



UNIVERSITY of MARYLAND  
SCHOOL OF NURSING

# Understanding Determinants of Disrespect and Abuse in Maternity Care in Kenya

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# University Collaboration

**University of Maryland, School of Nursing (UMSON)**

**University of Nairobi – School of Nursing (UoN)**



UMSON Office of Global Health Visiting Scholar Program

Collaborate to address issues:

- Clinical and educational challenges
- University of Nairobi – provided practicum sites for UMSON Global Health students - Childbirth Attendance Study – Global Health Certificate Project

## Objectives & Disclosure

### **Learning Objectives:**

- To provide an overview of disrespectful treatment and abuse during childbirth
- Present study findings on the determinants of disrespect and abuse

### **Disclosure:**

- The authors have no conflict of interest to report

## Background

- 2012 Collaborative Study: Childbirth Attendant Study (CBA)
- Majority of the women received skilled care and were satisfied with their care
- However, reports of:
  - negative provider attitudes
  - inadequate staffing
  - lack of food
  - cleanliness at facility
- 20% indicated they would not return to same facility for care

## Background

- Around the world women suffer disrespectful and abusive treatment (D&A)
- Landscape analysis & mixed-methods systematic review:
  - Physical, verbal and sexual abuse
  - Stigma and discrimination
  - Failure to meet professional standards of care
  - Poor rapport between women and providers
  - Health system conditions and constraints (Bohren et al., 2015)
- Impedes the access and provision of high quality evidence-based maternity care
- Skilled care is widely accepted as being essential to reducing maternal mortality (Bowser & Hill, 2010)

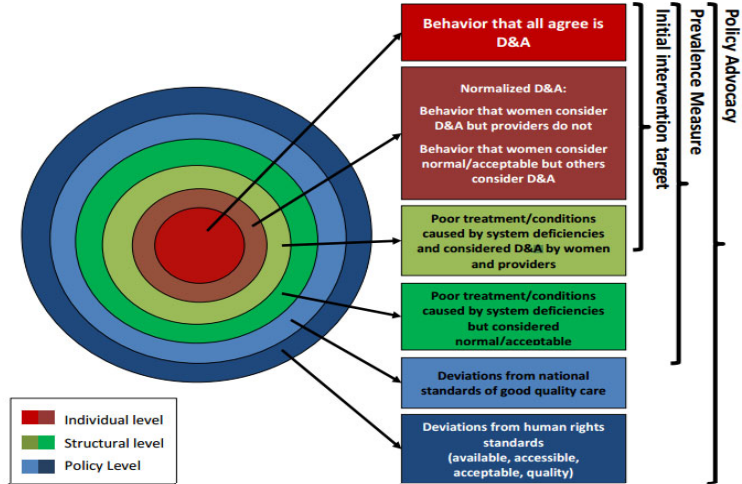
## Significance

- A women dies every 2 minutes during childbirth, most of these deaths occur in developing countries like Kenya (USAID, 2012)
- Most maternal deaths are preventable (Bowser & Hill, 2010)
- Long-lasting psychosocial impacts
  - Post-partum depression (Lukasse, Schroll, & Karro, 2015)
  - Mother infant bonding (Ayers et al., 2006)
  - Parenting sense of competence
- Health system failure and violation of women's rights (Bohren et al., 2015)

## Significance

- CBA Study - prompted further examination
  - How women felt about the way they were treated
  - Factors contributing to how they felt
- Perceptions of disrespect and abuse is understudied in women living in the peri-urban areas of Nairobi (Otiuch-Arudi et al. 2018)
- Collaboration goals:
  - Inform interventions to mitigate disrespect and abuse
  - Improving quality of care & maternal outcomes

# Conceptual Framework



Defining disrespect and abuse of women in childbirth, Freedman et al., 2014



## Study Aims

- **Aim 1:** Assess occurrence of disrespect and abuse in Nairobi, Kenya
- **Aim 2:** Examine factors associated with disrespect and abuse in Nairobi, Kenya
- **Aim3:** Examine how women's perceptions regarding the need for improvement in interpersonal and system factors, impact overall feelings about disrespect and abuse

## Overall Methodological Design

- Cross-sectional descriptive study
- Questionnaire
  - Adapted from the WHO Safe Motherhood Survey
  - Self-administered and structured interviews
- Thematic analysis of responses to open-ended questions:
  - Participants asked about recommendations & additional information about most recent facility birth
  - Responses coded into dichotomous variables

## Sample/Setting

- Convenience Sample
  - Women, 18-45 years, given birth within in the last year
  - Able to speak English or Kiswahili
- Peri-urban area of Kenya's capital city: Nairobi
  - 2 comprehensive health centers
    - Post-partum & family planning
    - Well baby visits & immunizations
  - Kibera:
    - Largest urban slums in Africa
    - Extreme poverty



Roane 2012


# Measures

- Outcome:
  - Experience of disrespectful or abusive treatment - Yes/No
- Participant characteristics
  - Sociodemographic (e.g. age, education, employment, marital status)
- Health status:
  - good or fair/poor
- Birth complication
  - yes/no
- Staff characteristics:
  - caring manner, kind tone of voice, allowed questions, provided follow-up instructions
- Facility characteristics:
  - facility type (public/private, wait time (too long/right length of time, medications available, privacy, medications available)
- Self-identified factors (open-ended responses) coded into:



Interpersonal factors

System factors



## Thematic analysis: Interpersonal and System factors

“To improve on cleanliness. Toilets were dirty and needed to be ventilated. To increase the number of beddings.”

“Provide privacy and be kind to mothers in labour.”

“The midwives should be trained on courtesy.”

“Low level of hygiene, congestion. To increase the number of cleaners and space for more accommodation and to clear congestion.”

“To ensure privacy for patients especially when involving students.”

## Analyses

- Descriptive statistics:
  - sample, staff and facility characteristics
- Crosstabs/frequency counts and chi square:
  - associations to examine differences based on disrespect and abuse
- Logistic regression:
  - examine factors associated with disrespect and abuse

## Results Sample & Aim 1: Assess occurrence of disrespect and abuse in Nairobi, Kenya

### Sample Characteristics, N=247

	n (%)
Age, mean (SD)	24.6 (4.8)
Marital Status	
Married	207 (83.8)
Single	39 (15.8)
Employment	
Yes	81 (33.6)
No	160 (66.4)
Education Level (n, %)	
Primary School	215 (87.0)
Beyond Primary School	32 (13.0)
Facility Type	
Public	137 (59.6)
Private	93 (40.4)

**Aim 1:  
Disrespect/Abuse  
20.8%**

## Results Aim 2: Examine factors associated with disrespect and abuse in Nairobi, Kenya

### Participant factors associated with D&A, N=247

	D&A, n (%)	No D&A, n (%)	p
Marital Status, n (%)			
Married	39 (19.4)	162 (80.6)	.454
Single	10 (20.4)	28 (14.7)	
Employment, n (%)			
No	32 (20.8)	122 (79.2)	.888
Yes	16 (20.0)	64 (80)	
Education Level, n (%)			
Primary School	11 (37.9)	18 (62.1)	.031*
Beyond Primary School	39 (18.6)	171 (81.4)	

Note: Differences in N is due to missing data

\*=significant and 0.05



## Results Aim 2: Examine factors associated with disrespect and abuse in Nairobi, Kenya

### Participant factors associated with D&A, N=247

	D&A, n (%)	D&A, n (%)	p
Health Status			
Good	34 (18.3)	152 (81.7)	.106
Fair/Poor	16 (29.6)	38 (70.4)	
Childbirth Complications			
No	38 (18.6)	166 (81.4)	.048*
Yes	12 (35.3)	22 (64.7)	

Note: Differences in N is due to missing data

\*=significant and 0.05

## Results Aim 2: Examine factors associated with disrespect and abuse

### Staff Characteristics, n=239

	D&A	No D&A	P
Lack caring manner	72.0	28.0	<.001*
Unkind voice	52.8	47.3	<.001*
Did not allow questions	37.6	62.4	<.001*
No follow up instructions	35.1	65.9	<.001*

Note: Differences in N is due to missing data

\*=significant and 0.05

## Results Aim 2: Examine factors associated with disrespect and abuse

### Facility Characteristics, N=247

	D&A, (%)	No D&A, (%)	p
Facility Type			
Public	22.8	77.2	.053
Private	11.8	88.2	
Wait time			
Too Long	39.3	60.7	<.001*
Right Length of Time	8.0	92.4	
Lack of Privacy	52.2	47.8	<.001*
Medications Unavailable	58.7	41.3	<.001*

Note: Differences in N is due to missing data

### Results Aim 3: Perceived need for improvement and perceived disrespect and abuse

#### Self-Identified Factors and their association with D&A, N=247

	D&A, n (%)	No D&A, n (%)	p
Interpersonal Factors			
Yes	14 (51.9)	13 (48.4)	<.001*
No	13 (9.5)	124 (90.5)	
System Factors			
Yes	15 (12.2)	108 (87.8)	.021*
No	12 (29.3)	29 (70.7)	

Note: difference in n due to missing data

### Results Aim 3: Perceived need for improvement and perceived disrespect and abuse

#### Estimated association between various factors and Disrespect and Abuse

	Odds Ratio	95% CI for Exp(B)	
		Lower	Upper
Participant: Interpersonal Factors	5.47	1.57	19.10*
Participant: System Factors	.560	.150	2.084
Staff: Caring Manner	.070	.021	.229*
Facility: Medicines Available	.255	.074	.875*

\* Adjusted for demographic variables

## Summary of Results/Discussion

- One of every five women seeking maternity care experienced disrespect and abuse
- Less education and having a complicated birth at a public facility increases women's exposure to disrespect and abuse
- Self-identified interpersonal factors were the best estimate the occurrence of disrespect and abuse
- Women who identified interpersonal factors were more than 5 times more likely to report experiencing disrespect and abuse
- Being treated in a caring manner by providers and giving birth at a facility with necessary medication decreased the odds of disrespect and abuse

## Discussion continued

- Marginalized women suffer the most from disrespect and abuse
  - Most women seek care in public facilities, where most of the complicated births occur
- Interpersonal factors were the greatest contributor to disrespect and abuse
  - Interventions targeting interpersonal behavior are low cost
  - Can be implemented widely to improve the quality of care for all women

## Strengths/Limitations

- Measure of disrespect and abuse was limited to a single item. However findings were consistent with the literature (Abuya et al., 2015)
- Risk of recall bias is a concern when using self-reports of events occurring within one year prior to the survey
  - Childbirth is a deeply significant life changing event
  - Research has shown that women are able to reliably recall very specific details of their birth experience
  - Especially events they deem to be traumatic in nature (Gartland et al., 2012)
- Convenience sample thus the findings are not generalizable



## Implications

- Disrespect and abuse has the potential to indirectly and directly impact maternal health outcomes
  - Delayed care or not seeking skilled facility-based care at all
  - Providers' attitudes and biases may prejudice their clinical judgements
  - Increased risk for adverse outcomes and potential for mortality
- Important that care providers are mindful of the impact of interpersonal factors
  - Low resource facilities where high risk vulnerable women seek care may be environments more prone to disrespect and abuse
  - Attention to this matter is critical to address needs of the most vulnerable
- Limited resources might dictate that interventions be initiated in these facilities first
- Further research is needed on precise measures of disrespect and abuse and research to inform interventions

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Thank you!

