Experienced Disrespectful and Abusive forms among Women During Childbirth at Health Care Facility in Port Said City

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ABSTRACT

Background: During childbirth, women faced much disrespectful and abusive behaviour, which is obvious. Some of its subtler manifestations may not always be concerning by women **aim:** Investigate forms of disrespect and abuse women face during childbirth and how women perceive respectful treatment at health care facilities in Port Said city. **Subjects and Method: Design**: was descriptive. **Setting:** carried out at vaccination clinics of pediatrics at six primary health care centers in Port Sid city. **Subjects:** a representative sample of 247 postpartum women at health care Facility. **Tools: Tool I**: A structured interview. On women's characteristics and abuse experienced; **Tool II;** scale about women's perception of disrespect and abuse experienced. **The Results:** 85.4% of women report experiencing disrespective and abusive treatment throughout labor, Commonest type experienced was a non-consented care (72.9%, n=180), A significance relationship between women's perception of abuse with demographic characteristics, Regression analysis showed that payment ability for delivery has a positive link with abuse experienced. **Conclusion**: Majority of women reported at least one kind of abuse or disrespect during labor. Factors of experiencing abuse and disrespect were: Antenatal care visits insufficient, Education, Monthly income and ability to pay. In addition, Study revealed good perception of women regard respectful care. **Recommendations:** Greater support from governments and development partners for research and action on disrespect and abuse, Emphasizing the rights of women to dignified, respectful health care throughout pregnancy and childbirth, Generating data related to respectful

and disrespectful care practices and systems of accountability and meaningful professional support are required.

Keywords: Abuse, Childbirth, Disrespect, Women**.**

INTRODUCTION

The term "abuse," which is used to describe "obstetric violence or mistreatment during labor and delivery," has many definitions. It is recognized as a global problem with a variety of root causes and varied degrees of seriousness (van der Pijl, 2022). Physical abuse, inhumane treatment, prejudice based on certain characteristics of the patient, non-consented care, non-confidential care, abandonment of care, and confinement in institutions are all categorized into seven different types of disrespect and abuse during childbirth. It is understood that signs of abuse and disrespect frequently fit into more than one category (Siraj, Teka & Hebo, 2019).

Because of their race, ethnicity, age, parity, language, HIV/AIDS status, traditional beliefs and preferences, economic status, and level of education, women are mistreated during childbirth. In some regions, women experienced harsh treatment without ever complaining, and this type of violence was Also tolerated and excused by society (Dwekata, Ismaila, Ibrahima & Ghrayeb, 2020).

The right of every woman to the perfect standard of health named by Respectful maternal care (RMC), included her dues in all global to be tolerated with respect and dignity in all medical setting for a woman during her whole pregnancy, from labor to the postpartum period, So that Lack of respectful maternity care one of major causes of underused maternal health services, Since a considerable percentage of women still refuse facility care, It is clear that one of the major obstacles for women to access maternity care is the Disrespectful and abusive (D&A) attitudes of some healthcare professionals. Women may choose not to have their next child in a hospital if they have experienced or risk experiencing abuse and shame by medical staff during labor and delivery (Ferede, Gudayu, Gessesse & Erega, 2021).

Women's stories and experiences of obstetric abuse in the Eastern Mediterranean Region are individual and personal, and shouldn't be standardized to represent the maternal D&A incidence across the entire nation. However, the excessive use of these procedures contradicts evidence-based practice and suggests obstetric violence despite the large disparities in frequency that could be linked to Facility international regulations, provider skills and attitudes, and sampling sizes (Khalil, Carasso & Khasholian, 2022).

In Egypt, one of the countries where many women worldwide seek care from private providers, socio-cultural and economic capitals are crucial aspects of facility-based birthing care. Questions regarding how Egyptians see public versus private services providers are raised by the considerable shift towards private birthing care despite its high cost. The treatment that women received from public services throughout pregnancy and delivery showed substantial shortcomings, according to studies. These included failing to adequately inform patients, failing to acquire their treatment approval and disregarding their obligation to secrecy and privacy. Egyptian woman anticipates giving birth in a supportive and courteous environment, which contrasts frequently with their interactions with medical professionals. Women may therefore favor private facilities over public ones due to inadequate patient-centered care (Garcia et al., 2022).

Significance of the study

Disrespect and abuse during childbirth undermines the provision of respectful, honorable, rights- based and high-quality mothers care (RMC)). An estimated 295,000 women are thought to have died globally in 2017 from complications associated with pregnancy and delivery, many of which could have been avoided. Which low-income nations contribute to (94%) (Ferede, Gudayu, Gessesse & Erega, 2021).

There are few interventions aimed at reducing disrespectful and abusive treatment and encouraging respectful maternal care, despite the evidence of disrespect and abuse of women receiving facility-based birthing care. It is necessary to raise awareness by presenting data and examples of its prevalence. So, Current research helps to explore abuse among women and their perception and associated factors during child birth at health care facilities in Port Said city.

AIM OF THE STUDY

To Investigate the various forms of disrespect and abuse women face during childbirth and how women perceive respectful treatment at health care facilities in Port Said city.

Objectives

1. Assess forms of abuse facing the women during child birth at health care facilities in Port Said city.
2. Investigate women's perception regarding abuse during childbirth at health care facilities in Port Said city.
3. Determine the associated factors with abuse during childbirth at health care facilities in Port Said city.

SUBJECT AND METHOD

A. Technical design

This design includes a description of the research design, setting, subjects, and tools of data collection.

Study design

A descriptive research design was utilized to conduct the study.

Study setting

The current study was carried out at vaccination clinics of pediatrics at six primary health care centers in Port Sid city. The primary health care centers were selected randomly, these setting were selected from twelve centers of primary health care, representing each of Port Said's four districts affiliated to universal health insurance system, Ministry of Health.

Subjects

All postpartum women who were attended the previous mentioned settings to get her child vaccine at the time of the study based on the following criteria:

- Postpartum women at the first 6 months.
- Women who delivered at governmental hospitals (paid – non paid).
- Women without history of psychological problems.

Sampling technique

A purposive sample composed of 247 postpartum women enrolled into the study sample in accordance with the requirements.

Sample Size

According to Janet and Phil (2020), the sample size was determined using the Steve Thompson formula [at 5% error, 95.0% significance] and 20.0 errors, 80.0% power of the study (Dobson, 1984).

Tools of data collection

Tool I: Form for structured interviews:

The researcher created this instrument after reviewing pertinent literature by Wassihun (2018), Mesenburg (2018), Siraj, Teka, and Hebo(2019). It was written in Arabic so as to prevent misunderstandings. Three components make up this tool:

Part 1: Personal characteristics of women

This part includes seven questions included; personal characteristics (Mother's name, age, marital status, religion, level of education, occupation, children number, Family monthly income, Ability to pay for delivery services.

Part 2: Obstetrics characteristics of women:

This part includes six questions related to obstetric characteristics such as: antenatal care visits (ANC) during last pregnancy and referrals, Place of ANC, ANC visits number, Numbers of deliveries at hospitals and Number of stayed days at hospital after delivery.

Part 3: Abusive forms that women face during giving birth at facilities:

This section contains 28 questions to evaluate 7 types of abusive treatment women experienced at healthcare

facilities while giving birth (based on client reports). The categories evaluated were discrimination, non-consented care, physical abuse, undignified care (including verbal abuse) and abandonment/denial of care, non-confidential care and detention in facilities.

Scoring system

If woman was identified as having experienced disrespect and abuse in at least one of the seven categories, she was considered to have been disrespected and abused. A woman was Considered to have experienced disrespect and abuse in the category in which she reported at least 1 incident matching the criteria asked about (Wassihun 2018).

Tool II: women's perception Scale of respectful care which exposed to during delivery this tool was adapted from Macellina (2019), Pathak & Ghimire (2020) in English, and then the researcher's translation was updated for Arabic. By questioning her about whether it is appropriate to be abused while giving birth, about her right to receive respect and dignity while giving birth and experiences from anyone who treated with abuse during childbirth .Also, Questions about acceptance of abusive care situations.

Scoring system

A scale from 0 (lower) to 100 (greater) was created from the raw score. Where; 1 = 0, 2 = 20%, 3 = 50%, 4 = 70%, 5 = 85% and 6 = 100%." The transformation formula was used to calculate perceptions of women for each component and total perceptions of abuse. In the same way, women who received a converted score of 50% or higher were classified as having "good perception" of respectful treatment. Women who received less than 50% were labeled as having "poor perception".

B. Operational Design

Tools' Validity

A jury of nine experts from the fields of nursing and medicine made the determination. They included staff from obstetrics and gynecology, and community, departments. They were asked to provide their feedback and ideas on the translated tool [I, II, &III]. They reviewed the tools for comprehensiveness, applicability and clarity the tools were finished and no changes were recommended (Tool II & III). This stage was completed over a period of time (about 6 months).

Tools' reliability

The dependability of the tools was assessed using Cronbach's Alpha. The reliability was found to be quite high based on the Cronbach Alpha coefficient values. as showed in The following table:

Scale	Items	Cronbach's Alpha
Types of abuse	28	0.944
Perception of abuse	31	0.951

Field work

The information was gathered over an eleven-month period, from the first of January 2021 to the last day of November 2021. According to the schedule, the researcher attended the pediatrics clinics at vaccination days, three days a week from 9:00 a.m. to 12:00 p.m. Face-to- face interviews were used for the data collection process for all women having inclusion criteria It was done private space in the middle to preserve privacy and confidentiality, one-on- one. Each lady received the opportunity to participate in the study during an individual appointment with the researcher. Women who verbally agreed to participate in the study were enrolled. The completion of the interview questions took an average of 40 minutes. Between two and three ladies were interviewed each day. The researcher filled out the questionnaire. After finalizing, the researcher checks to make sure all assertions were completed.

Pilot study

After the tools have been developed, pilot research involving 24 women was done to test them. who represented 10% of the study's overall sample. These weren't part of the study's primary sample. Objectives of the pilot study were to assess the tools usability, clarity and feasibility as well as to estimate their completion time things can make collecting data more difficult was also useful. The necessary revisions were made to the statements.

Ethical Considerations

The Research Ethics Committee of the Faculty of Nursing at Port Said University, code no. (10/8/2020)(20) Gave its clearance. After explaining the study's purpose and procedures And assuring the women that the information collected would be kept private and used only for the purposes of the study, all ethical considerations were taken into account. Participants were also made aware that they could withdraw from the study at any time prior to its conclusion. The study maneuvers could not have any actual or potential harm to participants.

C. Administrative design

A formal letter from the dean of the nursing faculty at Port stated university to the director of the chosen study setting was used to secure the director of health care centers consent in writing to continue their participation in carrying out the study.

D. Statistical design

Data Analysis

Data was evaluated and computed once it was coded and transferred into specially created formats for entering data. The data were arranged, categorized, and tabulated in tables using frequency, distribution, percentage, mean, and standard deviation. The statistical package of social science software (SPSS) version 19.0 was used to conduct the statistical analysis on a computer. The qualitative category variables were compared using the chi-square test. No test could be used when the predicted value in one or more cells of a 2x2 table was less than 5. No test could be

run if the predicted value was less than 5 in 10% or more of the cells. A person correlation analysis was used for the evaluation.

RESULTS

Table (1): Show the demographic distribution of the studied women, whose ages varied from 19 to 40 and had mean and standard deviation values of 31.79 ± 5.36. Two thirds of them (66.8%) were more than 30 years with a Great majority (98%) were married and Muslim, While about three quarter of them(75.3%) were a housewife at the time of the study. Regarding education Less than half (41.7%) of women had completed secondary school. and about one-third (31.6%) had a college level of education. Meanwhile, about one quarter (26.3%) of women their monthly family income was not enough, while slightly more than half of them (51%) have the payment ability for delivery services.

Table (2): Revealed that majority of women (92.7%) had antenatal care visit more than four times, Majority of them visit a governmental health facility (61.1 %), More than half of them received care by a female doctor (54.7 %), nearly all of them stay at hospital for maximum 2 days (99.2%).

Figure (1): Show overall exposure to abuse represented by slightly less than three third of studied women. The non-consented care is the commonest form of abuse experienced during childbirth at healthcare facilities (72.9%) followed by the non-confidential care (65.2%) about half of studied women experienced abandonment/neglect of care, discrimination and non –dignified care almost equally reported (32%) and(30%) respectively, detention in a health facility is the least reported form of abuse(8.9%). At the time of exposure women's perception of respectful care differentiate, non- confidential abuse and non-dignified care are generally un accepted from all studied women (100.0%), physical abuse, abandonment, Discrimination and overall concept of abuse (98%) respectively, non-consented care and detention in health facility calculated (96%) and (93.20%) respectively, All previous results revealed high perception of studied women toward respectful care.

Figure (2): classify women's perception about abusive forms and treated respectively, Show high proportions of good perception about categories of abuse, non-dignified care and Non- confidential care represented (100%) respectively, Majority good perceptive of abandonment, discrimination and overall abuse (98.0%) respectively, Slightly more than three-third of them perceptive of non-consented care and detention in a health facility (96.0%,93.0%) respectively .

Table (3): Demonstrates the statistically significant association between level of education, Family monthly income and ability to pay for delivery services with women's exposure to abuse experienced by studied women (0.001, respectively). Occupation with no significance relationship with exposure to abuse.

Table (4): Revealed women's perception regard respectful care according their demographic data; Education, Occupation and family monthly income represent a significance relationship with women's perception of respectful care (0.0010.023, 0.007, respectively).

Table (5): Show relation of women's exposure to abuse with their obstetric characteristics. All of; anti natal care, place of antenatal care, gender of care provider and number of days spent at the health facility after delivery have significant relationship with women's exposure to abuse (0.001, respectively).

Table (6): Revealed women's perception regard respectful care according their obstetric characteristics., A statistically significant with only the gender of care provider(0.013).

Table (1): Demographic characteristics of the studied women (n = 247)

Demographic data	No.	%
Age (years)		
<30	82	33.2
≥30	165	66.8
Min. – Max.	19.0 - 40.0	
Mean ± SD.	31.79 ± 5.36	
Median	32.0	
Marital status		
Married	242	98.0
Divorced	3	1.2
Widowed	2	0.8
Religion		
Muslim	243	98.4
Christian	4	1.6
Level of education		
Non educated	27	10.9
Read and write	31	12.6
basic	8	3.2
Secondary/ Technical	103	41.7
University / above	78	31.6
Working status		
Governmental employee	43	17.4
Private employee	18	7.3
House wife	186	75.3
Family monthly income		
Enough	157	63.6
Not enough	65	26.3
Enough and more	25	10.1
Payment ability for delivery services		
Yes	126	51.0
No	121	49.0

Table (2): Obstetric characteristics of the studied women (n = 247).

Obstetric history of women in port said city	No.	%
Anti Natal Care (ANC)		
Yes	229	92.7
No	18	7.3
Place of ANC		
Government health facility	151	61.1
Private health facility	96	38.9
Care received from		
Female Doctor	135	54.7
Male doctor	57	23.1
Both	55	22.3
Gravidity		
1-2	106	42.9
More than 2	141	57.1
Min. – Max.	1.0 – 13.0	
Mean ± SD	2.89 ± 1.44	
Median	3.0	
No. of ANC visits		
1-4	26	10.5
More than 4	221	89.5
Min. – Max.	1.0 – 18.0	
Mean ± SD	7.96 ± 2.80	
Median	8.0	
No. of days stayed at the health facility after delivery		
1-2	245	99.2
More than 2	2	0.8
Min. – Max.	1.0 – 4.0	
Mean ± SD.	1.09 ± 0.33	
Median	1.0	

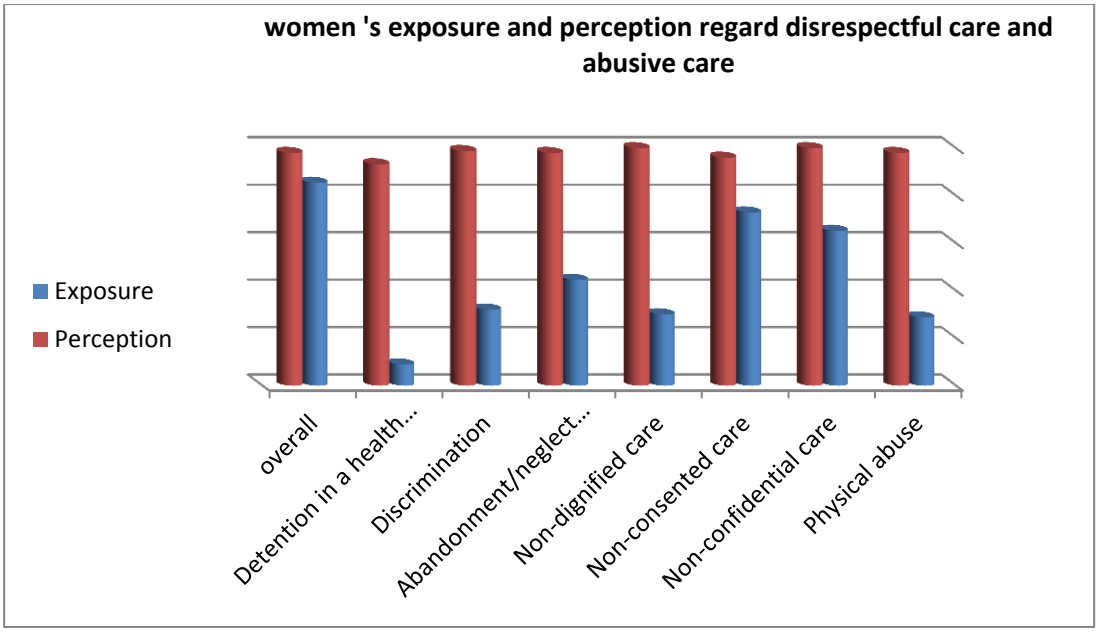

Figure (1): Women's exposure and perception of disrespectful and abusive care (n = 247).

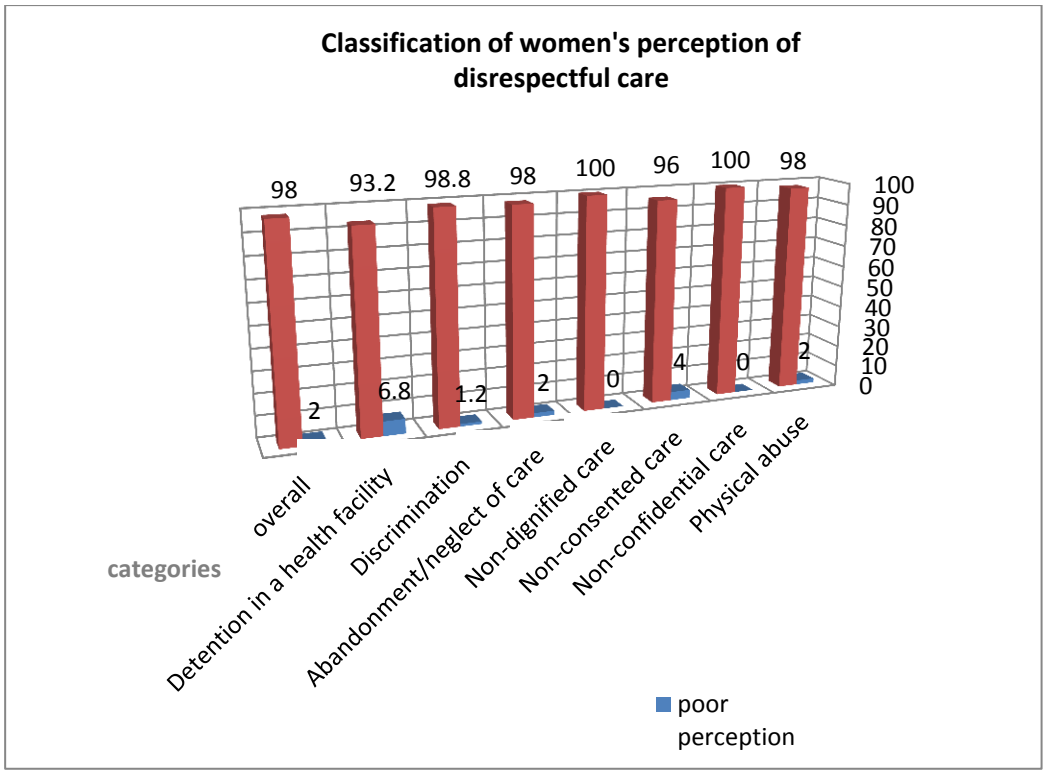

Figure (2): Classification of women's perception of disrespectful care (Abusive forms)

Table (3): Relation of women's exposure to abuse with demographic data of Studied women's in Port Said city (n = 247).

Demographic data	Women Exposure			
	No	Mean ± SD.	Test of Sig.	p
Age (years)				
<30	82	24.18 ± 20.36	U= 6407.50	0.496
≥30	165	26.46 ± 21.22		
Educational background				
No formal education	27	39.34 ± 18.70	H= 35.176*	<0.001*
Read and write	31	10.79 ± 10.75		
Primary	8	25.0 ± 12.60		
Secondary	103	30.03 ± 21.89		
College and above	78	21.26 ± 19.68		
Occupation				
Working	61	23.63 ± 22.27	U= 5119.0	0.249
Didn't work	186	26.38 ± 20.48		
Family monthly income				
Enough	157	25.72 ± 21.80	H= 18.971*	<0.001*
Not Enough	65	31.25 ± 19.66		
Enough and more	25	11.17 ± 8.10		
Payment ability for delivery services				
Yes	126	16.58 ± 18.35	U=3473.50*	<0.001*
No	121	35.20 ± 19.20		

SD: Standard deviation U: Mann Whitney test H: H for KruskalWallis test
*: Statistically significant at $p \leq 0.05$

Table (4): Relation of women's perception to abuse with demographic data of studied women's in port said city (n = 247).

Demographic data	Women perception		
	Mean ± SD.	**Test of Sig.**	**p**
Age (years)			
<30	92.38 ± 4.60	U=6315.0	0.390
≥30	91.68 ± 5.38		
Educational background			
No formal education	89.43 ± 4.80		
Read and write	90.11 ± 6.15		
Primary	89.84 ± 3.04	H=22.311*	<0.001*
Secondary	92.82 ± 4.27		
College and above	92.49 ± 5.59		
Working	93.17 ± 4.15	U=4588.0*	0.023*
Didn't work	91.50 ± 5.36		
Family monthly income			
Enough Not	92.57 ± 4.85		
Enough	90.48 ± 5.91	H=9.788*	0.007*
Enough and more	91.50 ± 3.94		
Payment ability for delivery services			
Yes	92.15 ± 5.06	U=7058.0	0.309
No	91.67 ± 5.21		

Table (5): Relation between women's exposure to abuse with obstetric characteristics of studied women in port said city (n = 247)

Obstetric characteristics	Women Exposure		
	Mean ± SD.	Test of Sig.	p
Anti Natal Care (ANC)			
Yes	10.08 ± 13.41	H= 56.850*	<0.001*
Yes, but irregular	32.0 ± 20.94		
No	23.56 ± 11.54		
ANC Area			
Governmental facility	33.04 ± 33.04	U= 3435.50*	<0.001*
Private health center	14.15 ± 14.15		
Care provider gender			
Female	21.56 ± 18.97	H= 23.991*	<0.001*
Male	25.95 ± 22.61		
Both	35.61 ± 20.69		
Parity			
1-2	25.36 ± 20.95	H=0.961	0.811
More than 2	27.17 ± 21.0		
No. of ANC visits			
1-4	18.23 ± 21.51	H= 3.570	0.467
More than 4	26.63 ± 21.25		
No. of days spent at the health facility after delivery			
1-2	27.25 ± 20.75	H=23.411	<0.001*
More than 2	10.34 ± 4.88		

SD: Standard deviation U: Mann Whitney test H: H for Kruskal Wallis Test.

Table (6): Relation between women's perception of abuse with obstetric characteristics of studied women in port said city (n = 247)

Obstetric characteristics	Women Perception		
	Mean ± SD.	Test of Sig.	p
Anti Natal Care (ANC)			
Yes	91.14 ± 5.44	H= 2.425	0.297
Yes, but irregular	92.20 ± 5.03		
No	92.01 ± 4.96		
ANC Area			
Governmental facility	91.58 ± 5.21	U= 6353.50	0.098
Private health center	92.43 ± 5.0		
Care provider gender			
Female	92.50 ± 4.92	H= 8.638*	0.013*
Male	90.35 ± 5.91		
Both	92.08 ± 4.49		
Parity			
1-2	91.72 ± 5.55	H= 2.805	0.423
More than 2	92.43 ± 5.50		
No. of ANC visits			
1-4	92.87 ± 3.49	H= 0.699	0.951
More than 4	91.90 ± 5.21		
No. of days spent at the health facility after delivery			
1-2	92.08 ± 4.88	H= 1.435	0.488
More than 2	90.63 ± 4.42		

DISCUSSION

Every woman has the right to receive high-quality medical care that is respectful, dignified, free of violence and discrimination. She also has the right to be informed of all procedures and activities related to receiving medical care. However, disrespect, abuse, and abandonment of women during childbirth at medical facilities are grave violations of women's rights, which are universally acknowledged. (Kassa & Abeje, 2020).

The study was carried out on 247 postpartum women who fulfilled with the inclusion criteria referred to selected public health centers. Discussion of the findings will cover Three main parts; the first part deals with forms of abuse facing the women during child birth at health care facilities. The second part focuses on women's perception regarding abuse (Respectful care) during childbirth and the third part concerns with the associated factors with abuse during childbirth at health care facilities

According to the findings of the present study, over three-quarters of the study participants reported experiencing maltreatment of some kind during childbirth even one abusive form Physical abuse, non-confidential, unconsented, inhumane care, abandonment, discrimination, and detention in medical facilities are some of them. By these findings was in line with van der Pijl et al. (2022) at Addis Abeba, which discovered that most of study sample subjected to abuse. However, in the Netherlands study, about half of the respondents reported experiencing some type of disrespect or abuse.

It is obvious from the current findings, Non-consented care is highly experienced type of abuse represented in "Forcing on position during birth, Lack of information about regular updates on status and progress of labor and lack of information about labor expectations" Rarely are women given There is little information offered regarding the labor and delivery process, and patients do not have the choice of the type of treatment they want to get.. A crucial component of demonstrating respect for the pregnant woman is to ask for her consent.

According to a study done in Amhara, Ethiopia, and Ghana, roughly two thirds of mothers there reported experiencing this type of abuse (Molla, Wudneh, & Ruth Tilahun, 2022) this result was in keeping with that finding.

Nawab et al. (2019). The majority of the females in north India who reported that consent is typically obtained for major procedures like caesarean sections, but that minor ones like episiotomies or Because it is anticipated that such treatments would be carried out when necessary, the use of forceps and ventouse is frequently done without consulting the patient or getting their permission and in the patient's best interests, concur with the current study that non-consented care was the most prevalent manifestation of disrespect and abuse (D&A).

Ahmed (2021). Oppose with current finding as among eleven forms of abuse. The commonest types of abuse mentioned by mothers in Iraq were inadequate privacy blaming patients willful disregard, abandoning the care of, confinement in a facility, unapproved care. Lately the rate of physical and verbal abuse were relatively close together. The unapproved care occurred at the sixth location.

Healthcare practitioners are required to respect a woman's secrecy and privacy throughout any process and whenever managing her personal information, according to the proclamation of the childbearing women universal rights. On the other hand, a recent survey found that over two-thirds of women received care in a non-confidential way" Exposure during delivery, examination without curtains or visual barriers". This may be because medical facilities the lack of suitable physical barriers in healthcare facilities and/or healthcare professionals' lack of knowledge of the value of secrecy during childbirth may be to blame for this; both of these situations deprive women of their right to privacy and respect.

According to Ahmed (2021). In Iraq where language and culture met with the current study field, the most frequent types of abuse reported by mothers was lack of privacy, slightly less than three third of studied women. Also, Siraj, Teka & Hebo (2019) in Southwest Ethiopia claimed that, in most cases, Drapes or other visual barriers were not used by the supplier to shield the client. Individuals received non-confidential care whose findings were consistent with the current research.

The current study's findings indicate that almost half of the women who participated in it suffered neglect or abandonment, mostly in the form of being "left alone or unattended." Facilities should explore permitting companions, especially when there are not enough care workers to give physical and psychological assistance during labor and left alone without support. This is in coherence with Gebremichael, Worku, Medhanyie, Edin & Berhane, (2018) showed that Abandonment and neglect were widespread, mostly as stated by participants in rural areas. The lives of the mother and the infant may be at danger if women are not attended to or have family members to support them.

Malatji and Madiba (2020) mentioned that in South Africa, D&A during childbirth is common and that midwives frequently provide women with disrespectful treatment, Yelling and shouting was a typical type that was frequently sparked by unimportant things. The communication style between midwives and women during childbirth was defined as "forever shouting" in African research. Possibilities that the D&A may be justified in the eyes of the midwives and the women. Because of this, the women typically respond to the D&A in a non- confrontational manner, for as by accepting abuse.

Matching with the previous study but less proportion of occurrence. About one third of current studied women was experienced a non-dignified care represented in ' Care providers spoken with each other in incomprehensible language'. Which make women can't feel calm and away from her condition progress. Mothers in Gedeo zone, South Ethiopia, who suffered and reported the same outcome. This particular type of obstetric abuse. However, these results were lower than those of research done in Jimma, Ethiopia, where three-quarters of the participants received care that was not culturally suitable. This may also be accounted for by variations in sociocultural norms, the study's environment, timing, and methodology. (Molla, Wudneh & Ruth Tilahun, 2022).

By considering factors like race, ethnicity, or economic position, discrimination has affected slightly over one third of the women analyzed at the current study. However, the majority did not cite "age" as a discriminatory factor. These findings were likely influenced by the status diversity of women and the widespread belief that women of high social class and attractive look are respected, in

contrast to those of low social class and people who cannot afford to pay their bills. Care providers sometimes deal best with discrimination by race. The results of a study conducted in Zambia revealed that discrimination based on particular characteristics is a serious issue of inequality and injustice that prevents childbearing women from accessing high-quality care. that In South Africa, shown that service providers abuse clients in South Africa who don't conform to the traditional feminine norms of chastity and tranquilly. Additionally, Age, language, educational level, and length of time residing in the district all significantly correlated with disrespectful treatment. (Nyirenda et al., 2020).

Kassa and Abeje (2020) found that The majority of sub-Saharan countries provide free obstetric treatment, making it clear that detention of women during childbirth at medical facilities occurs at a very low rate, in line with the results of a recent study findings it is less occurred as the cost at most of health care facilities is within reach and according their choice the degree of payment. About detention rarely occurred as women prefer to stay at health care facility till complete care provided to her and her baby. At the opposite site, Study in southern Mozambique found that one Detention in the institution (for not paying) was one of the more severe kinds of abuse, while surveys done in other nations frequently record far higher figures. (Galle et al, 2019).

Physical abuse can take many different forms during childbirth, from culturally inappropriate caregiving to insulting or even beating. Recent research, almost 25% of women had suffered physical abuse mainly expressed in "Staff insult" who accustomed to deal in this way and sometimes from work overload. But, without harm by hitting or biting as in the past due to increase awareness of both women and care provider.

Molla, Wudneh and Tilahun (2022) found that more than a third of mothers who gave birth in a hospital said that they had experienced physical abuse in Gedeo zone, South Ethiopia. provided by the qualitative technique, which found that people who had obstetric care said that "healthcare professionals hit and slapped them during labor and delivery."

Matching with current study which revealed that high proportions is good perception about forms of non-dignified care and non-confidential care, Majority of women good perceptive of abandonment, discrimination and overall, slightly more than three-third of them perceptive of non-consented care and detention in a health facility. Majority of the women didn't accept abuse during childbirth and total agreement with their rights to be treated respectively. Experiencing any form of abuse differentiated according to women's perception. According Ijadunola et al., (2019). Even more respondents believed that women had a right to respectful and dignified treatment during childbirth, and most of respondents believed that abuse during childbirth was culturally unacceptable.

Sociodemographic factors affecting women's perception and knowledge about respectful care. Current results represent relation between women's perception of abuse to their demographic characteristics; Education and Occupation both increase women's awareness about respectful rights of care. Family monthly income help women to choose and pay. Gender of care provider represent significant relationship with women's perception of abuse as an obstetric factor which reflect women's psychological acceptance to receive care, some women consider male as more practitioner than female, others prefer female care provider to avoid shyness and eclipse.

About factors, Present study found relations between experiencing abuse and women's sociodemographic characteristics resulted in significance relationship of; Level of education, the family monthly income and the ability to pay for delivery services with abuse experienced by studied women as, Educated women more knowledgeable and can advocate about her rights, women with high monthly income and can pay for delivery can request for extra care.

Leitea, Pereiraa, Leala and Silvab, (2020) predicted that educated women would face less mistreatment and contempt during childbirth. However, the findings indicated that the more abusive practices reported, the more educated the woman was. This conclusion can be explained by the fact women with high educated women are more mindful of their rights and better able to pinpoint and notify circumstances if they feel disrespected and violated during the birth of their children.

A Palestinian woman also experienced some form of maternity abuse as a result of their sociodemographic traits. This is consistent with the results of some prior research. Younger women, those from lower socioeconomic classes, and those with less education were more likely to experience mistreatment. Due to their inability to pay for the required service, the woman's and her family's financial situation serves as a barrier to receiving quality care. Women prefer to get strong painkillers in a private setting with a trusted birth partner. Women are generally aware that these amenities are offered in private hospitals, but admission to such facilities is expensive. (Dwekat, Ismail, Ibrahim & Ghrayeb, 2021).

On opposite hand, Shimoda, Leshabari and Horiuchi, (2020) stated that disrespect and Abuse (D&A) score was not significantly correlated with the sociodemographic features of the participants, nor were individual working experiences, employment status, or educational background. Abuse experienced reported by women in the current study differ significantly by attending ANC visits regardless of its number, Place of antenatal care, Gender of care provider and number of days spent at the health care center after labor. all these factors enable close contact with care providers and the field as general. So, judgment or pleasant were based on experience.

Nyirenda et al., (2020). Supported study finding, By encouraging early identification and promoting good health before childbirth, antenatal care attendance has a significant potential to improve the lives of mothers and neonates. Women who complained about not having their privacy respected during examinations did not show up for the required number of sessions. There is evidence that antenatal visits are influenced by mistreatment, abuse, and contempt

At present study, Binary logistic regression was performed and multivariate analysis was conducted and showed that only the ability to pay for delivery services was significantly has a positive link. As ability to pay preserve free to choice for good care. Women can choose care provider, position of delivery and private room for privacy. Also legibility.

CONCLUSION

The study's findings showed that disrespectful and abusive care could be categorized into seven different types, and the majority of the women who took part in it acknowledged experiencing maltreatment of some kind during childbirth even one abusive form. High proportion reported non-confidential, un-consented medical care. Level of education and the family monthly income were factors of experiencing D&A. Additional obstetrical factors; Ante natal care (ANC), Place of antenatal care, Gender of care provider and the number of days spent in the hospital following delivery were related to D&A experienced by studied women. Study reflected women's perception regard respectful care with majority of good percepted women among studied sample.

RECOMMENDATIONS

- Greater support from governments and development partners for research and action on disrespect and abuse.
- Initiate, support and sustain programs designed to improve the quality of maternal health care, with a strong focus on respectful care as an essential component of quality care.
- Emphasizing the rights of women to dignified, respectful health care throughout pregnancy and childbirth.
- Generating data related to respectful and disrespectful care practices, systems of accountability and meaningful professional support are required.
- Involve all stakeholders, including women, in efforts to improve quality of care and eliminate disrespectful and abusive practices.

Limitation of the study

As for the limitation of the study, it was not easy to select the purposive sample of women keeping in mind the inclusion criteria and short period allocated for the study.

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أشكال التعرض لعدم الاحترام وإساءة معاملة المرأة أثناء الولادة في مؤسسات الرعاية الصحية بمدينة بورسعيد

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الـخـــلاصـــــة

تؤثر خبرات الطفولة السلبية علي سمات الشخصية بشكل سلبي كبير كما ترتبط بتدهور الصحة النفسية وكذلك الحالة الصحية العامة للفرد اثناء مرحلة المراهقة. **الهدف:** تهدف هذه الدراسة الى استكشاف العلاقة بين خبرات الطفولة السلبية وسمات الشخصية بين طلاب جامعة بورسعيد. **مكان البحث:** تم إجراء هذه الدراسة في جميع الكليات بجامعة بورسعيد الثلاثة عشر. **عينة الدراسة:** شملت كل طالب مراهق ملتحق بأي من الكليات الثلاثة عشر. **الادوات المستخدمة:** تم استخدام اداتين للبحث تمت ترجمتهم للغة العربية. الأداة الاولى: مقياس الخبرة السلبية للطفولة و يتكون من ٣٢ عنصر. الأداة الثانية: مقياس سمات الشخصية يستخدم لقياس الأبعاد الخمسة لسمات الشخصية (الانبساط ، التوافق، العصابية ، الانفتاح). هذا المقياس مكون من ٤٤ بند ، بالإضافة الي، البيانات الشخصية لأفراد العينة. **النتيجة:** أشارت النتائج أنه توجد علاقة سلبية ذات دالة إحصائية بين خبرات الطفولة السلبية وسمات الشخصية (الانبساط، التوافق، الضمير، الانفتاح) بينما ، توجد علاقة ايجابية ذات دالة احصائية بين خبرات الطفولة السلبية وسمات الشخصية العصابية. **الاستنتاجات:** يمكن الاستنتاج أن ما يقرب من نصف افراد العينة كانت خبرات الطفولة السلبية لديهم ذات مستوى متوسط. بينما ، حوالي ثلاثة أرباع افراد العينة لديهم سمات شخصية انبساطية وثلثهم لديهم سمات شخصية التوافق ، وكذلك ، حوالي ثلاثة أرباع الطلاب كان لديهم سمات شخصية الضمير ، وحوالي نصف عينة الدراسة كان لديهم سمات الشخصية العصابية، بينما كان ما يقرب من ثلاثة أرباعهم ذو سمات الشخصية الإنفتاحية. **التوصيات:** توصي الدراسة بتصميم وتنفيذ برنامج تدخلي لتعليم استراتيجيات المواجهة، والتعليم الأبوي ، والدعم المستمر لتعديل سوء التكيف.

الكلمات المرشدة : الخبرات السلبية في الطفولة، سمات الشخصية، طلاب الجامعة