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REVIEW

Factors associated with disrespect and abuse of women during labour and childbirth in health facilities in low- and middle-income countries: A systematic review and meta-analysis

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Keywords

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Abstract

Background: Disrespect and abuse by health providers during childbirth is a traumatic experience that jeopardises women's mental and physical health, lowers satisfaction with care, and results in a lower willingness to use health services. **Objective:** To assess the factors associated with disrespect and abuse of women during childbirth in low-middle-income countries. **Method:** This systematic review and meta-analysis followed PRISMA guidelines. Three databases were searched for articles published between 2018-2022. Of the 57 articles retrieved, nine met the inclusion criteria. **Results:** Women were more likely to experience disrespect and abuse if they had no formal education (aOR 5.92), gave birth in a public facility (aOR 4.34), had childbirth complications (aOR 3.72), had an instrumental vaginal delivery (aOR 2.35), or lived in a rural area (aOR 2.03). **Conclusion:** Disadvantaged women (in terms of lack of education, rural residence, and childbirth complications) were more likely to be mistreated by health providers during childbirth. The widespread discrimination and compounding intersections of inequality that women face within birthing services deserve urgent attention. Future research and action should seek to understand maternity care models that underpin respectful client-practitioner engagement and health system requirements to support these models.

Introduction

Disrespect and abuse of women in childbirth are defined as interactions or facility conditions experienced as or intended to be humiliating or undignified (Freedman *et al.*, 2014). In their study of the typology of abuse, the World Health Organisation (WHO) found seven domains of abuse that women experience during childbirth: 1) physical abuse, 2) sexual abuse, 3) verbal abuse, 4) stigma and discrimination, 5) failure to meet professional standards of care, 6) poor rapport between women and

providers, and 7) health system conditions and constraints (Bohren *et al.*, 2015). A study in four countries, Nigeria, Ghana, Guinea, and Myanmar, found that 41.6% of observed women and 35.4% of surveyed women experienced physical or verbal abuse, or stigma or discrimination during birth, with physical and verbal abuse being the most common forms of mistreatment experienced by women (Bohren *et al.*, 2017; Bohren *et al.*, 2019). Some countries, such as Peru, report rates of disrespect and abuse as high as 97.4% (Montesinos-Segura *et al.*, 2018).

This abusive behaviour experienced by women while in health facilities is often more traumatic than labour and childbirth itself, and this stress can increase birth complications (Gebremichael *et al.*, 2018; WHO 2018b). Experiencing abuse affects many aspects of women’s health and well-being and increases the risk of postpartum depression (Minckas *et al.*, 2020; Paiz *et al.*, 2022). The actions of health workers can substantially affect experiences during childbirth and contribute to feelings of fear, loneliness, stress, sadness, and resurfaced trauma (Rodríguez-Almagro *et al.*, 2019). Birth experiences influence women’s choices about the place of birth during subsequent pregnancies and may make other women reluctant to seek care (D’Ambruso, Abbey & Hussein, 2005; Maya *et al.*, 2018; Mengesha *et al.*, 2020). The mistreatment of women during childbirth not only violates their fundamental rights but also threatens their right to life, health, bodily integrity, and freedom from discrimination and violence (United Nations General Assembly, 1979).

While measuring the types and extent of disrespect and abuse within diverse health systems is an essential first step, some researchers argue that attention to measurement of the problem has been excessive when viewed about the small amount of work on critical drivers of disrespect and abuse (Sen, Reddy & Iyer, 2018). The World Health Organisation has recently called for further research to understand the drivers and structural dimensions of mistreatment, including gender and social inequalities (Bohren *et al.*, 2019), so that models of care can be designed to better meet the needs of those most at risk of being treated poorly within health systems.

This study aimed to systematically assess factors associated with disrespect and abuse of women during childbirth in health facilities in low-and middle-income countries to understand which women are more at risk

of abuse, increase awareness amongst health providers and policy-makers, and inform strategies for health system improvement in these contexts.

Methods

This systematic review and meta-analysis were conducted based on studies of D&A published in English between 1 January 2018 and 7 January 2022. The databases searched included Google Scholar, ProQuest, and PubMed. The following keywords and Boolean symbols were used: “disrespect” OR “abuse” AND “childbirth” AND “individual factor” OR “institutional factor”.

Articles selected for the meta-analysis were based on the following inclusion criteria: (1) Articles published between 1 January 2018 and 7 January 2022; (2) Cross-sectional studies; (3) Reported disrespect and abuse as defined by WHO (Bohren *et al.* 2015); (4) Reported adjusted Odds Ratio (aOR) of individual or institutional factors associated with disrespect and abuse; (5) Low- or middle-income country; (6) English language; (7) Peer-reviewed publications; (8) Hospital or health facility setting.

The first author searched and screened the literature according to the PRISMA guidelines (Figure 1). The search yielded a total of 57 articles. After removing eight duplicates, abstracts were read and assessed against the inclusion criteria; 19 were excluded because of the study design (qualitative, no prevalence reported, design non-sectional design, reviews). After reviewing the full text, a further 21 articles were excluded because they did not report an aOR. Nine eligible articles were then included in the meta-analysis.

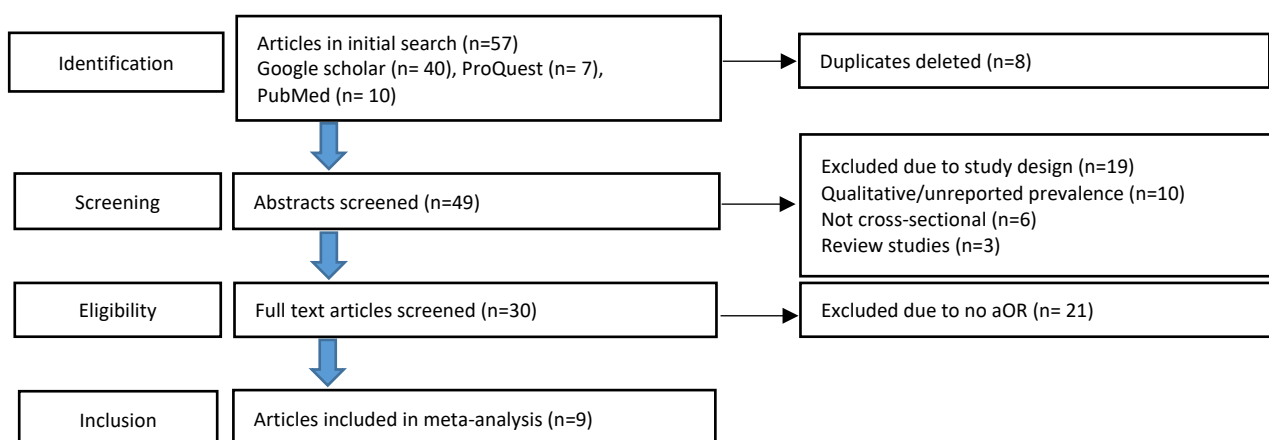


Figure 1: Flowchart of PRISMA guideline

The heterogeneity of the studies was assessed using Review Manager 5.3 and the heterogeneity statistic I^2 , which describes the percentage of variation across studies due to heterogeneity rather than chance. The meta-analysis also used Review Manager 5.3, and effect sizes were plotted on forest plots based on the associations with disrespect and abuse reported in the studies.

Results

Table I presents the characteristics of the included studies. Most studies (seven) were from Ethiopia, one from Nigeria, and one from India.

The studies reported the following associations with disrespect and abuse: Three studies reported associations with having no formal education; three with having birth complications; four with having instrumental delivery; three with delivery in a public facility; four with having a rural residence.

Overall heterogeneity using I-squared (I^2) with a p-value of 0.0001 resulted in a random effects model for the analysis.

Women with no formal education were 5.92 times more likely to experience disrespect and abuse during childbirth than those with formal education, with a wide range of aORs from 1.38-23.81.

Table I: Article characteristics

Author	Year	Country	Study design	Study period	Sample size	Setting	Place of interview
Banks <i>et al.</i> Jeopardizing quality at the frontline of healthcare: prevalence and risk factors for disrespect and abuse during facility-based childbirth in Ethiopia	2018	Ethiopia	Cross-sectional	2013	240	Four health centres	Exit interview at discharge
Kebede <i>et al.</i> Maternal Disrespect and Abuse by Health Care Providers among postpartum women attending Mizan-Tepi University Teaching Hospital, South West Ethiopia	2022	South West Ethiopia	Cross-sectional	2021	409	Mizan-Tepi University Teaching Hospital	Interview in postpartum room
Nawab <i>et al.</i> Disrespect and abuse during facility-based childbirth and its sociodemographic determinants – A barrier to healthcare utilization in rural population	2019	North India	Cross-sectional	2016-2017	305	Community-based across six villages in the district of Aligarh	Community-based study
Okedo-Alex <i>et al.</i> Does disrespect and abuse during childbirth differ between public and private hospitals in Southeast Nigeria	2021	Southeast Nigeria	Cross-sectional	2018-2019	310	Two hospitals: a private-for-profit specialist hospital and a public tertiary hospital	Exit interview at discharge
Tefera <i>et al.</i> The Magnitude of Mistreatment and Associated Factors Among Delivering Mothers in Bishoftu General Hospital, Oromia, Ethiopia	2019	Ethiopia	Cross-sectional	2018	377	One general hospital	Exit interview at discharge
Ikke <i>et al.</i> Disrespect and abuse of women during childbirth in public health facilities in Arba Minch town, south Ethiopia – a cross-sectional study	2019	South Ethiopia	Cross-sectional	2017	281	Three public health facilities (one general hospital and two CHCs)	Exit interview at discharge
Wassihun <i>et al.</i> Compassionate and respectful maternity care during facility-based childbirth and women's intent to use maternity service in Bahir Dar, Ethiopia	2018	Ethiopia	Cross-sectional	2017	284	Ten public health centres and two public hospitals (one referral hospital and one general hospital)	Interview in the postpartum room
Zelege <i>et al.</i> Maternal Disrespect and Abuse among Mothers who gave childbirth at Public Health Facilities and associated factors in Gondar Town, Northwest Ethiopia	2022	Northwest Ethiopia	Cross-sectional	2020	415	Nine health facilities: Eight health centres and one hospital	Interview in the postpartum room
Zenebe <i>et al.</i> Prevalence and Associated Factors of Disrespectful and Abusive Care During Childbirth Among Women Who Gave Birth in Health Facilities in Hawassa City, Southern Ethiopia. A Cross-Sectional Study	2020	Southern Ethiopia	Cross-sectional	2018	577	Four public and two private health facilities	Exit interview at discharge

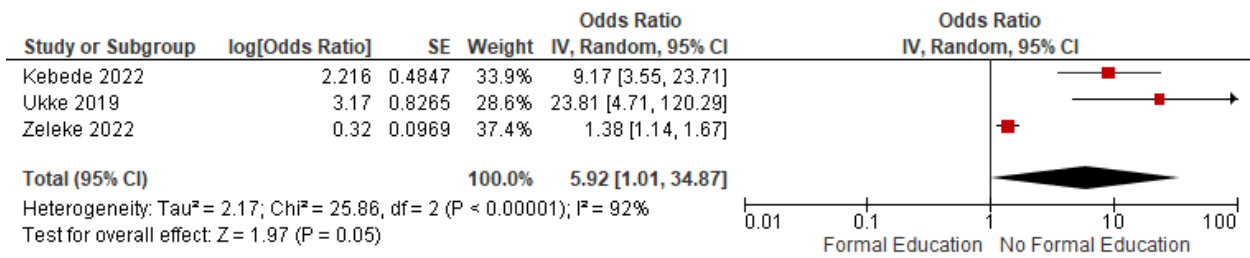


Figure 2: Association between no formal education and incidence of disrespect and abuse in childbirth

Women with birth complications were 3.72 times more likely to experience disrespect and abuse than women

who gave birth without complications, with aORs ranging from 2.56 to 15.51.

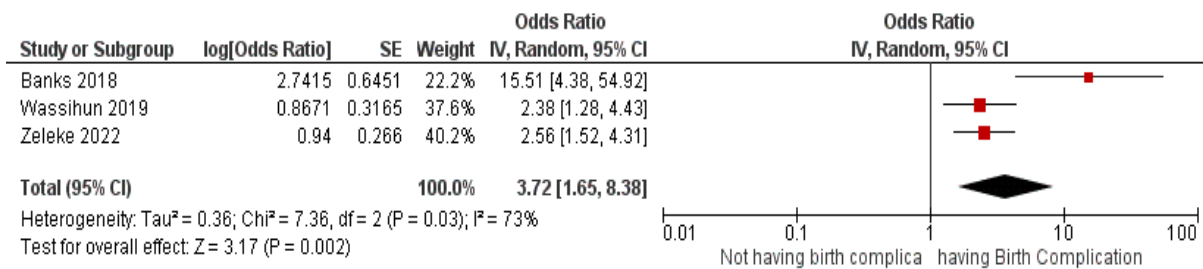


Figure 3: Association between birth complications and incidence of disrespect and abuse in childbirth

Women who had an instrumental birth (using forceps or vacuum) were 2.35 times more likely to experience

disrespect and abuse than those who did not have an instrumental birth, with an aOR range of 1.75 to 4.52.

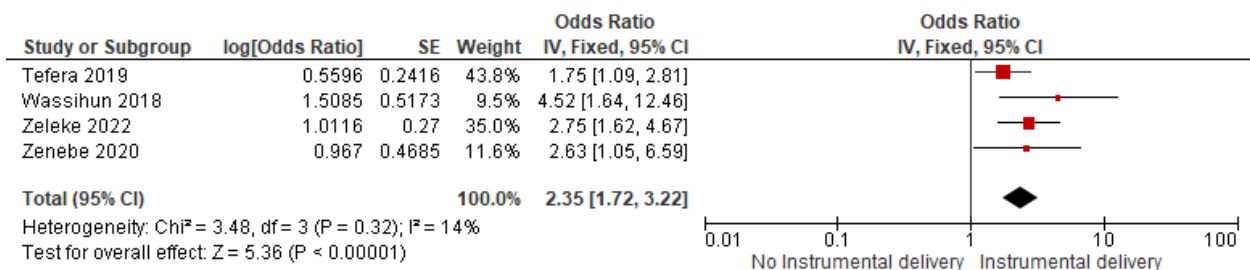


Figure 4: Association between instrumental birth and incidence of disrespect and abuse in childbirth

Women who gave birth in a public facility were 4.34 times more likely to experience disrespect and abuse

than those who gave birth in a private facility, with an aOR ranging from 2.49 to 12.94.

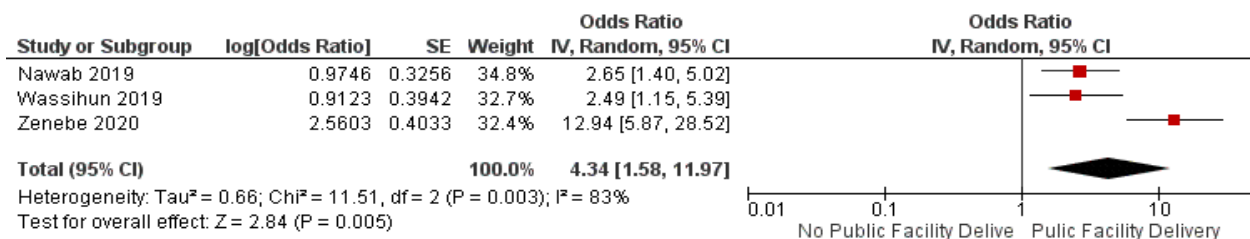


Figure 5: Association between birthing in a public facility and incidence of disrespect and abuse in childbirth

Women who lived in rural areas were 2.03 times more likely to experience disrespect and abuse than

women, who lived in urban areas, with an aOR ranging from 0.53 to 6.49.

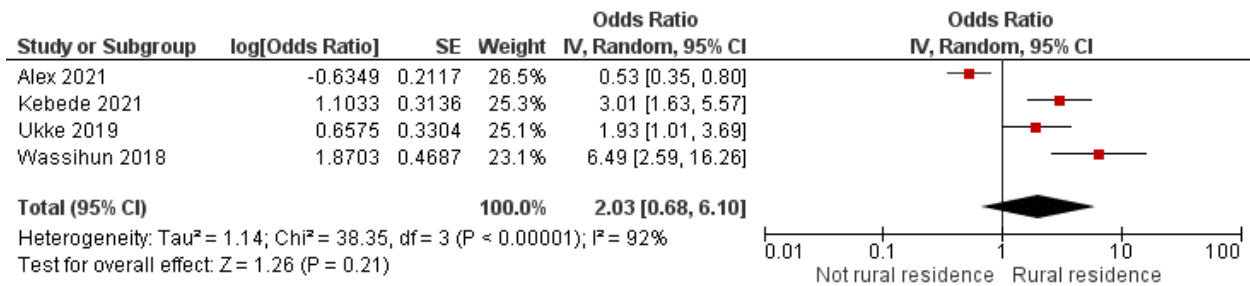


Figure 6: Association between rural residence and incidence of disrespect and abuse in childbirth

Discussion

Globally, women experience high rates of disrespect and abuse in childbirth (Montesinos-Segura et al., 2018; Bohren et al., 2019). This meta-analysis shows that women are more likely to experience mistreatment when seeking care at health facilities in low and middle-income countries. Women with no formal education were the most at risk of being mistreated (OR 5.92).

Previous findings have shown that women with lower education are more likely to experience inequalities in how they are treated during labour (Bohren et al., 2019; Ogboghodo, Okojie & Oriabure, 2022). Education levels affect the ability of women to access information and the subsequent health services they receive (Atai et al., 2018). Discrimination during pregnancy and birth is associated with clinical postpartum depression in women with low education (Stepanikova & Kukla, 2017). Rural living is also a factor, with women in rural areas being two times more likely to experience disrespect and abuse than women in urban areas. The intersections of disadvantages for women who live in a rural setting and have no access to education are yet to be explored and are a focal area for further research.

Giving birth in public health facilities was associated with 4.34 times higher risks of disrespect and abuse than giving birth in private facilities. Women who experienced disrespect and abuse in Pakistan are four times more likely to change the place of delivery (Azhar, Oyebode & Masud, 2018). However, there may be few options for women who cannot access private health care, highlighting the urgent need to address quality and respectful care for the most disadvantaged women within public health systems globally.

In this review, women with birth complications or undergoing an instrumental delivery were more likely to experience disrespect and abuse. This result is

concerning because women who experience distressing events during childbirth can have difficulty bonding with their babies, increasing the risk of depression for both women and their partners (Ertan et al., 2021). The combination of birth trauma due to complications added to the increased risk of being subjected to abusive behaviour is yet to be examined and should be a priority area for research in the future.

Limitations

Due to the large amount of published data, the date range was restricted to 2018-2022. Seven of the nine studies were from Ethiopia, and only one was from outside of Africa. There is little evidence of associations of disrespect and abuse with high rates of maternal mortality in other countries, highlighting the need for increased attention to respectful maternity care as a global issue and how equity can be improved in both the provision of services and health systems research.

Conclusion

There are substantial inequities in women’s childbirth experiences. This study showed that women who live in rural areas, lack education, and experience birth complications are more likely to be mistreated by health providers during childbirth. These intersections of trauma are yet to be explored and point to the urgent need for new models of maternity care that foreground and value the client-practitioner relationship, providing the foundation for respectful care throughout the antenatal, birth, and postnatal period.

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Declaration of interest

The authors declare no competing interests.

Author contributions

AF is the principal investigator who initiated the idea, design of the study, search, screening, and selection of articles, interpreted the data, prepared the manuscript, and acted as the corresponding author. SS, CUW, and HBN contributed to the data's meta-analysis and interpretation. KW contributed to the structural argument and English editing.

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