

Knowledge and Awareness of Pregnant Patient Bill of Right among Expectant Mothers in Oghara Community of Delta State In South-South, Nigeria

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Abstract

This study investigated the knowledge and awareness of the pregnant patient bill of right among expectant mothers in Oghara community, Delta state. The study was guided by three objectives and corresponding three research questions. This adopted descriptive study design using expectant mothers in the age range of 15-49 years as the target population. A sample size of 350 women drawn using systematic random sampling technique was used and a total of 350 questionnaires were administered for data collection. Descriptive statistics were used to analyze the data collected and was represented in frequency tables and charts. The findings revealed that more than half of the women (62.97%) on the aggregate were knowledgeable about patient rights despite that a very percentage of them (10.9%) were aware of the pregnant patient bill of right. Also, it was found that the factors influencing women's knowledge of the pregnant patient bill of right was not majorly socio-demographic variables. However, socio-demographic variables had an influence on the awareness of the pregnant patient bill of right as majority of the respondents who had heard of the pregnant patient bill of right were those who had attained tertiary level of Education. Majority of the respondents who had heard about the pregnant patient bill of right (n=28) heard of it from Antenatal clinic and mass media (n=12). This shows that these two have a major role to play in enhancing pregnant patient knowledge of their rights in pregnancy and child bearing. It was recommended among others that pregnant patient bill of right should be included to the health talk given during antenatal clinics to improve the awareness of the pregnant patient bill of right among expectant mothers.

Keywords: Knowledge, Awareness, Expectant Mothers, Patient Bill of Right, Demographic Factors

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I. Introduction

Patient's rights have recently become the center of national attention in Nigerian health care practice, and as a result, the interpersonal component of treatment delivered to pregnant and laboring women should ensure that they are treated with respect for their dignity (Abolarin & Oyetunde, 2013). This is because focusing on maternal health as a human right is a good way to help lower maternal death rates (Solnes et al., 2015). Various guidelines and bills of rights have been created in most countries since 1993 with the aim of modifying care quality and compliance with mothers' rights, such as raising awareness of various care techniques, allowing for more informed choice, and increasing fairness in getting care (Sandall et al., 2001). The Pregnant Patient Bill of Rights was developed by the International Childbirth Education Association (ICEA, 2021) with the intention of advancing the aims of family-centered maternity care, and it was introduced in Nigeria in 2018 to enhance the country's health care system.

Privacy protection, confidentiality of labor-related information, information availability, informed consent, and consideration of the mother's wishes are all part of the pregnant patient's bill of rights, as they are in other bills of rights. Lack of knowledge about health rights during pregnancy and childbirth influences women's perception of maternal health services and an apparent passive acceptance of substandard quality of care, whereas compliance with the patient's bill of rights leads to improvements in patients' and health staff's interaction (Vajihesadat et al., 2015). (Solens et al., 2015). Adejumo and Abolarin (2020) note that the patient bill of rights can only be effective if both doctors and patients are well-informed about it. Ojwang et al. (2010) add that patients who are aware of their rights contribute to an improvement in treatment quality and a decrease in healthcare costs. This means that a pregnant patient can make a good choice for herself and her child if she is aware of her legal options.

Several authors discuss how they were treated by health care professionals who were rude, intimidating, scolded, lacked empathy, didn't respect their privacy, made snap decisions, assaulted them, or didn't provide the care they were supposed to (Solnes et al., 2015). The right of every woman to be treated with dignity is just one of several human rights that are infringed by such treatment. When women lack information about their rights,

they often passively accept the care they receive from medical professionals. Patients' lack of familiarity with their rights under the Patient Bill of Rights has been demonstrated in a number of studies. Patients in a tertiary hospital in southwest Nigeria were surveyed by Adejumo and Abolarin (2020) on their familiarity with the patient bill of rights, and the results were largely disappointing. Only 21.3% of respondents (patients) had excellent familiarity with their rights. This study aims to assess the level of knowledge and awareness of the patient bill of rights among pregnant women in Oghara, Delta State, to address the widespread lack of familiarity with this document among patients.

II. Aim and Objectives of Study

The aim of this study is to find out the knowledge and awareness of the pregnant patient bill of right among expectant mothers in Oghara community, Delta state. Specifically, this study seeks to:

1. Examine the knowledge of the pregnant patient bill of rights among expectant mothers in Oghara community, Delta state
2. Examine the level of awareness of the pregnant patient bill of rights among expectant mothers in Oghara community Delta state.
3. Identify the factors that influence the knowledge of the pregnant patient bill of right among expectant mothers in Oghara community.

III. Research question

The following four research questions were addressed

1. What is the level of knowledge of the pregnant patient bill of right among expectant mothers in Oghara community, Delta state?
2. What is the level of awareness of the pregnant patient bill of rights among expectant mothers in Oghara community, Delta state?
3. What are the factors that influence the knowledge of the pregnant patient bill of rights among expectant mothers in Oghara community, Delta state?

IV. Methodology

This study was conducted in Oghara, Delta state using descriptive study design with expectant mothers in the age range of 15-49years as the target population. A sample size of 350 women drawn using systematic random sampling technique was used and a total of 350 questionnaires was administered to them for collection of data for the study. Descriptive statistics was used to analyze the data collected and was represented in frequency tables and charts

V. Results

Socio demographic characteristics of respondents.

Out of 350 participants, 90 (25.7%) were age 15-19, 82(23.4%) were age 20-24, majority of the participants 91(26%) were 25-29 while the least age of respondents were age 40& above with 11(3.2) participants. Majority of the participants were Christians 307(87.7%), while the least were other religion with 3(0.9%) participants. Majority of the participants 280(80%) were married, 70(20%) were single. Majority of the respondents level of education was secondary with 166(47.4%) participants, 94(26.9%) were tertiary, 83(23.7%) primary and 7(2%) Nil. Majority of the respondents were Urhobo with 241(68.9%) respondents, the least respondents were Ukwani with 25(7.1%). Majority of the respondents were self-employed with 147(42%), the least respondents were nil with 30 (8.6%). A large amount of respondents were para 1 with 96(27.4%), 92(26.3%) were para 0, 82 (23.4%) were para 2, 23(23.4) were para 3 and 37(10.6%) were >3 parity. Majority of the respondents out of those who had children were delivered through vaginal delivery with 206(79.8%), while the least, 21 (8.2%) were delivered through a planned cesarean section.

Awareness of the pregnant patient bill of rights

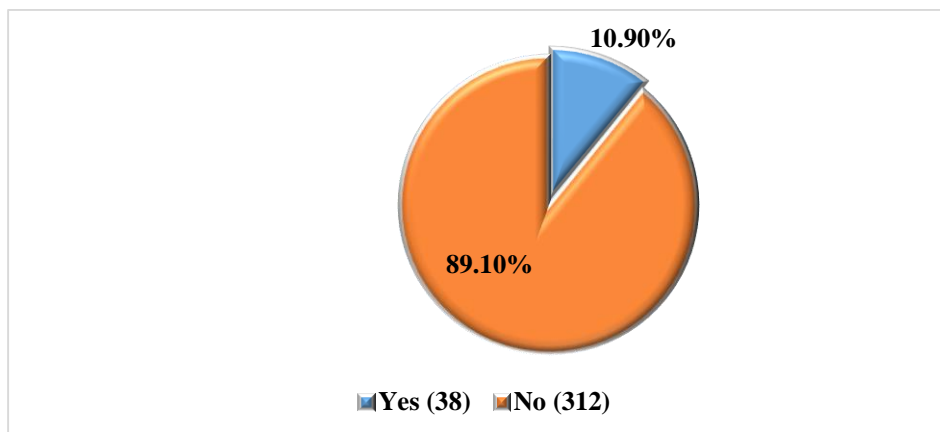


Figure 1: pie chart showing the data of respondents who have heard of the pregnant patient bill of right

The figure above shows that majority of the respondents, 312(89.1%) have not heard about the pregnant patient bill of right while only 38(10.9%) have heard of it.

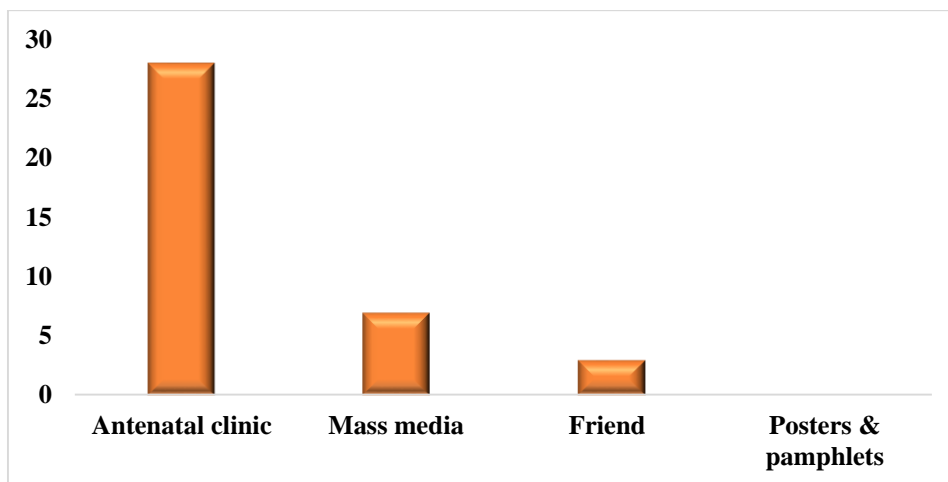


Figure 2: Bar chart showing where the respondents heard of the pregnant patient bill of right

From the figure, majority of the respondents 28(73.7%) heard of the pregnant patient bill of right from Antenatal clinic while the least respondents, 3 (7.9%) heard it from their friend.

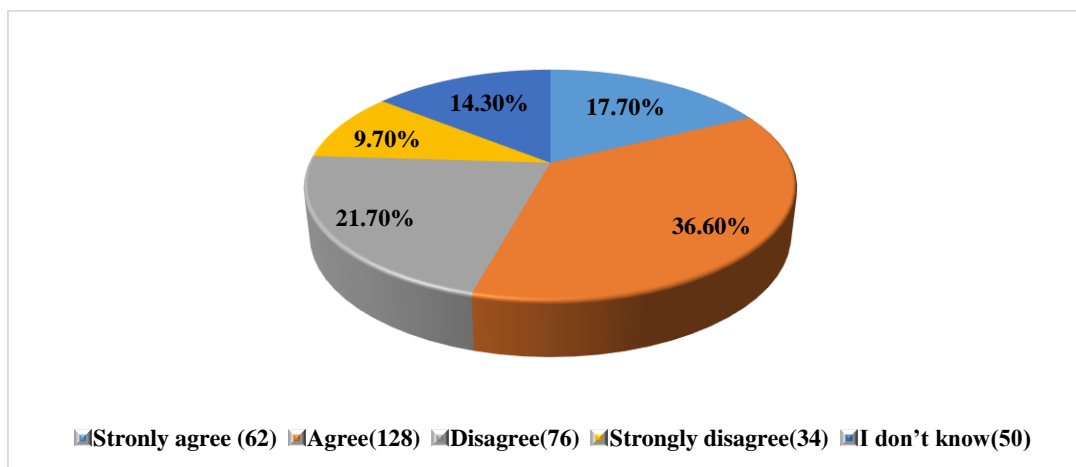


Figure 3: pie chart showing the respondents' response on what the pregnant patient bill of right contains.

It shows that majority, 128 (36.6%) of the respondents agreed that the pregnant patient bill of right is a document that contains a list of the pregnant woman's right in pregnancy and childbearing.

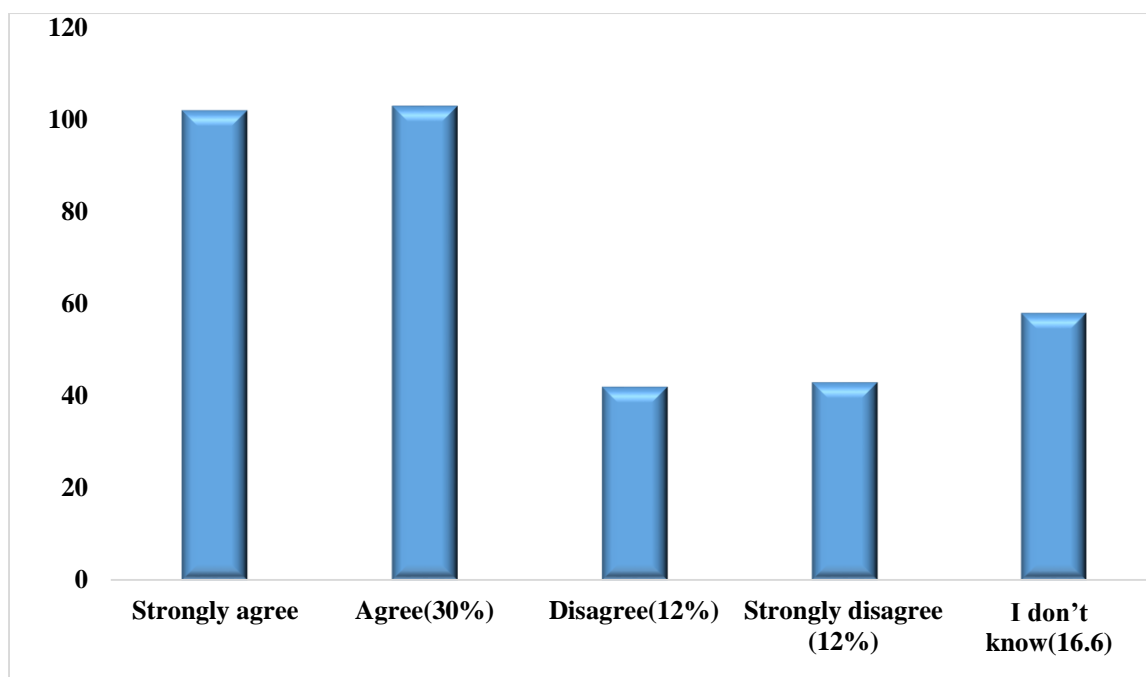


Figure 4: Bar chart showing the respondents views on what the pregnant patient bill of right

From the above, it shows that majority of respondents 103 (30%) agreed that the pregnant patient bill of right protects the pregnant patient from harm during childbearing. Only 42 (12%) of respondents Disagreed.

VI. Knowledge of the pregnant patient bill of rights

Table 1: Analysis on knowledge of the pregnant patient bill of rights among expectant mothers

Variables	Frequency (350)	Percentage %	
The pregnant patient has a right to information about the potential direct and indirect effects, risks, hazards to the mother and / or unborn child because of a drug or specific procedure administered	Strongly Agree	276	78.9
	Agree	42	12
	Disagree	2	0.6
	Strongly disagree	12	3.5
	I don't know	13	3.8
The pregnant patient has a right to explanation of the benefits, risks and alternatives to treatment	Strongly agree	196	56
	Agree	123	35.1
	Disagree	8	2.3
	Strongly disagree	Nil	Nil
	I don't know	23	6.6
The pregnant patient has a right to disclosure that an administered drug may affect the unborn child	Strongly agree	222	63.4
	Agree	96	27.4
	Disagree	Nil	Nil
	Strongly disagree	Nil	Nil
	I don't know	8	2.3
In the cases of cesarean delivery, the pregnant patient has a right to instruction that minimal use of non-essential preoperative medication is beneficial	Strongly agree	78	22.3
	Agree	192	54.9
	Disagree	12	3.4
	Strongly disagree	Nil	Nil

	I don't know	68	19.4
The patient has a right to disclosure of the unknowns and uncertainties with regard to the effect of a drug or procedure on the physical , mental , and / or neurological development of a child	Strongly agree	196	56
	Agree	154	44
	Disagree	Nil	Nil
	Strongly disagree	Nil	Nil
	I don't know	Nil	Nil
The pregnant patient Identification of both the brand and generic names of all drugs administered	Strongly agree	88	25.1
	Agree	179	51.2
	Disagree	42	12
	Strongly disagree	9	2.6
	I don't know	32	9.1
The pregnant patient has a right to select, without pressure, patient's preferred procedure	Strongly agree	25	7.1
	Agree	106	30.3
	Disagree	95	27.2
	Strongly disagree	92	26.3
	I don't know	32	9.1
The pregnant patient has a right to Identification of name and qualifications of all individuals administering medical procedure	Strongly agree	137	39.1
	Agree	148	42.3
	Disagree	31	9
	Strongly disagree	14	4
	I don't know	20	5.7
The pregnant patient has a right Presence of a loved-one for support during the procedure	Strongly agree	187	53.4
	Agree	109	31.2
	Disagree	26	7.4
	Strongly disagree	28	8
	I don't know	Nil	Nil
The pregnant patient has a right to choose labor position, with appropriate medical consultation	Strongly agree	23	6.6
	Agree	32	9.1
	Disagree	106	30.3
	Strongly disagree	189	54
	I don't know	Nil	Nil
The pregnant patient has a right to have baby cared for at bedside unless there are complications	Strongly agree	222	63.4
	Agree	128	36.6
	Disagree	Nil	Nil
	Strongly disagree	Nil	Nil
	I don't know	Nil	Nil
The pregnant patient has a right of Identification in writing of the skilled practitioner	Strongly agree	74	21.1
	Agree	45	13
	Disagree	117	33.6
	Strongly disagree	83	23.7
	I don't know	31	8.6
The pregnant patient has a right to disclosure of any aspect of care that may lead to later difficulties	Strongly agree	154	44
	Agree	167	47.7
	Disagree	Nil	Nil
	Strongly disagree	Nil	Nil

	I don't know	29	8.3
The pregnant patient has a right to Complete, accurate and legible records maintained by the hospital until the newborn's age of maturity or sent to patient before records are destroyed	Strongly agree	136	38.8
	Agree	87	24.9
	Disagree	66	18.9
	Strongly disagree	13	3.7
	I don't know	48	13.7
The pregnant patient has a right to access records with a reasonable fee, without an attorney	Strongly agree	136	38.8
	Agree	87	24.9
	Disagree	66	18.9
	Strongly disagree	13	3.7
	I don't know	48	13.7

The table above showed that majority of the respondents 276(78.9) strongly agreed that pregnant patient has a right to Information about the potential direct and indirect effects, risks, hazards to the mother and/or unborn child because of a drug or specific procedure administered while 2 (0.6%) disagreed. 196 (56%) strongly agreed that the pregnant patient has a right to Explanation of the benefits, risks and alternatives to treatment, however, 8 (2.3%) disagreed and 23 (6.6%) of the respondents did not know. 222 (63.4%) of the respondents strongly agreed that the pregnant patient has a right to disclosure that an administered drug may affect the unborn child, 8(2.3%) said they didn't know. Majority of the respondents agreed 192 (54.9%) that in cases of cesarean delivery, the pregnant patient has a right to instruction that minimal use of non-essential pre-operative medication is beneficial, 12 (3.4%) disagreed. All the respondents agreed that pregnant patient has a right to disclosure of the unknowns and uncertainties with regard to the effect of a drug or procedure on the physical, mental, and/or neurological development of a child. 179 (51.2%) of the respondents agreed the pregnant patient Identification of both the brand and generic names of all drugs administered, 88(25.1%) strongly agreed, 42 (12%) disagreed, 32 (9.1%) said they did not know, 9 (2.6%) strongly disagreed.

Majority of the respondents 106(30.3%) agreed that the pregnant patient has a right to select, without pressure, patient's preferred procedure, 95(27.2%) disagreed, 92 (26.5%) strongly disagreed, 32(9.1) said they did not know while 25 (7.1%) strongly agreed. 141(42.8%) strongly agreed that the pregnant patient has a right to identification of name and qualifications of all individuals administering medical procedure, 137(39.1%), and 14(4%) strongly disagreed. Most of the respondents 187(53.4%) strongly agreed that the pregnant patient has a right Presence of a loved-one for support during the procedure, while 26(7.4%) disagreed. 189(54%) strongly disagreed that the pregnant patient has a right to choose labor position, with appropriate medical consultation while 23(6.6%) strongly agreed. All the respondents agreed that the pregnant patient has a right to have baby cared for at bedside unless there are complications.

117(33.6%) of the respondents disagreed that the pregnant patient has a right of identification in writing of the skilled physician, 31 (8.6) of the respondents did not know. A large number of respondents 167 (47.7%) and 154(44%) agreed that the pregnant patient has a right to disclosure of any aspect of care that may lead to later difficulties, while 29(8.3%) of the respondents did not know. Majority of the respondents 136(38.8%) strongly agreed that pregnant patient has a right to complete, accurate and legible records maintained by the hospital until the newborn's age of maturity or sent to patient before records are destroyed while 13(3.7%) strongly disagreed. 136(38.8%) also strongly agreed that the pregnant patient has a right to access records with a reasonable fee, without an attorney while 13(3.7%) strongly disagreed.

VII. Discussion of Findings

This study revealed that only 25.7% of the respondents 15-19 years, great number of respondents(74.3%) were greater than 20 years of age , this corresponds to a study by Ibitoye et al.(2019) were 87.8% of the respondents were greater than 20 years of age . This findings support a study by Omideyi (2019) on the fertility rates in Nigeria. 85.4% of respondents were Christians, this finding is expected as majority of people in Sothern Nigeria are Christians. A great number of respondents (80%) in this study were married this finding is expected as it is cultural for a woman to be married before getting pregnant. A large proportion of the respondents (53.1%) had only attained secondary level of education this could be attributed to the community being not fully urbanized. Majority of the respondents (68.9%) were Urhobo, this is expected as the research setting is located in Oghara which is predominately an Urhobo town. 42% were self-employed , this could be attributed to the recent trend of the society where many people now own small scale business. Majority of the respondents (27.4%) were para 1.

Also, (26.3%) were para 0 this could be attributed to the young age of majority of the respondents. Out of those who have children (n=258), 79.8% had their previous delivery by vaginal delivery.

The findings in table 2 shows that 78.9% strongly agreed that the pregnant patient has a right to information about the potential direct and indirect effects, risks, hazards to the mother and / or unborn child because of a drug or specific procedure administered . Of all the respondents 196 (56%), also strongly agreed that the pregnant patient has a right to Explanation of the benefits, risks and alternatives to treatment, however the least respondents, 8 (2.3%) disagreed. Majority of the respondents strongly agreed to most of the pregnant patient bill of right in table 2 this shows that the expectant mothers in Oghara had a fair knowledge of their right, this corresponds with a study by Ibitoye et al. (2019). However, 33.6% of the respondents disagreed that the pregnant patient has a right Identification in writing of the delivering physician. Majority of the respondents (54%) also strongly disagreed that the pregnant patient has a right to choose labor position, with appropriate medical consultation. This shows that they were not fully abreast with all their rights especially when it comes to choosing labour position. Report of women's knowledge in previous study indicated good knowledge of right to receive information about the effect of drugs being administered and its effect on the wellbeing and development of the child.

The findings in figure 1 shows that majority of the respondents, 312(89.1%) have not heard about the pregnant patient bill of right and the least respondents, 38(10.9%) have heard of the pregnant patient bill of right. This shows that though they had a general knowledge of their rights in child bearing, they were not aware of a bill called the pregnant patient bill of right.

This finding correlates to Adejumo et al. (2019) study on the patient bill of rights where it was concluded that the overall level of knowledge of patient bill of rights was unsatisfactory especially among the patients. Figure 2 showed that out of the respondents who had heard of the pregnant patient bill of right (n= 38) majority of the respondents, 28(73.7%) heard of the pregnant patient bill of right from Antenatal clinic, the least respondents, 3 (7.9%) heard of the pregnant patient bill of rights from their friend. However a study by Gorge et al. (2017) revealed that interventions that promote awareness of rights for maternal health varied in nature, methodological orientation, depth and quality. Materials included booklets, posters, pamphlets/ briefs and service standards/charters.

This study revealed that factors that influence women's knowledge of the pregnant patient bill of right was not majorly socio-demographic variables. However, socio-demographic variables had an influence on the awareness of the pregnant patient bill of right as majority of the respondents who had heard of the pregnant patient bill of right were those who had attained tertiary level of Education. This finding corresponds to a finding by Ogunlaja et al (2017) where Socio-demographic variables were a significant contributor to the knowledge and experience of respectful maternity care. The findings also revealed that there is no relationship between parity and knowledge of the pregnant patient bill of right as the respondents who had not have children had the same level of knowledge of the pregnant patient bill of right with the ones who have had children.

Majority of the respondents who had heard about the pregnant patient bill of right (n=28) heard of it from Antenatal clinic and mass media (n=12). This shows that these two have a major role to play in enhancing pregnant patient knowledge of their rights in pregnancy and child bearing.

VIII. Implication to Nursing and midwifery

This study revealed that the midwife has a great role in influencing the knowledge and awareness of the pregnant patient bill of right among expectant mothers. This means that Nurses and midwives should be conscious of respecting patient's right while providing care. Midwives should also tell expectant mothers of the pregnant patient bill of right during Antenatal clinic. Findings from this study will keep the midwife abreast with the concept of respectful maternity care. It will enhance nursing educator's knowledge on the importance of educating student midwives on the pregnant patient bill of right and the concept of respectful maternity care in midwifery practice.

IX. Conclusion

The findings from this study revealed that expectant mothers had a good knowledge of the pregnant patient bill of rights. However, majority of them were not aware of the existence of the pregnant patient bill of right. It was also noted that the level of knowledge of the pregnant patient bill of right was influenced by the level of education of respondents. The parity and type of previous delivery of respondents did not influence their knowledge of the pregnant patient bill of right as respondents who had not had children also had a fair knowledge of the pregnant patient bill of right.

X. Recommendations

1. The pregnant patient bill of right should be included to the health talk given during antenatal clinics as this will improve the awareness of the pregnant patient bill of right among expectant mothers.
2. The midwife should respect and enhance the pregnant patient bill of right by observing every right of the pregnant patient on the bill.
3. Educational programs and activities should be put in place to ensure that citizens are aware on their rights.

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