Bayero Journal of Nursing and Health Care
bjnhc.nur@buk.edu.ng
Volume 5, Issue 2, November, 2023
Pages 1080-1092 ISSN: 2756-6501

Experience of Respectful Maternity Care among Women of Reproductive Age Attending Health Care Centre in Ilorin Kwara State

Kadir Aminat Titi[1] & Fadare Risikat Idowu[2]
Department of Nursing, College of Health Sciences, Afe Babalola University,
Ado Ekiti, Ekiti State, Nigeria
Corresponding Author: Kadir Aminat Titi
Corresponding Email:*titinursing@gmail.com*

Abstract
Background: Disrespectful maternity care is a global issue that affects women during pregnancy, childbirth, and the postpartum period (Ibrahim *et al*., 2022). Many women throughout the world encounter rude, violent, or negligent treatment during delivery in medical facilities.**Aim:** The present study looked at the experience of women/mothers in Ilorin, Kwara State, regarding disrespectful maternity care. **Design A:** Sequential explanatory mixed method design was Utilised. Both qualitative and quantitative data were collected at the same time. Multi-stage sampling technique was used to select 258 participants for the quantitative study, while purposive sampling was used to choose 20 for the qualitative study. An adapted questionnaire was used to collect quantitative data, and a Focused Group Discussion guide was used to get qualitative data. Quantitative data was analyzed using descriptive statistics and chi-square was Utilised to test the hypotheses at P=0.05. Qualitative data was also analyzed using thematic content analysis. Related ethics were strictly observed. **Result.** The majority (76%) of the respondents were married and had attended delivery care in the facilities that were evaluated. The chi-square test of association showed that only marital status (P=0.006) significantly influenced respectful care experience. However, age, religion, ethnicity, age at marriage, occupation, education level, number of children, residence, mode of delivery, delivery time, and previous facility delivery did not show a significant association with maternity care. **Conclusion:** The study recommends that healthcare providers should advocate and implement policies that will ensure zero abusive maternity care.

Keywords: Abusive care, Respectful Care, Experience, Maternity Care
DOI: https://dx.doi.org/10.4314/bjnhc.v5i2.2

Introduction

Disrespectful maternity care is a global problem that affects women during pregnancy, birth, and the postnatal period (Ibrahim *et al*., 2022). Disrespectful maternity care refers to the mistreatment, abuse, and violation of women's rights during facility-based childbirth (Hajizadeh *et al*., 2020). It includes behaviours such as physical abuse, verbal abuse, neglect, humiliation, and discrimination (Sando *et al*., 2016; Ishola et al., 2017; Ahmed et al., 2019). It is recognized as a barrier to accessing timely and quality maternity health services (Gebremichael *et al*., 2018). The prevalence of disrespectful and abusive care varies across different settings, but it is a pervasive issue in low-resource countries (Ahmed *et al*., 2019; Wassihun *et al*., 2018; Ijadunola *et al*., 2019). Factors influencing disrespectful and abusive behaviour include a lack of awareness of women's rights, inadequate provider training, and weak health systems (Ishola *et al*., 2017; Kassa & Husen, 2019).

Respectful maternity care (RMC) is a strategy that is focused on the person, founded on moral principles and respect for human rights, and encourages behaviours that take into account women's choices and the requirements of the newborn (Pathalc & Ghimire, 2020). Every expectant mother is

entitled to respectful maternity care under every healthcare system (Pathalc & Ghimire, 2020). Respectful Maternity Care (RMC) has been acknowledged as a crucial tactic for enhancing the quality and accessibility of maternity care (Vowles et al., 2023). It is described as a fundamental human right that includes ethical standards and consideration for women's emotions, dignity, and personal preferences (Pazandah, 2017). The World Health Organization (WHO, 2018) emphasized the importance of women's relationships with healthcare workers for effective delivery outcomes. Medical specialists guarantee that women should be treated with respect and given essential information and emotional support throughout childbirth.

Women's satisfaction with maternity healthcare services is a crucial indicator of quality healthcare (Al-Hussainy et al., 2022). Evidence suggests that ensuring patient satisfaction can be a secondary prevention of maternal mortality, as satisfied women are more likely to adhere to healthcare providers' recommendations and seek further care (Silesh & Lemma, 2021). However, the experiences of some pregnant women at prenatal, natal and post-natal periods are disrespectful and abusive in nature (Smith et al., 2020). Vowles et al. (2023) categorized disrespectful and abusive care in health institutions as physical abuse, non-consented care, abandonment, non-confidential care, discrimination, non-dignified care, and incarceration. Studies have found that disrespectful and abusive care may alter women's health patterns (Diana, 2019), discourage future healthcare usage (Veronical et al., 2018) and have a negative influence on the health of the fetus/child (Jones et al., 2022).

Several studies have examined the prevalence of this issue in different countries and regions. Studies such as Pazandah, (2017); Doubrapade *et al.* (2022); Shakbazadeh *et al.* (2018); Freedman et al. (2019); Abuya (2019) and Sando et al. (2016), amongst others, have investigated the experiences that mothers have before, during, and after giving birth to their children. It has been shown that how a pregnant woman is cared for during this time not only has substantial repercussions for both the mother and her child but also for the woman's later use of health care services. A systematic review and meta-analysis conducted in sub-Saharan Africa found that the pooled prevalence of disrespect and abuse during childbirth at health facilities was 44.09% (Kassa & Husen, 2020). This included physical abuse, non-confidential care, abandonment, and detention. Another study in Nigeria reported a wide range of prevalence, from as low as 11% to as high as 71% (Ezeanochie & Yamah, 2023). In Ilorin, Kwara State, the study of Adeniyi et al. (2021) also reported that women experienced disrespectful and abusive care during child delivery. This study therefore assesses the experience of mothers regarding respectful maternity care in Ilorin West

Methods

Research Design

This research used a sequential mixed-method research design. This involved the collection and analysis of quantitative data and, the collection and analysis of qualitative data, before the final interpretation.

Target Population

Women who were pregnant and have attended maternity care at any of the three facilities (General Hospital Ilorin, Adewole Cottage Hospital, or Civil Service Clinic) in Ilorin, Kwara State

Sampling Technique

The record book of the three facilities was considered as a sampling frame for the study. A simple random sampling technique was used to select two hundred and fifty-eight (258) women to participate in the quantitative aspect of the study. The qualitative method used a purposive sampling technique to select twenty (20) women. Women. who attended antenatal care and gave birth in any of the

selected facilities were included because of their experience of pregnancy and/or childbirth. Other women who had not been pregnant before or outside the sampled healthcare facilities were excluded from the study.

Research Instrument

An adapted questionnaire (Miller et al., 2018 & Taavoni et al., 2018) was employed for the collection of quantitative data in addition to the review of pertinent literature. The focus group discussion (FGD) guide was used in order to elicit pertinent information from the respondents by way of a verbal exchange between the researcher and the respondents (Aslam, 2019). The research instruments were validated by scholars from Afe Babalola University. The reliability of the research instrument was calculated to be 0.68 Cronbach Alpha value. The face and content validity as well as the reliability index shows that the research instrument is suitable for the study.

Data Collection and Analysis

After explaining the study's purpose and other detail, a self-administered questionnaire was used to gather quantitative data. The researcher visited the maternity sections of the three hospitals for eight weeks, January 2022 to February 2022. Qualitative data was gathered using the FGD guide while the quantitative data was collected using the questionnaire. Recordings from the FGD were subjected to thematic analysis and responses from the questionnaire were subjected to sorting and cleaning. Descriptive statistics, such as frequency and percentages, were employed to summarize and describe the data. The chi-square test of significance was used to test the hypothesis at a 95% confidence level. In this study on the experience of respectful maternity care, the principles of informed consent, privacy, and dignity were upheld. Participants were fully informed about the research, their participation was voluntary, and their identities were protected. The study respects the autonomy and well-being of the women who took part in the study.

Results

Quantitative Analysis

Socio-demographic Characteristics of Respondents

Table 1 shows the information of respondents. The study included 258 participants and revealed several noteworthy findings. First, the age group of 25-29 years was the most prevalent, with 38.0% of participants falling within this category. This suggests that a significant proportion of women seeking maternity care services were in their late twenties. Additionally, the study found that a substantial majority of participants identified as Muslims (59.3%), highlighting the importance of considering religious diversity in maternity care provision. Ethnically, the Yoruba group was the most prominent, with 86.0% of participants belonging to this ethnicity. This result underscores the significance of cultural diversity within the sample. In terms of marital status, the majority of participants were married (87.2%), emphasizing the need to cater to the unique needs and experiences of married women in maternity care.

Furthermore, a significant proportion of women in the study had attained tertiary education (69.0%). This highlights the potential for higher health literacy among this educated group, emphasizing the importance of tailored communication and educational materials. In the context of childbirth, the study found that vaginal deliveries were prevalent, with 89.9% of women opting for this mode of delivery. This underscores the importance of understanding the factors influencing this choice for maternity care providers. Additionally, a significant percentage of participants resided in urban areas (77.1%), but a substantial proportion lived in rural areas (22.9%). This highlights the need for healthcare facilities and services that cater to both urban and rural populations.

Table 1: *Socio-Demographic Characteristics of Respondents*

Characteristics	Frequency (n=258)	Percent (%)
Age		
<20	14	5.4
20-24	66	25.6
25-29	98	38.0
30-34	59	22.9
35 years and above	21	8.1
Religion		
Christianity	98	38.0
Islam	153	59.3
Traditional	7	2.7
Ethnicity		
Yoruba	222	86.0
Hausa	17	6.6
Igbo	19	7.4
Marital Status		
Single	26	10.1
Married	225	87.2
Divorced	7	2.7
Age at marriage		
< 20	62	24.0
20-34	196	76.0
Occupation		
Housewife	23	8.9
Farmer	18	7.0
Self-employed	123	47.7
Employee	67	26.0
Others	27	10.5
Educational level		
No education	4	1.6
Primary	15	5.8
Secondary	61	23.6
Tertiary	178	69.0
Number of children		
0-1	91	35.3
2-3	124	48.1
4-5	35	13.6
6 & above	8	3.1
Residential area		
Urban	199	77.1
Rural	59	22.9

Mode of delivery		
Vaginal	232	89.9
C/S	26	10.1
Delivery time		
Day	142	55.0
Night	116	45.0
Previous history of the place of delivery		
Home	24	9.3
Health facility	221	85.7
Faith-based facility	13	5.0

Table 2 below shows the information of women who took part in the FGD. The distribution of ages among the participants indicates that a majority of the group (11 out of 20) fell within the 31-40-year age range. According to the occupational distribution, the majority of individuals (7 out of 20) were employed in the private business sector. Out of the total sample size of 20, a majority of 13 individuals identified as practitioners of Islam. The data indicates that the majority of the sample population (9 out of 20) were in their third parity, while 7 out of 20 were in their second parity. Thirteen out of twenty individuals reported that their regular visits to hospitals were primarily due to doctor appointments and lodging complaints.

Table 2: *Summary of FGD Respondents' Information*

Socio-demographic variable	Frequency (n = 20)	Percentage (100%)
Age group		
<20 years	5	25
21-30 years	4	20
31-40 years	11	55
Occupation		
Trading	5	25
Private business	7	35
Nursing	3	15
Teaching	4	20
Full housewife	1	5
Religion		
Christianity	7	35
Islam	13	65
Parity		
1	3	15
2	7	35
3	9	45
4	1	5
Reasons for visiting the hospital		
Doctor's appointment	6	30
To lodge complaint	1	5
Doctor's appointment and to lodge a complaint	13	65

Table 3 provides insights into women's experiences with respectful maternity care across several key dimensions. In the category of Friendly Care, a significant majority of women reported positive experiences, with nearly 90% feeling they were treated with kindness and respect. Similarly, the majority received clear and respectful communication from their healthcare providers, including personalized address by name and title. On average, 84.7% of women had favourable experiences in this category. In the context of Abuse-Free Care, the data reveals that most women did not experience physical abuse, with 77.5% reporting no slapping or hitting by healthcare providers. A large portion of women felt their needs were addressed, whether or not they asked for assistance. The average response in this category was 75.6%, indicating a generally positive trend.

Regarding Timely Care, roughly half of the women did not have to wait for an extended period before receiving service, while the majority were allowed to observe their religious and cultural obligations in the facility. However, there is room for improvement in terms of timeliness of service provision, with 40.3% of women reporting longer wait times on average. In the domain of Non-Discriminatory Care, it is concerning that a notable portion of women reported being treated poorly or insulted due to personal attributes. On average, 30.8% of women had negative experiences in this category, underscoring the need for healthcare facilities to address discrimination issues and ensure equal and respectful treatment for all.**Table 3:** Experience of Participants on Respectful Maternity Care in Quantitative Analysis

Table 3: *Experience of Participants on Respectful Maternity Care in Quantitative Analysis*

	Frequency Yes	**%**	**Frequency No**	**%**
Friendly care				
Cared with a kind approach	232	89.9	26	10.1
Treated me in a friendly manner	227	88	31	12
Talked positively about pain and relief	209	81	48	19
Showed concern and understanding of patient's needs and preferences	213	82.6	45	17.4
Treated me with respect as an individual	220	85.3	38	14.7
Spoke to me in a language that I could understand	224	86.8	34	13.2
Called me by my name and title	205	79.5	53	20.5
Average response (friendly care)	**219**	**84.7**	**39**	**15.3**
Abuse-free care				
Responded to my needs whether or not I asked	177	68.6	81	31.4
Provider did not slap me or hit my laps	200	77.5	58	22.5
Provider spoke with me in a gentle voice	208	80.6	50	19.4
Average response (abuse-free care)	**195**	**75.6**	**63**	**24.4**
Timely care				
Didn't wait for a long time before getting service	127	49.2	131	50.8

Allowed to observe religious/cultural obligations in the facility	165	64	93	36
Service provision was timely	170	65.9	88	34.1
Average response (timely care)	**154**	**59.7**	**104**	**40.3**
Non-Discriminatory care				
Not treated well because of some personal attribute	81	31.4	177	68.6
Insulted me and my companion because of my personal attributes	78	30.2	180	69.8
Average response (non-discriminatory care)	**80**	**30.8**	**179**	**69.2**

Qualitative Analysis

Socio-demographic Characteristics of respondents

It is evident from the age distribution of the participants that over half of them (11 out of 20) were in the 31–40 age range. Seven out of twenty workers, or the majority, were employed by private companies, according to the occupation distribution. Thirteen out of twenty of them practised Islam, making up more than half. Nine out of the twenty of them were found to be in their third parity, while seven of the twenty were found to be in their second. Thirteen out of twenty respondents, or more than half of the sample, said that their frequent hospital visits were for doctor's appointments and complaint filing. When asked about the care they were given.

Timely Care

The women conveyed their displeasure with the needless delays, service refusals, abuse, and prejudice they had encountered at the facilities. In anguish, a second-parity lady said that *"during antenatal, I came at 8 am and met a lot of people on the ground. I waited for a long until I felt I may not have the chance of being attended to again. Due to this, I had to go back home, and I wasted that day" (33, FGD 4:1).* Not only do the majority of the participants express dissatisfaction with the length of the wait times, but a few of the women also state that the length of the wait times is due to a shortage of staff, a lack of organization within the health care facility, a nonchalant attitude on the part of the nurses, a lack of necessary equipment, and a long queue due to the length of the service time.

Another woman in her second parity also reported her ordeal, saying, *"I was delayed on the day I was to deliver my baby because there were no personnel on the ground. Imagine that myself and other five women were in labour with only two nurses and one doctor to attend to us" (35, FGD3;1).*

Abusive care

The majority of the women admitted that they had received abusive care, while just a minority of them said that they had received care that was free from violence. A lady who was pregnant for the second time said that: *"during delivery, when I called the attention of the nurse that the baby is coming out but she replied no, I came not quite long. Not long, the baby came out, and I felt her actions were disrespectful" (30, FGD 1;1).* Another woman reported that *"I heard of a scenario where the patient in labour kept shouting for help but the nurses refused to answer till the baby died. It is very wrong" (53, FGD 1; 2).*

Discriminatory Care

Most of the women (13 out of 20) said that they were treated unfairly when they were cared for. A woman in her third pregnancy said she didn't like how health care workers treated her differently because of her race. She said, in her words, *"There is no proper attention, no opportunity to express yourself" (34, FGD3;2)*

Hypothesis Testing

Hypothesis 1: There is no significant association between respondents' socio-demographics and respective maternity care.

Table 4: *Association between Respondents' Socio-demographics and Respective Maternity Care.*

	Good	Poor	Total	χ^2	*P*-value
Age					
<30	152 (85.4)	26(14.6)	178	0.166[y]	0.683
30 & above	66(82.5)	14(17.5)	80		
Religion					
Islam	133(86.9)	20(13.1)	153	1.272[y]	0.259
Others	85(81)	20(19)	105		
Ethnicity					
Yoruba	190(85.6)	32(14.4)	222	0.907[y]	0.341
Others	28(77.8)	8(22.2)	36		
Marital Status					
Married	196(87.1)	29(12.9)	225	7.688[y]	**0.006***
Unmarried	22(66.7)	11(33.3)	33		
Age at marriage					
< 20	51(82.3)	11(17.7)	62	0.128[y]	0.721
20-34	167(85.2)	29(14.8)	196		
Occupation					
Employed	175(84.1)	33(15.9)	208	0.012[y]	0.913
Unemployed	43(86.0)	7(14.0)	50		
Education					
Non-graduate	63(78.8)	17(21.2)	80	2.321[y]	0.128
Graduate	155(87.1)	23(12.9)	178		
Number of children					
0-1	73(80.2)	18(19.8)	91	2.389	0.303
2-3	109(87.9)	15(12.1)	124		
4 & above	36(83.7)	7(16.3)	43		
Residence					
Urban	172(86.4)	27(13.6)	199	1.886[y]	0.17
Rural	46(78.0)	13(22.0)	59		
Mode of delivery					
Vaginal	195(84.1)	37(15.9)	232	0.092[y]	0.762
C/S	23(88.5)	3(11.5)	26		
Delivery time					
Day	121(85.2)	21(14.8)	142	0.032[y]	0.859
Night	97(83.6)	19(16.4)	116		
Previous history of facility delivery					
Health facility	186(84.2)	35(15.8)	221	0.013[y]	0.908
Others	32(86.5)	5(13.5)	37		

χ^2: Chi-square test; [y]: yates' correction; *:*P*<0.05

Table 4 shows the Pearson chi-square test for H_1. The null hypothesis (H_0) is rejected when p0.05. Marital status (P=0.006) substantially affected maternal care. Married moms (87.1%) got better maternity care than unmarried (66.7%). Age (P=0.683), religion (P=0.259), ethnicity (P=0.341), age at marriage (P=0.721), occupation (P=0.913), educational (P=0.128), number of children (P=0.303), residence (P=0.17), mode of delivery (P=0.762), delivery time (P=0.859), and previous facility delivery (P=0.908) did not significantly associate with maternity care.

Discussion

According to the results of the quantitative study, the vast majority of respondents had positive experiences with respectful maternity care. Care that was courteous, abuse-free, non-discriminatory, and provided at the appropriate time was received by the majority of patients. Women in Nigeria have been found to experience disrespectful and abusive care during childbirth. A systematic review conducted in Nigeria documented a broad range of disrespectful and abusive behaviour experienced by women during childbirth, which undermined the Utilisation of health facilities for delivery and created psychological distance between women and health providers (Ishola *et al*., 2017). Another systematic review and meta-analysis revealed that Nigeria had the highest prevalence of disrespect and abuse of women during the process of childbirth at health facilities, with a prevalence rate of 98.0% (Kassa *et al.,* 2020). Additionally, a qualitative study conducted in Abuja, Nigeria found evidence of mistreatment of women during childbirth, highlighting the limited understanding of how and why mistreatment occurs (Bohren *et al.*, 2017).

These findings are consistent with the broader issue of disrespectful and abusive treatment of women during delivery in health care settings. While there is clear evidence suggesting that abusive treatment of women has adverse impacts on patient care and health outcomes, there have been limited studies assessing the nature and extent of disrespectful and abusive treatment of women during delivery, particularly in middle-income countries like Nigeria (Bhattacharya & Ravindran, 2018). The results of this study lent credence to the findings of other research studies, such as those conducted by Khaw *et al*. (2022) and Amole *et al.* (2019), which found that the majority of women had a positive experience with maternity care that they received. According to (Ishola *et al*., 2017), the majority of women claimed that they get respectful maternity care throughout their pregnancies.

On the other hand, the findings of qualitative research and discussions held in focus groups indicated that the majority of individuals were ignored, and more than half reported experiencing verbal abuse and discrimination. Women experiencing disrespectful and abusive care in Nigeria is a concerning issue that has been documented in several studies. For example, a study by Udenigwe *et al*. (2022) explored the underUtilisation of skilled maternal healthcare services among women in rural Nigeria. The study found that women in rural areas often face barriers to accessing quality healthcare, including disrespectful and abusive treatment by healthcare providers. Furthermore, the crisis in the Nigerian healthcare system, as highlighted by (Rudan *et al*., 2017), has also contributed to suboptimal healthcare delivery and may contribute to instances of disrespectful and abusive care. The authors emphasize the need for an encompassing stakeholders' forum in the Nigerian health sector to address these challenges and improve healthcare delivery.

Conclusion

This study's notable findings on women's perceptions of respectful maternity care at particular Ilorin hospitals are emphasized. Quantitative research found that the majority of participants received respectful maternity care and that physical abuse, abusive care, and discriminatory care were prevalent forms of

disrespect and abuse. The strain, stress, and staff scarcity were shown to be the main causes of disrespect and mistreatment of pregnant women. The supply of proper medical supplies and equipment, education of women on the elements of maternity care, and improved working conditions for healthcare professionals are some of the suggested measures to reduce disrespect and misuse of maternity care. Most participants in the qualitative survey reported receiving disrespectful maternity care, according to the findings.

Recommendation

Based on the findings of this study, the key recommendations are:

i. The Nigerian National Council on Health need to support respectful care as standard practice.
ii. Nigeria's National Human Rights Commission and the Federal Ministry of Health should implement a program to report disrespectful and abusive care during maternity care.
iii. Increase the number of skilled and competent healthcare workers to reduce workload and hours.
iv. To ensure respectful treatment, women should be informed about their maternity care and how to behave in hospitals.
v. Sensitization of the public through awareness campaigns on the RMC should be carried out to improve their knowledge, uptake of services, and overall maternal health.

Acknowledgements

The authors acknowledge the contributions of field survey assistants and the community of Ilorin West Local Government Area of Kwara State. The study's respondents are also acknowledged and appreciated

Declaration of Conflict of Interest None
Source of Funding. None

References

Abuya, N. (2019). Conceptual and functional diversity of the ombudsmen institution: A classification. Administration and Society, 43(8), 896-929. http://americanbalintsociety.org/content.aspx?page_id=22&club_id=445043&module_id=12302

Adeniyi, B.O., Akinwalere, O.O., Ekwughe, F.C., Ogunmodede, A.F., Kareem, A.O., Olakanye, O.D., & *et al*. (2021). Assessment of knowledge and practice of oxygen therapy among doctors and nurses: A survey from Ondo State, Southwest Nigeria. Journal of the Pan African Thoracic Society, 2, 161-166. http://doi.org/10.25259/JPATS_4_2021

Adinew, Y. M., Hall, H., Marshall, A., & Kelly, J. (2021). Disrespect and abuse during facility-based childbirth in central Ethiopia. Global Health Action, 14(1), 1923327. http://doi.org/10.1080/16549716.2021.1923327.

Ahmed, S., Teka, W., & Jarso, H. (2019). Prevalence of disrespect and abuse during facility-based childbirth and associated factors, Jimma University Medical Center, southwest Ethiopia. BMC Pregnancy and Childbirth, 19(1). https://doi.org/10.1186/s12884-019-2332-5

Al-Hussainy, R., Fouly, H., & Hashish, E. (2022). Gap analysis: quality and women's satisfaction regarding postnatal care. The Open Nursing Journal, 16(1). https://doi.org/10.2174/18744346-v16-e2204280

Amole, T. G., Tukur, M. J., Farouk, S. L., & Ashimi, A. O. (2019). Disrespect and abuse during facility-based childbirth: The experience of mothers in Kano, Northern Nigeria. Tropical Journal of Obstetrics and Gynecology, 36, 21-7. http;//doi.org/ 10.4103/TJOG.TJOG_77_18

Behruzi, R., Hatem, M., Goulet, L. & Fraser, W. (2011). The facilitating factors and barriers encountered in the adoption of a humanized birth care approach in a

highly specialized university-affiliated hospital. BMC Women's Health, 11(53), 1-15. http://www.biomedcentral.com/1472-6874/11/53

Bosch-Capblanch, X., Liaqat, S., & Garner, P. (2011). Managerial supervision to improve primary health care in low- and middle-income countries. Cochrane Database of Systematic Reviews, (9), CD006413. http://doi.org/10.1002/14651858.CD006413.pub2.

Diana, P. (2019). Systematic Review: Primary health care supervision in developing countries. Tropical Medicine and International Health, 13(3), 369-383.

Diniz, S., Salgado, H., Andrezzo, H., Carvalho, P., Carvalho, P., Aguiar, C., & Niy, D. (2015). Abuse and disrespect in childbirth care as a public health issue in Brazil: Origins, definitions, impacts on maternal health, and proposals for its prevention. *Journal of Human Growth and Development*, 25(3), 377–384. http://dx.doi.org/10.7322/jhgd.106080

Doubrapade, W., Inengite, I. & Allen-Agih, M. (2022). Achieving the Goal of Safe Motherhood Initiative in Nigeria through Community Mobilization and Advocacy in Covid-19 Era: A Review. Nigerian Journal of Health Promotion, 15, 78-90. Available at https://journals.aphriapub.com/index.php/NJHP/article/view/1755/1650 (assessed on 14th June 2023)

Ezeanochie, M. and Yamah, O. (2023). Prevalence and factors associated with disrespect and abuse among women who delivered in a university teaching hospital in Nigeria. International Journal of Gynecology & Obstetrics, 161(3), 685-691. https://doi.org/10.1002/ijgo.14812

Gebremichael, M., Worku, A., Medhanyie, A., & Berhane, Y. (2018). Mothers' experience of disrespect and abuse during maternity care in northern Ethiopia. Global Health Action, 11(1), 1465215. https://doi.org/10.1080/16549716.2018.1465215

Ghimire, N. P., Joshi, S. K., Dahal, P., & Swahnberg, K. (2021). Women's Experience of Disrespect and Abuse during Institutional Delivery in Biratnagar, Nepal. International Journal of Environmental Research and Public Health, 18(18), 9612. http://doi.org/10.3390/ijerph18189612.

Hajizadeh, K., Vaezi, M., Meedya, S., Mohammad-Alizadeh-Charandabi, S., & Mirghafourvand, M. (2020). Prevalence and predictors of perceived disrespectful maternity care in postpartum Iranian women: a cross-sectional study. BMC Pregnancy and Childbirth, 20(1). https://doi.org/10.1186/s12884-020-03124-2

Ibrahim, I., Mohammed, O., Mare, K., Mohammed, M., & Aychiluhm, S. (2022). Disrespect and abuse during focused antenatal care and associated factors among pregnant women who visited public health facilities in awsi rasu of afar region northeast Ethiopia. Sage Open Medicine, 10, 205031212211395. https://doi.org/10.1177/20503121221139563

Ijadunola, M., Olotu, E., Oyedun, O., Eferakeya, S., Ilesanmi, F., Fagbemi, A. & Fasae, O. (2019). Lifting the veil on disrespect and abuse in facility-based child birth care: findings from south west Nigeria. BMC Pregnancy and Childbirth, 19(1). https://doi.org/10.1186/s12884-019-2188-8

Ishola, F., Owolabi, O., & Filippi, V. (2017). Disrespect and abuse of women during childbirth in Nigeria: A systematic review. PLoS One, 12(3), e0174084. http://doi.org/10.1371/journal.pone.0174084.

Issa, G. (2019). Broken Promises: Human Rights, Accountability, and Maternal Deaths in Nigeria.

John, M. E., Duke, E. U., & Esienumoh, E. E. (2020). Respectful Maternity Care and Midwives' Caring Behaviors During Childbirth in Two Hospitals in Calabar, Nigeria. African Journal of Biomedical Research, 23, 165-169. Available at https://www.ajol.info/index.php/ajbr/article/view/202187/190637 (assessed on 14th June 2023)

Jones, I., Dunlop, C., & Wilson, A. (2022). Midwives' and maternity support workers' perceptions of the impact of the first year of the covid-19 pandemic on respectful maternity care in a diverse region of the UK: a qualitative study. BMJ Open, 12(9), e064731. https://doi.org/10.1136/bmjopen-2022-064731

Kassa, Z. and Husen, S. (2019). Disrespectful and abusive behaviour during childbirth and maternity care in Ethiopia: a systematic review and meta-analysis. BMC Research Notes, 12(1). https://doi.org/10.1186/s13104-019-4118-2

Khaw, S. M., Zahroh, R. I., O'Rourke, K., Dearnley, R. E., Homer, C., & Bohren, M. A. (2022). Community-based doulas for migrant and refugee women: A mixed-method systematic review and narrative synthesis. OCHA. BMJ Glob Health. 2022 Jul;7(7):e009098. http://doi.org/10.1136/bmjgh-2022-009098

Miller, K., Cheraghi-Sohi, S., & Bower, P. (2018). Can the feedback of patient assessments, brief training, or their combination improve the interpersonal skills of primary care physicians? A systematic review. BMC Health Services Research, 8(179).

Orpin, J., Puthussery, S., Davidson, R., & Burden, B. (2018). Women's experiences of disrespect and abuse in maternity care facilities in Benue State, Nigeria. BMC Pregnancy and Childbirth, 18(1), 213-218. https://doi.org/10.1186/s12884-018-1847-5

Pathalc, K., & Ghimire, M. (2020). Aligning and Clarifying Health Worker Tasks to Improve Maternal Care in Niger: The Tahoua Region Human Resources Quality Improvement Collaborative. Technical Report. Published by the USAID Health Care Improvement Project. Bethesda, MD: University Research Co., LLC (URC).

Pazandah, A. (2007). Voices from the Village: Improving Lives through CARE's Sexual and Reproductive Health Programs. The FEMME Project in Peru: Partnerships for improved health. Retrieved from http://www.care.org/careswork/whatwedo/health/downloads/vftv_peru.pdf

Rudan, I., David, R., Olaogun, A., Auta, A., Adesokan, A., Gadanya, M., … & Iseolorunkanmi, A. (2017). Health workforce and governance: the crisis in nigeria. Human Resources for Health, 15(1). https://doi.org/10.1186/s12960-017-0205-4

Sando, D., Ratcliffe, H., McDonald, K., Spiegelman, D., Lyatuu, G., Mwanyika-Sando, M. & Langer, A. (2016). The prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania. BMC Pregnancy and Childbirth, 16(1). https://doi.org/10.1186/s12884-016-1019-4

Shakbazadeh, M., Djibuti, M., Gotsadze, G., Zoidze, A., Mataradze, G., Esmail, L., & Kohler, J. (2018). The role of supportive supervision on immunization program outcome—a randomized field trial from Georgia. BMC International Health and Human Rights, 9(Suppl 1), S1-S11.

Silesh, M. and Lemma, T. (2021). Maternal satisfaction with intrapartum care and associated factors among postpartum women at public hospitals of north shoa zone Ethiopia. Plos One, 16(12), e0260710. https://doi.org/10.1371/journal.pone.0260710

Smith, J., Banay, R., Zimmerman, E., Caetano, V., Musheke, M., & Kamanga, A. (2020). Barriers to provision of respectful maternity care in Zambia: results from a qualitative study through the lens of behavioural science. BMC Pregnancy and Childbirth, 20(1). https://doi.org/10.1186/s12884-019-2579-x

Taavoni, S., Goldani, Z., Rostami, G. N., & Haghani, H. (2018). Development and Assessment of Respectful Maternity Care Questionnaire in Iran. International Journal of Community Based Nursing and Midwifery, 6(4), 334-349. Available at https://pubmed.ncbi.nlm.nih.gov/30465006/ (assessed on 14th June 2023)

Udenigwe, O., Okonofua, F., Ntoimo, L., & Yaya, S. (2022). Exploring underUtilisation of skilled maternal healthcare in rural Edo, Nigeria: a qualitative study. Plos One, 17(8), e0272523. https://doi.org/10.1371/journal.pone.0272523

Veronica, L. M., Marquez, L., Ethier, K., Balsara, Z., & Isenhower, W. (2018). Results of Collaborative Improvement: Effects on Health Outcomes and Compliance with Evidence-based Standards in 27 Applications in 12 Countries. Collaborative Evaluation Series. Published by the USAID Health Care Improvement Project. Bethesda, MD: University Research Co., LLC (URC). Available at https://pdf.usaid.gov/pdf_docs/Pdacr710.pdf (assessed on 14th June 2023)

Vowles Z, Bash-Taqi R, Kamara A, Kuteh M, Silverio SA, Turay I. & Peckham, S. (2023) The effect of becoming a Fistula Advocate on the recovery of women with Obstetric Fistula in Sierra Leone: A qualitative study. *PLOS Glob Public Health*, 3(4): e0000765. https://doi.org/10.1371/journal.pgph.0000765

Wassihun, B., Deribe, L., Worede, N., & Gultie, T. (2018). Prevalence of disrespect and abuse of women during childbirth and associated factors in bahir dar town, Ethiopia. Epidemiology and Health, 40, e2018029. https://doi.org/10.4178/epih.e2018029

World Health Organization. (2018). Maternal Mortality Factsheet. Retrieved from http://www.who.int/mediacentre/factsheets/fs348/en/index.html (assessed on 14th June 2023)