Understanding how women perceive respect, disrespect and abuse in their experiences during childbirth to enable nurses-midwives' to provide women-centered care in India

A summary of the grant purpose

Studies have brought out evidence of various forms of mistreatment around childbirth from many states in India. In some states, the reports suggest that, almost every woman goes through some kind of mistreatment. The difference of perspective and reporting has been noticed in Bihar, India as well where this study is based, and the maternal outcomes are amongst the poorest in the country. A recent survey explored evidence of mistreatment during childbirth in Bihar. The survey included direct observations of 1168 births in public hospitals by trained nurse midwives. A household survey was also conducted with 930 women out of the 1168 women whose births were observed. The preliminary analysis with 355 Direct Observation of Deliveries (DOD) and 682 household interviews found differences in reported disrespect and abuse during childbirth. DOD reported that 12% of the women were verbally abused, though only 5% women reported such experience when interviewed in the household survey. The DOD also reported that 98% women were not asked for consent before procedures, though only 21% reported it. DODs showed that lack of privacy in the case of 42% women, whereas only 6% women reported privacy issues. Physical abuse was reported for more than 5% women, though none of them reported it. Nurse-midwives in India do not have respectful maternity care in their curriculum and are not educated in care provision in sensitive situations. A previous study has attempted to understand mistreatment of women in India from the nurse-midwives' perspective and experience as a primary care provider, this study is the other side of the coin which completes the two aspects to enable all maternity care givers to provide women centered respectful maternity care. This study attempted to understand women's perceptions of respect, disrespect and abuse from their experience of giving birth in Bihar, India and make recommendations to improve respectfulness in care around childbirth based on women's narratives of respect, disrespect and abuse based on their experience. Addressing this gap in literature was crucial to expand understanding on how to provide care that is women-centered and also draft policies that enable provision of respectful care that is guided by women.

Through this study were able to:

1) Understand women's experience and perceptions of respect, disrespect and abuse during childbirth in India.

2) Document women's recommendations for nurse-midwives' and other maternal health care providers to enable them to provide respectful maternity care in India which could shape the curriculum of nurse-midwives in their pre-service education.

What activities have taken place

The grant was applied to aid in analysis and dissemination phases of this research. Data collection was completed in Bihar, India by December 2020, before applying for the small grant. I utilized an innovative participatory visual arts-based research method called 'Body mapping' for an in-depth exploration through interviews with eight women who participated in the exercise at their homes, 4 each in urban slums and rural villages in Bihar, India. The study is guided by the critical feminist theory. The data included detailed transcripts, audio recordings, the live size body maps and the birthing story (which is a summary of all the data collected). Data processing was a time consuming process, with the unique nature of the data. To make it manageable, the original 7 feet long and 3.5 feet wide body maps were printed on cloth in live size, for analysis and dissemination purposes (as shown in the figure). All the data was analyzed using the feminist relational discourse analysis where analysis of each participant's data took 3-4 weeks but allowed participants voice to emerge through a complete immersion into the data. NVIVO12 was used to assist data analysis.

This is a qualitative study undertaken in Bihar, where we conducted in-depth interviews aided by a participatory visual arts-based research method called body mapping. Feminist critical theory informed all aspects of this study, which enabled an understanding of childbirth as a human experience embodied in previous birth experience, inter-subjective, contingent, and woven into personal and cultural webs of signification.

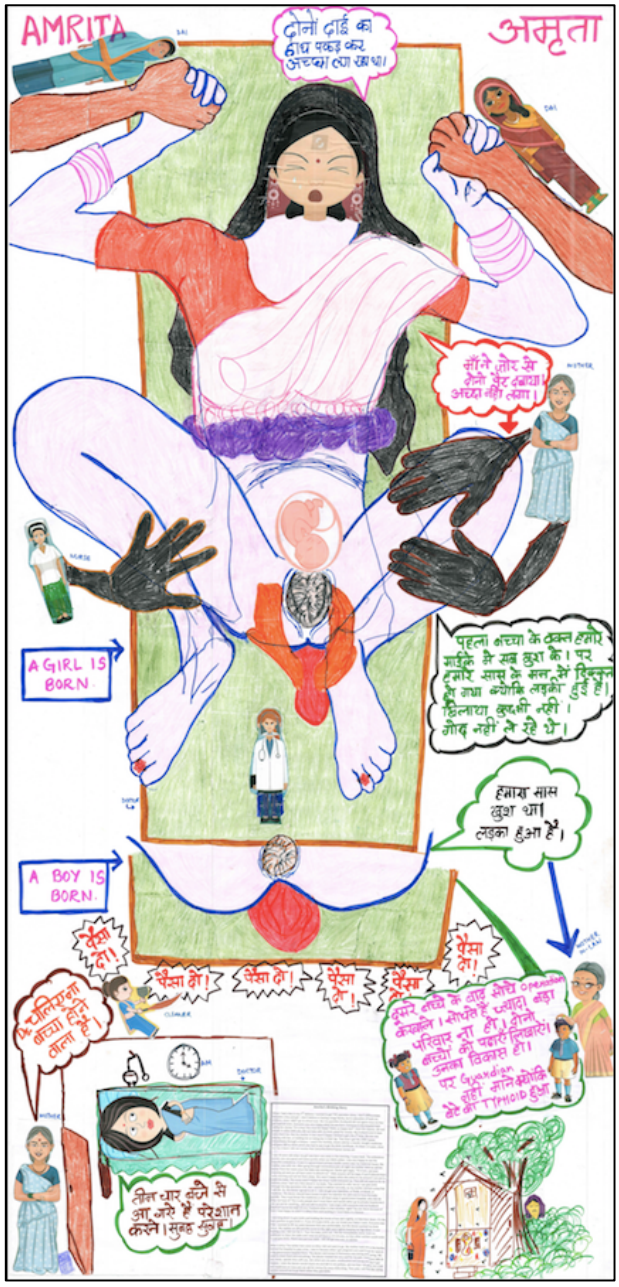

Figure 1: Amrita's body map

What challenges have been faced

We experienced a high refusal rate given participation needed women to given many hours spread out in a few days over a week. This commitment was difficult from given their packed domestic and often outside chores. Some of these women did not refuse initially, gave consent, and asked us to come back another day. In our next visit we realised they did not want to participate but could not say no to us, but did not expect us to return. In our subsequent visit we would wait for them to talk to us for hours when they would do their household work after giving us an appointment. Women often did not say no to us but rather

ignored us while we tried to talk to them. Often the elders of the family, such as the mother-in-law, would ask us to go away. Women would often be keen to talk to us but could not, because their husband or elders in the family would not approve. This was a pattern which we understood after a series of experiences over a few days.

It was also challenging to mind family members, children and often pets as the houses had less space and privacy in low income settings. This is a fairly time consuming exercise which made it difficult to enrol participants but once enrolled the respondents thoroughly enjoyed the participatory exercise. Women who participated were mostly with limited to no prior education, which meant holding a pen was a challenge and considered shameful. We slowly overcame that during the process of data collection, where more cut-outs were used to aid in co-creation of the birth maps.

The birth maps have a lot of cutouts pasted on them which were fixed with adhesive tape. This made the maps very heavy. The maps are scanned in life size and then printed on a white to make it easier to carry and display, because the paper based maps are prone to wear and tear. These cloth maps are quite helpful for dissemination.

What the results and impact have been

Women did not mention words such as “samman” or “izzat” that are used in literary explanations of ‘respect’ and ‘dignity’ in Hindi because the language used by the women was colloquial. They conveyed their feelings through simpler words such as “acchcha” (good) and “bura” (bad). They communicated through facial expressions and by stating whether a particular experience made them feel angry, afraid, shy, ashamed, regretful, let down, or happy. Women described experiences detailing the birth place, interventions, birthing environment, people around birth, being touched during birth and communication. They shared their experiences before they gave birth, how their birthing experiences influenced their subsequent births, and the impact one birthing experience had on another in terms of respect, disrespect and abuse. They explained what they meant by a ‘good birth,’ which also influenced decision making during childbirth, their expectations of future births and births of women around them.

Women were asked to choose one of their birthing experiences, in case of a multigravida, to show on the birthing body map. Women were asked to rank their birthing experiences to help them choose which birth to create on the map. This helped women to understand what according to them is a ‘good birth’ or ‘bad birth’. A good outcome in their perception was part of a good birthing experience. They reported the birth of a son as a good outcome. This

could be an indication of son preference, reflecting the patriarchal societal structure, as can be seen in Sita's birthing body map (Fig. 2).

Figure 2: Sita's body map

Disrespectful and abusive births: Women referred to various kinds of disrespectful and abusive encounters with the health and non-health care providers during their stay at the hospital. They reported hearing similar experiences from their friends, family members and women in the neighbourhood who often made similar choices of birth place. Stories of respect, disrespect and abuse were kept in mind when giving birth the next time. These stories embodied desired behaviours, self discipline and ways to avoid being mistreated, humiliated and have as close to a dignified birthing experience as possible. Women often said that they discussed mistreatment only in a hushed manner amongst peers when someone is going to give birth. These stories were not shared with authorities as a grievance, not even with senior members of the family including their husband with whom the conversations about birth were rare. All the women had experienced disrespect during childbirth.

Verbal abuse was the most common mistreatment women experienced. Some care provider's comments were so disgusting that women refused to repeat their words.

Respectful Births: Women often just said they felt 'good' when they talked about the respectful aspects of their birthing experience. WR05 had visited a tertiary level hospital in a different state for a few antenatal visits before returning to Bihar to give birth. She talked about the cleanliness and good behaviour of the hospital staff there, while comparing this with her previous birthing experiences. Getting a clean ambulance to travel to the hospital on time, was the only positive aspect about her births (Fig. 4). She wanted cleanliness in the entire hospital. She has a clear vision of what respectful care means to her.

The birth maps created through a participatory method accurately portrayed women's respectful and disrespectful embodied experiences of births and are useful to understand this sensitive issue in a patriarchal culture. An in-depth understanding of women's choices, experiences and expectations can inform changes practices and policies and help to develop a culture of sharing birth experiences.

The impact of this study rested on taking the experiences and perceptions of respectful, disrespectful and abusive care of women to the care providers such as nurse-midwives as primary care providers in India to bring direct changes in care, and globally. This is essential for changes in policies in maternal health care provision in India and other countries.

How the project findings will be disseminated

Dissemination is very important for this study. I employed various ways of dissemination based on the target audience. The target audience includes the academic and researchers; health care policy makers and health care providers, such as nurses, midwives and doctors in India; and the participants of the study. As planned, the following measures were adopted for dissemination.

Two paper's have been published from this study that was supported by this grant, on open-access peer reviewed scientific journals. Paper 1 is a findings paper and Paper 2 delved deeper to discuss the unique methods adopted for this study.

Paper 1: Mayra K, Sandall J, Matthews Z, Padmadas S. 2022. Breaking the silence about obstetric violence: Body mapping women's narratives of respect, disrespect and abuse during childbirth in India*. BMC Pregnancy and Childbirth*. 22 (318). https://doi.org/10.1080/10130950.2021.1958554

Paper 2: Mayra K. 2022. Birth mapping- a visual arts-based participatory research method embedded in feminist epistemology. *International Journal of Qualitative Methods.* https://doi.org/10.1177/16094069221105382

Scientific presentations were made in a relevant conference that include the Normal Labour and Birth Research conference in India in December 2021, and through seminars to reach the academic audience in person and virtually at Oregon State University, Humanizing Birth Symposium, University of British Columbia, Emily Carr University and Fernandez Foundation in India. I have been invited to deliver keynote speeches based on this research at University of British Columbia's 20th anniversary of Midwifery Department celebration, Virtual International Day of the Midwife (VIDM) and the 21st Labour and Birth Conference.

These papers have been included in course work for Midwifery Students at the University of British Columbia. Three students located in UK, Netherlands and United States, are using the birth mapping methods for their doctoral research.

Findings from this study have been included in the upcoming Essential Respectful Care Course (ERCC) that I developed for the WHO HQ, which on release will be taught in all the WHO countries in-person and virtually.