

## **Abuses at Health Facilities During the Maternity Period: Types and Causes among Unmarried Adolescents in Uganda**

Uganda is one of the countries with high maternal mortality (336/100,000) and adolescents account for 24 percent of the total maternal deaths (Uganda Bureau of Statistics (UBOS) and ICF International, (2017). Research shows that use of maternal health services may prevent some of these deaths, that is the use of antenatal care during pregnancy with effective assessment and proper management of pregnancy risks (Rooney, 1992; Villar & Bergsjø, 1997; Koshar et al., 1998; Carroli et al., 2001; Simkhada et al., 2008), giving birth in the health institutions (Campbell et al., 2006; CDC, 2014; Serbanescu et al., 2017) and having skilled providers in attendance at childbirth (Koblinsky et al., 1999; Graham et al., 2001; Buor & Bream, 2004; Mbonye et al., 2007). A reduction in maternal deaths has also been observed by providing and utilising emergency obstetric care (Koblinsky et al., 1999; Paxton et al., 2005; Mbonye et al., 2007; Fournier et al., 2009; Souza et al., 2013; CDC, 2014) as well as the use of appropriate postnatal care (Bang et al., 2004; Ronsmans et al., 2006). Good provider attitudes attract adolescents to use the services, however, poor health provider's attitudes discourage adolescents from seeking the services during the maternity period which could contribute to the high maternal mortality rates in Uganda. This study explores the experiences of unmarried female adolescents at the health facilities during the maternity period. This study was thus carried out to explore the abuses and causes of the abuses unmarried adolescents endure at health centres during the maternity period.

The study population is unmarried adolescent girls aged 10-19 years who were pregnant or had given birth within three years before fieldwork. This is a special interest group that requires attention throughout this period. This is because most pregnancies among unmarried adolescents are unwanted; as a result, many of them have been abused and neglected by parents and close family members including partners who deny fatherhood of the pregnancy/child. This is due to poor attitudes towards non-marital births in Uganda and elsewhere (Ilika & Anthony, 2004; Atuyambe et al., 2005; Levandowski et al., 2012). These adolescents hope to find comfort from health providers like being listened to during counseling, not abused and judged. Unfortunately, this is not the case always.

The study was carried out in Bushenyi and Kibale districts in Western Uganda. Fourteen in-depth interviews and seven focus group discussions among adolescents were completed. Eight in-depth

interviews with adolescent parents and seven key informant interviews with health providers who provide maternity care in the study districts were carried out. Interviews were carried out by research assistants with experience in qualitative data collection. These were carried out in the local languages and later transcribed to English language. The research was approved by the University of Hull, School of Education and Social Sciences ethics review committee, Mildmay Uganda Research Ethics Committee and Uganda National Council of Science and Technology. Thematic interpretative phenomenological analysis to identify the themes, followed by an interpretative analysis and synthesis of themes was done. Participants words were added to create a blended story of the youth experiences. Adolescents were aged 16-19 years, two had become pregnant before 15 years. Most had not completed secondary education; none had tertiary education and three out of the 14 IDI adolescent participants wanted to get pregnant.

The analysis showed that most adolescents were abused verbally and physically by the health providers due to their young age of pregnancy, lack of essential items during this period (maternity dresses, children clothes, delivery kit) and fear of labour pains.

*“The health workers treat us harshly. Sometimes you go to the health center dressed in a skirt and a blouse, because you don’t have a maternity dress, so the midwife insults you for that. Maybe you don’t have a cloth to lay on the bed and a birth mat, so they can’t treat you. The midwife tells you that if you are poor why did you get pregnant? Or she does not attend to you and tells you to first get the requirements.”* FGD two participant

They were ignored and not attended to when they requested to be guided by health providers especially during pre-labour and labour periods as this participant noted:

*“They attend to you while giving birth when you are all so worried and sometimes you tell them but they just look at you and ignore you and yet you are in pain, all in the name of not sending you there.”* FGD five participant

Another cause for abuse was these adolescents coming for antenatal care with no partners yet the implementation of a policy on increasing male involvement in reproductive health in Uganda requires them to attend antenatal care with their partners and most of these unmarried adolescents

have no partners to accompany them. They were not attended to as this policy gives priority to women who come with partners and unintentionally punishes those who have no partners. Some adolescents were made to come back another time as a punishment for not coming along with partners as noted below:

*“The services are not good because they don’t treat you well because you don’t have a husband, yet you are pregnant. Those who come with their husbands are given first priority and for you who even came early, you end up leaving the facility late.”* FGD two participant

This discourages adolescents to come to access the services:

*“These issues of ‘the person who impregnated me is not around’, nurses don’t want to hear that. So, for a single mother you don’t waste time going to the hospital because you don’t have a husband.”* FGD four participant

The findings of this study mirror those that were found in prior studies that health providers abuse women during maternity and this includes verbal, physical and sexual abuse ((d'Oliveira et al., 2002; Freedman & Kruk, 2014; McMahon et al., 2014; Bohren et al., 2015). Studies in Uganda have also found that married women find it hard to go with their husbands to access maternity care because of time, privacy and fear of HIV testing (Byamugisha et al., 2011; Rujumba et al., 2013; Kabagenyi et al., 2014). It was found by a UNICEF study in Uganda that women hire men to act as husbands so that they are attended to fast (UNICEF, 2016b; WHO, 2016b). However, this renders the objectives of the policy not achievable.

Adolescents want to be treated with respect, empathy, not to be teased because of their age at becoming pregnant or giving birth, as well as providers not being harsh with them, as has been found in prior studies in Uganda and elsewhere (Atuyambe et al., 2005; Atuyambe et al., 2008; Hokororo et al., 2015; Reibel et al., 2015). Health providers thus need to treat the unmarried adolescents well, in order to encourage them to access the maternal health services in future (Chaibva et al., 2009). Given that clients judge the quality of services by the aspects of the interpersonal care they receive, rather than the technical aspects of their treatment, good interpersonal care is essential in the provision of maternal health services to adolescents (Mngadi et al., 2002).

The study identified abuse that unmarried adolescents went through during the maternity period. Efforts to provide adolescents with adequate information including what to expect during labour by providers and provision of basic needs are essential. Health providers should have trainings on client care especially how to embrace unmarried adolescents when they come to access maternity services. More so, the policy on improving male involvement in RH issues need to be considerate of unmarried adolescents who in most cases do not have the partners to go with to access maternity care.

## References

- Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E. K. & Faxelid, E. (2005) Experiences of pregnant adolescents--voices from Wakiso district, Uganda. *African health sciences*, 5 (4), 304-309.
- Atuyambe, L., Mirembe, F., Tumwesigye, N.,M., Annika, J., Kirumira, E.,K. & Faxelid, E. (2008) Adolescent and adult first time mothers' health seeking practices during pregnancy and early motherhood in Wakiso district, central Uganda. *Reproductive health*, 5 13.
- Bang, R. A., Bang, A. T., Reddy, M. H., Deshmukh, M. D., Baitule, S. B. & Filippi, V. (2004) Maternal morbidity during labour and the puerperium in rural homes and the need for medical attention: a prospective observational study in Gadchiroli, India. *BJOG: An international journal of obstetrics & gynaecology*, 111 (3), 231-238.
- Bohren, M. A., Vogel, J. P., Tunçalp, Ö., Fawole, B., Titiloye, M. A., Olutayo, A. O., Ogunlade, M., Oyeniran, A. A., Osunsan, O. R. & Metiboba, L. (2017) Mistreatment of women during childbirth in Abuja, Nigeria: a qualitative study on perceptions and experiences of women and healthcare providers. *Reproductive health*, 14 (1), 9.
- Buor, D. & Bream, K. (2004) An analysis of the determinants of maternal mortality in sub-Saharan Africa. *Journal of women's health*, 13 (8), 926-938.
- Byamugisha, R., Åström, A. N., Ndeezi, G., Karamagi, C. A., Tylleskär, T. & Tumwine, J. K. (2011) Male partner antenatal attendance and HIV testing in eastern Uganda: a randomized facility-based intervention trial. *Journal of the international AIDS society*, 14 (1), 43.
- Campbell, O. M., Graham, W. J. & Lancet Maternal Survival Series steering group (2006) Strategies for reducing maternal mortality: getting on with what works. *The lancet*, 368 (9543), 1284-1299.
- Carroli, G., Rooney, C. & Villar, J. (2001) How effective is antenatal care in preventing maternal mortality and serious morbidity? An overview of the evidence. *Paediatric and perinatal epidemiology*, 15 Suppl 1 1-42.
- CDC (2014) Saving mothers, giving life: maternal and perinatal outcomes in health facilities phase 1 monitoring and evaluation report. Atlanta: Centers for Disease Control and Prevention, US Dept. of Health and Human Services.
- Chaibva, C. N., Roos, J. H. & Ehlers, V. J. (2009) Adolescent mothers' non-utilisation of antenatal care services in Bulawayo, Zimbabwe. *Curationis*, 32 (3), 14-21 8p.
- d'Oliveira, Ana Flávia Pires Lucas, Diniz, S. G. & Schraiber, L. B. (2002) Violence against women in health-care institutions: an emerging problem. *The lancet*, 359 (9318), 1681-1685.

Fournier, P., Dumont, A., Tourigny, C., Dunkley, G. & Dramé, S. (2009) Improved access to comprehensive emergency obstetric care and its effect on institutional maternal mortality in rural Mali. *Bulletin of the world health organization*, 87 30-38.

Freedman, L. P. & Kruk, M. E. (2014) Disrespect and abuse of women in childbirth: challenging the global quality and accountability agendas. *Lancet (london, england)*, 384 (9948), e42-4.

Graham, W. J., Bell, J. S. & Bullough, C. H. (2001) Can skilled attendance at delivery reduce maternal mortality in developing countries? *Safe motherhood strategies: A review of the evidence*.

Hokororo, A., Kihunrwa, A. F., Kalluvya, S., Changalucha, J., Fitzgerald, D. W. & Downs, J. A. (2015) Barriers to access reproductive health care for pregnant adolescent girls: a qualitative study in Tanzania. *Acta paediatrica*, 104 (12), 1291-1297.

Ilika, A. & Anthony, I. (2004) Unintended pregnancy among unmarried adolescents and young women in Anambra State, south east Nigeria. *African journal of reproductive health*, 92-102.

Kabagenyi, A., Jennings, L., Reid, A., Nalwadda, G., Ntozi, J. & Atuyambe, L. (2014) Barriers to male involvement in contraceptive uptake and reproductive health services: a qualitative study of men and women's perceptions in two rural districts in Uganda. *Reproductive health*, 11 (1), 21.

Koblinsky, M. A., Campbell, O. & Heichelheim, J. (1999) Organizing delivery care: what works for safe motherhood? *Bulletin of the world health organization*, 77 (5), 399-406.

Koshar, J. H., Lee, K. A., Goss, G., Heilemann, M. S. & Stinson, J. (1998) The Hispanic teen mother's origin of birth, use of prenatal care, and maternal and neonatal complications. *Journal of pediatric nursing*, 13 (3), 151-157 7p.

Levandowski, B. A., Kalilani-Phiri, L., Kachale, F., Awah, P., Kangaude, G. & Mhango, C. (2012) Investigating social consequences of unwanted pregnancy and unsafe abortion in Malawi: the role of stigma. *International journal of gynecology & obstetrics*, 118 (S2)

Mbonye, A. K., Asimwe, J. B., Kabarangira, J., Nanda, G. & Orinda, V. (2007) Emergency obstetric care as the priority intervention to reduce maternal mortality in Uganda. *International journal of gynaecology and obstetrics: The official organ of the international federation of gynaecology and obstetrics*, 96 (3), 220-225.

McMahon, S. A., George, A. S., Chebet, J. J., Mosha, I. H., Mpembeni, R. N. & Winch, P. J. (2014) Experiences of and responses to disrespectful maternity care and abuse during childbirth; a qualitative study with women and men in Morogoro Region, Tanzania. *BMC pregnancy and childbirth*, 14 (1), 268.

Mngadi, P. T., Thembi, I. T., Ransjö-Arvidson, A. B. & Ahlberg, B. M. (2002) Quality of maternity care for adolescent mothers in Mbabane, Swaziland. *International nursing review*, 49 (1), 38-46 9p.

Paxton, A., Maine, D., Freedman, L., Fry, D. & Lobis, S. (2005) The evidence for emergency obstetric care. *International journal of gynecology & obstetrics*, 88 (2), 181-193.

Reibel, T., Morrison, L., Griffin, D., Chapman, L. & Woods, H. (2015) Young Aboriginal women's voices on pregnancy care: Factors encouraging antenatal engagement. *Women & birth*, 28 (1), 47-53 7p.

Ronsmans, C., Graham, W. J. & Lancet Maternal Survival Series steering group (2006) Maternal mortality: who, when, where, and why. *The lancet*, 368 (9542), 1189-1200.

Rooney C. (1992) *Antenatal Care and Maternal Health: How Effective Is It? A Review of the Evidence*. WHO/MSM/92.4. Maternal Health and Safe Motherhood Programme, Division of Family Health. Geneva: World Health Organization.

Rujumba, J., Neema, S., Tumwine, J. K., Tylleskär, T. & Heggenhougen, H. K. (2013) Pregnant women's experiences of routine counselling and testing for HIV in Eastern Uganda: a qualitative study. *BMC health services research*, 13 (1), 189.

Serbanescu, F., Goldberg, H. I., Danel, I., Wuhib, T., Marum, L., Obiero, W., McAuley, J., Aceng, J., Chomba, E. & Stupp, P. W. (2017) Rapid reduction of maternal mortality in Uganda and Zambia through the saving mothers, giving life initiative: results of year 1 evaluation. *BMC pregnancy and childbirth*, 17 (1), 42.

Simkhada, B., Teijlingen, E. R. v., Porter, M. & Simkhada, P. (2008) Factors affecting the utilization of antenatal care in developing countries: systematic review of the literature. *Journal of advanced nursing*, 61 (3), 244-260.

Souza, J. P., Gülmezoglu, A. M., Vogel, J., Carroli, G., Lumbiganon, P., Qureshi, Z., Costa, M. J., Fawole, B., Mugerwa, Y. & Nafiou, I. (2013) Moving beyond essential interventions for reduction of maternal mortality (the WHO Multicountry Survey on Maternal and Newborn Health): a cross-sectional study. *The lancet*, 381 (9879), 1747-1755.

Uganda Bureau of Statistics (UBOS) & ICF International, (2006), Uganda Demographic Health Survey 2006. Kampala, Uganda, UBOS, Calverton, Maryland: ICF International Inc.

Uganda Bureau of Statistics (UBOS) and & ICF International, (2012), *Uganda Demographic Health Survey 2011*. Kampala, Uganda, UBOS, Calverton, Maryland: ICF International Inc.

Uganda Bureau of Statistics (UBOS) and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.

UNICEF (2016) Improving male involvement to support elimination of mother-to-child transmission of HIV in Uganda: a case study

Villar, J. & Bergsjø, P. (1997) Scientific basis for the content of routine antenatal care I. Philosophy, recent studies, and power to eliminate or alleviate adverse maternal outcomes. *Acta obstetricia et gynecologica scandinavica*, 76 (1), 1-14.

WHO (2016) Uganda launches the national male involvement strategy and guidelines: <https://afro.who.int/news/uganda-launches-national-male-involvement-strategy-and-guidelines>. Accessed [22/11/2018]