

Past experience of women during childbirth in the periphery of western mountain region of Nepal during childbirth

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ABSTRACT

Aims: To explore the past experience of women during childbirth in terms of respectful maternity on institutional deliveries in the region.

Methods: This is a cross sectional descriptive study among women during outdoor visit at Karnali Academy of Health Sciences in Jumla from April to August 2020. Data were analyzed in terms of seven components of respectful maternity care.

Results: The prevalence of obstetrics mistreatment was 78.5%. From 200 respondents, more than half had hospital delivery and one-fourth at local birthing center. Two-third of them perceives the care provided to them was proper and 85% opt to visit again to the same center in next pregnancy. Around 70-80% by ethnic group and at least three-fourth by the site of delivery have experienced at least one type of mistreatment.

Conclusions: Indicators of respectful maternity care are not satisfactory in the western mountainous region.

Keywords: institutional delivery, mistreatment, respectful maternity care

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INTRODUCTION

Pregnancy and childbirth represents a very special situation in the life of woman and this has been so in every religion, culture and across the countries. So, naturally the right to respectful maternity care should be the basic right of each and every female. In fact they should receive the privileged treatment during this time. This is also the time when the woman is most vulnerable because of the ongoing physiological process. The experience of childbirth process is one of the most memorable event in the female's life and it can be either pleasant when she receives respectful maternity care and can be a very unpleasant experience if she faces mistreatment during the same. This experience whether good or bad will be eternally etched in her memory.

White Ribbon Alliance is an organization which has been prominently advocating respectful maternity care throughout the world. They have drawn a consensus document which is largely derived from

researchers D Bowser and K Hill, for the purpose of describing what respectful maternity care is.¹ This document consists of seven points and they are: 1) Right to be free from harm and ill treatment 2) Right to informed consent and refusal, and companionship 3) Right to privacy and confidentiality 4) Right to be treated with respect and dignity 5) Right for the care without discrimination on any basis 6) Right to the highest level of care 7) Right to liberty, autonomy and free from any sort of detention.² According to them any deviation from these points consists of obstetrics mistreatment and is not considered respectful maternity care.

Such deviation may cause women to avoid institutional delivery ultimately risking their own lives and baby's lives. Thus, the purpose of this study is to explore the status of respectful maternity care at the peripheral institutions in the past.

METHODS

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A descriptive cross-sectional study was conducted at Karnali Academy of Health Sciences (KAHS), Jumla from April to August 2020. All parous females who had come for outdoor visit and had institutional delivery in the periphery in the past 10 years were interviewed. The sample size was collected on the basis of the study done in Uttar Pradesh of India by Goli et al.³ The sample size was calculated to be 198 which was approximated to be 200 cases. The sampling technique was convenient sampling. The data were collected applying a structured questionnaire. The pretesting was done in the 10% of the respondents to test the validity of the questionnaire. The collected data were entered into the MS excel and analyzed from the SPSS version 16 software. The frequency and percentages were used as the descriptive statistics and the chi-square test was applied as the inferential statistics. The significance level was set at <0.05.

RESULTS

A total of 200 women were interviewed with the help of the questionnaire during the study period. Three-fourth of the respondents were Brahmin and Chhetri ethnic group; around 70% were from 20-30 years age group; 90% had either primary (53.5%) or secondary (36.5%) school; and more than half had hospital delivery and one-fourth at local birthing center. [Table-1]

Table-1: Demographic Profile of the respondents (N=200)

Variables		Frequency	%
Ethnicity	Brahman	85	42.5
	Chhetri	70	35
	Janajati	17	8.5
	Dalit	28	14
Age Group	≤20 years	26	13
	21-25 years	64	32
	26- 30 years	74	37
	31- 35 years	30	15
	>35 years	6	3
Education	No School	8	4
	Primary School	107	53.5
	Secondary School	73	36.5
	Higher Studies	12	6

Variables		Frequency	%
Health facility	Hospital	109	54.5
	Primary Health Care	24	12
	Health Post	18	9
	Local Birthing Centre	49	24.5
Address	Jumla	162	81
	Kalikot	32	16
	Mugu	5	2.5
	Others	1	0.5

By the types of mistreatment, at least one type of mistreatment was experienced by 78.5% of interviewees. Still two-third of them feels the care provided to them was proper to their perception and 85% have confidence to visit again to the same center in next pregnancy. Two-third didn't have companion with them and 6% experienced physical abuse. [Table-2]

Table-2: Felt-mistreatment recalled by respondents during childbirth (N=200)

Type of Obstetric Mistreatment	Yes: n (%)	No: n (%)
Physical Abuse	12 (6.0)	188 (94.0)
Non-dignified care or verbal abuse or humiliation	49 (24.5)	151(75.5)
Non-consented care	77 (38.5)	123 (61.5)
Non-Confidential Care	46 (23.0)	154 (77.0)
No companionship during delivery	134 (67.0)	66 (33.0)
Discrimination	18 (9.0)	182 (91.0)
Detention	2 (1.0)	198 (99.0)
≥1type of mistreatment	157 (78.5)	43 (21.5)
Feel the care was proper	133 (66.5)	67 (33.5)
Like to visit the same facility again	170 (85)	30 (15)

Around 70-80% by ethnic group and at least three-fourth by the site of delivery have experienced at least one type of mistreatment. [Table-3]

Table-3: Relation between demographic profile and ≥ 1 mistreatment (N=200)

	Variables	Yes	No	χ^2 and p-value
Age Group	≤ 20 years	21 (80.8)	5 (19.8)	6.616 (0.158)
	21-25 years	51 (79.7)	13 (20.3)	
	26- 30 years	53 (71.6)	21 (28.4)	
	31- 35 years	28 (93.3)	2 (6.7)	
	>35 years	4 (66.7)	2 (33.3)	
	Total	157 (78.5)	43 (21.5)	
Ethnicity	Brahman	68 (80.0)	17 (20.0)	1.040 (0.791)
	Chetri	54 (77.1)	16 (22.9)	
	Janajati	12 (70.6)	5 (29.4)	
	Dalit	23 (82.1)	5 (17.9)	
	Total	157 (78.5)	43 (21.5)	
Education level	No School	7 (87.5)	1 (12.5)	5.549 (0.136)
	Primary School	89 (83.2)	18 (16.8)	
	Secondary School	54 (74)	19 (26.0)	
	Higher Studies	7 (58.3)	5 (41.7)	
	Total	157(78.5)	43(21.5)	
Type of Health facility	Hospital	88 (80.7)	21 (19.3)	0.762 (0.859)
	Primary Health Care	18 (75)	6 (25.0)	
	Health Post	14 (77.8)	4 (22.2)	
	Local Birthing Centre	37 (75.5)	12 (24.5)	
	Total	157 (78.5)	43 (21.5)	

DISCUSSION

The present study has been conducted in one of the most geographically challenging area in the Himalayan region of Nepal. The accessibility to healthcare would be a privilege in this area. According to our study about 78.5 % of the females had experienced some sort of obstetrics mistreatment. This is similar to the study in Nigeria where about 98 % of female experienced some sort of mistreatment⁴ and in Ethiopia where 89.4 % experienced some sort of mistreatment at their peripheral health centers.⁵ Another study from Mozambique also showed about 79.82 % at the peripheral hospitals.⁶ This is

a very high prevalence, but the major contributor to this is that we do not have the system to allow companionship of partners during the childbirth. Our data show about 67 % of females had experienced that their partners were not allowed during the labor and delivery. The companionship during labor is the essential component of respectful maternity care⁷ but it has not been practiced everywhere.⁸ Our study reflects the similar practice. Our study finds the prevalence of physical abuse of 6 %. A systemic review from Ethiopia reported the physical violence to be about 13%.⁹ Our study shows the non-consented care was experienced by 38.5 % of the females. In a study by Okafor et al, they reported about 54.5% non-consented care which is higher than ours.⁴ Our study shows non-confidential care in about 23% of the females. Similar findings were reported in the other studies.¹⁰⁻¹² Our study reported that about 9% of females experienced discrimination. The study by Okafor et al shows the prevalence of discrimination in about 20 % of the females which is higher than our study.⁴ Our study reported detention in only 1% of cases which much lower than other similar study which reports it to be about 22%.⁴ This very low prevalence of detention in our study was probably due to free maternity services provided by Government of Nepal. Similarly our study reported the non-dignified care and verbal abuse in 24.5% of females. The study by Oosthuizen et al reported about 14.7% of non-dignified care which is lower than that of our study.¹³ Our study shows about 34% of females felt they were not taken proper care of and felt abandoned. Other studies reported abandonment or neglect in 12 to 66.1 % cases.^{4, 11, 13-16} About 15 % of females in our study said that they would not visit the same center where they had delivered previously if given the choice. This shows the need to improve the quality of care.

Our study showed that the females of the age group 20 years or less and in the age group 31-35 years were more likely to be mistreated. Similar findings was reported by Vedam et al where they found an increased incidence of mistreatment in the younger females.¹⁷ But the increased mistreatment experienced by females of the age group 31-35 years in our study reflects the poorer quality of care during their childbirth. The age group above 35 years is too small to draw any inference. And as expected the dalits which belongs to the lower caste were more likely to be mistreated as compared to others (82.1% versus

78.5%) but it is not statistically significant. Our study also showed that females who were either uneducated or had only primary schooling were more likely to be mistreated. Similar findings were found in the study in Uttar Pradesh of India.³ Our study showed that the females who had delivered in the hospital were more likely to be mistreated. This finding is just opposite of the findings by the Galle et al, where females were more likely to be mistreated in the peripheral health facilities.⁶ But this difference can be explained by the lack of companionship at the hospital in our area and more likelihood of the companionship at the birthing center level. So, these findings overall points out to the lack of respectable maternity care at our health institutions and lot needs to be done to improve it.

This study is limited by a potential recall bias and very small study population to be generalized.

CONCLUSIONS

The increased prevalence of obstetrics mistreatment indicates the poor quality of obstetrics care. In order to qualify the respectful maternity care in the institutions where there is scarce health care facility the concerned stakeholders should take initiation.

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REFERENCES

- Bowser, D. and K. Hill. 2010. Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a Landscape Analysis. Bethesda, MD:USAID Traction Project and Harvard School of Public Health. Available from <http://www.tractionproject.org/sites/default/files/upload/RFA/Respectful%20Care%20at%20Birth%209-20-101%20Final.pdf>.
- The White Ribbon Alliance for Safe Motherhood. Respectful Maternity Care: The Universal Rights of Childbearing Women. Washington, DC. 2011. [http://white-ribbonalliance.org/wp-content/uploads/2013/10/Final_RMC_Charter.pdf].
- Goli S, Ganguly D, Chakravorty S, Siddique MZ, Ram H, Rammohan A, et al. Labour room violence in Uttar Pradesh, India: evidence from longitudinal study of pregnancy and childbirth. *BMJ Open*. 2019;9:e028688. doi:10.1136/bmjopen-2018-028688
- 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.
- 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):33.
- Galle A, Manaharlal H, Cumbane E, Picardo J, Griffin S, Osman N, et al. Disrespect and abuse during facility-based childbirth in southern Mozambique: a cross-sectional study. *BMC Pregnancy and Childbirth*. 2019;19:369. <https://doi.org/10.1186/s12884-019-2532-z>.
- Standards for improving quality of maternal and newborn care in health facilities | RHL. <https://extranet.who.int/rhl/guidelines/standards-improvingquality-maternal-and-newborn-care-health-facilities>. Accessed 13.04.2020.
- Bohren MA, Berger BO, Munthe-Kaas H, Tunçalp Ö. Perceptions and experiences of labor companionship: a qualitative evidence synthesis. *Cochrane Database Syst Rev*. 2019;(3):CD012449. <https://doi.org/10.1002/14651858.CD012449.pub2>
- Kassa ZY, Husen S. Disrespectful and abusive behavior during childbirth and maternity care in Ethiopia: a systematic review and meta-analysis. *BMC Res Notes*. 2019;12:83. <https://doi.org/10.1186/s13104-019-4118-2>
- Igboanugo GM, Martin CH. What are Pregnant Women in a Rural Niger Delta Community's Perceptions of Conventional Maternity Service Provision? An Exploratory Qualitative Study. *Afr J Reprod Health*. 2011;15(3):59–72. PMID: 22574493.
- Onah HE, Ikeako LC, Iloabachie GC. Factors associated with the use of maternity services in Enugu, southeastern Nigeria. *Soc Sci Med*. 2006;63(7):1870–78. <https://doi.org/10.1016/j.socscimed.2006.04.019> PMID: 16766107
- Lamina MA, Sule-Odu AO, Jagun EO. Factors militating against delivery among patients booked in Olabisi Onabanjo University Teaching Hospital, Sagamu. *Niger J Med*. 2004;13(1):52–5. PMID: 15296109.
- Oosthuizen SJ, Bergh AM, Pattinson RC, and Grimbeek J. *Reprod Health*. 2017;14:151. DOI 10.1186/s12978-017-0411-5
- Sule ST, Baba SL. Utilisation of delivery services in Zaria, northern Nigeria: factors affecting choice of place of delivery. *East Afr J Public Health*. 2012;9(2):80–4. PMID: 23139962
- Chigbu CO, Onyeka TC. Denial of pain relief during labor to parturients in southeast Nigeria. *Int J Gynaecol Obstet*. 2011;114(3):226–8. <http://dx.doi.org/10.1016/j.ijgo.2011.04.006>. 39
- Iyaniwura CA, Yussuf Q. Utilization of antenatal care and delivery services in Sagamu, south western Nigeria. *Afr J Reprod Health*. 2009;13(3):111–22. PMID: 20690266.
- Vedam S, Stoll K, Taiwo TK, Rubashkin N, Cheyney M, Strauss N, et al. *Reprod Health*. 2019;16:77. <https://doi.org/10.1186/s12978-019-0729-2>