

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**NEGLECT OF RESPECTFUL MATERNITY CARE AMONG PUERPERAL  
WOMEN AND MIDWIVES, THEIR PERSPECTIVE DURING PREGNANCY AND  
LABOUR IN THE HOLY FAMILY HOSPITAL, BEREKUM**

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## DECLARATION

We hereby declare that this submission is our own work towards the Diploma in Registered Midwifery and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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## ABSTRACT

The study aimed to investigate the neglect of respectful maternity care among puerperal women and midwives, their perspective during pregnancy and labour in the Holy Family Hospital, Berekum. Convenience sampling method was used in selecting the 50 puerperal women and 20 midwives. The completed questionnaires were hand-coded and entered into Microsoft Excel.

The study found that exactly half 50% (25) of the respondents mentioned that confidentiality was ensured by closing of doors and windows, provision of screen during procedures 20% (10), been assured of keeping information confidential 16% (8) and holding sensitive conversations in private 14% (7). In soliciting for midwives views on strategies to promote respectful maternity care, 68% (34) of the respondents said formulating a service charter will promote respectful maternity care, 70% (35) of them cited that providing channel for reporting mistreatment will help improve respectful maternity care.

The study recommended that pregnant women experienced mistreatment during pregnancy and labour. They encountered various forms of mistreatment in the form of physical abuse, verbal abuse, abandonment and non-consented mistreatment. Due to these various forms of mistreatment respondents reacted in various ways such as remaining silent, forgiving the provider, and some even decided not to return to the facility after labour.

The study concluded that the management of the hospital should organize frequent supervision and training of midwives on respectful maternity care. Education is one strategy to promote respectful maternity care among care providers in facility-based childbirth.

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## **ABBREVIATION**

WHO World Health Organization

RMC Respectful Maternity Care

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We would like to first and foremost take this opportunity to express our profound gratitude to God Almighty, for His care, strength and guidance throughout this script.

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Finally, we would also like to recognize the efforts of the respondents towards this work.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background of the study

Every year, more than 303,000 women die due to pregnancy-related causes in low and middle – income countries (World Health Organization, 2015). While the WHO (2014) continue to maintain that “every woman has the right to the highest attainable standard of health, which includes the right to dignified and, respectful health care,” many women experience disrespectful and abusive treatment during childbirth in health facilities worldwide.

A growing body of research suggests that globally, many women experience poor treatment during childbirth (Bohren, et al., 2015). Such treatment violates the rights of women to dignified care, and also threaten their rights to life, health, and exemption from discrimination (WHO, 2015). In 2015, the WHO issued a statement calling for global actions to prevent and eliminate disrespect and abuse during facility-based childbirth and emphasised women’s right to dignified and respectful care throughout pregnancy and childbirth.

Although mistreatment of women during pregnancy and childbirth is known, there is still no international consensus on the definition. Mistreatment is a primary violation of women’s human rights (Freedman & Kruk, 2014), especially because pregnancy and childbirth is a period in which women are socially, and physiologically vulnerable (Burrowes, Holcombe, Jara, Carter, & Smith, 2017). Mistreatment of women during pregnancy and childbirth is defined as behaviour that is rude, unpleasant, inappropriate, and unprofessional, which causes hurt feelings and distresses, disturbs, and offends others (Radoff, Levi, & Thompson, 2019).

In recognition of the mistreatments of many women during pregnancy and childbirth, the Ribbon Alliance for safe Motherhood published a charter to formally perceive seven

fundamental rights of child bearing women which lead to seven classifications of mistreatment (White Ribbon Alliance, 2018).

These include physical abuse, lack of informed consent, lack of privacy, non-dignified care including verbal abuse, discrimination based on particular attributes, neglect and detainment for non-payment of user fee in a facility (Carlo, et al., 2015). These types of abuse more often than not happen during the interactive section between the woman and her care giver(s) (Jewkes, Abrahams, & Mvo, 2017).

Mistreatment of women by healthcare providers has long been a focus of public discourse globally, more especially in sub-Saharan Africa. Mistreatment is not only a human rights issue, but it has also been recognised as an equity issue, as well as a public health concern (Abuya, et al., 2015).

Public Health professionals and the WHO, have generally focused on the negative squeal of the mistreatment of women by their healthcare providers during birth, and have developed strategies to reduce mistreatment and increase dignity in women during childbirth (Carlo, et al., 2015). In order to ensure safe, appropriate, timely and respectable care during delivery, the WHO (2014) has called for research, protagonists and discourse on this essential public health concern. Consequently, respectful care is considered an important component to ensure quality of care to both mother and baby (Carlo et al., 2015).

An examination by Okafor et al. (2015) which investigated abuse in a facility in southeastern Nigeria likewise discovered women announcing no less than one sort of abuse amid labour. The basic kind of abuse revealed is physical abuse (35.7%), such as being tied down during labour (17.3%), "beaten, slapped" (7.2%); while being "sexually abused" was accounted for by 2.0% of the women.

Essentially, a qualitative report by Kruk et al. (2015) investigating abuse in women in provincial Tanzania estimated the prevalence to be 19.5% and 28.2% during the follow up survey of same women within 5 to 10 weeks of birth. Some 18.9% of the women reported to have received non-dignified care; 13.8% reported to have been abused verbally; 15.5% reported neglect; and 5.1% reported to have been abused physically.

This study responds to the WHO's call for greater research by investigating the neglect of respectful maternity care by midwives and the pregnant mothers' perspectives on mistreatment during pregnancy and labour in the Holy Family Hospital, Berekum.

### **1.1 Problem Statement**

Between 1990 and 2017, the global maternal mortality ratio declined by 44%, from 385 deaths to 216 deaths per 100,000 live births (United Nations, 2018). About 99% of the maternal mortality occurred in low- and middle-income countries (Vogel, et al., 2015).

In Ghana, out of 5,247 deaths among women in their reproductive age, 12.1% (634) were pregnancy-related (Moyer, et al., 2014). Low levels of health facility delivery are partly responsible for this relatively high number of pregnancy-related deaths. For instance, out of 794,000 live births annually in Ghana, only 76% are attended by skilled professionals (Ghana Statistical Service, 2017).

In spite of the relative availability and accessibility of skilled maternal healthcare to facilitate safe birth, many women in Ghana prefer to give birth outside a facility (Vogel et al., 2015; Moyer et al., 2014). This is likely because of low quality of maternal healthcare services rather than lack of access (Amroussia, Hernandez, Vives-Cases, & Giocolea, 2017).

Qualitative studies show that mistreatment play a prominent role in women's experience of institutional childbirth (Amroussia, et al., 2017). For instance, a recent study pointed out that the prevalence of abuse in healthcare facilities in Kenya was 18% (Burrowes et al., 2017;

Abuya et al., 2015). Another study indicated that 15% of women who delivered in a referral hospital in Tanzania reported to have experienced mistreatment, and this proportion reached 78% among child bearing women in Ethiopia (Amroussia, et al., 2017).

Previous qualitative research by Moyer et al. (2014) reported mistreatment of women during facility delivery is a salient concern in Ghana. To date, however, there has been few quantitative estimates of the prevalence of mistreatment of women during facility delivery in Ghana. In the same vein, Kruk et al. (2018) recorded a prevalence of 19.5 % of mistreatment of women upon release from the facility in rural north eastern Tanzania, which increased to 28.2 % during a follow up interviews five to ten weeks postpartum. In the light of this, this study investigates the neglect of respectful maternity care among puerperal women and midwives, their perspective during pregnancy and labour in the Holy Family Hospital, Berekum.

## **1.2 General objective**

To investigate the neglect of respectful maternity care among puerperal women and midwives, their perspective during pregnancy and labour in the Holy Family Hospital, Berekum.

## **1.3 Specific objective**

1. To determine the experience of mistreatment during pregnancy and their reaction to mistreatment
2. To determine the experience of mistreatment during labour and their reaction to mistreatment
3. To investigate strategies to promote respectful maternity care by midwives

## **1.4 Operational definition**

**Mistreatment:** the action of being ill-treated or roughly handled

**Respect:** is a specific feeling of regard for the actual qualities of the one respected

**Respectful Maternity Care:** RMC refers to “care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter reviews literature related to the factors associated with mistreatment of women during pregnancy and childbirth. The review specifically discussed the prevalence of mistreatment in maternity care, categories of mistreatment, and strategies to promote respectful maternity care by midwives.

#### **2.1 Mistreatments Experienced During Pregnancy and Labour**

Maltreatments have been documented in many countries across the globe. The World Health Organization (2014) estimated that 35% of women (one in every three women) worldwide have experienced physical or sexual intimate partner violence or non-partner sexual violence at some point of their lives. Existing research suggests that even in high resource setting, childbirth could be excruciating and terrifying experience (Carlo et al., 2015).

In the context of maternal health however, Pakistan is one of the countries with the highest prevalence of maltreatment of women during childbirth in south Asia (Azhar, Oyeboode, & Masud, 2018). It is estimated that 61% of women who use health facilities during their first birth in Pakistan, do not use it again in their subsequent birth. Azhar et al., (2018) reported the most common form of abuse as violation of women's right to be informed and make their own choice (97.5%), followed by abandonment of care (72.5%), and non-confidential care (58.6%).

Maltreatment of women during childbirth is however also prevalent in a number of African countries. In rural Tanzania, Kruk et al. (2018) found the frequency of abuse during childbirth to be 19.48% in facility exit sample and 28.21% in a follow up sample. Abuya et al. (2015) exploring the prevalence of disrespectful and abusive treatment in Kenya, also found 20% of women reporting some forms of maltreatment. Manifestation of these maltreatments included:

lack of privacy (8.5%), non-dignified care (18%), neglect (14.3%), lack of informed consent (4.3%), physical abuse (4.2%) and detention (8.1%). Such treatment does not only breach the rights of women to dignified care, but can also endanger their rights to life, and freedom from discrimination (Burrowes et al., 2017).

Findings from women and healthcare providers in two regional health facilities in Ethiopia revealed underutilization of facility based delivery, despite a national scale up in the numbers of train providers in health facilities (Burrowes et al., 2017). At 28% skill birth attendance, 82% of providers cited occurrences of disrespect and abuse in their facilities (Burrowes et al., 2017). Several, of the post-partum women surveyed reported maltreatment (21%), non-consented care (17.7%), and lack of privacy (15.2%) as barriers to use of health facilities (Burrowes, et al., 2017).

A systematic review by Bohren et al. (2017) on prevalence of maltreatment of women during childbirth also reported verbal abuse, such as shouting at women, physical abuse such as slapping, and detention for non-payment. In some extreme cases, women strive to reach a hospital, only to be unattended by healthcare providers and give birth on the floor. In rural northern Ghana, evidence by Moyer et al. (2014), suggest that women experience physical abuse such as being hit, slapped, kicked, or beaten in an attempt to get them to comply with instructions and to push.

Recent studies have shown that large numbers of women around the world experience maltreatment during childbirth or abortion (Burrowes et al., 2017). Bowser and Hill in White Ribbon Alliance (2018) categorised the various forms of maltreatments into seven groups. These include, (1) Physical abuse: hitting, slapping, sexual abuse, surgery without the use of anesthesia; (2) Non-consented care: not providing adequate information to patients on procedure; (3) Non confidential care: conducting and sharing sensitive patient information in

a non-private setting; (4) Non-dignified care: intentionally humiliating, scolding, or shouting at patients; (5) Discrimination: based on patient attributes; (6) Abandonment of care: neglect of women during labour, not treating women during life threatening situations; and (7) Detention in facilities: restraining women for nonpayment of user fees, requesting bribes and unfair requests for payments.

A cross-sectional study with labour observations and community-based surveys was conducted across four countries; Ghana, Guinea, Myanmar, and Nigeria. The study found that (35.4%) surveyed women experienced physical abuse (10.7%), verbal abuse (30.7%), and stigma or discrimination (3.0%). Physical and verbal abuse peaked 30 min before birth until 15 min after birth (observation). Many women did not consent for episiotomy (75.1%) or caesarean section (13.4%), despite receiving these procedures. Regarding pain relief; 57.2% of women were not offered pain relief during time in hospital, 19.8% of women requested pain relief, 28.5% of women requested pain relief but did not receive it, 5.6% of women were denied pain relief during time in hospital. Regarding neglect and abandonment; 22.0% of women waited for long periods of time before attended by health worker, 2.0% of women indicated staff member not present when the baby came out and 16.2% of women felt ignored, neglected, or that presence was a nuisance for staff. Pertaining to the health system; 45.0% of women indicated that curtains, partitions, or other privacy measures not used, 27.1% said staff suggested or asked for a bribe, informal payment, or gift and 4.4% indicated they were instructed to clean up own blood, urine, faeces, or amniotic fluid after birth. The study concluded that more than a third of women experienced mistreatment and were particularly vulnerable around the time of birth. Women who were younger and less educated were most at risk, suggesting inequalities in how women are treated during childbirth (Bohren, et al., 2019).

A qualitative study was conducted in South Africa to examine mistreatment of women during childbirth in health facilities. The study found that health workers often failed to meet

professional standards of care intended to address the basic needs of women during childbirth, particularly regarding (1) lack of informed consent and confidentiality, (2) improper conduct of physical examinations and medical procedures, and (3) neglect and abandonment of women. Women complained that they did not provide consent for medical procedures such as cesarean section. When women were asked to provide consent prior to a procedure, they were not always adequately informed of the risks and benefits and felt that the health worker only went through the motions of obtaining consent. Women complained that health workers did not maintain doctor-patient confidentiality and disclosed private information to male partners or other patients. Many women reported frequent and painful vaginal examinations during labor which they viewed as excessive and dehumanizing. Vaginal examinations were sometimes conducted in a non-private setting. Health workers sometimes withheld pain relief, or pain medication was not available for women during labor, often due to stock outs or insufficient patient payment. Women frequently referred to long delays in receiving care and inattentive health workers who neglected women during labor and delivery. Women reported feeling alone, ignored, and abandoned during their stay at the facility, and felt that their request for help or attention from health workers was an imposition (Bohren, et al., 2015).

A cross sectional study was conducted in forty-three (43) facilities across 15 districts in Bangladesh, 16 in Ghana and 12 in Tanzania. The Ghanaian study found that majority of respondents were satisfied with care as (92.7%) were satisfied with attitude of providers, 88.7% were satisfied with information received from providers on breast feeding and 54.6% were satisfied with information received from providers on family planning (Manu, et al., 2021).

Also in Tanzania, McMahon et al. (2017) conducted a qualitative study on disrespectful and abusive maternity care. In-depth interviews occurred with 112 participants, including women, their male partners, community health workers, and public opinion leaders. The most frequently cited type of harsh or abusive treatment was Feeling ignored or neglected. Verbal

Abuse was also commonly reported, whereas Physical Abuse was rarely identified. Unpredictable Financial Demands was another type of abusive treatment mentioned.

## **2.2 Puerperal Women Reaction to Mistreatment During Pregnancy and Labour**

There is a perception that facility-based deliveries are organized to provide safety for both mothers and babies. However, many facilities are unable to provide minimum standards for safe delivery, under-staff and a society with little information of their rights to health (Warren, Njue, Ndwiga, & Abuya, 2017). women and their male partners and health care providers respond to disrespectful and abusive treatment differently. Balde et al. (2017) categorized women's responses to maltreatments during childbirth under three main themes: (1) acceptance and forgiveness; (2) retaliation against the provider; and (3) changes to future care-seeking behaviours (Balde et al., 2017).

### **2.2.1 Acceptance and Forgiveness**

Women who experienced maltreatment may express satisfaction upon seeing their babies after delivery (Balde et al., 2017). These women usually forgive the care givers for maltreating them, on the grounds that the maltreatment helped them to deliver a healthy baby or because acceptance and forgiveness is viewed as their only option (Balde et al., 2017). Another group of women may also forgive their care givers for maltreating them because of dread of striking back during later visits combined with vulnerability on what exactly one has to do viably to address the abuse (McMahon, et al., 2017). Furthermore, status placed on care givers in communities prevented women from speaking against their poor treatment as tradition demands (Balde et al., 2017).

### **2.2.2 Retaliation against the Provider**

In as much as other women forgive after receiving maltreatment from their providers, other women as well as their male partners will not forgive. Such women often become furious with

care providers after sensing abused, and often consider retaliation against the care givers. As reported in one study, some women said they; will wait until after delivery to get revenge (Balde et al., 2017). Another outrageous reaction to maltreatment was portrayed by a male accomplice, who saw a man assaulting a care giver who demanded for a bribe before treating his labouring spouse (McMahon et al., 2017). That doctor was beaten by the man. He said to the doctor, I do not have that money. But she needs those services. The doctor said, Go get some money. He went home and got some cash. At that point he gave the cash to the doctor. Immediately the doctor took the cash, the man hit him and said to the doctor, "You must be a doctor to all, and not to take rewards." And he began beating him. (McMahon et al., 2017).

### **2.2.3 Changes to Future Care-Seeking Behaviors of women**

A recent study by Warren et al. (2017) indicated that, women prefer to give birth at home in their second delivery because they are afraid to be beaten by their care givers who previously maltreated them. Some also indicated that, their previous experience(s) deter them from giving birth anymore, given that there are only few options for other nearby hospitals with maternity wards (Warren et al., 2017; Balde et al., 2017). Going to the home of a TBA or delivering at home in the presence of a TBA irrespective of the distance to a facility – was a means to avoid unpleasant experiences at facilities (McMahon et al. 2017).

### **2.3 Strategies to Promote Respectful Maternity Care by Midwives**

In every country and community worldwide, pregnancy and childbirth are significant events in the lives of women and their families. Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care throughout pregnancy and childbirth, as well as the right to be free from violence and discrimination (White Ribbon Alliance, 2018).

A health service charter to promote accountability has been reported. A service charter is a simple public document which briefly and clearly states the standard and quality of service that any customer can expect from an organization within the context of its services. Where they exist, a Ministry of Health's (MOH) service charter usually outlines; Responsibilities of service providers and customers' rights and obligations. A proper channel for incident reporting by the clients would also improve respectful maternity care (Community Facilitator Guide, 2018).

A study conducted in Ethiopia to determine the prevalence and manifestations of disrespect and abuse found that 21% of postpartum women reported any experience of disrespect or abuse. The most commonly reported categories of disrespect and abuse were non-consented care (17.7%), lack of privacy (15.2%), and non-confidential care (13.7%). There were however, no reports of detention in facilities and discrimination. The result of the study was used to inform selection of interventions for the promotion of respectful maternity care). Interventions currently used include; Infrastructure improvements of facilities to encourage birth companions, ensure infection prevention, increase availability of beds in post-natal ward, and improve privacy. Orientation of providers on promoting choice of mothers, ethical conduct and women-friendly care including calling women by their name; consent for all procedures, information about care, treatment and status; preferred birth positions, and birth companions (L10K, 2018).

A quantitative study was conducted to assess the impact of educational interventions for midwives, nurses, or midwifery/nursing students to enhance respectful maternity care. The study reported that education is one strategy to promote respectful maternity care among care providers in facility- based childbirth. Findings suggest continuous education rather than one-off interventions and inclusion of other health care providers as well as managerial staff

working in maternity care would help promote respectful care (Dhakal, Creedy, Gambele, Newnham, & Mcinnes, 2022).

A phenomenological qualitative research design was employed to conduct a study in Kumasi, Ghana. A semi-structured interview guide and face-to-face in-depth interviews were used to generate the data. Some of our participants suggested that, to ensure optimal RMC, during antenatal care visits, childbearing women should be thoroughly equipped with information on the phases of labour and pain management. They believe that this education will help childbearing women to cope with and manage their pains during labour and make them cooperative with caregivers when admitted at the facility. Evidence suggests factors that might promote RMC in low and middle income countries include creating access to quality training and supervision for midwives, increasing staff numbers and reducing workloads, improving salaries and living conditions of midwives, building well-equipped, well organized healthcare facilities with all the essential resources needed for quality care, fostering teamwork, trust, collaboration, and communication among health workers and with childbearing women (Millicent, et al., 2019).

## **CHAPTER THREE**

### **MATERIALS AND METHODS**

#### **3.0 Introduction**

This chapter discussed the methods used in collecting primary data for the study. The discussion comprised the study design, study area, study population, sample size, sampling techniques, data collection techniques and instrument, data processing and analysis, ethical considerations and limitations.

#### **3.1 Study area**

The Holy Family Hospital Berekum is situated in the Bono Region of Ghana. The hospital is a Catholic Diocesan Hospital which serves as a Municipal Hospital. Holy Family Hospital Berekum was established in 1948 by the Medical Mission Sisters and became a Diocesan Hospital in 1978. The major catchment area of the facility is Berekum Municipality. The Hospital provides a 24hour specialist and general services on both out-patient and in-patient basis. The hospital has a total of 11 units/wards. The various units are as follows; Accidents and Emergency Unit, Females Ward, Males Ward, Surgical Ward, Paediatric Ward, Maternity Ward, Labour Ward, Neonatal Intensive Care Unit, PHC, ANC Unit, And Fevers Unit.

#### **3.2 The study population**

The study population was composed of puerperal women and midwives.

#### **3.3 Study design**

Qualitative research design with a phenomenological approach was employed to explore the experiences and views of midwives about respectful maternity care. The phenomenological

approach was used because it permits the authors to investigate the neglect of respectful maternity care by midwives.

### **3.4 Sampling technique and Size**

A convenience sampling method was used in selecting the 50 puerperal women and 20 midwives.

### **3.5 Data collection methods and instruments**

Data was collected through face-to-face survey. A structured, closed ended questionnaire was designed for the data collection. The questionnaire focused on collecting information on a number of issues including socio-demographic characteristics, reproductive and maternal health history, and experiences of mistreatment during childbirth.

### **3.6 Data analysis techniques**

The completed questionnaires were hand-coded and entered into Microsoft Excel. Descriptive statistical analysis (frequency) was performed to describe important characteristics of respondents as well as estimate prevalence and forms of mistreatment women received during childbirth.

### **3.7 Ethical consideration**

An introductory letter was obtained from the administration of Holy Family NMTC, Berekum. Ethical approval was then sought from Holy Family Hospital, Berekum. We consented all participants to participate in the study. Each participant was allowed to ask for clarifications on the study. They were informed that there will be no direct benefits for participation but the information they provide will help improve the quality of maternity care provided in facilities. They were assured of their right to withdraw participation at any time without affecting their position in the facility or care they received, and that information

provided will be treated as confidential. Agreement to participate was indicated with a signature/thumbprint

### **3.8 Limitation of the study**

This study may be limited as it used only a quantitative method to explore provision of respectful maternity care by midwives that cannot be generalized to the entire population.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULTS

#### 4.0 Introduction

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables and figures based on the demographic characteristics and specific objectives.

#### 4.1 Demographic Data of Respondent

In finding out the age of respondents the study revealed that most 34% (17) of the respondents were aged 18-25 years, 26-33 years 32% (16), 34-41 years 24% (12) and above 41 years 10% (5). This is shown in Table 1 below.

**Table 1: Age of respondents**

Variable	Frequency	Percentage
18-25 years	17	34
26-33 years	16	32
34-41 years	12	24
Above 41 years	5	10

The study sought to find out the marital status of respondents, it revealed almost half 46% (23) of the respondents were married, not married 38% (19), separated 12% (6) and Widow 4% (2). This is illustrated in Table 2 below.

**Table 2: Marital status of respondents**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Married	23	46
Not married	19	38
Separated/Divorced	6	12
Widow	2	4

The socio-demographic data collected information on respondents educational level found that less than half 40% (20) of the respondents had tertiary level of education, Senior High School 32% (16), no formal education 14% (7), Primary 8% (4) and Junior High School 6% (3). This is shown in table 3.

**Table 3: Educational level of respondents**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
No formal education	7	14
Primary	4	8
JHS	3	6
SHS	16	32
Tertiary	20	40

Respondents were asked to write their various denominations as part of the socio demographic data collection. Most 34% (17) of the respondents belonged to the Roman Catholics, Presbyterian Church 24% (12), Pentecost Church 20% (10), Deeper life 8% (4) and Church of Christ 4% (2). This is illustrated in table 4.

**Table 4: Denomination of respondents**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Pentecost church	10	20
Deeper life	4	8
Church of Christ	2	4
Roman Catholic	17	34
Presbyterian Church	12	24
Methodist Church	5	10

In trying to find out respondents' occupation respondents were tasked to indicate their occupation. It was found that nearly half 44% (22) of the respondents were government employees, personal business 42% (21) and others such as students 14% (7). This is shown on table 5.

**Table 5: Occupation of respondents**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Government employee	22	44
Personal business	21	42
Others	7	14

In trying to find out respondents ethnicity respondents were given to opportunity to write their ethnicity. Majority 76% (38) of the respondents were Akans, Ga's 10% (5), Ewe 8% (4) and Dagomba 6% (3). This is illustrated in table 6 below.

**Table 6: Ethnicity of respondents**

Variable	Frequency	Percentage
Akan	38	76
Ewe	4	8
Ga	5	10
Dagomba	3	6

In trying to find out the parity of pregnant found that 36% (18) of the respondents were para two, 30% (15) of them were para three, 14% (7) of them were para one, 12% (6) of them were para four, 4% (2) were para 5 and above 5. This is depicted in table 7 below.

**Table 7: Parity of respondents**

Variable	Frequency	Percentage
1	7	14
2	18	36
3	15	30
4	6	12
5	2	4
Above 5	2	4

#### **4.2 Experience of Mistreatment During Pregnancy and Reaction Towards Mistreatment**

In trying to ascertain how confidentiality was maintained during pregnancy, respondents were asked to select from various option the kind of mistreatment encountered during pregnancy. It was found that exactly half 50% (25) of the respondents mentioned that confidentiality was ensured by closing of doors and windows, provision of screen during procedures 20% (10),

been assured of keeping information confidential 16% (8) and holding sensitive conversations in private 14% (7). This is illustrated on table 8 below.

**Table 8: Respondents on how confidentiality was maintained during pregnancy**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Closed doors and windows	25	50
Conversations held in private	7	14
Been assured of keeping information confidential	8	16
Provision of screen during procedures	10	20

In soliciting for physical abuse experienced by respondents during pregnancy (38) 76% of the respondents experienced physical abuse in the form of hitting and 24% (12) was beating. This is shown in table 9 below.

**Table 9: Respondents on form of physical abuse experienced during pregnancy**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Beating	12	24
Hitting	38	76

Respondents reaction to physical abuse during pregnancy was solicited for and it was found that 82% (41) of the respondents reacted to physical abuse by remaining silent, 64% (32) forgave the provider and 16% (8) were depressed. As shown in table 10 below.

**Table 10: Respondents reaction to physical abuse during pregnancy (multiple selection)**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Forgave the provider	32	64
Remained silent	41	82
Depressed	8	16

Findings of mistreatment in relation to verbal abuse during pregnancy revealed that 68% (34) of the respondents experienced verbal abuse in the form of insults while 22% (11) indicated they were shouted at. This is shown in table 11.

**Table 11: Respondents on form of verbal abuse experienced during pregnancy**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Insult	34	68
Shouting	11	22
None	5	10

Respondents reaction to verbal abuse during pregnancy was solicited for and it was found that 60% (30) remained silent, 22% (11) and had depression 14%. As shown in table 12 below.

**Table 12: Respondents reaction to verbal abuse during pregnancy (multiple selection)**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Forgave the provider	7	14
Remained silent	30	60
Depressed	11	22

Regarding experience of non-consented mistreatment during pregnancy 64% (32) of the respondents experienced non-consented mistreatment during examinations of the vagina and abdomen, 24% (12) during injection and 12% (6) during sample collection. This is shown in table 13 below.

**Table 13: Respondents on form of non-consented mistreatment experienced during pregnancy**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
During injection	12	24
Examinations	32	64
Sample collection	6	12

Respondents reaction to non-consented mistreatment during pregnancy was solicited for and it was found that majority 76% (38) of the respondents reacted to non-consented mistreatment by remaining silent, 50% (25) forgave the provider and 10% (5) had depression. This is shown in table 14.

**Table 14: Respondent reaction to non-consented mistreatment during pregnancy (multiple selection)**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Forgave the provider	25	50
Remained silent	38	76
Depressed	5	10

Mistreatment about abandonment during pregnancy found that 94% (47) of the respondents experienced abandonment in the form of late care. This is shown in table 15 below.

**Table 15: Respondents form of abandonment experienced during pregnancy**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Late care	47	94
None	3	6

Respondents reaction to abandonment mistreatment during pregnancy was solicited for and it was found that 60% (30) of the respondents reacted to abandonment by forgiveness, 52% (26) remained silent and 14% (7) had depression. As shown in table 16 below.

**Table 16: Respondents reaction to abandonment mistreatment during pregnancy (multiple selection)**

Variable	Frequency	Percentage
Forgave the provider	30	60
Remained silent	26	52
Depressed	7	14

### 4.3 Experience of Mistreatment During Labour and Reaction Towards Mistreatment

In trying to ascertain how confidentiality was maintained during labour, respondents were asked to select from various option the kind of mistreatment encountered during labour. It was found that 78% (39) of the respondents mentioned that confidentiality was ensured by closing of doors and windows, been assured of keeping information confidential 10% (5), holding sensitive conversations in private 8% (4) and provision of screen during procedures 4% (2). This is illustrated on table 17 below.

**Table 17: Respondents on how confidentiality was maintained during labour**

Variable	Frequency	Percentage
Closed doors and windows	39	78
Conversations held in private	4	8
Been assured of keeping information confidential	5	10
Provision of screen during procedures	2	4

In soliciting for physical abuse experienced by respondents during labour 58% (58) of the respondents experienced physical abuse in the form of beating and 42% (21) was hitting. This is shown in table 18 below.

**Table 18: Respondents on form of physical abuse experienced during labour**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Beating	29	58
Hitting	21	42

Respondents reaction to physical abuse during labour was solicited for and it was found that 82% (41) of the respondents reacted to physical abuse by remaining silent, 64% (32) forgave the provider and 16% (8) were depressed. As shown in table 19 below.

**Table 19: Respondents reaction to physical abuse during labour (multiple selection)**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Forgave the provider	32	64
Remained silent	41	82
Depressed	8	16
Decided not to return to the facility again after labour	15	30

Findings of mistreatment in relation to verbal abuse during labour revealed that 58% (29) of the respondents experienced verbal abuse in the form of insults while 32% (16) indicated they were shouted at. This is shown in table 20.

**Table 20: Respondents on form of verbal abuse experienced during labour**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Insult	29	58
Shouting	16	32
None	5	10

Respondents reaction to verbal abuse during labour was solicited for and it was found that 70% (35) of the respondents reacted to verbal abuse by not returning to the facility, 60% (30) remained silent, 22% (11) had depression and 14% (7) forgave the provider. As shown in table 21 below.

**Table 21: Respondents on reaction to verbal abuse during labour (multiple selection)**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Forgave the provider	7	14
Remained silent	30	60
Depressed	11	22
Decided not to return to the facility again after labour	35	70

Regarding experience of non-consented mistreatment during labour 80% (40) of the respondents experienced non-consented mistreatment during examinations of the vagina and abdomen, 12% (6) during injection and 8% (4) during sample collection. This is shown in table 22 below.

**Table 22: Respondents on form of non-consented mistreatment experienced during labour**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
During injection	6	12
Examinations	40	80
Sample collection	4	8

Respondents reaction to non-consented mistreatment during labour was solicited for and it was found that majority 76% (38) of the respondents reacted to non-consented mistreatment by remaining silent, 50% (25) forgave the provider, 14% (7) did not returning to the facility and 10% (5) had depression. This is shown in table 24.

**Table 23: Respondents reaction to non-consented mistreatment during labour (multiple selection)**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Forgave the provider	25	50
Remained silent	38	76
Depressed	5	10
Decided not to return to the facility again after labour	7	14

Mistreatment about abandonment during labour found that 90% (45) of the respondents experienced abandonment in the form of labour pain, 10% (5) experienced late care. This is shown in table 24 below.

**Table 24: Respondents form of abandonment experienced during labour**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Labour pain	45	90
Late care	5	10

Respondents' reaction to abandonment mistreatment during labour was solicited for and it was found that 60% (30) of the respondents reacted to abandonment by forgiveness, 52% (26) remained silent, 26% (13) did not return to the facility and 14% (7) had depression.

**Table 25: Respondent's reaction to abandonment mistreatment during labour (multiple selection)**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Forgave the provider	30	60
Remained silent	26	52
Depressed	7	14
Decided not to return to the facility again after labour	13	26

### 4.3 Socio-Demographic Data of Midwives

The study sought to find out the ages of midwives, the findings revealed that most 46% (23) of the respondents were aged 26-33 years, 18-25 years 18% (9), 34-41 years 22% (11) and above 41 years 16% (8). It is shown in Table 26 below.

**Table 26: Age of midwives**

Variable	Frequency	Percentage
18-25 years	9	18
26-33 years	23	46
34-41 years	11	22
Above 41 years	8	16

Socio demographic data related to marital status of midwives found almost half 44% (22) of the respondents were single, married 30% (15), separated 18% (9) and Widow 8% (4). This is shown in Table 27.

**Table 27: Marital status of respondents**

Variable	Frequency	Percentage
Married	15	30
Single	22	44
Separated/Divorced	9	18
Widow	4	8

Information was collected on educational level of midwives, the findings showed that almost all 98% (49) of the respondents have tertiary level of education. This is shown in table 28.

**Table 28: Educational level of respondents**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
SHS	1	2
Tertiary	49	98

In trying to find out educational level of respondents, they were tasked to select their level of education. Findings revealed that majority 96% (48) of the respondents had 1 to 5 years working experience while only 4% (2) had 6 to 10 years working experience. This is shown in table 29.

**Table 29: Years of practice of midwives**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
1-5 years	48	96
6-10 years	2	4

#### **4.4 Strategies to Promote Respectful Maternity Care by Midwives (multiple selection allowed)**

In soliciting for midwives views on strategies to promote respectful maternity care, 68% (34) of the respondents said formulating a service charter will promote respectful maternity care, 70% (35) of them cited that providing channel for reporting mistreatment will help improve respectful maternity care. Data gathered on infrastructure improvement to facilitate birth companions was 38% (19). Training of midwives to promote respectful maternity care was 44% (22), gathering data on educating women on the phases of labour and pain management was 34% (17%). In finding out respondents views concerning supervision of midwives, it was found that 100% (50) of the respondents indicated that supervision of midwives is a way to

promote respectful maternity, in trying to know the views of respondents concerning increasing staff numbers and reducing workloads 34% (17) were identified. Data gathered on how communication among health workers and childbearing women were 28% (14) indicated it as strategies to promote respectful maternity care by midwives. This is illustrated in table 30.

**Table 30: Strategies to promote respectful maternity care by midwives (multiple selection allowed)**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Formulating a service charter	34	68
Channel for reporting mistreatment	35	70
Infrastructure improvement to facilitate birth companions	19	38
Continuous training of midwives on respectful maternity care	22	44
Educating women on the phases of labour and pain management	17	34
Supervision of midwives	50	100
Increasing staff numbers and reducing workloads	17	34
Communication among health workers and childbearing women	14	28

## **CHAPTER FIVE**

### **DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter provides an in-depth look at the major findings that emerged out of the research, comparison of the analyzed data with findings from other literature, conclusion, and recommendations.

#### **5.1 Discussions**

##### **5.1.1 Experience of Mistreatment During Pregnancy and Reaction Towards**

###### **Mistreatment**

The current study found that women encountered lots of mistreatment during pregnancy (hitting 76%, insult 68%, labour pains 78%) However, confidentiality was ensured (closing of doors and windows). Contrastingly, Carlo et al. (2015) reported a high percentage regarding how confidentiality is ensured by midwives. The current finding depicts low confidentiality level on privacy of respondents. Existing research suggests that high confidentiality in healthcare workers plays a vital role in ensuring high quality healthcare delivery.

##### **5.1.2 Experience of Mistreatment During Labour and Reaction Towards Mistreatment**

Women experienced a very high level of mistreatment during labour ranging from physical abuse, verbal abuse, non-consented mistreatment and non-confidential mistreatment, (closing of doors and windows 78%, beating 58% insult 58% examination 64%) . Consistently, Carlo et al. (2015) reported a high percentage regarding how confidentiality is ensured by midwives. The current finding depicts high confidentiality level regarding privacy of respondents. Existing research suggests that high confidentiality in healthcare workers plays a vital role in ensuring high quality healthcare delivery.

### **5.1.2 Strategies to Promote Respectful Maternity Care by Midwives**

Midwives have now come to the recognition of strategies to promote respectful maternity care. (supervision of midwives 100%,channel of reporting mistreatment 70% formulating of service charter 68%).Consistently, Millicent et al. (2019) opined that factors that might promote Respectful Maternity care in low and middle income countries include creating access to quality training and supervision for midwives, improving salaries and living conditions of midwives, building well-equipped, well organized healthcare facilities with all the essential resources needed for quality care, fostering teamwork, trust, collaboration, and communication among health workers and with childbearing women. Also, findings in Dhakal et al. (2022) suggested continuous education rather than one-off interventions and inclusion of other health care providers as well as managerial staff working in maternity care would help promote respectful care.

### **5.2 Conclusion**

The study concluded that pregnant women experienced mistreatment during pregnancy and labour. They encountered various forms of mistreatment in the form of physical abuse, verbal abuse, abandonment and non-consented mistreatment. Due to these various forms of mistreatment respondents reacted in various ways such as remaining silent, forgiving the provider, and some even decided not to return to the facility after labour. Midwives have recognized some strategies which they are yet to put in place which would go a long way to improve respectful maternity care and lead to a drastic reduction in mistreatment during pregnancy and labour.

### **5.3 Recommendations**

Based on the findings of the study, the following recommendations were made;

1. The management of the hospital should organize frequent supervision and training of midwives on respectful maternity care. Education is one strategy to promote respectful maternity care among care providers in facility-based childbirth.
2. The management of the hospital should establish a reporting mechanism in the hospital, so that women who suffer mistreatments during pregnancy and childbirth can feel free to report the mistreatment suffered.
3. The nurse managers at the various maternal units should formulate strategies to curb mistreatment during pregnancy and labour. This will help the midwives to be able to provide high quality maternal health services without any undue stress.

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November 21, 2022

Our Ref. ....

Your Ref. ....

Date .....

Martha Kyeremaa  
Holy Family NMTC  
Post Office Box 21  
Berekum

Dear Ms. Kyeremaa

**PERMISSION TO CONDUCT RESEARCH**

With reference to your Memorandum dated November 21, 2022, I write to notify you that the students listed below have been granted permission to conduct their research in the College on the topic "Experience and Perception during the Peak of COVID-19 among Third Year students at Holy Family Nursing and Midwifery Training College, Berekum"

1. Sarpong Nancy
2. Henewaa Olivia
3. Oppong Kyekyeku Bridget

Thank you.

Yours faithfully

ACADEMIC CO-ORDINATOR - NURSING  
HOLY FAMILY NURSING & MIDWIFERY  
TRAINING COLLEGE, BERKUM

Rev. Sr. Maragret Afrifa  
Academic Coordinator for Nursing  
For: Principal

**APPENDICES**

**QUESTIONNAIRE**

Greetings, we are students of Holy Family Nursing and Midwifery Training College, Berekum conducting research on the topic ‘‘**Neglect of respectful maternity care among puerperal women and midwives, their perspective during pregnancy and labour in the Holy Family Hospital, Berekum**’’

Your responses to all questions will be confidential and will not be shared with anyone other than members of the study team. No answer is wrong. Your participation in the study is voluntary and you are free to end the interview process at any time. However, we will be happy if you participate in the study to contribute to existing knowledge on pregnant mothers. Sign or thumbprint in the space provided to indicate that you have fully consented to the study.

.....

Signature/Thumbprint

**PART ONE**

**SECTION A: Socio-Demographic Data of Puerperal Women**

- 1. Age: .....
- 2. Marital status:
  - a. Married
  - b. Not married
  - c. Separated/Divorced
  - d. Widow
- 3. Educational level:

- a. No formal education
  - b. Primary
  - c. JHS
  - d. SHS
  - e. Tertiary
4. Denomination: .....
5. Occupation:
- a. Government Employee
  - b. Personal business
  - c. Others (specify) .....
6. Ethnicity: .....
7. Parity: .....

**SECTION B: Experience of Mistreatment During Pregnancy and Reaction Towards Mistreatment**

Write the form of mistreatment you experienced during pregnancy in the space provided and indicate with a tick [√] your reaction to such mistreatment

8. Share how your confidentiality was maintained during pregnancy?
- .....
- .....
- .....
9. Which form of physical abuse did you experience during pregnancy and your reaction?
- .....
- .....

Indicate with a tick [√] your reaction to such mistreatment (*Multiple selection allowed*)

- a. Forgave the provider
- b. Remained silent
- c. Depressed
- d. Others (specify): .....

10. Which form of verbal abuse did you experience during pregnancy and your reaction?

.....  
 .....

Indicate with a tick [] your reaction to such mistreatment (***Multiple selection allowed***)

- a. Forgave the provider
- b. Remained silent
- c. Depressed
- d. Others (specify): .....

11. Which form of non-consented mistreatment did you suffer during pregnancy and your reaction?

.....  
 .....

Indicate with a tick [] your reaction to such mistreatment (***Multiple selection allowed***)

- a. Forgave the provider
- b. Remained silent
- c. Depressed
- d. Others (specify): .....

12. Which form of abandonment did you suffer during pregnancy and your reaction?

.....  
 .....

Indicate with a tick [] your reaction to such mistreatment (***Multiple selection allowed***)

- a. Forgave the provider
- b. Remained silent
- c. Depressed
- d. Others (specify): .....

**SECTION C: Experience of Mistreatment During Labour and Reaction Towards**

**Mistreatment**

Write the form of mistreatment you experienced during labour in the space provided and indicate with a tick [√] your reaction to such mistreatment

13. Share how your confidentiality was maintained during labour?

.....  
 .....  
 .....

14. Which form of physical abuse did you experience during labour and your reaction?

.....  
 .....

Indicate with a tick [√] your reaction to such mistreatment (***Multiple selection allowed***)

- a. Forgave the provider
- b. Remained silent
- c. Depressed
- d. Decided not to return to the facility again after labour
- e. Others (specify): .....

15. Which form of verbal abuse did you experience during labour and your reaction?

.....  
 .....

Indicate with a tick [√] your reaction to such mistreatment (**Multiple selection allowed**)

- a. Forgave the provider
- b. Remained silent
- c. Depressed
- d. Decided not to return to the facility again after labour
- e. Others (specify): .....

16. Which form of non-consented mistreatment did you suffer during labour and your reaction?

.....  
.....

Indicate with a tick [√] your reaction to such mistreatment (**Multiple selection allowed**)

- a. Forgave the provider
- b. Remained silent
- c. Depressed
- d. Decided not to return to the facility again after labour
- e. Others (specify): .....

17. Which form of abandonment did you suffer during labour and your reaction?

.....  
.....

Indicate with a tick [√] your reaction to such mistreatment (**Multiple selection allowed**)

- a. Forgave the provider
- b. Remained silent
- c. Depressed
- d. Decided not to return to the facility again after labour
- e. Others (specify): .....

## PART TWO

Greetings, we are students of Holy Family Nursing and Midwifery Training College, Berekum conducting research on the topic ‘‘**Neglect of respectful maternity care among puerperal women and midwives, their perspective during pregnancy and labour in the Holy Family Hospital, Berekum**’’

Your responses to all questions will be confidential and will not be shared with anyone other than members of the study team. No answer is wrong. Your participation in the study is voluntary and you are free to end the interview process at any time. However, we will be happy if you participate in the study to contribute to existing knowledge on pregnant mothers. Sign or thumbprint in the space provided to indicate that you have fully consented to the study.

.....

Signature/Thumbprint

### SECTION A: Socio-Demographic Data of Midwives

1. Age (years): .....
2. Marital status: (a) Married  (b) Single  (c) Divorced/Separated  (d) Widowed
3. Educational level: .....
4. Years of practice: .....

### SECTION B: Strategies to Promote Respectful Maternity Care by Midwives

5. Indicate with a tick [] your opinion on how to promote respectful maternity care  
*(Multiple selection allowed)*
  - a. Formulating a service charter that outlines responsibilities of midwives and customers right

- b. Channel for reporting mistreatment
- c. Infrastructure improvement to facilitate birth companions
- d. Continuous training of midwives on respectful maternity care
- e. Educating women on the phases of labour and pain management
- f. Supervision of midwives
- g. Increasing staff numbers and reducing workloads
- h. Communication among health workers and childbearing women
- i. Others (specify): .....