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Research Article

Prevalence, Patterns and Perpetrators of Disrespect and Abuse of Women During Childbirth in Lagos State, Nigeria

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Abstract

Disrespect and abuse (D&A) during childbirth violate human rights and undermine maternal care. Women expect compassion and respect, yet abusive care discourages facility-based childbirth, contributing to Nigeria's high maternal mortality rate of 512 per 100,000 live births. This study examines the prevalence, patterns, and perpetrators of disrespect and abuse in Lagos State. The aim of this study was to assess the prevalence, patterns, and perpetrators of disrespect and abuse experienced by women during childbirth. A cross-sectional community-based study, using mixed methods, was conducted among mothers residing in Lagos State who had given birth within six months prior to the study. Multistage sampling was used to select 524 mothers. Data were analyzed using SPSS version 25. The prevalence of disrespect and abuse was 87%, with non-consented care (79.8%) being the most common. Stigma/discrimination (4.6%) and detention (4.6%) were least reported. Nurses/midwives (59.4%) were the primary perpetrators. The study revealed a high prevalence of disrespect and abuse, primarily by nurses/midwives indicating that training healthcare providers on respectful maternity care (RMC) is essential. These findings therefore will inform policies promoting respectful maternal care in Nigeria to achieve improved health outcomes.

Keywords

Respectful Maternity Care, Disrespect and Abuse, Maternal Health, Childbirth, Nigeria, Mixed Methods, Nurses/Midwives, Community-based Study

1. Introduction

Respectful maternity care (RMC) is a fundamental human right, ensuring dignity, autonomy, and equitable access to quality healthcare [1, 2]. However, evidence suggests that disrespect and abuse (D&A) during childbirth are significant barriers to facility-based deliveries in Nigeria, discouraging women from seeking care and contributing to the persistently high maternal mortality rate of 512 per 100,000 live births. [3, 4] Many women experience physical abuse, neglect, verbal humiliation, and non-consensual care, which erodes trust in the healthcare system and perpetuates disparities in maternal

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outcomes. Addressing D&A is critical to improving maternal health service utilization and achieving Sustainable Development Goal (SDG) 3.1, which aims to reduce maternal mortality to less than 70 per 100,000 live births by 2030. [4]

Despite growing recognition of D&A during childbirth, there is limited quantitative data on its prevalence and determinants in Nigeria. [5] Previous research had focused on qualitative reports and anecdotal evidence, highlighting mistreatment in health facilities without systematically measuring its scope and impact. [3] This study addresses this knowledge gap by providing empirical evidence on the frequency and predictors of D&A, offering a more comprehensive understanding of the phenomenon. The aim of this research, therefore, was to assess the prevalence of disrespect and abuse experienced by women during childbirth in Lagos State. These findings will contribute to the global discourse on respectful maternity care and provide a foundation for targeted interventions to improve the quality of maternal health services.

Conceptual Framework

This study is grounded in the Respectful Maternity Care (RMC) framework, which emphasizes dignity, autonomy, and equitable care as essential components of quality maternal health services. Bowser and Hill's (2010) classification of D&A serve as a guiding model, categorizing mistreatment into seven domains: physical abuse, non-consented care, non-confidential care, undignified care, abandonment, discrimination, and detention. [6] The study also integrates the WHO's intrapartum care recommendations, which advocate for person-centered maternity care. [7]

2. Research Methods and Design

2.1. Study Design

This study was a descriptive, cross-sectional, community-based mixed methods study conducted to assess the prevalence, patterns, and perpetrators of disrespect and abuse (D&A) of women during childbirth in Lagos State, Nigeria.

2.2. Setting

The study was conducted in Lagos State, the commercial and industrial hub of Nigeria. Lagos has a mix of urban and rural communities, with 16 urban and 4 rural Local Government Areas (LGAs). [8] Three LGAs—Lagos Mainland and Mushin (urban) and Ibeju-Lekki (rural)—were selected by simple random sampling by balloting as study sites to ensure diversity in respondents' experiences. The study population comprised mothers in Lagos State who had given birth (live or stillbirth) within six months prior to data collection. Inclusion criterion was women aged 15–49 who had a vaginal delivery within six months prior to the study. Exclusion criteria were women who had cesarean sections and women who were severely ill or physically/mentally incapable of being interviewed. In this study, female healthcare providers referred to all female individuals who were involved in the provision of maternal health services during labour and childbirth. This included nurses, midwives, female doctors, community health extension workers (CHEWs), and traditional birth attendants (TBAs). Where the specific cadre was known, it was reported distinctly (e.g., nurse/midwife).

A minimum sample size of 262 was calculated using the Cochrane formula for a single population proportion. Due to the multi-stage sampling design, this was doubled for design effect, yielding a total of 524 respondents. A multistage sampling technique was used:

1) Selection of LGAs: Three LGAs were chosen using simple random sampling by balloting.
2) Selection of wards: Six wards were selected from the chosen LGAs by simple random sampling by balloting.
3) Selection of streets: Streets were randomly chosen within each ward using simple random sampling by a random number generator.
4) Selection of houses and respondents: Consecutive sampling was used to recruit eligible mothers from selected houses.

Quantitative data were collected using a pretested, validated, semi-structured questionnaire assessing socio-demographics, obstetric history, and experiences of D&A. For data analysis, quantitative data were analyzed using SPSS version 25. Descriptive statistics (frequencies, means, standard deviations) were used to summarize socio-demographic characteristics and Chi-square tests assessed associations. A p-value of <0.05 was considered statistically significant.

3. Ethical Considerations

Ethical approval was obtained from the Health Research and Ethics Committee (HREC) of Lagos University Teaching Hospital (HREC No: ADM/DSCST/HREC/APP/4115). Written informed consent was obtained from all participants before interviews, and confidentiality was maintained by anonymizing responses.

4. Limitations of the Study

Limitation of the study included possible underreporting which may have occurred due to normalization of disrespectful practices. The study focused on individual-level factors contributing to D&A but did not extensively address systemic factors.

5. Results

A total of 524 questionnaires were administered to respondents and were all completed, giving a response rate of 100%. The age of the respondents in this study ranged from 15-49years. The mean age of the respondents was

29.00+5.86years, most of whom (29.8%) were in the 26-30years age group. Majority of the respondents were Yoruba by tribe (71.4%) and a little over half (51.9%) were Christians. Majority of the respondents were married (72.3%) and lived in the urban area. (87.4%). Most (89.3%) had lived at their residence for 1-10 years. The mean number of years lived at their residence was 5.40±5.39years. More than half (57.3%) of the respondents had secondary education. A little over half (52.6%) earned above N30,000 with a mean income of N42,836.80±N41,424.29. Majority (82.3%) of the respondents were employed of which close to half (48.3%) were semi-skilled while most (86.1%) of the unemployed were housewives and applicants. Half (52.5%) of the respondents had been pregnant 1-2 times, with the mean number of pregnancies being 2.56±1.31, two-thirds (63.9%) have 1-2 children with the mean number of children at 2.27±1.19. More than half (56.1%) of the respondents commenced antenatal care between 4-6 months of gestation with the mean age at booking of last pregnancy at 3.87±1.31 months and majority (89.1%) delivered their babies at 9 months of gestation with the mean gestational age being 9.05±0.35 months. More than half (55.2%) attended public hospitals for antenatal care while about a fifth (18.1%) visited traditional birth attendants for antenatal care.

The public hospital was the most preferred place for delivery among the respondents with over a third (34.5%) of the respondents going there for delivery. Other places of delivery were religious homes, maternity homes, nursing homes and community nurse. More than half (51%) of the women had their babies at night, and most were attended to by 1-3 health workers during labour and delivery (87.4%). Most of the respondents (80.9%) were attended by female health care providers and majority (61.3%) were mostly attended to by a nurse/midwife. Most (88.4%) of the respondents did not have complications during their last delivery and 42.8% of the women had babies between 3-4 months old at the time of the study with the mean age of last baby being 3.14±1.47 months.

The commonest pattern of D&A experienced by the respondents was non-consented care, (79.8%) followed by non-confidential care/lack of privacy (30.2%) and non-dignified care (22.1%). The least common patterns of D&A were stigma/discrimination (4.6%) and detention (4.6%).

The overall prevalence of D&A was high as majority (87%) of the women had experienced at least one form of D&A during their last labour and delivery. The commonest form of physical abuse experienced by the respondents was forceful application of fundal pressure on the abdomen (6.5%). The health care workers not introducing themselves to the women and their companions was the commonest form of non-consented care experienced by the respondents (64.9%). Half of the respondents did not give their consent before blood transfusion was given (52.2%) and before episiotomy was done on them. (51.4%) Almost half of the respondents did not give their consent for augmentation of labour was done. (47.1%) The commonest form of non-confidential/lack of privacy experienced by the respondents was the lack of use of curtains/visual barriers (23.1%).

The most experienced form of non-dignified care was being shouted at or scolded (12.4%) followed by the health worker being impolite to the respondents (12.0%). The commonest form of stigma/ discrimination experienced by the respondents was receiving negative comments from the health care worker regarding the respondents' HIV status (2.5%). No respondent reported discrimination based on religion. The commonest form of neglect/abandonment experienced by the respondents was a delay in response by the health care provider during labour and delivery (13.9%) and a few (3.4%) were left alone or left unattended to during labour and delivery. The commonest form of detention experienced by the respondents was being detained for inability to pay respondents' babies' hospital bills (4.0%), only a few respondents (2.1%) experienced being detained due to inability to pay their hospital bills. More than half (59.4%) of the respondents who experienced abuse were mostly attended to by a nurse/midwife and majority (80.3%) were attended by female health care providers. A little over one-third of the women (37.8%) experienced only 1 category of D&A while less than 1% experienced 6 or 7 categories of D&A.

Table 1. *Sociodemographic characteristics of respondents.*

Variable	Frequency (n=524)	Percentage (%)
Age group (years)		
15-20	41	7.8
21-25	115	21.9
26-30	156	29.8
31-35	140	26.7
36-40	58	11.1
41-45	14	2.7
Religion		

Variable	Frequency (n=524)	Percentage (%)
Christianity	272	51.9
Muslim	243	46.4
Traditionalist	9	1.7
Ethnicity		
Hausa	14	2.7
Yoruba	374	71.4
Ibo	83	15.8
Others	53	10.1
Marital Status		
Married/Cohabiting	464	88.5
Single	34	6.5
Divorced/Separated/Widowed	26	5.0
Place of residence		
Rural	66	12.6
Urban	458	87.4
Number of years lived at residence		
<1	4	0.8
1-10	468	89.3
11-20	41	7.8
Education		
No formal education	31	5.9
Primary	98	18.7
Secondary	300	57.3
Tertiary	95	18.1
Income		
<N30,000	169	32.6
N30,000	77	14.8
>N30,000	273	52.6
Employment Status		
Employed	431	82.3
Unemployed	93	17.7
Occupation of the employed (n=431)		
Senior professional	24	5.6
Intermediate	40	9.3
Junior profession/skilled	20	4.6
Semi-skilled	208	48.3
Unskilled	139	32.3
Status of the unemployed (n=93)		
Students	3	3.2

Variable	Frequency (n=524)	Percentage (%)
Apprentice	10	10.8
Others	80	86.1

Table 2. *Obstetric history of respondents.*

Variable	Frequency (n=524)	Percentage (%)
Number of times pregnant		
1-2	275	52.5
3-4	213	40.6
5 and above	36	6.9
Number of children		
1-2	335	63.9
3-4	167	31.9
5 and above	22	4.2
Age of last pregnancy at booking (months)		
1-3	210	40.1
4-6	294	56.1
7-9	20	3.8
Gestational age at last delivery (months)		
7	3	0.6
8	10	1.9
9	467	89.1
>9	44	8.4
Place attended antenatal care		
Public Hospital	289	55.2
Private Hospital	88	16.8
Traditional Birth Attendants Home	95	18.1
Others	52	9.9

Table 3. *Characteristics of delivery of respondents.*

Variable	Frequency (n=524)	Percentage (%)
Place of delivery		
Public Hospital	181	34.5
Private Hospital	138	26.3
Traditional Birth Attendants Home	121	23.1
Others	84	16.0
Time of delivery of last baby		

Variable	Frequency (n=524)	Percentage (%)
Day time	257	49.0
Night	267	51.0
Number of health attendants present during delivery		
1-3	458	87.4
4-6	63	12.0
Gender of health attendant that provided care during delivery		
Male	100	19.1
Female	424	80.9
Cadre of health attendant that provided the most care during delivery		
Medical Doctor	75	14.3
Nurse/Midwife	321	61.3
Traditional birth attendant	116	22.1
Others	12	2.3
Complications during delivery		
Severe Vaginal bleeding	18	3.4
Prolonged labour	38	7.3
Retained placenta	5	1.0
None	463	88.4
Present age of last baby (months)		
1-2	198	37.8
3-4	224	42.8
5-6	102	19.5

Table 4. *Prevalence of categories of disrespect and abuse of respondents.*

Self-reported Prevalence of Disrespect and Abuse	Frequency (n=524)	Percentage (%)
Physical abuse	67	12.8
Non-consented care	418	79.8
Non-confidential care/Lack of privacy	158	30.2
Non-dignified care	116	22.1
Stigma and discrimination	24	4.6
Neglect/Abandonment	72	13.7
Detention	24	4.6
Overall prevalence of disrespect and abuse		
Abused	456	87
No abuse	68	13

Table 5. *Patterns of Disrespect and Abuse among respondents.*

Self-reported experience of physical abuse	Frequency (n=524)	Percentage (%)
Slapped by the health care worker	7	1.3
Kicked by the health care worker	3	0.6
Punched by the health care worker	3	0.6
Hit with an instrument by the health care worker	2	0.4
Physically restrained by the health care worker	2	0.4
Separated from baby without medical indication	5	1.0
Health care worker demonstrated care in a culturally inappropriate way	17	3.2
Verbally insulted by health care worker	4	0.8
Cut or sutured by health worker without local anaesthesia (n=228)	7	3.0
Forceful downward pressure on your abdomen applied by health worker (fundal pressure)	34	6.5

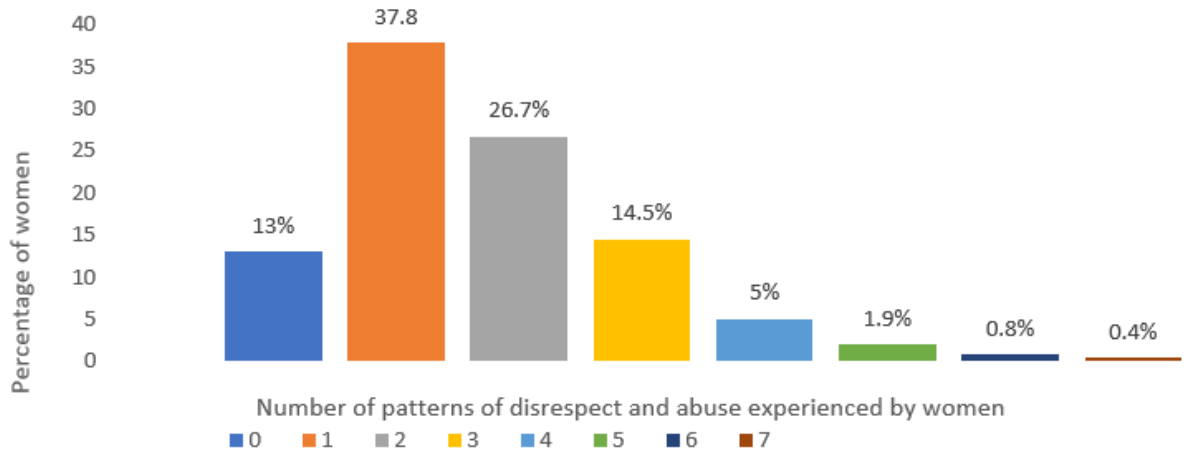

Figure 1. *Experience of multiple patterns of disrespect and abuse by the respondents.*

0= Experienced no pattern of disrespect and abuse; 1=Experienced 1 pattern of disrespect and abuse
2= Experienced 2 patterns of disrespect and abuse; 3= Experienced 3 patterns of disrespect and abuse
4= Experienced 4 patterns of disrespect and abuse; 5= Experienced 5 patterns of disrespect and abuse
6= Experienced 6 pattern of disrespect and abuse; 7= Experienced 1 pattern of disrespect and abuse

Table 6. *Respondents' experience of non-confidential care, non-dignified care, stigma, discrimination, abandonment and detention.*

Respondents' self-reported experience	Frequency (n=524)	Percentage (%)
No use of curtains or other visual barriers to protect respondent during labour/delivery	121	23.1
Respondent's HIV status discussed within earshot of others by health care worker	16	3.0
Respondent's age discussed within earshot of others by health care worker	17	3.2
Respondent's medical history discussed within earshot of others by health care worker	7	1.3
Paternity of respondent's child discussed within earshot of others by health care worker	31	5.9
Health care worker was not polite to respondent	63	12.0

Respondents' self-reported experience	Frequency (n=524)	Percentage (%)
Was insulted, intimidated, or threatened by health care worker	18	3.4
Was shouted at or scolded by health care worker	65	12.4
Health care worker made negative comments about respondent	13	2.5
Threatened with a medical procedure (such as episiotomy or caesarean section) by health care worker	31	5.9
Threatened with physical violence by health care worker	2	0.4
Negative comments regarding respondent's ethnicity, race, tribe, or culture made by health care worker	1	0.2
Health care worker did not make negative comments to respondent regarding their religion	524	100
Negative comments regarding respondents age made by health care worker	6	1.1
Negative comments regarding respondents' marital status made by health care worker	9	1.7
Negative comments regarding respondents' level of education or literacy made by health care worker	3	0.6
Negative comments regarding respondents' economic circumstances made by health care worker	3	0.6
Negative comments regarding respondents HIV status by health care worker	13	2.5
No prompt response by health care worker when called by the respondent during labour and delivery	73	13.9
Left alone or unattended to by health worker during labour and delivery	18	3.4
Detained in the health facility due to inability to pay hospital bills	11	2.1
Detained in the health facility due to inability to pay baby's hospital bills	21	4.0

Table 7. *Characteristics of perpetrators of disrespect and abuse.*

Characteristics of health attendant	Experienced disrespect and abuse (n=456)	Percentage (%)
Cadre of health attendant who mostly took care of respondent during delivery		
Doctor	64	14.0
Nurse/midwife	271	59.4
TBA	109	23.9
Others	12	2.6
Gender of health attendant who mostly took care of respondent during delivery		
Male	90	19.7
Female	366	80.3

6. Discussion

This study assessed the prevalence, patterns, predictors, and perpetrators of disrespect and abuse (D&A) experienced by women during childbirth in Lagos State. The findings revealed a disturbingly high prevalence of D&A, with 87% of respondents reporting at least one form of abuse. Non-consented care was the most prevalent pattern, while stigma/discrimination and detention were least reported. Predictors of D&A included lower levels of education, employment status, place of antenatal care and delivery, and cadre of attending healthcare provider. Nurses and midwives, predominantly female, were the main reported perpetrators.

The high prevalence of D&A aligns with findings from several other community-based studies in low- and middle-income countries including Ethiopia [9-11] Pakistan [12], and Mozambique. [13] Unlike facility-based studies, community-based assessments provide more candid reports due to reduced courtesy bias. Non-consented care was the most

common form of abuse, similar to studies in Peru [14] Southeast Ethiopia, [15, 16] and Mozambique. [13] Stigma and discrimination were reported less frequently, possibly due to free maternity services at primary health centers and flexibility in payment by TBAs. The association between D&A and public facility deliveries or lower education levels reinforces findings from prior research. [9, 17] The role of female nurses and midwives as predominant perpetrators is consistent with other Nigerian [18] and East African studies, [19, 20] which raise concerns about gendered dynamics in care delivery.

This study highlights the urgent need for health system reforms to enforce respectful maternity care standards. Training and retraining of healthcare providers, especially nurses and midwives, in ethical and respectful patient interactions is paramount. Policies should mandate informed consent for all procedures and integrate accountability mechanisms into maternal care protocols. Further research should explore providers' perspectives and systemic pressures contributing to D&A. Additionally, empowering women through education and community awareness campaigns may reduce tolerance for abuse and encourage demand for respectful care. Advocacy for male involvement and companion presence during childbirth could also improve oversight and reduce neglect.

7. Strengths and Limitations

A major strength of this study is its community-based design, which reduced courtesy bias and enhanced openness among participants. The study's inclusion of rural and urban populations increases generalizability. However, potential recall bias remains, even though women were interviewed within six months of delivery. Social desirability bias may have led to underreporting of certain types of abuse, particularly physical and verbal forms.

8. Conclusion

This study revealed a high prevalence of disrespect and abuse (D&A) during childbirth among women in Lagos State, with the majority reporting at least one form of D&A. In relation to the first objective - to assess the prevalence and patterns of D&A - the findings showed that non-consented care was the most common form, particularly failure to introduce oneself and perform procedures such as blood transfusion and episiotomy without consent. Stigma/discrimination and detention were the least reported patterns.

Addressing the second objective - to identify the predictors of D&A - the study found that lower educational attainment, employment status, type of antenatal care facility, place of delivery, and the cadre of attending health worker were significant predictors. Women with lower levels of education and those attended to in public health facilities or by less skilled personnel were more likely to experience D&A. In relation to the third objective - to determine the perpetrators of D&A - nurses and midwives, particularly females, were most commonly identified as the perpetrators. This may reflect their dominant presence in maternal care settings and possible gaps in training or professional accountability. These findings stress the urgent need for targeted interventions in training, policy enforcement, and community education to promote respectful maternity care and reduce the widespread violation of women's rights during childbirth.

Abbreviations

ANC	Antenatal Care
D&A	Disrespect and Abuse
HCP	Healthcare Provider
HREC	Health Research and Ethics Committee
LGA	Local Government Area
RMC	Respectful Maternity Care
SDG	Sustainable Development Goal
SPSS	Statistical Package for the Social Sciences
TBA	Traditional Birth Attendant
WHO	World Health Organization

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Author Contributions

Balogun Mobolanle: Software, Visualization, Writing – original draft, X Writing – review & editing

Maduafokwa Blossom Adaeze: Conceptualization, Investigation, Software

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Ezekiel Evbusogie: Conceptualization, Writing – original draft

All authors contributed to significant portions of the research and approved the final manuscript.

Ethical Approval

Ethical approval for this study was obtained from the Health Research and Ethics Committee (HREC) of Lagos University Teaching Hospital (HREC No: ADM/DSCST/HREC/APP/4115). Written informed consent

was obtained from all participants before participation. All procedures were conducted in accordance with the ethical standards of the institutional research committee and the 1964 Helsinki Declaration and its later amendments.

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Conflicts of Interest

The authors declare no conflicts of interest.

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