

Disrespect and abuse during facility-based deliveries Kyrgyzstan and Kazakhstan

- *Olga de Haan*
- *Kyrgyz Association of Obstetricians, Gynaecologists and Neonatologists*
- *Kyrgyz Medical Academy named after I.K. Achumbayev*
- *Academic Maternal Ward No.2 Bishkek, Kyrgyzstan*
- *Almatinski Medical College, Kazakhstan*

First quarter 2016, 375 women interviewed by trained interviewers in a semi-structured interview



Context



The prevention and elimination of disrespect and abuse during facility-based childbirth

hrp.

WHO statement

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.




photo: UNICEF

In the mean time

bespreekbaar

#genoeggezwegen 25 november -
10 december 2016

Stichting Geboortebeweging heeft van 25 november - 10 december 2016 een platform gecreëerd voor vrouwen die negatief terugkijken op de zorg die zij ontvingen tijdens hun bevalling, onder de noemer #genoeggezwegen.

by  gebbew a month ago 330 Views ▾

CBC INVESTIGATES | 'Stop! Stop!': Canadian women share stories of alleged mistreatment in the delivery room

WARNING: GRAPHIC CONTENT CBC News finds hundreds of complaints citing issues like quality of care, disrespect

By Annie Burns-Pieper, CBC News Posted: Nov 07, 2016 5:00 AM ET | Last Updated: Nov 07, 2016 7:37 AM ET



Brittany Davis says a nurse stabbed her in the leg with a needle to prove her epidural was working. As part of a CBC News investigation, dozens of women shared their experiences with what they believe was mistreatment and abuse in the delivery room. (John Lesavage/CBC)

8434 shares



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Brittany Davis says a nurse stabbed her in the leg with a needle seven times to prove her epidural was working, after scolding her for crying out in pain.

Jessica Ervin says a doctor, with "big diamonds under her gloves," ignored her screams to stop a "rough" vaginal exam while she was having a contraction.

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SECOND OPINION news

A vital dose of the week's news in health and medicine, from reporter Kelly Crowe and CBC Health. Delivered Friday mornings.

Human
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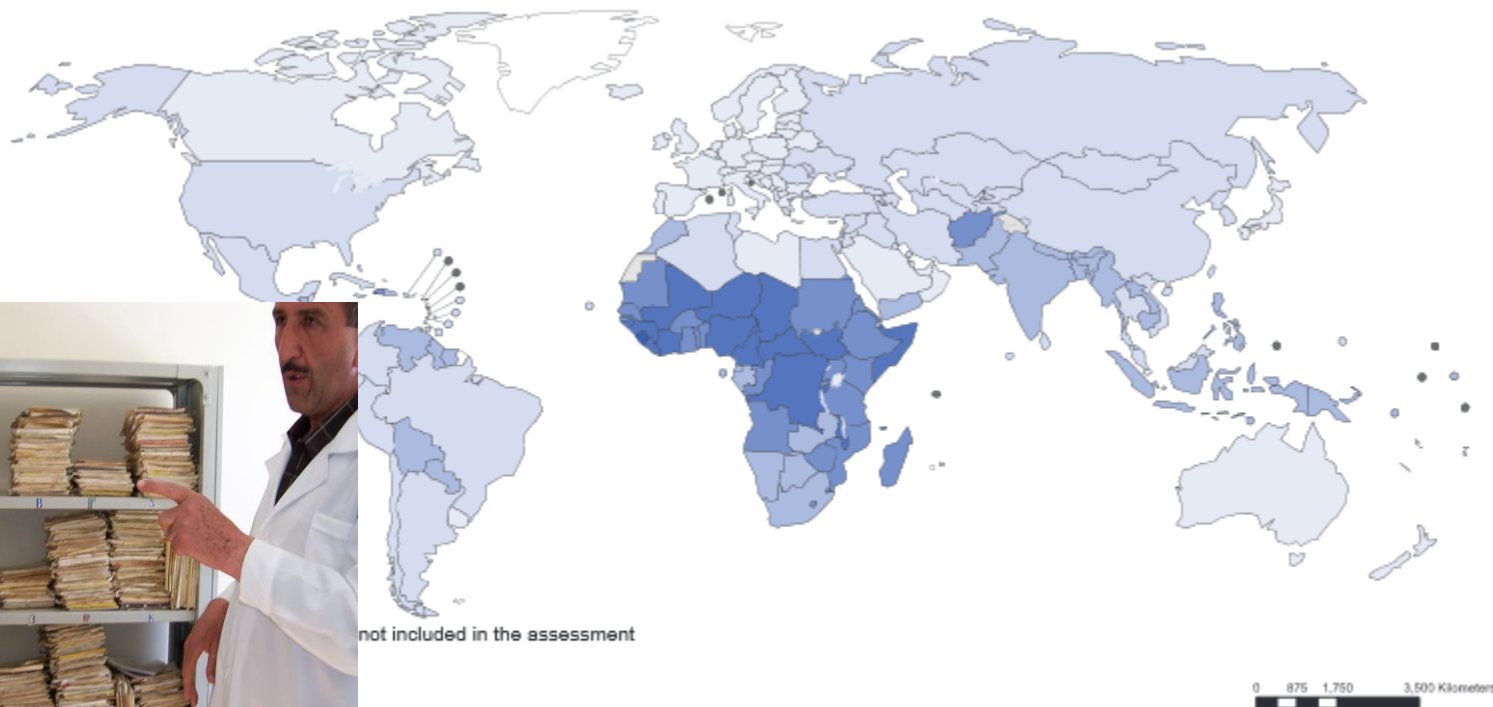
We're coming for them.

Human Rights in Childbirth
India Conference
2-5 February 2017, Mumbai

[Make Mothers Matter @MMM4Mothers](#)

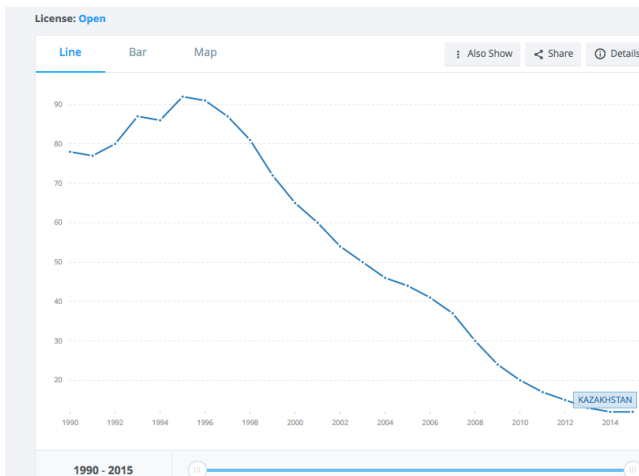
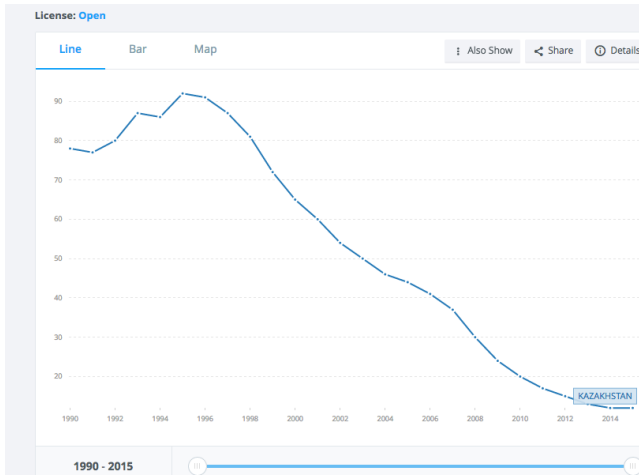
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Maternal Mortality— Deaths per 100,000 live births, 2013



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Estimates mortality Kyr and Kaz



Maternal mortality ratio (modeled estimate, per 100,000 live births)

WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015

License: [Open](#)



Why this research

Aigul, 21 years, 1st delivery

- *The delivery was a nightmare: the health providers were shouting to me, I did not understand what was happening and did not know what to do, nobody explained me what I should do and also they slapped me in the face when I was crying. I had weak contractions and than they forced me into the delivery chair, put an infuse in my arm and cut me (epi), it was all so painful and I could not sit for one whole month*



Methodology

- Training interviewers

Kyr: ob/gyns and midwives

Kaz: teachers/midwives

- Sampling

Kyr: maternity wards all over country

Kaz: maternity wards Almaty and family all over country

- * Interviewing

- * 4 Focus groups in city and villages

Questionnaire based on evidence-based classification system (Lancet) 8 clusters with 6 themes

1. Physical abuse
2. Verbal abuse
3. Stigma and discrimination
4. Failure to meet professional standards
5. Poor rapport provider-client
6. Health system constraints

D&A Types Experienced by Postpartum Women (n=120) in the Kyrgyzstan study

Physical abuse 60%

Verbal abuse 76%

Stigma&discrimination 61%

Failure meeting professional standards:

Neglect/refusal of care 20%

Poor rapport 35%

Demand for bribe 30%



D&A Types Experienced by Postpartum Women (n=644) in the Kenya study

Non-dignified care 18%

Neglect/abandonment 14%

Non-confidential care 9%

Detention 8%

Physical abuse 4%

Demand for bribe 1%



What Drives D&A?

Levels of Health Care –

At policy and governance levels:

- **No knowledge 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 poor working 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
- Difficult for victims to seek justice
- Lack of understanding of women's health rights

At all levels of care: Normalisation of D&A coupled with no, or weak, accountability mechanisms



What's next?

Presenting Blackbook as an advocacy tool targeting

- Healthcare providers/professional organizations
- Ministry of Health
- Medical and Midwives education

Sensitization/Training

health professionals on the need of an Ethical Code in the statutes of their professional organizations

10 credit points



СПАСИБО ЗА ВНИМАНИЕ!



"Матку мне удалили". Ужасы, которые женщины пережили в роддомах

09 декабря 2016 14:47 - Марина Мирошник

👁 5803 🗨 0

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Одноклассники



Пощечины и окрики. Насилие в роддомах Кыргызстана описали в "Черной книге" 🗨 11

В соцсетях активно обсуждают паблик #насилие_в_родах, который начался в сети ВКонтакте. Паблик этот создан по аналогии с нашумевшей акцией #янебоюсьсказать, где женщины рассказывали о пережитом ими насилии. Здесь тоже рассказывают о насилии. Только со стороны медперсонала в родильных домах. Понятное дело, что паблик этот был создан только для рассказов о негативном опыте. И все же истории, которые рассказывают женщины, потрясают.

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Core Functions of Ministries of Health

- **Formulating standards, implementation, and regulation of health and sanitation policy, and health service delivery;**
- Registration of doctors and paramedics;
- Administration of medical research institutes, medical training colleges, hospital insurance funds, medical supplies agencies, and government chemists;
- Managing clinics, dispensaries, health centers, and hospitals; and
- Health education, inspection, and other services including food safety.

Providers' Responsibilities

- Promoting healthy lifestyles
- Preventing disease
- Protecting the general public against harm
- Coordinating and providing health services
- Responding promptly to health enquiries
- Providing accessible and timely services for all

- EED HIPPOCRATES
- DO NOT HARM!

The Role of a Professional Association

A professional association represents a particular profession and promotes excellence in its practice, and protects the good standing of its professional practitioners.

- A professional association is not profit making entity.
- It represents a profession's interests and serves as its public voice.
- It protects a profession by guiding employment terms and conditions.
- It maintains and enforces training and practice standards as well as ethics in professional practice.
- It influences local, regional, and national policy.
- It can also act as a labor or trade union for organizations and workers who choose collective bargaining.

What is a professional/profession?

- Latin “**PROFERETI**”
 - Denotes: **DECLARING, LOUD AND CLEAR**
- Professional has thus a **MISSION** and a **MESSAGE** to proclaim
- In sociology, **‘PROFESSION’** = well defined area of work with specific parameters

Ethics Defined

- Ethics describes a systematic examination of moral life and seek to provide sound justification for people's moral decisions and actions.
- Ethics can also refer to philosophical inquiry examining “right” from “wrong” and “good” from “bad.”
- **Code of Ethics:** A code of ethics publicly states the professional values of health care providers and indicates the values central to professional education and practice.

Code of Ethics

- Each health care provider has a personal value system influenced by his or her upbringing, culture, religious and political beliefs, education, and life experiences.
- Ethical decision making recognizes that other individuals' values are equally important to one's own.
- Professional values are publicly and explicitly stated in a code of ethics, code of conduct, and other formal statements that establish and make public the standards of a professional group.

Examples of Codes of Ethics:

- **The International Council of Nurses (ICN) and The International Confederation of Midwives (ICM) codes of Ethics** reflect professional values inherent in nursing and midwifery and center on respect for human rights, including right to life, dignity, and treatment with respect.
- **FIGO's Code of Ethics** states that the relationship between a doctor and patient is based on confidentiality, honesty, and trust:
 - The doctor must act as an advocate for the patient and make all decisions based on her benefit;
 - If there is no established doctor–patient relationship, the doctor may refuse to provide care—except in emergencies.

