

Defining disrespect and abuse of women in childbirth: a research, policy and rights agenda

This is written from an article that speaks about quality of care in the field of maternal and newborn health especially around intra-partum period. Though government is promoting institutional deliveries to meet maternal and newborn mortality reduction goals, yet there is growing concern about the quality of the care that women are experiencing during labour and delivery. International law holds that the right to health requires health services that are available, accessible, acceptable and of good quality. But despite numerous official interpretations and guidance documents applying this right to childbirth there are reports of disrespectful and abusive treatment during labour and delivery that continue to appear in many parts of the world, which is a cause of concern.

Evidence to Advocacy:

Evidence on the nature and frequency of disrespect and abuse is essential for effective programmes, policy and advocacy. Yet, in the existing literature, there is no definition of disrespect and abuse that can be used to study its prevalence or evaluate interventions to address it. Formal legal definitions do not resolve this definitional problem.

This article reports on the approach to defining disrespect and abuse developed by two affiliated projects (which are part of a broader global effort) seeking to promote respectful maternal care in Kenya and the United Republic of Tanzania. These projects combine epidemiological research on prevalence, implementation research on interventions, and advocacy efforts to create policy change.

From Description to Definition:

For better understanding, the forms of disrespect and abuse have been usefully grouped into seven categories: physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination based on patient attributes, abandonment of care and detention in facilities. These categories describe types of disrespect and abuse that happen in health facilities, but do not define it in terms of the characteristics of health-care provider behaviour, facility conditions or other factors that could be construed as disrespectful and abusive.

Perspectives:

It is important to create a robust definition that would capture both individual disrespect and abuse (i.e. specific provider behaviours experienced or intended as disrespectful or humiliating, such as slapping or scolding of women) and structural disrespect and abuse (i.e. systemic deficiencies that create a disrespectful or abusive environment, such as an overcrowded and understaffed maternity ward where women deliver on the floor, alone, in unhygienic conditions).

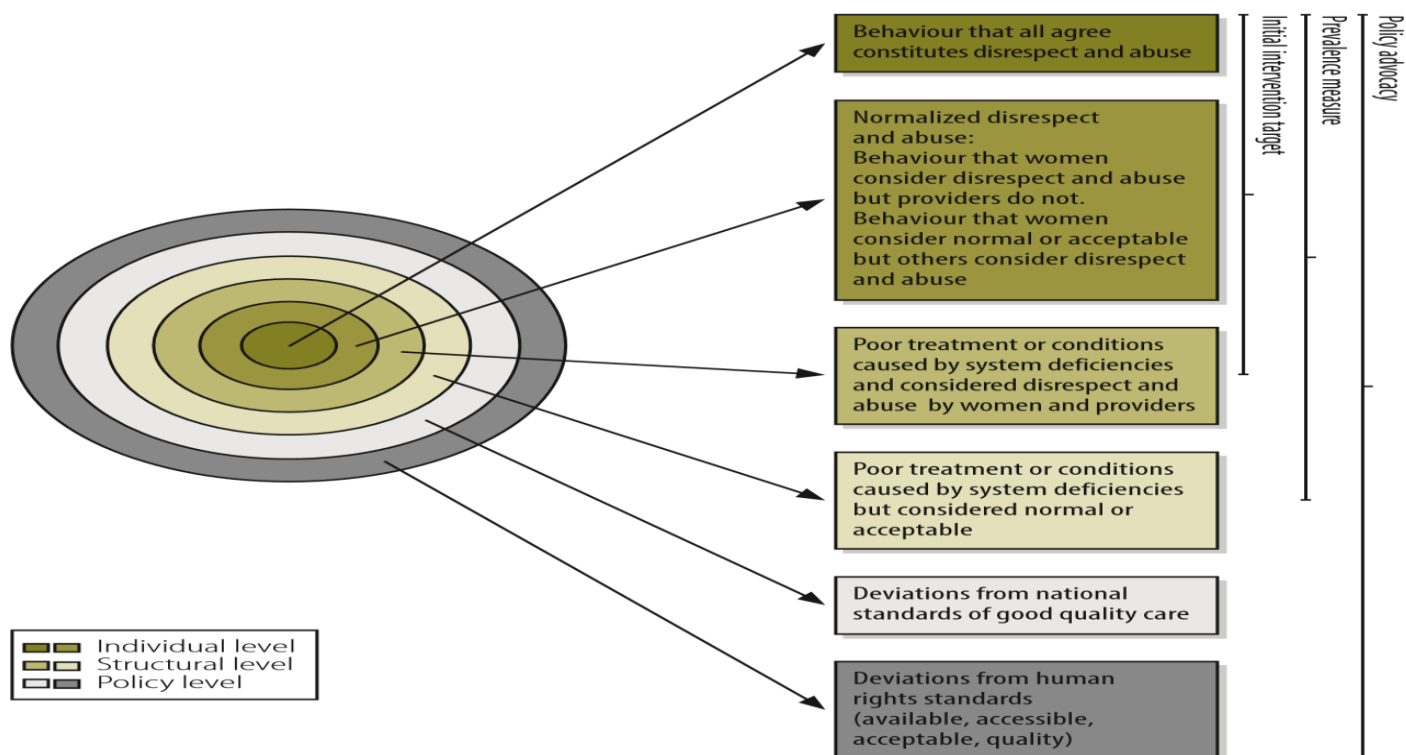
It is important to have a definition could be used by researchers for measuring prevalence and studying interventions; health-system managers seeking to transform their facilities; professional associations trying to shift the values and norms of their members; and advocates and activists mobilizing for accountability and change.

Definition building blocks:

The broadest definition of disrespect and abuse is set by the right to health. To exercise their right to available, accessible, acceptable and good quality care, pregnant women need access to the infrastructure, equipment and staff required for routine and emergency obstetric and newborn care. National policies typically supply detailed standards in each of these areas.

However, defining disrespect and abuse solely as a deviation from the right to health presents a dilemma. If every delivery in a facility with infrastructure, staff and equipment that do not meet global or national policy standards is defined as being disrespectful and abusive, then prevalence could be 100%. This is clearly not a useful way to establish the baseline for interventions. Yet we cannot ignore the human rights standard or imply that their citizens are entitled to less.

Fig-1: Defining disrespect and abuse of women in childbirth



Conclusion:

As a starting point for research and action, we define disrespect and abuse in childbirth as interactions or facility conditions that local consensus deems to be humiliating or undignified, and those interactions or conditions that are experienced as or intended to be humiliating or undignified. Over time, we expect this definition to converge with both national and human rights standards for good quality and respectful maternal care. By combining the experiential building blocks and the normative standards, this definition provides a platform to bring divergent groups together to challenge unacceptable social norms and poor health-system practices.

References:

1. Defining disrespect and abuse of women in childbirth: a research, policy and rights agenda - Lynn P Freedman,^a Kate Ramsey,^a Timothy Abuya,^b Ben Bellows,^b Charity Ndwiga,^b Charlotte E Warren,^b Stephanie Kujawski,^a Wema Moyo,^c Margaret E Kruka & Godfrey Mbarukuc