

The Proportion and Nature of Disrespect and Abuse during facility-based care in a rural and an urban setting in Kano, northwest Nigeria; A mixed-method study

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Abstract

Objectives: Disrespect and abuse is noted to be high but poorly reported, especially in northern Nigeria. This study was undertaken to determine the proportion and nature of disrespect and abuse of women during childbirths in health facilities at selected locations in Kano, a north-west Nigerian State

Method: Ethical approval and informed consent were obtained. The study adopted quantitative and qualitative data collection methods. A sample size of 292 women who delivered in the past 1 year preceding the study. Quantitative data was analyzed using descriptive statistics (frequencies, percentages, means and standard deviation) and inferential statistics (chi-square). Qualitative data was analyzed along themes using Atlas.ti. P value is ≤ 0.05 was considered statistically significant.

Results: The average age of the respondents was 28.3 ± 6.9 years. Most of the respondents were aged 25-29 years, mostly married (96%), housewives (68.8%), of Hausa tribe (85.1%) and had primary education (52.2%). About 50.7% were urban and 49.3% were rural residents. Averagely, 46.5% said that they experienced D&A during care but it was more in urban (76.3%), compared to rural (18.30%). More than one type of D&A occurred in most individual (76%) mainly at multiple service points, but physical abuse is the most recurrent in various mix. Among types of D&A occurring singly, non-consented care and non-confidential care were mostly reported. Downward pressure placed on the abdomen before baby was born, being blamed for something that happened to them or their babies, health workers did not provide explanations for procedures and sexual abuse were also reported.

Conclusion: D&A is common in health facilities in both rural and urban settings of Kano. However, D&A was higher in urban compare to the rural areas. The proportion among urban women was higher than that reported in a previous study in Kano. Although D&A types commonly occurred as a mix. Further studies to explore the determinants and recommendations for D&A are necessary.

Keywords: Proportion, Nature, Disrespect, Abuse, Health Facility, Nigeria.

Introduction

Disrespect and abuse (D&A) are noted to be high but poorly reported, especially in northern Nigeria. A systematic review of 14 literatures across Nigeria showed evidence of physical abuse; non-consented care; non-confidential care; non-dignified care; discrimination; abandonment/neglect; and detention in facilities for being unable to pay for services and generated some lessons and provided future research direction [1]. As disrespect and abuse determines where a woman chooses to be delivered of her baby, the high rate in the health facilities may be responsible for the poor utilization of health facilities during births [2]. WHO included a woman's experience of care as a major domain in its quality of care framework and also identified various D&A themes which includes physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers, and health system conditions and constraints [3,4]. However, based on a comprehensive review of the evidence, seven categories of D&A in childbirth

are identified which include physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination based on specific patient attributes, abandonment of care, and detention in facilities. Proposed categories of disrespect and abuse draw on human rights and ethics principles, and are intended to help synthesize and organize the broad range of manifestations of D&A reported in the literature. It is understood, however, that manifestations of D&A often fall into more than one category, so that categories are not intended to be mutually exclusive. Rather categories should be seen to be overlapping along a continuum. Numerous adverse outcomes of D&A on reproductive age women have been reported including increased risk of birth complications [5]; poor self-rated health, sleeping problems, and signs of post-traumatic stress disorder [8]; and the reluctance to use health facilities [6]. D&A can apparently constitute a barrier to facility delivery with its attendant complications, including maternal mortality [7]. Many factors have been identified to contribute to D&A in health facilities such as poor communication between women and healthcare providers; inadequate healthcare policies; prejudices from healthcare providers; and demoralization of healthcare providers in poorly performing health facilities [6, 9, 10]. Although there are variations in prevalence, reports of high prevalence rates of D&A among women during facility birth have been documented in several countries [8,11,12]. For instance, approximately 13–28% women who accessed obstetrics and gynaecology services in Northern Europe experienced some form of abuse in healthcare centres [8]. A multi-country study found that 1 in 5 women who attended antenatal care in maternity health facilities had at least one episode of abuse in six European countries—Sweden, Norway, Belgium, Estonia, Iceland and Denmark [11]. Much higher prevalence rates are recorded in some of the African countries [13, 14] including Nigeria, with the prevalence rates among women during childbirth in health facilities ranging between 23.7–98% [15–17]. A previous study was conducted only in urban Kano and used quantitative method [17]. The determinants of D&A are also poorly misunderstood but are beyond the scope of this initial report. This study was undertaken to determine the proportion and nature of D&A in Kano State Nigeria using both qualitative and quantitative method.

Method

Ethical approval and informed consent were obtained. The study adopted a quantitative data collection utilizing questionnaire and qualitative data collection by utilizing in-depth interviews (IDIs) for health workers and focus group discussions (FGDs) for recently delivered women. It was a hospital-based survey which took place in the postnatal and immunization clinic and involved women of reproductive age (15-49years) in the selected communities who delivered their babies in the health facility within the past 1year (7, 17-23).

Simple random sampling was used to select women who delivered in the facility in the last one year preceding the study. A sample size of 292 was used to include respondents selected from facilities in the urban and rural setting. Using a prevalence of disrespect and abuse of 55.9% reported in Kano recently, North-west Nigeria [17], a sample size for the women's survey was calculated with the formula as $n = z^2 P q / d^2$ (where n = Sample size, z = Standard normal deviation = 1.96 at 95% Confidence limit, P = Prevalence rate of disrespect and abuse = 55.9%, $q = 1 - P = 1 - 0.559 = 0.441$, d = Error margin = 5%). This gave a sample size of 292 after adding 20% to account for attrition.

An IDI and FGD guides were used to collect information from health workers and recently delivered women respectively.

We collected socio-demographic and obstetrics variable. The tools were administered in English and Hausa languages to clients depending on preference. The potential risks related to recruitment in the study were minimal. The researchers were trained on privacy and confidentiality. During the recruitment process, personal identifiers of potential (eligible) interviewee such as names, addresses and phone numbers were kept confidential. Qualitative data notes were transcribed and analyzed along themes. Quantitative data was analyzed using descriptive statistics (frequencies, percentages, means and standard deviation) and inferential statistics (chi-square). Statistical The dependent variable was D&A at hospital with a "yes" or "no" and in some cases a "choose not to answer" option. significance was achieved when P value is ≤ 0.05 .

Result

Table 1. Socio-demographic characteristics, n=288

Variable	Frequency	Percentage	Mean+/-SD
Age			
15-19	28	9.7	28.29±6.85
20-24	63	21.9	
25-29	76	26.3	
30-34	67	23.3	
35-39	27	9.4	
40-44	23	8	
45-49	4	1.4	
Marital Status			
Single	9	3	
Married	276	96	
Divorces	3	1	
Occupation			
House wife	198	68.8	
Farming	15	5.2	
Teaching	20	6.9	
Trading	24	8.3	
Hand work	12	4.2	
Health work	9	3.1	
Student	5	1.7	
Not employed	4	1.4	
Other	1	0.4	
Language			
English	7	2.4	
Fulani	3	1	
Hausa	245	85.1	
Igbo	7	2.4	
Others	10	3.5	
Yoruba	16	5.6	
Education			
None	11	3.7	
Quaranic	39	13.5	
Primary	150	52.2	
Secondary	59	20.4	
Tertiary	29	10.2	
Location			
Urban	146	50.7	
Rural	142	49.3	

Table 1 showed that the average age of the respondents was 28.3 ± 6.9 . Most of the respondents were aged 25-29 years (26.3%) and these were closely followed by those aged 30-34 years (23.3%) and 20-24 years (21.9%). The respondents were mostly married (96%), housewives (68.8%), hausa (85.1%) and had primary education (52.19%). Concerning locations, 50.7% were urban and 49.3% were rural residents.

Table 2. Disrespect and abuse during care

Variable	Frequency (%)	Percentage
Were you disrespected and abused during care (n=288)		
Yes	134	46.52
No	147	51.04
Choose not to answer	7	2.44
If you were not treated respectfully at what point did that occur (n=134)		
antenatal	13	9.7
during labour	7	5.2
delivery	6	4.5
after delivery	6	4.5
postnatal visit	4	3
ANC & LABOUR	14	10.5
ANC, labour& delivery	30	22.4
ANC, delivery	14	10.5
ANC&PNC	4	3
Labour and delivery	7	5.2
Anc and delivery	14	10.5
ANC and after delivery	4	3
Labour & delivery	7	5.2
Labour & after delivery	4	3
What type of abuse or disrespect did you experience during your childbirth-multiple (n=102)		
physical abuse	94	92.3
non-consented care	42	14.6
non-confidential care	62	21.5
non-dignified care	58	20.1
discrimination	52	18.1
abandonment of care	29	10.1
detention in facilities	42	14.6
Have you ever been disrespectful and abusive to a health worker		
yes	11	3.8
no	243	84.4
choose not to answer	33	11.5
How would you rate the respect the providers showed you at the facility during your last delivery		
Excellent	52	18.1
Very good	120	41.7
Good	16	5.6
Poor	40	13.8
	45	15.6

Fair Dk	15	5.2
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Table 2 showed that 46.52% said that they were disrespected and abused during care and these mostly happened at multiple sites including ANC, labour and delivery in 22.4% of cases. The present study showed D&A were as high as 75.3% in urban settings unlike 18.3% obtained in rural settings. Disrespect and abuse occurred mostly as more than one type in most individuals (76%) but physical abuse is the most recurrent in various mix. Among types of D&A occurring singly, the proportions were as non-consented care (25%), non-confidential care (25%), detention in facilities (18.8%) and physical abuse (15.6%). Most of the respondents 84.4% have not been disrespectful and abusive to a health worker.

Table 3. Other disrespectful and abusive practices

Variable	Frequency	percentage
Sexual Abuse		
SA	0	0
A	7	2.4
UD	13	4.5
D	105	36.5
SD	168	58.3
Health workers provided explanations for procedures		
SA	60	20.8
A	32	11.1
UD	17	5.9
D	10	3.5
SD	166	57.6
I was not assisted to deliver my baby by healthcare provider		
SA	7	2.4
A	10	3.4
UD	25	8.7
D	194	67.4
SD	50	17.4
You were restrained at any point		
SA	12	4.2
A	19	6.6
UD	38	13.2
D	188	65.3
SD	28	9.7
Downward pressure placed on my abdomen before baby was born		
SA	4	1.4
A	87	30.2
UD	25	10
D	133	46.2
SD	36	12.5
I was cut in my private part during my last delivery		
SA	9	
A	19	
UD	25	
D	203	

SD	31	
I was asked for permission before being cut in my private part during my last delivery	29	
SA	42	
A	26	
UD	174	
D	15	
SD		
I was blamed for something that happened to you or your baby	11	3.8
SA	105	36.5
A	23	8
UD	125	43.4
D	28	9.7
SD		

Table 3 showed that downward pressure placed on my abdomen before baby was born in 31.6%, 40.3% was blamed for something that happened to them or their babies, and health workers provided explanations for procedures in 31.9% and 2.4% claimed that they were sexually abused.

The qualitative data also corroborated with various forms of D&A mentioned on the quantitative data.

The authors observed very low prevalence of D&A in the rural area compared to the urban. A head of nursing/midwives in the rural area commonly called matron mentioned that,

“Most of the staff here respects their patients. I have never come across a case of D & A. Client prefers to come here for their care because they are well taken care of. Most of the problem comes from the relative”

The staff also opined that.

“Woman need to be treated individually; they need privacy”

Neglect is an important type of D&A, one client lamented thus:

“When I came for my delivery of this child five months ago the doctors were sleeping some of them were hearing me shouting but they neglected me, the head of the baby was out but no one to help and I was not strong enough to push the baby out it was only the grace of God that helped me the baby baby come out, it was after the delivery my sister that come with me ran to them and call them, that negligence is a very bad attitude I was not happy at all “

Another said,

“I was brought to this hospital as a patient and I was neglected for almost two days instead of them to directed me to were my situation would be handling properly but I was neglected as if I am not a human being”

Physical abuse was as common, one respondent said that, *“sometimes when you are kicking your legs because of the pain of labor they do beat us”*

Another said,

“When you are in labor and the pain makes you to start demonstrating and crying then if you shout on me, it is an insult because you don’t know what I am feeling”

Paying a “bribe” for treatment was noted,

“We don’t like coming to the hospital because of their insult in fact, here is my daughter she was brought the girl was fainting but the doctor refuse to attend to us we have to bribe by giving him five hundred naira before he put blood on her”

Rejection and negligence were described as a form of D&A, a client said that,

“There was a woman who came here for delivery and she lost her card because she was in haste, when she met the nurses they rejected in that condition and sent her away”

Discussion

Disrespect and abuse are very common in many parts of Nigeria and may be responsible for the persistently low utilization of facility-based deliveries among women of child-bearing age in our society [1]. The present study had 50.7% urban and 49.3% rural respondents. The author is not aware of any study on D&A involving both rural and urban settings in Kano.

Most of the respondents were 25-29 years with average age of 28.29 ± 6.85 . These were mostly married, housewives, of Hausa ethnic group and had primary level of education. These are similar to findings of Amole et al who reported that most of the respondents were 25-29 years with average age of 27.7 ± 6.3 , mostly married, housewives, of Hausa ethnic group, but rather a secondary level of education as their respondents were only urban Kano women [17]. The finding defers from those of a study from the South-west Nigeria where more than half of the respondents were in the 30–39 year age group, another half had a tertiary education and of Yoruba ethnic group [24] or another from the south east where mean age of the respondents was 32.1 ± 2.7 years, mainly from the Igbo tribe and more than one third had completed tertiary education [18].

The present study reported a D&A proportion of 46.52% when rural and urban settings are calculated together, but the actual proportions are significantly higher in the urban (75.3%) when compared to rural (18.3%). Disrespect and Abuse is as high as 93% in south-west Nigeria [55] and 98% in southeast [18]. Amole et al however recently reported a rate of 55.9% in Kano north-west [17]. All three regions of the previous studies were however done in urban settings alone. Evidence from a recent study in another south west state showed a low rate of about 19% and various interventions are likely to reduce D&A where the rates are already high [24]. The present study showed D&A were as high as 75.3% in urban settings unlike 18.3% obtained in rural settings. There are few studies comparing D&A between urban and rural community the author believes as reported in the present study may be less common in a rural setting as women were likely going to report D&A if they were exposed enough to know their rights [1,25]. Report of D&A may be low in environment where women normalize them [1]. On the contrary, one non-comparative cross-sectional study has reported that respondents from a rural setting are more likely to complain of D&A [26]. It is also important to note that studies document a wide range of estimates due to different methodological approaches, including varying operational definitions of the construct of interest [23].

The present study showed that D&A can occur at multiple service areas such as ANC, labour and delivery in a single person at various times. Previous study has shown that respondents sought improvement of maternity services in ANC services and delivery services [84]. The present study showed that D&A occurred mostly as more than one type in 76% of cases and physical abuse is the most recurrent in various mix. In 24% of cases various forms of D&A occurred singly. The finding defers from that of a previous study that D&A occurred more in at least one form than they would occur in at least two forms [27]. Non-consented and non-confidential care were the commonest each occurring in 25% of cases. Two studies from south eastern part of Nigeria reported that non-consented care was very prevalent [18, 28]. Contrary to the findings of this study, a systematic review suggests that the type of D&A most repeatedly reported was non-dignified care and the least commonly reported were physical abuse and detention in facilities [1].

Conclusion/Recommendations

D&A is common in health facilities in both rural and urban settings of Kano. However, D&A was higher in urban compare to the rural areas. The prevalence among urban women was higher than that reported in a previous study in Kano. Although D&A types commonly occurred as a mixed, the various types were mostly those commonly reported in literatures. Further studies to explore the determinants and recommendations for D&A are necessary.

References

- [1]. Ishola F, Owolabi O, Filippi V (2017) Disrespect and abuse of women during childbirth in Nigeria: A systematic review. PLoS ONE 12(3): e0174084. <https://doi.org/10.1371/journal.pone.0174084>.
- [2]. Joy Orpin, Shuby Puthussery Rosemary Davidson and Barbara Burden Women's experiences of disrespect and abuse in maternity care facilities in Benue State, Nigeria. BMC Pregnancy and Childbirth 2018;18:213

- [3]. WHO. Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization; 2016. <http://apps.who.int/iris/handle/10665/63192>
- [4]. Tuncalp Ö, Were WM, MacLennan C, Oladapo OT, Gulmezoglu AM, Bahl R, Daelmans B, Mathai M, Say L, Kristensen F, Temmerman M, Bustreo F. Quality of care for pregnant women and newborns: the WHO vision. *BJOG* 2015; 122: 1045-1049.
- [5]. Rance S, McCourt C, Rayment J, Mackintosh N, Carter W, Watson K, et al. Women's safety alerts in maternity care: is speaking up enough? *BMJ Qual Saf.* 2013;22(4):348
- [6]. Bowser MPH, Hill, H. In: Exploring evidence for disrespect and abuse in facility-based childbirth; 2010.
- [7]. Sando, David & Ratcliffe, Hannah & Banks, Kathleen & Spiegelman, Donna & Lyatuu, Goodluck & Mwanyika-Sando, Mary & Emil, Faida & Nell Wegner, Mary & Chalamilla, Guerino & Langer, Ana. (2016). The prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania. *BMC Pregnancy and Childbirth.* 16. 10.1186/s12884-016-1019-4.
- [8]. Swahnberg K, Schei B, Hilden M, Halmesmäki E, Sidenius K, Steingrimsdottir T, et al. Patients experiences of abuse in health care: a Nordic study on prevalence and associated factors in gynaecological patients. *J Psychosom Obstet Gynaecol.* 2007;86(3):349–56.
- [9]. Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP, et al. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. *PLoS Med.* 2015;12(6)
- [10]. Bohren MA, Vogel JP, Tuncalp O, Fawole B, Titiloye MA, Olutayo AO, et al. Mistreatment of women during childbirth in Abuja, Nigeria: a qualitative study on perceptions and experiences of women and healthcare providers. *Reprod Health.* 2017;14(9)
- [11]. Lukasse M, Schroll A, Karro H, Schei B, Steingrimsdottir T, Van Parys A, et al. Prevalence of experienced abuse in healthcare and associated obstetric characteristics in six European countries. *Acta Obstet Gynecol Scand.* 2015; 94(5):508–17.
- [12]. Sethi R, Gupta S, Oseni L, Mtumuni A, Rashidi T, Kachale F. The prevalence of disrespect and abuse during facility-based maternity care in Malawi: evidence from direct observations of labour and delivery. *Reprod Health.* 2017; 14:11.
- [13]. Abuya T, Warren CE, Miller N, Njuki R, Ndwiga C, Maranga A, et al. Exploring the prevalence of disrespect and abuse during childbirth in Kenya. *BMC Pregnancy Childbirth.* 2015;10(4)
- [14]. Sando D, Ratcliffe H, McDonald K, Spiegelman D, Lyatuu G, Mwanyika-Sando M, et al. The prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania. *BMC Pregnancy Childbirth.* 2016; 16:236.
- [15]. Idris SH, Sambo MN, Ibrahim MS. Barriers to utilisation of maternal health services in a semi-urban community in northern Nigeria: the client's perspective. *Nigerian Medical Journal: Journal of the Nigerian Medical Association.* 2013;54(1):27–32.
- [16]. Moore BM, Alex-Hart BA, George IO. Utilisation of health care services by pregnant mothers during delivery: a community-based study in Nigeria. *East Afr J Public Health.* 2011;8(1):49–51.
- [17]. Amole TG, Tukur MJ, Farouk SL, Ashimi AO. Disrespect and abuse during facility-based childbirth: The experience of mothers in Kano, Northern Nigeria. *Trop J Obstet Gynaecol* 2019; 36:21-7.
- [18]. Okafor II, Ugwu EO, Obi SN. Disrespect and abuse during facility-based childbirth in a low-income country. *Int J Gynaecol Obstet.* 2015;128(2):110–3
- [19]. Abuya T, Warren CE, Miller N, Njuki R, Ndwiga C, Maranga A, et al. Exploring the prevalence of disrespect and abuse during childbirth in Kenya. *PLoS One.* 2015;10(4): e0123606.
- [20]. Asefa A, Bekele D. Status of respectful and non-abusive care during facility-based childbirth in a hospital and health centers in Addis Ababa, Ethiopia. *Reprod Health.* 2015;12(1):1.
- [21]. Kruk ME, Kujawski S, Mbaruku G, Ramsey K, Moyo W, Freedman LP. Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey, *Health Policy and Planning,* czu079. Available at: <https://doi.org/10.1093/heapol/czu079>. Accessed 2 Oct 2017.
- [22]. Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A, Petticrew M, et al. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Syst Rev.* 2015;4(1):1.
- [23]. Sando D, Abuya T, Asefa A, Banks KP, Freedman LP, Kujawski S, Markovitz A, Ndwiga C, Ramsey K, Ratcliffe H, Ugwu EO, Warren CE and Jolivet RR. Methods used in prevalence studies of disrespect and abuse during facility-based childbirth: lessons learned. *Reproductive Health* 2017; 14:127 DOI 10.1186/s12978-017-0389-z.

- [24]. Ijadunola MY, Olotu EA, Oyedun OO, Eferakeya SO, Ilesanmi FI, Fagbemi AT, Fasae OC. Lifting the veil on disrespect and abuse in facility-based child birth care: findings from South West Nigeria. *BMC Pregnancy Childbirth* (2019) 19: 39. <https://doi.org/10.1186/s12884-019-2188-8>.
- [25]. Moronkola OA, Omonu JB, Iyayi DA, Tihamiyu MA. Perceived determinants of the utilization of maternal health-care services by rural women in Kogi State, Nigeria. *Tropical Doctor*. 2007;37(2):94–6. pmid:17540090.
- [26]. Wassihun B, Zeleke S. Compassionate and respectful maternity care during facility based child birth and women's intent to use maternity service in Bahir Dar, Ethiopia. *BMC Pregnancy Childbirth*. 2018;18(1):294. Published 2018 Jul 9. doi:10.1186/s12884-018-1909-8.
- [27]. Mesenburg MA, Victora CG, Serruya SJ, de León RP, Damaso AH, Domingues MR, da Silveir MF. Disrespect and abuse of women during the process of childbirth in the 2015 Pelotas birth cohort. *Reproductive Health* (2018) 15:54 <https://doi.org/10.1186/s12978-018-0495-6>.
- [28]. Uzochukwu BS, Onwujekwe OE, Akpala CO. Community satisfaction with the quality of maternal and child health services in southeast Nigeria. *East Afr Med J*. 2004;81(6):293–9. Epub 2005/09/20. pmid:16167676.