GENERAL BACKGROUND
Disrespect and Abuse/Mistreatment and Respectful Maternity Care

WHAT IS "DISRESPECT AND ABUSE" OR "MISTREATMENT" OF WOMEN DURING MATERNITY CARE?

These terms represent negative experiences associated with facility-based childbirth care. The first term, "disrespect and abuse," was born out of a review of literature in 2010, while the term "mistreatment" is the more recent term used by the WHO (see Table 1). Respectful maternity care (RMC) is not only the absence of disrespect and abuse but requires the presence of a positive, supportive, and nurturing environment in which women can give birth.

Table 1. Examples of Disrespect and Abuse or Mistreatment

Physical abuse	Hitting, slapping, pushing, sexual abuse, rape
Non-consented care	Failure to seek and receive consent before a procedure
Non-confidential care	Lack of physical privacy and/or privacy of information
Non-dignified care	Verbal abuse, negative gestures and comments
Discrimination	Differential treatment because of personal attributes
Abandonment/neglect	Neglect, delivering alone
Detention in facilities	Detention in facility until payment is made, bribes
Poor rapport between women and providers	Ineffective communication, lack of supportive care, loss of autonomy
Health System Conditions and Constraints	Lack of resources, lack of policies, facility culture

WHERE IS THIS A PROBLEM?

This is a global problem spanning both high and low income countries.

WHY MUST WE ADDRESS DISRESPECT AND ABUSE/MISTREATMENT?

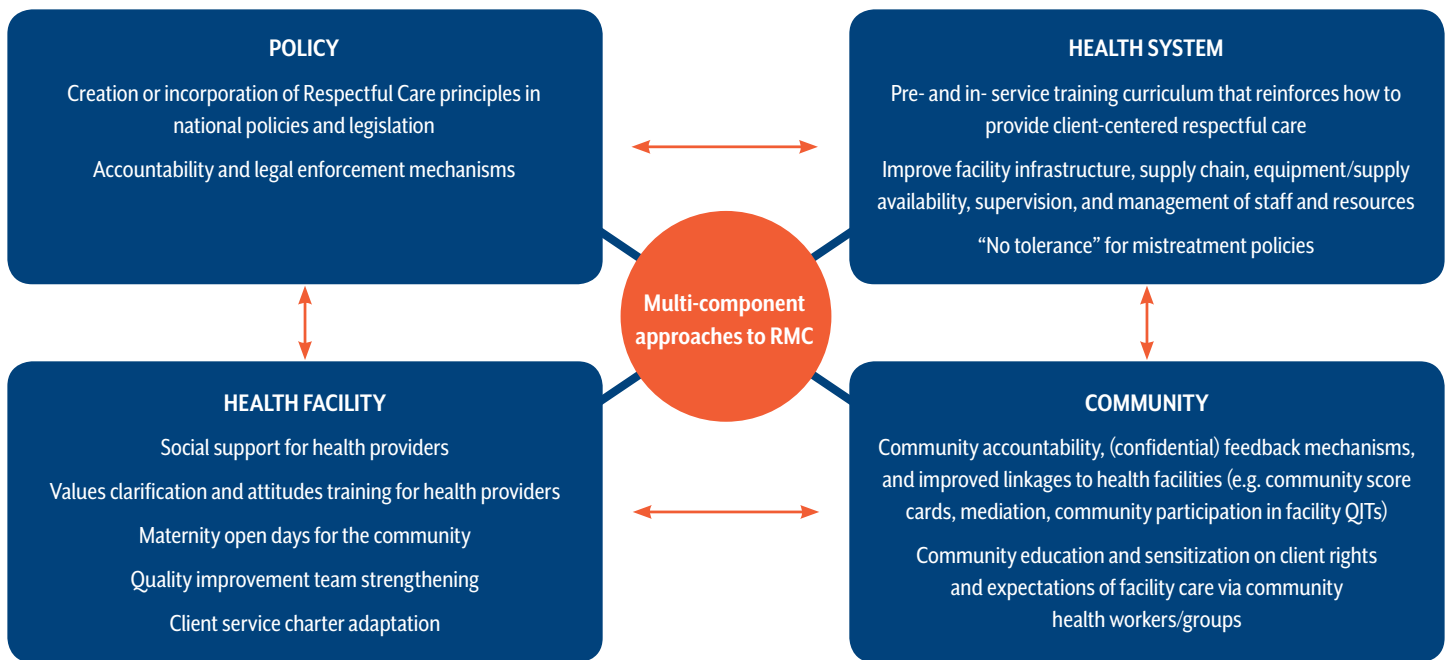There are quality of care, human rights, and ethical implications:

◗ Poor interactions between clients and providers hinders the quality of care rendered, contributing to avoidable death and disability;

◗ Some instances may constitute breaches of human rights and safety;

◗ Ethical implications of mistreatment may mean that professional codes of conduct and provision of clinical standards of care may be compromised;

◗ Ultimately, the above can contribute to: poor health outcomes, reinforce mistrust of health services, and can lead to delays/avoidance of institutional care-seeking in the future.

WHAT CAUSES DISRESPECT AND ABUSE/MISTREATMENT TO OCCUR?

There are many factors that contribute to it. The specific combination of factors may differ by context (country, region, district, facility). Examples include:

◗ Health policies and guidelines that fail to emphasize the need for respectful care.

◗ Poor health system infrastructure and lack of medicine and supplies.

◗ A health workforce that receives substandard training, support, mentorship, motivation

◗ Overworked, under motivated health workers.

◗ Sociocultural and other norms, including institutional/organizational culture.

◗ Disempowered communities with low expectations and no forum for engagement with the health system.

◗ Beneficiaries who are unaware of their rights, and have no knowledge and/or opportunity for recourse in the event they are mistreated.

POLICY

Creation or incorporation of Respectful Care principles in national policies and legislation

Accountability and legal enforcement mechanisms

HEALTH SYSTEM

Pre- and in- service training curriculum that reinforces how to provide client-centered respectful care

Improve facility infrastructure, supply chain, equipment/supply availability, supervision, and management of staff and resources

"No tolerance" for mistreatment policies

Multi-component approaches to RMC

HEALTH FACILITY

Social support for health providers

Values clarification and attitudes training for health providers

Maternity open days for the community

Quality improvement team strengthening

Client service charter adaptation

COMMUNITY

Community accountability, (confidential) feedback mechanisms, and improved linkages to health facilities (e.g. community score cards, mediation, community participation in facility QITs)

Community education and sensitization on client rights and expectations of facility care via community health workers/groups

HOW DO YOU MITIGATE DISRESPECT AND ABUSE AND ADVANCE RESPECTFUL CARE?

◗ There is not one solution to this complex problem; addressing it requires multi-faceted efforts, participatory processes, and the engagement of a range of stakeholders (e.g. professional associations, training institutions, district and facility-based management, ministries of health, community and advocacy groups, implementation assistance organizations, and development partners).

◗ Actions that advance respectful care include addressing health system infrastructure, training and support of health workers, community engagement, and updating of policies and programs to highlight the importance of respectful care, along with a learning agenda that includes monitoring and evaluation of implementation efforts.