**Questionnaires for level of abusive maternal care during child birth
Code No-------------------------------Date of interview------------------------------------
Interviewer name --------------------Sig --------Name of supervisor----------------Sig----**

**Section A: Socio-demographic status of the respondent**

1. Age in years---------
2. Religion-------------
3. Marital status-------
4. Educational status----------
5. Occupation--------------
6. Residence-------------------
7. Household monthly income ---------------

**Section B: obstetrical and Sexual history of the respondent**

1. Gravidity-------------------
2. History of ANC use during last pregnancy-----------------
3. History of previous institutional birth---------------------
4. Length of stay in the health facility where childbirth happened--------------
5. Number of health professionals who attended the mother at different point in time during childbirth--------------------------
6. Sex of the main health provider who attended a mother during childbirth----------
7. Did anyone other than concerned health provider have access to see you during your labor? -------------------
8. Have you faced birth complication/s during your current labor? ----------------

**Section C: level of abusive maternal care during child birth**

|  |  |  |
| --- | --- | --- |
| Performance indicator | Verification criteria | Yes=1,no =0 |
| 1. The woman is protected from physical harm or ill treatment | Never uses physical force or abrasive behavior with the woman, including slapping or hitting |  |
| Touches or demonstrates caring in a culturally appropriate way |  |
| 2. The woman’s right to information, informed consent, and choice/preferences is protected | Introduces self to woman and her companion |  |
| Encourages companion to remain with woman whenever possible |  |
| Encourages woman and her companion to ask questions |  |
| Responds to questions with promptness, politeness, and truthfulness |  |
| Explains what is being done and what to expect during the examination |  |
| Gives information on status and findings of examination |  |
| Obtains consent or permission prior to any procedure |  |
| 3. Confidentiality and privacy is protected. | Does not share client information with others without permission |  |
| Uses curtains or other visual barrier to protect woman during exams, procedures |  |
| Uses drapes or covering appropriate to protect woman’s privacy |  |
| Does not leave client records in area where they can be read by others not involved in care |  |
| 4. The woman is treated with dignity and respect. | Speaks politely to woman and companion |  |
| Never insults, intimidation, threats, or coerces woman orher companion |  |
| 5. The woman receives equitable care, free of discrimination | Speaks to the woman in a language and at a language level that she understands |  |
| Does not show disrespect to women based on any specific attribute |  |
| 6. The woman is never left without care | Provides essential care to the woman |  |
| 7. The woman is never detained or confined against her will. | Detains a woman against her will |  |
| Denying choice of position for birth |  |
| Denying drink and food during labor |  |
| Denying liberty of movement during labor |  |
| Unnecessary separation of mother and newborn after the birth |  |
| Detention of the woman in facility due to lack of payment of facility fees |  |