Effective Communication, Abuse, Support Care During Childbirth: A Cross-Sectional Study with Labour Observation in Health Facilities in Dili, Timor-Leste

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Abstract

Background**: Effective communication and emotional support from midwives are critical to mother's positive experience of care during birth. Lack of focus on these mother-centered aspects of care may lead to higher rates of disrespect and abuse of mothers by midwives.* ***Objective**: To assess the level of effective communication and emotional support provided by midwives, and the prevalence of physical and verbal abuse happen to the mothers.* **Methods: 32 mothers were direct observed during proses of labour and childbirth at three maternity services in Dili.*

***Findings**: Overall, the majority of mothers suffer from verbal abuse:90.6% with shouted, physical abuse:84.4% with pressing the thighs and arms down while pushed, 78.1% have perineum care without using pain relief. High disrespect and abuse often occur in mothers aged more than 20 years, urban residence, less than senior high school, unemployed and have more than 2 children. Also, 90% of mothers who did not receive effective communication and emotional support get highly disrespect and abuse from midwives during childbirth.*

***Conclusio**n: This research shows that mothers who do not get effective communication and emotional support suffer high levels of physical and verbal abuse from midwives during childbirth.*

Keywords: Effective communication, Emotional support, Physical and Verbal abuse, mother childbirth, Midwives

1. Introduction

Effective communication is an important component in the delivery of quality midwifery care (Renfrew et al., 2014). To enhance communication the WHO recommends, at a minimum, that midwives should introduce themselves, ensure that procedures are explained and informed consent is obtained, help mothers to understand that they have choices and support their choices, and encourage women to ask questions and express their needs (World Health Organization, 2018). This kind of positive communication promotes mother-centered care, improves the information mother receive, mother feel more involved in decision-making and it gives them more confidence in their care (WHO, 2016). A lack of communication or negative interaction between the midwife and client creates a disconnection and lack of trust, and ultimately shapes a mothers experiences of care (Munabi-Babigumira et al.,2017, Fakhraei & Terrion, 2017). For mothers in remote areas who need to travel long distances to access care, how they are treated at the health facility fundamentally affects decisions regarding place of birth (Mannava at al.,2015, Wild et al., 2010), If health providers are angry, disrespectful or there is a lack of privacy, it causes worry and shame for mothers (King & Jones, 2022).

Despite the importance of the effective communication and emotional support for quality of maternity care, there is lack of evidence of direct effect of poor communicaiton and emotional support as interpersonal relation on maternal health outcomes (WHO, 2018). On the contrary, there is good evidence of the association between disrepect and abuse during childbirth and poor health and wellbeing outcomes for mothers (Paiz et al., 2022).

Disrespect and abuse in labour include interactions or conditions of a facility that according to local consensus is considered shameful or undignified, and interactions or conditions experienced as or intended to be humiliating or undignified (Freedman et al., 2014). Types of disrespect and abuse experienced by mothers while in the health care facilities setting include: care without privacy and confidentiality, physical violence, verbal abuse, discrimination, neglect, and abandonment (Bohren et al., 2015).

Disrespect and abuse include physical and verbal abuse, discrimination, and non-consented procedures. Physical and verbal abuse being the most common in a study in four low-income countries (Bohren et al., 2015). Physical abuse includes hitting or slapping, either with an open hand or instrument, pinching, kicking, or being physically restrained. Verbal abuse includes the use of harsh or rude language, judgmental or accusatory comments, or threats of poor outcomes or withholding treatment (Bohren et al., 2015).

Therefore, D&A may be an important mediating factor between poor communication and emosional support by health provider and worse outcomes for mothers.

Surveys conducted in four countries show that disrespect and abuse toward mothers in childbirth are extremely common. A survey of disrespect and abuse in four countries, Nigeria, Ghana, Guinea, and Myanmar, found that 41.6% of observed mothers and 35.4% of surveyed women experienced physical or verbal abuse or stigma or discrimination during birth. Regarding effective communication, 17.9% of mothers reported that providers did not listen or respond to their concerns, particularly in Myanmar of 31.7% (Bohren et al., 2019). Therefore, if communication is lacking then the mothers may not understand or adhere to the instructions or advice from the midwife's may not be adhered to which will cause mistreatment such as physical and verbal abuse during the mother's birth in the health facilities (Fernandes,

Suprianto, & Wild, 2021).These inequities and poor treatment can contribute to excess maternal mortality if mothers are afraid to seek help in health facilities (King & Jones, 2019).

According to the latest Timor-Leste Demographic and Health Survey, 51% of mothers gave birth at home compared to 49% in health facilities (Timor-Leste Demographic and Health Survey (TLDHS 2015/16). Only 57% of mothers had assistance from a skilled health provider, and this was much higher for mothers in urban areas with 86% compared to mothers in rural areas with 45% (TLDHS 2015/16). Furthermore, 56% of mothers in the Demographic and Health Survey said they had concerns about being treated respectfully when accessing health care (TLDHS 2015/16).

An underexplored aspect in Timor-Leste is the role of disrespect and abuse toward mothers by midwives during birth and how this might affect their willingness to seek care. To date, there has been no research examining the prevalence of disrespect and abuse during birth in Timor-Leste. This research aims to address this gap in our understanding of disrespect and abuse get by mothers during childbirth in Dili Municipality, and to assess the level of effective communication and emotional support, and the prevalence of physical and verbal abuse.

Methods

Study design

The research was designed as a cross-sectional study with labour observation study of mothers giving birth in two community health centers and one National Hospital in Dili, the capital of Timor-Leste, from 15 May to 17 July 2022.

Instruments

The labour observation study tool included a series of questions adapted from existing international measures, that observed mothers how they received different aspects of effective communication and emotional support (World Health Organization, 2018), disrespect and abuse (Bohren et al., 2015).

The questions consisted of:

Effective communicaiton (10 questions): self-introduce by midwife, the midwife calls the

- Mother according to her name, explanation of the plan for examination for the examination or action to be taken, explanation of the reasons for the examination or action to be taken, explanation of the results for the examination or action has been carried out, involved in the choice for the examination or action to be taken, opportunity to discuss concern, teaching pain relaxation techniques, teaching pushing techniques before giving birth and use simple word.
- Disrespect and abuse (22 questions): privacy and confidential (VT examination visible to others patients or family, post-partum care checks seen by other patients or family, result of personal examinations information heard by others patients or family)

  Physical abuse (pinch, hit the thigh, bite the cloth when stitched the perineum without pain relief, pressing the thighs and arms down while pushed, opening the thighs by force which happen during labour, during childbirth, during expulsion of the placenta, during perineal wound care).

  Verbal Abuse (shouted, scolded, make negative comments about sex, hissing happen during labour, during childbirth, during expulsion of the placenta and during perineal wound care).

Perineal wound care (without using pain relief medication, without explain reasons for not using pain relief medication)
Neglect & Abandonee.

- Emotional support (6 questions):
listening or responding to calls, giving encouragement, provide attention, actively involved in contractions pain, giving praise and facilitate the positive emotions of praying.

Selection criteria

Inclusion criteria:
Mothers with normal delivery
Exclusion criteria
Mothers with vacuum and cesarean operations

Data collection and measurement

Mothers were direct observed after entering the delivery room, monitored during the stages of the delivery process, delivery, delivery of the placenta, perineum wound care at three maternity settings. 32 women were observed how often each activity related to effective communications, form of disrespect and abuse and emotional support of care was performed by their midwives with category of effective communication:Not effective <80% and effective >80% of total questions that answer yes. Category of disrespect and abuse:low <20% and Hight >20% of total questions that answer yes. Category of emotional support: Not support <80% and support >80% of total questions that answer yes. SPSS version 18 were used to enter and analyze the data. Descriptive statistics were computed and presented, using frequencies and crosstab analysis.

Study variables

Independent variables
Socio-demographic and obstetrict characteristics: age, residence, education status, job status and parity.
Dependent variable
Effective communication, disrespect and abuse, emotional support.

Ethical considerations

Ethical clearance was obtained from Airlangga University of Dental Medicine, Health Research with Reference Number: 071/HRECC.FODM/III/2022. Ministry of Health -Institute Health of Science of Timor- Leste's Human Ethics Committee with Reference Numbe: 603 MS-INS/GDE/IV/2022. Written informed consent was obtained from all participants before data collection.

Results

Socio-demographic characteristics of study participants

Tabel 1: Socio-demographic Characteristics

Variable	Frequency and percentages
Age Group (Years)	
<19	4 (12.5%)
>20	28 (87.5%)
Total	32 (100%)
Residence	
Rural	14 (43.7%)
Urban	18 (56.3%)
Total	32 (100%)
Education	
Junior High School	5 (15.6%)
Senior High School	20 (62.5%)
University degree	7 (21.9%)
Total	32 (100%)
Variable	**Frequency and percentages**
Job	
Housewife	27 (84.4%)
Tride	2 (6.3%)
Employee	3 (9.3%)
Total	32 (100%)
Paritas	
Primipara	14 (43.7%)
< 2 paritas	18 (56.3%)
Total	32 (100%)

32 mothers in total were observed giving birth in the delivery room. The participants ranged in age from 16 to 34, with the majority of the women being older than 20 with 28 mothers (87.5%). The majority of the mothers were senior high school graduates with 20 20 mothers (62.5%) and lived in urban areas with 18 mothers (56.3%). The majority of the women work as housewives with 27 mothers (84.4%). Most have more than two children with 18 mothers (56.3%) .

The percentage of effective communication, disrespect and abuse, emotional support was all measured during the labour observation study.

The results are shown in the table below:

Tabel 2: Percentage of effective communication, disrespect and abuse, emotional support according to the labour observation to the women in delivery room.

Effective Communication			
Variable	No	Yes	Total
Self-Introduce by midwife at first time	30 (93.7%)	2 (6.3%)	32(100%)
The midwife calls the mother according to her name	14 (43.7%)	18 (56.3%)	32(100%)
Explanation of the plan for examination or action to be taken	18 (56.2%)	14 (43.8%)	32(100%)

Explanation of the reasons for the examination or action to be taken	19 (59.4%)	13 (40.6%)	32(100%)
Explanation of the results for the examination or action has been carried out	10 (31.3%)	22 (68.7%)	32(100%)
Involved in the choice for the examination or action to be taken	30 (93.7%)	2 (6.3%)	32(100%)
Opportunity to discuss concern	30 (93.7%)	2 (6.3%)	32(100%)
Teaching pain relaxation techniques	11 (34.4%)	21 (65.6%)	32(100%)
Teaching pushing techniques before giving birth	26 (81.2%)	6 (18.8%)	32(100%)
Use simple Word	1 (3.1%)	31 (96.9%)	32(100%)
Disrespect and abuse			
Privacy and Confidential			
VT Examination visible to others patients or family	20 (62.5%)	12 (37.5 %)	32(100%)
Post-partum care checks seen by other patients or family	16 (50.0%)	16 (50.0%)	32(100%)
Result of personal examinations information heard by others patients or family	15 (46.9%)	17 (53.1%)	32(100%)
Physical abuse			
Pinch	22 (68.7%)	10 (31.3%)	32(100%)
Hit the thigh	13 (40.6%)	19 (59.4%)	32(100%)
Bite the cloth when stitched the Perineum without pain relief	7 (21.9)	25 (78.1%)	32(100%)
Pressing the thighs and arms down while pushed 7	5 (15.6%)	27 (84.4%)	32(100%)
Opening the thighs by force	9 (28.1%)	23 (71.9%)	32(100%)
During Labour	31 (96.9%)	1 (3.1%)	32(100%)
During Childbirth	5 (15.6%)	27 (84.4%)	32(100%)
During expulsion of the placenta11	22 (68.7%)	10 (31.3)	32(100%)
During perineal wound care	8 (25.0%)	24 (75.0%)	32(100%)
Verbal Abuse			32(100%)
Shouted	3 (9.4%)	29 (90.6%)	32(100%)
Scolded	11 (34.4%)	21 (65.6%)	32(100%)
Hissing	22 (68.7%)	10 (31.3%)	32(100%)
During Labour	27 (84.4)	5 (15.6%)	32(100%)
During Childbirth	3 (9.4%)	29 (90.6%)	32(100%)
During expulsion of the placenta18	23 (71.9%)	9 (28.1%)	32(100%)
During perineal wound care19	8 (25.0%)	24 (75.0%)	32(100%)
Perineal wound care			
Without Using pain relief Medication	7 (21.9 %)	25 (78.1%)	32(100%)
Without explain reasons for not using pain relief medication	7 (21.9 %)	25 (78.1%)	32(100%)
Neglect & Abandonee	31 (96.9%)	1 (3.1%)	32(100%)
Emotional Support			
Listening or responding to calls	12 (37.5%)	20 (62.5%)	32(100%)

Giving encouragement	13 (40.6%)	19 (59.4%)	32(100%)
Provide attention	16 (50.0%)	16 (50.0%)	32(100%)
Actively involved in contractions pain	27 (84.4%)	5 (15.6%)	32(100%)
Giving Praise	22 (68.7%)	10 (31.3%)	32(100%)
Facilitate the positive emotions of praying	24 (75.0%)	8 (25.0%)	32(100%)

Tabel 2 shows that the percentage of effective communication results, overall the items with the lowest scores are the midwife's self-introduction with 2 mothers (6.3%), Involved in the choice with 2 mothers (6.3%), giving opportunity to discuss concern with 2 mothers (6.3%), teaching pushing techniques with 2 mother (18.8%), explanation of the reasons for the examination with 14 mothers (40.6%),explain the plan for the examination to be taken with 13 mothers (43.8%). According to the percentage of disrespect and abuse, the most common physical abuse is pushing the thighs and arms down while being pushed with 27 mothers (84.4%), followed by forcing open the thighs with 23 mothers (71.9%), and biting the cloth when stitched the perineum without providing pain relief with 25 mothers (78.1%). Physical abuse occurs during the period of delivery with 27 mothers (84.4%) and during perineal wound care with 24 mothers (75.0%). In terms of verbal abuse to 29 mothers (90.6%) shouted and 21 mothers (65.6%) scolded. The verbal abuse occurs during the period of delivery with 29 mothers (90.6%) and during perineal wound care with 24 mothers (75.0%).

The percentage of emotional support indicates that, overall the item that receives the least support is the midwife actively participating in labour pain with 5 mothers (15.6%), followed by giving praise with 10 mothers (31.3%), and facilitating the positive emotions of prayer with 8 mothers (25.0%).

Tabel 3: Distribution of the maternal factors based on effective communication of care according to the labour observation to the mothers in delivery room

Variable	Effective communication		
	Not Effective	**Effective**	**Total**
Age Group (Years)			
<19	3 (75.0%)	1 (25.0%)	4 (100%)
>20	27 (96.4%)	1 (3.6%)	28 (100%)
Total	30 (93.7%)	2 (6.3%)	32 (100%)
Residence			
Rural	13 (92.9 %)	1 (7.1%)	14 (100%)
Urban	17 (94.4%)	1 (5.6%)	18 (100%)
Total	30 (93.7%)	2 (6.3)	32 (100%)
Education			
< SMA	24 (96.0%)	1 (4.0%)	25 (100%)
University Degree	6 (85.7%)	1 (14.3%)	7 (100%)
Total	30 (93.7%)	2 (6.3%)	32 (100%)
Job			
Unemployed	25 (92.6%)	2 (7.4%)	27(100%)
Employed	5 (100%)	0 (.0%)	5(100%)
Total	30 (93.7%)	2 (6.3)	32 (100%)

Paritas			
Primipara	13 (92.9 %)	1 (7.1%)	14 (100%)
>2 Paritas	17 (94.4%)	1 (5.6%)	18 (100%)
Total	30 (93.7%)	2 (6.3%)	32 (100%)

According to crosstab results, mothers who received ineffective communication were mostly over 20-year-old with 27(96.4%), living in urban areas with 17(94.4%), under high school level education with 24(96%), unemployed mothers with 25(92.6%), and having more than two children with 17(94.4%).

Tabel 4: Distribution of the maternal factors based on disrespect and abuse of care according to the labour observation to the mothers in delivery room

Variable	Disrespect and abuse		
	Low	Hight	Total
Age Group (Years)			
<19	0 (.0%)	4 (100%)	4 (100%)
>20	3 (10.7%)	25 (89.3%)	28 (100%)
Total	3 (9.4%)	29 (90.6%)	32 (100%)
Residence			
Rural	2 (14.3%)	12 (85.7%)	14 (100%)
Urban	1 (5.6%)	17 (94.4%)	18 (100%)
Total	3 (9.4%)	29(90.6%)	32 (100%)
Education			
< SMA	2 (8.0%)	23 (92.0 %)	25 (100%)
University Degree	1 (14.3%)	6 (85.7%)	7 (100%)
Total	3 (9.4%)	29 (90.6%)	32 (100%)
Job			
Unemployed	3 (11.1%)	24 (88.9%)	27 (100%)
Employed	0 (.0%)	5 (100%)	5 (100%)
Total	3 (9.4%)	29 (90.6%)	32 (100%)
Paritas			
Primipara	1 (7.1%)	13 (92.9%)	14 (100%)
>2 Paritas	2 (11.1%)	16 (88.9%)	18 (100%)
Total	3 (9.4%)	29 (90.6%)	32 (100%)

Most of the mothers who received high disrespect and abuse were more than 20 years old with 25(89.3%), urban residence with 17(94.4%), under high school level education with 23(92.0%), were unemployed with 24(88.9%) and gave birth to more than two children with 16(88.9%)

Tabel 5: Distribution of the maternal factors based on emotional support of care according to the labour observation to the mothers in delivery room

Variable	Emotional Support		
	Not Support	Support	Total
Age Group (Years) <19 >20	 3 (75.0%) 27 (96.4%)	 1 (25.0%) 1 (3.6 %)	 4 (100%) 28 (100%)
Total	30 (93.7%)	2 (6.3%)	32 (100%)
Residence Rural Urban	 12 (85.7%) 18 (100%)	 2 (14.3%) 0 (.0 %)	 13 (100%) 18 (100%)
Total	30 (93.7%)	2 (6.3%)	32 (100%)
Education < SMA University Degree	 23 (92.0%) 7 (100%)	 2 (8.0%) 0 (.0%)	 25 (100%) 7 (100%)
Total	30 (93.7%)	2(6.3%)	32 (100%)
Job Unemployed Employed	 25 (92.6%) 5 (100%)	 2 (7.4%) 0 (.0%)	 27 (100%) 5 (100%)
Total	30 (93.7%)	2 (6.3%)	32 (100%)
Paritas Primipara >2 Paritas	 13 (92.9%) 17 (94.4%)	 1 (7.1%) 1 (5.6%)	 14 (100%) 18 (100%)
Total	30 (93.7%)	2 (6.3%)	32 (100%)

Mothers who not receive emotional support were mostly mothers aged more than 20 years with 27(96.4%), urban residence with 18 (100%), under high school level education with 23 (92.0%), were unemployed with 25(92.6%), and having more than two children with 17(94.4%).

Table 6 : Distribution of disrespect and abuse based on effective communication, emotional support of care according to the labour observation to the mothers in delivery room

Variable	Disrespect and abuse		Total
	Low	High	
Effective Communication Not Effective Effective	 3 (10.0%) 0 (.0%)	 27 (90.0%) 2 (100%)	 30 (100%) 2 (100%)
Total	3 (9.4%)	29 (90.6%)	32(100%)
Emotional support Not Support Support	 3 (10.0%) 0 (.0%)	 27 (90.0%) 2 (100 %)	 30 (100%) 2 (100%)
Total	3 (9.4%)	29 (90.6%)	32 (100%)

The crosstab results show that disrespect and abuse often occur in mothers who do not receive effective communication with 27(90.0%) and emotional support with 27 (90.0%) from midwives during childbirth at delivery room.

Discussion

We report labour observations of 32 mothers were observed during the process of labour care by midwives (birth attendent) at health facilities.

In this study, self-introduction, engaged women in choices about their care, women were given the opportunity to ask questions, teaching pushing techniques by midwife which is the lowest in the communication interaction between midwives and mothers while in the delivery room. Some 6.3% of mothers observed midwife did a self-introduction, this study is in line with findings in south Ethiopia that reported 6.8% of the study participants reported that the midwife have introduce themselves during the admission (Ukke, Gurara, & Boynito, 2019). Similarly, the findings in Gana was reported by 8% of mothers across all countries that most of providers introduced did themselves (Afulani *et al*., 2019). Its important the midwife introduce themselves, knowing the identity of the midwife will make the mother more calm about going through the delivery process, if needed, the mother will contact the midwife because she already knows the midwife who is caring for her.

The study also revealed that about 6.3% of mothers were engage in choices about their own care. This is lower then the studies conducted in Ghana and India groups where 60% have reported that providers involve them in their care (Afulani et al., 2019) and study in Nigeria have reported that 31.6% of mothers that providers involve them in care (Ogbuabor & Nwankwor, 2020).

The study also revealed that 6.3% of Timorese mothers were given the opportunity to ask questions, this is markedly lower than other studies in comparative low resource countries. For example one study conducted in India, 88% of mothers reported feeling able to ask questions all the time by birth attendent (Afulani et al., 2019). Finding in Ethiopia, indicationed that maternity providers encourage mothers to ask questions with 76% (Wassihun & Zeleke, 2018). In South Ethiopia indicated that 20.3% of the mothers said that they were encouraged to ask about unclear points (Ukke, Gurara, & Boynito, 2019).

An actively involved in contractions pain, giving praise, facilitate the positive emotions of praying by a midwife which is the lowest in the support interaction between midwives and mothers while in the delivery room. Presence and support from the midwives during contractions was observed by 15.6% of mothers. Midwives present during contractions care by 31.3 and gave praise by 25.0% of mohers when mothers are doing the right thing during giving birth is in comparison to other resource low countries the lowest emotional support experienced by mothers while mothers are in the delivery room. For example, the study conducted in Ghana indicated that 80% of mothers felt providers do their best to control their pain during proces of labour (Afulani *et al*., 2019). Related research conducted in Kenya indicate 43.5 % of midwives did their best to control the pain (Sudhinaraset *et al*., 2019).

The actions of health workers can substantially affect the birth experience, therefore mothers need appropriate support to minimize the negative consequences of childbirth (Hern & Rodr, 2019). A mechanism for poor outcomes seen in this study could be that lack of effective

communication and emotional support results in lack of teaching pushing techniques, lack of presence and support from the midwife during contractions pain tends to increase disrespect and abuse. The study findings on midwives teaching pushing techniques when delivery was see by only 18.8 % of mothers.Therefore, it is evident that important teaching pushing techniques of the supine position as a single choice in childbirth implemented in Timor Leste. It is better if the mother has been taught before giving birth about how to strain properly. Lack of teaching pushing techniques which can lead to hight pysical and verbal abuse.

The findings indicate that mothers get the following aspects of physical and verbal abuse from midwives during childbirth. The study revealed that midwives hit the thighs when the mother was not pushing well during given birth by 59.4% mothers. Related research conducted in Ethiopia 34.5% of mother slapped/hit by midwives (Wassihun & Zeleke, 2018).

The study also revealed that about 84.4% of Timorese mothers indicated that most commom were being pressing the thighs and arms down while pushed. Opening the thighs by force with 71.9%. Bite the cloth when stitched the perineum without pain relief with 78.1%. Physical abuse occurs during the periode of delievry with 84.4% mothers and during perineal wound care with 75.0% mothers.

The study also revealed that about 90.6% of Timorese mothers indicated that most common were being shouted. This is markedly higher than the study conducted in South West Nigeria where 59.2 % of mothers expereinced shouting (Ijadunola et al., 2019) and in the United States reported that 8.5 % of mothers have been shouted at or scolded by the midwives (Vedam et al., 2019).

In this study found that 65.6% of mothers were being scolded. Verbal abuse occurs during the periode of delievry with 90.6% and during perineal wound care with 75.0% mothers which is markedly higher than the study conducted in the Northern Ethiopia where 10.5 % of mothers were scolded/insulted during labour and childbirth (Gebremichael et al., 2018). In Ethiopia 35.5% of mothers reported the provider verbally insulted the mothers during labour (Wassihun & Zeleke, 2018).

In this study it was reported that up to 78.1% of mothers had stitching or perineal suturing without pain relief. This is markedly higher than the study conducted in South Ethiopia where only 18.8% have reported that their perineum was sutured without the use of any anesthesia (Ukke *et al*,2019). Related research conducted in Gana 38.8%, Guinea 27.7% of mother not offer pain relief (Bohren *et al*., 2019). In this study report that 78.1% of mothers, without explain reasons for not using pain relief medication by midwives.

Overall, Timorese mothers face being stitched the perineum without pain relief, shouted, pushing the thighs and arms down while being pushed, by forcing open the thighs, scolded mostly occurs during the period of delivery and during perineal wound care at the highest level of the disrespect and abuse than other comparative research in other resource low countries.

High disrespect and abuse occur mostly at the age of more than 20 years, urban residence, less than senior high school, unemployed mothers and mothers who have more than 2 children. In this study report that 92.0 % of mothers with less than senior hight school get higth disrepect and abuse during childbirth. In line with the study conducted in Ethiopia found that compared to mothers with at least a diploma, 83.3% of mothers with no formal education experienced more disrespect and abuse (Zeleke & Melkie, 2022,Ukke et al., 2019).

Based on the results of crosstabulation, disrespect and abuse often occur in mothers who do not receive effective communication with 90% and emotional support with 90% from midwives. There is no previous research that examines the level of correlation or infulence, so it is very important to see trends that can lead to disrespect and abuse. The benefits of effective communication from midwife-to-mother will make the mother feel involved in her care, avoid unnecessary anxiety and give control over her health condition.

Effective communication indicators from WHO 2018 need to be socialized to midwives at maternity unit, including self-introduce by midwife at first meet**,** the midwife calls the mother according to her name, explanation of the plan for examination or action to be taken, explanation of the reasons for the examination or action to be taken, explanation of the results for the examination or action has been carried out, involved mothers in the choice for the examination or action to be taken, opportunity to discuss concern, teaching pain relaxation techniques,teaching pushing techniques before giving birth and use simple word when providing care.

Preferably, good emotional support from midwives during chilbirth as follows: listening or responding to calls, giving encouragement, provide attention, actively involved in contractions pain, giving praise and facilitate the positive emotions of praying.

Conclusion

This research shows that mothers who do not received effective communication and emotional support get high levels of physical and verbal abuse during childbirth. Areas that need particular improvement include effective communication and emotional support are an important component in the delivery of quality midwifery care.

In comparison Timorese women study report relatively high levels of physical and verbal abuse during childbirth. Adoption of respectful maternity care as recommended by WHO is a key to prevent harm and mistreatment of women during maternity care.

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