MEASURING THE PREVALENCE OF DISRESPECT AND ABUSE ALONG THE BIRTHING PROCESS: IMPLICATIONS FOR DEVELOPING AND MEASURING INTERVENTIONS

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BACKGROUND

• Health workers affect client experience and care utilization.
• Disrespectful and abusive behaviors during facility deliveries influence rates of skilled birth attendance.
• Understanding prevalence of disrespect and abuse (D&A) along the birthing process helps to develop measurable interventions.
• We describe the prevalence of D&A during labor and delivery obtained through client-providers observations in Kenya.

METHODS

Study design: Cross sectional survey among 677 client observations in 13 facilities in Kenya.

• Matrix of observable behaviors developed to measure prevalence of D&A in 3 stages: Admission & Examination, Labor and Delivery and Postpartum.
• Measurement used recent typology of mistreatment of women during childbirth (Bohren et al 2015), see below.
• Logistic regression controlled for facility infrastructure score, provider type, time of birth, age and parity, and used to assess relationships between D&A categories and covariates.

Typos and matrix used for assessment

RESULTS

Types of D&A during Admission and examination

• During initial examination, 18% of women report verbal abuse; higher parity of non-consented care was 58.8% with older women less likely to experience non-consented care.
• Breach of confidentiality was manifest at 67.1% with students/interns less likely to breach women's confidentiality.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No informed consent</th>
<th>Breach of confidentiality</th>
<th>Verbal abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructural score (0.52)</td>
<td>0.91 (0.83, 0.99)</td>
<td>0.93 (0.85, 1.01)</td>
<td>0.94 (0.83, 1.00)</td>
</tr>
<tr>
<td>Provider type (ref: students)</td>
<td>0.60 (0.52, 0.68)</td>
<td>0.38 (0.30, 0.45)</td>
<td>0.001 (0.57, 0.95)</td>
</tr>
<tr>
<td>Time of delivery (ref: day)</td>
<td>1.14 (0.67, 1.93)</td>
<td>0.63 (0.38, 0.94)</td>
<td>1.07 (0.68, 1.74)</td>
</tr>
<tr>
<td>Age (ref: &lt;19 years)</td>
<td>20-29 years: 1.33 (0.93, 1.88)</td>
<td>0.89 (0.67, 1.15)</td>
<td>0.33 (0.26, 0.41)</td>
</tr>
<tr>
<td>Parity (ref: no previous children)</td>
<td>Between 1-3 births: 0.77 (0.59, 0.99)</td>
<td>0.91 (0.75, 1.10)</td>
<td>0.63 (0.46, 0.89)</td>
</tr>
</tbody>
</table>
| Types of D&A during labor and delivery

• The prevalence of verbal abuse was 9.3%; interns less likely to verbally abuse clients compared to qualified professionals.
• Physical abuse seen in 5.5% observations; associated with facility score, provider type, time of delivery and age.
• Breach of confidentiality manifested in 77.5% of cases increasing with lower facility scores.
• Poor hygiene was observed in 74.4% of cases with no relationship with facility and client characteristics.

Types of D&A during postpartum period

• Breach of confidentiality observed in 87.9%.
• Poor hygiene measures observed in 66.7% with its occurrence decreasing with low facility scores.
• The prevalence of non-consented care was 66.9% with a relationship with age of client.
• Postparum women more likely to experience non-consented care at night.
• Breach of confidentiality, hygiene and non-consented care were not associated with parity.

CONCLUSION

• Types of D&A manifest at different stages of childbirth.
• The prevalence of different forms of D&A are associated with client and facility characteristics at different stages of birth.
• Findings illustrates potential drivers of D&A at different stages of birth.

Implications for measurement and interventions

• Careful selection of individual elements used for measurement is key to guide facility level interventions to promote RMC.
• Use of observations to estimate prevalence of D&A may not be feasible routinely.
• However, use of observations will illuminate technical quality of care gaps perpetuated by provider behaviors and health system factors.

For more information

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