

Disrespect & Abuse in Childbirth: Learning at the intersection of public health and human rights

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Assertion #1: Human rights dilemma

In economic and social rights concerning access to human services such as health care,

Human rights dilemma:

Human rts can expose-and-denounce, name-and-shame,
BUT

It does not have the tools to fully design and implement evidence-based interventions to address violations

Assertion #2: Public health dilemma

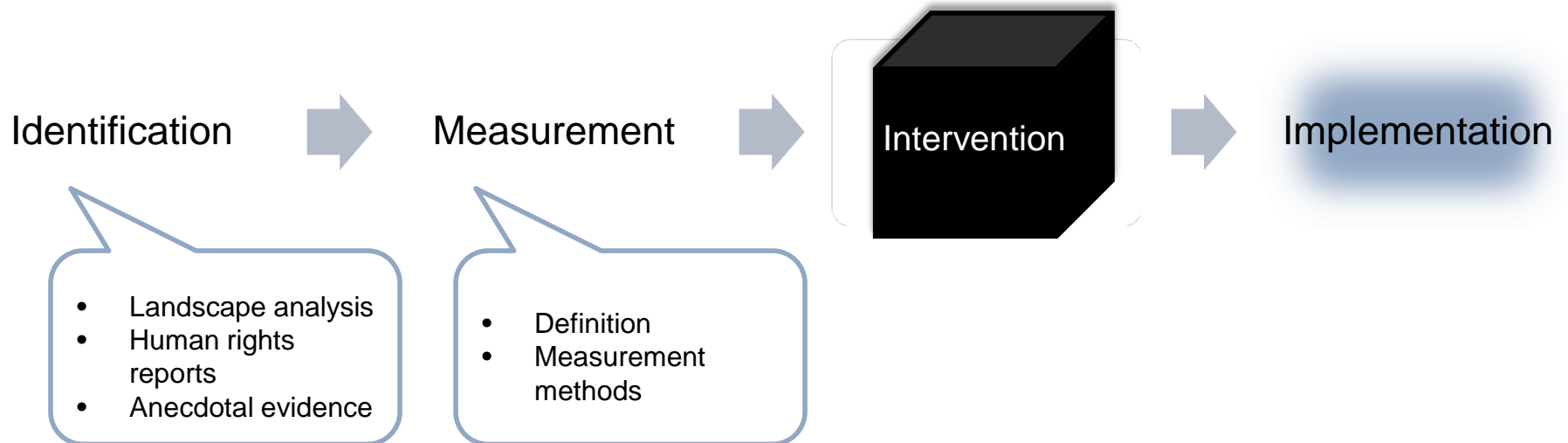
In the areas of human services such as maternal health:

Public health dilemma:

“Persistent implementation failure”

PH view shaped by RCTs, “best practices” and logframes often misses social and political dynamics crucial to successful implementation

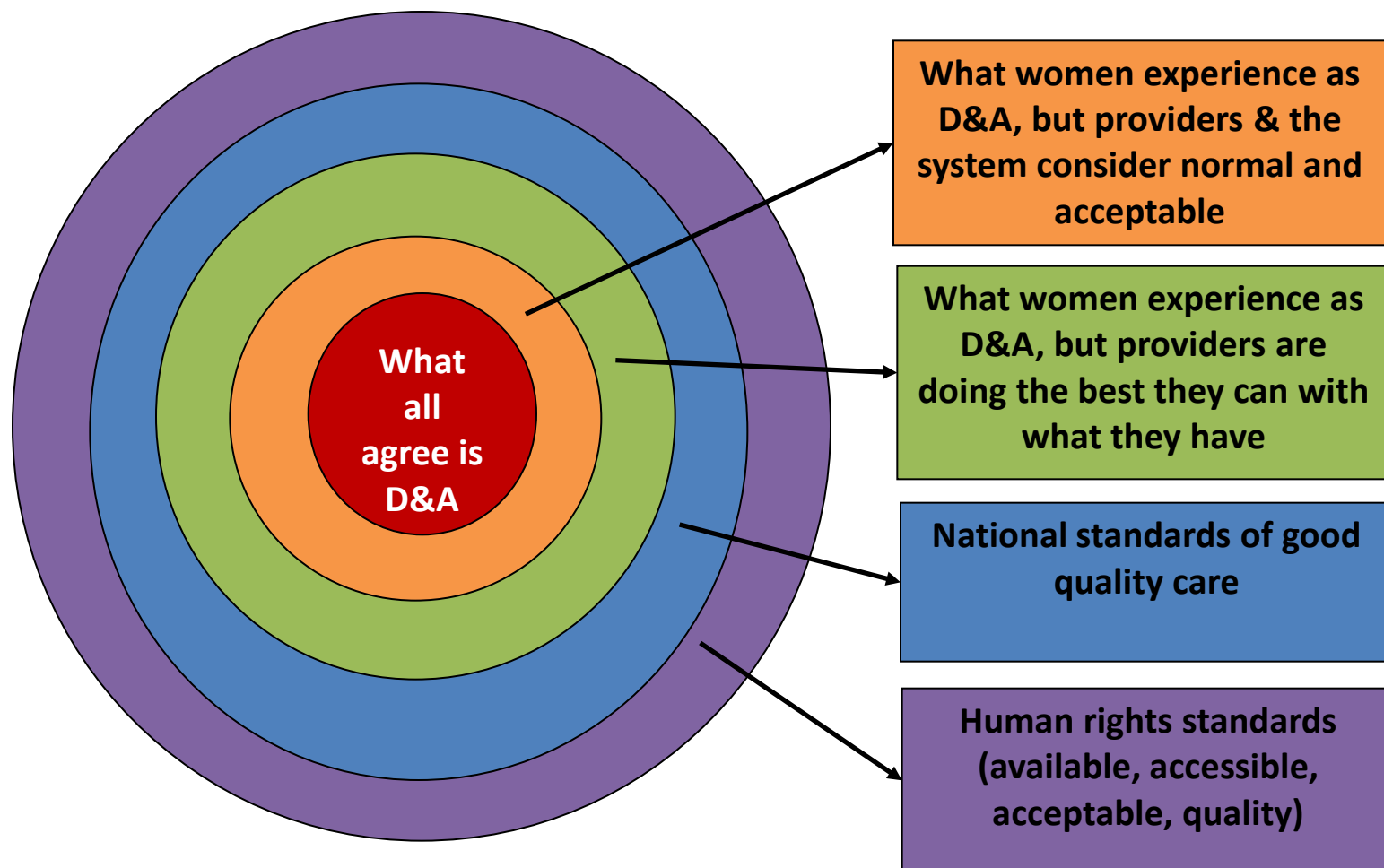
Pathway to address a problem



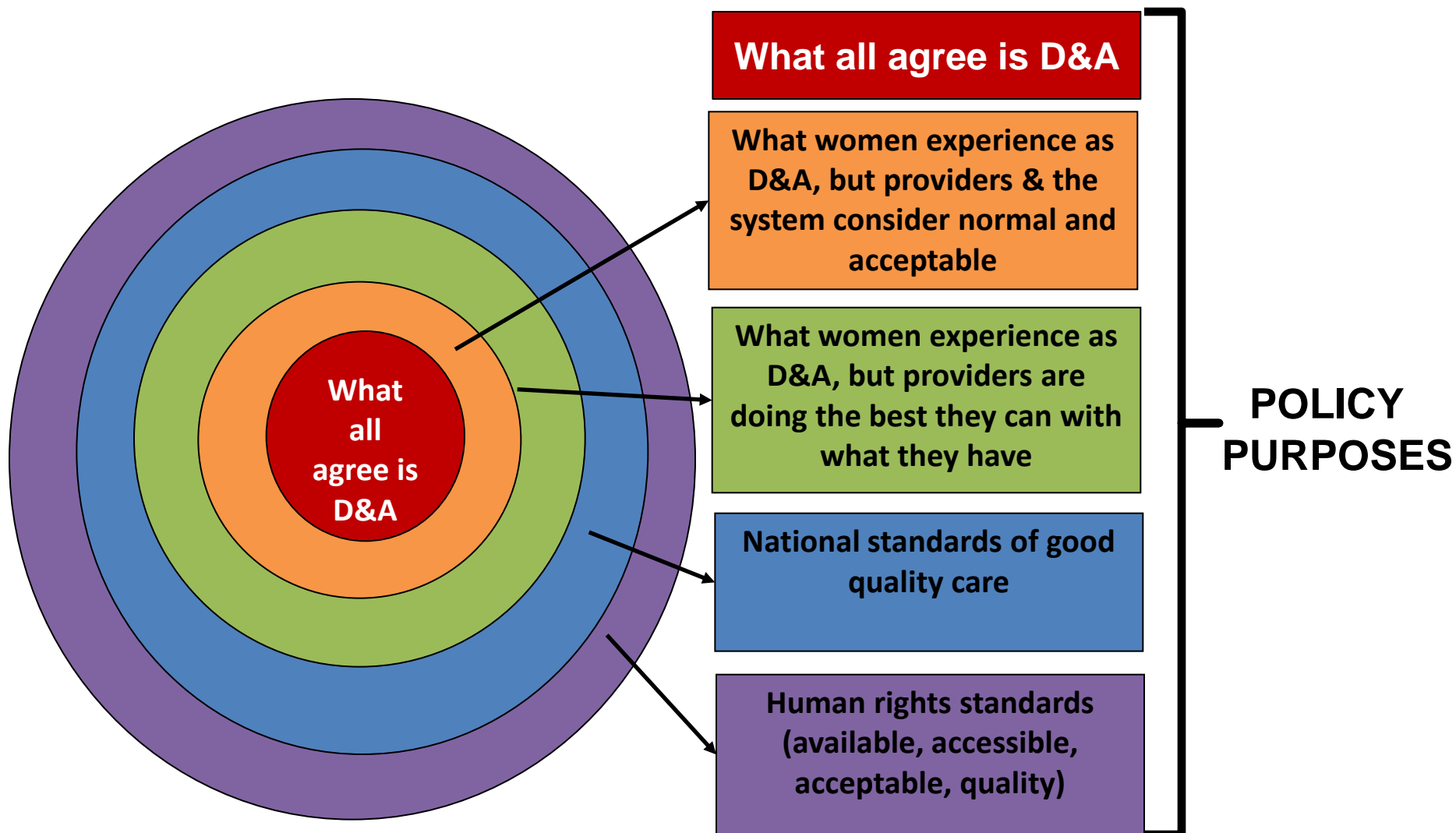
Building blocks of a definition of D&A

- A list of objective or observable actions/behaviors, some of which are context specific
- Actions that are experienced as disrespectful or abusive
- Intentional infliction of pain or emotional distress or humiliation, either by commission or omission
- Facility conditions and clinical treatment that do not meet accepted/consensus standards found in the human rights documents, national law, policies (AAAQ).

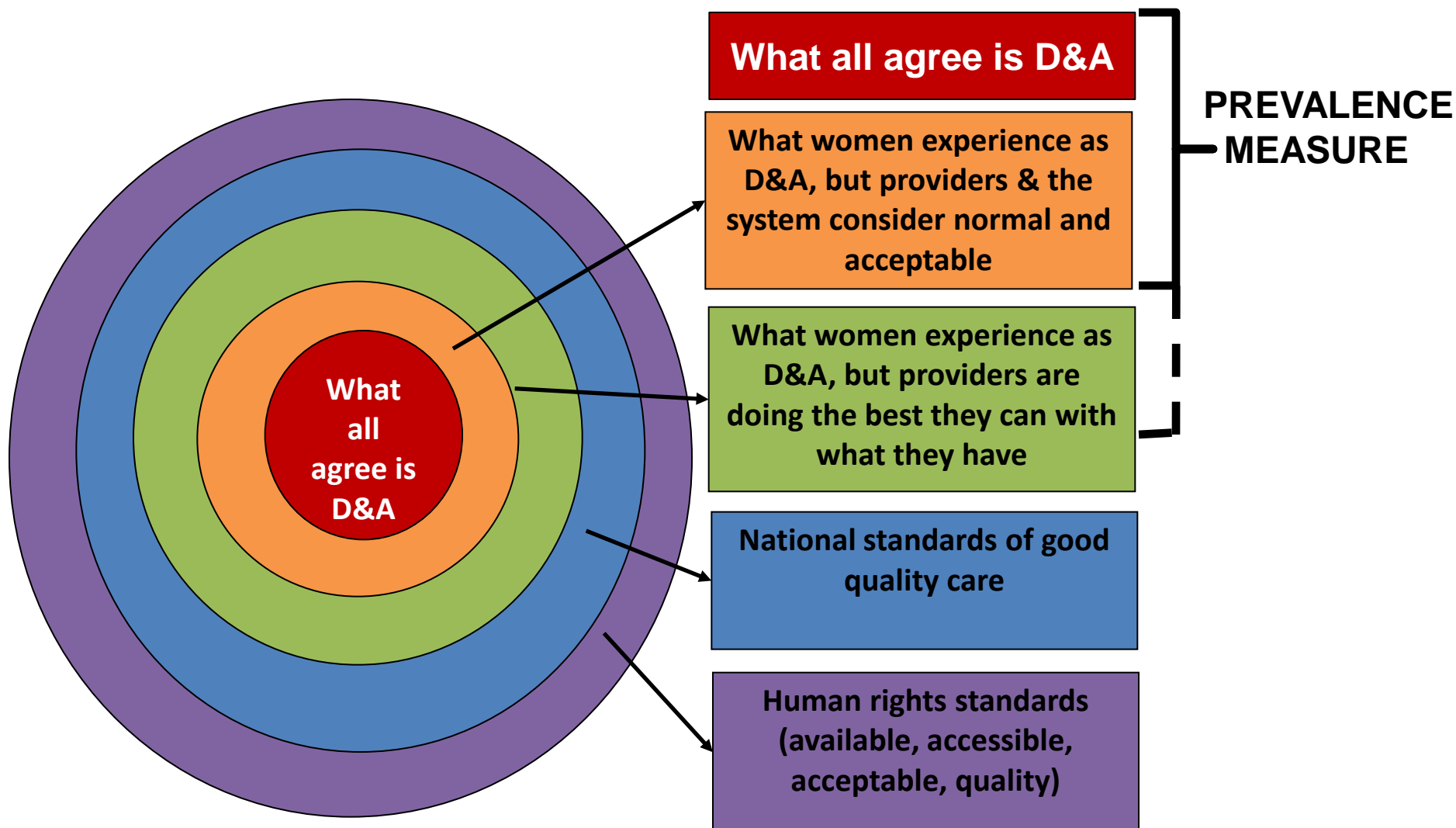
Defining disrespectful and abusive care



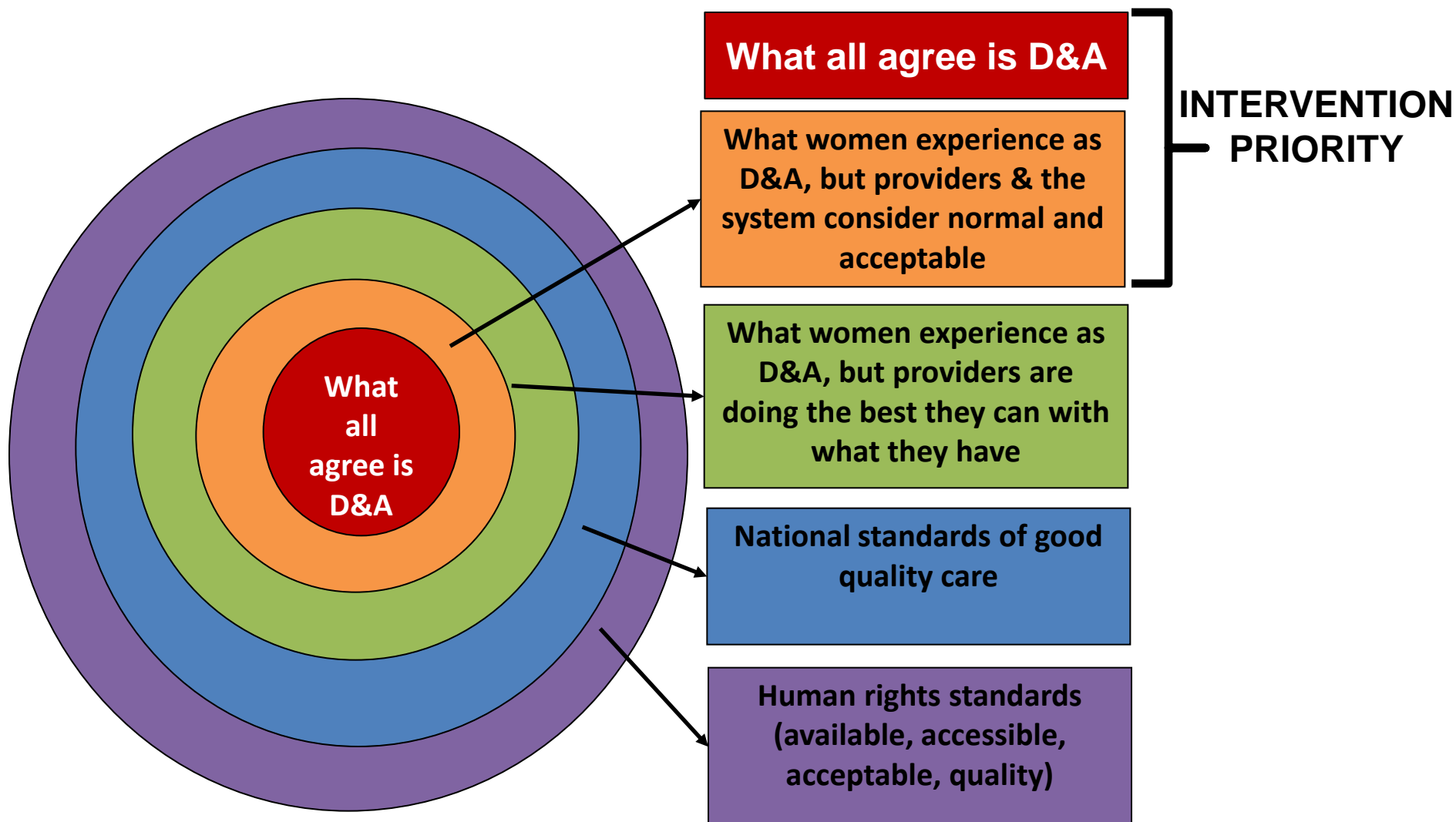
Defining disrespectful and abusive care



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D&A categories and events

NON-DIGNIFIED CARE

- Shouting at/scolding patient
- Threaten to withhold treatment
- Negative/discouraging comments to patient

ABANDONMENT

- Ignoring patients and requests for assistance
- No attendant at delivery

PHYSICAL ABUSE

- Hitting/slapping/pushing/pinching, etc.
- Rape

NON-CONFIDENTIAL CARE

- Discuss patient's private health information in public
- Share patient's health information
- Patient's body seen by others

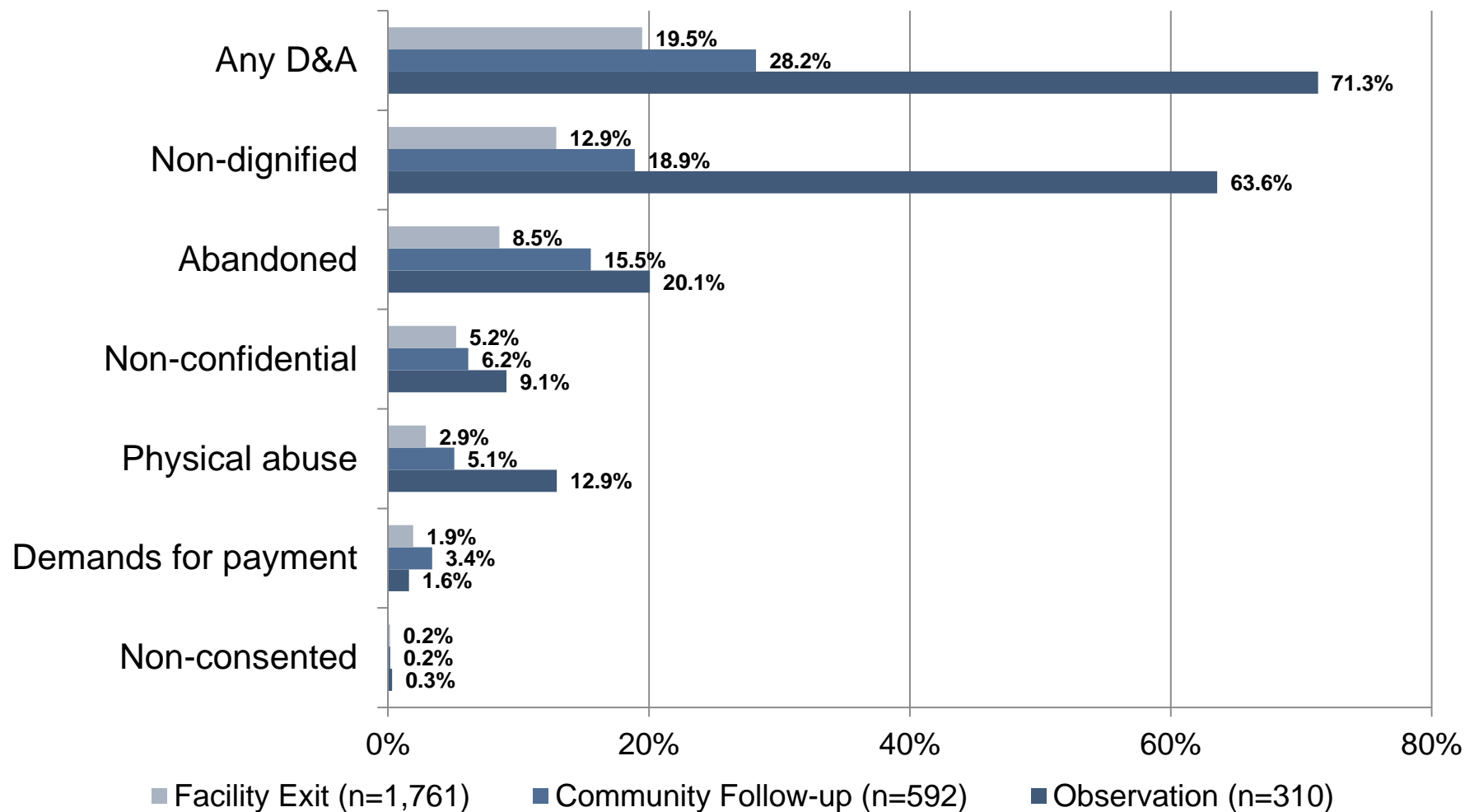
NON-CONSENTED CARE

- Tubal ligation, caesarean or hysterectomy without consent

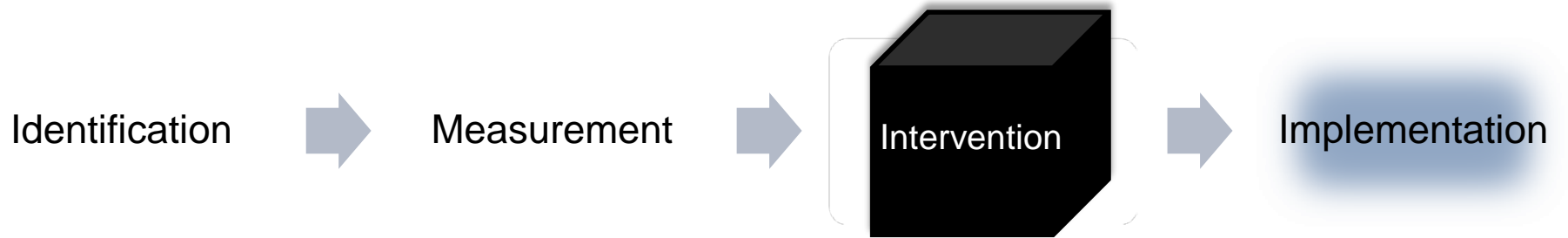
INAPPROPRIATE DEMANDS FOR PAYMENT

- Request bribes/informal payments
- Mother or baby held at the facility due to failure to pay

Measurement: 3 different prevalence measures in Tanga Region, Tanzania



Pathway to address a problem

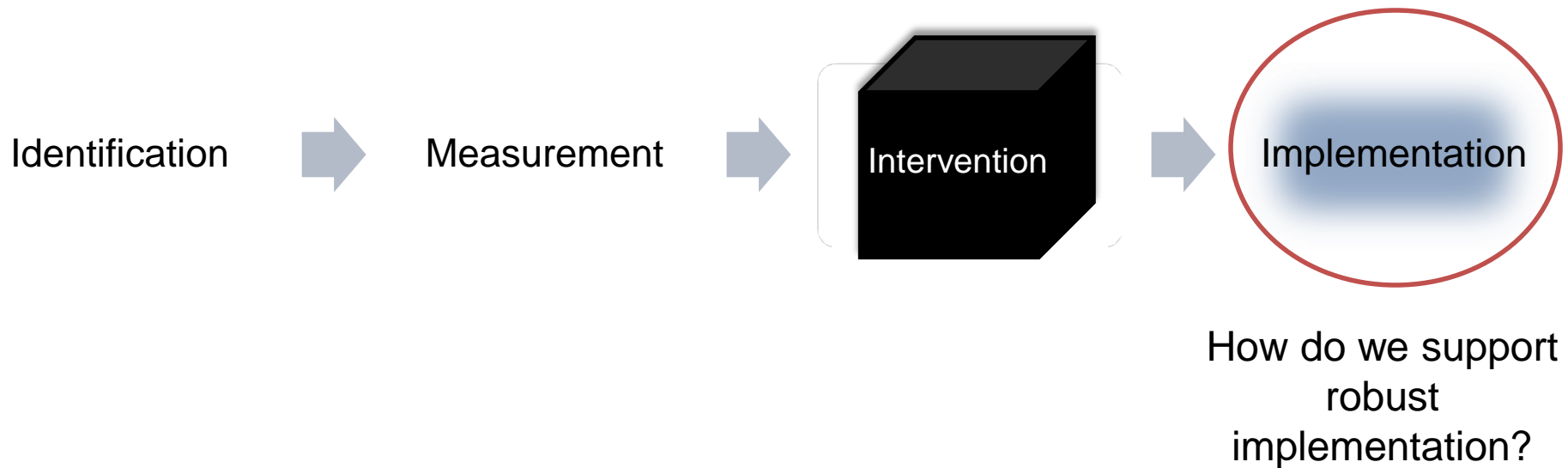


“Common sense” interventions

- Patient charters: values/norms standardization
- Suggestion boxes: community voice
- Health facility governing committees: community participation
- Education/awareness: training and workshops

Often ignores: power dynamics
context
process
existing literature

Pathway to address a problem



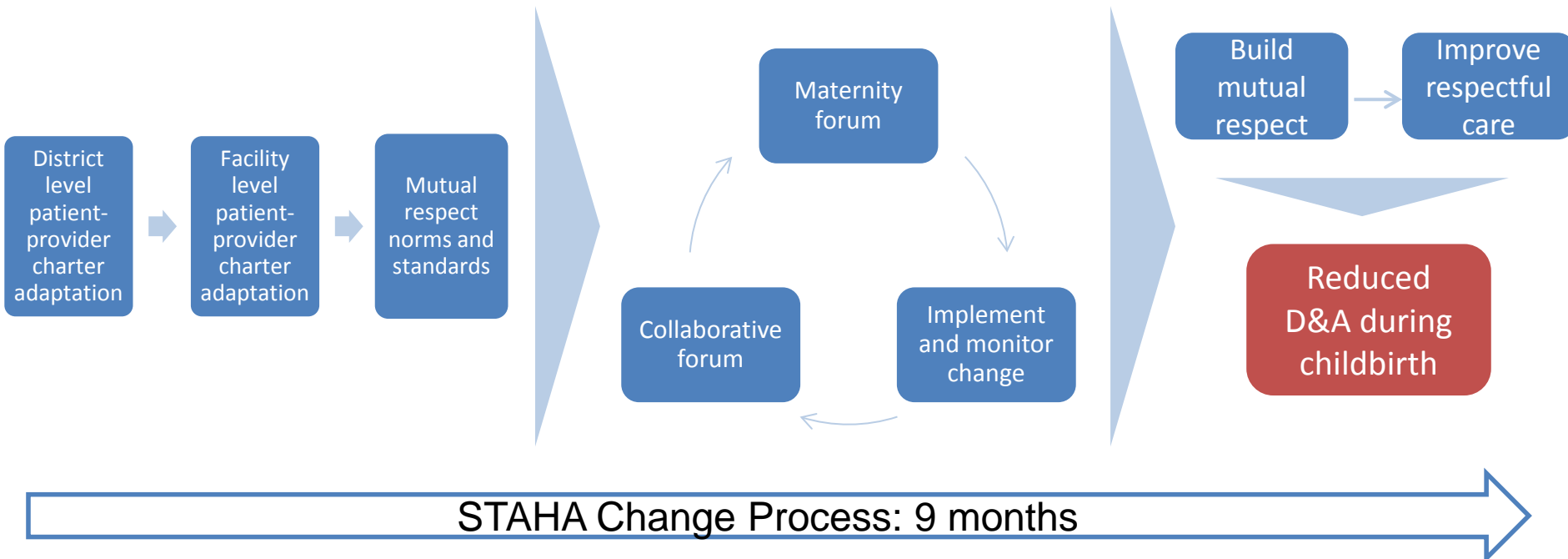
Degrees of implementation

- **Paper implementation**: putting policies into place
- **Process implementation**: putting new operating procedures into place
- **Performance implementation**: putting procedures and processes into place in such a way that the identified functional components of change happen with intended health benefits for users

Staha Intervention Change Process

Charter adaptation process

Facility-based process



References

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