“If I tell and I will be humiliated; I will not tell”: Misinformation as Strategy Against Domination & Humiliation in Maternal Care Decision-Making Interactions

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Presentation Outline

- Introduction
- Objectives
- Theoretical concepts
- Methodology
- Findings
- Implications for interpersonal reproductive and maternal care
Introduction

From Dufie’s arrival till Husband’s defense
Introduction

- Maternal and neonatal outcomes may be influenced by pregnant women misinforming care providers.
- Inaccuracy of information given by pregnant women during care interactions has implication(s) on care providers’ management decisions during the care process.
- Fieldwork observations suggest that pregnant women’s withholding of information from healthcare providers at the first antenatal registry was a common occurrence.
Objectives

- Identify the level of control of medical, obstetric and other information pregnant women have during interactions with care providers at the antenatal registry?

- Identify factors that affect pregnant women’s decision to withhold or distort information they provide during decision-making interactions with maternal care providers?

- Examine whether care providers care decisions and clinical management of pregnant women is affected by pregnant women’s information management behaviours.
Theoretical Concepts

- (Acts) of Resistance
  - ‘Public Transcript’ and ‘Front Stage’
  - ‘Hidden Transcript’ and ‘Back Stage’
(Acts) of Resistance

- Act(s) less powerful actor(s) indulge in, which, are intended to either to mitigate or deny claims (such as submissiveness, respect etc.) made on them by people in superordinate class with whom they have a social relations of power (Scott, 1985: 290)

- Subordinates’ relative powerlessness and pragmatic reasons make subordinates develop covert strategies like false compliance, shoddy work etc., to resist domination (Scott, 1985)
Covert strategies termed “weapons of the weak; and sheds light on how subordinates express dissatisfaction about being and of things (Scott, 1985).

However, “weapons of the weak’ have both intended & unintended consequences
‘Public Transcript’ & ‘Front Stage’

- ‘Public transcript’: The process subordinated persons deliberately misrepresent themselves by putting up ‘poses’ and ‘tilting’ their discourses to meet the valued status quo of more powerful persons when they meet to interact in a social setting (Scott, 1985; 1990).

- Awareness that dominant class causing them physical and verbal humiliations (e.g. insults, reprimand) make less powerful persons use ‘public transcripts’ & adopt ‘front stage’ behaviours (Scott, 1985; 1990).
‘Hidden Transcripts’ & ‘Backstage’

- ‘Discourses and practices subordinated indulge in or say when they are off the earshot of people who dominate them” (Scott, 1990:4).

- ‘Hidden Transcripts’ embody subordinates’ concerns, dissatisfaction and criticisms of their superiors and of things.
Methodology - Setting & Study Region

RCH indicators

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<th>National</th>
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<tr>
<td>Mat. Mortality</td>
<td>350/100,000 LBs</td>
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<tr>
<td>ANC</td>
<td>97%</td>
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<td>SD</td>
<td>74%</td>
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<tr>
<td>Neonatal Mortality</td>
<td>29/1,000 LBs</td>
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<td>Institutional mortality</td>
<td>154/100,000 LBs</td>
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Methods

**Study type, duration & Sample**

- **Ethnographic study**
- **Duration:** Nineteen Months
- **Sample:**
  - Two Contrasting Public Municipal Hospitals.
  - 43 Pregnant Women
  - 4 Focus Group Discussions
  - 100 Observations of Client-Provider Interactions (ANC)
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Data Collection Techniques

- Role in history taking
- Observing interactions between clients and provider
- Conversation with pregnant women
- Triangulation
- Focus Group Discussions with pregnant and delivered women
- In-depth interview

After interactions with midwife or doctor
Ethical considerations

- Ethical Approval from Ghana Health Service Ethical Review Board;
- Approval from Wageningen University Graduate School;
- Verbal and written informed consent from pregnant and postnatal women.
FINDINGS
During history taking interactions, pregnant women often misinformed care providers on the ff:
- Number of children
- Number of Self-induced Abortion
- Gestational Age*
- Maternal Age*
Pregnant Women’s “Hidden Transcripts”

- Perceived poor provider-client relationship
‘Evading Perceived Provider Domination & Humiliation (Often depicted through provider anger & derogatory comments)

“As soon you tell the midwife that you have five children all of a sudden she will get angry. She will start shouting in anger asking you sarcastic questions; “Why?, are you giving birth like that? But the issue is if I decide to have ten children it’s my choice [..]. Instead of them talking to me nicely and persuade me to change my mind. They get angry because they want you to submit to them”.

‘Evading Perceived Provider Disrespectful Treatment-(Reprimands, Insults and humiliations)

“Also, if you go to the hospital with pregnancy at that advanced age, they would start insulting and treat you as if you have committed a crime. And because you don’t want to have any insults you will reduce your age when they (healthcare providers) ask you”
‘Avoiding humiliation to one’s dignity (due to inadequate privacy at history taking area)’

“Where they (midwives) ask information about ourselves, other people sit there and listen whilst you talk to her. So it becomes difficult to tell her some private information about yourself”
A typical history taking area at the antenatal clinic
“Again our midwives don’t know how to talk undertone. When you give them information about yourself she would repeat it by shouting it out because the place is noisy. As soon as this happens other patients would turn their heads towards you and be listening in to the interaction with the midwife. It is so embarrassing”

“For instance self-induced abortion is socially stigmatized in Ghana. Now when you go to the ANC, the midwife would ask you ‘Madam, how many abortions have you caused? What does she expect me to tell her? The truth, whilst others are listening into the conversation?’ Forget it I will reduce the number”.
Some consequences of misinformation

- Like many other examples;

Dufie: “Near miss’
  - About 800 mls of blood loss (Midwife’s delivery notes)
  - 10 units of oxytocin to augment labour (labour ward culture)
  - Actual management of PPH of (900 units of oxytocin)
  - Case of possible uterine ruptures
... In effect ..

Provider-client relationship & practices has implication on care decision-making

Because, how providers interact and carry out their daily task, influences clients decision to provide accurate information about themselves

The decision by clients to distort information may lead to inappropriate care which may result in complications

May possibly lead to maternal and neonatal death or survival
In conclusion... (Suggestions from women)

- “It boils down to how the nurse or doctor relate and talk to us when you come to the hospital. If they do it a respectful way, you would become happy to open up.

- “Therefore the best way they can get the right information from us is to assures us that no matter what we tell them they will not get angry to know the truth.”

- “It is based on this relationship that the pregnant woman would begin to trust her or him and then open up to give all the information they want’”
“... Because, after all if I don’t tell, I wouldn’t be humiliated..”

(Primary school graduate, Dawn Hospital)
Key Lessons

- Quality provider-client interpersonal relationship and practices influences maternal and neonatal healthcare outcomes.

- Ensure quality interaction between providers and pregnant women during care decision-making interaction.
  - Encourage healthcare providers not to be judgemental around the health facility.

- Improving privacy in our facilities can assure women the information they give in the hospital would be held in confidence.

- Empower pregnant women to speak their mind.
Acknowledgements

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