

**Deanship of Graduate Studies  
Al-Quds University**



**Women's Perspective of Exposure to Mistreatment  
during Childbirth at Governmental Maternity  
Hospitals in Gaza Strip**

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**Women's Perspective of Exposure to Mistreatment  
during Childbirth at Governmental Maternity  
Hospitals in Gaza Strip**

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### **Thesis Approval**

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**Jerusalem – Palestine**

**1441/2020**

## **Dedication**

To my parents who always believed in me and supported me endlessly, without them none of this could have been possible.

To my best friend Aya for being beside in every step of the way, for she was the reason I'm here today.

To all my friends and loved one who were encouraging me to do my best.

To every mother out there that struggled while giving birth to her child.

To every woman who was exposed to mistreatment during her childbirth, we are all sorry that you had a terrible experience.

Finally, to everyone who helped to make this first study of its kind possible.

Thank you all.

Soha Salama Abu Eid

## **Declaration**

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study or any its parts has not been submitted for a higher degree to any other university or institution.

Signed:

Soha Salama Abu Eid

Date: 16/6/2020

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## Abstract

**Background:** Childbirth is a natural process that every woman experience throughout her life if she chooses to. The experience can have a lasting positive or negative effect on women's life, well-being and health. **Methods:** A descriptive, cross-sectional design was used in this study which included 380 women after giving birth, that the mean age for women was  $26.236 \pm 5.132$ . Data were collected by using consecutive sampling method from Kamal Odwan, Alshifa complex, Al Aqsa, Nasser complex, and Al Emaraty hospitals using a developed questionnaire by the researcher and was reviewed by experts to examine the prevalence of mistreatment types during childbirth. **Results:** The study showed that women had exposed to 4.0% physical mistreatment, 3.25% verbal mistreatment, 7.85% a non-consented care, a moderate level of not having their right to information 36.9%, 9.2% didn't receive confidential care, and finally 9.05% exposed to abandonment of care. Moreover, the result demonstrated that there were statistically significant differences in all aspects of mistreatment between hospitals as the *P* value was 0.000 in all the domains. In consistence the mothers who have been exposed to mistreatment in previous deliveries revealed statistically significant results of higher exposure to physical mistreatment and verbal mistreatment with *P* value less than 0.001 and 0.008. However, the results showed that there were statistically significant differences in mistreatment physical & verbal related to numbers of hours of stay in the hospital with *P* value less than 0.001, the right to information *P*= 0.009, abandonment of care *P*= 0.002, **Conclusion:** The prevalence of mistreatment among women during delivery was very low level of exposure to physical mistreatment, very low level of exposure to verbal mistreatment, very low level of receiving a non-consented care, low level of not having their right to information, low level for not having confidential care, and finally exposed to a very low level of abandonment of care. **Recommendations:** Even though the level of mistreatment was low in most of the domains a few recommendations needed to eradicate the whole issue. I recommend to increase the effort to try and avoid women's exposure to mistreatment during childbirth in the future, which can be achieved by: Formulate laws that prohibit the use of fundal pressure during the delivery, establish regulations to obtain consent form women before proceeding with any procedure. And adopt health education programs in all the governmental hospitals.

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## **List of abbreviations**

**D&A:** Disrespect and Abuse

**GS:** Gaza Strip

**Hours:** Hrs

**MMR:** Maternal Mortality Rate

**MoH:** Ministry of Health

**NGO:** Non-Governmental Organization

**NIS:** New Israeli Shekel

**PCBS:** Palestinian Central Bureau of Statistics

**PHC:** Primary Health Care

**UNRWA:** United Nations Relief and Works Agency

**WB:** West Bank

**WHO:** World Health Organization

# **Chapter One**

## **Introduction**

### **1.1 Background**

Childbirth experience can have instant as well as lasting positive or negative effects on women's life, well-being and health. A positive experience can be remembered as an empowering life event connected to personal development and self-knowledge affecting the changeover to motherhood, while a negative birth experience rises the risk of negative health outcomes, such as postpartum depression and future fear of giving birth that can lead to a demand for caesarean birth in future pregnancies and have an influence on future reproduction (Nilvér, et al, 2016). Respectful maternity care which refers to care organized for and provided to all women in a manner that conserves their dignity, privacy and confidentiality, permits freedom from harm and mistreatment, and allows informed choice and continuous support during labour and childbirth is suggested (World Health Organization "WHO", 2018a).

In the past twenty years, women have been advised to give birth in health care facilities to assure access to trained health care providers and timely referral if the need for additional care arise. However, sadly accessing labour and childbirth care in health care facilities may not guarantee good quality care, disrespectful and undignified care is prevalent in many facility settings globally, particularly for underprivileged populations, and this not only violates their human rights but is also a major barrier to getting access to intrapartum care services (WHO, 2018a). Such mistreatment can occur both in the interaction between the woman and health care provider as through systematic failures in health facilities and health system levels (Bohren, et al, 2015). It has been recognized as dehumanized care, disrespect and abuse(D&A) or obstetric violence is a major focus to various of researchers globally (Savage and Castro, 2017).

Organic Law on Women's Right to a Violence-free Life in Venezuela, identified obstetric violence as" the seizing of a woman's body and reproductive processes by health personnel in the form of dehumanizing treatment, abusive medicalization, and pathologizing of natural processes, involving a woman's loss of autonomy and of the capacity to freely make her own choices about her body and her sexuality, which has negative consequences for a woman's quality of life." (Venezuela Law, 2007).

In 2014 the WHO stated that "Every woman has the right to the highest possible standard of health, which embraces the right to dignified respectful health care." And any act of mistreatment is considered as a violation of these rights.

Studies have begun to record mistreatment during facility-based childbirth as a crucial issue that affects women throughout the world and it could be categorized as: physical abuse, verbal abuse, right to information, non-consented care, non-confidential care, discrimination and abandonment of care (Hameed and Avan, 2013).

In Palestine no previous study has been conducted to discuss the issue of mistreatment during childbirth. This study will be carried on to estimate the prevalence and types of mistreatment during childbirth and give feedback and recommendation for the policy makers for a better future in the care of child birthing women.

## **1.2 Research Problem**

From the researcher work experience as a midwife, women during childbirth can face many challenges as fear, pain during delivery, lack of information regarding the nature of the delivery, and treated from health care providers form various forms and methods.

In 2018 the number of the newborns were 57,694 in Gaza Strip "GS" only (Ministry of Health "MOH", 2019), considering that 52.7% of those deliveries took place in MOH facilities. The ration of women giving birth to the caregiver is uneven in Gaza can impose workers to work overload and the WHO stated that for a respectful care an adequate number of competent, trained, supervised and adequately remunerated skilled birth attendants with an appropriate skills mix (WHO, 2018a).

It's essential that every woman receive good care through her childbirth experience, an increased focus on quality care at the time of birth has multiply returns on investment through the decrease of maternal and neonatal deaths, prevention of stillbirths and future disability. Poor care and mistreatment can have serious impact on mothers and the child. For example, mistreatment included physical abuse, verbal abuse, denial of care, and undesired measures during childbirth higher the chances of postpartum depression three months after birth, the fact that a woman has been exposed to mistreatment during childbirth without a history of being depressed during pregnancy increases the risk for postpartum depression (Mesenburg, et al, 2015).

This study highlighted the problem of mistreatment to not only to the policy maker but also to the health care providers which can make them try to enhance their care to child birthing women and it may influence the policy maker to provide the healthcare provider with better training and better care of delivering health related services for women during childbirth.

### **1.3 Justification**

There has been a global attention toward the mistreatment of women during childbirth, several researches have tried to define and estimate it. In Palestine, according to the researcher knowledge there are no previous published studies.

According to the researcher work at MOH a good quality care and patient safety have been a strategic concern to the ministry and a perfect childbirth experience reflects the freedom from harm, it's seen as vital to have a better understanding of how women are being exposed to mistreatment, along with how can this issue be avoided in future deliveries for other women.

It's also crucial to have an overview of the problem in hands and how it may give the care providers the needed information to provide women with best care.

It can be seen that there is a lack of studies regarding dignified care during childbirth and the occurrence of mistreatment to women in GS, in addition to unclear data for its existence and types. So, the researcher had chosen to study the perspective of women about being exposed to mistreatment while giving birth in governmental maternity hospitals in GS.

A childbirth experience is a critical period that those women should receive the optimal care and avoid being mistreated as possible, therefore this study tried to highlight the prevalence of mistreatment and types of mistreatment towards women giving birth in facility settings. Secondly, the study will examine the association between demographics (socio-demographic, and reproductive history) and mistreatment.

## **1.4 Purpose of the study**

General Objective: the aim of this study was to assess the prevalence of mistreatment among women during childbirth at governmental maternity hospitals in Gaza Strip.

## **1.5 Specific objectives**

1. To identify which types of mistreatment affected women during childbirth at governmental hospital in Gaza Strip.
2. To clarify the relationship between socioeconomic, socio-demographic and the exposure of mistreatment among women during childbirth at governmental hospital in Gaza Strip.
3. To explore the relationship between the reproductive birth history of women and exposure to mistreatment during childbirth at governmental hospital in Gaza Strip.
4. To suggest recommendations for the policy-maker

## **1.6 Research questions**

1. What is the prevalence of each type of mistreatment does women get exposed to during childbirth at governmental hospitals in Gaza strip?
2. Is there a specific type of mistreatment that women during childbirth at governmental hospitals in Gaza strip exposed to than another one?
3. Does the education of a woman who's giving birth at governmental hospitals in Gaza strip affects her odds of being mistreated?
4. Does a woman with a high income is less likely to be exposed to mistreatment during childbirth at governmental hospitals in Gaza strip?
5. Are the younger women less likely to be exposed to mistreatment during child birth at governmental hospitals in Gaza strip than older women?
6. Is there an association between previous exposure to mistreatment during childbirth at governmental hospitals in Gaza strip and mistreatment in this current delivery?
7. Is the chance of getting mistreated during childbirth at governmental hospitals in Gaza strip increases among primigravida women rather than multigravida women?

8. Does the time of stay in the hospital increase the chance of a woman to be exposed to mistreatment during childbirth at governmental hospitals in Gaza strip?
9. Is the time of the stay in the labour room enhance the exposure of women to mistreatment during childbirth at governmental hospitals in Gaza strip?
10. Does the exposure of mistreatment gets affected by a specific shift that the woman give birth in at governmental hospitals in Gaza strip?

## **1.7 Theoretical and Operational definitions**

### **1.7.1 Mistreatment**

Mistreatment, obstetric violence, or dehumanized care can be defined generally as interactions or facility conditions that local consensus seems to be humiliating or undignified, and those interactions or conditions that are experienced as or intended to be humiliating or undignified” (Freedman, et al., 2014).

For the researcher mistreatment was defined as; the response of women who went through childbirth on the domains of mistreatment as measured by the mistreatment questionnaire instrument, the instrument included five domains: physical mistreatment, verbal mistreatment, unconsented care, right of information, non-confidential care, and abandonment of care.

#### **1.7.1.1 Definitions of the mistreatment domains**

Physical mistreatment: it’s the response of the participating women to the items in the domain “Beating, slapping, pinching, pushed violently to adjust position, and exposed to fundal pressure”.

Verbal mistreatment: it’s the response of the participating women to the items in the domain “Pass insulting or degrading comments, pass insulting comments regarding social status of the women, harsh tone or shouting, abusive language, and threatening for poor outcomes”.

Non- consented care: it’s the response of the participating women to the items in the domain “perform procedure without consent, explain about the procedure to be used for delivery, offer choices regarding births, and perform vaginal exam without consent”.

The right to information: it's the response of the participating women to the items in the domain "share results/diagnosis of medical reports, encourage to ask questions, answering all the women's questions, and regularly share progress of childbirth".

Non- confidential care: it's the response of the participating women to the items in the domain "privacy during examination, cover woman while taking to and from labour room, assure woman for confidentiality of information, and women-provider conversation overheard by others".

Abandonment of care: it's the response of the participating women to the items in the domain "abandon women during childbirth or afterward, ignore while asking pain relief/medication, deny the women of companion during delivery, ignore the request for help, and ignore the request of women to change the health care provider".

To describe the level of mistreatment this classification was used (20-35.9% very low, 36-51.9% low, 52-67.9% moderate, 68-83.9% above moderate, and 84-100% high).

### **1.7.2 Childbirth**

Childbirth is also known as labour and delivery, is the ending of a pregnancy by one or more babies leaving a woman's uterus by vaginal passage or Caesarean section (Martine, 2014).

And for the researcher it is the processes of labour and delivery of a one or more babies, placenta and its membranes by a vaginal passage at the one of the selected hospitals.

## **1.8 Context of the study**

### **1.8.1 Demographic characteristics of Gaza governorates**

Palestine is formed of two regions that has a population of 5 million in the State of Palestine in mid-2019; 2.53 million males and 2.45 million females. The estimated population of the West Bank was 2.99 million, while the estimated population of Gaza Strip was 1.99 million and the rest lives in diaspora (Palestinian Central Bureau of Statistics "PCBs", 2019). Different geographic definitions of Palestine have been used over the times, and these definitions themselves are politically contentious. In recent times, the broadest definition of Palestine has been that adopted by the British Mandate, and the narrowest is that used in contemporary politics today, called the Palestinian territories,

which are the WB and GS. (New world encyclopedia, 2019). WB is in the north and GS in the south. The GS, or simply Gaza, is a self-governing Palestinian territory on the eastern coast of the Mediterranean Sea, that borders Egypt on the southwest for 11 kilometers and occupied Palestinian tertiary on the east and north along a 51 km border. It was estimated that the average family size in Palestine is 5.1, in WB is 4.8 and 5.6 in GS (PCBS, 2017). GS is one of the most packed cities in the world with a population density of 5,453 inhabitants/sq.km (PCBS, 2019). According to the United Nations Relief and Works Agency (UNRWA) statistics in 2017 the total number of registered refugees in GS constitutes about 1,348,536 people.

### **1.8.2 The socio-economic situation**

Conditions in the GS are looking progressively gray after the 2014 hostilities. Under an Israeli-imposed thirteen-year blockade, access to key resources has also been stifled, with disastrous humanitarian and economic consequences (Palestine resilience conference, 2016). At the socio-economic level, conditions are terrible. Poverty and food insecurity are growing, as is a reliance on foreign aid. Unemployment continues to increase amongst youth and adults; according to PCBS (2018S) survey it was reported that 52% of the GS population are unemployed, one of the highest in the world, according to the World Bank. As confirmed by the PCBS survey, food insecurity in Gaza is primarily caused by a lack of economic access to food, i.e. poverty, rather than by the unavailability of food in the marketplace. As a result, the United Nations, through UNRWA, has enlarged its food assistance caseload. However, the continuation of this assistance is being currently at risk due to a severe funding shortage. UNRWA currently provides food assistance to more than 996,000 Palestinian refugees in Gaza, who do not have the financial means to cover their basic food needs, through its Emergency Food Assistance program and its Social Safety Net program. The percentage of individuals receiving UNRWA food assistance has increased from less than 10 per cent of the refugee population in Gaza in 2000, to approximately 70 per cent in 2017 (UNRWA, 2017), that 53% of the population in GS live under the poverty line and 33.8% lives under deep poverty line in 2017 (PCBS, 2017).

### **1.8.3 Healthcare system**

Healthcare in the Palestinian territories refers to the governmental and private healthcare providers to which inhabitants in the Palestinian region have access. There have been enhancements in the access to healthcare and the total general health conditions for

residents in Palestine. The healthcare system is still fronting a lot of challenges in GS as the siege enforce to the strip; as shortage of multiple medication, shortage in supplies, and the lack of advanced technology (WHO, 2018b).

Health services in GS are provided through various sectors; the MOH, United Nations Relief and Work Agency for Palestine Refugees in the Near East (UNRWA), and Non-Governmental Organization (NGOs). Health care system in Palestine provide primary health care (PHC), also secondary and tertiary. The number of PHC centers in Palestine reached to 739 in 2016, of which 587 are in WB and 152 in GS. (MOH, 2017).

#### **1.8.4 Maternity care services in Gaza**

MOH provides a number of services to pregnant women throughout PHC centers and hospital, in 2018 the total number of pregnant visits to PHC centers was 155,603. The total number of pregnant women registered (first visit) in the MOH PHC centers was 34,605 with coverage of 46.5% of pregnant women; the average visit rate for pregnant women to the centers during pregnancy was 4.5 visits (MOH, 2019). While UNRWA encourages women to be enrolled in their antenatal care (ANC) 1,372,440 women received ANC in Gaza through UNRWA PHC centers (UNRWA, 2017). Delivery and childbirth might take a place in either governmental hospitals, non- governmental, medical services centers, or private obstetrician clinic. In 2017 73.8% of the total number of babies were delivered in MOH hospitals, 22.1% in the non-governmental, 2% in medical services centers, and 2.1% in a private obstetrician clinic. (Newborn annual report, 2017).

In Gaza MOH have 6 governmental hospitals that provide maternity and childbirth services: AL shifa Maternity hospital, Al Aqsa Hospital, AL Harazine hospital, Nasser Medical complex, Al Hilal El emaraty hospital, and Kamal Odwan Hospital. Although Al Harazine hospital will be excluded from the study due to the little number of cases that gives birth there and it's following and considered as a part of Al Shifa hospital

Al Shifa Medical complex- maternity hospital was founded in 1960s in Gaza city in GS, it consists of ten wards, the emergency ward, labor and delivery ward, operation ward, first stage ward, outpatient ward, post cesarean section ward, obstetric intensive care unit, gynecological ward, high risk pregnancy ward, and neonatal intensive care unit. The hospital witnessed the birth of 9,646 babies throughout vaginal birth method in 2018, while

the number of the caregiver providers is 178 nurses and midwives and 51 specialized physicians. The emergency ward provides care for around “100-150” women during one day of work.

Al Hilal El emaraty hospital was founded in 2005 in Rafah city in GS, it consists of eight wards; the emergency ward, labor and delivery ward, operation theater, post caesarian section ward, high risk pregnancy ward, daily care ward, outpatient ward, and neonatal intensive care unit, with 34 beds in maternity wards and 12 beds in neonatal intensive care unit. The hospital witnessed a total of 5,459 normal vaginal delivery in 2018, while the number of the caregiver providers is 99 nurses and midwives. The emergency ward provides care for around 60 to 70 women during one day of work.

Nasser Medical complex- maternity hospital was founded in 1999 in Khan Yunis city in GS, it consists of six wards, the emergency ward, labor and delivery ward, operation ward, maternity ward “A, B, and C”, outpatient ward, and neonatal intensive care unit, with 75 beds in maternity wards and 16 beds in neonatal intensive care unit. The hospital witnessed the birth of 7,082 babies throughout vaginal birth method in 2018, while the number of the caregiver providers is 143 nurses and midwives and specialized physicians. The emergency ward provides care for 120 women during one day of work.

Al Aqsa - maternity hospital was founded in 1999 in Deir Albalah city in GS, it consists of eight wards, the emergency ward, labor and delivery ward, operation ward, postnatal ward, post operational ward, outpatient ward, high risk ward, and neonatal intensive care unit, with 70 beds in maternity wards. The hospital witnessed the birth of 5,376 babies throughout vaginal birth method in 2018, while the number of the caregiver providers is 85 nurses and midwives and 27 specialized physicians. The emergency ward provides care for around 50 women during one day of work.

Kamal Odwan- maternity hospital was founded in 2018 in Beit Lahia in GS, it consists of five wards, the emergency ward, labor and delivery ward, operation ward, gynecology ward, outpatient ward, and neonatal intensive care unit, with 55 beds in maternity wards. The hospital witnessed the birth of 2,705 babies throughout vaginal birth method in 2018, while the number of the caregiver providers is 31 nurses and midwives and 25 specialized physicians. The emergency ward provides care for around 40 women during one day of work.

## Chapter Two

### Conceptual framework and literature review

#### 2.1 Conceptual Framework

A conceptual framework is the outlined map that will guide and help of the application of the research steps from choosing the research title, objectives, literature review, methodology, and results to finishing with the conclusion and recommendation of the study. The conceptual framework as revealed in figure 2.1 demonstrate the variables that affects and interact with exposure of women to mistreatment during childbirth.

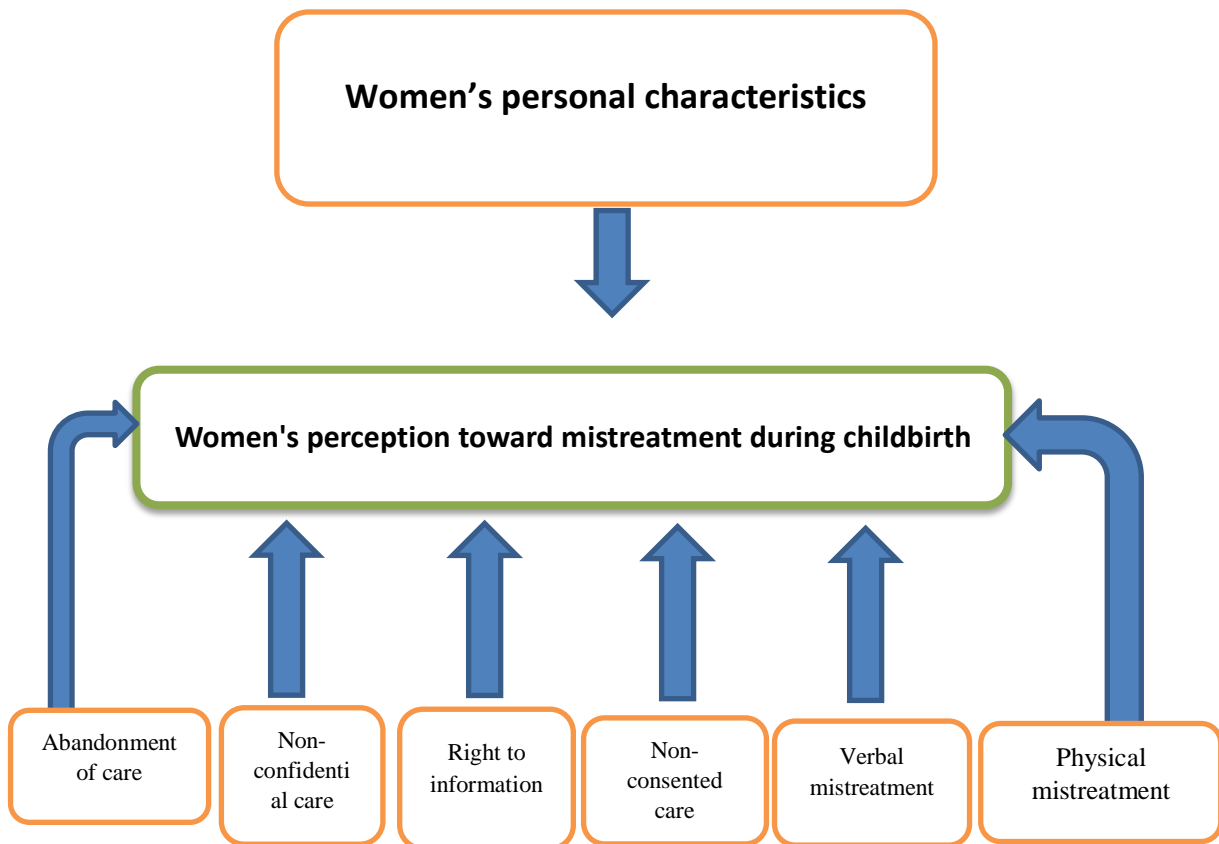


Figure (2.1) Self developed Conceptual Diagram

## **2.2 Literature Review**

### **2.2.1 Background on mistreatment during childbirth**

Women have shared their stories of being visible to mistreatment during childbirth, but it's yet to be properly studied and researched to have a better understanding of its prevalence (Bradley, 2017). It can have negative effect on women and their health. It violates a human right for a respectful and dignified care, women may have less faith and trust in the health system, and it might even affect the economic ramification negatively (Manning and Schaaf, 2018).

A lot of women shared the desire to be handled with respect by all health care providers during their time while giving birth in healthcare facilities, for them mistreatment such as pinching, slapping, shouting at, or being judgmental toward the woman was considered highly undesirable. Women preferred to be treated with love and compassion and encouragement to be strong. Also, these women preferred to have their privacy kept, so they don't feel like everyone is looking at them, a good quality of care for them was described as when "you are treated the way you like," including being shown respect for personal choices and decisions. In addition, most women preferred that health providers "have some empathy, because they also know that it is painful." Some women described instances of mistreatment during childbirth, where they were slapped, beaten, and yelled at. They believed that health providers used such types of mistreatment to encourage the woman to push the baby out, the mothers believed that such mistreatment caused the woman to feel scared, that it contributed to the pain of labor, and could interfere with the safe progress of labor and birth (Bohren, et al., 2017).

### **2.2.2 Definition of Mistreatment**

Defining mistreatment or as known as disrespect and abuse exclusively as a deviation from the right to health presents a dilemma. If every delivery in a facility with infrastructure, staff and equipment that do not meet global or national policy standards is defined as being disrespectful and abusive, then prevalence could be 100% (Freedman, et. al., 2014). For better understanding of the term mistreatment Freedman and her colleges defined it into six categories; Behaviors that both women and care providers agree constitutes as mistreatment, behaviors that women consider mistreatment but providers do not, behaviors that women consider normal or acceptable but others consider mistreatment, poor

treatment or conditions caused by system deficiencies and considered mistreatment by women and providers, poor treatment or conditions caused by system deficiencies but considered normal or acceptable and finally deviations from national standards of good quality care (Freedman, et al., 2014).

Mistreatment is considered as disrespectful and abusive care it includes rudeness of care providers, inappropriate warnings, shouting at the woman, lack of empathy, refusal to assist, threatening women for their non-compliance, and denying clients opportunities to choose or give an opinion on the care they are receiving (Gebremichael, et al., 2017).

Throughout the course of her pregnancy woman needs a good quality health care and dignified support to help her through the intense experience of childbearing. Although this statement sounds logical and frank, evidence shows that there are many instances when women are not only denied access to good quality medical care but are also treated cruelly by the care providers. Mistreatment also known as obstetric violence is a specific type of violation of women's rights, including the rights to equality, freedom from discrimination, Information, integrity, health, and reproductive autonomy. It occurs both in public and private medical practice during health care related to pregnancy, childbirth, and post-partum. And is a multi-factorial context of institutional and gender violence (May28 Organization, 2018).

Venezuela in 2007 was the first country to introduce mistreatment of women during childbirth as a new legal term also known as obstetric violence as" the seizing of a woman's body and reproductive processes by health personnel, in the form of dehumanizing treatment, abusive medicalization and pathologizing of natural processes, involving a woman's loss of autonomy and of the capacity to freely make her own choices about her body and her sexuality, which has negative consequences for a woman's quality of life". This definition aims to ensure and promote the right of women to a life free of violence and to create conditions to prevent, treat, punish, eradicate violence towards women in any of its forms and fields, and performing changes in sociocultural patterns that sustain gender inequality and power relations on women to promote the construction of a just, democratic, participatory, peer and self-reliant society." (Venezuela Law, 2007).

Mistreatment, sometimes referred to as D&A, obstetric violence, or dehumanized care, can be defined usually as “interactions or facility conditions that local consensus deems to be humiliating or undignified, and those interactions or conditions that are experienced as or intended to be humiliating or undignified” (Freedman, et al., 2014).

Abuse during childbirth (or obstetric violence) is the neglect, physical abuse and lack of respect during childbirth. This treatment is regarded as a violation of the woman's rights. It also has the effect of preventing women from seeking pre-natal care and using other health care services. It is considered one of the most abuse that women go through (Wikipedia, 2019).

### **2.2.3 Prevalence of Mistreatment**

Mistreatment during childbirth is a nationwide epidemic involving disrespect, loss of autonomy, intimidation, manipulation, and bullying even a complete loss of basic human rights to women during pregnancy and/or childbirth. Out of every three women in America one has been exposed to mistreatment during childbirth, this number is horrifying according to a project launched in 2015 in which through women have shared their stories regarding the experience of childbirth mistreatment (American Childbirth: Exposing the Silence, 2015).

A cross-sectional study was conducted in Jordan aimed to assess the prevalence of verbal abuse and neglect in the labor room. The sample size consists of 390 women who had giving vaginal birth three months prior to the study conduction. Women were enlisted from government maternal and child health Centers in the Zarqa governorate in Jordan. The results showed that about third of the participants (32.2%) women reported neglect during their last childbirth, and about (37.7%) women reported verbal abuse (Alzyoud, et al, 2017).

Another mixed study was conducted in India in 2016 to explore women’s characteristics and experiences of mistreatment during childbirth among slum-resident women, it was a mixed method in which quantitative sample included 392 women, and the qualitative sample included 26 women. Quantitative results propose high levels of mistreatment, over 57 % of women reported any form of mistreatment (Sudhinaraset, 2016).

Furthermore, a quantitative cross-sectional study was conducted in Ghana in 2018, examined mistreatment of women by midwives during childbirth and associated factors. A retrospective survey of 253 randomly selected women who gave birth between November 2017 and April 2018 in a second-tier referral hospital, the overall prevalence of mistreatment of women during their most recent childbirth in the Tema General Hospital was high. As the study revealed that majority of women 83% women have gone under mistreatment (Ganle and Krampah, 2018).

A cross-sectional study of women of the 2015 Pelotas birth cohort. Where women were included in a perinatal study during the three-month follow-up, a total of 4275 women were interviewed and participated in the study. The result shows that 18.3% of the women were exposed to at least one type of mistreatment during childbirth and women who were exposed to at least two types by 5.1% of the total number of participants (Mesenburg, et al, 2015).

A community based cross-sectional study in northern India among 410 rural women who delivered between June 2014 to August 2015 at any health facility, the prevalence of disrespect and abuse during labor or delivery was high among women, proportions of women who experienced any mistreatment during childbirth was 28.8%. Around 9% of the respondents who reported 'any abuse' had experienced more than one type of abuse (Bhattacharya and Ravindran, 2015).

#### **2.2.4 Types of mistreatment**

WHO conducted an observational cross-sectional study in 2016 in four different countries, the study carried out in Ghana, Guinea, Myanmar and Nigeria. 2672 women participated in the study. Mistreatment classified in this study as the following;

- A. physical abuse, verbal abuse, and stigma or discrimination.
- B. Failure to meet professional standards as non-consented episiotomy, caesarean section, and induction of labor.
- C. Vaginal exam: no consent before vaginal examination, staff member discussed private health information from vaginal examination so that others could hear, vaginal examination not done privately, and general description of experience of vaginal examinations (Comfortable, a little uncomfortable, quite uncomfortable, or very uncomfortable)

- D. Pain relief: woman not offered pain relief during time in hospital, woman requested pain relief but did not receive it, woman denied pain relief during time in hospital.
- E. Neglect and abandonment: staff member not present when the baby came out, woman waited for long periods of time before attended by health workers, woman felt ignored, neglected, or that presence was a nuisance for health workers or staff,
- F. Commutation: woman felt that health workers or staff did not listen and respond to her concerns.
- G. Supportive care: not allowed to have a labour companion during labour and birth, did not have a labour companion present at any point.
- H. Autonomy: did not have easy access to water or oral fluids, not allowed to eat, woman not told to or did not mobilise during labour, woman did not have a preferred birthing position, woman or baby detained in hospital because of inability to pay hospital bills.
- I. Health systems: curtains, partitions, or other privacy measures not used, staff suggested or asked for a bribe, informal payment, or gift, woman instructed to clean up own blood, urine, faeces, or amniotic fluid after birth (Bohren, et al, 2016).

A study conducted in Ghana where 253 randomly selected women who gave birth between November 2017 and April 2018 classified types of mistreatment as the following;

- A. Physical abuse: Hitting, or roughly forcing legs apart for delivery, out of 253 women a total of 36 of them with a percentage of 14.2% have experienced this form of mistreatment.
- B. Non-consented care: no informed consent for procedures, such as when provider elects to perform unnecessary episiotomy, 32 of the total number of women stated that they went under non-consented care with 13.3%.
- C. Non-confidential care: No privacy (spatial, visual, or auditory), one hundred women have answered yes to have gone through care that held no privacy with a percentage of 39.5%.
- D. Non-dignified care: Humiliation by shouting, blaming, or degrading 64 women have been exposed to is with 25.3%.
- E. Discrimination based on specific patient Attributes: HIV status, ethnicity, age, marital status, language, economic status, educational level, etc., 21.3% of the

study subjects were exposed to discrimination a total of 54 women have suffered that.

- F. Abandonment of care: Facility closed despite being 24/7, or if open, no staff can or do attend delivery, a horrifying number of 76 women were left alone to deliver or received no care after cesarean delivery.
- G. Detention in facilities: Not releasing mother until bill is paid, it was the highest form of mistreatment of which women have been exposed to with 109 of them were detained from going home for long hours “hrs.” after giving birth (Ganle J. and Krampah E., 2018).

According to a study that was conducted in Pakistan where 1,334 women who had given birth at home or in a healthcare facility were interviewed, mistreatment classified into seven behaviors types including a twenty-four indicators as the following; *Physical abuse*: beating, slapping, push badly to change position, and pinch irritably. *Verbal abuse*: pass insulting or degrading comments, harsh tone or shouting, abusive language, and threatening for poor outcomes. *Non-consented care*: perform procedure without consent, explain about the procedure to be used for delivery, offer choices regarding births, and coercion to undergo caesarean section. *Right to information*: share results/diagnosis of medical reports, encourage to ask questions, and regularly share progress of childbirth. *Non-confidential care*: privacy during examination, cover woman while taking to and from labour room, assure woman for confidentiality of information, and women-provider conversation overheard by others (stranger, other patients, or non-medical staff). *Abandonment of care*: abandon women during childbirth or afterward, ignore while asking pain relief/medication, and delay birthing after deciding for operative procedure (Hameed and Avan, 2013).

Another systematic review of a global qualitative and quantitative studies that was conducted in 2014 in which a sixty-five studies from thirty-four countries were included in this study to have a better understanding of mistreatment of women during childbirth. This study has categorized the types of mistreatment to the following: *Physical abuse*: Use of force and Physical restraint. *Verbal abuse*: Harsh and Threats and blaming. *Stigma and discrimination*; Discrimination based on sociodemographic and Discrimination based on medical conditions. *Failure to meet professional standards of care*: Lack of informed consent, confidentiality, physical examinations and procedures Painful vaginal exams, and

Neglect and abandonment. *Poor rapport between women and Providers: Ineffective communication, Lack of supportive care, and Loss of autonomy. Health system conditions and constraints: Lack of resources* (Bohren, et al, 2015).

### **2.2.5 Mistreatment and sociodemographic status**

In Jordan 2017, a research was conducted to explore Jordanian women exposure to neglect and verbal abuse during childbirth, 390 women who gave birth prior the study 1–3 months were included in the study. A neglect scale was developed to measure the extent of which women exposed to neglect, an association between sociodemographic characteristics and experiences of neglect was found. Women who reported higher scores on the neglect scale were more likely to live in a village. Women who were categorized as having been neglected by the scale cut-off score were more likely to report not having received any information about their rights and responsibilities and not being attended by health care providers during birth. There were no significant differences in the mean neglect scores between women who received information regarding childbirth process and those who did not and between married and not married women. Another association was found between sociodemographic characteristics and experience of verbal abuse. Women who reported verbal abuse often reported lived in the city, had not received pain medication, and who were attended by health care professional. Younger women were more likely to report being verbally abused, an association between mistreatment and socioeconomic status was found women who were unemployed, and report inadequate family income found to have experienced neglect during childbirth, along with exposure to verbal abuse (Alzyoud, et al, 2017).

In 2019 in the united states a study was conducted to estimate the prevalence of mistreatment with the relation to socioeconomic and sociodemographic status, the participant in the study 2138 women, an indicators to measure women's exposure to mistreatment by their socioeconomic status as sharing private information without consent, violation of privacy during conducting a vaginal examination, exposure to verbal and physical mistreatment, denial of care, and neglect. The results were that women who had low socioeconomic status had similar rates of mistreatment on some of the indicators (e.g. sharing of personal information without consent) but were twice as likely to report being

threatened or shouted at by health care providers, compared to women with moderate or high socioeconomic status (Vedam, et al, 2019).

A previous study conducted in Kenya in 2016, in which the study included both health care provider and women. It was found that women have suffered from discrimination based on the following based on age and ethnic-based. Some women specified that if they were young, the healthcare workers would mistreat them for being involved in sexual relations and having babies prematurely. Healthcare staffs would therefore disregard them during labor or deny them care altogether. Other women described discrimination due to their ethnic background. They reported that they perceived that women of “higher” ethnicities were given special treatment over those of “lower” ethnic groups, it was found that women who were in a lower socioeconomic status than their care provider expressed that they were exposed to sorts of verbal abuse and were less likely to report it, and that mistreatment of women has a huge connect between the unequal socioeconomic status of healthcare workers and the women they serve (Oluoch-Aridi, et al, 2017).

A mixed method study that took place in India in 2015 aimed to have a better understanding how women’s social cultural factors could affect their expectations of respectful care during childbirth and their experience of childbirth mistreatment. In the quantitative sample 392 women have participated and a number of 26 women in the qualitative sample. Many types of mistreatment were noticed such as physical abuse, verbal abuse is the most commonly reported behavior, request for payments or bribes, not allowing a companion, discrimination, experiencing threats, to withhold treatment, being abandoned or ignored, delivering alone, or being denied their preferred choice of position for delivery, a lack of information, and unnecessary separation from the baby. It was found that younger women were significantly less likely to report being asked to pay bribes than older women, however age was not associated with any other type of mistreatment. Also, another significant association between migration and having denied of a companion of choice and disrespect was found; non -migrants were significantly more likely to report it than women who migrated. Regarding verbal abuse richer women, compared to poorer women, were significantly more likely to report it, not being allowed a companion of their choice and had a higher mean disrespect score. Lower class women were more likely to report many types of mistreatment compared to women of other class, including: discrimination, verbal and physical abuse, being abandoned and ignored, requested to pay

bribes, and the overall disrespect score. There were no significant differences in mistreatment by education status (Sudhinaraset, et al, 2015).

### **2.2.6 Mistreatment and reproductive history**

The prevalence of mistreatment of women by midwives during facility-based childbirth in Ghana upon 253 randomly assigned women was studied, that included detention for non-payment of bills, non-confidential care, abandonment, verbal abuse, discrimination, physical abuse and non-consented care. The results showed that women who had 1-3 child were 6 times greater to those who had 4-7 children in being mistreated (Ganle, et al, 2018).

On the other hand, a study that conducted in Ethiopia to assess the extent and factors associated with mistreatment reported by women who utilized facility-based delivery services in northern Ethiopia. Out of 1125 women in the sample, 248 reported to be exposed to at least one type of mistreatment. women who had three to five children or less were less mistreated compared to those who had more than five children. Higher incidents of disrespectful and abusive care were reported from women who had longer labour durations (Gebremichael, et al, 2018).

Moreover, one study was conducted in India in 2015, 410 rural women participated in the study to explore the actual depth and nature of mistreatment during childbirth, reported that mistreatment was non-dignified care including verbal abuse and derogatory insults related to the woman's sexual behavior, physical abuse, neglect or abandonment, non-confidential care, and feeling humiliation due to lack of cleanliness bordering on filth. The percent of women who have been exposed to mistreatment were higher when they had lower number of kids a 29.9% of women who hand one child were mistreated while 27.7% for more than 4 children. (Bhattacharya and Ravindran, 2015).

The previous discussed study in Jordan displayed no tie-in between number of childbirth experience and exposure to neglect, while there was an association between women going through their first childbirth experience and verbal abuse (Alzyoud, et al, 2017).

A study conducted in Ethiopia that 409 women had been participated in studied the prevalence and associated factors of obstetric violence among women. The exposure to mistreatment and hours of staying in the hospital was studied and it showed that those

women who stayed for  $\leq 24$  hours 223 (74.1) have been exposed to mistreatment during child birth and 78 (25.9) weren't. and those who stayed for more than 24 hours 84 (77.8) stated that they were exposed to mistreatment during childbirth and 24 (22.2) didn't. This study showed an association between those two variables (Mihret, 2019).

## **Chapter Three**

### **Materials and Methods**

The following chapter includes the materials and methods that used to answer the research questions. The chapter starts with study design, study setting, study population, study period, sample, sampling method, and eligibility criteria for the selection of subjects. It also provides the questionnaire development, measuring its validity and reliability, data collection, piloting, analysis, and finally concluded with the ethical and administrative consideration for the study.

#### **3.1 Study design**

The design of this study is descriptive and cross-sectional. It's found suitable to examine the women's exposure to mistreatment during childbirth. This type of study is useful to gather information on a specific point of time. It is quick, cheap, easy to conduct, and it enables the researcher to meet the study objectives in a short time (Sedgwick, 2014).

#### **3.2 Study settings**

This study took place in the following governmental hospitals that provides maternity services: Al Shifa, Al Aqsa, Kamal Odwan, Nasser, and Al Eimarati Hospitals in GS.

#### **3.3 Study population**

The study population was all woman gave normal vaginal birth during the study period in the governmental hospitals in GS.

#### **3.4 Study period**

The study was 12 months; starting from March 2019 and finished in June 2020.

#### **3.5 Sample and sampling Process**

After reviewing the number of delivers in the year of 2018 in the hospitals where the study conducted Table (3.1). The sample size was calculated using roasoft sample calculator and it was 380 women selected by using a consecutive sampling. To distribute the sample among hospitals a simple calculation was done using the following formula  $\frac{part}{whole} \times 100\%$ , first we calculated the percentage of the deliveries of a hospital among the total number of deliveries giving us a percentage then we took the percentage and calculate the number out of the 380 population  $\frac{the\ percentage}{100} \times the\ total\ number\ (380)$  and it was

distributed among the governmental hospitals as the following; 117 women from Al Shifa hospital, 87 women for Nasser hospital, 62 women from Al Emaraty hospital, another 64 form Al Aqsa hospital and finally 50 women from kamal Odwan hospital.

**Table (3.1) the number of deliveries among governmental hospitals in 2018.**

Hospital Name	Number of deliveries in 2018
Al Shifa	9,646
Nasser	7,082
Al Emaraty	5,459
Al Aqssa	5,376
Kamal Odwan	2,705
Total	30,268

### **3.6 Eligibility criteria**

#### **3.6.1 Inclusion criteria**

- Woman gave birth through a vaginal method.
- Deliveries at governmental hospitals that offers maternity services.
- Ability of the women to communicate and answer the questionnaire.

#### **3.6.2 Exclusion criteria**

- Women who didn't meet the inclusion criteria.
- Women diagnosed with mental disorder that limited her ability to answer the questionnaire.
- Complicated childbirth as stillbirth or neonatal death.
- An operative vaginal delivery as “vacuum” delivery.
- Women who are also a caregiver.
- Woman that had a companion of choice who was a caregiver, that altered the staff manners of dealing with women during childbirth.

### **3.7. Study tools and instrument**

The researcher developed a questionnaire in Arabic language to estimate the prevalence and types of mistreatment and to examine the relationship between socioeconomic,

sociodemographic status, and including the reproductive history and mistreatment. (Annex 1). The questionnaire consisted of two main domains: demographical domain and exposure to various types of mistreatment part.

### **3.7.1. The exposure to various types of mistreatment domain**

This domain's score was easy to score. The 33 items in a multidimensional scale composed of: Physical abuse (five items), Verbal abuse (five items), unconsented care (six items), right of information (six items), Non-confidential care (six items), and Abandonment of care (five items). Women have answered to each item to whether she was exposed to any types of mistreatment. A 3-point Likert scale was used through the interview administered questionnaire with women after giving birth (0= Yes exposed, 1= No not exposed, 2= Not sure if exposed).

### **3.8 Data collection**

- Data were collected by the researcher from Al Shifa, while collected by a trained research assistant in the rest of the hospitals, the time for each questionnaire to be answered was from 15 to 20 minutes.
- All questionnaire forms were prepared, organized, and classified with serial numbers to confirm the availability of the needed information.
- The researcher gave the participant appropriate time to answer the questions and assist them to be open and honest in answering
- The researcher explained the purpose of the questionnaire to the participant and family before obtaining consent form, and during the interview, any unclear information was simplified by the researcher to ensure that she obtained accurate and adequate answers.
- The researcher and the research assistant conducted the interviews in the department of post-natal for each hospital, the data were collected at an appropriate time during the day and night.

### 3.9 Pilot study

A pilot study conducted on 30 questionnaires before the start of actual data collection and it was included in the sample of the study to assess the adequacy of the study instrument and to explore if the women understood the questions and also to decrease any problem that might occur in the actual data collection.

#### 3.9.1 Validity of the instrument

After developing the questionnaire, it was reviewed and evaluated by numbers of experts to ensure the appropriateness and the high validity of it, their notes and comment was taken into consideration for further improvement of the tool. The tool was evaluated by experts (Annex2).

#### 3.9.2 Cronbach's alpha reliability

The researcher used Cronbach's alpha to find the reliability for the questionnaire items in each domain as shown in table (3.2).

**Table (3.2): Reliability by Cronbach's alpha coefficient**

No.	Domain	Number of items	Alpha coefficient
1	Physical mistreatment	5	0.727
2	Verbal mistreatment	5	0.750
3	Unconsented care	6	0.751
4	Right to information	6	0.790
5	Non-confidential care	6	0.861
6	Abandonment of care	5	0.846
Total		33	0.787

As shown in table (3.2), the alpha coefficient value for all the domains and the total score was above 0.7 which indicated that the questionnaire items have good reliability and the questionnaire is suitable to be used in this study.

### 3.9.3 Split-half method

The researcher calculated the correlation between the odd statements and the even statements, and then the researcher used Spearman-Brown equation. The results are presented in table (3.3).

**Table (3.3): Reliability by Split-half method**

No.	Domain	Correlation between Items	Spearman-Brown correlation
1	Physical mistreatment	0.628	0.777
2	Verbal mistreatment	0.655	0.797
3	Unconsented care	0.656	0.793
4	Right to information	0.565	0.722
5	Non-confidential care	0.725	0.840
6	Abandonment of care	0.692	0.823

As shown in table (3.3), the correlation value was above 0.7, which means that the questionnaire items are reliable for this study.

### 3.10 Data entry and analysis

- Statistical analysis done using the Statistical Package for Social Science (SPSS) program version 22.
- The results were expressed as descriptive statistics such as frequencies, means and percentages which were used to show sample characteristics differences.
- Inferential statistic, independent sample t test, and One-way ANOVA, were used to find the relationship between mistreatment of women during childbirth dimension and other independent variables.

### **3.11 Ethical and administrative considerations of the study**

The researcher made sure that all the ethical considerations were followed in this study to ensure that the research done correctly.

- An administrative approval form Al-Quds university was obtained to conduct this study.
- The approval from the Helsinki committee was obtained (Annex 3).
- An official letter form MOH was obtained to conduct the research form each hospital (Annex ,4,5,6,7, and 8).
- All women received an explanation about the study and its purpose prior to data collection and a consent form was obtained from them (Annex 9).
- Each woman was assured that all the given answers were confidential and will be used only for research purposes to improve the services provided to child birthing women.

### **3.12 Limitations of the study**

- Research resources and previous studies were limited in GS
- Inability to generalize the results, because the non-governmental hospitals were excluded from the study.
- Women didn't see some aspects as mistreatment and were not able to identify mistreatment.

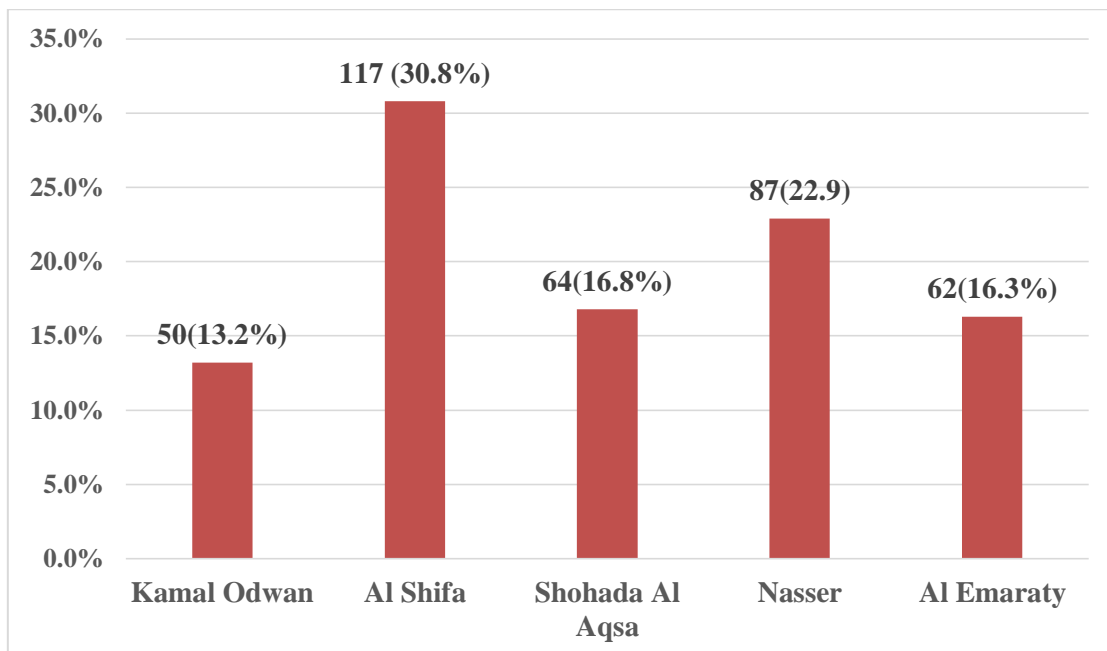
## Chapter Four

### Results

This chapter presents the results of statistical analysis of data. Description of demographic characteristics of participants is illustrated. In addition, results of different variables were identified. Moreover, the differences between selected variables were explored and discussed in relation to literature review and previous studies. Statistical analysis included frequencies, percentage, means, standard deviation, (t) test, and One-way ANOVA. The results are illustrated below.

#### 4.1 Characteristics of study participants (380)

##### 4.1.1 Distribution of women by hospital



**Figure (4.1): Distribution of women by hospital**

The study included 380 women from five governmental hospitals that provided maternity services at Gaza Strip, there were 117 (30.8%) from Al Shifa maternity hospital which is the biggest maternity hospital in GS, followed by 87 (22.9%) from Nasser hospital in Khanyounis, 64 (16.8%) from Shohada Al Aqsa in the Middle governorate, 62 (16.3%) from Al Emaraty hospital in Rafah governorate, and 50 (13.2%) from Kamal Odwan hospital in the North governorate.

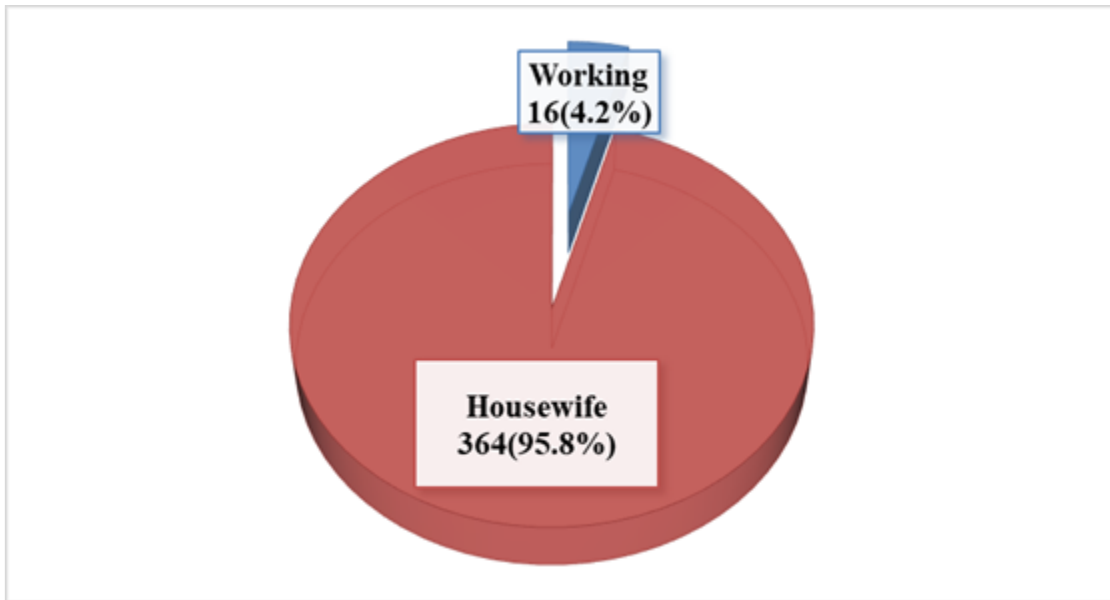
**Table (4.1): Distribution of women by selected sociodemographic characteristics(N=380)**

Variable	N	%
Age		
20 years and less	54	14.2
21 – 25 years	137	36.1
26 – 30 years	113	29.7
More than 30 years	76	20.0
Total	380	100.0
Mean = 26.236 SD = 5.132 years		
Years of being married		
Less than 5 years	178	46.8
5 – 10 years	126	33.2
11 years and more	76	20.0
Total	380	100.0
Mean = 6.288 SD= 4.994 years		
Level of education		
Primary school and less	87	22.9
Secondary school	171	45.0
University	122	32.1
Total	380	100.0
Family income		
500 NIS and less	210	55.3
600 – 1000 NIS	128	33.7
More than 1000 NIS	42	11.0
Total	380	100.0
Mean = 603.718 SD= 491.388 NIS		

NIS= New Israeli Shekel

Table 4.1 showed that the mean age for women was 26.2±5.1, and the majority of women 137 (36.1%) lies in the age group 21 – 25 years, while 76 (20%) aged more than 30 years old. In addition, mean years of being married was 6.2±4.9 years; of which there were 178 (46.8%) married for less than five years and 76 (20%) were married for 11 years and more.

Concerning education, 171 (45%) of women had secondary school education, and 122 (32.1%) had university education. Mean monthly income was 603.718±491.388 NIS, and more than half of women 210 (55.3%) had an income of 500 NIS and less while 42 (11%) had an income of more than 1000 NIS.



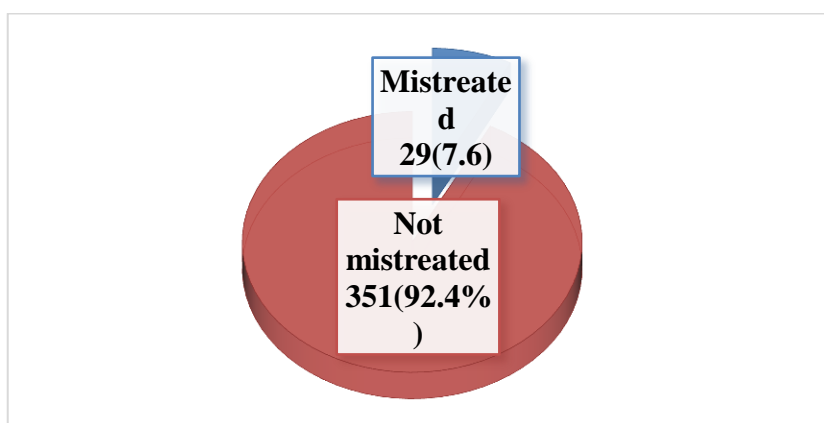
**Figure (4.2): Distribution of women by work**

Figure 4.2 showed that the majority of women 364 (95.8%) are housewives and 16 (4.2%) are working women.

Table 4.2 showed that 141 (37.1%) delivered in the morning shift, 106 (27.9%) delivered in the evening shift and 133 (35%) delivered in the night shift. Also, 107 (28.2%) were primiparous and 241 (63.4%) had 2 – 5 deliveries. Moreover, 255 (67.1%) of women stayed in the hospital between 1 – 8 hours, and 210 (55.3%) stayed in the delivery room more than one hour and up to 3 hours.

**Table (4.2): Distribution of women by maternal characteristics (N = 380)**

Variable	N	%
Time of delivery		
Morning shift	141	37.1
Evening shift	106	27.9
Night shift	133	35.0
Total	380	100.0
Number of deliveries		
Primiparous	107	28.2
2 – 5 deliveries	241	63.4
6 deliveries and more	32	8.4
Total	380	100.0
Total hours of stay in the hospital		
1 – 8 hours	255	67.1
9 – 16 hours	51	13.4
17 hours and more	74	19.5
Total	380	100.0
Hours of stay in delivery room		
One hour and less	133	35.0
More than 1 hour up to 3 hours	210	55.3
More than 3 hours	37	9.7
Total	380	100.0



**Figure (4.3): Distribution of women by being previously mistreated**

Response on the question “If this wasn’t your first delivery, were you exposed to mistreatment in previous deliveries?” presented in figure (4.3) which showed that the majority of women 351 (92.4%) have not been mistreated, while 29 (7.6%) of women reported that they were mistreated during their stay in the hospital.

## 4.2 Exposure to mistreatment during stay in the hospital

### 4.2.1 Physical mistreatment

To find out the prevalence of physical mistreatment during delivery, the researcher calculated the percentage, mean score, and mean percent of each item in the domain as presented in table 4.3.

**Table (4.3): Prevalence of physical mistreatment among women “N=380”**

No.	Items (scores between 0 – 2)	No %	Not sure %	Yes %	Mean	Mean %	Rank
Q5	Your health care provider pushed directly on your abdomen to fasten your delivery “Fundal Pressure”.	85.3	0.3	14.4	0.292	14.6	1
Q3	Your health care provider pushed you in a violent way to adjust your position during delivery.	96.8	0	3.2	0.063	3.15	2
Q1	You have been exposed to physical mistreatment “beating” during delivery by health care provider.	98.7	0.8	0.5	0.018	0.90	3
Q2	You have been exposed to physical mistreatment “slapping” during delivery by health care provider.	98.9	0.8	0.3	0.013	0.65	4
Q4	You have been exposed to physical mistreatment “pinching” during delivery by health care provider.	98.7	0	1.3	0.013	0.65	5
<b>Average</b>					<b>0.080</b>	<b>4.0</b>	

Table 4.3 presented the results of physical mistreatment. The highest scores obtained in fundal pressure as 14.4% of women reported that the health care provider pushed directly on their abdomen, followed by 3.2% reported that the health care provider pushed them in

a violent way to adjust their position during delivery. Also, 1.3% of women said that the health care provider pinched them during delivery, 0.3% of women stated that the health care provider slapped them during delivery, and 0.5% stated that the health care provider beat them during delivery. The average mean score was 0.080 with mean percent 4%. This result indicated that 4% of women stated that they were exposed to a very low level of physical mistreatment during their delivery at governmental maternity hospitals in GS.

#### 4.2.2 Verbal mistreatment

To find out the prevalence of verbal mistreatment during delivery, the researcher calculated the percentage, mean score, and mean percent of each item in the domain as presented in table 4.4.

**Table (4.4): Prevalence of verbal mistreatment among women “N=380”**

No	Items (scores between 0 – 2)	No %	Not sure %	Yes %	Mean	Mean %	Rank
Q1	You have been screamed at or a high tone used during your delivery by your health care provider.	92.9	0	7.1	0.142	7.1	1
Q3	You felt that your health care provider threatened or warned you that your birth outcome is going to be bad; as your baby is tired.	97.1	0	2.9	0.057	2.85	2
Q2	Your health care provider used an abusive language with you during your delivery.	97.4	0	2.6	0.052	2.6	3
Q4	You felt that your health care provider blamed you for your perineal tear.	97.1	1.1	1.8	0.047	2.35	4
Q5	Your health care provider said an insulting phrase regarding your social status.	98.4	0.3	1.3	0.028	1.4	5
Average					0.065	3.25	

Table 4.4 presented the results of verbal mistreatment; 7.1% of women stated that the health care provider screamed at them or talked to them with high tone during delivery, followed by 2.9% felt that the health care provider threatened or warned them that their birth outcome is going to be bad, and 2.6% of women stated that their health care provider used an abusive language with them during delivery. The average mean score was 0.065 with mean percent 3.25%, which reflected low verbal mistreatment during delivery. This result indicated that 3.1% of women stated that they were exposed to very low level of verbal mistreatment during delivery at governmental maternity hospitals in GS.

### 4.2.3 Non-consented care

To find out the prevalence of non-consented care during delivery, the researcher calculated the percentage, mean score, and mean percent of each item in the domain as presented in table 4.5.

**Table (4.5): Non-consented care “N=380”**

No.	Items (scores between 0 – 2)	No %	Not sure %	Yes %	Mean	Mean %	Rank
1	You have been offered the delivery choices during the delivery by your health care provider.	90.8	0.8	8.4	0.176	8.80	1
2	Your health care provider performed procedure like obtaining blood sample without your consent.	92.1	0	7.9	0.157	7.85	2
3	Your health care provider performed procedure without your consent like transferring you form one ward to another.	90.5	1.6	7.9	0.173	8.65	3
4	Your health care provider performed procedure without your consent like giving drugs or sedatives.	92.6	0.5	6.9	0.142	7.10	4
5	Your health care provider performed procedure without your consent like inserting urinary catheter.	89.3	3.9	6.8	0.176	8.80	5
6	A vaginal exam has been done without your consent.	94.2	0	5.8	0.115	5.75	6
<b>Average</b>					<b>0.157</b>	<b>7.85</b>	

Table 4.5 showed that 8.4% of women reported that they have been offered the delivery choices by their health care provider, 7.9% stated that the health care provider obtained blood sample without their consent, and 7.9% reported that the health care provider transferred them from one ward to another without their consent. The average mean score was 0.157 and mean percent was 7.85%, which reflected very low level of non-consented care. This result indicated that 7.3% of women stated that they were exposed to non-consented care during delivery at governmental maternity hospitals in GS.

#### 4.2.4 The right to information

To find out the prevalence of right to information during delivery, the researcher calculated the percentage, mean score, and mean percent of each item in the domain as presented in table 4.6.

**Table (4.6): The right to information “N=380”**

No.	Items (scores between 0 – 2)	No %	Not sure %	Yes %	Mean	Mean %	Rank
Q3	Your health care provider answered all your questions.	3.4	0.5	96.1	1.926	96.30	1
Q4	You felt that your health care provider encouraged you to ask health related questions.	6.8	0	93.2	1.863	93.15	2
Q5	Your health care provider shared with you all the possible complications that you might face during your delivery.	13.4	0	86.6	1.731	86.55	3
Q6e	You have been shared with information about breastfeeding.	22.9	0.3	45.8	1.539	76.95	4
Q6a	You have been shared with information about baby’s weight.	28.7	0	71.3	1.426	71.3	5
Q1	Your health care provider shared	29.2	0	70.8	1.415	70.75	6

No.	Items (scores between 0 – 2)	No %	Not sure %	Yes %	Mean	Mean %	Rank
	with you your health-related information as the progress of your labour.						
Q6 b	You have been shared with information about placenta status.	36.3	0.3	63.4	1.271	63.55	7
Q6 c	You have been shared with information about vaginal bleeding.	50.0	0.3	49.7	0.997	49.85	8
Q6 d	You have been shared with information about perineal tear care.	52.9	2.4	44.7	0.918	45.90	9
Q6f	You have been shared with information about drugs and diet.	53.9	0.3	45.8	0.918	45.90	10
Q6 g	You have been shared with information about postpartum danger signs.	67.9	0.5	31.6	0.636	31.80	11
Q2	Your health care provider shared with you your health-related information as the lab results.	77.6	0	22.4	0.447	22.35	12
<b>Average</b>					<b>1.257</b>	<b>62.85</b>	

Table 4.6 showed that 96.1% of women stated that their health care provider answered all their questions, 93.2% of women felt that their health care provider encouraged them to ask health related questions, 86.6% stated that their health care provider shared with them all the possible complications that they might face during delivery, while 22.4% reported that their health care provider shared with them health-related information such as the lab results. The average mean score was 1.257 and mean percent was 62.85, which indicated moderate level of right to information. This result indicated that 36.9% of women exposed to low level of not fulfilling their right of information during delivery at governmental maternity hospitals in GS.

#### 4.2.5 Non-confidential care

To find out the prevalence of non-confidential care during delivery, the researcher calculated the percentage, mean score, and mean percent of each item in the domain as presented in table 4.7.

**Table (4.7): Non-confidential care “N=380”**

No.	Items (scores between 0 – 2)	No %	Not sure %	Yes %	Mean	Mean %	Rank
Q2	You have been covered during your transfer from antenatal ward to delivery room.	2.4	0	97.6	1.952	97.60	1
Q3	You have been covered during your transfer from delivery room to post-natal ward.	2.4	0	97.6	1.952	97.60	2
Q1	Your health care provider provided privacy during your vaginal exam as closing the curtains.	2.6	0	97.4	1.947	97.35	3
Q4	You have been assured that all your health-related information is confidential and won't be shared with anyone other than your health care provider.	5.5	0	94.5	1.889	94.45	4
Q5	You think that your conversation with your health care provider was overheard by someone who is not responsible for providing care.	67.9	1.1	31.0	0.631	31.55	5
Q6	An unwanted companion was in the delivery room during your childbirth.	88.4	0.3	11.3	0.228	11.40	6
<b>Average</b>					<b>1.433</b>	<b>71.65</b>	

Table 4.7 showed that 97.6% of women stated that they have been covered during their transfer from antenatal ward to delivery room, 97.6% stated that they have been covered during their transfer from delivery room to post-natal ward, 97.4% reported that the health care provider provided privacy during vaginal exam as closing the curtains, while 11.3% of women said that unwanted companion was in the delivery room during their childbirth. The average mean score was 1.433 and mean percent was 71.65, which indicated above moderate confidential care. This result indicated that 9.2% of women stated that they were exposed to very low level of non-confidential care during delivery at governmental maternity hospitals in GS.

#### 4.2.6 Abandonment of care

To find out the prevalence of abandonment of care during delivery, the researcher calculated the percentage, mean score, and mean percent of each item in the domain as presented in table 4.8.

**Table (4.8): Abandonment of care “N=380”**

No.	Items (scores between 0 – 2)	No %	Not sure %	Yes %	Mean	Mean %	Rank
Q2	Your request for family and companion during your delivery have been ignored by your health care provider.	84.2	0	15.8	0.315	15.75	1
Q1	You felt that your health care provider left you alone during your delivery for non-convincing reason.	90.8	0.3	8.9	0.181	9.05	2
Q3	Emotional support and asking for help have been ignored by your health care provider.	91.8	0	8.2	0.163	8.15	3
Q5	Your request for pain relief medications have been ignored by your health care provider.	92.1	1.3	6.6	0.144	7.20	4
Q4	Your request for changing your health care provider during your delivery have been ignored.	92.9	3.9	3.2	0.102	5.10	5
<b>Average</b>					<b>0.181</b>	<b>9.05</b>	

Table 4.8 showed that 15.8% of women stated that their request for family and companion during delivery have been ignored by their health care provider, 8.9% of women felt that their health care provider left them alone during delivery for non-convincing reason, 8.2% said that emotional support and asking for help have been ignored by their health care provider, while 3.2% of women said that their request for changing their health care provider during delivery have been ignored. The average mean score was 0.181 and mean percent was 9.05, which indicated that abandonment of care was low, and the majority of women stated that they received appropriate care. This result indicated that 8.54% of women stated that they were exposed very low level of abandonment of care during delivery at governmental maternity hospitals in GS.

### 4.3 Differences in mistreatment during stay in the hospital related to sociodemographic factors

#### 4.3.1 Differences in mistreatment during stay in the hospital related to age of the women

To find out the differences in mistreatment related to women's age, the researcher used One-way ANOVA test as presented in table 4.9.

**Table (4.9): Differences in mistreatment related to women age “N=380”**

Type of	Age	N	Mean	SD	F	P value
Physical mistreatment	20 years and less	54	0.051	0.135	1.356	0.256
	21-25 years	137	0.100	0.239		
	26-30 years	113	0.056	0.197		
	31 years and	76	0.097	0.234		
Verbal Mistreatment	20 years and less	54	0.051	0.174	0.631	0.595
	21-25 years	137	0.068	0.245		
	26-30 years	113	0.049	0.202		
	31 years and	76	0.094	0.292		
Non-consented care	20 years and less	54	0.166	0.454	1.003	0.391
	21-25 years	137	0.124	0.324		
	26-30 years	113	0.150	0.369		
	31 years and	76	0.219	0.462		
The right to information	20 years and less	54	1.175	0.438	0.902	0.440
	21-25 years	137	1.281	0.417		
	26-30 years	113	1.247	0.438		
	31 years and	76	1.287	0.468		
Non-confidential care	20 years and less	54	1.425	0.254	0.457	0.713
	21-25 years	137	1.422	0.250		
	26-30 years	113	1.458	0.267		
	31 years and	76	1.423	0.319		
Abandonment of care	20 years and less	54	0.203	0.493	1.286	0.279
	21-25 years	137	0.172	0.449		
	26-30 years	113	0.129	0.385		
	31 years and	76	0.260	0.555		

Table 4.9 showed that there were no statistically significant differences in mistreatment related to age of women in all the domains; physical mistreatment (P= 0.256), verbal mistreatment (P= 0.595), non-consented care (P= 0.391), the right to information (P= 0.440), non-confidential care (P= 0.713), and abandonment of care (P= 0.279).

### 4.3.2 Differences in mistreatment during stay in the hospital related to years of marriage

To find out the differences in mistreatment related to women's years of marriage, the researcher used One-way ANOVA test as presented in table 4.10

**Table (4.10): Differences in mistreatment related to women's years of marriage "N=380"**

Number of married years		N	Mean	SD	F	P value
Physical mistreatment	Less than 5	178	0.083	0.202	0.441	0.643
	5-10 years	126	0.066	0.217		
	11 years and	76	0.094	0.236		
	Total	380	0.080	0.214		
Verbal Mistreatment	Less than 5	178	0.058	0.185	0.489	0.614
	5-10 years	126	0.061	0.251		
	11 years and	76	0.089	0.303		
	Total	380	0.065	0.235		
Non-consented care	Less than 5	178	0.097	0.274	4.439	0.012 *
	5-10 years	126	0.190	0.423		
	11 years and	76	0.241	0.517		
	Total	380	0.157	0.388		
The right to information	Less than 5	178	1.273	0.420	0.243	0.784
	5-10 years	126	1.239	0.448		
	11 years and	76	1.250	0.459		
	Total	380	1.257	0.437		
Non-confidential care	Less than 5	178	1.439	0.243	0.282	0.755
	5-10 years	126	1.419	0.259		
	11 years and	76	1.445	0.341		
	Total	380	1.433	0.270		
Abandonment of care	Less than 5	178	0.141	0.409	1.682	0.187
	5-10 years	126	0.193	0.485		
	11 years and	76	0.255	0.530		
	Total	380	0.181	0.462		

\*Significant at 0.05

Table 4.10 showed that there were no statistical significant differences in mistreatment related to number of marriage years; physical mistreatment (P= 0.643), verbal mistreatment (P= 0.614), the right to information (P= 0.784), non-confidential care (P= 0.755), and abandonment of care (P= 0.187). On the other hand, there was statistically significant differences in non-consented care related to marriage years (P= 0.012). Post hoc

LSD test (Least Significant degree) showed that women who are married for less than 5 years had significantly lower scores in non-consented care compared to those who are married for 5 – 10 years (P= 0.038) and those who are married for 11 years and more (P= 0.007).

#### 4.3.3 Differences in mistreatment during stay in the hospital related to level of education

To find out the differences in mistreatment related to women’s level of education, the researcher used One-way ANOVA test as presented in table 4.11.

**Table (4.11): Differences in mistreatment related to women’s level of education “N=380”**

Level of education		N	Mean	SD	F	P value
Physical mistreatment	Primary school	87	0.046	0.128	1.482	0.229
	Secondary	171	0.086	0.243		
	University	122	0.095	0.218		
	Total	380	0.080	0.214		
Verbal mistreatment	Primary school	87	0.023	0.088	1.896	0.152
	Secondary	171	0.080	0.285		
	University	122	0.075	0.226		
	Total	380	0.065	0.235		
Non-consented care	Primary school	87	0.162	0.419	0.082	0.921
	Secondary	171	0.148	0.384		
	University	122	0.165	0.373		
	Total	380	0.157	0.388		
The right to information	Primary school	87	1.356	0.454	2.926	0.055
	Secondary	171	1.232	0.445		
	University	122	1.222	0.404		
	Total	380	1.257	0.437		
Non-confidential care	Primary school	87	1.494	0.243	3.093	0.047 *
	Secondary	171	1.425	0.304		
	University	122	1.403	0.230		
	Total	380	1.433	0.270		
Abandonment of care	Primary school	87	0.142	0.392	0.629	0.533
	Secondary	171	0.177	0.458		
	University	122	0.214	0.511		
	Total	380	0.181	0.462		

\*Significant at 0.05

Table 4.11 showed that there were no statistical significant differences in mistreatment related to women’s level of education; physical mistreatment (P= 0.229), verbal mistreatment (P= 0.152), non-consented care (P= 0.921), the right to information (P= 0.055), and abandonment of care (P= 0.533). On the other hand, there was statistically significant differences in non-confidential care related to women’s level of education (P= 0.047). Post hoc LSD test reflected that women with primary school education had higher mean scores in non-confidential care compared to women with secondary school education (P= 0.051) and women with university education (m= 0.016).

#### 4.3.4 Differences in mistreatment during stay in the hospital related to work

To find out the differences in mistreatment related to women’s work, the researcher used Independent sample (T) test as presented in table 4.12.

**Table (4.12): Differences in mistreatment related to women’s work “N=380”**

Variable	Work status	N	Mean	SD	T value	P value
Physical mistreatment	Working	16	0.075	0.161	-0.095	0.924
	Not working	364	0.080	0.216		
Verbal mistreatment	Working	16	0.100	0.230	0.594	0.553
	Not working	364	0.064	0.235		
Non-consented care	Working	16	0.208	0.382	0.540	0.590
	Not working	364	0.154	0.388		
The right to information	Working	16	1.187	0.482	-0.656	0.512
	Not working	364	1.260	0.435		
Non-confidential care	Working	16	1.458	0.206	0.371	0.711
	Not working	364	1.432	0.272		
Abandonment of care	Working	16	0.250	0.617	0.605	0.546
	Not working	364	0.178	0.455		

Table 4.12 showed that there were no statistical significant differences in mistreatment related to work status; physical mistreatment (P= 0.924), verbal mistreatment (P= 0.553), non-consented care (P= 0.590), the right to information (P= 0.512), non-confidential care (P= 0.711), and abandonment of care (P= 0.546). These results reflected no significant differences in mistreatment between women's who are working and those who are not working.

#### 4.3.5 Differences in mistreatment during stay in the hospital related to income

To find out the differences in mistreatment related to family income, the researcher used One-way ANOVA test as presented in table 4.13.

**Table (4.13): Differences in mistreatment related to income “N=380”**

Income		N	Mean	SD	F	P value
Physical mistreatment	500 NIS and less	210	0.083	0.218	0.083	0.921
	600-1000 NIS	128	0.076	0.226		
	More than 1000	42	0.071	0.151		
	Total	380	0.080	0.214		
Verbal Mistreatment	500 NIS and less	210	0.069	0.229	0.228	0.797
	600-1000 NIS	128	0.067	0.268		
	More than 1000	42	0.042	0.136		
	Total	380	0.065	0.235		
Non-consented care	500 NIS and less	210	0.110	0.290	3.586	0.029 *
	600-1000 NIS	128	0.205	0.479		
	More than 1000	42	0.242	0.470		
	Total	380	0.157	0.388		
The right to information	500 NIS and less	210	1.239	0.413	1.563	0.211
	600-1000 NIS	128	1.250	0.485		
	More than 1000	42	1.369	0.388		
	Total	380	1.257	0.437		
Non-confidential care	500 NIS and less	210	1.410	0.265	1.776	0.171
	600-1000 NIS	128	1.463	0.283		
	More than 1000	42	1.460	0.243		
	Total	380	1.433	0.270		
Abandonment of care	500 NIS and less	210	0.129	0.387	3.174	0.043 *
	600-1000 NIS	128	0.234	0.530		
	More than 1000	42	0.281	0.553		
	Total	380	0.181	0.462		

\*Significant at 0.05 NIS= New Israeli Shekel

Table (4.13) showed that there were no statistically significant differences in mistreatment related to income; physical mistreatment (P= 0.921), verbal mistreatment (P= 0.797), the right to information (P= 0.211), and non-confidential care (P= 0.171). On the other hand,

there was statistically significant differences in non-consented care related to income ( $P=0.029$ ) and abandonment of care ( $P=0.043$ ).

Post hoc LSD test reflected that women with low income of 500 NIS and less had significantly lower mean scores in non-consented care compared to women with income of 600 – 1000 NIS ( $m=0.028$ ) and women with income of more than 1000 NIS ( $m=0.044$ ). Also, women with low income of 500 NIS and less had significantly lower mean scores in abandonment of care compared to women with income of 600 – 1000 NIS ( $m=0.043$ ).

#### **4.3.6 Differences in mistreatment related to hospital**

To find out the differences in mistreatment related to hospital, the researcher used One-way ANOVA test as presented in table 4.14.

Table 4.14 showed that there were statistically significant differences in all aspects of mistreatment between hospitals as the P value was 0.000 in all the domains.

Post hoc LSD test reflected that women who delivered at Al Shifa hospital reported that they were exposed to higher mistreatment and the least one is Emaraty compared to women who delivered in the other hospitals.

**Table (4.14): Differences in mistreatment related to hospital “N=380”**

Hospital name		N	Mean	SD	F	P value
Physical mistreatment	Kamal Odwan	50	0.032	0.109	5.576	0.000
	Al Shifa	117	0.150	0.300		
	Al Aqsa	64	0.081	0.162		
	Nasser	87	0.055	0.194		
	Emaraty	62	0.019	0.086		
	Total	380	0.080	0.214		
Verbal mistreatment	Kamal Odwan	50	0.000	0.000	5.630	0.000
	Al Shifa	117	0.145	0.363		
	Al Aqsa	64	0.056	0.157		
	Nasser	87	0.041	0.161		
	Emaraty	62	0.012	0.101		
	Total	380	0.065	0.235		
Non-consented care	Kamal Odwan	50	0.150	0.286	15.929	0.000
	Al Shifa	117	0.367	0.572		
	Al Aqsa	64	0.020	0.131		
	Nasser	87	0.015	0.086		
	Emaraty	62	0.104	0.286		
	Total	380	0.157	0.388		
The right to information	Kamal Odwan	50	1.473	0.356	16.829	0.000
	Al Shifa	117	1.335	0.500		
	Al Aqsa	64	1.416	0.401		
	Nasser	87	1.093	0.309		
	Emaraty	62	1.002	0.355		
	Total	380	1.257	0.437		
Non-confidential care	Kamal Odwan	50	1.533	0.336	11.246	0.000
	Al Shifa	117	1.464	0.376		
	Al Aqsa	64	1.541	0.162		
	Nasser	87	1.337	0.080		
	Emaraty	62	1.319	0.092		
	Total	380	1.433	0.270		
Abandonment of care	Kamal Odwan	50	0.064	0.148	17.865	0.000
	Al Shifa	117	0.456	0.730		
	Al Aqsa	64	0.068	0.167		
	Nasser	87	0.082	0.184		
	Emaraty	62	0.012	0.071		
	Total	380	0.181	0.462		

### 4.3.7 Differences in mistreatment during stay in the hospital related to time of delivery

To find out the differences in mistreatment related to time of delivery, the researcher used One-way ANOVA test as presented in table 4.15.

**Table (4.15): Differences in mistreatment related to time of delivery “N=380”**

Time of delivery		N	Mean	SD	F	P value
Physical mistreatment	Morning	141	0.100	0.261	2.325	0.099
	Evening	106	0.092	0.205		
	Night	133	0.048	0.155		
	Total	380	0.080	0.214		
Verbal mistreatment	Morning	141	0.089	0.298	1.389	0.251
	Evening	106	0.064	0.233		
	Night	133	0.042	0.141		
	Total	380	0.065	0.235		
Non-consented care	Morning	141	0.118	0.338	5.928	0.003 *
	Evening	106	0.265	0.502		
	Night	133	0.111	0.310		
	Total	380	0.157	0.388		
The right to information	Morning	141	1.291	0.444	1.586	0.206
	Evening	106	1.195	0.416		
	Night	133	1.271	0.443		
	Total	380	1.257	0.437		
Non-confidential care	Morning	141	1.420	0.280	0.503	0.605
	Evening	106	1.427	0.300		
	Night	133	1.452	0.231		
	Total	380	1.433	0.270		
Abandonment of care	Morning	141	0.160	0.423	1.683	0.187
	Evening	106	0.250	0.514		
	Night	133	0.148	0.455		
	Total	380	0.181	0.462		

\*Significant at 0.05

Table 4.15 showed that there were no statistical significant differences in mistreatment related to time of delivery; physical mistreatment (P= 0.099), verbal mistreatment (P= 0.251), the right to information (P= 0.206), non-confidential care (P= 0.605), and abandonment of care (P= 0.187), while there were statistically significant differences in non-consented care (P= 0.003). Post hoc LSD test reflected that women who delivered in

the evening shift had significantly higher mean scores in non-consented care compared to women who delivered in the morning shift (P= 0.003) and women who delivered in the night shift (P= 0.002).

#### 4.3.8 Differences in mistreatment during stay in the hospital related to number of deliveries

To find out the differences in mistreatment related to number of deliveries, the researcher used One-way ANOVA test as presented in table 4.16.

**Table (4.16): Differences in mistreatment related to number of deliveries “N=380”**

Number of deliveries		N	Mean	SD	F	P value
Physical mistreatment	Primiparous	107	0.104	0.235	1.268	0.283
	2-5 times	241	0.073	0.213		
	6 times and	32	0.043	0.121		
	Total	380	0.080	0.214		
Verbal Mistreatment	Primiparous	107	0.071	0.211	0.528	0.591
	2-5 times	241	0.068	0.256		
	6 times and	32	0.025	0.110		
	Total	380	0.065	0.235		
Non-consented care	Primiparous	107	0.134	0.346	0.741	0.477
	2-5 times	241	0.157	0.389		
	6 times and	32	0.229	0.496		
	Total	380	0.157	0.388		
The right to information	Primiparous	107	1.218	0.431	0.620	0.538
	2-5 times	241	1.274	0.441		
	6 times and	32	1.263	0.423		
	Total	380	1.257	0.437		
Non-confidential care	Primiparous	107	1.429	0.253	0.146	0.864
	2-5 times	241	1.432	0.282		
	6 times and	32	1.458	0.235		
	Total	380	1.433	0.270		
Abandonment of care	Primiparous	107	0.224	0.537	0.636	0.530
	2-5 times	241	0.165	0.425		
	6 times and	32	0.162	0.461		
	Total	380	0.181	0.462		

Table (4.16) showed that there were no statistically significant differences in mistreatment related to number of deliveries; physical mistreatment (P= 0.283), verbal mistreatment (P= 0.591), non-consented care (P= 0.477), the right to information (P= 0.538), non-confidential care (P= 0.864), and abandonment of care (P= 0.530).

### 4.3.9 Differences in mistreatment during stay in the hospital related to mistreatment in previous deliveries

To find out the differences in mistreatment in current delivery related to mistreatment in previous deliveries, the researcher used Independent sample (T) test as presented in table 4.17.

**Table (4.17): Differences in mistreatment in current delivery related to mistreatment in previous deliveries “N=380”**

mistreatment during previous deliveries		N	Mean	SD	T	P value
Physical mistreatment	No	351	0.055	0.155	-3.579	0.001 *
	Yes	29	0.372	0.474		
Verbal mistreatment	No	351	0.042	0.158	-2.842	0.008 *
	Yes	29	0.351	0.584		
Non-consented care	No	351	0.152	0.380	-0.720	0.472
	Yes	29	0.206	0.472		
The right to information	No	351	1.266	0.434	1.427	0.154
	Yes	29	1.146	0.456		
Non-confidential	No	351	1.444	0.234	1.337	0.192
	Yes	29	1.310	0.534		
Abandonment of care	No	351	0.177	0.461	-0.557	0.578
	Yes	29	0.227	0.471		

\*Significant at 0.05

Table 4.17 showed that women who have been exposed to mistreatment in previous deliveries reported statistically significant higher exposure to physical mistreatment (P= 0.001) and verbal mistreatment (P= 0.008) in the current delivery. In addition, there were no statistically significant differences in other domains including non-consented care (P= 0.472), the right to information (P= 0.154), non-confidential care (P= 0.192), and abandonment of care (P= 0.578).

### 4.3.10 Differences in mistreatment related to total hours of stay in the hospital

To find out the differences in mistreatment related to total hours of stay in the hospital, the researcher used One-way ANOVA test as presented in table 4.18.

**Table (4.18): Differences in mistreatment related to total hours of stay in the hospital “N=380”**

Total hours of stay in the	N	Mean	SD	F	P value
Physical mistreatment	1-8 hours	255	0.058	10.436	0.000 *
	9-16 hours	51	0.203		
	17 hours and	74	0.070		
	Total	380	0.080		
Verbal mistreatment	1-8 hours	255	0.041	9.099	0.000 *
	9-16 hours	51	0.192		
	17 hours and	74	0.062		
	Total	380	0.065		
Non-consented care	1-8 hours	255	0.137	1.313	0.270
	9-16 hours	51	0.232		
	17 hours and	74	0.171		
	Total	380	0.157		
The right to information	1-8 hours	255	1.225	4.815	0.009 *
	9-16 hours	51	1.214		
	17 hours and	74	1.397		
	Total	380	1.257		
Non-confidential care	1-8 hours	255	1.430	0.229	0.795
	9-16 hours	51	1.457		
	17 hours and	74	1.427		
	Total	380	1.433		
Abandonment of care	1-8 hours	255	0.139	6.531	0.002 *
	9-16 hours	51	0.392		
	17 hours and	74	0.181		
	Total	380	0.181		

\*Significant at 0.05

Table 4.18 showed that there were statistically significant differences in mistreatment related to hours of stay in the hospital; physical mistreatment (P= 0.000), verbal mistreatment (P= 0.000), the right to information (P= 0.009), and abandonment of care (P= 0.002), while there were no statistical significant differences in non-consented care (P= 0.270), and non-confidential care (P= 0.795).

Post hoc LSD indicated that women who stayed in the hospital for 9 – 16 hours had significantly higher mean scores compared to women who stayed for 1 – 8 hours and women who stayed for 17 hours and more in physical mistreatment (P= 0.000 and 0.001 respectively), in verbal mistreatment (P= 0.00 and 0.002 respectively), and the right to

information (P= 0.000 and 0.011 respectively). Also, women who stayed in the hospital for 17 hours and more had significantly higher mean scores in abandonment of care compared to women who stayed for 1 – 8 hours and women who stayed for 9 – 16 hours (P= 0.003 and 0.020 respectively).

#### 4.3.11 Differences in mistreatment related to hours of stay in the delivery room

To find out the differences in mistreatment related to hours of stay in the delivery room, the researcher used One-way ANOVA test as presented in table 4.19.

**Table (4.19): Differences in mistreatment related to hours of stay in the delivery room “N=380”**

Hours of stay in delivery room		N	Mean	SD	F	P value
Physical mistreatment	1 hr and less	133	0.048	0.177	2.792	0.063
	More than 1 hr up to	210	0.091	0.229		
	More than 3 hrs	37	0.129	0.231		
	Total	380	0.080	0.214		
Verbal mistreatment	1 hr and less	133	0.049	0.220	0.867	0.421
	More than 1 hr up to	210	0.080	0.257		
	More than 3 hrs	37	0.043	0.125		
	Total	380	0.065	0.235		
Non-consented care	1 hr and less	133	0.205	0.453	1.746	0.176
	More than 1 hr up to	210	0.125	0.335		
	More than 3 hrs	37	0.162	0.403		
	Total	380	0.157	0.388		
The right to information	1 hr and less	133	1.301	0.422	1.418	0.243
	More than 1 hr up to	210	1.223	0.443		
	More than 3 hrs	37	1.292	0.447		
	Total	380	1.257	0.437		
Non-confidential care	1 hr and less	133	1.436	0.322	1.366	0.256
	More than 1 hr up to	210	1.420	0.235		
	More than 3 hrs	37	1.500	0.242		
	Total	380	1.433	0.270		
Abandonment of care	1 hr and less	133	0.203	0.505	0.220	0.803
	More than 1 hr up to	210	0.170	0.435		
	More than 3 hrs	37	0.167	0.455		
	Total	380	0.181	0.462		

Table 4.19 showed that there were no statistical significant differences in mistreatment related to hours of stay in delivery room; physical mistreatment (P= 0.063), verbal mistreatment (P= 0.421), non-consented care (P= 0.176), the right to information (P= 0.243), non-confidential care (P= 0.256), and abandonment of care (P= 0.803).

## **Chapter Five**

### **Discussion of the study**

The study was conducted to estimate the women's exposure to mistreatment during childbirth at governmental hospitals in GS., the study was the only study in Palestine that discussed mistreatment during childbirth and it drew a picture of the quality of care that the women receive during delivery. In the previous chapter it was discussed in details the results. However, this discussion is in the context of previous studies.

#### **5.1.Prevalence of types of mistreatment among women during childbirth**

In this study, the results showed that (4%) of this study participants have experienced physical mistreatment during childbirth. It was consistent with Mesenburg, et al, (2015) that they described the prevalence of women's exposure to disrespect and abuse during childbirth out of 4275 women who participated in the study a (5%) reported exposure to verbal mistreatment. Also, our study is matched with the outcome of a study conducted by Bhattacharya & Ravindran, (2015) were (2.7%) of the total number of women have went through physical mistreatment during her last delivery. Furthermore, another study conducted by Hameed & Evan, (2013) showed the experience of mistreatment during childbirth (16.5%) of Pakistani women who took part of their study have been exposed to mistreatment all through their childbirth.

Moreover, this study reported that 3.1% of studied women have been exposed to verbal mistreatment, which it was nearly consistent with Mesenburg, et al, (2015), they reported that 10% women expressed exposure to verbal mistreatment. It was highly inconsistent with Alzyoud, et al, (2017) those explored women exposure to neglect and verbal abuse during childbirth in the study it was found that (37.37%) of the women were exposed to verbal mistreatment.

On the other hand, in our study the percentage of non-consented care was within a low level of (7.3%) among women who gave birth during the study period. It was matched with Mesenburg, et al, (2015) results were (6%) of the women expressed that undesirable or inappropriate procedures without an explanation of why it was being conducted without consent. It was closely compatible with Ganle & kramph, (2017) their results reviewed that out of the 253 women who participated in the study (13%) exposed to non-consented care during childbirth. It was consistent with Gebremichael, et al, (2015) that was conducted

with 1125 women (6.4%) of them went through procedures and care without having enough information or consent.

In our study, the scored level to women not having their right to information fulfilled during childbirth was (36.9%) of not having enough information about their health status and kept in the dark. A similar study packed the result up by Hameed & Avan, (2015) their results showed a higher percentage (72%) stated that they didn't receive enough information. On the opposite side a study by Sudhinaraset, et al, (2016) showed that only (4.6%) of participated women said that they had a lack of information.

Additionally, in this study women have had a moderate level of receiving confidential care with a score of (71.6%). A similar study supported the result by Ganle & Krampah, (2017) women stated that they had a confidential care by (60.4%). Also, Gebremichael, et al, (2015) even a higher level of confidentiality has been received (99%) of the women stated that their health-related information wasn't shared with the public, and in our study, it showed that (94%) of the women had the same statement.

Finally, low proportion of women in this study suffered from abandonment and neglect of care during childbirth (8.45%). Vedam, (2016) a similar result shown were only (4.6%) of the women exposed to neglect and abandonment. Also, it was matched with the outcome of a study by Bhattacharya & Ravindran, (2015) were (8.5%) of the total number of women went through neglect during her last delivery. While Alzyoud, et al, (2017) study showed that (32.2%) suffered from abandonment and neglect during childbirth.

## **5.2.Socioeconomic and demographic characteristic**

The results of this study showed that (36.1%) of the participated women aged from 21 to 25 years old, (14.2%)  $\leq$  20 years old, this study showed no significant differences between age and exposure to mistreatment with all its types. A consistent result on Bhattacharya & Ravindran, (2015) showed that there was no significant differences and exposure to mistreatment. Alzyoud (2017) showed a significant negative relationship between age and neglect, with younger women reporting higher neglect than older women, and younger women were more likely to report being verbally abused. Vedam, et al, (2016) showed

significant differences connecting between age and exposure to mistreatment, older women were more likely to be exposed to mistreatment than younger women in all domains.

Moreover, the study presented that most of the women 364 (95.8%) are housewives and 16 (4.2%) are working mums. And results mirrored no significant differences in mistreatment between women who are working and those who are not working. Ganle & kramph, (2017) their results reviewed that there was no association between women's occupational status and exposure to mistreatment. Bhattacharya & Ravindran, (2015) also showed that there were no significant differences for occupation and exposure to mistreatment. Alzyoud (2017) showed a unlike result. Their results showed a significant negative relationship between employment and neglect, and unemployed (housewife) women were more likely to report being verbally abused.

The monthly income for the women's family had no significant differences with the women's being exposed to mistreatment, (55.3%) had a monthly income of  $\leq 500$  NIS, (33.7%) their income ranged from 600-1000 NIS, and (11%)  $\geq 1000$  NIS. Bhattacharya & Ravindran, (2015) supported my result showed that there were no significant differences between economic status "poor or rich" and exposure to mistreatment Mesenburg, et al, (2015) results highlighted a significant difference between income and poverty status and exposure to mistreatment.

### **5.3.Reproductive history and Mistreatment**

In this study, there was no statistically significant difference in number of deliveries and exposure to mistreatment with all its types, it was consistence with Bhattacharya & Ravindran, (2015) which also showed that there was no association between number of parity and exposure to mistreatment during childbirth. On the other hand, a study conducted by Gebremichael, et al, (2015) showed that women who had had 3–5 births experienced fewer incidents of mistreatment during childbirth than women with more than 5 births.

The results of this showed a significant difference in exposure to physical mistreatment, verbal mistreatment, the right to information, and abandonment of care in women who had longer hours of stay in the hospital, this result is contestant with Mihret, (2019) results exhibited that woman who stayed in the hospital for  $\leq 24$  hours were less likely to be exposed than women who stayed for more than 24 hours.

In this study a significant difference was found between exposure to mistreatment in the current delivery and the exposure to mistreatment in previous deliveries. This relationship was not examined in any of the previous study whether locally or internationally.

## **Chapter Six**

### **Conclusion and Recommendations**

#### **6.1 Conclusion**

Mistreatment during childbirth is a global issue that faces all the women around the world, including Palestine.

Because a lot of women started to speak up about their childbirth experience and their exposure to mistreatment is relatively high in some other countries. Ignoring this issue is going to worsen the health care services received by women at governmental hospitals that offers maternity services in Gaza.

This study explores the types of mistreatment which women face more often during childbirth and how the exposure of mistreatment might be affected by their personal traits.

This study used a descriptive and cross-sectional design to provide an inclusive understanding of the prevalence of mistreatment among women during childbirth in GS. It also, showed how previous exposure to mistreatment in past deliveries increased the chance of mistreatment in this delivery. Moreover, it gives a prevailing and multidimensional concept about exposure to mistreatment among women during childbirth in GS.

The aim of this study was to assess the prevalence of the women's exposure to mistreatment during childbirth at governmental maternity hospitals in GS. The study illustrates the six-mistreatment domains among women during delivery. And which domain was more likely to occur. Furthermore, the study reflected the effect of demographic, socioeconomic status and the women previous reproductive history with exposure to mistreatment.

The study showed that women during childbirth had a low level of exposure to physical mistreatment (4.0%), a low level of exposure to verbal mistreatment (3.25%), a low level of receiving a non-consented care (7.85%), a moderate level of not having their right to information (36.9%), above moderate for having confidential care (71.65%) , and finally exposed to a low level of abandonment of care (9.05%) at governmental hospitals that offers maternity services in Gaza Strip.

Additionally, this study exposed that there is a statistical significance between previous exposure to mistreatment and this delivery mistreatment, it showed statistically significant differences in mistreatment related to hours of stay in the hospital, and statistically significant differences in all aspects of mistreatment between hospitals and it was found to have higher levels at Alshifa hospital. Furthermore, there was no significant statistical differences in socioeconomic and demographic status in relation to exposure to mistreatment during childbirth at governmental hospitals that offers maternity services in Gaza Strip.

## **6.2 Recommendations**

Our study provided valuable data about women's exposure to mistreatment during childbirth. This study hopefully gives a better and more insightful view of the matter of mistreatment in our hospitals which affects women's experience of childbirth, even though the level of mistreatment was low in most of the domains a few recommendations needed to eradicate the whole issue.

I recommend to increase the effort to try and avoid women's exposure to mistreatment during childbirth in the future by:

- Formulate laws that prohibit the use of fundal pressure during the delivery.
- Establish regulations to obtain consent form women before proceeding with any procedure.
- A better training program to all the care providers in communication with women and their families.
- Empowering the women to make an informed decision regarding their delivery choice by developing a chart in the admission file containing the choices.
- Adopt health education programs in all the governmental hospitals.
- Emphasize the importance of confidentiality of the women's information to the care providers by the policy maker.
- Encouraging women to choose a companion to be with her in the delivery room.
- Hiring and increase the numbers of health care providers in the governmental hospital to decrease the overload on them and enhance their quality of care.
- Regular evaluation from each hospital for the quality of their provided services.

### **6.2.1 Recommendations for further research**

- Conduct observational studies for to measure empirically percentage of women experiencing mistreatment during childbirth.
- Conduct phenomenological studies to understand of the mistreatment phenomenon during childbirth experience in more details.
- Conduct a Studies to evaluate the knowledge of health care providers understanding about the issue of mistreatment during childbirth.

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## Annexes

### Annex (1) Arabic Questionnaire

#### المحور الأول: المعلومات الشخصية:

1. العمر: .....
2. عدد سنوات الزواج: .....
3. السكن:

<input type="checkbox"/> جنوب القطاع	<input type="checkbox"/> المنطقة الوسطى	<input type="checkbox"/> غزة	<input type="checkbox"/> شمال قطاع غزة
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4. عدد سنوات التعليم: .....

5. الوضع المهني:

<input type="checkbox"/> لا اعمل	<input type="checkbox"/> اعمل
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6. الدخل: ..... شيكل

7. مكان الولادة:

<input type="checkbox"/> مستشفى الهلال الإماراتي للولادة	<input type="checkbox"/> مجمع ناصر الطبي	<input type="checkbox"/> مستشفى شهداء الاقصى	<input type="checkbox"/> مجمع الشفاء الطبي	<input type="checkbox"/> مستشفى كمال عدوان
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8. فترة الولادة

<input type="checkbox"/> ليلية	<input type="checkbox"/> مسائية	<input type="checkbox"/> صباحية
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9. عدد مرات الولادة: .....

10. ان لم تكن هذه ولادتك الأولى هل تعرضت مسبقا لسوء المعاملة خلال الولادة؟

<input type="checkbox"/> لا	<input type="checkbox"/> نعم
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11. الوقت الذي قضيتيه في المستشفى بالساعات: .....

12. الوقت الذي قضيتيه في غرفة الولادة بالساعات: .....

## المحور الثاني: التعرض لأنواع الإساءة المتعددة

### 1. التعرض للإساءة الجسدية

يرجى الإجابة عن كافة الأسئلة المطروحة ادناه بصدق وتفكير جيد واختيار الإجابة التي تعكس موقفك من تعرضك للإساءة الجسدية من خلال وضع علامة في مربع الإجابة.

لكل سؤال اختر الإجابة الأقرب للتعرض لموقفك	نعم	لا	غير متأكدة
تعرضت للتعنيف الجسدي "الضرب" من قبل مقدم/ة الرعاية الصحية خلال ولادتك الحالية.			
تعرضت للتعنيف الجسدي "الصفع" من قبل مقدم/ة الرعاية الصحية خلال ولادتك الحالية.			
قام/ت مقدم/ة الرعاية الصحية بدفعك بطريقة شديدة عنيفة لتغيير وضعك على سرير الولادة خلال ولادتك الحالية.			
تعرضت للتعنيف الجسدي "القرص" من قبل مقدم/ة الرعاية الصحية خلال ولادتك الحالية.			
قام/ت مقدم/ة الرعاية الصحية بالضغط المباشر على الرحم للمساعدة على تسريع الولادة.			

### 2. التعرض للإساءة اللفظية

يرجى الإجابة عن كافة الأسئلة المطروحة ادناه بصدق وتفكير جيد واختيار الإجابة التي تعكس موقفك من تعرضك للإساءة اللفظية من خلال وضع علامة في مربع الإجابة.

لكل سؤال اختر الإجابة الأقرب للتعرض لموقفك	نعم	لا	غير متأكدة
تم الصراخ عليك واستعمال نبرة صوت مرتفعة من قبل مقدم/ة الرعاية الصحية خلال ولادتك الحالية.			
قام/ت مقدم/ة الرعاية الصحية باستخدام لهجة والفاظ مسيئة لك خلال ولادتك الحالية.			
شعرت بأن مقدم/ة الرعاية الصحية قام/ت بتحذيرك أو تهديدك بأن نتيجة الولادة قد تكون سيئة مثل الجنين متعب.			
شعرت بأن مقدم/ة الرعاية الصحية قام/ت بلومك بأن نتيجة الولادة مثل التمزق المهبل هي بسببك			
قام/ت مقدم/ة الرعاية الصحية بالتلفظ بعبارات مهينة متعلقة بوضعك الاجتماعي.			

### 3. عدم اخذ الموافقة على الرعاية الصحية المقدمة

يرجى الإجابة عن كافة الأسئلة المطروحة ادناه بصدق وتفكير جيد واختيار الإجابة التي تعكس موقفك من تعرضك للرعاية الصحية التي لم يتم اخذ موافقتك عليها من خلال وضع علامة في مربع الإجابة.

لكل سؤال اختر الإجابة الأقرب للتعرض لموقفك	نعم	لا	غير متأكد
قامت/مقدمة الرعاية الصحية بعمل إجراءات طبية مثل سحب عينة دم من دون اخذ موافقتك عليها			
تم عمل الفحص الداخلي من قبل مقدمة الرعاية الصحية دون اخذ موافقتك			
قامت/مقدمة الرعاية الصحية بعمل إجراءات طبية من دون اخبارك او اخذ موافقتك عليها مثل: اعطاء ادوية او مسكنات استعمال القسطرة البولية تحويلك الى قسم اخر من دون اخذ موافقتك عليها			
تم عرض الخيارات المتاحة لعملية الولادة من قبل مقدمة الرعاية الصحية خلال ولادتك الحالية.			

### 4. قصور في تقديم المعلومات الصحية

يرجى الإجابة عن كافة الأسئلة المطروحة ادناه بصدق وتفكير جيد واختيار الإجابة التي تعكس موقفك من مدى معرفتك ب المعلومات الصحية الخاصة بك من خلال وضع علامة في مربع الإجابة.

لكل سؤال اختر الإجابة الأقرب للتعرض لموقفك	نعم	لا	غير متأكد
قامت/مقدمة الرعاية بإعطائك المعلومات الصحية الخاصة بك، مثل تقدم الولادة ومراحل الولادة خلال ولادتك الحالية			
تم مشاركة المعلومات الصحية الخاصة بك، مثل نتائج التحاليل التي أجريت خلال ولادتك الحالية			
تم اعلامك بكافة المضاعفات التي قد تتعرضين لها خلال ولادتك الحالية من قبل مقدمة الرعاية الصحية.			
احسست بان مقدمة الرعاية الصحية تشجعك لتسألني الأسئلة المتعلقة بصحتك خلال ولادتك الحالية.			
قامت/مقدمة الرعاية الصحية بالإجابة على كافة اسئلتك.			
تم مشاركة المعلومات الصحية الخاصة بك بعد الولادة عن وزن وصحة الجنين وضع الخلاصة النزيف المهبل شق العجان وكيفية الاهتمام به الرضاعة الطبيعية الأدوية والغذاء اعراض النفاس ومضاعفاته			

## 5. خصوصية الرعاية الصحية المقدمة لك

يرجى الإجابة عن كافة الأسئلة المطروحة ادناه بصدق وتفكير جيد واختيار الإجابة التي تعكس موقفك من مدى خصوصية الرعاية الصحية المقدمة لك من خلال وضع علامة في مربع الإجابة.

لكل سؤال اختر الإجابة الأقرب للتعرض لموقفك	نعم	لا	غير متأكد
قامت/مقدمة الرعاية الصحية بتوفير الخصوصية خلال الفحص الداخلي كإغلاق الستائر			
تم تغطيتك خلال نقلك من قسم ما قبل الولادة الى قسم التوليد خلال ولادتك الحالية			
تم تغطيتك خلال نقلك من قسم التوليد الى قسم ما بعد الولادة خلال ولادتك الحالية			
تم طمأنتك بأن جميع المعلومات الصحية الخاصة بك هي سرية ولن يتم مشاركتها مع الأشخاص الذين لا علاقة لهم بتقديم الرعاية الصحية لك			
تعتقدين بأن محادثتك بينك وبين مقدم/ة الرعاية الصحية الخاصة بك قد تم سماعها من قبل اشخاص اخرين لا علاقة لهم بتقديم الرعاية لك			
تواجد مرافقة غير مرغوب بها من قبلك داخل غرفة التوليد بناءً على طلب مقدم/ة الرعاية الصحية			

## 6. هجر الرعاية الصحية المقدمة لك

يرجى الإجابة عن كافة الأسئلة المطروحة ادناه بصدق وتفكير جيد واختيار الإجابة التي تعكس موقفك من مدى شعورك بانه تم هجر الرعاية الصحية المقدمة لك من خلال وضع علامة في مربع الإجابة.

لكل سؤال اختر الإجابة الأقرب للتعرض لموقفك	نعم	لا	غير متأكد
شعرت بأن مقدم/ة الرعاية الصحية قامت بتركك وحيدة خلال ولادتك لسبب غير مقنع بنظرك			
تم تجاهل طلب الاستعانة بالأهل ووجود مرافقة معك خلال الولادة من قبل مقدم/ة الرعاية الصحية			
تجاهل الدعم النفسي وطلب المساعدة من قبل مقدمين الرعاية الصحية			
تجاهل طلب تغيير مقدم/ة الرعاية الصحية بأن تكون سيدة التي تقوم بالرعاية لك وليس طبيب			
تم تجاهلك من قبل مقدم/ة الرعاية الصحية عندما قمت بطلب مسكنات للأم خلال ولادتك الحالية			

## **Annex (2) List of experts**

1. Dr. Ahmed N. Nijim, PhD in Nursing science (Community Health Nursing), assist prof. at Al Azhar University and Al Quds University.
2. Dr. Hamza Abdaljawad, **PhD** in Nursing science (Community Health Nursing), assist prof. at Palestine College of Nursing and Program coordinator for Nursing master's programs at Al Quds University.
3. Dr. Laila AlMsharfh, PhD in Midwifery Science, head manager of midwives at Al Shifa hospital.
4. Dr. Mohammed Zimmo, PhD in Obstetric and Gynecology, obstetrician at Al Shiaa hospital.
5. Dr. Suha Balousha, PhD in Reproductive health, midwife's supervisor at Al Shifa hospital.

### Annex (3) Helsinki Committee Approval



## المجلس الفلسطيني للبحوث الصحي Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

### Helsinki Committee For Ethical Approval

Date: 2019/10/7

Number: PHRC/HC/621/19

Name: Soha Salama Abu Eid

الاسم:

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

#### Women's Perspective of Exposure to Mistreatment During Childbirth at Governmental Maternity Hospitals in Gaza Strip

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/621/19 in its meeting on 2019/10/7

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

#### Signature

Member  
Soha Salama Abu Eid  
7/10/2019

Member

P. Amr

Chairman

Dr. Yehia Abed

Dr. Yehia Abed

#### General Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

#### Specific Conditions:-



E-Mail: pal.phrc@gmail.com

Gaza - Palestine

غزة - فلسطين  
شارع النصر - مفترق العيون

## Annex (4) Approval form Nasser Hospital

State of Palestine  
Ministry of health



دولة فلسطين  
وزارة الصحة

التاريخ: 16/12/2019  
رقم المراسلة 409621

السيد : رامي عبد سليمان العبادله المحترم

مدير عام بالوزارة/الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة

السلام عليكم ،،،

### الموضوع/ تسهيل مهمة الباحثة// سها أبو عبيد

التفاصيل //

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحثة/ سها سلامة أبو عبيد  
الملتحقة ببرنامج ماجستير التمريض - تخصص صحة الأم والطفل - كلية الصحة العامة- جامعة القدس أبوديس في  
إجراء بحث بعنوان:-

### **Women's Perspective of Exposure to Mistreatment During Childbirth at Governmental "Maternity Hospitals in Gaza Strip"**

حيث الباحثة بحاجة لتعبئة استبانة من عدد من النساء بعد الولادة في المستشفيات الحكومية (م. الشفاء الطبي، م. كمال  
عدوان، م. ناصر الطبي، م. شهداء الأقصى، م. الهلال الإماراتي).  
تأمل توجيهاتكم لنوعي الاختصاص بضرورة الحصول على الموافقة المستنيرة من النساء اللاتي هن على استعداد  
 للمشاركة في الدراسة ومن ثم تمكين الباحثة من التواصل معهن، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات  
 البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.  
وتفضلوا بقبول التحية والتقدير،،،

ملاحظة /

1. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 4 أشهر من تاريخه.
2. البحث المذكور حصل على موافقة لجنة أخلاقيات البحث الصحي (لجنة هلسنكي)

محمد إبراهيم محمد السرساوي

مدير دائرة/الإدارة العامة لتنمية القوى البشرية -



لا طين حوفا  
صديقه  
22/12/2019

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غزة  
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فاكس. (970+) 8-2826295

## Annex (5) Approval form Al Shifa hospital

State of Palestine  
Ministry of health



دولة فلسطين  
وزارة الصحة

التاريخ: 16/12/2019  
رقم المراسلة 409621

السيد : رامي عبد سليمان العبداله المحترم

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة

السلام عليكم ،،،

### الموضوع/ تسهيل مهمة الباحثة// سها أبو عيد

التفاصيل //

يخص الموضوع أعلاه، يرجى تسهيل مهمة الباحثة/ سها سلامة أبو عيد  
الملتحقه ببرنامج ماجستير التمريض - تخصص صحة الأم والطفل - كلية الصحة العامة- جامعة القدس أوديس في  
إجراء بحث بعنوان:-

### **Women's Perspective of Exposure to Mistreatment During Childbirth at Governmental "Maternity Hospitals in Gaza Strip"**

حيث الباحثة بحاجة لتعبئة استبانة من عدد من النساء بعد الولادة في المستشفيات الحكومية (م. الشفاء الطبي، م. كمال  
عدوان، م. ناصر الطبي، م. شهداء الأقصى، م. الهلال الإماراتي).  
نأمل توجيهاتكم لذوي الاختصاص بضرورة الحصول على الموافقة المستنيرة من النساء اللاتي هن على استعداد  
 للمشاركة في الدراسة ومن ثم تمكين الباحثة من التواصل معهن، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات  
 البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.  
وتفضلوا بقبول التحية والتقدير،،،  
ملاحظة /

1. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 4 أشهر من تاريخه.
2. البحث المذكور حصل على موافقة لجنة أخلاقيات البحث الصحي (لجنة هلسنكي)

محمد إبراهيم محمد السرساوي

مدير دائرة/الإدارة العامة لتنمية القوى البشرية -



امناع

د. هيثم محمد المشاركة  
مدير دائرة/الإدارة العامة لتنمية القوى البشرية  
24/2

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غزة

## Annex (6) Approval form Al Aqsa hospital

State of Palestine  
Ministry of health



دولة فلسطين  
وزارة الصحة

التاريخ: 16/12/2019  
رقم المراسلة: 409621

السيد : رامي عيد سليمان العبادله المحترم

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة

السلام عليكم ,,,

### الموضوع/ تسهيل مهمة الباحثة// سها أبو عيد

التفاصيل //

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحثة/ سها سلامة أبو عيد  
الملتحة ببرنامج ماجستير التمريض - تخصص صحة الأم والطفل - كلية الصحة العامة - جامعة القدس أوديس في  
إجراء بحث بعنوان:-

### **"Women's Perspective of Exposure to Mistreatment During Childbirth at Governmental "Maternity Hospitals in Gaza Strip"**

حيث الباحثة بحاجة لتعبئة استبانة من عدد من النساء بعد الولادة في المستشفيات الحكومية (م. الشفاء الطبي، م. كمال  
عدوان، م. ناصر الطبي، م. شهداء الأقصى، م. الهلال الإماراتي).  
نأمل توجيهاتكم لذوي الاختصاص بضرورة الحصول على الموافقة المستنيرة من النساء اللاتي هن على استعداد  
 للمشاركة في الدراسة ومن ثم تمكين الباحثة من التواصل معهن، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات  
 البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.  
وتفضلوا بقبول التحية والتقدير،،،  
ملاحظة /

1. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 4 أشهر من تاريخه.
2. البحث المذكور حصل على موافقة لجنة أخلاقيات البحث الصحي (لجنة فلسطيني)

محمد إبراهيم محمد السرساوي

مدير دائرة/الإدارة العامة لتنمية القوى البشرية -

السيد/ مدير التمريض /  
السيد/ المدير الإداري  
الإجراءات  
بالخصوص (16/12/2019)



أ. د. رامي عيد سليمان العبادله  
مدير عام بالوزارة  
م. كمال عدوان  
م. ناصر الطبي  
م. شهداء الأقصى  
م. الهلال الإماراتي  
م. الشفاء الطبي  
م. كمال عدوان

التحويلات

- محمد إبراهيم محمد السرساوي (مدير دائرة) ← رامي عيد سليمان العبادله (مدير عام بالوزارة)
- ملاحظات التأشير :: يرجى ارسال الكتاب لمدير عام المستشفيات ونسخة لمدير عام الرقابة الداخلية
- رامي عيد سليمان العبادله (مدير عام بالوزارة) ← عبد السلام محمد عيد صباح (مدير عام بالوزارة)
- ملاحظات التأشير ::
- عبد السلام محمد عيد صباح (مدير عام بالوزارة) ← محمد خليل محمد زقوت (مدير)
- ملاحظات التأشير ::
- عبد السلام محمد عيد صباح (مدير عام بالوزارة) ← وليد مرزوق رزق ماضي (مدير مستشفى)
- ملاحظات التأشير ::

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## Annex (8) Approval from Al Emaraty hospital

**State of Palestine**  
Ministry of health

☒

**دولة فلسطين**  
وزارة الصحة

التاريخ: 16/12/2019  
رقم المراسلة: 409621

السيد: رامي عيد سليمان العبادله المحترم

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة

السلام عليكم

**الموضوع/ تسهيل مهمة الباحثة// سها أبو عيد**

التفاصيل //

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحثة/ سها سلامة أبو عيد  
الملتحقة ببرامج ماجستير التمريض - تخصص صحة الأم والطفل - كلية الصحة العامة - جامعة القدس أوديس في  
إجراء بحث بعنوان:-  
"Women's Perspective of Exposure to Mistreatment During Childbirth at Governmental  
"Maternity Hospitals in Gaza Strip  
حيث الباحثة بحاجة لتعبئة استبانة من عدد من النساء بعد الولادة في المستشفيات الحكومية (م. الشفاء الطبي، م. كمال  
عدوان، م. ناصر الطبي، م. شهداء الأقصى، م. الهلال الإماراتي).  
نأمل توجيهاتكم لذوي الاختصاص بضرورة الحصول على الموافقة المستنيرة من النساء اللاتي هن على استعداد  
 للمشاركة في الدراسة ومن ثم تمكين الباحثة من التواصل معهن، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات  
البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.  
وتفضلوا بقبول التحية والتقدير،،،  
ملاحظة /  
1. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 4 أشهر من تاريخه.  
2. البحث المذكور حصل على موافقة لجنة أخلاقيات البحث الصحي (لجنة هلستكي)

**محمد إبراهيم محمد السرساوي**  
مدير دائرة/الإدارة العامة لتنمية القوى البشرية -



اللائح  
سيرة تومر  
سها أبو عيد  
Dalia  
22.1.2020



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غزة  
تلفون. (+970) 8-2846949  
فاكس. (+970) 8-2826295

## Annexes (9): Arabic consent form

عزيزتي الام

يسعدني مشاركتك الفعالة

أنا الباحثة/ سها سلامه ابو عيد أقوم بعمل دراسة ماجستير بعنوان: تعرض النساء لسوء المعاملة خلال الولادة في مختلف مستشفيات الولادة في قطاع غزة، وهذه الدراسة كمتطلب للحصول على درجة الماجستير (تمريض صحة الام والطفل) بجامعة القدس أبو ديس كلية المهن الصحية ان مشاركتكم تسهم في إنجاح الدراسة التي تهدف للتعرف على مدى تعرض النساء لسوء المعاملة وما هي انواع سوء المعاملة.

تود الباحثة التأكيد على أن المعلومات ستبقى سرية ولهدف البحث العلمي لذلك لا داعي لذكر الأسماء علما بأنه من حق الام الامتناع عن إجابة أي سؤال أو رفض المشاركة.

شكرا لكم على المشاركة

الباحثة:

سها سلامه ابو عيد

توقيع المشاركة.....

عنوان الدراسة: منظور السيدات للتعرض لسوء المعاملة خلال الولادة في المستشفيات الحكومية في قطاع غزة.

إعداد: سهلا سلامه أبو عيد.

إشراف: د. عريفة الكسيح.

الملخص:

الولادة هي عملية طبيعية تمر بها كل امرأة خلال حياتها إذا اختارت ذلك. ويمكن أن يكون لهذه التجربة تأثير إيجابي أو سلبي دائم على حياة المرأة وسعادتها وصحتها.

**المنهجية:** تم استخدام تصميم وصفي عرضي في هذه الدراسة التي شملت 380 امرأة بعد الولادة وكان متوسط عمر الأمهات  $26.236 \pm 5.123$  تم جمع البيانات باستخدام طريقة العينة المتتالية من المستشفيات التالية: كمال عدوان، مجمع الشفاء، الأقصى، مجمع ناصر، الإماراتي باستخدام استبيان مطور من قبل الباحث والذي تم مراجعته من قبل الخبراء لدراسة مدى انتشار أنواع سوء المعاملة.

**النتائج:** أظهرت الدراسة ان النساء أثناء الولادة تعرضن لسوء المعاملة الجسدية بنسبة 4.0%، والمعاملة اللفظية بنسبة 3.25%، وقد تلقن رعاية غير موافق عليها بنسبة 7.85%، وعدم الحصول على حقهم في الحصول على المعلومات 36.9%، وحصلن على رعاية تتصف بالسرية والخصوصية بنسبة 71.65%، 9.05% من النساء تم هجر رعايتهن خلال الولادة. علاوة على ذلك، كانت هناك فروق ذات دلالة إحصائية بين التعرض لسوء المعاملة بين المستشفيات (  $p=0.000$  ) ، كما وظهرت أيضا فروق ذات دلالة إحصائية ان النساء اللاتي تعرضن لسوء المعاملة في الولادات السابقة كن اكثر عرضة للتعرض لسوء المعاملة الجسدي واللفظي (  $P= 0.001$  و  $0.008$  ) ، وكذلك أظهرت فروق ذات دلالة إحصائية تتعلق بعدد ساعات الإقامة بالمستشفى وبين التعرض لسوء المعاملة الجسدي ، اللفظي، عدم حصولهن على المعلومات الصحية الخاصة بهن ، وتعرضهن لهجر الرعاية الصحية الخاصة بهن (  $P= 0.000, 0.000, 0.009, 0.0002$  على التوالي ).

**الخلاصة:** خلصت الدراسة إلى أن النساء تعرضن أثناء الولادة لمستوى منخفض جدا من سوء المعاملة الجسدية، ومستوى منخفض جدا من سوء المعاملة اللفظية، ومستوى منخفض جدا من تلقي رعاية غير موافق عليها، ومستوى منخفض من عدم الحصول على حقها في المعلومات، ومستوى منخفض جدا من الحصول على رعاية تنسم بالسرية، وتعرضن في النهاية لمستوى منخفض من هجر الرعاية الصحية.

**التوصيات:** على الرغم من أن مستوى سوء المعاملة كان منخفضا في معظم المجالات، إلا أن هناك بعض التوصيات اللازمة للقضاء على المشكلة برمتها.

أوصي بزيادة الجهد لمحاولة تجنب تعرض النساء لسوء المعاملة أثناء الولادة في المستقبل، والذي يمكن تحقيقه من خلال:

- صياغة القوانين التي تحظر استخدام الضغط المباشر على الرحم أثناء الولادة.
- وضع اللوائح للحصول على موافقة من النساء قبل الشروع في أي إجراء.
- اعتماد برامج التثقيف الصحي في جميع المستشفيات الحكومية.