PREVALENCE OF DISRESPECT OR ABUSE IN MATERNITY CARE AND ITS ASSOCIATED FACTORS DURING CHILD BIRTH IN SHEKA ZONE, SOUTHWEST ETHIOPIA; A FACILITY BASED CROSS SECTIONAL STUDY

By; Aklilu Haile Gelito (BSc)

A RESEARCH THESIS SUBMITTED TO JIMMA UNIVERSITY, INSTITUTE OF HEALTH, FACULTY OF PUBLIC HEALTH, DEPARTMENT OF EPIDEMIOLOGY IN PARTIAL FULFILLMENT OF THE REQUIRMENTS FOR DEGREE OF MASTERS IN GENERAL PUBLIC HEALTH (GMPH)

JIMMA, ETHIOPIA

JUNE, 2018

JIMMA UNIVERSITY

INSTITUTE OF HEALTH

FACULTY OF PUBLIC HEALTH

DEPARTMENT OF EPIDEMIOLOGY

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June, 2018

Jimma, Ethiopia

ABSTRACT

Background: *Disrespect or abuse is a mistreatment of women during pregnancy, childbirth or postpartum period. It is one of the contributing factors of low up take of institutional delivery. In Ethiopia, there is little information about disrespect or abuse during childbirth in public health facilities.*

Objective: *To determine the prevalence of disrespect or abuse and to assess its associated factors in maternity care during childbirth among women who gave birth in public health facilities of Sheka Zone, Southwest Ethiopia, 2018.*

Methods: *A facility based cross-sectional study with quantitative and qualitative data was conducted from March to April, 2018 at six randomly selected health centers and one general hospital. Pretested and structured questionnaires were used. The samples were allocated to selected health facilities based on their delivery case load six months prior to the study period. Informed consent was obtained and consecutive sampling technique was employed until the desired sample is obtained. Data were entered into Epi Data version 3.1 and exported to SPSS version 23 for analysis. Frequency distribution tables were used to summarize the data. Chi-square test and binary logistic regression were done to select variables associated with disrespect or abuse. Multiple logistic regression analysis was used to identify predictors of disrespect or abuse and statistical significance was declared at p-value <0.05.*

Results: A total of *355 participants were enrolled to this study with mean age of 25.62 ± 5.77 years. The finding of the study showed that 303 (85.4%) women experienced at least one form of disrespect or abuse. The odds of women with parity of two and above to face disrespect or abuse was* 2.56 *times (AOR=*2.564*, 95% CI:* 1.576 - 8.498) *more than women with parity of one. Women with complication during labor and delivery were 2.44 times (AOR=* 2.442*; 95% CI:* 1.358 - 6.194) *more disrespected and abused than women without complication. The odds of disrespect or abuse of women who were attended by female health care providers was 3 times more (AOR=3.19; 95% CI: 1.316-7.735) than those women attended by males. Health care providers, facility related, provider related and women related factors were also identified as contributors to disrespectful or abusive care during facility based childbirth.*

Conclusion: *This study revealed high prevalence of disrespect or abuse during facility based childbirth in the studied health facilities. Parity, any complication during labor & delivery, and the sex of the provider were the predictors of disrespect or abuse. The health facilities were recommended to give special attention to multiparous and women with complications and also to monitor closely the maternity care services to reduce the prevalence of disrespect or abuse.*

Keywords: *Respectful maternity care, Disrespect, Abuse, Childbirth, Quality, Ethiopia*

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ABBREVIATIONS AND ACRONYMS

AOR_____ Adjusted Odds Ratio

BSc_____ Bachelor of Science

CI _____ Confidence Interval

CRC _____ Compassionate and Respectful Care

D or A _____Disrespect or abuse

E.C _____Ethiopian Calendar

EFY _____Ethiopian Fiscal Year

ETB _____Ethiopian Birr

FMOH _____Federal Ministry of Health

HC_____ Health Center

MMR _____Maternal Mortality Ratio

HSDP _____Health Sector Development Program

HSTP _____ Health Sector Transformation Plan

MCHIP _____ Maternal and Child Health Integrated Program

MDGs _____ Millennium Development Goals

NGO _____ Non-Governmental Organization

OR_____ Odds Ratio

RHB _____Regional Health Bureau

RMC _____ Respective Maternal Care

SD_____ Standard Deviation

SNNPR _____ South Nations, Nationalities and Peoples' Region

SSA _____ Sub-Saharan Africa

SPSS _____Statistical Package Social Science

UNAIDS _____Joint United Nations Program on HIV/AIDS

UNDP _____United Nations Development Program

UNICEF _____United Nations Children Fund

WHO _____ World Health Organization

ACKNOWLEDGMENT

I would like to acknowledge Jimma University, Institute of Health, department of Epidemiology for giving me this opportunity to do this research thesis. My heartfelt thanks goes to my advisors Professor Kifle Woldemichael and Mr. Alemayehu Atomsa for their guidance and constructive comments.

Lastly, I would like to acknowledge Sheka Zone Health Department, health facilities, supervisors, data collectors and the study participants.

CHAPTER ONE

1. INTRODUCTION

1.1. Background

Disrespect or abuse is a mistreatment of women during pregnancy, facility-based childbirth or postpartum period. And also it is a violation of the rights of childbearing women which is stated in respectful maternal care charter and WHO statement of 2015 (1).

Globally, many women experience disrespectful or abusive treatment during childbirth in facilities. Such mistreatment of women not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination (2) .

In 2010, Bowser and Hill introduced a framework for understanding disrespect or abuse of women during facility-based childbirth. In a landscape review reports of disrespect or abuse (D or A), they proposed a classification system that grouped the D or A manifestations into seven overlapping categories: physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment of care, and detention in facilities (3).

According to WHO statement on disrespect or abuse and White Ribbon Alliance charter, respectful maternal care refers to “the right of every woman to the highest attainable standard of health, which includes the right to dignified, respectful health care at all health systems around the world of childbearing woman throughout her pregnancy, birth, and the period following child birth” (2,4,5).

Literatures documented that, the global prevalence of disrespect or abuse in facility based maternal care is high and different factors contribute to disrespect or abuse during facility based maternal care. Bowser and Hill landscape analysis and other studies identified and categorized the associated factors of disrespect or abuse into: service delivery factors, individual and community-level factors, lack of leadership, lack of standards and accountability, and provider related factors (3,6,7).

1.2. Statement of the Problem

In most low income countries, low coverage of skilled delivery service utilization can be associated with different factors. But an important and less understood factor is disrespect or abusive care during facility based childbirth which affects the quality of care. Some evidences show that, in most countries with high maternal mortality, the contribution of D or A in low coverage of facility based delivery is very high. Disrespectful or abusive behaviors and environments of the health facilities reduce the quality of maternity care and cause poor uptake of skilled delivery care at health facilities. Evidences documented that, many women experience disrespectful or abusive care during facility based childbirths globally (3,6,8–11).

Different literatures documented high prevalence of disrespect or abuse during facility based maternal care. Disrespect or abuse may range from verbal abuse to physical harm and different factors contribute to it. The potential contributors of disrespect or abuse are documented in different literatures and classified as: individual and community related, national laws & policies, human rights and ethics related, governance and leadership related, service delivery, and provider related factors (3,8,12).

In 2010, Bowser and Hill suggested nine categories of interventions for reduction of disrespect or abuse: quality improvement interventions; caring behavior interventions; humanization of childbirth; health workers as change agents; accountability mechanisms; human rights interventions; legal approaches; HIV/AIDS stigma reduction interventions; and tools for measurement (3,13). Also WHO recommended five strategies to prevent and eliminate disrespect or abuse during facility based childbirth in 2015. These strategies are; increasing support for research and action, creating programs to promote respectful high quality maternal health care, developing rights-based frameworks for action, generating data on the prevalence of disrespect or abuse and interventions to mitigate it, and involving all stakeholders that encourage the participation of women in efforts to improve quality of care & eliminate disrespectful or abusive practices (2).

In Ethiopia, there were few studies on the prevalence of disrespect or abuse and its associated factors during facility based childbirth, almost all studies were conducted in few health facilities. Since the prevalence of disrespect or abuse and its associated factors are highly related with

different factors, it is better to conduct a study which include many health facilities with representative sample size to have more precise & representative results and to plan for interventions (14,15).

According to Sheka Zone Health Department report, the facility based delivery service coverage of the zone was 45% in 2009 EFY (16). But the contributing factors of low coverage of the facility based delivery were not clearly identified. But a facility based disrespect or abuse during childbirth could be the cause of low uptake of institutional delivery in the zone. Also the prevalence of disrespect or abuse and its associated factors during facility based childbirth was not known. Therefore, this study aimed to identify the prevalence of disrespect or abuse and to assess its associated factors during facility based childbirth in public health facilities in the zone.

CHAPTER TWO

2. LITRATURE REVIEW

2.1. Overview of Disrespectful or abusive Maternal Care during Childbirth

According to WHO 2015 statement of the prevention and elimination of disrespect or abuse during facility-based childbirth and respectful maternal care charter, every woman has the right to basic human rights including respect for women's autonomy, dignity, feelings, choices, and preferences, including choice of companionship wherever possible. Every woman has the right to be treated with dignity, respect and non-abusive care by facility staffs regardless of her background, health or social status (2,13,17,18). So that, violating at least one of the rights of women during facility based maternal care is considered as disrespectful or abusive care.

Disrespectful or abusive maternal care is a malpractice of healthcare providers that women face during facility based maternal care. Disrespect and abusive treatment of women may occur throughout pregnancy, childbirth and the postpartum period, but women are particularly vulnerable during childbirth. Disrespect or abuse may range from verbal abuse to physical harm. It is one of the contributing factors of underutilization of facility based delivery service, but it is underestimated as compared to other factors. Disrespect or abuse can be associated with different factors, like service delivery factors, individual and community-level factors, lack of leadership, lack of standards and accountability, and provider related factors (2,5,19).

2.2. The Prevalence of Disrespect or abuse

Disrespectful or abusive treatment during facility based childbirth is a worldwide problem. A global systematic review documented that any experience of mistreatment during facility based childbirth ranges from 14.79% to 98 % (20). A study in India documented that, 54.7% of women reported some form of D or A during facility based childbirth (21).

In Malawi the overall frequency that disrespect or abuse 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) (22). A study in urban Tanzania showed that, 15 % & 70% of women reported at least one instance of disrespect or abuse during facility interviews and during community follow up respectively (23). A documented evidence showed that, in Southeastern Nigeria Enugu State University Teaching Hospital Parklane, the

prevalence of disrespect or abuse that women experienced during facility based child birth was 98% (24).

A direct observation of respectful maternal care in five East and South African countries documented that, in Ethiopia 56% of women were in shared room without privacy & 63% women were not encouraged to ask questions. According to the study in Addis Ababa four public health facilities (one specialized teaching hospital and three catchment health centers), 78% of women experienced at least one form of disrespect or abuse during facility based delivery. A study conducted in four regions (Tigray, Amhara, Oromia and SNNPR) in 28 urban and peri-urban health facilities (six referral hospitals and 22 health centers) showed at least one form of disrespect or abuse was observed in 36% of women. Also a study in Amhara & SNNP regions documented that nearly 84 % (83.9%) women experienced at least one form of D or A (11,14,25,26)

2.3. Factors Associated With Disrespect and Abusive Care

2.3.1. Socio-demographic factors

A study in Kenya documented the association of women age and D or A that women aged 20-29 years were less likely to experience non-confidential care compared to those under 19; AOR: [0.6 95% CI (0.36, 0.90); p=0.017]. Additionally, women were less likely to be detained for lack of payment or bribed if they were married; AOR: [0.15 (0.07, 0.34); p<0.001] and AOR; [0.19 (0.05, 0.72); p = 0.014] respectively. Women with no support (such as a partner or companion) during delivery were less likely to experience inappropriate demands for payments or detention; AOR: [0.49 (0.26, 0.95); p = 0.037] (27).

2.3.2. Obstetrics history

A study in Ethiopia (SNNPR & Amhara region) documented that women who experienced any complications or whose newborn experienced any complications were 15.51 times more likely to report any D or A than women who did not (AOR 15.51, 95% CI 4.38, 54.94). And also women who delivered on the weekend were 95% less likely than women who gave birth during the day on a weekday to report any D or A (AOR 0.05, 95% CI 0.01, 0.32) (13). In Kenya, a study showed the association between women's parity and D or A that women of higher parity were three times more likely to be detained for lack of payment or five times more likely to be

requested for a bribe as compared to those who had just given birth to their first child; AOR: [3.5 (2.2, 5.9); p<0.001] and AOR: [4.5 (1.2, 17.4); p = 0.028] respectively (27).

A study in Nigeria showed that women who have no experience with other health facilities and who have never been introduced to the concepts of patient or human rights normalized the occurrence of disrespect or abuse during facility-based childbirth. Also inability to pay for maternal care services fees in public health facilities has been shown to lead to detention of women and/or their newborns in health care facilities. Additionally, an inability to pay unofficial fees has been linked to abandonment. A study in Nigeria and Guinea showed that provider demoralization due to overcrowded and understaffed health facilities, poorly managed supply chains, and under equipped health facilities to provide even basic services for their patients discourages the service providers. In most developing countries, health workers are often under-paid and have little opportunity for career development. This results in provider frustration and demoralization have been major contributor to disrespectful provider attitudes and behaviors (12,28).

2.3**.3. Provider related factors**

A study in Debre- Markos documented that, during the critical times the health care providers focus on the medical necessities but not on the women's right. Sometimes the health professionals only focus on the life saving activities even if it is not respectful care since the service benefits the mother and her baby. And also this study identified that most women prefer male providers to females, as female health care providers disrespect or abuse women more than males. A study conducted in Southern Ethiopia (Kembata – Tembaro zone) showed that one of the factors of low facility based delivery coverage is the service in health institutions is not client friendly. And also the service providers do not allow the family members of the woman (the psychological supporters) to enter in to the labor room. Additionally, the previous experience of being left alone in the labor room and lack of privacy during labor and delivery discouraged women to deliver at health facilities (29,30).

An exploratory study conducted in Southern Ethiopia (Hadiya Zone) showed that, health care provider's abusive and disrespectful treatment, unskilled care, poor client provider interaction, lack of privacy, lack of periodic assessments during labor are discouraging factors of facility based delivery service. A study conducted in Addis Ababa on service provider's experience of

disrespectful or abusive behavior towards women during facility based childbirth revealed that 83.2% faced high work load, 40% experienced poor support from facility management, and 28% experienced the discomfort of the work environment which discouraged them from providing respectful maternal care (RMC). And also the same study documented that 57% of health care providers themselves had been disrespected and abused in their work place (by clients or other health care providers) and this also discouraged them from providing RMC (31,15).

2.3.4. Facility related factors

Different studies showed that, inadequate health facility infrastructures like enough space in labour & post-partum rooms, screens, and beds contribute to lack of privacy. Inadequate medical supplies, such as medications, gloves, blood and equipment cause unnecessary danger and stress in the working environment of health providers (3,24,28)

2.4. Significance of the Study

The contribution of disrespect or abuse in low uptake of facility based delivery service has not gained much attention as compared to other factors. Understanding the prevalence of disrespect or abuse and its associated factors is helpful for improvement of skilled delivery service coverage. Also it is important for program managers and the health sector leaders for improving the quality of services which the public facilities are providing. The result of the study will help the decision makers at each level to focus on respectful and non-abusive maternal care in public health facilities and it will contribute in the improvement of facility based delivery service coverage of the zone. Furthermore, the study could possibly serve as a baseline for further studies.

Conceptual Framework

Disrespect or abuse during facility based childbirth can be associated with different factors. Socio-demographic factors of mother such as age of the mother and marital status are significantly associated with disrespect or abuse in different literatures (3,25,27) .

Obstetrics history factors such as having higher parity, any complication during labor and delivery and time of delivery were significant association with D or A during childbirth in different literatures (14,27). Therefore, the following conceptual framework was developed to guide the study based on the review of the literatures.

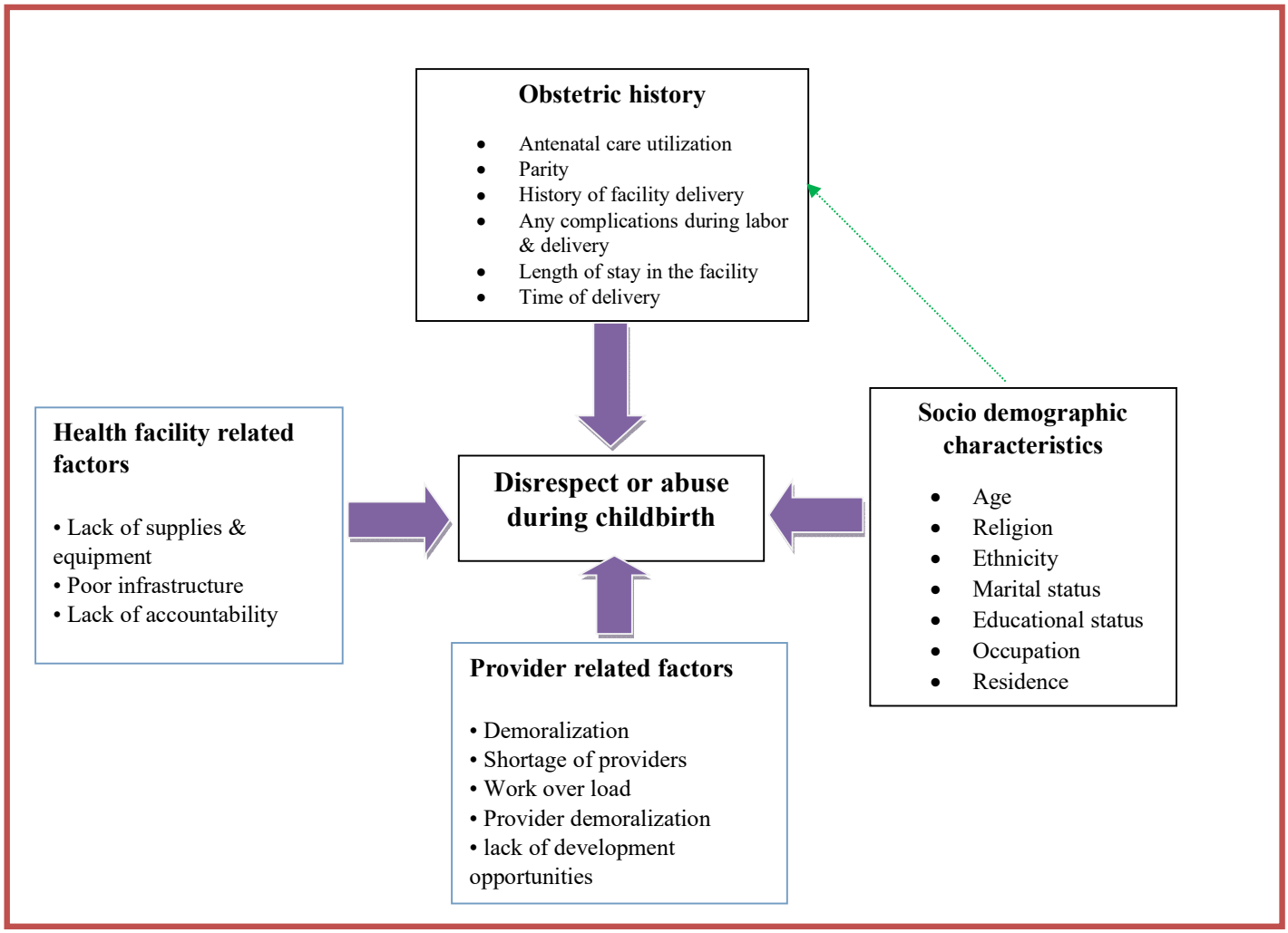

Figure 1: Conceptual frame work developed after reviewing different literatures to assess the prevalence of disrespect or abuse maternal care during facility based childbirth in Sheka Zone, Southwest, Ethiopia, 2018 (3,6,14,22,27,32).

CHAPTER THREE

3. OBJECTIVES OF THE STUDY

3.1. General objectives

- To determine the prevalence of disrespect or abuse in maternity care and to assess its associated factors among women who gave birth in public health facilities of Sheka Zone, Southwest Ethiopia, 2018.

3.2. Specific Objective

- To determine the prevalence of disrespect or abuse in maternity care among facility based childbirths in public health facilities.
- To assess factors associated with disrespect or abuse in maternity care among facility based childbirths in public health facilities.

CHAPTER FOUR

4. METHODS AND MATERIALS

4.1. Study Area and Period

The study was conducted in Sheka zone, Southwest Ethiopia, which is 986 kms away from Hawassa (the capital of SNNPR) and 711Kms from Addis Ababa the capital city of Ethiopia. Sheka Zone is one of the 14 zones of SNNPR and it is administratively divided in to three rural woredas and two town administrations. There are 57 rural and 5 urban kebeles in the zone.

The projected total population of the zone for the year 2010 E.C is about 264,545 (male 128,941 & female 135,604) from the total population about 61,639 are females in a reproductive age group (15-49 years). About 81.8% and 18.2% of the population are rural and urban residents, respectively. There are one general hospital, 13 health centers and 58 health posts in the zone. There are private health facilities that comprise 15 medium clinics, 38 primary clinics, 18 drug stores in the zone.

Regarding the distribution of health professionals, there are two specialist doctors (one gynecologist and one surgeon), one Emergency surgeon, 11 Medical Doctors (General Practitioners), 49 BSc Public Health Officers, 30 BSc Nurses, 8 BSc midwifery Nurses, 162 diploma nurses, 17 urban health extension workers, 94 rural health extension workers and 66 other health professionals with a total of 440 health professionals in the zone. The study was conducted from March 01/2018 to April 10/2018.

4.2. Study Design

A facility-based cross-sectional study with quantitative & qualitative data was conducted.

4.3. Source and Study Population

4.3.1. Source population

The source population was women who gave birth to their children at public health facilities of Sheka Zone.

4.3.2. Study population

The study population was women who gave birth to their children at selected public health facilities of Sheka Zone.

4.3.3. Study units

The study units are Women

4.4. Inclusion Criteria

- All women who gave birth at selected health facilities during the study period.

4.5. Exclusion Criteria

- Mothers who are health care workers by profession were excluded from the study.

4.5 Sample Size Determination and Sampling Technique

4.5.1. Quantitative data

A single population proportion formula was used to calculate the sample size required for the study. The sample size was calculated for two specific objectives and the bigger sample size which was calculated for the prevalence of disrespect or abuse has been taken as the appropriate sample for the study. The sample size calculation assumed the prevalence (p) of women experiencing one or more category of disrespect or abuse from the study which was done in Amhara and SNNP region was 83.9% (14), 4 % margin of error (d), with 95% confidence level, and 10% non-response rate.

The sample size for prevalence was calculated by using a single population proportion formula and the sample size for associated factors was calculated by using Epi-info. The final sample size was 355.

Table 1: Prevalence of D or A and predictor variables used for sample size determination and the total sample size, 2018

Prevalence of D or A	Reference	Sample	Associated factor	OR	Reference	Sample size
83.9%	Banks et al, 2017	355	Marital status	0.15	Abuya T. et al 2015	122
			Parity 1-3	3.5	Abuya T. et al 2015	120
			Birth complication	15.51	Banks et al, 2017	35

- Prevalence of D or A (p=83.9%)
- Margin of error =4%
- 10% non-response rate

$$n = \frac{(Z\alpha/2)^2 (pq)}{d^2}$$

$$n = \frac{(1.96)^2 * 0.84 * 0.16}{(0.04)(0.04)}$$

$$n = \frac{(1.96)^2 * 0.84 * 0.16}{(0.04)(0.04)} = 323$$

n=323 *0.1=32

n=323+32=**355**

4.5.2. Qualitative data

To further explore what factors are contributing to D or A, women who faced D or A during childbirth and the service providers who are working in the delivery rooms were purposively selected for in-depth interviews until adequate information was gained.

4.6. Sampling Technique

4.6.1. Quantitative data

Simple random sampling was used to select six health centers from 13 health centers in the zone. Since there is only one hospital in the zone, it was selected purposively. The sample was distributed to the study facilities proportional to their delivery caseload in the six months preceding the study period. Consecutive sampling was conducted until the required sample size for each facility was fulfilled selected public health facilities.

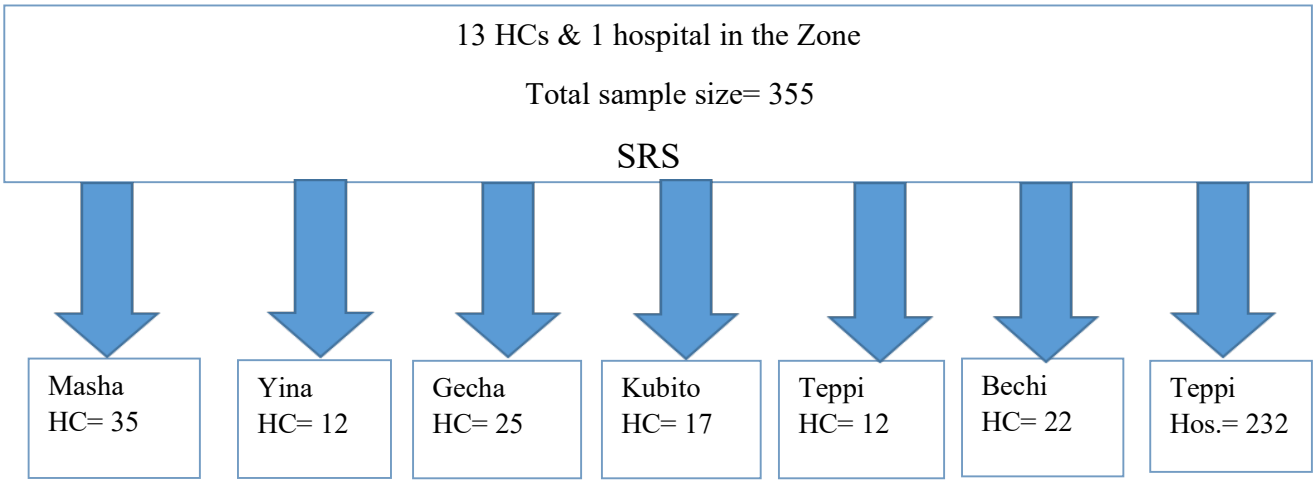

Figure 2: Schematic presentation of the sampling procedure for the study on assessment of disrespect or abuse in maternity care during childbirth in Sheka Zone, Southwest Ethiopia, 2018.

4.6.2. Qualitative data

For in-depth interview, the health care providers who were working in maternity care rooms and women who gave birth at facilities were purposively selected.

4.7. Data Collection Tools & Procedures

4.7.1. Quantitative data

Data were collected by using a pretested questionnaire. The questionnaires were adapted from different literatures and developed based on the items in Maternal and Child Health Integrated Program to assess disrespect or abuse (3, 28).

The questionnaires were developed in English language and then translated in to Amharic language; and also the later version was translated back to English language to ensure consistency. The questionnaires were pretested on 18 women in the health centers in which the actual study was not conducted. Seven diploma nurses who were from non-study health centers were recruited as data collectors and 3 BSc public health officers were employed as supervisors from woreda health offices and a one day training was given on data collection procedure, tools/questionnaires and about the objective of the study. Data were collected by interviewing women who gave birth in selected health facilities during exit from the facilities. Regular daily

supervision was conducted to monitor the data collection process and checking of the completeness and accuracy of data was done by the principal investigator.

4.7.2. Qualitative data

In-depth interviews guides were adapted from Maternal and Child Health Integrated Program (28) and translated to Amharic language and tested for length and comprehensibility on 5 health care providers and 5 women in Keja Health Center (non-study health centers) before the actual study.

In-depth interview was conducted with eight health care providers (2 BSc midwife, 1 BSc nurse, 1 BSc HO, 2 diploma midwifery nurses, 2 diploma clinical nurses) and 10 women who gave birth at the facilities and who were identified as disrespected and abused during quantitative data collection were selected purposively. The interview was tape-recorded and notes were also taken and it was conducted by two trained BSc nurses and was closely supervised by principal investigator.

4.8. Study Variables

4.8.1. Dependent variable

Disrespect or abuse in maternal care during childbirth

4.8.2. Independent variables

a. Socio-demographic factors: age, religion, ethnicity, marital status, educational status, occupational status

b. Obstetrics history: antenatal care service utilization, parity, history of skilled birth, any complications during labor & delivery, time of delivery, sex of the health care provider

4.9. Data Processing and Analysis

Data were checked for completeness and consistency and entered in to Epi-data version 3.1 and was analyzed by using SPSS version 23. After cleaning and organizing the data descriptive statistics such as mean, standard deviation (SD), percent and frequency were calculated. Chi-square ($\chi 2$) test and binary logistics regression was done to select variables associated with disrespect or abuse and all independent variables with $p < 0.25$ were selected as candidate for multivariable logistics regression analysis.

The qualitative data was transcribed, coded, categorized and finally analyzed manually.

4.10. Data Quality Assurance

The questionnaires adapted from different literatures and were prepared first in English and translated into Amaharic language and retranslated back to English by other language expert to check for the consistency.

Training was provided for data collectors and supervisors prior to the commencement of data collection. Pretest was conducted on 18 women at Keja Health Center, which was not selected for the actual study.

From the results of the pretest necessary corrections were made to some of the questions of the questionnaires. The principal investigator and supervisors supervised the data collection process daily by checking completeness of the required type of data & to correct faults if any on the spot. After data entry was completed, data cleaning was performed by running frequencies of each variable to check for accuracy, outliers, and consistencies.

4.11. Operational Definition

1. Disrespect or abuse: disrespect is a speech or behavior which shows someone is not valued and may include the use of impolite, offensive, and insulting language. Abuse is treating a person in a harsh or harmful way that causes damage (it can be verbal or physical). But in this study, there is no clear boundary between both words. Disrespect or abuse is a violation of the rights of childbearing women which is stated in respectful maternal care charter and WHO statement. D or A is classified in to seven over lapping categories (physical abuse, non-confidential care, non-consented care, non-dignified care, discrimination based on specific client attributes, abandonment or denial of care, detention in the facility). In this study, there are 26 verification criteria to measure disrespect or abuse in maternal care.

For category of disrespect or abuse with more than one verification criterion, women were considered as they experienced disrespect or abuse for the category if they faced at least one of the verification criteria under that category. On the other hand, mothers were considered as disrespected and abused if they experienced at least one of the seven categories of disrespect or abuse.

Physical abuse: physical force or abrasive behavior with the woman including slapping or hitting, not giving necessary pain relief.

For this study, it was measured by using six criteria; (not giving necessary pain relief, physical harm during labor or delivery [force /slapped /hit/beat/pinch], physically restraining woman, touching or demonstrating woman in a culturally inappropriate way, separating woman from her baby without medical indication, denying food or fluid to woman without medical indication).

Non-confidential care: lack of confidentiality and lack of privacy during maternal care.

For this study, it was measured by using two criteria; (not using drapes or cover during examination to protect woman's privacy; not separating couch/bed by screen during examination or childbirth).

Non-consented care: absence of informed consent before procedures.

For this study, it was measured by using nine criteria; (not introducing self or greeting the woman, not encouraging the companion to stay with mother, not encouraging the woman to ask questions, not responding to questions promptly and politely, not explaining what is being done and what to expect, not giving periodic updates on status and progress of labor, denying the freedom of movement during labor, denying the preference of the birth position of woman, not obtaining consent or permission prior to any procedure).

Non-dignified care (including verbal abuse): Lack of dignity, respect and intentionally humiliating, scolding, or shouting at mother's value and for women.

For this study, it was measured by using three criteria; (not speaking politely, insulting the woman, and not permitting or arranging to practice cultural practices)

Discrimination based on specific attributes: Lack of equality, treating mothers differently due to race, ethnicity or socioeconomic status.

For this study, it was measured by using two criteria; (speaking in a language and at a language level that the woman can't understand; discriminating woman by race, ethnicity, educational or economic status)

Abandonment or denial of care: Lack of the right to timely health care and to the highest attainable level of health.

For this study, it was measured by using three criteria (not encouraging the woman to call the provider if needed, not coming quickly when the woman call the provider, and leaving the mother alone)

Detention in the facilities: detaining of mothers in health facility: deprivation of liberty, autonomy and self-determination.

For this study it was measured by using one criterion (detaining the mother in a health facility against her will).

Length of time the woman stayed in the facility: the time that the woman spent in the facility from arrival to childbirth.

Time of delivery: the day and the time at which that the woman gave birth. That is, during weekdays (from Monday to Friday) at day or night time, or during weekends (Saturday & Sunday).

4.12. Ethical Considerations

Ethical clearance was obtained from Ethical Review Committee of Institute of Health, Jimma University. Permission letter to conduct the research was obtained from Sheka Zone Health Department and letters were written from zonal health department to all health facilities. Permission to conduct the study was obtained from each of the health facilities. Participants were informed about the objectives of the study and verbal consent for participation was obtained individually. Moreover, utmost efforts were made to maintain the privacy and confidentiality of participants. To maintain privacy, individual interviews were made in a separate place in the facilities.

4.13. Plan for Dissemination of Findings

The result of the study will be submitted to Jimma University Institute of health science, Department of Epidemiology, and also will be communicated with SNNPR Health Bureau, Sheka Zone Health Department, Woreda/Town Health Offices and respective health facilities.
The findings may also be presented in different seminars, meetings, workshops and efforts will be made to publish in peer-reviewed scientific journal.

CHAPTER FIVE

5. RESULTS

5.1. Socio-demographic Characteristics of Respondents

A total of 355 women who gave birth during the study period were interviewed giving a response rate of 100 percent.

Out of the total respondents, 308 (86.8%) were in the age group 20 – 49 years. The mean and SD of respondents' age was 25.62 ± 5.77 years. Two hundred twenty four (63.1%) were from rural and 152 (42.8%) were protestant christians and 142 (40.0) were orthodox christians by their religion and 313 (88.2%) were married.

Regarding the educational status, 128 (36.1%) had attained secondary level and above, 125 (35.2%) primary level (grade1-8) and 102 (28.7%) had no formal education. Concerning their occupation 174 (49.0%) and 80 (22.6%) women were housewives and farmers respectively.

Table 2: Socio demographic characteristics of the respondents, Sheka Zone, Southwest Ethiopia, 2018

Variables (n=355)		Frequency	%
Age group	less than 20 years	47	13.2
	20-49 years	308	86.8
Residential area	Rural	224	63.1
	Urban	131	36.9
Religion	Protestant	152	42.8
	Orthodox	142	40.0
	Muslim	58	16.4
	Catholic	3	0.8
Educational status	No formal education	102	28.7
	Primary (grade1-8)	125	35.2
	Secondary and above	128	36.1
Marital status	Married	313	88.2
	Single	30	8.4
	Others	12	3.4
Occupation	House wife	174	49.0
	Farmer	80	22.6
	Government employee	53	14.9
	Private employee	32	9.0
	Others	16	4.5

5.2. Obstetric History and Maternal Health Service Utilization of Respondents

Out of 355 respondents, 328 (92.4%) had ANC follow up for their last pregnancy and 180 (50.7%) had a parity of one. Above half of the deliveries (52.1%) were managed by females health care providers and majority of women (62.8%) didn't face any type of complication during labor and delivery. Regarding the delivery time, 151 (42.5%) gave birth during weekdays at day time, 126 (35.5%) during weekdays at night time and 78 (22.0%) during weekends. Majority of respondents (73.8%) stayed for less than 12 hours in the facility before the delivery service.

Table 3. Obstetric and maternal health service use history and experience during current childbirth of respondents, Sheka Zone, Southwest, Ethiopia, 2018.

Variables (n=355)		Frequency	%
ANC utilization for last pregnancy	Yes	328	92.4
	No	27	7.6
Parity	One	180	50.7
	Two & above	175	49.3
History of institutional delivery	Yes	153	43.1
	No	202	56.9
Sex of provider	Male	167	47.0
	Female	188	53.0
Time of delivery	Weekdays day	151	42.5
	Weekdays night	126	35.5
	Weekend	78	22.0
Length of stay in the facility	< 12 hours	262	73.8
	12-24 hours	56	15.8
	> 24 hours	37	10.4
Any complication	Yes	132	37.2
	No	223	62.8

5.3. Prevalence of Disrespect or Abuse during Childbirth by Categories

Out of 355 participants 303 (85.4%) respondents experienced at least one form of disrespect or abuse during childbirth.

Out of the seven categories, this study identified only six categories and none of the woman reported being detained in the facility without her willingness. Out of the six categories identified by this study, the most commonly violated right of the women was, the right to information, informed consent, and choice/preferences in 299 (84.2%) women (Table 4).

Table 4. Prevalence of disrespect or abuse during childbirth by categories, Sheka Zone, Southwest Ethiopia, 2018.

Disrespect or abuse category	Frequency (%)
The woman's right to information, informed consent, and choice/preferences is not protected	**299 (84.2)**
The provider did not introduce himself/herself to me	277 (78.0)
The provider didn't allowed my family to remain with me	113 (31.8)
The provider did not encourage me to ask questions	191 (53.8)
The provider did not respond to my questions with promptness, politeness, and truthfulness	66 (18.6)
The provider did not explain to me what is being done and what to expect throughout labor and birth	232 (65.4)
The provider did not give me periodic updates on status and progress of my labor	118 (33.2)
The provider did not allow me to move about during labor	45 (12.7)
The provider did not allow to assume position of choice during birth	271 (76.3)
The provider did not obtain my consent or permission prior to any procedure	222 (62.5)
The woman left without care/attention	**187 (52.7)**
The provider didn't encourage to call him/her if needed	175 (49.3)
The providers didn't come quickly when called	27 (7.6)
The provider left the woman alone or untreated	35 (9.9)
The woman's confidentiality and privacy is not protected	**178 (50.1)**
The providers didn't use drapes during examination	158 (44.5)
The providers didn't use screen to separate the beds during examination and childbirth	113 (31.8)
The woman was not treated with dignity and respect	**91 (25.6)**
The providers didn't speak politely	68 (19.2)
The providers insulted or intimidated or threatened	34 (9.6)
The providers didn't arrange the place to practice cultural practices	4 (1.1)
The woman is not protected from physical harm or ill treatment	**52 (14.6)**
I was physically been harmed during labor or delivery (force /slapped /hit/beat/pinch)	16 (4.5)
I was physically restrained	1 (0.3)

I did not receive necessary pain-relief	47(13.2)
I was denied food or fluid in labor without medical indication	0.0
I was separated from my baby without medical indication	0.0
The providers did not demonstrate or caring in a culturally appropriate way	0.0
Discrimination based on specific client attributes	**51 (14.4)**
The providers discriminated by race, educational or economic status	2 (0.6)
The providers spoke in a language that the mother can't understand	49 (13.8)
The woman denied or confined against her willingness	**0 (0.0)**
The woman denied or confined against her willingness	0 (0.0)
Over all prevalence of disrespect or abuse with at least one criterion	**303 (85.4)**

5.4. Factors Associated with D or A during Childbirth (Binary Logistic Regression)

Binary logistic regression was employed for each individual variables to select candidate variables for multiple logistic regression. Age, residence, educational status and marital status were selected as candidates for multiple logistic regression from socio-demographic variables and parity, time of delivery, the sex of the main health provider who attended a mother during childbirth, length of stay in the facility before childbirth and any complication during labor & delivery from variables under maternal obstetric history and health service utilization were selected for multiple logistic regression model (Table 5).

Table 5: Relationship between socio – demographic characteristics, maternal obstetrics history and D or A during childbirth in public health facilities (binary logistics regression), Sheka Zone, Southwest, Ethiopia, 2018.

Variables		Disrespect or abuse		COR, 95% CI	P-Value
		Yes (%) =303	No (%) =52		
Age group	<20 years	41 (13.53)	6 (11.54)	0.834 (0.231- 0.907)*	0.031
	20-49 years	262 (86.47)	46 (88.46)	1	
Residential area	Rural	186 (61.38)	38 (73.07)	0.586 (0.304 - 1.127)*	0.109
	Urban	117 (38.62)	14 (26.93)	1	
Religion	Orthodox	122 (40.26)	20 (38.46)	1	
	Protestant	127 (41.92)	25 (48.07)	3.050 (0.264- 35.224)	0.372
	Muslim	52(17.16)	6 (11.54)	2.540 (0.222- 29.097)	0.454
	Catholic	2 (0.66)	1 (1.93)	4.333 (0.340- 55.213)	0.259
Educational status	No formal education	93 (30.69)	9 (17.31)	1	
	Primary (grade1-8)	103 (34.00)	22 (42.31)	0.453(0.199- 1.034)*	0.060
	Secondary and above	107 (35.31)	21 (40.38)	0.493(0.215-1.129)*	0.095
Marital status	Married	273 (90.1)	40 (76.9)	1	
	Single	23 (7.6)	7 (13.5)	1.484 (0.488-5.722)	0.414
	Others	7 (2.3)	5 (9.6)	4.875 (0.811-6.817)*	0.115
Occupation	House wife	160 (52.8)	14 (26.9)	1	
	Farmer	68 (22.5)	12 (23.1)	2.017 (0.428- 2.919)	0.798
	Government employee	44 (14.5)	9 (17.3)	2.337 (0.339-3.806)	0.565
	Private employee	26 (8.6)	6 (11.5)	2.693(0.258-4.860)	0.467
	Others	5 (1.6)	11 (21.2)	25143((0.303- 39.012)	0.407
ANC utilization	Yes	281 (92.74)	47 (90.38)	1	
	No	22 (7.26)	5 (9.62)	1.359 (0.490 - 3.764)	0.555
Parity	One	138 (45.54)	42 (80.77)	1	
	Two & above	165 (54.46)	10 (19.23)	0.199 (0.043-0.257)*	<0.001
History of institutional delivery	Yes	128 (42.24)	25 (48.08)	1	
	No	175 (57.76)	27 (51.92	0.789 (0.538- 1.747)	0.789

Length of stay in the facility	< 12 hours	218 (71.95)	44 (84.62)	1	
	12-24 hours	49 (16.17)	7 (13.46)	0.138 (0.018- 1.030)*	0.054
	> 24 hours	36 (11.88)	1 (1.92)	0.194 (0.023-1.651)*	0.133
Time of delivery	Weekdays time	102 (33.66)	49 (94.24)	0.027 (0.004- 0.200)*	<0.001
	Weekdays night	124 (40.92)	2 (3.84)	0.805 (0.072- 9.030)	0.861
	Weekends	77 (25.42)	1 (1.92)	1	
sex of provider	Male	137 (45.21)	30 (57.69)	1	
	Female	166 (54.79)	22 (42.31)	0.605 (0.334 - 1.097)*	
Any complication	Yes	127 (41.92)	5 (9.62)	0.147 (0.086- 0.561)*	<0.001
	No	176 (58.08)	47 (90.38)	1	

* P-value < 0.25

5.5. Predictors of Disrespect or abuse in Maternity Care during Childbirth

Among the variables entered in to multiple logistics regression model parity of two and above, any complication, and sex of provider were significantly associated with disrespect or abuse during childbirth.

Women with a parity of two & above were 56.4% times (AOR=2.564, 95% CI: 1.576 -8.498) more likely to report disrespect or abuse than those women with first birth. Women with any complication/problem during labor and delivery were 2.4 times (AOR= 2.442; 95% CI: 1.358 - 6.194) more likely to be disrespected and abused than those without any complication. Women who were attended by female providers were 3 times (AOR=3.19; 95% CI: 1.316 -7.735) more likely to experience D or A than their counterparts (Table 6).

Table 6: Multiple logistic regression on predictors disrespect or abuse in Sheka Zone, Southwest Ethiopia, 2018

Variables		Disrespect or abuse		COR, 95% CI	AOR, 95% CI	P-value
		Yes (%) =303	No (%) =52			
Parity	First	138 (45.54)	42 (80.77)	1	1	
	two and above	165 (54.46)	10 (19.23)	0.199 (0.043- 0.257)*	2.564 (1.576 -8.498)**	<0.001
Sex of main provider	Male	137 (45.21)	30 (57.69)	1	1	
	Female	166 (54.79)	22 (42.31)	0.605 (0.334 - 1.097)*	3.190 (1.316-7.735)**	0.010
Any complication	Yes	127 (41.92)	5 (9.62)	0.147 (0.086- 0.561)*	2.442 (1.358 - 6.194)**	<0.001
	No	176 (58.08)	47 (90.38)	1	1	

** Significant at p-value < 0.05

5.6. Factors that Contribute to Disrespectful or abusive Care during Childbirth in Health Facilities from both Mothers and Health Care Providers' Perspectives

Analysis of factors contributing to D or A from mothers' and health care providers' perspectives resulted in three main themes; facility related factors, health care provider related factors, women related factors.

5.6.1. Facility related factors

Medical supplies, equipment and infrastructures like beds, rooms and screens are important for provision of respectful maternal care. The shortage of such supplies and infrastructures affect the quality of care.

A midwife nurse said

"*This labor and delivery room of the hospital is not enough for laboring women and for postnatal services. Sometimes the rooms became fully occupied and mothers become forced to stay in the corridors. Hence women were not happy for being at the corridors".*

A BSc midwife nurse said

"*…there is a shortage of medical supplies like gloves, syringe and others in the hospital, as result the women are buying from the private pharmacy; which is not good that the government is announcing that the maternal services are for free. There are only two screens in labor & delivery room, but there are four delivery beds in the room and sometimes all beds are occupied and it is difficult to protect the woman's privacy".*

A woman said #2

"…we bought gloves and drugs from private pharmacy. Why? We bought because we can afford it, what if those who can't afford come? There are no linens on the beds of post natal room, we bring & use it from our home. Why not the hospital arrange these things?"

A midwife nurse from hospital said

"We are too busy in our work, but there is no support from the higher bodies and even they are not availing the important materials that we requested for our work"

A nurse from HC

"We didn't have any training on respectful maternal care (RMC), because of that we do not have any idea on some rights of pregnant women. And also I have never seen any guideline on RMC in this health center".

5.6.2. Health care provider related factors

Findings from in-depth interviews indicate that some health care providers disrespect or abuse women due to their behavior that have grown with them.

A woman participant said #1

"In this hospital, male providers are better than females in caring for women. I don't know the reason why female nurses do not put themselves in the place of us. The behavior of some health professionals that are mistreating people may be due to their behavior which have grown with them"

A midwife nurse said

"I know some female nurses who do not respect women during childbirth; in my opinion their behavior problem might have grown with them"

Lack of education opportunities, motivations and overtime payments demoralize the health care providers and the providers might not be happy in their works. As a result, the providers might reflect their negative feelings to women.

A diploma nurse from HC said

"I'm not happy in my work, because I have 10 years of working experiences but I don't have any educational opportunity till now. Most health professionals working here are not happy due to lack of educational opportunity and the salary we are earning is not satisfactory as compared with the work load".

A midwife nurse from HC

"Due to shortage of budget we were not paid for our overtime and week end duties for the last one year. Really this demoralized us. As a government employee we have to be paid for what we worked".

During critical times, the health care providers mostly focus on the medical necessities but not on the importance of some maternal rights.

A public health officer from HC said

"We the health professionals focus on the life saving procedures but we do not focus on the importance of greetings/informing our name to clients or requesting their permission for every procedure. Even if the woman is not happy on the procedure and if the procedure is mandatory for her, we did it for the benefit of her and her baby".

A midwife nurse said

"I usually focus on the labor and its outcome, mostly I didn't tell them my name and also sometimes I didn't ask them for their names".

A woman said #4

"Immediately I arrived at the facility, I was ready to give birth and they didn't greet or request me for permission but they only supported me to deliver my baby".

Shortage of health care providers accompanied by high client flow in delivery rooms results in heavy workloads. This leads the providers to mistreat women during maternity care.

A BSc midwife nurse from the hospital said

"Currently, there are only six midwives/nurses working in the delivery room of the hospital and only two nurses are assigned every 8 hours shift. There is high turnover of the nurses from the delivery ward due to heavy workload in this hospital. As a result the health care providers become stressful and might not give quality service to the clients"

A woman said #3

"I think the health care providers are not happy in their works, might be due to heavy workload or low salary they are earning. I observed that two nurses have been working for long time, might be this workload makes them to disrespect or abuse women".

5.6.3. Women related factors

Sometimes women become not cooperative for delivery management. But to save the lives of the mother and child the care providers focus on the outcome of delivery but not on the quality of services.

A midwife nurse said

"While the baby is in suffocation, but the mother might not be cooperative for managing the delivery, at that time the provider may verbally/physically abuse her. This is only for the benefit of her and her baby".

A woman said #5

"…as this delivery is my first, I was anxious and fearful. Also I was not cooperative for the delivery process and the nurses insulted me".

CHAPTER SIX

6. DISCUSSION

This study has attempted to identify the prevalence of disrespect or abuse in maternity care and to assess its associated factors during child birth in Sheka Zone, Southwest Ethiopia. Consequently, this study investigated six categories of disrespect or abuse and the most prevalent one was the violation of the pregnant women's right to information, informed consent, and choice/preferences which was 84.2%. On the other hand, none of the woman reported the detention in the facility without their willingness. The overall prevalence of disrespect or abuse with at least one verification criterion that women faced was 85.4%. The result of this study is comparable with reports from other parts of Ethiopia, East and South Africa and Nigeria (2, 14, 18).

Different published literatures indicate that women who gave birth at facilities are often disrespected and abused based on their age, education, marital status, parity, sex of the health care provider, complication/problem during labor and delivery, the time of delivery attended and the length of time that the woman stayed in the facility before childbirth (8, 13, 19, 21, 27). This study tested the relationship between the socio-demographic and obstetrics factors with D or A. There was no statistical associations between reported D or A with client age, education, residence, religion, marital status, ethnicity, history of institutional delivery, ANC utilization, stay in the facility and time of delivery.

In this study marital status has no association with disrespect or abuse. This is contrary with the study conducted in Kenya reported that married women were less likely to be bribed or detained in the facility for lack of payment but more likely to be neglected compared to those who were single or never married (27).

This study shows that the odds of disrespect or abuse among women with parity of two and above were 2.56 times higher as compared to those with the first delivery. This finding is in line with the study conducted in Kenya (27). The possible explanation could be, women with higher parity might be considered to have better experience and information about the delivery service. As a result the service providers mostly do not inform the women with higher parity about the services and might not request their permission for procedures.

Women with complications during labor and delivery were 2.44 times more disrespected and abused than women without complications, and is consistent with the study conducted in Amhara & SNNPR region, Ethiopia (14). This could be argued that more complicated deliveries are more stressful for health care providers, as a result the providers might focus on the procedure but not on the quality of services provided. On the other hand, women who have complicated pregnancies might be more prone to perceive the way they were treated as disrespectful or abusive.

The odds of reporting disrespect or abuse was 3 times more in women who were attended by female health care providers during delivery than those women who were attended by males. This result is contrary with other quantitative studies that reported sex of providers has no association with D or A (13, 21), but it is in agreement with a qualitative study conducted in Debre Markos, Ethiopia (29). Likewise the in-depth interview identified that female providers mistreat women than males. An in-depth interview participant woman said *"…in this hospital, male providers are better than females in caring for women…."* Also a midwife nurse said *"I know there are some female nurses who do not respect women during childbirth..."*

The analysis of qualitative data from mothers' and health care providers' perspectives resulted in three main themes; facility related factors, health care provider related factors and women related factors. Medical supplies and infrastructures (medications, gloves, delivery beds, screens, and water) are important for maternal care. The health care providers and women believe that the shortage and sometimes absence of medical supplies and infrastructures greatly affect the quality of care. As a result women become not happy with the services provided and also the providers might express their frustrations on women. This finding is in agreement with the landscape analysis of Bowser & Hill and the study in Guinea (3,28)

Shortage of health care providers accompanied by heavy workload leads the health care providers to stressful condition. As a result women may be inadequately managed during labor and delivery because of not enough health workers to provide quality care. This finding is in agreement with the study conducted in Guinea (28).

Lack of education opportunities, motivations and appropriate payments discourage the health care providers and the demotivated professionals may express inappropriate behaviors to their clients. This finding is consistent with the landscape analysis of Bowser and Hill (3).

During the critical times the health care providers focus on the medical necessities but not on the women's right. Sometimes the health professionals only focus on the life saving activities even if it is not respectful care, since the service benefits the mother and her baby. This finding is in line with the study in Debre-Markos, Ethiopia (29).

In this study, the chance for recall bias was lessened since mothers were interviewed during postnatal period immediately before their exit from the health facility where they had delivered.

The limitation of the study

- Social desirability bias, is a possibility as the interviews were conducted in the health facilities and the interviewers were health professionals.

CHAPTER SEVEN

7. CONCLUSION & RECOMMENDATIONS

7.1. Conclusion

This study revealed high prevalence of disrespect or abuse during facility based childbirth. The most common category of disrespect or abuse that women faced was the violation of the woman's right to information, informed consent, and choice/preferences. Parity, any complication during labor & delivery, and the sex of the service providers were significantly associated with disrespect or abuse during facility based childbirth. Also the qualitative part of this study identified the facility related, provider related and women related factors as the contributing factors to disrespect or abuse.

7.2. Recommendations

Based on the finding the following recommendations were forwarded to

Health facilities

- Equal care should be given to multiparous women as women with the first parity, since they are more disrespected and abused than women with the first parity.
- Special care should be given to women with complication, since they are disrespected and abused than those women without complications.
- The higher bodies of the facilities should assign male and female providers together. And also, should monitor the maternity care services, since women who were assisted with female providers were more disrespected and abused than those who were assisted with male providers.

Zonal health department and woreda health offices

- Have to recruit and deploy health professionals to the facilities according to the standard to solve the shortage of health care providers at facilities.
- Have to provide educational opportunity and carrier development to motivate the health care providers.

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ANNEX

Annex 1: Research Tool

Jimma University Institute of Health, Faculty of Public Health Department of Epidemiology

Questionnaire on assessment of the prevalence of disrespect or abuse and associated factors in maternity care during childbirth among women who give birth in public health facilities of Sheka Zone, SNNPR, 2018.

Woreda/Town_____Kebele _____

Questionnaire identification number: _____

Information Sheet

Good morning/afternoon? My name is _____. I came from _____ health center. I'm a data collector on behalf of Mr. Aklilu Haile, a postgraduate student in Jimma University Institute of Health, Faculty of Public Health Department of Epidemiology and the principal investigator of this study.

The objective of the study is the assessment of the prevalence of disrespect or abuse and associated factors in maternity care during childbirth among women who give birth in public health facilities. I would like to have a short discussion with you concerning the study. The interview will take a few minutes. You are selected to be as one of the participants in the study. The information you provide will be kept confidentially. The interview is based on your will and you have the right to participate or not/refuse at any time during the interview. Your refusal has no any effect on you or any member of your family. I need your honest answer to the questions you want to respond as this would help us to come up with genuine conclusions and recommendations that would potentially help the Ministry of Health of Ethiopia and health facilities to improve the services they are providing to the community.

May I continue the interview?

Yes----------Continue the interview

No ----------stop the interview and thank the respondent

Interviewer's name: _____ Signature _____

Date: _____

Supervisor Check

Supervisor's Name: _____signature _____ Date: _____

II. Consent form

I am selected as a participant and heard the information in the consent sheet and understood what is required from me and what will happen to me if I take part in the study. I understand that all the information regarding me, like name and all answers given by me will not be transferred to the third party. I also understood that I can withdraw from the study at any time without giving a reason and without mine or my families' routine service utilization being affected for my refusal.

The Participant: 1. Agreed

2. Did not agree end the interview and thank the respondent.

Interviewer Agreement

I certify that I have taken written consent from the respondent that she agreed to participate in the study and I have confirmed the agreement is correct.

Interviewer Name: _____ Signature_____

Date |_____ month |_____| 2018.

Supervisor Name: _____ Signature_____

Date |_____month |_____| 2018.

Type of facility: ----------

Mother's code……

|_____|_____|_____| Date |_____|_____| 2018

Interviewer's code |_____|_____|

Start Time _____:____ End time_____:_____

Annex- 2: English Questionnaire

Section one: maternal socio demographic characteristics

No	Question	Response	Skip	Code
101	What is your age?	1. Year---------- 2. Don't know		
102	Where is your residential area?	1. Urban 2. Rural		
103	What is your religion?	1. Orthodox 2. Protestant 3. Muslim 4. Catholic 5. Other		
104	What is your ethnicity?	1. Shekacho 2. Sheko 3. Mejengir 4. Kaffacho 5. Amhara 6. Oromo 7. Tigiray 8. Other		
105	Have you ever attended school?	1. Yes 2. No ⟶	107	
106	If yes for Q 105, what is the highest level of school you attended?	----------grade completed		
107	What is your marital status?	1. Single 2. Widowed 3. Divorced 4. Separated		
108	Is your husband/partner living with you now or is he staying elsewhere?	1. Living with 2. Staying elsewhere		
109	What is your occupation?	1. Government employee 2. Private sector employee 3. Self-employed 4. Housewife 5. Farmer 6. Others[Specify]_____		
110	How much is the cost of transportation you paid for coming to health facility and back to home?	1. No cost paid at all 2.----------Birr		
111	How far is your home from this health facility?	1. ---------minute/hour on foot 2. ----------minute/hour by car 3. Other (specify)----------		
112	Is there any payment you were asked for the delivery service?	1. Yes 2. No ⟶	116	
113	If yes for Q 113, for what services you paid? (DO NOT READ THE RESPONSES)	1. For consultation [card and Examination]		

		2. For laboratory 3. For delivery service 4. For drugs 5.Other[specify		
114	If yes for Q 113, was the payment official?	1.Yes 2.No		
115	Who usually makes decisions about your health care? **(Do not read the Reponses)**	1.Me (Respondent) 2.Husband/partner 3.Jointly 4.others		

PART TWO: OBSTETRICS HISTORY

Now I would like to ask about all the births you have had during your life

No	**Question**	**Response**	**Skip**	**Code**
201	Did you see anyone for antenatal care for this pregnancy?	1. Yes 2. No →	205	
202	If yes for Q 201, is yes Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	1. Doctor 2. Health officer 3. Nurse/midwife 4. Other health personnel(specify)____ _____		
203	If yes for Q 201, where did you receive antenatal care for this pregnancy? Anywhere else?	1. Government hospital 2. Government HC 3. Health post 4. Private hospital 5. Private clinic 6. other (specify)--------		
204	If yes for Q 201, how many times did you receive antenatal care during this pregnancy?	1. Once 2. Twice 3. Three times 4. Four times and above		
205	Have you given birth before this?	1. Yes 2. No →	213	
206	If Q '205' is yes, How many children have you given birth to?	1. One 2. Two 3. Three 4. Four 5. Five 6. Six and above		
207	Have you ever had stillbirth?	1. Yes 2. No →	209	
208	If yes for Q 207, How many were born died?	1. One 2. Two 3. Three 4. Four		

		Others(specify)----------		
209	Did any of your live born children die?	1.Yes 2.No ⟶	211	
210	If yes for Q 209, How many were died?	1. One 2. Two 3. Three 4. Four Others(specify)-------		
211	How many of your delivery was assisted by skilled health providers (Doctor, Midwife, Nurse…)?	1. One 2. Two 3. Three 4. Four 5. Five 6. Six and above		
212	If there was any delivery at home ask: Why didn't you deliver in a health facility? (PROBE: ANY OTHER REASON? RECORD ALL MENTIONED.)	1. Cost too much 2. Facility not open 3. Too far/no transportation 4. Don't trust 5. Poor quality of facility service 6. No female providers at facility. 7. Husband/family didn't allowed 8. Not client friendly 9. Others (specify)------		
213	Where did you deliver your current baby?	1. Hospital 2. Health center		
214	Who assisted you during this delivery?	1. Doctor 2. Health officer 3. Nurse/midwife 4. Other health		
215	How many health professionals attended your delivery?	1. One 2. Two 3. Three to four 4. Five and above		
216	What was the sex of the main health provider who attended your delivery?	1. Male 2. Female		
217	Did anyone other than concerned health provider have access to see you during your labor?	1.Yes 2.No		
218	Did you have any problems/complications with this birth?	1. Yes 2. No ⟶	220	
219	If is yes Q 218, what happened to you? (Do not read responses, ask anything else and record all responses and will be coded by investigator)	1.Hemorrhage 2.Hypertensive disorders 3.Prolonged labor 4.Infection (post-partum) 5.others (specify)------		

220	How much time have you spent at the facility before the delivery service?	---------- Minute/hour/day		
221	At what time you gave birth to your child?	1. Weekday during day time 2. Weekday during night time 3. Week end		

PART 3: **Disrespect or abuse during childbirth**

Woman's right to freedom from harm and ill treatment				
No	Question	Response	Skip	Code
301	Have you physically been harmed during labor or delivery (force /slapped /hit/beat/pinch)?	1. Yes 2. No		
302	Have you received necessary pain-relief treatment? (Explain what necessary pain relief)	1. Yes 2. No		
303	Did the care provider energetically push on your abdomen to try to force the baby out?	1. Yes 2. No		
Woman's right to information, informed consent, and choice/preferences protected				
304	Did the providers introduce themselves or greet you?	1. Yes 2. No		
305	Did the providers encourage you to ask questions?	1. Yes 2. No		
306	Did the provider explain what is being done or what to expect throughout labor and birth?	1. Yes 2. No		
307	Did the provider give periodic updates on the status and progress of your labor?	1. Yes 2. No		
308	Did the providers respect your freedom of movement during labor?	1. Yes 2. No		
309	Did the providers respect your choice of position for birth?	1. Yes 2. No		
310	Did the provider inform you to obtain consent or permission prior to any procedure (episiotomy, Cesarean section, vaginal examination)?	1. Yes 2. No		
311	Did the providers permit/arrange the place to practice your cultural practices (drinking soup/coffee or eating porridge)?	1. Yes 2. No		
The woman's confidentiality and privacy is protected				
312	Did the providers use drapes or cover you during examination to protect your privacy?	1. Yes 2. No		
313	Did the couch/bed was separated by screen during examination or childbirth?	1. Yes 2. No		
The woman is treated with dignity and respect				
314	Did the provider speak politely?	1. Yes 2. No		

315	Did the provider insult you?	1. Yes 2. No		
The woman receives equitable care, free of discrimination				
316	Did the health care providers discriminated you by race, ethnicity, educational or economic status?	1. Yes 2. No		
317	Did the health care providers speak in a language and at a language level that you can't understand?	1. Yes 2. No		
The woman is should not be left without care/attention				
318	Did the provider encourage you to call him/her if needed?	1. Yes 2. No		
319	Did the provider come quickly when you call him/her?	1. Yes 2. No		
The woman is detained or confined against her willingness				
320	Have you been detained in health facility against your will?	1. Yes 2. No		

INDEPTH INTERVIEW GUIDE FOR HEALTH CARE PROVIDERS

1. In your opinion what can you say about the caring behaviors in maternity services in this facility?
2. Can you please describe the underlying factors for disrespectful or abusive maternity care in your facility?
3. In your opinion, what do you say about service providers' working conditions?

Probe for what and how regarding support and supervision from higher & facility managers.

Probe for any challenges and success experienced in the maternity unit or facility in relation to childbirth.

4. Can you please describe the reporting mechanism for unprofessional behaviors in your facility?
5. Is the issue of respectful maternal care has been addressed? If so, how?

Probe (Clinical guidelines and protocols, Training, Quality improvement approaches)

6. In your own personal capacity have you ever done anything that made you feel that you disrespected or abused women in childbirth?

7. If you have any other idea specify……

INDEPTH INTERVIEW GUIDE FOR CHILDBEARING MOTHESRS

1. Can you please describe your experience during childbirth at this facility? Please explain to me what happened.

Probe labor history (when and how it started, travel to the facility, admission procedures, waiting time, management before delivery, management during delivery and after delivery.

2. Describe the most notable event during the stay in the facility during your last child birth?

3. Please narrate to me your experience of disrespectful or abusive care during your last childbirth.

4. What did you do you came across disrespect and abusive practice of health professional?

5. Can you guess the reason to this disrespect or abuse?

6. Would you recommend other women to come here? Why or why not?

7. If you have an additional Idea (specify) _____

Annex- 3: Amharic Questionnaire

በ ጅ ማ ዩ ኒ ቨ ር ሲ ቲ በ ጤ ና ኢ ን ስ ቲ ት ዩ ት በ ህ ብ ረ ተ ሰ ብ ጤ ና ፋ ካ ል ቲ የ ኢ ፒ ዴ ሚ ዮ ሎ ጂ ዲ ፓ ር ት መ ን ት

ሀ . የ ጥ ና ቱ መ ረ ጃ ቅ ፅ

ጤ ና ይ ስ ጥ ል ኝ ፡ ፡ ስ ሜ ----------ይ ባ ላ ል ፡ ፡

በ ----------ጤ ና ጣ ቢ ያ ው ስ ጥ ነ ር ስ /አ ዋ ላ ጅ ነ ር ስ / በ መ ሆ ን በ ማ ገ ል ገ ል ላ ይ እ ገ ኛ ለ ሁ ፡ ፡ በ ጅ ማ ዩ ኒ ቨ ር ሲ ቲ በ ጤ ና ኢ ን ስ ቲ ት ዩ ት በ ህ ብ ረ ተ ሰ ብ ጤ ና ፋ ካ ል ቲ የ ኢ ፒ ዴ ሚ ዮ ሎ ጂ ዲ ፓ ር ት መ ን ት የ ድ ህ ረ ምረቃ (የ ሁ ለ ተ ኛ ድ ግ ሪ) ተ ማ ሪ የ ሆ ኑ ት አ ቶ አ ክ ሊ ሉ ኃ ይ ሌ የ ዚ ህ ጥ ና ት ዋ ና ተ መ ራ ማ ሪ ሲ ሆ ኑ እ ኔ ደ ግ ሞ የ ጥ ና ቱ መ ረ ጃ ሰ ብ ሳ ቢ ነ ኝ ፡ ፡ የ ዚ ህ ጥ ና ት አ ላ ማ ም በ መ ን ግ ስ ት ጤ ና ተ ቋ ማ ት የ ሚ ወ ል ዱ እ ና ቶ ች በ ም ጥ ና በ ወ ሊ ድ ጊ ዜ የ ሚ ያ ጋ ጥ ማ ቸ ዉ ን አ ክ ብ ሮ ት የ ጎ ደ ለ ዉ ና እ ን ግ ል ት የ በ ዛ በ ት የ ወ ሊ ድ አ ገ ል ግ ሎ ት ም ን እ ን ደ ሚ መ ስ ል እ ና ተ ያ ያ ዥ ም ክ ን ያ ቶ ች ላ ይ ጥ ና ት በ ማ ድ ረ ግ የ ማ ሻ ሻ ያ መ ን ገ ዶ ች ን መ ጠ ቆ ም ነ ዉ ፡ ፡ እ ር ስ ዎ በ ዚ ህ ጥ ና ት ላ ይ እ ን ዲ ሳ ተ ፉ የ ተ መ ረ ጡ ሲ ሆ ን የ ሚ ሰ ጡ ን ማ ን ኛ ዉ ም መ ረ ጃ ሚ ስ ጢ ራ ዊ ነ ቱ የ ተ ጠ በ ቀ ይ ሆ ና ል ፡ ፡ ተ ሳ ት ፎ ዎ ሙ ሉ በ ሙ ሉ በ እ ር ሶ ዎ ፈ ቃ ደ ኛ ነ ት ላ ይ ብ ቻ የ ተ መ ሰ ረ ተ ይ ሆ ና ል ፡ ፡ እ ን ዲ ሁ ም በ ፈ ለ ጉ ት ጊ ዜ ው ይ ይ ቱ ን ማ ቋ ረ ጥ ይ ች ላ ሉ ፡ ፡ ባ ለ መ ሳ ተ ፍ ዎ ወ ይ ም ው ይ ይ ቱ ን በ ማ ቋ ረ ጥ ዎ በ እ ር ስ ዎ ም ሆ ነ በ ማ ን ኛ ዉ ም የ ቤ ተ ሰ ብ ዎ አ ባ ል ላ ይ የ ሚ ደ ር ስ ተ ጽ እ ኖ አ ይ ኖ ር ም ፡ ፡ ከ እ ር ስ ዎ ት ክ ክ ለ ኛ ና ታ ማ ኝ መ ረ ጃ እ ፈ ል ጋ ለ ሁ ፡ ፡ ም ክ ን ያ ቱ ም የ ሚ ሰ ጡ ን መ ረ ጃ ለ ት ክ ክ ለ ኛ ም ክ ረ ሀ ሳ ብ ና ድ ም ዳ ሜ ስ ለ ም ጠ ቅ መ ን ና ፌ ዴ ራ ል ጤ ና ጥ በ ቃ ሚ ኒ ስ ቴ ር እ ና ጤ ና ተ ቋ ማ ት ለ ህ ብ ረ ተ ሰ ቡ የ ሚ ሰ ጡ ት ን አ ገ ል ግ ሎ ቶ ች እ ን ዲ ያ ሻ ሽ ል ስ ለ ሚ ረ ዳ ነ ዉ ፡ ፡

መ ቀ ጠ ል እ ች ላ ለ ሁ ?

1. አ ዎ → ቀ ጥ ል /ይ

2. አ ይ ቻ ል ም → አ መ ስ ግ ነ ህ /ሽ ጨ ር ስ /ሺ

ተ ጨ ማ ሪ ጥ ያ ቄ ካ ለ ዎ ት በ ማ ኛ ዉ ም ጊ ዜ ከ ዚ ህ በ ታ ች በ ተ ጠ ቀ ሰ ዉ አ ድ ራ ሻ ዋ ና ተ መ ራ ማ ሪ ዉ ን ማ ግ ኘ ት ይ ቻ ላ ል ፡ ፡

ስም፡ – አቶ አክሊሉ ታይሌ የስልክ

ቁጥር፡ 0912103198

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akliluhaile2010@gmail.com

የመረጃ ሰብሳቢ ስም፡ ----------

ፈርማ----------ቀን ----------

ለ. የፈቃደኝነት ማረጋገጫ ቅፅ

እኔ በጥናቱ ላይ እንድሳተፍ የተጠየቅኩ ከዚህ በላይ በጥናቱ መረጃ ቅፅ ላይ የተቀመጠውን ነገር በአግባቡ በመረዳት ከእኔ የሚጠበቀውን ሁሉ አውቄያለሁ፡፡ ከዚህም ሌላ በጥናቱ ላይ ተሳታፊ ቢሆን እኔ የምሰጣቸዉ መረጃዎች ለሶስተኛ አካል ተላልፈዉ እንደማይሰጡና ስሜም እንደማይካተት ተረድቻለሁ፡፡ በተጨማሪም ዉይይቱን የማልፈልገዉ ከሆነ በማንኛዉም ሰዓት

ያለምንም ምክንያት ማቆም እንደሚችልና በማቆሜም እኔ ወይም ቤተሰቦቼ ከድርጅቱ በሚያገኙት አገልግሎት ላይ ምንም ዓይነት ተፅዕኖ እንደማይኖረዉ አውቄያለሁ፡፡

በቃለ መጠይቁ ለመሳተፍ ፈቃደኛ ነዎት?

1. አዎ ☐ ⟶ ቀጥል/ይ

2. አልተስማማሁም ☐ ⟶ አመስግነህ/ሽ ጨርስ/ሺ

የቃለ መጠይቅ አድራጊዉ/ዋ ስምምነት

ተሳታፊዋ በጥናቱ ላይ ለመሳተፍ ፈቃደኝነቷን የሚገልፅ ስምምነት በፅሑፍ መልክ መዉሰዴንና ስምምነቱም ትክክለኛ መሆኑን አረጋግጣለሁ፡፡

የቃለ መጠይቅ አድራጊዉ/ዋ ስም _____ፈርማ _____ቀን ----/----/2010 ዓ.ም

የተቆጣጣሪዉ/ዋ ስም _____ፈርማ _____ቀን -----/----/2010 ዓ.ም

የ ጤና ተ ቋ ሙ ስ ም ----------

የ እ ና ት የ ዋ ኮ ድ --------/---------/---------/ የ ቃ ለ መ ጠ ይ ቅ አ ድ ራ ጊ ው ኮ ድ -----/-----

ቃ ለ መ ጠ ይ ቁ የ ተ ጀ መ ረ በ ት ሰ ዓ ት ---------: ----------

ቃ ለ መ ጠ ይ ቁ ያ በ ቃ በ ት ሰ ዓ ት ----------: ----------

በ ጤና ተ ቋ ማ ት የ ሚ ሰ ጠ ዉ ን አ ክ ብ ሮ ት የ ጎ ደ ለ ዉ ና እ ን ግ ል ት የ በ ዛ በ ት የ ወ ሊ ድ አ ገ ል ግ ሎ ት እ ና ተ ያ ያ ዥ ጉ ዳ ዮ ች ን ለ ማ ጥ ና ት የ ተ ዘ ጋ ጀ መ ጠ ይ ቅ

ክ ፍ ል አ ን ድ ፡ ማ ህ በ ራ ዊ ና ዲ ሞ ግ ራ ፊ ያ ዊ ሁ ኔ ታ ዎ ች

ከ ዚ ህ በ ታ ች ያ ሉ ጥ ያ ቄ ዎ ች ን በ አ ግ ባ ቡ ከ ተ ረ ዱ በ ኋ ላ ም ላ ሽ ይ ስ ጡ

ተ.ቁ	ጥ ያ ቄ	መ ል ስ	እ ለ ፊ / ፍ	ኮ ድ
101	እ ድ ሜ ዎ ስ ን ት ነ ዉ	----------ዓ መ ት		
102	የ መ ኖ ሪ ያ አ ካ ባ ቢ ዎ የ ት ነ ው ?	1. ገ ጠ ር 2. ከ ተ ማ		
103	ሐ ይ ማ ኖ ት ዎ ም ን ድ ን ነ ው ?	1. ኦ ር ቶ ዶ ክ ስ 2. ፕ ሮ ቴ ስ ታ ን ት 3. ሙ ስ ሊ ም 4. ካ ቶ ሊ ክ 5. ሌ ላ /ይ ገ ለ ጽ ----------		
104	ብ ሄ ር ዎ ም ን ድ ን ነ ዉ ?	1.ሸ ካ ቾ 2.ሸ ኮ 3.መ ጀ ን ግ ር 4.ካ ፋ ቾ 5.አ ማ ራ 6.ኦ ሮ ሞ 7.ት ግ ሬ 8.ሌ ላ ----------		
105	ት ም ህ ር ት ተ ከ ታ ት ለ ዉ ያ ዉ ቃ ሉ ?	1. አ ዎ 2. የ ለ ም → 107		

106	ለ ጥ ያ ቄ ቁ ጥ ር 105 መ ል ስ ዎ አ ዎ ከ ሆ ነ ከ ፍ ተ ኛ ዉ የ ደ ረ ሱ በ ት የ ት ም ህ ር ት ደ ረ ጃ ስ ን ት ነ ዉ ?	----------ክ ፍ ል አ ጠ ና ቅ ቄ ያ ለ ሁ		
107	በ አ ሁ ኑ ሰ ዓ ት የ ጋ ብ ቻ ሁ ኔ ታ ዎ ምን ይ መ ስ ላ ል ?	1. ያ ላ ገ ባ 2. ባ ለ ት ዳ ር 3. በ ሞ ት የ ተ ለ የ 4. የ ፈ ታ		
108	ባ ለ ቤ ት ዎ /አ ጋ ር ዎ አ ብ ሮ ዎ ት ይ ኖ ራ ሉ ?	1. አ ብ ሮ ይ ኖ ራ ል 2. ሌ ላ ቦ ታ ይ ኖ ራ ል		
109	ስ ራ ዎ ምን ድን ነ ዉ ?	1. የ መ ን ግ ስ ት ሰ ራ ተ ኛ 2. የ ግ ል ተ ቀ ጣ ሪ 3. የ ግ ል ስ ራ 4. የ ቤ ት እ መ ቤ ት 5. አ ር ሶ አ ደ ር 6. ሌ ላ ካ ለ ይ ገ ለ ጽ ------ ------		
110	ወ ደ ህ ክ ም ና ተ ቋ ም ለ መ ም ጣ ት ና ለ መ መ ለ ስ የ ት ራ ን ስ ፖ ቾ ር ት ወ ጪ ዎ ምን ያ ህ ል ነ ዉ ?	1.ምን ም አ ል ከ ፈ ል ኩ ም ----------ብ ር		
111	ቤ ት ዎ ከ ዚ ህ ጤ ና ጣ ቢ ያ ምን ያ ህ ል ይ ር ቃ ል ?	1. ----------ደ ቂ ቃ /ሰ ዓ ት የ እ ግ ር ጉ ዞ 2. ----------ደ ቂ ቃ /ሰ ዓ ት መ ኪ ና ጉ ዞ 3.ሌ ላ ካ ለ ገ ለ ጽ -------- ----------		
112	ለ ወ ሊ ድ አ ገ ል ግ ሎ ት ክ ፊ ያ ከ ፍ ኒ ል ?	1.አ ዎ 2.አ ል ከ ፈ ል ኩ ም → 116		
113	ለ ጥ ያ ቄ ቁ ጥ ር 113 መ ል ስ ዎ አ ዎ ከ ሆ ነ ለ የ ት ኛ ዉ አ ገ ል ግ ሎ ት ነ ዉ የ ከ ፈ ሉ ት ?	1.ለ ካ ር ድ (ለ ም ክ ር አ ገ ል ግ ሎ ት) 2.ለ ላ ቦ ራ ቶ ሪ 3.ለ ወ ሊ ድ አ ገ ል ግ ሎ ት 4.ለ መ ድ ሃ ኒ ት 5.ሌ ላ ካ ለ ይ ገ ለ ፅ		
114	ለ ጥ ያ ቄ ቁ ጥ ር 113 መ ል ስ ዎ አ ዎ	1.አ ዎ 2.አ ይ ደ ለ ም		

	ከሆነ የከፈሉት ክፊያ ህጋዊ ነዉ?			
115	በእርስዎ የጤና ጉዳይ ላይ የሚወስነዉ ማን ነዉ?	1. እኔ (ቃለ መጠይቅ የተደረገላቸዉ) 2. ባል /የትዳር አጋር 3. በጋራ 4. ሌሎች ሰዎች ሌላ /ይገለጽ ----------		

ክፍል ሁለት፡ የእናትየዋ የወሊድ ታሪክ

ተ.ቁ	ጥያቄ	መልስ	እለፊ/ፍ	ኮድ
201	ለአሁኑ እርግዝናዎ የቅድመ ወሊድ አገልግሎት ክትትል አድርገዋል?	1. አዎ 2. አላደረኩም → 205		
202	ለጥያቄ ቁጥር 201 መልስዎ አዎ ከሆነ አገልግሎቱን የሰጠዎት ማን ነበር?	1. ሀኪም (ዶ/ር) 2. ጤና መኮንን 3. አዋላጅ ነርስ/ነርስ 4. የጤና ኤክስቴንሽን ሰራተኛ 5. ሌላ ካለ ይገለፅ ----------		
203	ለጥያቄ ቁጥር 201 መልስዎ አዎ ከሆነ ለአሁኑ እርግዝናዎ የቅድመ ወሊድ አገልግሎት ክትትል የት ነበር ያደረጉት?	1. በመንግስት ሆስፒታል 2. በመንግስት ጤና ጣቢያ 3. በጤና ኬላ 4. በግል ክሊኒክ 5. ሌላ ካለ ይገለፅ ----------		
204	ለጥያቄ ቁጥር 201 መልስዎ አዎ ከሆነ ስንት ጊዜ የቅደመ ወሊድ ክትትል አድርገዋል? (በመጨረሻ ልጅ እርግዝና ወቅት መሆኑን ይብራራ)	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. አራት ጊዜና ከዚያ በላይ		
205	ከዚህ በፊት ወልደዉ ያዉቃሉ?	1. አዎ 2. አልወለድኩም → 213		
206	ለጥያቄ ቁጥር 205 መልስዎ አዎ ከሆነ፣ ስንት ልጆችን ወልደዋል?	1. አንድ 2. ሁለት 3. ሶስት 4. አራት		

		5. አምስት 6. ስድስትና ከዚያ በላይ		
207	ከዚህ በፊት ሞቶ የተወለደ ልጅ አለዎት?	1. አዎ 2. የለም	→ 209	
208	ለጥያቄ ቁጥር 207 መልስ አዎ ከሆነ፤ ምን ያህል ሞተዉ የተወለዱ የሞቱ ልጆች አለዎት?	1. አንድ 2. ሁለት 3. ሶስት 4. አራት 5. ሌላ (ይገለጽ)----------		
209	በህይወት ተወለዶ የሞቱ ልጆች አለዎት?	1. አዎ 2. የለም	→ 211	
210	ለጥያቄ ቁጥር 209 መልስ አዎ ከሆነ፤ ምን ያህል በህይዎት ተወልደዉ የሞቱ ልጆች አለዎት?	1. አንድ 2. ሁለት 3. ሶስት 4. አራት 5. ሌላ ካለ ይገለጽ ---------- ----		
211	ምን ያህል ወሊድዎ በጤና ተቋም ነበር?	1. አንድ 2. ሁለት 3. ሶስት 4. አራት 5. አምስት 6. ስድስትና ከዚያ በላይ		
212	ከዚህ በፊት በቤት ዉስጥ ወልደዉ ከሆነ ከሆነ ምክንያቶች ምን ምን ነበሩ? **(አማራጮችን ሳያነቡ የሚገለጹ ነገሮችን ይመዝግቡ)**	1. በጤና ተቋማት አገልግሎት ክፍያ ዉድ ስለሆነ 2. ጤና ተቋማት በተፈለገዉ ጊዜ ክፍት ስለማይሆኑ 3. ጤና ተቋማት በጣም ሩቅና ለትራንስፖርት አመቺ ባለመሆናቸዉ 4. ጤና ተቋማት ጥራት ስለሌላቸዉና ባለሙያዎች ስለሚያመናጭቁ 5. ሴት ጤና ባለሙያዎች ባለመኖራቸዉ 6. ባለቤቴ/ቤተሰቦቼ ፈቃደኞች ስላልነበሩ 7. በጤና ተቋም መዉለድ ጠቀሜታ ላይ እዉቀት ስላልነበረኝ ሌሎች (ግለጽ)------		
213	የአሁኑን ልጅዎን የት ነበር የወለዱት?	1. ሆስፒታል 2. ጤና ጣቢያ		
214	የአሁኑን ልጅዎን ሲወለዱ ማን ነበር ያገዘዎት?	1. ሀኪም (ዶ/ር) 2. ጤና መኮንን 3. አዋላጅ ነርስ/ነርስ		

		4. ሌላ ካለ ይገለፅ ---------- ----------		
215	ልጅዎን ሲወልዱ ስንት ባለሙያዎች ነበሩ የተከታተለዎት?	1. አንድ 2. ሁለት 3. ከሶስት እስከ አራት 4. አምስትና ከዚያ በላይ		
216	ልጅዎን ሲወለዱ እገዛ ያደረገልዎት ዋናዉ ባለሙያ ጾታ ምንድን ነዉ?	1. ወንድ 2. ሴት		
217	ልጅዎን በሚወልዱበት ጊዜ ከሚመለከታቸዉ ባለሙያዎች ዉጪ ያየዎት ሌላ ሰዉ ነበር?	1. አዎ 2. የለም		
218	በአሁኑ ወሊድ ጊዜ ያጋጠመዎት ችግር አለ?	1. አዎ 2. የለም ⟶	220	
219	ለጥያቄ ቁጥር 218 መልስዎ አዎ ከሆነ ምን ነበር ያጋጠመዎት?	1. የደም መፍሰስ 2. የደም ግፊት 3. የዘገየ ምጥ 4. ኢንፌክሽን (ድህረ ወሊድ) 5. ሌላ ካለ ይገለጽ ---------- ----------		
220	በዚህ ጤና ተቋም የወሊድ አገልግሎት ለማግኘት ምን ያህል ጊዜ ወሰደቦት?	---------- --------ደቂቃ /ሰዓት /ቀን		
221				

ክፍል ሶስት: አክብሮት የጎደለዉና እንግልት የበዛበት የወሊድ አገልግሎት

ቀጥሎ የተዘረዘሩት ጥያቄዎች በጤና ተቋሙ በምጥና ወሊድ ወቅት ስለአጋጠሙሽ ሁኔታዎች ይመለከታሉ፡፡ ለእያንዳንዱ ጥያቄ ያጋጠሙሽን ኩነቶች በማስታወስ ምላሽ ትሰጪያለሽ

የወላድ እናቶች ከአካላዊ ጉዳትና እንግልት የመጠበቅ መብት				
301	በምጥና በወሊድ ጊዜ በጤና ባለሙያዎች አካላዊ ጉዳት ደርሶብዎታል? (ሃይል መጠቀም፣ መደብደብ፣ ማጋጨት፣ መገፍተር ...)	1. አዎ 2. አልደረሰብኝም		

302	ባለሙያዎች እንዳትንቀሳቀሺ ከልክለዉሻል?	1. አዎ 2. አይደለም		
303	አስፈላጊ የህመም ማስታገሻ ተሰጥተዎታል?	1. አዎ 2. አልተሰጠኝም		
304	ባለሙያዎች ያለህክምና ትዕዛዝ ምግብ ወይም ፈሳሽ እንዳስትወስጂ ከልክለዉሻል?	1. አዎ 2. አልከለከሉኝም		
305	ባለሙያዎች ያለህክምና ትዕዛዝ ልጅሽን ከአንቺ ለይተዋል?	1. አዎ 2. አይደለም		
306	ባለሙያዎች ባህልሽ በማይፈቅደዉ ሁኔታ ነካክተዉሻል ወይም ለሌሎች አሳይተዉሻል?	1. አዎ 2. አይደለም		
በወሊድ ላይ ያሉ እናቶች ትክክለኛ መረጃ የማግኘት፣ የመወሰን /የመፍቀድ፣ የሚመቻቸዉን የመምረጥ መብት				
307	ባለሙያዎች እራሳቸዉን አስተዋዉቀዉሻል ወይም ሰላምታ ጠይቀዉሻል?	1. አዎ 2. አይደለም		
308	ባለሙያዎች ቤተሰቦችሽ ከአንቺ ጋር እንዲቆዩ ያበረታቱ ነበር?	1. አዎ 2. አይደለም		
309	ባለሙያዎች ጥያቄ እንዲትጠይቂ አበረታተዉሽ ነበር?	1. አዎ 2. አይደለም		
310	ባለሙያዎች ለጥያቄዎችሽ በትህትና ምላሽ ይሰጡ ነበር?	1. አዎ 2. አይደለም		
311	ባለሙያዎች በምጥና በወሊድ ጊዜ ምን እንደሚሠራ ወይም ምን ዓይነት ዉጤት እንደሚጠበቅ ነግረዉሻል?	1. አዎ 2. አልነገሩኝም		
312	የምጥሽን ለዉጥ በየጊዜዉ ይነግሩሽ ነበር ሽ?	1. አዎ 2. አልነገሩኝም		
313	በምጥ ወቅት ባለሙያዎች የመንቀሳቀስ ነጻነት ሠጥተዉዋል?	1. አዎ 2. አልሰጡኝም		
314	ባለሙያዎች በምጥና ወሊድ ወቅት በሚትፈልጊዉ በኩል የመተኛት ፍላጎትሽን ጠብቀዋል?	1. አዎ 2. አልጠበቁም		
315	ባለሙያዎች ከማንኛዉም ምርመራ በፊት የአንቺን ፈቃደኝነት ይጠይቁ ነበር?	1. አዎ 2. አልጠየቁኝም		
የሚወልዱ እናቶች አገልግሎት በሚያገኙ ጊዜ ምስጥራዊነቱ የጠበቀ መሆኑ				
316	ባለሙያዎች የአንቺን ምስጢር ለመጠበቅ	1. አዎ		

	በምርመራ ወቅት ሽፍነ ዉሻል / መጋረጃ ተጠቅመዋል ?	2. አይደለም		
317	በምርመራና በማዋለጃ ወቅት የምርመራ /የማዋለጃ አልጋ ምስጢርሽን ለመጠበቅ በመጋረጃ ተከልሏል ?	1. አዎ 2. አይደለም		
የሁሉም እናቶችን ክብር የጠበቀ አገልግሎት መስጠት				
318	ባለሙያዎች በአክብሮት አናግረዉሻል ?	1. አዎ 2. አይደለም		
319	ባለሙያዎች አስፈራርተዉሻል ወይም ሰድበዉሻል ?	1. አዎ 2. የለም		
320	ባለሙያዎች ባህልሽን እንድትተገብሪ (ለአብነት ገንፎ መብላት፤ ቡና መጠጣት) ፈቅደዉሻል / ቦታ አመቻችተዉልሻል ?	1. አዎ 2. አልፈቀዱልኝም		
ሁሉም እናቶች እኩልና አድልኦ የሌለዉ አገልግሎት የማግኘት መብት				
321	ባለሙያዎች በዘር፣ በብሄር፣ በትምህርት ደረጃ ወይም በኢኮኖሚ ሁኔታ ምክንያት አድልኦና መገለል አደርሰዉብሻል ?	1. አዎ 2. አላደረሱብኝም		
322	ባለሙያዎች ግልጽ በሆነና መረዳት በምትችይዉ ቋንቋ አነጋግረዉሻል ?	1. አዎ 2. የለም		
ወላድ እናቶች ትኩረትና ክትትል ሳይደረግላቸዉ መቆየት የለባቸዉም				
323	ባለሙያዎችን በምትፈልጊያቸዉ ጊዜ እንዲትጠሪያቸዉ አበረታተዉሻል ?	1. አዎ 2. የለም		
324	ባለሙያዎችን በምትፈልጊያቸዉ ጊዜ በፍጥነት ይመጡ ነበር ?	1. አዎ 2. የለም		
325	ብቻሽን ወይም እንክብካቤ ሳታገኚ ተትሻል ?	1. አዎ 2. የለም		
ወላድ እናቶች ከፍላጎታቸዉ ዉጪ መዘግትና መቆየት የለባቸዉም				
326	የጤና ተቋሙን ክፍያ መክፈል ባለመቻልሽ በተቋሙ እንዲትቆይ ተደርገሻል ?	1. አዎ 2. የለም		

ለ ጤ ና ባ ለ ሙ ያ ዎ ች የ ተ ዘ ጋ ጀ ጥ ል ቅ ቃ ለ መ ጠ ይ ቅ መ ም ሪ ያ

1. በ አ ን ተ /አ ን ቺ አ ስ ተ ያ የ ት የ ዚ ህ ጤ ና ተ ቋ ም የ እ ና ቶ ች ወ ሊ ድ አ ገ ል ግ ሎ ት አ ሰ ጣ ጥ ም ን ይ መ ስ ላ ል ?
2. በ ዚ ህ ጤ ና ተ ቋ ም ዉ ስ ጥ የ ሚ ወ ል ዱ እ ና ቶ ች በ ም ጥ ና በ ወ ሊ ድ ጊ ዜ የ ሚ ያ ጋ ጥ ማ ቸ ዉ ን አ ክ ብ ሮ ት የ ጎ ደ ለ ዉ ና እ ን ግ ል ት የ በ ዛ በ ት የ ወ ሊ ድ አ ገ ል ግ ሎ ት ዋ ና ም ክ ን ያ ት ል ት ነ ግ ረ ኝ /ል ት ነ ግ ሪ ኝ ት ች ላ ለ ህ /ት ች ያ ለ ሽ ?
3. በ አ ን ተ /አ ን ቺ አ ስ ተ ያ የ ት የ ተ ቋ ሙ ባ ለ ሙ ያ ዎ ች የ ስ ራ ሁ ኔ ታ ም ን ት ላ ለ ህ /ት ይ ያ ለ ሽ ?
   - የ ተ ቋ ሙ ኃ ላ ፊ ዎ ች ድ ጋ ፍ ና ክ ት ት ል ም ን ይ መ ስ ላ ል ?
   - በ ማ ዋ ለ ጃ ክ ፍ ል ያ ጋ ጠ ሙ ች ግ ሮ ች ና ስ ኬ ቶ ች ም ን ይ መ ስ ላ ሉ ?
4. በ ዚ ህ ጤ ና ተ ቋ ም ዉ ስ ጥ ስ ነ ም ግ ባ ር የ ጎ ደ ላ ቸ ዉ ባ ለ ሙ ያ ዎ ች በ ሚ ያ ጋ ጥ ሙ ጊ ዜ ሪ ፖ ር ት የ ሚ ደ ረ ግ በ ት መ ን ገ ድ ም ን ይ መ ስ ላ ል ?
5. በ ዚ ህ ጤ ና ተ ቋ ም ዉ ስ ጥ አ ክ ብ ሮ ት የ ተ ሞ ላ ዉ የ እ ና ቶ ች ጤ ና አ ገ ል ግ ሎ ት ም ን ይ መ ስ ላ ል ?
   - የ ህ ክ ም ና መ መ ሪ ዎ ች ፣ ሥ ል ጠ ና ዎ ች ፣ የ አ ገ ለ ግ ሎ ት ጥ ራ ት ማ ሻ ሻ ያ ዘ ዴ
6. በ ራ ስ ህ /በ ራ ስ ሽ አ ስ ተ ያ የ ት ለ ወ ላ ድ እ ና ቶ ች በ ም ጥ ና በ ወ ሊ ድ ጊ ዜ አ ክ ብ ሮ ት የ ጎ ደ ለ ዉ ና እ ን ግ ል ት የ በ ዛ በ ት የ ወ ሊ ድ አ ገ ል ግ ሎ ት ሰ ጥ ቻ ለ ሁ ብ ለ ህ /ሽ ታ ስ ባ ለ ህ /ሽ ?
7. ተ ጨ ማ ሪ ሃ ሳ ብ ካ ለ ህ /ካ ለ ሽ ----------

ለወለዱ እናቶች የተዘጋጀ ጥልቅ ቃለ መጠይቅ መምሪያ

1. በወሊድ ወቅት የገጠመዎትን ዋና ዋና ጉዳዮች ቢያብራሩልኝ ?
   (ማዉጣጫ ጥያቄዎች)
   - ሌላስ ምን ሆነ ?
   - የምጥ አጀማመር ?
   - ወደ ጤና ተቋም ጉዞ ?
   - በጤና ጣቢያ /ሆስፒታል የተደረገልዎት ?
   - በወሊድና ድህረ ወሊድ ጊዜ የተሰጦት አገልግሎት ?
2. የመጨረሻ ልጅዎን በወልዱበት ወቅት የገጠመዎትን አብይ (ዋና) የሚሉትን ጉዳይ ቢገልፁልኝ ?
3. በወሊድ ወቅት የገጠመዎትን ክብሮን ያልጠበቀና እንግልት የበዛበት አቀባበልና አገልግሎት በዝርዝር ቢገልፁልኝ ?
4. ሙያዊ ስነ ምግባር የጎደላቸዉ የጤና ባለሙያዎች ሲያጋጥምዎት ምን አደረጉ ?
5. ባለሙያዎች ሙያዊ ስነ ምግባር እንዳያከብሩ ሊያደርጋቸዉ ይችላሉ ብለዉ የሚገምቷቸዉን ምክንያቶችን ሊነግሩኝ ይችላሉ ?
6. ሌሎች እናቶች እዚህ መጥተዉ እንዲወልዱ ይመክራሉ ? ከሆነ ለምን ? ካልሆነስ ለምን ?
7. ሌላ ተጨማሪ ማለት የሚፈልጉት ካለ ----------
