as absence of separate room for each patient or overcrowding or may reflect the aggressive behavior of HCP or their job distracters.

Occurrence of disrespect and abuse in maternity service is often considered as an indicator for quality of care; where it limits the use of facility for childbirth, indicate inadequate monitoring during childbirth or absence of skilled personnel. Disrespect and abuse is often multifactorial and perceived differently by health care users, where it may be considered normal depending on the condition it occurs⁽¹²⁾. It may be considered by some women as normal behavior of HCP in public hospitals and not necessary considered as violating behavior. However, in this study, women have shown significant satisfaction from institutional service and have good intention to use hospital for childbirth in future inspite of their experience of disrespect and abuse, particularly the non- confidential. This is consistent with that reported in Nigeria 2018, where women perceived disrespect and abuse, but it did not prevent them from their intention to use health facility for childbirth⁽⁸⁾. Service users may not feel insulted by disrespect or verbal abuse during childbirth as they consider it unintended and used by HCP to make them comply for safe birth of their child, while others do. Women in Tanzania, often experienced disrespect and abuse from HCP and consider that as the usual care in public hospitals and they reported being satisfied with the service they received during childbirth⁽³⁾.

5. Conclusion

Disrespect and abuse frequently occurs in these hospitals, but is not a main barrier for institutional childbirth. In-service training of HCP on respectful maternity care provision in health facility and empowering women for their rights to be treated with dignity and respect is important to eliminate disrespect and abuse during childbirth.

6. Recommendations

Future in depth qualitative study may be useful to explore major drivers of disrespect and abuse and identify women perception of disrespect and abuse during childbirth and its impact on future utilization of HF. Studies covering health care provider's responses to health system constrains and institutional procedures that lead to disrespect and abuse and its effect on maternal safety.

7. Acknowledgement

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8. Conflict of interest

Authors declare that they have no conflict of interest in this study.

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Table 1: Characteristics of women delivered at El Obied and Kosti teaching hospitals for their experience on disrespect and abuse during childbirth 2019

Characteristics	No (2204)	%
Age		
20 years or less	660	29.90%
21-39 years	1232	55.90%
40 years or more	312	14.20%
Parity		
Primigravida	752	34.10%
Multiparous	1146	52.00%
Grandmultipara	306	13.90%
Residence		
Rural	1214	55.10%
Urban	990	44.90%
Education		
Illiterate	454	20.60%
Primary school	683	31.00%
Secondary school	696	31.60%
University	371	16.80%
Socio-economic status		
Low (poor)	1498	68.00%
Middle	706	32.00%

Table 2: Distribution of women delivered at El Obied and Kosti hospitals according to reason for choosing home birth during previous deliveries

Reason for previous home delivery	N = 1146	%
Expensive hospital fees	693	60.40%
Difficult transportation	333	29.10%
Fear of hospital atmosphere	95	8.30%
poor concern at hospital	25	2.20%
total	1146	100.00%

Table 3: Distribution of women delivered at El Obied and Kosti hospitals according to hospital stay during childbirth 2019

Duration of hospital stay	No (2204)	%
Less than six hours	0717	32.2%
Six – 12 hours	1166	52.9%
13- 24 hours	0286	13.0%
More than 24 hours	0035	01.6%
Total	2204	100.0%

Table 4: Distribution of women management during childbirth at El Obied and Kosti hospitals during 2019

Variable	Yes (N=2204)	%	No (N=)	%
Relatives allowed to attend delivery	874	39.70%	1330	60.30%
Permission for exam. taken	1877	85.20%	327	14.80%
Have separate bed during childbirth	963	43.70%	1241	56.30%
Physical abuse by care providers	249	11.30%	1955	88.70%
Verbal abuse by care providers	393	17.80%	1811	82.20%
Abuse by shouting or facial expression	583	26.50%	1621	73.50%
Treatment without permission	55	2.50%	2149	97.50%
Left unattended by HCP when need	83	3.80%	2121	96.20%
Not allowed to leave before paying	83	3.80%	2121	96.20%
Is treatment violated privacy?	574	26.00%	1630	74.00%
Is treatment violated confidentiality	521	23.60%	1683	74.00%
Asked to pay more than official cost	684	31.00%	1520	69.0%
Delivery was attended by doctor	1752	79.50%	451	20.50%
Satisfied from hospital service	1966	89.20%	238	10.80%
Will choose hospital delivery next time	1995	90.50%	209	9.50%