Respectful Maternity Care

Evidence for Action

THE WHITE RIBBON ALLIANCE
HEALTHY MOTHERS HEALTHY WORLD

Centre for Catalyzing Change
Formerly CEDPA India

MacArthur Foundation

Acknowledgements

This exploratory qualitative research conducted by School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh, provides evidence on women's experiences of disrespect and abuse during childbirth and ante natal checkups, pregnant women's perceptions, service provider's perspective and community perspectives on Respectful Maternity Care (RMC). The study was supported by White Ribbon Alliance India and the MacArthur Foundation.

The study was conceptualised by Principal Investigator Dr. Manmeet Kaur (Additional Professor, SPH-PGIMER Chandigarh), Co-Principal Investigator Dr. Madhu Gupta (Additional Professor, SPH-PGIMER) & Co-Principal Investigator Dr. Pooja Sikka (Associate Professor, Department of Obstetrics & Gynaecology, PGIMER). The research team consisted of Ms. Inayat Singh Kakar (Research Co-ordinator) and Mr. Vijin P P (Data Analyst). The research team was responsible for the following activities- planning, data collection, data management, data analysis, report writing, organizing the stakeholders' meeting and preparation of this technical brief.

We thank Dr. Megha Parkash, student of Masters in Public Health (MPH) at the School of Public Health, PGIMER Chandigarh. Findings from her MPH thesis- a mixed methods study on RMC- are presented in this study brief in a Box. We also thank her for the support she extended to organization of the stakeholders' meeting.

We would like to thank the health departments of the state where we conducted the study for giving us permission to conduct the study and providing support to us for the same. We would also like to thank the health facilities and health service providers who participated in our study. We would like to thank all the women and their family members who participated in this study and shared their experiences with us.

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Stakeholders' Meeting on Respectful Maternity Care

Background of the Meeting

In December, 2016 researchers at the School of Public Health, PGIMER with support from White Ribbon Alliance India (WRAI) and MacArthur Foundation undertook a qualitative research study on Respectful Maternity Care in one district of one north Indian state. A Masters in Public Health student, under the guidance of the Principal Investigator and Co-Principal Investigator of the WRAI and Mac Arthur Foundation funded research study, undertook a mixed methods research into Respectful Maternity Care in another state of northern India. Together, these studies gathered evidence on RMC at the primary, secondary and tertiary care level. (The combined details of these two studies are presented as technical brief in the pages ahead).

On 25th January 2018, a stakeholders' meeting was organized by SPH-PGIMER and WRAI in Chandigarh. The stakeholders' meet saw participation from stakeholders from two states and one union territory in north India- heads of department of gynaecology and obstetrics of government medical colleges, staff of government nursing college, government maternal health programme officers, government doctors, academicians, students and civil society members.

Objectives

- Dissemination of findings of the two RMC studies.
- Discuss actions to ensure RMC in health facilities.
- Decide on an action plan to be implemented as a way forward to ensure RMC.

Key Recommendations of Group on Way Forward

- Disrespect and abusive behavior is learned behavior. Focus must be to help service providers unlearn such behavior.
- Pregnant women who come to private hospitals are better education and level of understanding. We must promote knowledge and birth preparedness among community members.
- Maximum complaints are received on rude behavior and physical abuse. These is non-negotiable for RMC. These behaviours should be punishable.
- Need to create an enabling environment for service providers to provide RMC. This should be included in State PIPs.
- Evidence from Iran suggests that rate of caesarean section deliveries ca be reduced by improving quality of conversation between service providers and pregnant mothers and families. Hence, focus must be on improving relationship between service provider and pregnant women and families.
- Service providers often engage in discriminatory behavior. In order to improve relationship between service providers and community members, pregnant women and their families' discriminatory attitudes and practices must be challenged.
- Introduction of RMC in medical education is a must and will be taken up by GMCH Sector 32 Chandigarh with the Punjab University. Dr. Alka Sehgal volunteered for this task.
- Dr. Gurmeet Singh, Additional Secretary Health & Family Welfare, Government of Punjab promised that he will ensure that recommendations of this meeting are taken forward and incorporated in health programs and policies in Punjab.

Respectful Maternity Care: A Study for Advocacy

Technical Brief

Introduction

Global evidence suggests mistreatment during childbirth is a barrier to women in seeking institutional care. This exploratory qualitative research using ethnographic design, supported by White Ribbon Alliance India and the MacArthur Foundation, provides evidence on women's experiences of disrespect and abuse during childbirth and ante natal checkups, pregnant women's perceptions of disrespect and abuse during childbirth and ante natal checkups, service provider's perspective and community perspectives on Respectful Maternity Care (RMC).

Methods

This study was conducted in purposefully selected three primary and three secondary level public health facilities that provide maternity care, in one district of one Northern State. We used a generic exploratory qualitative research design, with data collected through participant observation of 11 childbirths, 4 observations of ante natal checkups (ANCs), three focus group discussions (FGDs) with one each among low, medium and higher income group and nine in-depth interviews (IDIs) with service providers including Senior Medical Officer, nurses, Auxiliary nurse midwife (ANM) and male health worker and 7 in depth interviews with service users on childbirth and ANC. An observation guide was used to record narratives of childbirth and ANC, and semi structured topic guides were used for FGDs and IDIs. Data were analyzed using techniques derived from framework analysis using NVivo-10. Our analytic framework was guided by Bowser and Hill's landscape analysis, which explored the evidence of disrespect and abuse during facility-based childbirth.

The study protocol and data collection tools were reviewed and approved by Institutional Ethics Committee of Postgraduate Institute of Medical Education and Research, Chandigarh.

Findings

We found evidence for seven types of disrespect and abuse which we laid out in our analytical frame work (Bowser and Hill's). Below, finding from all categories of disrespect and abuse are summarized:

I. Abandonment or denial of care: Instances such as neglect, abandonment, denial of care were observed. Manifestations of abandonment or denial of care were: failure (on the part of nurses) to provide comfort to the client, ignoring client's calls for help, not responding to client's expressions of pain, lack of cleanliness and hygiene, women left unattended in labour rooms, and family members performing roles of health staff.

II. Non-dignified care (including verbal abuse): In most of the narrated cases, the expressions of non-dignified care were: rough treatment, display of impatience, passing rude and harsh comments, judgmental comments, treating the patient as passive participant, and blaming.

III. Non-consented care: Denial of birth companion in the second or third stage of the labour, lack of information about care being provided or findings of physical examination were most commonly identified form of disrespect and abuse. Also, participants were concerned about the lack of information provided on the consent taking process.

IV. Physical abuse: Strenuous pressure on the abdomen during delivery and physical handling were the most commonly observed.

V. Discrimination based on specific attributes: Discrimination based on socioeconomic status was the most observed type of discrimination. Women also reported discrimination based on gravida, level of education and ethnicity.

VI. Detention in facilities: We could not find any direct evidence for detention in HCF in any of the child birth observed. However, demands for informal payments by the health staff were observed.

VII. Non-confidential care: Instances of non-confidential care were reported. Similarly, instances of pregnant women exposed to other women lying in the labour ward and non-health male allied staff's presence in labour room were observed.

Interviews with Service Providers

While most service providers denied existence of abuse in the facilities in which they work, they reported the following incidents of disrespect and abuse- women being shouted at by staff, women left unattended or unheard,

discriminatory attitude towards patients on the basis of socio economic status, rude and judgemental language, rushed check-ups and lack of privacy.
These instances were attributed to high patient load, poor patient-staff ratio, work culture and uncooperative patients. Even though the service providers were aware of the government's notification that allows a birth companion during delivery, they did not allow it as they felt that birth companions would distract women. Service providers opined that trainings to nurses on providing empathetic and non-discriminatory care to all women should be regularly conducted.
They stressed that RMC components were covered in various existing policies, but lack of their implementation created a gap. They suggested that it was important to engage with local communities to bridge the provider-user communication gap and to facilitate amicable interactions between patients and hospital staff.

Antenatal Check-ups (ANCs)

Lack of privacy, discrimination, lack of birth preparedness information and crowding were found to be the main forms of disrespect and abuse during ANCs. Lack of comprehensive services at the primary care level and long waiting time were barriers that pushed women into seeking care in private facilities. Women reported feeling more confident in going to secondary care facilities accompanied by ASHA workers. ASHA workers reported being disrespected by secondary care facility staff, making their work difficult.

Focus Group Discussions (FGDs)

Women's perception on disrespect and abuse during childbirth varied according to their socio-economic status. Experience of disrespect and abusive behaviours recalled by FGD participants were: frustration over long waiting time, huge patient crowd affecting the quality of care, nurses giving priority to whom they know; impatient and rude behaviour of nurses and janitors; incidents of verbal abuses, doctors' reluctance to explain medical information, failure to provide comfort to patients in pain, lack of availability of drugs, disclosure of private medical details/history in front of other patients, omission of information about the care being provided, incomplete administration of informed consent, discrimination based on the socioeconomic characteristics, denial of birth companion during birth, and lack of proper grievance redressal mechanisms.
FGD participants reported high patient load and stress as the primary drivers of disrespect and abuse resulting in poor quality of care. Women also opined that inadequate hospital infrastructure and overcrowded work atmosphere could have contributed to disrespectful behavior of health care staff, although they did not agree that justified that kind of behaviour. They stressed that care should be provided with high professional and ethical commitments.
Women expressed a demand for respectful maternity care but said they did not know how to ensure they get the same. They expressed their expectations on how they want to be treated- with respect, positive attitude, encouragement, politeness, reassurance, equality and free from all disrespectful and abusive behaviours. They said that check-ups should be done properly by asking women their needs and problems. Women expected to get care within a reasonable waiting time. They also wanted the facility to have adequate chairs and basic amenities for pregnant women. They also opined that health care providers should give priority to patients who are ill and should not be made to stand in the queue for a long time. Most of the women wanted to have birth companions as they can provide good emotional support during labour and delivery.

A mixed-methods study on Respectful Maternity Care, Masters in Public Health Thesis, SPH-PGIMER Chandigarh

Suggested Citation: Parkash, M.; Gupta, M.; Sikka, P.; Kaur, M. (2017). A mixed-methods study on Respectful Maternity Care. School of Public Health- PGIMER, Chandigarh.

Methods

A mixed-methods study was conducted in one north Indian state at the three secondary level government hospitals, and two government and two private tertiary level hospitals and two private nursing homes. Qualitative data for the study was collected through childbirth observations (Govt.: 12, Pvt.: 3), in-depth interviews (IDIs) with postnatal women (Govt: 31, Pvt: 23), health providers (Govt.: 4, Pvt.: 5) and family

members (Govt.: 15, Pvt.: 13). Thematic analysis was done using the seven categories of disrespect and abuse (D&A) given by Bowser and Hill, 2010 and Bohren, et. al, 2014 using software NVivo-10.

For quantitative data, a total of 200 (Govt.: 120, Pvt.: 80) purposefully selected women were surveyed using a structured questionnaire. The women's perception on respectful maternity care are summarized under seven indices using 22-item scale assessing RMC (Sheferaw, et. al). All index are standardised to a range of 0 to 100 [Index score= (Actual score/Maximum score) x 100]; higher the scores, higher the perceived RMC. For assessing the RMC difference between government and private health care facilities (HCFs), we conducted independent-samples t-test.

Written informed consent was taken from all the study participants. Ethical clearance for this study was granted by Institutional Ethics Committee and Institute collaborative committee of Postgraduate Institute of Medical Education and Research, Chandigarh.

Qualitative Findings

Government facilities

Childbirth observations and IDIs with postnatal women provide evidence on D&A- pregnant women slapped, verbally abused and blamed for negative outcomes. Per Vagium examinations were done without screens. Women were given unnecessary episiotomies and strenuous pressure was put on their abdomen during childbirth.

Family Perspectives

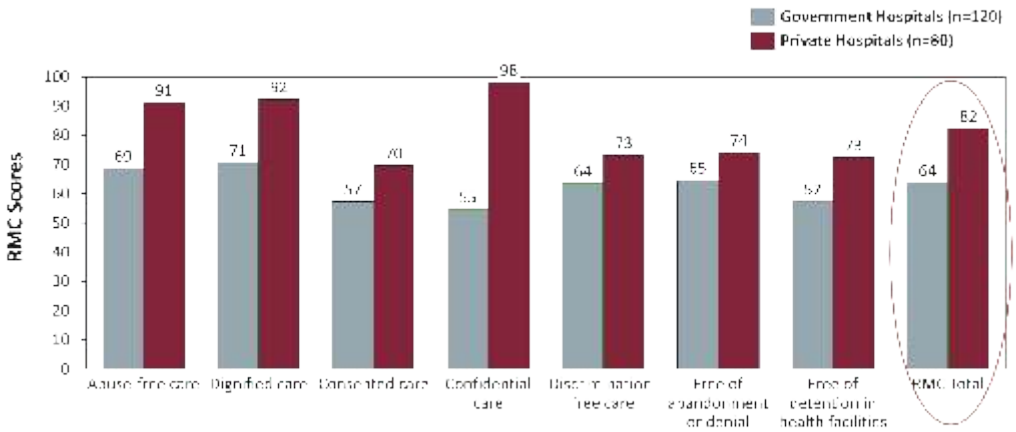
Given the low-cost services at government hospitals, family members do not feel entitled to RMC wherein they take disrespect and abuse like lack of privacy, inadequate sanitation, sharing of beds and being shouted at as 'normal'. It is considered that the only way to ensure RMC is to have personal relations with the health care provider.

Private facilities

Short waiting time, hygienic conditions and perceived good behavior of health providers prompted women, mostly from higher socio-economic status, to choose private health facilities for maternity care. Although, the health providers were respectful and thoughtful of privacy of the patient, un-consented procedures and examinations were often performed. In some private facilities, women were given training on labor management with an extra cost. Breastfeeding seldom started immediately after childbirth. In some cases, women were put to sleep by injecting a sedative immediately after childbirth. Women were not actively informed about the importance of breastfeeding. In all the cases, a box of formula milk was handed over to the family, and the newborn was fed the same. All women were given episiotomy during normal vaginal childbirth.

Quantitative Findings

Diagram 1. Manifestation of Respectful Maternity Care (RMC) N=200



Seven dimensions such as abuse-free care (Govt.: 69, Pvt.: 91) dignified care (Govt.: 71, Pvt.: 92), consented care (Govt.: 57, Pvt.: 70), confidential care (Govt.: 55, Pvt.: 98), discrimination-free care (Govt.: 64, Pvt.: 73), care free of abandonment or denial (Govt.: 65, Pvt.: 74), and free of detention in HCFs (Govt.: 57, Pvt.: 73) were found to be significantly higher in private HCFs than in Government HCFs. The total RMC score was reported significantly higher in private HCFs than government HCFs (82 vs 64). Participants from private HCFs had scores that were more than 90 for abuse-free care, dignified care and confidential care. Consented care, discrimination-free care, abandonment or denial, and free of detention were scored low in both government and private HCFs.

Conclusion & Recommendations

The issue of mistreatment of women seeking maternity care is widely reported in our study. Various community, programme and policy level initiatives are required to ensure RMC.

- Interventions with community members are needed to overcome the community normalisation of abuse and to increase community demand for respectful and dignified maternity care.
- Increasing birth preparedness among community members and pregnant women is critical to build co-operation between service providers and pregnant women. Open birth days could be held to familiarize women and birth attendants with the health facility, build rapport between women and the service providers and inform women on what to expect during childbirth.
- Mediation training could be provided to medical social workers and social workers posted in health facilities to ensure resolution of instances of disrespect and abuse.
- Trainings for service providers should be held to build interpersonal skills, clinical empathy and gender sensitivity.
- A robust grievance redressal and accountability mechanism needs to be put in place to identify facility-specific lags in RMC and rectify those issues. Periodic reviews of grievances should be undertaken to modify and contextualise trainings on behavior of HCPs and other hospital staff.
- Programme level participatory action research with service providers and community members is needed to ensure ownership of RMC and to change behaviours and challenge the normalization of disrespect and abuse. Further research is needed on experiences of minority groups/ marginalized groups to ensure RMC.
- Operationalization, implementation and evaluation of the LaQshya guidelines needs to be undertaken rigorously by state governments.
- The LaQshya guidelines are applicable only for a period of 18 months whereas a comprehensive policy on RMC is needed to ensure sustainability of the initiative. The concept of respectful care must be included in all policies.
- RMC must be included in medical education curriculum to ensure that medical professionals are sensitized from an early stage on the needs and ways to ensure RMC.

STUDY FINDINGS

1 ARTICLE I

EVERY WOMAN HAS THE RIGHT TO

BE FREE FROM HARM AND ILL TREATMENT

NO ONE CAN PHYSICALLY ABUSE YOU

1. PHYSICAL ABUSE

- Rough physical handling
- Strenuous pushing on a woman's abdomen
- Unnecessary episiotomies
- Women beaten, slapped or pinched
- Women threatened with beating, slapping or C-section
- Painful vaginal examination

2. NON-CONSENTED CARE

- Birth Companion/relative not allowed to remain with woman
- Woman and companion denied opportunity to ask questions.
- Woman not allowed to assume a position of choice (For example walking, sitting, squatting)
- Explanation not provided to the woman as to what is being done or going to be done during examination/procedures
- No consent or verbal permission obtained prior to performing any examination/ procedure.
- Information not given to the woman on findings of examination (For example. PV findings)
- Health care staff ignoring woman's/ family's questions.
- Health care staff ignoring information or updates given by woman/family.

2 ARTICLE II

EVERY WOMAN HAS THE RIGHT TO

INFORMATION, INFORMED CONSENT AND REFUSAL, AND RESPECT FOR HER CHOICES AND PREFERENCES, INCLUDING COMPANIONSHIP DURING MATERNITY CARE

NO ONE CAN FORCE YOU OR DO THINGS TO YOU WITHOUT YOUR KNOWLEDGE AND CONSENT

3. NON-CONFIDENTIAL CARE

- Curtains/screens not used to provide visual privacy during examinations/procedures
- Asking history or commenting on patient's complaints in a loud voice such that other people/patients can hear
- Woman exposed to non-health care staff or others during labour

3 ARTICLE III

EVERY WOMAN HAS THE RIGHT TO

PRIVACY AND CONFIDENTIALITY

NO ONE CAN EXPOSE YOU OR YOUR PERSONAL INFORMATION

4. NON-DIGNIFIED CARE (INCLUDING VERBAL ABUSE)

- Staff speaks impolitely or harshly to woman and/or companion
- Staff insults, uses intimidation or threatens, or forces woman to do what she does not want to do
- Display of impatience by service provider
- Woman or her companion not permitted to observe any cultural practices (which are not harmful for mother or baby)
- Women having to share bed during labour
- Staff makes judge mental or accusatory comments to the woman Intentional humiliation, rough treatment, scolding, shouting
- Staff threatens or presents disastrous consequences for woman or her baby if their instructions are not followed
- Reprimanding woman if she calls for help
- Staff shames women for reproductive choices
- Women blamed for negative outcomes
- Women treated as passive participants during childbirth

4 ARTICLE IV

EVERY WOMAN HAS THE RIGHT TO

BE TREATED WITH DIGNITY AND RESPECT

NO ONE CAN HUMILIATE OR VERBALLY ABUSE YOU

ARTICLE V

5 EVERY WOMAN HAS THE RIGHT TO EQUALITY, FREEDOM FROM DISCRIMINATION, AND EQUITABLE CARE

NO ONE CAN DISCRIMINATE BECAUSE OF SOMETHING THEY DO NOT LIKE ABOUT YOU

5. DISCRIMINATION BASED ON SPECIFIC ATTRIBUTES

- Discrimination based on ethnicityrace, religion
- Discrimination based on gravida
- Discrimination based on socioeconomic status
- Discrimination on the basis of level of education
- Speaking to the woman using technical terms or in a language she does not understand
- Favourable treatment to women personally known to health staff

6. ABANDONMENT OR DENIAL OF CARE

- Provider does not come quickly when woman calls
- Woman left alone or unattended (without supervision of provider or birth companion/ relative) during labour, delivery and post-delivery
- Woman or woman's family having to or expected to perform duties of health facility staff
- Denial of care due to non-payment of informal payments to health staff
- Denying drink and food during labor
- Failure to offer service even when the staffs are adequate on duty
- Failure to provide physical and verbal comfort to the woman
- Failure to provide supplies even if the supplies are available
- Health facility staff not responding to woman when in pain
- Health facility staff ignoring woman's calls for help
- Lack of clean sheets, blankets in the facility
- Lack of cleanliness and hygiene during delivery
- Lack of cleanliness and hygiene in the labour ward
- Lack of sterilised pads for women
- Neglect post delivery
- Pregnant woman and baby exposed to health risks

ARTICLE VI

6 EVERY WOMAN HAS THE RIGHT TO HEALTHCARE AND TO THE HIGHEST ATTAINABLE LEVEL OF HEALTH

NO ONE CAN PREVENT YOU FROM GETTING THE MATERNITY CARE YOU NEED

ARTICLE VII

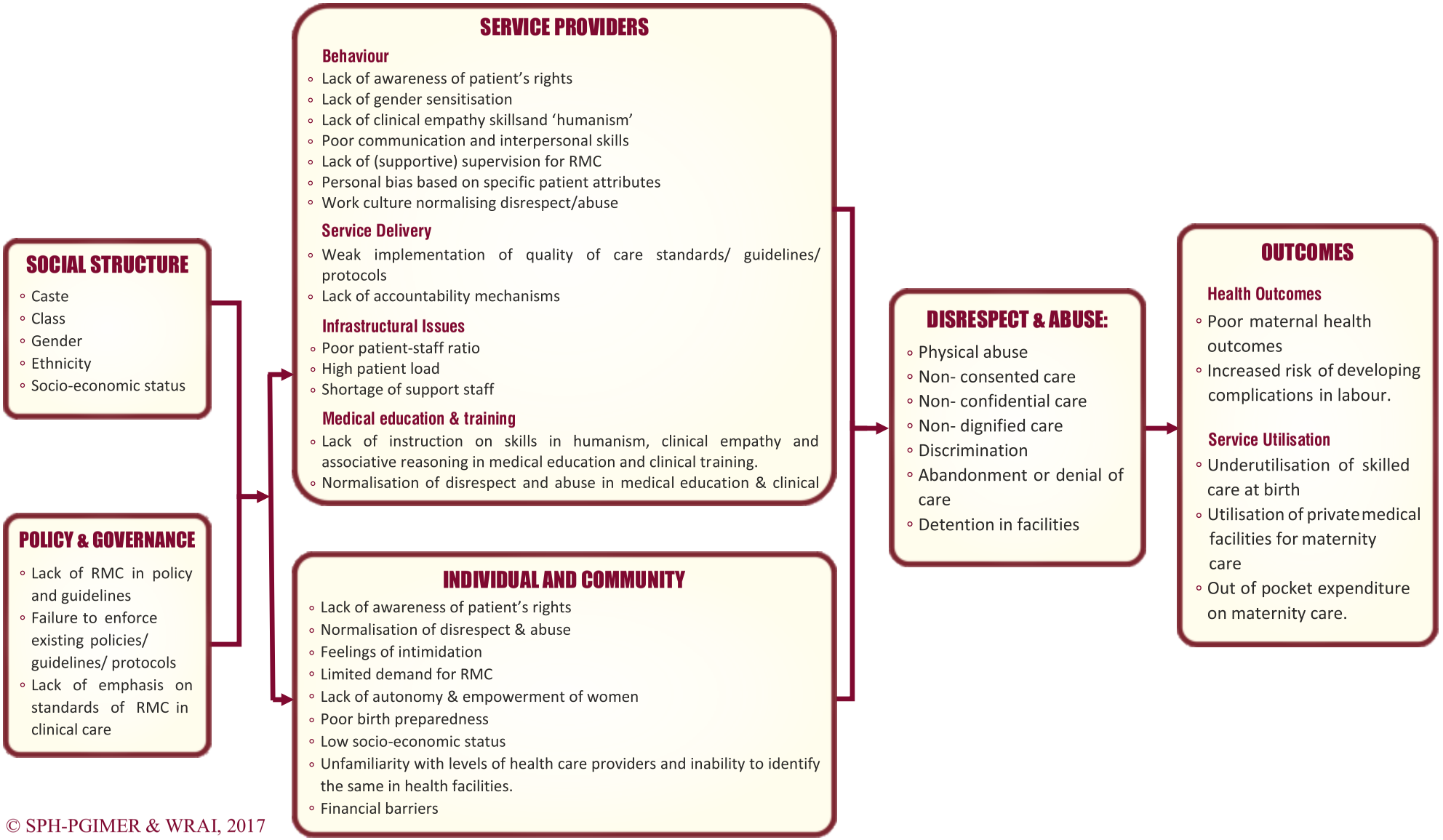
7 EVERY WOMAN HAS THE RIGHT TO LIBERTY, AUTONOMY, SELF-DETERMINATION, AND FREEDOM FROM COERCION

NO ONE CAN DETAIN YOU OR YOUR BABY WITHOUT LEGAL AUTHORITY

7. DETENTION IN FACILITIES

- Demand for informal payments by health staff
- Detention of the women in facility for refusal or non-payment of informal payments to health staff.

CONTRIBUTORS TO DISRESPECT & ABUSE: FINDINGS FROM RMC STUDY



ENSURING RESPECTFUL MATERNITY CARE: RECOMMENDATION FROM RMC STUDY

PACKAGE OF RMC INTERVENTIONS

COMMUNITY LEVEL
- Community education on RMC
- Mediation training of medical and other social workers in health

FACILITY LEVEL
- Regular trainings of all maternal health staff in health facilities to build interpersonal skills and skills in clinical empathy and RMC
- Operationalisation of protocols and guidelines
- Initiatives to improve birth preparedness of expecting mothers
- Accountability / Grievance Redressal Mechanisms

POLICY
- Inclusion of respectful care in all policies
- Inclusion of RM Cand training to build clinical empathy, associative reasoning and interpersonal skills in medical education and clinical training

RESEARCH
- Research focussing on minority groups/marginalised communities
- Participatory Action Research

OUTPUTS

- Increased awareness on patient's rights
- Resolution of instances of disrespect/ abuse
- Improved birth preparedness among women
- Increased co-operation between women/ families and service providers
- Improved skills of service providers to provide RMC
- Sensitisation of service providers on RMC
- Improved service delivery and quality of care
- Rights based approach to respectful care
- Cadre of health staff sensitised and equipped to provide respectful care
- Evidence based policy making and implementation
- Ownership of RMC among service providers
- Change in professional culture

OUTCOMES

- Increased demand for RMC by community members
- Improvement in quality of care
- Improved policy environment for RMC

Respectful Maternity Care

ABANDONMENT OR DENIAL OF CARE

"First I was in the room and was in much pain. We were asking the nurses to come check but they weren't coming. Another woman lying on the opposite bed saw my condition and went to tell the nurses to come take a look. They came after half an hour of her calling them. When they finally came they told my husband to walk me into the labour room. They then told him to leave the room. They said everything is ready and I will deliver soon. Then a few minutes later all of the nurses left saying they have to attend to some patient who had come to the emergency room. My husband was told to not stand outside the labour room also so he did not see them all leave. He had no idea that I was left alone in the labour room. They then returned after half an hour. For half an hour I was left all alone in pain. They should have left someone there with me. At least one other person. At least a sweeper or a ward attendant."

-Interview of Post-natal woman at Secondary Care Facility

In the ante natal women's room the pregnant woman is standing next to her bed. Some amniotic fluid is falling on the floor. The nurse had burst the membrane some time ago. The woman's mother in law complains that there is no cleaner present in the facility to clean the amniotic fluid. The nurse says she'll call a cleaner and leaves. The mother in law says that she and the woman's sister tried cleaning it themselves but there is no finail (disinfectant) in the facility. The mother in law goes to the nurse asking her to get finail. The nurse again tells her that they'll call a cleaner. No cleaner turns up in the entire night. The woman says the bathrooms here are dirty and she has to spread a newspaper over the toilet seat. The woman's mother-in-law goes to clean the bathroom of the facility.

-Childbirth Observation at Secondary Care Facility

At this point all the health care staff (nurses and ward attendants) present in the labour room begin discussing a tea break and proceed to leave the room, leaving one female cleaner and 2 nursing students in their place. They inform the woman's mother-in-law where they would be in case they need to be called and say they will return in 5-10 minutes as the delivery will not start till another 15-20 minutes. Soon the remaining staff present leave, leaving one nursing student in the room with the woman's. She begins calling out saying "mainu chadd gaye!" (They have left me!).

-Childbirth Observation at Secondary Care Facility

"Both the empanelled anaesthetists live over an hour away and they often say that they will come but don't show up. Even if they come they are always in a hurry. They just put the injection and leave. They know that they'll get the payment really late so they don't bother much. They don't even stay till the caesarean is finished to make sure that the patient is alright."

-Service Provider Interview at Secondary Care Facility

"My baby's temperature is very warm. I went a few minutes ago to ask the nurses to take a look. They told me they don't have a thermometer to measure the temperature and told me to go to the children's doctor. I couldn't find the doctor. She wasn't in the office the nurse told me she sits in. So now I don't know what to do. No one has seen my child. They gave him an injection yesterday in the thigh and again today in the arm. So maybe that's why the fever is there."

-Interview with Post-natal woman at Secondary Care Facility

NON-DIGNIFIED CARE
(INCLUDING VERBAL ABUSE)

The woman says she has two living kids and is pregnant with twins. The gynaecologist says, "Don't you have any other work except giving birth?" Then adopting a harsher tone she says, "There are many better things to do in life!" She then asks the woman why she is having more kids since she already has a son. The woman says her son has an intellectual disability. The gynaecologist said, "So what do you need him to have brains for? He'll grow up to be a vegetable seller only so what use does he have for brains?!"

-Childbirth Observation at Secondary Care Facility

Back at the nurse's room, the ward attendant tells the woman's relative to a get a slip made from the Emergency. The relative doesn't understand and asks for a clarification. The ward attendant begins giving her instructions but the gynaecologist abruptly interjects and says, "The same place where you entered the building from!" Within earshot of the relative, the gynaecologist continues, "She is a dumb female". The ward attendant laughs and ridicules her for not knowing in whose name to get the slip made. She says loudly, "Arrey...this woman doesn't even know the slip needs to be made in the name of the pregnant woman, not her own name!" Some of the medical staff in the room snigger. The woman leaves and returns with the slip. The Gynaecologist tells her to return the next day for tests. The gynaecologist says, "Today you don't have to do anything. So go home and think about how many more children you will have in the future."

-Researcher field notes at Secondary Care Facility

The pregnant woman says she is uncomfortable lying down and asks if she can sit up. The nurse agrees but then losing patience, she pushes the woman's knee with the palm of her hand. She addresses her harshly telling her to lie down.

The woman is lying flat on her back, legs spread open, moaning. The nurse is shouting at her saying, "Do you want me to stitch you up or not? I've been tolerating you for the sake of your child so stop misbehaving! If someone makes a cut on you using a knife you'll obviously feel it so stop crying!"

The second nurse shouts at the woman telling her to be quiet. The woman pleads for her mother-in-law to be brought in. This request is not honoured and becomes a joke for the nurses. The woman, in pain, tries explaining to the nurses that she is inexperienced in this process as this is her first child. To this the second nurse replies, "Yes Yes. Everyone says that. It's a small job that takes only ten minutes. Just spit the baby out."

Upon return, the first nurse begins examining the woman, who is moaning in pain. The nurse sternly reprimands her for 'shouting unnecessarily'. She says, "If you don't stop I'll send you for a Caesarean. This is not my problem or anyone else's. It's your child so it's your problem. If you want me to deliver your child then stop shouting unnecessarily or later you'll say I was rude to you."

-Childbirth Observation at Secondary Care Facility

"There is a problem when we tell them (nurses) we are feeling pain and ask them to check. They tend to become rude in such instances. They get peeved off and say 'we just checked you. Why do you want us to check again?"

-Interview of Post-natal woman at Secondary Care Facility

NON CONSENTED CARE

"None of my family members were allowed into the delivery room. I did feel like someone should be there with me inside the labour room. I felt I would be less afraid if someone from home was next to me. I asked the nurses once to send in my Mamiji (aunt) but they did not agree. I don't know why they didn't allow. I wanted someone to come and rub my back. No one listened to me to call my aunt but the ward attendant (a distant cousin of the woman) began rubbing my back. I really wanted my Mamiji to be inside with me but I didn't say anything to the nurses for fear of being scolded."

-Interview of Post-natal woman at Secondary Care Facility

"When the nurse was putting stitches I asked how many stitches I was getting. She told me I'll get to know later and that I should not interrupt her. They (nurses) didn't give me any injection down there before putting the stitches. They didn't tell me they were going to put a cut or ask for my permission before they put the cut. I understand that they had to do it but they should've at least told me before. I was in pain at the time I know but I would have understood and been more prepared to handle the pain if I had known."

-Interview of Post-natal woman at Secondary Care Facility

"We were made to sign some forms. No they did not tell us what procedures they might have to do. The hospital where I had delivered my son, they had told us all this there. That time the staff in that hospital told us of the risks and the status of the baby's health immediately after his birth. They explained all the forms we had to sign before making us sign them. But here in this hospital this did not happen. When you are told what the risks are one is mentally prepared. One is always aware that there are risks involved with any medical procedure. But if instead of explaining those risks one hides them it is cause for more tension. It is scary to not know what to expect. They should explain to us before what can and cannot happen."

-Interview of Post-natal woman at Secondary Care Facility

"My husband was asked to sign some forms when we reached. I don't really know what they were for. He was in a hurry to go home and get my clothes and other supplies we'd require so he quickly signed the forms and left. Before he could come back or before we could inform him about what was happening we were packed into the ambulance and sent on our way.

I was brought straight into the labour room and they (nurses) began giving me instructions on what I should do. After my delivery, my mother-in-law was asked to sign some papers. She cannot read or write so she put her thumb in four places. They didn't tell her what it was for."

- Interview of Post-natal woman at Secondary Care Facility

"My aunt had signed on a form given by the nurses. I wasn't able to read what was written on it. They didn't really tell us details of what was written but they said that since my family had brought me here they were responsible in case anything went wrong."

-Interview of Post-natal woman at Secondary Care Facility

PHYSICAL ABUSE

The nurses and gynaecologist are talking about a nurse who works in the facility and is very rough while delivering babies. They say she delivers an episiotomy at the slightest chance. The gynaecologist says she can't stand watching that nurse deliver and leaves the room when she is delivering.

-Childbirth Observation at Secondary Care Facility

The woman is lying on the labour table. The ASHA worker and class 4 employee are standing on either side of her, pressing down on her abdomen with one hand each. After a few minutes, they increase the pressure with which they are pressing on her abdomen. After a few minutes the ASHA worker uses two hands to push down on the woman's abdomen. The baby begins appearing. The ASHA worker and class 4 employee are pressing down hard on the woman's abdomen while holding her legs apart.

The gynaecologist returns a few minutes later as the nurse is removing the woman's placenta. The gynaecologist roughly grabs the nurse's arm and uses it to press down on the woman's abdomen saying, "ain karna honda hai." (This is how you have to do it.) She repeats this 2-3 times. Every time she presses down on the woman's abdomen with the nurse's hand, the woman lets out a small cry of pain which the gynaecologist ignores.

-Childbirth Observation at Secondary Care Facility

"When the nurses were doing the examinations they were being very rough. I told them a couple of times that when they insert their hand down there it hurts very much and asked if they can be a little gentle. But they just said it will hurt and I have to bear it. It didn't hurt as much during the actual delivery. Just when they were putting their hand in. They said it will pain so what to do.

My brother's wife told me that in the [secondary care] hospitals they don't do check-ups nicely. She said if you complain they beat you. She was crying in pain during her delivery and one of the nurses told her to shut up and slapped her."

- Interview of Post-natal woman at Secondary Care Facility

The nurse is standing next to the labour table asking the pregnant woman if she has given birth before and if so then how many times. The woman is moaning in pain and doesn't respond. The nurse impatiently slaps her a few times on her inner thighs and asks her how many times she has given birth before.

-Childbirth Observation at Secondary Care Facility

DISCRIMINATION

"When I used to go for check-ups to the [secondary care facility] there was one male doctor who never spoke to me or my family members properly. He used to shout at us. He would never give us all the medicines we needed. He was always telling us to buy them from a chemist outside the hospital. I think he behaved like this with us because we are from Nepal. He was nice to the local women who came there. I never saw him shouting at any of them."

-Interview of Post-natal Woman at Secondary Care Facility

The ANM greets some of the women walking in and not others. She is generally friendlier to the local women than the migrant women. The ANM smiles widely at the local women but does not do so with the migrant women coming to the clinic.

Two pregnant women enter the ANMs office. From their clothes and features, one is a local woman and the other one is a migrant. The migrant woman, along with her child, sits down on the stool next to the ANM. The ANM however tends to the local woman first.

A little while later another migrant worker comes and sits next to the ANM. The ANM asks the ASHA worker details about the woman like age, caste and estimated date of delivery. The local woman returns. The ANM turns her attention away from the migrant woman and begins attending to the local woman again. While talking to the local woman, the ANM pulls out an injection and administers it to the migrant woman. The migrant woman gets up and leaves as the ANM continues talking to the local woman.

-ANC Observation at a Primary Healthcare Facility

"There are some differences little in their (service providers) behaviour. Behaviour does change depending on who you are talking to. You can look at a person's condition and know their background. It is not that they are very rude to people from poor backgrounds but there is a slight difference in behaviour. They tend to become a little rude to poor people. People who dress up smartly and come get treated better. But this slight difference should also not be there. Everyone has come because they are in need of help."

-Interview of Ante-natal Woman at Primary Healthcare Facility

The gynaecologist and nurses are standing in the labour room. The gynaecologist says, "That patient was complaining about the condition of the building. She says that wards should be of the standards that private hospitals have. If the patient expects such high standards then the quality of the patient should also be high. People who come here are of such low quality. They don't know how to maintain cleanliness or use the bathrooms without dirtying them."

- Childbirth Observation at Secondary Care Facility

DETENTION IN FACILITIES
(INCLUDING DEMAND FOR INFORMAL PAYMENTS)

Post-natal woman's mother-in-law: "This had happened to my husband's older brother's daughter-in-law in a [secondary care facility]. I had gone with her for her delivery. When we reached the hospital the nurse told me to give her Rs. 1500 saying they have to operate on her to get the baby out. I said I don't have that much money but she kept insisting that we pay her. The nurse got very angry at me. She told us they will not delivery the baby here and told us to get out of the hospital. It turned into quite a fight between me and the nurse. While the fight was happening the girl went into labour and the child was born.

Afterwards, they told me to give them Rs. 500 and said only then will they give us our child. I did not have that much money on me so I went home to see how much I could gather. I came back with Rs. 400 and bargained with them to accept Rs. 400 and give us our child. If I did not give them any money they would not have given us our baby I think."

- Interview of Post-natal Woman at Secondary Care Facility

A few minutes later the mother-in-law ushers her husband towards the labour room saying, "Aajo..o vadhai mang rahe ne." (Come..they are asking for 'congratulations'.) The ward attendant beckons the father-in-law towards where the child has been placed. She asks him to come see the child. The father-in-law asks the ward attendant how much money she is expecting. She responds saying, "Jinni thwaadi khushi hai. Jinna vi tuss dena chaundey ho." (Whatever amount will make you happy. Whatever you want to give.)

The class 4 employee tells him to give at least Rs. 100 to 'madam' (the ward attendant). She says, "Madam nu 100 rupaiy to de do. Munda honda te assi zyaada laina si." (At least give madam 100 rupees. If a boy had been born we'd have asked for more.)

The ward attendant lifts the child and asks the father-in-law to give shagun (customary monetary present) to the child also. The child grabs the fifty rupee note the father-in-law gives as shagun. The ward attendant exclaims at how the child has held it. She then says that it is unhygienic for a new born to hold a banknote. The class 4 employee removes the note from the child's grip and pockets it.

-Childbirth Observation at Secondary Care Facility

Post-natal woman's husband: "They called me in the evening of the day she (his wife) delivered to fetch tea for all the staff members. The nurses sent a ward attendant to call me and asked me to get tea for all of them. One of the nurses offered to give me fifty rupees for it but I thought why take money from her. Giving me fifty rupees was a formality that nurse was doing. In reality they had called me with the intention of making me get tea for them. I knew it when the ward attendant came to call me that they will ask for something. But I didn't mind it too much because my wife was well and safe."

- Interview of Post-natal Woman at Secondary Care Facility

NON- CONFIDENTIAL CARE

A ward attendant begins shaving the woman as she is lying on the labour table half naked with her legs apart. Roughly three feet away, another woman is lying in a similar position. There is no screen blocking the two women from each other's view.

- Childbirth Observation at Secondary Care Facility

One of the pregnant women is called in. She comes and sits down on the stool next to the doctor. She explains her problem to the doctor in hushed tones. Other pregnant women and their relatives are standing at the door and some are even standing inside the room.

-ANC Observation at Secondary Care Facility

"It is okay only. If the doctor is doing it. The doctor does what they do for our good only. They don't mean any harm. If there are only women around then what is the problem. Even if they ask our caste then we will tell. Why will we feel bad? I feel shy if there are any men around."

-Interview of Ante-natal Woman at Primary Healthcare Facility

"I am able to openly discuss everything because everyone who comes there is pregnant. If there is someone else then one feels like they can't openly discuss. I mean one does feel like it is a little too open but what to do. Discussion with pregnant people should be done privately. But it isn't a big deal. I talk in low voices and everyone is going through the same thing. The first time I felt very intimidated by everyone sitting around but now I ask whatever I want.

Here in [primary care facility] at least it is only women but in private hospitals even men are around and the nurses talk about your pregnancy in front of others. This should not happen. Women should be taken away to some room where there is no one else and it is only for women. Then one will be able to freely discuss. But I don't feel very shy here also."

-Interview of Ante-natal Woman at Primary Healthcare Facility

GOOD PRACTICES

The woman mumbles that she is scared. The nurse smiles and says, "You've tolerated so much pain through the day. Now you just have to give the last push." The woman repeatedly shuts her legs. The nurse says, "You have to keep your legs open. Only if we can see will we be able to tell what is going on." She then says, "Okay you can shut your legs when there is no pain. But when you feel pain you must open them."

The nurse tells the woman that if she is not feeling any pain the she can lie down on her side. She tells the woman to not feel shy from passing stool. The ward attendant suggest to the nurse that they should do a Per Vagium examination. The nurse says, "She is saying she does not want any hands inside her so we will not do a PV again right now."

-Childbirth Observation at Secondary Care Facility

The nurses offer the pregnant woman water and assure her that she will be taken care of. They tell her that she has nothing to fear. They ask her to chant god's name and tell her that she should feel free to scream and shout and express her pain. Through her contractions the nurses kept uttering words of encouragement like 'shabaash' (well done).

- Childbirth Observation at Secondary Care Facility

The pregnant woman is made to lie down on her side on the labour table. She requests the nurses to allow her to lie down on her back. The nurses agree and tell her to be comfortable. As they wait for the labour to progress, one of the nurses begins playing music on her mobile phone and asks the woman if she would like to listen to anything in particular.

-Childbirth Observation at Secondary Care Facility

The senior nurse walks into the ante-natal room with a big smile on her face. The pregnant woman's mother says, "assi latakte paye ne." (We are hanging here.) The nurse responds jovially asking them to sit down instead of 'hanging'. The pregnant woman tells the nurse that she cannot continue lying down anymore. The nurse tells her that there is a lot of time yet for her delivery to happen. She gets the pregnant woman a chair so she can sit down instead of lying down. She checks the woman's abdomen externally. The nurse says that the pains are still continuing and for that reason they cannot let her go home. The pregnant woman insists that she wants to go home. The nurse smiles and tells her she can't let her do that. The nurse tells her mother to give her food and something to drink. The mother asks if she can give her sewaiyya (vermincelli) and ghee (clarified butter). The nurse says yes you can but then says that she'd like to check her blood pressure before giving a confirmed reply.

- Childbirth Observation at Secondary Care Facility

The ANM at the [primary care facility] is patient with women and their children. She tells the women to take time in quieting their children after injections before Vitamin doses are given so the children do not spit them out while crying. One of the children does not stop crying and the mother begins to get restless. The woman asks the ANM if she can take some time to take the child outside and try to quieten him. The ANM smiles and tells her to take her time and not hurry.

- ANC Observation at Primary Care Facility

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