

Mistreatment and Violence Against Women During Reproductive Health Care with a Focus on Childbirth

Anecdotal Evidence from South Sudan

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The information in this report was compiled from an interview conducted on May 15, 2019 with Rev. Janet Michael, Director, Department of Nursing and Midwifery, Ministry of Health, South Sudan.

Rev. Michael noted that due to a lack of documentation, much of the knowledge relating to violence against women in South Sudan during reproductive health care is anecdotal. Much of her information is derived from her personal experience as a nurse and midwife in South Sudan for more than 20 years, in her role as Director for the past 10 years, as well as anecdotal evidence from her colleagues in the Ministry of Health and reporting from the field.

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- 1. Please indicate whether in your country there are cases of mistreatment and violence against women during reproductive health care, particularly facility-based childbirth. If so, please specify what kind of cases and describe your country's response and any good practices, including protection of human rights.**

Mistreatment and violence against women during reproductive health care is extremely common and is present in every region of the country. This violence can be traced to inadequately trained health care workers, including widespread use of traditional birth attendants (TBAs), as well as misinformation and a lack of public education around birth. In South Sudan, we observe an extremely low proportion of women giving birth in health facilities at 11.5%¹, therefore, much violence, both physical and psychological, takes place in the mother's home and in their home community. Community elders and family members, including mothers, aunties, and TBAs often oversee birth in rural settings and are the perpetrators of much of the violence. Often, a woman in labour is forced to give birth quickly and are beaten and threatened in order to force the baby out. It has been reported that sticks have been pushed down mothers' throats to force her to push. Myths persist that if a baby does not come quickly, the woman has not been faithful to her husband and are forced to falsely confess to having an affair to end the violence against her.

¹ South Sudan Household Health Survey 2010



In formal health facilities, we also see psychological and physical abuse. TBAs will call relatives to try and force the mother to give birth, where the relatives can beat and psychologically abuse the mother in order to expedite the birthing process. This sometimes leads to infection and on occasion, death. Mothers are sometimes refused food for long periods while in labour and are not able to push vigorously due to weakness, exacerbating the abuse. Mothers are commonly accused of being at fault for stillbirths (and for dying during labour), often due to persistent myths that being unfaithful is the cause and are further abused as a result.

In the postpartum period, women are often washed with hot water once at home. There are some beliefs that the breasts also need to be massaged and squeezed with hot water to encourage lactation. Second and third-degree burns have been reported on many women's breasts and vulvas after washing with excessively heated water.

Some sensitization efforts have been initiated to educate the public on the birthing process and the consequences of physical and psychological abuse, where radio programs have served as the principle conduit. Further, UNFPA's "One-Stop Centres", initiated in partnership with the South Sudan Ministry of Health / Ministry of Gender, Child and Social Welfare, are now present in 5 major health facilities and serve as anonymous support centres for women who have been victims of abuse, offering both psychological and legal support.

2. Please specify if full and informed consent is administered for any type of reproductive health care and if these include childbirth care.

Full and informed consent for women is lacking in South Sudan, both in the community and at the facilities, due primarily to the persistence of a traditional patriarchal organization of society. When seeking reproductive services, the woman is usually not asked her opinion and not given options on the care she is to receive; health care workers most often dictate the procedures.

Currently in South Sudan, very few mothers access family planning services with a 4.7% contraceptive prevalence rate in South Sudan². The ones who do, however, must often defer to the husband when making any family planning decisions. Out of fear for the repercussions from men in the community, including local chiefs, health care workers will insist that a husband be present. Midwives are sometimes threatened with violence from men in the community who might not be part of family planning decisions and numerous death threats have been reported.

3. Please specify whether there are accountability mechanisms in place within the health facilities to ensure redress for victims of mistreatment and violence, including filing complaints, financial compensation, acknowledgement of wrongdoing and guarantees of non-repetition. Please indicate whether the ombudsperson is mandated to address such human rights violations.

There is an aversion to holding health care workers accountable due to widespread beliefs that TBAs, nurses, and midwives might retaliate and provide poor care and compromise the birthing

² Kane, Sumit et al. "Social norms and family planning decisions in South Sudan." *BMC public health* vol. 16,1 1183. 22 Nov. 2016, doi:10.1186/s12889-016-3839-6



process in future. No policies are in place at the health facilities to accommodate complaints against staff, though informally, complaints are accepted, and disciplinary actions can be triggered on an informal basis. The head of the facility (aka the “In-Charge”) is normally responsible for overseeing these processes, however rare they may be – there is an aversion to be seen as responsible for the firing of a health care worker. In rare cases, suspensions without pay have been reported for abusing a patient, but never a dismissal.

4. Does your health systems have policies that guide health responses to VAW and are these in line with WHO guidelines and standards on this issue.

No definition of violence against women exists in South Sudan’s health system, only vague terms of general abuse (e.g. “no beating mothers”). Further, there are no standard policies or procedures in place to address violence against women occurring while receiving reproductive health care in a facility, public or private.

