Research Article

Prevalence of suffering from disrespectful and abusive care in pregnant women reporting to public sector facilities

Muhammad Sharjeel[1], Muhammad Shehryar[2], Qindeel Fatima[3], Anum Nawaz[4], Muhammad Umair[5], Rabeea Mazhar[6], Muhammad Sameel[7], Muhammad Shah Wali[8], Saira Tariq[9], Muhammad Tufail[10]

[(10)]University Hospitals of Leicester NHS Trust, United Kingdom
[(1-2)]King Edward Medical University Lahore, Pakistan, [(3)]Shifa International Hospital, Islamabad, [(4-9)]King Edward Medical University Lahore, Pakistan

Abstract:

Background/ Objectives: Disrespectful and abusive treatment in pregnancy is highly prevalent in developing countries and causes psychological distress/birth complications. Study objective was to categorize disrespect & abuse of pregnant women in the public healthcare, to observe if any instance of disrespect and abuse has negatively impacted them and to check whether their choice of public healthcare would change for the next childbirth.

Methodology: A cross-sectional study was carried out at Lady Aitchison Hospital in Lahore (Pakistan) using purposive sampling. Data was obtained from 126 pregnant/post-partum females and analysis done via SPSS-23. Data collection tool was a standardized questionnaire (Bowser & Hill analysis) classifying the Disrespect & Abuse into 7 types. The research was completed in 7 months.

Results: The frequency of females reporting disrespect & abuse in at least one category was 52.4%. Out of these, 16.6% suffered more than one kind of abusive care. Non-consented care was most frequently observed (68.2%). Mostly, women of 23-32 years age (76.2%) were the victims. Females with a secondary or higher education were more likely to report disrespectful treatment (71%). About 6.3% females subjectively reported to be negatively impacted by disrespect and abuse. Despite the high frequency of abusive treatment, 98.4% females expressed their future preference for maternal healthcare to be public sector.

Conclusion: Females reported at least one episode of disrespect and abuse, which was more common in educated women aged 23-32. Non-consented care is most often experienced. However, this did not negatively impact the pregnant women and a majority would still opt for public sector maternity care.

Corresponding Author: Muhammad Shehryar

Supervisor: Prof. Dr. Saira Tariq | Department of Community Medicine, KEMU, Lahore

Keywords:….

INTRODUCTION:

Pregnancy is a period of extreme care during which a woman carries her child for a period of almost 280 days (nearly 9 months). A sympathetic care is a basic right of pregnant women.[1] In this regard, it is the responsibility of health professionals to treat pregnant females honorably so that they face no mental stress during the gestational period.

Any error in the care of a pregnant lady by healthcare personnel can result in complications. According to international healthcare statistics, approximately 213 million pregnancies occurred worldwide in 2012, with nearly 190 million (89%) occurring in the developing countries.[2] Pregnancies among women aged 15 to 44 years were 133/1,000. (2) According to reports, 10% to 15% of identified pregnancies result in miscarriage.[3] In 2016, 230,600 women died as a result of pregnancy complications. [4]

Pakistan has remarkably high maternal, newborn (less than a month's age) and infant (age between 1-12 months) mortality rates. An estimate shows a maternal mortality rate of 260/100,000 live births in Pakistan while the country's neonatal mortality rate is 2nd highest in South Asia.[5] Currently, merely 15% deliveries are being conducted by Pakistan's public healthcare,[6] while the remaining are carried out either in the private facilities or by local traditional birth attendants (TBAs).

Pregnant women in a developing country like Pakistan bear innumerable issues included within the spectrum of disrespect and abuse (D & A).[7] However, the concept of respectful maternity care is very difficult to be made measurable as it is mostly dependent on one's own way of perception.[8] The degree of disrespectful / abusive care is associated with the level of health care (primary, secondary or tertiary), level of qualification of health professionals, socioeconomic status of the woman's family etc.[9] Examples of disrespectful & abusive care range from non-cooperative and unprofessional behavior (not sharing authentic medical information or acting rudely) to physical assaults (such as slapping a pregnant woman).[10] Disrespect of pregnant women can also be attributed to the social violence in a community. [10]

Bowser and Hill[11], using qualitative accounts, presented seven main categories of disrespect and abuse: physical abuse, non-consented care, non-confidential treatment, non-dignified care, discrimination, abandonment of care, and confinement in health care institutions. Disrespect and abuse during pregnancy, according to Freedman et al.[12], are defined as personal interactions or health-care facility-based settings that are generally regarded as demeaning to females.

Disrespectful and abusive care during childbirth can influence birth outcomes adversely.[13] Such malpractices in the public sector lead to a negative impact on the pregnant women who may choose quite expensive private health facilities for subsequent childbirths or even resort to home deliveries.[6] Almost 61% of the women prefer health facilities for their first delivery but not for the next childbirths (51%) which may be attributed to a previous facility-based harsh treatment.[14] A bitter experience at a health facility may lead to psychological burden

which has been linked to a number of congenital malformations among the neonates.[15]

Hence, improving the level of healthcare during pregnancy/childbirth is pivotal in improving the quality of maternal health.[16] A study related to the prevalence of disrespect and abuse during pregnancy is essential to explore a deeper understanding of substandard maternal healthcare in Pakistan.

Literature Review:

Disrespect and abuse of pregnant females by health professionals in maternity settings has been reported worldwide, being more prevalent in low to middle income countries (LMICs). WHO (17) states that disrespect and abuse during childbirth not only violates the basic human rights of pregnant women but also threatens their integrity and freedom from discrimination. Thus, it is an important duty of a medical professional to give utmost respect to the pregnant women.

In the recent years, the relationship between lack of quality of maternal healthcare and poor maternal outcomes has been a major health concern. Maternal mortality is one of the greatest health challenges faced by Pakistan where maternal mortality rate has not significantly declined in the recent era. (18) An estimate shows a high maternal mortality rate of 260/100,000 live births in Pakistan while the country's neonatal mortality rate stands as the 2nd highest in South Asia. (5) Despite the Safe Motherhood Initiative Project (1987) and the MDGs (Millennium Development Goals), the government has made only a marginal improvement in this area. (19) At the national and international levels, there are various factors for the persistence of low maternal/neonatal health outcomes. One example is unequal access to skilled maternal healthcare. Approximately 63% of women receive trained health worker assistance during birth. The coverage of skilled birth facilities is consistent in developed nations, whereas it is only 47% and 61% in Africa and Asia, respectively. (20)

Several nations agreed on eight Millennium Development Goals/MDGs to be accomplished by 2015 during the Millennium Summit (2000). The United Nations and numerous world leaders agreed to the Sustainable Development Goals/SDGs to improve on the MDGs' limited successes. (21) The target No.3.1 of SDGs is to reduce the global maternal mortality ratio to <70/100,000 live births by year 2030.

For the past three decades, the poor status of maternal healthcare in the developing world has been addressed to some extent. The White Ribbon Alliance (22) has prepared a list of women's rights known as "Respectful maternity care: the universal rights of childbearing women"; freedom from abusive treatment; right to information about her own condition, informed consent and respect for her choices; confidential care; honor & dignity; equality & freedom from discrimination; right to timely treatment and the best of health services; liberty, self-determination and freedom from coercion.

Disrespect and abuse of pregnant women can be defined depending upon one's own way of perception. It refers to any attitude of health professionals, deemed as hostile in general opinion. Major practices considered under D & A include;

physical, sexual or verbal abuse; social/religious discrimination; lack of professional healthcare standards; poor interaction; unsatisfactory conditions of healthcare. (10) Such behaviors also include non-consented care, non-confidential care, neglect & abandonment of care.

Mannava P et al. has arranged negative attitudes of maternal care providers into two parts. (23) Primarily, there are negative personal interactions between health professionals and patients. Secondarily, there is poor work performance, which can be described in terms of lack of availability of services etc. The causes of disrespect and abuse are said to be multifactorial, including excessive workload on health department, ignorance of medical ethics, lack of proper directions, lack of professional support for health workers and poor infrastructure of health facilities.

Facility-based childbirth in Pakistan is being conducted in both private and public sectors. However, many women still choose to deliver at home, owing to worse facility conditions or because of perceived/verified disrespect at maternity care facilities. Azhar Z (7) et al has found that women who reported being disrespected and abused during childbirth were four times more likely not to choose maternity care services in future. Perception of the community about the standard of maternity care, belief about the significance of delivery in a health facility & knowledge of the benefits of having deliveries by well-trained gynecologists etc. are associated with carrying out of delivery in a maternal care center. (24) Socioeconomic factors including house income/occupation also influence the decision of maternal healthcare utilization. Bohren et al (25) proposed following barriers in utilization of facility-based delivery; undesirable birth practices, lack of privacy, unable to maintain household during facility-based delivery, difficult access/transport, perceived high cost of facility-based delivery etc.

The care received during child delivery can alter future choice of healthcare utilization. (26) The fear of facing disrespect and abuse or any recent experience of D & A restrains females from seeking institutional health care (27, 28). Maternal abuse has also been reported to lead to post-traumatic stress disorder (PTSD). Thus, a highly prevalent D & A during childbirth can be a possible explanation of low rate of facility utilization for antenatal care/childbirth. Such a low utilization of maternal or neonatal care can give rise to high maternal/neonatal mortality rates. Such a scenario is alarming for Pakistan that has an already lagging record of maternal and newborn health.

AIM:

The aim of this study was to throw light upon the prevalence of disrespect and abuse towards pregnant women reporting to public health sector and the impact of disrespectful care on the minds of females.

OBJECTIVES:

1. To categorize the disrespect and abuse faced by pregnant women in the public health sector by using a well-oriented data collection tool.
2. To find out if any instance of disrespect and abuse has affected the women negatively and to check whether their choice of public maternity

health care would change in case of a subsequent delivery

OPERATIONAL DEFINITIONS:

1. **Pregnancy:**

The status of pregnancy i.e. its duration, expected delivery date etc. can be checked by means of a pregnant woman's case history in the maternity ward of a public sector hospital.

2. **Disrespect and Abuse:**

Disrespect & abuse towards pregnant women in our set-up can be made measurable by using Bowser and Hill Criterion (2010) (11) which elaborates seven different categories of questions to be asked from a pregnant woman; physical abuse, non-consented care, non-confidential care, non-dignified care, discriminatory care, abandonment in facility and detention in facility. This criterion can be used to classify the intensity of disrespect and abuse faced by pregnant women in our public health sector.

3. **Impact of Disrespect & Abuse:**

The impact of D & A can be checked by asking women question regarding their level of satisfaction with public maternity health sector and their future preference of maternity care (public or private sector) for their subsequent deliveries.

METHODS AND METHOD:

1. **Study Design:**

It was a cross-sectional study, conducted in Lady Aitchison Hospital, Lahore (Pakistan), attached with King Edward Medical University, Lahore.

2. **Study Population:**

The pregnant / postpartum females from the Outdoor patient department (OPD) or maternity wards of the hospital were selected as study population.

3. **Study Duration:**

The study was completed in almost 7 months spanning from January to July, 2019.

4. **Sample Size:**

Sample size was calculated to be 126 pregnant / postpartum females in the said hospital by using 95% confidence level, 7% absolute precision, with expected percentage of disrespect and abuse as 20%. (4)

Formula used is as follows:

Sample size = $n = \frac{Z^2_{1-\alpha/2} \cdot p.q}{d^2}$

z= Confidence level (95%) = 1.96

p= Prevalence = 20% (0.2)

d = Absolute precision = 7% (0.07)

q = 1 – p = 1-0.2 = 0.8

5. **Sampling Technique:**

Purposive (non-probability) sampling.

6. **Sample Selection:**

- **Inclusion Criteria:**

  The females, either pregnant or those who had recently delivered a baby, were included in the study.

- **Exclusion Criteria**:

  The females who were not pregnant were excluded from the research.

7. **Data Collection Procedure:**

A common questionnaire was used to collect the data, and it was obtained from Bowser and Hill's landscape

study.[11] Questions were posed to each participant regarding her name, age, occupation, educational background, number of prior preg-nancies, location of prior pregnancies, etc. Seven categories of questions on topics including physical abuse, non-consented care, non-confidential treat-ment, non-dignified care, discrimination, aband-onment of care, and incarceration in a medical facility made up the questionnaire. Additionally, each category included a few pertinent questions that aided in making disrespect and mistreatment of expectant women quantifiable and particular. Even one "yes" response to a question was interpreted as an instance of objective contempt and abuse in that specific category. Instead than simply handing the females the questionnaires, the questions were asked of them in-person. The individuals were also questioned about how satisfied they were with the public maternal health system and what type of facility they would choose to give birth in the future.

8. Data Analysis:

The data analysis was done by using SPSS (Statistical Package for Social Sciences) version 23.0. The prevalence & impact of disrespect and abuse was determined while disrespect and abuse was also classified according to the criterion stated above. The p-value was taken as 0.05. Results were analyzed by using Pearson Chi-square test. Factors like age groups / level of education were compared with the frequency of disrespect and abuse.

ETHICAL CONSIDERATIONS

The research project was undertaken after acquiring ethical approval from the Institutional Review Board (IRB) of King Edward Medical University, Lahore. The administration of the aforementioned hospital in the study setting was also contacted by the researchers and was requested for granting permission for data collection. Prior to data collection, researchers formally explained the main purpose of the study to the pregnant females. After seeking their verbal permission, they were asked to sign the consent forms. Following data collection, the women were also assured about the secrecy of their personal bio-data and medical information.

RESULTS:

The study was carried out in Lady Aitchison Hospital, Lahore. It is affiliated with King Edward Medical University, Lahore and is currently operating as a teaching/tertiary care hospital. The hospital consists of facilities of Outpatient department / OPD as well as maternity wards, where the pre-operative and post-operative female patients are kept. A significant number of females including those from the neighboring cities and peripheral rural areas, seek the hospital's maternal healthcare facilities daily. Thus, it serves as a major maternity healthcare center in the city of Lahore.

A total of 126 pregnant females matching the inclusion & exclusion criteria, were selected by the researchers. Based upon their responses, 52.4% of females objectively reported disrespect and abuse in at least a single category of Bowser & Hill criteria. On the other hand, 47.6% women reported no disrespect & abuse (Figure 1).

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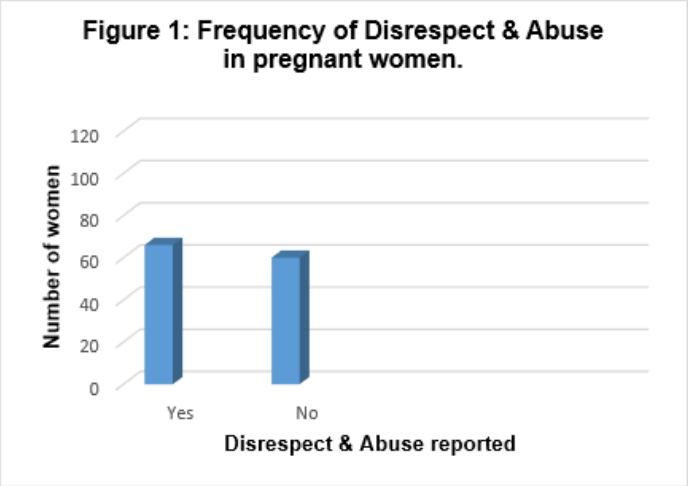


Disrespect and abuse in only one category was observed in 35.7% females (Table 1). However, 16.6% reported having been victims of D & A in more than a single category (Table 2). The most common D & A practice reported by women was non-consented care, seen in a total of 45 subjects (68.2% cases of D & A). It was followed by non-dignified care (27.3% of D & A cases) and abandonment in facility (24.2% of D & A cases)

Table 1: Disrespect & Abuse in a single category of Bowser & Hill Criterion.

Disrespect & Abuse (In single category)	Frequency of females	Percentage
Non-consented care	24	19.0%
Non confidential care	2	1.6%
Non-dignified care	9	7.1%
Discriminatory care	1	0.8%
Abandonment in facility	6	4.8%
Physical abuse	2	1.6%
Detention in facility	1	0.8%
Total	**45**	**35.7%**

Table 2: Disrespect & Abuse in multiple categories of Bowser & Hill Criterion.

Disrespect & Abuse (In multiple categories)	**Frequency of females**	**Percentage**
Non-consented care & Non-confidential care	3	2.4%
Non-consented care & Non-dignified care	6	4.8%
Non-consented care & Abandonment in facility	7	5.6%
Non-consented care, Discriminatory care & Abandonment in facility	2	1.6%
Non-consented care, Non-dignified care & Discriminatory care	2	1.6%
Non-consented care, Non-dignified care, Discriminatory care, Abandonment in facility & Physical abuse	1	0.8%
Total	**21**	**16.6%**

On the basis of degree of disrespect and abuse, it was classified into high grade, medium grade and low grade (Table 3).

Table 3: Classification of Disrespect & Abuse in pregnant women

Sr. No.	Grade of Disrespect & Abuse	Definition	Number of females
1.	Low grade	D & A in a single category	45
2.	Medium grade	D & A in 2 categories	16
3.	High grade	D & A in more than 3 or more categories	5

The mean age of women was calculated to be 26.71 (Standard Deviation = 4.67). Pregnant women were mostly in the age group of 23-27 years i.e, 56 females (44.4%). This very age group included maximum number of females who responded "Yes" (19.0% of 126 cases) to questions about D & A as well as those who responded "No" (25.4% of 126 cases). It was followed by age group of 28-32 years which had 40 females (31.8%). In this age group, approximately 58% females reported at least one kind of disrespect and abuse while 42%didnot report anyD&A(Table 4).

Table 4: Various age groups of participant females.

Age groups	Disrespect & Abuse reported	No Disrespect & Abuse reported
<18 years	1	0
18-22 years	11	8
23-27 years	24	32
28-32 years	23	17
33-37 years	5	2
38-42 years	2	0
>42 years	0	1

Following table 5 depicts the major questions asked from the women during data collection. The number of women answering those questions as "yes" is also provided in the same table.

Table 5: Important questions asked from the pregnant females**.**

Major questions asked	Number of females answering "Yes"
1.1 Provider did not greet/introduce himself/herself.	26
1.2 Provider did not emphasize the patient to ask questions.	15
1.3 Provider didn't describe a procedure & its expected outcome.	27
1.4 Provider didn't give any updates on status of the patient	6
1.5 Provider didn't obtain consent prior to examination/procedure.	6
2.1 Curtains and screens were not used.	4
2.2 Drape or body covering was not used.	4
2.3 Examination of female body done by inexperienced staff or medical students.	1
3.1 Provider didn't talk to patient politely.	18
3.2 Provider threatened or insulted the woman.	1
3.3 Provider used abusive words in front of the female.	0
4.1 Provider used difficult & incomprehensible language.	5
4.2 Provider showed disrespect based on a specific attribute (like skin color, face or attire).	2
5.1 Provider didn't encourage to call if needed.	15
5.2 Provider left patient alone in case of need.	2
5.3 Provider didn't arrive quickly when needed.	4
6.1 Provider physically assaulted (slapped or hit) the woman.	1
6.2 Woman was physically restrained.	1
6.3 Baby was kept separated from mother without any medical indication.	3
7.1 Kept in the facility for annoyingly long duration without any significant reason.	1

The women were asked by researchers about their level of education. About 16.7% were illiterate/ uneducated while 19.0% had completed education under Matriculation level. Almost 33% had done Matriculation. Females having completed Intermediate level of education were found to be 15.1% while 16.7% women had completed their Graduation or had studied even further (Figure 2). SPSS version 23.0 was used to establish a correlation between prevalence of reported disrespect & abuse and level of education of pregnant females (Table 6). Chi-square test (Table 7) was applied to find asymptotic significance (p-value) as 0.04 (<0.05). Therefore, this establishes a positive correlation between prevalence of reported D & A and extent of education of the pregnant females. Table 6 depicts that females having a comparatively better scope of education (Intermediate or Graduation level) were more likely to report disrespect and abuse i.e, approximately 73% of 40 females (with Intermediate or Graduation level of education) reported D & A. This amounts to 44% of the total 66 cases of reported disrespect & abuse.

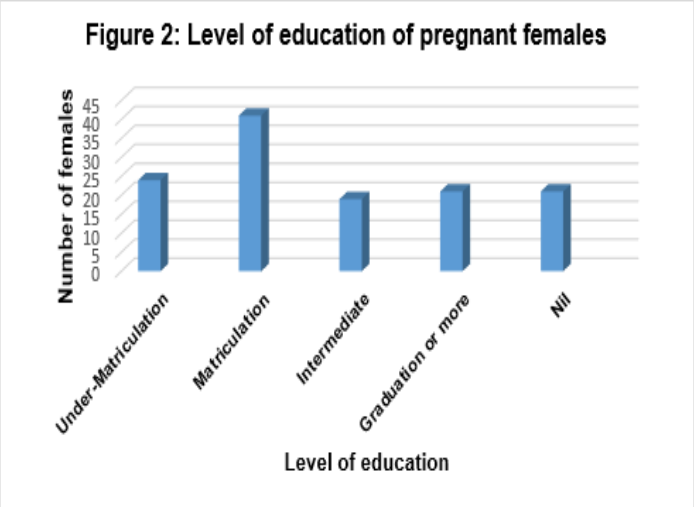


Table 6: Disrespect & Abuse reported with respect to the level of education of females.

Level of education of female	Disrespect and abuse reported		
	Yes	No	Total
Under- Matriculation	10	14	24
Matriculation	18	23	41
Intermediate	13	6	19
Graduation or more	16	5	21
None	9	12	21
Total	**66**	**60**	**126**

Table 7: Chi-square test for correlation between frequency of Disrespect & Abuse and level of education of females.

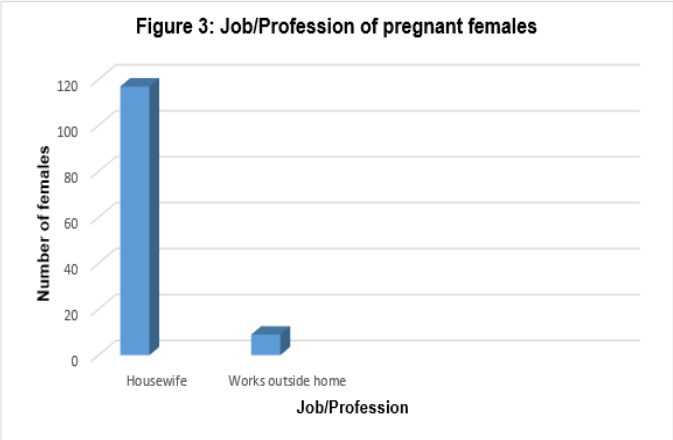
Chi-Square Test			
Pearson Chi-square test	Value	df	Asymptotic Significance (p-value)
	9.782	4	.044

Majority of pregnant women (nearly 70%) were having more than 1 children. Disrespect and abuse were mostly reported by women who had one (14.3%) or two children (also 14.3% cases), depicted in table 8

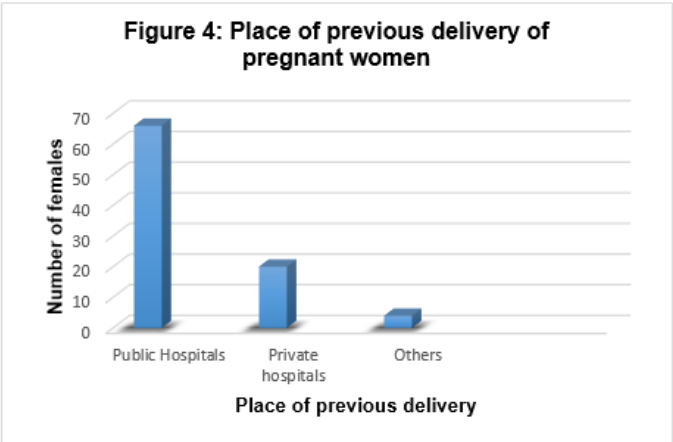
Table 8: Number of children of pregnant women and D & A reported.

Number of children	Disrespect and Abuse reported	No Disrespect and Abuse reported
0	4	7
1	18	9
2	18	27
3	13	11
4	8	1
5	2	3
6	2	2
8	1	0

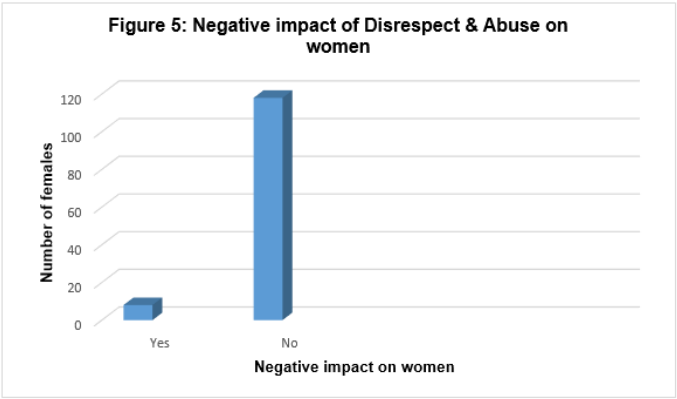
Majority of the females were housewives (93%) while the remaining 7% women (mostly the educated ones) mentioned that they worked outside home usually as teachers (Figure 3).



The researchers asked the pregnant women if their previous child delivery was carried out in public or private hospital. Nearly 36 females were unsure about this subject. However, out of the remaining 90 women, 66 (73.3%) had their previous childbirth carried out in a public sector hospital and 20 (22.2%) women had previously preferred private maternal healthcare (Figure 4). In addition to this, almost all of the females (124 women) currently presenting to the hospital, told the researchers that their future choice for maternal healthcare would be from the public sector (Lady Aitchison Hospital).



A major component of the study was asking the pregnant women if they felt a negative impact on their minds due to any kind of disrespect & abuse suffered at the hands of staff doctors, nurses etc. Only a minor percentage (6.3%) of females responded by a "Yes", as shown in the figure 5.



DISCUSSION:

The study found that about 52.4% subjects out of a study population of 126 females, objectively reported disrespect and abuse in at least a single category of Bowser & Hill criteria. However, the females were not asked if they felt disrespected or abused in any manner (subjective experience of D & A). This shows a contrast from a study carried out by Azhar Z, Oyebode O, Masud H et al (7) in Gujrat, Pakistan in which almost all participating pregnant women (99.7% subjects) had experienced at least one type of D & A during childbirth which was found objectively by using the same criteria. However, according to Azhar Z et al, only 27.2% women reported that they had felt D & A subjectively.

In Northern Ethiopia, Gebremichael M, Worku A, Medhanyie A[8] reported that out of 1125 women, 248 or 22% subjects had objectively experienced at least one type of D & A while visiting maternity health

care facilities. In another study conducted in Kenya by Abuya T, Warren C, Miller N et al[9], the prevalence of any D & A self-reported by postnatal women was 20.1% in almost 13 Kenyan medical institutions. Abuya T et al showed that pregnant women reported six major categories of D & A with prevalence ranging from 4 to 18% for various categories.

Sando D, Ratcliffe H, Mcdonald K, et al (29) discovered objectively that over 15% of Tanzanian women encounter at least one incident of D & A during childbirth. This figure was substantially higher during community follow-up interviews, where 70% of females reported any experience with disrespect and abuse. According to an extended review study of 14 Nigerian research studies by Ishola F et al. (30), the prevalence of disrespect and abuse in Nigeria ranged from 11% to 71%.

Okafor II, Ugwu EO, Obi SN (13) et al found prevalence of D & A in Enugu, southeastern Nigeria, as 98.0% with 437 of 446 respondents reporting that they suffered from at least one type of disrespectful and abusive care during their previous childbirth. Kruk ME, Kujawski S, Mbaruku G (31) et al found the frequency of any abusive or disrespectful treatment during delivery in Tanzania as 19.48% in the exit sample whereas it was 28.21% in the follow-up sample. This difference, as stated by authors, may be explained in terms of courtesy bias in the exit interviews.

All of the above variations from the present research work can be explained on the basis of differences in study setting, study population and other characteristics of the local region including local practices, gender equality, quality of maternal health services etc.

The study found that the most common type of D & A reported by pregnant women was non-consented care (68.2%) followed by non-dignified care (27.3%), abandonment in facility (24.2%), discriminatory care (9.1%) and non-confidential care (7.6%). Much similarly, Azhar Z et al showed that non-consented care (97.5%) was the most widely noted form of disrespect & abuse among pregnant females. Other forms of D & A reported by Azhar Z et al were abandonment in facility (72.5%), non-confidential care (58.6%), non-dignified care (45.6%) and discriminatory care (23.6%). This highlights the extent of non-consented care in the maternity health setup of Pakistan, especially in the public sector.

Abuya T et al concluded in their article that non-dignified care (18.0%) was the most recurrent form of D & A in Kenya. Neglect / abandonment (14.3%) & non-confidential care (8.5%) were also observed where as non-consented care and physical abuse were reported objectively, by approximately 4.0% females. According to Sando D et al, women in maternal healthcare facilities in Tanzania mostly face abandonment of care (8%), non-dignified care (6%) and physical abuse (5%). Ishola F et al have reviewed more than a dozen research studies in Nigeria pertinent to disrespect and abuse during childbirth. They concluded that non-dignified care was the most and physical abuse/detention in facility was the least prevalent form of D & A in the light of Bowser and Hill criteria.

Okafor II et al concluded that non-consented care and physical abuse were the most common types of disrespectful and abusive care observed during facility-based childbirth, affecting 54.5% and 35.7% subjects respectively. Non-dignified care was reported by 29.6% women, abandonment in facility during childbirth by 29.1% females, non-confidential care by 26.0%, detention in the health facility by 22.0% and racial or social discrimination by 20.0%. Kruk ME et al report that the commonest events reported on follow-up, were being ignored (14.24%), being shouted at (13.18%) and receiving threatening or insulting comments (11.54%). About 5.1% females were slapped and 5.31% were forced to deliver baby alone.

The current study on D & A showed that 16.7% participants faced disrespect & abuse in more than one categories. This is found comparable to statistics from Northern Ethiopia where 15.6% pregnant women reported D & A in multiple categories.

The study found that most of the participating pregnant women had their ages falling between 23-32 years i.e, 76.2% (96 out of 126 females) with mean age as 26.71 (SD = 4.67). In this range of 23-32 years, almost one-half i.e, 49% (47 women) reported disrespect and abuse. The results are quite similar to the mean age of 26.4 years as found by Azhar Z et al and that found by Sando D et al (25.7 years). Most of the pregnant women were found in the range of 20-29 years (67.9%) by Abuya T et al in Kenya. Gebremichael M et al showed that majority of pregnant females were in the range of 20-34 years (80.2%). Moreover, Gebremichael observed that females of the same age group were more likely to report D & A.

The current research shows that about51.6% pregnant pregnant females had acquired only primary or secondary education (equivalent to Matriculation or below). Almost 15.1% had acquired higher secondary education and 16.6% had completed graduation or had studied even further while 16.6% were illiterate. Out of these females, 71% cases of D & A were observed in females having secondary or higher education. Azhar Z et al also showed that the females that were most likely to report D & A (subjectively) had education of secondary or higher level (75% of total cases of D & A). According to Kruk ME et al, women in the follow-up sample who had acquired secondary education, were more likely to report D & A. This shows that there exists a higher level of awareness among educated females with respect to disrespect and abuse in maternal healthcare sector.

Around 93% subjects of this study were found to be housewives while remaining 7% worked outside home. It was almost similar to that seen by Gebremichael M et al in Northern Ethiopia where 73.5% women were housewives. This was quite different from that observed by Sando D et al in Tanzania where 58% females were found to be housewives.

The authors of the current study did not include subjective inquiry for D & A from the female subjects. They were only asked questions from the given data collection proforma (objective analysis), prepared on the basis of Bowser and Hill criterion (2010). (11) Moreover, this study presents a limited

scope for prevalence of disrespect and abuse in maternity health care facilities of a large country like Pakistan. The current work has been conducted in a single public sector hospital. Thus, it shows wide variations from other studies and cannot ensure the coverage of country-wide maternal healthcare.

LIMITATIONS:

- Factors such as individual learning styles, motivation levels, and access to resources may have influenced the results.
- Furthermore, the study was limited to medical students and may not apply to other specialties or student demographics.

CONCLUSION:

The study on disrespect and abuse towards pregnant women in Lady Aitchison Hospital, Lahore, has shown that nearly 52.4% of the subjects objectively reported at least one kind of D & A. However, 16.6% women suffered more than one kinds of D & A while approximately 4% reported severe D & A (in 3 or more categories). Non-consented care was most often reported (68.2% of cases of D & A), followed by non-dignified care (27.3%) and abandonment / neglect of care (24.2%). D & A was more prevalent in women aged between 23-32 years (76.2%).

Majority (71%) of cases of D & A were reported by females having education equivalent to Secondary or higher levels (Higher secondary, Graduation or more). Thus, a positive correlation was found between females' education & reporting of disrespect & abuse. About 6.3% females were reported to be negatively impacted by the poor behaviour of healthcare staff. Moreover, almost all of the females (124/126) quoted that their future choice for maternal healthcare would be from the public sector.

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