Care providers’ perspectives on disrespect and abuse of women during facility-based childbirth in Africa: a qualitative systematic review protocol

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ABSTRACT

Objective: The objective of this review is to identify and synthesize the best available qualitative evidence to understand healthcare providers’ views on disrespect and abuse of women during facility-based childbirth in Africa.

Introduction: Everyday, approximately 800 women die from preventable pregnancy- and childbirth-related causes worldwide; poorer women living in developing countries comprise 99% of these deaths. Maternal mortality has no single cause or solution, but the most effective preventive strategy is ensuring that every woman gives birth in an equipped health facility with the help of skilled providers. Yet, many women decline to attend facility-based delivery, often due to disrespect and abuse received during childbirth.

Inclusion criteria: This systematic review will consider studies that include views of care providers regarding disrespect and abuse of women in birthing facilities, including verbal, physical and sexual abuse; stigma; discrimination; substandard care; neglect; and trust and communication problems. Qualitative studies that relate to Africa published in English from 1990 will be included.

Methods: PubMed, CINAHL, Embase, Scopus, African Index Medicus and Web of Science, and selected gray literature sources, will be searched for eligible papers. Titles and abstracts of obtained documents will be assessed by the lead reviewer against the inclusion criteria. Identified documents will then be appraised for relevance and rigor by two independent reviewers. Data will be extracted by two independent reviewers and graded according to the ConQual approach.

Keywords Africa; care providers; disrespect and abuse; facility-based childbirth; women


Introduction

Despite promising global advances in reducing maternal mortality, Africa’s progress in this area has been slow. As a result, many African nations have failed to realize the maternal health target of Millennium Development Goal 5 related to improving maternal health.1-3 Currently the mortality rate is 14 times higher in developing regions than developed regions.4,5 Everyday, approximately 800 women die from preventable pregnancy and childbirth-related causes worldwide; poorer women living in developing countries comprise 99% of these deaths.6 With the current mortality rate, it is very likely that Africa will not achieve the Sustainable Development Goal 3 to reduce maternal mortality ratio to less than 70 per 100,000 live births by 2030.7

Maternal mortality has no single cause or solution, but the single most effective preventive strategy as proposed by the World Health Organization (WHO) is ensuring that every woman gives birth in an equipped health facility with the help of skilled providers.8,9 Improved access to timely and appropriate care has been proven to reduce up to 75% of maternal death.10,11

However, African women have limited access to obstetric care for several reasons including, but not limited to, gender discrimination, traditional beliefs, financial constraint and lack of accessible, reliable

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transportation. In addition, even when services are accessible, the quality of these services is often substandard and does not meet their needs. As a result, women are dissatisfied and decline to attend facility-based delivery. This has led to a greater focus on the quality of maternal health services as a key reason for sustained death of women in developing nations.

Recent studies have identified that poor perceived quality of care, and lack of respect and courtesy from providers are among the factors that deter women from seeking skilled delivery services. Specifically, poor interpersonal care may manifest as disrespect and abuse (D&A), which is defined as any form of uncaring behavior or inhumane treatment, specifically towards a laboring woman.

Disrespectful treatment of women during facility-based childbirth represents a violation of basic human rights in a situation where women are psychologically, socially and physiologically vulnerable. Research on D&A reveals that it is not an isolated phenomenon. Rather, it is a broad problem that runs wide and deep within maternity services. Not only are individual providers responsible, but the whole health system is implicated when conditions in facilities deviate from the accepted standards of care. Individual and structural drivers of D&A have been highlighted. Poor physical infrastructure, heavy workloads and lack of supervision and supplies are structural factors and are associated with individual level factors like provider overwork, stress, stigmatizing attitudes and low motivation.

In this protocol and future systematic review, D&A of women is defined as any verbal, physical, and/or sexual abuse; stigma; discrimination; substandard care; neglect; and trust and communication problems birthing women experience during childbirth. This might be expressed in the form of non-consensual care, non-confidential care, non-dignified care, physical abuse, discrimination based on specific patient attributes, abandonment of care and detention in facilities.

A preliminary search for existing literature on care providers’ perspectives on D&A of women during childbirth in Africa conducted in Cochrane Database, PROSPERO, JBI Database of Systematic Reviews and Implementation Reports, CINAHL, and PubMed identified 20 primary studies. Twelve research studies addressed views of both women and care providers; three focused only on care providers perspectives and another two studies from Ghana involved final year midwifery students. Two studies from Kenya and Mali used mixed methods. No systematic review or registered protocol to date has been identified that specifically addresses how care providers’ view D&A of women during facility-based childbirth in Africa.

Healthcare providers have an irreplaceable and vital role in reducing maternal deaths, and therefore any effort to improve quality of maternal health care should place them at the center of the issue. Specifically, the abusive treatment women experience in birthing facilities cannot be addressed without involving healthcare providers. However, the perspectives of healthcare providers are not well understood. The objective of this review is to identify and synthesize the best available qualitative evidence to understand healthcare providers’ view on D&A of women during facility-based childbirth in Africa. This will then provide Africa’s healthcare practitioners and policymakers further evidence to guide policies and improve quality of obstetric care.

This review is part of the lead author’s doctoral research and is intended to inform further primary research to be conducted on D&A during facility-based childbirth in Ethiopia.

**Review question**

What are care providers’ views towards the D&A of women during facility-based childbirth?

**Inclusion criteria**

**Participants**

This systematic review will consider studies that include views of care providers regarding D&A of women in birthing facilities. Care providers in maternity units are those taking part in the care of laboring women. Thus, healthcare professionals involved in delivery services in birthing facilities of any African country will be considered. In this review, care providers including qualified and accredited midwives, nurses, general practitioners and obstetricians; and non-qualified birthing assistants will be excluded.

**Phenomenon of interest**

Provider experiences and/or perceptions of D&A of birthing women including verbal, physical and
sexual abuse; stigma, discrimination, substandard care and neglect; and trust and communication problems. This might be expressed in the form of non-consensual care, non-confidential care, non-dignified care, physical abuse, discrimination based on specific patient attribute, abandonment of care and detention in facilities.

**Context**

Studies that relate to Africa, published from 1990 onward will be included. This start date was selected for the search because maternal health garnered global attention in 1987 as a result of the Safe Motherhood Initiative convened by the WHO, World Bank and United Nations Population Fund. In addition, it is the year when millennium development goals started and quality of care began to be emphasized in maternity services.

**Types of studies**

This review will consider studies that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research. Only studies published in English will be considered.

**Methods**

This review will involve the analysis of all of the available literature to explore the perspectives of care providers on D&A of women during facility-based childbirth in Africa. The JBI systematic reviews of qualitative evidence methodology will be used.

**Search strategy**

The JBI three-stage search strategy will be adopted to include peer-reviewed articles and gray literature published in English from 1990. A small number of keywords will be used to conduct an initial search in CINAHL and PubMed. After assessing the titles, abstracts and the index terms of those obtained articles, more comprehensive keywords will be developed. Second, a wide-ranging search will be conducted using all identified keywords and index terms across included databases and websites (see Appendix I for PubMed search strategy). Third, the reference lists of those accessed full-text articles will be assessed against the inclusion criteria. Furthermore, the lead reviewer will contact care providers and researchers in the field of interest for any other relevant documents that may have been missed in the search.

The following databases will be searched: PubMed, CINAHL, Embase, Scopus, African Index Medicus and Web of Science. In addition, key organizations’ websites like World Health Organization, African Union, White Ribbon Alliance and The International Confederation of Midwives will be included. The librarian at the University of Adelaide will also be consulted for their expertise on the search strategies for all databases to be visited.

Key terms used for the initial search will be: disrespect and abuse; obstetric violence; mistreatment; women; childbirth; facility-based childbirth; care providers; names of each African country and Africa.

**Study selection**

Titles and abstracts of obtained documents will be assessed by the lead reviewer against the inclusion criteria. Documents will then be categorized as “ineligible for full document review” or “eligible for full document review.” Documents labelled as “eligible for full document review” will then be comprehensively reviewed by two independent reviewers to decide eligibility. Arbitration will be sought from a third reviewer in the event of any disagreements.

**Assessment of methodological quality**

Identified documents will be appraised for relevance and rigor. The current protocol will specifically use the JBI System for the Unified Management, Assessment and Review of Information (JBI SUMARI; JBI, Adelaide, Australia) for appraisal. The overall quality assessment will be judged high (for at least 8 YES results from the possible 10), medium (6 or 7 YES results) or low (5 or less YES results). Documents judged high and medium will be included in the review. The critical appraisal will be conducted by two independent reviewers and any disagreements will be resolved through discussion with another review author.

**Data extraction**

Data will be extracted from papers included in the review using the standardized data extraction tool from JBI SUMARI by two independent reviewers. The data extracted will include specific details about
the populations, context, culture, geographical location, study methods and how care providers perceive D&A of women during facility-based childbirth. Findings, and their illustrations, will be extracted and assigned a level of credibility.\(^{50}\)

**Data synthesis**

Qualitative research findings will, where possible, be pooled using JBI SUMARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible, the findings will be presented in narrative form.

**Assessing confidence in the findings**

The final synthesized findings will be graded according to the ConQual approach for establishing confidence in the output of qualitative research synthesis and presented in a Summary of Findings.\(^{51}\) The Summary of Findings includes the major elements of the review and details how the ConQual score is developed. Included in the Summary of Findings will be the title, population, phenomena of interest and context for the specific review. Each synthesized finding from the review will then be presented along with the type of research informing it, score for dependability and credibility, and the overall ConQual score.

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**References**


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### Appendix I: PubMed search strategy

<table>
<thead>
<tr>
<th>Category</th>
<th>Search Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care providers</td>
<td>1. “Care providers” OR “Health providers”[MeSH] OR “Health providers” OR “Health professionals”[MeSH] OR “Health professionals” OR “Health care workers” OR Midwi OR Nurses[MeSH] OR Doctor</td>
</tr>
<tr>
<td>Perspective</td>
<td>2. Perspective OR perception OR experience OR view OR opinion OR attitude OR perspective OR satisfaction OR dissatisfaction OR belief OR account OR narrative OR story OR stories</td>
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<tr>
<td>Interpersonal care</td>
<td>5. “quality of care” OR respectful maternity OR support OR respect OR disrespect OR abuse OR caring OR violence OR dignity OR neglect OR psychosocial</td>
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<tr>
<td>Africa</td>
<td>6. “Africa Central”[MeSH] Cameroon OR “Central African Republic” OR Chad OR Congo OR “Democratic Republic of the Congo” OR “Equatorial Guinea” OR “Guinea-Bissau” OR “Gabon” OR “Sao Tome and Principe” OR “Africa Eastern”[MeSH] “Burundi” OR “Djibouti” OR “Eritrea” OR Ethiopia OR Kenya OR Rwanda OR Somalia OR “South Sudan” OR Sudan OR Tanzania OR Uganda OR “Africa Southern”[MeSH] Angola OR Botswana OR Lesotho OR Madagascar OR Malawi OR Mauritius OR Mozambique OR Namibia OR Seychelles OR “South Africa” OR Swaziland OR Zambia OR Zimbabwe OR “Africa Western”[MeSH] Benin OR “Burkina Faso” OR “Cabo Verde” OR “Cote d’Ivoire” OR Gambia OR Ghana OR Guinea OR “Guinea-Bissau” OR Liberia OR Mali OR Mauritania OR Niger OR Nigeria OR Senegal OR “Sierra Leone” OR Togo OR “Africa Northern”[MeSH] Algeria OR Egypt OR Libya OR Morocco OR Tunisia</td>
</tr>
<tr>
<td>Full search</td>
<td>7. 3 AND 4 AND 5 AND 6</td>
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Filter: Humans, English, from 1990. All terms will be searched as Title/Abstract, except MeSH headings.