

Obstetric violence, so socially normalized that it seems invisible



Source 1: UNICEF. Woman breastfeeding her baby in Belgrade, Serbia.

What is obstetric violence?

Obstetric violence (OV) is the violence to which women are subjected at the time of pregnancy, childbirth and the puerperio.

It can be defined as a set of practices that degrade, oppress and intimidate women in different ways within reproductive health care, mainly in the period of pregnancy, childbirth and postpartum. It is a violation of women's human and reproductive rights. Obstetric violence can manifest itself in the form of physical but also psychological or emotional aggression:

Physical, in the form of unjustified medicalization rituals: use of unnecessary procedures in pregnancy and childbirth, vaginal examinations without consent, enemas or washes, shaving, fetal monitoring, lack of

respect for the natural rhythms of labor (inductions), position of lithotomy, routine episiotomies, routine administration of drugs, artificial rupture of membranes, etc.

A form of gender violence that worries the UN and the WHO

A recent UN's report warns about the phenomenon of this form of violence against women and urges those responsible in each country to comply with their human rights obligations and to address the structural problems and root causes of this type of violence against women perpetuated by reproductive health services.

The UN has understood this form of mistreatment and violence against women in reproductive health services and during childbirth care as part of an

ongoing form of violations that occur in the broader context of structural inequality, discrimination and patriarchy. It considers this form of violence is as well a consequence of lack of education and training and lack of respect for the equal status of women and their human rights.

Women and girls also suffer this type of violence when they request other forms of sexual and reproductive health care such as gynecological exams, abortion, fertility and contraceptive treatments, and in other sexual and reproductive health contexts.

The problem with this issue is that it is a violence so normalized that it is invisible. The Rapporteur in the UN report emphasizes this idea by pointing out that: "Violence against women in childbirth is so normalized that it is (yet) not considered violence against women."

In this sense, the WHO has published a report in which it denounces the disrespectful and offensive treatment that many women receive during childbirth. Moreover, the Organization insists on the importance of establishing certain "quality control" measures in health centers and of involving women in the decision-making process. Indeed, women are often unaware that certain attitudes or actions are part of this violence. However, the document itself does not contain any specific mention of the term "obstetric violence".

Latin America: pioneer in the criminalization of obstetric violence

The first country in the world to use the term "obstetric violence" was Venezuela in 2007, when it passed the first law - of which there is evidence - that deals with regulating the so-called obstetric violence within a legal framework. It is the Organic Law on the Right of Women to a Life Free of Violence. It contains a definition of obstetric violence (Article 14), it clarifies which acts are considered to constitute this form of violence (Article 51) and thus which acts are crimes.

In Europe, the issue is debated by human rights organizations and social movements but no country has passed legislation on this matter yet.

Obstetric violence's figures in Spain

In Spain, 25% of women undergo cesarean section (it represents 1 in 4 pregnancies), a figure well above the 10% that the WHO considers acceptable, and even the 15% that, according to the WHO, should not be overcome. When comparing the figures of episiotomies, instrumentalized deliveries or inductions in the Spanish State with respect to other European countries, it is striking that Spain is characterized by interventional delivery care, which leads to better perinatal results.

To deal with this situation, the association "El parto es Nuestro" created the Obstetric Violence Observatory in 2015. This observatory consists of a multidisciplinary body whose purpose is to publicly denounce the incidence of the practices that constitute this type of violence. It collected 1921 questionnaires from women who had given birth between 2008 and 2016 in Spain: 70.3% of the participants said that the professionals who entered the room did not introduced themselves, 66% did not ask permission to treat them and 40% considered that the language used to address them was not professional neither correct. According to the results of these questionnaires, in more than half of the cases (50.7%) the women were not informed of the intervention (induction of labor, Kristeller's maneuver, episiotomy, etc.) that they were going to undergo. 55.7% of the women were not allowed to eat or drink and 74.7% were not allowed to choose the position in the expulsive.

Although Spain has not yet criminalized these types of practices. Obstetric violence is clearly a violation of basic rights recognized in the main international human rights treaties, as well as in the Spanish Constitution. For instance, it is a violation of the rights to physical and moral integrity (article 15), to personal freedom (article 17) and privacy (article 18), among others.

Historic condemnation of the UN Women's Committee to Spain for a case of obstetric violence

The experts of the UN Committee for the Elimination of Discrimination against Women (CEDAW) responded to a complaint presented by a Spanish woman from Lugo. During the delivery of her daughter she was subjected to unnecessary medical interventions by a public hospital, including induction of labor without apparent justification. As a result of what happened during the delivery, the woman suffered lasting a physical and mental trauma.

It is the first time that CEDAW has issued a decision related to obstetric violence. Experts urge Spain to adopt public policies to combat such violence, which includes mistreatment, verbal and physical abuse. They also request Spain to pay this woman an appropriate reparation for the damage suffered to her physical and psychological health.

It must be noted that the victim took her case to court in Spain, but, according to the Committee's

conclusions, "she faced gender stereotypes and discrimination throughout the judicial process."

Disclosure is a fundamental first step to give greater visibility to these types of events and begin to eradicate them. In addition, the promotion of the use of informed consent, in writing and also communicated by a health professional and adapted to all socioeconomic conditions and physical and intellectual disabilities, implies greater respect for the human rights of women.

In the following links you can consult a related news from the Office of the UN High Commissioner, as well as the complete decision of the Committee:

<https://www.ohchr.org/SP/NewsEvents/Pages/DisplayNews.aspx?NewsID=25688&LangID=S>

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/75/D/138/2018&Lang=en

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- <https://saludmentalperinatal.es/2019/09/02/la-onu-califica-la-violencia-obstetrica-atenta-contra-los-derechos-humanos/>
- <https://revistamedica.com/violencia-obstetrica/>
- <https://www.publico.es/sociedad/violencia-obstetrica-comite-onu-mujer-alerta-caso-violencia-obstetrica-espana.html>
- <https://www.eldiario.es/temas/violencia-obstetrica/>
- <https://news.un.org/es/story/2020/03/1470871>

Published by:



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