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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



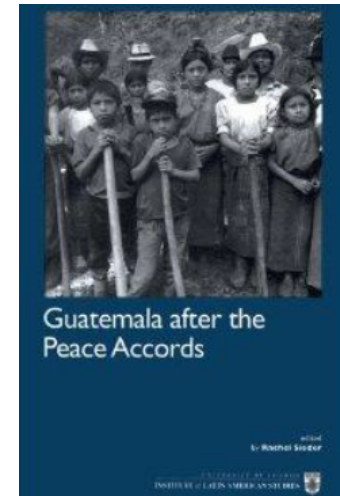
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Guatemala and Inequality

- 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



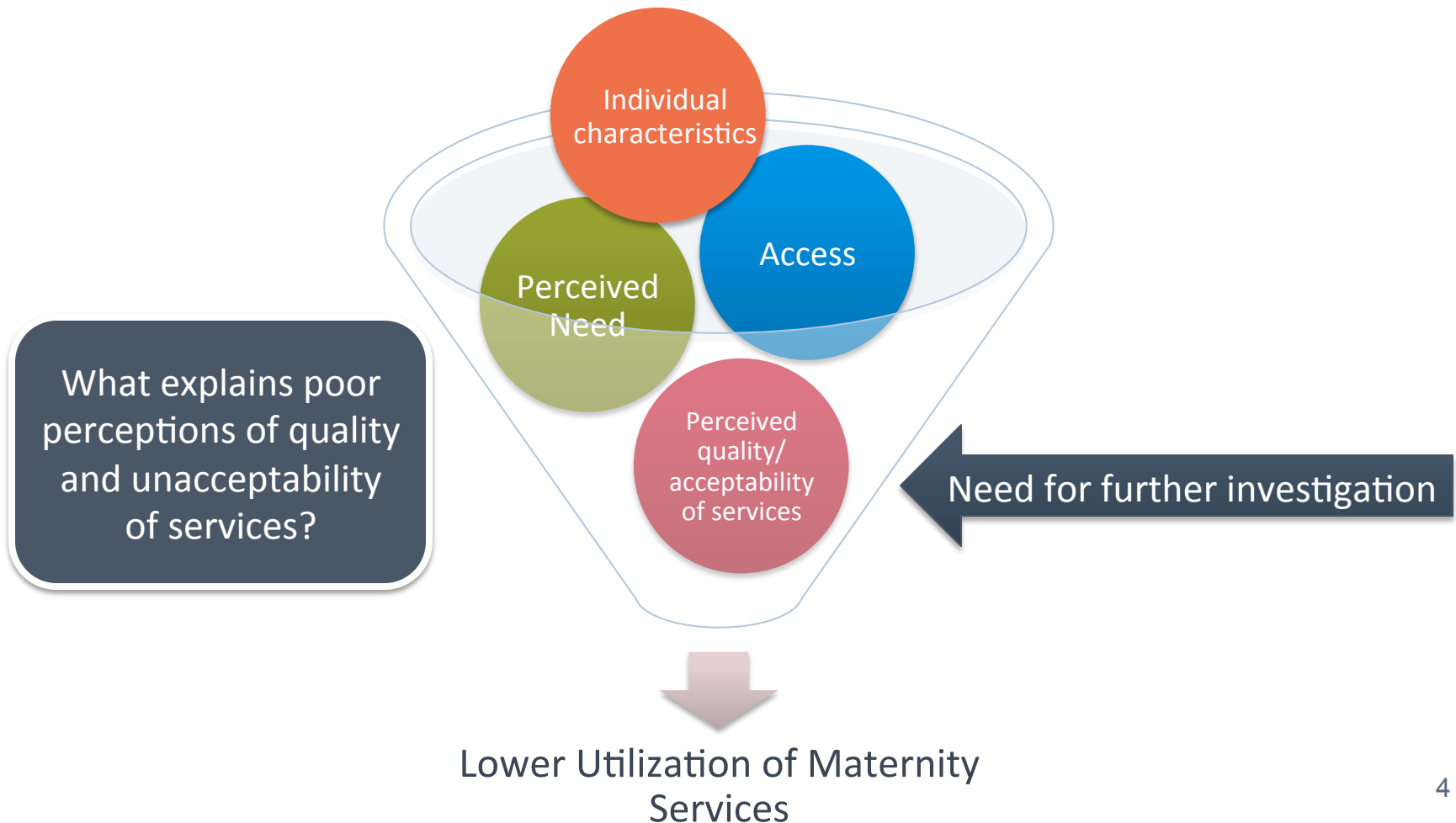


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Why Lower Utilization of Maternity Care Among Indigenous Populations?





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Disrespectful and Abusive Care

Physical abuse	Hitting, slapping, pushing, sexual abuse, rape
Non-consented care	Failure to seek and receive consent before a procedure
Non-confidential care	Lack of physical privacy and/or privacy of information
Non-dignified care	Verbal abuse, negative gestures and comments
Discrimination	Differential treatment because of personal attributes
Abandonment	Neglect, delivering alone
Detention in facilities	Detention in facility for not paying; bribes



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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?



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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)

Municipality

CHAJUL

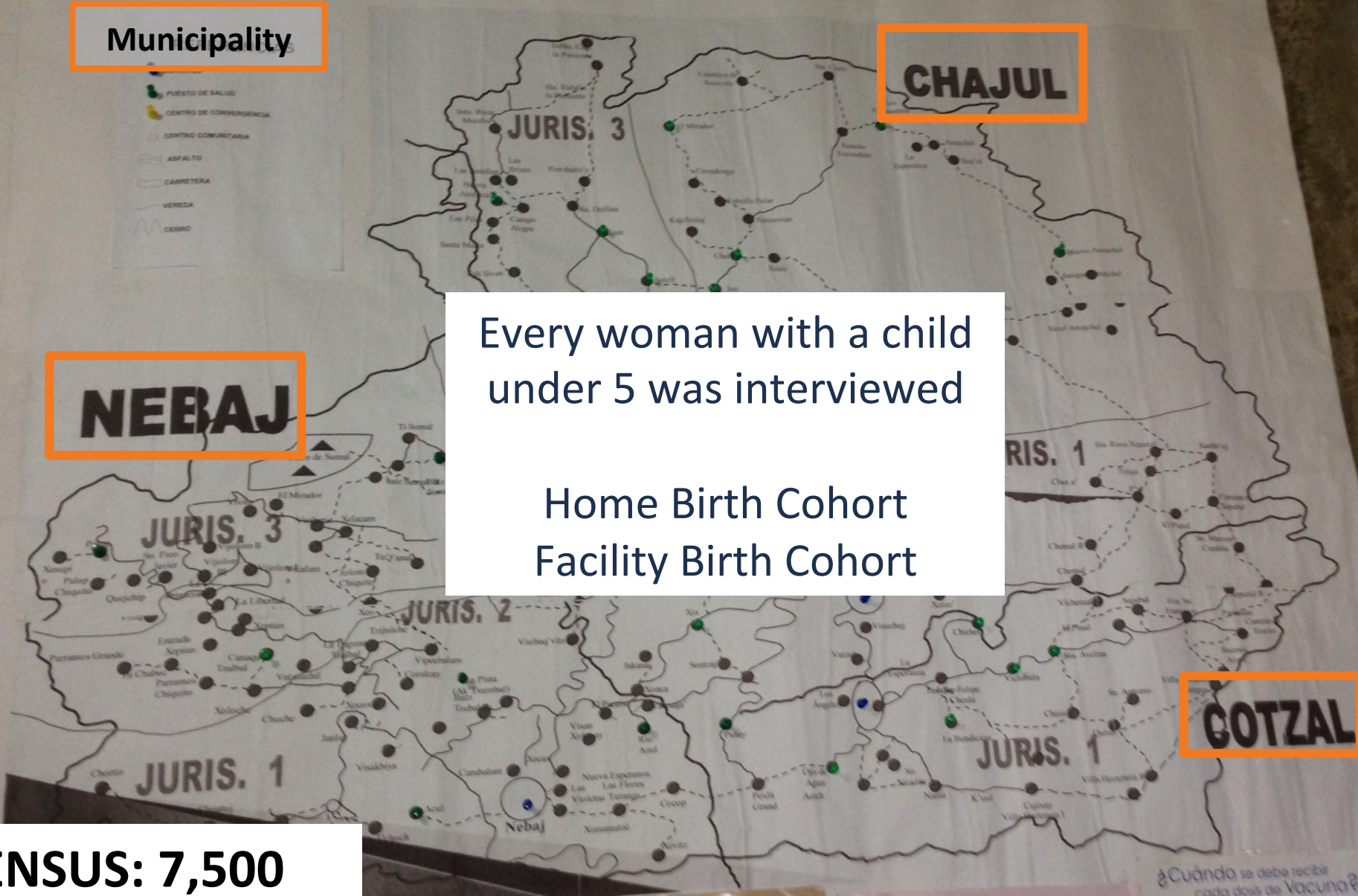
NEBAJ

Every woman with a child
under 5 was interviewed

Home Birth Cohort
Facility Birth Cohort

COTZAL

CENSUS: 7,500





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Study Participant Characteristics

20% facility birth cohort; 80% home birth cohort

- 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



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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

	Facility Cohort Experience (N=136)	Home Cohort Perception of Health Facility (N=571)
Birth companion	60%	40%
Provider used patient’s language	65%	46%



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Regression Analysis

Multivariable logistic regression models estimated:

- Facility birth cohort (experiencing D&A)
- Home birth cohort (perceiving D&A)



Data Collection Team



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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

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

*indicate statistical significance



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



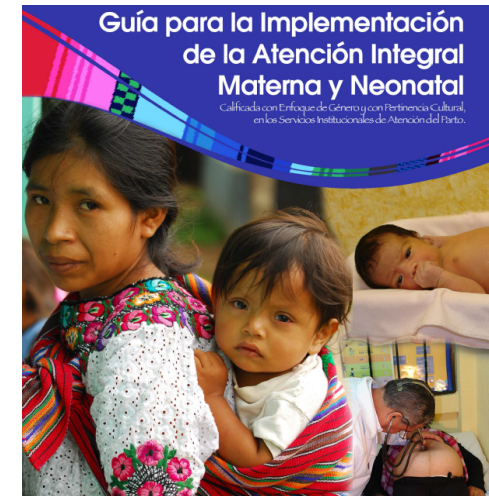
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Conclusion

- 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





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Thank you!

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