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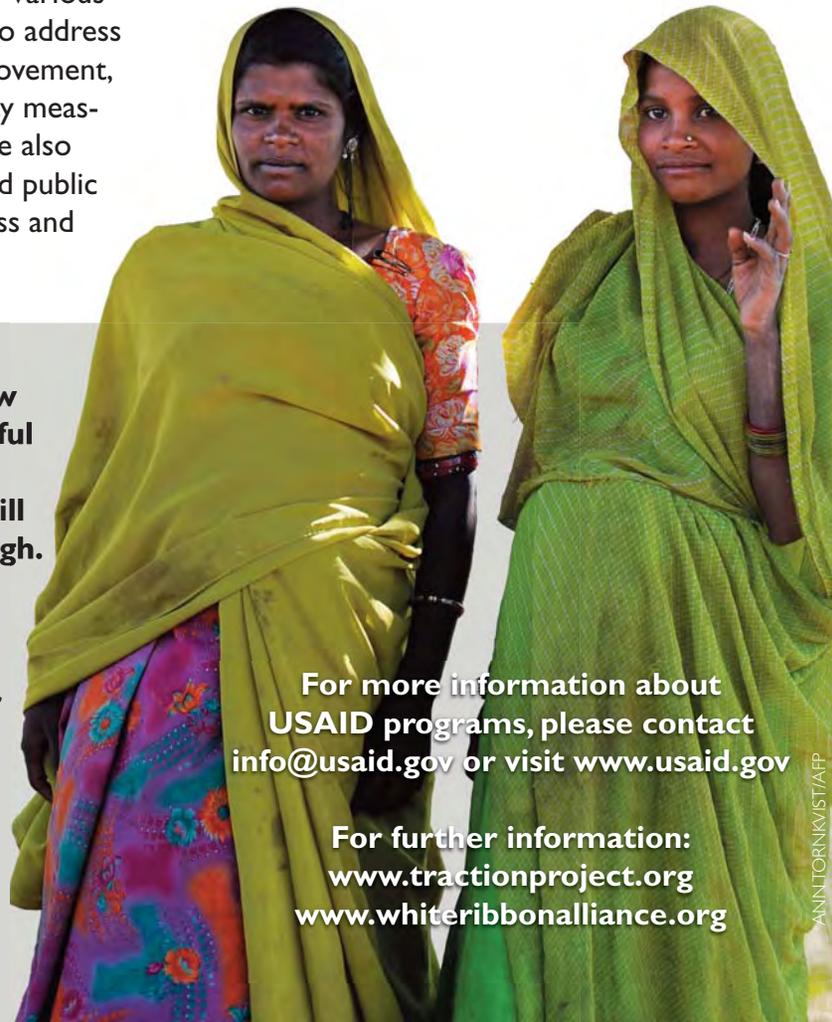
The U.S. Government's Global Health Initiative seeks to remove barriers that prevent women from accessing lifesaving health services such as assisted delivery. When women are able to access needed quality health services and protect themselves from the many health risks they face, long-term social and economic progress can be achieved.

USAID is funding grants to develop and evaluate interventions addressing disrespect and abuse in childbirth.

Disrespect and abuse in childbirth constitutes both a human rights issue and an important quality of care problem. Various approaches have been developed to address these issues, including quality improvement, stigma reduction, and accountability measures. Civil society organizations are also promoting human rights efforts and public interest litigation to raise awareness and hold governments accountable.

“Most of the women don't know they have the right to respectful treatment. If we do a patient satisfaction survey now, you will find [patient satisfaction] is high. Because women [in my country] by character ... never say they are mistreated ... maybe that is the fact, but they never speak the truth. They don't object or speak out. They accept what they get.”

Interviewee,
TRAction Project, 2010



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Promoting Evidence & Action for Respectful Care at Birth

Throughout the world, women are humiliated and abused in subtle and overt ways during childbirth, a time of intense vulnerability. While the world has focused on overcoming financial and geographic obstacles to connecting women with lifesaving childbirth care, little attention has been paid to documenting and tackling the significant barriers posed by disrespect and abuse of women in facilities.

A review of the evidence identifies seven categories of disrespect and abuse in childbirth:

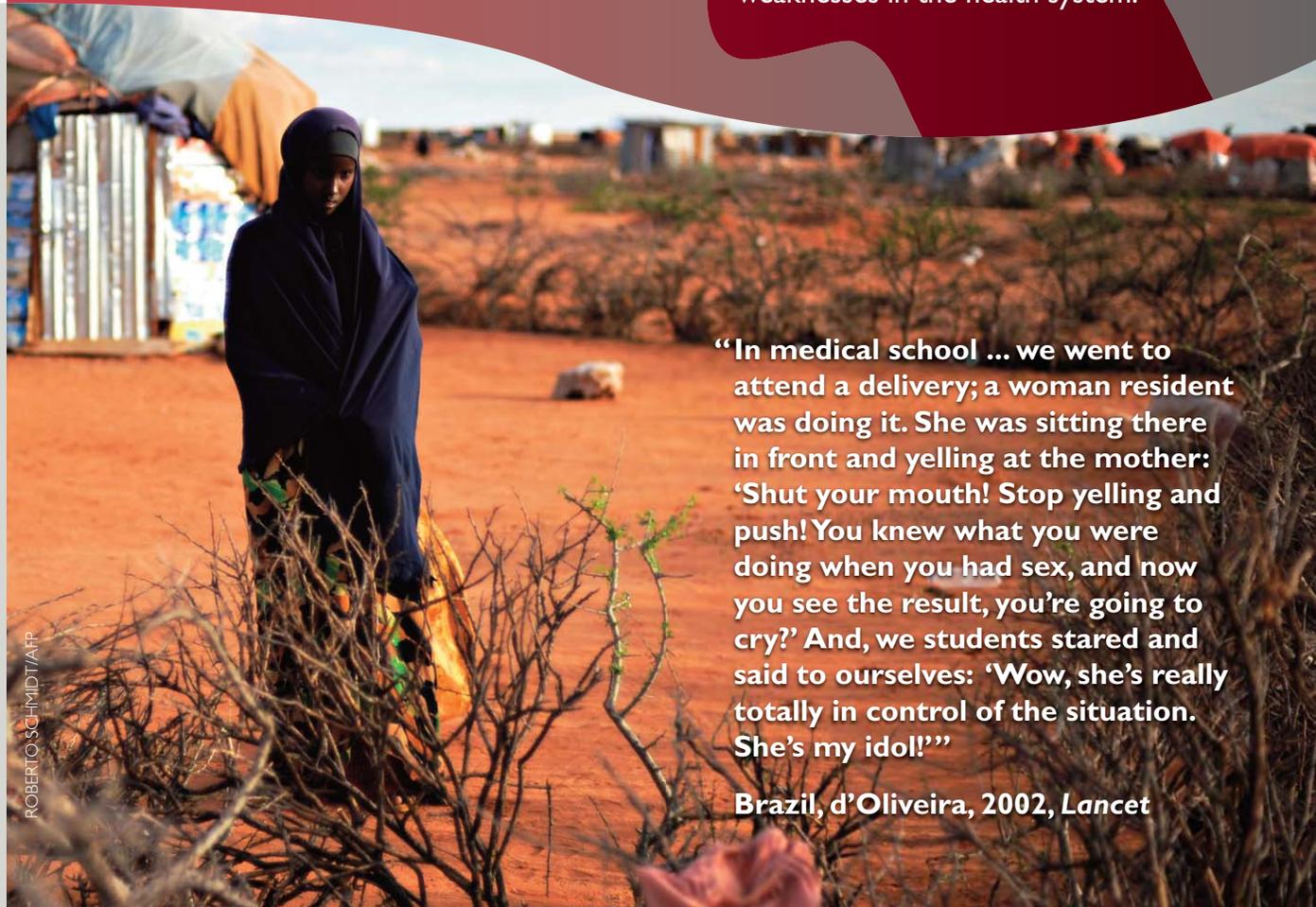
- Physical abuse
- Non-dignified care
- Non-consented care
- Non-confidential care
- Discrimination
- Abandonment of care
- Detention in facilities

Numerous factors contribute to disrespect and abuse in childbirth:

- Individuals and communities normalize disrespect and abuse during childbirth.
- National laws and policies do not exist or are not enforced.
- Leadership and governance for respect and non-abuse is lacking.
- Standards of care and mechanisms for accountability are not available.
- Providers demonstrate prejudices or are demoralized due to weaknesses in the health system.

“She [nurse] may also rough you up. ... Some female nurses rough you up to an extent that you can tell her to let you deliver alone. You are in pain, and all she does is give you a harsh and rude approach. That is why I don’t go to the hospital to deliver because I am not used to somebody who roughs me up. That is why I like somebody who would handle me with care because at that moment you are in pain you need somebody to soothe you, not one who roughs you [up].”

Woman interviewee, Kenya, FCI Skilled Care Initiative, 2003



ROBERTO SCHMIDT/AFP

“In medical school ... we went to attend a delivery; a woman resident was doing it. She was sitting there in front and yelling at the mother: ‘Shut your mouth! Stop yelling and push! You knew what you were doing when you had sex, and now you see the result, you’re going to cry?’ And, we students stared and said to ourselves: ‘Wow, she’s really totally in control of the situation. She’s my idol!’”

Brazil, d’Oliveira, 2002, Lancet