



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION

Non-Respectful Maternal Care

Kathleen Hill, M.D.

USAID TRAction & ASSIST Projects

University Research Co., LLC

The Bright Side of the Coin: **Framing Respectful Maternal Care**

- **Human Rights / Bio-ethics Issue (ethical conduct)**
- **Quality of Care Issue**
 - Client centeredness
 - Cultural responsiveness
 - Effectiveness of Care
- **Equity Issue (prejudice & discrimination)**
- **Public Health Issue (health outcomes, utilization of institutional childbirth services)**

The Dark Side of the Coin:

Non-Respectful Maternal Care

How important is the problem and where?

- Lots of *qualitative* evidence (gray and peer-reviewed literature, including many human rights reports)
- Published or gray reports of non-respectful care from > 34 countries in all regions of world (high, middle and low-resource)
- Increasing evidence that non-RMC is a deterrent to utilization of institutional childbirth services
- Prevalence?
- Key Manifestations?

*Bowser & Hill; Exploring Evidence for Disrespect & Abuse in Facility
Childbirth; USAID TRAction, 2010*

The Dark Side of the Coin: Non-Respectful Maternal Care

A mother's words:

“... Some nurses rough you up to an extent that you can tell her to let you deliver alone. You are in pain and all she does is give you harsh and rude approach. That is why I don't go to the hospital to deliver because I am not used to somebody who roughs me up. That is why I like somebody who would handle me with care because at that moment you are in pain you need somebody to soothe you, not one who roughs you.”

Woman interviewee, Kenya, Family Care International
Skilled Care Initiative, 2003

Defining & Measuring Respectful and Non-Respectful Maternal Care

Overlapping continuum:

RMC ---> Non-dignified ---> Humiliating ---> Abusive

- Measurement challenges: operational definition; normative versus subjective (client experiential)? data sources, timing
- Definitions go to heart of intersection between public health, human rights, bio-ethics, psychology & social sciences
- What kind of evidence is needed for which audiences for what purposes? Quantitative, qualitative.....

Conceptualizing Non-Respectful Maternal Care: Analyzing the Qualitative Evidence, Human Rights & Bio-ethics Frameworks

Major Categories of Disrespect & Abuse:

- Non-Dignified Care (poor interpersonal care)
- Non-Consented Care
- Non-Confidential Care
- Discrimination
- Physical Abuse
- Financial Harrassment (detention, etc)
- Abandonment of Care

Bowser & Hill; Exploring Evidence for Disrespect & Abuse
in Facility Childbirth; USAID TRAction, 2010

Contributors to Disrespect & Abuse

Service Delivery & Health System Factors

- Workforce shortages; staff demoralization, low remuneration, lack of career path; lack of infrastructure and essential supplies
- Inadequate and harsh provider training and supervision; provider distancing from patient
- Discrimination rooted in societal prejudices and social inequalities
- Power imbalances between providers and patients and between provider cadres
- Lack of standards, accountability and oversight processes

Individual & Community Factors

- Normalization of disrespect and abuse during childbirth
- Weak community trust, engagement with, and oversight of health services; lack of patient rights

Policy and Governance

- Lack of national laws, policies, enforcement and legal redress mechanisms
- Weak leadership and governance for respectful non-abusive care

Deterrents to Skilled Birth Care Utilization

Cultural Birth Preferences

Disrespect and Abuse in Childbirth

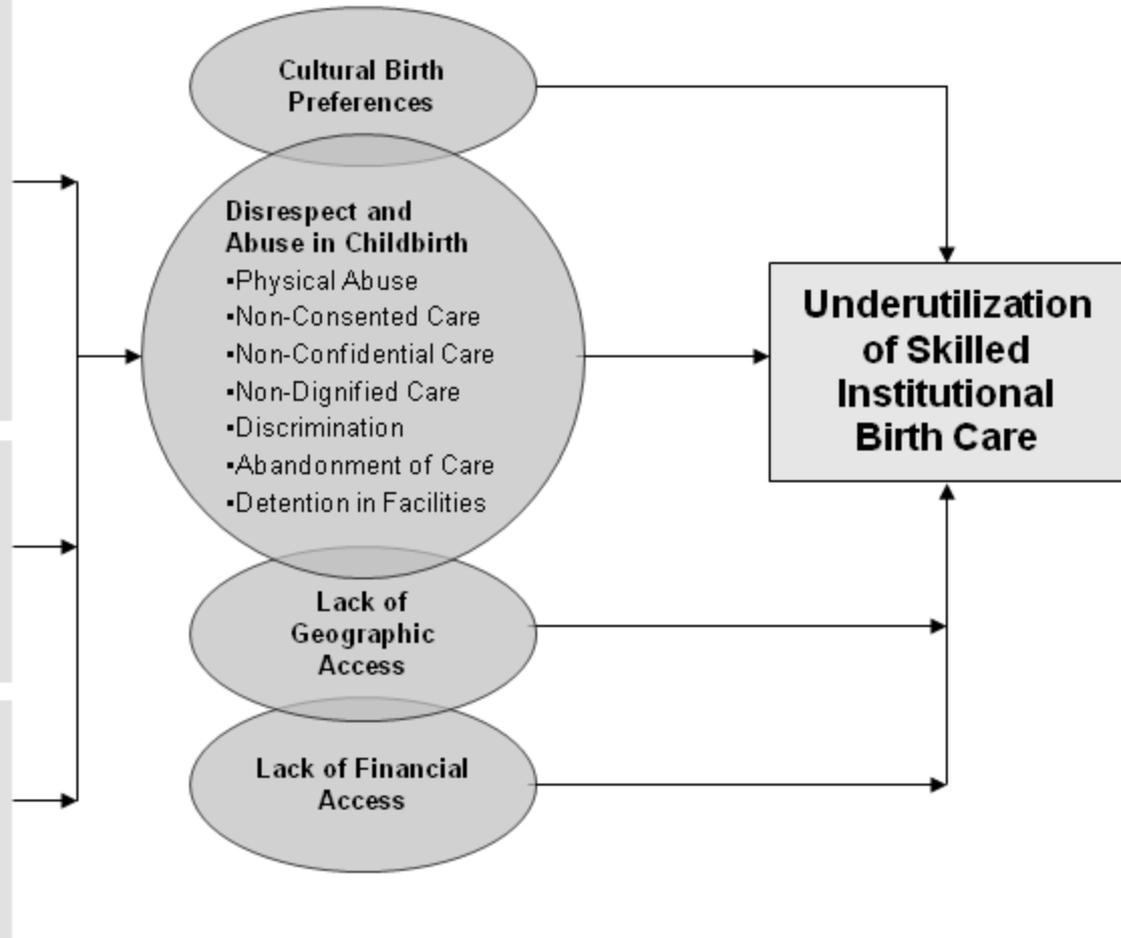
- Physical Abuse
- Non-Consented Care
- Non-Confidential Care
- Non-Dignified Care
- Discrimination
- Abandonment of Care
- Detention in Facilities

Lack of Geographic Access

Lack of Financial Access

MDG-5: Skilled Birth Attendance

Underutilization of Skilled Institutional Birth Care



A Nurse's Words....

*“.... By the ninth, tenth, eleventh delivery of the night I would have been rated minus zero.....**if you care for [the nurses] they will care for their patients**”*

Kenya, FIDA (2007): Failure to Deliver: violations of women's human rights in Kenyan health facilities

A Doctor's Words.....

“In medical school . . . we went to attend a delivery, a woman resident was doing it. She was sitting there in front and yelling at the mother: “Shut your mouth! Stop yelling and push! You knew what you were doing when you had sex, and now you see the result you’re going to cry?” And we students stared and said to ourselves: “Wow, she’s really totally in control of the situation....”

Brazil, *d’Oliveira et al*, 2002, Lancet

Carrots & Sticks

Promising Approaches to Achieve RMC and Reduce Disrespect & Abuse

- Humanization of childbirth/Cultural adaptation of care Social Movement in Latin America Caribbean region
- Community oversight approaches
- Health System Strengthening & Improvement Approaches
 - Caring for Providers
 - Improving work environment (basic supplies, staffing, referrals, etc)
 - Client-centered and Cultural adaption of Maternal Care
- Accountability approaches (*mitigate power inequity between provider and patient*)
- Legal & Human Rights Approaches
- Stigma Reduction Approaches (e.g. HIV)
- Professional regulation (codes of professional conduct; enforcement & consequences for violation)



Thank you