Equitable access to maternal care in South Africa: Explaining variations in and consequences of verbal abuse of patients during delivery

Equitable access to quality maternal care remains a priority in pursuing the Millennium Development Goals (MDGs). In South Africa, maternal and neonatal mortality rates have remained constant or increased since the introduction of the MDGs in 2000, even though other countries in the region have reduced rates over the same period of time. Accessibility requires that care is affordable, available and acceptable. Availability and affordability of maternal care is addressed in South Africa through hospital based delivery provided free at the point of use in public hospitals. However, acceptability of these services is often overlooked in policy development. We surveyed 1,317 South African women who received maternal care from eight different facilities (rural and urban) across different jurisdictions to analyse the prevalence of patient verbal abuse during delivery and consider its impact on access to care, as measured by length of hospital stay. A binary logistic model was used to explain variations in verbal abuse during delivery. Women were significantly more likely to be verbally abused if it was their first delivery, if it was a vaginal delivery or if they experienced complications during labour. Verbal abuse also differed significantly by hospital. The impact of verbal abuse on the process of care was considered by analyzing variations in hospital length of stay using a conditional model. After controlling for distance from facility, type of delivery, and hospital, verbal abuse was associated with a lower hospital length of stay. The findings suggest that differences in acceptability of care exist and contribute to differences in the levels of care provided. Patients’ expectations about the delivery of care need to be an explicit consideration in policy developments aimed at improving access to care and achieving MDGs.

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