Original article

J Nepal Health Res Counc 2026 Jan-March; 24 (70): 116-125

Disrespect and Abuse During Childbirth and Its Determinants among Women Delivering in Healthcare Facilities

Pooja Bhandari Subedi,[1] Sagar Parajuli,[2] Kusumsheela Bhatta,[3] Sabina Lamichhane,[1] Sunita Sharma,[1] Sharada Paudel[4]

[1]School of Health and Allied Sciences, Pokhara University, Kaski, Nepal, [2]Province Public Health Office Nawalparasi (East of Bardaghat Susta), Gandaki Province, Nepal, [3]Ministry of Health, Gandaki Province, Nepal, [4]Pokhara Nursing Campus, Tribhuwan University.

ABSTRACT

Background: Providing respectful maternity care can enhance the maternal and child health outcomes by fostering the trust and positive relationships between healthcare providers and mothers. The objective of this study was to assess the status of disrespect and abuse during childbirth and its determinants among women delivering in healthcare facilities and its determinants in Pokhara, Nepal.

Methods: A community-based cross-sectional study was conducted among 290 women in Pokhara Metropolitan, Nepal. Respondents were enrolled using a simple random sampling approach. A semi-structured questionnaire was developed based on Bowser and Hill's seven domains of disrespect and abuse during childbirth. Data were analyzed using descriptive and inferential statistics.

Results: Among the respondents, 69.0% delivered in government hospitals. Complications for the baby during labor were reported by 5.2% of women. 62.4% of the respondents reported that they experienced at least one form of disrespect and abuse during childbirth at the hospital. Among women who experienced disrespect and abuse, the most prevalent category was non-consented care (49.7%), followed by physical abuse (35.2%). No variables were significantly associated with disrespect and abuse during childbirth in the bivariate and multivariate analyses.

Conclusions: The status of disrespect and abuse during childbirth was high. These findings highlight the need for systemic improvements within maternity care services, including strengthened provider accountability and promotion of respectful maternity care practices across all health facilities.

Keywords: Disrespect and abuse; maternal health; Nepal; respectful maternity care.

INTRODUCTION

Respectful maternity care refers to the kind of provision of health services to women in a manner that upholds their dignity, offers support, and avoids any practices that diminish their worth, regardless of individual differences.[1]

In Nepal, many women face disrespect and mistreatment during childbirth in health care settings which compromises their dignity and personal autonomy. [2] A study in Nepal has shown that 84.3% of women had no opportunity to discuss their concerns, 80.4% of women were not adequately informed on the care provided during childbirth and only one-third of babies were examined in the presence of women.[3] Although disrespect and abusive treatment play a major role in shaping the quality of maternity care and women's willingness to use these services, these forms of mistreatment have not been examined as thoroughly as other factors that affect access to and selection of maternal care during childbirth.[4,5]

Correspondence: **Pooja Bhandari Subedi, School of Health and Allied Sciences, Pokhara University, Kaski, Nepal. Email: pooja.bhandari@pu.edu.np, Phone: +9779856069898.**

The government of Nepal has prioritized increasing institutional deliveries as a key strategy to achieve Sustainable Development Goal (SDG) 3 target, which includes reducing the maternal mortality rate to 70 per 100,000 live births and lowering neonatal mortality to 12 per 1,000 live births by 2030. In line with these objectives, the government has set a goal of attaining 90% institutional births by 2030.[6] The respectful maternity care is essential for achieving this objective, yet there is limited evidence on its practices and the status of disrespect and abuse in Nepal. Therefore, the present study aims to assess the status of disrespect and abuse and its associated factors among women delivering in healthcare facilities in Pokhara Metropolitan, Nepal.

METHODS

A community-based cross-sectional study was conducted among postnatal women in Pokhara Metropolitan, Nepal, assessing the status and determinants of disrespect and abuse during childbirth at healthcare facilities. Women attending maternal and child health and immunization clinics within 50 days of postpartum were included in the study. Face-to-face interviews were administered using a structured questionnaire.

The sample size for the study was calculated to be 290 using a single population proportion formula, taking a status of 76% from a study conducted in Central Ethiopia[7] and with 5% margin of error at 95% confidence interval, including 10% non-response rate.

For the study, out of 33 wards of Pokhara Metropolitan, 11 wards were selected using the lottery method. The number of respondents included in the study was determined through proportionate allocation based on the average number of mothers attending maternal and child health and immunization clinics in a month. Women who had caesarean section deliveries and with reported mental health disorders by health service providers were excluded from the study. Further, women having deliveries at home were also excluded from the study.

Data were collected using a semi-structured questionnaire administered to the postpartum women through interviews in the study. A semi- structured questionnaire was developed based on Bowser and Hill's seven domains of disrespect and abuse.[4] The semi-structured questionnaire was initially developed in English, translated into Nepali, and back-translated to ensure accuracy and consistency. Trained data enumerators conducted face-to-face interviews to obtain socio-demographic, obstetric, and delivery-related experience. The completed questionnaires were checked for completeness and consistency before data entry. Data were then coded and entered into SPSS for analysis. Descriptive statistics were then used to summarize respondents' characteristics, while categorical variables were analyzed to determine the status of disrespect and abuse during childbirth. Further, inferential statistics were applied to assess the association between socio-demographic and obstetric factors with the experiences of disrespect and abuse. Variables with a p-value <0.25 in bivariate analysis were entered into multivariate logistic regression, and multicollinearity was assessed using the Variance Inflation Factor, with all included variables having VIF <2.

The ethical approval was obtained from the Institutional Review Committee of Pokhara University Research Center. Further, study permission was obtained from the Health Division of the Pokhara Metropolitan, Kaski, Nepal, before data collection. Informed consent was obtained from all respondents, explaining the purpose and objectives of the study along with the study procedure. The confidentiality and anonymity in the study were ensured through not recording personal identifiers, recoding unique codes wherever required, and ensuring data storage in a password-protected laptop having role-based access within research team members.

RESULTS

A total of 290 women participated in the study. Overall, 62.4% of the respondents reported experiencing at least one form of disrespect and abuse during childbirth in healthcare facilities. The most commonly reported category of disrespect and abuse was non-consented care (49.7%), followed by physical abuse (35.2%), abandonment or neglect of care (32.8%), and non-dignified care (25.5%). In both bivariate and multivariate analyses, no socio-demographic or obstetric factors showed statistically significant associations with disrespect and abuse during childbirth.

Table 1.Sociodemographic characteristics of respondents.		
Variables	**Number**	**Percent**
Age (years)		
18-24	88	30.3
25-29	103	45.9
30-34	57	19.7
>=35	12	4.1
Ethnicity		
Brahman / Chhetri	162	55.9
Janjati	96	33.1
Dalit	30	10.3
Marginalized	2	0.7
Marital Status		
Married	289	99.7
Separated	1	0.3
Education Status		
Illiterate	3	1
Literate	287	99
Occupation		
Agriculture	8	2.8
Homemaker	144	49.7
Business	50	17.2
Service	65	22.4
Labor	2	0.7
Others	5	1.7
Husbands Occupation		
Government job	60	20.7
Private job	125	43.1
Jobless	11	3.8
Foreign employment	94	32.4

The mean ± SD age of the respondents was 26.8 ± 3.77 years, ranging from 18 to 39 years. Regarding education, 99% of the women were literate. Among them, 29.3% had completed secondary level or above, 10.5% had primary education, and 2.4% had no formal education. Nearly half of the respondents (49.7%) were homemakers, followed by 22.4% engaged in service, 17.2% in business, and 2.8% in agriculture (Table 1).

Table 2. Reproductive characteristics of respondents.		
Variables	**Number**	**Percent**
Place of Delivery		
Government Hospital	200	69.0
Private Hospital	90	31.0
Types of Gravida		
Primiparous	167	57.6
Second para	105	36.2
Third para +	18	5.9
Mode of Delivery		
Spontaneous Vaginal Delivery with intact perineum	61	21.0
Spontaneous vaginal delivery with a tear	94	32.4
Spontaneous vaginal delivery (SVD) with episiotomy	132	45.5
Assisted vaginal delivery (Vacuum)	3	1.0
Duration of Labor		
<6 hours	5	1.7
6-12 hours	175	60.3
12-24 hours	102	35.2
>24 hours	8	2.8
Duration of Hospital Stay		
<=2 days	194	66.9
3-4 days	81	28
>=5 days	15	5.2
Complications arise with your baby during labor and birth		
Yes	15	5.2
No	275	94.8
Any obstetric complication during labour and birth		
Yes	10	3.4
No	280	96.6
No. of ANC Visit		
Less than 4	7	2.4
Greater than or equal to 4	283	97.6
Health professional providing care during labor		
Doctors	26	9
Nurses	264	91

Among the total respondents, 69.0% delivered in government hospitals, while the remaining 31.0% delivered in private hospitals. Most women were primiparous (57.6%), and nearly half of the respondents (45.5%) underwent spontaneous vaginal delivery (SVD) with episiotomy. Most labors lasted 6-12 hours (60.3%). Complications for the baby during labor were reported by 5.2% of women (Table 2). 62.4% of the respondents reported that they experienced at least one form of disrespect and abuse during childbirth at the hospital. Among women who experienced disrespect and abuse, the most prevalent category was non-consented care (49.7%), followed by physical abuse (35.2%) (Table 3).

Table 3. Categories of disrespect and abuse during childbirth by verification criteria. (n = 290)		
Types of Disrespect and Abuse	**Number**	**Percent**
Physical Abuse	**102**	**35.2**
The provider used physical force (pushed,/slapped, me/hit me/pinched me	14	4.8
You were physically restrained or tied during labor	14	4.8
Episiotomy given or sutured without local anesthesia	27	9.3
You were separated from your baby without a medical indication	15	5.2
You were restricted from food or fluid during labor unless medically necessary	41	14.1
You did not receive comfort/pain relief as necessary	47	16.2
The providers did not demonstrate caring in a culturally appropriate way	37	12.8
Non-consented Care	**144**	**49.7**
The provider did not introduce himself/herself to you and your companion	70	24.1
The provider did not encourage you to ask questions	59	20.3
The provider did not respond to your questions with promptness, politeness, and truthfulness	58	20.0
The provider did not explain to you what was being done and what to expect throughout labor and birth	49	16.9
The provider did not give you periodic updates on the status and progress of your labor	38	13.1
The provider did not allow to assume position of choice during birth	77	26.6
The provider did not obtain your consent or permission before augmentation /induction of labor	44	15.2
The provider did not obtain your consent or permission before the episiotomy	37	12.8
The provider did not obtain your consent or permission before abdominal examination/ Vaginal examination	26	9.0
The provider did not obtain your consent or permission before the blood transfusion	24	8.3
The provider did not obtain your consent or permission before insertion of a postpartum intrauterine contraceptive device	15	5.2
Non-confidential care	**62**	**21.4**
The provider did not use curtains or other visual barriers to protect you or provide care without privacy	52	17.9%
The provider disclosed the age of the mother without consent	22	7.6%
The provider disclosed the medical history of the mother without consent	17	5.9%
The provider disclosed the HIV/HbsAg status of the mother without consent	10	3.4%
Non-dignified care	**74**	**25.5**
The provider did not speak to me politely	69	23.8%
The provider made insults, intimidation, or blamed, scolded, shouted, or called the patient stupid during childbirth	22	7.6%
Threatened with cesarean delivery to discourage the patient from shouting	21	7.2%
Received slanderous remarks (aspersions) from being blamed or intimidated during childbirth	1	0.3%
Discrimination based on a specific attribute	13	4.5
The provider spoke to me in a language and at a language level that I cannot understand	4	1.4%
Denial of needed attention based on ethnic origin	1	0.3%
Denial of needed attention because of low social class	5	1.7%
Denial of needed attention because of a teenage/elderly mother	6	2.1%

Table 3. Categories of disrespect and abuse during childbirth by verification criteria. (n = 290)		
Types of Disrespect and Abuse	**Number**	**Percent**
Denial of needed attention because of HIV seropositive status	8	2.8%
Abandonment/ neglect of care	**95**	**32.8**
The provider did not encourage you to call if needed	22	7.6%
The provider did not come quickly when you called him/her	71	24.5
The provider left you alone or unattended	27	9.3
The provider did not offer you any pain relief medications when you were having severe pain during labor.	59	20.3
Detention in facilities	1	0.3
You were detained in a health facility against your will.	1	0.3
You were coerced into undergoing CS without any medically indicated conditions.	0	0

The bold value indicates the overall status of each category of disrespect and abuse, while the non-bold value indicates the frequency of items under respective categories.

Factors associated with disrespect and abuse during childbirth

Table 4. Factors associated with disrespect and abuse during childbirth- bivariate analysis.				
Variables	**Disrespected and abused**		**COR (95% CI)**	**p-value**
	Yes, n (%)	**No, n (%)**		
Age				
Less than or equal to 25	73(62.9)	43(37.1)	1.05(0.64-1.69)	0.882
More than 25	108(62.1)	66(37.9)	Ref.	
Ethnicity				
Brahman / Chhetri	96(59.3)	66(40.7)	0.74(0.45-1.19)	0.212
Others	85(66.4)	43(33.6)	Ref.	
Family Types				
Nuclear	107(61.1)	68(38.9)	0.87(0.54-1.42)	0.581
Others	74(64.3)	41(35.7)	Ref.	
Marital Status				
Married	180(62.3)	109(37.7)	0.6(0.57-0.68)	0.437
Separated /Divorced	1(100)	0(0)	Ref.	
Education Level (287)				
Up to Secondary	19(51.4)	18(48.6)	0.59(0.30-1.19)	0.137
Secondary and above	162(64)	91(36)	Ref.	
Occupation				
Homemaker	95(66)	49(34)	1.35 (0.84-2.18)	0.214
Others	86(58.9)	60(41.1)	Ref.	
Family Income Status				
Low income	37 (56.1)	29 (43.9)	0.71 (0.406-1.24)	0.225
Middle- and high-Income status	144(64.3)	80(35.7)	Ref.	

Table 4. Factors associated with disrespect and abuse during childbirth- bivariate analysis.

Variables	Disrespected and abused		COR (95% CI)	p-value
	Yes, n (%)	No, n (%)		
Place of Delivery				
Government Hospital	123 (62.5)	77 (38.5)	0.89 (0.53-1.48)	0.632
Private Hospital	58 (64.4)	32 (35.6)	Ref.	
Types of Gravida				
Primiparous	108(64.7)	59(35.3)	1.25 (0.78-2.03)	0.355
Multiparous	73(59.3)	50(40.7)	Ref.	
Mode of Delivery				
Spontaneous Vaginal Delivery with intact perineum	35 (57.4)	26 (42.6)	0.77 (0.431-1.34)	0.361
Spontaneous vaginal delivery with tear or episiotomy	146(63.8)	83(36.2)	Ref.	
Duration of Labor				
Less than 12 hours	110(61.1)	70(38.9)	0.87 (0.53-1.41)	0.558
More than 12 Hours	71(65.5)	39(35.5)	Ref.	
Complications arise with your baby during labor and birth				
Yes	8 (53.3)	7 (46.7)	0.67 (0.24-1.91)	0.456
No	173 (62.9)	102 (37.1)	Ref.	
Any obstetric complication during labor and birth				
Yes	7 (70)	3(30)	1.42 (0.36-5.62)	0.614
No	174 (62.1)	106 (37.9)	Ref.	
No. of ANC Visit				
Less than 4	4 (57.1)	3 (42.9)	0.80 (0.18-3.64)	0.771
Greater than or equal to 4	177 (62.5)	106(37.5)	Ref.	
Provide care During Labor				
Doctors	13 (50)	13 (50)	0.57 (0.255-1.28)	0.171
Nurses	168 (63.6)	96 (36.4)	Ref.	

Bivariate analysis was done to test the association between disrespect and abuse and other independent variables. However, no variables showed a significant association in the bivariate analysis. (Table 4)

Then, multivariate logistic regression was done, incorporating the variables from bivariate analysis to identify the predictors of disrespect and abuse. Variables with a p-value <0.25 from bivariate analysis were considered for inclusion. Multicollinearity was evaluated using the VIF, and variables exceeding a VIF of 2 and a p-value of 0.25 were excluded. Consequently, the ethnicity, education level, occupation, family income status, and provided care during labour were retained in the final model. The model fitted the data ($p<0.05$) when the null and fitted models were compared. However, no variables were significantly associated with disrespect and abuse during childbirth in the final model (Table 5).

Table 5. Factors associated with disrespect and abuse during childbirth- multivariate analysis.

Variables	COR (95% CI)	p-value	AOR (95% CI)	p-value
Ethnicity				
Brahman / Chhetri	0.74 (0.45-1.19)	0.21	1.43(0.87-2.4)	0.16
Others	Ref.		Ref.	
Education Level (287)				
Up to Secondary	0.593 (0.296-1.19)	0.137	0.55 (0.27-1.13)	0.11
Secondary and above	Ref.		Ref.	
Occupation				
Homemaker	1.35 (0.84-2.18)	0.21	0.713 (0.44-1.18)	0.186
Others	Ref.		Ref.	
Family Income Status				
Low income	0.71 (0.41-1.24)	0.23	1.42 (0.80-2.5)	0.229
Middle- and high-Income status	Ref.		Ref.	
Provide care During Labor				
Doctors	`0.57 (0.26-1.28)	0.171	0.64 (0.28-1.46)	0.29
Nurses	Ref.		Ref.	

DISCUSSION

This study has assessed the status of disrespect and abuse and its associated factors among women delivering in healthcare facilities in Pokhara Metropolitan, Nepal. Disrespect and abuse during childbirth have increasingly been recognized as significant public health concerns, particularly in low and middle-income countries. In the present study, 62.4% of the respondents reported experiencing at least some form of disrespect and abuse during childbirth, which is comparable to findings from a study in Tanzania, where 70% of women reported similar experiences.[8]

The similarity may be attributed to both studies being conducted in urban areas, characterized by higher population density and increased delivery rates.[9] Overcrowding in a maternity ward in such a setting may contribute to a higher likelihood of disrespect and abuse. It is notably higher than 16.3% reported in a study from India.[10] This discrepancy may be due to the differences in the types of health facilities included. Although obtaining consent is a key component of respectful maternity care[7], non-consented care and physical abuse were the most commonly reported disrespectful practices in this study, similar to findings from Ethiopia[11] and Nigeria.[12] This may be due to poor adherence to standard operating protocols for obtaining consent, along with a high number of interns and rotating staff in teaching or private hospitals, which can increase the chance of women being examined without proper consent.

These findings align with results from West Shewa Zone[7], and Northwest Amhara of Ethiopia[13]. However, it is higher than reports from Addis Ababa, where only 21.4% of women reported receiving respectful and non-abusive care[14] and from India, where the rate was 26.3%.[15] These discrepancies may be partly due to differences in the measurement tools used across studies and sample size. Conversely, it is lower than findings from Bahir Dar Town, Ethiopia[16] and other regions of India.[10] These differences may be due to variations in the health care systems across Nepal, Ethiopia, and India, including differences in the type of training health professionals receive across these countries, existing maternal health policies and availability and quality of health services infrastructure across countries. The relatively low proportion of women receiving respectful maternity care in this study suggests that the health care providers need to follow respectful maternity care practices more consistently.

In the present study, 4.8% of women strongly agreed that they were slapped during childbirth, which is lower than the similar studies carried out in Addis Ababa[14], Ethiopia[17] and Nepal.[18] Even a small proportion of women experiencing such abuse can have serious physical and

psychological consequences, potentially discouraging future use of the institutional maternity services.[19] Similarly, 25.5 % of women experienced various forms of non-dignified care, including being spoken to impolitely, shouted at, and threatened by health care providers. This proportion is in line with the findings of the study in Nepal, which reported a 30% status [18] and Nigeria (35.7%).[12] The similarity may be that both studies are being conducted in similar tertiary hospital settings, suggesting that disrespectful practices persist even in higher-level facilities. In comparison, an observational study in Ethiopia reported an 8% status of verbal abuse.[20] The difference may be explained by variations in data collection methods, as an observational checklist may underestimate certain forms of disrespect that women themselves perceive. It is crucial to address the non-dignified care for women's satisfaction and to increase institutional deliveries. Regarding non-confidential care, 21.4% of women responded that their privacy was not kept during labor, which is comparable with the study of South Ethiopia. [21] This might be because many labor wards in low-resource settings may have shared rooms, insufficient partitions or crowded spaces making it difficult to maintain visual and auditory privacy.

This study examines the relationship between age, economic and marital status, parity and care during labor and education with any form of disrespect and abuse, and found no significant association, aligning with studies from Kenya and other parts of Nepal. [8,22] A possible explanation for this similarity is that cultural norms and patients' expectations may have shaped perceptions of care, making these structural or demographic factors less relevant to women's experiences of disrespect and abuse. In the present study, factors such as the type of delivery center, number of ANC visits, and duration of hospital stay were not significantly associated with disrespect and abuse. Conversely, studies in countries such as India [23], Ethiopia[11], Nepal[18] have reported significant associations between these factors and disrespect and abuse. In some contexts, women may perceive certain behavior as normal or expected, making the few factors less relevant to their reports of disrespect and abuse.

This study has notable strengths and limitations. Its main strength is that it analyzed each right of women during maternity care, which can inform future interventions by identifying and prioritizing key areas. A limitation of the study is that it focused only on patients' experiences, which may have led to responses being over- or underestimated. Future research should also consider healthcare providers' perspectives to gain a more comprehensive understanding of the factors influencing respectful maternity care.

CONCLUSIONS

Many women in Pokhara, Nepal, still face disrespect and abusive treatment during childbirth in healthcare facilities, with a large proportion experiencing non-consented care, physical abuse, non-dignified care and neglect. This highlights the gap in maintaining women's rights and adherence to respectful maternity care practices. Although the study did not identify specific factors linked to these experiences, the overall status suggests that disrespect and abuse remain a public health issue within maternity services. Every woman should be treated with dignity, compassion, and respect during childbirth. Healthcare providers must prioritize these principles in their care, ensuring that the physical, emotional and psychological needs of mothers are always considered.

ACKNOWLEDGEMENTS

The authors would like to express gratitude to the Pokhara University Research Center (PURC) for providing a research grant and to the concerned authority of Pokhara Metropolitan for the permission and cooperation.

CONFLICT OF INTEREST

Authors declare there are no any conflicts of Interest.

REFERENCES

1. Compassionate, Respectful and Caring: Health Workforce Training: Participant Manual. Federal Democratic Republic of Ethiopia Ministry of Health; 2017. [Weblink]
2. Gurung R, Van Wees SH. 'They did not care for me. I was alone in bed like a dead person': A qualitative study on mistreatment, dignity and power during childbirth in Nepal. Global Public Health. 2025 Dec 31;20(1):2439887. [Pubmed]
3. Gurung R, Moinuddin M, Sunny AK, Bhandari A, Axelin A, KC A. Mistreatment during childbirth and postnatal period reported by women in Nepal —a multicentric status study. BMC Pregnancy Childbirth. 2022 Apr 14;22(1):319. [Pubmed]
4. Bowser D, Hill K. Exploring evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a landscape analysis. USAID; 2020 Sept. [Weblink]

5. Warren C, Njuki R, Abuya T, Ndwiga C, Maingi G, Serwanga J, et al. Study protocol for promoting respectful maternity care initiative to assess, measure and design interventions to reduce disrespect and abuse during childbirth in Kenya. BMC Pregnancy Childbirth. 2013 Jan 24;13(1):21. [Pubmed]

6. Nepal Safe Motherhood and Newborn Health Road Map 2030 [Internet]. Family Welfare Division, Ministry of Health and Population, Government of Nepal; 2019 Sept. Available from: https://api.fwd.gov.np/document/1695020235.pdf [Weblink]

7. Bulto GA, Demissie DB, Tulu AS. Respectful maternity care during labor and childbirth and associated factors among women who gave birth at health institutions in the West Shewa zone, Oromia region, Central Ethiopia. BMC Pregnancy Childbirth. 2020 Aug 3;20(1):443. [Pubmed]

8. Sando D, Ratcliffe H, McDonald K, Spiegelman D, Lyatuu G, Mwanyika-Sando M, et al. The status of disrespect and abuse during facility-based childbirth in urban Tanzania. BMC Pregnancy and Childbirth. 2016 Aug 19;16(1):236. [Pubmed]

9. National Bureau of Statistics (NBS), ICF Macro. Micronutrients: Results of the 2010 Tanzania Demographic and Health Survey. Dar es Salaam, Tanzania: NBS and ICF Macro; 2011. [Weblink]

10. Kaur R, Singh T, Kalaivani M, Yadav K, Gupta SK, Kant S. Respectful Maternity Care during Childbirth among Women in a Rural Area of Northern India. Indian Journal of Community Medicine. 2025 Feb;50(1):93. [Pubmed]

11. Wassihun B, Deribe L, Worede N, Gultie T. Status of disrespect and abuse of women during childbirth and associated factors in Bahir Dar town, Ethiopia. Epidemiol Health. 2018 July 1;40:e2018029. [Pubmed]

12. Okafor II, Ugwu EO, Obi SN. Disrespect and abuse during facility-based childbirth in a low-income country. International Journal of Gynecology & Obstetrics. 2015 Feb 1;128(2):110–3. [Pubmed]

13. Yosef A, Kebede A, Worku N. Respectful Maternity Care and Associated Factors Among Women Who Attended Delivery Services in Referral Hospitals in Northwest Amhara, Ethiopia: A Cross-Sectional Study. Journal of Multidisciplinary Healthcare. 2020 Dec 17;13:1965–73. [Pubmed]

14. Asefa A, Bekele D, Morgan A, Kermode M. Service providers' experiences of disrespectful and abusive behavior towards women during facility-based childbirth in Addis Ababa, Ethiopia. Reprod Health. 2018 Jan 5;15(1):4. [Pubmed]

15. Athira C, Majumdar A, Sutar RF, Singh B, Thampy P, Rupani A, et al. Exploring Respectful Maternity Care and its determinants: a mixed methods cross-sectional study from a rural area in central India | BMC Pregnancy and Childbirth. BMC Pregnancy Childbirth. 2025 Aug 21;25(1):869. [Pubmed]

16. Wassihun B, Zeleke S. Compassionate and respectful maternity care during facility based child birth and women's intent to use maternity service in Bahir Dar, Ethiopia. BMC Pregnancy Childbirth. 2018 July 9;18(1):294.[PubMed]

17. Asefa A, Bekele D. Status of respectful and non-abusive care during facility-based childbirth in a hospital and health centers in Addis Ababa, Ethiopia. Reprod Health. 2015 Apr 16;12(1):33. [PubMed]

18. Pathak P, Ghimire B. Perception of Women regarding Respectful Maternity Care during Facility-Based Childbirth. Obstetrics and Gynecology International. 2020 July 4;2020(1):5142398. [Pubmed]

19. Hodges S. Abuse in Hospital-Based Birth Settings? J Perinat Educ. 2009 fall;18(4):8–11. [Pubmed]

20. Sheferaw ED, Bazant E, Gibson H, Fenta HB, Ayalew F, Belay TB, et al. Respectful maternity care in Ethiopian public health facilities. Reprod Health. 2017 May 16;14(1):60. [Pubmed]

21. Ukke GG, Gurara MK, Boynito WG. Disrespect and abuse of women during childbirth in public health facilities in Arba Minch town, south Ethiopia – a cross-sectional study. PLOS ONE. 2019 Apr 29;14(4):e0205545. [Pubmed]

22. Neupane S, Pokhrel I, Singh R, Dhakal RP. Perception Regarding Respectful Maternity Care among Postnatal Mothers at Tertiary Centre Hospital, Koshi Province. Journal of Nobel Medical College. 2023 July 17;12(1):33–8. [Weblink]

23. Exploring Respectful Maternity Care and its determinants: a mixed methods cross-sectional study from a rural area in central India | BMC Pregnancy and Childbirth [Internet]. [cited 2025 Nov 19]. Available from: https://link.springer.com/article/10.1186/s12884-025-07454-x#ref-CR17 [Pubmed]