[Webinar]

Social Norms & Respectful Maternity Care

16th May | 15:30 – 17:00 IST

SOUTH ASIA
SOCIAL NORMS & AGENCY
LEARNING COLLABORATIVE

Overview of RMC & Social Norms/Agency contextualization in the Indian context

Dr Aparajita Gogoi

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What is Respectful Maternity Care (RMC)?

- Respectful Maternity Care is a universal human right that is due to every childbearing woman in every health system around the world.
- Women's autonomy, dignity, feelings, privacy, choices, freedom from ill-treatment and coercion, and consideration for personal preferences including the option for companionship during maternity care
- RMC is an attitude that permeates through each word, action, thought, and non-verbal communication involved in the care of women during pregnancy, childbirth, and the immediate postpartum period including newborn care.

C3's Prior Work on Promoting Respectful Maternity Care in India

Research

- **Qualitative Analysis** in 4 Indian states.
- **Partnership with ICMR** to understand the typology of disrespect and abuse in public health facilities.
- Analysis on the **socio-economic determinants** of disrespect and abuse in public health facilities in India

Policy Advocacy

- **Support to GoI** on Laqshya and SUMAN
- **Support to GoI** on Laqshya and SUMAN
- **Development of RMC Implementation Guidelines** and Training Package on RMC
- Support to the **Government of Telangana** to train providers, from 160 delivery points, on RMC.

Trainings

- **Partnership** with Government Medical College, Aurangabad
- **Partnership** with Trained Nurses Association of India
- **Training of nurses** from Central Government Health Scheme in RMC
- **Development of an E-Learning** Module on RMC for Healthcare Providers

Creating Public Salience

- **Films, UGCs, and animated videos on RMC**
- **Print Media** - Articles on RMC published in leading newspapers such as Business Standard, The Hindu, The Tribune and the Hindustan Times.
- **Social Media Campaigns-** #IDemandRespectfulCare, #baarahaqhamara

Current RMC Policies/Programmes

- **In LaQshya** – positioned in the goal, objective, short-term target, intervention, rapid improvement event cycle, in the Do's and Don'ts vis-à-vis RMC in labor room, IEC Campaign, NQAS checklist.

- **In SUMAN** – positioned in the goal, objective, service guarantee charter and package, roles and responsibilities of SUMAN Volunteers, in the roles and responsibilities of Centers of Excellence

- In the curriculum of **Nurse Practitioner in Midwifery (NPM) Guidelines**

Agency & Social Norms within RMC

- Lack of agency of women in decision-making processes and social norms as barriers to RMC
- Deep rooted social and cultural norms lead to unequal distribution of services particularly according to caste in the Indian context
- Often men consider pregnancy and birth were a woman's affair only and remain hesitant to be involved, while still being the primary decision-maker, as the gate-keeper of family finances and women's movement outside the household

SITUATING AGENCY

Agency sits within the *empowerment* process

It is influenced by norms and factors like critical consciousness.

Agency involves capacity, action and resistance:

Can: efficacy to engage in action

Act: behavior aligned with choices/goals

Resist: Continued action in the face of opposition

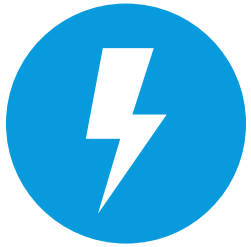
Individuals, couples, communities and organizations can all have agency

AGENCY MATTERS

RMC intervention strategies need a greater focus on agency. Why?

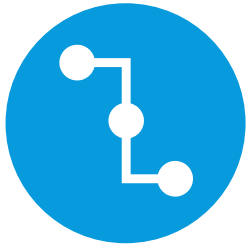
To change behavior, people must…

- ✓ **be aware** of choices
- ✓ **decide** that they want to make the choice
- ✓ **have the power to act**



We don't adequately consider how power dynamics influence choice

Receiving education, information, or facilitation alone doesn't mean someone will change behavior

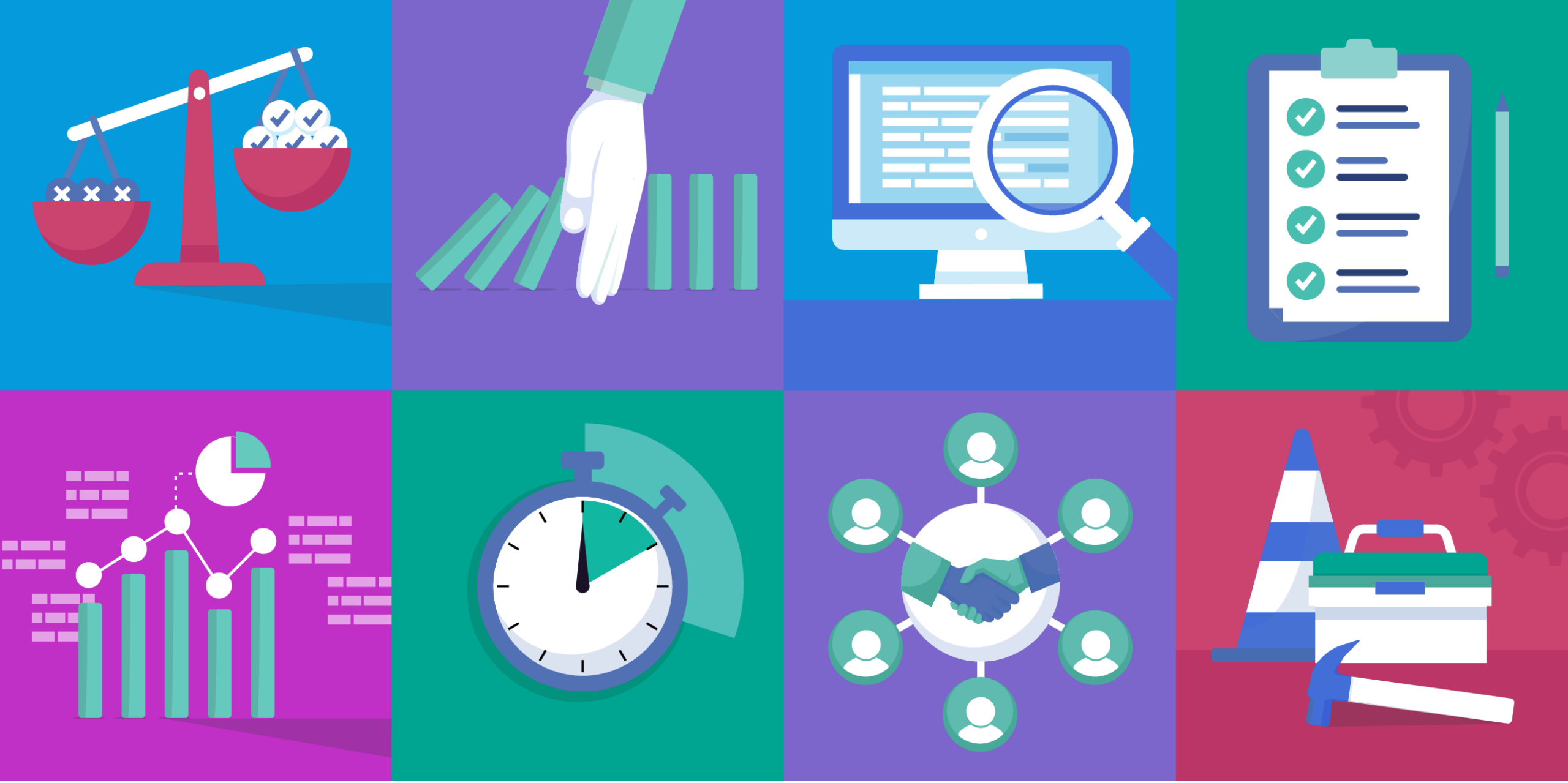


We lack understanding of how increased agency influences multiple outcomes

People, communities and organizations may have agency in one area, but not others. Changes in agency may lead to cross-sector impact

Examples of Incorporating Agency into RMC Interventions

- SBC Campaign
- Engagement with community-based platforms, influencers
- Grievance Redressal and Feedback Mechanism
- Capacity Bridging
- RMC Champions



Thank you

Exploring Respectful Maternity Care Discourse:

Insights from a Formative Research Study

May 16, 2024

Vikas Choudhury

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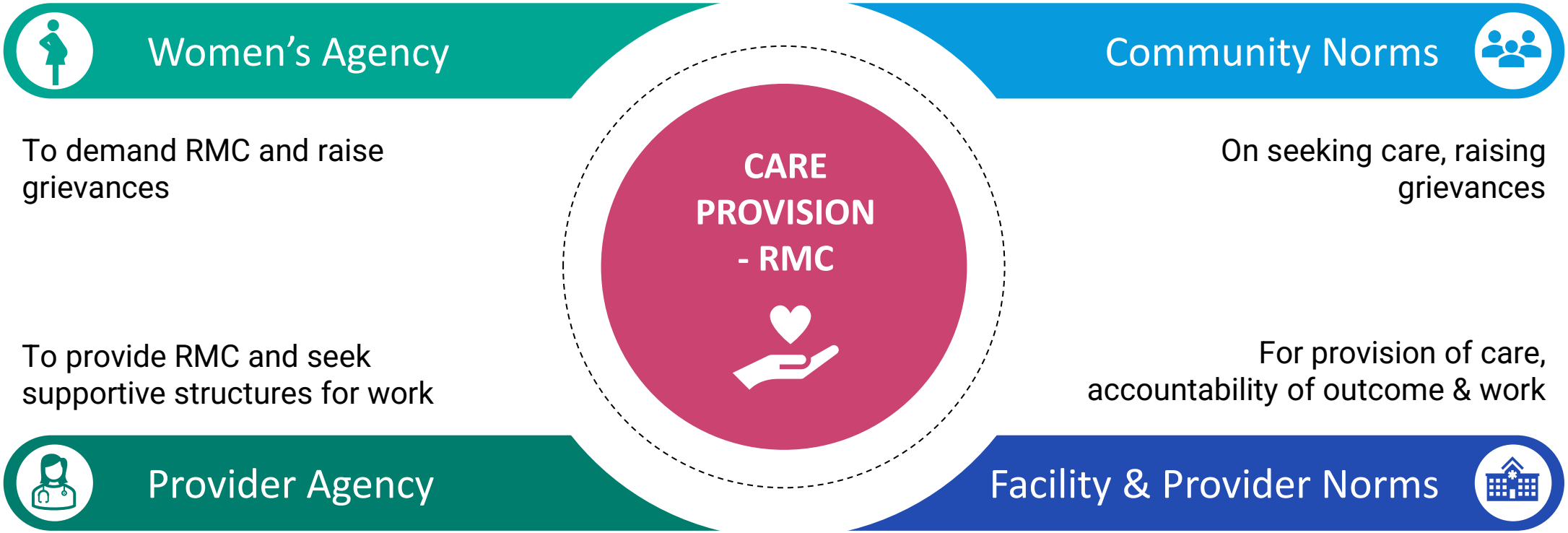
Intersection of Social Norms, Agency and RMC



Overview of the Formative Research

Primary objective

To inform development of an RMC intervention to improve RMC provision & promotion and reduce disrespect and abuse

Study Approach

Qualitative Multiple Case Study Approach

4 secondary & tertiary care public and private health facilities with a mix of rural and urban catchment areas

‘RMC starts at every level. Right from entry to exit. How she is received (at the hospital), taken care of, her privacy, her confidentiality…whether she is aware of what procedure is going on..her baby's condition. And it is catered by everyone working in this facility.’

- Medical superintendent , Case facility 1

‘If there is an unexpected complication, the PG student might think everyone will question them about how the complication occurred, the senior doctors might also feel responsible if the delivery doesn't go well.’

- Junior resident, case facility 2

Facility norms

- **Rigid hierarchies**
  - inter-provider
  - provider-mother
- **Accountability** primarily focused **on clinical outcomes of childbirth**

- **Working with leadership/senior doctors** who articulate RMC as critical in maternity care
- **Across providers,** clear focus on the importance of positive interaction between mother & provider

Provider Norms

Descriptive Norm

Providers perceive that their fellow providers provide respectful care (as per their understanding of RMC)

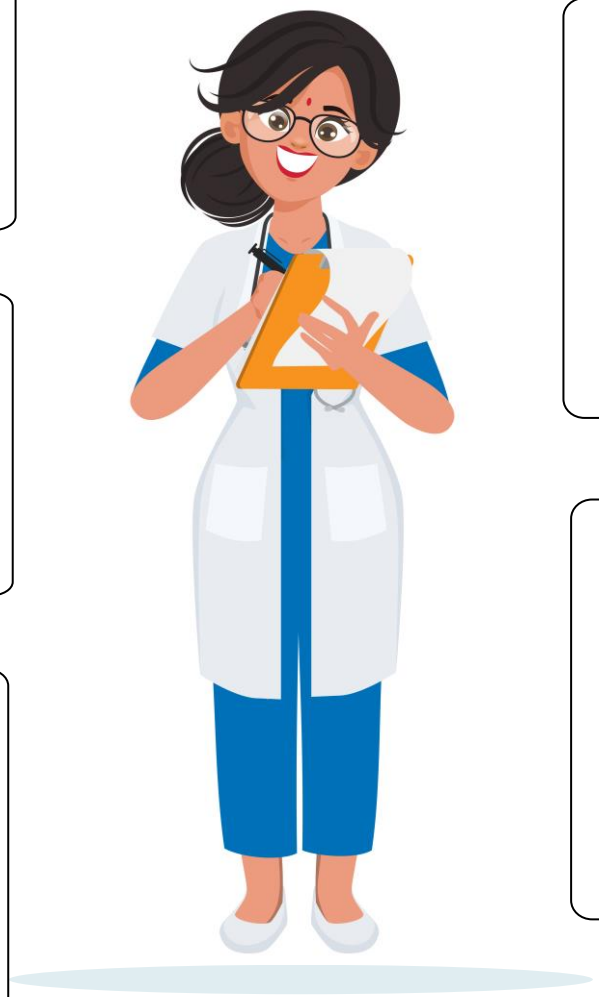
D&A

D & A acceptable under certain circumstances

Care Provision

Fear of sanctions around **negative clinical outcomes**

Deflection of engaging in disrespectful behavior to junior providers



Opportunities

Focusing on reference groups for providers : role modeling senior cadres, rewards and recognition amongst peers

Opportunities

Broadening the understanding and articulation of RMC : regular and refresher training and drills

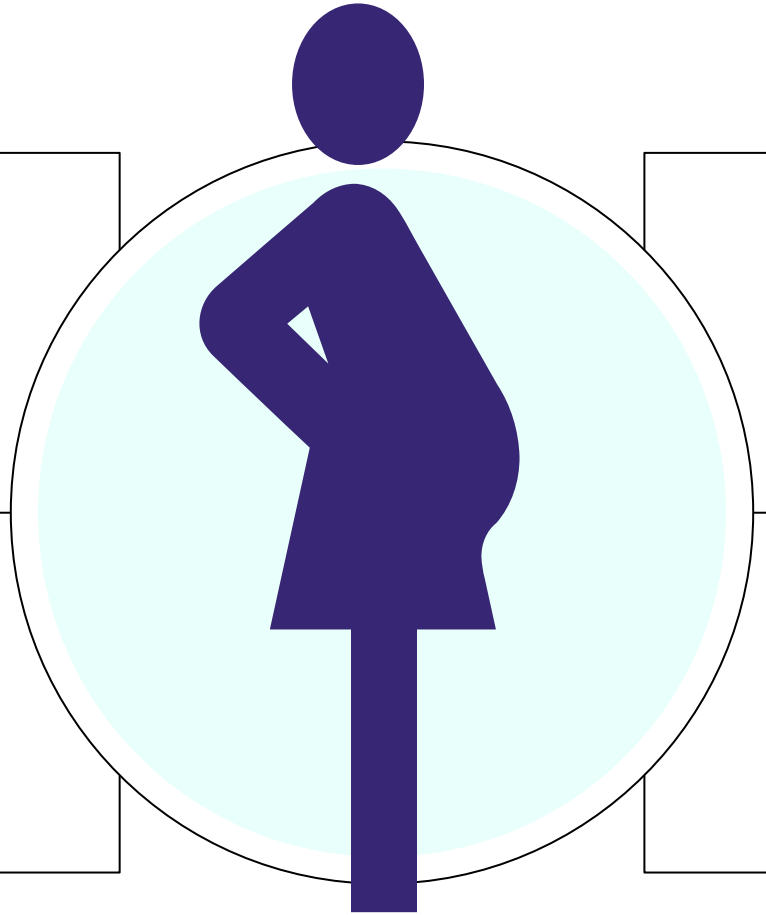
Image by felicities on Freepik

Women and Community Norms

Providers will sometimes use harsh behavior towards women during childbirth

Women should defer to the authority of doctors

Support staff expect bribes from women/family



Counseling mothers on importance of RMC from ANC

OPPORTUNITIES

Building on positive interactions/experiences of women at facility

Norm on Raising Grievances

'Everyone thinks that it is normal. Then no one knows where to complain and to whom they should complain. But it would be good to know.'
-Woman from FGD, Community 3

'My mother said, leave it, it is very common, arguments happen in the hospital and we have to ignore it. Because we are not going to stay here forever, it is just a matter of 5 days. So I was helpless and did not think much of it.'
- Tracer IDI woman, Community 1

- Women & families should not complain against harsh treatment
- Fear of negative sanctions (not getting care or worse care) if grievances are raised

- Improving awareness and familiarization of women and their families with different aspects of care and the health facilities, including grievance redressal & feedback mechanisms

INTERSECTION OF AGENCY & RMC

Critical Consciousness

What is RMC?
&
What is Disrespect and Abuse?

Can/Self-efficacy

Perceived lack of ability to question treatment, act/complain against harsh treatment & raise grievances

Perceived ability/control to have support of birth companions

- **Choice of facility - mixed findings**
- **Choice of birth companion**
- **Provision of Clinical care**

Act

Resist

Absence of social control in pursuit of goals or to navigate social norms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Meta Norms – Hierarchical cultural models

1. High position of doctors

2. Deference of women, especially young women; towards providers

3. Low position of certain demographic groups

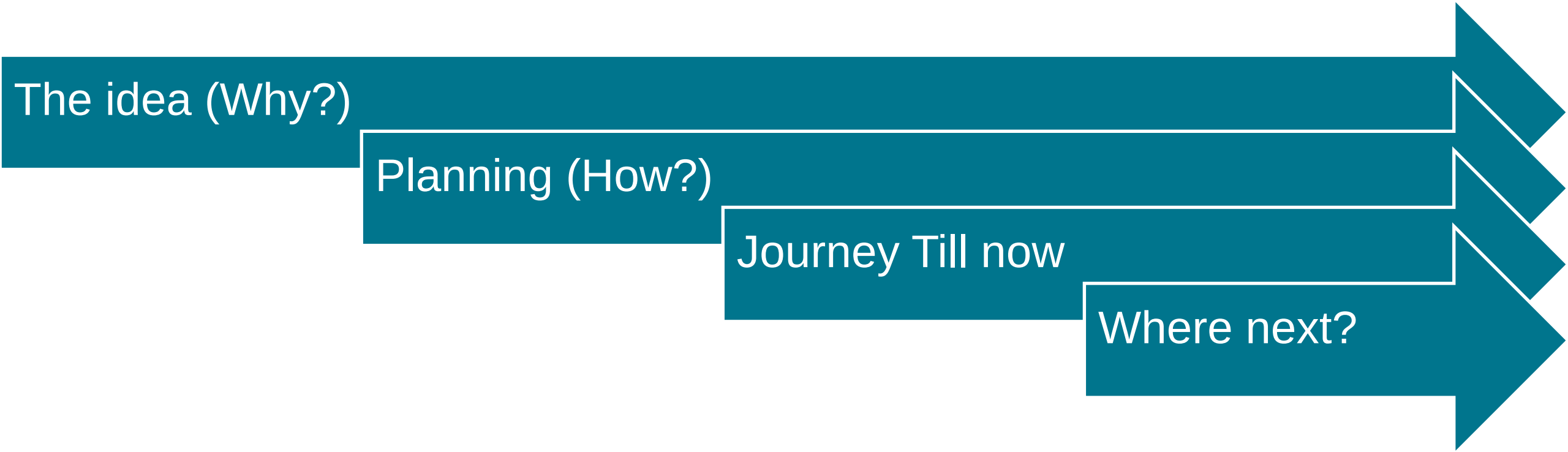
"The SARTHaC Initiative" Respectful Maternity Care Bundle

Mothers bring in the future .

Let them have dignity in labour "Let mothers be born safe and with respect"

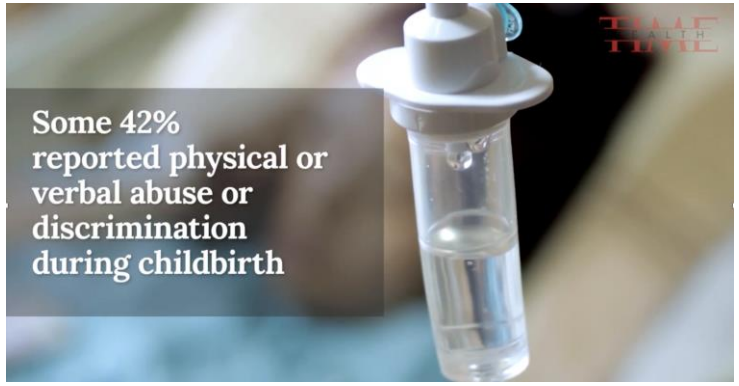
Sensitive, Attentive, Respectful, Timely , Humanized Care (SARTHaC)

The Journey Overview



The idea (Why?)

Why respectful care matters!



A woman's experience in Labour Room:

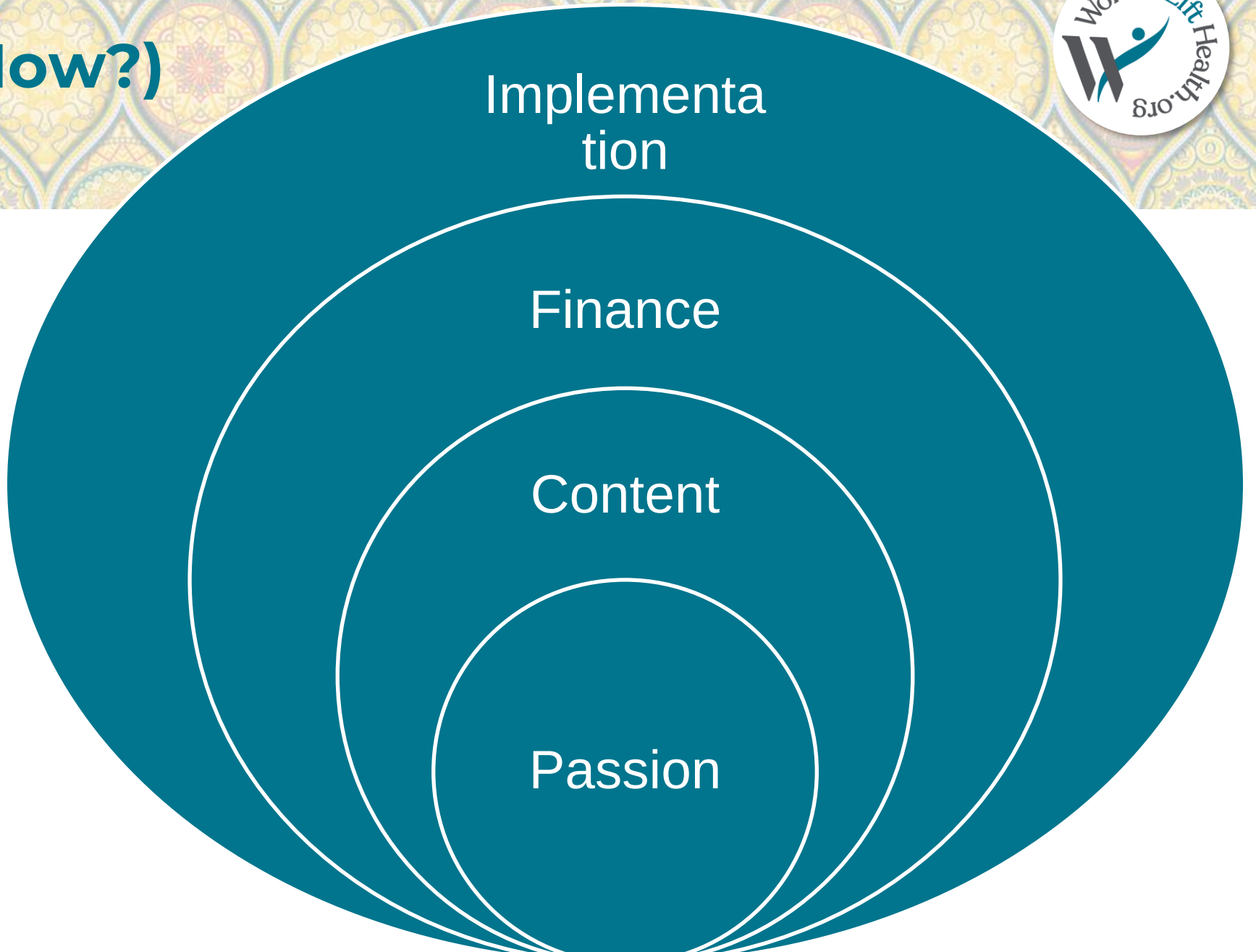
can empower and comfort them or,

inflict long lasting damage and emotional trauma or,

Influence the future health seeking behaviour

How do we want the experience to be ?

The Planning (How?)



The Team

Dr Manju Puri, LHMC

Dr Seema Handu, Pronto

Dr Ram Chahar, WHO, India

Dr Asmita Rathore, AOGD

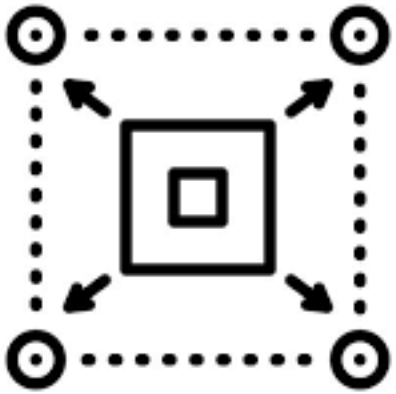
Dr Jyoti Sachdeva , SPO, NCT of Delhi

The Content

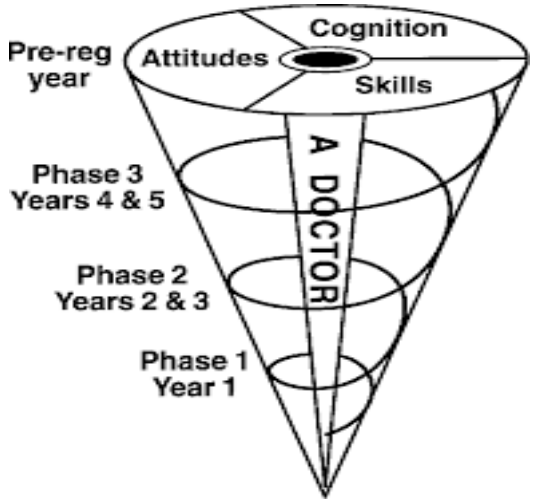
Step 1 Agreement between AOGD and WHO, India

Develop Learning Resources/Tool Kit

Develop Catalysts For Change (Master Trainers)

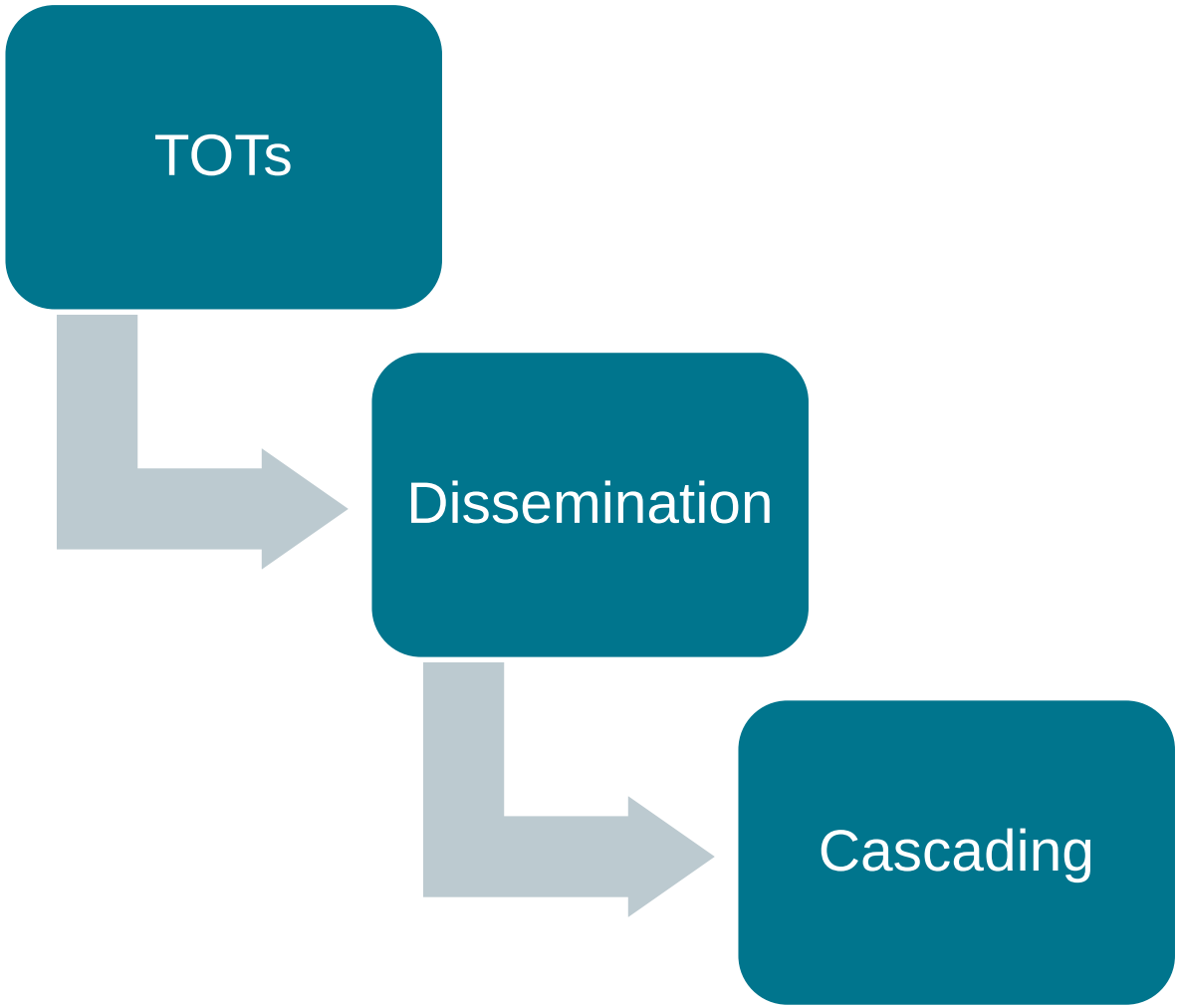


Provide Platform For Dissemination



Build Advocacy For Incorporation In Undergraduate Curriculum

Implementation



TOTs

Training of Trainer Workshop, MAMC, New Delhi

- Birth Needs Activity
- Communication
- Simulation

An initiative with a difference .....

- Doctors and nurses from 9 public and private hospitals from new delhi
- Commitment to Replicate the workshop in their own setting

NARCHI RMC-TOT: 10.12.22, LHMC,

- Attended by 14 district hospitals of Delhi

Dissemination

Game Changer ..

- Involvement of **Government of NCT of Delhi**
- 15 workshops
- Covered all 11 districts
- 42 delivery points

	2022-23	2023-2024									
	Dec 22	April	May	June	July	August	September	Oct	Nov	Dec	Jan
District	TOT(..pub+pvt)	central,South	North	West	South	North West	East,Shd	Shahdara	South West,New Delhi	North East	Central
Delivery point-Venue		BH,SJH	SRHC	GGSH	Pt MMMH	SGMH	LBS	SDN	SDDMASC	JPCH	HRH
Date		15.4.23, 29.4.23	19.5.23								
Other DPs who could join		1.BJRM,DCB,BH 2.MHs of South East and New Delhi Districts	MV,ESI-Rohini ,MH of North District	ABGH,SVBP,ESI-BDP,MHs of West and North West Districts	ANH,AIIMS,ESI Okhla,AIIA,PMH	MVH,BMH,MH of North District	DHAS,GTB,MHs of East District	ESI,Jhilmil,MHs of Shahdara District	RTRM,IGH,DCB	MHs of North East District	AAA,MHs of South East and new Delhi Districts

Dissemination

	Date	City
	22-11-2022 to 24-11-2022	Online
2	06-12-2022,07-12-2022	Maulana Azad Medical College
3	30-12-22	Maulana Azad Medical College
4	08-02-2022	Baba Sahab Ambedkar Hospital
5	04-03-2023	Lady Hardinge Medical College
6	11-03-2023	Deen Dayal Upadhyay Hospital
7	15-04-2023	Burari Hospital
8	29-04-2023	Safdarjung Hospital
9	19-05-2023	Satyawadi Raja Harish Chandra Hospital Narela
10	08-06-2023	Dr. Hedgewar Arogya Sansthan
11	26-08-2023	Mata Gujri Medical Centre
12	20-01-2024	Indira Gandhi Hospital
13	12-02-2024	LHMC
14	01-03-2024	Rao Tula Ram Hospital
15	16-03-2024	Kasturba Hospital

Some Observations :
Assessment of Existing RMC Practices

	Practices (N=111)	N(%)
1	Introducing self	46 (43.5%)
2	Involving patients and relatives in diagnosis and management	49 (45.2%)
3	Fluid intake in labour	41 (36.9%)
4	Getting angry at women when they do not follow instructions	51 (45.9%)
5	Observed other providers verbally abuse women	66 (59.4%)
6	Themselves ever verbally abused women	32(26.2%)

Knowledge about RMC

S.No	Questions*	N=111(%)
2	Knowledge about the Universal rights of childbearing women contained in the RMC Charter of 2011	51(45.9)
3	Knowledge about landmark report that systematically explored violence against women and lead to RMC Charter- Bowser and Hill 2010 landscape analysis	29(26.1)
4	No of categories of Disrespect and Abuse in Bowser and Hill 2010 landscape analysis - seven	13(11.7)
5	Correct examples for Non-dignified care category of Disrespect and Abuse	24(21.6)
6	Examples of Disrespect abuse during pregnancy and child birth	33(29.7)

The Journey Overview

Dissemination	Sustenance	Advocacy

Where Next?

Dissemination	Sustenance	Advocacy
	• Linked up with QI • Process and Outcome measures • PDSA cycles • Hard wire changes	• "Train them young" • Plan to draft a advocacy brief incorporate these teaching in pre service MBBS and nursing curriculum

Next Steps

- Capacity building for quality improvement
- Implementation research
- Document the success, barriers and facilitators

Challenges

- Defining RMC
- Hierarchy in healthcare
- Changing health care staff
- Overwhelming workload
- Lack of demarcation between reaction under stress and habitual disrespect
- Underlying issue of gender
- Respect is a cultural issue

Quick updates

From Team SA-SNALC

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#1 Meeting with Bangladesh members

When? 30th May

Duration? 60 minutes

Who can attend? Registered members of SA-SNALC based in Bangladesh

Agenda?

- Expectation setting
- Explore scope of collaborations

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#2 Monthly check-in meetings

When? Third Thursday of every month [20th June]

Duration? 60 minutes

Who can attend? Registered members of SA-SNALC

Agenda?

- Open discussion on social norms and agency related concepts and resources
- Updates from members
- LC's work and future collaborations
- … and more!

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#3 Annual Member's Survey

When?

Expected in July 2024

Objective

To incorporate members' feedback and inform the LC's functions

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#4 Next Webinar

When?

End of June

Theme

Children, adolescents and social norms

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#5 Call for resources

Blogs

Critical conversations (Video bytes)

Technical pieces

Case studies

Reach out to southasialc@gmail.com

See past resources here

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Thank you!

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