Respectful childbirth: Taking stock

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Outline

• Health consequences of disrespect and abuse in health care facilities

• Human rights implications
Disrespect and abuse during facility-based childbirth

Not a new phenomenon [1]

Not restricted to childbirth but extends to many sexual and reproductive health services
Health consequences

- Discourages institutional delivery – not only among those who have themselves experienced disrespect and abuse but among others all women:

- 82% home deliveries were occurring in Jharkhand, India in 2007-08: women reported that they were afraid of being beaten, threatened, and being stripped down during delivery in front of male doctors and strangers [2].

- In a study conducted in the urban slums of Punjab, India 53% of women said they chose to have home deliveries as a result of non-cooperative attitude and misbehaviour of the hospital staff towards women[3].
Health consequences

• Higher morbidity resulting from unnecessary and irrational interventions (e.g. unnecessary c-sections, routine episiotomy, routine augmentation of labour with oxytocin) [1]
• Delay in timely intervention due to neglect and abandonment resulting in deaths or disability [1]
• Postpartum blues and depression precipitated by hostility towards women who are not implicitly obedient, verbal abuse and painful interventions without providing pain-relief
• Resort to unsafe abortion even when legal because of lack of privacy and confidentiality and hostile and abusive behaviours of providers [1]
• Delays in seeking care for abnormal vaginal discharge for fear of being abused by providers – late presentation for serious STIs and cervical cancer
Disrespect and abuse are human rights violations [4]

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<thead>
<tr>
<th>Categories</th>
<th>Corresponding rights</th>
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<tr>
<td>Physical abuse</td>
<td>Freedom from harm and ill treatment</td>
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<td>Non-consented care</td>
<td>Right to information, informed consent and refusal, and respect for choices and preferences, including the right to companionship of choice wherever possible</td>
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<td>Non-confidential care</td>
<td>Confidentiality, privacy</td>
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<tr>
<td>Non-dignified care (including verbal abuse)</td>
<td>Dignity, respect</td>
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<td>Discrimination based on specific patient attributes</td>
<td>Equality, freedom from discrimination, equitable care</td>
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<td>Abandonment of care</td>
<td>Right to timely healthcare and to the highest attainable level of health</td>
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<td>Detention in facilities</td>
<td>Liberty, autonomy, self-determination and freedom from coercion</td>
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Identifying solutions from a human rights perspective [5]

Rather than “subsume” individual experiences of abuse under a human rights norm, construct the particulars of the norm through women’s lived experience.
Identifying solutions from a human rights perspective [5]

Locate and understand disrespect and abuse within the context of institutional cultures of medical facilities, and seek for change from within
Identifying solutions from a human rights perspective [5]

- Understand the role of structural injustices in perpetuating disrespect and abuse – health systems are social institutions
- Take into account global forces that are undermining health systems
Align with larger social movements

Changing disrespect and abuse during childbirth in facilities is part of a larger struggle for universal access to health care, social justice and equality, and the right to a life of dignity.
References


3. Pahwa P and Sood A. Existing practices and barriers to access of MCH services – a case study of residential urban slums of district Mohali, Punjab, India. GJMEDPH 2013; Vol 2, issue 4.
