



## Editorial

## Disrespect and abuse during birth and postnatal care



Several reports of disrespect and abuse of women in healthcare have recently been published in scientific journals. The reports are coming from many countries around the world, both low- and high-income countries [1–6]. They have one thing in common, namely that disrespect and abuse are more prevalent for poor women with low monthly income [2,4–6]. The abuse is described as being both verbal and physical, according to these published studies, denial of care and inappropriate interventions and procedures are quite common. In a study from Brazil published last year it was found that approximately 10% of the women included in the study reported having experienced verbal abuse, 6% denial of care, 6% undesirable or inappropriate procedures and 5% physical abuse [1]. Similar reports from Ethiopia, Tanzania, India, Nigeria, Zimbabwe and the United States, have been published [2–6].

In the study from the United States one in six women (17.3%) reported experiencing one or more types of mistreatment such as: loss of autonomy; being shouted at, scolded, or threatened; and being ignored, refused, or receiving no response to requests for help. In this study experiences of mistreatment differed significantly by place of birth: 5.1% of women who gave birth at home versus 28.1% of women who gave birth at the hospital. Factors associated with a lower likelihood of mistreatment included having a vaginal birth, a community birth, a midwife, and being white, or multiparous [6].

Multifaceted factors probably contribute to midwives' attitudes and behaviours towards the women they care for. Midwives' subjective perceptions, women's social status, and health system constraints (availability of trained midwives and quality of midwifery training) in rural and poor areas, seem to be one reason for inappropriate services, negative attitudes, abusive treatment, and disrespectful behaviour towards women [5].

The burden of maternal death in low and middle-income countries is a serious challenge for the world. If health care staff continue to

misuse their position in relation to pregnant women it will be very difficult to reduce maternal morbidity and mortality. Health care facilities should be a safe place where patients can expect to be met with respect for their autonomy and individual needs.

The efforts made by civil society, governments and international organizations are obviously not sufficient to restrain institutional violence against women during pregnancy and childbirth. To eradicate this problem, it is essential to implement policies and actions specific against disrespect and abuse in health care. Legislation is needed in order to end disrespect associated with payment during pregnancy, after birth and during postnatal care. Laws should promote the equality of rights between women and men.

## References

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Co-editor  
Ingela Wiklund