ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

DISRESPECT AND ABUSE DURING FACILITY-BASED CHILD BIRTH IN YEKA SUB- CITY HEALTH CENTERS ADDIS ABABA, ETHIOPIA

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ASSESSMENT OF THE PREVALENCE OF DISTRESPECT AND ABUSE AND ASSOCIATED FACTORS DURING FACILITY-BASED CHILD BIRTH IN YEKA SUB-CITY HEALTH CENTERS ADDIS ABABA, ETHIOPIA, 2019

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
CRC	Compassionate and Respectful Maternity Care
D and A	Disrespect and Abuse
EDHS	Ethiopian Demography and Health Survey
HICs	High Income Countries
HIV	Human Immune Deficiency Virus
LMICs	Low and Middle Income Countries
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
PNC	Postnatal Care
RMC	Respectful Maternity Care
SDGs	Sustainable Development Goals
WHO	World Health Organization

ABSTRACT

Background: In Ethiopia, only 48% of all births occur at health facilities. Disrespect and abuse of women by health providers during child birth is one of the main reasons that affect health care seeking from health facilities. Providing compassionate and respectful maternity care services to laboring and delivering women is one of the most important interventions to ensure positive newborn and maternal outcome. However, compassionate and respectful maternity care has received less attention both in practice and research.

Objective: To assess the magnitude of disrespect and abuse faced by women during facility based child birth in Yeka Sub- City selected health centers, Addis Ababa, Ethiopia.

Method: Institution based cross-sectional study design was employed among five health centers in Yeka Sub-City health centers, Addis Ababa, Ethiopia. Systematic sampling method was used to include 333 women who had given birth at health centers between February 14 and April 9, 2019. Data were collected using a structured face-to-face interview questionnaire. The data were analyzed by Statistical Package for Social Science (SPSS) Versions 22. Descriptive statistics like frequency, percentage, means and standard deviation were used to summarize the data. Bi-variable and multivariable analysis was performed using logistic regression model to identify factors for disrespect and abuse during childbirth.

Result: A total of 319 women participated in the study; with a response rate of 95.8%. From the total respondents, 85.3% of women experienced at least one category of disrespect and abuse. The most prevalent forms of disrespect and abuse were ineffective communication 235 (73.7%) and unacceptable companionship 220 (69%) during labor and delivery. Disrespect and abuse were more prevalent during night shifts deliveries (adjusted odds ratio [AOR] = 4.42; 95% CI, 1.91 to10.23), on women who normalized disrespect and abuse (AOR = 2.20; 95% CI, 1.10 to 4.56) and on mothers who delivered by female attendants (AOR = 3.95; 95% CI, 1.10 to 14.64).

Conclusion and recommendation: The occurrence of disrespect and abuse was high in this study setting. To decrease the existence of this phenomenon, appropriate interventions should be designed, focusing on supervision during night shifts, empowering women of childbearing age about their rights at health facilities and providing training for health care providers about respectful maternity care. Further community based research incorporated with qualitative method will be needed to explore the possible reasons for disrespect and abuse during facility-based childbirth.

Key words: Disrespect, Abuse, Maternity, Child birth, Women, Prevalence, Ethiopia

1. INTRODUCTION

1.1. Background

Respectful maternity care (RMC) refers to care which is given to all mothers in a condition that keeps their confidentiality and self-esteem ensures safeguards from disrespectful and abusive care and allows effective communication and continuous emotional support during childbirth(1). RMC counted as human rights which are due to each childbearing woman in every health facility over the world. Thus, experience of women with health care providers can authorized and comfort them, or impose post traumatic emotions(2).

Reducing maternal mortality is one of the global agendas as stipulated both in the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs)(3).One of the targets on SDGs (SDG-3) is to reduce the global maternal mortality ratio to less than70 per 100,000 live births and end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 100 live births(4).An estimated 303,000 maternal and 2.7million neonatal mortality were occurred globally in 2015. Almost all (99%) maternal and neonatal mortality occur in developing countries, with sub Saharan Africa alone accounting for 66% and 38% of maternal and neonatal deaths respectively. Ethiopia is one of the countries that had highest Maternal Mortality Ratio (MMR) in the world. According to global estimates for trends in maternal mortality from 1990 to 2015; the MMR in Ethiopia by 2015 was 353/100, 000 live births(5,6).

Globally, disrespect and abuse (D and A) is one of the silent contributing factors for maternal morbidity and mortality (7). D & A during childbirth is a strong contributing factor for choice of facility for the next childbirth(8).Disrespectful and abusive care is more prevalent in many facility settings globally, particularly for underprivileged populations, and this not only violates their human rights but is also a significant barrier to accessing intra-partum care services(9). As a result disrespect and abuse during facility based child birth increases the likelihood of maternal and infant mortality by discouraging women from using facility-based childbirth (10).

The burden of perinatal deaths is higher in low- and middle income countries (LMICs) compared to high-income countries (HICs). As a result, developing the quality of care during childbirth particularly in LMICs, has been recognized as the most useful approach for decreasing perinatal death compared with antenatal or postnatal care approaches(11).

According to Ethiopia Mini Demographic and Health Survey (EMDHS) 2019, the prevalence of institutional delivery was low (48%)(12). Absence of appropriate labor pain management, respectful care, fear of showing the body to health professionals, perceived cost of using a health facility during birth are all known to contribute to low facility delivery rates(13).Though D and A during facility based child birth is practiced by care takers, the proportion of births occurring in health institutions of Addis Ababa is high (95%)(12).But studies done in Ethiopia revealed that most women accept disrespect and abuse during facility based child birth as they believe it is for their own benefit (14–17).This shows normalization of D and A is a known individual- level contributor to be disrespected and abused during child birth(18).

1.2. Statement of problem

Globally, many women faced disrespectful and abusive treatment from their health care providers during facility based childbirth. Such treatment interrupts the rights of women to RMC; impend their rights to health, life, bodily integrity, and freedom from discrimination(19).

Disrespect and abuse of women during facility based child birth is one of the major problem that affects women during labor and delivery, and the most important barriers to maternal health service utilization(20).However, it is not given attention like other barriers to access and choice of maternal care during labor and delivery(21).Even though a central component of global efforts to reduce maternal mortality is to ensure that all women have access to skilled care before, during, and after childbirth, access to quality services is not guaranteed for many women, especially in LMICs(22).Even when services are available by skilled birth attendant, care may be compromised by abusive and disrespectful care during childbirth(23).

The fear of disrespectful and abusive treatment that women often think during facility based child birth is a more powerful preventive to use of skilled care than any recognized community barriers such as cost and distance in countries with high maternal mortality (24).In developing countries, the lack of compassionate and respectful care (CRC) during facility based childbirth continues to raise problems, as shown by maternal morbidity and mortality that could be attributed to low maternity quality of care(25).

D and A during facility based childbirth is responsible for the low healthcare facility based births amongst the population, hence resulting in slow progress in the attainment of improved health care delivery system(26).A study conducted in Kenya to identify associated factors with occurrence of obstetric complications, 93.5% cases of women reported disrespect and abuse(27).This indicates that D and A during labor and delivery is a major contributing factor for obstetric complications. A study done in Ethiopian public health facilities, 36% of women observed who faced at least one form of D and A (28). A study conducted in Addis Ababa showed that the prevalence of D and A is 78.6% (15). Since governments have not dedicated to or advanced in sharing accountability mechanisms which guarantee women's rights to RMC, the practice of D and A by health care providers during childbirth continues to occur.(29). As the result, the world community focused its attention to the violence and lack of RMC that many women suffer during facility based child birth(30).

Disrespectful and abusive care by health care providers during childbirth has the potential to form negative, disempowering and traumatic experiences for women that will inform their future relationships with care providers and the healthcare facilities(1).

There is no study that assesses D and A during facility-based child birth based on the new WHO frame work in Ethiopia. Therefore, this study aims to assess the magnitude of D and A in Yeka sub- city selected health centers using the new WHO frame work.

1.3. Rationale of the study

Provision of compassionate and respectful maternity care during facility based child birth is one of the augmenting factors to promote facility child birth. Assessing respectful maternity care during child birth is core component for improvement of quality of maternity service and to reduce maternal morbidity and mortality. Currently, the issue of non- clinical intra partum practices such as respectful care, provision of emotional support through labor companionship and effective communication in money settings are not regarded as priorities. So there is no study done considering these WHO priorities during labor and delivery. Therefore, assessing the magnitude of these disrespectful and abusive practices during facility based childbirth using WHO framework in Yeka sub- city, Addis Ababa will help health professionals, health managers and policy makers in designing appropriate intervention to increase compassionate and respectfully maternity care and to improve the health status of mothers. Also, the result will be used as body of information for further large scale studies on the same problem.

2. LITERATURE REVIEW

During labor and delivery, every mother has the right to be treated with respect and dignity by health care providers regardless of health, social or background status and the right to has a positive birth experience to compassionate care during child birth (31). Disrespectful and abusive treatment of women during facility-based childbirth has gained global attention as a threat to reduce preventable maternal morbidity and mortality(8). In this section publications and Studies on disrespect and abuse during facility based child birth and associated factors that pre-dispose to disrespect and abuse during facility child birth will be discussed.

2.1. Prevalence of disrespect and abuse

Disrespectful and abusive care of women during labor and delivery is the global epidemic (31). A study conducted in northern India found that 28.8% of women faced disrespectful and abusive care during child birth in a community based cross sectional study (32).Another mixed method study done in the same country to explore women's characteristics and experiences of mistreatment during childbirth showed that over half of survey respondents (54.7 %) report experiencing any type of mistreatment during a facility delivery (33).

A study done in Brazil showed that 18% of women who delivered babies in the city of Pelotas during 2015 were victims of at least one type of disrespectful or abusive treatment during the process of childbirth by household interview (34).A cross sectional study conducted in Pakistan found that 99.7% experienced at least one type of D & A during childbirth, as determined objectively by the researchers. However, only 27.2% reported that they had felt D&A in a cross sectional household based study(8).This study showed that objective data collection is better than subjective data collection about experience of disrespectful and abusive behavior during facility based child birth. In this study, the prevalence of disrespectful and abusive behavior reported by women is much lower than direct observations of disrespectful and abusive behaviors. Another comparative cross sectional study done in the same country showed that there were no significant differences in manifestations of mistreatment between facility and home-based childbirths; approximately 97% of women reported experiencing at least one disrespectful and abusive behavior(35).

Another study conducted in Peru to assess the prevalence of disrespect and abuse during facility based child birth showed that 97.4% study participants surveyed after 48 hours of delivery had experienced at least one category of disrespect and abuse(36). However, this

study uses only women who had delivered in the past 48 hours; this population of women could have been affected by immediate distressing factors related to labor, which might have influenced their answers. A qualitative study conducted in Nepal on Staff perspectives of barriers to women accessing birthing services, disrespectful care is one of the barriers to women accessing facility birthing services(37).

A study done in Malawi indicates the overall frequency that a D&A-related item occurred ranged from 0.09% (for manual exploration of the uterus after delivery when unindicted) to 93.7% (for the health provider not asking the woman in which position she wanted to deliver) evidence from direct observations of labor and delivery(38). This study, however, suffered systematic error that may be associated with observation. The Hawthorne effect, in which behavior under study changes because the actors know they are being observed. A study conducted in Tanzania showed that the prevalence of disrespect and abuse during childbirth was found to be 19.5% in exit interviews and 28.2% in follow-up interviews(24).Another study conducted in Tanzania explored the prevalence of disrespect and abuse during childbirth at a health facility, and revealed that 15.0% of women reported disrespect and abuse(39).

A cross-sectional study done in southeastern Nigeria showed that 98.0% of women reported disrespect and abuse during childbirth(40).A study conducted in Kenya indicated that 20.0% of laboring mothers experienced disrespect and abuse(41). However, in these four studies; Tanzania (both studies), Nigeria and Kenya, there is methodological difference for the measurement of D and A, difference in operational definitions of D and A and lack of randomization in the selection of study sites. A qualitative study done in Nigeria pointed that participants perceived incidents such as being shouted at and the use of abusive language as a common practice. Women described these incidents as devaluing and dehumanizing to their sense of dignity(42). Another qualitative study done in Ghana, the major types of mistreatment perceived by women were: verbal abuse (shouting, insults, and derogatory remarks), physical abuse (pinching, slapping) and abandonment and lack of support(43). But, both studies cannot quantify these disrespectful and abusive behaviors faced by women during child birth. So, it is difficult to determine whether women's views of D&A reflected in this study can be generalized to the general population. A facility based cross sectional study done in Ethiopian public health facilities from direct observation showed that 36% of at least one form of mistreatment of women was observed during normal labor and delivery(17).Although this study is not suffered to recall bias, it is suffered to Hawthorne

effect, in which providers will show acceptable behavior during service provision because they know that they are being observed.

A cross sectional community based study conducted in Northern Ethiopia, Tigary Region found that the proportion of women who reported disrespect and abuse during labor and delivery is 22%(44).However, the timing of data collection after delivery is too long to recall details of incidents that occurred during labor and delivery. And also only women who gave birth to live babies were included and therefore the study excluded stillbirths, neonatal and infant deaths. It is possible that those women may have had negative experiences of disrespect and abuse, but this cannot be established from these data.

A study conducted in Addis Ababa on Service providers' experiences of disrespectful and abusive behavior towards women during facility based childbirth showed that 80% of participants believed that lack of respectful care discourage women from having facility based childbirth(14).However, since the study is done on service providers' perspective, multiple providers may witness D&A of one woman rather than women report individual experiences of D&A. There is also chance of social desirability bias which influences the participants' responses such as pride in the facility.

A community based cross sectional study conducted in Bahir Dar town showed that 67.1% of women reported disrespect and abuse during facility based child birth(7). However, the timing of data collection in this study was long; one year after delivery. This may introduce the potential recall related bias. Another institution based cross sectional study done in Bahir Dar, in public health centers and one hospital on compassionate and respectful maternity care during facility based child birth showed that from 284 respondents 43% were abused. A cross sectional study conducted in Addis Ababa health centers showed that 75.3 % of mothers reported disrespect and abuse (15).

This study, however, suffered small sample size and, again, used questionnaire immediately prior to discharge which leads to information bias.

2.2. Category of disrespect and abuse during labor and delivery

Bowser and Hill on exploring evidence for disrespect and abuse in facility-based childbirth categorized D and A in to seven types ; physical abuse, non- consented care, non – confidential care, non- dignified and verbally abuse, discrimination, abandonment of care and detention in facilities(18). A systematic review on mistreatment of women during childbirth

in health facilities, categorized D and A in to seven as follows; physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers and health system conditions and constraints(45).However, these two framework did not include non- clinical intra partum practices such as provision of emotional support through labor companionship and effective communication which may be fairly inexpensive to implement were not regarded as priorities in many settings.

Unlike the above categories of D and A, the new WHO framework for improving quality of care for pregnant women during child birth, in addition to respectful maternity care, it advances non- clinical intra partum practices such as provision of emotional support through labor companionship and effective communication and also a woman centered and holistic care organized for and given to all women in a manner that keeps their dignity, privacy and confidentiality, ensures freedom from disrespectful and abusive care and enables informed choice and continuous emotional support during childbirth(1).

2.2.1. Physical abuse

Physical abuse often took the practices of beating, slapping, pushing, pinching women and stitching of women without anesthesia(46). A mixed method study conducted in Uttar, India on women's status and experiences of mistreatment during childbirth showed that from 760 survey respondents 54.7 % report experiencing any type of mistreatment during a facility delivery. Physical abuse accounts 15.5% (33). Another community based cross sectional study done in northern India, showed that from 415 nearly 13.4% pregnant women who underwent physical abuse reported being slapped or pinched (2.7%); put to excessive force during examination or delivery (12%) (32).

A population based study done to describe the prevalence of disrespect and abuse of women during childbirth in Pelotas City's hospital, Brazil, showed that from 4275 women 5% faced physical abuse(34). A community base cross sectional survey conducted in 14 districts in Sindh Province health facilities, Pakistan from 1,334 women who had given birth at home or in a healthcare facility over the past 12 months 16.5% were slapped, pinched, beaten and push badly to change position(8).Another study conducted across 40 facilities (12 health centers and 28 hospitals) in Malawi showed that 0.2% of women from a total of 2109 observations were slapped, hit or pinched by provider (38).

A study conducted on prevalence of disrespect and abuse during facility-based childbirth in a large urban hospital, Tanzania, from 1914 postpartum interview and 64 community follow up interview 5% and 52% were kicked pinched, slapped, pushed, beaten, performed episiotomy without anesthesia and tied to the delivery bed respectively(39). Another qualitative study done in Tanzania on experiences of and responses to disrespectful maternity care and abuse during child birth, the reported physical abuse by women was rarely mentioned(47).

A cross-sectional study done in Enugu University Teaching Hospital Southeastern Nigeria, from 460 women 35.7% faced physical abuse during facility base child birth (40). A retrospective case control study conducted to assess the nature of child birth related complications among the skilled and non-skilled birth attendants in western Kenya 17.7% from 294 cases reported physical abuse(27).

A cross sectional study conducted in Ethiopian public health facilities on respectful maternity care in 28 health facilities (22 health centers and 6 hospitals) 9% and 10% of women respectively faced physical abuse(17). Another cross sectional study conducted in Tigray to assess the extent of, and factors associated with, disrespectful and abusive maternity care reported by women who utilized facility-based delivery services showed that 0.8% of women were hit, slapped and pushed by providers(44). Another cross sectional study on prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia from 410 respondents who were interviewed 57.6% was physical abuse (48). On the other hand cross-sectional study conducted 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 27.1% and 38.6% were slapped, hit, physically restrained, denied food or fluid unless medically necessitated not receive comfort and didn't demonstrated caring in a culturally appropriate way in health centers and hospital respectively(15).

2.2.2 Non -Dignified Care

Non Dignified care describes verbal abuse such a non-dignified languages, non-politeness, make threats to women(46). In an observational cross- sectional study done on disrespect and abuse during childbirth in fourteen hospitals in nine cities of Peru, non-dignified care was the most prevalent (86.2%) categories of D and A (36). A study analyzed from cross sectional study in Lucknow, India from 392 women who recently gave birth in a facility showed that 28.6% of women faced non- dignified care (49).

A community based study done to describe the prevalence of disrespect and abuse of women during childbirth in Pelotas City's hospital, Brazil, showed that from 4275 women 9.3% faced non-dignified care(34). Another community based study done in Pakistan 32.5% of women were insulted, shouted at, faced abusive language and threatened for poor outcome(35).Another cross sectional house hold based study conducted to assess the prevalence and determinants of the D & A during child birth in rural Gujrat, Pakistan, from the 360 women who had a live birth within the previous two months, 12.2%were suffered from non-dignified care(8). On the other hand study conducted on the prevalence of disrespect and abuse during facility-based maternity care in Malawi from direct observations of labor and delivery,13.9% of women were not greeted respectfully and 1.9% of women were shouted at, insulted, or threatened during labor or after(38).

A cross-sectional study done disrespect and abuse during facility based child birth in Enugu University Teaching Hospital Southeastern Nigeria, from 460 women 29.6 % faced non-dignified care during facility base child birth from those blamed or intimidated during childbirth 12.3%, threatened with cesarean delivery to discourage patient from shouting 7.6%, received slanderous remarks (aspersions) from birth attendant 5.4% ,scolded, shouted at, or called stupid 4.3% (40). Another study conducted on the prevalence of disrespect and abuse during facility-based childbirth in a referral hospital, urban Tanzania 6% and 53% of women suffered from non-dignified care from postpartum and community follow up interview respectively (39).

A qualitative study done in Ghana on women's perspectives of mistreatment during childbirth at health facilities using focus group discussion and in-depth interview showed that verbal abuse (shouting, insults, and derogatory remarks) was the major type of mistreatment during facility based child birth experienced by women and happened across the duration of their stay in the health facility, from the initial contact with the healthcare providers, through labor and childbirth, as well as during discharge(43). A retrospective case control study on birth attendance and magnitude of obstetric complications in Kenya showed 10.9% of cases reported non- dignified care(27).

A cross sectional study conducted in Ethiopian public health facilities on respectful maternity care in 28 health facilities (22 health centers and 6 hospitals) to describes the prevalence of RMC and mistreatment of women in hospitals and health centers, 6% and 12% of women suffered from verbal abuse respectively(28).Another cross sectional study on prevalence of

disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia from 410 respondents who interviewed 10.2% were insulted and made negative comments by providers during labor(48)

2.2.3. Non consented care

Non-consented care is said to occur when health care providers do not give women the necessary information about the medical procedures and do not take both written and verbal informed consent from women during labor and delivery regarding procedures(45). In an observational cross- sectional study done to assess the prevalence of disrespect and abuse during childbirth in fourteen hospitals in nine cities of Peru, among 1528 participants, 74.6 % faced non- consented care (36). A cross sectional study on women's experiences of mistreatment during childbirth in Pakistan, the most commonly reported was non-consented care (81%)(35).

A cross sectional study done on prevalence of disrespect and abuse during facility-based childbirth in one large referral hospital in Dares Salaam, Tanzania, non-consented care 5 % and 0.2 % , during community follow-up interviews compared to postpartum interviews, respectively (39). A cross sectional study on prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia from 410 respondents who interviewed, non-consented care (57.6%) was the most prevalent types(44).The same study conducted in Addis Ababa on the status of respectful and non-abusive care during facility based child birth in a hospital and health centers, from 173 women 89.4% and 100% of women's right to information, informed consent and preference was not protected in health centers and hospital respectively (15).

2.2.4. Non-Confidential care

Non-confidential care occurs when there is a violation of privacy and confidentiality. Violation of privacy occurs when there is a physical lack of privacy in facilities where women's labor and delivery in public view, that is, without any privacy barriers in front of other hospital staff and/ or patients(45).In an observational cross- sectional study done to assess the prevalence of disrespect and abuse during childbirth in fourteen hospitals in nine cities of Peru, among 1528 participants, faced 68.1% faced non- confidential care(36).A cross sectional study on women's experiences of mistreatment during childbirth in Pakistan, 69%of women experience of non-confidential care(35).A cross sectional study done on prevalence of disrespect and abuse during facility-based childbirth in one large referral hospital in Dares

Salaam, Tanzania, non-confidential care was 54 % and 2 % and lack of privacy was 53 % and 2 %, during community follow-up interviews compared to postpartum interviews, respectively (39).

A cross sectional study done on prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia from 410 respondents who interviewed, 11% faced non-confidential care(48). The same study conducted in Addis Ababa on the status of respectful and non-abusive care during facility based child birth in a hospital and health centers, from 173 women 9.4% and 33% of women's confidentiality and privacy was not protected in health centers and hospital respectively(15).

2.2.5. Abandonment/Neglect during labor and delivery

Women are often left alone during child birth 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 (41). A cross sectional study done on prevalence of disrespect and abuse during facility-based childbirth in one large referral hospital in Dares Salaam, Tanzania, abandonment was 52 % and 8 %, during community follow-up interviews and postpartum interviews, respectively (39). A qualitative study done in Ghana on women's perspectives of mistreatment during childbirth at health facilities using focus group discussion and in-depth interview showed that women's experiences suggested psychological stress during labor and childbirth resulting from instances of neglect, lack of support, and health workers' unresponsiveness to their needs (43).

A cross sectional study conducted in Ethiopian public health facilities on respectful maternity care in 28 health facilities (22 health centers and 6 hospitals) to describes the prevalence of respectful maternity care (RMC) and mistreatment of women in hospitals and health centers, the element with the highest prevalence was abandonment or being left alone, 19%. No statistically significant difference was observed between hospitals and health centers in observed prevalence of this element of mistreatment of women(17).

Another cross sectional study on prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia from 410 respondents who interviewed, 7.1% were neglected during labor and delivery(48). The same study conducted in Addis Ababa on the status of respectful and non-abusive care during facility based child

birth in a hospital and health centers, from 173 women, 14.1% and 63.6% of women left without care in health centers and hospital respectively(15).

2. 2.6. Stigma and discrimination

Stigma and discrimination refers to discrimination based on ethnicity/race/religion, based on aged, based on socioeconomic status, based on HIV status(45). A study done on women's empowerment and experiences of mistreatment during childbirth in facilities in Lucknow, India: results from a cross-sectional study 16.8% of women reported discrimination(49). A cross sectional study on women's experiences of mistreatment during childbirth in Pakistan, 14.8% of women faced discrimination. From those denial of service due to ethnicity was 9.8% and denial of service due to lack of money was 10.9%(35).

A questionnaire based cross sectional conducted to determine the prevalence and pattern of disrespectful and abusive care during facility based child birth in Enugu state university hospital, Nigeria discrimination on the basis of specific patient attributes was 20%. From this denial of needed attention on the basis of ethnic origin 2.9% denial of needed attention because of low social class was 13.7% denial of needed attention because of teen age (≤19 years) was 2.0% denial of needed attention because of HIV-sero positive status was 1.3% (40).

A cross sectional study on prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia from 410 respondents who interviewed, 1.9% discriminated by race, ethnicity, or economic status, 0.2% discriminated because of being a teenager and 0.7% discriminated because of being HIV-positive. Another study conducted in Addis Ababa on the status of respectful and non-abusive care during facility based child birth in a hospital and health centers, from 173 women, 10.6% and 28.4% did not receive equitable care, free of discrimination in health centers and hospital.

2.2.7. Detention in Health Facilities

As studies showed in Benin and Sierra Leone, laboring mother or their babies are often detained in the facilities when they are not able to pay the bills during and after labor and delivery(45). A community based cross-sectional study conducted in northern India found that 13.2% of mothers detained due to failure to pay(32). Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey done in Tanzania on

disrespectful and abusive treatment during facility delivery in exist interview and follow up survey, 1.94% and 3.39% of women were detained due to failure to pay respectively(24).

2.2.8. Ineffective communication

During labor and delivery, effective communication between health care providers and mothers, using simple and culturally acceptable languages is recommended (1). A qualitative study done on manifestations and drivers of mistreatment of women during childbirth in Kenya found that women felt sorrow due to insufficient information sharing by the health providers about procedures of procedures of childbirth(50).

2.3. Factors Associated with Disrespect and Abuse

The concept of respectful maternity care is attained when services during child birth are free from disrespectful and abusive care. Disrespect and abuse are derived from multi-dimensional sources like individual level, obstetric and provider characteristics (51).

2.3.1. Socio demographic related factors

A cross sectional household based study conducted in Pakistan showed that income level was significantly associated with disrespect and abuse during facility based child birth. Women who belongs to lower income group faced disrespectful and abusive treatment than women who belongs to higher income group(52). Educated women were reported more incidents of disrespect and abuse during facility based child birth than women having no formal education(53–55). On the other hand studies conducted in Tanzania and Kenya showed that married women were less likely faced D and A compared to never married or separated(41,53).

A qualitative study conducted in Ghana showed that young age trigger for mistreatment during facility based child birth(43). A cross sectional study conducted in Ethiopia showed that women in the age group 20-34 and 35 or above compared those below age 20 years reported more D and A; and being rural resident significantly associated with physical abuse. Disrespect and abuse during delivery services was reported more among women residing in urban compared to rural areas(54,55).Another study conducted in Bahir Dar showed that the monthly family income of the respondent was significantly associated with disrespect and abuse. Respondents with a monthly family income of <2,000 ETB were 1.74 times more likely to have been disrespected and abused than those who had a family monthly income of ≥2,000 ETB(48).

2.3.2. Obstetric Related Factors

A cross sectional community based study conducted in Pakistan found that number of Antenatal Care(ANC) was significantly associated with D and A. Women who had less than four visits for ANC disrespected and abused compared to those had four or above ANC visits(52). A study conducted in Peru to assess the prevalence of disrespect and abuse during facility based child birth showed that mode of delivery was significantly associated with disrespect and abuse. Women who delivered by caesarian section had a higher prevalence of abandonment of care and lower prevalence of physical abuse than who delivered vaginally(36). Studies done in Tanzania, Kenya and Ethiopia have found an association between numbers of parities and length of stay at a health facility after delivery and disrespectful and abusive care. Women who had more than three parity were experienced D and A compared to women who had less than three parities.

Women who stay longer time at a health facility after delivery faced more D and A compared to those stay shorter time in a health facility(41,48,53,54,56). A study done on effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya found an association between time of delivery and disrespect and abuse. Women who delivered at night time had higher risk for D and A compared to those delivered at day time(56). Cross sectional studies conducted in Ethiopia found an association between presences of birth companion and D and A. Women were more likely to receive RMC when birth companion or relatives were allowed in labor(28,54). On the other hand the same study conducted in Bihar Dar town on prevalence of disrespect and abuse of women during child birth and associated factors showed that the number of ANC visits was significantly associated with D and A. Respondents with a history of fewer than 4 ANC visits were 1.97 times more likely to have been disrespected and abused than respondents with a history of ≥4 ANC visits(48).

2.3.3. Individual related factors

These potential contributing factors arise from individual like lack of autonomy and empowerment, normalization of disrespect and abuse during child birth(18).Study conducted in Kenya showed that normalization of D and A is one of the underlying drivers for physical abuse and verbal abuse(50). A qualitative study done in Tanzania found that women kept silence even when they thought they were right and the provider was wrong, for the reason of being scolded and perceived lack of privacy and confidentiality(57).

Studies done in Ethiopia showed that though disrespect and abuse practiced during child birth, women reported that they were not disrespected and abused (14–16).

2.3.4. Provider related factors

These contributing factors arise from health service provider like sex of provider, number of providers during child birth and birth preparedness education during ANC checkup by provider. A cross sectional community based study conducted in Pakistan showed that birth preparedness education was significantly associated to D and A. Women who were given education during ANC checkup on birth preparedness faced less disrespectful and abusive care compared to women who were not given on birth preparedness education(35). A study conducted in Ethiopia showed that female providers were observed engaging in disrespectful and abusive practices more frequently than male providers (28).

2.4. Conceptual frame work

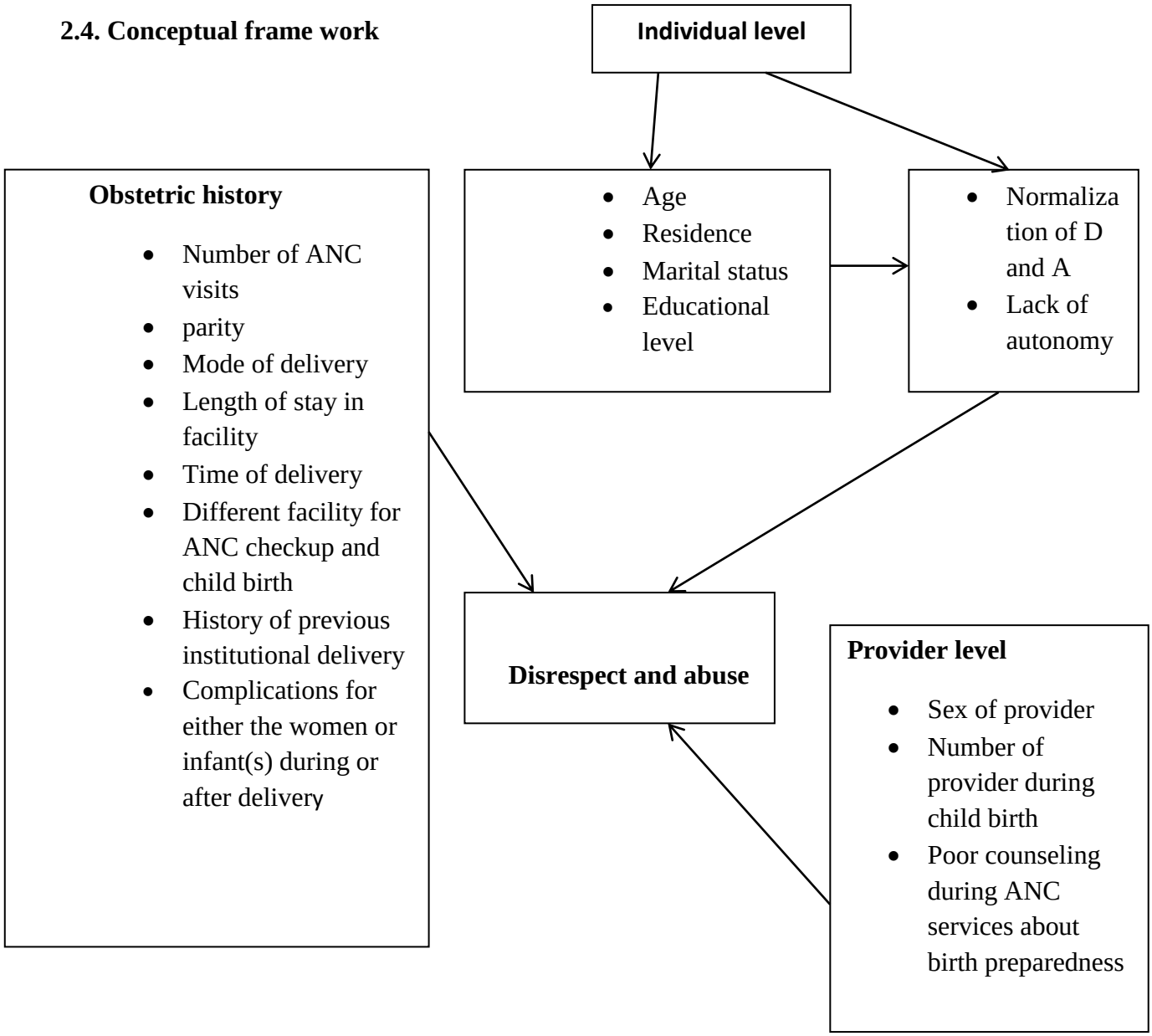

Figure 1: Conceptual frame work adapted from Literature on prevalence of disrespect and abuse of women during child birth(48).

3. OBJECTIVES

3.1. General objective

To assess the prevalence of disrespect and abuse of women by health care providers and associated factors during facility-based childbirth in Yeka sub- city selected health centers, Addis Ababa, Ethiopia, 2019

3.2. Specific objectives

1. To determine the magnitude of disrespect and abuse of women by health care providers during facility-based child birth in Yeka sub- city selected health centers, Addis Ababa, Ethiopia, 2019
2. To identify factors associated with disrespect and abuse during facility-based childbirth in Yeka sub- city selected health centers, Addis Ababa, Ethiopia, 2019

4. METHODS

4.1. Study Area

This study was conducted in Yeka Sub- City which is one of the ten sub-cities in Addis Ababa located at the north east side of Addis Ababa, Ethiopia. In this Sub- City, there were fifteen health centers and one referral governmental hospital. All health centers were linked with a referral linkage for complicated labor and delivery with Yekatit 12 referral hospital. According to Yeka Sub- City health office, the total population in 2018/2019 was expected to be 454,850. Out of the total population, 227,880 (50.1%) were females. Women who are in child bearing age group (15-49) were 157,560. The average annual delivery load for this sub city health centers was 6864 and that of first postnatal visit was 8940.

4.2. Study design

The study used facility- based cross- sectional study design among women who gave birth at Yeka Sub-City health centers.

4.3. Study period

The study was conducted for two months from February 14 to April 9, 2019.

4.4. Source population

All mothers who delivered at health centers located in Yeka Sub- City in the study period.

4.5. Study population

All postnatal mothers who were come to selected health centers' postnatal clinic for their first postnatal care (PNC) services during the study period.

4.6. Inclusion and exclusion criteria

4.6.1. Inclusion criteria

All postnatal mothers who received delivery services for their last child birth at the study health centers and come to postnatal clinic for their first postnatal services during the study period.

4.6.2. Exclusion criteria

Postnatal mothers who were critically ill, unable to communicate at the time of data collection, refused to participate in the study, delivered by caesarian section.

4.7. Sample size determination

The minimum sample size required for this study was determined using a single population proportion formula considering the assumptions: Proportion of physical abuse (0.27), the woman's right to information, informed consent, and choice/ preferences was not protected(0.89), the woman's confidentiality and privacy was not protected(0.09), non-dignified care(0.09), Stigma and discrimination(0.11), the woman was left without care/attention(0.14) and the woman was detained or confined against her will(0.01) during facility based child birth.

These figures were taken from a previous study conducted in three health centers of Addis Ababa(15). Level of confidence 95% and margin of error to be 5% (d = 0.05). The sample size for each form of disrespect and abuse was calculated as follows:

$$\text{Sample size (n)} = \frac{Z^2 * p * q}{d^2}$$

Where p- proportion of disrespect and abuse during child birth

q-proportion of women who have no disrespect and abuse during child birth

d-margin of error

Table 1: The minimum sample size determination for each forms of D and A.

Forms of D and A	Z	P	Q	D	N	Adding 10% of n for non-response Rate	Final n
Physical abuse	1.96	0.27	0.73	0.05	303	30	333
Non consented care	1.96	0.89	0.11	0.05	150	15	165
Non-confidentiality and privacy	1.96	0.09	0.91	0.05	126	13	139
Non dignified care	1.96	0.09	0.91	0.05	126	13	139
Stigma and discrimination	1.96	0.11	0.89	0.05	150	15	165
Neglected care	1.96	0.14	0.86	0.05	181	18	199
Detainment	1.96	0.01	0.99	0.05	15	2	17

So, the large sample size 333 was taken in order to include all forms of disrespect and abuse.

4.8. Sampling procedure

There were fifteen health centers in Yeka Sub- City. Among these, five health centers (Yeka health center, Kotebe health center, Ruth health center, Hidassie health center and Woreda 13 health center) were selected by simple random sampling using lottery method for study. The average number of deliveries per month in Yeka health center, Kotebe health center, Ruth health center, Yeka Hidassie health center and Woreda 13 health center was 50, 106, 58, 56 and 115 respectively. During the two months of data collection period number of deliveries was estimated to be 100 at Yeka health center, 212 at Kotebe health center, 116 at Ruth health center, 112 at Yeka Hidassie health center and 230 at Woreda 13 health center which gives a total of 770 deliveries. To include 333 women in the study, proportional allocation method was made based on the number of women who received child birth services at each selected health centers in the month preceding the data collection period. Thus 43, 92, 50, 48 and 100 women were interviewed from Yeka health center, Kotebe health center, Ruth health center, Yeka Hidassie health center and Woreda 13 health center respectively.

Systematic sampling technique was used for enrollment of 333 postnatal mothers who were accessed for their first postnatal care services; by the assumption of: N (the estimated deliveries in two months period in the selected health centers which was 770, and n (required minimum sample size = 333 which gives sampling fraction (k) of 2): k= N/n => 770/333 ≈ 2. To start data collection, the first two women from each health center who come to PNC clinic for their first postnatal services were given numbers 1 or 2 and one of them from each health centers was selected by lottery method. Every other woman from each health center was then included in the study starting from the woman who was selected.

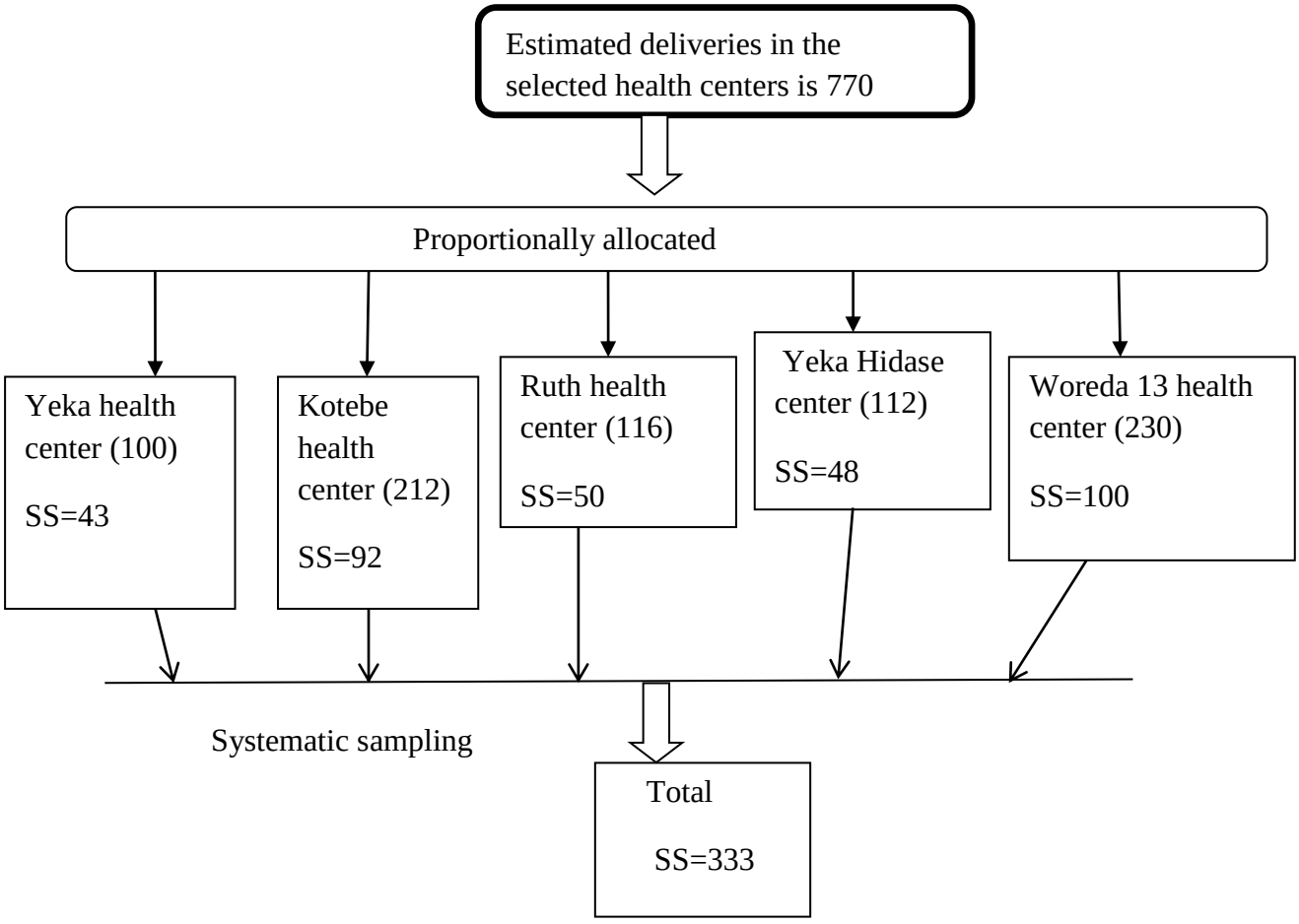

Figure 2 : Schematic presentation of sampling techniques for participants in Yeka City health centers, Addis Ababa, Ethiopia, 2019

Note: SS (Sample size).

4.9. Study Variables

4.9.1. Dependent variable:

Disrespect and Abuse: experience of at least one from the following categories: Physical abuse, verbal abuse, stigma and discrimination, abandonment of care, non-consented care, non- confidential care, detention in facilities, ineffective communication and unacceptable companionship during childbirth.

4.9.2. Independent variables

Individual related factors: autonomy, age, marital status, occupation, educational back-ground, normalization and socio economic status.

Obstetric history: number of ANC, number of parity, mode of delivery, time of delivery, different facility for ANC checkup and child birth, length of stay in health center, and history of previous institutional delivery.

Provider related factor: sex of birth attendant, birth preparedness education given to pregnant mother and number of health professionals during child birth.

4.10. Operational definition

Physical abuse: use of force and physical restraint during child birth, such as beating, slapping, pinching, physically restraining to the bed; measured using five criteria(1) a woman who answers yes to at least one criteria then she was considered as being abused at the time of child birth.

Verbal abuse: Women faced harsh or rude language, threats and blaming during child birth; measured using seven criteria(1) a woman who answers yes to at least one criteria then she was considered as being abused at the time of child birth.

Stigma and discrimination: women discrimination based on socio demographic characteristics and medical conditions; measured using four criteria(1) a woman who answers yes to at least one criteria then she was considered as being abused at the time of child birth.

Abandonment of care: leaving laboring woman alone, women giving birth by themselves at health facilities, failure of care givers to monitor women in labor and intervene in life threatening conditions and ignorance of women during labor and delivery while asking for pain relief or medication; measured using three criteria(1)a woman who answers yes to at least one criteria then she was considered as being abused at the time of child birth.

Non-consented care: providers not giving women or her relatives proper information about medical procedures, not asking for women's permission to conduct medical procedures such as, episiotomies and cervical examinations; measured using two criteria(1)a woman who answers yes to at least one criteria then she was considered as being abused at the time of child birth.

Non-confidential care: giving birth in a public view without privacy barriers such as curtains; and having healthcare providers share sensitive clients' information, such as HIV status, age, marital status, and medical history, in a way that other people who are not involved in their care can hear; measured using two criteria(1) a woman who answers yes to at least one criteria then she was considered as being abused at the time of child birth.

Detention in facilities: detaining of mothers in health facility against her will using power: deprivation of liberty and self-determination; measured using one criteria(1) a woman who answers yes to this criteria then she was considered as being abused at the time of labor and delivery.

Ineffective communication: The presence of at least one of the following: the providers not introducing themselves to the woman and her companion and addressing the woman by her name; not offering the woman and her family the information they need in a clear and concise manner (in the language not spoken by the woman and her family), not respecting and responding to the woman's needs, preferences and questions with a positive attitude; not supporting the woman's emotional needs with empathy and compassion, through encouragement, praise, reassurance and active listening; not supporting the woman to understand that she has a choice, and ensuring that her choices are not supported; not encouraging the woman to express her needs and preferences, and regularly updating her and her family about what is happening, and asking if they have any questions; not ensuring that the woman is aware of available mechanisms for addressing complaints;

not interacting with the woman's companion of choice to provide clear explanations on how the woman can be well supported during labor and childbirth; measured using ten criteria(1) a woman who answers yes to at least one criteria then she was considered as being abused at the time of child birth.

Unacceptable companionship during labor and childbirth: any person chosen by the woman to provide her with continuous support during labor and childbirth is not allowed; measured using one criteria(1) a woman who answer yes to this criteria then she was considered as being abused at the time of child birth.

First postnatal service :a service given to the mother and the baby after birth within 7 days of delivery (58).

4.11. Data collection procedures

4.11.1. Data instrument

Structured interviewer administrated questionnaire was used.

4.11.2. Data collection and procedure

Data were collected by face-to-face interviews using a structured questionnaire adapted from WHO intra-partum care recommendations for a positive child birth experience (1) with modification based on research objectives. The questionnaire was prepared in English and translated into the local language (Amharic), and then translated back into English by principal investigator to check the consistency. Two female health officers and one health officer who were give free services outside the study facilities were recruited for data collectors and supervisor respectively. The data collectors and supervisor were receive a daylong training session on the objectives and benefits of the study, individuals' rights, informed consent, and interview techniques. Since the trend of all study health centers that appoint delivered mothers for their first postnatal visit is on the day of neonates' first vaccination day, data were collected during neonates' first vaccination day at each study health centers. According to this trend, the neonates' first vaccination days of kotebe health center were Tuesday and Thursday, Yeka health center was Thursday, Ruth health center was Wednesday, Woreda 13 health center was Tuesday and Hidassie health center was Wednesday per week. The mothers were first appointed to come to postnatal clinic for their first postnatal services and then went to immunization clinic for their neonate's first vaccination after they got first PNC services.

So, the data were collected on women who were eligible for the study after they finished their first postnatal services; interviewed in a separate private room near the postnatal clinic. During interviewing with the woman the health center staffs were not present at the interviewing room to avoid bias in the responses of the participants.

4.11.3. Data quality assurance

The quality of data was assured by training of data collectors, further adjustment to the data collection tool was made after pre-testing it with 5% of the sample size or 17 mothers at Raey health center (one of the fifteen Yeka Sub- City's health centers) which was not include in the study to improve clarity, understandability and simplicity of the message.

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.

4.12. Data Measurement and Analysis

4.12.1. Data Measurements

Disrespect and abuse during childbirth was measured using 9 performance standards (categories of disrespect and abuse) and 35 verification criteria according to the new WHO framework of mistreatment of women during child birth(1).

4.12.2. Data analysis

First, a desk review of the collected data was made to check for completeness and any misfiled questions. The data were cleaned, coded and entered in to Epi Info version 7.2 and exported to SPSS version 22 software package for analysis. Descriptive statistics such as mean, percentage and standard deviation were determined. Bi-variable logistic regression was done to determine the association between each independent variable and the outcome variable. Variables with p- value less than 0.2 in bi-variable logistic regression (for not dropping of important variables) were entered to multivariable logistic regression to adjust the effect of confounders on the outcome variable.

Finally, the fitness of the model was checked by Hosmer and Lemeshow test (P=0.5). The results were presented in the form of texts, tables and figure. The degree of association between dependent and independent variables was detected through odd ratio and significance level was determined using 95% confidence interval.

4.13. Ethical consideration

Ethical clearance was obtained from Addis Ababa University School of Public Health; Research Ethics Committee (REC).Permission to conduct the study was secured from Yeka Sub- City Health Office. Written informed consent was obtained from each study participants after clear explanation about the benefit and harm of the study, the importance of their participation, confidentiality of the information, participation is voluntary and refusal to participate will have no effect on the subject or any family member.

4.14 .Dissemination of the result

The results of the study will be submitted to Addis Ababa University School of Public Health as a partial fulfillment of the MPH, Yeka Sub- City Health Office and other concerned bodies. We will also submit the study to reputable journals for possible publication.

5. RESULTS

5.1. Socio-Demographic Characteristics of Study Population

We obtained a response rate of 95.8% where 319 women out of 333 who were invited for interview consented to participate in the study. Mean age of the respondents was 27.6 (SD±4.2) years with a minimum and maximum age of 17 and 43 respectively. Majority of the respondents 167 (52.4%) fall in the 25-29 years' age group. Out of the total respondents 276 (86.5%) were followers of Orthodox religion. Regarding the marital status of the mother, 308 (96.6%) of them were married. Almost all of the study participants 300 (94.0%) were permanently living in Addis Ababa. About half of the study participants 142 (44.5%) were house wives and out of the total respondents 218 (68.3%) of them had a monthly family income >=2500 Ethiopian birr. Assessment of the educational status of the respondent showed that 115 (36.1%) had attended secondary education (9-12) and 16 (5%) never attended any type of formal education (Table 2).

Table 2:Socio demographic characteristics of mother in Yeka sub-city, Addis Ababa, Ethiopia, February 14- April 9 ,2019 (n=319)

Types of variable		Frequency	%
Age			
	15-19	7	2.2
	20-24	58	18.2
	25-29	167	52.4
	30-34	71	22.3
	≥35	16	5
Marital status			
	Never married	8	2.5
	Married	308	96.6
	Divorced	3	0.9
Residence			
	Urban	300	94
	Rural	19	6
Religion			
	Orthodox	276	86.5
	Muslim	28	8.8
	Other Christians	15	4.7
Educational status			
	Illiterate	16	5
	Read and write	10	3.1
	Primary education (1-8)	106	33.2
	Secondary education(9-12)	115	36.1
	College and above	72	22.6
Occupation			
	House wife	142	44.5
	Private employee	43	13.5
	Government employee	64	20.1
	In business	61	19.1
	Other*	9	2.8
Family monthly income(ETB)			
	<2500	101	31.7
	≥2500	218	68.3
	Median	2500 ETB	

Note: ETB, Ethiopian Birr, *, daily laborer, student

5.2. Obstetric History of Mothers

From the total respondents 315 (98.7%), had a history of ANC follow up for their recent most delivery. More than two-third (69.3%) of the respondents had at least four visits for ANC service. Majority (51.7%) of mothers had previous history of institutional delivery at least one child. From the total respondents, 200 (62.7%) of mothers gave birth through spontaneous vaginal delivery. More than half (53.6%) of mothers normalized D and A during labor and delivery. From the total respondents, 266 (83.4%) were given birth preparedness education during ANC follow-up (Table 3).

Table 3: Obstetric characteristics of mother in Yeka Sub- City, Addis Ababa, Ethiopia February14- April 9, 2019 (n=319)

Types of variable		Frequency	%
Maternal ANC follow up			
	Yes	315	98.7
	No	4	1.3
Number of ANC			
	<4	98	30.7
	≥4	221	69.3
Place of ANC follow up			
	At delivery facility	283	88.7
	Other facility	36	11.3
Parity			
	One	152	47.6
	Two	115	36.1
	Three	40	12.5
	Four and above	12	3.8
Mode of recent delivery			
	Normal	200	62.7
	Episiotomy	113	35.4
	Vacuum	6	1.9
Stay in health center after delivery			
	<6 hours	3	0.9
	6-12 hours	264	82.8
	13-24 hours	50	15.7
	≥25 hours	2	0.6

History of previous institutional delivery			
	Yes	165	48.3
	No	154	51.7
Time of delivery			
	Day	189	59.2
	Night	130	40.8
Complication during delivery			
	Maternal	11	3.4
	Neonatal	2	0.6
	Both	1	0.3
	None	305	95.5
ANC follow up at the delivery health center			
	Yes	283	88.7
	No	36	11.3
Normalization of D and A during labor and delivery			
	Yes	171	53.6
	No	148	46.4
Mother's autonomy during labor and delivery			
	Yes	133	41.7
	No	186	58.3
Sex of main provider conducting delivery			
	Male	146	45.8
	Female	173	54.2
Number of provider who assisted during delivery			
	One	13	4.1
	Two	191	59.9
	Three to Four	115	36.1
Information on birth preparedness given during ANC follow up			
	Yes	266	83.4
	No	53	16.6

5.3. Prevalence of Disrespect and Abuse during Facility Based Childbirth

Out of the 319 respondents interviewed, almost all 272 (85.3%) reported having experienced at least one form of Disrespect and Abuse during facility based Childbirth while only 47 (14.7%) did not experience any form of disrespect and abuse (Figure 3)

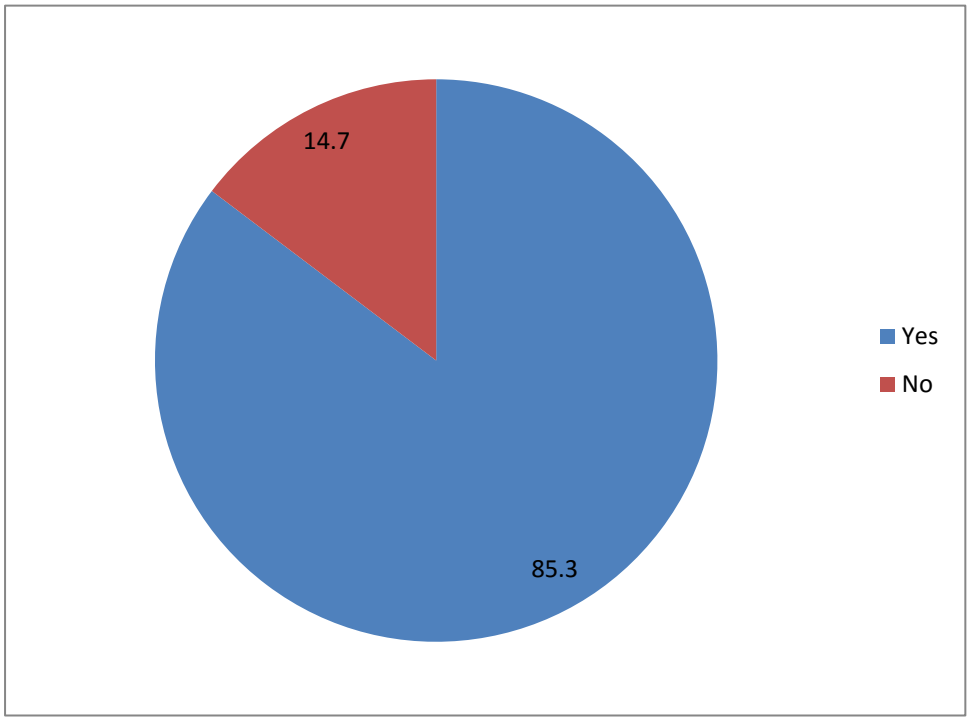

Figure 3 : Over all prevalence of disrespect and abuse during facility based child birth in Yeka Sub - City Health centers, Addis Ababa, Ethiopia, February14 –April 9, 2019

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

Based on verification criteria for categories of D and A, we counted mothers who faced at least one condition among the possibilities. Accordingly, the most commonly experienced form of D and A was ineffective communication between maternity care providers and women during labor and delivery 235 (73.7%). The second commonly reported types of D and A was unacceptable companionship 220 (69%). This shows 69% of mothers did not gain continuous support from their companion during labor and delivery. More than half 188 (58.9%) of respondents were not given consented care. The commonly violated criterion under this domain was the provider did not ask the mother for her consent or permission during pelvic examination 176 (55.2%).

Almost half 145 (45.5%) of the mothers were not protected from non-confidentiality care. Commonly violated criterion under this domain was health care providers did not use drapes or covering appropriate to protect mother's privacy 145(45.5%). Nearly half 136(42.6%) of respondents were faced verbal abuse. Majority 101(31.7%) of respondent reported under this domain were health providers shouted at or scolded during labor and delivery. Among the total respondents 125 (39.2%) of women experienced neglect care during labor and delivery. Under this domain commonly reported criteria was health providers ignored when mothers need pain-relief during labor and delivery 124 (38.9%). In addition to these 54 (16.9%) of mothers were not protected from physical abuse. (Table 4 plus figure 4)

Table 4: Prevalence of disrespect and abuse during childbirth by categories, Yeka Sub-City health centers, Addis Ababa, Ethiopia, February 14-April9, 2019

Category and Types of Disrespect and Abuse	Experienced D and A	
	Yes	%
Physical abuse	54	16.9
hit or slapped	10	3.1
restrained to the bed	32	10.0
Separate mother from baby without medical indication	1	0.3
Received unnecessary pain-relief treatment	2	0.6
Denied food or fluid unless medically indicated	19	6.0
Verbal abuse	136	42.6
Verbally insulted	38	11.9
Client or her companion insulted by non- HP	27	8.5
Received non-dignified care during cervical examination	7	2.2
Faced threat of withholding treatment or poor outcomes	75	23.5
Shouted at or scolded	101	31.7
Blamed	5	1.6
Faced negative comments	0	0
Stigma and discrimination	4	1.3
Discriminated by race, ethnicity, and economic status	3	0.9
Discriminated because of teenage (< 18 yrs.)	0	0
Discriminate based on her socioeconomic status	1	0.3
Discriminated because of being HIV positive	0	0

Abandonment/neglect of care	125	39.2
Ignored or abandoned	87	27.3
Left unattended during the second stage of labor	4	1.3
Refused to give pain- relief during labor and delivery when asked	124	38.9
Non-consented care	188	58.9
Explained to what was being done and what to expected throughout labor and birth	67	21
Obtained consent or permission prior to pelvic examination	176	55.2
Non-confidential care	145	45.5
Used drapes or covering appropriate to protect privacy	145	45.5
Discussed private health information in a way that others could hear	7	2.2
Detention in health center	9	2.8
Faced detention in the health facility against willingness	9	2.8
Ineffective communication	235	73.7
Introduced themselves and greeted mother and her support person	208	65.2
Called by her name during communication	47	14.7
Encouraged to ask questions	98	30.7
Responded question with politeness and truthfulness	55	17.2
Gave periodic updates on status and progress of labor	26	8.4
Dismissed concern	41	12.9
Respected and responded needs, preferences and questions such as birth positions	38	11.9
Faced language and interpretation problems	3	0.9
Supported emotional needs with compassion and empathy	136	42.6
Interacted with companion in clear explanation about labor and delivery	89	27.9
Unacceptable companionship	220	69.0
Companion allowed in the labor and delivery room	220	69.0

Note: HP, Health Professional

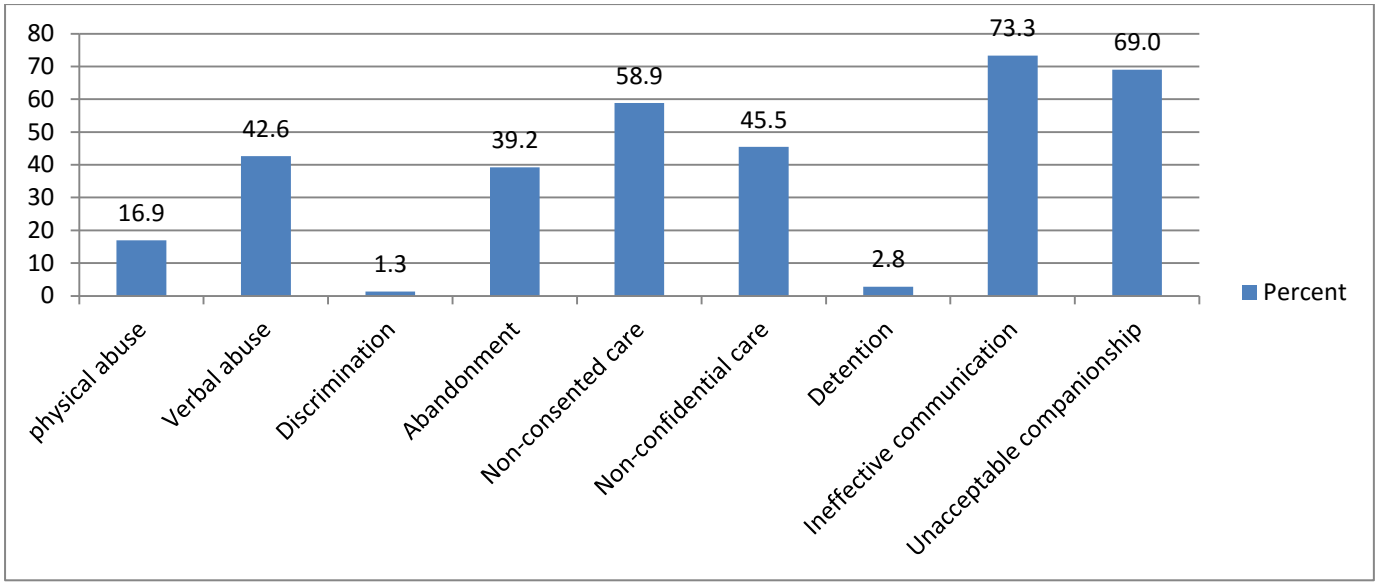

Figure 4 : Prevalence of disrespect and abuse by category during facility based childbirth in Yeka Sub- City health centers, Addis Ababa, Ethiopia, February 14- April 9, 2019

5.5. Bi-variable and Multivariable logistic Regression Analysis of Disrespect and Abuse

Bi-variable Logistic regression was performed to assess the association of each independent variable with disrespect and abuse. The result revealed that on the bi-variable analysis, time of delivery, normalization of D and A by mothers and sex of heath care provider attending delivery were significantly associated with disrespect and abuse. The factors that showed a p-value of less than 0.2 were added to multivariable regression model. In multivariable logistic regression to control confounding effect of one variable over the other variable were adjusted. Based on this, time of delivery, normalization of D and A by mothers and sex of heath care provider attending delivery were significantly associated with disrespect and abuse at P-value of <0.05 (Table4).

The odds of disrespect and abuse among mothers who delivered at night shifts were 4.42 times higher than those who delivered at day shifts [AOR=4.42, 95% CI (1.91, 10.23); P=0.001]. The odds of disrespect and abuse among mothers who normalized D and A during labor and delivery were 2.20 times higher than those did not accept the practice of D and A during labor and delivery [AOR=2.20, 95% CI (1.10, 4.56); P=0.03]. Similarly the odds of disrespect and abuse among respondent who attended their delivery by female providers were 3.95 times higher than those their delivery attended by males [AOR=3.95, 95% CI (1.10, 14.64); P=0.04]. (Table5).

Table 5 : Bi-variable and Multi variable logistic regression analysis of disrespect and abuse and its explanatory variables (n=319)

Types of variable	Experienced D and A		COR (95% CI)	AOR (95% CI)
	Yes	No		
Number of ANC				
<4	79	19	0.60 (0.32,1.14)	0.51(0.25,1.07)
≥4	193	28	1	1
Time of delivery				
Night	121	9	3.38 (1.57,7.27)*	**4.42(1.91,10.23)****
Day	151	38	1	1
Mother's autonomy during L and D				
No	164	22	1.73 (0.93,3.22)	0.39 (0.11,1.38)
Yes	108	25	1	1
Normalization of D and A				
Yes	153	18	2.07 (1.01,3.91)*	**2.20 (1.10, 4.56)****
No	119	29	1	1
Sex of main delivery attendant				
Female	156	17	2.37(1.25,4.51) *	**3.95 (1.10,14.64)** **
Male	116	30	1	1

Note * Reminded the significance of the variable at P value <0.05 in COR, ** significance of the variable at p-value <0.05 in AOR, D and A (Disrespect and abuse), ANC (Antenatal care), L and A (Labor and Delivery)

6. DISCUSSION

Despite the efforts made by the Ethiopian Ministry of Health in advocating for compassionate and respectful care in all settings, this finding indicated that there is a greater need to improve the maternity care that women receive. In this study, we found that the overall prevalence of disrespect and abuse during labor and delivery was high among women who delivered at the study health facilities. Ineffective communication, unacceptable companionship, non-consented care, non-confidential care, verbal abuse, abandonment/neglected care, physical abuse, detention in health facility and discrimination were the manifestations of D and A in this study. Women who delivered at night, women who were assisted by female health care providers were more likely to have had faced disrespect and abuse during labor and delivery than their counterparts who were delivered at day shifts and assisted by male professionals. The fact that women were faced almost all types of abusive and disrespectful care stated by WHO (1) at health facilities, most women in this study had normalized D and A which in turn predispose them to further abuse.

The present prevalence of disrespect and abuse is higher than findings from a study conducted in Bahir Dar (67.1%) and Addis Ababa (75.3%), Ethiopia (15, 48). This might be due to that we used nine categories of D and A unlike the previous studies. In this study we added ineffective communication and unacceptable companionship which are crucial to respectful maternity care during labor and delivery. The previous studies used the same definitions for the categories of disrespect and abuse as the present study, but used fewer items: whereas 35 items were used in the present study, the studies in Bahir Dar and Addis Ababa used 25, 23 items respectively (15,48). In contrast, the current prevalence is lower than the study conducted in Nigeria (98%) and Arba Minch town (98.9%), Ethiopia on disrespect and abuse of women during childbirth in public health facilities (40,55). This discrepancy might be due to the difference of study settings. The previous studies include a hospital and health centers in Ethiopia and Nigerian study at teaching hospital. Similarly, this finding was lower than the same study done in Peru (97.4%) (36).This inconsistency might be due to the difference in data collection method and study settings. The previous study was collected from direct observation of laboring and delivering mother and from hospital.

According to this study, ineffective communication is the most commonly experienced component of disrespect and abuse and its prevalence was 73.7%. This showed that most women faced poor communication that reflects women's social, cultural and linguistic needs,

where relevant to labor and childbirth, despite communication being referred to as a core component of high quality, respectful maternity care. This could be due to maternity care providers give less attention to effective communication than other categories of D and A. The most commonly experienced form of ineffective communication was provider did not introduce himself/herself to mother and her companion and greet in respectful manner. This might be due to that health care providers took respectful greeting is not as such important. The other most common type of disrespect and abuse experienced in this study was unacceptable companionship (69%). This showed that 69% of women's companions were not allowed to the labor and delivery room for continuous support of mother. This might be due health professionals didn't understand the psychological importance of women's companions for laboring mother. This figure is lower than study conducted in Malawi (38). This discrepancy might be due to data collection method. The previous study was from direct observations of labor and delivery. Asking women for agreement is an important measure of showing respect for the laboring mother. In this study, 58.9% of laboring mother received non-consented care. This might be due to women didn't know they had rights to be asked their consent before any procedures. This figure is similar with findings from study done on Prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia which showed that 57.6% of respondents experienced of non - consented care (48). This also in line with the findings from a study conducted in Nigeria where the prevalence of non-consented care was 54.5% (40). These similar figures in the two studies may be due to the same verification criteria used to measure non-consented care. This finding was lower than the studies conducted in Peru and Pakistan (35, 36). This discrepancy might be due to data collection method, study period and study place difference. However, this finding was higher than the same study conducted in Tanzania (39). This inconsistency might be due to difference in health police and implementation program.

The statement of the universal rights of childbearing women states that healthcare providers must protect the patient's privacy and confidentiality during any procedure and when handling a woman's information (59). In contrast, this study revealed that 45.5% of women had been provided care in a non-confidential manner. This could be due to the lack of appropriate physical barriers like curtains at health facilities and/or poor understanding of the importance of confidentiality during childbirth among healthcare providers. This finding is high from the study which was conducted in urban Tanzania and Kenya (39,41). This difference might be due to data collection methods. The previous studies found data from

direct observation of mothers during labor and delivery. They suffered to Hawthorne effect, in which providers will show acceptable behavior during service provision because they know that they are being observed.

According to these findings, the other category of disrespect and abuse experienced by women was verbal abuse (42.6%). This might be due to health care providers took non-dignified care as routine care for mothers and neonates benefit. This finding is higher than study conducted in Tanzania and Kenya (39,41). This discrepancy might be due to fact that there is socio cultural and socio economical difference that affect professionals' behavior and their reactions in the context of clinical care. But, this finding was lower than the study conducted in Peru (36). This difference might be due to data collection method and study setting. Similarly the other category of disrespect and abuse reported in this study was abandonment/neglected care during labor which accounts for 39.2%. This could be due to lack of empathy by health care providers for continuous caring laboring mothers. This figure is higher than the study conducted in Tanzania to measure disrespect and abuse during facility based child birth using direct observation (39). The difference may be due to hawthorn effect, in which behavior under study changes because the actors know they are being observed.

The other category of disrespect and abuse reported in this study was physical abuse which accounts the prevalence of 16.7%. This figure is relatively low from other categories of D and A discussed above might be due to good commitment of health care professionals against physical abuse. This finding is similar with studies conducted in Pakistan and India on women's experiences of mistreatment during facility based childbirth (8,33). However, this figure is lower than the studies conducted in Nigeria, Addis Ababa and Bahir Dar, Ethiopia (15,40,48). This discrepancy might be that due to good commitment of health care professionals against physical abuse in the current study and study settings. Similarly this study showed the prevalence of detention which was 2.8%. This prevalence was not related to ability to payment rather women delayed when they wish to leave the facility. This figure is lower than the study conducted in Kenya (41). This discrepancy may be due to verification criteria to measure detention. The previous study includes ability to pay for services. According to this finding the least prevalence category of D and A was discrimination (1.3%). This is in line with the results from a previous study conducted in Bahir Dar, Ethiopia (48).

In this study time of delivery was significantly associated with disrespect and abuse. The odds of disrespect and abuse among mothers who delivered at night shifts were 4.42 times higher than those who delivered at day shifts (AOR=4.42, 95% CI 1.91, 10.23). This finding was consistent with similar study which was conducted at Kenya showed that night shifts deliveries were more associated with disrespect and abuse than day shifts deliveries (56). This finding also had agreement with a qualitative study conducted on women's perspective of disrespectful and abusive experiences in Tigray, Ethiopia which showed disrespectful and abusive experiences were more common during night shifts than delivery during day time (54). This could be attributed to workload and dissatisfaction by the Midwives, absence of off after they covered night shifts and number of duty Midwives (only two) during night shifts.

This finding also showed that normalization of D and A during labor and delivery by mothers was significantly associated with disrespect and abuse. The odds of disrespect and abuse among mothers who normalized D and A during labor and delivery were 2.20 times higher than those did not accept the practice of D and A during labor and delivery (AOR=2.20, 95% CI 1.10, 4.56). This finding had agreement with a qualitative study conducted on disrespect and abuse during pregnancy, labor and childbirth from four primary healthcare centers of Amhara and Southern Nations Nationalities and People's Regional States, Ethiopia which revealed that most women perceived disrespect and abuse acceptable as they believe it is for their own benefit (16). This finding was also consistent with the studies conducted on disrespect and abuse in facility-based childbirth which showed that normalization of disrespect and abuse was a known individual-level contributor to disrespect and abuse during childbirth(18,48). This may be related to mothers took the experiences of D and A during child birth as routine care for their own and neonates benefit.

In this study, sex of delivery attendant was significantly associated with D and A. The odds of disrespect and abuse among mothers who attended their delivery by female providers were 3.95 times higher than those their delivery attended by males (AOR=3.95, 95% CI 1.10, 14.64). This finding was consistent with study conducted on respectful maternity care in Ethiopian public health facilities from direct observations, revealed that male providers were observed engaging in RMC practices more frequently than female providers (28). This finding is difficult to interpret and drives stand to stereotype of women not being more empathic and compassionate than men.

6.1 Strength and limitation of the study

6.1.1. Strengths of study

The study tried to measure nine categories of D and A based on the new WHO framework using 35 verification criteria. So, it reduces underestimate of disrespectful and abusive practices during childbirth. The study also collected data from first postnatal mother visitors. This reduces information and recall biases.

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. Since interviewing women takes place on facility grounds may have increased the chance of social desirability bias. The study also not supported by qualitative study to get information about D and A from community leader prospective and maternity care user prospective.

7. CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

7.1. Conclusion

From this study we can conclude that women receiving labor and delivery care at the study health facilities are exposed to disrespect and abuse to a higher extent suggesting to a need to urgent intervention. This could introduce further low use of these health facilities. Ineffective communication could hinder being one of the commonest types of disrespectful care at health facilities. This could result in low use of health care facilities which needs urgent measures by health care managers. The fact women had normalized D and A is an indication of the seriousness of the problem which suggests women's desperation to accept abuses as part of the package of services. Abusive and disrespectful care at health facilities is a serious concern, which merits due attention to promote women-friendly care for all women.

This study in general indicates the need for a more integrated intervention including empowering all women of childbearing age about their rights at health facilities and the type of care they deserved at health facilities and providing training for all health care providers both on job and during their basic trainings.

7.2. Recommendations

For services:

- Yeka Sub City health office, 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.
- Yeka Sub City health office is better to address those identified factors to disrespect and abuse. Supervisions during night shifts, training for maternity care givers on child bring women right fulfilling and respectful maternity care and empowering of all pregnant women about their rights during labor and delivery.

For policy:

- Women's health issues are also right issues and policy makers should take this in to consideration in assuring women's human rights at health facilities.
- CRC should be included in the health policy and also in the basic trainings of health workers.

For research:

- Further community based research incorporated with qualitative method will be needed for policy making, for educational purpose and to explore the possible reasons of D and A during facility-based childbirth.

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9. ANNEXES

Annex I: English Version Information Sheet Questionnaire

Identification Number _____

My name is _____. I am working as data collector in the research project undertaken by Teshome G/Amanuel who is a graduate student at the School of Public Health, College Health Science, 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.

Introduction: Information sheet and consent form is prepared for mothers who give birth in health centers in past six week and who will be volunteer to participate in research project. Quantitative cross-sectional study will be used to assess disrespect and abuse of women during child birth in Yeka Sub City health centers.

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

Procedure: To assess the disrespect and abuse of women during child birth in Yeka Sub City 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. We are sure 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

Teshome G/Amanuel

Tel: +251-922-36-14-33

Email: teshomeamanua@gmail.com

Annex II: 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

Participant's signature _____ Date _____

Supervisor: Name _____ signature_____

Date_____/_____/____E.C. Time Interview Started: Hour: _____ Minute: _____

Questionnaire No_____ Household ID No_____ Time Interview Ended: Hour: _____ Minute: _____

Name of interviewer: _____

Annex III: English Version Questionnaires

Part I: socio-demographic characters of mother

Circle the appropriate response				
S. no	Question	Response	Skip	Code
101	How old are you?	----------		
102	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed 5.Separated		
103	What is your religion?	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Other (specify		
104	Where is your permanent residence?	Urban Rural		
105	What is your level of education?	1. No formal education 2. Read and write 3. Primary (1-8) 4. Secondary (9-12) 5. Collage and above		
106	What do you do for living? / What is your occupation?	1. House wife 2. Private employee 3. Government employee 4. Merchant		

		5. Student 6. Daily laborer		
107	How much do you earn monthly? (in Ethiopian birr)	----------		

Part II past obstetrics history of mother

Now I am going to ask you some questions about your recent delivery in health facility

201	Did you receive antenatal care during last pregnancy?	1.yes 2. No		
202	If say yes to question in # 201, How many times did you receive antenatal care during last pregnancy?	Number of times----------		
203	How many total deliveries you had including still births/neo-natal deaths	1. one 2. two 3. three 4. four 5. five and above		
204	From total delivery how many you had delivered in health facility	1. All of them 2. one 3. Two 4. Three 5. Four		
205	What was the type of your last delivery?	1. Normal delivery 2. Delivery by episiotomy 3. Vacuum extraction/ forceps delivery		
206	For how many hours did you stay in the health center after	1. Less than 6 hours 2. 6-12 hours		

	you delivered?	3. 13-24 hours one 4. Greater than 24 hours		
207	Have you faced birth complication(s) during your current labor and delivery?	1. Yes (for self) 2. Yes (for baby) 3. Yes (both self and baby) 4. No		
208	Did you have history of previous institutional delivery?	Yes No		
209	When did you delivered this child?(Day or Night)	Day Night		
210	Did your ANC follow up at this health center?	Yes No		

Part III: Individual and Provider related conditions

301	Did you accept disrespectful and abusive practices during your labor and delivery for the reason of my benefit?	Yes No		
302	Did you actively involved in decision making about safe birth process with your provider?	Yes No		
303	What was the sex of the main provider conducting your delivery?	1. Male 2. Female		
304	How money health providers attend you during child birth?	One Two Three-four Five and above		
305	Did you given birth	Yes		

	preparedness education for this child?	No		

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

	1**. During your most recent facility delivery did you experience the following types of physical abuse?**	1.Yes 0. No		
401	Did the health provider(s) physically hit, slapped, pushed, pinched or otherwise beat you			
402	Did the health provider(s) physically restrained to the bed or gagged you			
403	Did health provider separate you from your baby without medical indication?			
404	Did you receive unnecessary Pain-relief treatment?			
405	Did you denied from food or fluid in labor unless medically necessitated?			
	2.During your most recent facility delivery did you experience the following types of verbal abuse or non-dignified care			
406	Did health provider(s) verbally insult you during labor or delivery?			
407	Did supportive staffs insult			

	you and your companion?			
408	Did health provider(s) during cervical examination throw non- dignified languages on yours?			
409	Did health provider(s) threat you by telling withholding treatment or poor outcomes?			
410	Did health providers shouted at or scolded you?			
411	Did health provider(s) blaming you for poor outcomes?			
412	Did health providers made negative comments about you?			
	3. During your most recent facility delivery did you experience the following types of Stigma and discrimination			
413	Did health care providers discriminate you by race, ethnicity, and economic status?			
414	Did health care providers discriminate you because of teenage (< 18 yrs.)?			
415	Did health care providers discriminate based on your socioeconomic status?			
416	Did health care providers discriminate because of being			

	HIV positive?			
	4. During your most recent facility delivery did you experience the following types of abandonment/neglect of care?			
417	Did health providers ignored or abandoned you when you called for help?			
418	Did health provider left you unattended during the second stage of labor?			
419	Did health providers refuse to give pain relieve during labor and delivery when you ask?			
	5. During your most recent facility delivery did you experience the following types of non-consented care?			
420	Did the provider explain what is being done and what to expect throughout labor and birth?			
421	Did health provider obtained consent or permission from you prior to pelvic examination?			
	6. During your most recent facility delivery did you			

	experience this non-confidential care?			
422	Did the providers use drapes or covering appropriate to protect your privacy?			
423	Did health providers discussed your private health information in a way that others could hear?			
	7. During your most recent facility delivery did you experience the following type of detention			
424	Did you face detention in the health facility against your willingness?			
	8.During your most recent facility delivery did you experience the following types of ineffective communications			
425	Did the provider introduce themselves and greeting you and your support person?			
426	Did the providers call you by your name during communication?			
427	Did providers encourage you to ask questions?			
428	Did provider respond your question with politeness and			

	truthfulness?			
429	Did Provider gives periodic updates on status and progress of your labor?			
430	Did health providers dismiss your concern?			
431	Did providers respected and responded your needs, preferences and questions such as birth positions?			
432	Did you face language and interpretation issues with your health care provider?			
433	Did the provider support your emotional needs with compassion and empathy?			
434	Did the provider interacting with your companion of choice in clear explanation about your labor and delivery process?			
	9.During your most recent facility delivery did you face this unacceptable companionship			
435	Did your birth companion allowed in labor and delivery?			

Thank you

Name of data collector_____ Signature_____

Name of supervisor _____ Signature_____

Date of data collection _____

Annex IV: Amharic version information form

አባሪ 4: የአማርኛ ቅጅ መረጃ ቅጽ

የመረጃ ቅፅ መለያ ኮድ ቁጥር_____

ስሜ _____ እባላለሁኝ፡፡በአዲስ አበባ ዩኒቨርሲቲ በማስትረስ ዲግሪ ጠቅላላ የህብረተሰብ ጤና ተማሪ በሆነው ተሾመ ግ/አማኑኤል በሚያደረገው ጥናት ላይ መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው፡፡እናቶች በጤና ተቋም ሲወልዱ የሚደርሰውን አክብሮት የጎደለዉንና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት ላይ ጥናት እያደረግን ነው፡፡የእርስዎን ታማኝ እና ቀና የሆነ ትብብር ለጥያቄዎቼ መልስ እንፈሊጋለን፡፡በተለይም ደግሞ እናቶች በጤና ተቋም ሲወልዱ በጤና ባለሙያ ያጋጠማቸዉን አክብሮት የጎደለዉንና እናቶችን ማዕከል ያላደረገ የወሊድ አገሌግልት እና ጉዳት ይመለከታል፡፡

መግቢያ፡ ባለፈው ሁለት ወር ውስጥ ጤና ተቋም ለወለዱ እና ፈቃደኛ ለሆኑ እናቶች የመረጃ እና የፈቃደኝነት ማረጋገጫ ቅጽ ተዘጋጅቷል፡፡እናቶች በጤና ተቋም ሲወልዱ በጤና ባለሙያ

የሚያጋጥመውን አክብሮት የጎደለዉንና እናቶችን ማዕከል ያላደረገ የወሊድ አገሌግልት እና

ጉዳት መጠን እናይዘት ላይ ጥናት በየካ ክፍለ ከተማ በተመረጡ ጠና ጣቢያዎች ይደረጋል፡፡

ዓሊማ፡ይህ ጥናት ለእርጉዝ እናቶች፣ምጥ ላይ ላሉ እናቶች እንዱሁም በፈቅላ ህፃናት ላይ

ለሚደረጉ እንክብካቤዎች መሻሻል ያመጣልተብሎ ይታሰባል፡፡የጥናቱ ውጤትለሚመለከታቸዉ

አካላትይሰጣል፡፡

አካሔድ፡በየካ ክፍለ ከተማ ጤና ጣቢያዎች ላይ በወሊድ ግዜ በእናቶች ላይ ለሚደርሰዉ

አክብሮት የጎደለዉና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግሎት እና ጉዳት ላይለሚደረገዉ

ጥናት እንዲሳተፉተጋብዘዋል፡፡በጥናቱላይ ለመሳተፍ ከተስማሙአዎን በማለት መስማማቶዎን

ያመልክቱ፡፡

ከዚህም በኃላ በመረጃ ሰብሳቢው መጠይቅ ይደረግለወታል፡፡የሚሰጡት መረጃ በጠቅላላ በሚስጥር ኮድ ተደርጎ ለማንም ሳየሰጥ ይቀመጣል፡፡

ጉዳት/ስጋት፡በጥናቱ ላይ በመሳተፍ ግዚዎትን እንደተሻማኖዎት ሊሰማዎት ይችላል ሆኖም ግን የጥናቱ ውጤት ለሚያመጣው ለውጥ ብለው እንደሚሳተፍ እናምናለን፡፡እንዱሁም በመሳተፉ ምንም አይነት ጉዳት አይደርስቦትም፡፡

ጥቅም፡ቀጥተኛ የሆነ ጥቅም በዚሁ ጥናት ላይ በመሳተፋዎ ላያገኙ ይችላሉ፡፡ቢሆንም ግን የጥናቱ ውጤት በእናቶች ላይ የሚደርሰውን አክብሮት የጎደለዉና እናቶችን ማዕከል ያላደረገ የወሊድ አገልግለሎት እና ጉዳት በማወቅ እና ተገቢውን የሆነ እርምጃ በሚመለከተው መስሪያ ቤት ለመውሰድ ይረዳል፡፡በጥናቱ ላይ በመሳተፈዎ የተለየ ጥቅም ወይም ክፍያ አያገኙም፡፡

ምስጢራዊነት፡በዚሁ ጥናት ላይ የሚገኘው መረጃ በሙሉ ምስጢራዊነት ተጠብቆ ይቀመጣል፡፡የእርስዎም መረጃ በፋይል ከእርስዎ ስም ውጪ በኮድ ተደርጎ ይቀመጣል፡፡በተጨማሪም ከጥናቱ 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፡፡

ተሾመ ገ/አማኑኤል ስልክ +251-922-36-14-33

ኢሜል፡teshomeamanua@gmail.com

Annex V: Amharic version consent form

አባሪ 5: የአማርኛ ቅጅ ስምምነት 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 ፈቃደኛ ነኝ፡ተሳታፊው ፈቃደኛ ካልሆኑ አመስግነው ወደ ሚቀጥለው ይለፉ፡፡

ተሳታፊው ፈቃደኛ ከሆኑ ይቀጥሉ፡፡

የተሳታፊዉ ፊርማ _____ ቀን _____

የተቆጣጣሪዉ ስም _____ ፊርማ _____

ቀን _____

ቃለመጠይቁ የተጀመረበት ሰዓት _____ደቂቃ _____

መለያ ኮድ ቁጥር _____ የቤት ቁጥር _____

ቃለመጠይቁ ያለቀበት ሰዓት _____ ደቂቃ _____

ቃለመጠይቁን ያደረገው ባለሙያ ስም _____ ቀን _____ ፊርማ _____

Annex VI: Amharic version questionnaires

አባሪ 6: የአማርኛ ቅጅ ጥያቄዎች

ክፍል አንድ፡ማህበራዊና ዲሞግራፊያዊ ሁኔታዎች

ተ.ቁ	ጥያቄዎች	መልስ	እለፊ/ፍ	ኮድ
101	እድሜዎት ስንት ነው?	---------		
102	በአሁኑ ሰዓት የጋብቻ ሁኔታዎ ምን ይመስላል?	1. ያላገባ 2. ያገቡ 3. የፈታ 4.በሞትየተለየ		
103	ሀይማኖትዎ ምንድነው?	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቲስታንት 4. ሙስሊም 5. ሌላካለ(ይገለጹ		
104	በቋሚነት የሚኖሩት የት ነዉ?	1.ከተማ 2.ገጠር		
105	የትምህርትደረጃዎትንቢገለጽለኝ?	1. ያልተማረች 2. ማንበብእናመፃፍ 3. የመጀመሪያደረጃ (1-8) 4 .ሁለተኛደረጃ (9-12) 5 ኮሌጅ እና ከዚያ በላይ		
106	አሁን ምን ዓይነት ስራ ነው የሚሰሩት	1. የቤትእመቤት 2. የግልተቀጣሪ 3. የመንግስትሰራተኛ 4. ነጋዴ 5. ተማሪ 6. የቀን ሰራተኛ		

107	በወር የሚያገኙት ገቢ ምን ያህል ነው?	---------- ብር		

ክፍልሁለት፡የእናትየዋ የወሊድ ታሪክ

የተመረጠውን መልስ ያክብቡ				
ተ.ቁ	ጥያቄዎች	መልስ	እለፊ	ኮድ
አሁን ደግሞ ስለ ቅርብ ግዜ ስለወለደበት ሁኔታ ልጠይቆት				
201	የእርግዝና ክትትል አድርገው ነበር	1. አዎ 2. የለም		
202	ለሊይኛው ጥያቄ 201 መልስዎ አዎ ከሆነ ምን ያህል ግዜ የእርግዝና ክትትል አድርገው ነበር?	በቁጥር ይግለፁ ---		
203	እስከ አሁን ስንት ግዜ ወልደው ነበር (የሞትቱንም ጨምሮ)	1. አንዴ 2. ሁለት 3. ሦስት 4. አራት 5. አምስት እና ከዛ በላይ		
204	እስከ አሁን ስንቱን በጤና ተቋም ወልደዋል	1. ሁለንም 2. አንዱን 3. ሁለቱን 4. ሦስቱን 5. አራቱን		
205	በምን አይነት ሁኔታ ነበር የወለዱት	1.በኖርማል 2. በስቲች 3. በመሳሪያ ድጋፍ 4. በቀዶጥገና		
206	ከወለዱ በኃላ ጤና ጣቢያ ለስንት ሰአት ቆዩ	1. ከ 6 ሰአት ያነሰ 2. 6-12 ሰአት 3. 13-24 ሰአት 4. ከ 24 ሰአት በላይ		

207	በባለፈው ሲወልዱ ችግር አጋጥሞት ነበር	1. አዎን (ለራሴ) 2. አዎን (ለልጄ) 3. አዎን (ለራሴእና ለልጄ) 4. የለም		
208	ካሁን በፊት ጤና ተቋም ወልደዉ ያዉቃሉ	አዎ የለም		
209	መቼ ነበር የወለዱት	ቀን ለሊት		
210	የቅድመ-ወሊድ ክትትልዎ እዚህ ጤና ጣቢያ ነበር			

ክፍል ሦስት፡ ከእናትዮዋና ከጤና ባለሙያዉ ጋር የሚያያዙ ሁኔታዎች

301	በምጥና በወሊድ ጊዜ በጤና ባለሙያዎ አክብሮት የጎደለዉ ተግባር ሲፈጸምብዎ ለራሴና ለልጄ ጥቅም ነዉ ብለዉ ተቀብለዉት ነበር	1.አዎ 2.የለም		
302	በምጥና በወሊድ ጊዜ ከጤና ባለሙያዎ ጋር ንቁ ተሳትፎና ስለምጡ ሂደት የራስዎን ዉሳኔ ያደርጉ ነበር	አዎ የለም		
303	በዋነኛነት ሲያዋልድዎ የነበረው ባለሙያ ፃታ	1. ወንድ 2. ሴት		
304	እርስዎ በሚወልዱበት ጊዜ ስንት ባለሙያ ነበር	አንድ ሁለት ከሶስት -አራት ከአምስት በላይ		
305	ይህን ህጻን ከመዉለድዎ በፊት ስለወሊድ ዝግጅት በቂ ትምህርት ተሰጥቶት ነበር	አዎ የለም		

ክፍል አራት፡ አክብሮት የጎለዉ የወሊድ አገልግሎት እና ጉዳት በተመለከተ

ተ.ቁ	1. ባለፈው ግዜ በጤና ተቋም ሲወልዱ የሚከተሉት አካላዊ ጉዳት ደርሶቦታል	1. አዎ 0.የለም		
401	በምጥና በወሊድ ጊዜ በጤና ባለሙያዎ አካላዊ ጉዳት ደርሶብዎታል (ሃይል መጠቀም፣መደብደብ፣ ማጋጨት፣መግፈትር...)			
402	በምጥና በወሊድ ጊዜ በጤና ባለሙያዎ ከአልጋዉ ጋር አካላዊ ዉጥረት ደርሶብዎታል			
403	ከህክምና ትእዛዝ ዉጭ ከልጅዎ ጋር እንድለያዩ ተደርገዋል			
404	በምጥና በወሊድ ጊዜ በጤና ባለሙያዎ አላስላሊጊ ወይም የማይመች የህመም ማስታገሻ ህክምና ተደርጎሎታል			
405	ለህክምና አስፈሊጊ ሳይሆን ከምግብና ከመጠጥ እንዲቆጠቡ ተደርገዋል			
	2.ባለፈውግዜበጤናተቋምሲወልዱእነዚህን ክብረነክድርጊቶችአጋጥሞትነበር			
406	በምጥና በወሊድ ጊዜ በጤና ባለሙያዎ በቃላት ስድብ ደርሶቦዎት ነበር			
407	አንዳንድድጋፍሰጪ (የጽዳት፡የካርድክፍል፤የጥበቃ) ሰራተኞችበተለያየምክንያትሰድብዎት ነበር			
408	የጤና ባለሙያዎ የማህጸን ምርመራ በሚያደርግልዎት ሰአት የርስዎን ክብር የሚነካ ቃላት ተናግሮ/ራ ነበር			
409	በምጥና በወሊድ ጊዜ የጤና ባለሙያዎ ህክምናዉን ላቋርጠዉ ነዉ ወይም ጽንሱ አደጋ ላይ ነዉ እያለ ያሰጋዎት ነበር			
410	ጤና ባለሙያው ፍሆበት ወይም			

	ግፍትሮት ነበር			
411	የጤና ባለሙያው/ዋ ለመትፎ ዉጤት ይወቅስዎት ነበር			
412	ጤናባለሙያው እርሶን በሚመለከት መጥፎ አስተያት ሰጥቶት ነበር			
	3.ባለፈው ግዜ በጤና ተቋም ሲወልዱ እነዚህ መድልዎች ደርሶውቦት ነበር			
413	ጤና ባለሙያው/ዋ በዘር፣ በጎሳ፣ በሃይማኖት አድሎ አድርገው ነበር			
414	ጤና ባለሙያው/ዋ በእድሜ (18 በተች በመሆንሽ) አድሎ አድርገው ነበር			
415	ጤና ባለሙያው/ዋ በሃብት አድሎ አድርገው ነበር			
416	ጤና ባለሙያው/ዋ ኤች. አይ. ቪ ስላለብሽ ብቻ አድሎ አድርገው ነበር			
	4.ባለፈው ግዜ በጤና ተቋም ሲወልዱ እነዚህን ቸልተኝነቶች አጋጥሞት ነበር			
417	ለእርዲታ በሚጣሩበት ግዜ ጤና ባለሙያው/ዋ በቸልተኝነት አልፎታል			
418	ምጥ ላይ እያሉ ልጁ በሚወጣበት ግዜ ጤና ባለሙያው/ዋ ትተዎት ሄዶ ነበር			
419	በምጥና በወሊድ ግዜ የህመም ማስታገሻ ሲፈልጉ ጤና ባለሙያው/ዋ ይቃወምዎት ነበር			
	5.ባለፈው ግዜ በጤና ተቋም ሲወልዱ የእርሶ ፍቃደኝነት ተጠይቆ ነበር			
420	ጤና ባለሙያው/ዋ በምጥ ሰዓት ምን እየተሰራ እንደሆነ እና ምን እንደሚየጋጥም ያብራርልዎት ነበር			
421	ጤና ባለሙያው/ዋ የማህጸን ምርመራ ከማድረጓ/ጉ በፊት የርስዎን ፈቃድ ጠይቆት ነበር			
	6. ባለፈው ግዜ በጤና ተቋም ሲወልዱ			

	ሚስጥራዊነቱን ያልጠበቀ አገልግሎት አጋጥሞት ነበር			
422	ጤና ባለሙያው/ዋ ተገቢውን የሆነ መከለያ ልብስ ተጠቅሞ ነበር			
423	ጤና ባለሙያው/ዋ የእርስዎን ሚስጥራዊ መረጃ ሌሎች በሚሰሙት ሁኔታ ሲወያዩ ነበር			
	7. ባለፈው ግዜ በጤና ተቋም ሲወልዱይህ ቅጣት አጋጥሞት ነበር			
424	ያለፍቃድዎ ጤና ጣቢያ እንዲቆዩ ተደርገዉ ነበር			
	8.ባለፈው ግዜ በጤና ተቋም ሲወልዱ እነዚህን ዉጤታማ ያልሆኑ ተግባቦቶች አጋጥሞት ነበር			
425	ጤና ባለሙያው/ዋ እራሱን/ሷን አስተዋውቆ/ቃ ነበር እና ሰላምታ ለእናትየው እና አብሮአት ላለው ሰው ሰጥተዉ ነበር			
426	ጤና ባለሙያው/ዋ ከርስዎ ጋር ሲግባቡ በስምዎ እየጠሩ ነበር			
427	ጤና ባለሙያው/ዋ ጥያቄ እንዲጠይቁ ያበረታትዎት ነበር			
428	ጤና ባለሙያው/ዋ የርስዎን ጥያቄ በትህትና እና እውነትላይ ተመርኩዞ ይመልሱ ነበር			
429	ጤና ባለሙያው/ዋ በየግዜው የምጡን ሂዲት ያብራራልዎት ነበር			
430	ጤና ባለሙያው/ዋ በምጥ ሰዓት ፍላጎትዎትን አይቀበልዎትም ነበር			
431	ጤና ባለሙያው/ዋ በምጥ ሰዓት እርስዎ እንደተመቸዎት ሆነዉ እንዲወልዱ ይፈቀድልዎት ነበር			
432	በምጥና በወሊድ ግዜ ከጤና			

	ባለሙያው/ዋ ጋር የቋንቋና የመግባባት ችግር ገጥሞዎት ነበር			
433	በምጥና በወሊድ ግዜ የጤና ባለሙያው/ዋ ስሜታዊ ፍላጎትዎን በርህራህ ይደግፍዎት ነበር			
434	ስለምጡና ወሊድ ሂደት ባለሙያው/ዋ እርስዎ ለመረጡት ቤተሰብ ግልጽ ማብራርያ ያደርጉለት ነበር			
	9.ባለፈው ግዜ በጤና ተቋም ሲወልዱ እርስዎ ከመረጡት ቤተሰብ ጋር እንዳይሆኑ ተከልክለዉ ነበር			
435	እርስዎ የመረጡት ቤተሰብ በምጥና በወሊድ ግዜ እርስዎ አለበት ክፍል እንዲገባ ተፈቅዶለት ነበር			

እናመሰግናለን

የመረጃዉ ሰብሳቢ ስም _____**ፊርማ** _____

የሱፐርቫይዘሩ ስም _____ **ፊርማ** _____

መረጃዉ የተሰበሰበበት ቀን _____