

ADDRESSING POWER, EXPECTATIONS, AND PROVIDER BIAS TO PROMOTE RESPECTFUL CARE

<https://breakthroughactionandresearch.org>

Jana Smith¹, Rachel Banay¹, Allison Schachter¹, Abigail Sellman¹, Emily Zimmerman¹, Ameck Kamanga², Maurice Musheke³, Mwila Mwansa²

¹Ideas42, USA; ²Jhpiego, Zambia; ³Population Council, Zambia

- Mistreatment of women during childbirth is a documented problem worldwide.
- Behavioral design was an effective approach to unpack the challenges impeding respectful care and collaboratively develop solutions.
- Results suggest that the solutions reduced disrespect and abuse during labor and delivery and increased provision of pain management support.

BACKGROUND

Mistreatment of women during childbirth in health facilities, especially in the form of health providers insulting, scolding, or treating clients harshly, is a documented problem worldwide and prevalent across all country income levels.

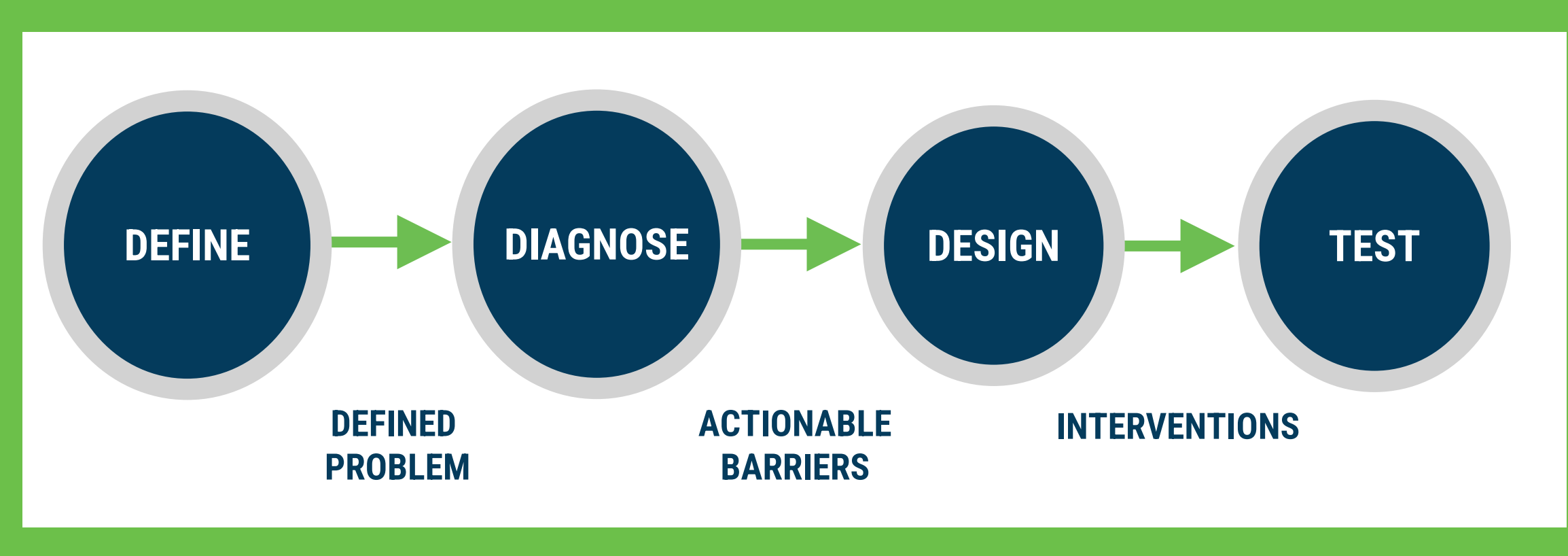
While several studies have highlighted promising approaches to promote respectful maternity care (RMC), this **body of literature is still limited**.

Leveraging the behavioral design methodology, Breakthrough RESEARCH sought to unpack the drivers of mistreatment in Eastern Province, Zambia and design solutions together with providers, laboring women, and other key stakeholders to **promote respectful care by addressing power imbalances, elevating client expectations of care, and confronting the role of provider bias using behavioral science**.

METHODS

Behavioral design is an approach that leverages insights from behavioral economics, social psychology, human-centered design and other disciplines to develop and test innovative solutions that reshape people's environment to positively influence their behavior. Our project team implemented all four steps of behavioral design in Zambia's Chipata District: Define, Diagnose, Design, and Test (Figure 1).

FIGURE 1 Behavioral Design Process



FUNDING AND CONTACT INFORMATION

For more information, contact **Jana Smith** at jana@ideas42.org

Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018. The information provided does not necessarily reflect the views of USAID or the United States Government, and the contents of this poster are the sole responsibility of Breakthrough RESEARCH, the Population Council, and the authors.

RESULTS

- The result of the diagnosis and design process was a set of four co-created solutions:
 - **Pain management toolkit**—a range of cues and tools placed through the ward to continuously prompt supportive care (Figure 2)
 - **Provider-client promise**—a list of promises read out loud to clients upon admission and signed to set boundaries around acceptable provider care and shift power imbalances
 - **Feedback box**—a means to default women into evaluating their experience of care and elevate their voice (Figure 3)
 - **Reflection workshop**—a safe space for providers to discuss facility norms and build motivation and a commitment to improve client care
- Results of a quasi-experimental evaluation in 5 treatment and 5 control facilities highlighted:
 - Confirmation of the link between the behavioral insights, the resulting solutions, and the outcomes in the theory of change (Figure 4).
 - Statistically significant differences between clients in the treatment and control sites related to their **experiences of disrespect and abuse** ($\beta = -0.15$ $p = .01$).
 - Statistically significant differences between clients in the treatment and control sites related to **pain management support** received ($\beta = .33$, $p = .003$).
 - Providers in treatment sites perceived pain management as a **more critical component** of their role and reported **more frequent use** of evidence-based pain management techniques than providers in control sites.

FIGURE 2 Poster in Pain Management Toolkit



FIGURE 3 Feedback Box

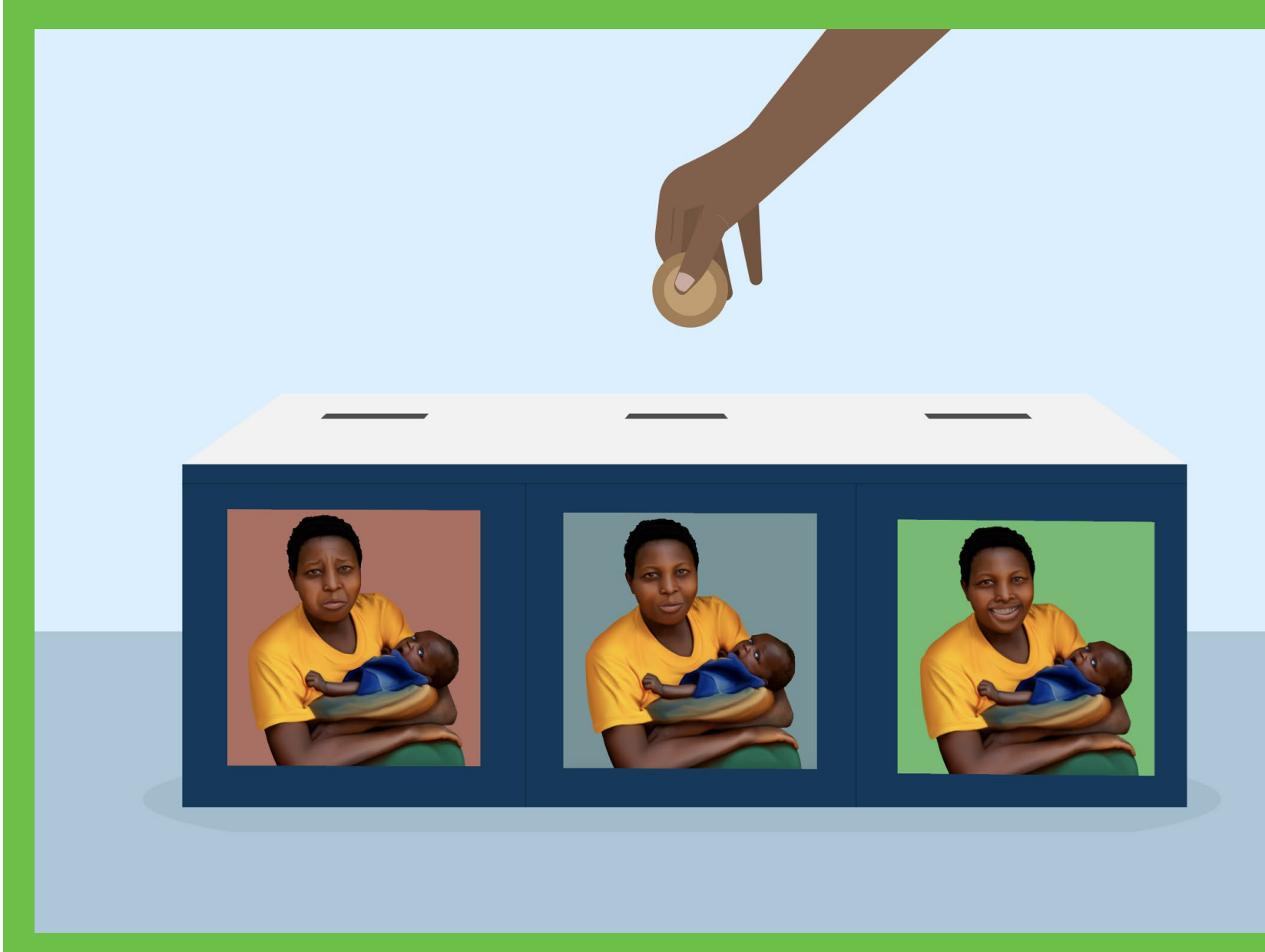
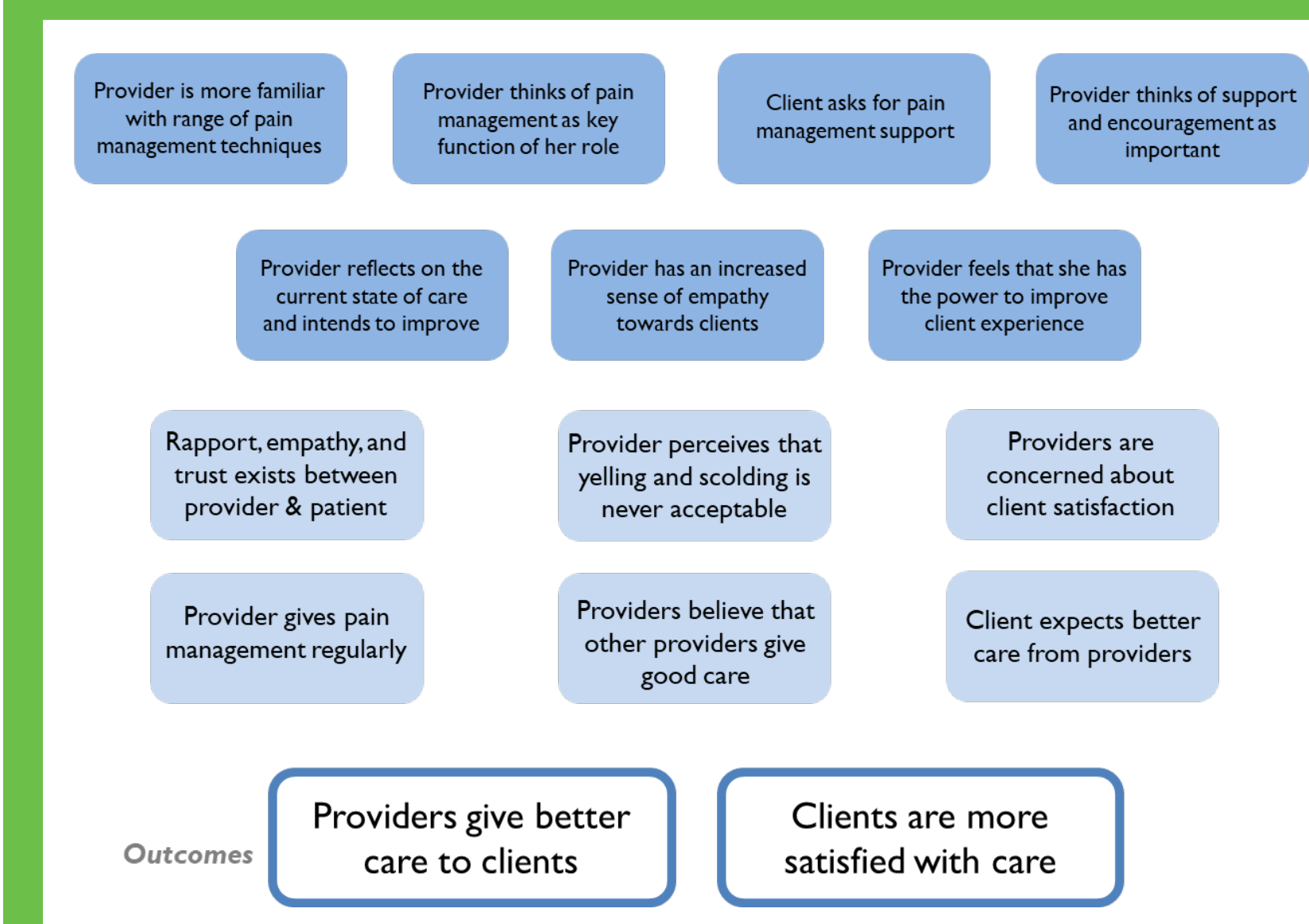


FIGURE 4 Theory of Change



CONCLUSION

- The package of behaviorally-informed solutions holds promise to positively impact the experience of care of women in labor particularly in the provision of pain management support and decreasing instances of mistreatment.
- The solution set was feasible to implement and well received by health workers thus suggesting its promise for scale.
- Larger-scale research is needed to further test the impact of these interventions, refine their design to more effectively elevate client expectations, and ensure that the acceptability and feasibility of implementation is maintained as the solutions are adapted and scaled to other settings.