Mind the gap: Obstetric violence in Colombo district, Sri Lanka

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ADVANCE

ADDRESSING DOMESTIC VIOLENCE IN ANTENATAL CARE ENVIRONMENTS

University of Sri Jayewardenepura, Sri Lanka

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ஸ்ரீ ஜயவர்தனபுர பல்கலைக்கழகம், ஸ்ரீ லங்கா

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Sri Lanka

- Sri Lanka - A country among the low-middle income countries with good health and human development statistics:
  - MMR - 37.7/100,000 live births
  - Life expect. of women at birth - 79 yrs
  - Female literacy rate - 94.6%
- A well established preventive and curative health service provided free of cost to all.
- Around 350,000 births take place annually:
  - 99% of them - institutional deliveries

Rationale

- Despite Sri Lanka's successes in reducing its maternal mortality ratio and meeting the Millennium Development Goals and objectives for maternal health, empirical studies to reflect the gap between quantity and quality of obstetric care have not yet emerged.
- A qualitative study was conducted to explore certain aspects of this knowledge and practice gap.

Objective of the study

- To describe the perceptions of pregnant women regarding quality of care experienced during pregnancy and childbirth in public obstetric health care facilities in Colombo district, Sri Lanka.

Methods

- Six focus group discussions were conducted with a total of 40 pregnant women who had at least one prior experience of childbirth within the last 3 years.
- Participants were purposively selected to give broad representation on the basis of: age, geography (urban, rural and estate dwelling), education, and ethnicity.

Results
[1/7]

- Most women were satisfied with the quality of the antenatal care they received.

Results [2/7]

- However, the majority of women explained they felt abused by health care providers during intra-partum care.

- Labour rooms were identified as the commonest places where abuse of patients takes place.

Results [3/7]

- Labour beds are arranged in rooms with limited privacy.
- No one is permitted to accompany birthing mothers in labour rooms (including fathers); this increased women's feelings of being alone and 'at the mercy of' staff.

Results [4/7]

- Some women were not satisfied with pain relief during labour. They were blamed and accused for shouting with labour pains.

- Women perceived they were ignored, neglected and/or disrespected in the labour rooms, most commonly by midwives, nurses and junior doctors:

  'She cursed me telling me that although I have not a cent to buy a cloth I have got "the other things" [getting pregnant] done timely.'

Results [5/7]

- Some women experienced and/or witnessed physical abuse such as hitting, slapping, or violent pulling or pushing by their health care providers:

  'She [another woman] was struggling with pain. She was screaming. The labour room midwife slapped her over the face to control her noise. But it was much more deafening after that...'

Results [6/7]

- While women regularly witnessed abuse of other mothers, they were afraid to speak out against such abuse, fearing retaliation by health providers:

  'What is the point of it [saying something]? If I did, I also would have been hit at the ward the next day.'

Results [7/7]

- Following birth, none of the women were asked about the quality of the care they received upon discharge from the post-natal ward.
- No mother felt able to make an official complaint of poor care due to fear of further abuse:

'Though women experience adverse things, they keep quiet. They do not counter argue due to fear of further harassment...'

Conclusions and recommendations

- Labour rooms can be poignant sites of violence against pregnant women.
- It is necessary to improve the infrastructure of health facilities to optimize the privacy of labouring women.
- The communication skills of health care providers must also be improved to enhance the quality of obstetric care.
- Guidelines to ensure supervision and monitoring of the *quality* of obstetric patient care and patient safety must be adopted and enforced.

ADVANCE study team collaboration

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Thank you!