

Identification of Types of Disrespect and Abuse of Women During Childbirth in the Major Hospitals in Yenagoa , South-South Nigeria

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ABSTRACT

The aim of this study was identify the types of disrespect and abuse of women during childbirth in two hospitals in Yenagoa metropolis in South-South Nigeria. A cross-sectional survey was carried out using 165 mothers who delivered from August and September 2018 (six (6) weeks period was used), using purposive sampling method. Data was collected using the Level of Disrespect and Abuse of Women during Childbirth Scale (LDAWCS). Prevalence of disrespect and abuse during childbirth in selected hospitals was low with 26.7 % (n=44) of women experienced at least one form. The most frequent types of D&A were; detention for non-payment of bills 50.3% (n=83), women never given the opportunity to make the choice of birthing position, carrying out procedures without consent 39.4% (n=65), women left naked in the view of many staff 29.7% (n=49) and women abandoned during labour 21.2% (n=35). There was a significant relationship between disrespect and demographic characteristics of parity and education, marital status, ethnicity, income and occupation had moderate evidence of relationship with disrespect and abuse while age and religion showed no significant relationship with D &A at $p = 0.05$ level of significance. National human rights commission should look into cases of D & A of women and they should be encouraged to report such cases as they leave the premises for proper action to be taken. Professional bodies like Nursing/Midwifery Council of Nigeria, Nigeria Medical Association should investigate and institute disciplinary action against any member found to have disrespected and abused women during childbirth.

Key Words: Disrespect and Abuse, Postnatal mothers, Tertiary Hospitals

INTRODUCTION

Disrespect and abuse of women during childbirth is a topical issue in maternal and child health. According to Hulton, Mathews and Stone (2010), it is a problem that reduces the quality of maternal care, and it is recognized as an imminent danger to eliminating preventable maternal mortality and morbidity preventable causes (Hodin, 2017). Nevertheless, reports abound that abusive treatment by healthcare providers during facility-based childbirth are experienced by women worldwide (WHO, 2017). Several cases and kinds of abuse and disrespect are enumerated in literature (Molla, et al. 2014; Bohren et al.2015; Cohen, 2017; Ishola et al. 2017, Mesenburg et al. 2018).

Although there are various factors encouraging abuse and disrespect in labour and delivery as noted in Ishola et al. (2017), it is relevant therefore to acknowledge that abuse and disrespectful treatment of women at giving birth at any degree has serious consequences on the women, birth attendants and health care system. The women express dissatisfaction with the care they receive and consequently refrain from facility-based maternal care. The result would be that professional care may not be accessed by the women thus

exposing them to pregnancy and birth-related complications and compounding the problem of maternal morbidity and death of pregnant women or women within 42 days of delivery (Kassebaum, Bertozzi-Villa, Coggeshall, Shackelford, Steiner, Heuton et al., 2014). It is also a violation of women's right (Banks, Karim, Ratcliffe, Betemariam & Langer 2018).

On the part of care attendants, the women's response to disrespectful and abusive behaviours may evoke sentiments that may result in neglect of care or even inappropriate care even though such is against professional ethics.

The result would again be that women would not utilize the maternal services in those locations (Asefa, Bekele, Morgan & Kermode, 2018). This would again hamper the drive to prevent maternal morbidity and mortality. Finally, maltreatment of women in labour has been recognized as an indicator of poor quality maternal care (Banks, et al. 2018).

Consequently, maternal mortality in 2015 showed that two countries count for a third of global maternal deaths. These are India with 45,000 (15%) and Nigeria 58,000 with MMR of 814 per 100,000 (WHO, 2017)

According to Manning and Schaaf, (2018), abuse and disrespect of women giving birth may undermine efforts to improve mothers' health as may move women away from acquiring care at health facilities. Based on this and the fact that the researcher has witnessed some instances of harsh words used on women during labour in some health facilities, that this study was conceived to investigate disrespect and abuse of women during childbirth in selected hospitals Yenagoa, Bayelsa state.

Objectives of the Study

Identify the types of disrespect and abuse of women during childbirth in selected hospitals in Yenagoa, Bayelsa state

Research Questions

What are the types of disrespect and abuse women encounter during childbirth in selected hospitals in Yenagoa, Bayelsa state?

Research Hypothesis

There is no significant relationship between the socio-demographic characteristics of women and disrespect and abuse during childbirth in selected hospital in Yenagoa, Bayelsa state.

Sample

A sample of 165 women who delivered within the period of August to September, 2018 representing (100 percent) of the total population was selected through purposive sampling technique for the study. This was distributed as 82 and 83 women who delivered in Federal Medical Center(FMC) Yenagoa and Niger Delta University Teaching Hospital(NDUTH) Okolobiri respectively in Bayelsa State in Nigeria

Instrument

The data was collected using an instrument called the Level of Disrespect and Abuse of Women during Childbirth Scale (LDAWCS). The LDAWCS was designed by the researchers and it was structured in three parts- A, B, and C. Section A, deals with the socio-demographic data of the respondents, Section B deals with Yes and No questions of the 7 types and prevalence of disrespect and abuse of women while Section C, addresses a Likert type for factors influencing disrespect and abuse of women to collect quantitative data.

Reliability coefficient of 0.87 was obtained using Pearson Product Moment Correlation Coefficient (PPMCC).

DATA COLLECTION / ETHICAL CONSIDERATION

Each eligible woman was initially approached privately in a separate room by the researchers on each day of data collection for counseling to participate in the study. The instrument was distributed to the respondents during each day of the week in FMC for one month and NDUTH every working day for one month and same retrieved immediately on completion. Data were collected in private conditions at the facilities, where they were assured of confidentiality. The data were collected at least 12 hours after delivery when the respondents must have been relatively stabilized. Data was analyzed using descriptive and inferential statistical techniques such as frequency distribution tables and percentages. Chi-square test was used to answer the research questions and test statistical association between relevant variables at 0.05 level of significance.

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

A total of 165 questionnaires were administered and 165 were correctly filled and returned given a response rate of 100%. The study was conducted on a total of 165 respondents who gave birth in the previous six weeks at selected hospitals in Yenagoa, Bayelsa State.

With respect to demographic characteristics of respondents 52(31.5%) were between the age of 25-29 years of age, 141(85.5%) were married, 69(41.8%) had secondary education, 67(40.6%) had tertiary education, 26(15.8%) had only primary education while only 3(1.8%) had no formal education. Majority 162(98.2%) were Christians while only 3 representing 1.8% were Muslim. The main occupation of respondents was trading 52(31.5%), 59(35.8%) had an estimated monthly income between N10, 000.00-N20, 000.00 while most of the respondents 70(42.4%) had one or two children with majority 96(58.2%) from Ijaw ethnic group.

Research Question: What are the types of disrespect and abuse women encounter during childbirth in selected hospitals in Yenagoa, Bayelsa State?

Out of 165 respondents in the study, only 44(26.7%) reported to have experienced one form of disrespect and abuse during childbirth, while majority 121(73.3%) did not experience any form of Disrespect and Abuse during childbirth. The most common types of disrespect and abuse of women during childbirth in tertiary hospitals in Bayelsa State, as revealed by this study were in the form of Detention with 83(50.3%) of women. The women were detained against their will for non-payment of medical bills; Information/Informed Consent 65(39.4%) of women whose consent were never sought prior to any medical procedure and more so not given the opportunity to make choice of birthing position; Non-confidential care 49(29.7%) of women who were left naked without respect to their privacy and their private health information discussed openly. High proportion of the Clients 35(21.2%) responded to have been abandonment/neglected during car while the least form of D & A was found in discrimination in the provision of care with only 13(7.9%) of women either denied of needed attention because of her ethnicity or discriminated because of being a teenager (< 18yrs) or on the basis of HIV status, whereas Physical abuse has 30(18.2%) of women experienced beaten, pushed, slapped or pinched while Non-dignified care has 31(18.8%) of women responded shouted at or scolded and making slanderous remarks at the them. Hence, the most common form of D & A was non-confidential care, information/informed consent, abandonment/neglect of care and detention while the least form of D & A were physical abuse, non-dignified care and discrimination in the provision of care.

Research Hypothesis

Ho: There is no significant relationship between socio-demographic characteristics of women and disrespect and abuse during childbirth in selected hospital in Yenagoa, Bayelsa state.

At 95% confidence interval ($p < 0.05$), the results indicate that no significant relationship exists between the age, marital status, religion, ethnicity, income and occupation of the respondents to their being disrespected and abused with p-values of 0.836, 0.364, 0.580, 0.402, 0.377 and 0.389 respectively. The results however, revealed that there exists a strong relationship between socio-demographics of parity and educational status of women with being disrespected and abused in tertiary hospitals in the study area with p-values of 0.007 and 0.000 respectively.

The types of Disrespect and Abuse reported

According to this study, Detention appears to be a common manifestation of disrespect and abuse of women during childbirth in Yenagoa, Bayelsa State. This is evident in the proportion of women being detained or confined for medical bills not paid 83(50.3%). In situation where the number of beds is limited the woman is asked to sleep on the bare floor with her baby to make room for another patient. One of the ethics of the medical profession is caring for patients but this has been swept under the carpet for obvious reasons. This result substantiates a previous report by Abuya, et al (2015), who found out that, 8.1% of women were detained for non-payment of medical bills.

Information/Informed consent is another form of disrespect and abuse faced by women in this study as reported by 65(39.4%) of women not giving the opportunity to make informed decision concerning birthing position they want and consent never sought prior to any medical procedure. This is very common in most health institution where the health care worker does not consider the feelings of the laboring woman. The findings are in line with that of Okafor, et al., (2014), who found out that non-consented care and physical abuse were most common. This study also revealed that non-confidential care was a common form of disrespect and abuse. Lack of privacy was an issue in this study, where most of the women were left naked in the view of many people having access to the ward. This result is supported by the findings of Adinew and Asefa (2017) in rural Ethiopia, they found out lack of privacy as an issue. Similarly, Asefa and Bekele (2015) reported that 33% of women's cases privacy was not observed. Women, normally go to the hospital to get the much-needed care but instead experienced abandonment/neglect of care. Denying women attention during childbirth for reasons best known to the health care worker such as ethnic origin or HIV status as reported in this study totally negates the principles of equity and respectful childbirth. This behaviour has the ability to prevent women from seeking facility-based skilled childbirth care in their next pregnancy. The result of this study agrees with the findings of Montesinos-Segura et al., (2017) who found out frequency of abandonment of care.

The present study also revealed that women were faced with various forms of non-dignified care during childbirth, such as being shouted at or scolded to receiving slanderous remarks. These kinds of attitude often drive women away from healthcare facilities to where they are treated with dignity and respect. This result is corroborated with that of Ishola, et al., (2017) who found that non-dignified care in the form of negative comment made at women was more common. The findings also agree with that of Kumbani et al.,(2013) who reported that health care workers shouted at women and even threatened to beat them if they create any problem during delivery. Physical abuse was also reported in the form of being beaten, slapped, insulted or verbally abused, denied food/fluid to receiving uncomfortable pain relief treatment.

Prevalence of Disrespect and Abuse of women in tertiary hospitals in Yenagoa, Bayelsa State: in this study, 26.7% respondents experienced one form of disrespect and abuse during childbirth in tertiary hospitals in Yenagoa, Bayelsa State while 73.3% did not experience any kind of disrespect and abuse of women during

childbirth. The findings are in conformity with that of Abuya et al., (2015), who found out that 28% of women reported at least one type of D & A during hospital delivery.

Factors associated with Disrespect and Abuse of women during childbirth: The study revealed that majority of the respondents 105(63.6%) strongly disagreed to the fact that women have normalized some of the behaviours seen among health care providers while only 18(10.9%) and 6(3.7%) agreed and strongly agreed that women have taken their behaviour as a normal thing. Also, 73(44.2%) and 52(31.5%) strongly disagreed and disagreed respectively that finance is an influence to disrespect and abuse of women during childbirth while 24(14.6%) and 16(9.7%) agreed and strongly agreed that finance has a strong influence to disrespect and abuse of women during childbirth. Similarly, 28(17%) of respondents strongly agreed that lack of human rights, ethics and principles has contributed to disrespect and abuse of women during childbirth and 54(32.7%) reporting that lack of community engagement in health care has indeed contributed greatly to disrespect and abuse of women during childbirth. Finally, majority of the respondents agreed to the fact that provider prejudices has a lot to do with disrespect and abuse of women during childbirth in selected hospitals in Yenagoa, Bayelsa State. However, the study is at variance with Hodin (2017), who identified normalization of Disrespect and Abuse in facility-based childbirth, financial barriers, women lack of autonomy and empowerment, poor quality clinical training related to provider-patient interaction, a lack of national laws or policies and health care workers demoralization due to weak health systems as commonly cited contributing factors. The study also revealed that provider prejudices has a lot to do with disrespect and abuse of women during childbirth in selected hospitals in Yenagoa, Bayelsa State.

Socio-demographic characteristics and Disrespect & Abuse of women during childbirth: The association between the respondents' characteristics of age, parity, educational status, marital status, religion, ethnicity, income and respondent's occupation was examined using chi-square at 95% confidence level with 0.05 level of significance. There was no statistically significant relationship between the demographic characteristics and Disrespect and Abuse of women in selected tertiary hospitals in Bayelsa State, except for the demographic characteristics of parity and educational status that showed significant relationship with Disrespect and Abuse of women in selected tertiary hospitals in Bayelsa State.

CONCLUSION

The study revealed that Disrespect and Abuse of women during childbirth has a low prevalence in the selected tertiary hospitals in Yenagoa, Bayelsa State, since only 26.7% (n=44) of all women in the study experienced at least one form of Disrespect and Abuse during childbirth. However, the types of D & A experienced by women differs, but the most prevalent ones were; detention for non-payment of hospital bills, non-consented procedures, woman not giving opportunity to make choice of birthing position, abandoned and left unattended during the second stage of labour, provision of care without privacy, denied of food/fluid, receiving uncomfortable pain relief treatment, disclosing private health information to third party, shouting and scolding, being beaten, pinched, slapped, insulted and verbally abused etc.

REFERENCES

1. Abuya, T., Warren, C., Miller, N., Njuki, R., Ndwiga, C., Maranga, H., et al. (2015) exploring the prevalence of disrespect and abuse during childbirth in Kenya PLOS one. 2015: 10(4) <http://journals.plos.org/plosone/article?id=10.1371.pone.0123606>. Retrieved 22/05/2018
2. Adinew Y.M., and Asefa, N.A., (2017) experience of facility childbirth in Rural Ethiopia an exploratory study of women's perspective Hindawa the scientific world journal
3. Asfa, A., and Bekele, D., (2015) status of respectful and non-abusive care during facility-based childbirth in a hospital and health centre in Addis Ababa, Ethiopia reproductive health 2015; 12 (1):1

4. Asefa, A., Bekele, D., Morgan, A and Kermode, M (2018) Service Providers' experiences of disrespectful and abusive behavior towards women during facility-based childbirth in Addis Ababa, Ethiopia *Reproductive Health* <https://reproductive-health-journal.biomedcentral.com/tack/pdf/10.1186/s12978-017-044-4>. Retrieved 1/6/2018
5. Averting Maternal Death and Disability (AMDD 2011) disrespect and abuse during childbirth. Documenting the problem and tackling it with evidence-based solutions https://www.mailman.columbia.edu/sites/default/files/pdf/disrespect_and_abuse_during_childbirth.pdf retrieved 23/5/2018
6. Banks, K.P., Karim, A.M., Ratcliffe, HL., Betemariam, W. and Langer, A. (2018) Jeopardizing quality at the frontline of Health care: prevalence and risk factors D/A during facility-based childbirth in Ethiopia *Health Policy and Planning* vol.33 issue 3 pages 317-327 <http://doi.org/10.1093/heapoli/czx180> retrieved 23/5/2018
7. Bohren, M., Vogel, J.P., Hunter, E.C., Lutsiv, O., Makh, S.K., et al. (2015) mistreatment of women during childbirth in Health Facilities Globally: A Mixed-Methods Systemic Review on perceptions and experiences of women and healthcare providers. *Reproductive health* 2017, 14:9 [doi:10.1186/s12978-016-0265-2](https://doi.org/10.1186/s12978-016-0265-2) open access cross mark <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001847>. Retrieved 23/5/2018
8. Bowser, D., and Hill, A., (2010) exploring evidence for Disrespect and Abuse in facility-based childbirth report of a landscape analysis Harvard School of Public Health and University Research Corporation
9. Burrowes, S., Holcombe, S. J., Jara, D., Carter, D and Smith, K. (2017). Midwives' and patients' perspectives on disrespect and abuse during labor and delivery care in Ethiopia: A qualitative study. *BMC Pregnancy and Childbirth*, 17(1). <https://doi.org/10.1186/s12884-017-1442-1>. retrieved 3/6/2018
10. Centre for Reproductive Rights (CRR) VIVO Positivo, furthering (2010) Dignity Denied: violation of rights of HIV-Positive women in Chilean health facilities
11. Centre for Reproductive Rights (2008), Broken Promises: Human Rights Accountability and maternal death in Nigeria
12. Centre for Reproductive Rights & Federation of women Lawyers (FIDA) Kenya, (2007) failure to deliver, violence of women right in Kenyan health facilities United State
13. Cohen, Y (2017) a little respect: Improving Maternity Care <https://www.newsecuritybeat.org/2017/08/respect-improving-maternity-care/midwife-Sierra-Leone>. accessed 5/6/2018
14. Family Care International the skilled care initiative (2009) Technical Brief: compassionate maternity care provider communication and counseling skills, New York
15. FIGO Mother and Newborn Friendly Birthing Facility (2014). Internal Federation of Gynaecology and Obstetrics London UK 88: 873-881 FMOH, Promoting Respectful Maternity Care Bill & Melinda Gates Foundation, UNICEF and USAID and implemented by JSI Research & Training institute Inc. 2014: vol 3 (issue)
16. Freedman, L.R.K., Abuya, T., Bellows, B., Ndwiga, C., Warren, CE., Kujawski, S., Moyo, W., Kruk, M.E. and Mbaruku, G. (2014) Defining disrespect and abuse of women in childbirth: are search policy and rights agenda. *Bull World Health Organ.* 2014;92(12):915-7, [pmid:25552776](https://pubmed.ncbi.nlm.nih.gov/25552776/)
17. Guskin, S., Ferguson, L., and O'Malley, E. (2007) Ensuring sexual and reproductive health for people living with HIV, an overview of key human rights, policy and health systems issues. *Reproductive health matters* 2007;15 (29): 4-26
18. Hassan, J.J., Sundby, J., Hussein, A. and Bjertness, E. (2012). The Paradox of vaginal examination practice during normal childbirth. Palestinian women's feelings, opinions, knowledge and experiences. *Reproductive Health* 2012; 9 (1): 1
19. Hill, K., Stalls, S., Seth, R., Bazan, E., and Moffson, S. (2018). Moving Respectful Maternity Care into Practice in Comprehensive MCSP Maternal and Newborn Programs: Operational Guidance DRAFT (pp. 1-72). Retrieved from www.mcsprogram.org on 23/5/2018
20. Hodin, S (2017) disrespect and abuse during childbirth in Nigeria <https://www.mhtf.org/2017/05/12/disrespect>. accessed 3/6/2018

21. Hulton, L., Mathews, Z., Stone, RW. (2010) A Framework for evaluation of quality of care in maternity services. University of South Hampton:2000;1-4
22. Human Rights Watch 2010, unaccountable, addressing Reproductive health care gaps New York
23. Idris, S.H., Sambo, M.N and Ibrahim, M.S. (2013) Barriers to utilization of Maternal health services in a semi-urban Community in Northern Nigeria. The client's perspective Nigeria Medical journal 2013; 54(1): 27-32
24. Ishola, F., Owolabi, O., and Filippi, V., (2017) Disrespect and abuse of women during childbirth in Nigeria: A systematic review. PLoS ONE 12(3): e0174084. <https://doi.org/10.1371/journal.pone.0174084>
25. Jewkes, R, Abrahams, N, Mvo, Z, (1998) why do nurses abuse patients? Reflections from South African obstetric services Social Sciences and Medicine, 47(11):1781-1795
26. Kassebaum, Bertozzi-Villa, Coggeshall, Shackelford, Steiner... Heuton et al (2014), Jeopardizing quality at the frontline of healthcare: prevalence and risk factors for disrespect and abuse during facility-based childbirth in Ethiopia, *Health Policy and Planning*, Volume 33, Issue 3, April 2018, Pages 317–327, <https://doi.org/10.1093/heapol/czx180>
27. Kelly, R.B., Albers, G. and West, S.J. (1996) the American Academy of Family Physicians Family Health & Medical Guide USA
28. Kippenberg, J., Sahokwasama, J.B. and Amon, J.J. (2008) Detention of insolvent patients in Burundian hospitals health policy and planning 2008; 23 (1): 14-23
29. Kruk, M.E., Kujawski, P.M., Mbaruku, G., Ramsey, H., Moyo, G. and Freedman, M., (2018) women's preferences for place of Delivery in Rural Tanzania. A population based Discrete Choice Experiment. American journal of public health 99 (9):1666-72
30. Kumbani, L., Bjune, G., Chirwa, E., Malata, A and Odland, JØ. (2013) Why some women fail to give birth at health facilities: a qualitative study of women's perceptions of perinatal care from rural southern Malawi. Reproductive Health. 2013; 10:9. <https://doi.org/10.1186/1742-4755-10-9>. accessed 3/6/2018
31. Manning, A., and Schaaf, M. (2018). Disrespect and Abuse in Childbirth and Respectful Maternity Care. Retrieved from https://www.whiteribbonalliance.org/wp-content/uploads/2018/01/6422_RMC-DA-Brief-Final.pdf accessed 4/6/2018
32. Meeks, L and Heit, P (2001) Meeks Heit sexuality and character education K-12. Content for teachers, a curriculum Guide. Every day learning cooperation Chicago
33. Mesenburg, M. A., Victoria, C. G., Jacob Serruya, S., Ponce De León, R., Damaso, A. H., Domingues, M. R., and Da Silveira, M. F. (2018). Disrespect and abuse of women during the process of childbirth in the 2015 Pelotas birth cohort Prof. Suellen Miller. Reproductive Health, 15(1). <https://doi.org/10.1186/s12978-018-0495-6>. Retrieved 3/6/2018
34. Molla, M., Muleta, M., Betemariam, W., Fesseha, N and Karim, A (2014) disrespect and abuse during pregnancy, labour and childbirth in Ethiopia <http://ejhd.org/index.php/ejhd/article/view/1371>. retrieved 2/6/2018
35. Montesino-Segura, R., Urrunaga-Pastor, D., Mendoza-Chuctaya, G., Taype-Rondan, A., Helguero-Santin, LM. and Martinez-Ninanqui, F. (2017) disrespect and abuse during childbirth in fourteen hospitals in nine cities of Peru international federation of obstetrics & gynaecology Wiley Doi: 10.1002/jigo.12353
36. Moyer, C.A., Adongo, P.B., Aborigo, R.A., Hodgson, A., and Engmann, C.M. (2014) They treat you like you are not a human being "maltreatment during labour and delivery in rural northern Ghana. Midwifery. 2014; 30 (2): 262-8
37. National Population Commission Nigeria Demographic and Health Survey 2013. Abuja Nigeria: NPC, 2014
38. Okafor, I., Ugwu, EO., and Obi, SN. (2014) disrespect and abuse during facility-based childbirth in a low in-come countries <http://dr.doi.org/10.10110/jogi.2014.08.2015.0020-7292> ©. International journal of gynaecology & obstetric www.elsevier.com/located/jigo Ireland ltd

39. Otolorin, E., Gomez, P., Currie, S., Thapa, K. and Dao, B. (2015). Essential basic and emergency obstetric and newborn care: From education and training to service delivery and quality of care. *International Journal of Gynecology and Obstetrics*, 130(S2), S46–S53. <https://doi.org/10.1016/j.ijgo.2015.03.007>
40. Oyerinde, K., Harding, Y., Amara, P., Garbah-Aidoo, N., Kanu, R., Oulare, M. et al (2008) a qualitative evaluation of the choice of traditional birth attendants for maternity care in Sierra Leone. *Implications of universal skilled attendance at delivery maternity and child health journal* 2013; 17 (5): 862-8
41. Peplau, H (1952) *Hildegard Peplau's Theory of Interpersonal Relationship*
42. Physicians for Human Rights (2007) in Sethi, Gupta, Oseni, Mtimuni, Rashidi & Kachale (2017) the prevalence of disrespect and abuse during facility based maternity care in Malawi Open access (<http://creativecommons.org/licenses/by/4.0/>) *reproductive health* 14:11 Biomed central
43. Pillitteri, A, (2014) *maternal & child Health Nursing, care of the childbearing & childbearing Family* 7th edition Wollers Klumer/ Lippincott Williams & wilkins
44. Sadler, M., Mário, J.D.S., Santos, C., Ruiz-Berdún, D., Rojas, G.L., Skoko, P., Gillen and Jette, A. (2016) Moving beyond disrespect and abuse: addressing the structural dimensions of obstetric violence, *Reproductive Health Matters*, 24:47, 47-55, <https://doi.org/10.1016/j.rhm.2016.04.002>
45. Sethi, A., Gupta, D., Oseni, G., Mtimuni, S., Rashidi, A., and Kachale, V. (2017) the prevalence of disrespect and abuse during facility based maternity care in Malawi Open access (<http://creativecommons.org/licenses/by/4.0/>) *reproductive health* 14:111 Biomed central. Accessed 2/6/2018
46. Shimoda, K., Horiuchi, S., Leshabari, S and Shimpuku, Y (2018) midwives' respect and disrespect of women during facility-based childbirth in urban Tanzania: a qualitative study. <https://link.springer.com/content/pdf/10.1186%2fs12978-017-0447-6.pdf>. *reproductive*. Retrieved 2/6/2018
47. Vedam, S., Stoll, K., Martin, K., Rubashkin, N., Partridge, S., Thordarson, D, et al. (2017) The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care. *PLoS ONE* 12(2): e0171804. <https://doi.org/10.1371/journal.pone.0171804>. retrieved 2/6/2018
48. Vedam, S., Stoll, K., Rubashkin, N., Martin, K., Miller-Vedam, Z., Hayes-Klein, H., and Jolicoeur, G. (2017). The Mothers on Respect (MOR) index: measuring quality, safety, and human rights in childbirth. *SSM – Population Health*, 3, 201–210. <https://doi.org/10.1016/j.ssmph.2017.01.005>. retrieved 6/6/2018
49. Wassihun, B., Deribe, L., Worede, N., and Gultie, T. (2018). Prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia. *Epidemiology and Health*, 40, e2018029. <https://doi.org/10.4178/epih.e2018029>. retrieved 6/6/2018
50. World Health Organization, UNICEF, UNFPA, World Bank estimates trends in Maternal Mortality: 1990-2010 Geneva 2012
51. World Health Organization (2013). *Maternal and Perinatal health profile, Nigeria*, from <http://www.who.int/maternal-child-reproductive/reproductive-health/profiles/nga.pdf> accessed 2/6/2018
52. World Health Organization (WHO) (2017) statement on prevention and elimination of disrespect and Abuse during child birth. www.who.int/reproductivehealth/topics/maternal-perinatal/statement-childbirth/enWHO Maternal mortality fact sheet. From <http://www.who.int/mediacentre/factsheets/fs348/n/2014>. Accessed 2/6/2018
53. WHO Ethiopian Demographic Health Survey. The DHS Program ICF Rockville, Maryland USA 2016