

VARIATION IN PERSON-CENTERED MATERNITY CARE IN ETHIOPIA, 2020



PERSON-CENTERED MATERNITY CARE IS CRITICAL FOR THE HEALTH OF WOMEN AND CHILDREN IN ETHIOPIA

More than half of women giving birth in Ethiopia deliver in health facilities.¹ However, a study by the World Health Organization (WHO) in four low-and middle income countries found that roughly one in three women delivering in health facilities experienced mistreatment, including experiences of abuse, stigma and discrimination, and failures to uphold professional standards (eg, non-consented procedures and neglect).² Mistreatment during labor and delivery is due to a variety of factors, including inequitable access to quality services, provider biases, and disparities in health systems.² Improving positive childbirth experiences that are responsive to the needs and preferences of women, or **Person Centered Maternity Care (PCMC)**, is critical to protecting the health and well-being of women and children in Ethiopia.

This fact sheet describes variation in PCMC across individuals and communities in Ethiopia using data from Performance Monitoring for Action Ethiopia (PMA ET) collected among a nationally representative sample of postpartum women in 2019-2020. Information can be used by policymakers, health facility administrators, and healthcare providers to address gaps in meeting the WHO standards for quality maternity care, thus upholding human rights in reproductive health services for all.

MEASURING PERSON CENTERED MATERNITY CARE (PCMC)

Person-Centered Maternity Care (PCMC) Short Scale

The previously validated 13-item Person Centered Maternity Care (PCMC) Short Scale was developed by Afulani et al. (2019) to measure women's experiences with labor and delivery in health facilities and the alignment of these experiences with person-centered care principles in Kenya, India, and Ghana.³ Each item in the short PCMC scale reflects a different domain of PCMC adapted from the longer, 30-item version of the scale.⁴

PCMC Short Scale Domains

DIGNITY / RESPECT (3 items)

TRUST (1 item)

SUPPORTIVE CARE (2 items)

AUTONOMY (3 items)

PRIVACY / CONFIDENTIALITY (1 item)

COMMUNICATION (3 items)

How is Person-Centered Maternity Care Measured?

The Person Centered Maternity Care (PCMC) Short Scale asks women to share specific aspects of their most recent delivery experience by responding to 13 statements about the care they received. Response options range from "No, never" (0) to "Yes, all the time" (3). Final PCMC scores average responses to all scale items. Higher scores indicate higher quality PCMC experiences.

0	No, never.
1	Yes, a few times.
2	Yes, most of the time.
3	Yes, all of the time.

What is Person-Centered Maternity Care (PCMC)?

"Person Centered Maternity Care (PCMC)—or care that is responsive to the needs, preferences, and values of women—is important to uphold trust in the health system and to encourage healthcare-seeking behaviors."¹

Key Findings

- Women's experiences of care vary widely, even within communities served by the same facility
- Women who are younger, from poorer households, and those with no or limited education, reported less respectful treatment by healthcare providers than their counterparts.
- Effective communication and support of women's autonomy scored lowest among the six domains of PCMC.



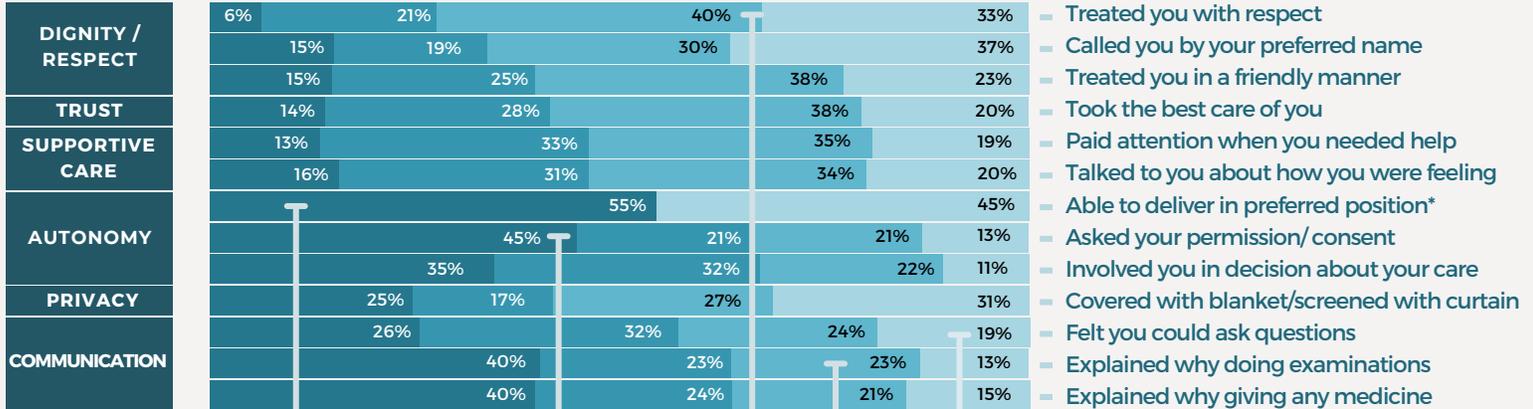
For example, PCMC experiences of *privacy and confidentiality* are assessed by a woman's response to the statement: "You were covered with blanket or screened with a curtain".

Effective communication and support of women's autonomy scored lowest among all domains of the Person-Centered Maternity Care (PCMC) Short Scale, highlighting opportunities for intervention to improve care and outcomes.

Responses to PCMC questions among women who delivered at a health facility

0 No, never. 1 Yes, a few times. 2 Yes, most of the time. 3 Yes, all of the time.

*Responses about preferred position categorized as yes or no



Key Findings

- More than half of women (55%) felt unable to deliver in their preferred birthing position.
- Over half of women reported they were never (45%) or not usually asked (21%) for consent prior to exams or procedures.
- More than 7 in 10 women were treated with respect most (40%) or all of the time (33%).
- Most women said that providers rarely (23%) or never (40%) explained why procedures were done.
- Most women felt that they could never (26%) or rarely (32%) ask questions.

MATERNITY CARE EXPERIENCES ARE WIDELY VARIED, EVEN IN THE SAME COMMUNITY

Women in Ethiopia receive highly inequitable maternity care. Variation in person-centered maternity care (PCMC) experiences across and within communities suggests disparities in women's access to care and provider biases.

Community Variation in Maternity Care Experiences

Variation in Person-Centered Maternity Care (PCMC) scores between individuals who lived in the same community was **nearly three times greater** than variation among individuals who lived in different communities.



So What?

Findings suggest that PCMC may depend less on the service environment (e.g., facility) and more on interpersonal factors (e.g., provider bias).

Average Maternity Care Experience

Overall, women received moderate levels of labor and delivery care, averaging 19 out of 39 points on the PCMC scale (95% CI= 18.12-20.01).

Average PCMC Score



Women with less formal education, who are residing in Oromia region, or are aged 15-19 years were less report respectful maternity care treatment from healthcare providers. This variation in women's labor and delivery care, according to their individual characteristics, highlights inequities in care.

Social disparities in Person-Centered Maternity Care (PCMC) scores by individual characteristics

Significant variation in women's delivery care experiences, reflected by their PCMC scores, highlight inequities by age, education, and region.



YOUNG WOMEN

Women aged 15-19 years report an average PCMC score of 1.69-units lower than women ages 25-29 years.



NO FORMAL SCHOOLING

Women who never attended school reported average PCMC scores that were 1.45-units lower than women with a primary education.



OROMIA REGION

Women residing in Oromia reported PCMC scores that were an average of 3.08-units higher than women residing in Afar.

Characteristics of Women's Childbirth Experiences Associated with Receipt of PCMC

High-quality, person-centered maternity care should be delivered to all women, regardless of their childbirth experience (i.e., the type of delivery they have, complications experienced, or if family and friends are allowed during labor), yet evidence demonstrates significant disparities in care exist according to characteristics of the childbirth experience.



Complications during labor and delivery

Women who experienced any delivery complications reported **1.2 unit lower PCMC scores** compared to those with no complications.

Family and friends during childbirth

Women who were allowed to have family and friends present during labor reported **1.5 unit higher PCMC scores** compared to those who were not.

RECOMMENDATIONS

To improve Person-Centered Maternity Care (PCMC) and reduce disparities in health services and outcomes, the Federal Ministry of Health, policy makers, health administrators, and providers are encouraged to take the following actions:

- Increase the equity and coverage of PCMC among all women, regardless of their individual or childbirth experience. This can be achieved through the use of birth companions or doulas which are associated with more respectful PCMC experiences.
- Promote improved communication and PCMC within medical and nursing schools. This can be achieved through changing curricula and establishing opportunities for providers to practice their interpersonal skills.

WHAT IS PMA?

The Performance Monitoring for Action Ethiopia (PMA Ethiopia) is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins Bloomberg School of Public Health, and the Federal Ministry of Health which measures key reproductive, maternal and newborn health (RMNH) indicators. PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in maternal and newborn care. Survey implementation is managed by Addis Ababa University, School of Public Health (AAU) in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Technical support is provided by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The grant is managed by the Ethiopian Public Health Association (EPHA). Funding is provided by the Bill & Melinda Gates Foundation.