

Mistreatment of Pregnant Women in Kenya

Women in Kenya, like women in most countries, are at risk of experiencing violence throughout their lives. There are high rates of domestic violence, sexual violence and even human trafficking, but perhaps the largest risk and the most unique to Kenya itself, is the violence women experience in hospitals while they are giving birth. The mistreatment of pregnant women by the healthcare system is an epidemic that has not only created high maternal and neonatal mortality rates, of which Kenya is in the top twenty worldwide, but also convinces some women to have high-risk at-home births in order to avoid this mistreatment.

Women experience a host of mistreatments in hospitals that can lead to the discouragement of returning for a future pregnancy and/or illness and death. In a focus group discussion with men and women who have experienced or witnessed these mistreatments, held by BMC Pregnancy and Childbirth, a man noted “For me, my opinion is that you may take your wife to hospital the first time but she is afraid to go back because they are usually beaten by the sisters. Once that happens the second time she refuses to go to hospital, she decides to give birth at home” (5).¹ In hospitals, women can be subjected to physical abuse such as slapping, pinching, as well as verbal abuse. It has been reported that healthcare providers often use harsh language in order to insult/degrade and even blame women for bad outcomes. Many multiparous mothers also report being abandoned completely during labor because they already “knew what to do” (5).² Women are also less likely to go to a hospital for treatment because of preexisting medical conditions such as HIV/AIDS. Women fear that after testing they will be outed to their community because “most health providers are careless and often disclose such information” (6).³ Women are also frequently discriminated against because of their economic status. Poor women who cannot afford treatment but still go to hospital are, although it is illegal, often detained until their debt is paid or forced to work off their debt at the hospital.

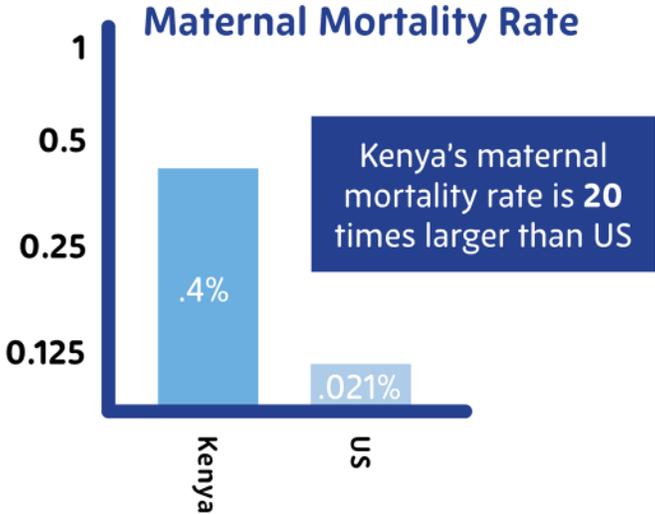
Physical/verbal abuse, abandonment, discrimination, lack of confidentiality and detainment are just the beginning of what Kenyan women face while giving birth. Besides mistreatment from healthcare providers, the hospitals themselves are often understaffed and lack resources. Many hospitals do not have enough food, drink or bathing water. If a woman is not healthy enough to make it to the cafeteria and wait in line for food, even after giving birth, that woman will not get any food unless a family member or friend retrieves it. Family members often have to bring resources to the hospital themselves in order to keep the new mother healthy. Lack of resources is not the only problem, however, as hospitals are also known for being extremely unsanitary. One woman from the focus group run by BMC Pregnancy and Childbirth recalled her birthing experience saying, “the beds are too dirty ...you see this room with curtains, it’s full of blood though they wipe the outside part...If you see the bed itself you won’t enter inside it’s so dirty... even the washrooms are very



dirty...the toilets have blocked and you can't even go inside" (8).⁴ Besides poor conditions, hospitals in Kenya are known for being corrupt, and often, women who can bribe their healthcare providers with money will receive much better care and resources compared to women who cannot afford to bribe.

All of these factors have given Kenya an extremely high maternal mortality rate of 400 women per 100,000 live births, or .4%.⁵ .4%, which might sound small, but it is almost 20 times larger than the United States maternal mortality rate of 21 women per 100,000 live births or .021%. This is a staggering statistic especially considering the fact that the United States has the worst maternal mortality rate in the developed world. This problem can be addressed in two ways: Education and aid. Education is important because many Kenyan women have little to no knowledge of this subject. If a report was released to the general public regarding which hospitals provide proper care and resources, women could make better informed decisions about where to receive their care.

Many women also do not know their rights or the proper care that they should be receiving from healthcare professionals, so if they were further educated on the topic, they could properly assess their situation. Since there is already an inherent aversion to hospitals, it is also important to educate women regarding a safe at-home birth if that is the path they choose. Knowledge is extremely important, because the more information that is available to the general public, the less likely it is that this mistreatment will continue to happen. Aid is also an important way to help the women of Kenya. Helping open newer hospitals with well-trained staff, or simply donating resources to already existing hospitals that are providing decent care, could make the difference between a new mother living and a new mother dying.



¹ Warren, Charlotte E., Rebecca Njue, Charity Ndwiga, and Timothy Abuya, Manifestations and Drivers of Mistreatment of Women during Childbirth in Kenya: Implications for Measurement and Developing Interventions, *BMC Pregnancy and Childbirth*17, no. 1 (2017), 5

² Warren, Njue, Ndwiga, Abuya. Manifestations and Drivers of Mistreatment, 5

³ Warren, Njue, Ndwiga, Abuya. Manifestations and Drivers of Mistreatment, 6

⁴ Warren, Njue, Ndwiga, Abuya. Manifestations and Drivers of Mistreatment, 8

⁵ Kruk, Margaret E., Hannah H. Leslie, Stéphane Verguet, Godfrey M. Mbaruku, Richard M K Adanu, and Ana Langer. "Quality of Basic Maternal Care Functions in Health Facilities of Five African Countries: An Analysis of National Health System Surveys." *The Lancet Global Health*4, no. 11 (2016)

⁶ Martin, ProPublica Nina, and Renee Montagne. "U.S. Has The Worst Rate Of Maternal Deaths In The Developed World." NPR. May 12, 2017.

