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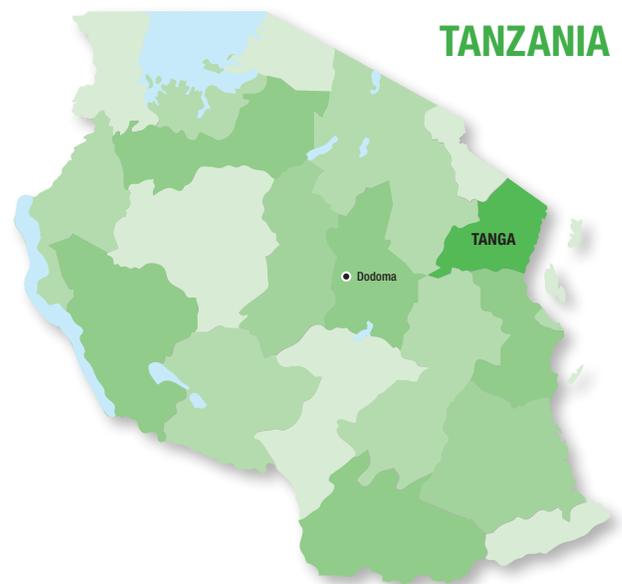
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AMDD, Columbia University: Research on Tackling Disrespect and Abuse in Facility-based Childbirth in Tanzania

An award was made in February 2011 to the Averting Maternal Death and Disability (AMDD) Program at Columbia University, in partnership with the Ifakara Health Institute, to identify the types, prevalence, causes, and consequences of disrespect and abuse in childbirth, and to design and implement an intervention to reduce the problem. This research aims to improve the quality of care provided by skilled birth attendants in facilities, thus encouraging more women to use these facilities for childbirth and ultimately reducing maternal mortality.

Background

Globally, reductions in maternal mortality have fallen short of Millennium Development Goal 5. Skilled birth attendants can decrease maternal mortality, but the proportion of women giving birth with a skilled attendant remains low. One barrier discouraging many women from delivering with skilled attendants in facilities is the disrespectful and abusive behavior common among many health workers and facility staff. These behaviors can include physical abuse, failure to obtain consent for care, non-confidential care, discrimination, abandonment of care, and detainment in facilities. Although anecdotal information suggests that acknowledgment of this problem is fairly widespread, few interventions for reducing disrespect and abuse of women in childbirth have been documented.



Research Setting

Disrespect and abuse of women during childbirth is a global problem that occurs in both developed and developing countries. AMDD/Columbia will base their research in Tanzania, where they have established relationships with parties concerned about disrespectful and abusive care. Tanzania is an appropriate setting for studying the problem due to their high maternal mortality rate (790 per 100,000 live births), and because fewer than 50% of deliveries occur in facilities. Although there have been efforts by professional councils such

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as the Tanzania Nursing and Midwifery Council to establish standards for respectful care, the problem has not been well documented.

Research Design

AMDD/Columbia will conduct their research through the following four stages:

- Baseline assessment to determine prevalence and determinants of disrespect and abuse of women during childbirth.
- Intervention design, based on baseline findings and stakeholder input.
- Program implementation, with continuous monitoring to identify necessary adaptations to the program design.
- Impact assessment to evaluate the effect of the intervention on the prevalence of disrespect and abuse, and on women's use of facilities for childbirth.

Data Collection

Baseline data will be collected through desk reviews, focus group discussions, in-depth interviews, and facility exit interviews with women discharged after delivery. The intervention will be designed through collaboration with communities and providers using data obtained from baseline activities, stakeholder analyses, and a systems readiness analysis. Program implementation will be monitored through ongoing documentation of inputs and activities, observational assessments, monthly measurement of indicators, interviews, and cost analyses. Impact assessment will be conducted by using the facility exit surveys developed at baseline, and by collecting routine facility data.

Research Applications

AMDD will disseminate research findings to the Tanzanian public, political leaders, and other stakeholders to increase awareness of disrespect and abuse and encourage the country to develop a national strategy for reducing the problem. The research will also be shared with a global audience through publications in peer reviewed journals and collaboration with relevant research and academic institutions.

The Principal Investigator for this research is Lynn Freedman, JD, MPH, Director of the Averting Maternal Death and Disability (AMDD) Program and Professor of Clinical Population and Family Health at Columbia University's Mailman School of Public Health.

TRAction Project Overview

The Translating Research into Action (TRAction) Project, funded by the U.S. Agency for International Development (USAID), funds studies to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions for priority health problems. Through implementation research, the TRAction Project addresses "know-do" gaps, or delays between discovery of effective ways to combat the causes of poor health and the application of these proven interventions on a wide scale. TRAction research aims to close these "know-do" gaps so that each country's Millennium Development Health Goals can be met in the targeted timeframes. TRAction emphasizes local ownership and partnerships in order to scale up equitable and sustainable efforts to "do what works."

For more information on the TRAction Project:

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