Confronting disrespect and abuse during childbirth in Kenya: The Heshima Project

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CONFRONTING DISRESPECT AND ABUSE DURING CHILDBIRTH IN KENYA
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.

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

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 sensitise communities about women’s rights and to give health care providers the tools they need to provide better care.
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.

WHAT DRIVES DISRESPECT AND ABUSE?

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<thead>
<tr>
<th>At policy and governance levels:</th>
<th>At health facility and provider levels:</th>
<th>At the community level:</th>
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<tr>
<td>• Nonrealization of international conventions</td>
<td>• Lack of understanding of clients’ rights</td>
<td>• Imbalanced power dynamics</td>
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<td>• Complacency of policymakers</td>
<td>• Inadequate infrastructure leading to an enabling environment</td>
<td>• Overly complex mechanism for victims who seek redress</td>
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<td>• Insufficient funding for maternal health care</td>
<td>• Staff shortages leading to high stress</td>
<td>• Lack of understanding of women’s health rights</td>
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<td>• Poor supervision</td>
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<td>• Lack of professional support</td>
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<td>• Weak implementation of standards and quality of care guidelines</td>
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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


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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies to improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.

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