Women's Views and Experience of Respectful Maternity Care While Delivering in three Regional Referral Hospitals of Bhutan

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Abstract

Background: Labour and childbirth represent one of the most vulnerable periods in women's life and ensuring the quality of respectful care during labour and childbirth still remains challenging. There are activities to promote respect for women's right, including respect for their autonomy, dignity; feelings, choices and preference. However, little has been known about the elements of respectful maternity care provided to women during labour and childbirth in health facilities.

Objectives: The purpose of the study is to explore the attitudes, views, behaviors and emotional experienced by women related to labour and childbirth and to describe women's satisfaction with RMC in three regional hospitals of Bhutan.

Method: Cross-sectional study with the sample size of 426 from JDWNRH in Thimphu, CRRH in Gelephu and ERRH in Mongar. All women who delivered in November - December 2018 were included in the study. The structured questionnaire was used, relevant literature sources were reviewed and finalized in our setting and was piloted in Bajo Hospital after approved by Research Ethics Board of Health (REBH). Descriptive analysis done and all the information gathered are presented in the form of frequencies, percentages and number for categorical variables. The scientific significance shows in foul language (0.033) and scolding (0.020).

Results: Satisfaction rate ranged from excellent to unsatisfactory concerning the services, women stated excellent (37.10%), very good (31.20%), Good (20.20%), mixed feeling (9.20%), rather unsatisfactory (1.90%) and unsatisfactory (0.50%). Concerning the whole process of labour and childbirth, dreadful experiences was **(41.8%)**.

Conclusion: There is need to improve on communication for information, permission, policy for dignity and privacy for women. Need to include in the pre-service curriculum for nurses and health workers and to provide in-service education on RMC to all health personnel providing maternity services.

Keywords: *Bhutan, women, attitudes, views, behaviors, emotional, satisfaction, communication, dignity, privacy, hospitals and RMC.*

Introduction

Labour and childbirth represent one of the most vulnerable period in women's life and ensuring the quality of care with respectful maternity during labour and childbirth still remains challenging. There are activities to promote respect for women's right, including respect for their autonomy, dignity, feelings, choices and preference. However, little is known about the elements of respectful care provided to women during labour and childbirth in health facilities. Respectful maternity care are been neither reflected in pre-service curriculum nor mentioned in any policy document.

The study intends to gain in-depth understanding of RMC from the perspective from women during labour and childbirth in referral hospitals. Generally, women were encouraged to choose to give birth in health care facilities to ensure proper skilled health care professionals but disrespectful and undignified care is prevalent in

many facility settings particularly for underprivileged, which will not guarantee good quality care and negative childbearing experiences remains with the woman throughout her life. This study aims to find out the experiences of women about all these aspects: attitudes, views, behaviors and emotional experiences, while availing the maternity services during the time of labour and childbirth in the three regional namely JDWNRH at Thimphu, ERRH in Monger and CRRH of Gelephu so that it can help in informing decision and policy makers to come up with appropriate strategies and program related to RMC for both the care provider and for the consumers. Therefore, this is a timely study to assess the RMC from the perspective of consumers' women and their family members as study had already been carried out on care providers especially among nurse midwives [8] as there was no study done on it, in Bhutan. This study intends to gain in-depth understanding on views and experience of women in receiving respectful maternity care based on seven rights charter of childbearing women developed by White Ribbon Alliance during labour and childbirth while delivering in health facilities of Bhutan, which unites citizens to demand the right to a safe birth for every woman, Although, Bhutan has made significant progress in bringing down Maternal Mortality Ratio from 560 deaths per 100,000 live births in 1990 to 86 in 2012, the proportion of births attended by skilled health personnel in Bhutan has been only 74.6% in the same year 2016.[1&8]

Method

Study design and setting: Cross-sectional study with the sample size of 426 from JDWNRH in Thimphu, CRRH in Gelephu and ERRH in Mongar from November to December 2018 was taken. Ethical consideration was approved by REBH, Ministry of Health (MoH), Thimphu and administrative clearance from JDWNRH, ERRH and CRRH to conduct the study was obtained. The study sites are chosen purposefully as there is high delivery volume taking place in these hospitals every year.[1]

Moreover, there is separate birthing unit in these hospitals where nurse midwives are assigned in birthing unit to provide maternity care to the pregnant women in labour and childbirth. Only those participants who had agreed to participate and signed the informed consent which was made available both in English and Dzongkha were included and interviewed for the study.

Data Collection: Structured questionnaire was adapted and used from Survey Report[8&10] and relevant sources which was pilot tested for its reliability in Bajo Hospital, Bhutan. The tool was in depth interview questionnaire with both open and closed ended questions to allow the women to express freely of their opinions. Interview were done for women who had delivered after 6 hours of delivery and during postnatal period (42 days) which was expected to take not more than 30 minutes. Interviewing was considered an appropriate method in collecting data for this study due to women's differing literacy levels.

Statistical Analysis: Descriptive analysis were undertaken and the information from this are presented in the form of frequencies, percentages and number for categorical variables on demographic profile, experiences on labor on childbirth, experiences on vaginal examination, scolding, episiotomy, physical abuse, verbal abuse, affects of attitude, views, behaviors, emotional experiences, and the satisfaction rate of RMC. The most applicable regressions analyses is done to examine factors associated with delivery of respectful maternity care and a two sided p-value of <0.05 will be regarded as indicating statistical significance.

Findings:

Demographic Profile: Minimum age was 18 years, maximum age was 44 years and mean age was 27.37. The finding of different age groups were in between 25-34 years (64.80%), 18-24 years (30.30%) and 35-44 years (4.90%) respectively.

The occupations of the women in the study were house-wives (74.60%), government service (12.10%), private sectors (7.30%) and business (4%).

According to the number of women receiving the services in these three hospitals, we obtain the sample to be collected from each regional hospital were, from JDWNRH (70.7%), from ERRH (10.6%) and from CRRH (18.8%).

Experiences of labour and childbirth: Dreadful experience (41.8%) was expressed by the women and only 4% had wonderful experience. There are women who had unpleasant experience (18.10%), pleasant experience (10.10%) and even okey (26.80%) with the labour and childbirth.

Amongst the care providers, nurse midwives play significant role in shaping the maternal health experiences of a woman from the ways in which maternity services to mothers and their babies are provided that would either empower and comfort the woman or inflict lasting damage and emotional trauma.(8,11&12)

Women's Experience on Vaginal examination: 88.7% of women were asked for permission to perform vaginal examination had but there women who were not even asked (0.6%) and some did not response to the question (0.7%).

One of the important components of maternal health care quality is the women's experience of childbirth and that their feelings, dignity and preferences must be respected.(4,5 & 9)

Women's Experience on Physical and verbal abuse: Through interview, women in the study experienced physical and verbal abuse during the time of their labour and childbirth, even though the number is not high, but women had experienced scolding (75.8%) which is higher than beating with hand or instrument (2.3%), Pinch on their thigh (1.6%), Use of Foul language (0.9%).

Regression analysis shows the scientific significance in use of foul language (0.033) and scolding (0.020).

The concept of RMC acknowledges that women's experiences of childbirth are vital components of health care quality and that their "autonomy, dignity, feelings, choices, and preferences must be respected.(2,5 & 8) While concerted efforts have been put in globally to remove barriers against accessing skilled birth attendance, studies have suggested that disrespect and abuse that woman often encountered in facility based maternity care are more potential deterrent to skilled birth care utilization than the usually recognized ones such as financial and geographical obstacles.(7,10 & 11)

Women's Experience on episiotomy: During the study, some women received explanation about the episiotomy procedure, but some women did not receive any explanation about the episiotomy procedure. This clearly shows that there is lack of communication, the right to information, right for consent for episiotomy procedures around the time of childbirth for women in labour and childbirth. It also indicates that the practice of episiotomy without woman's notification or consent is taking place.

Women's view to have nurse midwife to be present during labour: Preferable, it is better for the midwife to be near the patient for the entire process of the childbirth because 37.1% prefer health to be professional present during labour during entire process or as much as possible and 25.8% prefer health professional when necessary.

Women view on health professional to be present during the labour and childbirth; they preferred to have them during entire process or as much as possible, which indicates the value of presence of midwife during the entire process.(5,11 & 12)

Growing evidence from both low and high resource countries suggest that the care women receive during labour and childbirth is sometimes rude, disrespectful, abusive and not responsive to their needs. It also shows that quality of care received at the facility-based maternity services is not optimal and often lacking in the element of respectful maternity care. There are also seven categories of disrespect and abuse in childbirth identified: physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination based on specific patient attributes abandonment of care, and detention in facilities.(3,4 & 7)

Women's views on communication, discrimination, dignity: Generally during the labour and childbirth, the service is expected to be 100% excellent because women go into postpartum depression sometimes after the delivery with the traumatic experience of the labour and childbirth. There is different ways that nurse midwife can address this incident through proper communications with the women, no discrimination and by providing dignity for the women. Though the significant number is low, but we still have women who require for good communication, dignity of women and no discrimination while availing the services.

The sustainable goal 3 which is to ensure healthy lives and promote well-being for all woman at all ages brings attention towards improving the quality of maternity health services for the world's over 200 million childbearing women who want and deserve to be treated with respect and dignity during the time of labour and childbirth. It is also a time of an intense vulnerability apart from momentous events of their life. Women who receive mistreatment during childbirth are also less likely to return to health facilities for future birth.(1,4 & 6)

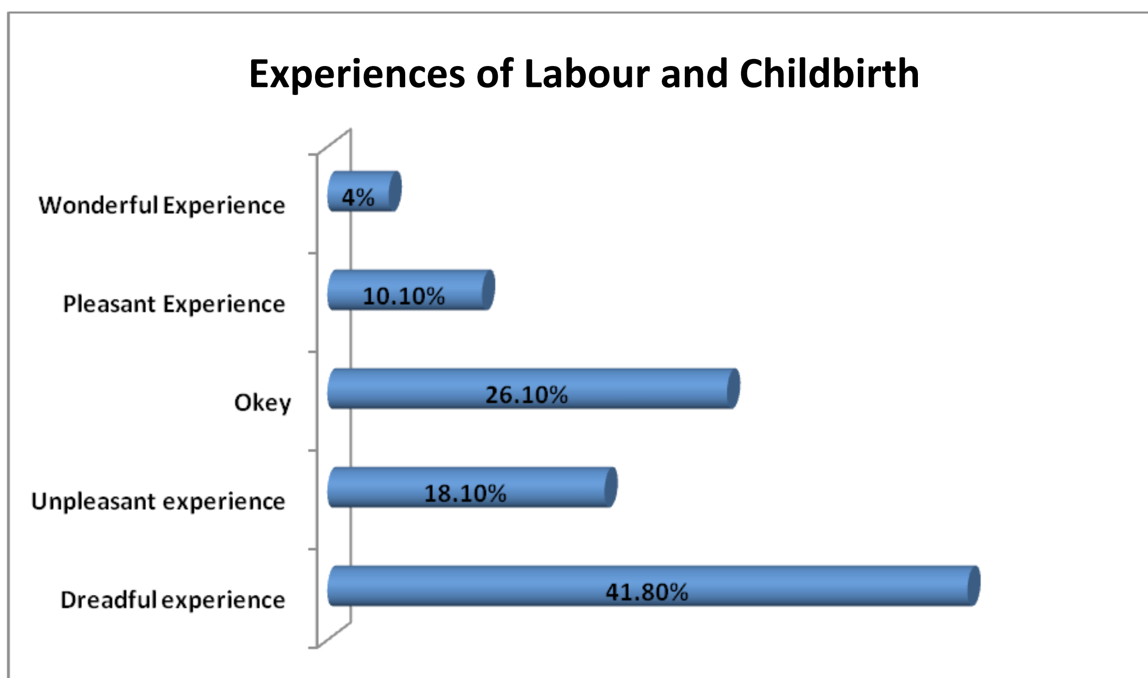

Figure 1: Overall experiences of labour and childbirth

Table 1: Women's Experience on Vaginal examination (n=426)

Variables	Number	Percent	No Response
	Yes	No	
Seek Permission during vaginal examination	378(88.7%)	45 (10.6%)	3 (0.7%)
Preferred not to have them	69	16.2%	
I did not mind	92	21.6%	
Found helpful (information about progress of labour)	264	62%	
No Response	1	(0.6%)	

Table 2: Women's Experience on scolding and episiotomy

Variables	Number	Percent	No Response	n
	Yes	No		
Scolded for making noise and shouting	22 (7.9%)	255 (92.1%)	-	277
Scolded for pushing before time	16 (9.6%)	150(90.4%)	-	166
Explained about episiotomy	68(63.6%)	36(33.6%)	3 (2.8%)	107

Table 3: Affects of attitude,views, behaviors and emotional experiences of women related to labour and childbirth. (n=426).

Variables	Yes	No	No Response
Greet in respectful manner	368(86%)	58 (13.6%)	-
Respect for beliefs, tradition and culture	372 (87.3%)	10 (2.3%)	44 (10.3%)
Encourage women to have support person during labour	410 (96.2%)	11 (2.6%)	5 (1.2%)
Provision of continuous support during labour	410(96.2%)	12(2.8%)	4 (0.9%)
Encourage women to have support person during delivery	420(98.6%)	4 (0.9%)	2 (0.5%)

Variables	Yes	No	No Response
Explained procedure before proceeding	402 (94.4%)	21 (4.9%)	3 (0.7%)
Informed women the findings	422 (99.1%)	3 (0.7%)	1 (0.2%)
Encourage the women to ask questions about her labour and childbirth	313 (73.5%)	11 (26.1%)	2 (0.5%)
Privacy during labour and child birth	422(99.1%)	1 (0.1%)	3 (0.7%)
Right to information about confidentiality and privacy	425 (99.8%)	1 (0.2%)	-
Explained about what will happen during labour	378 (88.7%)	45 (10.6%)	3 (0.7%)
Support women in friendly way during labour	419 (98.4%)	5 (1.2%)	2 (0.5%)
Provide drapes before delivery	414 (97.2%)	7 (1.6%)	5 (1.2%)
Institutional violence against women-Scolding	323 (75.8%)	102 (23.9%)	1 (0.2%)
Beat with hand or instrument	10 (2.3%)	413 (96.9%)	3 (0.7%)
Pinch on their thigh	7 (1.6%)	416 (97.7%)	3 (0.7%)
Use Foul language	4 (0.9%)	419 (98.4%)	903 (0.7%)
Encourage or advice to drink during labour	275(64.6%)	151 (35.4%)	-
Encourage or advice to eat during labour	113 (26.5%)	313 (73.5%)	-

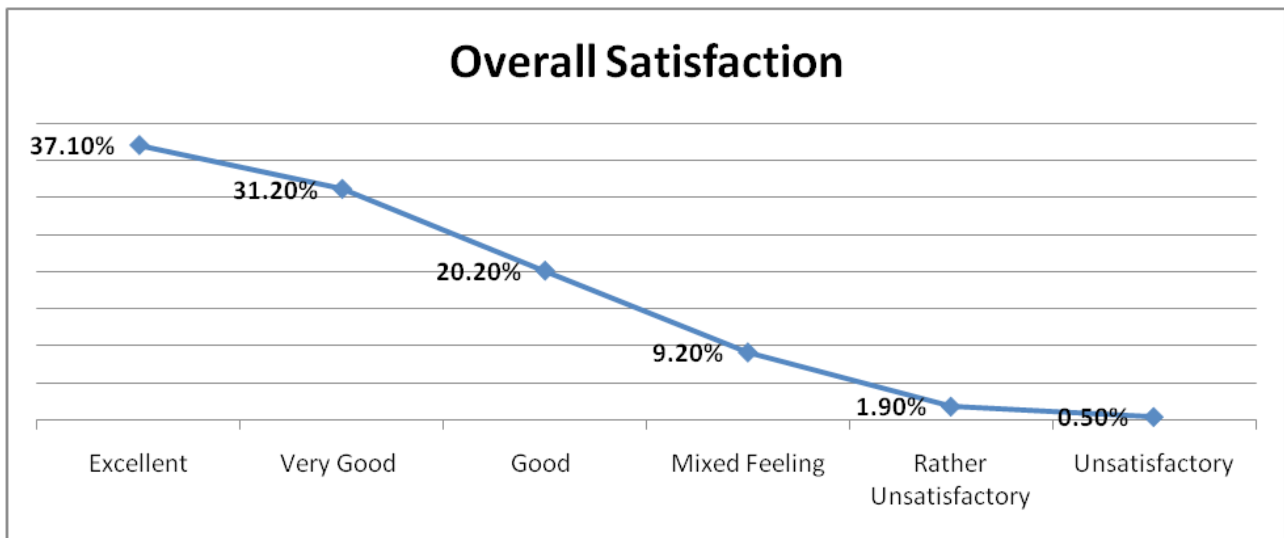

Figure 2: The Satisfaction rate of RMC during their labour and child birth (n=426)

Discussion

Satisfaction rate that ranged from excellent to unsatisfactory concerning the services, we had women who stated excellent (37.10%), very good (31.20%), Good (20.20%), but there were even women who had mixed feeling (9.20%), rather unsatisfactory (1.90%) and unsatisfactory (0.50%). Concerning the whole process of labour and childbirth, there are women who had dreadful experiences **(41.8%)**. There are finding on the services that still needs to improve on lack of communication, right for information and permission, providing dignity and privacy for the women because these all are essential for the services provider to deliver to the women who are in labor and childbirth with so much stress.

The seven rights of all woman while in labour and during the time of delivery are right to be free from ill-treatment and harm; right to information, informed consent, refusal and respect for choices and preferences including companionship during maternity care. It also includes the right to privacy and confidentiality; right to be treated with dignity and respect; right to equitable care; right to highest attainable level of healthcare and right to liberty and autonomy, self-determination and freedom from coercion.[2,4 & 5]

Conclusion

Communications skills are enormously advised to be improved by the health care provider in providing the information, asking permission, follow the policy of dignity and privacy for the women. Though the number is low and not significant, we still have women who refused to response during the interview, which we need them to open up their views to improve the services of RMC.

We still need to include RMC topic in the preservice curriculum for nurses and health workers and in addition require in-service education on RMC to create awareness among health care providers to enhance RMC for women receiving maternity care during labour and childbirth.

Conflict of Interest: None

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