AMDD
Averting Maternal Death and Disability
MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

Disrespect and Abuse during Childbirth

Documenting the problem and tackling it with evidence-based solutions

Growing evidence indicates that some women giving birth experience a range of disrespectful and abusive treatment at the hands of health care providers and from the health system at large. Columbia University's Averting Maternal Death and Disability (AMDD) Program recognizes that disrespect and abuse violate the fundamental right of every woman to be treated with dignity by the health care system.

Disrespectful and abusive treatment covers a range of provider behaviors, such as shouting at or scolding patients, requesting bribes, threatening to withhold health care, physical abuse, abandonment in times of need, conducting procedures without consent (e.g., tubal ligations, caesarean sections, or, hysterectomies), and detaining mothers or babies at the facility due to failure to pay. It may also include abuses stemming from lack of resources within the health system, such as forcing women in labor to share a bed.

Evidence – revealed in human rights reports, qualitative studies, and health services research – suggests that disrespect and abuse may undermine efforts to improve maternal health. Disrespect and abuse constitutes poor quality of care and it may also drive women away from seeking care at health facilities. Studies have demonstrated that poor treatment can be an important factor in health care decisions, including where to seek care and whether to seek alternate sources of care or no care at all.[1] At a more fundamental level, the experience of poor care can corrode trust in the health system with potential reverberations well beyond childbirth services.[2]

The Challenge

A major challenge confronting efforts to promote respectful maternity care is that disrespectful and abusive treatment in childbirth has not been systematically studied. The majority of the current evidence base consists of anecdotal reports. Disrespect and abuse during childbirth has been cited in the literature as a violation of human rights and as a barrier to health facility utilization, but little formal research exists on the nature, causes, or prevalence of disrespect and abuse.[3] The growing body of evidence to improve quality of care, while certainly relevant, all too often sidesteps the structural, social, and political roots of the problem.

AMDD's Contribution to Promoting Respectful Maternity Care

In collaboration with partners, AMDD is leveraging its expertise and commitment to human rights and health systems strengthening to undertake research related to disrespect and abuse in childbirth. AMDD's efforts in this area include conceptual framing of the issue and epidemiological, qualitative and implementation research.

As an initial step, AMDD and partners developed a framework to define disrespectful and abusive behavior in childbirth for different programmatic and policy purposes. Articulating the definition was challenging due to the varying perspectives on what constitutes disrespectful and abusive care.

AMDD realized that a meaningful definition of disrespect and abuse needed to be comprehensive, encompassing the many layers of individual behaviors and health system effects, but also measurable. Existing standards based on human rights law and national standards for quality of care were too broad for measuring the prevalence of disrespect and abuse in a given population. A definition based on the right to health as elaborated in international human rights law dictates that women have the right to access appropriate health system infrastructure. But, where such health services are lacking, every institutional delivery would be considered a violation, making the prevalence measure meaningless for research purposes. Additionally, AMDD recognized that many behaviors or events may be considered disrespectful and abusive in some contexts, but not in others. For example, scolding may be normalized in some regions and not considered disrespect and abuse by providers or by patients. Ultimately, AMDD concluded that women's subjective experiences are at the core of measuring disrespect and abuse in childbirth, as their perceptions would have the most influence in their decisions to use health facilities in the future.

Through the STAHA (or "respect" in Swahili) project, AMDD and its partner, Ifakara Health Institute (IHI), systematically studied the types and prevalence of disrespectful and abusive care experiences among women giving birth in public facilities in the Tanga Region of Tanzania. The study also explored the root causes and consequences of disrespectful treatment. Through a multi-stage process, AMDD and IHI with Tanga-based partners are now testing approaches to reduce disrespectful and abusive treatment using participatory action research methods. Research activities are documenting how the interventions are implemented and what factors might explain their effects and impact.

Ultimately, AMDD and partners hope to develop a process that can be used beyond Tanzania to meaningfully measure the phenomenon of disrespect and abuse in childbirth and explore the dynamics of power that underlie abusive treatment. AMDD and partners also hope to design interventions that will disrupt those dynamics and support implementation of those interventions at scale, across health systems.

Notes

[1]Kruk, M.E. Paczkowski, M., Mbaruku G., de Pinho, H., Galea, S. (2009). Women's Preferences for Place of Delivery in Rural Tanzania: A Population-Based Discrete Choice Experiment. *American Journal of Public Health*. 99 (9):1666-72.
[2]Gilson, L. (2003). Trust and development of health care as a social institution. *Social Science and Medicine*. 56(7):1453-68.
[3]Bowser, D. and Hill, K. (2010). Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth Report of a Landscape Analysis. Washington, D.C.: USAID TRAction Project, Harvard School of Public Health, and University Research Co.