Disrespectful and abusive maternity care in the Western Highlands of Guatemala: who is most vulnerable?

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Maternal health gains: uneven progress

• Regional: Latin America
  – SBA: 94%* regionally
  – MMR: 77 per 100,000 (ranges: 22-200)

• National: Guatemala (2nd highest MMR in LA)
  – MMR: 140 down from 270 per 100,000 (1990)
  – MMR is 3x higher for indigenous populations—which make up half of the population
  – SBA 51%: 70% for ladinos, 29% for indigenous, as low as 20% in some Departments in rural the Western Highlands

*Includes the Caribbean
Guatemala and Inequality

• Historical marginalization of indigenous (largely > 20 Mayan groups)
• Poorer health and development outcomes among indigenous populations (concentrated in the Western Highlands)
• Differential use of formal healthcare services
Why Lower Utilization of Maternity Care Among Indigenous Populations?

- Individual characteristics
- Access
- Perceived need
- Perceived quality/acceptability of services

What explains poor perceptions of quality and unacceptability of services?

Need for further investigation

Lower Utilization of Maternity Services
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Hitting, slapping, pushing, sexual abuse, rape</td>
</tr>
<tr>
<td>Non-consented care</td>
<td>Failure to seek and receive consent before a procedure</td>
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<tr>
<td>Non-confidential care</td>
<td>Lack of physical privacy and/or privacy of information</td>
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<td>Non-dignified care</td>
<td>Verbal abuse, negative gestures and comments</td>
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<tr>
<td>Discrimination</td>
<td>Differential treatment because of personal attributes</td>
</tr>
<tr>
<td>Abandonment</td>
<td>Neglect, delivering alone</td>
</tr>
<tr>
<td>Detention in facilities</td>
<td>Detention in facility for not paying; bribes</td>
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</tbody>
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Bowser and Hill 2010
Research Questions

• What is the prevalence of disrespect and abuse (D&A) among a largely indigenous, rural population in the Western Highlands?

• Among service users: who is most likely to report D&A?

• Among non-users of services: who is most likely to perceive D&A?
Data Collection

- Local NGO COTONEB conducted a census/demographic and health survey in their “Extension of Health Service” catchment area

- 15 total small rural villages sampled in Ixil, Quiché
Map of Ixil (Dept. of Quiché)

Every woman with a child under 5 was interviewed

Home Birth Cohort
Facility Birth Cohort

CENSUS: 7,500
Study Participant Characteristics

- 93% indigenous
- Indigenous maternal language*
- Slightly more from closer villages**
- 15-51 yrs., mean 28 yrs.
- 1-15 children, mean 3.6
- Roughly half illiterate/no education
- Wealth factor score skewed left**

*Significantly more in home birth cohort
**Significantly more in the facility birth cohort

20% facility birth cohort; 80% home birth cohort
Prevalence of Select: D&A Measures

**Facility Cohort**

- 18% reported experiencing at least one of the 3 instances of D&A below:
  - overall experience of disrespect/abuse (7%)
  - abandonment (13%)
  - negative comment or gesture (4%)

**Home Cohort**

- 9% perceive that women are *abandoned* in health facilities during the provision of maternity care
**Prevalence of Select: Respect “Facilitating” Practices**

<table>
<thead>
<tr>
<th></th>
<th>Facility Cohort Experience (N=136)</th>
<th>Home Cohort Perception of Health Facility (N=571)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth companion</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Provider used patient’s language</td>
<td>65%</td>
<td>46%</td>
</tr>
</tbody>
</table>
Regression Analysis

Multivariable logistic regression models estimated:

- **Facility birth cohort** (experiencing D&A)
- **Home birth cohort** (perceiving D&A)
Multivariable Logistic Regression Results: Facility Cohort

- **Increased** probability of reporting D&A
  - Living in municipality of Nebaj (vs Cotzal/Chajul)
  - Indigenous maternal language (ethnicity)
  - Living closer to facility
  - Poorer
  - High parity (>5)

- **Decreased** probability of reporting D&A
  - Current use of FP***
  - Normal vaginal birth
  - Some education/literacy

*B* indicate statistical significance

Birth companion and provider use of one’s language were not protective against reporting D&A; may represent empowerment and greater ability to recognize and report D&A
Multivariable Logistic Regression Results: Home Cohort

- **Increased** probability of perceiving abandonment
  - Living closer to a facility
  - Greater wealth
  - Literacy/some education
  - Increase in age**

- **Decreased** probability of perceiving abandonment
  - High parity**
  - Indigenous maternal language
  - (poorer, illiterate, farther away)

The less isolated are more likely to perceive disrespect and abuse

*indicate statistical significance
Conclusion

• D&A further marginalizes the most vulnerable (indigenous, illiterate, poor, high parity) within an already vulnerable population demonstrating low utilization

• Experiencing D&A could compromise adherence to treatment and/or delay or deter future use of facility-based care

• For non-users: most isolated may not perceive D&A, but as access to information increases perceptions of D&A exacerbates negative perceptions of health facilities

• If we are to achieve SDGs we must consider how to reach all populations—and ensure that if they come to a health facility they will be treated with respect and dignity
Thank you!

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