

CONFRONTING DISRESPECT AND ABUSE DURING CHILDBIRTH IN KENYA

PROJECT BRIEF

January 2014

THE HESHIMA PROJECT

No woman should be hit, yelled at, or abused in any way during childbirth. However, laboring women in Kenya and elsewhere may experience inhumane treatment at hospitals and clinics. This abuse is a key yet overlooked reason that only four in ten pregnant women in Kenya deliver at health facilities (Kenya NBS and ICF Macro 2010).

To increase the number of women delivering in health facilities and thereby reduce maternal deaths, governments, health systems, and practitioners need sound evidence documenting the disrespect and abuse that women experience.



PHOTO: FLYNN WARREN

CONFRONTING THE PROBLEM

WHAT IS DISRESPECT AND ABUSE?

The Heshima Project defines Disrespect and Abuse (D&A) as any form of inhumane treatment or uncaring behavior toward a woman during labor and delivery. Landscape analyses (Bowser and Hill 2010) have identified seven categories (forms) of abuse and disrespect, including:

NON-DIGNIFIED CARE	Harsh tone; harsh language; unkind expression; dirty bedding
NON-CONFIDENTIAL CARE	Lack of privacy (no curtains); private information shared
NON-CONSENTED CARE	Treatment given without permission or knowledge
PHYSICAL ABUSE	Slapping; pinching; poking; pushing; beating
NEGLECT AND ABANDONMENT	Ignored when birth is imminent or pain relief is needed
DISCRIMINATION	Prejudice based on ethnicity, poverty, or HIV status
INAPPROPRIATE DEMANDS FOR PAYMENT	Detained for failure to pay for services; bribes requested

Working with the Ministry of Health, the Federation of Women Lawyers, and the National Nurses Association of Kenya, the Population Council has documented the types and prevalence of disrespect and abuse women experience at hospitals and health centers in select districts in Kenya.

Through the Heshima Project, the Population Council is changing how health systems and women think about quality maternity care by developing an intervention model to sensitize communities about women's rights and to give health care providers the tools they need to provide better care.



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GENERATING EVIDENCE

WHAT THE RESEARCH SAYS:

ONE IN FIVE WOMEN INTERVIEWED (644) reported feeling humiliated at some point during their most recent birth experience, across 13 Kenyan health facilities.

NINE OUT OF TEN HEALTH CARE PROVIDERS said they had heard of or witnessed colleagues treating women inhumanely.

Facilities do in fact have most of the supplies needed to support women in childbirth: **MEAN SCORE 30.5/35 OF ESSENTIAL EQUIPMENT AND SUPPLIES** for normal maternity services.

“They really threaten us and we fear them. I would rather disagree with a policeman but not a doctor; he is next to God.”

—MAN FROM COMMUNITY

“Women need to be slapped so that they can conform and save the baby’s life.”

—PROVIDER

“She slapped me on the thighs and I was tossed around in an unfriendly manner—but we find it normal like this.”

—WOMAN FROM COMMUNITY

WHAT DRIVES DISRESPECT AND ABUSE?

At policy and governance levels:

- Nonrealization of international conventions
- Complacency of policymakers
- Insufficient funding for maternal health care

At health facility and provider levels:

- Lack of understanding of clients’ rights
- Inadequate infrastructure leading to an enabling environment
- Staff shortages leading to high stress
- Poor supervision
- Lack of professional support
- Weak implementation of standards and quality of care guidelines

At the community level:

- Imbalanced power dynamics
- Overly complex mechanism for victims who seek redress
- Lack of understanding of women’s health rights

DESIGNING SOLUTIONS

We are working to ensure that women and providers understand that mistreatment is neither normal nor acceptable and to create a culture of support, accountability, and professionalism among health managers, midwives, and doctors, where respect for each other and for patients is the norm.



The Heshima Project is developing toolkits on respectful maternity care for policymakers, health care providers, and communities. We are offering group and individual counseling sessions to all staff in the maternity units who report working under stressful conditions that may reduce the quality of care they provide to women in labor. We are encouraging multidisciplinary teams of community members and facility staff to work together to recognize and address mistreatment.

REFERENCES

- Bowser, D. and K. Hill. 2010. “Exploring evidence for disrespect and abuse in facility-based childbirth: Report of a landscape analysis,” Bethesda, MD: USAID-TRAction Project, University Research Corporation, LLC, and Harvard School of Public Health.
- Kenya National Bureau of Statistics (NBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008–09*. Nairobi: Kenya NBS and Calverton, MD: ICF Macro.

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