



**WOLKITE UNIVERSITY**  
**COLLEGE OF MEDICINE AND HEALTH SCIENCES**  
**DEPARTMENT OF MIDWIFERY**

**OBSTETRIC VIOLENCE AMONG WOMEN WHO GAVE BIRTH AT  
WOLKITE UNIVERSITY REFERRAL HOSPITAL IN GURAGE ZONE, SNNP  
REGION, SOUTH ETHIOPIA, 2020**

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**THE RESEARCH PAPER SUBMITTED TO WOLKITE UNIVERSITY,  
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**Wolkite, Ethiopia**

OBSTETRIC VIOLENCE AMONG WOMEN WHO GAVE BIRTH AT WOLKITE  
UNIVERSITY REFERRAL HOSPITAL IN WOLKITE TOWN, GURAGE ZONE, SNNP  
REGION, SOUTH ETHIOPIA

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## APPROVAL SHEET

This is to certify that the student research result paper entitled with prevalence of obstetric violence among women who gave birth at Wolkite university referral hospital in Gurage zone, SNNP region, south Ethiopia, 2020, submitted in partial fulfillment of the requirements for the bachelor of degree in Midwifery and was recorded as original work carried out by our group members.

The assistance and help received during the course of this work have been duly acknowledged. Therefore, we advisors, recommends that it is accepted as fulfilling the requirements.

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## LIST OF ABBREVIATION

ANC .....Anti Natal Care

CRMC.....Compassionate and Respectful maternity Care

FMOH..... Federal Minster of Health

L\$ D.....Labor and Delivery

MMR .....Maternal Mortality Ratio

PHCU .....Primary Health Care Unit

SVD .....Spontaneous Vaginal Delivery

TRA.....Translating Research to Action

USAID.....United State Agency for International Development

WHO .....World Health Organization

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## ABSTRACT

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

**OBJECTIVE:** assess the obstetric violence among women who gave birth at Wolkite University Referral Hospital SNNP Region, South Ethiopia, 2021

**Methods:** Institutional based cross-sectional study was conducted among women, who gave birth at Wolkite University Referral Hospital from December to January 2021. Data will be collected by using Systematic random sampling technique. Data was collected using a Semi structured questionnaire adapted from literatures, then; the data was entered using EP- info version seven statistical software and analyzed using SPSS version 21. minimize the confounding effect of independent variables on outcome variable, p-values less than 0.05 had taken as statistically significant.

**Result:** Out of three hundred thirty three study participants, had been participated in the study with a response rate of 100%. Two third (90.4%) of women reported that they had had been subjected to at least one form of OV during labor and delivery. The reported forms of obstetric violence include physical abuse- 454 (17.%), Non- consented care-626 (20.8%), Non confidential - 626 (24.2%), Non- dignified care- 478 (28.7%), Discrimination -109 (5.4%), Neglected care-191 (19.1%), Detention- 9 (2.7%).

**Keywords:** Ethiopia, Skilled Birth, Obstetric Violence, Compassionate Care,

## CHAPTER ONE: INTRODUCTION

### 1.1 Background

Obstetric violence during childbirth when women who experienced at least one of the following activities by the care provider on the client physical abuse, non-consented care non-confidential care, non-dignified care, discrimination based on specific patient attributes, neglect care, detention in facilities; measured using seven criteria (3) a women who answers yes to at list one of the criteria then she will be considered as being abused at the time of labor and delivery Obstetric violence is defined as any form of inhumane treatment or uncaring behavior toward a woman during Labor and Delivery (2). Laboring mother may face different obstetric violence treatment during facility child birth. These include physical abuse, lack of consent for care, non-confidential care, undignified care, abandonment, discrimination and detention in facilities for failure to pay user fees(4).

### 1.2 Statement of the problem

Globally more than half a million women die annually as a result of pregnancy and childbirth related complication. Even though different intervention was made to reduce maternal mortality and morbidity every day around 800 women die from preventable causes related to pregnancy, childbirth and following child birth (5)

In 2013, 289,000 women died in pregnancy, childbirth and after childbirth and this translated to 239 maternal deaths per 100,000 live births. Over 99% of these deaths occurred in low income countries especially sub-Saharan Africa (6).

In Africa the Maternal Mortality Ratio is still 540 per 100, 000 live births, it accounts for 64% of maternal deaths (7). Ethiopia has one of the highest maternal mortality ratios (MMR) that is 412 maternal deaths per 100,000 live births (8).

Obstetric violence maternal care is reported to be one of the causes of maternal mortality and morbidity .It is a major problem that affects women during labor and delivery and it is one of the most important barriers to maternal service utilization(5, 9). but it received less attention as compared to other barriers of access and choice of maternal care during labor and delivery (3).

World Health Organization has recognized obstetric violence maternal care during facility based delivery as a worldwide problem that affects women's rights to compassionate and respectful maternity care service utilization and also damage their lives freedom and bodily integrity even leads to death (6).

During laboring and deliver there is obstetric violence but it is unspoken this has been attributed to courtesy bias where women tend not to report obstetric violence while still in the health facility (10).

Worldwide Many women experience obstetric violence treatment while giving birth in health facilities. These types of treatment not only violate the rights of women to get respectful maternity care service but can also affects their rights to life, their rights of health, there bodily integrity and freedom from discrimination(11).

In developing countries, the lack of compassionate and respectful care during childbirth continues to raise problems, as shown by maternal mortality and morbidity that could be attributed to low maternity quality of care (12).

Since 2003, the Ethiopian Federal Ministry of Health has worked to increase the number of health facilities in the country and better connect communities to facilities to improve access to and uptake of maternity service. However, recent work suggests that improving access is not enough to increase use, and that poor perceived quality of care and poor interpersonal care discourage women from seeking delivery services at health facilities with skilled personnel (13)

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(14).

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

Ethiopian federal minster of health (FMOH) aspires to provide compassionate and respectful maternity care (CRMC) by reducing high prevalence of obstetric violence during labor and delivery in health facilities. Because motherhood is specific to women, issues of gender equity and gender violence are also at the core of maternity care(16).

Promoting maternal health remains an important global health issue and especially the reduction of maternal morbidity and mortality. Lack of compassionate and respectfully maternity care during labor and delivery 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 an environment where they feel secure to receive both emotional and physical support from their families as well as from health professionals (17)

Compassionate and respectful maternity care during laboring and delivery considered an important component of health care provider quality assurance program. For the quality of maternal care service utilization (2, 18), assessing the existing status of obstetric violence maternity care during facility-based is very important to increase institutional delivery coverage which in turn decreases maternal and neonatal morbidity and mortality as the results of this study will be used to design appropriate intervention programs to address the problem .

Even though few facilities based studies were conducted in Ethiopia(19) but there is no study in this area. Thus, the objective of this study is to assess the status and of obstetric violence during childbirth at health facility in the Wolkite town , SNNP Region, South Ethiopia, 2020.

### 1.3 Significance of the study

For the quality of maternal care service utilization (2, 18), assessing the existing status of obstetric violence maternity care during facility-based is very important to increase institutional delivery coverage which in turn decreases maternal and neonatal morbidity and mortality as the results of this study will be used to design appropriate intervention programs to address the problem. Obstetric violence of women during delivery at health facilities occur throughout the world especially, in developing countries like Ethiopia, this phenomenon has been reported to one of cause of maternal mortality and morbidity (19). It is a major problem that affects women during labor and delivery, and is one of the most important barriers to maternal health service utilization. However, it has received less attention in research and practices than other barriers to access and choice of maternal care during child birth in health facility (1).

Therefore, based on the previous literatures we have found that obstetric violence of women during child birth in health facility occur globally and it is still be a major women health issues. As a result, this study will be beneficial in many aspects .it provides crucial information on the states of obstetric violence of women during childbirth in health facility in the study area.

The aims of this study to assess the obstetric violence and it associated factor among who give birth at public health facility in Wolkite Town, SNNP Region, South Ethiopia, 2020. Have not yet known researches done before in this area. Thus it could and it can be used to policy makers and different researchers.

## CHAPTER TWO: LITERATURE REVIEW

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

### 2.1 Obstetric violence in Global

Globally a recent conducted systematic review result showed that proportion of women who reported experiencing any mistreatment during facility based child birth was 19.5%(30). A study conducted in rural Tanzania showed that the prevalence of obstetric violence during child birth was found to be around 19.5% as exit interview and 28.2% as follow-up interview(4).The same study conducted in Tanzania to explore the prevalence of obstetric violence during facility based child birth revealed that 15 % of women reported obstetric violence (22). Cross-sectional study done on women coming to the immunization clinic in a teaching hospital in south-eastern Nigeria showed that 98 % reported obstetric violence during child birth (18). A study cared out in Kenya to explore the prevalence of obstetric violence during child birth revealed that 20% of laboring mother experience obstetric violence (23).

### 2.2 Obstetric violence in Sub Saharan Africa

Facility based cross sectional study conducted in sub-Saharan Africa, 2012 stated that long term exposure of providers to service provision can lead to poor morale, compassion fatigue, and mistreatment of clients (40).

### 2.3 Obstetric violence in Ethiopia

Institutional based cross sectional study conducted in Addis Ababa, 2015, on statues of respect full maternity care during child birth showed that 78% of mother reported obstetric violence (19).

## 2.4 Category of obstetric violence during labor and delivery

### 2.4.1 Physical abuse

Physical abuse often took the forms of slapping, hitting, kicking or pinching the women (2). Cross-sectional study conducted in urban Tanzania, 2016, showed that from 1914 participant in the study 15 % of respondents reported any form of obstetric violence. Physical abuse account 5% (24).

On other hand the qualitative study conducted in the Morogoro Region, Tanzania, 2014, on experiences of and responses to obstetric violence maternity care during childbirth; showed that from 112 participants all of the mother report physical abuse(25).

A Cross sectional analysis of baseline data from a quasi-experimental study in Kenya, 2015, in thirteen health facility revealed that from the 641 participant 20% percent of women reported any form of obstetric violence. Physical abuse accounts 4.2% (23).

Facility based cross sectional study in Ghana, 2015, revealed that physical abuse 35.7 % (18). On other hand cross-sectional study that was done in Addis Ababa, 2015, on the Status of respectful and non-abusive care during facility-based child birth shows that from the total of 173 mothers interviewed 78% of respondents experienced one or more categories of obstetric violence. Out of this physical force or slapped accounts 2.3 % (19).

### 2.4.2 Non-Confidential care

Non-confidential care occurs when there is a breach of privacy and confidentiality. Violation of privacy occurs when there is a physical lack of privacy in facilities where women labor and deliver in public view, that is, without any privacy barriers in front of other hospital staff and/ or patients (3).

Cross-sectional study conducted on the obstetric violence treatment during facility delivery in Tanzania showed that from 1779 women participated 3.5% of women experience of non-confidential care (4).

On other hand facility based cross sectional study conducted in urban Tanzania showed that 15% of women reported obstetric violence. From this non-confidentiality care Accounts 2% (25). The same study which is conducted in Kenya showed that 8.5% of women experiencing Non-confidential care during labor and delivery (L and D) (23).

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

#### **2.4.3 Non -Dignified Care**

Non-dignified care as described in literature is said to happen when there is intentional humiliation, blaming, scolding, shouting, publicly divulging private patient information, and negative perceptions of care(3). Globally a recent conducted study revealed that “non -dignified care (12.9%) (30).

Facility based cross sectional study which was conducted in Ghanaian, 2015, showed that Non-dignified care account for 29.6% of the (18). On the other hand in the Kenyan study, 2015, 20 % of the women reported any form of obstetric violence during facility based laboring and delivery; non-dignified care account 18% (23).

A cross- sectional facility based study was done in Tanzania, 2016, The prevalence of obstetric violence during facility-based childbirth on 1914 post-natal mother 15 % of respondents reported experiencing any obstetric violence Non--dignified care account 6%(24).

#### **2.4.4 Non - consented care**

Non-consented care is said to occur when providers do not give women the adequate information about the medical procedures and do not take both written and verbal informed consent from patients regarding procedures (2).

Study which was conducted in Ghanaian showed that 98% of women reported any form of obstetric violence. None consented care which accounts 54.5 % (18). On the other hand in the Kenyan study 20 % of the women reported any form of obstetric violence during facility based laboring and delivery. In terms of categories of obstetric violence non consented care accounted 4.3% (23). A study conducted Palestine, showed that 36% of the women reported having had high number of vaginal examinations (5-12times) without taking any prior informed consent, and having felt humiliation on being examined by multiple providers instead of a single provider (31).

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

#### **2.4.5 Discrimination**

As stated in literature when health care provider made discrimination during childbirth based on a woman race, ethnicity, age, language, traditional beliefs and preferences, economic status, and educational level(2).

A study which is conducted in Ghanaian showed that 98% of all the respondents reported experiencing obstetric violence during laboring and delivery from this discrimination accounts 20%(25).

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

Similarly, study which is conducted in Bangladesh and Kenya showed that rich women received care earlier as compared to the poor, despite the seriousness of the medical condition. The poor were denied care even for the services which are provided free of cost by the government (16, 34).

#### **2.4.6 Neglect care during laboring and delivery**

As discussed in literature women are often left alone during labor or delivery at a facility; do not receive any medical attention or follow-up; give birth by them; or have others assist them other than the health providers. According to the study conducted in rural Tanzania showed that 14.24% of women reported that being ignored by the health worker during labor and delivery (4).

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

#### **2.4.7 Detention in Health Facilities**

As listed from literature Laboring mother or their babies are often detained in the facilities when they are not able to pay the bills during and after labor and delivery(2).

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

#### **2.5 Factors Associated with obstetric violence**

The idea of respectful maternity care is attained when labor and delivery services are free from obstetric violence; although obstetric violence during labour and deliveries has not been exhaustively studied. But different facility based literature result showed that obstetric violence are derived from multi-dimensional sources like at individual level, at health facility level and from provider level (3). Factors associated with obstetric violence are summarizes as socio-demographic factors and obstetric related factors.

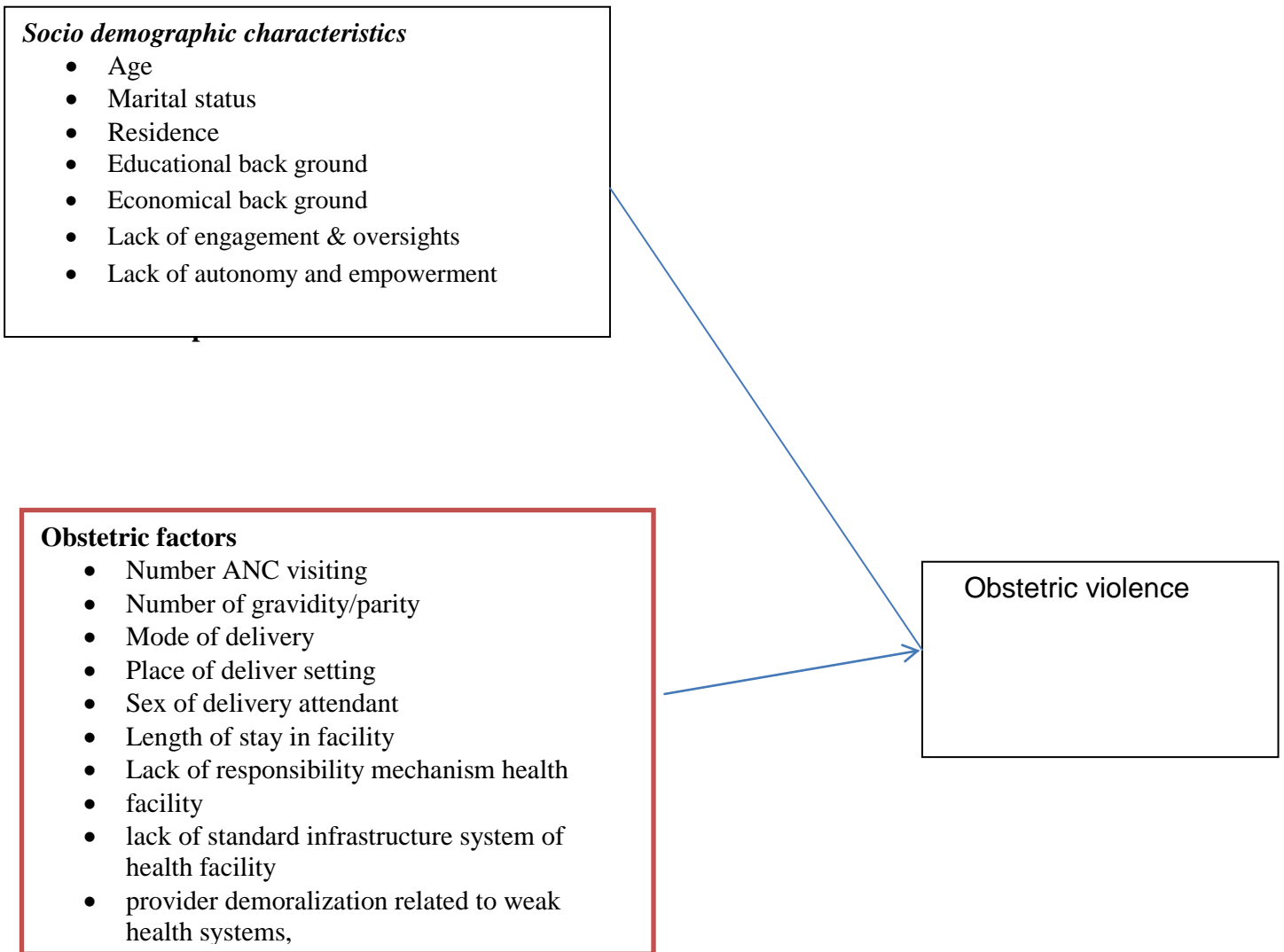
##### **2.5.1 Socio-Demographic characteristics**

Facility based cross sectional study conducted on obstetric violence treatment in Tanzania, 2014, Showed that educational back ground of the mother were significantly associated with their experience of obstetric violence. Women who attended secondary education or greater were more likely to report obstetric violence than uneducated (4).

In other study result showed that, economic background and Age of the mother were significantly associated with their experience of obstetric violence during giving birth; 66.6% of age <20 and only 27.7% of mother with age of >30 years" experience obstetric violence(37).Study in Kenya showed that women with age of under 19 were more likely to violence during labor and delivery than those aged 20-29(23). When we summarize socio demographic characteristics .....These are potential contributing factors that arise from individual like normalization of obstetric violence during laboring and delivery, lack of engagement and oversight, financial barriers, lack of autonomy and empowerment(2)..

### ***2.5.2 Obstetric characteristics***

Study conducted on obstetric violence treatment in Tanzania, 2014, showed that obstetric history of mother was significantly associated with their experience of obstetric violence. Women who had developed any complications during labor and delivery and who stayed in the facility for delivery for less than 1 day were more likely to report experiences of obstetric violence(4). These potential contributing factors arise from hospital or health center like lack of standards infrastructure and lack of responsibility mechanisms (2). Direct observational facility based study conducted in five countries showed that those women who received ANC were less likely to complain obstetric violence than those who did not (35). Cross-sectional study which is conducted in Kenya found that the most identified factors at provider level which leads to obstetric violence were poor provider attitudes, poor relationships with clients, lack of legal and ethical foundations for addressing obstetric violence and provider prejudice due to lack of training (23). On other hand study conducted in Kenya, 2015, 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 and also normalization of obstetric violence, lack of autonomy and empowerment, was identified factors for obstetric violence during labor and delivery (23). Health service provider like provider prejudice; professional level; provider demoralization related to weak health systems, shortages of human resources and poor professional development opportunities; provider status and respect(2)



**Figure1. Frame work** is adapted from USAID country TRA project analysis on exploring evidence for obstetric violence during child birth (2, 3, and 15).

## CHAPTER THREE: OBJECTIVES

### 3.1. General objective

- To assess the obstetric violence among women who gave birth at Wolkite University Referral Hospital in wolkite Town, Gurage Zone, SNNP Region, South Ethiopia, 2013Ec.

### 3.2 Specific objectives

- To determinates prevalence of women who experience of obstetric violence among women who gave birth at Wolkite University Referral Hospital in wolkite Town, Gurage Zone, SNNP Region, South Ethiopia.
- To identify obstetric violence components among women who gave birth at Wolkite University Referral Hospital, in wolkite Town, Gurage Zone, SNNP Region, South Ethiopia.

## CHAPTER FOUR: METHODS AND MATERIALS

### 4.1 Study area and period:

The study was done in Gurage Zone at Wolkite University Referral Hospital which is located 175km, south from the capital city of Addis Ababa. The hospital has been operative since 2011. The hospital is providing service for more than 86,645 people of Wolkite town and the catchment area. The maternity division of the hospital is composed of antenatal care (ANC), postnatal clinic (PNC), delivery ward and post op. It's staffed with intern doctor, midwives, obstetrician and supportive staff. In 2019 a total of 2210 births were attended at the hospital. Study was conducted from December to January 2021.

### 4.2 Study design

Institution based cross sectional study was employed to collect data from December to January 2021.

### 4.3 Source of population

All mothers who gave birth at Wolkite University Referral Hospital in Wolkite.

### 4.4 Study population

The study population was all mothers who gave birth at Wolkite University Referral Hospital in Wolkite during the study period.

### 4.5 Eligibility criteria

All mothers who gave birth at Wolkite University Referral Hospital and decided to be discharged at the time of interview during the study period were included.

#### 4.5.2 Exclusion criteria

Mothers who ever experienced loss of consciousness during ante partum or intrapartum period of the indexed pregnancy were excluded.

## 4.6. Sample size calculation and sampling procedure

### 4.6.1 Sample size determination

Sample size for the study is determined using an Open-Epi Version 2, software by considering the following assumptions; 67.1% the proportion of mothers experienced obstetric violence births(1). 95% level of confidence, and 5 % margin of error, the sample size of 340 was obtained. Using the following formula

$$n = \frac{z^2 p (1-p)}{d^2} = \frac{(1.96)^2 \cdot 0.671(1-0.671)}{(0.05)^2} = 340$$

Where:

n=desired sample size of the population

z= standard deviate usually 1.96 which corresponds with 95% confident interval

p=proportion of target population to have the particular characteristics under study

d=degree of accuracy usually 0.05

### 4. 6.2 Sample size determination for associated factor

The mother who experienced obstetric violence due to factor of **ANC visit** with a proportion of 79.4%, level of confidence 95%,margin of error 5%. The sample size is determined by using this formula

$$n = \frac{z^2 p (1-p)}{d^2} = \frac{(1.96)^2 \cdot 0.794(1-0.794)}{(0.05)^2} = 251$$

The mothers who experienced obstetric violence due to factor of **long stay at health facility** its proportion was 89.9%, level of confidence 95%, margin of error 5%, and Sample size makes

$$n = \frac{z^2 p (1-p)}{d^2} = \frac{(1.96)^2 \cdot 0.899 (1-0.899)}{(0.05)^2} = 140$$

The mother who experienced OV due to a factor of **monthly family income** with proportion of 73.5%, level of confidence 95%, margin of error 5%, and its sample size was.

$$n = \frac{z^2 p (1-p)}{d^2} = \frac{(1.96)^2 \cdot 0.735(1-0.735)}{(0.05)^2} = 300$$

So, the largest sample size for this study is 300 and by assuming 10% non-response rate, the final sample size =300\*(1/1-0.10) Then, the final sample size was 333 eligible mothers.

## 4.7 Study Variables

### 4.7.1 Dependent variable

- Obstetric violence

### 4.7.2 Independent Variables

#### **Socio demographic:**

- Age,
- Residence
- marital status,
- religion,
- educational status
- socio economic status
- Monthly income
- Lack of engagement & oversights
- Lack of autonomy and empowerment

#### **Obstetric factors**

- Parity/gravidity
- place of delivery,
- length of stay in hospital,
- antenatal care follow-up,
- Lack of responsibility mechanism health facility
- lack of standard infrastructure system of health facility
- Professional level;
- provider demoralization related to weak health systems,

## 4.8 Operational definitions

**Obstetric violence:** Obstetric violence during childbirth when women who experienced at least one of the following activities by the care provider on the client physical abuse ,non-consented care non-confidential care, non-dignified care ,discrimination based on specific patient attributes, neglect care, detention in facilities; measured using seven criteria(3) a women who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery.

**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 fungal pressure to fasten the delivery of the baby, measured using seven criteria. A women who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery.

**Non-consented care:** 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, blood transfusions, augmentation of labor; and coercing into a medical procedures such as a cesarean section, measured using seven criteria. A women who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery.

**Non-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, measured using three criteria a women who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery.

**Non-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 companion to the labor ward, and ordering to stop crying while they are in labor pain measured using five criteria a woman who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery.

**Discrimination:** Discrimination based on specific client attributes like , age, residence HIV/AIDS status, traditional beliefs, economic status, or educational, measured using three criteria a women who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery.

**Neglect care:** If there is any of the following practices: leaving laboring woman alone, women giving birth by themselves at health facilities, failure of care givers to monitor women in labor and intervene in life threatening conditions, measured using three criteria a women who answers yes to at list one of the criteria then she was considered as being abused at the time of labor and delivery.

**Detention in facilities:** detaining of mothers in health facility because of bills or damage to the property of the health care facility; measured using two criteria a woman who answers yes to at list two of the criteria then she was considered as being abused at the time of labor and delivery.

## 4.9 Data collection method

### 4.9.1 Data collection tool and procedure

A structured Amharic questionnaire and face to face interview was used to collect data on socio-demographic characteristics, obstetric history characteristics, and respectful maternity care related question. The questionnaire was prepared in English and translated into Amharic and back to English to check its consistency. We will use the Amharic version to collect data. After data collection, questionnaires will be reviewed and checked for completeness and relevance by principal investigators.

### 4.9.2 Data quality control

The data collection instrument was pretested for its relevance and clarity to address the research problems appropriately and was corrected prior to the actual data collection period. And also by giving training for the data collectors, and supervisors before the actual data collection. Every day after data collection, data will be reviewed and checked for completeness, accuracy and clarity by the supervisors and principal investigators and the necessary feedback will be offered. Data clean up and cross-checking had done before analysis.

#### **4.9.3 Data analysis and interpretation**

Data was checked, sorted, categorized and coded. After coding, the data will be entered using EPI-info version seven statistical software and then exported to SPSS version 23 for analysis variables. Frequencies, proportion and summary statistics were used to describe the study population in relation to relevant variables. Bivariate and multivariate analysis were carried out to see the effect of each independent variable on the dependent variable. A p-value of less than 0.05 will be considered to be statistically significant.

#### **4.9.4 Ethical Clearance**

Ethical approval was obtained from Research Ethical Committee of the Department of Midwifery. Written Permission was sought from the responsible body of the study setting and informed consent was obtained from each participant after the data Collectors had explained the nature, purpose and procedures of the study. Participants complete the questionnaire only if they chose to do so. Anonymity and confidentiality of the data provided was strictly maintained. Participants were assured that their participation is voluntary, and they have every right to withdraw or refuse to give information at any time in the study without any penalties

#### **4.9.5 Dissemination and Utilization of Results**

The finding of the study was presented and submitted to University of Wolkite, college of medicine and health science, and Wolkite university referral hospital maternity bureau in the form of written document and other concerned bodies through reports and publication on an appropriate journal. Efforts will be made to present the results on scientific conferences and publications would be considered.

## CHAPTER FIVE: RESULTS

### 5.1 socio- demographic characteristics

A total of 333 postnatal women were interviewed making response 100%.Majority of respondent's age range is 20-34 years accounts 96(24.6%). The study participants were predominantly Gurage 165(49.5%) and Muslim 131 (49.5%) by their ethnicity and religion respectively. About 274 (82.3%) are married and more than half 96(28.8%) of participants were housewife by occupation. About 98 (29.4%) of women had never attended any formal education whereas one third 99 (29.7%) of women had attended college and above (Table 1). 262(78.6%) of Womens' were from urban area and 114(34.2%) of respondent have monthly income of 1001-1500.

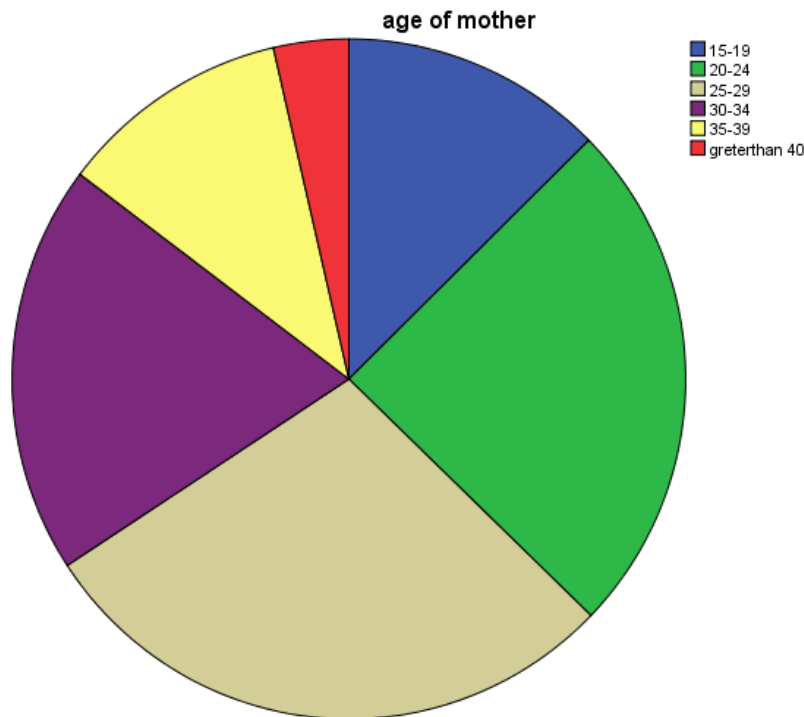


Fig1: Age of respondent

## 5.2 Obstetric characteristics

Majority 278 (83.2%) of respondents had received ANC service during their most recent pregnancy. Nearly two third (69.7%) of women received ANC by midwives and one third of participant were received complete ANC visits and most of them received at health center 156 (46.8%). Gravida three 137 (41.1%) and Para two 108(32.4%). Around half of care provider attended deliveries were male (45 %) and night time (54.4%). Half of study participants delivered by SVD (51.1%). After give birth all respondent (100%) were stayed at health facility (Table 2).

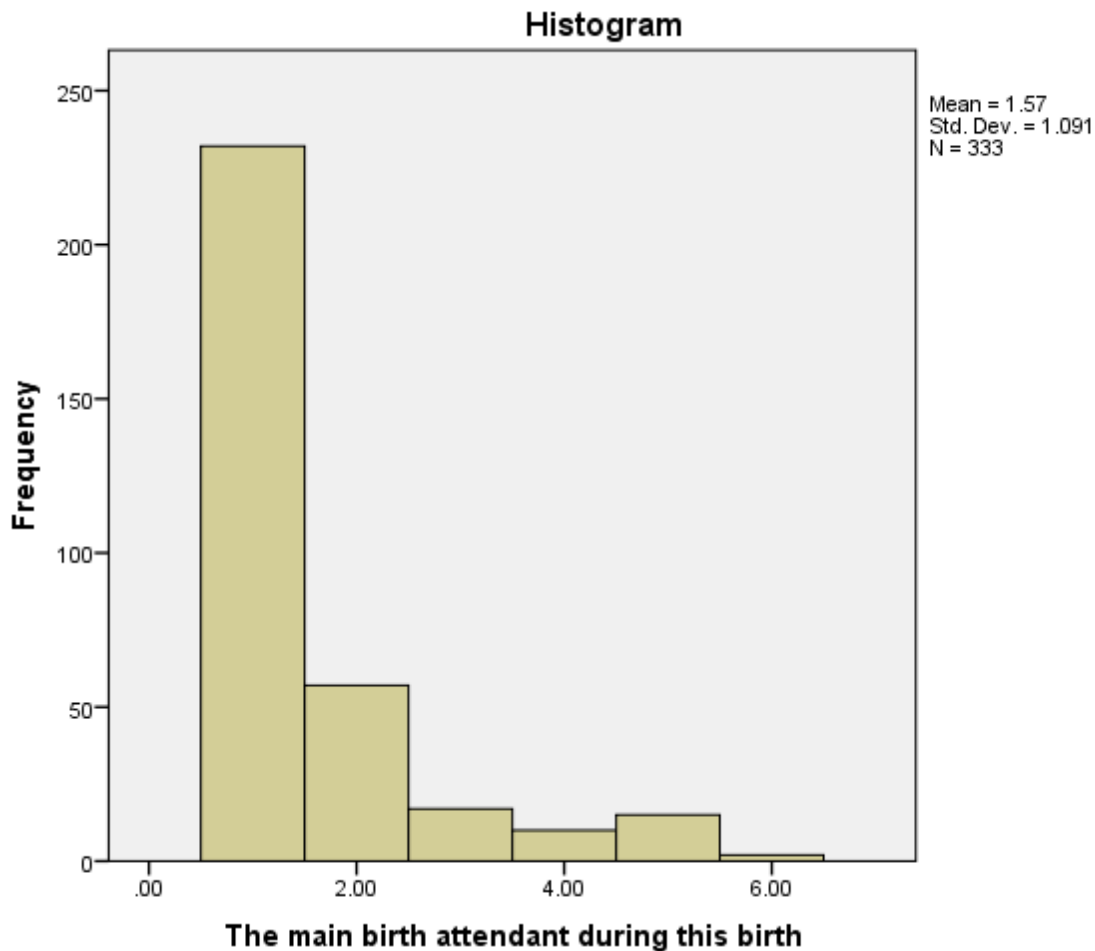


Fig2: - Histogram For Main Birth Attendant

### 5.3 Prevalence and forms of obstetric violence

In the study setting (Wolkite university referral hospital). The overall prevalence of OV found to be 90.4 %. All of seven forms of OV had been reported by the participants.

**Table1. Socio demographic characteristics of women who gave birth at wolkite university referral hospital, South Ethiopia, december to January 2021(n=333)**

Variables	Frequency	Percentage
<b>Age</b>		
15-19	82	12.6
20-24	95	24.6
25-29	65	28.5
30-34	37	19.5
35-40	12	11.1
40 and above	42	3.6
<b>Occupation</b>		
Civil servant	69	20.7
Merchant	89	26.7
Farmer	21	6.3
Student	50	15.0
House wife	96	28.8
Others	8	2.4
<b>Ethnicity</b>		
Gurage	165	49.5
Amhara	62	18.6
Oromo	40	12.0
Tigray	20	6.0
Kembata	38	11.4
Other	8	2.4
<b>Religion</b>		

Orthodox	124	37.2
Muslim	131	39.3
Catholics	40	12.0
Protestant	31	9.3
Other	7	2.1
<b>Marital status</b>		
Married	274	82.3
Single	24	7.2
Widowed	19	5.7
Divorced	15	4.5
Other	1	0.3
<b>Educational status</b>		
Unable to read & write	34	10.2
Only read and write	64	19.2
Primary school	55	16.5
Secondary school	81	24.3
College /university	99	29.7
<b>Husband educational status</b>		
Unable to read & write	35	10.5
Only read and write	86	25.8
Primary school	39	11.7
Secondary school	60	18.0
College /university	113	33.9
<b>Monthly income</b>		
Less than or = 500	15	4.5
501-1000	32	9.6
1001-1500	114	34.2
1501-2000	96	28.8
Above 2001	76	22.8
<b>Residence</b>		

Urban	262	78.6
Rural	71	21.3

**Table 2 Obstetric Characteristics of participants in Wolkite University Referral Hospital, South Ethiopia, 2021(n=333)**

<b>Variable</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Gravidity</b>		
One	52	15.6
Two	112	33.6
Three	137	41.1
Four and above	32	9.6
<b>Parity</b>		
Zero	3	.9
One	103	30.9
Two	108	32.4
Three	107	32.1
Four and above	12	3.6
<b>ANC</b>		
Yes	278	83.5
No	55	16.5
<b>Number of ANC Visit(n= )</b>		
Less than 4	173	52.0
4 and above	105	31.5
<b>ANC received from (n= )</b>		
Doctors	44	13.2
Midwives	226	67.9
Intern doctors	6	1.8
Other	2	0.6
<b>Place of ANC</b>		
Health center	156	46.8

Hospital	82	24.6
Private health facility	40	12.01
<b>History of previous institutional birth</b>		
Yes	222	66.7
No	111	33.3
<b>Number of birth attendants</b>		
1-2	109	32.7
3-4	102	30.6
Greater than 4	15	4.5
<b>Main birth attendant</b>		
Midwife	232	69.7
Medical doctor	57	17.1
Medical intern student	17	5.1
Health officer	10	3.0
Integrated emergency surgery officer	15	4.5
I do not know	2	.6
<b>Sex of main birth attendant</b>		
Female	105	31.5
Male	150	45.0
Both	78	23.4
<b>Type of current delivery</b>		
Normal delivery(SVD)	170	51.1
Vacuum extraction/forceps delivery	58	17.4
Delivery with Episiotomy	39	11.7
Caesarean delivery	66	19.8
<b>Time of delivery</b>		
Daytime	152	45.6
Night time	181	54.4
<b>Stay in health facility</b>		
Yes	333	100.0

No	0	0
<b>Length of days stayed at the hospital after delivery</b>		
Less than 24 hours	168	50.5
24 hours	121	36.3
More than 24 hour	44	13.2

**Table 3: Respectful maternity care related characteristics**

<b>Variable</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>PHYSICAL ABUSE</b>		
<b>Physical force</b>		
Yes	94	28.2
No	239	71.8
<b>Threatened</b>		
Yes	65	19.5
No	268	80.5
<b>Tied down on bed</b>		
Yes	14	4.2
No	319	95.8
<b>Suture perineum</b>		
Yes	117	35.1
No	216	64.9
<b>Local Anesthesia</b>		
Yes	86	25.8
No	34	10.2
<b>Her Preferred position</b>		
Kneeling	9	2.7
Squatting	21	6.3

Lithotomy	260	78.1
Other	43	12.9
<b>Allow Choice of position</b>		
Yes	264	79.3
No	69	20.7
<b>Allow Ambulation</b>		
Yes	205	61.6
No	128	38.4
<b>Reason for not allow</b>		
Yes	90	27.0
No	39	11.7
<b>Fundal pressure</b>		
Yes	105	31.5
No	228	68.5
<b>Restrict fluid intake</b>		
Yes	85	25.5
No	248	74.5
<b>Ordered to clean bed/ room</b>		
Yes	34	10.2
No	299	89.8
<b>NON- CONSENTED CARE</b>		
<b>Introduce him/herself</b>		
Yes	146	43.8
No	187	56.2
<b>Share initial assessment</b>		
Yes	240	72.1
No	93	27.9
<b>Encourage to ask question</b>		
Yes	230	69.1

No	103	30.9
<b>Explain what is being done</b>		
Yes	230	69.1
No	103	30.9
<b>Episiotomy</b>		
Yes	123	36.9
No	210	63.1
<b>Indication Asked for permission</b>		
Yes	62	18.6
No	65	19.5
<b>Caesarean section</b>		
Yes	123	36.9
No	210	63.1
<b>Explain indication &amp; asked to consent</b>		
Yes	53	15.9
No	11	3.3
<b>Augmented</b>		
Yes	102	30.6
No	231	69.4
<b>Explain indication &amp; asked permission</b>		
Yes	81	24.3
No	23	6.9
<b>Blood Transfusion</b>		
Yes	38	11.4
No	295	88.6
<b>Informed about indication &amp; asked permission</b>		
Yes	37	11.1
No	3	.9
<b>Coerce to undergone c/s</b>		

Yes	38	11.4
No	295	88.6
<b>NON- CONFIDENTIAL CARE</b>		
<b>Use curtains/ physical barrier</b>		
Yes	250	75.1
No	83	24.9
<b>Persons inter to room</b>		
Yes	114	34.2
No	219	65.8
<b>Share secret information</b>		
Yes	45	13.5
No	211	63.4
I don't know	77	23.1
<b>NON-DIGNIFIED CARE</b>		
<b>Speak politely</b>		
Yes	271	81.4
No	62	18.6
<b>Intimidate/humiliate</b>		
Yes	117	35.1
No	216	64.9
<b>Balm</b>		
Yes	51	15.3
No	282	84.7
<b>Shout to calm down</b>		
Yes	155	46.5
No	178	53.5
<b>Allow companion to inter the delivery room</b>		
Yes	240	72.1
No	93	27.9

<b>DISCRIMINATION</b>		
<b>Traditional belief discrimination</b>		
Yes	23	6.9
No	310	93.1
<b>Religion discrimination</b>		
Yes	18	5.4
No	315	94.6
<b>Educational status discrimination</b>		
Yes	11	3.3
No	319	95.8
NA	3	.9
<b>Area discrimination</b>		
Yes	8	2.4
No	313	94.0
NA	12	3.6
<b>RVI discrimination</b>		
Yes	11	3.3
No	315	94.6
NA	7	2.1
<b>Age discrimination</b>		
Yes	38	11.4
No	295	88.6
<b>NEGLECT OF CARE</b>		
<b>Left alone in delivery room</b>		
Yes	121	36.3
No	212	63.7
<b>Give birth in health institution by yourself</b>		

Yes	11	3.3
No	322	96.7
<b>Encountered Life threatening condition</b>		
Yes	59	17.7
No	274	82.3
<b>DETENTION IN HEALTH FACILITY</b>		
<b>Detained due to payment</b>		
Yes	9	2.7
No	324	97.3

## CHAPTER SIX: DISCUSSION

This study aimed to assess obstetric violence among women during child birth in the study setting (wolkite university referral hospital). The study showed that high prevalence of OV. In this study, 90.4% of women reported to be subjected to at least one form of OV. The prevalence of current study is consistent with that of study conducted in Jimma University Medical Center in South-West Ethiopia -91.7% [14]. In contrast when the prevalence of current study were compared with studies done in Ethiopia was higher than such as Addis Ababa – 78% (19), western Ethiopia -74.8% (20) and Bahirdar city-67.1% ( 1 ), North Nigeria – 55.9% [17], Kenya -20% [23], Tanzania 15%[ 22], Brazil- 18.3% 22], Northern India-28.8% [23] and Uttar Pradesh India-15.2%[24]. However, the proportion of OV in this study was lower than study done in south-eastern Nigeria that of 98 % reported obstetric violence during child birth (18)].

## CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

This study showed high prevalence of OV in the study setting. The top three common reported forms of OV were non dignified care, non -confidential care and non- consented care. Thus, interventions need to be undertaken by reported form of obstetric violence.

### 7.1 Recommendation

For referral Hospital.

- ✓ Encourage the professionals to give attention for mother during child birth to avoid violence during delivery and postnatal period .

For the health care provider

- ✓ Health care providers give attention for laboring mother during child birth to avoid violence during delivery and postnatal period.

### 7.2 Strength

Study has used a structured questionnaire adapted from standard questionnaire after the necessary modification and pre-test was made.

### 7.3 Limitation

Whole of the study was made based on interview rather than observation

## ANNEX

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# ANNEXES

## 8 .1 ANNEX CONSENT FORM

University of Wolkite College of Medicine and Health Sciences

Consent form for a research project entitled obstetric violence of women during childbirth atWolkite University Referral Hospital and health center.

### Hello!

My name is \_\_\_\_\_. I am a graduating student in University of Wolkite College of medicine and health science, who are doing a research on the status of obstetric violence maternity care in Wolkite University Referral Hospital. I have identified you as a study participant hoping that you would be willing to help me by providing some information. I would like to ask you a few questions about your socio demographic characteristics, obstetric history characteristics and respectfully maternal care, service utilization which may take 30 – 40 minutes.

The goal of this study is to assess the status of obstetric violence maternity care during facility-based childbirth in Wolkite Univrsity Referral Hospital. All information you provide will be kept confidential. I will not include any identifiers, such as your name or exact address. Your role in the success of the research is important and I appreciate your contribution to the research.

You have a full right to refuse part or the whole questionnaires & no one enforces you to do so. However, your honest participation and answers to the questionnaire will help us in a better understanding of the problem and give guidance on how to intervene in the study area. So are you willing to participate actively and honestly?

I understood about the advantage of the research, the roles I will have in the research and have agreed to participate in the research. *(If yes, let her sign and go ahead, if No stop here.)*

Yes  Signature of the participant \_\_\_\_\_ No   
Signature of the data collector \_\_\_\_\_ Date: \_\_\_\_\_

### Contact persons:

- 1 Yirgalem yosef Tel: 0916170526
- 2 Genet Gebre Tel: 0936974335
- 3 Ametlaziz Detemo Tel: 0979255413
- 4 Addisu Abebaw Tel: 0936958093

**Part I. General Information about the health institutions**

<b>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.</b>			
<b>SN</b>	<b>Question</b>	<b>Answer</b>	<b>Remarks</b>
1	Name of the health institution	Wolkite University Referral Hospital	

**Part-II Socio-demographic characteristics**

<b>SN</b>	<b>Question</b>	<b>Response</b>	<b>Remarks</b>
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 Amhara 2 Tigray 3 kembata 4 Oromo 5 Other (Specify) _____	
4	To which religious groups do you belong?	1 Orthodox (Christian) 2 Protestant (Christian) 3 Muslim 4 Other(Specify) _____	
5	What is your marital status?	1 Married and live with husband 2 Divorced 3 Single 4 Widowed 5 Married but 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 Primary school (grade 1 -8) 4 Secondary school (Grade 9-12) 5 Collage and Above	

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 Primary school (grade 1 -8) 4 Secondary school (Grade 9-12) 5 Collage and Above	
8	What is your families' monthly income level in Ethiopian Birr (ETB)?	_____ ETB	Write 0 if the respondent does not have their own income
9	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 get pregnancy? (gravidity)	_____ times	
2	How many times did you give birth? (Parity)	_____ times	
3	Do you have ANC follow up during the current pregnancy?	1 Yes, if yes No. of ANC visit _____? 2 No	
4	Whom did you see	1 Doctor 2 Midwifery 3 inter doctor 4 Other specify-----	If yes from #3 question
5	Where did you receive ANC for the current pregnancy?	1 health center facility 2 hospital 3 private clinic facility	
6	Do you have a history of previous institutional birth?	1 Yes 2. No	

7	How many birth attendants did assist you during the current birth?	_____	
8	Who was the main birth attendant during this birth (the person who delivers the baby)?	1 Midwife 2 Medical doctor 3 Medical Intern 4 Student 5 Health officer 6 Integrated emergency surgery officer 7 I do not know	Please check from the chart to confirm
9	What is the sex of the main birth attendant?	1 Female 2 Male 3 Both	
10	What was the type of your current delivery?	Normal delivery Vacuum extraction/forceps delivery Delivery by episiotomy Caesarean delivery	
11	At which time did you give birth?	1 Daytime 2 Night time	
12	Did you stay in health facility after delivery	1 yes 2 no	
13	How many day did you stay in health facility	1 one day 2 two day 3 three day 4 more than one week	

**Part IV Respectful maternity care related question**

Physical abuse			
SN	Question	Response	Remarks
1	Did the birth attendants/the care providers use physical forces ( <b>slapping, pinching, beating /hitting</b> ) against you while you were in a labor pain?	1 Yes 2 No	If yes, circle all applicable from the

			<b>bolded</b>
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	

<b>Non-consented Care</b>
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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?	2 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 3 Yes	
7	Have you undergone a cesarean section?	1 Yes 3 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	

<b>Non-confidential care</b>			
<b>SN</b>	<b>Question</b>	<b>Response</b>	<b>Remarks</b>
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	

<b>Non-dignified Care</b>			
<b>SN</b>	<b>Question2</b>	<b>Response</b>	<b>Remarks</b>
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 balm 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	

<b>Discrimination based on specific patient attributes</b>			
<b>SN</b>	<b>Question (Perceived discrimination)</b>	<b>Response</b>	<b>Remarks</b>
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	

<b>Neglect of Care</b>			
<b>SN</b>	<b>Question</b>	<b>Response</b>	<b>Remarks</b>
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	

<b>Detention in Health facilities</b>			
<b>SN</b>	<b>Question</b>	<b>Response</b>	<b>Remarks</b>
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 cooperation!

**የፈቃድ ፎርም**

ወልቂጤ ዩኒቨርሲቲ የሕክምና እና ጤና ሳይንስ ኮሌጅ

እናቶች ዱራሜ ከተማ በሚገኙ የመንግስት ጤና ተቋማት በሚወልዱበት ጊዜ የሚያገኙት የወሊድ አገልግሎት ምን ያህል አክብሮት የተሞላና ተገቢ ካልሆኑ አድራጎት ነጻ ስለመሆኑ ለማጥናት በወልቂጤ ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ በተመራቁ ተማሪዎች የተዘጋጀ ቃለ-መጠይቅ፤

ጤና ይስጥልኝ! \_\_\_\_\_ እባላለሁ። የወልቂጤ ዩኒቨርሲቲ ህክምና እና ጤና ሳይንስ ኮሌጅ ተመራቁ ተማሪ ነኝ። የወሊድ አገልግሎት ምን ያህል በአክብሮት የተሞላና ተገቢ ካልሆኑ አድራጎት ነጻ ስለመሆኑ መረጃ እየሰበሰብኩኝ ነው። የጥናቱ ዓላማ እናቶች በዱራሜ ከተማ በሚገኙ የመንግስት ጤና ተቋማት በሚወልዱበት ጊዜ የሚያገኙት የወሊድ አገልግሎት ምን ያህል በአክብሮት የተሞላና ተገቢ ካልሆኑ አድራጎት ነጻ ስለመሆኑ ለማጥናት ነው። ለጥናቱ የሚረዱ መረጃዎችን ከአንቺ እንደማገኝ ተስፋ በማድረግ አንቺን የጥናቱ ተሳታፊ እንድትሆኑ መርጨኝላለሁ። ከ 30 - 40 ደቂቃዎች ለሚወስድ ጊዜ ከአገልግሎት አሰጣጥ ጋር የተያያዙ ጥቂት ጥያቄዎች ልጠይቅሽ እፈልጋለሁ።

በቃለ-መጠይቁ የመሳተፍና ያለመሳተፍ መብትሽ የተጠበቀ ነው። እየተሳተፍሽ ካልተመቸሽም በመሃል ማቋረጥ ትቸያለሽ። ጥያቄዎቼን ለመመልስ ጊዜ ካለሽና ፈቃደኛ ከሆንሽ ስምሽና ሌሎች ስለአንቺ የሚገልጹ መገለጫዎች ስለማይመዘገቡ የምትሰጪው መረጃ ሚስጥራዊነቱ የተጠበቀ ይሆናል። በቅንነት የምትሰጫቸው መረጃዎች ግን ለወደፊቱ የወሊድ አገልግሎት ጥራትን በማሻሻል በኩል ከፍተኛ ድርሻ ይኖረዋል። ዛሬ የምትሰጪው መረጃ ወደፊት ከዚህ ጤና ተቋም ከምታገኘው አገልግሎት ጋር በፍጹም ተያያዥነት ስለሌለው ምንም ስጋት ሊገባሽ አይገባም። እናም በንቃት እና በታማኝነት ለመሳተፍ ፈቃደኛ ነሽ? የምርምሩ ጥቅምና በምርምር ውስጥ የማከናወኑትን ሚና ተረድቻለሁ።

(አይደለም ከሆነ ማቆም፤ አዎን ከሆነ ያስፈርሙና እና ወደ መጠይቁ ይቀጥሉ።)

አዎ  አይደለም

የመረጃ ሰጪዎ ፊርማ \_\_\_\_\_

የመረጃ ሰብሳቢዎ ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

**የተመራቁዎች ተማሪዎቹ አድራሻ**

- 1 ገነት ገብሬ: ስልክ: 0936974335
- 2 አሙተላዚዝ ዴታሞ : ስልክ: 0979255413
- 3 አዲሱ አበባዉ: ስልክ:0936958093

**ስለፈቃድ ፎርምዘርዘር መረጃ**

ወልቂጤ ዩኒቨርሲቲ የሕክምና እና ጤና ሳይንስ ኮሌጅ  
እናቶች ዱራሜ ከተማ በሚገኙ የመንግስት ጤና ተቋማት በሚወልዱበት ጊዜ የሚያገኙት የወሊድ አገልግሎት ምን ያህል አክብሮት የተሞላና ተገቢ ካልሆኑ አድራጎት ነጻ ስለመሆኑ ለማጥናት በወልቂጤ ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ ተመራቁ ተማሪዎች ጥናት ቡድን የተዘጋጀ ቃለ-መጠይቅ፤ የካቲት 2012፤  
ይህ የመረጃ ወረቀት እንድትሳተፉበት የምንጠይቀውን የጥናት ፕሮጀክት ለማብራራት የተዘጋጀ ነው።

**የጥናቱ አርዕስት**

እናቶች በዱራሜ ከተማ በሚገኙ የመንግስት ጤና ተቋማት በሚወልወዱበት ጊዜ የሚያገኙት የወሊድ አገልግሎት ምን ያህል አክብሮት የተሞላና ተገቢ ካልሆኑ አድራጎት ነጻ ስለመሆኑ

**የተመራቂ ተማሪዎች ስም:-** 1 ገነት ገብሬ

2 አመተላዚዝ ዴታሞ

3 አዲሱ አበባዉ

**የድርጅቱ ስም:-** ወልቂጤ ዩኒቨርሲቲ, የህክምና እና የጤና ሳይንስ ኮሌጅ

**የስፖንሰር አድራጊው ስም:-** ወልቂጤ ዩኒቨርሲቲ

**የጥናቱ ፕሮጀክት ዓላማ**

የዚህ የምርምር ፕሮጀክት ዋና ዓላማ እናቶች በዱራሜ ከተማ በሚገኙ የመንግስት ጤና ተቋማት በሚወልወዱበት ጊዜ የሚያገኙት የወሊድ አገልግሎት ምን ያህል አክብሮት የተሞላና ተገቢ ካልሆኑ አድራጎት ነጻ ስለመሆኑ ለማጥናት ነው። እናቶች በመንግስት ጤና ተቋማት በሚወልወዱበት ጊዜ የሚያገኙት የወሊድ አገልግሎት ምን ያህል አክብሮት የተሞላና ተገቢ ካልሆኑ አድራጎት ነጻ ስለመሆኑ ማወቅ ለወደፊቱ የጤና ተቋማዊ የወሊድ ሽፋንን በማሳደግ በኩል ከፍተኛ ድርሻ ይኖረዋል። በመሆኑም ይህ ጥናት የእናቶች እና የጨቅላ ሕጻናት ህመም እና ሞት በመቀነስ በሚደረግ ርብርብ ዉስጥ የራሱን አሻራ የሚያሳርፍ ይሆናል።

**ሂደት**

ከወልቂጤ ዩኒቨርሲቲ ምርምሩን ለማካሄድ ፊቃድ አግኝተናል። ዱራሜ ወደሚገኙ የጤና ተቋማትም የትብብር ደብዳቤ ተጽፏል። ጥናቱ በ ዱራሜ ከተማ በህዝብ ጤና ተቋማት የወሊድ አገልግሎት የሚያገኙ ሴቶችን ያካትታል። ስለዚህ እርስዎ በዚህ ጥናት ለመሳተፍ ፍቃደኛ ከሆኑ እንዲሳተፉ ተመርጠዋል።

ለመሳተፍ ፊቃደኛ ከሆኑ በጣም ደስ ይለናል። እናም የዚህን ጥናት አላማ በትክክል መረዳትዎን እና ስምምነትዎን ማየት እንፈልጋለን። በመጨረሻም ትክክለኛውን ምላሽዎን ብቻ እንዲሰጡ በአክብሮት እንጠይቅዎታለን።

**ጉዳት**

በዚህ ምላሽ ላይ በመሳተፍ ከምንወስድብዎት ጊዜ ውጭ (ለ 40 ደቂቃዎች) በምላሽ በመሳተፍ የሚያጋጥምዎት ምንም ዓይነት ጉዳት ወይም ምቹት ማጣት አይኖርም። በምዝገባ መጽሐፎቻች ውስጥ የተመዘገበ ማንኛውም የግል መረጃ አይወሰድም። ወደ ሌላ አካል አይዘወርም። እያንዳንዱ መረጃ በምስጢር ይቀመጣል።

**ጥቅም**

በዚህ ጥናት መሳተፍ በወሊድ ጊዜ በእናቶች ላይ የሚደርሰውን ጫና ለማወቅ በጣም ይረዳናል። በጥናቱ ውጤት ላይ በመመርኮዝም ለወደፊት መፍትሔዎች ይዘጋጃሉ። ይሁን እንጂ በዚህ የምርምር ፕሮጀክት ላይ በመሳተፍ ምንም ዓይነት ጉዳት ወይም ቀጥተኛ ጥቅም አታገኝም።

**ለመሳተፍ ማበረታቻዎች / ክፍያዎች**

በዚህ ፕሮጀክት ለመሳተፍ ማበረታቻ ወይም ክፍያ አይሰጥዎትም።

**ሚስጢራዊነት**

ከርስዎ የተሰበሰበ መረጃ ስምሽ ሳይጠቀስ በምስጢር ይቀመጣል። በስምሽ ፋንታ በምስጢር ውስጥ ያለ የኮምፒተር ቁጥር ስለምሰጥ የእርስዎ ማንነት የሚገልጽ ነገር አይኖርም።

**የመተው ወይም የማቋረጥ መብት**

በዚህ ምርምር ውስጥ ላለመሳተፍ ሙሉ መብት አለዎት። ከፈለጉ መጠይቁን ከጀመሩ በኋላ መሀል ላይ ማቋረጥም ይችላሉ።

**የተመራቂዎች ተማሪዎች አድራሻ**

ይህ የምርምር ፕሮጀክት በወልቂጤ ዩኒቨርሲቲ የምርምር ስነ-ምግባር ኮሚቴ ፀድቋል። ማንኛውም ጥያቄ ቢኖርዎት የሚከተለውን ግለሰብ ማነጋገር ይችላሉ፤ እንዲሁም በማንኛውም ጊዜ መጠየቅ ይችላሉ።

1 ገነት ገብሬ፡ ስልክ: 0936974335

2 አመተላዚዝ ዴታም፡ ስልክ: 0979255413

3 አዲሱ አበባዉ፡ ስልክ:0936958093

**ክፍል I. ስለ ጤና ተቋሙ አጠቃላይ መ**

ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	የጤና ተቋሙ ስም	1 ዱራሜ አጠቃላይ ሆስፒታል/ KMG 2 ዱራሚ ጤና ጣቢያ	

**ክፍል II ማህበራዊ ኩነቶች**

ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	ዕድሜዎ ስንት ነው?	_____ ዓመት	
2	ሥራዎ ምንድነው?	1 የቤት እመቤት 2 የመንግስት ሠራተኛ 3 የግል ሥራ/ንግድ/ 4 ሌላ(ይገለፅ)	
3	የየትኛው ብሔር ተወላጅ ነዎት?	1 አማራ 2 ትግራይ 3 ኦሮሞ 4 ከምባታ 5 ሌላ(ይገለፅ)	
4	የየትኛው ሀይማኖት ተከታይ ነዎት?	1 ኦርቶዶክስ 2 ፕሮቴስታንት 3 ሙስሊም 4 ሌላ(ይገለፅ _____)	
5	የትዳር ሁኔታዎ?	1 ያገባች 2 የተፋታች 3 ያላገባች	

		4 ባል የሞተባት 5 የተለያዩ	
6	የትምህርት ደረጃዎ?	1 ያልተማረች 2 መፃፍና ማንበብ የምትችል 3 አንደኛ ደረጃ (ከ1ኛ -8ኛ ክፍል) 4 ሁለተኛ ደረጃ(ከ9ኛ-12ኛ ክፍል) 5 ከ12ኛ ክፍል በላይ	
7	የትዳር ጓደኛዎ የትምህርት ደረጃስ?	1 ያልተማረ 2 መፃፍና ማንበብ የሚችል 3 አንደኛ ደረጃ (ከ1ኛ -8ኛ ክፍል) 4 ሁለተኛ ደረጃ(ከ9ኛ-12ኛ ክፍል) 5 ከ12ኛ ክፍል በላይ	
8	የቤተሰብ የወር ገቢ ምን ያህል ብር ይሆናል?	_በወር_____ ብር	ከሌሌ 0---- ይባል
9	የት ነው የሚኖሩት	1 ከተማ 2 ገጠር	

**ክፍል III የሥነ-ወሊድ ታርክ**

ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	የአሁኑን ጨምሮ በአጠቃላይ ለስንት ጊዜ አረገዙ? ?	_____ ጊዜ	
2	በአጠቃላይ ስንት ልጆች ወልደዋል (የሞቱትን ጨምሮ)	_____	
3	በአረግዝና ወቅት ቅድመ ወሊድ ክትትል አድርገው ነበር?	1 አዎን ከሆነ ለስንት ግዜ የቅድመ ወሊድ ክትትል አድርገው ነበር? ----- 2 አይደለም	
4	በምን አይነት ባለሙያ ነበር	1 ዶ/ር 2 ሚድወይፊል 3 ነርስ 4 ሌላ ከሆነ ይዘርዘር	ጥያቄ#3 አዎ ከሆነ

5	የት ነበር አረግዝና ክትትል ያደረጉት ?	1 የመንግስት ጤና ጣቢያ/ሆስፒታል 2 የግል ክሊንክ	
6	ከዚህ በፊት በመንግስት የጤና ተቋም ወልደው ያውቃሉ?	1 አዎን 2 አይደለም	
7	በአሁኑ የወሊድ ጊዜ ስንት ባለሙያ ነው ያዋለደሽ?	_____	
8	በማዋለዱ ሂደት ውስጥ በዋናነት ያዋለደው ማን ነው?(ልጁን ይዞ ያወጣው)	1 ሚድዋይ 2 ነርስ 3 ዶክተር 4 እንተርን ዶክተር 5 ተማሪ 6 የጤና መኮንን 7 አይ. ኢ.ኤስ. ኦ 8 አላውቅም	የደምበኛዎን ቻርት ይመልከቱ
9	በዋናነት ያዋለደሽ ባለሙያ ወንድ ነው ሴት ነች?	1 ሴት 2 ወንድ 3 ሁለቱም	
10	በምን አይነት ሁኔታ ነበር የወለዱት	1 በማህጸን 2 በቀዶ ጥገና 3 በመሳርያ ድጋፍ 4 በስቴቶ	
11	ቀን ነው ወይስ በማታ ላይ ነው የወለድሽው?	1 ቀን 2 ማታ	
12	ከወለዱ በኋላ ሆስፒታል ቆይተዋል?	1 አዎ 2 የለም	
13	ለስንት ቀን ቆዩ	1 አንድ ቀን 2 ሁለት ቀን 3 ሶስት ቀን 4 ከሳምንት በላይ	

**ክፍል IV አክብሮት የተሞላው የወሊድ ገልግሎትን በተመለከተ**

1	አካላዊ ጥቃት		
ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	በምጥ ህመም ላይ በነበርሽ ጊዜ ያዋለዱሽ ባለሙያዎች በአንቺ ላይ አካላዊ ጥቃት እድርሰው ነበር? ማለትም የመምታት፣ የመቆንጠጥ፣ በጥፊ የመምታት የመሳሰሉ ተግባራትን ፈፅመውብሽ ነበር?	1 አዎን 2 አይደለም	አዎን ከሆነ ጠቆር ካሉትውስጠ ያክብቡ
2	በምጥ ህመም ላይ በነበርሽ ጊዜ ያዋለዱሽ ባለሙያዎች በአንቺ ላይ አካላዊ ጥቃት ባያደርሱም፣ ዝም ካላልሽ ወይም እነሱ ያሉትን ትእዛዝዝ ካለፈፀምሽ እመታሽላሁ ብለው ያስፈራራሽ ሰው ነበር?	1 አዎን 2 አይደለም	
3	ለመውለድ ወደ መውለጃ አልጋ ላይ በወጣሽ ጊዜ እግርሽ በገመድ ታስሮ ነበር?	1 አዎን 2 አይደለም	
4	ከወለድሽ በኋላ ስፊት ተደርጎልሽ ነበር ?	1 አዎን 2 አይደለም	አይደለም ከሆ ወደ 6 ይህዱ
5	ከሆነ ማደንዝዣ ተሰጥቶሽ ነበር ወይስ እያመመሽ ነው የተሰፋሽው?	1 በማደንዝዣ 2 ያለ ማደንዝዣ	
6	አንቺ ለማማጥ/ለመውለድ የምትመርጭው እንዴት ነው?	1 በእምብርከክ 2 ቁጥጥ በማለት 3 በጀርባ በመተኛት 4 ሌላ_____	
7	በአሁኑ ምጥና ወሊድ ጊዜ ያገላገሉሽ ባለሙያዎች በምትፈልገው ቦታ/አቀማመጥ ሆነሽ እንድታምጩ ፈቅደውልሽ ነበር ?	1 አይደለም 2 አዎን	
8	በምጥሽ ጊዜ ከቦታ ቦታ እንድትቀሳቀሽ ተፈቅደልሽ ነበር ?	1 አይደለም 2 አዎን	አዎን ከሆ ወደ 10 ይህዱ
9	ካለተፈቀደልሽ ምክንያቱ ተነግሮሽ ነበር? ለምሳሌ ምጥሽ ስለፋፋ መ ወይም በሌላ ህመም ምክንያት ወዘተ...	1 አይደለም 2 አዎን	
10	ያገላገሉሽ ባለሙያዎች ልጅሽን በሚያወጡበት ጊዜ ሆድሽን ከላይ ወደ ታች ገፍተው ነበር (used fundal pressure)?	1 አዎን 2 አይደለም	
11	በምጥሽ ጊዜ ምንም ዓይነት ፈሳሽ ነገር እንዳትጠጭ ተደርገሽ ነበር ?	1 አዎን 2 አይደለም	
12	ያገላገሉሽ ባለሙያዎች ቤተሰቦቻሽን የወለድሽበትን አልጋ ወይንም ክፍሉን	1 አዎን	

	እንደያፀዱ አስገድደው ነበር ?	2 አይደለም	
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2 በሙሉ ፈቃደኝነት ላይ ያልተመሠረተ ክብካቤ			
ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	ያገለገሉሽ ባለሙያዎች ወደ ጤና ተቋሙ በምትመጡበት ጊዜ ለአንቺንና ለቤተሰቦችሽ ራሳቸውን አስተዋውቀው ነበር?	1 አይደለም 2 አዎን	
2	ባለሙያዎቹ መጀመሪያ ላይ እንችን በመረመሩ ጊዜ የምርመራውን ውጤት ማለትም የምጥሽ ደረጃና ሌሎች ሁኔታዎችን ነግረው ነበር?	1 አይደለም 2 አዎን	
3	ባለሙያዎቹ በምርመራው ጊዜ ስላልገቡሽ ነገሮች ጥያቄ እንድትጠይቅ አበረታታትተውሽ ነበር ?	1 አይደለም 2 አዎን	
4	ባለሙያዎቹ ወደ ተቋሙ ከገባሽበት ጊዜ ጀምሮ ስለምጥሽ እየሆኑ ያለውን ነገር ከሥር ከሥር እየነገሩሽ ነበር ?	1 አይደለም 2 አዎን	
5	ልጁ በምወጣበት ጊዜ ለማሕጸን ጥበት ተብሎ ተቆርጠሽ ነበር?	1 አዎን 2 አይደለም	አይደለም ከሆ ወደ 7 ይህዱ
6	ከተቆረጥሽ ለምን አንደሚትቆረጨ አስረድተወሽ እና ከመቆረጣቸው በፊት የአንችን ፈቃደኝነት ጠይቀው ነበር ?	1 አይደለም 2 አዎን	
7	የወለድሽው በሆድ በኩል በተደረገ ቀዶ ጥገና ነበር ?	1 አዎን 2 አይደለም	አይደለም ከሆ ወደ 9 ይህዱ
8	ከሆነ ለምን አንደሆነ አስረድተወሽ እና ከአፕራሲዮኑ በፊት የአንችን ፈቃደኝነት ጠይቀው እና መስማማትሽ አስፈሪመውሽ ነበር ?	1 አይደለም 2 አዎን	
9	በምጥሽ ጊዜ የማማጫ መድሃኒት ተሰጥቶሽ ነበር ?	1 አዎን 2 አይደለም 3 አላወቅሁም	አይደለም ከሆ ወደ 11 ይህዱ
10	ተሰጥቶሽ ከሆነ ለምን አንደምሰጡሽ አስረድተወሽ እና ከመስጠታቸው በፊት የአንችን ፈቃደኝነት ጠይቀው ነበር ?	1 አይደለም 2 አዎን	
11	በቆይታሽ ደም ተሰጥቶሽ ነበር ?	1 አዎን 2 አይደለም	አይደለም ከሆ ወደ 13 ይህዱ
12	ተሰጥቶሽ ከሆነ ለምን አንደምሰጡሽ አስረድተወሽ እና ከመስጠታቸው በፊት የአንችን/የበተሰብሽን ፈቃደኝነት ጠይቀው ነበር ?	1 አይደለም 2 አዎን	
13	ባለሙያዎቹ በቀዶ ጥገና እድትወልጅ የማስገደድ ሁኔታ አሳይተው ነበር ?	1 አዎን 2 አይደለም	

ምስጥራዊነቱ ያልተጠበቀ ክብካቤ			
ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	በምጥና በወሊድሽ ጊዜ ሌሎች ሰዎች እንዳያዩሽ ተብሎ መጋረጃ ነገር ተጠቅመው ነበር ?	1 አይደለም 2 አዎን	
2	ራቁተሽን በመውለጃ አልጋ ላይ በነበርሽ ጊዜ ከባለሙያዎቹ በቀር ሌላ ሰው ወደ ማዋለጃ ክፍሉ ገብቶ አይቶሽ ነበር?	1 አዎን 2 አይደለም	
3	ያዋለዱሽ ባለሙያዎች ምስጥርሽን ለሌሎች ለማይመለከታቸው ሰዎች አካፍለው ነበር?	1 አዎን 2 አይደለም 3 አላወቅሁም	

አክብሮት የሌለው እንክብካቤ			
ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	በምጥሽና በመውለጃሽ ጊዜ ሁሉ ባለሙያዎቹ ትህትና በሞላበት አነጋገር ነበር ካንቺ ጋር ስነጋገሩ የነበረው?	1 አይደለም 2 አዎን	
2	ባለሙያዎቹ አሳፋሪ ነው የምትይ ድርጊት ፈፀመውብሽ ነበር?	1 አዎን 2 አይደለም	
3	ባለሙያዎቹ የምጡ ህመም/ስቃይ ስበዛብሽና መቋቋም አቅቶሽ ስትጮህ መጀመሪያ ለምን አረገዝሽ፤ለእኔ ነው እንዴ ያረገዝሽው፡ የህን ስታውቅ ለምን አረገዝሽ... ምናምን በማለት አንቺን ኮንነው ነበር?	1 አዎን 2 አይደለም	
4	ባለሙያዎቹ ስቃይ በዝቶብሽ ስትጮህ፡ ዝም ቢይ! በማለት ተቆጥተዉሽ ነበር?	1 አዎን 2 አይደለም	
5	ባለሙያዎቹ ካንቺ ጋር የመጡ ቤተሰቦችሽ/ባለቤትሽ/ካንቺ ጋር እንዲሆኑ የፈለግሻቸውን ሰዎች ወደ ማማጫ ክፍል እንድገቡ ፈቅደው ነበር ?	1 አይደለም 2 አዎን	

አድልዎ ያለበት እንክብካቤ			
ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	ባለሙያዎቹ በባህልሽ ምክንያት አድልአ አድርሰውብሽ ነበር?	1 አዎን 2 አይደለም	

		3 NA	
2	ባለሙያዎቹ በሀይማኖት ምክንያት አድልኦ አድርገውብሽ ነበር?	1 አዎን 2 አይደለም	
3	ባለሙያዎቹ በትምህርት ደረጃ ሽንፈት ሽንፈት በመሆኑ ምክንያት አድልኦ አድርገውብሽ ነበር?	1 አዎን 2 አይደለም 3 NA	
4	ባለሙያዎቹ የገጠር ሰው በመሆን/ከፍተኛ አካባቢ ስለመጣሽ/ አድልዎ አድርገውብሽ ነበር?	1 አዎን 2 አይደለም 3 NA	
5	ባለሙያዎቹ ኤች. አይ. ቪ. በደምሽ ውስጥ ስለምገኝ አድልኦ አድርገውብሽ ነበር?	1 አዎን 2 አይደለም 3 NA	
6	ባለሙያዎቹ ዕድሜሽ ትንሽ/በጣም የገፋ በመሆኑ አድልኦ አድርገውብሽ ነበር?	1 አዎን 2 አይደለም	

ቀጣይነት ያለው የቅርብ ከትትል የጎደለው ክብካቤ			
ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	በምጥሽ ወቅት የጤና ባለሙያዎቹን እርዳታ በሚያስፈልግሽ ጊዜ ለብቻሽ ያለ ባለሙያዎች ክፍሉ ውስጥ የቆየሽበት አጋጣሚ ነበር?	1 አዎን 2 አይደለም	
2	ባለሙያዎች ካንቺ አጠገብ ባለመኖራቸው ልጅሽን የወለድሽው ለብቻሽ/በራስሽ ነበር?	1 አዎን 2 አይደለም	
3	በምጥሽ ወቅት ለሀይወትሽ አስጊ የሆነ ነገር ተከስቶ የድረሱለኝ ጥሪ አስምተሽ ሰሚ የጣሽበት አጋጣሚ ነበር?	1 አዎን 2 አይደለም	
አላግባብ በጤና ተቋማት እናቶችን ማቆየት			
ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	በከፍተኛ ወይም የጤና ተቋሙን ንብረት ላይ ጉዳት አደረሳችሁ በምል ምክንያት ካለውትሮው በጤና ተቋሙ እንድትቆይ ተደርገሽ ነበር?	1 አዎን 2 አይደለም	

ስለትብብርዎ እናመሰግናለን