



Experiences Of Abuse Among Women During Child Delivery In Tertiary Healthcare Institutions In Rivers State

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ABSTRACT

This study investigated the mistreatment of women throughout birthing process in tertiary healthcare institutions in Rivers State: Implication for quality maternity care. A descriptive survey research design was adopted with a population which comprised of 520 women attending antenatal and post-natal clinics of University of Port Harcourt Teaching Hospital and Rivers State University Teaching Hospital out of which 249 were selected using the convenience sampling technique. The instrument for data collection was a self-structured questionnaire with a reliability index of 0.83. Data collection was done using the direct delivery and retrieval method to ensure high return rate. Data analysis was done using descriptive statistics of frequencies, percentages, mean and inferential statistics of chi-square. Results revealed that majority of pregnant women experience physical, verbal and emotional abuse, during delivery to a significant extent. This study concluded that majority of pregnant women had abusive experiences during childbirth. Based on the study findings, the following are hereby recommended; Healthcare workers should refrain from abusing women during childbirth no matter the circumstance and women should be provided with dignified care during childbirth and afterward.

Keywords: Abuse, Child, Experiences, Healthcare, and Women

INTRODUCTION

Many women globally experience poor treatment during childbirth, including abusive care (Chadwick, Cooper & Harries, 2013). Women in labour are abused when they are subjected to unnecessary inhuman practices just to hasten the process of delivery without giving any regard for their dignity or health. A study conducted by Maya et al. (2018) in Ghana revealed that, women experienced abuse such as verbal abuse (shouting, insults, and derogatory remarks), physical abuse (pinching, slapping) and abandonment and lack of support. Bohren et al., (2017) in their study in Nigeria found out that women experience or witness physical abuse including slapping, physical restraint to a delivery bed, and detainment in the hospital and verbal abuse, such as shouting and threatening women with physical abuse. The rates of skilled birth attendance and of facility-based childbirth have risen in resource-limited countries over the past two decades, but almost a third of women in these countries still deliver without a skilled birth attendant (Meghan et al., 2015). According to Bohren et al., (2017), in some parts of Nigeria especially the rural communities, women sometimes overcome tremendous barriers to reach a hospital, only to give birth on the floor, unattended to by a provider. This situation reflects poor quality healthcare delivery.

In a study conducted in rural northern Ghana, women complained that providers often shouted, insulted or spoke in a harsh tone with them. Many a times, inappropriate remarks about their sexual life was made. For example, nurses enquired the way women sounded during sex (Moyer et al., 2013). Idris, Sambo and Ibrahim (2013) noted that, negative, poor and unfriendly provider attitude at their last delivery was reported by a range of 11.3% to 70.8% of women in eight cross-sectional surveys. Also, findings from a study conducted in Sierra Leone suggested that nurses were often so rude to the women that they would simply 'slam the door' at the faces of the women if they arrived late at the facility (Oyerinde, 2012). The nurses also mocked women when they asked for some moral and

emotional support, particularly when they were extremely exhausted. This was found in Ghana where the providers expected women to know what to do at the various stages of labor and during childbirth. However, several factors might give rise to the abusive experiences of women during delivery. According to D'Ambruoso et al., (2015), the lack of knowledge on part of the women, particularly the primiparas often attracts abuse towards them during delivery in forms of shouting, lack of empathy and threatening with poor outcomes. Likewise, Miller et al., (2012) posited that, women who had pre-existing urinary or fecal incontinence were made to lie during labour on the soiled mattress containing their amniotic fluids, urine and feces. Nurses often abused the women for not being able to go to the toilets and completely disregarded the present situation of handicap of women for being in labor. Global efforts have increased facility-based childbirth, but substantial barriers remain in some settings due to the experiences of abuse among women in healthcare facilities. In Nigeria some women reported poor provider attitudes towards them in the maternity setting especially during childbirth. Evidence also suggests that women in Nigeria may experience abuse during childbirth. Many studies show that women in labour value maternity care, particularly when midwives and obstetricians are open to listening to and caring about women's needs during labour. However, majority of women in Nigeria have negative perceptions regarding the treatment they received from their care givers during labour and birth (Diorgu & Steen, 2017). This perceived poor quality of maternity care could deter women from utilizing maternity services during pregnancy and childbirth, a situation that could compromise pregnancy and delivery outcomes.

Among the numerous obstacles likely to prevent further increases in the proportion of women delivering in a health facility is women's fear of abuse during delivery. Women need to be sure that they will receive a non-abusive care during childbirth. Unfortunately, reports indicate that women are often exposed to neglectful and abusive care (care that local consensus regards as humiliating or undignified) during childbirth in health facilities. These negative experiences could discourage women from utilizing maternal health services. Poor use of maternal health services in Nigeria is a key factor contributing to high levels of maternal morbidity and mortality, as only few women complete four or more antenatal care visits, with limited preference for health facility as birthing place of choice. The forms of abuse in different parts of Nigeria remains poorly understood, constituting a serious issue of concern. Given the fore going, this study therefore investigated the experiences of abuse among women during delivery in tertiary institutions in Rivers State.

Research Questions

The study provided answers to the following research questions:

1. What is the extent to which women experience different forms of abuse during delivery in Tertiary Healthcare Institutions in Rivers State?
2. To what extent do women experience non-dignified care during delivery in Tertiary Healthcare Institutions in Rivers State?

Hypotheses

The following hypotheses were postulated to guide the study and were tested at 0.05 alpha level:

1. Women do not significantly experience physical abuse during delivery in Tertiary Healthcare Institutions in Rivers State.
2. Women do not significantly experience non-dignified care during delivery in Tertiary Healthcare Institutions in Rivers State.

METHODOLOGY

The study adopted a descriptive cross-sectional research design. The study population included women attending antenatal and post-natal clinics of the tertiary healthcare institutions in Rivers State at the time of conducting the study which was estimated at 520 based on the clinics register over the last three (3) months. The inclusion criterion was all women attending antenatal clinics of the tertiary healthcare institutions that have been pregnant before or have at least a child. A sample size of two hundred and forty-nine (249) was determined using the Taro Yamane's formula: $n = N/1 + N(e)^2$. Convenience sampling technique was used to select the study participants. Data was collected using a researcher structured questionnaire titled "Questionnaire on Experiences of Abusive Treatment among Women (QEATW)". The questionnaire was validated by two experts in midwifery. To ascertain the reliability of the instrument, the questionnaire was pre-tested it in a small survey of 30 respondents

outside the study setting. A reliability coefficient of 0.83 was obtained indicating that the instrument was reliable for use. Data collection was done over a period of four (4) alternate antenatal and postnatal clinic days during the morning hours. Data collected from the field were coded and entered into the Statistical Package for Social Sciences (SPSS) software version 22.0 and analyzed using statistical tools such as percentage, mean, standard deviation and Chi-square statistics at 0.05 alpha level.

RESULTS

The results of this study are presented below in Table 1-5:

Table 1: Socio-Demographic Characteristics of the Respondents (n=249)

Variable	Category	Frequency	Percentage (%)
Age range (years)	Below 18	7	2.8
	18-28	46	18.5
	29-39	89	35.7
	40-49	62	24.9
	Above 49	45	18.1
	Total	249	100
Marital status	Single	10	4.0
	Married	211	84.7
	Widow	6	2.4
	Separated/Divorced	22	8.9
	Total	249	100
Parity	1	16	6.4
	2-3	186	74.7
	4	39	15.7
	Above 4	8	3.2
	Total	249	100
Religion	Christianity	237	95.2
	Islam	12	4.8
	Others	249	100
Educational Level	Primary	18	7.2
	Secondary	227	91.2
	Tertiary	4	1.6
	Total	249	100

Table 1 above shows the socio-demographic characteristics of the respondents. Out of the 249 respondents studied, 7(2.8%) were below 18 years, 46(18.5%) were aged 18-28, 89(35.7%) were aged 29-39 years, 62(24.9%) were aged 40-49 years while 45(18.1%) were aged above 49 years. For the marital status, 10(4.0%) were single, 211(84.7%) were married, 6(2.4%) were widows while 22(8.9%) were separated/divorced. For parity, 16(6.4%) had a child, 186(74.7%) had 2-3 children, 39(15.7%) had 4 children while 8(3.2%) had more than 4 children. For religion 237(95.2%) were Christians while 12(4.8%) were Muslims. For the educational status, 18(7.2%) had primary education, 227(91.2%) had secondary education while 4(1.6%) had tertiary education.

Table 2: The Extent to which Women Experienced different forms of abuse during delivery (Criterion mean=1.50)

S/N	Items	Yes	No	\bar{X}	Std Dev	Decision
1	Restrained/tied during labour	98	151	1.61	0.48	High Extent
2	Episiotomy given/sutured without analgesia	139	110	1.44	0.49	Moderate extent
3	Beaten, slapped or pinched	133	116	1.50	0.49	High Extent
4	Breast, buttocks and private parts touched in a sexual way	53	196	1.79	0.41	High Extent
5	Un-consented vaginal examinations	147	102	1.41	0.49	Moderate Extent
6	Frequent, rough vaginal examination	136	113	1.50	0.50	High extent
	Grand mean	118	131	1.54	0.48	High Extent
Verbal abuse						
7	Received slanderous remarks from healthcare providers	192	57	1.22	0.42	Low Extent
8	Scolded, shouted at or called stupid	169	80	1.32	0.46	Moderate Extent
	Grand mean			1.27	0.44	Low extent
Emotional Abuse						
9	Blamed or intimidated during childbirth	212	37	1.15	0.35	Low Extent

1-1.29 (Low extent), 1.29-1.49 (Moderate extent), 1.50-2.00 (High extent)

Table 2 shows the extent to which women experience different forms of abuse during delivery. The result shows that the grand mean score of 1.54 which is greater than the criterion mean of 1.5 indicates that women experience physical abuse to a high extent. For verbal abuse, the extent was low with a grand mean of 1.27 and emotional abuse was also low with mean of 1.15. Thus, among the different forms of abuse, physical abuse was experienced more by the respondents than other forms of abuse.

Table 3: The Extent to which Women Experience Non-Dignified Care during child delivery (n=249)

S/N	Items	Yes	No	\bar{X}	Std Dev	Decision
1	Threatened with Caesarean section to discourage shouting in pain	177	72	1.29	0.45	Low Extent
2	Vaginal examination watched by many people	52	197	1.79	0.40	High Extent
3	Giving birth in front of many people	66	183	1.79	0.41	High Extent
4	Left naked after giving birth	139	110	1.44	0.49	Moderate Extent
	Grand mean	144	105	1.43	0.43	Moderate Extent

1-1.29 (Low extent), 1.29-1.49 (Moderate extent), 1.50-2.00 (High extent)

Table 3 shows the extent to which women experience non-dignified care during child delivery. The result shows that the grand mean score of 1.43 which is lesser than the criterion mean of 1.5 and based on the categorization indicates that women experience non-dignified care during child delivery to a moderate extent.

Table 4: Chi-Square Analysis on the Experience of Physical Abuse amongst Women during Birthing Process (n=249)

S/N	Items	Yes	No	Df	χ^2	P-value	Decision
1	Restrained/tied during labour	98	151	1	6.3175	0.001	Significant
2	Episiotomy given/sutured without analgesia	139	110				
3	Beaten, slapped or pinched	133	116				
4	Breast, buttocks and private parts touched in a sexual way	53	196				
5	Un-consented vaginal examinations	147	102				
6	Frequent, rough vaginal examination	136	113				

Table 4 shows the chi-square analysis on the experience of physical abuse amongst women during child delivery. The P-value of 0.001 at df=1 and $\chi^2=6.3175$ indicates that women significantly experience physical abuse during birthing process. Thus, the null hypothesis which states that women do not significantly experience physical abuse during child delivery was rejected.

Table 5: Chi-Square Analysis on the Experience of Non-Dignified Care amongst Women during child delivery (n=249)

S/N	Items	Yes	No	Df	χ^2	P-value	Decision
1	Threatened with Caesarean section to discourage shouting in pain	177	72	1	17.319	0.011	Significant
2	Vaginal examination watched by many people	52	197				
3	Giving birth in front of many people	66	183				
4	Left naked after giving birth	139	110				

Table 5 shows the chi-square analysis on the experience of non dignified care amongst women during child delivery. The P-value of 0.011 at df=1 and $\chi^2=17.319$ indicates that women significantly experience non-dignified care during birthing process. Thus, the null hypothesis which states that women do not significantly experience non-dignified care during child delivery was rejected.

DISCUSSION OF FINDINGS

Results from this study revealed that women experience physical abuse during birthing process to a high extent. Chi-square analysis showed that the experience of physical abuse by women is significant during birthing process. This implies that a good number of pregnant women are restrained during childbirth, given episiotomy and sutured without analgesia; beaten, slapped and pinched; have their breast, buttocks and private parts touched in a sexual way, experience non consented vaginal examination as well as frequent, rough vaginal examinations. These results are in consonance with the findings of a study conducted by Diorgu and Steen (2017) that majority of women are dissatisfied with their birth experience which they describe as inhumane and painful physical abuse. According to Diorgu and Steen, most women perceived reported having an episiotomy performed on them without analgesia. The result also agreed with the assertion of Bhattacharya (2015) that majority of pregnant

women significantly experience physical abuse and humiliation during childbirth. The submission of Ishola, Owolabi and Filippi (2017) is that, most women experience physical abuse in labour room which corroborates the findings of this study.

Results from the study revealed that women experience non-dignified care during birthing process to a moderate extent. Chi-square analysis showed that the experience of non-dignified care by women is significant during birthing process. This implies that a good number of women were blamed or intimidated during childbirth, threatened with caesarean section to discourage shouting in pain, and received slanderous remarks from healthcare providers, scolded, shouted at or called stupid and are left naked after giving birth. However, a few women had their vaginal examination watched by many people and gave birth in front of many people. These results are in consonance with the findings of a study conducted by Oyerinde (2012) which revealed that some women report being mocked by women when they asked for some moral and emotional support, particularly when they were extremely exhausted. The result also agrees with the submission of Jewkes et al. (2018) that a significant number of mothers reported that nurses are cruel, impatient, and unsympathetic and insulted women with undignified remarks during child birth. The result is also in line with the findings of a study conducted by Idris, Sambo and Ibrahim (2013) which revealed that most women reported negative, poor and unfriendly provider attitude at their last delivery. The submission of Uzochukwu et al. (2014) that women reported insults without provocation and insensitiveness to patients also substantiates the results of this study.

CONCLUSION

This study concludes that a good number of women during childbirth experience non consented care in the areas of episiotomy, augmentation of labour, shaving of the pubic hair, caesarean section, blood transfusion, vaginal examination and suturing episiotomy amongst other procedures. Most women during childbirth experience age disclosure without consent, provision of care without privacy, medical history disclosure without consent and disclosure of HIV status without consent. A good number of women were blamed or intimidated during childbirth, threatened with caesarean section to discourage shouting in pain, and received slanderous remarks from healthcare providers after giving birth.

RECOMMENDATIONS

Based on the study findings, the following are hereby recommended:

1. Healthcare workers should refrain from abusing women during childbirth no matter the circumstance.
2. The birthing women should make conscious effort to cooperate with midwives to avoid abuses during delivery.
3. Women should be provided with dignified care during childbirth and afterward

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