

Women's Voices, Women's Realities; Experiences of Respectful Maternity Care During Childbirth in Jos, Nigeria

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ABSTRACT

Introduction: Maternal health has gradually shifted over the years from emphasizing maternal mortality reduction to encouraging respectful maternity care (RMC). Although respectful maternity care is advocated, widespread instances of disrespectful childbirth treatment in maternity facilities have been reported. Nigeria continues to have one of the highest levels of disrespectful care in the world, which calls for a contextual understanding of the experiences of women during childbirth. The study therefore aimed to understand the experiences of respectful care among women who delivered in two hospitals in Jos, Nigeria. **Methods:** This research was performed using a qualitative, phenomenological approach involving in-depth interviews conducted on purposefully selected 13 mothers who delivered in the labor ward of two selected hospitals. The thematic analysis procedure was used to create the findings of the study are summarized in three major thematic areas: women associated respectful care with labor pain management; women linked respect to having their needs met; and women want to be respected. Descriptive accounts of the study information were analyzed using Nvivo software. **Results:** The findings of the study are summarized in three major thematic areas: women associated respectful care with labor pain management, women linked respect to having their needs met, and women want to be respected. **Discussion:** Given that their expectations were not satisfied, the women in this study expressed a tone of discontent with the realities of childbirth. The results point to the necessity of reorganizing labor ward settings to permit companionship and midwives' training on respectful maternity care, stressing the need to meet the expectations and needs of women during childbirth.

Keywords: Care; Childbirth; Voices; Women

INTRODUCTION

According to the most recent data, Nigeria has the fourth-highest maternal mortality rate in the world at 512 per 100,000 live births (NDHS, 2019). Reduced maternal mortality is a major focus of SDG 3. The number of maternal deaths must drop by more than 90 to fewer than 3000 per year for Nigeria to meet the sustainable development goals (SDGs) for maternal and neonatal health by 2030. For the long-term viability of the human population, maternal mortality must be reduced (Mehretie Adinew, Abera Assefa, & Mehretie Adinew, 2018). Maternal health has gradually shifted over the past ten years from emphasizing maternal mortality reduction to encouraging respectful maternity care (RMC), which has improved the quality of maternity care (de Kok *et al.*, 2020). The cornerstone of recent international initiatives to promote maternal and neonatal health is the quality of care. RMC is "care planned for and offered to all women in a manner that protects their dignity, privacy, and secrecy, provides freedom from harm and mistreatment, and permits informed choice and ongoing support during labor and delivery" (Jiru & Sendo, 2021; Belizán *et al.*, 2020).

Although respectful maternity care is advocated, widespread instances of disrespectful childbirth

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treatment in maternity facilities have been reported (Pathak and Ghimire, 2020; Baumont *et al.*, 2023; Bohren *et al.*, 2019; Bohren *et al.*, 2017). Verbal abuse, a breach of confidentiality, physical abuse, and nonconsensual care are examples of disrespectful care. The treatment received during pregnancy and childbirth may have an immediate and permanent impact on how people use healthcare in the future (Esan, Maswime, & Blaauw, 2022; Bohren *et al.*, 2017). Women frequently hesitate to seek institutional care once more due to their fear of being disrespected and abused (Mengesha *et al.*, 2020; Ukke, Gurara, & Boynito, 2019; Tekle Bobo *et al.*, 2019; Bohren *et al.*, 2017), and that might act as a stronger impediment to receiving expert birth care than other less-commonly acknowledged deterrents like distance and cost (Bowser & Hill, 2010). A woman's fundamental human right is to be treated with respect (Esan, Maswime, & Blaauw, 2022; Mengesha *et al.*, 2020).

Studies have shown that women can also make a significant contribution to better quality and respectful care, but their voices are rarely heard, and as a result, important issues are missing from the international, national, or local policy dialogue. It is imperative to gain a contextual understanding of the experiences of respectful maternity care by women during childbirth by listening to their voices. Understanding women's perceptions of respectful care can inform the provision of quality care that is acceptable to women. The study therefore aimed at describing the experiences of respectful care among women who delivered in a secondary hospital in Jos, Nigeria. So, this study emphasizes the importance of providing respectful maternity care during labor, with midwives striving to maintain patients' dignity yet facing significant obstacles within the healthcare system, impacting their efforts and job satisfaction (Daniel *et al.*, 2023).

METHODOLOGY

Research Design

This study was qualitative research performed using a descriptive phenomenological approach.

Research Setting

Two hospitals in Nigeria's labor wards were the sites of the study. Both facilities are in Jos and are considered secondary hospitals. The maternity units are made up of the labor ward, gynecology ward, SCBU, and antenatal clinic ward. There are not many delivery couches in the open labor wards. Screens or curtains divide the delivery couches. The labor room contains delivery tools such as delivery packs, buckets with antiseptic to sterilize used equipment, weighing scales, etc. In the labor ward, midwives work in shifts, and each shift is covered by at least two midwives.

The Population of the Study

This only applied to women who gave birth in the two hospitals' labor wards.

Sampling and Sampling Technique

The number was established after data saturation was reached. After the 13th subject was questioned, data saturation was reached. Study participants (postpartum women) who matched the inclusion criteria were enrolled using a purposive sample technique. To protect the participants' identities, the women were given identifying codes or numbers (ranging from 1 to 13). Written informed consent was obtained from individual patients, and confidentiality of information was ensured.

Data Collection

After gaining ethical approval from the ethical review boards of both hospitals in this study, in-depth, semi-structured interviews were conducted. The interview guide was modified from the MCSP in-depth interview guide for women of reproductive age (WRA), pretested on a small group of patients at another hospital, and adjusted as a result of the results. The researcher obtained written agreement from each participant for participation in the study before performing each interview, informing them of the project's nature, goal, and the confidentiality of their conversations. The interviews were recorded and then transcribed. A questionnaire was used to gather the participant's personal data, including their age, education level, and the number of deliveries. They were subsequently asked to discuss their impressions of receiving respectful

maternity care during childbirth. Depending on the participants' willingness, each interview lasted anywhere from 20 to an hour, with an average of 40 minutes.

Methodological Rigor

By making sure that the data was credible, transferable, dependable, and confirmable, rigor was maintained. These were confirmed by having one of the auditors verify specific coding portions on half of the transcripts to make sure the codes were accurate. The study procedure was meticulously documented, and the analytical process was thoroughly methodologically described using diagrams. Three assistants helped with the transcription of the interviews, and the author afterwards verified and re-transcribed the data.

Data Analysis

The recorded interviews were then word-for-word transcribed, and NVIVO version 10 was used to analyze them. Data that had been transcribed was entered into the NVIVO software, and statements that related to respectful maternity care were chosen using a logical method. The source codes were then extracted from these assertions using an inductive methodology. The word frequency count and word cloud that were created based on these codes illustrate the terms that were often used. Prior to developing subthemes and subsequent themes, all sentences were read repeatedly.

Ethical Consideration

Ethical clearance for this study was obtained from the research and ethics committee of the Plateau State Specialist Hospital, Nigeria on September 23, 2021, with Reg. No. NHREC/05/01/2010b, Jos.

RESULTS

Socio-Demographic Characteristics of Participants

A total of 13 postpartum women participated in the study, with an average age of 29.8 years. The majority (46.2%) of them are self-employed, while others are students (15.4%), housewives (7.6%), and civil servants (30.8%). Also, the majority (61.5%) of them have one or two children, while others have three to four children, and a few (23.1%) have five to six children (Table 1).

Experiences of Women Receiving Respectful Care During Childbirth

The findings of the study are summarized in three major thematic areas: women associated respectful care with labor pain management, women linked respect to having their needs met, and women wanted to be respected (Table 2).

Theme 1: Women Associate Respect with Proper Pain Management

Labor is very painful, so women expect that during labor, midwives should help them manage labor pain. Patients see labor pain as beyond their control, so midwives should respect their situation and give them proper attention in terms of pain management. Pain management is top on their list of expectations. A patient said,

"When I was in pain, I told them anything they wanted to do, they should just look for an injection and give it to me; they said, "No, they will not do that." I was just. The pain was much. I was just begging them to look for any injection that would help, and they said, "No, that is not right." (Patient 3)

"During my own experience during labor, when the afternoon nurse left and the other one came for night shift, that one that came for night shift, I was begging her, "Please check, madam, please check me," and she was like, "Ahh, it's not time," and she continued sleeping on the couch, so I felt so bad then. So, I was like, at least if you come, you check; even though you don't check, you tell the person, "Sorry, okay, don't worry, everything will be fine," but she will just go back and sleep. She will just say, "Don't be shouting; everything will be fine" (Patient 1).

When pain is not properly managed, it makes the labor experience unbearable and brings fear to the extent that some women may want to opt for a cesarean section.

Theme 2: Women Linked Respect to Having Their Needs Met.

Need for Attention

Patients are happy when midwives give them attention; they feel bad when that attention is not given to them. They don't want to be ignored. A patient expressed concern about how she sought attention, but it wasn't given to her.

"But during that time the pain was so much, I just wanted her to be checking me. They did not say anything; they just sat down and looked at me. One of them said "You are wasting your strength, madam, just rest, keep quiet", I was just shouting; they just kept quiet and were doing what they were doing." (Patient 1)

Another patient felt that providing attention meant showing respect for the patient. She said;

"You need someone that will say, "It's okay, it's okay," at least help you to massage your back or even your leg, something as in show you that if I were to be your sister... the thing is that most of them don't have that, they don't have that this thing, such character I believe some may have, but the ones I encountered yesterday, they did not give me any massage, even though I needed it because I was shouting my back." (Patient 4)

Need for Companionship

One essential factor in promoting respectful maternity care is the idea that birth companions are important to make the delivery a smooth one for the patient. But the way most labor wards are structured doesn't permit companionship during labor. Most of the labor rooms are open wards, and beds are separated by screens or curtains, demarcating one bed from the other. Most women cherish the fact that their loved one is by their side during the labor process. One of the patients said,

"I think it was even the doctor—the presence of the doctor—that really helped me more, because at first, when the nurses were there, it was as if I just needed my husband to come and stay there. Maybe he will be in a better position to encourage me because those nurses, you know, were like, "Push oo, push oo, you are fully dilated, push oo, you are the one keeping yourself" (Patient 3).

Relationship that is More than a Midwife-Patient Relationship.

Most women cherish the idea that the relationship they have should be more than a midwife-patient relationship. They desire that the nurse touch them, reassure them, praise them when they do well, pray for them as many feel they need prayers, etc. This helps to promote respectful maternity care. One patient said,

"Hmm, one of the midwives prayed for me. Kai, she prayed for me very well; she'll say "Don't worry, this baby will come out". She'll come, check my blood pressure, and check my eye. Even though she has checked before and recorded it, she'll still come and check. Yes, I asked her some questions. I was not even talking to her earlier; but she came and started telling me how the process was. The way she opened up to me, I felt comfortable, and then I started asking her some things". (Patient 1)

Theme 3: Women want to be respected.

Everyone deserves to be respected, and that is the ideology of many women that come into the labor room. According to them, respectful care should be devoid of maltreatment, rudeness, and other vices; ensure privacy; take permission before a procedure; and give information. The sub-themes that came up here are midwives shouting at patients, emotions toyed with, and attention.

Provide Care devoid of midwives shouting at them

Women don't like to be shouted at; being shouted at brings down their morale and means disrespect for the woman, one of the patients said.

"They are not supposed to shout at patients; patients are in pain while they are not, but they know the pain they are going through because they read it; they know; at least they should learn and have a little bit of respect for the person that is in pain because we are humans and everybody's level of perception of pain is quite

different." (**Patient 7**)

Care devoid of Emotional Disturbances

Many women had their emotions toyed with during labor, which led to a “not sweet experience” of labor. One patient said,

"I thought they would come and help me, so I did that thing, rubbed my back, and said good luck. I think I would have been... but they go back and sit down and leave me. They made me angry. I didn't expect that." (**Patient 6**)

Many of the patients were given episiotomy cuts without informing them before the cut. Being respectful means the midwife should inform the patient before cutting; this was emotionally disturbing to some of them.

"...because I was like, Oh, something is hurting me. She said I should not worry; let the baby come out first, and then she will now explain to me after she finishes sowing me. She now told me why she did not tell me before she cut me because I would get scared and might close my leg, so it would be another damage for me. That's why she said she did it quietly; she didn't tell me, because she explained to me everything." (**Patient 8**)

Care Comprises Full Attention

Patients want attention; they believe if people give them attention, then they will have respect for them. A patient said,

"If they won't allow someone to enter, like someone that you can listen to, someone you can say, please give me a massage. If they will not allow it, at least they should give you support, like massage you sometimes and say, sorry, that kind of thing I think helps. That's the only thing if they won't allow people, your relatives; at least they should be there for you. Because I saw where they wrote that the nurse is caring or whatever on their wall" (**Patient 4**).

DISCUSSION

In this study, women reported both situations in which they received respectful care and more cases in which they did not during labor. Women frequently mention that they have expectations when it comes to receiving respectful treatment during childbirth. Women and their families look for services that offer continuity of care, clear communication and explanations, effective cooperation, and others. According to the study's findings, women have high expectations for pain management during labor. This issue has been discussed in the context of nurses and midwives giving patients back rubs, attending to them when they are in pain, paying attention to them when they complain of pain, providing them with painkillers (pharmacological therapy) if they can get them, and offering comforting words to help them deal with the pain. Women who are in labor are aware that quality care for them requires effective pain management; the majority of women in a study said they would prefer pain medication during labor (Ingram, Brady, & Peacock, 2022). Labor pain is a normal physiological process; sadly, the majority of healthcare professionals believe that women must put up with the pain. Research in Benin indicated that midwives expected women to be stoic about labor difficulties and that complaints were addressed with derision and humiliation (Konlan *et al.*, 2021). To respect women during childbirth, pain management must receive the attention it deserves. It makes sense that the "Pain Management Toolkit," a collection of cues and tools put across the ward to continuously trigger supportive treatment, was developed by “BreakThrough Research” to promote respectful maternity care. Even when there are no viable medical treatments, clients should receive assistance and encouragement for pain management.

Meeting the needs of women is essential to having a positive labor experience, as this study also revealed. In a study, a woman claimed that her wants and wishes were ignored, which made her lose faith in the midwife and caused stress for the client (Stoll *et al.*, 2021). It is important to stress the importance of having a birth partner to support the mother during labor. Research has conclusively established that women in labor require constant physical and mental support from a partner of their choosing during labor and delivery (Ingram, Brady, & Peacock, 2022; Mayra *et al.*, 2022; Ndirima, Neuhann, & Beiersmann, 2018). Women in this study

reported likewise the need for a birth companion. Any individual a woman chooses to accompany throughout labor and delivery is considered her birth companion (Summerton *et al.*, 2021). Several World Health Organization (WHO) recommendations call for ongoing assistance from a partner of choice during labor and delivery; however, despite the overwhelming evidence of the advantages of birth companionship, studies have shown that its use is not widespread (Perkins *et al.*, 2019; Hajizadeh *et al.*, 2020; Bharti *et al.*, 2021; Kc *et al.*, 2020). Sadly, the majority of our Nigerian public health facilities' labor ward settings prohibit birth companions; this is a major issue for both women and midwives. To permit women to stay with their birth partners during labor and delivery, our labor wards must be made more private. This is necessary because this support is a crucial component of sensitive and responsive women-centered care that improves the health outcomes of both pregnant women and newborns (Rungreangkulkij *et al.*, 2022; Rishard *et al.*, 2021).

The need for a relationship with their caregiver that goes beyond the patient-midwife interaction was also mentioned by the women in this study. A positive relationship between women and their midwives encourages interpersonal interaction, honesty, and respect, which eventually leads to the development of a trusting relationship (Jiru & Sendo, 2021). Relationships are important and are woven throughout maternity care, (Almorbaty *et al.* 2022; Grundström *et al.*, 2022). Relationships also reveal themselves as essential to maintaining a feeling of support, which is particularly relevant to labor and delivery (Mirzaee & Dehghan *et al.* 2020). Understanding the need to get to know one another and then provide support is a good place to start when forming collaborative ties. Addressing the social, mental, and emotional needs of women during maternity care can enhance their birthing experience, but there is a lack of training materials for systematic psychosocial support, highlighting the urgent need for standardized training resources for maternity teams in the intrapartum phase (Khan, Hameed, & Avan, 2023)

Women desire to be respected, which is another issue that emerged from this study. According to numerous studies, disrespecting women while they are giving birth makes them unhappy (Mayra *et al.*, 2022). There are numerous other aspects of childbirth that women view as "not respectful," such as no physical contact, appropriate communication, prompt examination, no interruptions in care, a bed, the provision of hospital supplies, having no more than 2 people present while she gives birth, and non-discriminatory birth (Mayra *et al.*, 2022; Orpin *et al.*, 2018). The Respectful Maternity Care Charter emphasizes that treating women with disrespect violates their human rights. According to several studies, a lack of respect for women during childbirth increases the risk of maternal death. It can also lead to a preference for non-skilled obstetric care, like traditional birth attendants (Okedo-Alex *et al.*, 2020). To enhance the experiences of women during childbirth, it is crucial to investigate and address the numerous factors of disrespectful treatment during childbirth. International institutions, especially UN agencies, funders, and professional groups like FIGO, may help nations act on these priorities and address what women want and demand as "quality, equity, and dignity" for all women become a priority: high-quality, easily available, reasonably priced, and courteous care for mothers and newborns (Betron *et al.*, 2018). So, Nigeria's maternity continuum of care completion rate at 6.5% is significantly below the WHO recommendation, with more women dropping out during postnatal care compared to skilled delivery and antenatal care (Oyedele *et al.*, 2023).

CONCLUSION

Given that their expectations were not satisfied, the women in this study expressed a tone of discontent with the realities of childbirth. They also expressed a wish for a closer bond with their midwives and to be respected and treated with honor as women. The results point to the necessity of reorganizing labor ward settings to permit companionship and midwives' training on respectful maternity care, stressing meeting the expectations and needs of women during childbirth.

Conflict of Interest

The authors declare that there are no competing interests.

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