



## Obstetric Violence: A Challenge in Maternity Care

Roberto Enrique Alvarado Chacón<sup>1</sup>, María Fernanda Morales Gómez<sup>2</sup>, Greta Marisol Vallejo Ordoñez<sup>3</sup>, Elisabeth Germania Vilema Vizueté<sup>4</sup>

<sup>1234</sup>Universidad Regional Autónoma de Los Andes Ambato. Ecuador

Email: [ua.robertoac58@uniandes.edu.ec](mailto:ua.robertoac58@uniandes.edu.ec)<sup>1</sup>, [ua.mariamorales@uniandes.edu.ec](mailto:ua.mariamorales@uniandes.edu.ec)<sup>2</sup>,  
[ua.gretavo25@uniandes.edu.ec](mailto:ua.gretavo25@uniandes.edu.ec)<sup>3</sup>, [direccionenfermeria@uniandes.edu.ec](mailto:direccionenfermeria@uniandes.edu.ec)<sup>4</sup>

ORCID ID: 0000-0001-8999-220X<sup>1</sup>, 0000-0002-4780-0596<sup>2</sup>, 0009-0009-8901-3572<sup>3</sup>, 0000-0003-4534-3421<sup>4</sup>

\*Corresponding author's E-mail: [ua.robertoac58@uniandes.edu.ec](mailto:ua.robertoac58@uniandes.edu.ec)

Article History	Abstract
Received: 06 June 2023 Revised: 05 Sept 2023 Accepted: 11 Sept 2023	<p><b>Aim:</b> This research addresses the issue of obstetric violence against women during childbirth. It emphasizes that this violence is deeply rooted in institutional practices and power structures, such as patriarchy. While some countries have legally recognized obstetric violence, there is still a lack of legislation in other places, including Spain. <b>Material and method:</b> The lack of consensus in defining and measuring obstetric mistreatment hinders its study and understanding. The research findings reveal that women experience physical, verbal, and psychological mistreatment during childbirth, leading to anxiety and discomfort. The lack of knowledge about women's rights during childbirth increases their vulnerability to mistreatment. It is highlighted that obstetric violence is a problem deeply ingrained in the healthcare system and has been normalized by both patients and medical staff. The research underscores the importance of ensuring respect for human rights during childbirth and highlights that obstetric violence constitutes a violation of women's sexual and reproductive rights. <b>Statistics and Result:</b> The need to work on the relationship between health services and patients to improve the childbirth experience is emphasized. The research concludes that addressing obstetric violence requires a focus on professional training to ensure appropriate and respectful treatment of patients.</p>
CC License CC-BY-NC-SA 4.0	<b>Keywords:</b> Obstetric Violence, Women, Childbirth, Mistreatment, Human Rights

### 1. Introduction

Violence against women is the history of civilization, there is no known evidence of a society where misogyny and systematic violence against women has not existed. The only thing that can be done in these ambiguous situations, where archaeological and historical reminiscences are weak, is to go towards what can be identified - scientifically speaking - and that is intimately related to violence against women, about patriarchy as a system and structure of power. Even so, establishing a date or a time of beginning of this political system is complex, since the different communities of hominids and humans did not develop at the same time. The lack of univocality regarding the dating of the origin of patriarchy is debated between economic and political currents and archaeological and anthropological ones (de Silva et al., 2019).

In 1969, a feminist activism emerged that fought for the defense of respected childbirth and the rights of women during their perinatal care. One of its objectives was to publicize the term obstetric violence, understanding it as a type of gender violence. That denounces the excessive medicalization

and interventionism that characterize current obstetric care. Venezuela, followed by other Latin American countries, was the first country to legally recognize this type of violence.

However, in Spain it has not yet been legislated. Analyzing current obstetric care, it has been shown that many interventions performed routinely are not justified by scientific evidence, for example, the significant increase in cesarean sections, episiotomies and other practices experienced in recent years. The studies consulted show that there is a significant lack of knowledge, both on the part of professionals and women, about the rights of parturients, which increases vulnerability to their violation.

This research aims to identify some research that has been done on the abuse of pregnant women in labor. Although There is currently no international consensus on how to scientifically define and measure abuse and disrespect. Its prevalence and impact on women's health, well-being and choices is unknown. So it can be inferred that by not publicly acknowledging that this is happening, it gives advantage for these actions to continue to be executed.

According to the World Health Organization, all women have the right to receive the highest standard of health care, which includes the right to dignified and respectful care during pregnancy and childbirth, and the right to be free from violence and discrimination. Abuse, neglect or lack of respect during the care of pregnant women constitute a violation of the fundamental human rights of women, described in international human rights norms and principles. To achieve a high level of respectful care at birth, health systems must be organized and conducted in such a way as to ensure respect for human rights. When investigating, it is common for them to refer physical, verbal, medical procedures without consent or coercive here it is included that episiotomy, then episiorrhaphy and sterilization is included (Rivers, 2021).

In consideration of the above, obstetric violence is framed as another type of gender violence rooted in the institutional practices of the health system, a situation that is often practiced even by the same sex people, medical nurses and health team personnel.

Obstetric violence was born as a product of the intersection of structural gender violence and institutional violence in health, it is a type of violation of sexual and reproductive rights until now very little problematized and invisible (Guerrero et al., 2021).

The Obstetric violence is subcategorized into: Nonconformity with health care received during labor. Violence against women should also be understood as "Any action or conduct, based on gender, that causes death, harm or physical, sexual or psychological suffering to women, both in the public and private spheres". (Elisa, 2019) During labor, the mechanism of ignoring mothers and prioritizing the results of examinations and medical technologies applied to childbirth is particularly evident, as staff constantly take readings from monitors without even interacting with the patient (ZAVALA, 2017).

All these situations generate anxiety, feelings of helplessness and a lot of discomfort in women: "I broke water and spent many hours in the clinic, they performed a lot of touches, the doctor and a lot of interns coming in and out of my room, I felt very uncomfortable, but I kept quiet." Women also have the right not to be subjected to torture or cruel, inhuman or degrading treatment or punishment. (Alvarez, 2018; PidDCy, 2020; Fraiman, 2018) In labour, insensitivity to the mother's pain, silence, infantilization, insults, humiliating comments and ill-treatment may be witnessed. All this can be defined as symbolic violence that translates into an attitude of submission, acquired by women as a means of protection against inadequate attention, such as scolding or isolation (Jojoa, 2019).

Similarly, docility on the part of pregnant women results from the naturalization of violence in the labor and delivery processes, by internalizations resulting from previous experiences, by events they witnessed in care or by stories of other women. For this reason there is a kind of acceptance of the parturients themselves as long as a position dependent on the system of authorized knowledge has been normalized (Salgado, 2018). This story evidences the experience of a young woman who was a victim of symbolic violence.

Obstetric violence (VO) is a problem in the health sector with inconsistent or no resolutions. It includes acts of physical and psychological violence, as well as omissions in timely treatment; These

transgressive practices have been naturalized by patients and health personnel, being a problem for the physical and mental integrity of pregnant women (Cecilia, 2019). After having gone through in a general way all the aspects related to the responsibilities of the health professional with respect to obstetric violence, it is important to emphasize that all these situations were already included in all the regulations that regulate professional practice, being the new legislation only a reminder, and why not a reaffirmation of the need to work hard in the relationship between health service and patient, Mainly in these areas where the person is healthy and can interact with professionals to achieve a better life experience (Arandia et al., 2023; Yepez et al., 2020).

Therefore, the objective of this research is to analyze and understand the incidence of obstetric violence against women during childbirth, identifying the institutional practices and power structures that contribute to its perpetuation, as well as exploring the psychological and physical impact that this violence can have on women. In addition, it seeks to highlight the importance of guaranteeing respect for human rights during the perinatal care process and propose recommendations to improve the quality of care and reduce obstetric violence in the field of maternal health.

## **2. Materials And Methods**

The present research is of mixed qualitative and quantitative approach type descriptive, cross-sectional, observational and retrospective, the search tools were investigations published in databases such as PubMed, Google scholar, Scielo, Medline, LILACS, ELSEVIER pertinent to the theme the delivery room: another form of violence against women, the selection criteria were research dating from 2017 to October 2022, that were complete articles in Spanish or Portuguese, for this purpose the descriptors for health sciences were used Regarding the exclusion criteria, those writings concerning areas such as emergency, hospitalization, pediatrics and outside the context of the delivery room, duplicate and incomplete articles in terms of temporality, writings prior to 2022 and no less than 2017 were selected as for temporality. as since in this research is taken as main working material A compilation of written, physical and online documents from first and second sources, which serve as a sample or memory of the events that occurred and allow to investigate in search of Conclusions Further.

All this was consulted to know situations of violence against pregnant women in the hospital environment, the understanding and analysis of theoretical or empirical realities through the review, comparison, comparison or understanding of different types of documentary sources that were consulted regarding the issue of abuse of women in the delivery room, through a systematic and organized approach.

## **3. Results and Discussion**

The results obtained through the exhaustive review of documents and research have shed light on an alarming and persistent problem: the mistreatment of women during the birth process. In addition, it has been observed that the submissive attitude of pregnant women during labor and delivery itself seems to arise from an internalization of violence, which is based on previous experiences, events witnessed during medical care or testimonies of other women. These findings reveal a troubling acceptance by women who give birth of their subordinate position within the authoritative knowledge system (Alvarez, 2018).

The phenomenon of obstetric abuse has been the subject of study and research for decades, and the data collected to date have shown the magnitude and seriousness of this problem. The fact that many women experience some degree of abuse during one of the most important and sensitive moments of their lives is disturbing and demands deep reflection on the part of the medical community and society at large.

Obstetric abuse can manifest itself in a variety of ways, from derogatory and humiliating comments by health personnel to unnecessary and coercive medical procedures imposed without the woman's consent. Symbolic violence also plays a role, as many women are subjected to practices and treatments that make them feel vulnerable, questioned or infantilized, which can negatively affect their experience and emotional well-being during childbirth.

A first-hand account exemplifies the experience of a young woman who suffered symbolic violence:

*"When I was about 37 weeks pregnant, my water broke and it was time to deliver my baby. Upon arriving at the hospital, I was not treated quickly just because I had no pain, and finally I was taken to the ward where I would be with other women who were also waiting to deliver their babies. What I feared so much happened, what I could not believe, what everyone had told me. "Walking into a delivery room was like walking into a lion cage, when I stepped foot in that place, the first thing they did was make fun of my age and condition." "When they put the track on my bed and I didn't feel pain, one of the people who attended me told me: 'It doesn't hurt, mijita, sure it doesn't hurt, just as it must have hurt you when it (...)'. Worst of all, more than three people touched me, it looked like a piggy bank that everyone put their hand in. Once the medical staff determined I was ready to have my daughter, they took me to the delivery room and told me to push, but I just didn't feel the need. Then another person came and told me to scream and push as much as I could, as if I had screamed when I had sex (VVV, 2019).*

This is just one of the many experiences that many women have lived. When all this happened, it was the worst humiliation they made me go through, I was angry with myself for everything that happened, but then I understood that they violated my rights not only as a woman, but also as a teenager."tag.

This is one of the more than a thousand experiences that more than one woman has gone through, when all this happened it was the worst humiliation they made me go through, I got angry with myself for everything that happened to me, but then I understood that my rights were violated not only as a woman but as a teenager.

There is concern about the mistreatment, lack of respect and violence that health institutions exert on women during childbirth. There is no unanimity on the appropriate terminology to define this phenomenon. The concept of "obstetric violence" represents a political issue based on power relations that seek obedience and submission of female bodies, and points out that the experience of motherhood is in the realm of biopolitics. For health professionals to accept this term, it is crucial to recognize that health practices are developed in a social context where a historical framework has been built with internal beliefs, rules and practices that reproduce gender ideologies in the health professions (Soria et al., 2022; Eras et al., 2022).

Women's passive acceptance of these situations is linked to the normalization of obstetric violence in the context of health care. The previous experiences of other women, as well as institutional attitudes and practices, have led some pregnant women to internalize the idea that certain forms of abuse are inevitable or even justified during childbirth. This mentality of submission and conformity reinforces the asymmetrical power that exists in the relationship between medical staff and patients, thus perpetuating a cycle of violence and inequality.

It is essential that, from the professional training classrooms, whether for nurses or doctors, professional integrity is emphasized to provide adequate and respectful treatment to the patient, complying with the laws and principles of humanity. It is not necessary for health personnel to feel threatened by laws to fulfill their role as guarantors of health.

It is important to emphasize that the fight against obstetric abuse must transcend the individual sphere and become a collective objective of society and the health system. Awareness of this issue must reach both health professionals and women and their families, so that a respectful, dignified and empathetic approach to maternal care is promoted. In addition, it is essential to develop and strengthen clear policies and protocols that protect women's rights during childbirth and establish accountability mechanisms for cases where abuse has occurred. The eradication of obstetric abuse requires a joint effort and a firm commitment from all actors involved in maternal care.

#### **4. Conclusion**

Within public and private institutions, it is important to emphasize that it is appropriate to continue with the design of state policies with a gender perspective, which prioritize actions aimed at improving the integral health of women, respectful and humanized care in the public and private sectors around the world, aimed mainly at reducing maternal morbidity and mortality. It is also

important to support the creation of strategies and protocols that allow measuring these situations in order to better work on the problem. We should always seek to highlight the right of women to receive dignified and respectful health care at birth under the protection of national and international human rights treaties. The objective of the study is to highlight the role of local and international regulations in defense of women's rights in all their situations, highlighting in this document the role of fair and correct care of women in childbirth and when they demand obstetric medical assistance.

In these pages, the emergency context of the concept of obstetric violence has been analyzed and the way in which it has acquired relevance, not only from the legal field where it is born, but also in the social sciences that analyze power relations within the medical field, and their effects on the life and health of women in the experience of processes such as childbirth. In order to address the problem, it is important to make visible some of the expectations of women who have experienced obstetric violence in the care of their births. These recommendations are consistent with the precepts of respected childbirth, and WHO suggestions for safe and dignified birth/delivery. There are good reasons for considering obstetric violence as just another category of violence against women. Women must be aware of its seriousness and impact on the health and psychology of the person who suffers it and society as a whole. Only by investigating its particular characteristics and the interests and motivations that sustain it can it be put to an end. This article is an attempt to summarize my experience and reflections on obstetric violence as a woman and professional.

### References:

- Alvarez Matteazzi, E. R. P. (2018). Obstetric violence: naturalization of the hegemonic medical care model during the birth process. Bachelor's Degree Thesis in Social Work. Cordova: National University of Cordova, Faculty of Social Sciences.
- Arandia Zambrano, J. C., Ramos Rivera, J. J., Rosado Osorio, A. E. (2023). Pregnant women and the ignorance of their rights as a priority attention group. *Baltic Journal of Law & Politic*, 16(3), 1452-1458.
- Cecilia Madrid Medina, MÁDLPMJDM, LGCdICPRJBESRMdRRL. (2019). Prevalence of obstetric violence to patients during labor to puerperium mediated by the staff of a public hospital. *LUX MEDICA*, 14(42).
- da Silva e Silva, A., García-Manso, Sousa da Silva Barbosa. (2019, October). A historical review of violence against women. *Direito e Práxis*, 1.
- Elisa Jojoa-Tobar, YDCSJBLRMCMM. (2019, April/June). Obstetric violence: making the invisible visible. *Revista de la Universidad Industrial de Santander*, 2(51).
- Eras Diaz, J. A., Alberca Benítez, C. M., Pérez Mayorga, B. C., & Limaico Mina, M. E. (2022). Physical violence against women in the Santo Domingo canton in Ecuador. *Journal of University and Society*, 14(S4), 147-157.
- Eras Díaz, J. A., Benavides Salazar, C. F., Benavides Salazar, J. C., & Ortiz Aguilar, W. (2022). Violence against women from a gender perspective and their rights. *University and Society*, 13(S1), 44-.
- Fraiman, J. S. (2018). Obstetric violence as a reflection of anthropocentric speciesism. *Legal review*, 10(1).
- Guerrero-Sotelo, R., J. HR, L. HA, Aragón-González. (2021). Forms, practices, and discourses in the phenomenon of obstetric violence: a situated approach. *GénEroos*, 28(30).
- Jojoa Tobar, E., CSYLRJMMMPCA. (2019). Obstetric violence: making the invisible visible. *Revista de la Universidad Industrial de Santander*, 51(2).
- Leon Rodriguez, I. X., Rojas Silva, And. A., Muñoz Campaign, L. C., & Centeno Maldonado, P. A. (2022). Physical violence against women: a view from the Santo Domingo canton in Ecuador during the last triennium. *University and Society Magazine*, 14(S4), 234-240.
- PIIDCy politicians. (2020). *International Covenant on Civil and Political Rights*.
- Rivers, E. G. (2021). Obstetric Violence. *Peruvian Journal of Maternal Perinatal Research*, 10(4).
- Salgado, F. D. M. (2018). NATURALIZATION OF OBSTETRIC VIOLENCE THROUGH MEDICAL DISCOURSE AND PRACTICES. *Venezuelan Journal of Women's Studies*, 22(42).
- Soria Acosta, A. R., & Hernández Zambrano, Y. C. (2022). Keys to obstetric emergency in postpartum hemorrhage. *University and Society Magazine*, 14(S2), 445-449.
- VVV Room. (2019). "It is rich to make them, but not to have them": analysis of obstetric violence during childbirth care in Colombia. *Health Sciences Magazine*, 19.
- Yépez Velazco, S. V., Lizcano Chapeta, C. J., Molina Gutiérrez, T. de J. (2020). The institutional role of the Ecuadorian State to prevent abuse of children and adolescents. *University and Society*, 12(S1), 489-496.
- ZAVALA SOTO, J. O. (2017). Care received and hospital satisfaction from the perception of being a mother: components of (humanized) care for women in childbirth based on evidence. PhD thesis in social

sciences. Sonora, Mexico: Universidad de Sonora, Repostorio UNISON Ciencias Sociales Tesis de Posgrado.