

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

LEVEL OF DISRESPECT AND ABUSE OF WOMEN AND ASSOCIATED
FACTORS DURING FACILITY-BASED CHILDBIRTH IN BAHIR DAR
TOWN, AMHARA REGIONAL STATE, ETHIOPIA

BY:

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A THESIS TO BE SUBMITTED TO THE ADDIS ABABA UNIVERSITY
SCHOOL OF ALLIED HEALTH SCIENCES DEPARTMENT OF
NURSING AND MIDWIFERY IN PARTIAL FULFILMENT OF THE
REQUIRMENT FOR THE DEGREE OF MASTER OF MATERNAL AND
REPRODUCTIVE HEALTH NURSING

JUNE, 2017

ADDISABABA, ETHIOPIA

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JUNE, 2017

ADDISABABA, ETHIOPIA

Approval by the Board of Examiners

This thesis by Biresaw Wasihun Alemu is accepted in its present form by the board of Examiners as satisfying thesis requirement for the degree of Master of Science in maternal and reproductive health nursing

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ACKNOWLEDGEMENT

Above all, I praise my God for He has strengthened my hands, never set me aside in all my ups and downs, and during my happiness and sorrow times, and despite all other constraints, brought me to this time.

I would like to forward my deepest appreciation and thanks to my advisors **Mr. Leul Derby (BSc, Mph) and Mrs. Nadia Worede (BSc, MSc)** for their constructive advice, support, valuable comments and suggestions starting from proposal development till to the final report presentation.

I would also like to thank Addis Ababa University College of Health sciences, school of Allied health sciences, and department of nursing, and midwifery staffs and librarians, who have directly or indirectly supported in the process of the preparation of this thesis, and I want to extend my gratitude to Arbaminch University for giving chance to attend postgraduate program.

I would like thank Bahir Dar city administration office and their respective sub-city administration office for facilitating data collection process.

I would like to thank all data collectors, supervisors and respondents for their collaboration for the success of this study

The last but not the least, I would like to thank Teklemariam Gultie (BSC, MSC, Assistant professor), shegaw Zeleke (BSC, MSC student), Agegnehu Bante (BSC, MSC student) for their support idea providing constructive comments beginning from proposal development up to finalization of this thesis.

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ABBREVIATION AND ACRONYMS

ANC	Anti Natal Care
CRC	Compassionate and Respectful Maternity Care
FMOH	Federal Minister of Health
L and D	Labour and Delivery
MCHIP	Maternal and Child Health Integrated Program
PHCU	Primary Health Care Unit
TRA	Translating Research to Action
USAID	United State Agency for International Development
WHO	World Health Organization

ABSTRACT

Background: Globally, more than half million women die annually as a result of complications of pregnancy and childbirth. Disrespect and abuse is one of the unspoken causes of maternal mortality and morbidity globally. Providing compassionate and respectful maternity care services to laboring mothers is one of the most important interventions to ensure survival of women. However, compassionate and respectful maternity care has received less attention both in practice and research.

Objective: To assess the level of disrespect and abuse of women and associated factors during facility-based childbirth in Bahir Dar town, Amhara Region, North West Ethiopia, 2017.

Methods: A community based cross-sectional study design triangulated with in-depth interview was conducted to collect data from study participants in Bahir Dar town from March 1-March 30/2017. Study subjects were selected through systematic random sampling based on their proportional distribution of sample size to each sub-city. Structured questionnaire was used to collect quantitative data and semi-structured guide for in-depth interview. The data was coded and entered into Epi data 3.1 version and the analysis was carried out in statistical package for social science 22 versions. Univariate, Bivariate and multivariate analysis with 95 % CI was carried out.

Results: From the total of 422 mothers interviewed 410 responded for the question with a response rate of (97.2%). The overall prevalence of disrespect and abuse was 67.1 % with 95% CI (63-72). Almost all of the mothers were experienced at list one form of disrespect and abuse. The most prevalent form of abuse and disrespect was physical abuse 236(57.6%) and non-consented care 236(57.6%). Disrespect and abuse is prevalent on low socio economic group, as length of stay in health facility increase disrespect and abuse increase and disrespect and abuse were significantly increase at governmental hospital than private at P- value of less than 0.05.

Conclusion and recommendations: In this study the result showed that the prevalence of disrespect and abuse was common. Family monthly income, number of ANC visit, length of stay in health facility and type of health facility were some of the factors associated with disrespect and abuse. High prevalence of disrespect and abuse in maternity care at health facilities calls for strengthened action to provide quality of maternity care for all childbearing mothers. Further community based research in both urban and rural area will be needed.

Key words: Disrespect, Abuse, Maternity, Child birth, Ethiopia.

1. INTRODUCTION

1.1. Background

Childbirth also known as labor and delivery, is ending of pregnancy by one or more babies leaving a women uterus. It is a life changing event in which a woman goes through a lot of biological, social and emotional transitions(1). During facility-based childbirth giving compassionate and respectful maternity care can profoundly affect the future well-being of the mother and new born, and her relationship with the baby, family and health professionals(2).

In 2013, 289,000 women died in pregnancy, childbirth and after childbirth and this translated to 239 maternal deaths per 100,000 live births. Over 99% of these deaths occurred in low income countries especially sub-Saharan Africa(3).

WHO defines compassionate and respectful maternal care as the right every woman has to attain the highest standard of health. This includes the right to dignity , compassionate and respectful health care to all child bearing women around the world throughout pregnancy, childbirth, and postnatal period(4).

On the other hand disrespect and abuse is defined as any form of inhumane treatment or uncaring behavior toward a woman during labor and delivery (5). Laboring mother may face different disrespectful and abusive treatment during facility child birth. These include physical abuse , lack of consent for care , non- confidential care , undignified care , abandonment, discrimination and detention in facilities for failure to pay user fees(6).

Worldwide Many women experience disrespectful and abuse treatment while giving birth in health facilities. These types of treatment not only violate the rights of women to get respectful maternity care service but can also affects their rights to life, their rights of health, there bodily integrity and freedom from discrimination(4).

In developing countries, Provision of compassionate and respectful care during childbirth continues to raise problems as evidenced by maternal mortality and morbidity which could be attributed to low maternity quality of care (7).

Since 2003, the Ethiopian Federal Ministry of Health has worked to increase the number of health facilities in the country and better connect communities to facilities to improve access to and uptake of maternity service. However, recent work suggests that improving

access is not enough to increase use, and that poor perceived quality of care and poor interpersonal care decrease women from seeking delivery services at health facilities with skilled personnel(8).

Therefore in low resource settings the personal interaction between client and provider is important in shaping women's experiences and their perceptions of maternity care during child birth in long run it reduce maternal mortality and morbidity(9).

Currently Ethiopian federal minster of health aspires to provide compassionate and respectful maternity care (CRC) by reducing high prevalence of disrespect and abuse during labour and delivery in health facilities. Because motherhood is specific to women, issues of gender equity and gender violence are also at the core of maternity care(10).

Promoting maternal health remains an important global health issue and especially the reduction of maternal morbidity and mortality(11). Luck of compassionate and respectfully maternity care during labour and delivery leads to low maternity service uptake and contribute to maternal mortality and morbidity. Therefore, one of the way to tackle this problem is by providing laboring mothers an environment where they feel secure to receive both emotional and physical support from their families as well as from health professionals(11, 12).

1.2. Statement of the problem

Globally more than half a million women die annually as a result of pregnancy and childbirth related complication. Even though different intervention was made to reduce maternal mortality and morbidity every day around 800 women die from preventable causes related to pregnancy, childbirth and following child birth (13).

In Africa the MMR is still 540 per 100,000 live births, it accounts for 64% of maternal deaths(14). Ethiopia has one of the highest maternal mortality ratios (MMR) that is 412 maternal deaths per 100,000 live births (15).

Disrespect and abusive maternal care is reported to be one of the causes of maternal mortality and morbidity .It is a major problem that affects women during labor and delivery and it is one of the most important barriers to maternal service utilization.(1, 13) but it received less attention as compared to other barriers of access and choice of maternal care during labour and delivery (16).

World Health Organization has recognized disrespect and abuse maternal care during facility based delivery as a worldwide problem that affects women's rights to compassionate and respectful maternity care service utilization and also damage their lives freedom and bodily integrity even leads to death (3).

During labour and deliver there is disrespect and abuse but it is unspoken this has been attributed to courtesy bias where women tend not to report disrespect and abuse while still in the health facility(17).

In Ethiopia, only 28% of births were being attended by a skilled birth attendants (15). The reasons for failing to use skilled services during delivery have been studied a lot. But there is inadequate research on the role of disrespect and abuse of women during facility based deliveries in decreasing utilization of maternity services.

Currently compassionate and respectful maternity care during labour and delivery considered an important component of health care provider quality assurance program. For the quality of maternal care service utilization, it is important to assess the existing prevalence of disrespect and abuse during child birth (5, 18)

Even though few facilities based studies were conducted in Ethiopia (19) no community based study were conducted on prevalence of disrespect and abuse during child birth and its contributing factor this study will aimed at filling this gap. Therefore, this study indicated the level of disrespect and abuse of women and associated factors during facility based child birth.

1.3. Rationale of the study

Provision of compassionate and respectful maternity care during labour and delivery is one of the enhancing factors to promote facility child delivery. Now a day assessing respectful maternal care during child birth is core component for improvement of quality of maternity service and to reduce maternal mortality and morbidity. So institution based alone is not enough to identify contributing factors that are associated with disrespect and abuse during childbirth .This study therefore, sought to identify the gaps in the prevalence of disrespect and abuse during facility child birth in community and to providing inputs into developing feasible and sustainable community-based interventions to improve maternity care service. The information that will be generated through this research will also assist policy makers to design appropriate programs addressing disrespect and abuse of women during delivery once addressed this would lead to increased maternity service utilization during delivery and hence decrease in maternal mortality and morbidity. Also this study result will be used as a baseline to design educational program for the health workers and mothers to increase compassionate and respectfully maternity care. And it could be used by researchers for further study.

2. LITERATURE REVIEW

Every woman has the right to be treated with dignity and respect by facility staff regardless of background, health or social status, this includes, but is not limited to, women who are single, poor, and uneducated, or a minority in her community(20) In this chapter publications and Studies on disrespect and abuse during facility based delivery in line with the study objectives are reviewed. It is divided into seven study themes this are Physical abuse, Non-confidential care, Non -dignified care, Non - consented care, Discrimination, Detention, Abandonment/ Neglect and associated factors that pre-dispose to disrespect and abuse during facility child birth will be discussed.

2.1. Prevalence of disrespect and abuse

Disrespect and abuse of women during facility based delivery occur globally(21).

A study conducted in rural Tanzania showed that the prevalence of disrespect and abuse during child birth was found to be around 19.5% as exit interview and 28.2% as follow-up interview(6).The same study conducted in Tanzania to explore the prevalence of disrespect and abuse during facility based child birth revealed that 15 % of women reported disrespect and abuse (22).

Cross-sectional study done on women coming to the immunization clinic in a teaching hospital in south-eastern Nigeria showed that 98 % reported disrespect and abuse during child birth(18). A study carried out in Kenya to explore the prevalence of disrespect and abuse during child birth revealed that 20% of laboring mother experience disrespect and abuse (23). On other hand study conducted in Addis Ababa on statues of respect full maternity care during child birth showed that 78% of mother reported disrespect and abuse.(19).

2.2. Category of disrespect and abuse during labour and delivery

2.2.1. Physical abuse

Physical abuse often took the forms of slapping, hitting, kicking or pinching the women(5). A cross sectional facility and community based survey conducted in Tanzania on disrespectful and abusive treatment during facility delivery showed that a total of 1779 women participated in the survey. Nearly 19.48% of women reported disrespect and abuse. Physical abuse accounts 3% - 5% specially slapped or pinched (6)

Cross-sectional study conducted in urban Tanzania showed that from 1914 participant in the study 15 % of respondents reported any form of disrespect and abuse. Physical abuse account 5%(24).

On other hand the qualitative study conducted in the Morogoro Region, Tanzania on experiences of and responses to disrespectful maternity care and abuse during childbirth; showed that from 112 participant all of the mother report physical abuse (25).

A Cross sectional analysis of baseline data from a quasi-experimental study in Kenya in thirteen health facility revealed that from the 641 participant 20% percent of women reported any form of disrespect and abuse. Physical abuse accounts 4.2% (23).

In a Ghanaian study, 98% of all the respondents reported experiencing at least one form of disrespect and abuse during delivery in the maternity units. The most common manifestation of disrespect and abuse was physical abuse 35.7 %.(18).

A qualitative and quantitative base line study which is conducted on disrespect and abuse during facility-based childbirth in four PHCUs in two regions of Ethiopia showed that overall 21% of women experience of disrespect and abuse. Physical abuse account 1% (26).

On other hand cross-sectional study that was done in Addis Ababa, on the Status of respectful and non-abusive care during facility-based child birth shows that from the total of 173 mothers interviewed 78% of respondents experienced one or more categories of disrespect and abuse. Out of this physical force or slapped account 2.3% (19).

2.2.2. Non-Confidential care

Non-confidential care occurs when there is a breach of privacy and confidentiality. Violation of privacy occurs when there is a physical lack of privacy in facilities where women labor and deliver in public view, that is, without any privacy barriers in front of other hospital staff and/ or patients (16).

Cross-sectional study conducted on the disrespectful and abusive treatment during facility delivery in Tanzania showed that from 1779 women participated 3.5% of women experience of non-confidential care (6).

On other hand facility based cross sectional study conducted in urban Tanzania showed that 15% of women reported disrespect and abuse. from this non-confidentiality care

accounts 2%(24). The same study which is conducted in Kenya showed that 8.5% of women experiencing Non- confidential care during L and D (23).

Both qualitative and quantitative study which is conducted in four primary health care unit in Ethiopia showed that 13.7% of respondent reported non-confidentiality care (26). Similar study conducted in Addis Ababa Ethiopia, showed that 21.4% of cases not use curtains or other visual barriers to protect the mother's privacy during childbirth (19).

2.2.3. Non -Dignified Care

Non-dignified care as described in literature is said to happen when there is intentional humiliation, blaming, scolding, shouting, publicly divulging private patient information, and negative perceptions of care(16).

Study which was conducted in Ghanaian showed that 98% of women reported at least one form of disrespect and abuse during delivery in the maternity units. Non-dignified care account for 29.6% of the cases (18). On the other hand in the Kenyan study, 20 % of the women reported any form of disrespects and abuse during facility based delivery. On-dignified care account 18%.(23) . Study conducted in Sierra Leone suggested that nurses were often so rude to the women that they would simply „slam the door’ at the faces of the women if they arrived late at the facility.(27)

Study conducted in Kenya and South Africa, showed that the nurses were reported to be cruel, impatient, unsympathetic and insulted women with remarks like ‘ stop pretending to be in pain you are responsible for your own pregnancy go ahead and die if you want to die and not to bother the nurse.(28, 29)

A cross- sectional facility based study was done in Tanzania on The prevalence of disrespect and abuse during facility-based childbirth on 1914 post natal mother 15 % of respondents reported experiencing any disrespect and abuse Non--dignified care account 6%(24).

A recent conducted systematic review result showed that proportion of women who reported experiencing any mistreatment during facility based child birth was 19.5%; with common specific experiences included “non -dignified care (12.9%) (30).

2.2.4. Non - consented care

Non-consented care is said to occur when providers do not give women the adequate information about the medical procedures and do not take both written and verbal informed consent from patients regarding procedures (5).

Study which was conducted in Ghanaian showed that 98% of women reported any form of disrespect and abuse. non consented care which accounts 54.5 % (18). On the other hand in the Kenyan study 20 % of the women reported any form of disrespect and abuse during facility based delivery. In terms of categories of disrespect and abuse non consented care accounted 4.3%(23). A study conducted Palestine, showed that 36% of the women reported having had high number of vaginal examinations (5-12 times) without taking any prior informed consent, and having felt humiliation on being examined by multiple providers instead of a single provider(31).

A base line study which is conducted in four primary health care unite in two region of Ethiopia and one teaching hospital and three health center in Addis Ababa showed that. The most commonly reported categories of disrespect and abuse were non-consented care (17.7%) and 48% respectively(19).

2.2.5. Discrimination

As stated in literature when health care provider made discrimination during childbirth based on a woman,s race, ethnicity, age, language, traditional beliefs and preferences, economic status, and educational level(5).

A study which is conducted in Ghanaian showed that 98% of all the respondents reported experiencing disrespect and abuse during child birth from this discrimination accounts 20%(25).

Studies conducted in rural northern Ghana and Peru reported result showed that poor and uneducated women were mainly subjected to abusive behavior by the health care providers during child birth (32, 33).

Similarly, study which is conducted in Bangladesh and Kenya showed that rich women received care earlier as compared to the poor, despite the seriousness of the medical condition. The poor were denied care even for the services which are provided free of cost by the government.(10, 34)

2.2.6. Abandonment/Neglect during labour and delivery

As discussed in literature women are often left alone during labor or delivery at a facility; do not receive any medical attention or follow-up; give birth by themselves; or have others assist them other than the health providers.

According to the study conducted in rural Tanzania showed that 14.24% of women reported that being ignored by the health worker during delivery (6).

In other hand direct observation of respectful maternity care which is conducted in five countries showed that reports of women feeling ignored and neglected during facility delivery estimated prevalence of disrespect and abuse from Ethiopia, Nigeria, Kenya, and Tanzania reported neglect and abandonment in 9–29 % of women 9% of women in the Nigeria study and 4–5 % of women in Tanzania reported delivering alone(35)

2.2.7. Detention in Health Facilities

As listed from literature Laboring mother or their babies are often detained in the facilities when they are not able to pay the bills during and after labour and delivery.(5)

Study conducted in Burundi's in seven out of thirty-five hospitals on detention during labour and delivery report showed that women were detained owing to their inability to pay the bills; a practice prevalent since the 1990's. While in Kenya, where rich women could easily avail private health insurance and high quality of medical treatment; poor women were detained for days because of their inability to pay(36).

2.3 Factors Associated with Disrespect and Abuse

The idea of respectful maternity care is attained when labor and delivery services are free from abuse and disrespect. Although disrespect and abuse during deliveries has not been exhaustively studied specially community based but different facility based literature result showed that disrespect and abuse are derived from multi-dimensional sources like at individual level, at health facility level and from provider level (16)

2.3.1. Socio-Demographic Related Factor

Facility and community based survey conducted on disrespectful and abusive treatment in Tanzania. Showed that educational back ground of the mother were significantly associated with their experience of disrespect and abuse. women who attended secondary education or greater were more likely to report disrespect and abuse than uneducated (6).

In other study result showed that, economic background and Age of the mother were significantly associated with their experience of disrespect and abuse during giving birth; 66.6% of age <20 and only 27.7% of mother with age of >30 years experience disrespect and abuse(37) Study in Kenya showed that women with age of under 19 were more likely to be abused during labour and delivery than those aged 20-29(23).

2.3.2. Obstetric Related Factors

Study conducted on disrespectful and abusive treatment in Tanzania showed that obstetric history of mother was significantly associated with their experience of disrespect and abuse. women who had developed any complications during delivery and who stayed in the facility for delivery for less than 1 day were more likely to report experiences of disrespect and abuse.(6).

On other hand study conducted in Kenya showed that women of higher parity, between one and three children, were three times more likely to be detained for lack of payment or five times more likely to be requested(23). Direct observational study conducted in five countries showed that those women who received ANC were less likely to complain disrespect and abuse than those who didn't (35)

2.3.3. Individual related factor

These are potential contributing factors that arise from individual like normalization of disrespect and abuse during childbirth, lack of engagement and oversight, financial barriers, lack of autonomy and empowerment.(5).

Study conducted in Kenya showed that normalization of disrespect and abuse, lack of autonomy and empowerment, and financial barrier is identified factors for disrespect and abuse during labour and delivery (23). On other hand study conducted in Addis Ababa, Ethiopia showed that economical background were only significantly associated with disrespect and abuse (89.5% among those with a monthly income Of <713 birr and 70.3% among those with monthly income of \geq 713 birr(19).

2.3.4. Service delivery related factors

These potential contributing factors arise from hospital or health center like lack of standards infrastructure and lack of responsibility mechanisms.(5) Direct observational study which is conducted in five countries East and South Africa showed that lack of

resource and staff shortage was identified factor for disrespect and abuse during child birth(35). On other hand nationally representative surveys conducted in Ethiopia, Kenya, Rwanda, and Tanzania reported no electricity available in 14, 26, 18, and 50 % of facilities, respectively other current study showed that 20-57 % of facility lack standard infrastructure to attend delivery (38)

Study in Senegal show that maternal satisfaction was mediated by the mothers' perception of Compliance with care, which showed wide disparities in practice within the facilities and one of the main factors to select the place of delivery is satisfaction with the experience of institutional delivery.(39)

2.3.5. Provider related factor

These factors arise from health service provider like provider prejudice; provider distancing as a result of training; provider demoralization related to weak health systems, shortages of human resources and poor professional development opportunities; provider status and respect.(5). study conducted in sub-Saharan Africa stated that long term exposure of providers to service provision can lead to poor morale, compassion fatigue, and disrespectful treatment of clients(40).

Cross-sectional study which is conducted in Kenya found that the most identified factors at provider level which leads to disrespect and abuse were, poor provider attitudes, poor relationships with clients, lack of legal and ethical foundations for addressing disrespect and abuse, and provider prejudice due to lack of training(23)

2.4. Conceptual frame work

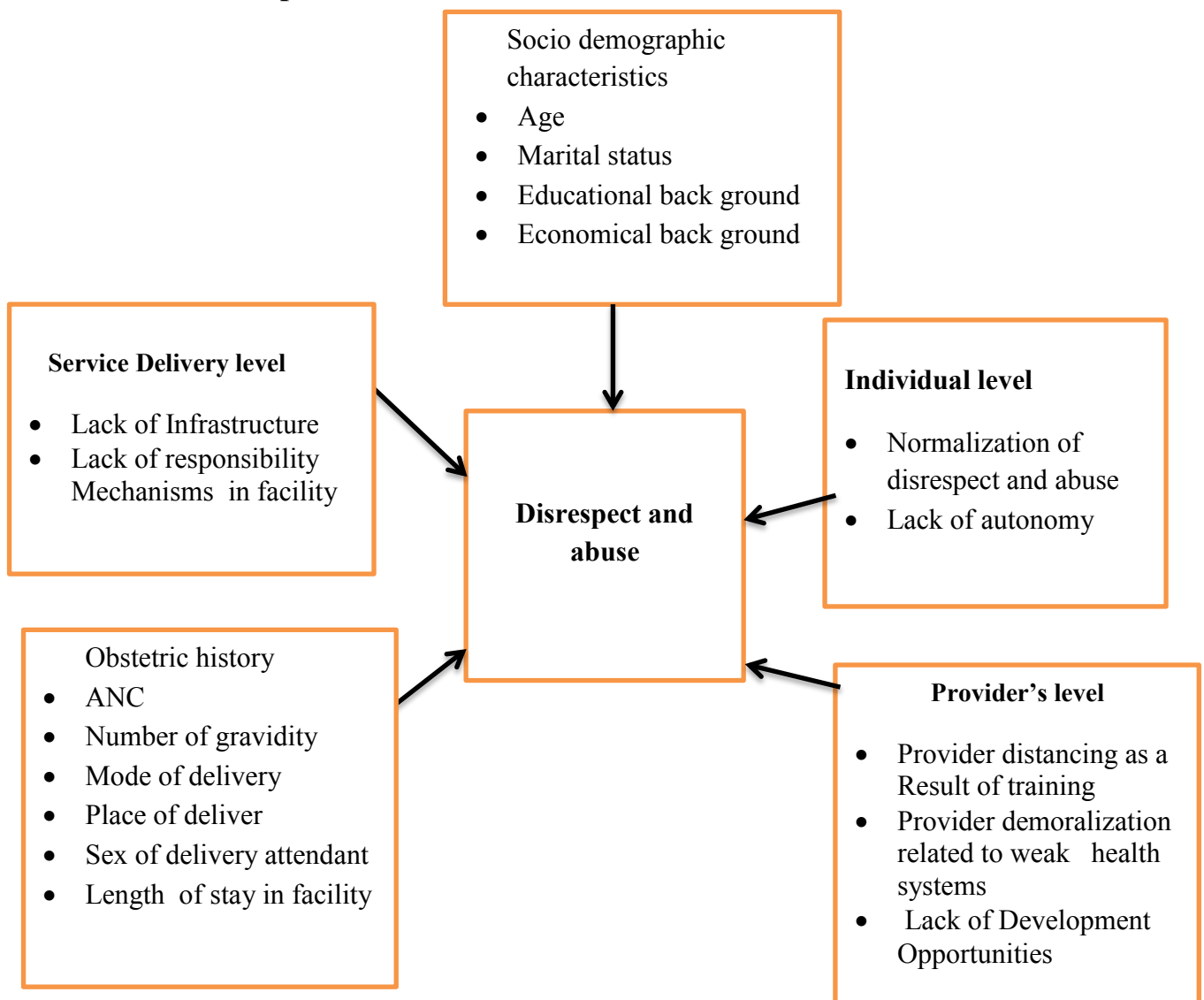


Figure 1. Conceptual frame work is adapted from USIAD country TRA project analysis on Exploring Evidence for Disrespect and Abuse during child birth (16).

3. OBJECTIVE OF THE STUDY

3.1. General objective

- To assess the level of disrespect and abuse of women and associated factors during facility-based childbirth in Bahir Dar town, Amhara Region, North West Ethiopia, 2017

3.2. Specific objectives

- To determine the prevalence of disrespect and abuse of women during facility-based Delivery in Bahir Dar town, Amhara , North West Ethiopia,2017
- To identify factors associated with disrespect and abuse during facility-based childbirth in Bahir Dar town, Amhara, North West Ethiopia ,2017

4. METHODS AND PROCEDURE

4.1. Study area and setting

This study was conducted in Bahir Dar town Amhara regional state. Bahir Dar is located in North Western part of Ethiopia, in Amhara National Regional State, at a distance of 565 km from Addis Ababa. Its astronomical location is 11°38" North latitude and 37 ° 15" East longitudes the city was found in 1922. The total population of the town (without including the rural Kebeles) is estimated to be 290,437 of which, 142,068 are males and 148,369 are female. Bahir Dar is one of the reform towns in the region and has a city administration. Bahir Dar city administration has 9 urban sub-cities. In Bahir dare town there are 10 public health centers and 4 hospitals from this hospital two are public and the rest are private health institution.

4.2. Study design and period

Community based cross-sectional study design triangulated with in-depth interview from March 1-March 30/2017.

4.3. Population

4.3.1. Source population

All mothers who gave birth with in the last one year at Bahir Dar town.

4.3.2. Study population

All mothers who gave birth in health facility with in the last one year from selected 9 sub-city of Bahir Dar towns during the study period.

4.4. Eligibility criteria

4.4.1. Inclusion criteria:

- All mothers who give birth in the last first one year in Bahir Dar town.
- Women who were resident of the area since the past six months.

4.4.2. Exclusion criteria

- Mothers who were critically ill and unable to communicate at the time of data collection.

4.5. Sample size determination

4.5.1. Quantitative Study

The sample size required for this study was calculated based on a single population proportions formula 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 5% , P is anticipated proportion of women reporting abuse and disrespect while giving birth and **50% is taken to increase the sample size.**

$$n = \frac{(1.96)^2 * 0.5(1-0.5)}{(0.05)^2}$$

With the above inputs the minimum sample size required for study is **384** taking 10% non-response rate the final sample size was **422**.

4.5.2. Qualitative Study

In-depth interview was conducted among purposely selected key informants from facilities with 4 head midwifery, 3 community leaders and 4 maternity care user those who do not participate in self-administered questionnaire until level of saturation reached.

4.6. Sampling Procedure

Systematic random sampling was used to select study participant from 9 urban sub- cities from Bahir Dar city administration. All urban sub-cities were included in the study and the number of households was determined using proportionate-to-population size.

To select the first household the data collectors were used the kebeles administration office and church as a reference/ a starting point. The data collectors was used spinning techniques to select the first house hold by rotating a pen and select the house which is found to the direction of the tip of the pen. Then consequentially gone to the right direction of the first household 23 house was coded and using lottery method one household was selected. From this onwards Data was collected in every 23th interval until the desired sample was achieved in each sub-city.

Mother in the selected household was selected and interviewed. For household with more than one individual, only one person was selected using lottery method. For those selected house hold which was closed during data collection, date collectors were revisited three times in different time intervals and interviewers failed to get an individual in the house hold, it was considered as non-response

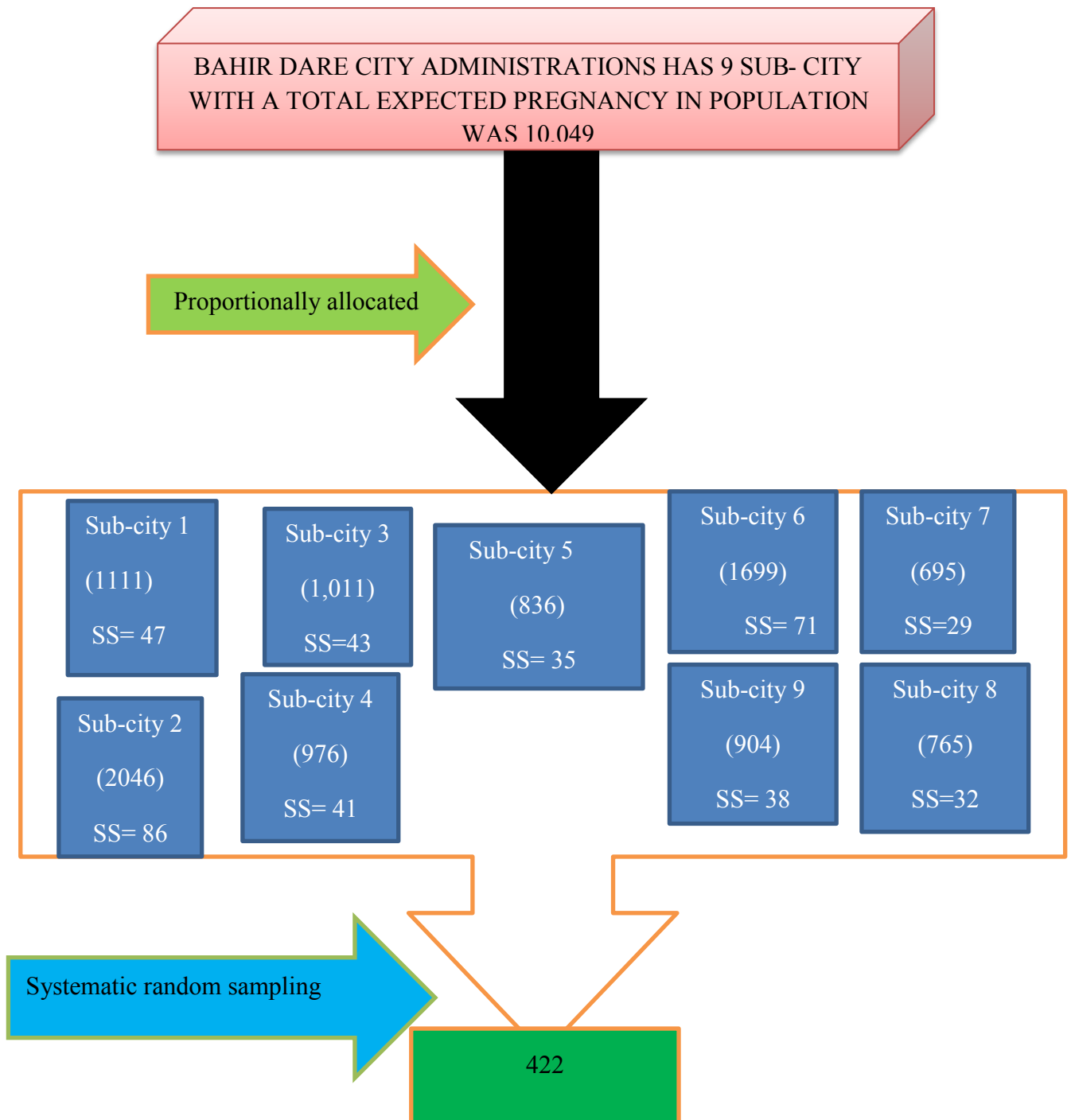


Figure 2. Schematic presentation of sampling techniques for participants in Bahir Dar town, North West, Ethiopia, 2017

Note: SS (Sample size)

4.8. Study Variables

4.8.1. Dependent variable

Disrespect and abuse

4.8.2. Independent Variables

Socio demographic; - age, marital status, religion, educational back ground, socio economic back ground, etc.

Obstetric history; - parity, place of delivery, length of stay in hospital

Service delivery related factor such as lack of standard and infrastructure

Individual related factors such as normalization of disrespect and abuse

Provider related factor such as Provider distancing as a Result of training; provider demoralization related to weak health systems, lack of development opportunities

4.9. Operational Definition

Physical abuse: physical force or abrasive behavior with the woman, including slapping or hitting and touches measured using seven criteria(16) a woman who answers yes to at list one criteria then she was considered as being abused at the time of labor and delivery.

Non-confidential care: lack of confidentiality and lack of privacy during maternal care measured using two criteria(16) a women who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery

Non-consented care: absence of informed consent, or patient communication, forced procedure, measured using seven criteria(16) a woman who answers yes to at list one criteria then she was considered as being abused at the time of labor and delivery

Non-dignified care (including verbal abuse): Lack of dignity, respect and intentionally humiliating, scolding, or shouting at patient's value and for women; measured using two criterion(16) a woman who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery

Discrimination luck of equitable care measured using three criteria a woman who answers yes to at list one criteria then she was considered as being abused at the time of labor and delivery.

Abandonment or denial of care: Lack of right to timely healthcare and to the highest Attainable level of health, measured using two criteria (16)a women who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery

Detention in facilities: detaining of mothers in health facility: deprivation of liberty, autonomy, self-determination, and coercion; measured using two criteria a woman who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery

4.10. Method of data collection and Tools

4.10.1. Quantitative data collection tool

Disrespect and abuse during childbirth was measured using seven performance standards (categories of disrespect and abuse) and their respective verification criteria developed by the Maternal and Child Health Integrated Program (MCHIP) (41). A total of 25 verification criteria of disrespect and abuse were used. Structured and pre-tested questionnaire was used to collect data from the study participants. The tool consists of three sections the first section was used to assess socio-demographic characteristics of mother, the second section was used to assess obstetric characteristics of participants and the third section was used to assess categories of disrespect and abuse a women experience during facility child birth.

The questionnaire was designed in English and translated in to local Amharic language by translator, and then translated back to English by a third person to check for consistency.

4.10.2. Qualitative Study

An in-depth interview guided by semi structured questionnaire was used to collect data from the study participants.

4.11. Data collection procedure and quality control

4.11.1. Quantitative study

Data were collected by face to face interview using structured questionnaires. Six diploma holder female midwives were selected to collect the data; and three BSC holders nurse as supervisors from other area outside of study site. Before data collection data Collectors and supervisors were trained on the objective, benefit of the study, individual's right, Informed consent and techniques of the interview for one day.

Before starting the actual data collection to assure the data quality high emphasis was given to designing data collection instrument, first the questionnaire were pre-tested on 10% of sample size or 43 mothers in Injbara town after pre-testing further adjustments to the data collection tool was made to improve clarity, understandability, and simplicity of the messages. All of the questionnaires were checked for completeness and accuracy before

during and after the period of data collection. Throughout the course of the data collection, interviewers were supervised, regular meetings were held between the data collectors and the principal investigator together in which problematic issues arising from interviews during the data collection and mistakes found during editing was discussed. The collected data was again reviewed and checked for completeness before data entry. Data entry format template was prepared and programmed by principal investigator.

4.11.2. Qualitative study

In-depth interview with mother, community leader and health care provider was conducted. During the interview data collector or principal investigator used tape-recorder and note was also taken.

4.12. Data analysis and interpretation

4.12.1. Quantitative Study

For quantitative part first the collected data were checked manually for completion and any incomplete or misfiled questions then the data was cleaned and stored for consistency and entered in to Epi Data version 3.1 software then it was exported to statistical package for social sciences (SPSS) version 22.0 software for analysis. The verification criteria were dichotomized responses, “Yes” or “No” to identify reported events of disrespect and abuse. For categories of disrespect and abuse with more than one verification criterion, a woman was labeled as “disrespected and abused in the respective category” if she reported “Yes” to at least one of the verification criteria during childbirth. On the other hand, if a mother was identified as having faced disrespect and abuse in at least one of the seven categories, she was considered “disrespected and abused.

Descriptive statistics was done and presented using tables and figures. Initially, bivariate logistic regression was carried out to see the association of each of the independent variables with the outcome variables. Thereafter, the multivariate logistic regression method was used. The variables that were not significant in the bivariate logistic regression were not considered in the multiple regression analysis. P- Value of <0.05 and 95% confidence level was used as a difference of statistical significance. Finally, results were compiled and presented using tables, graphs and texts.

4.12.2. Qualitative study

Open code software was used to analyze the qualitative data. In-depth interview were done on 11 respondents (4 childbearing women, 3 community leader and 4 health care providers). All interviews were recorded and transcribed into Amharic and then to English. After repeatedly reading the Data was entered into open code. Coding and categorizing were done than thematic analysis was cared out.

4.13. Ethical Consideration

Ethical clearance and approval was obtained from the Ethical Committee of department of Nursing and midwifery, college of health science, Addis-Ababa University. Then, letter from the Research Ethics Committee was submitted to Bahir Dar Regional Health Bureau and to selected sub-city. After explaining the objectives of the study in detail, informed verbal consent was taken from all study participants. All the participants reassured of the anonymity, and as personal identifiers will not be used. 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.

4.14 .Dissemination and Utilization of Result

The results of this finding will be disseminated or communicated to Addis Ababa University College of Health Science school of Allied Health science Department of Nursing and Midwifery, Bahir Dar Regional Health bureau and other concerned bodies through reports and publication on an appropriate journal. Efforts will be made to present the results on scientific conferences and publications will be considered.

5. RESULTS

5.1. Socio-Demographic Characteristics of Study Population

From the total of 422 mothers who were invited for interview 410 consented to participate in the study giving a response rate of (97.2%). Mean age of the respondents was 28.6 (SD± 4.6) years with a minimum and maximum age of 16 and 48 respectively. Majority of the respondents 184 (45%) fall in the 25-29 years age group. Almost all of the study participants 366(89.3%) were from the Amhara ethnic group and 327 (80%) were followers of Orthodox Christian religion. Regarding the marital status of the mother, 348(84.9%) of them were married. 196 (47.8%) were house wife and out of the total respondents 226 (55.1) of them had a monthly family income <2000 Ethiopian birr. And almost all of the respondent 346(84.4) didn't have ability to pay for any medical service. Assessment of the educational status of the respondent showed that 51 (12.4%) never attended any type of formal education and 110 (26.8%) have reached educational level higher than collage and above (Table1).

Table 1. Socio demographic characteristics of mother in Bahir Dar town, North West, Ethiopia, march 1- march 30 ,2017 (n=410)

Types of variable		Frequency	Percent %
Age			
	15-19	6	1.5
	20-24	58	14.0
	25-29	184	45.0
	30-34	108	26.3
	≥35	54	13.2
Marital status			
	Single	35	8.5
	Married	348	84.9
	Divorced	21	5.1
	Widowed	6	1.5
Religion			
	Orthodox	327	80.0
	Catholic	4	1.0
	Protestant	12	2.9
	Muslim	67	16.3
Ethnicity			
	Amhara	366	90
	Oromo	4	1.0
	Tigre	5	1.2
	Agew	24	5.8
	Other**	11	2.7
Educational back ground			
	No formal education	51	12.4
	Read and write	54	13.2
	Primary(1-8)	71	1.7
	Secondary (9-12)	124	30.0
	Collage and above	110	27.0
Occupation			
	Housewife	196	47.8
	Private employee	54	13.2
	Government employee	75	18.3
	Merchant	69	17.0
	Student	8	1.9
	Other*	8	1.9
Family monthly income			
	<2000	226	55.1
	≥2000	184	44.9
	Median income	=2000 birr	
Ability to pay for delivery			
	Yes	64	15.6
	No	346	84.4

*Note * remind as from ethnicity sidma, Wolaita and Gurage from occupation * remand as daily worker*

5.2. Obstetric History of Mothers

From the total respondents 404(98.5) had a history of ANC follow up for recent most delivery. Around half 184(44.9%) of the mothers were seen by midwife for ANC follow up. Majority 245(59.8%) of mothers who received ANC service were seen at governmental health facilities mainly at health centers. More than half 206(50.2) of the respondent had at list four visit for ANC service .Majority 178(43.3%) of mother had previous history of institutional delivery at list one child. Almost half 177(43.2%) of the mothers who received delivery service were at governmental referral hospital. More than half 267(65.1%) of the delivery service were attended by midwife. Majority 245(60%) of mother gave birth through spontaneous vaginal delivery (Table 2).

Table 2.Obstetric characteristics of mother in Bahir Dar town, North West, Ethiopia, march 1- march 30, 2017 (n=410)

Types of variable	Frequency	Percent %
Maternal ANC follow up		
Yes	404	98.5
No	6	1.5
Place of receiving ANC		
GHC	245	59.7
GRH	96	23.4
GDH	17	4.4
PHI	39	9.5
Others*	13	3.2
HCP conducting ANC		
Doctor	86	21.0
Nurse	131	32.7
Midwife	189	46.1
HEWs	4	1.0
Number of ANC		
<4	131	31.9
≥4	279	68.0
Total number of gravidity		
One	135	32.9
Two	111	27.1
Three	49	12.0
Four	81	19.8
Five and above	34	8.3
Total number of delivery in health facility		
All	78	19.0
One	178	43.4
Two	93	22.7
Three	45	10.9
Four	16	3.9

Type of health facility		
GHC	158	38.5
GRH	28	6.8
GDH	177	43.2
PHI	40	9.8
Other*	7	1.7
HCP conducting delivery		
Nurse	57	13.9
Midwife	267	65.1
Doctor	86	21.0
Sex of HCP conducting delivery		
Male	205	50.0
Female	205	50.0
Mode of recent delivery		
SVD	245	60.0
CS	68	16.6
AVD	97	23.6
Stayof facility after delivery		
Yes	138	33.7
No	272	66.2
Number of day stayed		
1-2 day	83	20.2
≥ 3 day	50	12.2
facing complication during delivery		
Yes for my self	86	21.0
Yes for child	6	1.5
Yes for both	17	4.1
No at all	301	73.4

Note: (* remind as Mary stop Ethiopia, NGO) , GHC –governmental health center, GRH-governmental referral hospital, GDH- governmental district hospital PHI-private health institution, HCP-health care provider, SVD- spontaneous vaginal delivery, CS-caesarian section, AVD- assisted vaginal delivery

5.3. Prevalence of Disrespect and Abuse during Facility Based Childbirth

Out of the 410 respondents interviewed, 275(67.1%) reported having experienced at least one form of Disrespect and Abuse during facility based Childbirth while only 135 (32.9%) did not experience any form of disrespect and abuse (figure 4).

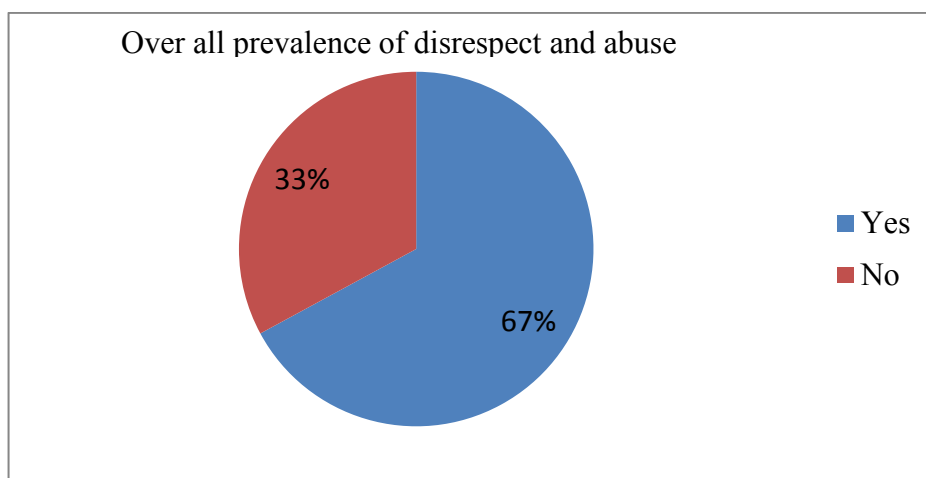


Figure 3.Over all prevalence of disrespect and abuse during facility based child birth in Bahir Dar town, Ethiopia, March1 –March 30, 2017

5.4 . Type of Disrespect and Abuse During Facility Based Child Birth

Based on verification criteria for categories of disrespect and abuse, we counted mothers who faced at least one condition among the possibilities. Accordingly, 236(57.6) of women were not protected from physical harm or ill treatment during childbirth. The other most commonly experienced form of abuse and disrespect was the prohibition of mothers' to information, informed Consent, and choice/preferences 236(57.6%).The commonly violated criterion under this domain was Providers didn't gave periodic updates on status and Progress of labor and delivery 340(82.9%). The second commonly reported types of disrespect and abuse was non -confidentiality care 45(11.0%). Commonly violated criterion under this domain was health care provider's didn't Uses drapes or covering appropriate to protect mother's privacy 34(8.3%). In addition to this 35(8.5) women reported undignified and disrespectful care. Majority 32(7.8) of respondent reported under this domain were health providers shouted at or scolded during labour and delivery. On other hand from the total respondent 29(7.1%) of women experienced neglect care during labour and delivery. Under this domain commonly reported criteria was health providers ignored when they need help 26 (6.3%). (Table 3)

Table 3. Prevalence of disrespect and abuse during childbirth by categories, Bahir Dar, town North West Ethiopia, March1-march 30, 2017

Category and types of disrespect and Abuse	Experienced D and A	
	Yes %	No%
Physical abuse		
Health provider(s) physically hit or slapped	95(23.2)	315(76.8)
Health provider verbally (insulting)during labor	111(27.1)	299(72.9)
Separate mother from baby without medical indication	13(3.2)	397(96.8)
Support staffs insult me and my companion	15(3.7)	395(96.3)
Demonstrating caring culturally in appropriate way	193(47.2)	217(52.9)
Receiving unnecessary Pain-relief treatment	36(8.8)	374(91.2)
Denied from food or fluid in labor unless Medically necessitated	7(1.7)	403(98.3)
Non-confidential care		
The provider's didn't Uses drapes or covering to protect mother's privacy	34(8.3)	376(91.7)
Health providers discussed your private health information in a way that others could hear	22(5.4)	388(94.6)
Non - consent care		
The provider introduces themselves and greeting mother and her support person	16(30.7)	284(69.3)
The providers encourage mother to ask questions	99(24.1)	311(75.9)
The provider respond mother's question with politeness	82(20)	328(80)
The provider explain what is being done and what to expect throughout labor and birth	112(27.3)	298(72.7)
Provider gives periodic updates on status and Progress of your labor	70(17.2)	340(82.9)
Providers permit mother to choice of position for birth	154(37.6)	256(62.4)
Mother's Lack of information Obtains consent	103(25.1)	307(74.9)
Non- dignified care		
Health providers shouted at or scolded you	32(7.8)	378(92.2)
Health providers made negative comments about you	10(2.4)	400(97.6)
Abandonment/neglect of care		
Health providers ignored you when you called for help	26(6.3)	384(93.7)
Left unattended during the second stage of labor	8(2)	402(98)
Discrimination		
Health care providers discriminated by race, ethnicity and economic status	8(2)	402(98)
Health care providers discriminated because of teenage	1(0.2)	409(99.8)
Health care providers discriminated because of being HIV positive	3(0.7)	407(99.3)
Detention in health facility		
Discharge postponed until hospital bills are paid	0(0.0)	410(100)
The woman is never detained or confined her well	5(1.2)	405(98.8)

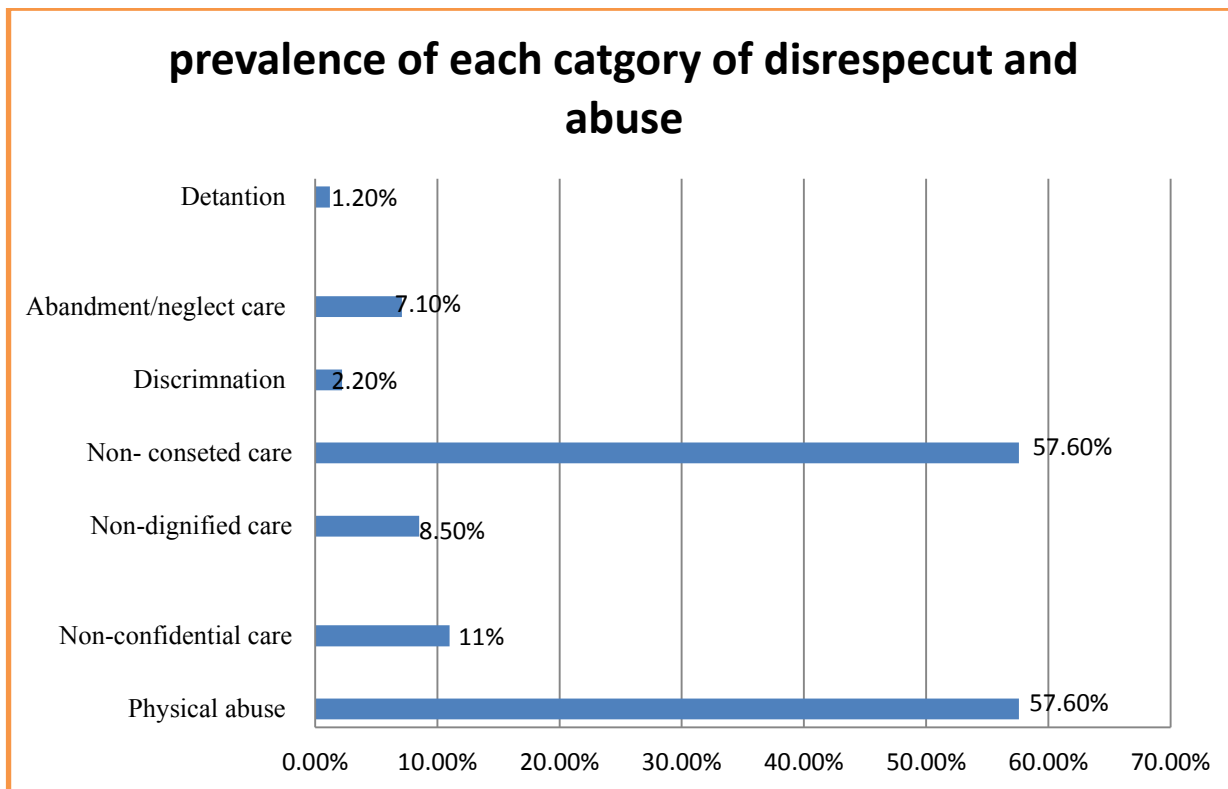


Figure 4. Prevalence of disrespect and abuse by category during facility based childbirth in Bahir Dar town, March 1- march 30, 2017

5.4. Bivariate and Multivariate logistic Regression Analysis of Disrespect and Abuse

Binary Logistic regression was performed to assess the association of each independent variable with disrespect and abuse. The factors that showed a p-value of 0.2 and less were added to multivariate regression model. The result revealed that on the bivariate analysis family monthly income of respondent, number of ANC, gravidity, health facility stay after delivery, mode of delivery, mother facing complication during delivery and sex of health care provider attending delivery were significantly associated with disrespect and abuse.

In multivariate logistic regression on both socio demographic and obstetric history of variable to control confounding effect of one variable over the other variable were adjusted.

Family monthly income of respondent , Number of ANC, type of health facility and length of stay in health facility were significantly associated with disrespect and abuse at P-value of <0.05. Table(4).

Respondent with family monthly income of <2000 Ethiopian birr were 1.74 times more likely disrespected and abused than those who had family monthly income of ≥ 2000 Ethiopian birr (AOR=1.74, 95%CI 1.08, 2.80); P=0.02). Those respondent who had history of less than four ANC visit were 1.97 times more likely disrespected and abused than respondent with history of ≥ 4 ANC follow up (AOR=1.97, 95% CI 1.15, 3.40); P=0.01). Similarly those respondent who gave birth in governmental hospital were 2.49 times more likely disrespected and abused than those mother who gave birth in private health institution (AOR=2.49, 95% CI 1.15, 5.40); P=0.02). In addition those mothers who stayed in health facility after deliver were 5.14 times more likely disrespected and abused than those not stayed. (AOR=5.14 , 95% 1.CI 2.23, 11.82); P=0.00 (Table4).

Table 4. Bivariate and multivariate logistic regression analysis of disrespect and abuse and its explanatory variables (n= 410)

Types of variable	Experienced of D and A		COR(95% CI)	AOR(95% CI)
	Yes	No		
Age				
15-24	45	18	1	1
25-34	197	95	0.83(0.46,1.51)	1.05(0.52,2.12)
35 and above	33	22	0.60(0.28,1.29)	0.40(0.15,1.07)
Educational status				
No formal education	71	34	1.13(0.69,1.84)	0.88(0.50,1.56)
Primary	52	19	1.48(0.82,2.66)	1.10(0.57,2.15)
Secondary and above	152	82	1	1
Family monthly income				
<2000	166	60	1.90(1.25,2.88)*	1.74(1.08,2.80)*
≥ 2000	109	75	1	1
Number of ANC				
<4	104	27	2.43(1.49,3.96)*	1.97(1.15,3.40)*
≥4	171	108	1	1
Gravidity				
One	92	43	1	1
Two to three	91	69	0.62(0.38,0.99)*	0.73(0.42,1.27)
Four and above	92	23	1.87(1.04,3.35)*	1.64(0.81,3.33)
Types of health facility				
Governmental	249	114	1.76(0.95,3.26)	2.49(1.15,5.40)*
Private	26	21	1	1
Mode of delivery				
SVD	144	101	1	1
Instrumental delivery	131	34	2.70(1.70,4.26)*	1.20(0.66,2.22)
Sex of delivery attendant				
Male	148	57	1.59(1.05,2.41)*	1.43(0.87,2.33)
Female	78	127	1	1
Facing complication during delivery				
Yes	96	13	5.03(2.69,9.38)*	1.49(0.60,3.70)
No	179	122	1	1
Stay in health facility				
Yes	124	14	7.10(3.88,12.9)*	5.14(2.23,11.82)**
No	151	121	1	1

Note * Reminded the significance of the variable (P value <0.05). SVD = spontaneous vagina delivery.

- D and A (Disrespect and abuse)

5.5. Qualitative Study Result

5.6.1. In- depth interview

The interviewed data was transcribed and coded by using open code software version 4.03. After coding the data was categorized by the main themes together. A total of 11 respondents were participated 4 from maternity care users, 4 from health care providers and 3 from community leaders.

From the in-depth interview of maternity care users; slapping of mother during delivery, not using pain killer during suturing and not taking the consent were experienced by most respondents. The main finding of this study showed that physical abuse and non-consented care is prevalent during labour and delivery. So if the women were not get respectful maternity care in the facility the number of institutional delivery will be decreased and the number of home delivery will be increase this may cause maternal mortality and morbidity.

Mother said:

“When I gave birth in referral hospital with episiotomy, health care provider repaired the episiotomy without pain killers so I felt very bad”

From the in-depth interview of maternity care users most mothers were experienced delay of getting services. Delay before getting service occurs at different level on health center referral process. The main findings from this study showed that delay during the process of write referral from health centers to hospital cause un satisfaction on maternity service utilization and it is one of the determinate causes of both maternal and neonatal morbidity and mortality.

Mother said

“I had previous history of cesarean delivery and I faced delay in getting referral from health center to referral hospital, despite I had on labour pain this makes me very feel stressed”

Almost all maternity care user, health care provider and community leader who Participated in-depth interview reported that there is no enough bed, and delivery coach in both hospital and health center. The main findings from this study showed that lack of infrastructure during maternity care was one of determinate cause that lades to disrespect and abuse of maternity care user.

Mother said:

“I gave birth in referral hospital the number of clients flow were very high. There is only three delivery coach and I gave birth in waiting room. All mother and there birth companion observe me my privacy is not protected I fill depressed”

Health care provider said:

“The main problem that cause complains by patient was lack of infrastructures special waiting and delivery rooms. In health center when we attending delivery sometimes light and even water is absent.”

Analysis of the in-depth interviews of maternity care user and community leader found that health care providers’ poor communication with maternity care user , birth companions during labour and delivery and providing service first by relative and friends were another challenge raised by both mother and community lender.

Based on the above finding discrimination based on specific attribute is prevalent so this creates un satisfaction of mother on service used. Every mother has right to get equally and unbiased service regardless of religion, race and economical status during labour and delivery.

Community leader said

“In hospital some health care provider gave the service first by their relative or there family these makes me unhappy.”

The result of in-depth interview showed that almost all of the health care provider from health center and hospital reported that one of the most important predictor that cause to compromised service and finally lads to disrespect and abuse of maternity care user during labour and delivery were lack of satisfaction of health care provider related to payment, and lack of educational opportunity.

Health care provider said:

“I have 6-yeares of work experience in health center. My profession is diploma midwifery. Still there is no educational oppportunity this create un satisfaction in my work.”

Analysis of the in-depth interviews of health care provider showed that shortage of health care provider and lack of support from higher official was another challenge raised by

almost all of respondents. Based on this finding service delivery related factors was prevalent.

Health care provider from hospital said

“Some health care provider may be insult service users it may be due to work over load especially in referral hospital there is high client flow we attend 400 deliveries per month. we may be exhausted during this time we may insult maternity care users either intentionally or unintentionally”

From in-depth interview both health care provider and maternity care provider considers insult and pinch normal during labour and delivery, demoralization of health care provider due week health system and lack of training were other challenge raised by health care provider. The main theme of the finding showed that individual related factor and provider related factor were prevalent.

Health care provider from the health center said

“Higher official simple asked the monthly report. There is no support from them even we were excluded from long term training , this demoralize us and depressed on our work it affect our activities by this case service may be compromised.”

6. DISCUSSION

This study investigated the prevalence of disrespect and abuse of women during facility based child birth in community level. In addition, the study aimed at identifying factors that are associated with disrespect and abuse during childbirth using both qualitative and quantitative methods. Even though it is unspoken, disrespect and abuse is serious issue that occurs globally. The result of this study showed that the overall prevalence of disrespect and abuse was 67.1% with 95% CI (63-72). This figure is slightly lower than the study conducted in Addis Ababa, Ethiopia on respectful and non-abusive maternity care in governmental hospital and health center which showed that the prevalence of disrespect and abuse was 78% (23). This discrepancy might be due to the small sample size of the pervious study and it may be also due to study period difference. In contrary, this finding was higher than study conducted in Tanzania 15% and Kenya 20% (23) Discrepancy may be due to the fact that there is socio cultural and socio economical difference.

According to this study the physical abuse is the most commonly experienced component of disrespect and abuse and its prevalence was high 57.6% with 95% CI (53-62). This result was also supported by qualitative finding which showed that “pinching and slapping of mothers during labour and delivery were commonly practiced at maternity care unit in health facility”. This result was different from study done in Tanzanian 3.5%, Ghanaian 35.7% and Kenya 4.2% (6, 18, 23). This discrepancy might be that due to good commitment of health care professional and large sample size of pervious study. The other most common types of disrespect and abuse experienced in this study was non - consented care 57.6 % with 95% CI (53-62). The result was also consistent with in-depth interview of maternity care users which showed that non-consented care during procedure in maternity care unit was common.

“Mother said: When I gave birth in referral hospital with episiotomy, health care provider repaired the episiotomy without pain killers so I felt very bad”. The result of this study was high as compared to the same study done in Addis Ababa on respectful and non-abusive maternity care during child birth in hospital and health center which showed that 48% of respondents experienced of non - consented care (19). The difference may be due to courtesy bias where women do not want to negatively evaluate health workers while they still need their services. Similarly this finding was higher than the same study done in Palestine 36% and Kenya 4.3% (23,31). This inconsistencies might be due to difference in health police, implementation program and study design.

In addition, the other category of disrespect and abuse of women experienced during facility based child birth in this study was non-confidentiality care 11%. This finding is different from the study which was conducted in urban Tanzania 2% and Kenya 8.5% (24,23). This inconsistency might be due to policy of health care and implemented programs difference.

According to this finding the other category of disrespect and abuse experienced by women were non –dignified care 8.5 %. This study is lower than study conducted in Ghanaian 29.6% and Kenya 18% (18,23) . This discrepancy might be due to study period and study place difference.

Similarly the other category of disrespect and abuse reported in this study was discrimination during provision of service which accounts for 2.2%. This result was also supported by qualitative finding of In-depth interviews of maternity care users and community leaders found that providing service first by relatives and friends were sometimes practiced in hospital and health center.

“One community leader said: In hospital some health care providers gave the service first by their relative or there family this makes me unhappy”. This study is lower than study conducted in Ghanaian 20% (25). The inconsistency may be due to socio cultural difference and commitments of health care provider.

The other category of disrespect and abuse reported in this study was Abandonment/Neglect care during labour and delivery which accounts for 7.1%. This finding was lower than direct observational study conducted in five countries Ethiopia, Kenya, Nigeria, and Tanzania 9-29%(35). This inconsistency may be due to small sample size of this study and study period difference.

In this study maternal family income were significantly associated with disrespect and abuse those mother whose maternal family income <2000 birr were 1.74 times more likely disrespected and abused than mothers whose family income \geq 2000 (AOR=1.74, 95% CI: 1.08, 2.80) this finding was consistent with similar study which was conducted at Addis Ababa, Ethiopia showed that poor were more disrespected than the rich (19). This result was also similar with a study which was conducted in Bangladesh and Kenya showed that rich women received care earlier as compared to the poor, despite the seriousness of the medical condition(10 ,34).

This finding also showed that number of ANC was associated with disrespect and abuse. Those mothers who had <4 times visits during pregnancy were 1.97 times more likely

disrespected and abused than those mothers who had ≥ 4 times visit (AOR = 1.97, 95% CI: 1.15, 3.40). This study is similar to the study which was conducted in Tanzania (6).

In addition to this other obstetrics factor associated with disrespect and abuse in this study was length of stay in health facility those mother who stayed in health facility after delivery were 5.14 times more likely disrespected and abused than others (AOR=5.14, 95%CI 2.33, 11.82). This study was consistent with the same study conducted in the Tanzania (6).

In this study in depth interview of maternity care users and community leader showed that normalization of disrespect and abuse, lack of good attitude of health care provider towards mothers and his work were identified factors for disrespect and abuse during labour and delivery. This study finding was almost similar to study conducted in Kenya on prevalence disrespect and abuse during facility based child birth (23).

In this study in depth interview of maternity care users, community leaders and health care providers which showed that the contributing factors for disrespect and abuse of women during facility based child birth was lack of infrastructures in health facility. So this finding was similar to the nationally representative surveys conducted in Ethiopia 14%, Kenya 26%, Rwanda 18%, and Tanzania 50%, lack infrastructure during labour and delivery (38).

In addition to this, shortages of human resources, poor professional development opportunities and provider distancing as a result of training were other challenges which was raised by almost all health care providers in both health center and hospital during in depth interview. This finding was the same with direct observational study which was conducted in five countries East and South Africa showed that lack of resource, staff shortage and lack of training was identified factor for disrespect and abuse during child birth (35). And this finding was also same with study which was conducted in Kenya (23).

6.1 Strength and limitation of study

6.1.1. STRENGTHS OF STUDY

The study has considered different techniques of assessment like provider prospective, community leader prospective and maternity care user prospective with both qualitative and quantitative methods. Since the study was community based, then the actual data was obtained from respondents. In addition to this study includes mothers who gave birth at any health facility.

6.1.2. STUDY LIMITATIONS

The study assessment relied on self-report, and thus does not provide an „objective“ measure of the frequency of poor and abusive care in facilities. Recall bias was not minimized since the respondents were mothers who gave birth in last one year. Since the study is cross sectional, temporal relationship could not be established.

7. CONCLUSION AND RECOMMENDATIONS

7.1. Conclusion

The result revealed that the prevalence of disrespect and abuse is high in the Bahir Dar town 67.1% during labour and delivery which is a prevalent issue that needs urgent intervention. The specific types of disrespect and abuse varied from woman to woman, but the most prevalent types of abuse were physical abuse 57.6% and non-consented care 57.6% followed by non-confidential care 11%. Majority of mothers who gave birth specially in governmental health institution were experienced of at list one form of disrespect and abuse. Since family monthly income, the number of ANC visit, type of health facility and length of stay in health facility after delivery were some of the identified factors significantly associated with disrespect and abuse. These is serious issue in health sector that needs due attention to participate and empowering of all child bring women in health issue and fulfilling necessary infrastructure in hospital and providing training for all health care provider on child bring women right to alleviate the issue and crating good bonding between health care provider and maternity care users.

7.2. Recommendations

Based on the study finding the following are recommended.

- Further community based research in both urban and rural area will be needed for policy making and for educational purpose.
- Bahir Dar Regional Health Bureau, Non- governmental organizations dealing with maternal and Child health is better to immediately embark on programs to lower the unacceptably high prevalence of Disrespect and Abuse during child birth.
- Bahir Dar Regional Health Bureau is better to address those identified factors to disrespect and abuse. Crating awareness to Increases number of ANC visit, decreasing the unnecessary hospital stay and providing compassionate and respectfully care for all mothers who gave birth in health facility regardless of socio economical back ground of mothers.

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9. ANNEXES

ANNEX I: Map of the study area



Figure 5. Map of Bahir Dar city.

<https://upload.wikimedia.org/wikipedia/Bahir>

Annex II: English Version Information Sheet

Questionnaire Identification Number _____

My name is _____. I am working as data collector in the research Conducted by Biresaw Wassihun, who is conducting this research for the partial fulfillment of his Master degree in Maternity and Reproductive health Nursing Specialty track in Addis Ababa University. We are trying to assess Disrespect and abuse of women during facility child birth. 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. Name of advisor; Leul Deribe (BSc, MPH) and Nadia Worede (BSc, MSc)

Name of the organization: Addis Ababa University, College of Health Sciences, Department Of Nursing and Midwifery.

Name of the Sponsor: Addis Ababa University

Introduction: Information sheet and consent form is prepared for mothers who give birth in health facility in last one year and who will be volunteer to participate in research project, both quantitative and qualitative cross-sectional study will be used to assess disrespect and abuse of women during child birth in Bahir Dar Town.

Purpose: I am hopeful that this research will benefit all pregnant and laboring mother including newborn health care improvement and quality of care. I will provide research results to concerned body for intervention.

Procedure: To assess the disrespect and abuse of women during child birth in Bahir Dar town you are invited to take part in this project. If you are willing to participate in this project, you need to understand and say „yes“ on the agreement form. Then after, you will be interviewed by the data collector. All your responses and the results obtained will be kept confidential by using coding system whereby no one will have access to your response.

Risk/ Discomfort: By participating in this research project, you may feel that it has some discomfort especially on Spending time about 30 minutes. We hope you will participate in the study for the sake of the Benefit of the research result. I am Shure there is no risk in participating in this research project.

Benefits there may not be direct benefit to you but your Participation is likely to help us in assessment of disrespect and abuse a laboring women facing during child birth ultimately,

this will help us to identify the gap and take the appropriate intervention by the authorized stakeholder. You will not be provided any incentive or payment to take part in this project.

Confidentiality: The information collect from this research project will be kept confidential and information about you that will be collected by this study will be stored in a file, without your name, but a code number assigned to it. In addition, it will not be revealed to anyone except the principal investigator and will be kept locked with key.

Right to refuse or withdraw: You have full right to refuse from participating in this research. You can choose not to respond to some or all questions if you do not want to give your response. You have also the full right to withdraw from this study at any time you wish, without losing any of your right. If you have any question, you can ask at any time. If you have additional questions about the study please contact

Biresaw wassihun principal investigator

Tel: +251-918-30-15-01

Email: biresswas@gmail.com or wbiressaw@yahoo.com

Annex III: English Version Consent Form

I understand all conditions stated above. 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 to 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.

Time Interview Started: Hour: ____ Minute: ____

Questionnaire No _____

Household ID No _____

Time Interview Ended: Hour: ____ Minute: ____

Name of interviewer _____

Date ____ / ____ / ____ E.C. signature _____

Annex IV: English Version Questionnaires

Part one socio-demographic characters of mother

Circle the appropriate response				
s.no	Question	Response	Skip	Code
101	Age of mother in years	-----		
102	Marital status	1. Single 2. Married 3. Divorced 4. Widowed		
103	Mother's religion	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Other (specify		
104	Ethnicity	1. Amhara 2. Oromo 3. Tigrie 4. Awi 5. Other specify-----		
105	Mother's level of education	1. No formal education 2. Read and write 3. Primary (1-8) 4. Secondary (9-12) 5. Collage and above		
106	Mother's occupation	1. House wife 2. Private employee 3. Government employee 4. Merchant 5. Student 6. Other		
107	Families monthly income (in Ethiopian birr	-----		

108	Is there any payment you were asked for the most recent delivery Service?	1.yes 2. No		
109	If the answer is yes for no #108 for what Services you paid?	1.Forconsultation,card and Examination] 2. For laboratory 3. For delivery service 4. For drugs 5.Other[specify-----		
110	Do you have ability to pay for any service?	1. Yes 2. No		
Part 2 past obstetrics history of mother				
Now I am going to ask you some questions about your recent delivery in health facility				
201	Did you see anyone for antenatal care for this child	1.yes 2. No		
202	If you say yes in no# 10 Whom did you see?	1.docter 2. nurse 3.midwifery 4.HEWs 5.other specify		
203	Where did you receive antenatal care for last pregnancy?	1.home 2.Govermental health center 3.Governmental referral hospital 4.Govermental district hospital 5. private clinic		

		6.otherspecficy ---		
204	How many times did you receive antenatal care during last pregnancy?	Number of times		
205	How many total numbers of deliveries you had including still births/neo-natal deaths	<ol style="list-style-type: none"> 1. one 2. two 3. three 4. four 5. five and above 		
206	From total delivery how many you had delivered in health facility	<ol style="list-style-type: none"> 1. All of them 2. one 3. Two 4. Three 5. Four 		
207	What was the type of facility where you had your last delivery	<ol style="list-style-type: none"> 1. public health center 2. Public district hospital 3. Public referral hospital 4. Pervat health institution 5. Other ----- 		
208	Who was the main provider Conducting your delivery	<ol style="list-style-type: none"> 1. Nurse 2. Midwife 3. Doctor 4. Others 5. No body 		
209	What was the sex of the main provider conducting your delivery	<ol style="list-style-type: none"> 1. Male 2. Female 3. Both 		

210	What was the type of your last delivery?	1. Normal delivery 2. Caesarean delivery 3. Vacuum extraction/ forceps delivery 4. Delivery by episiotomy		
211	Did you stay in health facility after delivery?	1. Yes 2. No		
212	If you yes on #20 For how many days did you stay in the hospital	1. One day 2. Two days 3. More than two days to one week 4. More than a week		
213	Were there any complications during your last delivery	1. Yes (for self) 2. Yes (for baby) 3. Yes (both self and baby) 4. No		

Part III: Disrespect and abuse of women experiencing during childbirth in facility

s.no	1. During your most recent facility delivery did you experience the following types of physical abuse?	1. Yes 0. No		
301	Health provider(s) physically hit, slapped, pushed, pinched or otherwise beat you.			
302	verbally (insulting) abuse during labor or delivery			
303	Separate mother from baby without medical indication			
304	Support staffs insult me and my companion			

305	demonstrating caring in a culturally appropriate way			
306	Receiving unnecessary uncomfortable/pain-relief treatment			
307	Denied from food or fluid in labor unless medically necessitated			
	2. During your most recent facility delivery did you experience this non-confidential care?			
308	The providers didn't use drapes or covering appropriate to protect mother's privacy			
309	Health providers discussed your private health information in a way that others could hear			
	3. During your most recent facility delivery did you experience to get information, informed consent for any procedure			
310	The provider introduces themselves and greets mother and her support person			
311	The providers encourage mother to ask questions			
312	The provider responds to mother's question with politeness and truthfulness			
313	The provider explains what is being done and what to expect throughout labor and birth			
314	Provider gives periodic updates on status and progress of your labor			
315	Providers permit mother to choose of			

	position for birth			
316	Health provider can obtains consent or permission prior to any procedure			
	4. During your most recent facility delivery did you experience the following types of non-dignified care			
317	Health providers shouted at or scolded you.			
318	Health providers made negative comments about you			
	5. During your most recent facility delivery did you experience the following types of abandonment/neglect of care?			
319	Health providers ignored or abandoned you when you called for help.			
320	Left unattended during the second stage of labor			
	6. During your most recent facility delivery did you experience the following types of discrimination			
321	Health care providers discriminated by race, ethnicity, and economic status			
322	Health care providers discriminated because of teenage (< 18 yrs.)			
323	Health care providers discriminated because of being HIV positive			
	7. During your most recent facility delivery did you experience the following types of detention			
324	Discharge postponed until hospital bills are paid			
325	The woman is never detained or confined Against her will.			

Part Four: In-Depth Interview Guide

A. INDEPTH INTERVIEW GUIDE FOR CHILDBEARING MOTHERS

1. Could you please describe your experience during childbirth at facility? Please explain to me what happened Probes; labor history (when and how it started, travel to the facility, admission procedures, waiting time, management before delivery, management during delivery and after delivery)
2. Describe the most notable event during the stay in the facility during your last child birth
3. Please narrate to me your experience of friendly and sensitive treatment during your last childbirth.
4. Did you know any mechanism to ask unethical health professionals?
5. Can you guess the reason to this disrespect and abuse?

B. INDEPTH INTERVIEW GUIDE FOR HEALTH CARE PROVIDERS

1. Could you please describe the underlying factors that predispose to disrespectful and abusive maternity care in your facility during labour and delivery
2. In your own opinion, what would you say about service providers' working conditions? Probe for what and how regarding support and supervision from higher & facility managers, caring for the careers, team work, etc. Probe for any challenges and success experienced in the maternity unit or facility in relation to childbirth
3. if you have an additional Idea (specify

C. INDEPTH INTERVIEW GUIDE FOR COMMUNITY LEADERS

1. Could you please describe your experience during women childbirth at facility and what you have heard in your community? Please explain to me what happened Probes; labor history (when and how it started, travel to the facility, admission procedures, waiting time, management before delivery, management during delivery and after delivery.
2. Can you guess the reason to this disrespect and abuse
3. Is there any community involvement to prevent childbearing women right violation? If you have any other idea specify

Annex V: Amharic Version Information Sheet

የመረጃ ቅፅ

መለያ ኮድ ቁጥር _____

ስማ _____ እባላለሁኝ። በአዲስ አበባ ዩኒቨርሲቲ በማስተረስ ዲግሪ ለእናቶችና ስነ ተዋላዶ ጤና ተማሪ በሆነው ቢረሳው ዋሲሁን ለሚደረገው ጥናት ላይ መረጃ ሰብሳቢ ሆኔ እየሰራሁ ነው ። እናቶች በጤና ተቋም ሲወልዱ የሚደርሰውን አክብሮት የጎደለውና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት ላይ ጥናት እያደረግን ነው። የእርስዎን ታማኝ እና ቀና የሆነ ትብብር ለጥያቄዎቹ መልስ እንፈልጋለን። በተለይም ደግሞ እናቶች በጤና ተቋም ሲወልዱ በጤና ባለሙያ ያጋጠሞትን አክብሮት የጎደለውና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እና ጉዳት ይመለከታል።

የአማካሪዎች ስም: ልዑል ደርቤ (BSc, MPH) እና ናዲያ ወረደ (BSc, MSc)

የተቋሙ ስም: አዲስ አበባ ዩኒቨርሲቲ፣ ጤና ሳይንስ ኮሌጅ፣ የነርቪግ እና ሚድዋይሬሪ ት/ክፍል

የድጋፍ ሰጪ ተቋሙ ስም: አዲስ አበባ ዩኒቨርሲቲ

መግቢያ: ባለፈው 1 ዓመት ውስጥ ጤና ተቋም ለወለዱ እና ፍቃደኛ ለሆኑ እናቶች የመረጃ እና የፈቃደኝነት ማረጋገጫ ቅጽ ተዘጋጅቷል። እናቶች በጤና ተቋም ሲወልዱ በጤና ባለሙያ የሚያጋጥመውን አክብሮት የጎደለውና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እና ጉዳት መጠን እና ይዘት ላይ ጥናት በባሕር ዳር ከተማ ይደረጋል።

ዓላማ: ይህ ጥናት ለእርጉዝ እናቶች፣ ምጥ ላይ ላሉ እናቶች እንዲሁም ለጨቅላ ህፃናት ላይ ለሚደረጉ እንክብካቤዎች መሻሻል ያመጣል ተብሎ ይታሰባል። የጥናቱ ውጤት ለሚመለከታቸው አካላት ይሰጣል።

አካሄድ: በባሕር ዳር ከተማ በወሊድ ግዜ በእናቶች ላይ ለሚደርሰው አክብሮት የጎደለውና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እና ጉዳት ላይ ለሚደረግው ጥናት እንዲሳተፉ ተጋብዘዋል። በጥናቱ ላይ ለመሳተፍ ከተሰማሙ አዎን በማለት መስማማቷን የመልክቱ። ከዚህም በኋላ በመረጃ ሰብሳቢው መጠይቅ ያደረግሎታል። የሚሰጡት መረጃ በጠቅላላ በሚስጥር በኮድ ተደርጎ ለማንም ሳይሰጥ ይቀመጣል።

ጉዳት/ሰጋት: በጥናቱ ላይ በመሳተፍ ግዜዎትን እንደተሻሻሉ ሊሰጡት ይችላል ሆኖም ግን የጥናቱ ውጤት ለሚያመጣው ለውጥ ብለው እንደሚሳተፍ እናምናለን። እንዲሁም በመሳተፍ ምንም አይነት ጉዳት አይደርስቦትም።

ጥቅም: ቀጥተኛ የሆነ ጥቅም በዚሁ ጥናት ላይ በመሳተፍ ላያገኙ ይችላሉ። ቢሆንም ግን የጥናቱ ውጤት በእናቶች ላይ የሚደርሰውን አክብሮት የጎደለውና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እና ጉዳት ለማወቅ እና ተገቢውን የሆነ እርምጃ በሚመለከተው መስሪያ ቤት ለመውሰድ ይረዳል። በጥናቱ ላይ በመሳተፍ የተለየ ጥቅም ወይም ክፍያ አያገኙም።

ምስጢራዊነት: በዚሁ ጥናት ላይ የሚገኘው መረጃ በሙሉ ምስጢራዊነት ተጠብቆ ይቀመጣል። የእርስዎም መረጃ በፍይል ከእርስዎ ስም ውጪ በኮድ ተደርጎ ይቀመጣል። በተጨማሪም ከጠናቱ ውጪ ለማንም ሰው አይሰጥም።

በጥናቱ ያለመሳተፍ መብት: በጥናቱ ያለመሳተፍ ሙሉ መብት አለዎት። በጥናቱ ውስጥ ላሉ ጥያቄዎችም መልስ ያለመስጠት መብት አለዎት። በማንኛውም ግዜ ከጥናቱ ያለመሳተፍ መብት አለዎት። ተጨማሪ ጥያቄ ካለዎት በሚከተለው አድራሻ ያገኙናል።

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Annex VI: Amharic Version Consent Form

የስምምነት የፈቃደኝነት ማረጋገጫ ቅጽ

ከላይ የተጠቀሱትን በሙሉ ተረድቻለሁ። በዚህ ጥናት ላይ የምሳተፈው በሙሉ ፍቃደኝነት ነው። እንደተነገረኝ ከሆነ የምሰጠው መልስ ለሌላ ለማንም ሰው አይሰጥም እንዲሁም ስለኔ ማንነት ለማንም አይገለፅም። ስለሆነም በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነኝ።

ተሳታፊው ፍቃደኛ ካልሆኑ አመስግነው ወደሚቀጥለው ይለፍ።

ተሳታፊው ፍቃደኛ ከሆኑ ይቀጥሉ።

ተረጋገጠ በ፡

የተቆጣጣሪ ስም _____ ፊርማ _____

ቀን _____

ቃለ መጠይቁ የተጀመረበት ሰዓት _____ ደቂቃ _____

መለያ ኮድ ቁጥር _____ የቤት ቁጥር _____

ቃለ መጠይቁ ያለቀበት ሰዓት _____ ደቂቃ _____

ቃለ መጠይቁን ያደረገው ባለሙያ ስም _____

ቀን _____ ፊርማ _____

Annex VII. Amharic Version Questioner

ክፍል አንድ፡ ማህበራዊና ዲሞክራሲያዊ ሁኔታዎች

ተ.ቁ	ጥያቄዎች	መልስ	አለፈ/ፍ	ኮድ
101	እድሜዎት ስንት ነው?	-----		
102	በአሁኑ ሰዓት የጋብቻ ሁኔታዎ ምን ይመስላል?	<ol style="list-style-type: none"> 1. ያላገባ 2. ያገቡ 3. የፈታ 4. በሞት የተለየ 		
103	ሐይማኖትዎ ምንድነው??	<ol style="list-style-type: none"> 1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. ሙስሊም 5. ሌላ ካለ (ይገለጽ) 		
104	ብሄርዎ ምንድን ነው?	<ol style="list-style-type: none"> 1. አማራ 2. አሮሞ 3. ትግራይ 4. አዊ 5. ሌላ ካለ (ይገለጽ) 		
105	የትምህርት ደረጃዎትን ቢገልጽሉኝ?	<ol style="list-style-type: none"> 1. መደበኛ የሆነ ትምህርት ያልተማረች 2. ማንበብ እና መጻፍ 3. የመጀመሪያ ደረጃ (1-4) 4. የመጀመሪያ ደረጃ (5-8) 5. ሁለተኛ ደረጃ (9-12) 6. ሦስተኛ ደረጃ >12 		
106	አሁን ምን ዓይነት ስራ ነው የሚሰሩት	<ol style="list-style-type: none"> 1. የቤት እመቤት 2. የግል ተቀጣሪ 3. የመንግስት ስራተኛ 4. ነጋዴ 5. ተማሪ 6. ሌላ ካለ (ይገለጽ) 		
107	በወር የሚያገኙት ገቢ ምን ያህል ነው?	በወር----- ብር		
108	በጤና ድርጅቱ ደርሰው የአሁኑን	1. አዎ		

	የወሊድ አገልግሎት ለማግኘት ገንዘብ ከፍለዋል	2. የለም		
109	ጥያቄ „108“ አዎ ከሆነ ምን ዓይነት አገልግሎት ለማግኘት ነበር ገንዘብ የከፈሉት?	1. ለካርድና ለምርመራ 2. ለላብራቶሪ 3. ለወሊድ አገልግሎት 4. ለመድሃኒት 5. ሌሎች(ይግለጹ		
110	በየትኛውም አገልግሎት ለመክፈል አቅም አለዎት	3. አዎ 4. የለም		

ክፍል ሁለት፡ የእናትየዋ የወሊድ ታሪክ

የተመረጠውን መልስ ያክብቡ				
ተ.ቁ	ጥያቄ	መልስ	እለፊ/ፍ	ክድ
አሁን ደግሞ ስለ ቅርብ ግዜ ስለወለዱበት ሁኔታ ልጠይቁት				
201	የእርግዝና ክትትል አድርገው ነበር	<ol style="list-style-type: none"> አዎ የለም 		
202	ለላይኛው ጥያቄ 201 አዎ ከሆነ መልስዎ፡፡ በምን አይነት በለሙያ ነበር፡፡	<ol style="list-style-type: none"> ዶክተር ነርስ ሚዲያዊ ሰራተኛ የጤና ኤክስፐርት/ሽን በለሙያ ሌላ ከሆነ ይዘርዝሩ 		
203	የት ነበር የእርግዝና ክትትል ያደረጉት	<ol style="list-style-type: none"> ቤት የመንግስት ጤና ጣቢያ የመንግስት ሪፈራል ሆስፒታል የመንግስት ዲስትሪክት ሆስፒታል የግል ክሊንክ ሌላ ከሆነ ይጥቀሱ 		
204	ምን ያህል ግዜ የእርግዝና ክትትል አድርገው ነበር?	በቁጥር ይግለጹ <input type="text"/> <input type="text"/>		
205	እስከ አሁን ስንት ግዜ ወልደው ነበር (የሞት-ቱንም ጨምሮ)	<ol style="list-style-type: none"> አንድ ሁለት ሦስት አራት አምስት እና ከዛ በላይ 		
206	እስከ አሁን ስንት ግዜ በጤና ተቋም ወልደዋል	<ol style="list-style-type: none"> ሁሉንም አንድ ሁለት ሦስት አራት 		
207	ለመጨረሻ ግዜ ሲወልዱ የት ነበር	<ol style="list-style-type: none"> የመንግስት ጤና ጣቢያ የመንግስት ሪፈራል ሆስፒታል የመንግስት ዲስትሪክት ሆስፒታል የግል ክሊንክ ሌላ ከሆነ ይጥቀሱ 		

208	በዋነኛነት ሲያዋልዱ የነበረው ባለሙያ ማን ነበር	<ol style="list-style-type: none"> 1. ነርስ 2. ሚዲዌይሬሪ 3. ዶክተር 4. ሌላ 5. ማንም 		
209	በዋነኛነት ሲያዋልዱ የነበረው ባለሙያ ማን ነበር	<ol style="list-style-type: none"> 1. ወንድ 2. ሴት 3. ሁለቱም 		
210	በምን አይነት ሁኔታ ነበር የወለዱት	<ol style="list-style-type: none"> 1. በኔርማል 2. በቀዶ ጥገና 3. በመሳሪያ ድጋፍ 4. በስቲች 		
211	ከወለዱ በኋላ ሆስፒታል ቆይተዋል	<ol style="list-style-type: none"> 1. አዎ 2. የለም 		
212	ለላይኛው ጥያቄ አዎ ከሆነ መልስዎ፡፡ ለስት ቀን ቆይ	<ol style="list-style-type: none"> 1. አንድ ቀን 2. ሁለት ቀን 3. ከሁለት ቀን በላይ 4. ከሳምንታ በላይ 		
213	በባለፈው ሲወልዱ ችግር አጋጥሞት ነበር	<ol style="list-style-type: none"> 1. አዎን (ለእራሴ) 2. አዎን (ለልጄ) 3. አዎን (ለእራሴ እና ለልጄ) 4. የለም 		
ክፍል ሦስት፡ አክብሮት የጎደለው የወሊድ አገልግሎት እና ጉዳት በተመለከተ				
ተ.ቁ	1. ባለፈው ጊዜ በጤና ተቋም ሲወልዱ አካላዊ ጉዳት ደርሶብታል	1. አዎ 0. የለም		
301	በምጥና በወሊድ ጊዜ በጤና ባለሙያዎ አካላዊ ጉዳት ደርሶብኛል (ሃይል መጠቀም፣ መደብደብ፣ ማጋጨት፣ መግፈት...)			
302	በምጥና በወሊድ ጊዜ በጤና ባለሙያዎ በቃላት ስድብ ደርሶብኛል			
303	ከህክምና ትእዛዝ ውጭ ከልጄ ጋር እንዲለይ ተደርጊያለሁ			
304	አንዳንድ ድጋፍ ሰጪ (የጽዳት፣ የካርድ ክፍል፣			

	የጥበቃ) ሰራተኞች በተለያዩ ምክንያት ሰድበዉኛል			
305	በጤና ተቋሙ የራሱን ባህላዊ ስርአት (ቡና ማፍላት፤ ገንፎና አጥሚት መመገብ፤ ምርቃት ወዘተ) እንድፈፅም ምቹ ሁኔት ተፈጥሮልኛል			
306	አላስፈላጊ ወይም የማይመች የህመም ማስታገሻ ህክምና ተደርጎልኛል			
307	ለህክምና አስፈላጊ ሳይሆን ከምግብና ከመጠጥ እንድቆጠብ ተደርጊያለሁ			
	2. ባለፈው ጊዜ በጤና ተቋም ሲወልዱ ሚስጥራዊነቱን ያልጠበቀ አገልግሎት አጋጥሞታል			
308	ጤና ባለሙያው ተገቢውን የሆነ መከለያ ልብስ አልተጠቀመም			
309	ጤና ባለሙያው የእርስዎን ሚስጥራዊ መረጃ ሌሎች በሚሰሙት ሁኔታ ሲወያዩ ነበር			
	3. ባለፈው ጊዜ በጤና ተቋም ሲወልዱ የእርሶ ፍቃደኝነት ተጠይቆ ነበር			
310	ጤና ባለሙያው እራሱን አስተዋውቆ እና ሰላምታ ሰጥቶል ለእናትየው እና አብሮአት ላለው ሰው			
311	ጤና ባለሙያው እናትየው ጥያቄ እንድትጠይቅ ያበረታታል			
312	ጤና ባለሙያው የእናትየው ጥያቄ በትህትና እውነት ላይ ተመርኩዞ ይመልሳል			
313	ጤና ባለሙያው በምጥ ሰዓት ምን እየተሰራ እንደሆነ እና ምን እንደሚረጋገጥም ያብራራል			
314	ጤና ባለሙያው በየጊዜው የምጡን ሂደት ያብራራል			
315	ጤና ባለሙያው በምጥ ሰዓት እናትየው እንደተመቻች ሆና እንድትወልድ ይፈቅድ ነበር			
316	ጤና ባለሙያው ምንም አይነት አገልግሎት ከመስጠቱ በፊት ከእናትየው ፍቃድ ይጠየቃል ነበር			
	4. ባለፈው ጊዜ በጤና ተቋም ሲወልዱ			

	እነዚህን ክብረ ነክ ድርድራቶች አጋጥሞት ነበር			
317	ጤና ባለሙያው ጮሆበት ወይም ገፍትሮት ነበር			
318	ጤና ባለሙያው እርሱን በሚመለከት መጥፎ አስተያየት ሰጥቶ ነበር			
	5. ባለፈው ጊዜ በጤና ተቋም ሲወልዱ እነዚህን ቸልተኝነቶች አጋጥሞት ነበር			
319	ለእርዳታ በሚጠየቁበት ጊዜ ጤና ባለሙያው በቸልተኝነት አልፎታል			
320	ምጥ ላይ እያሉ ልጁ በሚወጣበት ጊዜ ጤና ባለሙያው ትተዎት ሄዶ ነበር			
	6. ባለፈው ጊዜ በጤና ተቋም ሲወልዱ እነዚህ መድሎዎች ደርሶውብዎት ነበር			
321	ጤና ባለሙያው በዘር፣ ጎሳ፣ በሀብት አድሎ አድርገው ነበር			
322	ጤና ባለሙያው በእድሜ (18 በተች በመሆን) አድሎ አድርገው ነበር			
323	ጤና ባለሙያው ኤች. አይ. ቪ ስላለብሽ ብቻ አድሎ አድርገው ነበር			
	7. ባለፈው ጊዜ በጤና ተቋም ሲወልዱ እነዚህ ቅጣቶች አጋጥሞት ነበር			
324	ከሆስፒታል የሚወጡበት ጊዜ ሂሳብ በለመክፈሎ ምክንያት ዘግይቶ ነበር			
325	ያለፍቃዶ ምንም አይነት ቅጣት አልተደረገብዎትም			

A. ለወሊዱ እናቶች የተዘጋጀ ጥልቅ ቃለ መጠይቅ መመሪያ

1. በወሊድ ወቅት የገጠመዎትን ዋና ዋና ጉዳዮች ቢያብራሩልኝ? (ማወጣጫ ጥያቄዎች) ሌላስ ምን ሆነ? የምጥ አጀማመር? ወደ ጤና ተቋም ጉዞ? ጤና ጣቢያ የተደረገልዎ? በወሊድ ጊዜ ድህረ ወሊድ የተሰጠት አገልግሎት?
2. በወሊድ ወቅት የገጠመዎትን የአብይ የሚሉትን ጉዳይ ቢገልፁልኝ? ሌላስ ምን ሆነ?
3. በወሊድ ወቅት የገጠመዎትን ክብረዎን ያልጠበቀና ፍላጎትዎን ያላማከለ አቀባበልና አገልግሎት በዝርዝር ቢገልፁልኝ?
4. ሙያዊ ስነ ምግባር እንዳያከብሩ ሊያደርጋቸዉ ይችላሉ ብለዉ ሚገምቷቸዉን ምክንያቶች ሊነግሩኝ ይችላሉ?
- 5 ሌላ ተጨማሪ ማለት የሚፈልጉት ካለ-----

B. ለጤና ባለሙያዎች የተዘጋጀ ጥልቅ ቃለ-መጠይቅ መመሪያ

1. በጤና ተቋማት ውስጥ እናቶች ለወሊድ አገልግሎት ሲመጡ ከብራቸው ሳይጠበቅና ፍላጎታቸው ሳይሟላ አገልግሎት እንዲያገኙ የሚሆንበት ዋና መሰረቱ ምንድን እንደሆነ ቢያብራሩልኝ ;
2. ስለ አገልግሎት ሰጭ ባለሙያዎች የስራ ሁኔታ እርስዎ ምን ይላሉ
 - ምን አይነት እርዳታና ድጋፍ ከበላይ ሀላፊዎች ይሰጣችኋል
 - እንዴትስ ማገልገል እንዳለባችሁ ድጋፍ ምን ይመስላል
 - የጋራ ምክክር ማድረግ ምን አይነት ጥቅም አለው ብለው ያስባሉ
 - በእናቶች ጤና ክፍል ውስጥ ከወሊድ ጋር በተያያዘ ምን አይነት ፈተናዎችና ስኬቶች አሳልፋችኋል
3. ተጨማሪ ሃሳብ አለ የሚሉት ካለ

C. ለህዝብ መሪዎች/ተጠሪዎች የተዘጋጀ ጥልቅ ቃለ-መጠይቅ መመሪያ

1. እናቶች በጤና ተቋማት ሲወጡ ገጥሟቸው ስለሚያውቅ ችግር በአካባቢዎ የሰሙትን ካልዎት ተሞክሮ አንፃር ቢያብራሩልኝ፤ እባክዎ ምን እንደተከሰተ ይግለጹልኝ
የእርግዝና ታሪክ (መቸና እነዴት፡- እነደጀምራት፣ ዎደጤና ተቋሙ እነደሄደች፣ የአቀባበሏ ሁኔታ፣ የቆይታ ጊዜ፣ ከወሊድ በፊት ስለተደረገላት ህክምና፣ በወሊድና ከወሊድ በኋላ ስለተደረገላት ህክምና)
2. ለለዚህ ክብር ለጎደለው አገልግሎት ምክንቱ ምን እንደሆነ ይገምታሉ
3. የወላድ እናቶች መብት እንዳይጣስ ለመከላከል የህብረተሰቡ ተሳትፎ ምን ይመስላል
4. ተጨማሪ ሃሳብ ካልዎት መጨመር ይችላሉ

DECLARATION

I, the undersigned, MSC student declare that this thesis is my original work in partial fulfillment of the requirement for the degree of Master in maternal and reproductive Health Nursing.

Name: Biresaw Wassihun

Signature: _____

Place of submission: School of Allied Health Sciences, Department of Nursing and Midwifery, Addis Ababa University

Date of Submission: _____

This thesis work has been submitted to Department of Nursing and Midwifery for examination with my approval as university advisor.

Advisor: 1. Mr. Leul Deribe (BSc, MPH)

Signature: _____ Date _____

2. Mrs. Nadia Worede (BSc, MSc)

Signature _____ Date _____