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POSTNATAL WOMEN KNOWLEDGE AND EXPERIENCE ON 'RESPECTFUL MATERNITY CARE' DURING CHILDBIRTH IN HEALTH FACILITIES IN NIGERIA

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ABSTRACT

Respectful Maternity Care (RMC) is a lifesaving strategy that encompasses respect for women's basic human rights that includes respect for women's autonomy, dignity, feelings, choices, and preferences. However, the lack of RMC limits maternal health service utilization. It is against this background that this study examines knowledge, experience and satisfaction of women on RMC in selected health facilities in Ibadan. This descriptive cross-sectional study employs a simple random sampling technique to select 151 participants. A self-administered questionnaire with a reliability coefficient of 0.78 was used for data collection. Data collected were analyzed using descriptive statistics and chi-square for hypotheses testing at $p < 0.05$. The findings show that respondents' mean age is 28.60 (± 5.914) years. Less than half 69 (45.7%) of them have tertiary education and most of the respondents 89 (58.9%) have one or 2 children. A greater proportion of them, 112 (74.2%) have a positive experience of RMC. Majority, 102 (67.5%) of the respondents are highly satisfied with the RMC received. The respondents' experience of care is found to have a strong influence on their subsequent patronage of the health facilities at ($\chi^2 = 8.9351, p = 0.011$). Their level of knowledge about RMC is not associated with the experiences of the care they received ($\chi^2 = 6.383, p = 0.567$). Given the above, efforts should be made to improve the provision of Respectful Maternity Care in order to enhance the use of skilled care at childbirth. This will enhance the achievement of safe motherhood thus preventing maternal mortality and morbidity.

Keywords: knowledge, experience, postnatal women, respectful maternity care

INTRODUCTION

About 810 women die from preventable pregnancy or childbirth-related complications around the world every day (World Health Organization, 2019). Almost all maternal deaths

(9 out of 10 women) occur in developing countries. Maternal mortality remains increasingly high in sub-Saharan Africa despite programmatic efforts to improve maternal health. (Jean-Bertin, Arthur, Matthew, Gerald, Luc & Priscilla, 2020). Out of estimated maternal deaths that occurred worldwide in high income countries and low- and middle-income countries, the later account for 99% of maternal deaths and Sub-Saharan alone account for two-third (WHO, 2019). Ensuring skilled birth attendant for all deliveries is a key strategy to reducing global, regional and national maternal mortality ratio and target three of the Sustainable Development Goals (SDG). While access to routine maternity care is not yet guaranteed for many women during childbirth in Nigeria, studies indicate that women using skilled birth attendants at childbirth are subjected to poor quality of care in form of abusive and disrespectful care (Ishola, Owolabi & Filippi, 2017; Iloh, Ofoedu, Njoku, Odu, Ifedigbo & Iwuamanam, 2012).

Respectful Maternity Care encompasses respect for women's basic human rights that includes respect for women's autonomy, dignity, feelings, choices, and preferences including companionship during maternity care (Rosen, Lynam, Carr, Reis, Ricca, Bazant, and Bartlett, 2015). Women may refuse to seek care from a provider who 'abused' them or did not treat them well, even if the provider is skilled in preventing and managing complications (Orpin, *et al.* 2018). It is worthy of note that disrespect and abuse during childbirth violate the fundamental obligation to provide support and healing (WHO, 2014; Ishola, Owolabi & Filippi, 2017). This can lead to a violation of trust between women and their health-care providers (Bohren, Hunter, Munther-Kaas, Souza, Vogel and

Gulmezoglu, 2014). This contradicts what constitute the quality of nursing care as described by Donabedian, that is, the provision of health services that respect, protect and fulfil our most basic human right to the highest attainable standard of health (Donabedian 1988 in Xesfingi and Vozikis, 2016). It also involves a well-planned care process (care activities including respectful maternity care) which will result into a positive outcome such as satisfaction. Therefore, care should be patient-centered based and well delivered with empathy.

Ensuring facility – based RMC is also essential for improving maternal and neonatal health, especially in Sub-Saharan Africa countries where mortality and non-skilled delivery care remain high (Dynes, Twentymen, Kelly, Maro, Msuya, Dominico et al, 2018). Lack of RMC is not merely an interpersonal problem, but rather, it is driven by health system structures and social norms (Sadler, Santos, Ruiz-Berdún, Rojas, Skoko, Gillen, 2016 & Warren, Njue, Ndwiga and Abuya, 2017). There has been an increase in reports of the poor quality of care experienced by women during facility-based childbirth is disrespectful and abusive behaviour of health care providers and other facility staff (Balde et al., 2017; Orpin, et al 2018; Asefa, et al. 2018; Mapumulo, Haskins, Luthuli & Horwood, 2021). Acknowledgment of these behaviours by policymakers, programme staff, civil society groups, and community members indicated that the problem is widespread (Bowser and Hill, 2010). In a landscape analysis conducted in 2010, these behaviours are categorized into seven; physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment of care and detention in facilities (Bowser and Hill, 2010).

Lack of Respectful Maternity Care (RMC) is common and is a pervasive problem that extremely impacts marginalization of women. Disrespect and abuse of women during childbirth by attending staff in health facilities has been widely reported in many countries such as Nigeria. As revealed by studies and national surveys, lack of courtesy and respect in

health facilities and perceived poor quality of care are linked to low uptake of maternal health care services in almost all geographical regions of the country (Tebekaw, James and Thupayagale-Tshweneagae, 2015). The presence of hostile or insensitive staff and disallowance of birth companions (Tebekaw et al, 2015), disrespectful care, women's lack of autonomy (Tarekegn, Lieberman and Giedraitis, 2014) and privacy, inadequate facilities in labour ward, and abuse by staff (King, Jackson, Diets & Hailemariam, 2015) are among the constellation of factors that actively deter women from attending for facility-based childbirth. These also deny them rights to high quality childbirth services as declared by the United Nations (United Nations General Assembly, 2012). Detention of women, physical abuse, verbal abuse and lack of informed consent are also reported in AddisAbaba (Mirkuzie, 2014).

In Nigeria, existing studies have explored women's experiences of disrespectful and abusive maternity care. Two of such explore how maltreatment occurred and its acceptability among service users and providers (Ishola et al., 2017). One study identifies scenarios of maltreatment in two health facilities including - verbal abuse, slapping, physical restraint and refusing to help a woman during childbirth (Adolphson et al. 2016; Bohren et al., 2017; Rominski et al., 2017; Madhiwalla et al., 2018; Dzomeku et al., 2020; Afulani et al., 2020). These are seen as perceived as acceptable and appropriate measures to make mothers comply with healthcare providers' instructions for the safe birth of their child (Balde, Bangoura, Diallo, Sall, Balde, and Niakate 2017). In another related study, both health care providers and women report how they have either witnessed or experienced verbal and physical abuses and detainment at health facilities (Bohren, Vogel, Tunçalp, et al, 2017). To the best of our knowledge, there has been little investigation into women's experiences of disrespect and abuse, especially, women's satisfaction and experiences on respectful maternity care in selected health facilities in Ibadan, Oyo State, Nigeria.

RESEARCH OBJECTIVES

The objectives of this study are:

- i. to assess the knowledge of respondents about respectful maternity care selected health facilities
- ii. to assess the experience of women about respectful maternity care in selected health facilities
- iii. to assess the level of satisfaction of postnatal women about respectful maternity care in selected health facilities.

METHODOLOGY

The study adopts the descriptive cross-sectional survey. Three primary health centers and one tertiary hospital were selected for the study, all from Ibadan which is a capital-city of a sub-region in Nigeria and are mainly rendering maternity care. These include: Adeoyo Maternity Teaching Hospital, Ibadan North Local Government, Primary Health center at Sango, Primary Health Center Agbowo area and Oke – Imole Christ Apostolic Church (C.A.C) Faith mission Home respectively. The target population for this study includes postnatal women who have a child or more. The recruitment was done at the selected health facilities either in the lying-in wards or infant welfare clinics. The study population includes all women aged 19- 45years. In all, a total of 151 out of the available 206 participants were recruited for the study. A simple random sampling technique was used for the selection. This was achieved via balloting where each ballot papers consisted of either odd or even numbers. Participants that chose even numbers were recruited for the study.

A semi-structured self-administered questionnaire was used for data collection. It comprises of five categories: A-7 item section, which elicited information about participants' socio-demographic characteristics. A section containing items on the knowledge of postnatal women on respectful maternity care was presented. The mean aggregate score on knowledge was 21. Those who score 20.9 and below are categorized as having poor

knowledge and those who score 21 and above are categorized as knowledgeable. Another section of the questionnaire comprises of the questions about the experience of postnatal women on respectful maternity care during childbirth. The mean aggregate score on women's experience is 8. Those who score below 8 are said to have negative experience while those who score 8 and above are said to have positive experience about respectful maternity care. A section was designed to measure the level of satisfaction of respondents on respectful maternity care and on aspect to improve on respectful maternity care. The mean aggregate score for this section is 47. The respondents who scored below 47 are seen to have low level of satisfaction and those who score 47 and above are categorized as having high level of satisfaction with the maternity care received. The last section contained the items which enable the respondents to indicate their intention to patronage the health care facilities during the subsequent child birth.

We employed the internationally adopted tool called Physio-psycho-social Response Scale (PPSRS) developed by Sheu *et al.*, (2002) to suite knowledge and satisfaction level. Following the subjection of the instrument to the scrutiny of research experts with moderate modification, the instrument was pretested among 20 patients and the reliability coefficient of 0.78 was adopted. Informed consent forms were given to participants providing information on the essence of the study and seeking their consent to take part in the study. The participants were met in their various wards and clinics. They were selected based on their availability as at the time of data collection after which they were randomly selected. Following the explanation on the study purpose, the questionnaires were distributed and an average of 30 minutes was spent to complete the questionnaire. SPSS version 23 software was used to analyze the data collected. Ethical approval for the study was obtained from the University of Ibadan College Hospital ethical committee with assigned number UI/EC/18/0331. Institutional approval was also obtained from the administrative Heads of the selected facilities respectively.

RESULTS

The result in Table 1 shows a total number of 151 respondents participated in this study with an average age of 28.60 ± 5.914 years. More

than half 88(58.3%) of the respondents are within 18 and 29 years. About half 69(45.9%) of the respondents have up to tertiary level of education.

Table 1: Socio-demographic characteristics of the respondents 151

Variables	Frequency	Percent
Age		
18-29	88	58.3
30-39	52	34.4
≥ 40	11	7.3
Level of education		
No formal education	5	3.3
Primary	14	9.3
Secondary	63	41.7
Tertiary	69	45.7

Objective 1: To assess the knowledge of respondents about respectful maternity care selected health facilities

Table 2 reveals that the level of respondents' knowledge on emotional support is 54%; women's belief is 70% and in companionship is 49%. The results reveal that the level of

respondents' knowledge on providing safe care is 55.8%, maintaining dignity is 60% and making choices 43.6%. Thus, respondents are therefore knowledgeable in four domains: emotional support, beliefs, providing safe care and maintaining dignity. The total level of respondent's knowledge on respectful maternity care is moderate (55 %).

Table 2: Respondents' level of knowledge on respectful maternity care N=151

Domains of Respectful Services	YES (%)	NO (%)
Domain 1: Giving emotional support		
1 Women are warmly welcomed during labour.	36 (23.8%)	115(76.2%)
2 Nurses always introduce themselves to labouring women during admission to labour ward.	60 (39.7%)	91(60.3%)
3 The labouring woman is introduced to all important aspect around the labour wards.	104(68.9%)	47 (31.1%)
4 Labouring women are given calm touched and encouragement.	112(74.2%)	39 (25.8%)
5 The nurses are always available to correct and clear information about the care, interventions and progress of labour including use of labouring woman preferred name.	146(96.7%)	5(3.3%)
6 Comfortable environment and desired birthing position is provided for labouring woman	17(11.3%)	134(88.7%)
	52.4%	47.6%
Domain 2 Woman's Belief		
1 Labouring women beliefs and culture are respected.	41(27.2%)	110(72.8%)
2 Friendly relationship is built in a way that labouring women feels comfortable to ask questions.	145(96%)	6(4%)

	feels comfortable to ask questions.		
3	Labouring women are permitted to practice their religion and culture as long as it is not harmful	132(87.4%)	19 (12.6%)
		70%	30%
	Domain 3: Companionship		
1	Nurses are always available beside labouring women.	90 (60%)	61(40%)
2	Labouring women are allowed to have a companion beside them inside the labour ward	69(45.7%)	82(54.3%)
3	Friendly relationship is built in a way that the labouring women feel comfortable to ask questions.	64 (42.4%)	87(57.6%)
		49%	51%
			(%)
	Domain 4: Providing Safe Care		
1	Medical records, results of examinations and consultations are kept confidential.	61(40.4%)	90(59.6%)
2	Equal care are provided for all women, regardless of their socio-economic status, ethnicity, etc.	81 (53.6%)	70 (46.4%)
3.	Safety care and interventions are provided for labouring women by nurses.	69(45.7%)	82(54.3%)
4	Evidence-based and up-to-date childbirth care is provided.	64 (42.4%)	87(57.6%)
5	Clear information about progress of labour is given to labouring woman.	146(96.7%)	5(3.3%)
		55.8%	44.2%
	Domain 5: Maintaining Dignity		
1	Privacy and protection of labouring women are during examinations.	59 (39.1%)	92(60.9%)
2	Friendly relationship is established by nurses including vital information to the labouring woman.	88(58.3%)	63 (41.7%)
3	Nurses cover the labouring women's body during examinations using sheets, screens etc.	104(68.9%)	47 (31.1%)
4	Labouring women are called by their preferred name	112(74.2%)	39 (25.8%)
		60%	40%
	Domain 6: Making Choices		
1	Desired birthing position is provided for labouring woman	69(45.7%)	82(54.3%)
2	Beliefs of labouring women are permitted.	65 (44.2%)	82(55.8%)
3	Beliefs of labouring women are permitted.	60 (40.8%)	87(59.2%)
4	Culture of labouring women is respected.	43.6	56.4%
		55%	45%
	GRAND TOTAL		

Objective 2: To assess the level of satisfaction of post-natal women about respectful maternity care in selected health facilities.

As presented in Table 3, the respondents' level of satisfaction with respectful maternity in this study reveals that most 102(67.5%)

respondents have high level of satisfaction on respectful maternity care while 49(32.5%) have low level of satisfaction. Table 3 reveals that the respondents' level of Satisfaction on respectful maternity care is moderate with a mean score of 1.7

Table 3: Rating of the Respondents' level of Satisfaction on respectful maternity care

LEVEL OF SATISFACTION	MEAN	SD
1. Satisfaction from giving emotional support		
I am warmly welcomed during labour.	2.13	1.36
Nurses introduce themselves to me during admission to labour ward.	1.76	1.39
I am introduced to all important aspect around the labor wards.	1.60	1.36
2. Satisfaction due to Belief		
My beliefs are respected.	1.76	1.39
Nurses are so friendly that I feels comfortable to ask questions.	2.00	1.27
I am permitted to practice my religion and culture as long as it is not Harmful	1.95	1.25
My culture is respected	2.13	1.23
3. Satisfaction of Companionship		
Nurses are always available beside me during labour.	1.84	1.31
I am allowed to have my relative beside them inside the labour ward	2.00	1.27
Nurses built friendly and comfortable relationship with me.	1.56	1.25
4. Satisfaction for the Level of Care Provided		
Nurses kept my medical records, results of examinations and consultations confidential.	2.02	1.22
Nurses provide equal care for all women, regardless of their socio-economic status, ethnicity, etc.	1.78	1.31
Nurses provide safety care and interventions are for all labouring women.	2.03	1.22
Nurses provide evidence-based and up-to-date childbirth care.	2.10	1.24
Nurses give clear information about progress of labour is to all labouring woman.	1.92	1.19
Nurses know how to communicate with patients	2.03	1.22
5. Satisfaction for Dignity of Women in Labour		
Nurses provide privacy and protection to women in labour during examinations.	2.00	1.27
friendly relationship is established by nurses including vital information to the labouring woman.	1.62	1.27
Nurses cover the labouring women's body during examinations using sheets, screens etc.	2.13	1.36
Nurses called labouring women by their preferred name	1.79	1.18
6: Satisfaction with the Choices of Women in Labour		
Nurses permits the labouring woman desired birthing position	2.03	1.22
I am permitted to pray the way I like.	2.02	1.22
My culture is respected.	1.78	1.25
GRAND MEAN	1.75	1.26
Classification		
2.67 -4.00	High Level of satisfaction	
1.34 – 2.66	Moderate Level of satisfaction	
0.00 – 1.33	Low Level of satisfaction	

Objective 3: To assess the experience of women about respectful maternity care in selected health facilities

Table 4 shows that 39(25.8%) have negative experience (Table 2) while 112 (74.2%) have

positive experience about respectful maternity care. Table 4 further reveals that the respondents' level of experience on respectful maternity care is highly positive (75%).

Table 4: Respondents' Level of experience on respectful maternity care

Items	SA	A	D	SD
I experience emotional support	51(51)	28(28)	14(14.0)	7(7)
My beliefs are respected.	40(40)	23(23)	36(36.0)	1(1)
I am satisfied with the companionship of nurses	60(60)	34(34)	4(4.0)	2(2)
I experience good level of care from nurses	54(54)	35(35)	9(9.0)	2(2)
I experience dignified care from nurses.	31(31)	27(27)	41(41.0)	1(1)
I am permitted to make choices when it comes to care.	24(24)	47(47)	23(23.0)	6(6)
I experience good communication	45(45)	29(29)	19(19.0)	7(7)
	43%	32%	21%	4%

*Percentages are written in parenthesis

DISCUSSION

This study is conducted to examine the knowledge, experience and satisfaction of women about respectful maternity care received during childbirth. We found the knowledge of respectful maternity care among women moderate thereby supporting the findings of John, Duke & Esienmoh, (2020). All the women under study are knowledgeable about what respectful maternity care entails. The level of knowledge among respondents could be attributed to urban location of the healthcare facilities where they have access to health information including those related to the care of a woman during child birth. It may also be either from the internet, mass media, face-to-face teaching sessions. The implication of this is that the knowledge of the women may influence their intentions to patronize the healthcare facilities, especially for subsequent child birth.

Result reveals that the respondents' level of satisfaction on respectful maternity care is moderate. Maternal satisfaction is one of the

most frequently reported outcome measures for quality of care, and it needs to be addressed to improve the quality and efficiency of health care during pregnancy, childbirth, and puerperium to provide quality maternal-friendly services. The study shows that mothers are satisfied with the service delivery. This corroborates Okoror, Enabudodo, Okoroh, (2020) that assess women's perception and satisfaction with the quality of antenatal care where the overall quality of care received is 83.2%. This implies that respectful maternity care is a step towards achieving high level of satisfaction, from the consumers' perspectives.

The study reveals that women have highly positive experience with the maternity care they receive. This shows that their expectations are met as they are able to leave the health facilities without complications to both mothers and babies and probably because they did not want to discuss the conducts of health personnel in public. This contradicts Ishola et al. (2017) that found that women experience disrespect and abuse during child birth due to

the failure of the health system. This study also is not similar to Sheferaw, Menesha & Wase, 2016; Warren et al. 2017 and Balde, Bangoura, Sall, Balde, Niakate, Vogel & Bohren, 2017; Ogunlaja et al, 2017; John et al. 2020).

CONCLUSION AND RECOMMENDATION

The participants in this study have high knowledge and positive experience on respectful maternity care. They also have high level of satisfaction of RMC they receive at the health facilities and are willing to patronize the centers in the future. Women who are respectfully cared for in the labour room will experience extreme satisfaction and better-quality outcome of maternity care. This will also enhance their chance of participating in their care. In view of the above, all efforts to improve on provision of RMC should be encouraged in addition to those instituted to prevent mortality and morbidity to achieve safe motherhood. We therefore recommend that Provision of Respectful Maternity Care at every level of maternity care for the purpose of safety and prevention maternal mortality and morbidity. Also, there should be more emphasis in creating awareness of care providers on the standards and categories of RMC, improving care provider-client discussion, monitor and reinforcing accountability mechanisms for health workers to avoid mistreatments during labour and child birth are recommended.

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