PREDICTORS OF DISRESPECT AND ABUSE EXPERIENCED BY WOMEN DURING CHILDBIRTH IN PUBLIC HOSPITAL, SILTE ZONE, SOUTH ETHIOPIA

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Abstract

Background: *Disrespect and abuse of women during facility based childbirth has been documented throughout the world and it is one of the most common deterrents to maternal health care utilization. This may result in high maternal morbidities and mortalities. Despite, its negative impact, this practice remains hidden and unspoken.*

Objective: *The aim of this study was to assess predictors of disrespect and abuse during childbirth experienced by women's in public hospitals, Silte Zone, South Ethiopia, March 1to March 30,2018.*

Methods: *A facility based cross sectional study design supplemented by qualitative data collection method. Structured questionnaire was used to collect the quantitative data and semi-structured interview guide was used to collect data for qualitative study. Women's subjective experiences of disrespect and abuse during childbirth were obtained through exit interviews. Systematic sampling technique was used to select the 422 study participants. Disrespect & Abuse was measured according to the seven categories proposed by Bowser and Hill by using 24 performance indicators. Data was entered by using Epi-data version 3.1and exported to SPSS version 23.0 for analysis. Bivariate and multivariate logistic regression with 95 % confidence interval was carried out. For qualitative study, the data was analyzed manually.*

Result: *From the total of 422 women interviewed 409 responded for the question with a response rate of 96.9%.The overall prevalence of disrespect and abuse was 67.7% with 95% confidence interval. The most prevalent form of disrespect and abuse were non-consented care 236(65.8%) and physical abuse 230(56.2%).Having antenatal care follow up (AOR=0.51, 95% CI ((0.31, 0.79), presence of complication during childbirth (AOR=2.55, 95%CI (1.07, 6.06), presence of birth companion (AOR=0.35, 95%CI (0.21, 0.57), stay at health facility (AOR=2.63, 95%CI (1.34, 5.18) were predictors of disrespect and abuse.*

Conclusions and recommendation: *Prevalence of disrespect and abuse during childbirth was high in the study area. Having antenatal care follow up, presence of complication during childbirth, presence of birth companion and stay at health facility after delivery were predictors of disrespect and abuse. Ethiopia aspires to provide respectful maternal care at health facilities. But this high prevalence of disrespect and abuse calls for sustained and coordinated efforts to improve quality of maternal care.*

Keywords: *Disrespect, Abuse, Facility based childbirth, Ethiopia.*

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Abbreviations and Acronyms

ANC	Antenatal Care
AOR	Adjusted Odds Ratio
COR	Crude Odds Ratio
CI	Confidence Interval
CRC	Compassionate and Respectful Maternity Care
D&A	Disrespect and Abuse
HIV	Human Immune Deficiency Virus
IDI	In-Depth Interview
PI	Principal Investigator
RMC	Respectful Maternity Care
SD	Standard Deviation
SPSS	Statistical Package for Social Science
WHO	World Health Organization

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Chapter One: Introduction

1.1. Background of the study

Disrespect and abuse (D&A) during childbirth is defined as interactions or facility conditions that local consensus deemed to be humiliating or undignified, and those interactions or conditions that are experienced as or intended to be humiliating or undignified (1). In addition, D&A may occur during pregnancy and the postpartum period, but women are particularly vulnerable during childbirth(2).

D&A is a global problem. The manifestations of D&A during childbirth have seven categories, these are: Physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment of care and detention in facilities(3).Women's experiences of D&A with health care providers can comfort them, or inflict lasting damage and emotional trauma. Their positive or negative memories of childbirth experiences stay with them throughout their lifetime (4). Not only does lack of respectful maternity care (RMC) constitute a barrier to the use of skilled birth attendance or facility-based births, but it also represents disregard for basic human dignity and human rights, constitutes a barrier to the use of facility-based births. It is the reason behind untold suffering of women during one of the most vulnerable times in their lives(5).

The Ethiopian government has worked to increase the number of health facilities and better connect communities to facilities to improve access to and uptake of maternity service. However, evidences suggests that improving access is not enough to increase use, and that poor perceived quality of care and poor interpersonal care decrease women from seeking childbirth services at health facilities with skilled providers(6). Therefore in low resource settings the personal interaction between client and provider is important in shaping women's experiences and their perceptions of maternity care during child birth in long run it reduce maternal mortality and morbidity(7).

Currently Ethiopian federal minster of health aspires to provide compassionate and respectful maternity care (CRC) by reducing high prevalence of disrespect and abuse during childbirth in health facilities. The Ethiopian health sector transformation plan (HSTP) call attention to provision of caring, respectful, compassionate, patient-centered care' as a top priority in efforts to improve quality and equity in service delivery (8).Because motherhood is specific to women, issues of gender equity and gender violence are also at the core of maternity care (9).

Promoting maternal health remains an important global health issue and especially the reduction of maternal morbidity and mortality (10). Lack of CRC during childbirth leads to low maternity service uptake and contribute to maternal mortality and morbidity. Therefore, one of the ways to tackle this problem is by providing laboring mothers in an environment where they feel secure to receive both emotional and physical support from their families as well as from health professionals (10, 11).

1.2. Statement of the problem

World Health Organization (WHO) has recognized D&A maternal care during facility based childbirth as a worldwide problem that affects women's rights to RMC service utilization and also damage their lives freedom and bodily integrity even leads to death (2). It is mentioned as one of the causes of maternal mortality and morbidity. Furthermore it is one of the most significant barriers to maternal service utilization (12, 13), but it received less attention as compared to other barriers of access and choice of maternal care during childbirth (14).

D&A are often multifactorial and may be perceived differently and sometimes it is normalized depending on the specific setting (3). There is high degree of D&A occurring in a variety of ways in Ethiopian health facilities thus 78% of women reported having experienced one or more category of D&A during childbirth(15).

Worldwide different interventions were made to reduce maternal mortality and morbidity. However globally more than half a million women die annually and every day around 800 women die from preventable causes of pregnancy, childbirth and related to its complications following child birth (16). In year 2013, 289,000 women were died during pregnancy, childbirth and after childbirth. This translated to 239 maternal deaths per 100,000 live births. Over 99% of these deaths occurred in developing countries especially Sub-Saharan Africa region (12).

The causes of maternal and neonatal deaths include excessive bleeding before, during and after delivery, infections, high blood pressure and complications during childbirth (17). These deaths can be prevented if women have access to quality maternity care services from skilled health care providers but globally only a third of women are delivered by skilled health care providers (18). For instance, in Ethiopia, access to health service has been greatly improved and maternal services had been free but according to Ethiopian Demographic Health Survey (EDHS, 2016) percentage of live births that occurred in health facility is only 26% while percentage of delivery by skilled provider is only 28% and maternal mortality ratios is 412 maternal deaths per 100,000 live births (19).

To improve maternal health sufficient attention has to be given to the acceptability and quality of services provided at health facilities (20). Moreover promoting good communication, respect, dignity, and emotional support are very important. However these factors are often ignored in research and in practice (21).

In Ethiopia, disrespect & abuse experienced by women during facility based childbirth have been qualitatively described, but there are little quantitative data (15).In addition to this, previous studies only focus on individual related factor, but they neglect to consider other contributors of disrespect & abuse, like service delivery related factors. Therefore the aim of this study was to assess predictors of disrespect and abuse during childbirth experienced by women quantitatively with supplement of qualitative data collection method.

Chapter Two: Literature Review

2.1. Prevalence of disrespect and abuse during facility based childbirth

Study in Ethiopian public health facilities on RMC revealed that 36% of women experience at least one form of D&A (22). A cross-sectional study carried out in Kenya to explore the prevalence of D&A during child birth revealed that 20% of laboring mother experience any form of D&A(23). A cross sectional study conducted in urban Tanzania to explore the prevalence of D&A during facility based childbirth revealed that 15% of women reported D&A(20). Similarly, cross-sectional study in Peru a conducted to assess the prevalence of D&A during childbirth revealed that 97.4% of women suffered at least one category of D&A(24).Furthermore, cross sectional study in India on the extent of D&A in facility based child birth revealed that 57.7% of women reported at least one form of disrespectful and abusive care (25). On the other hand, D&A during facility based childbirth is not limited to low and middle-income counties (26).But D&A during facility based childbirths also seen in counties like Canada and the United States of America (27).

2.2. Category of disrespect &abuse during facility based childbirth

2.2.1. Physical abuse

Physical abuse is explained as physical or mental mistreatment of a person resulting in mental/physical/emotional/sexual injury(3).In Ethiopia, study conducted on the status of respectful and non-abusive care during facility-based child birth showed that 32.9 % of women experienced physical abuse (15). Similarly, cross-sectional study in Nigeria conducted to determine the prevalence and pattern of D&A care during facility-based childbirth showed 36% of women reported physical abuse during childbirth(28). Furthermore, in Ghana, women reported that they were hit, slapped, kicked, or most often beaten to facilitate pushing (29). In addition, a cross sectional study conducted in Tanzania on D&A treatment during facility delivery showed that 3%-5% of women reported physical abuse specially slapped or pinched(30).

2.2.2. Non-Confidential care

Non-confidential care is the lack of privacy and confidentiality for many women around the world who deliver in facilities(3). In Ethiopia, study conducted on the status of respectful and non-abusive care during facility-based child birth showed that 21.4% of cases not use curtains or other visual barriers to protect the mother's privacy during childbirth(15).

Similarly, cross sectional study conducted in urban Tanzania showed that 2% of women experience non-confidentiality care(20). In addition, cross sectional study conducted in Nigeria to determine the prevalence and pattern of D&A care during facility-based childbirth showed that disclosure to third parties of age 16.1%,medical history1.8% and HIV status 1.8%without consent(28).

2.2.3. Non-dignified care

Non-dignified care is described as intentional humiliation, blaming, rough treatment, scolding, shouting, publicly divulging private patient information, and negative perceptions of care(3).In Ethiopia, study conducted on the status of respectful and non-abusive care during facility-based child birth revealed that12.1% of women experienced non dignified care (15).Another, study conducted in Tanzania on the prevalence of D&A during facility-based childbirth non dignified care account 6%(20). Similarly, cross sectional study conducted in Kenya to explore the prevalence of D&A during childbirth,18% of the women reported non-dignified care(23). In addition, a cross-sectional study conducted in Peru to assess the prevalence of D&A during childbirth revealed that 86.2% of women suffered from non-dignified care(24).

2.2.4. Non -consented care

There is evidence of a widespread absence of patient information processes or informed consent for common procedures around the time of childbirth in many settings (3).In Ethiopia, study conducted on the status of respectful and non-abusive care during facility-based child birth revealed that 94.8% of women experienced non consented care (15). Similarly, cross sectional study conducted in Nigeria to determine the prevalence and pattern of D&A care during facility-based childbirth showed that 54.5% of women reported non-consented care(28). Another, cross-sectional study conducted in Peru to assess the prevalence of D&A during childbirth revealed that 74.6% of women experience non-consented care(24). In addition, studies revealed that in United States, choices are restricted by the hospitals and doctors. Information is deliberately withheld from the woman in order to direct her or the family towards making a choice which is as per the convenience or the wish of the provider (27).

2.2.5. Discrimination

There are many examples of discrimination during childbirth based on a woman‘s race, ethnicity, age, language, HIV/AIDS status, traditional beliefs and preferences, economic status, and educational level(3)In Ethiopia, study conducted on the status of respectful and non-abusive care during facility-based child birth showed that19.7% of women reported to experience discrimination(15).Similarly, cross-sectional study conducted in Nigeria to determine the prevalence and pattern of D&A care during facility-based childbirth showed that 20% of women reported discrimination on the basis of ethnicity, low social class, young age and HIV sero positive status(28).In addition, cross sectional study conducted in Tanzania, to explore the prevalence of D&A among HIV positive and negative women showed that 12.2 and 15% of HIV positive and HIV negative women reported abuse respectively(30).

2.2.6. Abandonment/Neglect

Several examples of abandonment that include women being left alone during labor and birth as well as failure of providers to monitor women and intervene in life-threatening situations (3). In Ethiopia, study conducted on the status of respectful and non-abusive care during facility-based child birth showed that 39.3% of women reported that they were left without care/attention (15). Similarly cross-sectional study conducted in Nigeria to determine the prevalence and pattern of D&A care during facility-based childbirth showed that 29.1% of women reported abandonment and neglect (28).Another study in Ghana revealed, providers left the women alone in labor, particularly if they started crying out in pain and asked for help from the nurse(29).

2.2.7. Detention in Health Facilities

Detention of recently delivered women and their babies in health facilities, usually due to failure to pay(3).In Ethiopia, study conducted on the status of respectful and non-abusive care during facility-based child birth showed that 0.6% of women reported that they were detained or confined against her will(15). Similarly, cross-sectional study conducted in Nigeria to determine the prevalence and pattern of D&A care during facility-based childbirth showed that 22% of women reported detention in facilities for failure to pay their bills and that of their babies only(28).

2.3 Factors associated with disrespect and abuse

2.3.1. Socio-demographic related factor

Although D&A during facility based deliveries has not been exhaustively studied, there are socio-demographic characteristics that appear to be associated with it. Another cross-sectional study conducted in Kenya showed that women with age between 20 and 29 years old were less likely to experience non-confidential care compared to these less than 19 years of age. women who were married were less likely to report experiences of D&A (23).In addition, cross-sectional study conducted in Tanzania on D&A treatment showed that women who attended secondary education or greater were more likely to report D&A(30).

2.3.2. Obstetric Related Factors

Study conducted in Kenya to explore the prevalence of D&A showed that women of higher parity, between one and three children, were three times more likely to be detained for lack of payment or five times more likely to be requested for a bribe compared to those who had just given birth to their first child and respectively(23).Similarly, cross-sectional study conducted in Tanzania on disrespectful and abusive treatment showed that women who had developed any complications during delivery and who stayed in the facility for delivery for less than 1day were more likely to report experiences of D&A (30). Another study conducted in five counters showed that those women who received ANC were less likely to complain D&A than those who didn't(31).

2.3.3. Service delivery related factors

These potential contributing factors arise from health facilities like, lack of standards infrastructure and lack of responsibility (3).Similarly accountability mechanisms, such as complaint boxes, patient charters, or incident reports are designed to hold providers responsible for the quality of care they provide. These mechanisms are often lacking, however, and even where they do exist many clients may be unaware (particularly marginalized and illiterate women) and thus unable to assert their grievances, or too afraid of retaliation from health workers to use them (31).

2.3.4. Provider related factor

These factors arise from health service provider like provider prejudice; provider distancing as a result of training; provider demoralization related to weak health systems, shortages of human resources and poor professional development opportunities; provider status and respect (3). Another study in Ethiopian public health facilities revealed that midwives were

better service providers' of RMC when compared to nurses, health officers and doctor. Male providers were engaged in RMC practices more frequently than female providers (22).Similarly, cross-sectional study conducted in Kenya to explore the prevalence of D&A found that the most identified factors at provider level which leads to D&A were, poor provider attitudes, poor relationships with clients, lack of legal and ethical foundations for addressing D&A and provider prejudice due to lack of training, lack of understanding of clients' rights (23). In addition, study conducted in Ghana to explore community and health-care provider attitudes towards maltreatment during delivery showed that 20% of the respondents experienced discrimination(29).

D&A is a complex issue that can be interpreted differently by women, their families, healthcare providers, and administrators. Furthermore, most of the evidence found on D&A during childbirth in facilities is either in the form of qualitative studies or documentation of anecdotal statements.

2.4. Conceptual frame work

There are multi factors that determine whether a woman was subjected to disrespect and abuse during facility based childbirth. Based on USAID country analysis report described seven major categories of D&A that women may encounter during maternity care (3). As it was facility based cross sectional study mainly focused on provider and obstetric related factors. In addition to this other pertinent variables like socio-demographic related factors and service related factors are incorporated in the study. The box used to separate independent variables and the direction of solid arrow shows the relation between independent and outcome variables. The relationships between the independent variables are indicated by broken arrow. In this study the relationship between the independent variables is not the interest of the investigator.

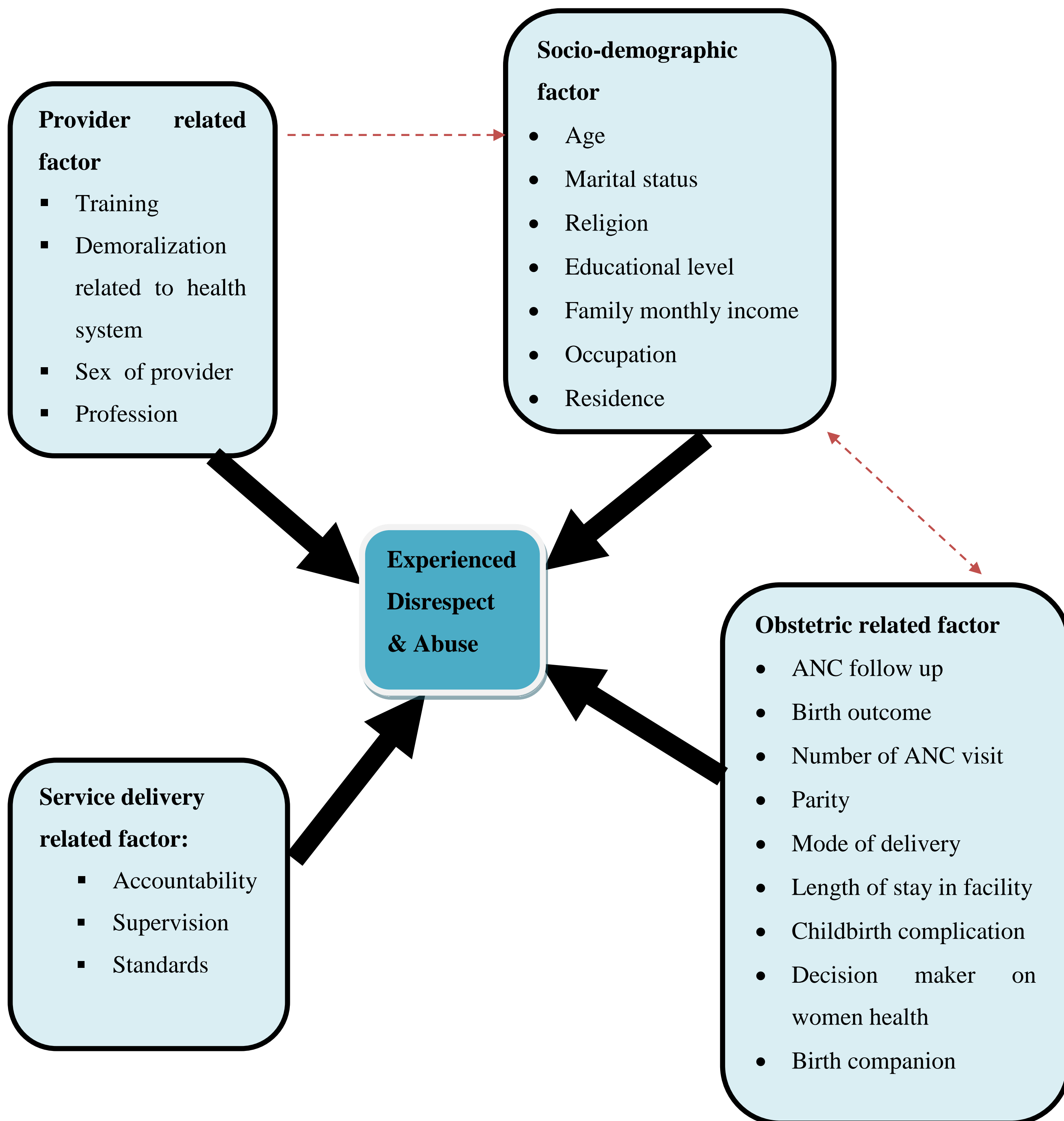

Figure 1; Conceptual framework of disrespect and abuse during childbirth adapted from Bowser and Hill March 2018

2.5. Significance of the study

There is growing evidence of D&A those women's experienced during facility based childbirth, particularly in low-resource settings. Provision of compassionate and respectful maternity care during childbirth is one of the enhancing factors to promote facility based childbirth. However in Ethiopia, limited quantitative studies were conducted on D&A. In addition to this the previous studies only focus on client related factor, but they neglect to consider other contributing factors.

In order to address D&A, it is crucial to assess the existing level, nature and its predictors. Therefore, this study aimed to identify these gaps. The information generated through this research will help health planners and donors interested in maternal health to develop appropriate strategies and programs that used to prevent and eliminate D&A.

In addition to this, it would improve quality and utilization to skilled care during childbirth and in turn decrease in maternal mortality and morbidity.

Furthermore the study gives better opportunity for providers and communities to deepen their knowledge of client rights to respectful maternal care. From the inputs facilities could be benefited to develop locally appropriate and evidence based preventive interventions in the study areas. Furthermore the findings of the study could also help as a secondary data for further study in same area of inquiry.

Chapter Three: Objective

3.1. General Objective

- To assess predictors of disrespect and abuse during childbirth experienced by women in Public Hospitals, Silte Zone, South Ethiopia,2018.

3.2. Specific Objectives

- To assess the prevalence of disrespect and abuse during childbirth experienced by women in Public Hospitals, Silte Zone, South Ethiopia.
- To identify predictors of disrespect and abuse during childbirth experienced by women in Public Hospitals, Silte Zone, South Ethiopia.

Chapter Four: Methods

4.1. Study Area and period

The study was carried out in public hospitals of Silte Zone. It is located 172 km south of Addis Ababa the capital of Ethiopia and 202km from Hawassa capital of the South Nation Nationalities Peoples of Republic. The zone shared common border on the south by Alaba special woreda, on the Southwest by Hadiya, on the north by Gurage, and on the east by the region. The zone consists of total population about 1,007,660 with male 498,792 (49.5%) and female 508,868 (50.5%).The zone has one comprehensive specialized hospital,3 primary hospitals,34 public health centers,195 health posts, and 45 private clinics. The study was carried out in all public hospitals of silte zone. These are Worabe Comprehensive Specialized Hospital, Tora Primary Hospital, Alemgebeya Primary Hospital and Kibet Primary Hospital. Worabe Comprehensive Specialized Hospital provides comprehensive obstetric services, including skilled childbirth care, and has high client flow for maternity services. The hospital handles an average of 5,832 deliveries annually. It provides health service to estimated more than 3 million populations. In Kibet Primary Hospital the number of annual delivery is 3480. The number of annual delivery in Alemgebeya Primary Hospital and Tora Primary Hospital was 2988 and 3156 respectively. The study was conducted from March1, 2018 and March 30, 2018.

4.2. Study Design

A facility based cross sectional study design supplemented with qualitative data collection method was employed.

4.3. Population

4.3.1. Source Population

For quantitative study

All women who gave birth in the study facilities during data collection period.

For qualitative study

Maternity care providers, women and birth companion were included.

4.3.2. Study Population

For quantitative study

All sampled women who gave birth in the study facilities during data collection period.

For qualitative study

Purposively selected maternity care providers, women and birth companions were involved.

4.4. Eligibility Criteria

4.4.1. Inclusion Criteria:

- Women who gave birth in the study facilities regardless of mode of delivery and birth outcome.

4.4.2. Exclusion Criteria

- Critically ill women at time of data collection period.

4.5. Sample size determination

The sample size was calculated by using the single population proportion formula as follows. By taking anticipated proportion of women experiencing disrespect and abuse while giving birth p=50%.P is anticipated proportion of women reporting abuse and disrespect while giving birth and 50% is taken to increase the sample size.

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

Where

n=Desired sample size

z- Confidence interval – 95%

d- Desired precision (%) – 5 %

$$n = \frac{1.96^2 * .5(1-.5)}{0.05^2} = \frac{3.8416 * .5 * .5}{.0025}$$

$$\cong 384$$

Considering 10 % non-response rate, the total sample size was 422 women.

For qualitative study, in-depth interview was carried out to ensure the richness of data accuracy a total of 13 respondents were participated 4 women, 5 from health care providers and 4 birth companions until data saturation level was reached.

4.6. Sampling technique and procedure

Systematic random sampling was used to select study participant. Samples were distributed to each facility based on the number of their annual delivery case load. Then sample were calculated to respective facilities. Following this, the calculated sample size was allocated proportionally. Systematic random sampling technique was used to select study participants with the (k-value=3) or every third woman who were discharged from postnatal wards until the data collection period was completed. The first woman was selected by using lottery method on the first day of data collection. For qualitative study purposive sampling technique was conducted.

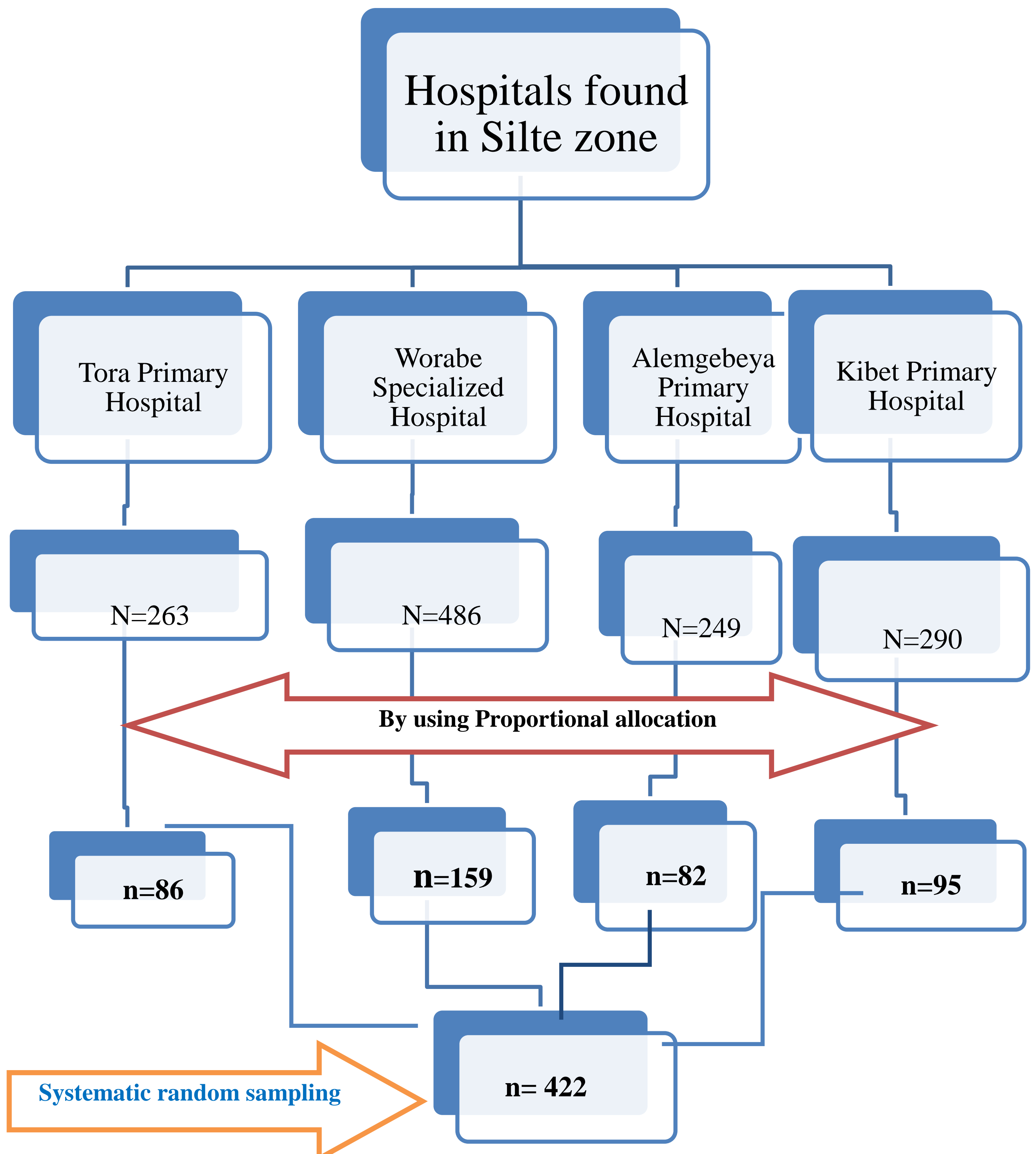

Figure 2; Schematic representation of sampling procedure of disrespect and abuse at Public Hospitals in Silte Zone, South Ethiopia, March 2018

Key N= Number of delivery case load in one month in the study sites, n=study participant calculated.

4.7. Procedure for data collection and Instruments

The measurement of D&A during childbirth the study was conducted from tools adapted from Maternal and Child Health Integrated Program (MCHIP) by using the seven performance standards or categories of D&A with their respective verification criteria. A total of 24 verification criteria of D&A was used in the study(32).The categories of D&A developed by Bowser & Hill (3).

The questionnaire was structured into three sections (socio demographic characteristics, obstetrics related factors, categories of D&A a women experience during facility based child birth). The data collection period was one months from March 1 to March 30, 2018. The tool was validated in Ethiopian public health facilities (33). Over all internal consistency /reliability of the items of disrespect and abuse was 0.85.

The data was collected by 6 BSc midwives who are working outside the study facilities by using exit interviews from maternity unit & supervised by 2 BSc midwives. The data collectors were collected the data day and night throughout the data collection period. Interviews were held in private and neutral place on the hospital compound to ensure privacy. For qualitative study semi-structured interview guide with help of tape recorder and note book was applied to collect data. In-depth interview with women, companion and maternity care providers was conducted by the principal investigator.

4.8. Study Variables

4.8.1. Dependent Variable

- Experienced Disrespect and Abuse

4.8.2. Independent Variables

Socio-demographic factors

- Religion
- Residence
- Educational level
- Marital status
- Age
- Ethnicity
- Occupation
- Family monthly income

Obstetric history factors

- Parity
- ANC follow up
- Mode of delivery
- Birth outcome
- Length of stay in facility
- Complication during childbirth
- Birth companion
- Decision maker to women's maternal health

Provider related factors

- Sex of provider
- Profession
- Training
- Demoralization related to weak health system

Service delivery related factor

- Accountability
- Supervision
- Standards

4.9. Term and Operational definitions

Disrespect and Abuse: When a woman experienced any form of disrespect and abuse during childbirth, then she was considered as disrespected and abused.

Physical abuse: Physical force or abrasive behavior with the woman, including slapping or hitting and touches measured by using six criteria (3).

If a woman who answer yes to at least one criterion then she was considered as being physically abused.

Non-confidential care: Lack of confidentiality and lack of privacy during maternal care measured by using two criteria (3).

If a women answer yes to at least one of the criterion then she was considered as being abused for non-confidential care.

Non-consented care: Absence of informed consent, or patient communication, forced procedure, measured by using seven criteria (3)

If a woman answer yes to at least one criterion then she was considered as being abused for non-consented care.

Non-dignified care: Lack of dignity, respect and intentionally humiliating, scolding, or shouting at patient's value and for women; measured by using two criteria (3).

If a woman answer yes to at least one of the criterion then she was considered as being abused for non-dignified care.

Discrimination: Lack of equitable care measured by using three criteria (3).

If a woman answer yes to at least one criterion then she was considered as being abused for discrimination.

Abandonment of care: Lack of right to timely healthcare and to the highest attainable level of health, measured by using two criteria (3).

If a woman answer yes to at least one of the criterion then she was considered as being abused for abandonment of care.

Detention in facilities: detaining of mothers in health facility: deprivation of liberty, autonomy, self-determination, and coercion; measured by using two criteria (3).

If a woman answer yes to at least one of the criterion then she was considered as being abused for detention.

4.10. Procedure for data analysis and interpretation

Data were entered using Epi data version 3.1 and exported to statistical package for social science (SPSS) version 23.0 for analysis. After cleaning data for inconsistencies and missing value in SPSS descriptive statistics was done such as percentages, frequency distributions and mean and measures of dispersion standard deviation (SD) were used for describing data.

The verification criteria were dichotomized responses, “Yes” or “No” to identify reported events of disrespect and abuse.

Binary logistic regression was carried out to see the association of each of the independent variables with the outcome variable. Variables with p-value of ≤0.25 are candidate for multivariate logistic regression. Multivariate logistic regression was done for such variables that have to identify predictors associated with D&A and to control for potential confounders. The degree of association between independent and dependent variables were assessed by using odds ratio with 95% CI. P-Value of <0.05 was declared as statistically significant.

The Hosmer-Lemeshow goodness-of-fit statistic was used to check if the necessary assumptions for multivariable logistic regressions were fulfilled and the model had p-value p=0.84 which proved the model was good. Finally, results were compiled and presented by using tables, graphs and texts.

For qualitative study, interviews were recorded into Siltigna and then translated to English. Analysis was done manually and presented by using narrative descriptions.

4.11. Data Quality Assurance

The questionnaire was carefully designed and prepared in English language first and then translated in to Amharic and Siltigna language by experts and again the Amharic and Siltigna version was translated back to English to make it consistent. Finally Amharic and Siltigna version was used to collect data. Two day training was given for both Data collectors and supervisors on the content of the questionnaire and how to collect the data. Pretest was done on 5% of the sample size (21 women) in Butajira hospital one week before the actual data collection period. Based on the pretest, questions were revised, edited, and those found to be unclear or confusing were modified by principal investigator (PI). Besides of this there was a continuous follow up and supervision by the PI throughout the data collection period.

4.12. Ethical Consideration

Ethical clearance was obtained from the Institutional Review Board (IRB) of Jimma University. In addition to this, silte zone health department gave permission letter and wrote a support letter to the respective health facilities. Permission to conduct the study was also obtained from each of the health facilities. Data was collected anonymously to ensure confidentiality. Participants were assured that only the investigators would access to the data and no third party would have access to their individual information and recognize them in the report.

4.13. Dissemination and Utilization of Result

The results will be submitted to the Jimma University School of Nursing and Midwifery. Also the study findings will be disseminated to the respective study facilities. Furthermore the result will be disseminated to other relevant bodies and stakeholders.Efforts will be made to present the results on scientific conferences and publications will be considered.

5. Result

5.1. Socio-demographic characteristics of the respondents

From total of 422 respondents, 409 were completed the interview making a response rate of 96.9%.Of the interviewed women, 188(46%) were rural residents. Majority of the respondents 169 (41.3%) fall in the 25-29 years age group. Mean age of the respondents was 28.1 (SD± 4.7) years with a minimum and maximum age of 18 and 43 respectively.

Regarding to the marital status of the women, almost all of women 408(99.8%) were married, 353 (86.3%) silte ethnics and 85 (69.7%) were house wives. From total respondents 363 (88.8%) were followers of Muslims. About 228(55.7%) of respondents have an estimated average monthly family income of less than1500 Ethiopian birr. Regarding to educational status of respondents 169 (41.3%) of women have no education (Table1).

Table 1; Socio demographic characteristics of respondents at Public Hospitals in Silte Zone, South Ethiopia, March 2018

Types of variable	Frequency	Percentage
Age in years		
15-19	13	3.2
20-24	80	19.6
25-29	169	41.3
30-34	109	26.7
35-39	28	6.8
>39	10	2.4
Mean ± SD 28.1 ±4.7		
Religion		
Muslim	363	88.8
Orthodox	34	8.3
Protestant	12	2.9
Ethnicity		
Silte	353	86.3
Gurage	41	10.03
Hadiya	14	3.43
Oromo	1	0.24
Residence		
Rural	188	46
Urban	221	54
Level of education		
No education	169	41.3
Primary (1-8)	177	43.3
Secondary (9-12)	41	10
College and above	22	5.4
Family monthly income		
<1500	228	55.7
≥1500	181	44.3
Median income =1500		

5.2. Obstetric characteristics of women

From the total respondents, 141(34.48%) had a history of ANC follow up for their last pregnancy. Of those, 91 (64.54%) were seen by midwife/nurse. About 50 (35.46%) of women who received ANC service were seen at governmental health centers and 76 (53.9%) of the women had 3-4 ANC visit.

From the total of 409 deliveries about 284(69.4%) were spontaneous vaginal delivery, 336(82.2%) of delivery service was given by midwives and 222(54.3%) of providers were females. Regarding to parity majority of the women 315(77.02%) were multiparous.

From total respondents about 206(50.4%) of women birth companions were present during childbirth. From total respondents, 184 (45%) of women reported that their husbands are decision makers on their maternal health. Among all deliveries attended, 98(24%) of women encountered complications during childbirth. From this the leading cause was obstructed labor 60(61.23%) (Table 2).

Table 2; Obstetric characteristics of respondents at Public Hospitals in Silte Zone, South Ethiopia, March 2018

Types of variable	Frequency	Percentage
ANC follow up for last pregnancy		
Yes	141	34.48
No	268	65.52
Place of ANC follow up for last pregnancy		
Government health center	50	35.46
Government district hospital	47	33.34
Government specialized hospital	24	17.02
Private clinic	20	14.18
ANC provider for last pregnancy		
Doctor	50	35.46
Midwife/nurse	91	64.54
Number of ANC follow up for last pregnancy		
1-2	24	17.02
3-4	76	53.9
> 4	41	29.08
Parity		
Primi Para	80	19.56
Multipara	315	77.02
Grand multipara	14	3.42
Mode of recent delivery		
Spontaneous vaginal delivery	284	69.4
Cesarean Section	57	14
Assisted vaginal delivery	68	16.6
Provider conducting delivery		
Doctor	73	17.8
Midwife/nurse	336	82.2
Sex of provider during delivery		
Male	187	45.7
Female	222	54.3
Health facility stay after delivery		
Yes	140	34.2
No	269	65.8
Number of day/s stayed at facility		
One day	61	14.9
Two days	20	4.9
More than two days	59	14.4
Presence of companion's during childbirth		
Yes	206	50.4
No	203	49.6

Childbirth complication		
Yes	98	24.0
No	311	76.0
Type of complication during childbirth		
Hemorrhage	17	17.35
Hypertensive disorders	21	21.42
Obstructed labor	60	61.23
Birth outcome		
Live birth	395	96.6
Dead	14	3.4
Decision maker on women's maternal health		
Woman her-self	92	22.5
Husband	184	45.0
Jointly	133	32.5

5.3. Prevalence of disrespect and abuse experienced by women during facility based childbirth

From the 409 respondents interviewed, 277(67.7%) experienced at least one form of disrespect & abuse during facility based childbirth.

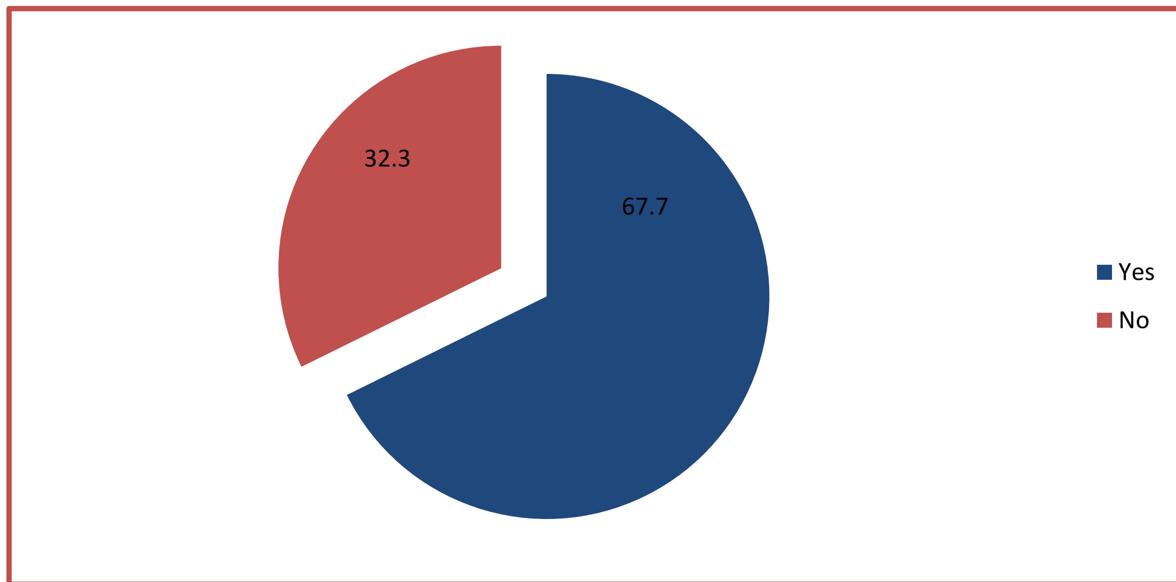

Figure 3; Proportion of women experienced disrespect and abuse during childbirth at Public Hospitals in Silte Zone, South Ethiopia, March 2018

Prevalence of categories of disrespect and abuse during facility based childbirth

Non-consented care was the most prevalent type of disrespect and abuse. About 65.8% respondents reported that service providers did not introduced themselves during examinations.

The second most common form of D&A was physical abuse which accounts 56.2%.Under physical abuse 46.9% of women claimed providers cared them not in a culturally appropriate way. Concerning to non-confidential care, 54.8% respondents experienced disrespect and abuse. Among them 47.4% of the respondents reported being examined without curtain or screen. About 28.1 % of the respondents reported having received non-dignified care from this shouting or scolding accounts 15.2%.

Neglectful care was reported by 42.8% of the respondents. From this 40.3% of respondents reported having been ignored when needed help or called for help. 39.1% of the respondents reported having received discrimination based on language race and economic status is 38.9%.But nobody experienced discrimination due to their HIV status.

With respect to detentions 24% of respondents were detained in the facilities and were not allowed to leave or were not given their babies if the desired demanded amount was not paid which accounts 8.6%.

Table 3 ; Categories of disrespect and abuse during childbirth at Public Hospitals in Silte Zone, South Ethiopia, March 2018

Category of D&A	Experienced D & A	
	Yes	No
	Frequency (%)	Frequency (%)
Physical abuse	**230(56.2)**	**179(43.8)**
Slapping/pinching/beating	128(31.3)	281(68.7)
Forceful delivery	95(23.2)	314(76.8)
Separation of mother from her baby	13(3.2)	396(96.8)
Not cared in culturally appropriate way	192(46.9)	401(98)
Procedures done without anesthesia	8(2)	399(97.6)
Denied from food or fluid	10(2.4)	185(45.2)
Non confidential care	**224(54.8**	**215(52.6)**
Did not use curtain or screen	194(47.4)	325(79.5)
Discussed private health information	84(20.5)	325(79.5)
Non-informed consent	**269(65.8)**	**140(34.2)**
Didn't introduce themselves	256(62.6)	153(37.4)
Didn't encourage asking questions	175(42.8)	234(57.2)
Not responded to questions politely	176(43)	234(57.2)
Not explained what is being done	178(43.5)	231(56.5)
Didn't receive periodic updates	165(40.3)	244(59.7)
Denied choice of position for birth	195(47.7)	214(52.3)
Did not obtains permission	240(58.7)	169(41.3)
Non-dignified care	**115(28.1)**	**294(71.9)**
Shouting or scolding	62(15.2)	347(84.8)
Negative comments	83(20.3)	326(79.7)
Abandonment /neglect of care	**175(42.8)**	**234(57.2)**
Ignored when needed help	165(40.3)	244(59.7)
Delivery without attendant	36(8.8)	373(91.2)
Discrimination	**160(39.2)**	**249(60.9)**
Poor treatment due language, race	159(38.9)	250(61.1)
Poor treatment age	2(0.5)	407(99.5)
Detention	**98(24)**	**311(76)**
Detention in facility for failure to pay	35(8.6)	374(91.4)
Informal payment	65(15.9)	344(84.1)

Predictors of disrespect and abuse during facility based childbirth

Binary logistic regression was performed to assess the association of each independent variable with disrespect and abuse. The factors that showed a p-value of ≤ 0.25 were added to multivariate regression model. The result revealed that in the bivariate analysis decision maker on women's health, having ANC follow up, health facility stay after childbirth, presence of birth companion, and presence of birth complication during childbirth were significant predictors of disrespect and abuse.

In multivariate logistic regression, ANC follow up, length of stay at health facility, presence of birth companion and presence of birth complication were remained significant predictors of disrespect & abuse.

Women who had ANC follow up were 49% less likely to experience disrespect & abuse during childbirth as compared to women didn't have ANC follow up (AOR=0.51,95% CI (0.31,0.79)).Experience of disrespect and abuse during childbirth was 2.55 times more likely to occur among women with obstetrics complication than women's without obstetrics complication(AOR=2.55, 95% CI (1.07, 6.06)). Similarly those women who stayed in health facility after childbirth were 2.63 times more likely to experience disrespect & abuse than those who have not stayed(AOR=2.63, 95% CI (1.34, 5.18)). In addition, disrespect & abuse during childbirth was decreased by 65% among women with birth companion as compared to women without birth companion (AOR=0.35 95% CI (0.21, 0.57)).

Table 4; Predictors of disrespect and abuse during childbirth at Public Hospitals in Silte Zone, South Ethiopia, March 2018

Variables	Category	Experienced D &A		COR(95% CI)	AOR (95% CI)
		Yes	No		
ANC follow up	Yes	80	61	0.47(0.3,0.72)*	0.51(0.31,0.79)*
	No	197	71		1
Complications during childbirth	Yes	88	10	5.68(2.84,11.35)**	2.56(1.07,6.1)*
	No	189	122		1
Stay at health facility after childbirth	Yes	119	21	3.98(2.35,6.72)**	2.63(1.34,5.18)*
	No	158	111		1
Birth companion during childbirth	Yes	123	83	0.47(0.03,0.72)*	0.35 (0.21,0.57)**
	No	154	49		1
Decision maker on women health	Woman	59	33	0.54(.302,.976)*	0.64(0.34,1.2)
	Husband	116	68	0.51(0.51,0.31)*	0.68(0.39,1.18)
	Jointly	102	31		1

***Note;**(* P≤0.05,** P ≤0.001) 1 indicates reference group*

Qualitative study result of In-Depth Interview (IDI)

Non-consented care

Most women reported absence of information about procedures processes by their health care providers:

"*I need health care providers who are kind and who would be patient enough to tell me what, is done to me. But most of them do not perform this*." (*IDI participant, Woman)*

Health providers also stated that the urgent nature labor does not give them time to follow certain ethical principles like obtaining informed consent.

"Sometimes the women come very late and some may even deliver before reaching the coach. For late comers when the head is visible I directly do my job and have no time to ask for their consent."(IDI participant, Midwife)

Physical abuse

Aggressive relationship between health care providers and women is mentioned as one cause of D&A.

. "A midwife was attending to me, she told me I had to help, to push. At that moment I stop to push. Then she gave me a slap and pinched me by forceps on my thighs. That made me very ashamed; she treated me as animals."(IDI participant, Woman)

"During treatment, health care providers often speak impolitely and I couldn't understand what they were saying and they did not respond to my questions properly."(IDI participant, birth companion)

Non dignified care

Woman had reported that providers often shouted at them, or spoke to them in harsh tones.

"Since I was in pain, I told her [the midwife] to save me. She shouted at me and then I didn't talk to her even when I her help. I refused to comply with her orders after that. When she asked me to push more, I was become reluctant to help her." (IDI participant woman)

"You can't go out of the hospital and came back as you want. You are allowed to just sit quite here. Otherwise, once you leave the compound you can't get back."(IDI participant, Birth companion)

Non confidential care

Women and birth companions who participated in IDI also reported that their privacy has been violated during childbirth and postnatal period due to lack of infrastructure.

"I want my privacy, I do not want anybody to be in the labor ward with me while I am in labor but I heard that a stranger was in the ward when one woman was delivering and that

person spread gossip in the village about what happened during the delivery process and the woman was made fun out of." (IDI participant, woman)

Discrimination

Discrimination based on some attributes, such as socio-economic status was mentioned.

"When someone coming from urban or have relatives at hospital, they serve better not wait more than 20 minutes, but farmers like me are not listen by them and we don't ask them freely."(IDI participant, woman)

Providers mentioned lack of infrastructure as the cause of D&A:

"Women expect too much from the providers, but if the hospital has no curtains or blankets, we can do nothing to ensure their comfort and privacy." (*IDI participant, Midwife*).

Provider demoralization related to weak health systems & professional development opportunities were mentioned as cause D&A during childbirth.

"I am a diploma midwife. I have served for 8 years in this hospital. However I didn't get educational opportunity still this time. I see it as exploitation of mind this makes me not to satisfy in my work."(IDI participant, midwife)

Lack of standards and leadership/supervision, accountability at health facility level is mentioned as one cause for disrespectful childbirth care.

"If there is very weak supervision of the health care provider, they will take opportunity of that. The provider knows the facility manager is not going to come and hear the events of disrespect &abuse and when individuals are treated poorly (IDI participant, midwife)

Lack of legal redress mechanisms

"*We are afraid to complain, simply we say thank you. Because if we complain providers may revenge on future care and we don't know who is accountable to rescue us."(IDI participant, Companion)*

6. Discussion

This study was aimed to assess predictors of disrespect and abuse experienced by women during facility based child birth at public hospitals of Silte Zone. The study results revealed that the prevalence of disrespect & abuse was 67.7%. In this study the prevalence disrespect & abuse of found to be lower than the study conducted in Addis Ababa which is 78% (15).
This might be the training of providers about compassionate and respectful maternal care. In addition this might be due to difference in study area and study subjects. This finding was high as compared with the research done in Tanzania and Kenya where 15%, 20% respectively (20, 23).
The difference might be due to the fact that in these countries better training of health care providers with regard to patients' rights and birth preparedness and antenatal education for women and their families. In addition to this, recall may be poorer due to the fact that women immediately postpartum are physically exhausted and have not had time to mentally process the events and to reflect on their experience that occurred during childbirth until much later. In addition the variation of the prevalence of disrespect and abuse might be due to lack of consistent definition (34, 35, 36).

According to this study, non-consented care accounts 65.8%. This result was also supported by qualitative finding of this study. Most women reported absence of information about procedures processes by their health care providers. A woman reported her experience as follows:
"I need health care providers who are kind and who would be patient enough to tell me what, is done for me. But most of them do not perform this." (*IDI participant, Woman)*
Our result is in line with the study done in India showed that non-consented care which is 57.3% was the most common form of disrespect and abuse during childbirth (25).
However this result contrasts with WHO recommendation and study done in Kenya (2, 23).
This variation between our result and other studies might because of difference in socio demographic and implemented programs regarding to respectful maternal care.

The other most common types of disrespect and abuse experienced by women in this study was physical abuse which was 56.2%.This is supported by study in Ghana, women reported that they were hit, slapped, kicked, or most often beaten to facilitate pushing (29).The result was also consistent with qualitative finding of this study. A woman shared her experience as

follows: *"A midwife was attending to me, she told me I had to help, to push. At that moment I stop to push. Then she gave me a slap and pinched me by forceps on my thighs. That made me very ashamed; she treated me as animals."(IDI participant, Woman*)

The result of present study was different from study done in Kenya, Nigeria and Tanzanian where 4.2%, 35.7%, 3.5% respectively (23, 28, 30). A possible explanation for the contrasting results can be the use of different definitions for each category of disrespect and abuse.

As revealed by present study, having ANC follow up was significant predictors of disrespect & abuse. This result is supported by similar finding from Tanzania and Nigeria (29, 37).This could be explained by women who have ANC follow up become aware and advocator of their rights to respectful maternal care and know their responsibilities.

In present study, presence of complication during childbirth was other significant predictors of disrespect & abuse. This finding was consistent with studies done in Tanzania, Nigeria and Ethiopia (30, 37, 38). This might be complicated deliveries are more stressful for health care providers, which lowers the quality of services they provided. In addition to this, women who have faced complicated deliveries are more prone to perceive the way they are treated as disrespectful and abusive.

In present study, stay at health facility after childbirth was one of the significant predictors of disrespect & abuse. This result is consistent with study done in Tanzania (30).This might be the longer exposure of women to health facility care leads women to experience disrespect and abuse. In addition, treatment by different health care providers within the facility increases a woman's chance of experiencing disrespect and abuse.

The present study also showed that, presence of birth companion during childbirth was predictors of disrespect and abuse. This is also supported by WHO which mentions companions in the conditions of calling health care providers for help when needed (39). This finding was almost found to be a universal fact and has been revealed in many studies (22, 23, 40, 41). This might be presence of birth companions helped the women to receive emotional and physical support and comfort from their loved ones, and remove some of the burden from health care providers.

Other predictors of disrespect and abuse during childbirth from results of qualitative of this study, indicated that, provider demoralization related to weak health systems & professional development opportunities were mentioned as cause disrespect & abuse during childbirth. A provider mentioned her experience as follows;

"I am diploma midwife. I have served for 8 years in this hospital. However I didn't get educational opportunity still this time. I see it as exploitation of mind and this makes me not to satisfy in my work."(IDI participant, midwife)

This result is in accordance with findings from previous study in Kenya and Burkina Faso (23, 42).

In present study, lack of standards and leadership/supervision, accountability at health facility level is mentioned as one cause for disrespect & abuse.

"If there is very weak supervision of the health care provider, they will take opportunity of that. The provider knows the facility manager is not going to come and hear the events of disrespect &abuse and when individuals are treated poorly."(IDI participant, midwife)

Suggestion box were available at all studied health facilities. But maternity care users do not use for different reasons.

"*We are afraid to complain, simply we say thank you. Because if we complain providers may revenge on future care and we don't know who is accountable to rescue us."(IDI participant, women)*

The finding of the present study was in accordance with related studies in South Africa and Afghanistan(43, 44).In current study it was explained by lack of awareness to complaint procedures; fear that complaints would bring retaliation from providers and lack of the implementation of complaints by health facilities.

Strength and limitation of study

6.1.1. Strength of the study

- The study has considered participatory research techniques such as women views, companions and Provider's perspective, with qualitative and quantitative data collection methods.
- Measurement of the types of disrespect and abuse by using standard indicators.

6.1.2. Study Limitations

- Since the study is facility based, it lacks representativeness to entire population.
- Study design was cross sectional so that cause and effect relationship of variables were difficult to ascertain.

7. Conclusion and Recommendations

7.1. Conclusion

The result revealed that the prevalence of D&A during facility based childbirth is high in the study area. The specific types of D&A varied from woman to woman, but the most prevalent were; non-consented care and physical abuse. Finding of this study indicates that having ANC follow-up, presence of birth complication, health facility stays and presence of birth companion gave statistically significant results.

7.2. Recommendations

Based on our findings, the following recommendations are forwarded:-

Regional health beaurea

- Should support facilities to implement institutional policies related to RMC and prevention of D&A.

Zonal health department and woreda health office

- Should ensure access to all pregnant women and their families to have ANC education on women's rights to respectful maternal care.

Health facilities

- Should allow birth companions of a woman's choice, allow women to deliver in the position of their choice.
- Health facilities should improve availability of equipments, supplies (like curtain or screen).
- Should strengthen confidential and effective complaints mechanisms to report unprofessional behavior by health providers.

Health care professionals

- During ANC providers should give health education to women about their rights to respectful maternal care.
- Should provide individualized, women centered care and decrease unnecessary hospital stays.
- Should give emotional support for women and use evidence-based practices for management of complications that arise during childbirth.

Researchers

- Should focus other factors on health care providers, governance/leadership and community based study may be useful.

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Annex I: Questionnaire (English)

A Questionnaire prepared to collect data predictors of disrespect and abuse experienced by women during facility based child birth in public Hospitals

Silte Zone, South, Ethiopia

Questionnaire Number__________

Hello, my name is ____________________________.I will ask you a few questions about delivery services you received in this facility. I am working as data collector in research conducted by Hassen Mosa for the partial fulfillment of his Master's degree in Maternity Health Nursing Specialty in Jimma University Institute of Health Science, School of Nursing and Midwifery. We are trying to assess the prevalence & predictors of disrespect and abuse of women during facility based child birth. We would like your honest opinion regarding to the questions especially what you have experienced disrespect and abuse by health professionals during this childbirth in this facility. This study is being done under the supervision of Mr. Ayanos Taye (BSc, MSc Asst. Prof.) and Mr.Ayanos Tesfaye (BSc, MSc)

Purpose: In this study, we want to learn about your experiences during facility based childbirth, whether there were any negative experiences and the reasons for these experiences. We will provide research results to concerned body for intervention. I hope that the study will help to improve health care of mothers and newborn.

Procedure: You will be asked a few questions regarding your childbirth experience and the type of care you received. The collected data will be used for research purpose only. I may contact you again if I have any additional clarifications related to the information collected during the interview.

Risk/Discomfort: By participating in this research, you may feel some discomfort especially on spending your time about 30minutes. We hope you will participate in the study for the sake of the benefit of the research result. There is no risk in participating in this research.

Benefits: You will not get direct benefits from the study. But, the information provided by you will help us to understand the type of care women receive during delivery and hence, the improvements needed at the facilities.

Confidentiality: Your name, address and any other personal information will not be disclosed to anybody at any time and later no one will come to know the answers given by you, including me.

Voluntary participation: Your participation in this study is voluntary and you have the right to withdraw your participation at any time during the interview without any explanation.

Refusal to participate will not cause any harm to you. There might be certain questions which you may find stressful. You can choose to decline answering these questions. If you have additional questions about the study please feel free to ask any questions or doubts related to this study, you can contact the principal investigator Hassen Mosa:Tel: +251-916-69-15-78
Email: hassenmosa17@gmail.com

Annex II Consent Form

Have been read the details of the information sheet, the nature of the study and my involvement have been explained and all my questions regarding the study have been answered satisfactorily. By my consent I indicate that I have understood what is expected from me and that I am willing to participate in this study. I have also been informed whom should be contacted for further clarifications. I know that I can withdraw my participation at any time during the interview without any explanations. Therefore, you are kindly requested to respond genuinely and voluntarily with patience. Do you have any question? Are you willing to participate in the interview?

[ ] Yes, Go to the next page [ ] No, Thank them and interrupt the interview

Name and Sign of the consenting interviewer______________

Result of the interview:

1. Completed 2. Partially completed 3.The interviewee refused

Supervisor's name______________________ sign _________________________

Date of interview _________ Time interview started _____ Time interview Finished___________

Part I. Socio-demographic characteristics of the women			
s.no	**Question**	**Response**	**Skip**
1	How old are you	------------	
2	From where do come from	1. Rural 2. Urban	
3	What is your marital status	1.Single 2.Married 3.Divorced 4.Widowed	
4	What is your religion	1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Other (specify)	
5	What is your ethnicity	1. Silte 2. Gurage 3. Hadiya 4. Oromo 5. Other (specify)	
6	What is the level of your education	1. No education 2. Primary(1-8) 3. Secondary(9-12) 4. College and above	
7	Who usually makes decisions about maternal health care for yourself?	1. Woman/Her self 2. Husband/partner 3. Jointly	
8	What is your occupation?	1. Housewife 2. Private employee 3. Government employee 4. Merchant 5. Student 6. Other specify	
9	How much is your family average income monthly	______________ in Ethiopian birr	
	Part II. Obstetrics history of women		
10	Did you have ANC follow up during last pregnancy?	1. Yes 2. No	
11	If you say yes in no# 10Where did you receive ANC follow up?	1. Governmental health center 2. Governmental-specialized hospital 3. Governmental district hospital 4. Private clinic	If no skip

12	**By whom you have been seen during ANC follow up for last pregnancy?**	**1. Doctor** **2. Midwife/Nurse** **3. Health officer** **4. Others specify**
13	How many times did you receive ANC follow up for last pregnancy?	_____ times
14	How many total numbers of deliveries you had including stillbirths/neon-natal deaths?	1. One 2. two 3. Three 4. Four 5. five and above 6. Other specify
15	From total delivery how many you had delivered in health facility?	1. One 2. Two 3. Three 4. Four 5. Other specify
16	Were there any companions (family members/ friends) during this delivery?	1. Yes 2. No
17	Who was the main provider conducting your delivery?	1. Doctor 2. Midwife/nurse 3. Health officer 4. No body
18	What was the sex of the main provider who conducts the delivery?	1. Male 2. Female
19	What was the type of your delivery?	1. Spontaneous vaginal delivery 2. Assisted vaginal delivery
20	What is the birth outcome of this delivery	1. Live birth 2. Dead 3. Other
21	Did you stay in health facility after delivery?	1. Yes 2. No
22	If you say yes on #21 for how many days did you stay in the hospital?	1. One day 2. Two day 3. More than two day
23	Have you faced birth complication/s during this delivery?	1. Yes 2. No
24	If question“23” is yes, what happened to you?	1. Hemorrhage 2. Hypertensive disorders 3. Obstetric labor 4. Infection(Postpartum) 5. Others (specify)

Part III: Disrespect and abuse during childbirth experienced by women in this facility during their stays for this delivery		
	1. Were you experience the following types of physical abuse?	1.yes 0. No
25	Hit, slapped, pushed, pinched or beat you	
26	Used force as a restrain during labor and delivery or examinations	
27	Separated from your baby without medical indication	
28	Cared you not in a culturally appropriate way	
29	Procedures were done without anesthesia or other forms of pain relief	
30	Denied from food or fluid in labor without indication	
	2. Were you experience non-confidential care?	
31	Didn't use curtain or screen appropriately during examinations, birth procedures	
32	Discussed your private health information in a way that others could hear	
	3. Were you experience non-informed consent?	
33	Did not introduces themselves and greet you and your companion	
34	Did not encourage you and your companion to ask questions	
35	Did not respond to your question with politeness and truthfulness	
36	Did not explain what is being done and what to expect throughout labor & delivery	
37	Did not gives periodic updates on status and progress of your labor	
38	Denied you to choice birth position you want	
39	Did not obtains permission prior to any procedure	
	4. Were you experience the following types of non-dignified care?	
40	Providers shouted at or scolded you	
41	Providers made negative comments about you	
	5. Were you experience the following types of abandonment of care?	
42	Ignored or abandoned you when you called for help	
43	Delivered without any assistance	
	6. Were you experience the following types of discrimination?	
44	Were you treated poorly because of language race,ethnicity,and economic status	
45	Treated poorly because of your age	
46	Treated poorly because of being HIV positive	
	7. Were you experience the following types of detention?	
47	You or your baby detained at the facility, against your will due to failure to pay	
48	Health providers suggest or ask for informal payment for better care	

In-depth Interview Guide for Women

1. Could you please describe your experience during childbirth at this facility? Please explain to me what happened Probes; labor history (when and how it started, travel to the facility, admission procedures, waiting time, management before delivery, management during delivery and after delivery.

3. Describe the most notable event during the stay in the facility during your current child birth?

4. Please tell to me your experience of friendly and sensitive treatment during this childbirth.

5. Did you know any mechanism to ask unethical health professionals?

6. What you did for those disrespect and abusive practice of health professional

7. What do you think the reason to this disrespect and abuse?

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

9. If you have an additional idea (specify)

Interview guide for health care providers

1. Is the issue of respectful maternal care been addressed? If so, how? Probe (Local laws and regulations, Clinical guidelines and protocols, Training, Quality improvement approaches, Community activities including campaigns)

2. What do you think are the biggest challenges to ensuring respectful maternity care for women in health facilities? (Please select all that apply)

• Lack of human resources

• Lack of provider training

• Provider burnout/motivation

• Cultural norms

• Systemic pressures (i.e. too many patients and not enough beds leading to medical interventions)

Other: _______________

3. During your work, have you ever witnessed or heard about instances of disrespect and abuse during childbirth? If so, what exactly did this D&A consist of? Probe: 7 categories of D&A: Physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment, detention

4. In your opinion, what factors led to or enabled this disrespect and abuse to occur? Prompt: patient characteristics (age, ethnicity, education, lack of companion, etc.), community characteristics (norms), provider characteristics (prejudice, job dissatisfaction, stress, lack of

time, etc.), facility factors (poor management, lack of standards, lack of accountability, and lack of supervision), policy factors (guidelines, laws, accountability, etc.).

5. In your own opinion, what would you say about service providers' working conditions? Probe for what and how regarding professional associations--community members' involvement--Maternity Open Days, caring for the careers, team work, etc. Probe for any challenges and success experienced in the maternity unit or facility in relation to childbirth

6. Could you please describe the Feedback/anonymous reporting mechanism for unprofessional behaviors in your facility?

Interview guide for Birth Companion

1. Could you please describe your experience during your women childbirth at this facility?
2. Please explain to me what happened Probes; labor history (when and how it started, travel to the facility, admission procedures, waiting time, management before delivery, management during delivery and after delivery
3. Describe the most notable event during the stay in the facility during your wife/family member childbirth to the last child birth?
4. Please tell to me your experience of friendly and sensitive treatment at this facility?
5. What to do you think the reason to this disrespect and abuse?
6. Is there any community involvement to prevent childbearing women right violation?
7. Is there a credible mechanism, such as a village health committee, for people to communicate their needs and demands for quality maternal care services? If you have any other idea specifies**.**

Annex III: Questionnaire (Siltigna)

ሀ. የሙጣሎይ ሬሬሰ

ፈየስነበትኩምሱሜ--------------እሉኛን፡፡አህብዶት የቀበለይዋ የአንደት ክሼ የልሜለ የጪኖት ሃለት ምን እመስላነኮ ሙጣሎ ቲያሻነይ ጂጋጂ ግነ በሁኖት ሙጣሎ ባሶት ደር አትረከባው፡፡ይታይ ሙጣሎ ከስድ አጬኖነይ አዴነ ሱር በኒጠንዋ በጪኖት ወክት እጀጅቢማነይ አህብዶት የቀበለይዋ ኡሁኑ ቢከሱያንሃለት የሌደ የጪኖት ሃለት ሚን እመስላነኮዋ ለባይትከ ቲታይ በቲነዛዘ ሙጣሎ ባሶት የጠቀለ ኡንገ ኢውዶትን፡፡ሂጺታይ ሙጣሎ በትረከቦታሙ ዱንያም የውን ገነ ኢላጀ ኤለይ፡፡ሆነምታሌ ቢቶቡያሚ ጀዋብ የጣሎይ ውጣት አዴነ ሱር ጉት ያሼ ያፍየ ብል ጋር ባጅጋኞት ያዴነ ሱር ዋ የሰብዬ አፍየ ባጥቃቅሎት ለኡመቲ ቢያትሬከበያነይ ፋይደ አቱም የገጋናሙ ቅጨ በልፎታሙ የዱም ተስተ ትረከቦም ባሆኔ ዬስባው፡፡ሙጣሎይ ተ25-30 ደቂቀ ብቾ ዮስዳን፡፡ያቱም ሱም እለትከተብ፡፡ቶቡያሙይ ጀዋብ ሁልምከ ሺሞ ሁኖትከ ሲረም የትቄረን፡፡ሂጺታይ ተራከቦት ሙለበሙለ አቱመ ብተከሱያም ሃለት ብቾ ዮናን፡፡ሂንኩምንገ በከሼሙይ ወክት ሱለይ ግፈሮት ታቀትሎሙ፡፡ሙሻሀራይ በጉት በግፈሮታሙ ቡስፒታሊ ውስጥ ትረከቡያሙ የብል ሃለት ኢለቀብልብሙ፡፡

ሱም ሀሰን ሞሳ

ኤት ጅማ ዩኒቨርሲቲ ,ጅማ

ስልከ ቁጥር 0916691578 email -hassenmosa17@gmail.com

ለ. ይዝነኜ ምዕራፍ

እሄ በሙጣሎይ ያሼውይ እዝን በሼዋቢ ሬሬሰ ቅጽ የትኀበለይ ዡቦ በፈየ ሃለት ተፋሀመኛኔ እትቄራብኛነይ ግዝ ቻልኮ በሙጣሎይ ብልትዋሰድ እሄ ዮበያዊ ሬሬሰ ለሼሸተኘ ወገን አይትቻላነኮ ዋ የሄ ሱም አይገባንኮ ቻልኮ፡፡

1. ሙጣሎይ ለጀምሮት ሙስተኢድንሽ አው___________________2.አሎነኩ-----------------

የህፍዝ ሱል አቅራቢሎ ሱም___________________________ፈርማ_____________

/____________________/______________________/2010ዓ.ም

አያም ወሪ

የሱፐርቫዘሪ ሱም________________________________ፈርማ____________________

አያም/____________________ወሪ/______________________/2010ዓ.ም

የሉባምጋሪ ስም-----------------------የሉባምጋሪካሌ--------------------

ይነደት መለዮ ኢልቅ -------/--------/--------/የህፍዝ ሱሊ የትጀመረቢ ወክት ----------:-------

አያም /---------/---------/2010ዓ.ም

ጎልጌ አድ፡አድኖትዋ የስነኡመትሃለትቸ

ወ.ኢ	ሱል	ጀዋብ	እሰፊ
1	ኡምራሽ ምስትን	-----	
2	ላይኔ ወገንን የመጣሺ	1. ጌ 2. ከተመ	
3	የብተር ሃለታሽ ምንግዝን?	1. የልትዘወጀ 2. የዘወጀ 3. ሚሽከ የገፈረ 4. ሚሽ የሞተቢ	
4	ዲናሽ ምንግዝን?	1. እስላም 2. ኦርቶዶክስ 3. ፕሮቴስታንት 4. ካቶሊክ 5. ገነገናም ባለ ኢውዱ	
5	ባዳሽ አይኔን?	1. ስልጤ 2. ጉራጌ 3. ሀዲያ 4. ኦሮሞ 5. ገነገናም ባለ ኢውዱ	
6	የሽር መቃማናሽ ኢውጂኝ?	1. አሽር ያልቀረ 2. ያፍቴ መቀም(1-8) 3. ሆሽትለኜ መቀም (9-12) 4. ኮሌጅዋ ታቲደር	
7	ብላሽ ምንግዝን?	1. የጋር እንደት 2. የገገከ ብል ያኘን 3. የመንግስት ብለተኛ 4. ዝልዛሎተኘ 5. ደረሰ 6. ገነገናም ባለ ኢውዱ	
8	ባሽያፍየዡቦፍርጀዮባነይማኒ ?	1. እሄገጌ 2. የጋርአቦቴ 3. ባዴኞ	
9	በወሪእረከቡያኔይገቤምንቂጫን?	በወሪ-------------- ብር	
10	ዮሽትነትፎልተከታተሎትአሼሽናርወይ	1. አው 2. አሎነ	
11	ለደሪሱል13 አውበሆነጀዋባሽበምንካሌሉባምንናር	1. ዶክተር 2. ሚድወይፈሪ 3. ነርስ 4. ጤና መኮንን 5. አድምከ አናረ	
12	ባይኔን ናር ዮሽትነት ፎል ተከታተሎት ያሼሽ ናር	1. ጋር 2. የመንግስት ጤና ጣብያ 3. የመንግስት ሪፈራል ኡስፒታል 4. የመንግስት ዲስትሪክት ኡስፒታል 5. የግል ክሊንክ 6. ገነገናም ባለ ኢውጂ	

13	ለዮሽትነት ፎል ምስተ ግን ተግራገብሽ ናር	ቢልቅ ኢውጂ
14	አኩ ጃንጎ ምስት ወልድ ባፍየ ጋር ሰለጥሼሽ	1. ሁለምከ 2. አደ ግን 3. ሆሽት ግን 4. ሼሽት ግን 5. አራት ግን 6. አምስትዋ ታቲደር
15	ብሰለጬሽ ወክት የጋርአቦታሽ የንሻሽጠሽ ናር ወይ	1. አው 2. አሎነ
16	በቡርነት ቲያትግላግለሽ የናረይ ሉባሚ ማኒ ናር	1. ዶክተር 2. ሚድዋይፈሪ 3. ነርስ 4. ጤና መኮንን 5. አድምከ
17	በቡርነት ቲያትግላግለሽ የናረይ ሉባሚ ልገ	1. ልጅ 2. ገረድ
18	በምን ካሌን ሃለት ናር የትግላገልሺ	1. በሜቃሽ ብቾ 2. በሜቃ በሙት ድጋፍ 3. በኦፐሬሽን
19	ትትግላገይ የሰብዪይ ሃለት አይነኮን ናር	1. በነፍስ ደር ናር 2. ሞተ ናር
20	በትግላገልሺ ዞፍ ኡስፒታል ቁራሽ ናር	1. አው 2. አሎነ
21	በቁራሺ ለምስንት አያም ቁራሽ	1. አድ አያም 2. ሁሽት አያም 3. ከሁሽት አያም ደር
22	በኩይ ጪኖታሽ ወክት ምካት አቻኬሽ ናር	1. አው 2. አሎነ
23	ምካት ባቻኬሽ ምንግዝን ናር?	1. ደም ፍሰሶት 2. የደም ግፌ 3. የጉደሬ ኒጠን 4. ተካሻት 5. ገነግናም ባለ ኢውጂ

ጎልጌ ሼሽት፡ በኡስቢታል ውስጥ በስለጦት ወክት እነዳቸ ሊያቼኪይ ያቀትላን አህብዶት የቀበለይ ኢንዞት ዋ ደውስ በተመለከተ ጀዋብከ 1.አው   0.አሎነ

	1.ባኩይ ጪኖታሽ ወክት ጅስሜኜ ደውስ ዋ የነቶ ህክምና
24	በኒጠን ዋ በጪኖት ወክት ጅስሜኜደውስ ለባይትከ ቶህ ተድጋልሎት ውቆት አቻኬሽ ናር
25	አትላትሞት ዋ ግፎት አቻኬሽ ናር
26	በህክምና ቲያትኬሻነይ ሉሌ ተጨላሽ ግን ላሉሽ ናር ወይ
27	ባፍየ ጋሪ ያራስነት አደ ለከምሎት የትሜቼ ሃለት ናረሽ ወይ
28	አያትኬሻን አነግነ አይትሜቻን የዛኛት የዛኛት ህክምነ አሱንሽ ናር ወይ
29	ለህክምና ተይትከሽ ተስንቅ ዋ ቲስኩያን ግዝ ላሉሽ ናር ወይ
	2. ሺሞ ኢንዞት ዬለይ ድጋያ
30	ሉባሚ ቢትጌባን ሃለት የልባስ ስትር አሼ ነር ወይ
31	ሉባሚ ያሽነ የሺሞ አሳወ ለገነ ሰብ ቢሴማን ሃለት ሞቆ ባሉ ናር
	3.ሙራደኝነት
32	ሉባሚ ገገከ አቻቻለሽ ናር ወይ
33	ሉባሚ ሱለ ትሳዬሽኮ ያንሻሽጠሽ ናር
34	ሉባሚ ጀዋብ ትዮበሽ አህብዶት ናረይ ወይ
35	ሉባሚ በኒጠን ወክት ምን እትረሻነኮ ዋ ምን ያቻከሻነኮ ዬውደሽ ናር
	ሉባሚ በሰወክትከ የኒጠነይ ሃለት ያፍታተንሽ ነር
37	ሉባሚ በሚጠን ወክት ቢትሜቺሻን ሃለት ትሰልጨሽኮ እዝን ዋበሽ ናር
	ሉባሚ ድጋየ ታቦትከ ቀደ ያሽነ እዝን እቄረ ናር
	4. አህብዶት ዬለይ ተረሻት
39	ሉባሚ ግፋፋሽ ነር
40	ሉባሚ አሽነ በትምሌከተ ውዶ ግዝ አዋለከ ናር
	5. በጭት
41	ሉባም ትጠሪ ቻለ አልቻለነኮ አለፈሽ ናር
42	ሉባሚ ትጨኝ ገፈረሽ ሄደ ናር ወይ
	6.አትላሎት
43	በጎሰ ፣በዱንየ የነቀ አትላሎት አስቡሽ ናር ወይ
44	ሉባሚ በኡምር(18 ኮሎ በሁኖታሽ) አትላሎት አቻኬሽ ናር ወይ
45	ኤች.አይ.ቪ. ላለብሽኮ ብቻ አትላሎት አቻኬሽ ናር ወይ
	7.መቀጮ
46	በኡስፒታል ብር በልክፈሎታሽ ልቶጪ አተሩሽ ናር
47	ያለሽነ እዝን አድም መቀጮ አልጀጄብሻን

ሀ. ለወለዱ እናቶች የተዘጋጀ ጥልቅ ቃለ መጠይቅ መመሪያ

1. በወሊድ ወቅት የገጠመዎትን ዋና ዋና ጉዳዮች ቢያብራሩልኝ?(ማዉጣጫ ጥያቄዎች)ሌላስ ምን ሆነ? የምጥ አጀማመር? ወደ ጤና ተቋም ጉዞ? ሆስታል የተደረገልዎ?በወሊድ ጊዜ ና ድህረ ወሊድ የተሰጦት አገልግልት?
2. በወሊድ ወቅት የገጠመዎትን ዋና የሚለትን ጉዳይ ቢገልፁልኝ? ሌላስ ምን ሆነ?
3. በወሊድ ወቅት የገጠመዎትን ክብርዎን ያልጠበቀ ና ፍላጎትዎን ያላማከለ አቀባበል ና አገልግሎት በዝርዝር ቢገልፁልኝ?
4. ባለሙያዎችን ሙያዊ ስነ ምግባር እንዳያከብሩ ሊያደርጋቸዉ ይችላሉ ብለዉ ሚገምቷቸን ምክንያቶች ሊነግሩኝ ይችላሉ?
5. ሌላ ተጨማሪ ማለት የሚፈልጉት ካለ--------

ለ. ለጤና ባለሙያዎች የተዘጋጀ ጥልቅ ቃለ-መጠይቅ መመሪያ

1. በጤና ተቋማት ውሰጥ የሚሰጠው አገልግሎት የናቶችን ፍላጎት ያማከላ ነው ብላው ያስባሉ;
2. በጤና ተቋማት ውሰጥ የሚሰጠው አገልግሎት የናቶችን ፍላጎት ያማከላ እንዳይሆን ችግሩ ምን ሊሆን ይችላል
3. በጤና ተቋማት ውሰጥ እናቶች ለወሊድ አገልግሎት ሲመጡ ክብራቸው ሳይጠበቅ ና ፍላጎታቸው ሳይሟላ አገልግልት እንዲያገኙ የሚሆንበት ዋና መሰረቱ ምን እንደሆነ ቢያብራሩልኝ;
4. ስለ አገልግልት ሰጭ ባለሙያዎችን የስራ ሁኔታ እርስዎ ምን ይላሉ

- ምን አይነት እርዳታ ና ድጋፍስ ከበላይ ሀላፊዎች ይሰጣችኋል
- እንዴትስ ማገልገል እንዳለባችሁ ድጋፉ ምን ይመስላል
- የጋራ ምክክር ማድረጉ ምን አይነት ጥቅም አለው ብለው ያስባሉ
- በ እናቶች ጤና ክፍል ውስጥ ከወሊድ ጋር በተያያዘ ምን አይነት ፈተናዎች ና ስኬቶች አሳልፋችኋል

5. ተጨማሪ ሃሳብ የሚሉት ካለ

ሐ. ለቅርብ ጓደኛ/የትዳር አጋር የተዘጋጀ ጥልቅ ቃለ መጠይቅ

1. ባለቤትዎ/የቅርብጓደኛዎ በጤና ተቋም ሲወሊዱ ከባለሙያዎች አክብሮት ና እናቶችን ማዕከል ያደረገ አገልግሎት አንጻር ምን ችግር እንደ ነበር ዋና ጉዳዮች ቢያብራሩልኝ?(ማዉጣጫ ጥያቄዎች)ሌላስ ምን ሆነ? የምጥ አጀማመር? ወደ ጤና ተቋም ጉዞ? ሆስፒታል የተደረገልዎ አቀባበል? በወሊድ ጊዜ ና ድህረ ወሊድ የተሰጦት አገልግሎት?
2. በወሊድ ወቅት የገጠማችሁን ዋና የሚሉትን ጉዳይ ቢገልፁልኝ? ሌላስ ምን ሆነ?
3. ባለቤትዎ/የቅርብጓደኛዎ በወሊድ ወቅት የገጠማችሁን ክብር ያልጠበቀ ና ፍላጎትዎን ያላማከለ አቀባበል ና አገልግሎት ቢያብራልኝ?
4. ሙያዊ ስነ ምግባር የጎደላቸዉ የጤና ባለሙያዎች ሲያጋጥምዎት ምን ያደርጋሉ?
5. ሙያዊ ስነ ምግባር እንዳያከብሩ ሊያደርጋቸዉ ይችላሉ ብለዉ ሚገምቷቸዉን ምክንያቶች ሊነግሩኝ ይችላሉ?
6. ሌላ ተጨማሪ ማለት የሚፈልጉት ካለ--------
7. በወሊድ ወቅት የሴቶችን መብት ጥሰት ለመከላከል የማህበረሰቡ ተሳትፎ ምን ይመስላል;ላካባቢው የጤና ኮሚቴ የናቶች ጤና እንዲሻሻል ፍላጎቱን የሚገልፅበት አስተማማኝ የሆነ መንገድ አለው

Declaration

I, Hassen Mosa Halil the undersigned, declare that this thesis entitled predictors of disrespect and abuse experienced by women during childbirth at public Hospital in Silte zone, South Ethiopia has been prepared and submitted in fulfillment of the requirements of the MSc degree in maternity nursing program. This is my original work and that all sources that have been referred to and quoted have been fully indicated and acknowledged with complete references, and the research has not been presented for a degree in any other university.

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

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Examiner:

Sign _______________________________ Date____________________________