

## **Disrespect and abuse during facility-based childbirth in four PHCUs in two regions of Ethiopia – Baseline Study Findings**

### ***Background***

Complications from pregnancy and childbirth are the leading cause of mortality and morbidity for women of reproductive age in developing countries. Ethiopia has one of the highest maternal mortality ratios (MMR) in the world at 497 maternal deaths per 100,000 live births (Kassebaum et al. [http://dx.doi.org/10.1016/S0140-6736\(14\)60696-6](http://dx.doi.org/10.1016/S0140-6736(14)60696-6)). Maternal deaths can largely be prevented if deliveries are attended in a timely manner by skilled professionals at a well-equipped facility.

However, facility-based delivery rates in Ethiopia are low; in 2014 it was estimated that only 15% of births occurred in a facility (Mini DHS, 2014). Since 2003, the Ethiopian Federal Ministry of Health has worked to dramatically increase the number of health facilities in the country and better connect communities to facilities to improve access to and uptake of services. However, recent work in Ethiopia and elsewhere suggests that improving access is not sufficient to increase use, and that poor perceived quality of care and poor interpersonal care deter women from seeking delivery services at health facilities with skilled personnel (Koblinsky, Tain, Tesfaye, 2010). Specifically, poor interpersonal care may manifest as disrespect and abuse (D&A), which was categorized by the USAID|TRAction Project into seven categories: 1) physical abuse, 2) non-consented care, 3) non-confidential care, 4) non-dignified care, 5) discrimination, 6) abandonment of care, and 7) detention in health facilities (Bowser & Hill 2010).

### ***Study Objectives and Design***

The Last Ten Kilometers (L10K) project is a technical support program for FMOH of Ethiopia that aims to strengthen the links between households, communities and formalized health care system. To achieve this goal, L10K works in building the capacity of existing primary health care units (PHCUs) in the four most-populous regional states of Ethiopia: Amhara, Oromiya, Southern Nations, Nationalities, and People's Region (SNNPR), and Tigray. The L10K platform strategy in 115 Woredas fosters partnerships between the grassroots public administration, HEWs, local institutions, and CHPs/HDAs in order to gather information to identify gaps in the utilization of MNCH services and to facilitate community actions for solutions. In addition to the platform strategy, in an effort to improve the quality of healthcare services provided at primary health care units, L10K also uses an approach called Participatory Community Quality Improvement (PCQI) in sixteen primary health care units (PHCUs) located in 14 woredas (four woredas each in Amhara, Oromia & SNNPR and two in Tigray) where the community is involved in defining, implementing and monitoring the quality improvement process.

L10K has partnered with the Women and Health Initiative at the Harvard School of Public Health to incorporate promotion of respectful care into ongoing PCQI in four PHCUs in Amhara and Southern Nations, Nationalities, and Peoples' Regions (SNNPR) of Ethiopia. To determine the prevalence and manifestations of disrespect and abuse occurring in these facilities, a baseline study was conducted between July and September, 2013. The results of the study, presented in this report, will inform the selection of interventions for these facilities and an end line assessment will be conducted to measure any progress towards the promotion of respectful maternity care.

The baseline assessment used three different data collection methods: 1) structured interviews and self-administered questionnaires with healthcare providers, 2) observations of client-provider interactions during labor and delivery, and 3) interviews with post-partum clients. Each of these data sources contributes key insights into a broader understanding of the prevalence, manifestations, and contributing factors to D&A in the study facilities.

### **Results**

Overall, 21% of women reported any experience of disrespect or abuse. The most commonly reported categories of D&A were non-consented care (17.7%), lack of privacy (15.2%), and non-confidential care (13.7%). Reporting of D&A was significantly higher in Amhara region than in SNNPR ( $p < 0.001$ ). Observers noted a high prevalence of disrespectful and abusive behaviors during client-provider interactions. Most common were instances of non-consented care and lack of information, lack of privacy, and non-dignified care. Interviews and self-administered questionnaires with providers documented a low overall knowledge of clients' rights. Most providers (82%) said that some type of disrespect and abuse has happened to a client in their facility.

Many providers expressed the belief that women with a low level of education are problematic during labor and delivery. Providers reported some dissatisfaction with in-service training and professional development opportunities, facility infrastructure, supervision and management, and salary. Overall, provider reporting of emotions and feelings associated with job stress and burnout was low.

### **Discussion**

Reported and observed prevalence of disrespect and abuse in the study facilities was high. Prevalence of D&A obtained from observations was almost always higher than client reports. In the exit interview data, reported prevalence of D&A varied greatly by region, with significantly higher reporting in Amhara region than in SNNPR. However, no such clear pattern emerged from the observation data, with high levels of D&A being recorded in both regions. The study findings suggest that disrespect and abuse may have been normalized by both providers and clients. Many instances of D&A, such as non-consented care, were considered routine by providers. Despite a relatively high prevalence of reported D&A at client interviews, clients also reported high levels of satisfaction with the care they received and most women who want to have more children reported intending to deliver again at the same facility.

The overall prevalence of burnout-related feelings reported by providers was low, although dissatisfaction with many job related factors—including supervision, salary, and professional development—was common and may contribute to the provision of disrespectful and abusive care. Additionally, facility inadequacies such as shortage of supplies, human resources, and infrastructure, were frequently reported by providers and clients. These inadequacies may both demoralize health care providers and materially contribute to the instances of D&A.

### **Conclusions and Recommendations**

The results of the baseline assessment show that disrespectful and abusive behaviors are a prevalent issue at the study health centers in Amhara region and Southern Nations, Nationalities, and Peoples' Region of Ethiopia, and that intervention is warranted. The drivers and enablers of these behaviors

were varied, and included both structural and interpersonal factors. Based on the study findings, recommendations for interventions to promote dignified and respectful care are given.