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WOMAN FRIENDLY CARE

A GUIDE

One of the key elements to reduce maternal, neonatal morbidity and mortality is for all women to give birth in fully functioning health facility by skilled providersⁱ. Ethiopia is one of the first countries in Africa to make a strong commitment to achieving the MDGs as is evidenced by training and deployment of health care providers of maternal health, and expanding access through construction of more health facilities in rural areas.. However in spite of these efforts the majority of births in Ethiopia still take place at home. Whilst acknowledging that a lack of awareness of the risks of pregnancy and childbirth, transportation and money are common barriers there is another unspoken but major deterrent that affects women accessing health facilities.

For most Ethiopian women being pregnant is not just a matter of having a baby, it is a matter of life and death, for her and her baby. Because of this most laboring women prefer to be in an environment where they feel secure, respected and can receive the emotional and physical support from their families. They also want to practice cultural and traditional rituals which are common during the birthing process. At this time the relationship between the woman and health care providers is incredibly important. Moreover the experience a mother has at the health facility will determine whether she will return and whether she will recommend it to others.ⁱⁱ Health care providers need to be able to understand women's needs and recognize the uniqueness of the birthing experience to each woman and her family including providing care that is culturally sensitive and women friendly. Many studies also show that the presence of women friendly care in a facility can determine labor outcomes for the mother as well as the baby. The existence of a clinically and administratively sound healthcare provision system does not necessarily ensure the utilization of healthcare services if the mother is dissatisfied with the way care is providedⁱⁱⁱ.

What does women centered respectful care and being women friendly mean?

These three phrases are currently used interchangeably to magnify the need to have standardized quality MNCH care in health facilities which address women's physical social and psychological needs.

WOMEN CENTERED CARE

Women centered care is a philosophy of maternal care that gives priority to wishes and needs of the mother with an emphasis on the importance of informed choices^{iv}. Women are not only the recipients of care; they are also active participants in addressing their healthcare needs. The women have the right to have an informed choice in terms of the options available to choose their care during pregnancy, childbirth and postnatally. . In other words, the mother needs to know her options and what choices she has.

Women-centered care focuses on:

- Pregnancy and childbirth as the start of new life
- An equal partnership between expectant mother and care provider
- Informed choice
- Women having control over the key decisions that affect the progress of their care and how it is provided to them
- Supporting women to have as “normal” a pregnancy and childbirth experience as possible
- Continuity of care so that they are able to form trusting relationships with those who provide them their healthcare.

In a woman-centered approach, women are:

- Greeted with respect and kindness
- Given privacy while awaiting and receiving healthcare
- Asked permission before a procedure is performed
- Given an explanation of what will happen during the visit or procedure.

RESPECTFUL MATERNITY CARE

Respectful maternity care envisions a relationship characterized by caring, empathy, support, trust, confidence, and empowerment, as well as gentle, respectful, and effective communication to enable informed decision making^v. A woman’s relationship with healthcare providers and the maternity care system during pregnancy and childbirth is vitally important. Not only are these encounters the vehicle for essential and potentially lifesaving health services, women’s experiences with caregivers at this time has the impact to empower and comfort or to inflict lasting damage and emotional trauma, adding to or detracting from women’s confidence and self-esteem^{vi}. A woman’s memories of their childbearing experiences will stay with them for a lifetime and are often shared with other women, contributing to a climate of confidence or doubt around childbearing.

All childbearing women need and deserve respectful care and protection; this includes special care to protect the mother-baby pair as well as women in a context of marginalization or heightened vulnerability (e.g., adolescents, ethnic minorities, and women living with physical or mental disabilities^{vii}).

Some examples of disrespect /abuse in maternity care include the following:

- Physical Abuse (pushing, beating, harassing)
- Non-Dignified Care (verbal abuse, disrespect, undermine)
- Non-Consensual Care (Deny woman access to information, ignoring her choice and Preferences including, having a companion during labor and preference of birthing position).
- Non-Confidential Care (not maintaining her privacy, breaking confidentiality)

- Discrimination (discrimination because of something the providers do not like about the client for example race, ethnicity, religion, economic and educational status)
- Abandonment or withholding of care (denying the woman from receiving timely health care and an attainable level of health)
- Detention in facilities (denying the woman's right to autonomy, self-determination and freedom from coercion).

WOMEN FRIENDLY CARE

Women friendly care is an approach to care giving with the goal of creating an enabling environment at all level to improve women's access to safe motherhood and reproductive health services^{viii}.

The three pillars in providing women friendly care are:

- **Quality care** – Provided by skilled staff, individualized, client centered, culturally sensitive clearly communicated and considers beliefs and values)
- **Women's empowerment in decision making** - Empower women and their families to Be active participants in MNH care, identify key decision makers and ensure they understand the need for timely action in the event of a problem
- **Evidence based care** – use of the Partograph, Magnesium Sulphate for eclampsia, Active Management of the Third Stage of Labour, and avoids harmful practices such as: manual exploration of the uterus, routine use of lithotomy/ supine position during labour, routine use of episiotomy, restricting fluids during labor, stretching the perineum during the 2nd stage of labor.

The purpose of advocating for women friendly services is to improve the quality of health care and the responsiveness of health providers to meet the needs of women. The Safe Motherhood initiative has highlighted the need for evidence-based, technically competent care at primary level and referral level. The lack of 'women friendliness' often has greater impact on the health of poorer women who are at greater risk of maternal mortality and morbidity. Poor/illiterate women have less of a voice and may be more vulnerable to neglect, abuse or poor communication, especially when staff are stressed, overworked and under pressure. Women who are disempowered cannot request quality health care nor demand accountability when the services provided are questionable.

Some examples of women friendly care are:

- Individualize care to woman's needs. Each woman has a different economical, health, Cultural and social background,
- Awareness of traditional and cultural beliefs regarding pregnancy and childbirth, e.g. special ceremonies and practices related to childbirth,
- Provide culturally sensitive care for mother and her baby, e.g. positioning during labor, avoiding unnecessary exposure of her body parts,
- Encourages bonding and keeps the baby with the mother,
- Places baby on mother's abdomen (at breast) immediately after birth,
- Speaks to the woman in clear and language that she understands,

- Is aware of who makes decisions in the woman's life and involves that person in discussions and decisions,
- Allows family members to accompany her in labour.

Some examples of non-women friendly care may include:

- No respect woman or her family, culture or background,
- Rude, offensive, demeaning language used by health personnel,
- Physically restrains, pushes or hits the woman,
- Insists on routine procedures that are convenient for the healthcare provider but may be shameful to the woman, e.g. lithotomy position, routine episiotomy, frequent vaginal exams, assembly-line fashion of care, excludes partner or family companion from care
- Separates mother and baby.

In conclusion, in every community pregnancy and childbirth are hugely important events in the lives of women and families. They are also time of great vulnerability. Remember the existence of clinically and administratively sound health care provision system does not necessarily ensure the utilization of healthcare services if the mother is not pleased or satisfied with the way care is provided. MCHIP staff should support health care providers to identify what the cultural and social norms regarding pregnancy and childbirth exist in their areas. It is also important to understand better how the health care providers create enabling environment which address the woman's physical, social and cultural need. Providing evidence based quality MNH services along with empowering women to take part in decision making will attract women to seek care. Ensure Health care providers maximize their efforts to provide care that is culturally sensitive and women friendly so as to positively influence more women to seek timely MNH care.

ⁱ Maggie Kempon,2009.Defining and implementing mother friendly Health Services .A low cost initiative to address Maternal mortality in Papua new Guniea.

ⁱⁱ Bowser, D., and K .Hill 2010 Exploring Evidence for Disrespect and Abuse in facility based child birth: Report of Landscape Analysis. Bethesda, MD:USAID-TRAction Project, University research Corporation, LLC, and Harvard School of Public Health

ⁱⁱⁱ Women friendly Health services Experiences in maternal care: report of a WHO/UNICEF/UNFPA workshop, Mexico city 26-28 January,1999

^{iv} Women friendly Health services Experiences in maternal care: report of a WHO/UNICEF/UNFPA workshop, Mexico city 26-28 January,1999

^v Maggie Kempon,2009.Defining and implementing mother friendly Health Services .A low cost initiative to address Maternal mortality in Papua new Guniea

^{vi} Bowser, D., and K .Hill 2010 Exploring Evidence for Disrespect and Abuse in facility based child birth: Report of Landscape Analysis. Bethesda, MD:USAID-TRAction Project, University research Corporation, LLC, and Harvard School of Public Health

^{vii} Respect full Maternity care: The universal rights of Childbearing Women: white Ribbon Alliance, One Thomas circle, NW, Suite200, Washington, DC 20005

^{viii} Women friendly Health services Experiences in maternal care: report of a WHO/UNICEF/UNFPA workshop, Mexico city 26-28 January,1999