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ORIGINAL ARTICLE

Attitude and Behavior of Maternal Health Care Providers During Child Birth in a Tertiary Care Hospital in Karachi

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ABSTRACT

Background: Pakistan is among the most populous countries of South East Asia with very high maternal mortality rate. One of the reasons of this elevated maternal mortality is non-availability of skilled workers at the time of labour.

Objective: The study was carried out to see the frequency of abuse and disrespect during childbirth at a public sector hospital of Karachi and whether it affects their choice regarding the place of delivery in future pregnancy or not?

Methodology: A cross sectional study was done after ethical review board approval and consent. A prevalidated questionnaire was used to collect the data from 476 women after their delivery but before they get discharged from the heath facility. Descriptive statistics were calculated and Univariate and multivariate analysis was done using spss 25.

Result: Out of 466 patients, 401 (86%) reported some kind of disrespect and abuse from health care providers. Around 60% responded that they were not introduced to the health provider while 30% complained regarding the lack of involvement during and before the procedure. Almost 25% participants complained that no barrier was used to cover them during the procedure.

Conclusion: Given study revealed that the occurrence of non-dignified maternity care is frequent in the area studied. Hospital administration and health policy makers should make sure and reinforce the training of health personnel who exhibit non dignified behavior towards laboring woman. This will help in reducing the maternal humiliation and psychological trauma of vulnerable women in public sector hospitals. Moreover maternal health will also improve as more women will attend health care facility for labour and delivery.

Keywords: Disrespect, Abuse, Respectful maternity care, Facility delivery, maternal health

INTRODUCTION

Much has been written and published in the past few years regarding the rising trends towards institution based violence to the laboring women .[1-4]Since labour is the time of great emotional distress and pain for women, abusive behavior of health care providers (HCP) during labour has devastating effects on patient's care and health outcomes .[5]WHO further emphasizes the issue by giving the statement that "Every woman has the right to the highest attainable standards of health, which includes the right to dignified, respectful health care".[6] In 2010 Browser and Hill conducted a land scape analysis and identified seven categories of disrespect and abuse(D and A) namely: physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination based on specific patient attributes, abandonment of care and detention in facilities due to failure to pay.[7]

Despite of having a clear evidence regarding negative impact of D and A on mental, physical and social health of laboring woman there is paucity of literature assessing the nature and magnitude of D and A in health care settings in Pakistan. A household based study was conducted in district Gujarat showed a very high prevalence of D and A 99.7% .However only 27.2% reported a subjective experience and main determinant was found to be facility based birth and low socioeconomic condition. Since according to Pakistan demographic health survey 2017 -18, facility based births account for only 66% of all births, this raises the possibility of any misconduct experienced by the laboring women in our birthing facilities as well.[8]

The study aims to assess the frequency of D and an experience by the laboring woman in a public sector hospital of Karachi and also to explore its effects on patient's choices regarding facility based birth in next pregnancy. The aim is to draw the attention of policy makers towards this sensitive issue so they may take possible steps to eradicate the problem.

MATERIAL AND METHODS

We conducted a facility based cross sectional study in a public sector hospital of Karachi after approval from the Ethical board. A non-probability convenience sampling technique was used. A sample size of n=476 women was calculated using Open Epi Software version 3.0 with an expected proportion of precision 16.2 at 95% confidence interval and 10% non –response rate .[8-9]

Postnatal women were approached after the birth of the baby and before they get discharge from the facility. Informed consent was obtained from all the participants. Those women, who consented to participate in the study, were subjected to validated questionnaire translated into the local language. The data was collected by primary author from October 2020 to 2021 by data collection tool which was used in the study conducted in district Gujarat Pakistan .[8] D & A was measured on a 25 itemed scale, comprising of seven categories of D & A: physical abuse, non-consented care, non-confidential care, non-dignified care, and discriminatory care, abandonment in facility and detention in facility (Table 2).All post natal women who had vaginal birth were included except for women delivered still born baby, women with altered level of consciousness and women who refused to participate in the study. Independent and dependent variables were calculated. Descriptive statistics such as mean, standard deviation and percentages were determined. Logistic regressions were done to calculate the association between independent variables and outcome variable. The data was analyzed using SPSS version 25(IBM).Descriptive statistics were performed and categorical values were presented as frequency percentages. Chi-squared tests or Fisher's exact test, were used to examine the difference in responses.

RESULTS

In this study 466 women were included. Average age of the participants was 28.5+/-3.5 years with age range 18 to 35 years. Majority of the study participants 216(46.4%) underwent normal delivery. Almost half of the subjects 227(48.7%) were from middle income background and 167(35.8%) were from low income class. Among 466 women only 35.6% met the criteria of WHO Antenatal care visits. Majority of the participants were multiparous 319(68.5%).Day Time deliveries were reported more than 50% as

shown I n Table: 1.All the study participants were evaluated for Disrespect and abuse they had experienced during childbirth. In Category of non-consented care 59.7% women said that provider did not introduced herself and 29.4% participants replied that they were not encourage to ask questions. In 2nd Category of non-confidential care, most of the patients were extremely dissatisfied with the privacy provided during the procedures. In 3rd category patients were asking about the dignified care either it was acceptable or not. Few of them (13.7%) were reported that their providers speak harshly and few of them also complain about the insulting and abusive behavior. Discriminatory behavior of provider was reported by around 3% participant when they faced language barrier and disrespect based on specific attribute. Abandonment in facility was reported by 11-15% patients. In the scale category of physical abuse 0.9 to 9.4% participant experienced some kind of physical abuses where physically restrained was the common condition. Also participants were asked if they were "detained in the facility" all said "No" as shown in Table: 2.

After individual response assessment categories wise proportion also reported. Non-consented care was the most common reported form of disrespect and abuse faced by participant during childbirth. Only 4.3% women had received discriminatory care and no complain was reported for detention in facility. Overall disrespect and abuse was considered positive if women respond "yes" to any of the question. Among all 466 patients, 401(86.1%) experienced disrespect and abuse which is a quite high prevalence reported in this study as shown in Fig 1.

Comparison of overall disrespect and abuse was done with age, mode of delivery, socioeconomic status, antenatal visits, parity status and time of delivery. There was no notable differences were observed in proportion of disrespect and abuse.

Univariate and multivariate analysis showed the association of factors associated with disrespect and abuse. In Univariate analysis mode of delivery and time of delivery were the significant factors. Disrespect and abuse was found more common in women who had a night time vaginal delivery. When enquired about their willingness to attend the facility for childbirth in future, 90%% (n = 420) females were willing, 46(n = 9.9%) said no.

Table 1: Descriptive statistics of study subjects

Study variables		Statistics
Age groups	18-25 years	241(51.7%)
	26-35 years	225(48.3%)
	Mean+/-SD(range)	25.8+/-3.5(18-35) yrs.
Mode of delivery	Vaginal Delivery	216(46.4%)
	C/Section	168(36.1%)
	Episiotomy	82(17.6%)
Socioeconomic status	Low income	167(35.8%)
	Middle income	227(48.7%)
	High income	72(15.5%)
Antenatal visits	Inadequate	300(64.4%)
	Adequate	166(35.6%)
Parity	Multiparity	319(68.5%)
	Primiparity	147(31.5%)
Time of delivery	Day	256(54.9%)
	Night	210(45.1%)
Next delivery in this hospital	Yes	420(90.1%)
	No	46(9.9%)
Total		466(100%)

Table 2: Evaluation of Study subjects regarding Disrespect & abuse Experience

Disrespect and Abused Scale	N (%)
1. Non-consented care	
1.1 No introduction by provider	278(59.7%)
1.2 No encouragement to ask questions by provider	137(29.4%)
1.3 Provider did not respond politely, truthfully, and promptly	98(21%)
1.4 Procedure was not explained by provider	150(32.2%)
1.5Periodic updates on status and progress of labour was not given by provider.	126(27%)
1.6 Patient was not allowed to move during labour and delivery	73(15.7%)
1.7 Patient was not encouraged to attain position of choice by provider	61(13.1%)
1.8 No consent was obtained prior to procedure	75(16.1%)
2. Non-confidential care	
2. Curtains and Physical barriers were not used	115(24.7%)
2.2 Drape or body covering was not used	102(21.9%)
2.3 The number of staff members around were not logical	81(17.4%)
3. Non-dignified care	
3.1 Provider did not speak politely	64(13.7%)
3.2 Patient insulted and threatened by provider	22(4.7%)
3.3 Abusive language was used by the provider	18(3.9%)
4. Discriminatory care	
4.1 Provider used language difficult to understand	12(2.6%)
4.2 Provider showed disrespect based on specific attribute	10(2.1%)
5. Abandonment in facility	
5.1 Patient was not encouraged to call if needed	52(11.2%)
5.2 Patient felt alone or unattended	55(11.8%)
5.3 Provider did not come quickly when needed	71(15.2%)
6. Physical abuse	
6.1 Provider used physical force, slapped or hit the woman	4(0.9%)
6.2 Woman was physically restrained	44(9.4%)
6.3 Baby was separated without medical indication	20(4.3%)
6.4 Patient did not receive comfort, pain relief as necessary	22(4.7%)
6.5 Provider did not demonstrate in culturally appropriate way	22(4.7%)
7. Detention in facility	0(0%)

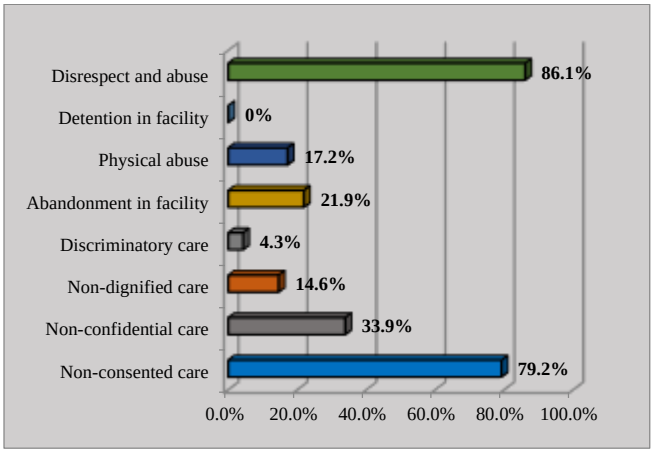

Figure: 1 Disrespect & Abuse Scale Categories

Table 3: Comparison of Outcome with study variables

Study variables		Disrespect & Abuse		Total
		Yes	No	
Age groups	18-25 years	207(85.9%)	34(14.1%)	241(100%)
	26-35 years	194(86.2%)	31(13.8%)	225(100%)
Mode of delivery	Vaginal Delivery	192(88.9%)	24(11.1%)	216(100%)
	C/Section	140(83.3%)	28(16.7%)	168(100%)
	Epiostomy	69(84.1%)	13(15.9%)	82(100%)
Socioeconomic status	Low income	144(86.2%)	23(13.8%)	167(100%)
	Middle income	193(85%)	34(15%)	227(100%)

	High income	64(88.9%)	8(11.1%)	72(100%)
Antenatal visits	Inadequate	262(87.3%)	38(12.7%)	300(100%)
	Adequate	139(83.7%)	27(16.3%)	166(100%)
Parity	Multiparity	272(85.3%)	47(14.7%)	319(100%)
	Primiparity	129(87.8%)	18(12.2%)	147(100%)
Time of delivery	Day	214(83.6%)	42(16.4%)	256(100%)
	Night	187(89%)	23(11%)	210(100%)
Next delivery in this hospital	Yes	355(84.5%)	65(15.5%)	256(100%)
	No	46(100%)	0(0%)	210(100%)
Total		401(86.1%)	65(13.9%)	466(100%)

Table 4: Univariate and Multivariate Regression Analysis for Disrespect and abuse

Associated factors	Crude OR	95% C.I for Crude OR		P-value	Adjusted OR	95% C.I. for Adjusted OR		P-value
		Lower	Upper			Lower	Upper	
Age groups								
18-25 years	1							
26-35 years	1.028	0.608	1.737	0.918				
Mode of Delivery								
Vaginal Delivery	1				1			
C/Section	0.625	0.347	1.124	0.117*	0.632	0.351	1.138	0.126
Episostomy	0.663	0.32	1.375	0.27	0.657	0.316	1.364	0.26
Socioeconomic status								
Low income	1							
Middle income	0.907	0.512	1.606	0.737				
High income	1.278	0.543	3.01	0.575				
Antenatal visits								
Inadequate	1							
Adequate	0.747	0.438	1.274	0.284				
Parity								
Multiparity	1							
Primiparity	1.238	0.692	2.217	0.472				
Time of delivery								
Day	1				1			
Night	1.596	0.925	2.752	0.093*	1.588	0.919	2.744	0.097

OR= Odd Ratios; CI= Confidence Interval; Significance level: For univariate regression analysis :< 0.20 and for multivariate analysis :< 0.05. 1 is indicating Reference category.

DISCUSSION

Good quality of health care is crucial to prevent maternal mortality and helpful to achieve the sustainable development goals for women health. Attitude and behavior of health care providers are important determinant factors affecting women and newborn health outcome. The World health organization (WHO) focus more on attention, research and implementation for maternal health care provider's attitude and behavior during childbirth. Verbal and physical abuses are common form of mistreatment experience by pregnant women especially during labour.

According to our study almost 8 out of 10 (86.4%) experienced some form of D and A during childbirth. Comparable and high prevalence was found in a study conducted in India (84.3%), Tanzania (70%) and Nigeria (98%) reported much higher incidence on the contrary it was found much lower in Brazil (18%) .[9-12]This highly reported forms of disrespect and abuse in our study might be due to high load of patients catering to public sector hospitals where lack of staff and limited working resources are common challenges.

The most frequent form of D and A in our health facilities was non consented care (79 %) which align similar to the findings of Azhar (58.6%) and Tabassum (71%) respectively .[1,9]With respect to the issues related to the privacy and confidentiality (33.9%) of women were not offered any privacy by service providers such as use of visual barriers or curtains. This is associated with dissatisfaction in women using child birth services as already reflected in a study in rural India [13]. A few women also reported disrespectful behavior such as harsh verbal responses (13.7%) or delayed responses (11 %).Only 4 participants (0.09%) reported physical abuse such as slap or hit and none of the participants reported detention in facility. Moreover we also came to know that women who deliver at night more likely to suffer D and A .This is in contrary to the findings by Bank's which showed that night time deliveries are associated with less violence .[14]One of the reason for this high prevalence of D and A in our study can be explained by the possibility that it was conducted in a public facility as already shown by Azhar that D and A was reported two times higher in public hospitals as compared to private hospitals (OR =2.197).

The study investigated into the prevalence of D and A of women during the process of child birth at health care facility which is a bitter reality of many developed and underdeveloped societies. However it not only erodes the satisfaction and trust in the health system of a laboring woman but also contributes directly to adverse health outcomes. There should be zero tolerance to this in any part of the globe.

CONCLUSION

Our study indicated substantially high frequency of D and A during institutional childbirth. All efforts should be taken to curb down these issues. There is need to focus on social determinants of health and to train healthcare workers to provide respectful and equitable care in the country.

Conflict of Interest: None

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