Assessing the level of patient rights awareness among expectant women attending antenatal care clinics in primary health facility in Kirinyaga County, Kenya

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ABSTRACT

Expectant women are recipients of poor quality of care including fear of abuse and disrespect which is a clear violation of their rights. These experiences influence women's decisions to seek antenatal care. Even though Kenya's Patients' rights charter of 2013 empowers them to demand quality care, there is limited information concerning their knowledge on patients rights and responsibilities and this study intends to explore this gap. This was a cross-sectional study where expectant women were drawn from two primary healthcare facilities, attending their monthly routine antenatal care clinics. Data was gathered using a questionnaire during a 2-month period from January to March 2024. Descriptive statistical methods, paired t-test, and repeated measure analysis of variance at significant level $P<0.05$ were used. Participants' mean age was 28.14 + 6.43 years. Most patients (78.6%) did not know about the patients' rights charter and the majority of them (97%) had never received any form of education concerning patient rights. Of those who had knowledge of patient rights, 69.4% of them mentioned healthcare providers to be the source of information. The most practiced patient rights are quality of care (83%) and dignity and respect (97%). The patient's level of awareness of patients' rights and responsibilities is low and there is need to enhance this awareness through proper implementation of patient rights through dissemination of relevant content, continuous medical education programs and proper sensitization of healthcare providers on the right content to disseminate as this can lead to improved quality of antenatal care services.

Keywords: *Human right, Knowledge, Patient's rights awareness, Patients, Expectant women, Patient rights charter, Kenya.*

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Highlights of this paper

- This study assesses the level of patient rights awareness and their responsibilities among mothers attending their routine monthly antenatal care clinics
- The findings indicates that the expectant mothers attending antenatal care clinics are not sufficiently aware of their rights (78.4%) and majority of them 97% have not received any form of education concerning patient rights.
- There is a clear gap on dissemination of patient rights among the healthcare receipients and there is need for comprehensive planning and implementation to ensure this is resolved.

1. INTRODUCTION

Access to good health and well-being is a basic human right. The right to health shouldn't be a privilege, but a reality. Good health is the foundation for a fulfilling life and that's why sustainable development goal number three is crucial. According to the World Health Organization (2017) Patients' Rights are a fundamental human right, a quality assurance measure that protects healthcare recipients against abuse and discrimination and promotes ethical practices and the existence of Patients' Charters without efforts to raise awareness among patients does not improve the quality of health care (World Health Organization, 2017). The United Nations established the universal declaration of Human rights in 1948 and has been implemented all over the world (United Nations, 1948). In Kenya, the national patients' rights charter was established in 2013 (Ministry of Health Kenya's, 2013) and the constitution of Kenya upholds the rights of patients to access healthcare of the highest attainable quality of products and care (Ministry of Health Kenya's, 2013). Antenatal care is one of the pillars of maternal and child health programs aimed at preventing and reducing maternal and child morbidity and mortality. Since patients and especially expectant women are one of the most vulnerable members of society (Elsayed, El-Melegy, & Amaal, 2013) patient rights have become an essential part of healthcare practice therefore improving the rights of patients is considered a priority in medical services (Kuzu, Ergin, & Zencir, 2006).

Globally, many health-care institutions have established regulations and have put measures on implementation to achieve patients' protection and satisfaction (Kenya's, 2010). Kenya's Patient's Bill of Rights (Ministry of Health Kenya's, 2013) provides guidelines and gives an assurance that every patient, regardless of age, gender and race, has the right to knowledge, respect, confidentiality, privacy, high quality care and treatment as well as protection and objection. In this way, health care providers have the responsiblity to observe these rights at all times and this can only be achieved through sensitization of healthcare recipients and health care providers to increase their knowledge on these rights (Elsayed et al., 2013; Sheikhtaheri, Jabali, & Dehaghi, 2016). Accordingly, health care facilities are required to provide the patient with the accurate information on patients rights charter, so that they can have adequate knowledge and utilize it when its needed (Hajavi, Tabibi, & Zeinabad, 2005). In most of the healthcare settings, posters containing patient rights charters are psosted in hospital notice boards for healthcare recepients to access it.

Awareness of these rights as a healthcare recipient promotes rational and ethical practices and improves health outcomes (Krzych & Ratajczyk, 2013). By understanding and respecting patients and their values, health providers can help meet the patients' expectations during delivery of health care service. According to studies by Kagoya, Kibuule, Mitonga, Ekirapa-Kiracho, and Ssempebwa (2013) patient's rights are essential to maintain dignity and respect, and when it is observed, a good relationship can be sustained between healthcare providers and recipients, and the quality of patient care will be improved especially for the expectant mothers. In the recent past, assumptions had been made that only health care providers were aware of the health and well-being of patients and hence were empowered to make decisions on behalf of the patients'. However, it is paramount to adhere to and respect the patients rights as stipulated by the guidelines.

Although the Kenya Patients' Charter empowers patients to demand quality care (Kenya's, 2010; Ministry of Health Kenya's, 2013) the major challenge has been on equitable access and limited implementation strategies. Expectant women have continuously encountered abuse, egregious violations of their patients rights at health facilities where they frequently visit for antenatal and post-natal care services (Abuya et al., 2015). A study by Alghanim (2012) cites that educating patients on their rights helps them know what to expect from their healthcare providers (Alghanim, 2012).

2. PARTICIPANTS AND METHODS

This study is based on cross sectional analysis of baseline data from a quasi-experimental study.

Designed as a before-and-after intervention on the effect of an educational interventions in expectant women's awareness on their rights.; A reliability tests was done using Cronbachscale and it showed a high internal consistency (Cronbach a=0.888): data was collected between January and March 2024 from two primary health facilities providing antenatal care in Kirinyaga County. The facilities are Kagumo Health Centre *(n=96)* and Mutithi Health Centres *(n=72)*.

The study subjects included expectant women attending routine antenatal care services in the government owned facilities. The study included expectant women who are between ages 18-49 years and in their first or second trimester but not more than 20weeks of pregnancy. *S*ample size was calculated using Yamane formulae that yielded 168 respondents.

Data was collected using structured questionnaires. The questionnaire comprised of two parts, part one included the socio-demographic information including the age, income level, educational level, employment status, and the source of information on a patient's bill of rights. The second part was a set of questions to measure the awareness of patients about their rights and responsibilities. Data collection was carried out after receiving informed consent from the respondents.

The quantitative data were analyzed using Statistical Package for the Social Sciences version 25. The main outcome variables were social demographic characteristics, level of patient rights awareness, source of patient rights information and associated factors. A pre-test study was done in one of the primary health facilities within the county and this provided useful feedback regarding the questions to be administered. Necessary adjustments were done to the questionnaires.

3. RESULTS

A total of 168 respondents were surveyed in two primary health facilities. The data collection was done for all the respondents in each facility hence registering 100% response rate as shown in Table 1. Expectant women were predominantly young (68.4%) being in the range of 18-30years of age. The mean age of the sample was 28.14 ± 6.43 years. The majority of them had high school educational level and above in both facilities (59.5%), were married (77.4%) and were either self-employed or not employed (82.8%).

Table 1. Respondents' demographic and socioeconomic characteristics.

Variable	Frequency (n=168)	Percentage (%)
Age in years		
18-30	115	68.4
31-40	44	26.2
41-49	9	5.4
Employment status		
Employed	29	17.2

Variable	**Frequency (n=168)**	**Percentage (%)**
Not Employed (Self-employed & others)	139	82.8
Level of education		
Primary	12	7.1
Secondary	100	59.5
Certificate	25	14.9
Diploma	21	12.5
Degree	10	6.0
Marital status		
Single	31	18.5
Married	130	77.4
Other	9	5.4

Table 2 shows that 78.6% responded that they had no knowledge of the patients' rights charter and 97% had never received any form of education or training concerning patients' rights and responsibilities despite 85% having a secondary education and higher. The results above also show the source of information of those who had knowledge as health care provider 69.4%, followed by media 47.2%, then hospital posters 38.9% and fliers/brochures and other sources 13.9% (being relatives, friends) even though this was not significant. The percentages in this table do not add up to one hundred percent as most of the subjects in the sample indicated that they got their information about patient rights from more than one source.

Table 2. Respondents knowledge of patients' rights awareness and source of information of the patients' rights charter.

Variable	**N=168(%)**	**OR (95% CI)**	**P value**
Knowledge about patients' rights			
Yes	36 (21.4)	0.8 (0.4-1.7)	
No	132 (78.6)	1	0.55
Ever received any education regarding patient rights.			
Yes	5 (3.0)	1.1 (0.1-6.9)	1
No	163 (97.0)	1	
Patients' rights awareness			
Mean score (MS)	73.1 (13.5)	-	**0.001**
Category, n (%)			
Poor	2 (2.1)	0.4 (0-2.9)	0.348
Moderate	54 (56.3)	0.4 (0.2-0.7)	**0.005**
Good	40 (41.7)	1	
Patient responsibility awareness			
Mean score (MS)	71.2(15.9)	-	**0.001**
Category, n (%)			
Poor	8(4.7)	0.3 (0.1-1.4)	0.132
Moderate	113(67.3)	0.3 (0.1-0.6)	0.002
Good	47(28)	1	
Source of the patients' rights charter information			
Healthcare provider	25 (69.4)	0.9 (0.2-3.7)	0.888
Hospital (Posters, placards)	14 (38.9)	0.5 (0.1-2.0)	0.342
Media (Social media, TV)	17(47.2)	1.0 (0.3-3.8)	0.985
Other (Relatives, friends)	5 (13.9)	1.4 (0.2-9.6)	1

The level of patient rights awareness was determined on a scale of high (> 80%), moderate (60-79%), and poor (< 60%). Respondents were subjected to a list of items on patients' rights and responsibilities. On patient rights awareness, the mean score was 73.1 ±13.5 which shows that most patients had moderate awareness of the patient rights($P<.001$), and this informs improvement measures to disseminate information on patient rights. On patient rights responsibilities, the mean score was 71.2 ± 15.9 and this shows that most expectant women had moderate awareness of their responsibilities($P<.001$).

Table 3. Analysis of thematic areas for practice of patients' rights.

No	Patients' rights	Disagree	Neutral	Agree
a)	Quality of care			
	Right to the best quality and safest healthcare services available	16%	2%	82%
	Right to emergency health services during an emergency	5%	3%	92%
	Right to a safe and hygienic environment	17%	9%	74%
b)	Privacy and confidentiality			
	Right to confidentiality	40%	7%	53%
	Right to be asked for permission prior to examination	29%	13%	59%
	Right to privacy during antenatal examination	4%	2%	94%
c)	Dignity and respect			
	Right to receive empathetic and respectful care during clinics	0%	1%	99%
	Right to be provided with appropriate medical services irrespective to gender, age, religion	0%	4%	96%
d)	Choice of care			
	Right to refuse or discontinue treatment after a thorough explanation by a healthcare provider about the consequences and/ Or outcomes of her decision	49%	9%	42%
	Right to seek a second opinion from another healthcare provider	55%	5%	40%
e)	Access to information and informed consent			
	Right to accept or refuse to participate in any medical research and any refusal will not negatively affect the medical services provided	20%	28%	52%
	Right to be informed about rights and responsibilities in a manner the patient can understand	31%	3%	66%
	Right to receive a full explanation of the condition and any unanticipated outcomes of care and treatments	50%	9%	41%
	Patients has a right to sign an informed consent form before any medical procedure	49%	11%	40%
	Patients have a right to receive the copy of their medical records	14%	7%	79%
f)	Participation in decision making			
	Right to know the identity of the health care provider and other persons involved in care	34%	10%	57%
	Right to participate in care decisions to the extent they wish, and in choosing the treatment plan	36%	13%	51%
g)	Redress of grievances			
	Right to file a complaint regarding any concerns and to be informed about the results of such complaints.	33%	20%	46%

From Table 3, most patients agreed that quality of care (83%) and dignity and respect (97%) was observed during treatment while the confidentiality (69%), choice of care (41%), access to information and informed decision (33%), participation in decision-making (54%) and redress of grievances (46%) were poorly practiced at the facility. Significant number of respondents also responded neutral in participation in decision-making (13%), redress to grievances (20%), right to accept or refuse to participate in research (28%) and right to be asked for consent during examination (13%). These portrays the degree of observance of bill of rights by the healthcare providers and this could affect quality of care accessed by the expectant women.

4. DISCUSSION

Even though the patients rights charter and the Kenyas constitution upholds patients rights, this study has shown that the level of awareness of these rights among expectant women is still limited. These findings indicates that the processes for dissemination to the healthcare providers as well as healthcare recipents has not been successfully planned and implemented.

This study was able to assess the level of awareness and responsibility of patient rights among expectant women and the source of information for the patients' rights charter. From this study, a considerable proportion of expectant women(78.6%) did not have adequate knowledge of the patient's rights. Also 97% of them had not received any form of formal education or training concerning patient rights. In this study, 69.4% of the participants cited healthcare providers as the main source of information on patients' rights. The lack of awareness of the patients' rights may be due to inadequate measures of implementation of patients' rights in this setting. Despite having majority (>60%) of the respondents attaining college education this was not statistically significant to the knowledge of patient rights.

The findings of this study were comparable with other studies in the region. A study done in Uganda by Kagoya et al. (2013) reported that a significant proportion of patients (81.5%) had never heard of the patients' rights charter which details the key patients rights for healthcare recipients. Furthermore, 95.2% of patients were unfamiliar with the Bill of Rights, and 92.8% could not mention any specific patients' rights, as reported in a separate study by Farida and Al-Siber (2013) in Sudan (Younis et al., 2017). In another study done in a similar setting in Egypt, Zeina et al. (2013) found that 75% of the patients were not knowleageable on patients rights charter, highlighting a similar trend of limited patient awareness across the region .The current study's findings was higher that that reported by Ghanem, Megahed, Aly, and Branch (2015) who found that 27% of patients in Alexandria Main University Hospital and 53% of patients in Matrouh General Hospital were not knowledgeable about the contents of the patients rights charter.

Conversely, other research studies carried out in Malaysia by Yousuf, Fauzi, How, Akter, and Shah (2009) reported a markedly different findings, where majority of respondents (90%) had adequate knowledge of their patients rights (Yousuf et al., 2009). This divergence points to a possible correlation between regional factors, such as health policy, education levels, health systems structures, healthcare infrastructure, and the level of patient awareness regarding their rights (Sheikhtaheri et al., 2016).

This study is consistent with other studies conducted in the region. In Uganda, studies done by Kagoya et al. (2013) reported that most patients (81.5%) had never heard of the Uganda Patients 'Charter (8). Most patients (95.2%) did not know about the Bill of Rights and most of them (92.8%) were not able to mention any of the patients' rights as reported by Farida and Al-Siber (2013) in Sudan. In a similar study in Egypt, Zeina et al. (2013) reported that most patients (75%) did not know about the list of patients' rights (Zeina et al., 2013). In contrast, a study conducted in Malaysia by Yousuf et al. (2009) reported that nearly all patients (90%) were aware of their rights (Yousuf et al., 2009).

More than half of the respondents(69.4%) received their information from the healthcare providers. These findings was in agreement with Mohammed, Seedhom, and Ghazawy (2018) study who reported that 50.8% of the respondents got their information about the patients' rights from physicians. Farida and Al-Siber (2013) who conducted a study in Riyadh, Saudi Arabia, reported that doctors and nurses (73.8%) were the main source of information about patient rights, with almost 22% of subjects have got their information via reading hospital notice boards. This was in contrast to Zeina et al. (2013) where the mass media was the major source of patients' knowledge (89.4%). These findings lay more more emphasis on health care providers to be tasked on increasing the patient awareness about their rights as there is need to be involved in making decisions regarding their treatment (United Nations, 1948; World Health Organization and Regional Health Systems Observatory, 2006).

From this current study, most patients (>40%) understood the rights to access quality care during antenatal care clinics in the primary health centre, to be respected by the healthcare provider, to have privacy during examinations, to assure confidentiality of their data , choice of care, access to information and informed concent , participation in decision making and redress to grievances. These findings were comparable with a study conducted in Iran by Bazmi, Kiani, Hashemi Nazari, Kakavand, and Mahmoodzade (2016). In the current study, the poorest awareness of the patients was about their right to have redress to grievances ,right to be provided with sufficient information about their condition, their right to participate in treatment decisions , right to confidentiality and in choosing their treatment plan. Other research findings are in agreement with these current findings (Khalaf, Al-Asadi, & Abed, 2014; Mastaneh & Mouseli, 2013; Merakou, Dalla-Vorgia, Garanis-Papadatos, & Kourea-Kremastinou, 2001) that many patients do not think that they have the right to participate in care decision making. The most practiced are quality of care (83%) and dignity and respect (97%) which shows that patients are aware of what they expect.

In summary, although patient rights are increasingly emphasized around the globe (Sharifi, Gooshki, Mosadeghrad, & Jaafaripooyan, 2021; United Nations, 1948) implementation of these rights in Kenya has faced numerous challenges and are often referred to when the expectant women face immense abuse and cruelty which may cause permanent damages or death. Implementation of patient rights will only be possible through collaborations between the health care providers, recipients, and institutions and there should be deliberate efforts to shift to desired levels of information and consciousness about the bill.

In Kenya, where the health care systems are devolved, implementing and maintaining the patients' rights charter should be the responsibility of the national and county level of governments and should bring all stakeholders on board including policy makers, healthcare providers and recipients.

5. CONCLUSION

It is unsatisfactory that 78.6% of expectant women had no adequate knowledge of their patient rights and 97% of them having no form of education on the same. Social media has penetrated in most areas and that should also be exploited as an additional way of disseminating information on patient rights. Even though hospital posters are available on notice boards, concerted efforts should be made to disseminate information to increase knowledge and make sure they have proper information about their rights and responsibilities. Understanding the patients' rights awareness among expectant women is critical in developing interventions at national, health facility and community levels to address to address the challenges and drivers of the patients' rights charter and to encourage patients in future to demand for quality of health care in facilities (Davati, Seidmortaz, Zafarghandi, Azimi, & Solimani, 2012). Entrenchment of the patient right committee to the existing county health structures for supervision, monitoring and observance of patients' rights and responsibilities is also recommended.

5.1. Limitations of the Study

This study had some limitations which should be considered while interpreting results. Because of resource constraints, the study was carried out in two primary healthcare facilities in Kirinyaga County in Kenya and hence the findings cannot be generalized to the entire population.

5.2. Future Recommendations

Future research should focus on the healthcare providers awareness, obstacles and their observance of the patients' bill of rights. Also, other studies can be conducted on the role of other stakeholders and partners in dissemination of the patient bill of rights and its challenges in this and other geographical locations.

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