
Disrespect and Abuse (D&A) among women seeking reproductive health care in 4 health centers in Dakar region (Senegal).

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Background

- Women who attend RH services often face Disrespect and Abuse (D&A) from providers and others actors in health facilities;
- These misbehaviors may violate their rights and harm their dignity and could constitute factors of dissatisfaction among users and under-utilization of health services;
- Patients' rights have become, nowadays, a priority issue for policy makers, leaders and managers of health programs, the civil society and patients themselves;
- In Senegal, although this issue has been included in the national policies and guidelines, the degree of implementation of these measures remains uncertain;
- Little is known about the extent of the phenomenon and its effects on community perceptions and behaviors.

Objectives:

This study aim to :

- Examine the extent and types of disrespect and abuse;
- Understand the perceptions of communities, providers; policymakers and program managers on this issue;
- Propose programmatic recommendations to engage the stakeholders to address this issue.

Methods:

- The study is cross-cutting study. Quantitative and qualitative approaches were used;
- Four (4) urban health centers in Dakar region have been targeted.

In each health center:

- **Women aged 18 and over and emancipated minor** (if under 18 and married), who attended birth or for other RH services have been interviewed by: 1) screening questionnaire (339); 2) follow-up questionnaire (80); 3) life stories (4)
- **Community members** were also interviewed through focus group discussions (8 FGD including men, women, CHW, community leaders);
- **Providers** (26) were interviewed through in-depth interviews to discuss about their knowledge, attitudes, practices and experiences on D&A;
- **Policy makers, Key opinions leaders, program managers and other key stakeholders** were interviewed through in-depth interviews to gather their opinions and perceptions on D&A.



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Findings

Prevalence and types of D&A reported

Prevalance

%

Women who reported D&A

35

Providers who reported D&A that D&A exist
in their facility

35

Providers who reported D&A that clients'
right are violated in their facility

23

Types of D&A

Verbal aggression

53

Non assistance

40

Non consented care

39

Non Informed care

35

Lack of confidentiality

26

Refusal of care

19

Physical aggression

18

Detention

14

Prevalence and types of D&A (continued)

Qualitative findings show others types of D&A common in facilities, such as:

- **Discrimination based on personal relationship:** *"if you don't know someone, you don't have to go there because you'll lose your time".*
- **Discrimination based on economic status :** *"it's only those who have money you can access to health care".*
- **Corruption/racket :** *if the patient needs to access quickly to care and do not waste time, she needs to bribe/corrupt providers. Also, providers often ask gift (money) to women.*
- **Repugnance (rejection of patient) :** *"providers said that the patient do not touch her because she was dirty".*

Factors contributing to D&A

Endogenous factors

- Inadequacy/lack of local;
- Lack of equipment (bed);
- Staff (skilled staff);
- Management of services (lack of job description, supervision, control and sanction...);
- Low salary and inequity on salary treatment among staff

Exogenous factors

- Ignorance;
- Non informed on patient's right issues related to health care (providers and community);
- Sociocultural beliefs, social norms , collective solidarity that don't allow to denounce someone even she's in faulty;
- Fatality.

Communities perceptions on D&A consequences

At woman level

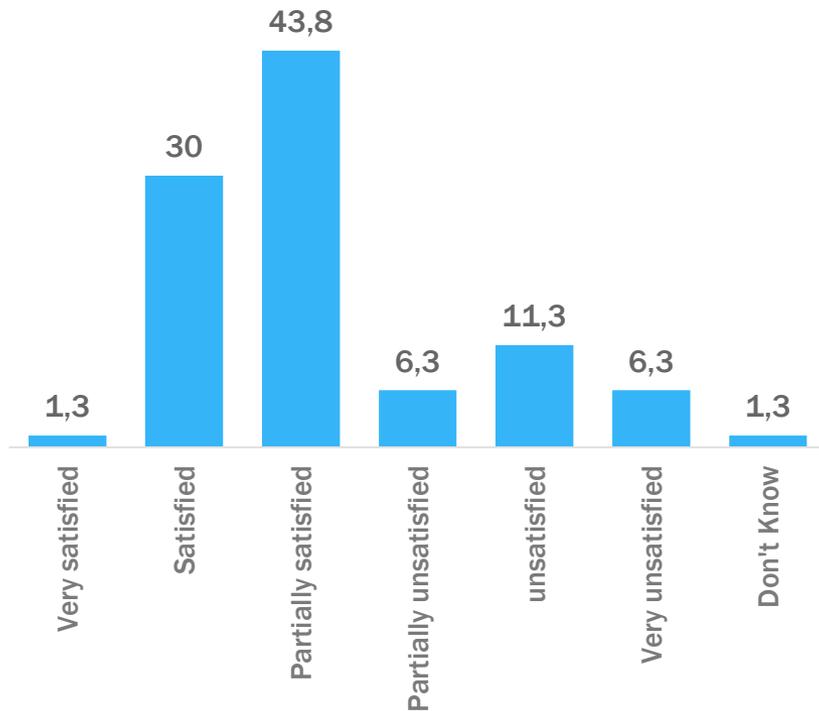
- **Can affect health seeking decision:** "Some women indicated that they preferred to deliver at home than getting yelled or to suspend certain basic needs (food) to save money for them to go to private clinics ".
- **Can affect woman's health:** "I've had hypertension because of that ... My blood pressure went up to 23 or 24, all because of the irresponsible behavior of providers during my delivery "
- **Can generate emotional and psychological problems that can block Delivery process:** "She needs to be soothed, to put her in confidence... so, if you start yelling her, disrespecting her, slapping her, it can complicate childbirth ".

At facility level

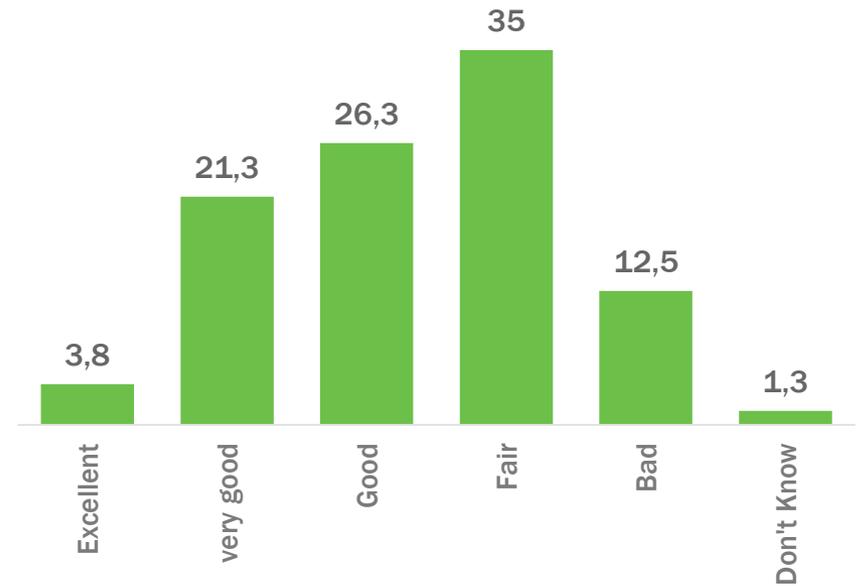
- **Lower attendance and revenue for SDP.**
- **Effects on the reputation of the structure.**

Perceptions of services by women

Level of satisfaction during their visit



Assessment of provider's respect during their visit



Addressing D&A

Political level

- National guidelines, Politics, Norms and Protocols on RH do not focus on D&A
- RH training curriculum do not incorporate D&A;
- Patients 'rights are a new topic that need advocacy for effective integration in national guidelines;
- Political commitment to address D&A (establishment of quality insurance group, pilot testing of humanized care

Community level

- Fatalism;
- No observatory.

CONCLUSION

- Customers' rights, especially issue regarding their dignity, take a more central place in health care provision;
- Civil society had played a key role in raising awareness on this issue;
- However, mechanisms to support this new dynamism remain ineffective for protecting clients' rights for respect and dignity and to access to quality services.

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