

Previous PDF in this issue

Next PDF in this issue

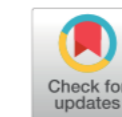
Social Science & Medicine 232 (2019) 278–288



Contents lists available at [ScienceDirect](#)

## Social Science & Medicine

journal homepage: [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)



# Women who break the rules: Social exclusion and inequities in pregnancy and childbirth experiences in Zambia

Laura Sochas

Department of Social Policy, London School of Economics and Political Science, Houghton Street, London, WC2A 2AE, UK

### ARTICLE INFO

*Keywords:*

- Health inequities
- Social exclusion
- Maternal health
- Access to care
- Norms
- Zambia
- Power
- Disrespectful care

### ABSTRACT

Health inequities are a growing concern in low- and middle-income countries, but reducing them requires a better understanding of underlying mechanisms. This study is based on 42 semi-structured interviews conducted in June 2018 with women who gave birth in the previous year, across rural and urban clinic sites in Mansa district, Zambia. Findings show that health facility rules regulating women's behaviour during pregnancy and childbirth create inequities in women's maternity experiences. The rules and their application can be understood as a form of social exclusion, discriminating against women with fewer financial and social resources. This study extends existing frameworks of social exclusion by demonstrating that the rules do not only originate in, but also reinforce, the structural processes that underpin inequitable social institutions. Legitimising the rules supports a moral order where women with fewer resources are constructed as “bad women”, while efforts to follow the rules widen existing power differentials between socially excluded women and others. This study's findings have implications for the literature on reversed accountability and the unintended consequences of global and national safe motherhood targets, and for our understanding of disrespectful maternity care.

### 1. Introduction

The maternal health literature's excessive focus on individual-level barriers to maternal healthcare access may have fuelled individual-level approaches to addressing maternal health inequities (Gabrysch and Campbell, 2009; Moyer and Mustafa, 2013). Targeted behaviour change interventions, including community-based education, have been shown

in the LMIC health policy and disrespectful maternity care literatures (Bradley et al., 2016; Sriram et al., 2018).

Also lacking is a broader understanding of maternal health inequities that includes the absence of “unfair and avoidable” differences in “mental and social well-being” (Ramírez, 2016; Whitehead, 1991, p. 219; World Health Organisation, 1946, p. 1). If we take this definition of *health equity* (World Health Organisation, 2018), it is clear that the current health care systems

