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ADVANCING RESPECTFUL MATERNAL CARE

AND ADDRESSING DISRESPECT & ABUSE DURING FACILITY-BASED CHILDBIRTH

INTRODUCTION

Globally, the proportion of births attended by skilled providers in developing countries has increased from 56% in 1990 to 70% in 2014, allowing for more women to have access to emergency obstetric care in the case of a complication.¹ As we make gains toward our global target of increasing uptake of institutional childbirth care, we must contend with how services are rendered and experienced by women and their families. Emerging evidence indicates that, all too often, women face humiliating and undignified conditions in health facilities. These negative patient experiences contribute to poor health outcomes and reinforce mistrust of institutional care. Additionally, women and families may delay or avoid seeking care in health facilities—which may increase the risk to her own health and that of her newborn.

The USAID | Translating Research into Action (TRAction) Project decided to explore women’s experiences giving birth in health facilities. In 2010, TRAction commissioned a review of the published and grey literature called “Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a Landscape Analysis.” Bowser and Hill’s report developed the first typology of disrespectful and abusive maternity care and classified experiences into seven categories (see box).

The “Landscape Analysis” was the first attempt to categorize and systematically investigate disrespect and abuse related to facility-based childbirth. Since then, TRAction—along with a growing number of partner organizations—has worked toward better defining, describing, addressing, and advocating for improved facility-based childbirth services and infrastructure. This includes decreasing instances of disrespect and abuse and fostering respectful maternity care in health facilities.

CATEGORIES OF DISRESPECT AND ABUSE DURING CHILDBIRTH²

EXAMPLES FROM THE FIELD

- ▶ **Physical Abuse:** hitting, slapping, sexual abuse, surgery without the use of anesthesia
- ▶ **Non-Confidential Care:** staging delivery in public view, openly sharing sensitive patient information like HIV status
- ▶ **Non-Consented Care:** not providing adequate information to patients on procedures, performing procedures without patient consent
- ▶ **Non-Dignified Care:** intentionally humiliating, scolding, or shouting at patients
- ▶ **Abandonment/Neglect:** leaving women alone during labor, not treating women during life threatening situations
- ▶ **Discrimination:** ignoring cultural delivery preferences, treating patients differently due to race, ethnicity or socioeconomic status
- ▶ **Unfair Requests for Payment:** detaining women who are unable to pay in hospitals, requesting bribes

MEASURING PREVALENCE: WHAT IS THE MAGNITUDE OF THE PROBLEM?

Our aspiration is to decrease—and eventually eliminate—disrespect and abuse during facility-based childbirth. Estimating current

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The TRAction Project focuses efforts in the following areas:

Measuring Prevalence of disrespect and abuse during facility-based childbirth by developing and testing methods to describe and quantify it

Integrating Implementation Science into the testing of interventions that address disrespect and abuse and promote respectful maternity care

Supporting Advocacy for respectful maternity care by facilitating partnerships and measuring effectiveness of translating evidence to policy and practice

prevalence allows us to determine the magnitude of the problem, the factors associated with reporting it, and track trends over time. Since the release of the “Landscape Analysis,” TRAction has supported studies that describe and quantify disrespectful and abusive care related to facility-based childbirth in three countries.

In 2011, efforts were launched in Tanzania and Kenya, both of which employed similar approaches for measuring disrespect and abuse during facility-based childbirth. In Tanzania, Columbia University’s Averting Maternal Death and Disability (AMDD) program worked with the Ifakara Health Institute in two districts of the Tanga region. The Population Council collaborated with the Federation of Women’s Lawyers in Kenya (FIDA) and the National Nurses Association of Kenya (NNAK) to work across Kenya’s Nyanza, Central, and Rift Valley provinces.

The study teams in East Africa employed several methods to measure disrespect and abuse, including: third-party observations of facility-based deliveries, facility exit interviews with women who had just given birth, community follow-up interviews with women who had recently

given birth, facility readiness assessments, provider interviews, and interviews and focus group discussions with key stakeholders.

Roughly one fifth to a quarter of women who participated in the Kenya and Tanzania studies reported disrespectful and abusive care. The results vary by measurement method (e.g. when and how disrespect and abuse was captured). In Tanzania, we see increased reporting of disrespect and abuse over time. For example, 19 percent of women upon facility exit reported one of fourteen instances of disrespect and abuse. The prevalence jumped to 28 percent when the same women were interviewed again in their community a few weeks later. In Kenya, 20 percent of women reported being humiliated upon facility exit. Both the Kenya and Tanzania studies cite prevalence of six domains of disrespect and abuse, and found non-dignified care and neglect/abandonment among the most highly reported types. Further, observations of women during labor and delivery yielded drastically higher estimates of disrespect and abuse (in the range of 70 percent), highlighting the differences between subjective and objective measurement. Detailed breakdowns of disrespect and abuse can be found in papers published by each team.^{3,4}

In Central America, the TRAction Guatemala project, in partnership with the local non-governmental organization Cooperativa Todos Somos Nebajenses (COTONEB), investigated disrespect and abuse as part of a community-based survey in 15 rural to remote villages in the Western Highlands region. Women who gave birth in a health facility reported on their experiences related to disrespectful and abusive care, while women who gave birth to their last child at home (majority) reported on their perceptions of mistreatment associated with facility birth. Eighteen percent of women who gave birth in a health facility reported at least one of three examples of disrespect and abuse (overall experience of disrespect and abuse, non-dignified care, abandonment), while nine percent of women who gave birth at home perceived that women are abandoned in health facilities and must pay or give something for better care. To complement the survey results, a total of 45 interviews and focus group discussions were conducted with key informants from the communities.

All three studies uncovered factors contributing to disrespect and abuse including societal factors like historical marginalization of certain populations to institutional factors such as a lack of accountability, substandard infrastructure, limited resources, stressful working conditions, and poor health worker supervision.

STUDY SITES



INTERVENTIONS BY THE HESHIMA AND STAHA PROJECTS

Heshima Project (Kenya)

- ▶ Supported the Maternal Health Bill legislation
- ▶ Trained health providers with the ‘Values, Attitudes and Clarification Transformation’ approach
- ▶ Supported health providers through the ‘Caring for the Carers’ psycho-social support program
- ▶ Held Maternity Open Days for community members
- ▶ Trained community leaders on mediation skills
- ▶ Raised awareness within the community

Staha Project (Tanzania)

- ▶ Revived and adapts the National Patient-Provider Charter at the district and facility level
- ▶ Used quality improvement processes at the facility level to improve trust, protect privacy, and engender communication among patients and providers

Prevalence of disrespect and abuse, as Freedman and Kruk posit, is a reflection of “health systems in crisis,” requiring multi-stakeholder accountability and participation in solutions.⁵

Upon discovery of TRAction’s efforts, other organizations have taken interest in measuring disrespect and abuse, including the World Health Organization (WHO). As the first generation of attempts to systematically measure disrespect and abuse draw to a close, there is an opportunity to review lessons learned and refine measurement methods. TRAction is completing a review of literature to identify approaches and tools used to measure disrespect and abuse in other fields including: HIV/AIDS stigma, intimate partner violence, family planning and reproductive health services, elder care, and mental health care. The review aims to inform future efforts and strategies to measure the prevalence of disrespect and abuse.

INTEGRATING IMPLEMENTATION SCIENCE: HOW DO WE ADDRESS THE PROBLEM AND KNOW WHAT WORKS?

The studies conducted in Kenya and Tanzania go beyond measuring the magnitude of the problem to include the development and testing of solutions aimed at decreasing instances of disrespect and abuse during facility-based childbirth.

While the two country approaches differ, both aim to engender mutual respect and understanding among patients and providers. The Staha (Kiswahili for “dignity”) project led by Columbia University and the Ifakara Health Institute in Tanzania focused on district and facility-level interventions. Their charter adaptation and quality

improvement processes led to a significant decrease in reported disrespect and abuse at end-line. The Heshima (Kiswahili for “respect”) project led by the Population Council in Kenya developed a package of interventions which addresses disrespect and abuse at the policy, facility, and community levels. At end-line, the Heshima project saw a significant decrease in overall disrespect and abuse from 20 percent to 13 percent, and 40-50 percent reductions among four of six domains of disrespect and abuse. While these results may be influenced by contextual factors, the results are promising.⁶

Since there is limited evidence on how to successfully decrease disrespect and abuse and foster respectful care, an important component of the two studies is applying implementation science approaches. Implementation science involves the documentation and analysis of intervention implementation, facilitating understanding of what works and why, and allows for sharing lessons learned. While the global community is at the beginning stages of understanding how to confront this complex issue, the efforts in Kenya and Tanzania are important steps toward generating evidence and dialogue around how to eliminate disrespect and abuse during facility-based childbirth.

SUPPORTING RESPECTFUL MATERNAL CARE ADVOCACY: HOW DO WE MEASURE EFFECTIVE ADVOCACY FOR POLICY CHANGE?

TRAction seeks partnerships to move the issue of disrespectful and abusive maternity care to the forefront and translate evidence into policy and practice. This includes promoting the White Ribbon Alliance’s Universal Rights of Childbearing Women Charter, participating in the Respectful Maternity Care Advisory Council, and co-convening a technical meeting with the Maternal Health Task Force of the Harvard School of Public Health (HSPH) on developing metrics to measure respectful maternity care advocacy for policy change.

University Research Co., LLC has contributed to and endorsed the WHO statement entitled: “The prevention and elimination of disrespect and abuse during facility-based childbirth.” University Research Co., LLC endorsed this statement. TRAction will continue to work in conjunction with the White Ribbon Alliance, and other partners to achieve additional measurable success in the area of advocacy for policy change.

RESEARCH INTO ACTION

TRAction strives to share information locally and globally to facilitate the translation of evidence into practice. This includes collaborating with international organizations, universities, in-country partners, Ministries of Health, and USAID missions. Examples of engaging stakeholders and sharing evidence from the field include: in-country

dissemination meetings with stakeholders in Kenya, Tanzania, and Guatemala; presentations at conferences such as the Global Maternal Health Conference in Arusha, the Second and Third Health Systems Research Symposia in Beijing, Cape Town, and Vancouver, the International Confederation of Midwives Triennial Congress, the Global Maternal Newborn Health Conference in Mexico City (among others). Knowledge and lessons learned are captured in the form of district-level policy briefs, the development of a Respectful Maternity Care Resource Package for implementers, and a number of publications (please refer to the table below). TRAction continues to seek ways to link to and bridge existing communities of practice that focus on quality of care, human rights, and health systems to advance respectful maternal care and eliminate disrespect and abuse globally.

TRACTION PROJECT OVERVIEW

The Translating Research Into Action (TRAction) Project, funded by the U.S. Agency for International Development, focuses on implementation science—which seeks to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions. TRAction supports implementation research to provide critically-needed evidence to program implementers and policy-makers addressing maternal and child health issues.

For more information on the TRAction Project:
www.tractionproject.org ► tracinfo@urc-chs.com

TRACTION-SUPPORTED PUBLICATIONS & RESOURCES

TITLE	AUTHORS	JOURNAL	DATE OF PUBLICATION
The Effect of a Multi-component Intervention on Disrespect and Abuse during Childbirth in Kenya	Timothy Abuya, Charity Ndwiga, Julie Ritter, Lucy Kanya, Ben Bellows, Nancy Binkin, Charlotte E. Warren	<i>BMC Pregnancy and Childbirth</i>	September 2015
Association Between Disrespect and Abuse During Childbirth and Women's Confidence in Health Facilities in Tanzania	Stephanie Kujawski, Godfrey Mbaruku, Lynn P. Freedman, Kate Ramsey, Wema Moyo, Margaret E. Kruk	<i>Maternal and Child Health Journal</i>	May 2015
Exploring the Prevalence of Disrespect and Abuse during Childbirth in Kenya	Timothy Abuya, Charlotte E. Warren, Nora Miller, Rebecca Njuki, Charity Ndwiga, Alice Maranga, Faith Mbehero, Anne Njeru, Ben Bellows	<i>PLOS ONE</i>	April 2015
Disrespectful and Abusive Treatment during Facility Delivery in Tanzania: A Facility and Community Survey	Margaret E. Kruk, Stephanie Kujawski, Godfrey Mbaruku, Kate Ramsey, Wema Moyo, Lynn P. Freedman	<i>Health Policy and Planning</i>	October 2014
Defining Disrespect and Abuse of Women in Childbirth: A Research, Policy and Rights Agenda	Lynn P. Freedman, Kate Ramsey, Timothy Abuya, Ben Bellows, Charity Ndwiga, Charlotte E. Warren, Stephanie Kujawski, Wema Moyo, Margaret E. Kruk, Godfrey Mbarukuc	<i>Bulletin of the World Health Organization</i>	2014
Disrespect and Abuse of Women in Childbirth: Challenging the Global Quality and Accountability Agendas	Lynn P. Freedman, Margaret E. Kruk	<i>The Lancet</i>	June 2014
Study Protocol for Promoting Respectful Maternity Care Initiative to Assess, Measure, and Design Interventions to Reduce Disrespect and Abuse during Childbirth in Kenya	Charlotte Warren, Rebecca Njuki, Timothy Abuya, Charity Ndwiga, Grace Maingi, Jane Serwanga, Faith Mbehero, Louisa Muteti, Anne Njeru, Joseph Karanja, Joyce Olenja, Lucy Gitonga, Chris Rakuom, Ben Bellows	<i>BMC Pregnancy and Childbirth</i>	2013
Respectful Maternity Care Resource Package	Population Council	Population Council Website	2015

- 1 Tunçalp, Ö., Were, W.M., MacLennan, C., Oladapo, O.T., Gülmezoglu, A.M., Bahl, R., et al. (2015). Quality of care for pregnant women and newborns—the WHO vision. *BJOG: An International Journal of Obstetrics and Gynaecology*, 122, 1045–1049.
- 2 Bowser, D. & Hill, K. (2010). Exploring evidence for disrespect and abuse in facility-based childbirth: Report of a landscape analysis. Bethesda (MD): Published by the USAID|TRAction Project, Harvard School of Public Health and University Research Co., LLC. <http://www.tractionproject.org/resources/access-skilled-care-respectful-maternal-care/exploring-evidence-disrespect-and-abuse>
- 3 Kruk, M., Kujawski, S., Mbaruku, G., Ramsey, K., Moyo, W., & Freedman, L. (2014). Disrespectful and abusive treatment during facility delivery in Tanzania: A facility and community survey. *Health Policy and Planning*, 1-8. doi:10.1093/heapol/czu079
- 4 Abuya, T., Warren, C.E., Miller, N., Njuki, R., Ndwiga, C., Maranga, A, et al. (2015). Exploring the prevalence of disrespect and abuse during childbirth in Kenya. *PLOS ONE*, 10(4). doi:10.1371/journal.pone.0123606
- 5 Freedman, L., & Kruk, M. (2014). Disrespect and abuse of women in childbirth: Challenging the global quality and accountability agendas. *The Lancet*, 384(9948).
- 6 Abuya, T., Ndwiga, C., Ritter, J., Kanya, L., Bellows, B., Binkin, N., et al. (2015). The effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya. *BMC Pregnancy and Childbirth*, 15, 224. doi:10.1186/s12884-015-0645-6