Mistreatment of women during childbirth in health facilities

- How bad is the problem?
- What are the manifestations?
- Will we know it when we see it?
- Where is it happening?
- How pervasive?
- Just anecdotes?
- Is this “simply” a problem of “bad provider behavior”?

What can we do about it?
Hospital chains woman to urinal pipe for 1 month over unpaid bills

A private hospital in Lagos has reportedly chained a female patient for over one month because she could not pay her bills.

Headline in KENYA DAILY NATION Friday, March 6, 2015:

Mothers ‘signed for stillbirth’ in advance

Senators told stories of expectant mothers made to sign forms stating they would give birth to dead babies
Heshima Project: Kenya

Objective: To assess the effect of implementing composite interventions on the prevalence of disrespect and abuse (D&A) during facility based childbirth

13 facilities

Exit survey among women discharged from postnatal wards
Contributors to and Impact of Disrespect and Abuse (D&A) in Childbirth on Skilled Care Utilization (Bowser and Hill 2010)

Contributors to Disrespect & Abuse

- Policy & Governance
  - Lack of laws, policies, enforcement and legal redress
  - Weak leadership & governance for respectful, non-abusive care

- Health System
  - Service Delivery: Lack of standards, supervision, accountability; HR shortage; weak infrastructure
  - Provider: distancing; prejudice; low status, respect, professional development

- Individual and Community
  - Normalization of DAC
  - Weak community oversight
  - Financial barriers
  - Lack of autonomy & empowerment

Deterrents to Skilled Birth Care Utilization

- Cultural Birth Preferences
- Disrespect and Abuse in Childbirth
  - Physical Abuse
  - Non-Consented Care
  - Non-Confidential Care
  - Non-Dignified Care
  - Discrimination
  - Abandonment of Care
  - Detention in Facilities

MDG 5: Skilled Birth Attendance

Underutilization of Skilled Birth Care

Lack of Geographic Access

Lack of Financial Access
<table>
<thead>
<tr>
<th>Manifestation</th>
<th>Examples of women’s experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non confidential care</td>
<td>Treated in a way that violated privacy and/or confidentiality</td>
</tr>
<tr>
<td>Non-dignified care</td>
<td>HW said/used a facial expression that made you feel uncomfortable</td>
</tr>
<tr>
<td>Neglect/abandonment</td>
<td>Left unattended when needed help</td>
</tr>
<tr>
<td></td>
<td>Requests for pain relief ignored</td>
</tr>
<tr>
<td>Non-consented care</td>
<td>Treatment given without permission</td>
</tr>
<tr>
<td>Physically abused</td>
<td>Slap, pinch, push, beat, poke</td>
</tr>
<tr>
<td>Inappropriate demands for payment</td>
<td>Detention for failure to pay</td>
</tr>
<tr>
<td></td>
<td>Request for a bribe for services</td>
</tr>
</tbody>
</table>
How do we measure inhumane treatment or disrespect and abuse (D&A) during childbirth in health facilities?

Translating Research Into Action (TRAction Project): Implementation Research: Tackling D&A in Facility-Based Childbirth
1) Heshima Project in Kenya - Population Council, MOH, FIDA, NNAK
2) Staha project in Tanzania - AMDD and Ifakara Health Institute
Defining disrespect and abuse

What all agree is D&A

- Normalised D&A: behavior that women consider D&A but providers do not. Behaviour that women consider normal or acceptable but others consider D&A

- Poor treatment/conditions caused by the system deficiencies and considered D&A by women and providers

- Poor treatment or conditions caused by system deficiencies but considered normal or acceptable

- Deviations from national standards of good quality care

- Deviations from human rights standards (available, accessible, acceptable, quality)

How pervasive is the problem? Do we have a set of bad anecdotes, but prevalence is low?

*Prevalence depends upon (at least)*...

- Whether you observe or ask
- How you ask – in person, by mobile phone
- Whom you ask – women or health care providers
- When you ask – in hospital at discharge or several weeks/months later
- Where you ask – at the health facility or community
- How much you ask -- single item or multiple questions
## Types of D&A Observed & Reported

<table>
<thead>
<tr>
<th>Non confidential care</th>
<th>Observed</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women examined without partitions</td>
<td>23%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Women had no bed partitions</td>
<td>36%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Left uncovered after delivery</td>
<td>55%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Not assured of confidentiality</td>
<td>74%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Obtained permission for vaginal examination</td>
<td>46%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Provide feedback after examination</td>
<td>79%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Provided information on immediate postnatal care</td>
<td>25%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>
Providers

• How do you expect a midwife to be in a good mood if she works with no break and has many clients to attend to in a dirty working environment” (health manager)

• 23% of providers said that they treat clients as if they were ‘impersonal objects’

• 29% felt like they are at ‘the end of their tether’

• 6% said they don't care what happens to these clients.
Universal Rights of Childbearing Women

Disrespect and abuse during maternity care are a violation of women’s basic human rights

www.whiteribbonalliance.org/respectfulcare
Drivers of D&A

Policy Perspectives

Facility Perspectives

Final Package of RMC Interventions

Community Perspectives
- Informal payments
- Inadequate linkages with facility
- Staffing and infrastructure constraints
- Poor provider skills and knowledge
- Power relationship skewed
- Inability to 'defend' or 'demand' rightful treatment

Outcomes
- Improved RMC policy environment
- Reductions in D&A
- Community awareness on rights increased
The Respectful Maternity Care Resource Package is a set of manuals, tools, and resources to ensure high-quality, respectful maternal and newborn health services. The resources help program managers, health workers, and technical advisors set up workshops and trainings for facility-based providers and community health workers. The workshops provide practical, low-cost, and easily adaptable strategies to improve respectful care.

The Resource Package includes:

**TRAINING FACILITY-BASED HEALTH PROVIDERS**
- Facilitator’s guide
- Orientation slide deck
- Participant’s guide

**TRAINING COMMUNITY HEALTH WORKERS**
- Facilitator’s guide
- Orientation slide deck
- Flip chart

**ADDITIONAL RESOURCES**
- Debriefing sessions: Caring for the carers
- Alternative dispute resolution: Resolving incidents of disrespect and abuse
- Maternity open days: Clarifying misconceptions about facility-based birth
- Promoting respectful maternity care during childbirth in Kenya

The Respectful Maternity Care Resource Package was developed by the Heshima project as part of the USAID Translating Research into Action (TRAAction) project.
## Prevalence of D&A during labor and delivery

<table>
<thead>
<tr>
<th>Category of D&amp;A</th>
<th>Baseline (N=641)</th>
<th>Endline (N=728)</th>
<th>OR (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels disrespected**</td>
<td>20.1%</td>
<td>13.2%</td>
<td>0.58</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.43 – 0.79)</td>
</tr>
<tr>
<td>Physical abuse*</td>
<td>4.2%</td>
<td>2.1%</td>
<td>0.47</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.25 – 0.90)</td>
</tr>
<tr>
<td>Privacy violated</td>
<td>7.4%</td>
<td>5.7%</td>
<td>0.69</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.44 – 1.08)</td>
</tr>
<tr>
<td>Confidentiality violated*</td>
<td>3.9%</td>
<td>1.8%</td>
<td>0.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.23 – 0.89)</td>
</tr>
<tr>
<td>Verbal abuse**</td>
<td>18.0%</td>
<td>11.3%</td>
<td>0.58</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.42 – 0.80)</td>
</tr>
<tr>
<td>Detention**</td>
<td>8.0%</td>
<td>0.8%</td>
<td>0.09</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.04 – 0.22)</td>
</tr>
<tr>
<td>Abandonment</td>
<td>12.7%</td>
<td>16.9%</td>
<td>1.28</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.93 – 1.76)</td>
</tr>
</tbody>
</table>
“It has taught me how to handle the patient with care, to respect their rights and also to follow what we were taught in college that we should not abuse patients... so the Heshima project has taught us that this is the right way to treat the patient” (Endline, case narrative with nurse manager, public facility).
The prevention and elimination of disrespect and abuse during facility-based childbirth

WHO statement

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.

Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue.
Mothers held and abused in hospital win court victory

A lot of women still have to pay and a lot of people are still being detained... This is a rampant problem throughout the country

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RESEARCH ARTICLE

The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review

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References

Warren et al Research protocol

Abuya et al Prevalence


Moyer et. al. ‘They treat you like you are not a human being’: Maltreatment during labour and delivery in rural northern Ghana. Midwifery. 2013.

Prevention and Elimination of Disrespect and Abuse During Childbirth. WHO. 2014.

Respectful Maternity Care: The Universal Rights of Childbearing Women. WRA, 2011.
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