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Original Research Article

Prevalence of disrespect and abuse and its determinants during delivery in rural Uttar Pradesh India

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ABSTRACT

Background: Disrespect and abuse treatment during childbirth in health facilities is a burning issue all over the world and emerged as a common problem in maternal health care. It is contributing to untold suffering and discouraging women from seeking care in health facilities. Women experiencing disrespect, abusive, or abandonment during childbirth is an international agenda. This study aims to estimate the prevalence of disrespect and abuse (D and VA) during delivery and identifies the associated factors.
Methods: A community-based cross-sectional survey was conducted in the Balarampur district of Uttar Pradesh, India. The study included 364 women who underwent facility-based childbirth before six months of the survey. A multistage cluster sampling was used to select the potential participants of the study.
Results: the findings of the study show Utmost every woman (98.5%) experienced any kind of disrespect or abuse during institutional delivery. However, 92% of women experienced non-consent care in which women were neither informed nor their verbal or written consent was taken before any medical procedures in the labor room. Disrespect and abuse during labor and delivery were significantly associated with Age group, religion, level of education, age at marriage, place of delivery, no. of ANC visit.
Conclusions: Every woman has the right to receive kind and respectful maternity care, and mistreatment during maternal care services remains hindrance to achieving safe motherhood and child care.

Keywords: Disrespect and abuse, Maternity care, Postpartum, India

INTRODUCTION

Maternal mortality is unacceptably high. About 830 women die from pregnancy-or childbirth-related complications around the world every day. It was estimated that in 2015, roughly 303 000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented.[1]

In India over a decade considerable decline in MMR from 398 in year 1997-1998 to 130 in year 2014-2016. from the above figure as per SRS 2014-16 Assam is at the top in MMR i.e., 237 and Kerala at the bottom with 46 maternal deaths per 1,00,000 live births. Among the major states Bihar/ Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh/ Uttarakhand and Assam are more than the national figure which is 130 maternal deaths per 100000 live births.[2]

Even though substantial improvement in maternal health indicators in India over a decade the proportion of adolescent deaths (9%) during pregnancy or during childbirth to total maternal mortality is unacceptably very high.[3] Recognizing the importance of maternal heath, the United Nations has main focused on improving maternal health in the millennium development goals to reduce

maternal mortality ratio (MMR) by 75% during 1990-2015.[4]

In India, there has been a significant increase in institutional deliveries after the government launched its flagship programs Janani Suraksha Yojna (JSY) in 2005 and Janani Shishu Suraksha Karyakram (JSSK) in 2011 under the banner of the national rural health mission (NRHM). Despite the launch of such programs, the rate of institutional deliveries in India is still below desirable levels in many states in India.

There are many potential factors that could drag back a woman to utilize maternal health services in India. Financial and geographical hurdles and poor quality of care are some of the major barriers that found to have limited the maternal healthcare utilization among women.[5-7] The other potential factors that facilitate underutilization of maternity healthcare services are, perceived need of the care by woman and her cultural practices and beliefs.

Beside this, an important, but little understood component of underutilization of healthcare services among women is disrespectful and abusive behavior by health workers and other facility staffs in facilities.[8,9] In India, evidence suggests that women from lower caste and socioeconomically disadvantaged groups are treated in a non-dignified and non-consented manner.[10,11] This symbolizes the existence of biases in the healthcare system. There are also instances where women with certain individual characteristics are physically abused, neglected and abandoned, discriminated or asked to pay extra payment while undergoing a difficult phase like during childbirth.[12,13] As our literature search is conducted on disrespect and abuse of women by health providers during facility-based childbirth in the Varanasi district of Uttar Pradesh. According to the above study, the frequency of any abusive behavior (excluding inappropriate demands of money due to its high prevalence 90.5%) was 28.8%.[14] Hence, there is a need to assess the frequency and nature of disrespect and abuse experienced in health care facilities by women, and explore possible associations, if any during labor and delivery.

METHODS

A community-based cross-sectional study was conducted in two blocks of Balrampur district, Uttar Pradesh, India. A population proportion formula was used to estimate the sample for the study. The expected level of disrespect and abuse of 28.8% (excluding inappropriate money demand due to its high prevalence was 90.5%).[14] The 95% of the confidence interval, 7% precision, and 20% non-response rate were used to calculate the sample size of 384. The study included 384 women using the multistage cluster sampling who underwent facility-based childbirth during the last six months before the survey.

Ethical approval

Ethical clearance was obtained from the "ethical review committee" of the institute of medical sciences, Banaras Hind university, Varanasi. Respondents have explained the aim and the purpose of the study, and the interview began with written consent from each respondent.

Data collection tool

A pre-tested semi-structured schedule was used for data collection collect data. The questionnaire was prepared in English and Hindi both. Face to face interviews was conducted between April to September 2019.

Dependent variable

For this, the experiences of disrespect and abuse during labor and delivery based on 26 indicators are classified into 7 categories.

Physical abuse: Includes physical abuse, verbal abuse, supporting staff insulted, denied to give pain relief and doctor harsh.

Non-dignified care: Includes not speak politely by healthcare provider and make negative comment.

Neglect care: Leave patient left alone, not encourage to call when needed and not came quickly when needed.

Detention care: Includes forced to adopt family planning, not allow to leave due to factor of pay, refer to another hospital without citing reason and sked bribe, asked to stay back.

Non-confidential care: Includes physical barrier not used, discuss personal information in front of others and left record open.

Non-consented care: Includes attendant not encourage to remain with you, not obtain concern prior any procedure, force C section, not allow the position your choice, cloth and Macintosh not clean and female worker not present.

Discrimination: Includes disrespect based on any attribute and speak language not understand by women.

Independent variables

Socio-demographic characteristics (age, ethnicity, religion, education, and occupation etc.) and obstetric characteristics (parity, number of living children, and place of delivery).

Data analysis

The characteristics of the study population were summarized by computing univariate analysis. Bivariate

analysis was conducted for the prevalence of D and A by the background characteristics of respondents. We also computed the Chi-square test of association to examine the relationship between D and A and independent variable. Finally, determinants of D and A was examined by performing a Binary logistic regression analysis of different background characteristics for the study population. If Yi is the dependent variable, Xi is a set of explanatory variables, and βi's are the coefficient, then the logistic regression equation is-

$$\text{logit}(P) = \log(p/1-p) = \beta 0 + \beta 1X1 + \beta 2X2 + \cdots \varepsilon$$

Where p predicts the probability and log odds of p and (1-p) provide the odds ratios on the reference category. Data were analysed using SPSS trail version 25.

RESULT

Table 1 shows the characteristics of 384 postpartum women. The majority of women 59.38%, were the in-age group 15 to 34 years, 86% were married after the legal age of marriage that is 18 above years, 73% had not having a formal education, and 64% were housewife. More than half of the women were multiparous. Over three-quarters had been delivered in the same facility previously. Thirty-two percent had reported 4 and more ANC visit during last pregnancy. The 94% were reported less than 24 hours of hospital stay during the ng last delivery and 53% reported place of delivery is community health-centered.

Table 2 describes elements of D and A that women reported experiencing during their facility stay. Utmost every woman (98.5%) experienced any kind of disrespect or abuse during institutional delivery. However, 92% of women experienced non-consent care in which women were neither informed nor their verbal or written consent was taken before any medical procedures in the labor room. The 73.4% of women were detained during childbirth. While 44% (169) of women were traumatized by the experience of physical abuse during institutional delivery, which includes physical violence, verbal abuse, and insult.

Logistic regression analysis determined the association between various possible predictors of D and A and the categories of experience. Women with less than 4 ANC visits were less likely to experience physical abuse compared to women having 4 and more ANC visits during last delivery; OR: [0.4% CI (0.4, 0.7); p=0.001]. Women in the age group 25 to 34 years less likely to experience nonconfidential abuse as compared to women in age group 15 to 24 years OR: [0.38% CI (0.15, 0.92); p=0.033]. Women living in nuclear families, were 2 times more likely to face the incidence of non-confidential abuse as compared to women living in joint families; OR: [2.4 (1.3,4.8); p=0.008]. Women who delivered the last three or four deliveries in public facility ten times more likely to face consent abuse as compared to the women who delivered the last one or two deliveries in health facilities; 10.21 (1.71,60.9); p=0.011. Women who were married after age 18 and above years are more likely to face neglected care as compared to the women who were married before 18 years; OR: [2.7 (1.04,7.2); p=0.04] (Table 3).

Women from other religion 2.5 times more likely to get dignified abuse as compared to women of Hindu religion OR: [2.5 (1.29, 4.49); p=0.007], 32 (0.13, 0.69) p=0.005, (Table 4).

Women who were married after age 18 and above years are less likely to face discrimination as compared to the women who were married before 18 years; OR: [0.32 (0.13, 0.69); p=0.005]. Women in the age group 25 to 34 years are less likely to experience detention as compared to women in the age group 15 to 24 years OR: [0.39% CI (0.18, 0.87); p=0.023]. Women with less than 4 ANC visits were more likely to experience detention compared to women having 4 and more ANC visits during the last delivery; OR: [1.95% CI (1.1, 3.47); p=0.022].

Table 1: Socio demographics and delivery experience characteristics of study subject.

Socio-demographics	Frequency	Percentage (%)
Age group (Years)		
15-24	103	26.82
25-34	228	59.38
35 and above	53	13.8
Age at marriage (Years)		
Less than 18	53	13.8
18 and above	331	86.2
Religion		
Hindu	291	75.78
Muslim	93	24.22
Caste		
SC/ST	129	33.59
OBC	123	32.03
Other	132	34.38

Continued.

Socio-demographics	Frequency	Percentage (%)
Education level		
No formal education	279	72.66
Primary	57	14.84
Secondary and above	48	12.5
Husband education level		
No formal education	172	44.79
Primary	105	27.34
Secondary and above	107	27.86
Occupation		
Homemaker	246	64.06
Other	138	35.94
Family type		
Joint	277	72.14
Nuclear	107	27.86
Wealth index		
Lowest	82	21.35
Second	72	18.75
Middle	77	20.05
Fourth	77	20.05
Highest	76	19.8
Obstetric history		
Birth order		
Primiparous	85	22.14
Multiparous	207	53.91
Grand multiparous	92	23.96
Delivery at facility		
1-2	273	71.09
3-4	96	25
5 and more	15	3.91
4 ANC		
4 and above	122	31.77
Less than 4 ANC	262	68.23
Hospital stays		
Less than 24 hours	360	93.75
24 and more	24	6.25
Place of delivery		
SC	6	1.56
PHC	139	36.2
CHC	204	53.13
DH	12	3.13
Private hospital	23	5.99

Table 2: Prevalence of reported disrespect and abuse during childbirth.

Abuse and disrespect	Number	Percentage (%)
Physical disrespect	169	44.01
Physical abuse	23	5.99
Verbal abuse	35	9.11
Supporting staff insulted	18	4.69
Denied to give pain relief	106	27.6
Doctor harsh	50	13.02
Confidential abuse	79	20.57
Physical barrier not used	73	19.01
Discuss personal information in fort of others	9	2.34
Left record open	2	0.52
Consent care	354	92.19
Attendant not encourage to remain with you	70	18.23
Not obtain concern prior to any procedure	331	86.2

Continued.

Abuse and disrespect	Number	Percentage (%)
Force C section	0	0
Not allow the position your choice	319	83.07
Cloth and Macintosh were not clean	39	10.16
Female work not present	8	2.08
Dignified care	75	19.53
Not speak politely by healthcare provider	55	14.32
Make negative comment	36	9.38
Neglected care	142	36.98
Leave patient left alone	47	12.24
Not encourage to call when needed	110	28.65
Not came quickly when needed	88	22.92
Discrimination	65	16.93
Disrespect based on any attribute	6	1.56
Speak language not understand by women	63	16.41
Detention	282	73.44
Forced to adopt family planning	5	1.3
Not allow to leave due to factor of pay	7	1.82
Refer to other hospital without citing reason	9	2.34
Asked bribe	277	72.14
Asked to stay back	9	2.34
Total	378	98.44

Table 3: Relationship between reported selected disrespect and abuse during childbirth and respondent characteristics (OR 95% CI).

Socio-demographics	Physical disrespect	Confidential abuse	Consent care	Neglected care
Age group (Years)				
15- 24	**			
25-34	0.91 (0.5,1.8), p=0.789	0.38* (0.15, 0.92), p=0.033	1.24 (0.29-5.2), p=0.771	1.1 (0.54, 2.2), p=0.802
35 and above	1.7 (0.6, 4.8), p=0.332	0.73 (0.20, 2.7), p=0.645	5.9 (0.45, 76.4), p=0.176	1.1 (0.38, 3.34), p=0.805
Age at marriage (Years)				
Less than 18 years	**			
18 and above	1.4 (0.7, 3), p=0.387	2.5* (1.0, 6.0), p=0.049	0.51 (0.07, 3.7), p=0.51	2.7* (1.04, 7.2), p=0.04
Religion				
Hindu				
Muslim	0.9 (0.5, 1.5), p=0.568	1.4 (0.71, 2.8), p=0.99	0.57 (0.14, 2.3), p=0.425	1.16 (0.65, 2.09), p=0.52
Caste				
SC/ST	**			
OBC	1.0 (0.6, 1.9), p=0.911	2.8* (1.1, 7.1), p=0.037	0.30 (0.06, 1.6), p=0.166	0.92 (0.48, 1.7), p=0.797
Other	0.7 (0.4, 1.4), p=0.33	2.8* (1.1, 7.4), p=0.037	0.76 (0.14, 4.2), p=0.756	0.7 (0.35, 1.4), p=0.297
Education level				
No formal education	**			
Primary	1.4 (0.7, 2.8), p=0.35	1.3 (0.52, 3.13), p=0.588	0.93 (0.17, 5.13), p=0.936	1.2 (0.55, 2.5), p=0.677
Secondary and above	0.6 (0.2, 1.4), p=0.224	1.8 (0.67, 5.1), p=0.239	0.74 (0.11, 4.8), p=0.752	0.43 (0.19, 1.11), p=0.084
Husband education level				
No formal education	**			
Primary	0.9 (0.5, 1.7), p=0.83	1.5 (0.7, 3.3), p=0.275	3.7 (0.72, 19.19), p=0.117	0.64 (0.35, 1.2), p=0.152
Secondary and above	0.9 (0.4, 1.7), p=0.64	0.65 (0.28, 1.5), p=0.324	1.5 (0.32, 7.3), p=0.589	1.2 (0.60, 2.44), p=0.603

Continued.

Socio-demographics	Physical disrespect	Confidential abuse	Consent care	Neglected care
Occupation				
Homemaker	**			
Other	1.5 (0.9, 2.7), p=0.126	1.7 (0.81, 3.7), p=0.16	0.04* (0.01, 0.211), p=0.000	1.6 (0.89, 2.74), p=0.119
Family type				
Joint	**			
Nuclear	1.3 (0.7, 2.1), p=0.387	2.4* (1.3, 4.8), p=0.008	1.2 (0.32, 4.45), p=0.781	0.84 (0.48, 1.5), p=0.564
Wealth index				
Lowest	**			
Second	0.7 (0.3, 1.5), p=0.342	1.5 (0.62, 3.8), p=0.361	0.19 (0.02, 2.01), p=0.169	1.5 (0.68, 3.47), p=0.303
Middle	1 (0.5, 2.1), p=0.964	1.2 (0.43, 3.1), p=0.76	0.14 (0.01, 1.58), p=0.111	1.2 (0.54, 2.85), p=0.6
Fourth	0.8 (0.4, 1.7), p=0.511	2.1 (0.79, 5.5), p=0.139	0.08* (0.01, 0.89), p=0.04	1.5 (0.65, 3.47), p=0.344
Highest	0.7 (0.3, 1.6), p=0.369	0.68 (0.19, 2.4), p=0.558	0.01* (0.00, 0.17), p=0.001	1.12 (0.45, 2.79), p=0.806
Obstetric history				
Birth order				
Primiparous	**			
Multiparous	0.8 (0.4, 1.7), p=0.637	1.1 (0.41, 2.68), p=0.916	0.09* (0.01, 0.62), p=0.014	0.58 (0.27, 1.23), p=0.155
Grand multiparous	0.6 (0.2, 1.6), p=0.281	2.3 (0.63, 8.7), p=0.206	0.03* (0.00, 0.43), p=0.009	0.53 (0.18, 1.51), p=0.237
Delivery at facility				
1-2	**			
3-4	1 (0.6, 1.8), p=0.953	1.5 (0.69, 3.1), p=0.32	10.21 (1.71, 60.9), p=0.011	1.36 (0.74, 2.47), p=0.312
5 and more	0.6 (0.1, 2.3), p=0.437	1.4 (0.31, 6.2), p=0.665	5.12 (0.33, 79.05), p=0.422	1.69 (0.42, 6.84), p=0.46
4 ANC visits				
4, above ANC visits	**			
Less than 4 ANC	0.4 (0.2, 0.7)*, p=0.001	0.76 (0.40, 1.4), p=0.398	1.28 (0.42, 3.92), p=0.666	1.10 (0.64, 1.9), p=0.725
Hospital stays				
Less than 24 hours	**			
24 and more	1.3 (0.5, 4.0), p=0.598	0.92 (0.25, 3.4), p=0.908	1.27 (0.41, 3.9), p=0.897	0.46 (0.11, 1.9), p=0.286
Place of delivery				
SC	**			
PHC	0.8 (0.3, 2.6), p=0.74	0.32 (0.05, 2.2), p=0.242	0.81 (0.04, 16.13), p=0.888	0.29 (0.047, 1.8), p=0.187
CHC	1.7 (0.5, 5.1), p=0.376	0.06* (0.01, 0.45), p=0.006	29.90 (0.37, 65.481), p=0.031	0.61 (0.01, 3.7), p=0.592
DH	1.3 (0.3, 6.8), p=0.35	0.08 (0.01, 1.01), p=0.051	0.05 (0.00, 1.88), p=0.104	A
Private hospital	NA	0.11 (0.01, 1.1), p=0.061	1.14 (0.05, 25.56), p=0.933	0.29 (0.04, 2.47), p=0.261

*Denotes a statistically finding a p<0.05.** Reference category and NA -refers to cases where statistical analysis could not performed.

Table 4: Relationship between reported selected disrespect and abuse during childbirth and respondent characteristics (OR 95% CI).

Socio demographics	Dignified abuse	Discrimination abuse	Detention abuse
Age group (Years)			
15- 24	**		
25-34	1.05 (0.43, 2.5), p=0.911	0.95 (0.39, 2.3), p=0.917	0.39* (0.18, 0.87), p=0.023
35 and above	1.28 (0.34, 4.8), p=0.707	0.95 (0.24, 0.372), p=0.939	0.32 (0.09, 1.08), p=0.68

Continued.

Socio demographics	Dignified abuse	Discrimination abuse	Detention abuse
Age at marriage (Years)			
Less than 18 years	**		
18 and above	1.3 (0.49, 3.4), p=0.588	0.32* (0.13, 0.69), p=0.005	0.59 (0.63, 2.23), p=0.26
Religion			
Hindu	**		
Other	2.5* (1.29, 4.94), p=0.007	0.7 (0.32, 1.5), p=0.362	0.89 (0.47, 1.68), p=0.715
Caste			
SC/ST	**		
OBC	1.2 (0.52, 2.8), p=0.659	1.52 (0.65, 3.58), p=0.33	1.3 (0.64, 2.68), p=0.454
Other	0.89 (0.37, 2.2), p=0.802	1.19 (0.47, 2.98), p=0.71	1.34 (0.62, 2.89), p=0.45
Education level			
No formal education	**		
Primary	0.5 (0.18, 1.3), p=0.162	0.55 (0.21, 1.42), p=0.218	1.02 (0.47, 2.22), p=0.961
Secondary and above	0.49 (0.16, 1.5), p=0.215	0.35 (0.17, 1.1), p=0.068	1.72 (0.63, 4.71), p=0.29
Husband education level			
No formal education	**		
Primary	0.9 (0.44, 1.97), p=0.864	1.0 (0.46, 2.2), p=0.994	0.64 (0.34, 1.2), p=0.172
secondary and above	0.9 (0.40, 2.2), p=0.892	1.85 (0.8, 4.3), p=0.151	0.93 (0.43, 2.00), p=0.861
Occupation			
Home maker	**		
Other	2.5* (1.2, 5.3), p=0.014	1.6 (0.74, 3.4), p=0.236	0.78 (0.41, 1.46), p=0.436
Family type			
Joint	**		
Nuclear	1.6 (0.79, 3.07), p=0.191	1.05 (0.52, 2.1), p=0.89	1.19 (0.63, 2.23), p=0.583
Wealth index			
Lowest	**		
Second	1.8 (0.68, 4.7), p=0.233	1.5 (0.57, 4.19), p=0.389	1.3 (0.51, 3.5), p=0.562
Middle	1.61 (0.58, 4.3), p=0.355	1.23 (0.42, 3.60), p=.71	0.52 (0.21, 1.26), p=0.147
Fourth	2.35 (0.86, 6.4), p=0.094	1.77 (0.62, 5.1), p=0.287	0.52 (0.21, 1.29), p=0.161
Highest	1.67 (0.51, 5.47), p=0.391	2.96 (0.94, 9.2), p=0.063	0.26* (0.09, 0.68), p=0.007
Obstetric history			
Birth order			
Primiparous	**		
Multiparous	0.49 (0.19, 1.22), p=0.128	1.7 (0.63, 4.7), p=0.285	0.61 (0.26, 1.4), p=0.261
Grand multiparous	0.53 (0.15, 1.89), p=0.332	1.3 (0.34, 5.2), p=0.68	1.22 (0.38, 3.9), p=0.734
Delivery at facility			
1-2	**		
3-4	1.5 (0.73, 3.14), p=0.259	0.83 (0.39, 1.76), p=0.627	1.22 (0.65, 2.31), p=0.525
5 and more	0.51 (0.07, 3.4), p=0.489	2.1 (0.49, 9.2), p=0.317	1.39 (0.27, 7.12), p=0.688
4 ANC			
4 and above ANC	**		
Less than 4 ANC	0.57 (0.31, 1.08), p=0.085	0.71 (0.37, 1.37), p=0.318	1.95* (1.1, 3.47), p=0.022
Hospital stays			
Less than 24 hours	**		
24 and more	3.7* (1.05, 13.14), p=0.041	1.9 (0.57, 6.9), p=0.279	0.74 (0.22, 2.5), p=0.635
Place of delivery			
SC	**		
PHC	0.1* (0.01, 0.67), p=0.018	0.45 (0.06, 3.2), p=0.424	0.77 (0.23, 2.56), p=0.667
CHC	0.03* (0.003, 0.19), p=0	0.36 (0.05, 2.5), p=0.312	1.7 (0.53, 5.98), p=0.348
DH	NA	0.29 (0.02, 3.86), p=0.348	3.53 (.29, 42.9), p=0.322
Private hospital	0.02 (0.00, 0.27), p=0.003	0.38 (0.04, 3.54), p=0.399	NA

*Denotes a statistically finding a p<0.05. **Reference category and NA -refers to cases where statistical analysis could not performed.

DISCUSSION

Increasing institutional delivery and providing respectful maternity care is one of the main focuses of the maternal health program of the Indian government. Encouraging respectful maternity care during childbirth is a vehicle to utilize maternity services and also prevent maternal morbidity and maternal mortality rate. Throughout the

world various study documented the incident of abuse and disrespect during maternity services utilization. Making respectful maternity care is global agenda. This study aimed to find out the prevalence of disrespectful and abusive behavior during institutional delivery.

In this study, the prevalence of disrespectful maternity care during facility based child birth is very high in the study population. Utmost every woman (98.5%) experiences any kind of disrespect or abuse during institutional delivery. Similar to the studies was conducted in Pakistan and Nigeria also found that almost all women (99.7% and 98%, respectively) experienced at least one type of abusive behavior or disrespect during delivery.[15,16] However, the overall disrespect and abuse reported during facility-based childbirth was 29% in a study conducted in Uttar Pradesh, India.[14]

However, 92% of women experienced non consent care in which women were neither informed and nor their verbal or written consent were taken before any medical procedures in the labor room. which was similar to a study conducted in Gujrat, Pakistan in which it is mentioned that the most commonly experienced disrespect and abuse was non-consented care and lack of informed choice (99.7).[17] 73.4 % of women were detained during child birth. While 44% (169) of women were traumatized by experience of physical abuse during institutional delivery, which includes physical violence, verbal abuse, insult etc.

Disrespect and abuse during labor and delivery were significantly associated with age group, religion, level of education, age at marriage, place of delivery, No. of ANC visit etc. The finding was consistent with studies conducted in Kenya and in which age group, and parity were the predictors of disrespect and abuse.[18]

However, there are limited studies related to women related to disrespect and abuse during childbirth in India. The findings of the study might be the basis for intervention to enhance respectful maternity services. The findings of the study might

be useful to maternity care providers. The limitations of this study are respondents who received maternity healthcare services in the health facilities in the last six months were requested to report any disrespectful and abusive healthcare, so there could be a possibility of a loss of memory of respondents about the eventualities during childbirth.

CONCLUSION

Our study shows that the occurrence of disrespect and abuse during childbirth was very high. almost every woman reported at least on the incidence of abuse and disrespect during delivery. The effort made by civil society, government and other international organizations are yet not sufficient to restricted the abuse and disrespect during delivery. There is a normalization of the issue under study in the community. Thus, efforts have to be put in place using the mass media forum to educate women about the rights that are compelled during childbirth and Alike citizen charter, respectful maternal care charter may be installed in health facilities to educate women and the community about the components of respectful maternity care.

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