

Women-Friendly Respectful Care in Ethiopia


An Overview Using PMA (Performance Monitoring for Action) Ethiopia Data


Monitoring and Action for Gender and Equity (MAGE), a Partnership between the Global Financing Facility (GFF) and the Johns Hopkins University (JHU), January 2025




Highlights

Among Ethiopian women who delivered their last baby at a health facility:

 • 45% said that the provider did not pay attention to them

 • 61% of rural women said they were not allowed to ask any questions

 • 71% of uneducated women said the health care worker did not obtain their consent for any procedure

Women-friendly respectful care is essential for reducing maternal and child mortality, and fulfilling women's rights.

Ethiopia has made tremendous progress in saving women's lives during childbirth by increasing the proportion of women delivering in facilities. The maternal mortality ratio has decreased drastically from 953 in 2000 to 267 per 100,000 live births in 2020, largely due to a substantial increase in the percentage of women delivering in a facility, from 10% in 2011 to 48% in 2019. ⁱⁱⁱ However, too many women are still dying in childbirth with approximately half still not delivering in facilities.

Women may not be delivering in facilities because they lack access or because of prior or perceived poor experience in the quality of care that diminishes women's trust in health facilities for this important life experience. To reduce maternal deaths, therefore, policy makers need to ensure the quality as well as the availability of facilities. One element for good quality maternity care includes clinical standards and skills. An equally critical element is women's perceptions and trust of facilities regarding how they are treated during this defining and important event in their lives. While access to more and better facilities is an essential starting point, women will continue using them only if they have a positive birthing experience in these facilities.

Measuring women-friendly respectful care for policy action

How do we assess if women's experiences are positive and if facilities are treating them in accordance with their rights? To address this question, the Monitoring and Action for Gender and Equity (MAGE) Initiative which is a partnership between the Global Financing Facility for women, children, and adolescents (GFF) and the Johns Hopkins University (JHU), examined data collected in the Performance Monitoring for Action Ethiopia (PMA ET)

survey. The PMA ET survey collected data in 2019-2021 from a nationally representative sample of postpartum women who were interviewed six-weeks after giving birth. Data analyzed here come from the 1,575 women in the sample who delivered in a health facility, capturing their recent experience of labor and delivery. ^{iii,iv}

Using this rare dataset capturing women's self-articulated recent experience of giving birth in facilities, in this brief, we present an actionable analysis of what we are calling "women-friendly respectful care" in Ethiopia. We draw from established frameworks and measures, such as [Person Centered Maternity Care \(PCMC\)](#) and [Respectful Maternity Care](#), but also extend and simplify those approaches by measuring three key dimensions of the facility delivery experience that are especially important from women's perspective and rights:

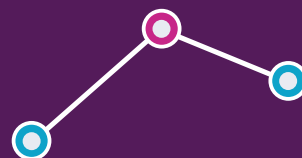
1. Whether women's basic care needs were met
2. Whether women had their preferences respected and could ask questions
3. Whether women had decision-making say in their treatment

We see these three dimensions as a progressive cascade of women-friendly respectful care, in which women's rights are being met regarding basic needs, preferences, and decision-making.

We highlight the extent to which the three specific dimensions of the maternity care experience are positive for Ethiopian women, bringing attention to key areas that require improvement through policy action. Our analysis also highlights the inequalities in women's experience of maternity care by rural-urban residence, education, and age, to inform targeted policies for creating a more equitable health system.

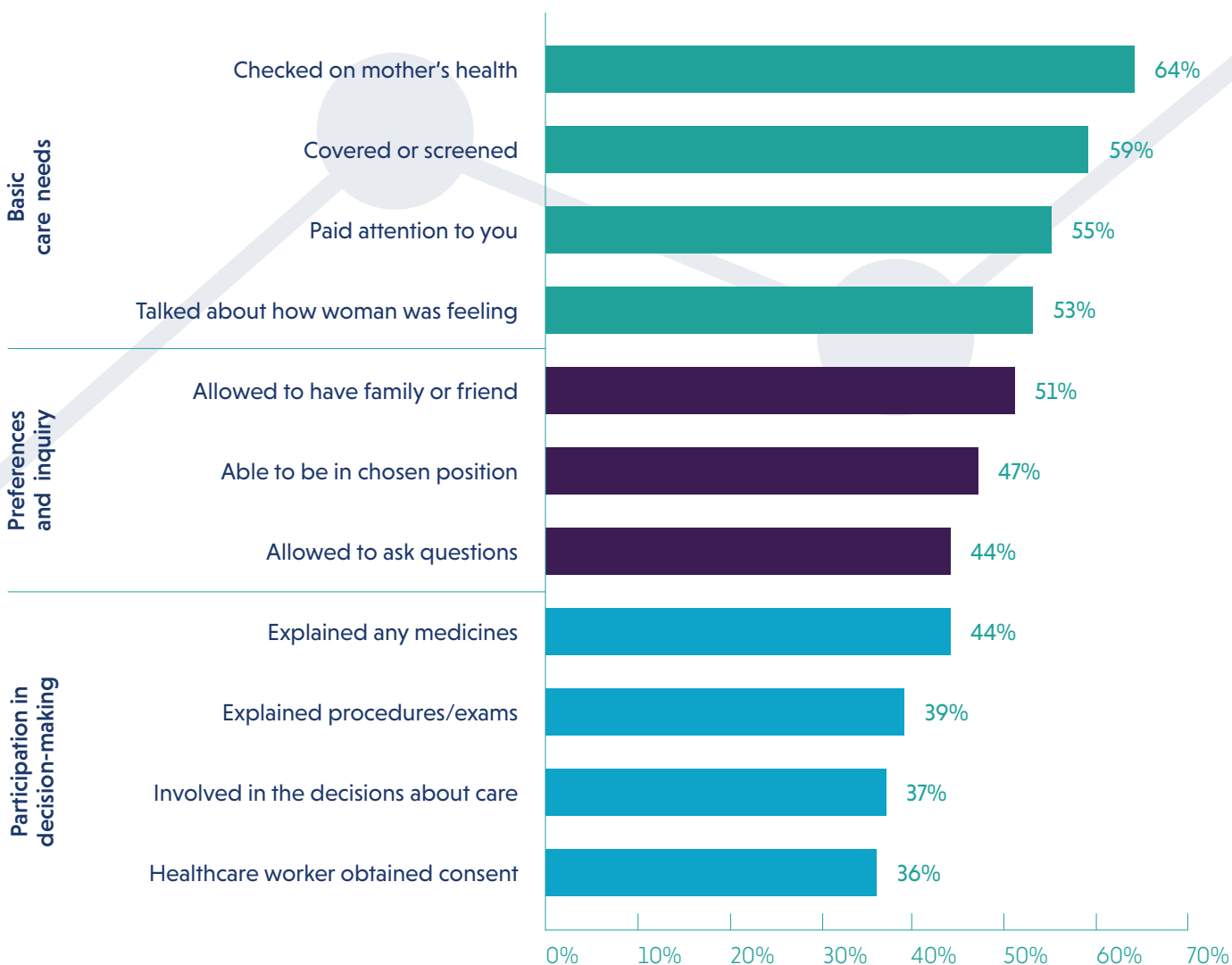
Finding 1

Substantial gaps exist in meeting the basic care needs and preferences of Ethiopian women during facility deliveries; women are especially excluded from decision-making processes about their care.



- Over one-third to one-half of women (36%-47%) reported that some aspect of their basic care needs was not met during delivery, and a majority (61%-66%) reported that they did not participate in some aspect of decisions regarding their care.
- One-third of women giving birth in facilities said that the providers did not check on their health during delivery, 41% of the women were not covered or screened, 45% did not have attention paid to them, and 47% were not asked how they were feeling.
- The preferences of only about half the women were met in terms of being allowed to have a family member or friend with them during delivery (51%) or choose a position to give birth (47%). Only 44% were allowed to ask questions.
- Over 60% of the women did not get explanations regarding medicines or exams, and two-thirds were not involved in decisions about care or asked for consent on medicines or procedures.

Fig. 1: Proportion of women in Ethiopia receiving women-friendly respectful care on three dimensions: Basic care needs; Preferences and inquiry; Participation in decision-making

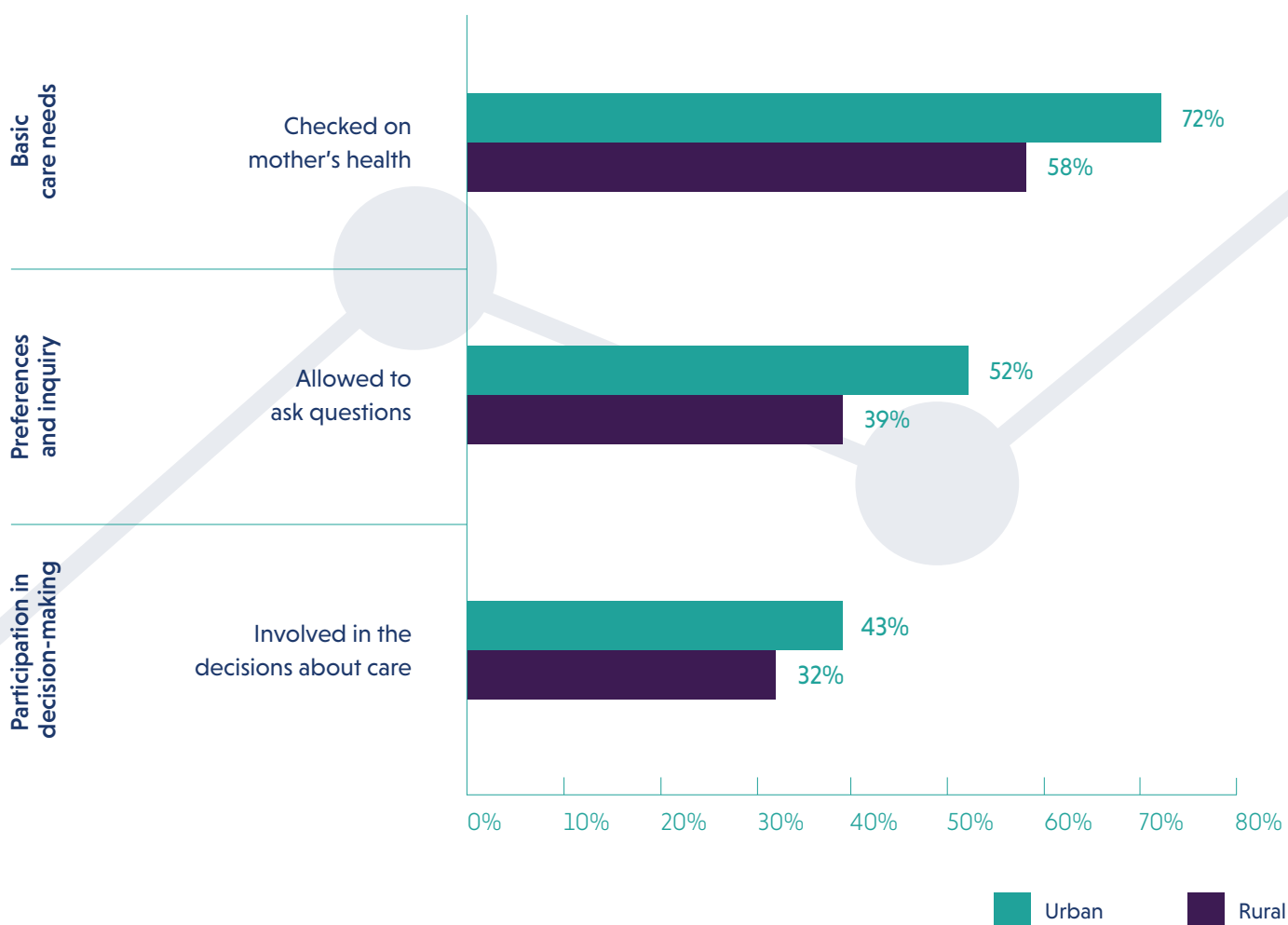


Finding 2

Women in urban areas reported better care than those in rural areas.

- While 73% of mothers delivering in urban areas were checked for their health, this was the case for only 58% of rural mothers. 52% of the women delivering in urban areas could ask questions compared to 39% in rural areas, and only one third of the mothers in rural areas (32%) had a say in decisions about their care, compared to 43% in urban areas.
- It is noteworthy that even in urban areas, a majority of women delivering in facilities do not have a say in their own care.
- Differences between individual regions in Ethiopia were even more stark. For more detailed data on the regional differences in women-friendly care, region-specific data sheets are available upon request.

Fig. 2: Proportion of women receiving women-friendly respectful care in Ethiopia by urban-rural areas

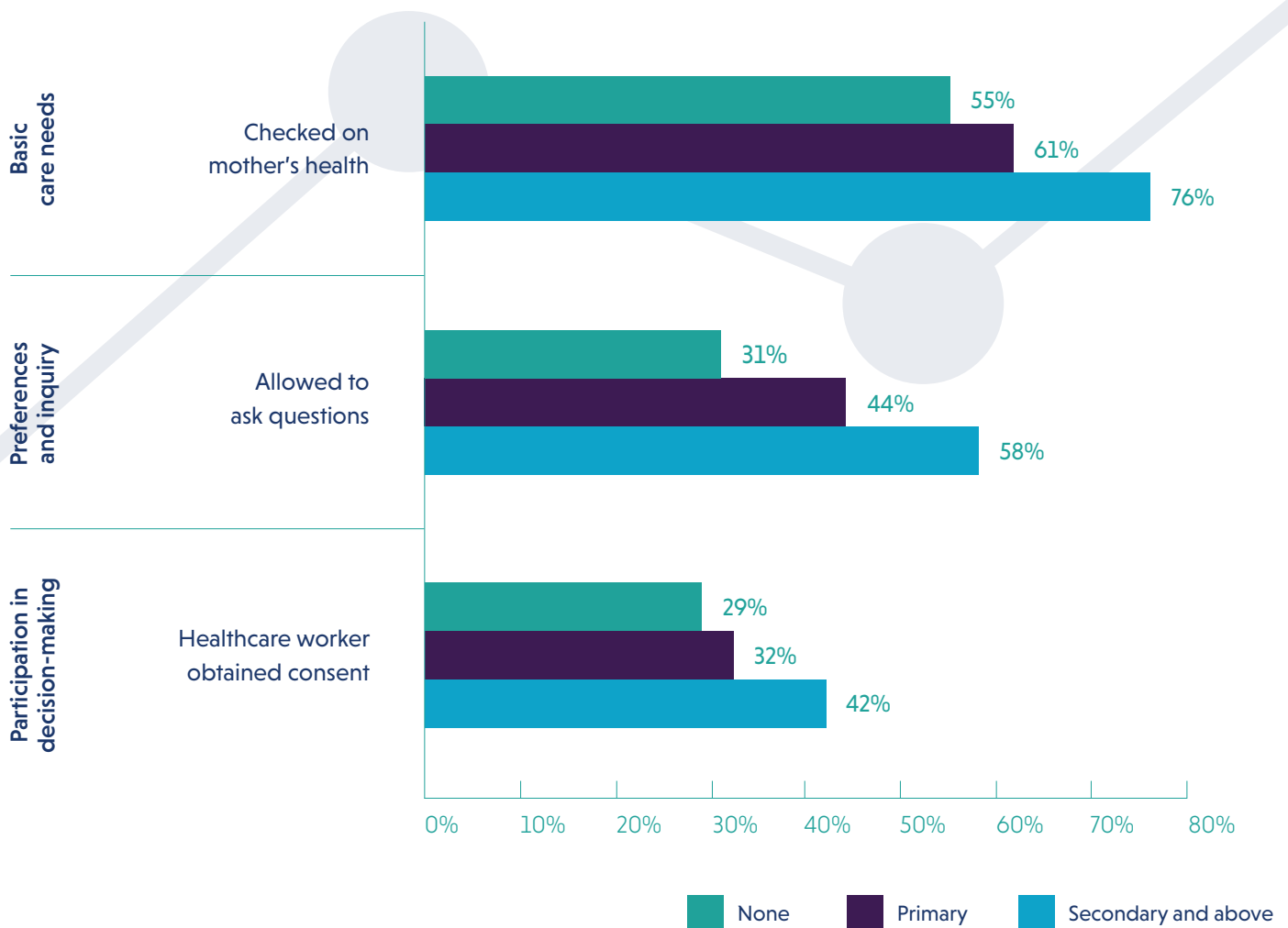


Finding 3

Women with higher education are much more likely to receive women-friendly, respectful care compared to women with lower education.

- Across all components of women-friendly respectful care, women with higher education reported receiving women-friendly respectful care at higher rates than women with lower education.
- While 76% of the most educated women (secondary education and above) had their health checked during delivery, this was the case for only 55% of women with no education.
- The contrast is even more stark when we consider the ability to ask questions, with only 31% of the least educated women able to do so compared to 58% of the most educated women.
- Similarly, only 29% of the least educated women were asked consent for care compared to 42% of the most educated women. Overall, this proportion remains starkly low.
- Differences in experience of care among richer and poorer women are very similar to the differences among educated and uneducated women.

Fig. 3: Education inequalities shape women's experiences of women-friendly respectful care

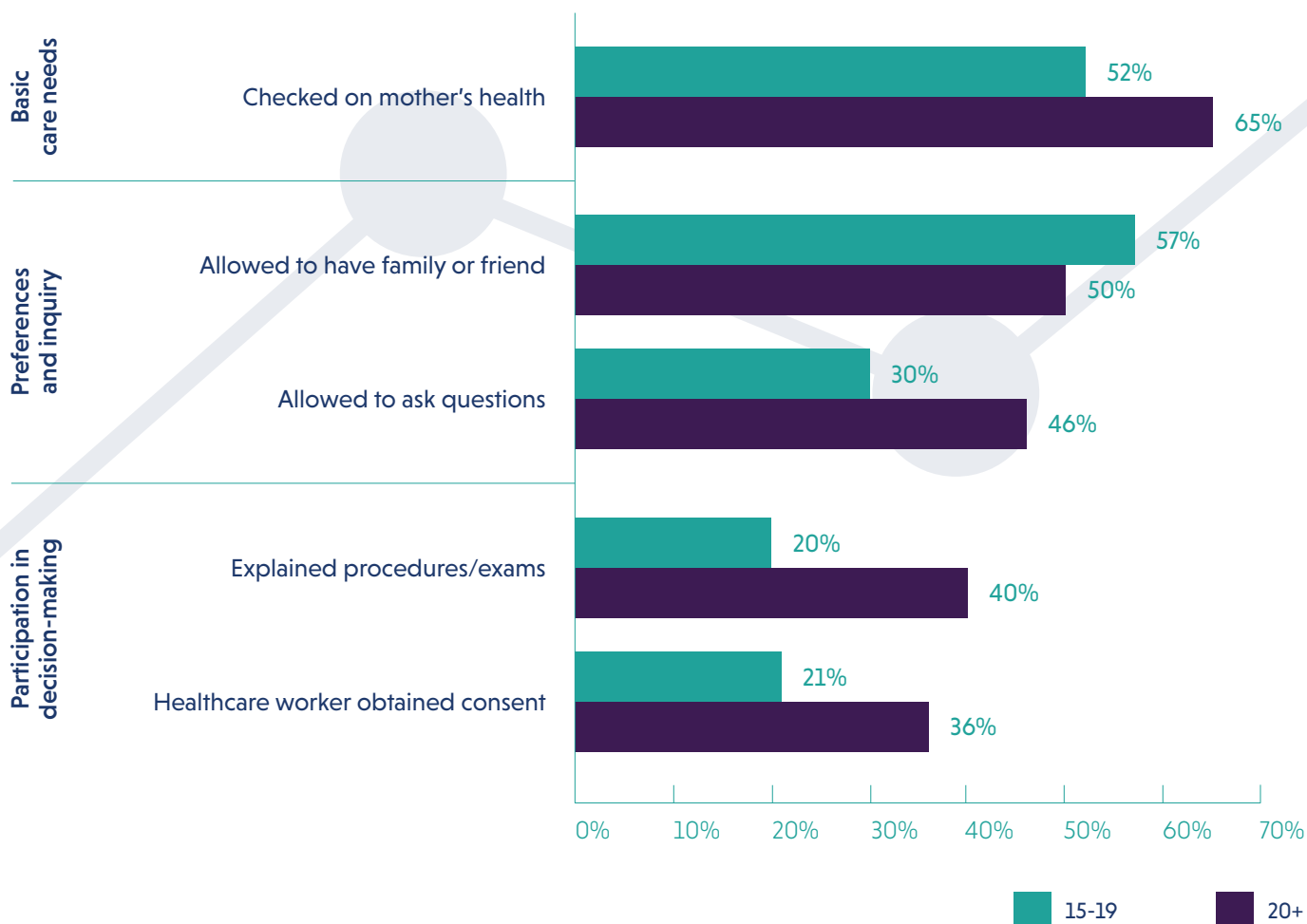


Finding 4

Adolescent girls giving birth at health facilities experience less women-friendly respectful care on several measures compared to older women.

- The youngest mothers aged 15-19 were only half as likely to have medical procedures explained to them (20%) compared to mothers 20 years or older in age (40%).
- Healthcare workers were also less likely to obtain consent from adolescent mothers (21%) compared to mothers aged 20 year or more (36%). However, very young mothers were more likely to be allowed a companion during childbirth (57%) compared to mothers age 20 or older (50%).
- Poor experiences of care among adolescent girls—often for a first birth – may deter their willingness to deliver in facilities for subsequent births. Related data from PMA ET indicate that facility births drop to 46% among women delivering their second or higher birth compared to 75% for their first delivery (not shown). Ensuring a positive first birth experience for younger women is critical for retaining them within the formal delivery system as they get older and have additional children.

Fig. 4: Differences in women-friendly respectful care by mother's age



Key Takeaways for Policy Action

1. Substantial proportions of Ethiopian women fall short in the receipt of one or more aspects of women-friendly respectful care, with 40% or more not having their basic care needs met, and a majority not having a say in decisions regarding their care.
2. The proportion of Ethiopian women experiencing women-friendly respectful care declines steadily as we progress along the cascade of women's rights – from their basic care needs being met, to having their preferences respected, to their having a say or consent in care decisions.
3. A majority of even the most urban or educated women do not have a say in decisions regarding their care. Women with no education, poor women, and those from rural areas are especially lacking in women-friendly respectful care on all three dimensions.
4. Adolescent mothers are less likely to receive women-friendly respectful care than women 20 years or older. This is especially important considering first-time mothers are more likely to deliver in facilities and may not continue doing so for subsequent births if the experience is poor.



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Three areas of policy action are essential for ensuring women's rights and for improving facility childbirth experiences to reduce maternal and child mortality rates.

- Financial, logistical, and supervisory support should be provided for facilities to:
 - Be adequately equipped on space, equipment, conveniences, medicines, and providers to meet women's needs and rights.
 - Establish protocols around women-friendly respectful care.
 - Train and support providers to understand and act on women's right to quality care that covers 1) women's basic needs, 2) women's preferences, and 3) women's decision-making regarding their care.
 - Incentivize and reward providers, supervisors, and facilities for meeting protocol standards as assessed by the women who are receiving services.
 - Ensure that specific attention is paid to the needs and rights of rural, uneducated, poor, women and adolescent girls delivering in facilities.
- Awareness of communities, and among women—especially the most disadvantaged—should be raised around women's entitlement to high quality maternity care, including their right to ask questions, give consent, and participate in decisions about their care.
- Health data systems should specify and track indicators on the extent to which facilities and providers are equipped to deliver women friendly respectful delivery care. Women's experience of care should periodically be assessed using indicators such as the ones presented here, and shortcomings should be addressed on a regular basis.

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Citation:

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