WOLKITE UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF NURSING

PREVALENCE OF DISRESPECT AND ABUSE DURING FACILITY-BASED CHILDBIRTH AND ITS ASSOCIATED FACTORS AMONG WOLKITE AREA PUBLIC HEALTH INSTITUTIONS, GURAGE ZONE, SOUTH ETHIOPIA.

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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
CRC	Caring, Respectful, and Compassionate
D&A	Disrespect and Abuse
HSTP	Health Sector Transformation Plan
LMICs	Low- and Middle-Income Countries
MMR	Maternal Mortality Ratio
RMC	Respectful Maternal Care
SNNPR	Southern Nations, Nationalities, and Peoples Region
WHO	World Health Organization

ABSTRACT

Background: - In many countries, rates of facility-based childbirth have increased substantially in recent years. However, insufficient attention has been paid to the acceptability and quality of maternal health services provided at facilities and, consequently, maternal health outcomes have not improved as expected. Disrespect and abuse during childbirth is increasingly being recognized as an indicator of overall poor quality of care and as a key barrier to achieving improved maternal health outcomes, but little evidence exists to describe the scope and magnitude of this problem, particularly in urban areas in low-income countries.

Objectives: - To assess the prevalence of disrespect and abuse experienced by mothers during facility-based childbirth and its associated factors among Wolkite area public health institutions Gurage zone, south Ethiopia, 2020.

Methodology: - A facility based cross-sectional study was conducted in December 1 to 30, 2020. Data was collected by face-to-face interview using a structured questionnaire from 373 mothers consecutively included in the study immediately prior to discharge from the facility. Data was analyzed using statistical software SPSS version 21 and the result was presented by using tables.

Results: - The overall prevalence of non-respectful care was 85.6%. Of the type disrespect and abuse that were studied, non-consented care 76.5% were the most prevalent types, followed by non-dignified care 67.4%, physical abuse 57.9%, non-confidential care 28.5%, abandonment of care 23.8%, discrimination 20.3% and 0% detainment. Husband's income, age, ethnicity and profession of main birth attendant were the factors associated with disrespect and abuse during childbirth in facility.

Conclusion and recommendation: - More than three of four women experienced disrespect and abuse during facility childbirth. It can be a barrier to utilization of facility for childbirth. Preventing disrespect and abuse is important to improve quality of maternal care and institutional deliveries. The prevalence of women's disrespect and abuse during childbirth at the health care facilities in this study area is very high. Therefore, health managers need to work hard to tackle the problem.

Key words: - Disrespect, Abuse, Delivery, Childbirth, Facility-based, Ethiopia

1. INTRODUCTION

1.1. Background

Providing easily accessible, safe, acceptable, good quality sexual and reproductive health care, specifically contraceptive access and maternal health care, can dramatically lower the global rates of maternal morbidity and mortality(1). Access to quality services is not assured for many women, however, especially in low and middle-income countries (LMICs). Even when services are available, care may be compromised by mistreatment during childbirth, including abusive, neglectful, or disrespectful care. Even if the care giver is skilled in controlling different kind of complications, care takers may refuse to seek care if they have history of disrespectful care, and may also discourage others from seeking care(1-3).

Disrespect and abuse(D&A) are a form of maltreatment or not displaying sympathetic behavior toward a woman during labor and delivery in health care facility(4). Disrespectful and abusive care of women during childbirth is one of the powerful discouraging factors for seeking skilled childbirth, and breaks a trust between women and the care giver, especially in LMICs like Ethiopia(1, 3). It is also a desecration of women's rights to life, health, bodily integrity, self-determination, privacy, family life and spiritual freedom, and freedom from discrimination(5).

Based on a 2010 comprehensive report of the evidence, seven categories of D&A in childbirth are listed: physical abuse, non-consented or forceful medical procedure, lack of confidential care, non-dignified or non-respectable care, discrimination based on specific patient attributes, abandonment of care, and detention in facilities due different reasons(5, 6). However, it is known that manifestations of D&A be in different way, and these ways are not intended to be mutually exclusive. The ways may be overlapping and representing a continuum. Many may contribute to the experiences of D&A. Absence of legal and ethical foundations to address D&A, normalizing D&A, absence of standards and accountability, absence of leadership commitment, and provider prejudice due to training and lack of resources are the factors(7).

It has been accepted at the policy level that all women have the right to respectful, consented care, and dignified care throughout pregnancy, labor and childbirth. Providing respectful maternal care(RMC) has been recognized as a major component of strategies to enhance utilization and quality of maternity care(2). Promoting RMC is being increasingly recognized as a crucial element of strategies to make better the utilization and quality of maternity care, and that every women need and deserve respectful care. RMC is an approach to compassionate care that emphasizes the fundamental rights of women, newborns, and families. It also help them to have equitable access to evidence-based care(8).

1.2. Statement of the problem

Many women encounter disrespectful and abusive treatment during childbirth in facilities worldwide(1, 9). According to data from the World Health Organization (WHO), women are being assisted in a violent manner everywhere in the world. They experience situations of mistreatment, disrespect, abuse, negligence, violation of human rights by health professionals, especially during delivery and birth(1).

D&A of mother during childbirth at health facilities have been qualitatively described(7), and some studies held in the world and in Africa show that the prevalence of the problem is a huge(10). The study conducted in Pakistan revealed that almost all women experienced D & A (99.7%) during childbirth according to objective assessment(10).

Study conducted in Uttar Pradesh, India revealed that the prevalence of D&A to be (92%) for not offering birthing position choice and (80%) for routine manual exploration of the uterus in facilities both in public and private sectors(11). Similarly other cross-sectional study conducted in northern India showed that the prevalence again to be (84.3%) as reported by the women(6). In study conducted in a teaching hospital in southeastern Nigeria, almost all of the women reported at least one kind of mistreatment during childbirth (98.0%)(12). The study conducted in Ethiopia in different places showed that 91.7%, 78%, 75.1%, in Jimma, Addis Ababa and Gondar respectively(7, 13, 14).

Most of the time D&A of a women in facility-based childbirth often acts as a preventing factor to current and/or future utilization of facility-based childbirth services (5, 16). The 2016 Ethiopian Demographic and Health Survey shows low utilization of maternal health services; 32% of women receive four antenatal care (ANC) visits and 26% of women deliver at a health facility, with only 17% of mothers receiving postnatal care within two days of birth(15). This low consumption of care from a skilled birth attendant along the maternity continuum may multiply the risk of maternal and child mortality from simply preventable causes(16).

Many factors can contribute to D&A of women during facility-based childbirth. One factor in LMICs is scarcity of resources, these resources are not as full as developed ones, so low quality, and undignified care has been accepted as normal in local cultures, making disrespectful and abusive care less recognized as being a problem. Other factor are lack of societal participation in these health care systems, thus allowing freedom to health care providers not to be accountable to their clients(5, 16). There is also evidence, that health care professionals in low-income settings usually face boring working time with dead motivation, exhausted energy, frustration, and lack of hope(16). The financial status of the women and her family and lack of autonomy and empowerment of the women to D&A also matters in D&A during facility-based childbirth(5).

Many interventions have been done or are currently being implemented that are very necessary to the respectful and non-abusive care during childbirth. About nine group of intervention are listed, such as quality improvement interventions (Baseline assessment of quality of skilled and auxiliary provider counseling skills (antenatal, intrapartum and post-partum), including interpersonal dimensions of counseling); Caring Behavior Interventions (Baseline Assessment of

Caring Behavior) followed by competence-based interpersonal care training was integrated into ongoing clinical training using a four part training module); Humanization of Childbirth (pre-post assessment of childbirth); Health Workers as Change Agents(Participatory, continuous training, identifying/analyzing problem, health system drivers; "Problem posing" presenting back to the health care worker what is going on at the health facility and having them analyze it); Accountability Mechanisms(making the healthcare workers accountable for their work); Human Rights Interventions; Legal Approaches; HIV/AIDS Stigma Reduction Interventions; and Tools for Measurement(5). The Ethiopian Health Sector Transformation Plan (HSTP) (2015/16–2019/20) intends to reduce the current maternal mortality ratio (MMR) of 420 to 199/100,000 and neonatal mortality rate of 29 to 10/1000. As a means to reach this target, the plan specifies improving quality of health services by transforming how healthcare providers treat patients and clients. The caring, respectful and compassionate (CRC) health workforce initiative in this plan intends to address the concern of D&A for clients, including laboring mothers(17).

Even though D&A are an essential determinant of maternity service quality and utilization, these behaviors have received less attention than other barriers to the access and choice of maternal care during labor and delivery, and the interventions were not met fully(4, 7).

Therefore, this study was aimed at assessing prevalence of D&A experienced by mothers during facility-based childbirth and its associated factors.

1.3. Significance of Study

This study was under taken to determine the prevalence of D&A experienced by mothers during facility-based childbirth and its associated factors. The result, which was obtained from this study, increased awareness on prevalence of disrespect and abuse experienced by mothers during facility-based childbirth and its associated factors. This study helped to design mechanism on how to reduce D&A of mothers during facility-based childbirth. The information, which was obtained from the prevalence of disrespect and abuse experienced by mothers during facility-based childbirth and its associated factors, had a significant input to design and/or use existing intervention for its impact on utilization of facility-based health care. In addition, the study provided additional information for further studies, and it indicated some gaps on the interventions. So in general, this study will help mothers who reside in Wolkite area Gurage zone, and mothers in Ethiopia by identifying the prevalence of D&A and its associated factors and finding the intervention for it.

2. LITERATURE REVIEW

2.1 Prevalence of disrespect and abuse during facility-based childbirth

D&A, sometimes referred to as mistreatment, obstetric violence, or dehumanized care, and it can be defined generally as "health system not accountable to the women for it is intended to serve and that it is a possible sign of health system in crisis"(18). D&A of women continues to be a leading public health concern in many countries in health facilities that violates the human rights of women and neonates to be treated with respect and to be free from any harm(19).

Studies on disrespect and abuse during facility-based deliveries are limited and especially the studies on global prevalence. But there are few studies which show that almost many women across the globe experience disrespectful, abusive or neglectful treatment during childbirth in health facilities(1, 9). Across the globe women experiencing disrespectful, abusive, or neglectful treatment during facility-based childbirth varies: 13--28% of women who attend gynecological clinics in northern Europe had experienced abuse within the healthcare system during pregnancy, delivery, or the postnatal period(20). A research titled an investigation into mistreatment of women during labor and childbirth in maternity care facilities in Uttar Pradesh, India: a mixed methods study show that the prevalence of (92%) for not offering birthing position choice and (80%) for routine manual exploration of the uterus in facilities both in public and private sectors(11). Other cross-sectional community-based study done in the district of Aligarh, north India revealed that the prevalence of any form of D&A to be 84.3% as reported by women. Out of these non-consented services comprises (71.1%) and non-confidential care comprises (62.3%) which were the most common types. Abandonment, non-dignified care, physical abuse, detention in heath facility and discrimination was reported by 10.2%, 9.2%, 5.9%, 3.3% and 3.9% respectively(6).

A cross sectional household based study was conducted in tehsil Kharian of district Gujrat, Pakistan revealed that almost all women experienced D&A (99.7%) during childbirth according to objective assessment "experienced D&A. However, only 27.2% reported subjective experience of D & A. The study also revealed that facility-based childbirth and lower socioeconomic strata were the main determinant of reported D&A(10).

A research titled obstetric violence in the daily routine of care and its characteristics was conducted in Brazil, and the analysis of the data of the 24 publications included. This article revealed that 80% of them had been published in the last three years:- 2015 (40%); 2016 (28%); 2017 (12%), reflecting the contemptuousness of obstetric violence and the emerging need for this subject to be discussed on the world scenario(21). Additionally a cross-sectional study from Brazil showed that companions were often not allowed in the labor ward (41.8%) or delivery ward (98.6%) and that 9.0% of women were shouted at or slapped during delivery(22).

A cross sectional study which was conducted in Kano, Nigeria reported that more than half (55.9%) of women had experienced at least one form of D&A during childbirth. Out of this the commonest forms of abuse and disrespect were abandonment and non-confidential care 84.5%, 67.9% respectively(23). Another study conducted in a teaching hospital in southeastern Nigeria, explored D&A and was based on interviews conducted with a convenience sample of women

accessing newborn services at an immunization clinic. Almost all of the women reported at least one kind of mistreatment during childbirth (98.0%). Women commonly reported physical abuse during childbirth (35.7%), including being "restrained or tied down during labor" (17.3%) and being "beaten, slapped, or pinched" (7.2%); being "sexually abused by the health worker" was reported by 2.0% of the women(12).

A study conducted in one large referral hospital in Dar es Salaam, Tanzania revealed that during postpartum interviews, 15 % of women reported experiencing at least one form of D&A. This number was much higher during community follow-up interviews, in which 70 % of women reported the experience. Abandonment (8%), non-dignified care (6%),were the most common form during postpartum interviews and physical abuse (5 %), while reporting for all categories of D&A, excluding detention and non-consented care, was above 50 % during community follow-up interviews. Evidence from direct observations of client-provider interactions during labor and delivery confirmed high rates of some disrespectful and abusive behaviors(9). Another recent study in this country analyzed women's experiences during childbirth and estimated prevalence of D&A to be 19.5% in exit interviews and 28.2% in follow-up interviews(24). A comparable study conducted in Kenya analyzed women's experiences during childbirth and estimated prevalence of D&A to be 20%(12, 20, 25).

Furthermore, a study conducted Gondar university hospital, northwest Ethiopia 75.1% of women reported that they had been subjected to at least one form of obstetric violence during labor and delivery with the following forms:- non-consented care (63.6%), non-dignified care (55.3%), physical abuse (46.9%), non-confidential care (32.3%, neglected care (12.7%) and discriminated care (9.3%)(14). Community-based cross-sectional study was done in Bahir Dar town, Ethiopia and the overall prevalence of disrespect and abuse was 67.1%(4).

The study conducted in Jimma University Medical Center, Southwest Ethiopia showed that the prevalence of disrespect and abuse during childbirth was 91.7%(7). A facility-based cross-sectional study was conducted among 612 women in western Ethiopia and 74.8% of women reported experiencing at least one form of D&A during their facility childbirth. The types of D&A are physical abuse (37.1%), non-dignified care (34.6%), non-consented care (54.1%), non-confidential care (40.4%), neglect (25.2%), detention (2.9%), and discrimination (13.2%)(16).

A cross-sectional study was undertaken in four health facilities in Addis Abeba, Ethiopia 78% of respondents experiences one or more categories of D&A(13). Institution-based cross-sectional study design was employed at all public health institutions in Arbaminch town, south Ethiopia and the overall prevalence of D&A found to be 98.9%(3).

A two-stage cross sectional sampling design was used in hospitals and health centers across four Ethiopian regions. A total of 379 women were interviewed, of whom 281 (74%) reported any mistreatment(26).

2.2 Factors associated with Disrespect and Abuse.

Although disrespect and abuse in facility-based deliveries has not been exhaustively studied, there are socio-demographic characteristics that appear to be associated with it. In a report titled

Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth many potential contributors for D&A was mentioned such as normalization of disrespect and abuse during childbirth, lack of community engagement and oversight, financial barriers, lack of autonomy and empowerment, lack of existence or enforcement of national laws and policies, lack of leadership & governance for respect and non-abuse in childbirth, & provider demoralization related to weak health systems, shortages of human resources & professional development opportunities.(5). In study titled D&A during facility-based childbirth and its sociodemographic determinants – A barrier to healthcare utilization in rural population in India, D&A found to be associated with women who had gave vaginal birth at public health sector with low socioeconomic status and who did not decide place of delivery themselves(5).

In maternity units women with a higher parity were found to be more likely to be detained for non-payment and be solicited for bribes(25). The explanation here is that health care workers tend to think that since these women have had birth experiences before then they should have been well prepared. According to the same study women who had no companion during labor and delivery and single women were more likely to be disrespected and abused.

In Ethiopia research conducted in Gondar University Specialized Comprehensive Hospital showed that urban residents and primary school attendants(7) were mostly associated with D&A(14). Another research in conducted Bahirdar town revealed that the economic status of the respondent, the number and history of ANC visits, no of pregnancy, postnatal period in which the mother stays after delivery, delivery type, complications, and the healthcare provider sex attending the delivery were significantly associated with disrespect and abuse(4). In other study religion, achieving ≥secondary education and being outside the town and/or tribe were also associated with D&A(7, 20).

2.3 Conceptual Framework

D&A of women during facility-based deliveries has many dimensions, and contributing factors. Individuals refuse to talk about abuse and do not report it to authorities once it happens to them while the community lack oversight function(5). D&A can also be viewed as a form of violence(6, 27). In a health care setting the three forms of violence translates into the seven categories of D&A as described by Bowser & Hill and include pinching, slapping, shoving, sexual assault, verbal abuse, detention in health facility, denying pain medication when appropriate(5-7). This D&A leads to low skilled service utilization, which in turn leads to increased maternal, and neonatal deaths and disability as illustrated in figure below.

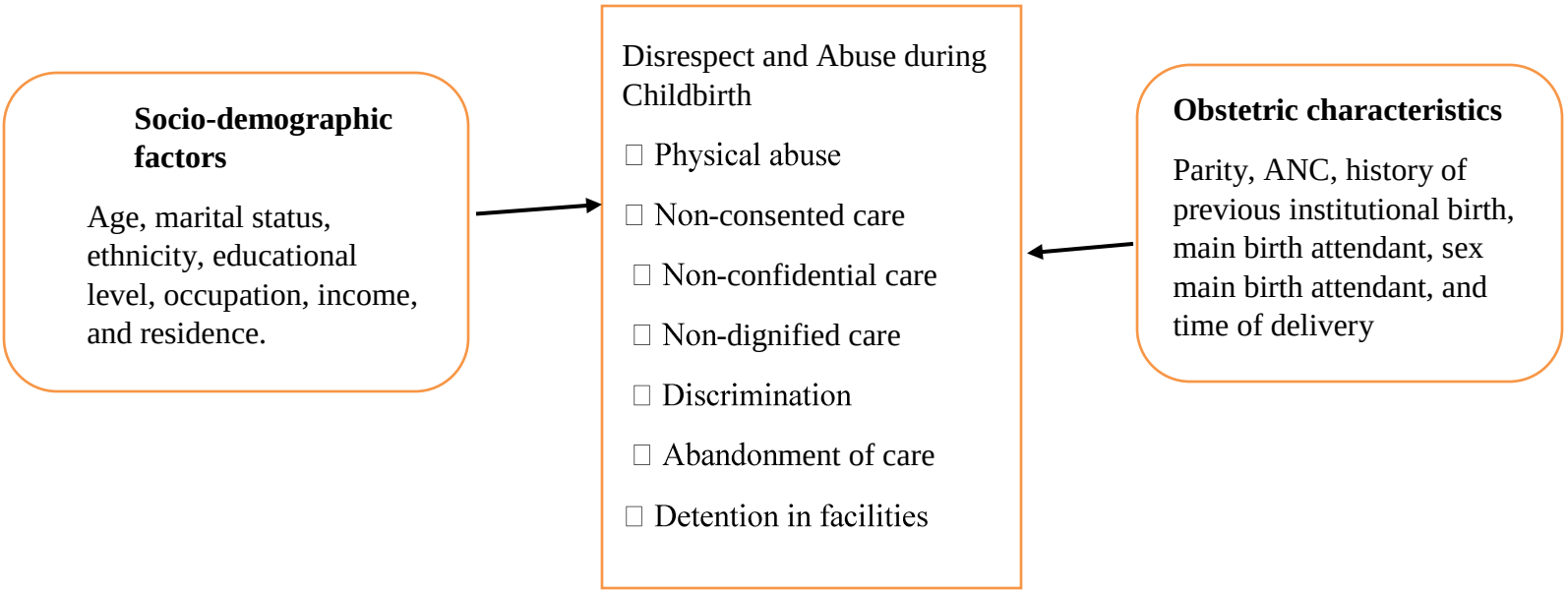


Figure 1Conceptual Framework showing variables that determine under utilization of skilled birth based on the literatures reviewed.

3. OBJECTIVES

3.1 General Objectives

To assess the prevalence of disrespect and abuse experienced by mothers during facility-based childbirth and associated factors among Wolkite area public health institution Gurage zone, south Ethiopia, 2020.

3.2 Specific Objectives

i. To determine the prevalence of Disrespect and Abuse of women during facility-based delivery.

ii. To identify the types of disrespect and abuse experienced by women during facility-based delivery.

iii. To identify associated factors of D &A.

4 METHODOLOGY

4.1 Study Area

This study was conducted in five public health institutions in Wolkite area. Wolkite is the administrative town of Gurage zone, which is one of the 14 zones in Southern Nations Nationalities and Peoples Region. Wolkite town is located at a distance of 150 kilometers from Addis Abeba. The town has a latitude and longitude of 8°17′N 37°47′E and an elevation between 1910 and 1935 meters above sea level. It is surrounded by Kebena woreda and it was part of former Goro woreda. The total population of the town is about 63,711. There is one Universities' specialized hospital, one primary hospital and three public health centers(Wolkite university specialized teaching hospital(WUSTH), Gunchire primary hospital(GPH), Agena health center(AHC), Emdibir health center(EHC) and Wolkite health center(WHC)) that are providing curative and preventive health services including maternity care to the community in and around the town.

4.2 Study Period

The study was conducted from December 1-30, 2020.

4.3 Study Design

A facility based cross-sectional study was conducted for this study. Women who utilized one of the five public health facilities for childbirth purpose was interviewed immediately after delivery and preceding discharge from the facility.

4.4 Population

4.4.1 Source population

All reproductive age group women who gave birth and who reside in in wolkite area, Gurage zone.

4.4.2 Study population

The study population was of consist all women residing in Wolkite area and gave birth vaginally in public health institutions during and those who fulfil inclusive criteria.

4.5 Eligibility Criteria

4.5.1 Inclusion criteria

All pregnant women admitted to the study facility for labor and delivery services during the period of data collection and who is willing for this study was eligible for this study.

4.5.2 Exclusion criteria

Women who are sick, delivered by C/S, unable to respond for the questionnaire and women who delivered at home or facilities other than study area was excluded.

4.6 Sample Size Determination

The sample size was calculated using simple population proportion formula

$$n_i = \frac{Z^2 p(1-p)}{d^2}$$

ni = Sample size from finite population.

Z = the standard score (critical value) corresponding to 95% confidence level = 1.96.

d = the proportion of sampling error between the sample and the population = 5% (0.05).

p = we took p value 67.1%(0.671) from previous research on Bahir Dar town, Ethiopia(4)

There for by using the above formula

$$n_i = \frac{Z^2 p(1-p)}{d^2}$$

$= (1.96)^2\, 0.671(1\text{-}0.671) / (0.05)^2$

$= (3.8416)0.671(0.329) / (0.0025)$

$= 0.8480677744 / 0.0025$

$= 339$

After adding 10% a non-response rate (33.9), the total sample size was 373.

4.7 Sampling technique

There are two hospitals (WUSTH, GPH) and three public health centers (AHC, EHC, and WHC) in Wolkite area and all were included in the study. The average number of deliveries in WUSTH, GPH, AHC, EHC, and WHC was 200, 100, 60, 70, and 80 respectively. To include 373 in the study, proportional allocation was used: 61 women from WUSTH, 86 women from GPH, 52 women from AHC, 62 women from EHC and 79 women from WHC were interviewed by using simple random technique until the required sample size obtained.

4.8 Study variables

4.8.1 Dependent Variable

Prevalence of D&A

4.8.2 Independent Variables

I. Sociodemographic variables

- Women age
- Marital status
- Educational status
- Respondent monthly income
- Religion

- Ethnicity
- Address (being from Gurage zone, out of Gurage zone)

II. Obstetric, ANC visit variables and service related

- Parity
- Gravidity
- ANC visit
- Place of previous delivery(history of institutional delivery)
- health provider (sex, number)

4.9 Operational definitions

If a mother was identified as disrespected and abused in at least one of the seven categories, she was considered "disrespected and abused". The seven categories are-

Physical abuse: The presence of at least one of the following activities by the care provider on the client: beating, threatening with beating, slapping, pinching, restraining or tying down during labor, cutting or suturing of episiotomy cuts or perineal tears without the use of anesthesia and the use of fundal pressure to fasten the delivery of the baby.

Non-consented care: The presence of at least one of the following: providers not giving women or her relatives proper information about medical procedures, not asking for women's permission to conduct medical procedures such as cesarean sections, episiotomies, hysterectomies, blood transfusions, tubal ligation, augmentation of labor; and coercing into a medical procedures such as a cesarean section.

Non-confidential care: The presence of at least one of the following: giving birth in a public view without privacy barriers such as curtains; and having healthcare providers share sensitive clients' information, such as HIV status, age, marital status, and medical history, in a way that other people who are not involved in their care can hear.

Non-dignified care: A report by the client about at least one of the following: intentional humiliation, blaming, rough treatment, scolding, shouting at, women not allowed to bring a companion to the labor ward, and ordering to stop crying while they are in labor pain.

Discrimination: Discrimination based on specific client attributes like race, age, HIV/AIDS status, traditional beliefs and preferences, economic status, or educational status.

Abandonment of care: If there is any of the following practices: leaving laboring woman alone, women giving birth by themselves at health facilities, failure of caregivers to monitor women in labor and intervene in life-threatening conditions.

Detention in facilities: Detain the clients because of bills or damage to the property of the health care facility

Grand multipara: A woman who has given birth five or more times(3).

4.10 Data collection tool

The data were collected using Amharic structured and pre-tested questionnaires. Study tools was adapted from a similar study conducted by other researchers(3) and slight changes was made to accommodate the difference in study settings. The tool contains different sections: information of health institution section, the socio demographic section, obstetric history section, section that assess about prevalence of D&A.

4.10.1 Data collection procedure

The data were collected by face-to-face interview using structured and pre-tested questionnaire at one points in time: immediately after delivery and preceding discharge from the facility. Students was selected some as data collectors and the some as supervisors and they received a half of day training session prior to the initiation of the study to orient them and ensure thorough understanding of the study protocol, data collection tools, and informed consent procedures.

4.10.2 Data quality assurance

Quality of the data was controlled through continuous checking the completeness of the questionnaires, which was taken carefully from similar studies with slight modification(3). Data collectors attained a half of a day training session prior to the initiation of the study to orient them and ensure thorough understanding of the study protocol, data collection tools, and informed consent procedures. The questionnaires was translated to Amharic version. Prior to actual data collection time, pre-test of the questionnaire was given to 10% of mothers in one health institution. Modification was made depend on the result of pretest.

4.10.3 Data processing and analysis

Data was edited and cleaned for inconsistencies and missing value, outliers: and was analyzed by using statistical software/SPSS version 21 and the result was described by using frequency table. Descriptive statistics were determined. Bi-variable logistic regression was done to determine the association between each independent variable and the outcome variables. Variables with p-value less than 0.25 in bi variable logistic regression were entered to multivariate logistic regression to adjust the effect of confounders on the outcome variables. The degree of association between dependent and independent variables was determined using the odds ratio with confidence interval of 95% and p value of 0.05.

4.11 Ethical consideration

Ethical clearance for the study was obtained from Wolkite University, college of Medicine and Health science, department of Nursing. Participation in the research was voluntary and the respondents was assured of confidentiality. They required giving verbal consent after being alerted that the interview would involve private and reproductive issues. The respondents was also allowed to terminate the interview at any point in case they felt uncomfortable.

5. Results

5.1 Socio-demographic characteristics of the study population

Of the 373 mothers who were invited for an interview, 340 participated in the study, giving a response rate of 91.2%, with a minimum and maximum age of 17.0 and 45.0 years, respectively. The plurality of the respondents (n=205, 60.3%) were aged 25-34 years(1), and (n=203, 59.7) were house wives. The majority (n=215, 63.2%) of the study participants were from the Gurage ethnic group and 147 (43.2%) were Muslims. Regarding the marital status of the mother, 306(90%) were married, and 276 (81.2%) had a monthly family income less than 2,500 Ethiopian birr (ETB)(3). (Table 1).

Table 1Socio-demographic characteristics of mothers in Gurage zone health institutions South Ethiopia, December, 2020

Variables		Frequency	Percentage
Age	15-24	90	26.5
	25-34	205	60.3
	35-44	43	12.6
	>/=45	2	6
Occupation	House Wife	203	59.7
	Gov't employee	66	19.4
	Private business	57	16.8
	Other[1]	14	4.1
Ethnicity	Gurage	215	63.2
	Oromo	49	14.4
	Amhara	60	17.6
	Silte	14	4.1
	Other[2]	2	.6
Religion	Orthodox(Christian)	113	33.2
	Protestant(Christian)	80	23.5
	Muslim	147	43.2
Marital status	Married	306	90
	Divorced	26	7.6
	Single	5	1.5
	Widowed	3	.9
Educational background	No formal Edu/can't read &write	19	5.6
	No formal Edu but can read & write	28	8.2
	Elementary school(1-4)	75	22.1
	Secondary school(5-8)	109	32.1
	High school/prep(9-12)	63	18.5
	>grade 12	46	13.5
Residence	Urban	230	67.6
	Rural	110	32.4
Her income level	<2500	276	81.2

	>/=2500	64	18.8

Other[1]= Student, daily laborer

Other[2]= Kembata, Hadiya

5.2 Obstetric history of the study participants

Of the respondents, 327 (96.2%) had a history of antenatal care (ANC) service utilization for their most recent delivery. Around193 (56.8%) of the mothers gave birth at health centers. The majority 327(87.3%) of mothers had a previous history of institutional delivery and around 219(64.4) mothers received care from midwives. Majority 179(52.6) of mothers received care from male provider at nighttime 189(55.6)(Table 2).

Table 2 Obstetrics characteristics of the study participants (n = 340).

Variables		Frequency	Percentage
Place of delivery	WUSTH	61	17.9
	GPH	86	25.3
	AHC	52	15.3
	WHC	79	23.2
	EHC	62	18.2
History of ANC follow up	Yes	327	96.2
	No	13	3.8
Parity	Primparous	71	20.9
	Multiparous	230	67.6
	Grand multiparous	39	11.5
Hx of previous institutional delivery	Yes	268	78.8
	No	72	21.8
Number of birth attendants	1	73	21.5
	2	237	69.7
	3	25	7.4
	4	4	1.2
	5	1	.3
Main birth attendant	Midwife	219	64.4
	Nurse	70	20.6
	MD	5	1.5
	Medical intern	2	.6
	Student	11	3.2
	HO	7	2.1
	Integrated emergency surgery officer	0	0
	I don’t know	26	7.6
Sex of the main birth attendant	Female	161	47.4
	Male	179	52.6
Time of delivery	Day	151	44.4
	Night	189	55.6

5.3 Prevalence of disrespect and abuse during childbirth at a health facility

Of the 340 respondents who were interviewed, 291(85.6%) reported having experienced at least one form of disrespect and abuse during childbirth at a health facility, while only 49(14.4%) did not experience any form of disrespect and abuse.

5.4 Type of disrespect and abuse during childbirth at a health facility

Of the types of abuse and disrespect that were studied, non-consented care (n=260, 76.5%) and non-dignified care (n=229, 67.4%) were the most prevalent types, followed by physical abuse (n=197, 57.9%). The most commonly experienced form of physical abuse use was physical forces 80(23.5%), from this 40(25%) slapping, 25(31.25%) pinching and 15(18.75%) beating followed by 77(22.6%) of respondents danaid fluid unless medically necessitated. The commonly reported criterion in the domain of non-consented care was 'provider did not introduce himself/herself to me during birth' (n=211, 62.1%) followed by 'provider did not share finding of initial assessment to me and my companion' (n=207, 60.9%). Non-confidential care 28.5%, abonnement of care 23.8%, and discrimination 20.3% reported by women. From the domain of non-confidential care, 54 (15.9%) of women reported that healthcare providers did not use drapes or covering appropriate for protecting the mother's privacy. The commonly reported criterion in the domain of non-dignified care was 'care provider did not speak politely to me during birth' (n=171, 50.3%) Detention in the health facility was the only criterion reported (n=0, 0%) form of abuse and disrespect that was studied (Table 3).

Table 3Category and type of disrespect and abuse reported by mothers during childbirth, Gurage zone, 2020

Variables	Type of D&A		Frequency	Percentage
Physical abuse	The provider used physical force/slapped me/hit me	Yes	80	23.5
		No	260	76.5
	The care provider threaten me with beating	Yes	69	20.3
		No	271	79.7
	The care provider tied me on a delivery bed	Yes	16	4.7
		No	324	95.3
	Did the care provider use fundal pressure	Yes	63	18.5
		No	277	81.5
	Denied fluids in labor unless medically necessitated	Yes	77	22.6
		No	263	77.4
	Did your caretakers or families ordered to clean the room	Yes	22	6.5
		No	318	93.5
Non-consented care	Did the provider introduce himself/herself to you and your companion	Yes	129	37.9
		No	211	62.1
	The care provider share the findings of initial assessment	Yes	133	39.1
		No	207	60.9
	The provider encourage me to ask questions	Yes	183	53.8
		No	157	46.2
	The provider explain to me what was being done and what to expect	Yes	179	52.6
		No	161	47.4
	Episiotomy without permission	Yes	22	6.5
		No	318	93.5
	Labor augmentation without permission	Yes	6	1.8
		No	334	98.2
	Blood without information	Yes	3	0.9
		No	337	99.1
	Did the care provider coerce you to undergo C/S	Yes	9	2.6
		No	331	97.4
Non-confidential care	Did the care provider use physical barrier so that your privacy was kept during the labor and delivery processes	Yes	286	84.1
		No	54	15.9
	Were there other persons allowed to enter the room while you are naked on the bed	Yes	45	13.2
		No	295	86.8
	Providers discussed my private health information in a way that others could hear	Yes	12	3.5
		No	328	96.5

Table 4Category and type of disrespect and abuse reported by mothers during childbirth, Gurage zone, 2020

Non-dignified care	Did the care provider speak politely	Yes	169	49.7
		No	171	50.3
	Did the care provider humiliate/intimidate you at least one times	Yes	105	30.9
		No	235	69.1
	Providers made negative comments during labor/blame you	Yes	92	27.5
		No	248	72.5
	Providers shouted at or scolded you during labor	Yes	110	32.4
		No	230	67.6
	Did your companion allowed to enter the room	Yes	244	71.8
		No	96	28.2
Discrimination	Healthcare providers discriminated you because of your traditional belief	Yes	16	4.7
		No	324	95.3
	Healthcare providers discriminated you because of your religion	Yes	10	2.9
		No	330	97.1
	Healthcare providers discriminate you because of your educational status	Yes	37	10.9
		No	303	89.1
	Healthcare providers discriminated you because of you are from rural area	Yes	20	5.9
		No	320	94.1
	Healthcare providers discriminated you are RVI patient	Yes	2	.6
		No	338	99.4
	Healthcare providers discriminated you because of your age	Yes	20	5.9
		No	320	94.1
Abandonment/ neglect of care	The provider left me alone or unattended	Yes	78	22.9
		No	262	77.1
	Did you give birth in health institution by your self	Yes	3	0.9
		No	337	99.1
	Have you encountered a life-threatening condition	Yes	0	0
		No	340	100
Detention in a health facility	Discharge was postponed until hospital bills were paid	Yes	0	0
		No	340	100

5.5 Factors associated with disrespect and abuse during childbirth

Binary logistic regression was performed to assess the association of each independent variable with disrespect and abuse. Factors that showed a p-value of 0.25 or less were included in the multivariable regression model. The results of the bivariate analysis showed that the monthly income of the respondent's husband, age of the respondent, being from rural area, being out of Gurage ethnicity and the main healthcare provider attending the delivery were significantly associated with disrespect and abuse. The result of multiple logistic regression analysis showed that, the monthly income of the respondent's husband, age, ethnicity and main birth attending the delivery were significantly associated with disrespect and abuse ($p<0.05$). Respondent's husband monthly income of <2,500 ETB were 1.00 times more likely to have been disrespected and abused than those who had monthly income of ≥2,500 ETB (adjusted odds ratio (OR), 1.00; 95% CI, 1.97 to 2.82). Respondents aged 25-34 were 1.33 times more likely to have been disrespected and abused than respondents aged 15-24 and >/=35 (OR, 1.33; 95% CI, 1.008 to 1.753). Similarly, respondents who were out of Gurage ethnic were 2.32 times more likely to have been disrespected and abused than who were from Gurage ethnic group(OR, 2.32; 95% CI, 1.15 to 5.40). In addition, mothers who gained treatment other than Midwifery were 3.22 times more likely to have been disrespected and abused than those who treated by midwifery (OR, 3.22; 95% CI, 2.24 to 4.57) .

6 DISCUSSION

This study identified the prevalence and associated factors of disrespect and abuse of women during childbirth at a health facility. In this study, only less than quarter of women reported compassionate and respectful care during childbirth. This proportion is lower than was reported in a previous study conducted in Ethiopia in Arbaminch town, which showed that the prevalence of disrespect and abuse was 98.9%(3). This discrepancy might be due to the small sample size of the previous study and differences in the sociodemographic factor that was used.

Furthermore this proportion is lower than was reported in a previous study conducted in Ethiopia in Jimma University Medical Center which showed the prevalence of disrespect and abuse during childbirth was 91.7%(7). Similarly, this rate is lower than was reported in a study conducted in a teaching hospital in southeastern Nigeria 98.0%(12) and the finding in this study is lower than the study conducted in tehsil Kharian of district Gujrat, Pakistan 99.7%(10). This discrepancy may be due to sociocultural and socioeconomic differences that affect professionals' behavior and their reactions in the context of clinical care.

Approximately similar finding to this rate was reported in a study conducted in the district of Aligarh, north India 84.3%(6). As the same as our finding non-consented care comprises the highest percent from other criteria 71.1% and detention comprises the least percent 3.3%(6).

In contrast, this rate is higher than was reported in a study conducted in Ethiopia in Gondar University hospital, which showed 75.1% prevalence(14), in Addis Abeba which showed 78% prevalence(13), and across four Ethiopian regions 74%(26). Similarly, our result is much higher than was reported in Tanzania and Kenya, which showed 15.0 and 20.0% prevalence, respectively (9, 12, 20, 25). This discrepancy may be due to sociocultural and socioeconomic differences that affect professionals' behavior and their reactions in the context of clinical care.

Even though the Ethiopian Ministry of Health advocates for companionate and respectful care in all settings, this finding indicates that there is a greater need to improve the maternity care that women receive. The most frequently reported forms of disrespect and abuse were non-consented care and non-dignified care, which were also found to be common in a Gondar study(14). Women are often not given a chance to select the type of care they want to receive, and very minimal information on the childbirth process is given. Asking women for consent is an important measure of showing respect for the laboring mother. In this study, three of four laboring mothers received non-consented care, which is a higher rate than was reported in studies conducted in Gondar 63.3%(14), western Ethiopia 54.1%(16), Kenya 4.2%(12), and Tanzania 3.5%(9). During childbirth, non-dignified care can occur in various forms, ranging from not introducing himself/herself to shouting or even blaming for being pregnant. In low-income countries where delivery at a health institution is less common, this kind of behavior on the part of health care providers will further decrease women's intention to give birth at health facilities. It is also women's right to receive respectful maternity care.

According to our findings, the next most common category of disrespect and abuse experienced by women was non-dignified care (67.4%). This rate is higher than was reported in studies conducted in Gondar (12.7%) and in western Ethiopia (34.6%(7, 14)). This discrepancy might be

due to differences in the study period and location. This study revealed that a significant number of mothers had received care in a culturally inappropriate way (4.7%), been subjected to physical force or slapped (23.5%), and humiliated (30.9%) by healthcare providers. The declaration of the universal rights of childbearing women states that healthcare providers must protect the patient's privacy and confidentiality during any procedure and when handling a woman's information(28). In contrast, this study revealed that 28.5% of women had been provided care in a non-confidential manner. This could be due to the lack of appropriate physical barriers at health facilities and/or poor understanding of the importance of confidentiality during childbirth among healthcare providers. This rate is lower than was reported in a study in Gondar(14), in western Ethiopia(16), Kano Nigeria(20) and higher than was reported in a study in Tanzania (9) and Kenya(12). This inconsistency might be due to differences in healthcare policies and programs that have been implemented.

In this study next to that of non-confidential care, Abandonment of care is most prevalent category of disrespect and abuse experienced by women(23.8%). This rate is higher than was reported in Aligarh, north India 10.2%(6), Tanzania 8%(9), Gondar 12.7%(14) and lower than was reported in Kano Nigeria 84.5%(20) and western Ethiopia 25.2%(16). This inconsistency may be due to the small sample size of this study and differences in the study period.

Discrimination during the provision of service was reported by 20.3% of the participants in this study. This study revealed that some of mothers had received care in a culturally inappropriate way (4.7%). The final category of disrespect and abuse reported in this study was detention in the health facility 0%. This is due to the freeness of the service.

In this study, husband's income was significantly associated with disrespect and abuse. Mothers whose husband had a low family income were more likely to have experienced disrespect and abuse. This finding is consistent with a similar study that was conducted in western, Ethiopia(16). The findings of this study also showed that being out of Gurage ethnic was significantly associated with disrespect and abuse. In addition, reports of disrespect and abuse increased with birth attendant is not midwife. This finding is consistent with a study conducted in Bahirdar Ethiopia(4).

Strength of the study

The major strength of the study is the analysis of each violation of women's rights separately. This indicates what to prioritize for intervention. Moreover, as the interview was carried out during discharge time, recall bias was minimized.

Limitation of the study

However, the study would have been more comprehensive if it had been supported by direct observation and included more health institutions.

7 CONCLUSION AND RECOMMENDATION

7.1 Conclusion

In conclusion, this study revealed that the prevalence of disrespect and abuse during labor and delivery was high (85.6%) in the Wolkite area public health institutions, Gurage zone, Ethiopia compared to Bahirdar town(4). The majority of mothers, who gave birth, especially at Publicl health institutions, experienced at least 1 form of disrespect and abuse. Monthly husband's income, age, ethnicity, and profession of main birth attendant were factors significantly associated with disrespect and abuse. Abusive and disrespectful care at health facilities is a serious concern, which merits due attention to promote women-friendly care for all women. It is essential that the economic empowerment of the family and increasing friendly relation between childbearing women and the health care providers in order to improve access to high-quality medical services and to minimize disrespect and abusive care.

7.2 RECOMMENDATIONS

The prevalence of disrespect and abuse at the health care facilities in the study area is very high. This needs health managers' especial attention.

According to this result, we recommend that:-

Health workers efforts to improve respectful maternity care should consider such factors that are associated with mistreatment of women in health facilities. Health providers need to provide culturally sensitive women-centered care considering particular needs of each woman (younger versus older women) and continuously monitor experiences of women. National and regional level policy makers and program managers should investigate reasons for lower case load per provider in some health facilities to make appropriate corrective measures. Family income methods should be improved. Since this study was limited to quantitative data only, we recommend to other researchers to conduct further studies by involving both qualitative (direct observation) and quantitative data collection method.

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CONSENT FORM

Wolkite University College of medicine and health science department of nursing.

Questionnaires prepared to assess the prevalence of disrespect and abuse during facility-based childbirth and its associated factors among Wolkite area public health institutions, Gurage zone, south Ethiopia, 2020.

Read for the study participants.

INTRODUCTION AND PURPOSE OF THE STUDY.

Good morning/ good afternoon!

My name is----------, we are doing a research on the prevalence of disrespect and abuse during facility-based childbirth and its associated factors among Gurage zone health institutions and now we are collecting information. The purpose of this study is to identify the prevalence and associated factors of disrespect and abuse during facility based childbirth. Hoping that we will find constructive information from you I selected you to participate in this study. I will ask you questions about the service given for not more than 30-40 minutes. Participation in the research is voluntary and you can withdraw after beginning if uncomfortable. Since this research is for advancement of knowledge only, no monetary motivation is available but the researcher greatly appreciates your participation. If you have a time to answer my question, you do not have to worry about the process that we are going to do. Since your name and anything about you is not mentioned in the paper the information you that you are going to give will be kept confidentially. However, the information you by benevolence will have a great role to improve the quality of childbirth service for the future. The information you give today will not affect your future service utilization from this health institution so that you do not to worry.

So are you willing to participate actively and honestly?

Yes----------

No---------- Date----------

Part I. General Information about the health institutions

Instruction: Circle the number(s) under the answer section according to the respondents' answer or write the response on the blank space provided. NB: Do not forget skipping when appropriate.			
SN	**Question**	**Answer**	**Remarks**
1.	Name of the health institution		

Part-II Socio-demographic characteristics

SN	**Question**	**Response**	**Remarks**
1.	How old are you?	_____ years	
2.	What is your occupation?	1. House wife 2. Government employee 3. Private business 4. Other (Specify) _____	
3.	To which ethnic group do you belong?	1. Gurage 2. Oromo 3. Amhara 4. Silte 5. Other (Specify) _____	
4.	To which religious groups do you belong?	1. Orthodox (Christian) 2. Protestant (Chrsitian) 3. Muslim 4. Other (Specify) _____	
5.	What is your marital status?	1. Married 2. Divorced 3. Single 4. Widowed 5. Separated	
6.	What is the highest grade you completed?	1. No formal education /can't read & write 2. No formal education but can read & write 3. Elementary school (grade 1 -4) 4. Secondary school(Grade 5-8) 5. High school/prep.(grade 9 -12) 6. Above grade 12	
7.	What is the educational level of your husband?	1. No formal education /can't read & write 2. No formal education but can read & write 3. Elementary school (grade 1 -4) 4. Secondary school(Grade 5-8) 5. High school/prep.(grade 9 -12) 6. Above grade 12	
8.	What is your monthly income level in Ethiopian Birr (ETB)?	_____ ETB	Write 0 if the respondent does not has her own income
9.	What is the monthly income level of your husband?	_____ ETB	Write NA if no husband
10.	Where are you living now? (Residence)	1. Urban area 2. Rural area	

Part III Obstetric characteristics

SN	Question	Response	Remarks
1.	How many times did you give birth? (Parity)	_____ times	
2.	Do you have ANC follow up during the current pregnancy?	1. Yes 2. No	
3.	Do you have a history of previous institutional birth	1. Yes 2. 2. No	
4.	How many birth attendants did assist you during the current birth?	_____	
5.	Who was the main birth attendant during this birth (the person who deliver the baby)	1. Midwife 2. Nurse 3. Medical doctor 4. Medical Intern 5. Student 6. Health officer 7. Integrated emergency surgery officer 8. I do not know	Please check from the chart to confirm
6.	What is the sex of the main birth attendant?	1. Female 2. Male	
7.	At which time did you give birth?	1. Daytime 2. Night time	

Part IV Respectful maternity care related questions

I.	Physical abuse		
SN	**Question**	**Response**	**Remarks**
1.	Did the birth attendants/the care providers use physical forces (**slapping, pinching, beating /hitting**) against you while you were in a labor pain?	1. Yes 2. No	If yes, circle all applicable from the bolded
2.	Did the birth attendant(s) threaten you with beating to let you obey their order?	1. Yes 2. No	
3.	Have you tied down on a delivery bed when you were in labor?	1. Yes 2. No	
4.	Did the health care provider(s) suture your perineum?	1. No 2. Yes	If no, go to Q # 6
5.	If so, did they use local anesthesia so that it was pain-free?	1. Yes 2. No	
6.	What birthing position do you prefer to give birth?	1. Kneeling 2. Squatting 3. Lithotomy 4. Other ___	
7.	Did the care providers allow you to assume the position of your choice during the current childbirth?	1. No 2. Yes	
8.	Did the birth attendants(s) allow you to move around (Ambulate) during the course of the labor?	1. No 2. Yes	If yes, go to Q # 10
9.	If No, have they told you that you have a medical condition or you are in advanced labor or any other reason why they have not allowed you to do so?	1. No 2. Yes	
10.	Did the birth attendants push your tummy down to deliver the baby (used fundal pressure)?	1. Yes 2. No	
11.	Were you restricted from drinking any fluid throughout the labor course?	1. Yes 2. No	

12.	Did the care providers order your caretakers/family to clean the delivery bed/room?	1. Yes 2. No	

II.	**Non-consented Care**		
SN	**Question**	**Response**	**Remarks**
1.	Did the care provider introduce him/herself to you and your companion	1. No 2. Yes	
2.	Did the care providers share the findings of your initial assessment with you and or your families?	1. No 2. Yes	
3.	Did the care providers encourage you to ask questions?	1. No 2. Yes	
4.	Did the care providers(s) explain to you what is being done and what to expect throughout the labor and birth process?	1. No 2. Yes	
5.	Have you undergone an episiotomy?	1. Yes 2. No	If No, go to Q # 7
6.	If Yes, did the birth attendant explain the indication and asked your permission/consent before she/he cut?	1. No 2. Yes	
7.	Have you undergone a cesarean section?	1. Yes 2. No	If No, go to Q # 9
8.	If Yes, did the care providers explain the indication and asked you to sign consent/ permission?	1. No 2. Yes	
9.	Was your labor augmented?	1. Yes 2. No 3. I don't know	If 2 or 3, go to Q # 11
10.	If Yes, did the care providers explain the indication and asked your permission before putting you on the medication/oxytocin?	1. No 2. Yes	
11.	Did you receive blood during the course of labor and delivery?	1. Yes 2. No	If No, go to Q # 13
12.	If you were given blood, were you informed about the indication and was your/your families/ permission asked before the procedure is started	1. No 2. Yes	
13.	Did the care providers coerce you to undergo C/S?	1. Yes 2. No	

III.	**Non-confidential care**		
SN	**Question**	**Response**	**Remarks**
1.	Did the health care providers use curtains or other physical barriers so that your privacy was kept during the labor and delivery processes?	1. No 2. Yes	
2.	Were other persons apart from the care providers allowed to the room you were giving birth who could observe you while you are naked on the bed?	1. Yes 2. No	
3.	Did the birth attendants share your secret information with other non-concerned persons? Or don't you trust them that your secret is likely to be shared with others?	1. Yes 2. No 3. I don't know	

IV.	**Non-dignified Care**		
SN	**Question**	**Response**	**Remarks**
1.	Did the care provider speak to you politely throughout the course of the labor	1. No 2. Yes	
2.	Did the care provider intimidate/ humiliate you at least one times?	1. Yes	

		2. No	
3.	Did the care provider blame you for getting pregnant or shouting/crying due to the pain of the labor?	1. Yes 2. No	
4.	Did the care provider shout at you to calm you down?	1. Yes 2. No	
5.	Did the care providers allow your companion to enter the delivery room?	1. No 2. Yes	

V.	**Discrimination based on specific patient attributes**		
SN	**Question (Perceived discrimination)**	**Response**	**Remarks**
1.	Did the care provider discriminate you because of your traditional belief?	1. Yes 2. No 3. NA	
2.	Did the care provider discriminate you because of your religion?	1. Yes 2. No	
3.	Did the care provider discriminate you because of your educational status?	1. Yes 2. No 3. NA	
4.	Did the care provider discriminate you because you are from rural area/ from a very far distance?	1. Yes 2. No 3. NA	
5.	Did the care provider discriminate you because you are RVI patient?	1. Yes 2. No 3. NA	
6.	Did the care providers discriminate you because of your age?	1. Yes 2. No	

VI.	**Abandonment of Care**		
SN	**Question**	**Response**	**Remarks**
1.	Have you ever left alone without the care provider nearby you while you were in labor and needed help?	1. Yes 2. No	
2.	Did you give birth in the health institution by yourself because the care providers were not around you?	1. Yes 2. No	
3.	Have you encountered a life-threatening condition for which you have shouted for help but could not get anyone reached you in time?	1. Yes 2. No	

VII.	**Detention in Health facilities**		
SN	**Question**	**Response**	**Remarks**
1.	Did the health care providers detain you in the health facility because of payment of because you have pose damage to the property of the health institution?	1. Yes 2. No	

Thank you very much for your participation.