



# Attitudinal Challenges of Facilitators In Promoting Maternity Care In Maternities Of Obio/Akpor Local Government Area Of Rivers State, Nigeria

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## ABSTRACT

Positive attitude of healthcare workers towards women has been identified as one of the most impactful strategies for enhancing the utilization of maternal healthcare services and the reduction of stillbirths, maternal and newborn deaths. This study investigated the attitudinal challenges of facilitators in promoting maternity care in maternities of Obio/Akpor Local Government Area of Rivers State. The cross-sectional research design was used for this study. The study population comprised of twenty-four thousand, seven hundred and twenty (24,720) women in Obio/Akpor Local Government Area of Rivers State with a sample size of 414 which was determined using the Fisher's formula. A convenience sampling method was used. The instrument for data collection was a structured questionnaire and data collected was analyzed using statistical tools such as mean and standard deviation. The result shows that, The attitudinal challenges of facilitators include: being attended to without good manners ( $\bar{X} = 2.98 \pm .75$ ), healthcare workers shouting on pregnant women during antenatal ( $\bar{X} = 3.20 \pm .96$ ), non-challant attitude of healthcare workers towards women in labour ( $\bar{X} = 2.98 \pm 1.05$ ), and healthcare providers treat postnatal women without adequate care and respect ( $\bar{X} = 3.08 \pm .76$ ). It was recommended that, the government should employ more healthcare workers to reduce the workload so as to avoid unnecessary stress which may lead to the exhibition of unfair attitude.

**Keywords:** healthcare workers, maternal healthcare, attitude

## INTRODUCTION

The experiences women have in terms of attitudinal challenges when they are cared for is as important as the clinical or medical care given to them to achieve a desired out-come. The way women are treated during pregnancy and labour affects their birth experience and the health of mother and baby. According to Wilson-Mitchell, Eustice, Robinson, Shemdoe and Simba (2018), respectful maternity care (RMC) is an aspect of the healthcare practice which recognizes that to be effective, health care and assistance during pregnancy and birth must uphold the dignity of the birthing women, that is, centering the birthing women and their inherent dignity in its own right, regardless of the outcomes. The gestational period is regarded as a high risk period for every woman hence, they need special and respectful care to ease both the prenatal and postpartum stress involved in it. This can be achieved when the healthcare providers render their services in such a way that uphold the dignity and morale of the woman.

Globally, approximately one hundred and forty (140) million births occur every year (UNICEF, 2016). The majority of these according to Danilack, Nunes and Phipp (2015) are vaginal births among pregnant women with no identified risk factors for complications, either for themselves or their babies, at the onset of labour. However, in situations where complications arise during labour, the risk of serious morbidity and death increases for both the woman and baby. Over a third of maternal deaths and a substantial proportion of pregnancy-related life-threatening conditions are attributed to complications that arise during labour, childbirth or the immediate postpartum period, often as result of haemorrhage, obstructed labour or sepsis (Say, Chou, Gemmill, Tunçalp, Moller & Daniels, 2014).

Similarly, Lawn, Blencowe, Waiswa, Amouzou, Mathers and Hogan (2016), approximately half of all stillbirths and a quarter of neonatal deaths result from complications during labour and childbirth. The foregoing, gives credence to the importance of promoting maternity care in achieving a desired outcome in maternal healthcare.

Providing access to the highest quality care available is one of the criteria that can promote maternity care. Healthcare providers are supposed to be very lovely, caring and respectful but, this is not the case as reported in studies. Hanson, Cox, Mbaruku, Manzi, Gabrysch and Schellenberg (2015) reported that, 60% of mothers who lived less than 5km from birthing facility reportedly died secondary to poor quality care during their hospital birth. The study of Abuya, Warren, Miller, Njuki, Ndwiga, Maranga, Mbehero, Njeru and Bellows (2015) showed that, women felt humiliated during labour and in the delivery department some reported disrespect and abuse from healthcare providers. In the same vein, Bohren, Vogel, Hunter, Lutsiv, Makh and Souza (2015) noted that the key behaviour of health care providers were identified as disrespectful, neglectfulness, preoccupation with other tasks, discrimination, lack of privacy, lack of consent for internal cervical examinations, detention of mother or baby for lack of payment, and mistreatment.

However, there are growing concerns about the quality of services and widespread disrespectful and abusive practices during pregnancy and childbirth (Bowser & Hill, 2010). The care women received during their antenatal and postnatal visits can have immediate and long-lasting effect on their decision on future health care utilization. The severity and frequency of disrespectful and abusive care practices are associated with level of health care setting, qualifications of the care providers, resource availability, service hours, and socio-economic status of women among others. However, the challenges and facilitators of respectful maternity care in the Nigerian context have not been adequately examined as there is a paucity of studies on it. It is therefore imperative to conduct a study of this sort in Rivers State as experiences are likely to differ by context. Hence, this study investigated the attitudinal challenges of facilitators in promoting maternity care in maternities of Obio/Akpor Local Government Area of Rivers State.

### Research Questions

The study provided answers to the following research questions:

1. What are the attitudinal challenges of facilitators during prenatal care of women in maternities of Obio/Akpor Local Government Area of Rivers State?
2. What are the attitudinal challenges of facilitators during labour/delivery of women in maternities of Obio/Akpor Local Government Area of Rivers State?
3. What are the attitudinal challenges of facilitators during postnatal care of women in maternities of Obio/Akpor Local Government Area of Rivers State?

### METHODOLOGY

The methods and procedures used in this study are described below:

**Study design:** The cross-sectional research design was used in this study. According to Elendu (2010), the descriptive cross-sectional design is one that generates data from a selected population, studying and describing events as they occur in their natural setting at a particular time. This design was used in this study because the researcher generated data from the respondents on the attitudinal challenges of facilitators in promoting maternity care and analyzed the data without manipulating any variable.

**Population for the Study:** The study population comprised of twenty-four thousand, seven hundred and twenty (24,722) women in Obio/Akpor Local Government Area of Rivers State (National Population Commission, 2010).

**Sample and Sampling Technique:** The sample size is four hundred and fourteen (414) which was determined using the Fisher's formula:  $n = z^2pq / d^2$ . Where  $n$  = sample size;  $p$  = proportion or prevalence reported from other study = 57% (Wassihun & Zelek, 2018);  $z$  = confidence level 95%  $(1.96)^2$ ;  $q = 1 - 0.57 = 0.43$  and  $d^2$  = confidence interval (5%). A convenience sampling method was used to select the sample for the study. Women of childbearing age who attend antenatal and postnatal clinics and healthcare workers in Obio/Akpor Local Government Area were selected to participate in the study.

**Instrument for Data Collection:** The instrument for data collection in this study was a structured questionnaire with a reliability coefficient of 0.72.

**Data Collection Procedure:** The researcher employed the help of a research assistant in the administration of the questionnaire to the respondents. Data collection was done by a face to face delivery of the questionnaire to the respondents. Introduction of self and purpose of the study was made by the researcher. The researcher took time to explain the contents of the questionnaire to the respondents in course of the collection of the data. Data was systematically collected in a manner that provides answers to the research questions in a logical and coherent way.

**Data Analysis:** The data collected were analyzed using the statistical package for social sciences (SPSS) version 23.0. Data analysis was carried out using some statistical tools such simple percentages, mean, and standard deviation. Data was presented in tables.

## RESULTS

The results of this study are presented below in table 1-3:

**Table 1: Attitudinal challenges of facilitators during prenatal care of women in maternities**

SN	Items	$\bar{X}$	SD
1	Pregnant women are attended to without good manners by the healthcare workers	2.98	.75
2	Pregnant women are being attended to without their consent or permission	2.95	.99
3	The healthcare workers shout on pregnant women during antenatal because of too much noise they make	3.20	.96
4	The shortage of man power makes the healthcare workers to have too much workload so they don't have time to attend to the personal needs of pregnant women	2.57	1.03
5	The health care workers lack patience to communicate with pregnant women and answer their questions due to the large number of persons to be attended to	2.91	.97
6	Pregnant women are attended to without dignity regardless of their financial status	2.98	1.07
7	Pregnant women cannot easily ask questions about their health because of the insulting attitude of the workers.	2.57	.91
8	Pregnant women are not received very well by the healthcare workers when they come to register for antenatal	2.85	.90
9	They don't care to give any information about antenatal care of the women during registration for antenatal	2.70	1.01
10	Their negative attitude makes it difficult for women to discuss this bothering them on their pregnancy	2.63	.98
	<b>Grand mean</b>	<b>2.83</b>	<b>0.96</b>

Table 1 shows that the grand mean =  $2.83 \pm 0.96$  is greater than the criterion mean of 2.5 indicating that women face attitudinal challenges during prenatal care in maternities. The attitudinal challenges include: been attended to without good manners ( $\bar{X} = 2.98 \pm .75$ ), healthcare workers shouting on pregnant women during antenatal ( $\bar{X} = 3.20 \pm .96$ ), lack of patience to communicate with pregnant women due to large number of persons to be attended to ( $\bar{X} = 2.57 \pm 1.03$ ), insulting attitude ( $\bar{X} = 2.57 \pm .91$ ), and being attended to without permission among others.

**Table 2: Attitudinal challenges of facilitators during labour/delivery of women in maternities**

SN	Items	$\bar{X}$	SD
1	Healthcare workers do not have caring attitude towards women in labour	2.98	1.05
2	They are not nice to women during labour, they always shout on them	2.93	.96
3	The midwives are not of help to women in coping with the labour	2.72	.88
4	The midwives do not involve women in deciding what is to be done during labour	2.57	1.15
5	The attitude of the midwives do not render any support to the women during labour both physically and emotionally	2.88	.97
6	Women in labour are being touched anyhow even without their consent and permission	2.71	.96
7	Healthcare workers abandon or leave women in labour unattended to for sometimes before checking on them	2.97	.93
8	The negative attitude of the midwives is due to the stubbornness of the women in labour and their failure to obey simple instructions	2.40	1.27
<b>Grand mean</b>		<b>2.77</b>	<b>1.02</b>

Table 2 shows that the grand mean =  $2.77 \pm 1.02$  is greater than the criterion mean of 2.5 indicating that women face attitudinal challenges during labour/delivery in maternities. The attitudinal challenges include: uncaring attitude of healthcare workers towards women in labour ( $\bar{X} = 2.98 \pm 1.05$ ), they are not nice to women during labour ( $\bar{X} = 2.93 \pm .96$ ), the midwives are not of help to women in coping with labour ( $\bar{X} = 2.72 \pm .88$ ), women in labour are being touched anyhow even without their consent and permission ( $\bar{X} = 2.71 \pm .96$ ), and healthcare workers abandon women in labour unattended to for sometimes before checking on them ( $\bar{X} = 2.97 \pm .93$ ) among others.

**Table 3: Attitudinal challenges of facilitators during postnatal care of women in maternities**

SN	Items	$\bar{X}$	SD
1	Healthcare providers treat postnatal women without adequate care and respect	3.08	.76
2	There is always delay in receiving care when women go for maternity care after delivery	2.89	1.00
3	Nursing mothers are not treated with respect by the healthcare workers because of their behaviour	2.53	1.03
4	The attitude of the healthcare workers is a major challenge for mothers to frequently visit the health centre for check-up after delivery	2.73	1.05
5	The negative attitude of the healthcare workers during immunization is due to the too much crowd to be attended to by a few workers	3.25	.93
6	Non-availability of sanitary materials makes the healthcare workers not to render adequate care to the women with positive attitude	2.81	.93
7	The negative attitude of the healthcare workers sometimes is due to the uncondusive nature of the health care environment, for instance, absence of electricity can cause heat hence, trigger unnecessary reaction when there is noise or crowd	2.56	.93
<b>Grand mean</b>		<b>2.83</b>	<b>0.94</b>

Table 3 shows that the grand mean =  $2.83 \pm 0.94$  is greater than the criterion mean of 2.5 indicating that women face attitudinal challenges during their postnatal care in maternities. The attitudinal challenges include: healthcare providers treat postnatal women without adequate care and respect ( $\bar{X} = 3.08 \pm .76$ ), delay in receiving care when women go for maternity care after delivery ( $\bar{X} = 2.89 \pm 1.00$ ), not being treated with respect by the healthcare workers ( $\bar{X} = 2.53 \pm 1.03$ ), and negative attitude of the healthcare workers during immunization is due to the too much crowd to be attended to by a few workers ( $\bar{X} = 3.25 \pm .93$ ), among others.

## DISCUSSION OF FINDINGS

The findings of this study shows that the grand mean =  $2.83 \pm 0.96$  is greater than the criterion mean of 2.5 indicating that women face attitudinal challenges during prenatal care in maternities. The attitudinal challenges include: been attended to without good manners ( $\bar{X} = 2.98 \pm 0.75$ ), healthcare workers shouting on pregnant women during antenatal ( $\bar{X} = 3.20 \pm 0.96$ ), lack of patience to communicate with pregnant women due to large number of persons to be attended to ( $\bar{X} = 2.57 \pm 1.03$ ), insulting attitude ( $\bar{X} = 2.57 \pm 0.91$ ), and being attended to without permission among others. The finding

of this study similar to that of Gebremichale, Worku, Medhanyie, Edin and Berhane (2018) who stated that, one real hindrance to achieving coverage for maternal health was disrespectful and abusive attitude experienced which appear to be rampant in health facilities even while women are pregnant. Wilson-Mitchell, Eustice, Robinson, Shemdoo and Simba (2018), respectful maternity care (RMC) is an aspect of the healthcare practice which recognizes that to be effective, health care and assistance during pregnancy and birth must uphold the dignity of the birthing women, that is, centering the birthing women and their inherent *dignity in its own right*, regardless of the outcomes. The gestational period is regarded as a high risk period for every woman hence, they need special and respectful care to ease the prenatal stress involved in it. This according to Bowser and Hill (2010) can be achieved when the healthcare providers render their services in such a way that uphold the dignity and morale of the woman. It is also worthy of note that, maternity care during pregnancy involve majorly the reproductive organs of women. Some women feel embarrassed when such organs are touch without their consent and this practice is reported in some studies where women are being examined without their consent.

The finding of this study shows that the grand mean =  $2.77 \pm 1.02$  is greater than the criterion mean of 2.5 indicating that women face attitudinal challenges during labour/delivery in maternities. The attitudinal challenges include: uncaring attitude of healthcare workers towards women in labour ( $\bar{X} = 2.98 \pm 1.05$ ), they are not nice to women during labour ( $\bar{X} = 2.93 \pm 0.96$ ), the midwives are not of help to women in coping with labour ( $\bar{X} = 2.72 \pm 0.88$ ), women in labour are being touched anyhow even without their consent and permission ( $\bar{X} = 2.71 \pm 0.96$ ), and healthcare workers abandon women in labour unattended to for sometimes before checking on them ( $\bar{X} = 2.97 \pm 0.93$ ) among others. The finding of this study similar to that of Gebremichale, Worku, Medhanyie, Edin and Berhane (2018) who stated that, one real hindrance to achieving coverage for maternal health was disrespectful and abusive attitude experienced which appear to be rampant in health facilities even while women are pregnant. in labour are enduring unacceptable pain and sufferings. The finding of this study is also in line with that of Sule and Baba (2012) who noted that, disrespect and abuse left women with lasting negative feelings and fear of experiencing the same in case they need to use the facilities again. Abandonment and women left unattended or not having a relative to support them could endanger the lives of the mother and the newborn also, deprivation of companionship during labour by healthcare providers. The gestational period is regarded as a high risk period for every woman hence, they need special and respectful care to ease both the prenatal and postpartum stress involved in it. This can be achieved when the healthcare providers render their services in such a way that uphold the dignity and morale of the woman through the exhibition of positive and lovely attitude. The finding of this study is in line with that of Abuya, Warren, Miller, Njuki, Ndwiga, Maranga, Mbehero, Njeru and Bellows (2015) which showed that, women felt humiliated during labour and in the delivery department some reported disrespect and abuse from healthcare providers. Similarly, Lawn, Blencowe, Waiswa, Amouzou, Mathers and Hogan (2016) noted that, approximately half of all stillbirths and a quarter of neonatal deaths result from complications during labour and childbirth. The foregoing, gives credence to the importance of positive attitude during maternity care in achieving a desired outcome in maternal healthcare.

The finding of this study shows that the grand mean =  $2.83 \pm 0.94$  is greater than the criterion mean of 2.5 indicating that women face attitudinal challenges during their postnatal care in maternities. The attitudinal challenges include: healthcare providers treat postnatal women without adequate care and respect ( $\bar{X} = 3.08 \pm 0.76$ ), delay in receiving care when women go for maternity care after delivery ( $\bar{X} = 2.89 \pm 1.00$ ), not being treated with respect by the healthcare workers ( $\bar{X} = 2.53 \pm 1.03$ ), and negative attitude of the healthcare workers during immunization is due to the too much crowd to be attended to by a few workers ( $\bar{X} = 3.25 \pm 0.93$ ), among others. The finding of this study is in support of Bohren, Vogel, Hunter, Lutsiv, Makh and Souza (2015) who noted that the key behaviour of health care providers were identified as disrespectful, neglectfulness, preoccupation with other tasks, discrimination, lack of privacy, lack of consent for internal cervical examinations, detention of mother or baby for lack of payment, and mistreatment. The finding of this study is in agreement with that of Wilson-Mitchell, Eustice, Robinson, Shemdoe and Simba (2018) which showed that, attitude of healthcare workers given maternity care (RMC) is an aspect of the healthcare practice which recognizes that to be effective, health care and assistance during the postnatal period must uphold the dignity of women and infants, regardless of the outcomes.

## CONCLUSION

Based on the findings of the study, it was concluded that, attitudinal challenges of facilitators in promoting maternity care in maternities during prenatal care of women include: being attended to without good manners, healthcare workers shouting on pregnant women during antenatal, lack of patience to communicate with pregnant women due to large number of persons to be attended to, insulting attitude, and being attended to without permission among others. The attitudinal challenges of facilitators in promoting maternity care in maternities during labour/delivery include: uncaring attitude of healthcare workers towards women in labour, they are not nice to women during labour, the midwives are not of help to women in coping with labour, women in labour are being touched anyhow even without their consent and permission, and healthcare workers abandon women in labour unattended to for sometimes before checking on them among others. The attitudinal challenges of facilitators in promoting maternity care in maternities during postnatal care of women include: healthcare providers treat postnatal women without adequate care and respect, delay in receiving care when women go for maternity care after delivery, not being treated with respect by the healthcare workers, and negative attitude of the healthcare workers during immunization is due to the too much crowd to be attended to by a few workers among others.

## RECOMMENDATIONS

Based on the findings of the study, it was recommended that:

1. The government should employ more healthcare workers to reduce the workload so as to avoid unnecessary stress which may lead to the exhibition of unfair attitude.
2. The maternal healthcare givers should treat the women both prenatal and postnatal mothers with adequate care and respect.
3. The government should provide all the resources needed for the healthcare workers to render an adequate maternal care services to the women.

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