

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-provider observations in Kenya.

METHODS

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

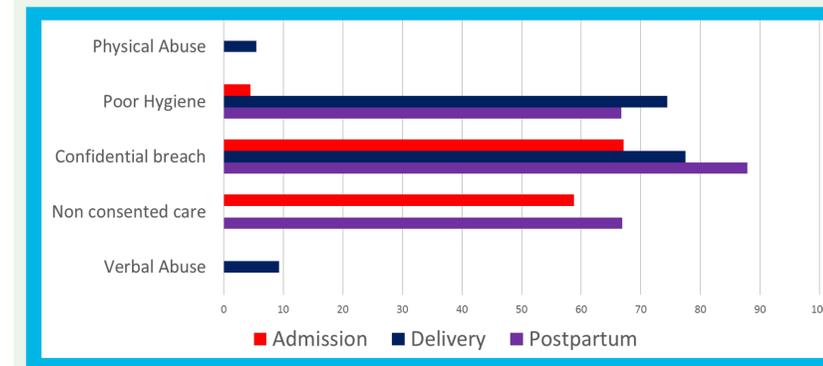
- Matrix of observable behaviors developed to measure prevalence of D&A in 3 stages; Admission & Examination, Labor and Delivery and Postpartum.
- Measurement used recent typology of mistreatment of women during childbirth (Bohren et al 2015), see below.
- Logistic regression controlled for facility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

Typology and matrix used for assessment

Admission & Examination	Labor & Delivery	Postpartum Examination
Provider's verbal abuse - Did not use dignified language - Used harsh tone/shouting Lack of informed consent & confidentiality - Provider did not obtain permission before examination - Provider did not explain what would be done Physical examinations & procedures - No bed partitions - Conducted examinations without privacy - Mother not covered	Provider's verbal abuse - Used abusive/ harsh language Physical abuse - Provider slapped/ pinched inappropriately handled client Poor hygiene practices Provider: - Did not wash hands - Did not wear gloves - Did not use aseptic technique Physical examinations & procedures - Mother not covered when being moved to delivery room - Mother not covered during delivery	Lack of informed consent & confidentiality - Provider did not explain procedure during perineal examination Poor hygiene practices Provider: - Did not wash hands - Did not wear gloves - Did not use aseptic technique Physical examinations & procedures - No bed partitions - Mother not covered - Audio and visual privacy was not respected

RESULTS

Type and Manifestations of D&A along the birthing process



Types of D&A during Admission and examination

- During initial examination, 18% of women report verbal abuse; higher parity women more likely to be verbally abused.
- Prevalence 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 1: Relationship between D&A and covariates during admission & examination

Characteristics	No informed consent		Breach of confidentiality		Verbal abuse	
	OR (95%CI)	P value	OR (95%CI)	P value	OR (95%CI)	P value
Infrastructural score (0-52)	0.91 (0.83,0.99)	0.047	0.93 (0.85,1.0)	0.084	0.93 (0.83,1.1)	0.279
Provider type (ref: student)	0.60 (0.20,1.88)	0.363	0.30 (0.17,0.53)	<0.001	0.74 (0.21,2.55)	0.639
Time of delivery (ref: day time)	1.14 (0.67,1.96)	0.613	0.84 (0.49,1.4)	0.528	1.07 (0.64,1.77)	0.784
Age: (ref: <19 years)						
20-29 years	0.69 (0.48, 1.01)	0.054	0.62 (0.44,0.88)	0.008	0.59 (2.7,1.27)	0.18
Over 30 years	0.60 (0.39, 0.92)	0.020	1.03 (0.55,1.9)	0.914	0.33 (0.12,0.92)	0.035
Parity (ref: no previous children)						
Between 1-3 children	0.88 (0.67,1.15)	0.359	0.87 (0.64,1.19)	0.408	1.39 (0.82,2.35)	0.21
Between 4-9 children	1.64 (0.61,4.4)	0.322	0.53 (0.24,1.13)	0.107	6.04 (1.7,20.5)	0.004

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.

Table 2: Relationship between D&A and covariates during labor & delivery

Characteristics	Hygiene		Breach of confidentiality		Verbal abuse		Physical abuse	
	OR (95%CI)	P value	OR (95%CI)	P value	OR (95%CI)	P value	OR (95%CI)	P value
Infrastructural score (0-52)	0.79 (0.55,1.3)	0.206	0.62 (0.45,0.84)	0.002	0.96 (0.86,1.1)	0.486	0.43 (0.30, 0.63)	<0.001
Provider type (ref: student)	0.85 (0.27,2.64)	0.787	0.45 (0.07,2.9)	0.405	0.34 (0.23,0.52)	<0.001	0.15 (0.12,0.18)	<0.001
Time of delivery (ref: day time)	0.90 (0.55,1.46)	0.678	0.65 (0.34,1.22)	0.188	1.6 (0.76,3.4)	0.207	2.3 (1.2,4.2)	0.006
Age: (ref: <19 years)								
20-29 years	1.33 (0.74,2.3)	0.336	1.26 (0.82,1.9)	0.280	0.78 (0.49,1.24)	0.307	0.46 (0.22,0.97)	0.044
Over 30 years	0.99 (0.51,1.95)	0.999	0.89 (0.47,1.6)	0.734	1.19 (0.59,2.38)	0.612	0.32 (0.07, 1.59)	0.149
Parity (ref: no previous children)								
Between 1-3 children	0.79 (0.51,1.22)	0.301	0.95 (0.78,1.16)	0.651	0.91 (0.64,1.28)	0.604	1.02 (0.50,2.01)	0.943
Between 4-9 children	0.77 (0.19,3.1)	0.727	1.32 (0.54,3.18)	0.531	0.95 (0.26,3.41)	0.943	2.2 (0.53,9.1)	0.274

Types of D&A during postpartum period

- Breach of confidentiality observed in 87.9%
- Poor hygiene measures observed in 66.7% with its occurrence increasing with low facility scores
- The prevalence of non-consented care was 66.9% with a relationship with age of client .
- Postpartum 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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