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Study to assess the extent of disrespect and abuse in facility based child birth among women residing in urban slum area of Ahmedabad

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Abstract

Introduction: Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care. Many women experience disrespectful and abusive treatment during childbirth worldwide. This study is an attempt to explore evidence of disrespect and abuse in government facility based childbirth.

Methodology: Community based cross sectional study was carried out by interviewing 300 women who had Govt. facility based child birth in last one year residing in urban slum area. Pre-designed questionnaire was used for data collection. Data entry and analysis was done in Microsoft Excel.

Observations: Total 173(57.7%) of 300 respondents reported at least one form of disrespectful and abusive care. Non-consented services (57.3%) and verbal abuse (55 %) were the most common types of disrespect and abusive care.

Conclusion: To prevent that we should ensure that every woman receive this basic human dignity during one of the most vulnerable times in their lives.

Keywords: Abuse, disrespect, Facility based child birth

1. Introduction

The fifth Millennium Development Goal (MDG 5: Improve Maternal Health) ^[1] has helped to galvanize attention to and action for improving maternal care and survival for all women especially during childbirth. Maternal morbidity and mortality in childbirth is a matter of utmost importance in public health.

Significant progress has been made globally in maternal and neonatal health (MNH) care, and both maternal and neonatal mortality rates have dropped in recent decades ^[2]. Strengthened legal frameworks and effective clinical and programmatic practices have improved the quality of services provided. Despite these improvements, access to quality services is not guaranteed for many, especially in developing countries ^[3].

Abuse in health care is defined by patients' subjective experiences and is characterized by devoid of care, suffering and loss of value as a human being ^[4]. AHC has been associated with potential severe health consequences such as posttraumatic stress symptoms, sleeping problems, and poor self-rated health ^[5]. Further, AHC has been related to maternal morbidity and mortality in childbirth ^[6, 7] and it has been emphasized, that disrespect and abuse in childbirth constitute important causes of suffering and human right violation for women in many countries ^[6, 8].

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care. Even when services are available, care may be compromised by social, ethnic and cultural barriers, an unwelcoming reception at the health care facility, lack of privacy and information for the client, and disrespect and abuse. Many women experience disrespectful and abusive treatment during childbirth worldwide. But evidence about the existence of disrespect and abuse is almost absent.

While it is likely that disrespect and abuse are often multi-factorial and may be perceived differently and sometimes normalized depending on the specific setting, many stakeholders and maternal health experts agree that disrespect and abuse in facility-based childbirth represent important causes of suffering for women, an important barrier to skilled care utilization (a key MGD-5 indicator), important quality of care problems, and often a violation of women's human rights.

Although the extent of disrespect and abuse in facility-based childbirth has not been systematically documented or even well defined, many maternal health and human rights experts believe that disrespect and abuse in childbirth represents an important barrier to utilization of skilled birth care and constitutes a common cause of suffering and human rights violations for women in many countries.

2. Aim & Objectives of this study is to explore evidence of disrespect and abuse in government facility based childbirth.

3. Methodology

The present Community based cross sectional study was carried out during May-June 2014 by interviewing 300 women who had Govt. facility based child birth in last one year residing in urban slum area. Pre-designed questionnaire that based on seven categories of disrespect: non dignified care, physical abuse, non-consented clinical care, non-confidential care, discrimination, abandonment of care, and detention in facilities⁴ was used for data collection. A total of 300 such women identified by door-to-door survey participated in the study after getting informed Verbal consent.

Sample size calculation; To know the prevalence of disrespect and abuse during child birth we conducted a pilot study in which we came to know it was around 60%. So by applying the sample size calculation formula for qualitative study $4pq/l^2$ with 20 % allowable error the sample size came to 267 so we included 300 participants in our study.

Data was entered and analyzed using Microsoft excel & EPI info. Chi-square test was used for evaluating association between disrespect and abuse during child birth and categorical variables. P value less than 0.01 was considered statistically significant.

4. Results

Table 1: Socio demographic distribution of all study participants (n=300)

Socio demographic variable	Frequency (%)
Age	
<20	120 (40%)
20-25	96(32%)
25-30	48(16%)
>30	36(12%)
Education of the mother	
Illiterate	90(30%)
Primary /secondary	159(53%)
Graduate /PG	51(17%)
Socio economic status of family	
Class 1 & 2	48(16%)
Class 3	84(28%)
Class 4	117(12%)
Class 5	51(39%)
Types of family	
Nuclear	111(37%)
Joint	63(21%)
Three generation	126(42%)
Birth order	
First	143(47.7%)
Second & third	110(36.6%)
Fourth & more	47(15.7%)

Table no 1 shows that socio demographic distribution of all participants. Most of the participants were in the age group of <20 years (40%), and most of them were educated upto either primary or secondary schooling (53%). Most of the women had first childbirth (48%) during study period.

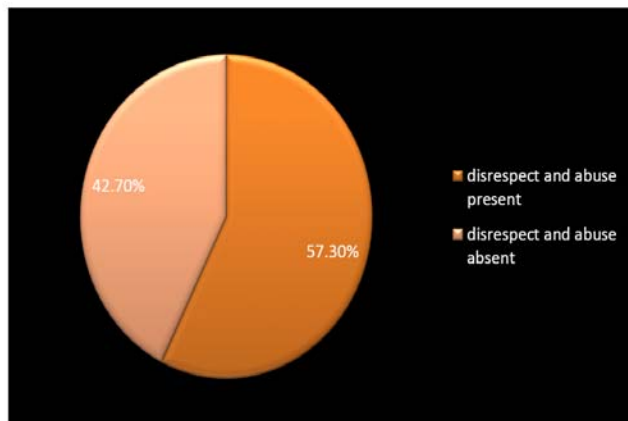


Fig 1: proportion of women experienced disrespect and abuse during child birth

Figure 1 depicts that disrespect and abuse during child birth was present in 57.7% cases.

Table 2: frequency distribution according to types of disrespect and abuse (n=173)

Types Of Disrespect And Abuse	Frequency (%)
Non-Consented Clinical Care	99 (57.3%)
Non Dignified Care (verbal abuse)	95(55 %)
Physical Abuse	69 (40%)
Non-Confidential Care	65 (37.6%)
Discrimination	57 (33.2%)
Abandonment Of Care	44 (25.1%)
Detention In Facilities	21 (12.3%)

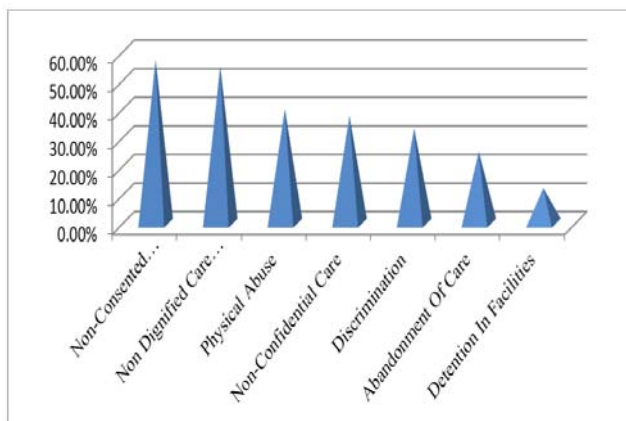


Fig 2: graphical presentation of frequency distribution according to types of disrespect and abuse

Table no 2 and figure 2 shows that non-consented clinical care (57.3%) was the most common form of disrespect during childbirth followed by verbal abuse (55%) and detention in the facilities was the least encountered one. (12.3%)

Table 3: Socio demographic factors affecting quality of care during child birth

Socio demographic variable	Disrespect and abuse present (n=173)	Disrespect and abuse absent (n=127)	Total (n=300)	P value
Age of the mother (years)				
<20	80 (66.6%)	40(33.4%)	120	X ² =22.84
20-25	62(64.5%)	34(35.5%)	96	
25-30	21(43.7%)	27(56.3%)	48	
>30	10(27.7%)	26(72.3%)	36	P < 0.01
Education of the women				
Illiterate	70(77.7%)	20(22.3%)	90	X ² =42.13
Primary /secondary	92(57.8%)	67(42.2%)	159	
Graduate /PG	11(21.5%)	40(78.5%)	51	P < 0.01
Socio economic status of family				
Class 1 & 2	42(87.5%)	06(12.5%)	48	X ² =52.9
Class 3	58(69.1%)	26(30.9%)	84	
Class 4	63(53.8%)	54(46.2%)	117	
Class 5	10(19.6%)	41(80.4%)	51	P < 0.01
Birth order				
First	122(84.7%)	21(15.3%)	143	X ² =52.9
Second & third	39(35.4%)	71(64.6%)	110	
Fourth & more	12(25.5%)	35(74.5%)	47	P < 0.01

Table no 3 tells us about the various social determinants that put women at risk of disrespect and abuse during child birth. Age, education of women and her economic condition highly influence for having such bad experience during childbirth and this association is proven statistically significant. (p<0.01)

5. Discussion

Non-consented clinical care (57.3%) was the most common form of disrespect during childbirth followed by verbal abuse (55%) and detention in the facilities was the least encountered one (12.3%). similar study conducted in Nigeria reveals almost same findings as Non-consented services and physical abuse were the most common types of disrespectful and abusive care during facility-based childbirth, affecting 243 (54.5%) and 159 (35.7%) respondents, respectively.

It was already known that disrespect and abuse is common in maternal health care, contributing to untold suffering, and discouraging women from seeking care in facilities. Further confirmation of these reports came from a landscape study by Bowser and Hill in 2010 [6].

Most maternal deaths can be prevented if women have access to basic medical care during pregnancy, childbirth and postpartum period. In India, these services are provided through a network of health centres in outpatient clinics, as well as through home visits by health workers. However, utilization of these services by the target population continues to be poor. This could be due to lack of awareness, availability or accessibility or acceptability to these services⁹.

In this study, various socio-demographic factors such as education of women and her socioeconomic status showed a significant association with the occurrence of disrespect and abuse during childbirth.

Abandonment of Care prevalence estimates are not widely available, Jewkes *et al.* [10], reported that five out of fifteen women interviewed said they delivered on their own prevalence rate of 33%, which is very close to this study findings.

6. Conclusion & Recommendations

Disrespect and abuse may prevent a woman from seeking skilled care, which mean she and her child would be exposed to unskilled or no care at all. To prevent that we should ensure that every woman receive this basic human dignity during one of the most vulnerable times in their lives.

Huge number maternal deaths occurred worldwide, many in low and middle income countries. While these numbers explain why attention is focused on a reduction in maternal deaths, attention is also needed to defining and measuring the extent of problems around childbirth, such as mistreatment, to better inform constructive changes in policies and practices, the study emphasized.

Providers, women and their families must be made aware of women’s rights to respectful care. Recommendations for further research include investigations of the prevalence and dimensions of disrespectful care and abuse, on mechanisms for women and their families to effectively report and redress such events and on interventions that could mitigate neglect or isolation among delivering women. Respectful care is a critical component to improve maternal health.

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