

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH



ASSESSMENT OF MOTHERS' EXPERIENCE OF MISTREATMENT
DURING FACILITY BASED CHILD BIRTH AND ITS PREDICTORS IN
HOSANNATOWN, SOUTH ETHIOPIA, 2019:

By: AZEB GETACHEW (BSc)

A THESIS TO BE SUBMITTED TO THE SCHOOL OF GRADUATE
STUDIES OF ADDISABABA UNIVERSITY IN PARTIAL FULFILMENT
FOR THE REQUIREMENTS OF MASTERS DEGREE OF PUBLIC
HEALTH IN REPRODUCTIVE AND FAMILY HEALTH

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Abbreviations and Acronyms

ANC:	Antenatal Care
D&A:	Disrespect and Abuse
EDHS:	Ethiopian Demographic and Health Survey
HMIS:	Health Management Information System
NEMMH:	Nigist Eleni Mohamed Memorial Hospital
MMR:	Maternal Mortality Ratio
MCHIP:	Maternal and Child Health Integrated Programme
RMC:	Respectful Maternity Care
SNNPR:	Southern Nation Nationality People Region
SVD:	Spontaneous vaginal delivery
USAID:	United States Agency for International Development
WHO:	World Health Organisation
WRA:	White Ribbon Alliance

Abstract

Background: Provision of quality maternal health services has a paramount contribution for improving service uptake and reduction of maternal death. Mistreatment during child birth that affects women's interest towards health service utilisation . Yet, there is paucity of evidence about the magnitude of various forms of mistreatments mother's experience during facility based childbirth.

Objectives: This study aims to assess women's experience of mistreatment during facility based child birth and its associated factor in Hosanna town and its surrounding kebeles, south Ethiopia, 2019.

Method:-Community based cross sectional study was employed from March to April 2019 in Hosanna town, South Ethiopia .Mothers who gave birth two week prior to the study period were selected through systematic random sampling technique from the recorded contact address of the delivered mothers. Binary and multivariate logistic regression model was used to assess mother's experiences of mistreatment using certain predictors. Crude and adjusted Odds ratio (OR) was calculated with95% CI at p-value <0.05.

Result –From a total of 596 mothers, 577 of them participated in the study. 487 (84.4%) of the study participants were experienced at least one form of mistreatment during facility child birth. The most commonly reported category of mistreatment were poor rapport between provider and women462 (80.1%), health system failure and constraints 453(78.5%)followed by failure to meet professional standard of care433(75%). Mothers with no formal education less likely [AOR=0.25 (95%CI; 0.10-0.64), mothers who gave birth at hospital [AOR=2.53 (95%CI 1.56-4.09)], and mother's being dissatisfied [AOR=3.39(1.58-7.28)] were more likely reported experience of any form of mistreatment.

Conclusion and recommendation

In this study the prevalence of mistreatment during facility based child birth was found to be very high. Identified determinants were mother's educational status, mothers who gave birth at hospital and who reported being dissatisfied were reported more experience of mistreatment during facility delivery.

Policy makers and program manager's needs to design strategies to promote effective client provider communication, encourage health providers adherence to the standard of care and building national awareness to addresses the right of all clients/mothers.

Key words: Disrespect and abuse, child birth, Ethiopia, mortality, Quality of care, mistreatment.

1. INTRODUCTION

1.1. Background

Globally, an approximate 303,000 women died in 2015 resulted from causes and complications of pregnancy and childbirth that can be preventable. Developing regions account for approximately 99% (302 000) of the estimated global maternal deaths with sub-Saharan Africa alone accounting for roughly 66% (201 000) of maternal deaths. Low utilization of facility based services for childbirth and new born care are commonly observed in the region(1).

Maternal mortality remain a challenge to Ethiopia, where the maternal mortality ratio (412 per 100,000 live births) which ranking the country among 34th high burden country has demonstrated slight reduction over the past years (1-3). Despite, ongoing effort to increase facility based delivery the proportion of women delivering at a health facility in Ethiopia remains low (26%)(3).

Provision of quality the maternal health services has a paramount contribution for improving service uptake and reduction of maternal death. The World Health Organization (WHO) defines “quality of care as both the provision of technically competent and the enhancement of women’s experience of care”(4). And also WHO recommends respectful maternity care on intra-partum care for a positive childbirth experience along with human right-based approach to reduce maternal morbidity and mortality(4, 5).

Every woman has the right to get the highest attainable standard of health, which includes the right to dignified and respectful health care(6). However, Globally, many women experience mistreatment during facility childbirth but may manifest in different forms depending on the context(7).

Mistreatment alternatively considered as disrespect and abuse, obstetric violation or dehumanized care, it is defined as “interactions or facility conditions that local consensus believes to be humiliating or undignified, and those interactions or conditions that are experienced as or intended to be humiliating or undignified”(8) .

Despite, it gets attention as a violation of fundamental women right and health system failure, globally women still encounter disrespect and abuse during maternity care that

mainly influence their future decision about where to deliver and whether to recommend that facility to other(9, 10).

Several RMC interventions appear to reduce women's overall experiences of disrespect and abuse that have been implemented globally includes advocacy; accountability mechanism, laws, policies and protocols; health facility interventions; education and training program; community intervention and research, monitoring and evaluation intervention(11).

Some of examined RMC interventions show promising results, however, the sustainability of the demonstrated effect over time is unclear, and the elements of the programmes that have most effect have not been examined. So, there is a need for rigorous research to refine the optimum approach to deliver and achieve RMC in all settings.

Recommended health facility approach for establishing mother-baby friendly birthing facilities are respect preferred positions for women in labor and delivery, allow food and beverages intake, Privacy in labor/delivery, non-discriminatory care based on patient attribute, Choice of birthing companion, psychological and pharmacological pain relief and initiation mother-baby bonding and breastfeeding(12).

Currently Ethiopia, has been investing in advocacy to promote RMC as key to increasing facility delivery, integrate RMC practice into quality standard and existing training. (13).Community level assessment is important to close the truth and develop new strategy targeted to the problem, whereas facility level assessment may not be free from social desirability bias.

1.2. Statement of the problem

Provision of respectful maternity care is essential for improving maternal and newborn health, particularly in low income countries where rates of maternal deaths and non-skilled delivery care are high(5). Whereas, mistreatment during child birth continuing a public health problem globally, particularly in low income countries.

Despite, different global strategies that have been implemented to reduce mistreatment during child birth, still it is highly prevalent. Many women across the world experience mistreatment which is recognised as a violation of women right (6, 7,14).

Mistreatment during child birth has been recognised widely and considered as the significant hindrance of women's willingness to seek out life-saving maternity care utilization than other barriers and associated poor physical birth outcome as well mental health like affecting sexuality, grief and guilty feeling for both mother and newborn(7,9). Mistreatment such as physical abuse, verbal abuse, lack of informed consent, failure to give pain relief, neglected and abandoned care and discrimination based on client attribute commonly seen in different settings(7).

Different studies have been conducted in different area based on landscape analysis by browse and hill typology to examine the magnitude of mistreatment during childbirth, that showed wide range of high prevalence. This requires urgent solutions both to ensure women's right to dignity in health care and improve effective utilization of health facilities for childbirth in order to reduce maternal mortality(15-17).

A qualitative study conducted in Ethiopia indicate the reason that women prefer to give birth at home after experience of facility child birth includes abusive and disrespectful treatment, unskilled care, poor client provider interaction, lack of privacy, and traditional practices are some of the main deterring factors(18).

Reducing mistreatment during childbirth is not only to increase facility utilization but also it is protecting women's right. So, generating evidence is critical for understanding the scope of the problem and one of the actions to be taken for prevention and elimination of mistreatment.

Ethiopia has to give focus to increase facility birth by improving women childbirth experience(13, 19). Few facility based studies showed that there was high prevalence of mistreatment during childbirth. However, there was no evidence which assessed women experience of mistreatment during child birth at community level. This study assessed the extent of mistreatment and its associated factor at community level after child birth.

1.3. Rationale and Significance of the study

Since maternal health service utilization can be improved by provision of respectful maternity care. Uncovering the existing women's experience of various forms of mistreatment during child birth is essential to prevent and ultimately eliminate disrespect and abusive care during child birth(19).

The largest share of existing studies on mistreatment during facility delivery have been carried out at facility setting before mothers leave the facility environment where she gives birth in. However, interviewing mother's while they are still within the facility environment is likely to lead to social desirability which in turn affects credibility of the information gathered. Further, mothers are often very exhausted (emotionally and physically) immediately after birth and have not yet psychologically ready to analyse events that happened during labour(20).

To this end, we carried out this study in the actual community setting of the mothers where they feel at ease in responding to the questions pertaining to the mistreatment they have experienced during childbirth. Additionally, this study was carried out based on the recently developed global evidence based typology of the mistreatment of women during childbirth. The interview time was confined to two weeks subsequent to their facility birth in order to minimise recall bias. Therefore, this study aimed to assess the magnitude of mistreatment during child birth by interviewing the postpartum mothers at their natural home setting and identify driving forces that contribute to the occurrence of the problem to overcoming some limitations of the existing evidence in this area.

The significance of the result of this study would help us to understand the true picture of the problem and help the government and other stakeholders to draw enough attention to the problem for formulation of appropriate strategies used to prevent if possible to ultimately eliminate the problem.

2. LITERATURE REVIEW

According to White Ribbon Alliance “Every women has the right to get the highest attainable standard of health care with dignity and respect”(6).However, worldwide women experience violation of their right during child birth in health facilities, including physical and verbal abuse, a lack of supportive care, neglect, discrimination, and denial of autonomy (7).This chapter review different literatures and organized based on mixed method systematic review seven categories and potential contributing factors at individual level.

2.1. Prevalence of disrespect and abuse

The prevalence of disrespect and abuse was high in previous studies report, ranging from 11% to 99%(15, 16, 21).

Study done in south eastern Nigeria to examine disrespectful or abusive treatment in a teaching hospital, and disrespectful or abusive treatment among postpartum women interviewed at a child immunization clinic found almost all (98.0%) of the women reported at least one kind of mistreatment during childbirth (21).

According to systematic review conducted in Nigeria, 11% to 71% of women experience disrespect and abuse(22).Study conducted in Brazil, in 2018 on women experience of disrespect and abuse during the process of child birth among women deliver in hospital and follow up after three month; showed that 18.3% of mothers were victim of at least one type of disrespect or abuse (23).A cross sectional community based study conducted in eight institutions in a rural areas of Tanzania on disrespectful and abusive treatment during facility delivery among women interviewed during immediate postpartum indicated 19% of them reported experiencing at least one form of disrespectful or abusive treatment during facility delivery .This frequency raised to 28% in 5-10 weeks after delivery(14).

A facility based study on status of companionate and respectful care during child birth in public health facility in Bahirdar and Addis Ababa town , Ethiopia found that 43 % and 78% of women reported at least one type of disrespect and abuse during child birth respectively(15, 17).A cross sectional community based study that examine mothers’ experience of disrespect and abuse during maternity care in Northern Ethiopia; among women who gave birth in the preceding year and visited health institutions for their deliveries 22% of them experience at least one kind of disrespect and abuse(16).

2.2. Categories of disrespect and abuse

2.2.1. Physical abuse

physical abuse considered when a women beaten, hitting, slapped /pinched, applying fundal pressure, and restrained to the bed or gagged during delivery (7).

A cross sectional study done in Nigeria, shown that physical abuse during childbirth (35.7%), being “restrained or tied down during labour”(17.3%) and being “beaten, slapped, or pinched” (7.2%) were commonly reported by the women(21).A study which examined companionate and respectful care during child birth in public health facility in Bahirdar Ethiopia , indicated slapped by health care provider(34.5%)was the commonest physical abuse reported by respondents(17).

Different studies in different setting and study period indicate mothers being “restrained or tied down”, being “, slapped, beaten, or pinched during childbirth by arrange of 7.2%-35.7%of cases.

2.2.2. Sexual abuse

Sexual abuse manifested by rape or in appropriate touching during examination (genitals/thighs) (7).

A study conducted in Nigeria showed that2.0% of the women was reported as being “sexually abused by the health worker(21).

2.2.3. Verbal abuse

Verbal abuse considered if a women experienced harsh language, threaten withholding treatment or blaming for poor outcome(7).

Studies showed women reported their experience as blamed(12.3%), threatened with caesarean delivery to discourage patient from shouting (7.6%)and shouted at ,or called stupid(4.3%)(21)and in 18% of cases provider talked or used facial expression that made them feel un comfortable during their childbirth(24).

2.2.4. Stigma and discrimination

Discrimination is considered while denial of service based on ethnicity, age, language, HIV/AIDS status, traditional beliefs and preferences, economic status, and educational level(7).

Finding from a cross-sectional study done by Okafor et al in Enugu State, Nigeria 20% of women reported discrimination on the basis of ethnicity, social class, age lessthan19 and

medical status(21).Another study in Pakistan showed that 15% women faced discrimination based on ethnicity in home-based births but not facility-based birth(25).

2.2.5. Failure to meet professional standards

Lack of informed consent process, breach of women confidentiality and neglectful, abounded and long delay to get service during delivery considered as failure to meet professional standards(7).

A cross sectional study done in Pakistan indicated almost all 99.7%of women were reported non consented care where provider didn't give the periodic updates on status and progress of labour .For 72.5% of women provider didn't come quickly when needed and 58% of women complained unlikely overheard our conversation during child birth(26).

Study by okfar et al in Enugu Nigeria, 2012 to determine the prevalence and pattern of D& A during facility delivery conducted by interview women accessing immunization service reported that 26% of mothers experienced non confidential care that includes age disclosure without consent, provision of care without privacy, medical history disclosure without consent and disclosure of HIV status without consent(21).

Cross-sectional studies carried out in Ethiopia and other four countries, revealed that 30% of women during childbirth reported provider didn't respond immediately when needed and 39.3% & 60%of women reported they were left alone without care(15, 17, 27).A study conducted in Palestinian government hospital to explore women perception of vaginal examination indicate significant number of women(82%) reported its painfulness and 41% of them being examined by high number of provider during childbirth(28).

Failure to give periodic update regarding status or progress of labour, provider didn't come on time while needed, failure to protect auditory privacy, very painful and frequent vaginal examination, disclosure of client information without consent and left alone without care during labor was reported by different studies as indicated above with arrange of 26%-82% prevalence in six cross sectional studies.

2.2.6. Poor rapport between women and provider

Women faced ineffective communication, lack of supportive care and loss of autonomy during childbirth considered as poor rapport (7).

A mixed-methods systematic review, on the mistreatment of women during childbirth in health facilities globally showed that offer choices regarding birth or companions the prevention of mistreatment of the woman during childbirth, as an advocate for the woman ,to witness and safeguard against mistreatment and neglect by health-care providers(7).

Direct observational study conducted in Malawi to examine the prevalence of disrespect and abuse during facility-based maternity care through direct clinical observations revealed that 83.2% of women were not encouraged to have support person and 93.7% were not asked about the position in which they wanted to deliver(29).

As study carried out by Kathleen and his colleges, in Ethiopia indicated that failure to ask woman for preferred birth position(83.9%)was the most commonly observed one during client-provider interactions (30).

Another study in Ethiopia, show that lack of information and informed choices accounts (94.8%) which was mainly reported by women. In this study provider did not introduce himself/herself to them and their companion and did not encourage her to ask questions(15).Presence of birth companion facilitate and ensure provider and women communication in the case of emergency and act as an advocate for a women in the prevention of mistreatment(31)

Women report indicated that providers did not introduce themselves, encourage women to ask question, not allowed to have supportive person, restricted mobility and to be in preferred position while giving birth with a range of 83.2%-94.8%.

2.2.7. Health system condition and constraints

Lack of resource, lack of policy and facility culture is considered as manifestation of health system condition and constraints(7).

A qualitative study among Romani women indicate that women did not know how to complain about maltreatment in health institutions, and key informants expressed that lack of redress was an overall problem with institutions in their countries(32).

Another qualitative study that was conducted in Tanzania, indicated that, women and men participants described situations where they were expected to bring supplies to facilities for delivery and, less often, situations where they pay a “thank you” to providers following a delivery(33).

Similarly direct observation study conducted in Malawi, indicated 58.2% of women didn't have audio and visual privacy(29)

A cross sectional community based study conducted in Tensile Kharian of Gujarat district using an interview based questionnaire from the women who had a live birth within the previous two months found that 61.9% of women reported extra money demanded for thanks by provider. Also, 58.6% of them were reported providers were not used curtain and physical barrier as well unlikely overheard their conversation during child birth(26).

58.6%-61.9% of women reported that their privacy, confidentiality and autonomy were not protected in the health institution. Lack of Audio -visual privacy, supply shortage like force a women to bring supplies to facilities, lack of accountability and redress mechanism and asked for extra money by provider or supportive staff were some of health facility constraints reported by mothers.

2.3. Contributing factors for disrespect and abuse

2.3.1. Socio demographic characteristics

Study in Pakistan indicated that women with low socio economic status were three times more likely to feel disrespect and abuse (25, 26). Another study by Abuya et al, that examined the prevalence of disrespect and abuse during childbirth in Kenya, women aged 20-29 years were less likely to experience non confidential care compared to those under 19 (24). In contrast, study conducted in Nigeria, by Okfar et al. showed that there was no significant association between D&A and socio demographic characteristics of women(21).

Another facility and community based cross sectional surveys conducted on disrespectful and abusive treatment in Ethiopia, found women who were resided in rural, had lower educational status, age below 20yrs and had low monthly household income have experienced more disrespect and abusive care than their counter parts(15, 17).

Studies showed that socio demographic factors like age, income, residence, and educational level were significantly associated with mistreatment but this was contradicted with study conducted by Okfar et al which found disrespect and abuse was not associated with socio demographic factors.

2.3.2. Obstetrics history

Study conducted in Kenya in by Abuya et al., showed that women without companion or support during delivery were less likely to experience demand of payment or detention. As the study indicated women who have first birth were more likely reported disrespect and abuse than who have more births (24).

Another study in Tanzania ,that examined women who had any complication during child birth ,and women who gave birth through caesarean section delivery had more likely experienced disrespect and abusive care(14).Similarly a study conducted in Ethiopia, revealed women experience a caesarean delivery and had complications during delivery were four and two times more likely experienced disrespect and abuse, respectively(17).On the other hand study done in Ethiopia, showed that women who had longer labour duration, and those who were not permitted to have support persons attend their labour and delivery, reported more incidents of disrespect and abuse (16).

Primipara, women gave birth by caesarean section, longer duration of stay in the facility, had any complication and who were not allowed birth companion most likely experience maltreatment. In contrary, women without birth companion were less likely detained for payment(17).

2.4. Conceptual frame work

This frame work adapted from landscape analysis USAID 2010 and the mistreatment category taken from mixed method systematic review Meghan Bohren et al 2015(7, 9).This study focus only women perspective.

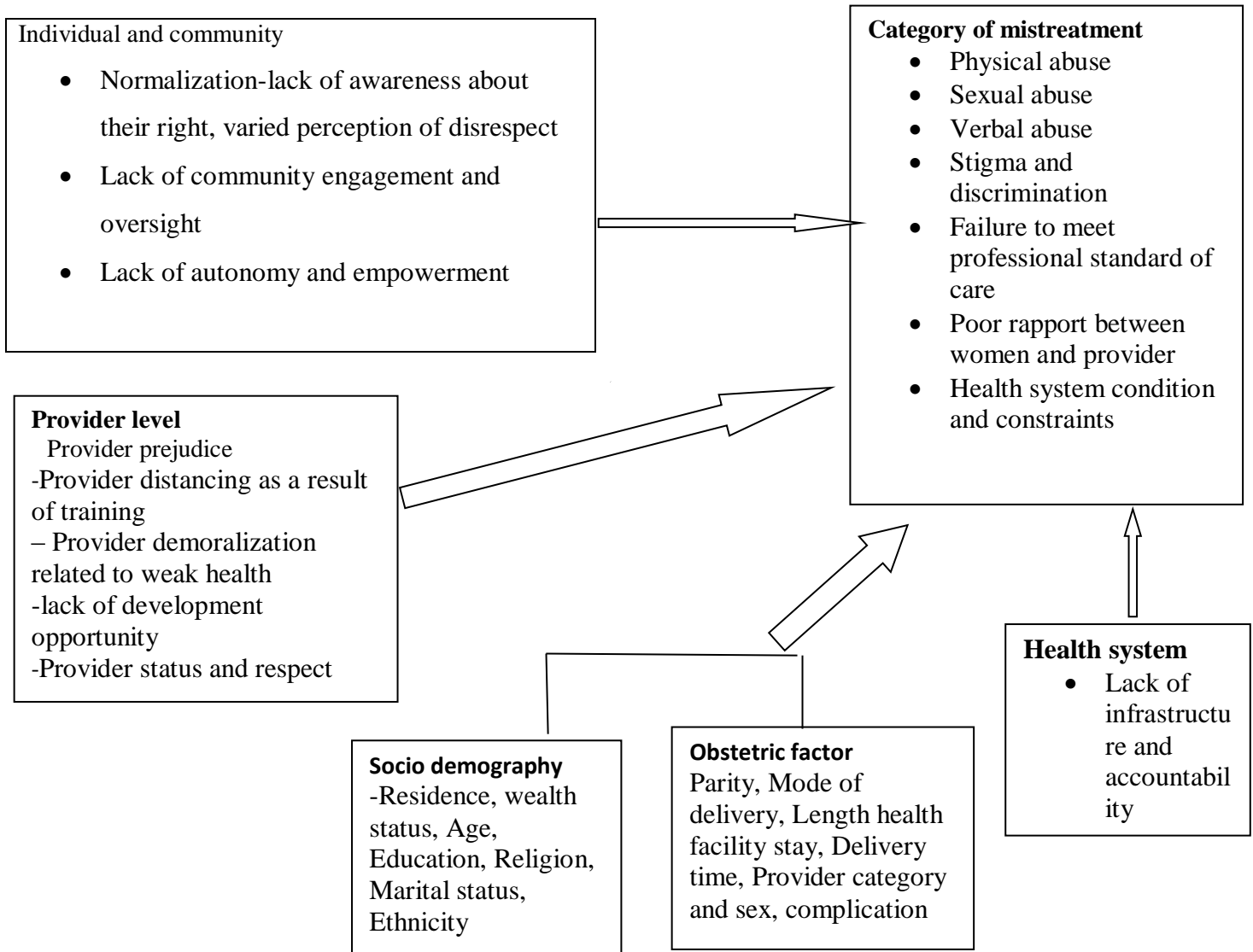


Figure 1. Conceptual frame work adapted from USIAD country TRA project analysis report on exploring evidence for disrespect and abuse (7, 9).

Research question/ Hypotheses

- What is the extent of various forms of mistreatment mother's experiencing during facility based child birth?
- What are the factors contributing to the mother's mistreatment during facility based child birth?

3. OBJECTIVES

3.1. General Objective:

The aim of this study is to assess mother's experience of mistreatment during facility based childbirth and its associated factors in Hosanna Town and surrounding kebeles, SNNPR, 2019.

3.2. Specific objectives:

1. To assess mother's experience of mistreatment during facility based childbirth in Hosanna Town and surrounding kebeles, SNNPR, 2019.
2. To identify the associated factors of mother's experience of mistreatment during facility based childbirth in Hosanna Town and surrounding kebeles, SNNPR, 2019.

4. METHODS

4.1. Study area and period

The study was conducted in Hosanna town and surrounding kebeles in the woreda. The town is found in Hadiya zone, South Ethiopia, SNNPR. Hosanna, the capital of the zone is located 232km from Addis Ababa, the capital city of Ethiopia and 183 km from the capital city of region, Hawassa. Administratively it is divided to 3 sub cities and 8 kebeles. According to Hosanna town administration Health office report, the town has an estimated total population of 107,843, Male 52,843(49%) and Female 55,000(51%). Proportion of women of reproductive age group were 25,127(23.3%). The town has two Hospital (one government and one private) and three government Health centres.

The study was conducted on women who gave child birth in the government teaching Hospital and all three health centres in the town preceding two weeks of data collection. Nigest Eleni Mohamed Memorial Hospital is the only referral-level facility in the zone. According to Hadiya zone health office report annually an average 5,430 and 1,056 deliveries handle by the Hospital and health centres, respectively.

Among 10 wordas in the zone, lemo worda is the nearest worda to the town. According to the worda health office report the selected woreda has 32 kebeles. Among kebeles in the worda 10 of them were found within ten km from Hosanna town. Mothers came from those eight kebeles for delivery care during the study period were participated in the study. This study was conducted from March 1st to April 30th, 2019.

4.2. Study design

A community based cross-sectional study was conducted in Hosanna Town and surrounding kebeles found within 10 km of the town.

4.3. Populations

4.3.1. Source population

All pregnant women who gave birth during the study period .

4.3.2. Study population

Mothers who gave birth in the public facilities within two weeks prior to the study which is located in the town and fulfil inclusion criteria during the study period .

4.4. Eligibility criteria

4.4.1. Inclusion criteria

All pregnant mothers who reside in the town and within 10 km radius of the town and who delivered in the selected facilities within two weeks of the study .

4.4.2. Exclusion criteria

Women who had experience of still birth and neonatal death and unable to communicate were excluded.

4.5. Sample size determination and sampling technique

4.5.1. Sample size determination

Sample size was calculated using Epi info software version 7 using single population proportion formula having the following assumptions; two sided significance level 4% precision, 95% confidence Interval, and the proportion of delivering mothers that face mistreatment during child birth was(34.5%)(17).

Different categories of mistreatment from the previous study were considered for sample size calculation. This figure is taken from recently done facility based study in North Ethiopia (Bahirdar town).These proportions were used to obtain a highest estimate of the sample size required to assess the level of disrespect and abuse. The sample size calculated as follows

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2}$$

where n is sample size, Z is standard normal distribution corresponding to significance level at $\alpha = 0.05$, d is margin of error assumed to be 4%, P is proportion of women reported mistreatment while giving birth which was taken 34.5% .Therefore, substituting the values to the above formula, the final calculated sample size after including 10% non-response rate was 596.

Table 1. Sample size determination procedure to assess mistreatment of women during childbirth in Hosanna Town, South Ethiopia 2019

Variable	Assumption	Previous study proportion	Estimated sample size with 10% non response rate
Level of abuse based on each category			
Physical abuse	slapped	34.5%	596
Verbal abuse	shouted at	33.5%	589
Stigma and discrimination	based on attribute	32.4%	579
Neglected and abandoned care	left alone	32.4%	579
Failure Professional standard care	refusal to pain relief	30.3%	558
Poor rapport	language	31.7%	572
Health facility constraint	long delay	31.3%	568

4.5.2. Sampling technique and procedure

The study participants were mothers who gave birth in each selected facilities, eligible for the study and gave consent to participate in the follow up interview at their home setting after one week were considered as eligible. Eligible women who consented to participate were recruited, and contact information was obtained to schedule for the interview after one week of delivery. List of information obtained from a woman and her partner including Name, telephone number, kebele, and mender/got, date of birth and discharge from health facility. Study participants were selected by systematic random sampling procedure from mothers delivered in the facilities until the required sample size obtained. The sampling interval (k) = 2 which was calculated by dividing the source population which was obtained from hospital HMIS report estimated total annual number of pregnant mothers who gave birth in the hospital divided by 12 and multiplied by two (data collection period) and to the total sample size (596). Finally, after each week every second mother was interviewed about their facility experience at their home setting. The first client was selected by simple random sampling among the first two maternity care users.

4.6. Data collection procedures

The data collection tool was developed by consulting the standard Maternal and Child Health Integrated Program (MCHIP) indicators developed by USAID as a part of RMC tool(11) and also a mixed systematic review typology first theme components(7, 34).

The structured questionnaires developed with consultation this standard indicator was reviewed by experienced public health professionals to make sure it measures what it is expected to measure. It was designed in English first and translated in to Amharic language and then translated back to English to check its consistence.

Seven domains of mistreatment that were reported by Bhoen MA and colleagues are physical abuse, verbal abuse, stigma and discrimination based on specific patient attributes, poor rapport between provider and women, failure to meet professional standards and Health system condition and constraints (7).The questionnaire included the six domains(leaving the sexual abuse component out) with 33 verification criteria of mistreatment altogether.

The questionnaire was designed to collect information on socio-demographic characteristics, obstetric characteristics of participants and components of mistreatment a women experience during facility child birth.

The eligible mothers' contact address were taken at the selected facilities, using four female Diploma nurses who were working in the selected health facilities and the address were disseminated every fourth day to the corresponding kebele health extension worker by supervisor and principal investigator.

Eighteen health extension workers for data collection and two BSc Degree and two MPH holder health professionals for supervision were involved during data collection process. Two supervisors from town administration health office and one from Hosanna health Science College were assigned in each sub city to overlook at ten urban health extension workers. For the remaining one supervisor from lemo woreda health office working on health extension program was assigned to overlook for those rural health extension workers data collection at community level.

4.7. Study Variables

4.7.1. Dependent variables

The dependent variable for this study was mothers experiences of mistreatment during childbirth based on 33indicators classified into six categories. Since it is low proportion seen

in the reviewed studies, the sexual abuse category was not included in this assessment. These categories with their standard definition and their sub components were presented in table 2 .

Table 2. Category of mistreatment with standard definition and its sub component measurement

<i>Category of mistreatment</i>	<i>Standard definition</i>	<i>Sub- component measured</i>
Physical abuse	Considered when provider use force and physical restraint	-Hit, slap ,pinched -Applied physical force over abdomen -physically restrained or gagged
Verbal abuse	Use of harsh language and threat and blaming	-Provider use harsh/rude language -judgmental or accusatory comment -threaten or blamed
Stigma and discrimination	Discrimination based on socio-demographic characteristics and medical condition	-based on age, ethnicity, economic status -based on sero status
Failure to meet professional standards	Lack of informed consent, painful physical examination and procedures neglect and abandoned	-obtain consent or permission for procedure -unnecessary disclosure private information -conversations over heard -painful vaginal examination -separate from child without indication -no comfort or pain relief -ignored or abandoned -delayed procedure after decision
Poor rapport between women and provider	Ineffective communication, lack of supportive care from health worker	-provider introduce him/herself -call you by name -periodic update on status of labor -use language which is understandable -allowed to have labor companion - supportive care from other staff -allowed to perform preferred safe traditional practice

	loss of women autonomy	-forced to exposed private part in front of people -allowed to take food/fluid /and mobility during labour -allowed to give preferred birth position
Health system condition and constraints	Lack of resource, policy and facility culture like redressing mechanism	- shortage of staff and medical supply -use curtain and physical barrier -lay on bare or soiled mattress -any formal compliant registration system -encounter with incompetent health care provider -observe sign of bribe on the worker of the facility -mothers forced to clean up the “mess” they made

4.7.2. Explanatory Variables

Explanatory variables with their description and their measurements were presented in table3.

Table 3.Explanatory variables with its measurement

<i>VARIABLES</i>	<i>DESCRIPTION</i>	<i>MEASURMENT</i>
SOCIODEMOGRAPY		
Age	Maternal age (in years.)	15-19,20-24,25-29,30-4,≥35
Marital status	Marital status of respondents	single ,married, divorce, widowed
Educational status	Educational status of respondents	no formal, primary, secondary and more than secondary education
Residence	Residence of respondents	urban ,rural
Wealth status	The household wealth index score was	Electricity, Television, Fixed phone, Refrigerator ,Table and Chair, Bed, Watch

	constructed using household asset and household characteristics	Radio,Laptop and water source ,Type of latrine, Main material of roof, floor and wall
Religion	Religion of respondents	protestant, orthodox ,Muslim, catholic, others
Ethnicity	Ethnicity of respondents	Hadiya,kenbata,Silte ,Gurage ,Amhara
Occupation	Work status of respondents	House wife ,merchant ,students ,day labourer,
OBSTETRICS CHARACTERSICS		
Parity	respondents number of times given childbirth	One, two-five ,more than six
mode of delivery	The way of last childbirth of respondents	SVD, c/s, instrumental , Episiotomy
length of stay in health facility	respondents duration of stay in the facility after child birth	less than 24hours,1-6 days,1weeks to 2 weeks
Place of delivery	A place where respondents gave birth	Hospital ,health centre
ANC visit	Number of ANC visit respondents had	Below 4,above 4
Any complication	Complication happened during labour and delivery(maternal or child)	yes, No
Time of delivery	Time of last childbirth of respondents	Day ,Night, Weekends
provider professional	professional category	midwife, Doctor ,others(students), nobody

category	of provider that attended childbirth	(delivered alone)
sex of provider	Sex of provider that attended childbirth	Male, female

Note: The wealth index score was constructed for each of the respondents using the statistical procedure called principal component analysis (PCA) using a combination of household asset and characteristics. The household were ranked according to the wealth index score and divided equally into wealth tercile (three categories).

4.8. Quality control

The data collection was supervised by four degree holder supervisor and eighteen diploma holder health extension workers recruited for data collection process. All data collectors attended two days training prior to the initiation of the study to orient them and ensure understanding of the study protocol, data collection tool, and informed consent procedure given by principal investigator. The training also covered the objective, benefit of the study and procedures of data collection.

Pretesting of the tool was conducted on 5%(30) of sample size on women who had live birth in public hospital within the last two weeks in the town before the actual data collection time .Re-adjustment were made on data collection tools based on the findings of pre-test. Mothers were interviewed at their home in privet settings.

During data collection regular supervision was done and data were checked for its completeness and accuracy by supervisor and principal investigator. Regular daily meeting was held between data collector and supervisor; principal investigator and supervisor through phone to discuss any difficulty and about any mistakes during data collection and meeting were held at the end of each day. It is also believed that the questionnaire being structured has contributed substantially to reduce inter-data collectors' bias.

4.9. Data Analysis procedures

The collected data were checked for completeness during the field work .The data were entered in to Epi data version 3.1software and then exported to the statistical package for social sciences (SPSS) version 23 software for cleaning and final analysis. The verification criteria's were dichotomized to assume the "Yes" or "No" responses, to identify reported events of mistreatment. For categories of mistreatment with more than one verification

criterion, a woman is labelled as “mistreated in the respective category” if she reported “Yes” to at least one of the verification criteria during childbirth.

Descriptive statistics was presented using means, standard deviations, frequency and percentages.

Bivariate logistic regression was used to see whether association exists between exploratory variables and the outcome variables. Multi collinearity was checked found to be variance inflation factor (VIF) less than five. Then, variables which were significant at p-value <0.05 bivariety analysis were taken to multivariable logistic regression to adjust for potential confounders.

Odds Ratio was used as a measurement of association. The 95% confidence interval was done for each estimate of Odds Ratio .A p-value < 0. 05 were also used as a measure of statistical significance. Chi square test was performed to assess the level of significant of mistreatment between health facilities (Hospital and Health centres). Finally, results are compiled and presented using tables, graphs and texts.

4.10. Ethical consideration

Ethical approval was obtained from Research Ethics Committee (REC) of School of public health, college of health science Addis-Ababa University institution review board(IRB). Following the approval, Official letter of co-operation was written to Hadiya zone Health Bureau.

Informed verbal consent was taken from all study participants as well permission from zone and woreda health office and from all study facilities obtained to contact postpartum mothers in the facility. After explaining the objectives of the study in detail, information sheet and consent were provided for respondents to read for those who can read and the data collector read the consent form for those respondents who cannot read. No personal identifiers were used on data collection form. The recorded data was not accessed by a third person except the principal investigator, and was kept confidential and anonymous. The study participants were not subjected to harm using the findings of this study but it may cause some sort of discomfort by spending few minute for interview. The participant did not get any monetary or material benefit. Then, after obtaining informed consent from every participant, the data collectors continued the job by giving due respect to the norms, values, beliefs, culture, and ensured the confidentiality of the data.

4.11. Dissemination of results

The results of this study will be disseminated to Addis Ababa University College of Health Science School of public health, and to Hadiya zone Health health office through reports. It would be conducted for the local community of AAU's academic and research community, and for relevant public and private stakeholders and publication of the finding of the research would make on an appropriate journal.

5. RESULT

From a total of 596 eligible women selected to participate in the survey interview was completed on 577 mothers made a response rate of (97%). About 3.2% of mothers who were eligible at the requirement were not participated in the study: (10 mothers, 1.6%) were not found by the contact phone they gave during the requirement and (9 women, 1.5%) were not found by their contact address (mender/kebele).

5.1. Socio demographic characteristics of mothers

The mean age of the respondents was 29 (SD±4.34) years with a minimum and maximum age of 16 and 40 years respectively. Around three fourth of the study participants were from the Hadiya ethnic group and 483 (83.7%) were protestant Christianity religion followers. Regarding marital status of the mother, 568 (98.4%) of them were married. Out of the total respondents 517 (89.6%) were urban residents. More than half (393) of respondents were house wife. Above one third (228) of participants attended primary education. Above one third of the respondents fall in the lower wealth status (Table 3).

Table 4. Socio demographic characteristics of respondents in Hosanna Town, South Ethiopia, March-April, 2019 (N=577)

<i>Types of Variable</i>	<i>Frequency</i>	<i>Percent</i>
Age category		
15-19	11	1.9
20-24	82	14.2
25-29	241	41.8
30-34	183	31.7
35 and above	60	10.4
Residence		
Urban	517	89.6
Rural	60	10.4
Educational level		
No formal education	40	6.9
Primary education	228	39.5
Secondary education	170	29.5
More than secondary education	139	24.1

Marital status		
Married	568	98.4
Others***	18	1.6
Religion		
Protestant	483	83.7
Orthodox	61	10.6
Muslim	21	3.6
Catholic	12	2.1
Ethnicity		
Hadiya	454	78.7
Kenbata	59	10.2
Others**	64	11.1
Occupation		
Housewife	392	67.9
Employed	131	22.7
Other*	54	9.4
wealth status		
Rich	175	30.3
Middle	210	36.4
Poor	192	33.3

Note :Others***widowed, divorced,single,** Amhara ,woliyeta, Dawuro,Silte,Gurage ,* merchant,student, day labor

5.2 Obstetric History of Mothers

From the total respondents 540(93.6%) had ANC follow up for their current pregnancy . Above three fourth (498) of mothers were received ANC service at governmental health facilities mainly more than half of them were at health centre. Respondents with recommended four ANC visit were 305(52.9%). In addition, about half (326) of multiparous mother had delivery in the same facility previously and over three fourth(79%) mother reported going directly to the facility to give birth . Around three fourth (416) of mothers had two or more deliveries. In current pregnancy three fourth (433) of them gave birth at governmental hospital. Three hundred thirty eight (58.6%) of deliveries were conducted by midwife and half (294) of births mainly conducted by female professionals. The median duration of stay in the facility was for less than 24 hours, although 42.8% of mothers gave

birth during night time. Moreover,344 (59.6%) of mother were gave birth by spontaneous vaginal delivery (SVD) and 492(85.3%) of respondents were not facing complication during and after childbirth either mother or new born. Around three fourth (431) of the mothers were satisfied with maternity service they got (Table 4).

Table 5.Obstetrics characteristics of study participants in Hosanna Town, South Ethiopia, March-April, 2019(N=577)

<i>Types of variable</i>	<i>Frequency</i>	<i>Percentage</i>
Parity		
One	161	27.9
Two to five	378	65.5
More than six	38	6.6
History of ANC		
Yes	540	93.6
No	37	6.4
Number of ANC visit		
< 4 visits	235	40.7
4 or more	305	52.9
Place of ANC follow-up		
Hospital	207	35.9
Health centre	291	50.4
Private/NGO clinics	42	7.3
Place of delivery		
Hospital	433	75
Health centre	144	25
Having previous delivery in same delivery		
Yes	326	56.5
No	251	43.5
Referral		
Self	461	79.9
Health facility	116	20.1

Time of delivery		
Week Day	246	42.6
Week day Night	247	42.8
Weekends	84	14.6
Mode of delivery		
SVD	344	59.6
Caesarean section	74	12.8
SVD with episiotomy	159	27.6
Profession of birth attendant		
Midwife	338	58.6
Doctor	209	36.2
Other*	30	5.2
Duration of facility stay		
Less than 24 Hours	385	66.7
Days	184	31.9
One week	8	1.4
Sex of birth attendant		
Male	283	49
Female	294	51
Faced complication during delivery		
Yes	85	14.7
No	492	85.3
Level of satisfaction		
Satisfied	431	74.7
Dissatisfied	146	25.3

*Denote 'students', SVD spontaneous vaginal delivery

5.3. Prevalence of mistreated mothers during facility based childbirth

From a total of 577 respondents, 84.4% of mothers were experienced at least one type of mistreatment during facility based childbirth (Figure 2).

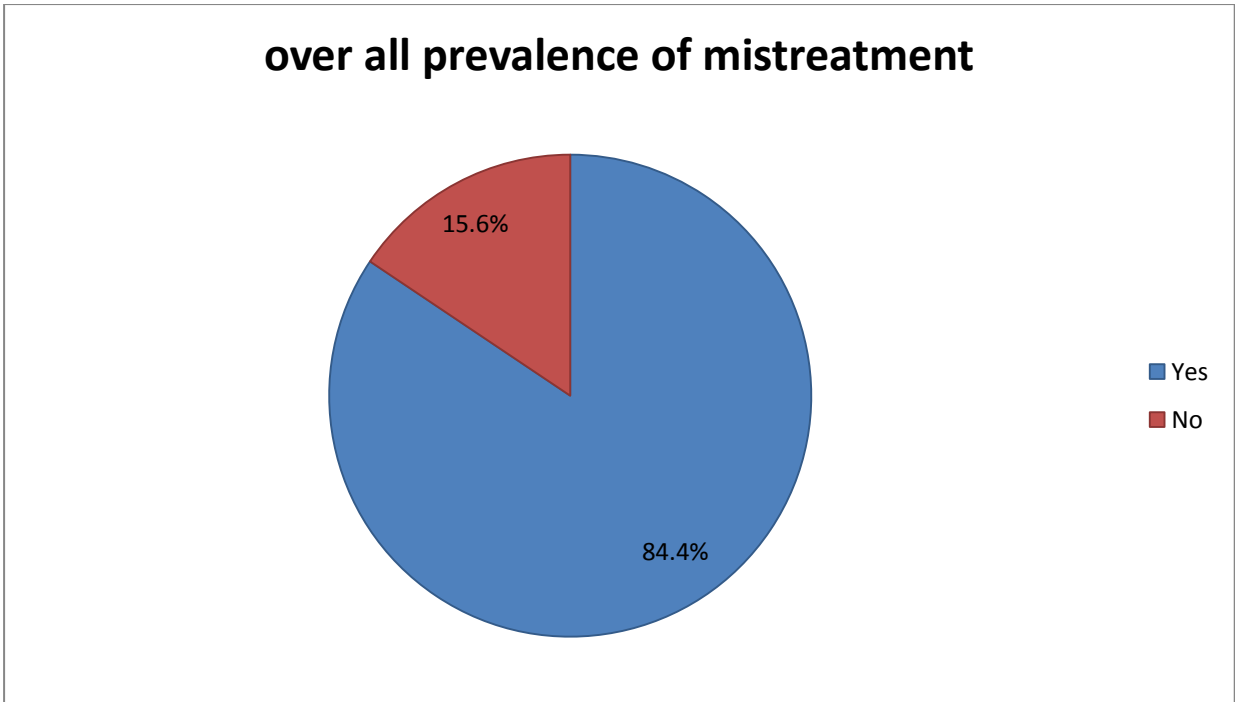


Figure 2. The overall prevalence of mistreatment of mothers in Hosanna Town, South Ethiopia, March-April, 2019 (N=577)

5.4. Category of mistreatment during facility based childbirth

Based on verification criteria of each category of the mistreatment, we counted mothers who faced different types of mistreatment. The most commonly reported category of mistreatment was poor rapport between provider and women 462 (80.1%), health system failure and constraints 453(78.5%) followed by failure to meet professional standard of care 433(75%).

Regarding reported category of mistreatment poor rapport 462(80.1%) between provider and mother based on eleven verification criteria 443 (76.8%) mothers were reported experience of denial of autonomy and 344(59.6%) experienced ineffective communication. The result indicated that 427(74%) of mothers didn't allowed to practice their preferred safe traditional practice .In addition,314(54.4%) of cases provider didn't introduce him/herself as a care giver and 203(35.2%) of cases periodic updates of labour progress were not given. Service provider didn't allowed giving birth in a position she wants and to have birth companion in 238(41.2%) and 282(48.9%) of cases respectively (Table 6).

Under the domain of health system condition and constraints 370(64.1%) of respondents were reported about lack of resource. The right to maintain their privacy were not protected

in nearly 240(41.6%) of respondents. Similarly, lack of redress mechanism in case of complaints was reported by 376(65.2%) of respondents.

Furthermore, 433(75%) of mothers reported services which related to professional standard of care that measured using seven verification criteria's. Over half, 343 respondents were claimed that provider didn't make mother to feel comfortable and refused to give pain relief and in 259(44.9%) of cases do not obtain their consent or permission before any procedure. Moreover, 139(24.1%) of mothers were experienced neglected and abandoned care while calling for help and 95(16.5%) of them experience delayed care after medical decision of some procedures.

By using the verification criteria for physically abuse, 53(9.2%) of respondents reported a provider used physical force over the abdomen during delivery. On top of this, 41(7.1%)of them reported that provider used force to open legs forcefully and 1.9% of them reported the experience of hitted /slapped/ pinched respectively.

14.9% of mothers were not protected from verbal abuse, that included 57(9.9%) shouted at and 52 (9%) of them reported provider used accusatory comments.

In terms of experience of Stigma and discrimination based on their attributes reported in 43 (7.5 %) of cases (Table 6) . The result indicate an overall significant difference among facilities (Hospital 88.5%, Health centre 72.2% p=0.000) (Table 6).

Table 6. Client report of disrespect and abuse during childbirth by categories, Marchto April, Hosanna town, SNNPR, Ethiopia, 2019 (N=577)

Categories of Mistreatment	Types of Mistreatment	Yes (%)	No (%)	Total
Over all mistreatment		487(84.4)	90(15.6%)	577(100)
Physical abuse	use of force	Hit/slapped/pinched	11(1.9)	566(98.1)
		Applied force over abdomen	53(9.2)	524(90.8)
	Physical restraint	Restrained forcefully and gagged	41(7.1)	536(92.9)
Verbal abuse	Harsh language	Insulted, shouted at ,and scolded	57(9.9)	520(90.1)
		Accusatory comment	52(9.0)	525(91.0)
	Threat and blame	Threatened or blame	38(6.6)	539(93.4)

Stigma and discrimination		43(7.5)	534(92.5)
	Discrimination based on		
	socio demography based on	Age ,Ethnicity, Economic status	24(4.2) 553(95.8)
	Medical status	Based on Sero-status	33(5.7) 544(94.3)
Failure to meet professional standards		433(75)	144(25)
	lack of informed consent		316(54.8) 261(45.2)
		Consent or permission prior to any procedure	318(55.1) 259(44.9)
		Discuss sensitive private health information publicly	37(6.4) 540(93.6)
		Discussion over heard by others	124(21.5) 453(78.5)
	Physical exam		369(64) 208(36)
		Frequent and painful vaginal examination	124(21.5) 488(84.6)
		Anything to feel comfortable and relief from pain	89(15.4) 343(59.4)
	Neglect and abandoned		139(24.1) 438(75.9)
		Neglected or abandoned during childbirth	117(20.3) 460(79.7)
		Delayed procedure after decision	95(16.5) 482(83.5)
Poor rapport		462(80.1)	115(19.9)
	Ineffective communication		344(59.6) 233(40.4)
		Provider introduce him/herself as a care giver	263(45.6) 314(54.4)
		Provider call you by name	394(68.3) 183(31.7)
		provider gives you periodic updates	374(64.8) 203(35.2)
		Provider use words that you can understand	424(73.5) 153(26.5)
		Separation of new born without medical indication	23(4.0) 554(96.0)
	Lack of supportive care		322(55.8) 255(44.2)
		Allowed to have birthing companion	295(51.1) 282(48.9)
		Getting supportive care other staff	346(60.0) 231(40.0)
	Loss of autonomy		443(76.8) 134 (23,2)
		Allowed to take food and fluid in labour	401(69.5) 176(30.5)
		Allowed preferred birth position	339(58.8) 238(41.2)
		Allowed preferred safe traditional practice	150(26.0) 427(74.0)
		Forced to expose your body	47(8.1) 530(91.9)
Health facility constraints		453(78.5)	124(21.5)
	Lack of resource		370(64.1) 207(35.9)
		Medical supply /staff shortage	125(21.7) 452(78.3)
		Did Provider use curtain/physical barrier	337(58.4) 240(41.6)
		Offer bare and solid mattress	85(14.7) 492(85.3)
		Low competent provider	172(29.8) 405(70.2)
	Lack of policy		376(65.2) 201(34.8)
		Presence of redress mechanism	201(34.8) 376(65.2)
	Facility culture		53(9.2) 524(90.8)
		Demand bribe in the facility	7(1.2) 570(98.8)
		forced clean-up ”mess” they made	49(8.5) 528(91.5)

Table 7. Prevalence of mistreatment during childbirth by facility type, in Hosanna town, South Ethiopia, 2019

Types of mistreatment	Hospital (n=433)	Health centre(n=144)	p-value
	N (%)	N (%)	
Physical abuse	72(16.6)	8(5.6)	0.001
Verbal abuse	73(16.9)	13(9.0)	0.022
Stigma and discrimination	38(8.8)	5(3.5)	0.036
Failure to meet professional standards	345(79.7)	88(61)	0.000
Poor rapport between provider and client	370(85.4)	92(63.9)	0.000
Health facility constraints	355(81.9)	98(68.1)	0.000
Over all prevalence	383(88.5%)	104(72.2)	0.000

5.5. Factors associated with client characteristics and each category of mistreatment during childbirth.

5.5.1. Socio-demographic and obstetric characteristics of mothers in relation to physical abuse during childbirth in Hosanna Town, South Ethiopia, 2019.

Binary and multivariate logistic regression was done to assess the association of maternal socio demographic and obstetric characteristics with maternal experience of physical abuse during childbirth. Variables significantly associated with physical abuse by bivariate logistic analysis were maternal educational status, history of ANC follow up, place of delivery, having previous delivery in the same facility, time of delivery, mode of delivery, complication during labour and delivery and mothers level of satisfaction.

Multivariable logistic regression analysis was done for all significant socio-demographic and obstetrics and important variables which were significant in bivariate analysis. The result showed that educational status, place of delivery, having previous delivery in the same facility, mothers facing complication during labour and delivery and level of satisfaction remained statistically significant with experience of physical abuse during childbirth.

The odds of experienced physical abuse reported by mothers with no formal education were three times more likely higher compared to mothers educated more who were educated more than secondary school [AOR=3.10(95% CI;1.19,8.03)]. Respondents who gave birth at Hospital were three times more likely experienced physical abuse as compared to mothers who had gave birth at health centre[AOR=3.24 (95%CI, (1.48-7.09)]. Similarly, mothers who had no history of previous delivery in the same facility were two times more likely experience of physical abuse than mothers who had previous history of delivery[AOR=2.32(95%CI,(1.39-3.86)]. Respondents who have faced complication during labour and delivery were two times more likely experienced physical abuse compared to their counterpart [AOR=2.11 (95%CI,1.16-3.84)]. Respondents who reported being dissatisfied were two times more likely report experienced physical abuse compared to those respondents who were being satisfied [AOR=2.12(95%CI:1.25,3.59)](Table 8).

Table 8. Bivaret analysis of factors that determine the occurrence of physical abuse during child birth in Hosanna Town, South Ethiopia,2019 (N=577)

VARIABLES	Yes	No	COR(95%CI)
Educational level			
No formal education	10	30	2.56(1.06-6.21)
Primary education	29	199	1.12(0.59-2.15)
Secondary education	25	145	1.33(0.68-2.59)
More than secondary education	16	123	1
History of ANC follow up			
Yes	70	470	1
No	10	27	2.49(1.15-5.36)
Place of delivery			
Hospital	72	361	3.39(1.59-7.23)
Health centre	8	136	1
Had previous delivery in the same facility			
Yes	30	50	1
No	296	201	2.45(1.51-3.99)
Time of delivery			
Week day	31	215	1
Week night	29	218	0.92(0.54-1.58)
Weekends	20	64	2.17(1.16-4.06)
Mode of delivery			
SVD	36	308	1
Caesareans section	10	64	1.34(0.63-2.83)
Episiotomy	34	125	2.33(1.39-3.89)
Complication			
Yes	22	63	2.61(1.49-4.56)
No	58	434	1

Level of satisfaction			
Satisfied	45	389	1
Dissatisfied	35	111	2.71(1.79-4.81)

**p-value <0.01,*p-value<0.05

5.5.2. Socio-demographic and obstetric characteristics of mothers in relation to verbal abuse during childbirth in Hosanna Town, South Ethiopia, 2019

The variable with p-value <0.05 in bivariate logistic regression was included to multivariable logistic regression. Facing complication during labour and delivery and level of satisfaction reported by the mother had significant relationship with maternal experienced verbal abuse.

Respondents who faced complication during labour and delivery were two times more likely experience verbal abuse as compared to mothers who hadn't face complications [AOR=2.31(95%CI,(1.27,4.19)].Those respondents who were being dissatisfied by the care they get were ten times more likely to experience verbal abuse than mothers who were satisfied[AOR=9.59(95%CI(5.68-16.20)](Table 9).

Table 9 .Bivariet analysis of factors that determine the occurrence of verbal abuse during child birth in Hosanna Town, South Ethiopia,2019 (N=577)

Variables	Experience of verbal abuse		COR(95% CI)
	Yes	No	
Maternal Age			
15-24	21	72	3.21(1.14-9.05)
25-34	60	364	1.81(0.69-4.71)
≥35	5	55	1
Place of current delivery			
Hospital	73	360	2.04(1.09-3.81)
Health centre	13	491	1
Time of delivery			
Week day	26	220	1
Week night	43	204	1.78(1.06-3.01)
Week ends	17	67	2.15(1.09-4.19)
Mode of delivery			
SVD	37	307	1
Caesareans section	13	61	1.77(0.89-3.52)
Episiotomy	36	123	2.43(1.47-4.02)
Duration of facility stay			
Less than 24 hrs	46	339	1
Up to One week	40	152	1.14(1.22-3.09)
Professional category			
Midwifery	42	296	1
Doctors	33	176	1.32(0.81-2.16)
Others	11	19	4.08(1.82,9.17)
Complication			
Yes	28	57	3.68(2.17,6.24)

No	58	434	1
Level of satisfaction			
Satisfied	26	405	1
Dissatisfied	60	85	10.49(6.49-18.20)

**P-value <0.01,*P-value<0.05

5.5.3. Socio-demographic and obstetrics characteristics of mothers in relation to stigma and discrimination during childbirth

In multivariate logistic regression place of residence, maternal educational status, facing complication during labour and delivery and maternal level of satisfaction were significantly associated with maternal experience of stigma and discrimination during child birth.

The odds of experienced stigma and discrimination during child birth by mothers with no formal education were seven times more likely higher compared to mothers educated more than secondary school [AOR=6.88(95% CI; 2.09-22.58)]. Similarly, respondents who were from rural area were three times more likely experience discriminatory care than those mothers who were from urban area[AOR=2.67(1.09,6.51)]. Mothers who faced complications during labour and delivery were two times more likely experienced stigma and discrimination compared to those mothers who did not faced complication [AOR=2.22 (95%CI, 1.04, 4.09)]. Respondents who reported being dissatisfied were six times more likely experienced stigma and discrimination compared to those respondents who were being satisfied [AOR=6.23(95%CI: 3.07-12.66)](Table 10).

Table 10 . Bivariate analysis of factors that determine the occurrence of discriminatory care during child birth in Hosanna Town, South Ethiopia,2019 (N=577)

VARIABLES	Discrimination /Stigma		COR(95% CI)
	Yes	No	
Educational level			
No formal	8	32	4.09(1.43-11.74)
Primary education	17	211	1.32(0.55-3.14)
Secondary	10	160	1.02(0.39-2.67)
More than secondary	8	131	1
Residence			
Urban	34	483	1
Rural	9	51	2.51(1.14-5.52)
Wealth status			
Rich	8	167	1
Middle	22	188	2.44(1.06,5.63)
Poor	13	179	1.52(0.61,3.75)
Place of delivery			
Hospital	38	395	2.67(1.03-6.93)
Health centre	5	139	1
History of previous delivery in the current			

facility			
Yes	18	308	1
No	25	226	1.89(1.01-3.55)
Referral body			
Self	29	432	1
Health facility	14	102	2.05(1.04-4.01)
Duration of facility stay			
Less than 24 hours	20	365	1
Up to one week	23	169	2.48(1.33-4.65)
Mode of delivery			
SVD	19	325	1
Caesareans section	5	69	1.24(0.45-3.43)
Episiotomy	19	140	2.32(1.19,4.52)
Professional category			
Midwifery	17	321	1
Doctor	21	188	2.11(1.09-4.09)
Other	5	28	3.78(1.29-11.09)
Complication during labour and delivery			
Yes	15	70	3.55(1.81-6.98)
No	28	464	1
Level of satisfaction			
Satisfied	15	416	1
Dissatisfied	28	118	6.58(3.40-12.73)

P value** 0.01,*0.05

5.5.4. Socio-demographic and obstetric characteristics of mothers in relation to professional standard of care during childbirth

Maternal Age, maternal educational status, parity, number of ANC visit, place of delivery, previous delivery in the same facility, time of delivery, mode of delivery, sex of care provider, facing complication during labour and delivery and maternal level of satisfaction were significantly associated during binary analysis .

Variables remained associated after multivariate analysis were maternal educational status, place of delivery, Time of delivery, complication during labour and delivery and level of satisfaction. Respondents with no formal education were 59% less likely report experience of services below the standards as compared to mothers who had educational status of more than secondary [AOR=0.41(95%CI,0.19,0.91)]. The proportion of mothers who gave birth at hospital were two times higher experienced services with failed professional standard care as compared to mothers who had birth at health centre[AOR=2.03(1.32,3.12)]. Mothers who gave birth during weekends were two times more likely experience services with below professional standards as compared to mothers who gave birth during week days

[AOR=2.34(1.13,4.83)].Similarly, mothers who faced complication during the birth process were two times more likely experienced below standard care than mothers didn't faced complications[AOR=2.57 (95%CI: 1.21, 5.46)]. Respondents who reported being dissatisfied were three times more likely experience care which below the standard compared to those respondents who were being satisfied [AOR=3.64(95%CI:1.95,6.80)](Table11).

Table11.Bivariet analysis of factors that determine the occurrence of care with below professional standard during child birth in Hosanna Town, South Ethiopia,2019 (N=577)

Variables	Experience of low standard care		COR(95%CI)
	Yes	No	
Maternal Age			
15-24	80	13	3.31(1.50-7.31)
25-34	314	110	1.54(0.87-2.73)
≥35	39	21	1
Education			
No formal education	23	17	0.37(0.18-0.79)
Primary education	163	65	0.69(0.42-1.13)
Secondary education	138	32	1.19(0.68-2.07)
More than secondary education	109	30	1
Parity			
One	134	27	2.38(1.07-5.32)
Two to five	274	105	1.25(0.61-2.58)
More than six	25	12	1
Number of ANC visit			
<4	161	74	0.56(0.38-0.82)
≥4	243	62	1
Place of current delivery			
Hospital	345	88	2.49(1.66-3.75)
Health centre	88	56	1
History of delivery in the same facility			
Yes	233	93	1.57(1.06-2.31)
No	200	51	1
Time of delivery			
Week day	179	67	1
Week night	181	66	1.03(0.69-1.53)
Week ends	73	11	2.48(1.24-4.97)
Mode of delivery			
SVD	238	106	1
Caesareans section	60	14	1.91(1.02-3.57)
Episiotomy	135	24	2.51 (1.53-4.09)
Sex of birth attendants			
Male	229	54	1
Female	204	90	0.53(0.36-0.79)
Complication			
Yes	76	9	3.19(1.56-6.55)

No	357	135	1
Level of satisfaction			
Satisfied	300	131	1
Dissatisfied	133	13	4.47(2.44-8.18)

** Denotes p-value<0.001,*p-value <0.05

5.5.5. Socio-demographic and obstetric characteristics of mothers in relation to poor rapport between provider and client during childbirth

Maternal age, Education, Parity, place of ANC follow-up and delivery, Mode of delivery ,sex of provider and level of satisfaction had statistically significant association with experience of poor rapport by care provider. In multivariate analysis maternal educational status, place of delivery and maternal satisfaction were remained statistically significant with experience of poor rapport by care provider.

Mothers with no formal education were less likely to report their experience of poor rapport with their care provider compared to those educated more than secondary education [AOR=0.28(95%CI, 0.12-0.65)].Mothers who delivered at hospital were three times more likely to report their experience of poor rapport with care provider as compared to mothers who had given birth at health centre [AOR=2.94 (95% CI, 1.88-4.58)]. Respondents who dissatisfied with the care they have got were two times more likely experience poor communication with care provider compared to mothers had been satisfied[AOR=2.64 (95%CI,1.41,4.95)](table 12).

Table 12 . Bivariet analysis of factors that determine the occurrence of poor rapport between provider and client during child birth in Hosanna Town, South Ethiopia,2019 (N=577)

Variables	Experience of poor rapport		COR(95%CI)
	Yes	No	
Maternal Age			
15-24	82	11	3.19(1.38-7.38)
25-34	338	86	1.68(0.92-3.07)
≥35	42	18	1
Educational status			
No formal education	25	15	0.25(0.11-0.56)
Primary education	174	54	0.48(0.27-0.86)
Secondary education	142	28	0.75(0.39-1.43)
More than secondary education	121	18	1
Parity			
Primi para(one child)	144	17	2.72(1.10-6.72)
Two to five children	290	89	1.05(0.48-2.30)
More than six children	28	9	1
Place of ANC follow up			

Hospital	179	28	0.86(0.31-2.38)
Health centre	214	77	0.38(0.14-0.99)
Privet/NGO clinics	37	5	1
Place of current delivery			
Hospital	370	63	3.32(2.15-5.12)
Health centre	92	52	1
Mode of delivery			
SVD	259	85	1
Caesareans section	64	10	2.10(1.03-4.27)
Episiotomy	139	20	2.28(1.34-3.87)
Sex of birth attendants			
Male	239	44	1
Female	223	71	0.58(0.38-0.88)
Level of satisfaction			
Satisfied	329	102	
Dissatisfied	133	13	3.17(1.72-5.85)

5.5.6. Socio-demographic and obstetric characteristics of mothers in relation to facility condition and constraints of care during childbirth

Binary logistic regression was run to identify the association between maternal characteristics and their experience of facility condition and constraints during child birth.

Mother who have no formal education were 62% less likely report facility condition and constraints as compared to mothers who were educated more than secondary [AOR=0.38 (95%CI,0.17-0.86)].Mothers who gave birth at hospital were two times more likely report facility conditions compared to those mothers who had gave birth at health centre[AOR= 1.82 (95%CI,1.17-2.82)].Mothers who were being dissatisfied by the care they have got were three times more likely report facility constraints than mothers who had been satisfied [AOR=3.49 (95%CI(1.85-6.59))](Table 13).

Table 13 Bivariat analysis of factors that determine the occurrence of facility constraints during child birth in Hosanna Town, South Ethiopia,2019 (N=577)

Variables	Experience of facility constraints		COR(95% CI)
	Yes	No	
Maternal Age			
15-24	81	12	3.38(1.50-7.59)
25-34	332	92	1.80(1.01-3.24)
≥35	40	20	1
Education			
No formal	26	14	0.33(0.15-0.73)
Primary education	171	57	0.53(0.31-0.93)
Secondary education	138	32	0.77(0.42-1.40)
More than secondary education	118	21	1

Place of current delivery			
Hospital	355	78	2.14(1.39-3.28)
Health centre	98	46	1
History of delivery			
Yes	244	82	1
No	209	42	1.67(1.10-2.53)
Mode of delivery			
SVD	252	92	1
Caesareans section	65	9	2.64(1.26-5.51)
Episiotomy	136	23	2.16(1.31-3.57)
Sex of birth attendants			
Male	234	49	1
Female	219	75	0.61(0.41-0.92)
Complication during delivery			
Yes	75	10	2.26(1.13-4.52)
No	378	114	1
Level of satisfaction			
Satisfied	319	112	1
Dissatisfied	134	12	3.92(2.09-7.35)

**p-value<0.001,*p value <0.05

5.5.7. Socio-demographic and obstetric characteristics of mothers in relation to at least one form of mistreatment during child birth

Binary logistic regression was run to identify the association between maternal characteristics and their experience of at least one performance indicator of mistreatment during childbirth. The result showed that Age of the mother, educational status, number of ANC visit, place of delivery, mode of delivery, sex of birth attendant, complication during childbirth and level of maternal satisfaction were statistically significant.

Multivariable logistic regression analysis was done for all socio demographic and obstetric variables which were significant in binary logistic regression for at least one form of mistreatment. The result showed maternal educational status, place of delivery and maternal level of satisfaction remained statistically significant.

Respondents with no formal education were 75% times less likely to report their experience of any form of mistreatment during their childbirth compared to those educated more than secondary education [AOR=0.25 (95% CI, 0.10-0.64)].The odds of experiencing mistreatment reported by mothers who gave birth at hospital were two times more likely higher than mothers who had birth at health centre [AOR=2.53(95% CI,1.56-4.09)].Respondents who reported being dissatisfied were three times more likely reported experience of mistreatment

compared to those respondents who were being satisfied [AOR=3.39(95%CI; 1.58-7.28)] (Table14).

Table 14 .Bivariate analysis of factors that determine the occurrence of mistreatment during child birth in Hosanna Town, South Ethiopia, 2019 (N=577)

Variables	EXPERIENCE OF AT LEAST ONE OCCURRENCE OF MISTREATMENT		COR(95% C.I)
	YES	NO	
AGE			
15- 24	85	8	3.54(1.39-8.99)
25-34	357	67	1.78(0.94-3.37)
35 AND ABOVE	45	15	1
Educational Status			
No formal education	28	12	0.22(0.09-0.54)
primary education	185	43	0.41(0.21-0.80)
secondary education	147	23	0.60(0.29-1.26)
More than secondary	127	12	1
Number of ANC visit			
Less than four visits	189	46	0.60(0.38-0.96)
Four and above	266	39	1
Place of ANC			
Hospital	187	20	1
Health centre	230	61	0.40(0.24-0.69)**
Privet /NGO Clinics	38	4	1.02(0.33-3.14)
Place of delivery			
Hospital	383	50	2.95(1.84-4.71)**
Health centre	104	40	1
Mode of delivery			
SVD	276	68	1
Caesarean section	66	8	2.03(0.93-4.44)
Delivery by Episiotomy	14	145	2.55(1.39-4.69)**
Sex of birth attendants			
Male	249	34	1
Female	238	56	0.58(0.37-0.92)
Complication			
Yes	78	7	2.26(1.01-5.08)*
No	409	83	1
Level of satisfaction			
Satisfied	349	82	1
Dissatisfied	138	8	4.05(1.91-8.60)

**P-value 0.01 , *0.05

Table 15. Factors associated with respondents characteristics and experience of mistreatment during child birth in Hosanna Town, South Ethiopia, 2019(N=577)

<i>Characteristics</i>	<i>Any mistreatment</i>	<i>Physical Abuse</i>	<i>Verbal abuse</i>	<i>Stigma/discrimination</i>	<i>standard failure</i>	<i>Poor rapport</i>	<i>Facility conditions</i>
Residence Urban Rural	NA***	NA***	NA***	1 2.67(1.09,6.51)*	NA***	NA***	NA***
Education No formal education primary education secondary education More than secondary	0.25(0.10-0.64)** 0.48(0.24-0.97) 0.71(0.33-1.50) 1	3.10(1.19-8.03)* 1.54(0.77-3.05) 1.77(0.87-3.59) 1	NA***	6.88(2.09,22.58)** 1.90(0.74-4.87) 1.45(0.52-3.99) 1	0.41(0.19,0.91)* 0.86(0.51,1.56) 1.53(0.85,2.76) 1	0.28(0.12-0.65)** 0.58(0.32-1.05) 0.89((0.46-1.73) 1	0.38(0.17-0.86)* 0.62(0.35-1.09) 0.89(0.48-1.65) 1
Place of delivery Hospital Health centre	2.53(1.56-4.09)** 1	3.24(1.48-7.09)** 1	1.17(0.58,2.39) 1	1.76(0.59,5.17) 1	2.03(1.32,3.12)* 1	2.94(1.88-4.58)** 1	1.82(1.17-2.82)* 1
History of Delivery Yes No	NA***	1 2.32(1.39-3.86)**	NA***	1 1.11(0.50,2.43)	1 1.69(0.98,2.95)	NA***	1 1.58(0.99,2.52)
Time of delivery Week day Week night Week ends	NA***	1 0.83(0.46,1.49) 1.77(0.89,3.48)	1 1.71(0.94,3.09) 1.49(0.69,3.28)	NA***	1 0.98(0.64,1.48) 2.34(1.13,4.83)*	NA***	NA***
Complication Yes No	1.36(0.56,3.28) 1	2.11(1.16,3.84)* 1	2.31(1.27-4.19)* 1	2.22(1.04,4.09)* 1	2.57(1.21,5.46)* 1	NA***	1.42(0.67,3.01)
Satisfaction Satisfied Dissatisfied	1 3.39(1.58-7.28)**	1 2.12(1.25-3.59)*	1 9.59(5.68,16.20) **	1 6.23(3.07,12.66)**	1 3.64(1.95,6.80)**	1 2.64(1.41-4.95)**	1 3.49(1.85-6.59)**

*Denotes statistical significant finding a p-value <0.05 and ** p-value <0.01,maternal Age, wealth status Mode of delivery, Sex of birth attendant, place of ANC follow-up, history of ANC, Number of ANC visit, parity, referral body ,professional category, duration of facility stay excluded because they were not statistically significant in multivariate logistic regression,***variables which was not significant in binary analysis.

6. DISCUSSION

This study examines the extent of mistreatment experienced by women during childbirth at public health facilities while interviewed at their community settings postpartum period using quantitative method. We found that 84.4% of mothers experience at least one form of mistreatment during public health facilities delivery in Hosanna town.

This figure is slightly higher than to the findings of a previous study conducted in Addis Ababa, Ethiopia (15) on status of respectful and non-abusive care during facility based childbirth in governmental hospital and health centres, that showed 78% of women experiencing some type of mistreatment or abuse by healthcare professionals during labour and delivery.

The considerable difference may be due to courtesy bias which associated with the setting which interview under taken and typology difference. Exhaustion of mothers from labour and strong desire to go home may also be affected responses of mothers interviewed at health facility(20).

However, the finding of this study was lower than a study conducted in district of Gujarat in Pakistan on disrespect and abuse during childbirth where 99.7% of women experienced at least one type of disrespect and abuse during childbirth(26). The difference may be due socio economic population difference and current initiative taken by Ethiopian federal ministry of health (FMOH)(13).

According to this study poor rapport between client and provider was the most commonly experienced component of mistreatment and its prevalence was high 80.1%. Under this domain 54.4% of cases were reported that health care provide didn't introduce her/himself as a care giver and 35.2% of respondents reported health care provider didn't give periodic update about their labour.

This figure showed marked difference with study conducted in a Addis Ababa, Ethiopia(15) with the proportion of 94.4% and 32%, this difference may be due to currently introduced RMC strategies in the country and encourage the health service delivery(35).

Based on the criteria 48.9% of women were not allowed to have birth companion during labour and delivery. This finding was in line to study conducted in North Ethiopia(16) with refusal to have a support person during child birth were significantly associated with mistreatment .

In contrast, study conducted Malawi(29) by direct observation indicated 83.2% of women were not encouraged to have support person during labour and delivery. This difference may be resulted from methodological difference of studies and rule of health facilities and providers perception.

In this study 74%of women reported that as they didn't allow practicing safe cultural rituals. This result was similar to that of study done in Bahirdar, Ethiopia with 67.7%(17). This result was also supported by qualitative finding which is conducted in south Ethiopia(18)that showed refusal to practice their safe traditions forced them to choose home delivery.

However, this finding was in contrast with study conducted in four rural health centre, two regions of Ethiopia(30), showed that cultural customs were allowed during most births when requested by the woman. This discrepancy might be related with the difference in study settings and attitudes of health providers in supporting such practise.

In addition, the other category of mistreatment of mothers experienced during facility based child birth in this study was failure to meet professional standards75%.Under this item 54.4% of mothers reported lack of informed consent, specifically 44.9% of mothers were not asked their permission before any procedure and information.

This finding was markedly lower than study conducted in Pakistan which was 99.7%(26) that might be resulted from socio cultural difference. Moreover, this result was markedly higher than study conducted in Kenya 4.3%.(24).The discrepancy might be difference in provider workload or shortage of staff and health care system organisation.

More than half of women reported care provider refuse to give pain relief and any comfortable measure during child birth that is higher than study conducted in Addis Ababa, and Kenya 23.7% and 7.5% ,respectively (15, 24) the reason may be currently used strategies to improve community awareness about their right to get services.

Similarly, the other most commonly seen mistreatment was facility condition and constraints 78% of cases. Lack of redress mechanism in case of complaints was reported by 65.2% of respondents and 41.6% of cases were not protected their privacy. This result was also supported by a qualitative study conducted in Kenya(36) and a systematic review conducted in Nigeria(22) confirmed wide spread lack of accountability and legal redress system in case of complaints as well shortage of structural resources and supplies in LMIC. Sharing common rooms, presence of large number of health care provider and students during labour and weak compliant registration system might contribute for this violation

As regards to physical abuse, in this study 13.9% of mothers were experience at least one type of physical abuse. Mothers who reported experience of physical force by health care provider like slapped /pinched for different reason were 1.9% .This result was markedly lower than study conducted in Bahirdar, Ethiopia(34.5%)(17)and Nigeria(35%)(21).This difference might be the contribution of currently introduced RMC strategies by Ethiopia ministry of health to improve maternal health service utilization of the country(35).

With respect to verbal abuse 14.9% of mothers were experience at least one type of verbal abuse, specifically 6.6% of cases reported the occurrence of threatened by health care provider. This result was almost similar with the study conducted in Tanzania(14), a facility community study showed 12% of cases reported as threatened by their care provider.

This study revealed mothers who were from rural area were three times more likely experience discriminatory care than those mothers who were from urban area. This result was in line with recent study conducted in Bahirdar(17) , Ethiopia showed that mothers who were residents of rural were six times more likely experienced disrespect and abuse. It implies that provider prejudices and gap in service equity affects the service utilisation.

Mothers with no formal education were more likely to report experience of physical abuse [AOR=3.10(1.19-8.03)] and stigma and discrimination [6.88(2.09-22.58)] compared to mother with more than secondary education. This finding was in line with study conducted in Tanzania(14) showed that women with secondary education were more likely to report abusive treatment. In this study those mothers with no formal education were less likely report their experience of poor rapport [AOR=0.28(0.12-0.65)], standard of care they received [0.41(0.19,0.91)] and facility condition and constraints [AOR=0.38(0.17-0.86)]. This was likely

due to low understanding of quality care and their right to report abuse. Women education empowers and narrows power dynamics between client and provider.

Mothers who gave birth in the weekends were two times more likely experience low standard professional care[2.34(1.13,4.83)].High case load and low number and qualification of assigned health care provider in the weekends might contribute to this of mistreatment. This finding was in contrast with study conducted in Ethiopia, showed that weekend deliveries were 95% protective of D&A due to lower case load per provider. The discrepancy might be happened from the difference in facility type and methodology used for the studies (30).

Mothers who gave birth at hospital had an increased risk of experiencing physical abuse [3.24(1.48-7.09)],poor rapport [2.94(1.88-4.58)], low standard of care[2.03(1.32, 3.12)]health facility constraints [1.82(1.17-2.82)] as compared to those delivered at health centre. This result was in contrast with the study conducted in Ethiopia(37),that found RMC in public facilities showed that none of provider and facility-related characteristics were associated with observed mistreatment of women. The possible reason might have been some observational effect reducing difference the prevalence and the difference in study period. Stressful working condition and provider's attitude and response were factor for poor interaction and for the occurrence of mistreatment.

In this study mothers who reported complication during child birth were two times more likely experienced physical[2.11(1.16,3.84)], verbal abuse[2.31(1.27-4.19)] and stigma and discriminatory care[2.22(1.04,4.09)].This finding was in line with study conducted in Tanzania and Ethiopia(30)that showed women facing complication during labour and delivery were more likely experience disrespect and abuse .Client with complication needs more close follow-up and attention .

According to the study result mothers who report being dissatisfied were more likely reported experience of mistreatment compared to those respondents who reported being satisfied. This finding indicated that the service provided to the mother during childbirth was abusive.

Despite a relatively high prevalence of reported mistreatment in this study, mothers also reported high levels of satisfaction with the care they received. This finding was in line with study conducted in Addis Ababa, Ethiopia(15) and Pakistan(26) in which mothers reported much lower than their experience. The possible explanation for this variation might be lack of

knowledge about their right and considering the provided service was at the level of the standard. Another possible reason could be having alive new born may make a women grateful than her experience of abuse.

Strengths and limitations

A strength of this study is that it is one of the few studies that measure prevalence of mistreatment of women at their home setting after they gave birth at health facility where more comfortable to disclose their experience. Unlike other studies, this study used evidenced based new typology by Bohern et al and to minimised social desirability bias that occurred from client exit interviews that underestimate prevalence of experienced mistreatment of mothers during child birth. Data was collected within two weeks of time after childbirth to minimise recall bias. The study also assessed the experience of mothers delivered in both hospitals and health centres, urban and rural to make it more genera in the study area.

The study also has a number of limitations. Its main limitation is the cross-sectional design, which precludes any conclusion of causal effect. And also this result was based on women perception; it didn't include observation of service provision and client care.

CONCLUSION

In this study prevalence of mistreatment during facility based child birth was found to be very high at 84.4%. The most commonly experienced form of mistreatment were violation of women autonomy 76.8%, lack of redress mechanism 65.2%, lack of resources 64.1%, ineffective communication 59.8%, refusal to give pain relief 59.8% and lack of consent 45.1% before any procedure.

The identified determinants of mistreatment were residence, educational status, mothers being deliver at hospital, complication during childbirth and mothers were satisfied by the care provided. Mistreatment during child birth violates women rights as well it erodes trust in the health system, ultimately leading to adverse outcomes.

To alleviate this problem, it is important to engage all health care provider, health care managers, women, stakeholders and community to ensure that care is responsive to women needs and preference.

Recommendation

➤ Health facilities

- Need to establish routine supportive supervision to adhere with standard of care and strong redress mechanism.
- Ensure equal service provision for mothers coming to the health facility from urban and rural
- Awareness creation for all mothers about their right to get respectful services.
- Health service providers with mixed qualifications needs to be assigned in hospitals and for the weekends
- Giving more attention and care for mothers with complication based on individual needs
- Needs to address each perspective of service provision to make the clients be satisfied by the care and service they get

➤ Program and policy

- Policy maker and zone health office should strengthen existing system strategies that work on the provision of respectful quality care and build community and client awareness regarding patient right and putting a legislation framework to reinforce RMC which include regulation and responsibility.
- Ethiopian government must address constraints in the facility in order to improve service delivery environment and women receiving care.

➤ Researcher

- Further research required to understand the provider's and health system manager's perception and calculate each category of mistreatment by triangulating with qualitative and observational method.

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8. ANNEX

Annex 1. English version information sheet

Questionnaire Identification Number _____

Good morning/afternoon

My name is.....I am working as a data collector on behalf of Azeb Getachew who is currently a postgraduate student on reproductive and family health track at Addis Ababa University, college of Health science, school of public health, department of reproductive health. I kindly request you to give me your attention to explain you about the study

Name of the Sponsor: Addis Ababa University, School of public Health,

Title of the study: assessment of mother's mistreatment during facility based childbirth and its associated factor, in Hosanna town and surrounding kebeles, 2018/2019.

Introduction: Maternal mortality is unacceptably high. Most maternal deaths are avoidable, as the health-care solutions to prevent or manage complications are well known. According to WHO, by using skilled birth attendant 75% of maternal mortality can be averted. Mistreatment that happened during child birth prevents maternal service utilization for the future. This information sheet prepared for mothers who gave birth in health facility preceding week and who will be Volunteer to participate in this study. It is a quantitative cross sectional study.

Purpose of the study: The main aim of this study is to write a thesis as a partial fulfilment of a Master's degree in public health for the principal investigator. After completion of this study results will be used as evidence and input to identified and address barriers that limit utilization and access to quality maternal health services and to bring deeper understanding about the issue to administrator and policy maker to develop possible intervention.

Procedure and duration:-We are trying to assess the extent of mistreatment of women during facility child birth and its associated factors, in Hosanna town by using interviewer administered questioner at women home setting a week after facility birth. Information which is necessary for the study will be collected by trained data collectors using structured questionnaire which is in Amharic language. This interview might take 30-45 minutes We would like your honest opinion pertaining to the questions especially what you had experienced disrespect and abuse by health professional during giving birth in health facility.

Confidentiality:Your name will not be written anywhere in the form and all the information you give us is confidential except for the purpose of this study and it will never be disclosed for the third party.

Benefits or risk:I would like to inform you that by participating in this study, you will get no short term or long term risk or benefit.You will not be provided any incentive or payment to take part in this project .By participating in this research project, you may feel that it has some discomfort especially on spending time about 45 minutes. We hope you will participate in the study for the sake of the benefit of the research result; this will help us to identify the gap and take the appropriate intervention by the authorized stakeholder.

Right to participate/refusal:I would like to invite you to take part to this study.I also would like to inform you that you have a full right to withdraw from the study or to stop the interview any time or to skip any question that donot want to answer. Your cooperation and willingness for the interview is very helpful in identifying the problem related to the issue.

So do you agree to participate in this study?

a.yes

b.no

Respondent agrees to be interviewed

go to the next part.

Respondent does not agree to be interviewed

stop interview

Thank you for your cooperation

Data collectors Name.....

sign:.....

If you have any question or doubt,you can contact as with the address below.

Name of the principal investigator: Azeb Getachew

Mobile:+251911813473.E-mail:azebrh2018@gmail.com

Annex 2.English consent form

Enough information about the study is explained to me. I have understood that the objective of this study is to assess mother's mistreatment during child birth and associated factors among women who gave birth in the preceding week. I have been told that the study will improve quality of maternal health service and bring deep understanding of the issue to the concerned body.

I have understood that Participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given anyone else and no reports of this study ever identify me in any way .Therefore, I am ready and willing to participate in this study.

If respondent does not agree to be interviewed thanks her and go to the next respondent

If respondent say yes continue

Checked by:

Supervisor Name _____ signature_____

Date_____/_____/____E.C

Participant signature_____

Sub- city _____ Kebele_____

Name of interviewer _____signature_____

Date ____/____/____E.C.

Annex 3.EnglishQuestionnaire

Addis Ababa University Health Science Collage, School of Public Health

Questions designed to assess mothers mistreatment during facility based childbirth services

Hossana town and surrounding kebeles within 10 km, South Ethiopia 2018/19.

01.Questionnaiere identification number.(code).....

02. Interviewer code.....and Name.....

03.Date of interview.....

Part one: -socio demographic characteristics of the participants

S.No	Question	Response	Skip
101	What is your age in completed years?	-----years	
102	Currently where were you live?	urban-----1 Rural-----2	
103	What was the highest level of education you attend?	Illiterate -----1 Can read and write-----2 Primary(1-8)-----3 Secondary(9-12)-----4 Technical and vocational-----5 Higher Education-----6	
104	What is your current marital status?	Married/living together-----1 Divorced/separated-----2 widowed-----3 Never married/living together----4 Other(specify)-----5	
105	What is your religion?	Protestant -----1 Orthodox -----2 Muslim -----3 Catholic -----4 Traditional-----5 Others(specify)-----6	
106	What is your ethnicity?	Hadiya -----1 Kenbata -----2 Gurage -----3	

		Silte -----4 Amahara-----5 Others(specify)-----6	
107	What is your current occupation?	House wife-----1 Government employee -----2 Private sector-----3 Merchant-----4 Student-----5 Daily labourer-----6 Other(specify).....7	

Instruction:- circle the response in the provided column that best matches with the answer of the respondent

Part two: - House hold socio economic status (wealth index)

The next question asks about your house hold assets, services and housing conditions. Please circle the women response within the response box

No	Question	Response	Skip
1. House hold assets and services: - in answering the questions below please think of assets & services available in your hose hold.			
201	What is the <u>main</u> Source of drinking water for members of your household?	piped water -----1 Tube well/ borehole Public-----2 Protected well-----3 Un protected well -----4 Protected spring -----5 Un protected spring-----6 Surface water -----7 Bottled water -----8 Tanker truck -----9 cart with small tank -----10 Others (specify -----11	
202	How long does it take to fetch drinking water and comeback?	-----minutes	
203	What type of toilet facility do you use?	Pour Flush toilet -----1 Ventilated Pit latrine-----2	

		Pit latrine with a slab -----3 open Pit latrine without slab -----4 No facility/bush/field -----5 Others(specify) -----6	
204	Do you share this toilet facility with other household?	Yes-----1 No-----2	
205	What type of fuel do you <u>mainly</u> use for cooking?	Electricity-----1 Bio gas/natural gas-----2 Kerosene -----3 Charcoal-----4 Wood-----5 Grass /leaves-----6 Agricultural crop-----7 Food not cooked-----8 Others(specify)-----9	
206	Does your household have	Yes.. No...	
	Electricity?	1 2	
	Television?	1 2	
	Radio/tape recorder	1 2	
	Non mobile fixed	1 2	
	Refrigerator	1 2	
	Electric mitad	1 2	
	Table/chair	1 2	
	Sofa	1 2	
	Bed	1 2	
	cotton/spring mattress	1 2	
	Lamp working with kerosene	1 2	

207	Does any member of this household own:- Watch Mobile phone Bicycle Motorcycle Car Bajaj Animal drawn car Laptop	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2
2. Housing conditions :- please answer the following questions thinking about the housing condition of your house hold . Please circle or text and numeric response within the response box			
208	Home ownership	Private1 Government2 Rent3 Other (specify)...4	
209	How many rooms in this household are used for sleeping?	-----	
210	How many individuals sleep per sleeping room?	-----	
211	Does this household own any livestock, herds, other farm animals?	Yes.....1 No2	If no skip to Q 213
212	How many of the following animals do this house hold own?	Milk cow-----number Oxen----- number Horses ----- number donky/mules-----number goats ----- number sheeps----- number chickens----- number Bees-----per beehive	

213	Does any member of this household own any land that can be used for agriculture?	Yes.....1 No2	If no skip to Q 215
214	How many hectare /timad of agricultural land do member of this house hold own?	Local unit.....	
215	Does any member of this household have bank account?	yes.....1 no2	
216	Main material of dwelling roof <i>(Record observation)</i>	<u>Natural roofing</u> Grass/Thatch/mud/ ...1 <u>Rudimentary roofing</u> Bamboo/kerkeha.....2 Wood plank.....3 Cartone/card board4 <u>Finished roofing</u> Corrugated iron.....5 Cement/concrete/Ceramic6 Other (specify).....7	
217	Main material of the dwelling floor? <i>(Record observation)</i>	<u>Natural floor</u> Earth/S.....1 Dung2 <u>Rudimentary floor</u> Bamboo/plam3 <u>Finished floor</u> Parquet/polished wood..4 Cement.....5 Ceramic tiles.....6 Others(specify).....7	
218	Main material of exterior wall	<u>Natural material</u> Bamboo.....1 <u>Rudimentary walls</u> bamboowith mud.....2 wood and mud.....3	

	(Record observation)	Cardboard.....4 <u>Finished wall</u> Cement5 Stone/cement.....6 Block.....7 Corgeted iron.....8 Others(specify).....9
--	----------------------	---

Part three:-Obstetric history

Instruction please circle pre coded, text and numeric responses in the response box

s.no	Question	Response	Skip
301	How many total numbers of deliveries you had including still births/neo-natal deaths	One.....1 Two-Five.....2 More than six... 3	
302	Did you have ANC follow up for the last birth?	Yes.....1 No.....2	IFno skip to no305
303	Where did you receive ANC for last pregnancy?	Hospital.....1 Health centre.....2 Privat clinic/Hospital.....3 Others(specify).....4	
304	How many times did you receive ANC in the last birth?	Number of times.....	
	Where did you receive ANC for last pregnancy?		
305	Have you ever had delivery at current health facility?	Yes.....1 No.....2	
306	Who refer you to currently used facility?	Self-----1 Sent from health centre---2 Sent from clinic-----3 Other(specify)-----4	
307	What time do you give birth for current delivery?	Day.....1 Night.....2 Weekend (day or night)...3	
308	What was the type of your current delivery?	Spontaneous vaginal delivery(SVD).....1 Caesarean delivery.....2	

		Instrumental delivery.....3 Delivery by episiotomy....4	
309	How long did you stay in health facility?	<24Hours.....1 1-6 Days.....2 1-2Weeks.....3	
311	Who assisted with your delivery?	Midwife.....1 Doctor.....2 Others**.....3 No body.....4	
312	What was the sex of the health care provider who attended your labor and delivery?	Male.....1 Female.....2	
313	Were there any complication occur over you and your child during your delivery?	Yes.....1 No.....2	
314	How satisfied are you with the overallcare and support during the time of labour and delivery.	Strongly satisfied.....1 Somewhat satisfied.....2 Neutral.....3 Somewhat dissatisfied....4 Stronglydissatisfied.....5	

Part four: -Categories of disrespect and abuse experienced by women during child birth

The next question asks about your experience in the health facility during child birth

Please circle the women response in the response box

Ser.no	1. During your stay in the facility did you physically abused?	1.yes2.no	Skip
401	Did health care providers hit, slap or pinched you?	1.yes 2.no	
402	Did health care provider apply physical force over your abdomen?	1.yes 2.no	
403	Did health care providers physically restrained or gagged you during delivery?	1.yes 2.no	
	2. Did you face verbal abuse during your facility stay?	1.yes 2.no	
404	Did your provider use harsh or rude language during your communication?	1.yes 2.no	
405	Did you face judgmental or accusatory comment?	1.yes 2.no	
406	Have you been threatened or blamed by your care provider for your poor birth out come?	1.yes 2.no	
	3. Did you feel discriminated based on your attribute during your	1.yes 2.no	

	stay in the facility?		
407	Did you face denial care based on age ethnicity economical status?	1.yes	2.no
408	Did you face denial of care based on your medical status?	1.yes	2.no
	4.Do you feel you got professional standard care during your stay in the health facility?	1.yes	2.no
409	Did health provider obtain consent or permission prior to any procedure?	1.yes	2.no
410	Did the health care provider disclose your private information to others without consent	1.yes	2.no
411	Did your conversation with provider over heard by others?	1.yes	2.no
412	Did you experience unnecessary, frequent and painful vaginal examination in non- private setting?	1.yes	2.no
413	Did you separated from your child without medical indication?	1.yes	2.no
414	Did you get comfort or any pain relief?	1.yes	2.no
415	Did you ignored or abandoned by provider while calling for help?	1.yes	2.no
416	Did you delayed by provider after deciding any procedure including c/s delivery?	1.yes	2.no
	5. Do you think you had good communication between you and your provider?	1.yes	2.no
417	Did your care provider introduce him/herself to you?	1.yes	2.no
418	Did your care provider call you by name?	1.yes	2.no
419	Did provider give you periodic updates on status and progress of your labour?	1.yes	2.no
420	Did your provider use language that you can understand?	1.yes	2.no
421	Did you allowed to take food/drinks as well mobility during labor?	1.yes	2.no
422	Did you allowed to give birth in your preferred position?	1.yes	2.no
423	Did you allowed to have labor companion?	1.yes	2.no
424	Did the provider and other staff give you supportive care?	1.yes	2.no
425	Have you been allowed to perform preferred safe traditional practice?	1.yes	2.no
426	Have you been forced to expose your body in front of numerous people(health care providers)	1.yes	2.no
	6. Did you see any policy and health system problem in your stay?	1.Yes	2.No
427	Did you realize any staffing constraint and medical supply shortage in the	1.yes	2.no

	facility?		
428	Did health care provider use curtain and physical barrier while performing any procedure?	1.yes	2.no
429	Did you lay on bare mattress or soiled with blood ,urine ,or faeces	1.yes	2.no
430	Do you know any formal compliant registration system in the facility?	1.yes	2.no
431	Have you ever encounter with incompetent health care provider in your stay?	1.yes	2.no
432	Did you observe any sign of bribe on the workers of the facility?	1.yes	2.no
433	Did you and other mothers forced to clean up the ''mess'' they made on the floor or bed after birth?	1.yes	2.no

Annex 4. Amharic version information sheet

እንደምን: አደሩ/እንደምን: ዋሉ

ስሜ.....እባላለሁኝ:: በአዲስ :አበባ: ዩኒቨርሲቲ: በማስተርስ: ዲግሪ:

በስነተዋዶ እና ቤተሰብ ጤና: ተማሪ: በሆነችወ: አዜብ ጌታቸወ: በሚደረገወ ጥናት: ላይ:

መረጃ: ለመሰብሰብ: ተመድቤአለሁ: የምስጥዎትን: ማብራሪያ: ሁሉ: በትዕግስት:

እንዲያዳምጡኝ: በትህትና: እጠይቃልሁ::

ድጋፍ ሰጪ ተቋም ስም: አዲስ አበባ: ዩኒቨርሲቲ፤ ጤና ሳይንስ ኮሌጅ፤ ፐብሊክ ሄልዝ ትም/ት ክፍል

ርዕስ: እናቶች: በጤና: ተቋም: ሲወልዱ: የሚደርሰዉን: አክብሮት: የጎደለወና: እናቶችን: ማዕከል: ያላደረገ: የወሊድ አገልግሎት: ላይ ያተኮረ: በሆሳዕና: ከተማ እና አካባቢዋ : ላይ የሚደረግ የዳሰሳ:ጥናት-በ2018/2019

መግቢያ:የእናቶች ሞት ከሚገመተ በላይ ከፍተኛ ነዉ:: አብዛኛዉን፤ የእናቶች: ሞት፤ ምክንያት: አስቀድሞ :በመከላከል: እና: ተገቢዉን: ህክምና: በማድረግ: ማስቀረት: የሚቻል: ነዉ:: እንደ: አለም: አቀፍ : ጤና ድርጅት ዘገባ 75ፐርሰቱን የእናቶችን ሞት በሰለጠኑ ጤና ባለሙያዎች በሚሰጥ የወሊድ አገልግሎት መከላከል ይቻላል:: ነገር ግን እናቶች በጤና ተቋም ሲወልዱ የሚያጋጥማቸዉ አክብሮት የጎደለወና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እናቶች በጤና ድርጅት እንዳይወልዱ ይከላከላል:: በመሆኑም ይህ ጥናት በጤና ተቋም በወልዱና ፈቃድኛ በሆኑ እናቶች ላይ የሚደርሰዉን አክብሮት የጎደለወና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት: ልክ ለማወቅ በሆሳዕና ከተማና አካባቢዋ ላይ ይደረጋል::

ዓላማ: የጥናቱ ዋና ዓላማ የጥናቱ ዋና አስተባባሪ በህብረተሰብ ጤና ሳይንስ ማስተርስ ዲግሪ ለመመረቂያ ፀሁፍነት ነዉ የጥናቱ ውጤት ለእናቶች፤ እንዲሁም በጨቅላ ህፃናት ላይ የሚደረጉ እንክብካቤዎች መሻሻል ያመጣል ተብሎ ይታሰባል :: እንዲሁም ለሚመለከታቸዉ አካላት የችግሩን ጥልቀት ያስረዳል፤ አግባባዊ እርምጃዎች እንዲወሰዱ ለመመሪያ አዉጪዎች እና አመራሮች: ይጠቁማል

አካሄድ: በወሊድ ጊዜ በእናቶች ላይ የሚደርሰዉ አክብሮት የጎደለወና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እና ጉዳት ልክ ለማጥናት በሆሳዕና ከተማ እና ዙሪያ ቀበሌያት ውስጥ በሚገኙ በጤና ተቋም ከወለዱ ሳምንት የሆናቸዉ እናቶችን በቤታቸዉ ቃለመጠይቅ እናደርጋለን መረጃዉ በሰለጠኑ ጤና ኤክስቴንሽኖች በአማርኛ ቋንቋ በተዘጋጀ ቃለ መጠይቅ ይደረጋል ጥያቄዎቹ ከ30-45 ደቂቃዎች :ሊፈጁ: ይችላሉ እርስዎ: በአጋጣሚ ከተመረጡት እናቶች መካከል አንዷ ነዎ የእርሶን ታማኝ እና ቀና የሆነ ትብብር እንፈልጋለን ለጥያቄዎቹ

ትክክለኛውን በጤና ተቋሙ ያጋጠሞትን አክብሮት የጎደለውና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እንዲገልፁልን እንፈልጋለን

ጥቅም /ጉዳት:

በዚህ ጥናት ላይ በመሳተፍ የረጅም ወይም የአጭር ጊዜ ጉዳት፤ ወይም፤ ጥቅም ላያገኙ ይችላሉ በጥናቱ ላይ በመሳተፍ ምቹት ላይሰማዎ ይችላል በተለይም ከ35ደቂቃ በላይ ጊዜዎን መስዋዕት ሊያደርጉ ይችላሉ በተጨማሪም የተለየ ጥቅም ወይም ክፍያ አያገኙም ቢሆንም ግን የጥናቱ ውጤት በእናቶች ላይ የሚደርሰውን አክብሮት የጎደለው ና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እና ጉዳት እንዲታወቅ እና ተገቢ የሆነ እርምጃ በሚመለከተው መስሪያ ቤት እንዲወሰድ ይረዳሉ

ምስጢራዊነት:ስምዎ: በጥናቱ በየትኛውም ክፍል አይጠቀስም: እንዲሁም: የሚሰጡት መረጃ በሙሉ ሚስጢራዊነት ተጠብቆ ይቀመጣል በተጨማሪም ከጥናቱ አላማ ውጪ ለሶስተኛ ወገን አይሰጥም::

በጥናቱ ያለመሳተፍ መብት በዚህ ጥናት ላይ እንዲሳተፉ እና የድርሻዎን እንዲወጡ: ተጋብዘዋል በጥናቱ ያለመሳተፍ፤ በየትኛውም ሰዓት የማቆረጥ እና መልስ መስጠት ያልፈለጉትን ጥያቄ የመዘለል መብቶ የተጠበቀ ነው የርስዎ ተሳትፎ እና ፈቃደኝነት የጉዳዩን ክብደት ለማወቅ በጣም ጠቃሚ ነው

ስለዚህ በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ነዎትን?

ሀ.አዎ ለ.አይደለሁም

ተሳታፊዎ: ለቃለመጠይቁ ፍቃደኛ ከሆኑ ወደ ሚቀጥለው ይለፉ

ተሳታፊዎ ለቃለመጠይቁ ፍቃደኛ ካልሆኑ ቃለ መጠይቁን ያቁሙ

ስለ ትብብር እናመሰግናል

ቃለመጠይቁን ያደረገው ባለሙያ

ስምፊርማ.....ተጨማሪ ጥያቄ ካልዎት በሚከተለው አድራሻ ያገኙናል

አዜብጌታቸው +251-911-81-34-73 ኢሜል azebrh2018@gmail.com

Annex 5.Amharic version consent form

የስምምነት የፈቃደኝነት ማረጋገጫ ቅጽ

ከላይ የተጠቀስኩትን በሙሉ ተረድቻለሁ በዚህ ጥናት ላይ የምሳተፈው በሙሉ ፍቃደኝነት ነው። እንደ ተነገረኝ ከሆነ የምሰጠው መልስ ለሌላ ለማንም ሰው አይሰጥም እንዲሁም ስለ ኔ ማንነት ለማንም አይገለፅም ስለሆነም በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነኝ ተሳታፊው ፍቃደኛ ካልሆኑ አመስግነው ወደ ሚቀጥለው ይለፉ ተሳታፊው ፍቃደኛ ከሆኑ ይቀጥሉ

ተረጋገጠ በ፡

የተቆጣጣሪ ስም _____ ፊርማ _____

ቀን _____

የተሳታፊው ፊርማ _____

ክፍለ ከተማ-----ቀበሌ-----

ቃለመጠይቁን ያደረገው ባለሙያ ስም _____ ፊርማ _____

ቀን _____

Annex 6.Amharic questions

አዲስ አበባ ዩኒቨርሲቲ፤ ጤና ሳይንስ ኮሌጅ፤ ፕብሊክ ህክምና/ትክክል

እናቶች: በጤና ተቋም ሲወልዱ: በጤና ባለሙያ: የሚያጋጠመውን: አክብሮት: የጎደለውና:

እናቶችን: ማዕከል: ያላደረገ: የወሊድ: አገልግሎት: ላይ: የሚያተኩር: በሆሳዕና ከተማ: ላይ

:ለሚደረግ :ጥናት : የተዘጋጁ: ጥያቄዎች

01.የጥያቄው መለያ: ኮድ: ቁጥር _____

02.ቃለመጠይቁን: ያደረገው: ባለሙያ: መለያ: ኮድ: ቁጥር _____ እና: ስም _____

03.ቃለመጠይቁ:የተደረገ በ ት: ቀ ን _____

ክፍል አንድ: መሰረታዊ: የግል: ሁኔታ

መመሪያ :የተሳታፊውን: ምላሽ :በተሰጠው :ትክክለኛ: ቦታ: መልሱን: ያክብቡ: ቁጥሩን: ወይም:

ፊደሉን: ይጻፉ::

ተ.ቁ	ጥያቄዎች	መልስ	አለፍ/ፊ	ኮ
101	እድሜዎ ስንት ነው?	ሙሉ አመት-----		
102	መኖሪያዎ: የት: ነው?	<ul style="list-style-type: none"> • ከተማ-----1 • ገጠር-----2 		
103	የትምህርት: ደረጃዎትን: በገልጽልኝ?	<ul style="list-style-type: none"> • ምንም ያልተማሩ-----1 • ማንበብ መጻፍ የሚችሉ-----2 • አንደኛ ደረጃ-----3 • ሁለተኛ ደረጃ-----4 • ቴክኒክና ሙያ-----5 • ከፍተኛ ተቋም-----6 		
104	በአሁኑ ሰዓት: የጋብቻ: ሁኔታዎ :ምን: ይመስላል?	<ul style="list-style-type: none"> • ያገባች/ባለት-ዳር.....1 • የፈታች/የተለያዮች.....2 • ባልየሞተባት.....3 • ያላገባች/አብራራማት-ኖር.....4 • ሌላ.....5 		
105	ሀይማኖትዎ :ምንድን: ነው?	<ul style="list-style-type: none"> • ፕሮቴስታንት.....1 • ኦርቶዶክስ.....2 • ሙስሊም.....3 • ካቶሊክ.....4 • ባህላዊ.....5 		

		<ul style="list-style-type: none"> • ሌላካለይገለፅ..... 		
106	ብሔርዎ ምንድን ነው?	<ul style="list-style-type: none"> • ሀዲያ.....1 • ከንባታ2 • ጉራጌ.....3 • ሲልጤ.....4 • አማራ.....5 • ሌላካለይገለፅ ...6 		
107	አሁን ምን ዓይነት ስራ ነው የሚሰሩት?	<ul style="list-style-type: none"> • የቤት እመቤት .1 • የመንግስት.....2 • የግል፡ድርጅት.....3 • ነጋዴ.....4 • ተማሪ.....5 • የቀንሰራተኛ.....6 • ሌላ ስራ፡ገለፅ..7 		

ክፍል 2. የቤተሰብን የሀብት፣ ደረጃ፣ የተመለከቱ ጥያቄዎች

የሚከተሉትን ጥያቄዎች የሚኖሩበት ቤት ውስጥ ስለሚገኙ ንብረቶች እና የቤት አሰራር ሁኔታ ይመለከታል።

መመሪያ ፡የተሳታፊውን ምላሽ ፡በተሰጠው ፡ትክክለኛ ፡ቦታ ፡መልሱን ፡ያክብቡ፡ ቁጥሩን፡ ወይም፡ ፊደሉን፡ ይጻፉ፡

ተ.ቁ	ጥያቄ	መልስ	ጥያቄውን ይለፉ
		የሚቀጥሉትን ጥያቄዎች የቤትዎ ውስጥ ንብረት እና አገልግሎቶች እያሰቡ ይመልሱ።	
201	የሚጠጣ፡ ወ.ሃ፡ በዋነኝነት፡ የሚያገኙት፡ ከየት፡ ነው?	<ul style="list-style-type: none"> • ከባንክ_____1 • ከጉድጓድ፡በቱቦ፡ተስቦ፡የሚወጣ፡ወ.ሃ_____2 • የተጠበቀ፡የጉድጓድ፡ወ.ሃ_____3 • ያልተጠበቀ፡የጉድጓድ፡ወ.ሃ_____4 • የተጠበቀ፡የምንጭ፡ወ.ሃ_____5 • ያልተጠበቀ፡ምንጭ፡ወ.ሃ_____6 • ከምድር፡ገፅ፡ላይ፡ወ.ሃዎች፡ (ወንዝ፡ግድብ፡ሃይቅ)_7 	

		<ul style="list-style-type: none"> የታሸገውሀ(ሐይላንድ)_____ _8 በመኪና፡ከሚመጣ፡የወሃ፡ጋን/ቦቲ_____9 በጋሪ(በጀሪካን)የሚመጣ፡ ወሃ_____10 ሌላይጥቀሱ_____11 	
202	የሚጠጣ፡ ወሃ፡ ለማግኘት ምን ያህል ጊዜ ይወስድባችዋል?	_____በደቂቃ	
203	የመፀዳጃ፡ ቤትዎ፡ ምን፡አይነት፡ነው?	<ul style="list-style-type: none"> ወሀመልቀቂያያለው፡መጸዳጃቤት_____1 የአየር፡ማስተንፈስሻ፡ያለውየጉድጓድመጸዳጃ_____2 የድንጋይመሰረትያለውየጉድጓድመጸዳጃቤት_____3 የድንጋይወለልየሌለውየጉድጓድመጸዳጃቤት_____4 መጸዳጃቤትየላቸውም/በጨካ/በሜዳየሚጸዳዱ_____5 ሌላይጥቀሱ_____6 	
204	መጸዳጃ፡ ቤቱን፡ የምትጠቀሙት፡ ከሌሎች፡ ጎረቤቶች፡ ጋር፡በጋራነውን?	<ul style="list-style-type: none"> አዎ_____1 የለም_____2 	
205	ምግብ፡የሚያበስሉት፡በምንድን፡ ነው?	<ul style="list-style-type: none"> የኤሌክትሪክሃይል_____1 ነጭጋዝ/ኬሮሲን_____2 ከሰል_____3 እንጨት_____4 ሳር/ቁጥቋጥ_____5 የእህልገለባ_____6 ምግብቤትወስጥአይበስልም_____7 ሌላይጥቀሱ_____8 	
206	በቤትዎ፡የሚከተሉት፡አሉን? ኤሌክትሪክ ቴሌቪዥን ሬዲዮ/ቴፕ የቤትስልክ ማቀዝቀዣ/ፍሪጅ	<p>አለ_____ የለም</p> <p>1_____2</p> <p>1_____2</p> <p>1_____2</p> <p>1_____2</p> <p>1_____2</p>	

	የኤሌክትሪክምጥድ ወንበር/ጠረጴዛ ሶፋ አልጋ ጥጥ/ስፖንጅፍራሽ የጋዝመብራት(ኩራዝ)	1_____2 1_____2 1_____2 1_____2 1_____2 1_____2	
207	በዚህ ቤት አባላት ፡ ባለቤትነት፡ የሚታወቅ፡- ሰአት ሞባይል ሳይክል ሞተርሳይክል መኪና ባጃጅ በእነሰሳየሚነዳ (ጋሪ) ኮምፒዩተር/ላፕቶፕ	1_____2 1_____2 1_____2 1_____2 1_____2 1_____2 1_____2 1_____2	
2.ቤት አሰራር ሁኔታ፡-እባክዎ የሚቀጥሉትን ጥቂዎች ስለሚኖሩበት ቤት አሰራር እና ሁኔታ እያሰቡ ይመልሱ			
208	የሚኖሩበት ቤት ባለቤትነቱ የማነወ?	<ul style="list-style-type: none"> • የግልዎ _____ 1 • የመንግሥት _____ 2 • የግለሰብ _____ 3 • ሌላካለየግለፁ _____ 4 	
209	የሚኖሩበት ቤት ስንት ክፍል አለዉ?	_____	
210	በቤትዎ ወስጥ በአንድ የመኝታ ክፍል ስንት ሰዎች ይጠቀማሉ?	_____	
211	በቤትዎ ወስጥ ከብት አልዎት?	<ul style="list-style-type: none"> • አለ _____ 1 • የለም _____ 2 	መልሱ፡ የለም፡ ከሆነ ወደ ጥያቄ 213 ይለፉ
212	ስንት ከብት አልዎት ?	ላም _____ በቁጥር በሬ _____ በቁጥር ፈረስ _____ በቁጥር አህያ/በቅሎ _____ በቁጥር ፍየል _____ በቁጥር	

	የቤቱን ግድግዳ ተመልክተሽ አክብቢ	ድንጋይናሲ ሚንቶ _____ 6	
		ብሎኬት _____ 7	
		ቆርቆር _____ 8	
		ሌላካለይገለጽ _____ 9	

ክፍል 3: የወሊድ ሁኔታ

የሚከተሉትን ጥያቄዎች የወሊድ ሁኔታዎን እያሰቡ ይመልሱ::

መመሪያ: የተሳታፊውን ምላሽ በተሰጠው ትክክለኛ ቦታ መልሱን ያክብቡ ቁጥሩን ወይም

ፊደሉን ይጻፉ

ተ.ቁ	ጥያቄ	መልስ	ጥያቄይለፉ
301	ስንት ጊዜ ወልደወያወቃሉ?	አንድ ጊዜ _____ 1 ሁለት እስከ አምስት _____ 2 ከስድስት በላይ _____ 3	
302	ባለፈው እርግዝናዎ ክትትል ነበር?	አዎ _____ 1 የለም _____ 2	መልሱ የለም ከሆነ ነወደ ጥያቄ 305 ይለፉ
303	የእርግዝናዎ ክትትል የሚያደርጉ የትኩረት ነበር?	ሆስፒታል _____ 1 ጤና ጣቢያ _____ 2 የግል ክሊኒክ/ሆስፒታል _____ 3 ሌላ _____ 4	
304	በዚህ ልጅ እርግዝና ስንት ጊዜ ክትትል አደረጉ?	በቁጥር _____	
305	ይህን ልጅ የትኩረት ነው የወለዱት?	ሆስፒታል _____ 1 ጤና ጣቢያ _____ 2 የግል ክሊኒክ/ሆስፒታል _____ 3 ሌላ _____ 4	
306	ከዚህ ቀደም አሁን በወላዳ በት ጤና ድርጅት ወልደወያወቃሉ?	አዎ _____ 1 የለም _____ 2	
307	በአሁኑ ጤና ድርጅት እንዲወልዱ ያመለከተዎ ማን ነበር?	በራስዎ _____ 1 ከጤና ጣቢያ ሪፈር _____ 2 ከክሊኒክ ሪፈር _____ 3	
308	ይህን ልጅ የወለዱበት ጊዜ መቼ ነው?	ቀን _____ 1 ማታ _____ 2 ቅዳሜና አሁኑኑ _____ 3	

309	የወለዱበት መንገድ ምን ይመላል?	በምጥ _____ 1 በሙሉ በቀደም ገና _____ 2 በመሳሪያድጋፍ _____ 3 በቀላልቀደምገና(ስቲቶ) _____ 4	
310	በወሊድ ወቅት በጤና ተቋም ምን ያህል ቆዩ?	<24ሰዓት _____ 1 1-6ቀናት _____ 2 1-2ሳምንታት _____ 3	
311	በዋነኝነት ያዋለድዎት የጤና ባለሙያ ማን ነበር?	ሚዲካል ፊሪከርስ _____ 1 ሐኪም _____ 2 ሌላ _____ 3 ማንም _____ 4	
312	ያዋለድዎ የጤና ባለሙያ ጾታ ምን ነበር?	ወንድ _____ 1 ሴት _____ 2	
313	በምጥ እና በወሊድ ጊዜ በእርሶ ወይም በልጅ ላይ ያጋጠመ የጤና ችግር አለ ወይ?	አዎ _____ 1 የለም _____ 2	
314	በምጥ እና በወሊድ ወቅት በተደረገልዎ ድጋፍ ምን ያህል እረክተዋል?	በጣም እረክቻለሁ _____ 1 እረክቻለሁ _____ 2 ገለልተኛ _____ 3 አልረካሁም _____ 4 በጣም አልረካሁም _____ 5	

ክፍል 4: አክብሮት: የጎደለው: የወሊድ: አገልግሎት: እና: ጉዳት: በተመለከተ
የሚከተሉትን: ጥያቄዎች: በጤና: ተቋም: ቆይታዎ: ያጋጠምዎን: አገልግሎት እያሰቡ ይመልሱ
መመሪያ: የተሳታፊውን: ምላሽ :በተሰጠው :ትክክለኛ :ቦታ :መልሱን :ያክብቡ::

ተቁ	1. በወሊድ ጊዜ አካላዊ ጉዳት ደርሶቦታል?		እለፍ
401	በምጥና: በወሊድ: ጊዜ: በጤና: ባለሙያዎ: መመታት፤ መቆንጠጥ: እና: ድብደባ: ደርሶቦት: ነበር?	1.አዎ 2.የለም	
402	በምጥ: ጊዜ: የጤና: ባለሙያዎ: ሆድዎ: ላይ: በመጫን ሊያዋልድ: ሞክሮ: ነበር?	1.አዎ 2.የለም	
403	በጤና: ባለሙያዎ: መታፈን (ድምፅ: እንዳያወጡ: መደረግ): ወይም: ሃይል መጠቀም :እግሮችን: ሊከፍት: ሞክሮ: ነበር?	1.አዎ 2.የለም	
	2. በጤና ባለሙያዎ ክብር የሚነኩ ቃላት ተሰንዝሮቦት ነበር?		
404	በጤና: ባለሙያዎ: ከባድ: ስድብ፤ ዘለፋ፤ ማመናጨቅና :ጨኝነት:	1.አዎ 2.የለም	

	ደርሶቦት: ነበር?		
405	በጤና: ባለሙያዎ: ጥፋተኝነት: ወይም: ተጠያቂነት: እንዲሰማዎት: የሚያድግ: ንግግር: ደርሶቦት ነበር?	1.አዎ 2.የለም	
406	በጤና: ባለሙያዎ: ማስፈራራት: ወይም: ወቀሳ: የተሞላበት: ንግግር: አጋጥሞት: ነበር?	1.አዎ 2.የለም	
	3. በጤና ተቋም ቆይታዎ መድሎ ደርሶቦት ነበር?	1.አዎ 2.የለም	
407	በጤና: ባለሙያዎ: በዘር፤ በዕድሜና በኑሮ ደረጃዎ: ምክንያት: አገልግሎት: አሰጣጡ: ላይ: ችግር: ተፈጥሮታል?	1.አዎ 2.የለም	
408	በጤና: ባለሙያዎ :ምርመራ: ውጤትዎ: ምክኒያት: መድሎ: ደርሶቦታል?	1.አዎ 2.የለም	
	4. በጤና: ተቋም: ቆይታዎ: ሙያዊ: ደረጃዎን: የጠበቀ: አገልግሎት: እንዳገኙ: ይሰማዎታል?		
409	የጤና: ባለሙያዎ: የትኛውንም: ህክምና: ከመስጠቱ: በፊት: ፈቃድዎ: ይጠየቅዎት: ነበር?	1.አዎ 2.የለም	
410	ያለርስዎ: ፈቃድ: የጤና :መረጃዎ: ለሌላ: ሰው: ተላልፏዎል?	1.አዎ 2.የለም	
411	የእርስዎና: የጤና :ባለሙያው: ንግግር: ለሌሎች: ይሰማ: ነበር?	1.አዎ 2.የለም	
412	በምጥ: ወይም: በወሊድ: ወቅት: ተደጋጋሚ: ለከፍተኛ: ህመም: የሚያጋልጥ: የማህፀን: ምርመራ: ተደርጎሎት: ነበር?	1.አዎ 2.የለም	
413	ከወሊድ: በኋላ: ያለ: ህክምና: ትዕዛዝ: ከልጅ: ተለይተው: ነበር?	1.አዎ 2.የለም	
414	በምጥና: በወሊድ: ጊዜ: በጤና: ባለሙያዎ: ምቶት: እንዲሰማዎት: ወይም: የህመም: ስቃይ: እንዳይሰማዎ: የተደረገልዎት: ነገር: ነበር?	1.አዎ 2.የለም	
415	ጤና: ባለሙያውን: ለዕርዳታ: በሚጠሩበት: ጊዜ: ተረስተው/ቸል: ተብለው: ነበር?	1.አዎ 2.የለም	
416	በባለሙያ: ምክኒያት: የዘገዩ: የህክምና: አገልግሎት: አጋጥሞት: ነበር?	1.አዎ 2.የለም	
	5. በጤና ተቋም ቆይታዎ ከጤና ባለሙያዎ ጋር ጥሩ መግባባት ነበረን ብለዉ ያስባሉ?		
417	ያዋለድዎ :ባለሙያ :ስሙን: አስተዋውቆዎት : ነበር?	1.አዎ2.የለም	
418	የጤና :ባለሙያዎ :በስምዎ :ይጠራዎ: ነበር?	1.አዎ2.የለም	
419	የጤና:ባለሙያዎ:ወቅቱን: የጠበቀ:ስለምጥዎ:ሁኔትናለውጥ: መረጃ :ሰጥትዎትነበር?	1.አዎ2.የለም	
420	የጤናባለሙያዎ: እርሶዎ :ሊረዱት:በሚችሉት :ቋንቋ :ያስረዳዎት:	1.አዎ2.የለም	

	ነበር?		
421	በምጥዎ፡ ሰአት ፡ምግብ /ፈሳሽ ፡ነገር፡ እንዲወስዱ፡ እንዲሁምእንዲንቀሳቀሱተፍቅዶሎት፡ ነበርን?	1.አዎ2.የለም	
422	በወለድ፡ወቅት፡በተመችዎት፡ሁኔታ፡እንዲወልዱ፡ተፈቅድዎሎት፡ነበር?	1.አዎ2.የለም	
423	በምጥዎ፡ወቅት፡የሚረዳዎ፡ሰው፡ከቤተሰብዎ፡አብርዎት፡እነዲሆን፡ተፈቅድ ዎሎት፡ነበር?	1.አዎ2.የለም	
424	በጤናባለሙያዎ፡እና፡በሌሎች፡የጤና፡ድርጅቱ፡ሰራተኞች፡እንክብካቤ፡ተደር ጎልዎ፡ነበር?	1.አዎ2.የለም	
425	በጤና፡ተቋሙ፡ወስጥጉዳት፡የሌላቸውን፡ባህላዊ፡ልምምዶችን፡እንዲያከናው ኑተፈቅዶሎት፡ነበር?	1.አዎ 2.የለም	
426	እርቃንዎ፡በብዙ፡ሰዎች፡ፊት፡እዲጋለጥ፡በባለሙያዎ፡ተገደደ፡ነበር?	1.አዎ2.የለም	
	6.በጤና ተቋም ቆይታዎ ያስተዋሉት የጤና ተቋሙ ወይም የጤና ህጉ ችግር ነበረ?		
427	በጤና፡ተቋሙ፡የጤናባለሙያ፡ወይም፤ የህክምና፡መድሃኒቶች፤ ቁሳቁሶች፡እ ጥረት፡ተመልክተነበር?	1.አዎ2.የለም	
428	የጤና ባለሙያው ምርመራ፡ በሚያደርግበት፡ ጊዜ፡ አስፈላጊው፡ መከለያ/መጋረጃ፡ ተጠቅሞ፡ ነበር?	1.አዎ2.የለም	
429	እርስዎ፡ ወይም፡ ሌሎች፡ እናቶች፡ ባዶ ፍራሽ፡ ወይም፡ በደም፤ በሽንት/ በሰረራ ፡የተበከለ፡ መኝታ፡ ተሰጥቶዎ፡ ነበር?	1.አዎ2.የለም	
430	በተቋሙ፡ ወስጥ፡ ቅሬታ፡ የሚቀርብበት፡ አገልግሎት፡ ክፍል፡ እንዳለ፡ ያወቃሉ?	1.አዎ2.የለም	
431	በርሶ፡ እይታ፡ በጤና፡ ተቋሙ፡ ብቃት፡ የሚጎላቸው፡ ባለሙያዎች፡ አሉ፡ ብለው፡ ያስባሉ?	1.አዎ2.የለም	
432	በጤና፡ ተቋሙ፡ ወስጥ፡ የእጅ፡ መንሻ /ጉቦ ፡የሚቀበሉ፡ ሰራተኞች፡ አጋጥሞት፡ ነበር?	1.አዎ2.የለም	
433	እርስዎ ፡ወይም፡ ሌሎች፡ እናቶች፡ በጤና ፡ተቋም ፡ወስጥ፡ ሲወልዱ ፡የተበከለባቸውን፡ አልጋ/ወለል፡ እንዲያፀዱ፡ ሲገደዱ፡ ተመልክተዋልን?	1.አዎ2.የለም	

Declaration

I, the under signed, declare that this thesis is my original work, has not been presented for a degree in this or another university and that all sources of materials used for this thesis have been fully acknowledged.

Name of student: Azeb Getachew Signature. _____

Date of submission: _____

This thesis work has been submitted for examination with my approval as university advisor.

Name of the primary advisor _____ Signature. _____

Date: _____