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**Obstetric violence:
a hidden dehumanizing practice,
exercised by medical care personnel:
Is it a public health and human rights problem?**
Original Article

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SUMMARY

Introduction. Our objective was to determine if the behaviors adopted as routine obstetricians could be considered acts of dehumanizing practice in the context of obstetric violence, as a complex problem of public health and human rights.

Material and Methods: Prospective, cross-sectional observational study through the application of a survey of 250

pregnant women, where 180 agreed to respond to the questionnaire-survey.

Results: 75% know the existence of a law that protects them against any type of violence, 80% did not know the term obstetric violence. In 100% there were no beds for vertical delivery care. In more than 85% invasive procedures were used, without informed consent. 55% of patients reported having suffered some type of abuse by health personnel. 44.4% of the cases perceived a dehumanizing

treatment, among the transgressors and / or perpetrators of treatment; nursing staff contributed to up to 75%. 96.1% of the respondents did not know the mechanisms used in the law for their protection or to make the respective complaint.

Conclusion: *It is still evident that despite the existence of a law where obstetric violence is typified, sanctioned and penalized, obstetric services continue to*

implement behaviors that are already considered routine obstetrics, which constitute acts of violence that are included as part of gender violence against women.

Keywords: *Obstetric violence, health personnel, practice, dehumanizing, hidden, problem, public health, human rights.*

INTRODUCTION

Violence represents a problem that is essentially social in nature; violence against women today represents a state problem, because it is one of the most frequent violations of human rights; it constitutes a public health problem that violates the human rights of women. One type of violence against women is represented by the so-called Obstetric Violence, defined as any kind of violence against women in their right to sexual activity and reproductive life, that is, violence against pregnant women (Arguedas, 2014).

Sexual rights are universal human rights based on inherent freedom, dignity and equality for all human beings. Given health is a fundamental human right, sexual and reproductive health must be an essential basic human right.

Sexual health is the result of an environment that recognizes, accepts, respects and exercises these sexual rights, including the right to make reproductive, free and responsible decisions. This includes the right to decide whether or not to have children, the number of children, and the right to full access to the methods of fertility regulation (Villaverde, 2006).

Therefore, sexual rights are fundamental and universal human rights; when this right to reproduction is converted into a medical procedure, the woman is stripped of her identity in a dosed and fragmented manner; the woman is transformed into an object, that is, a kind of large uterus that gives protection to the product of conception as it is to the embryo and later to the fetus; she ceases to be a subject of law (Belli, 2013).

According to the Venezuelan organic law for a life free of violence against women, in its article 15° numeral 13, obstetric violence is defined as "the appropriation of the body and the reproductive processes of women by health personnel, which it expresses itself in a dehumanizing deal ... " However, obstetric violence continues to be a phenomenon that goes unnoticed in public or private health institutions by medical care personnel, both when treating pregnant women and in the discussions for the training and practical care of future gynecologists in the attention to pregnancy, childbirth and post-partum period, despite being established in the Venezuelan legal medical framework.

Obstetric violence is any conduct, action or omission, carried out by health personnel who, directly or indirectly, disturb the reproductive process expressed

in a dehumanized treatment of this natural process.

Obstetric violence can be classified, on the one hand, in a type of physical obstetric violence such as that carried out towards women in invasive practices and medication that are not justified or when the times and possibilities of biological birth are not respected. On the other hand, psychological obstetric violence includes a dehumanized, aberrant, rude, discriminatory, humiliating treatment, when the woman is going to request a report, or requires attention, or in the course of an obstetric practice.

It can also include the omission of information on the evolution of their delivery, the health status of their son or daughter and, in general, to be involved in the different actions of health professionals (Medina, 2009).

However, obstetric violence constitutes a violation of human rights, both as a form of gender-based violence against pregnant women, and from the perspective of the right to health, the right to life, the right to physical or mental integrity; these rights are established in the Bolivarian National Constitution and in the treaties, agreements or declarations adopted by the Venezuelan State (Villaverde, 2006).

In the maternal medical institutions, it is already routine for patients to coexist with this type of violence, both physically and mentally, despite the ethical and legal consequences that health personnel may face; this is especially important in the case of physicians, because they are usually team leaders; this reality is experienced every day in public and private healthcare

centers in Venezuela, where medical acts are not fully understood by the parturient patient; it often results in the dehumanization of labor, with consequences and medical implications on legal rights because they are considered as constitutive acts of gender violence.

The purpose of this article is to establish if the behaviors adopted as routine obstetrics and prescribed in the hospitalization rooms of public institutions such as private obstetrics service in the city of Maracaibo-Venezuela, commit acts of dehumanizing practice within the framework of Obstetric violence, as a complex public health problem and the human rights of pregnant women.

METHODS

Prospective, cross-sectional observational study, using a data collection instrument based on an anonymous, standardized and standardized survey questionnaire, with a sample chosen randomly and intentionally in the obstetric emergency room (room of births) of the obstetrics service; Venezuelan obstetric-maternal care is governed by a pattern, a standardization of routines of obstetric work at the whole country, whose variations, between institutions, are imperceptible.

A pool of open and closed questions was used, using as parameters the content in the articles 15° numeral 13 and article 51° of the Venezuelan organic law on the right of women to a life free of violence.

The population was represented by 250 pregnant women, but it should be mentioned that 28% (70) refused to answer the questionnaire-survey so the sample

was constituted with 180 women (72%), which were attended by labor in the obstetric emergency.

A bibliographic search was carried out on the topics corresponding to obstetric violence as a hidden dehumanizing practice exercised by medical care personnel, which may represent a public health and human rights problem; legal-medical databases such as Elsevier, Medline, Proquest and Ovid were consulted.

The characteristics of the variables of the sample with their results are displayed in the form of graphs for their better compression, visualization and to be able to focus the differences. Including the bioethical principles, the research was

carried out attentively to the ethical-moral aspects and also under the approach of the current regulations (requirements of the Good Clinical Practices -GCP-, regulatory provisions and adherence to ethical principles originating in the Helsinki Declaration), thus guaranteeing the protection of the identity of each patient included in our study.

RESULTS

Figure 1 shows that 75% (135) of the respondents know the existence of a law that protects them against any type of violence, while 25% (45) had no knowledge or did not remember their name.

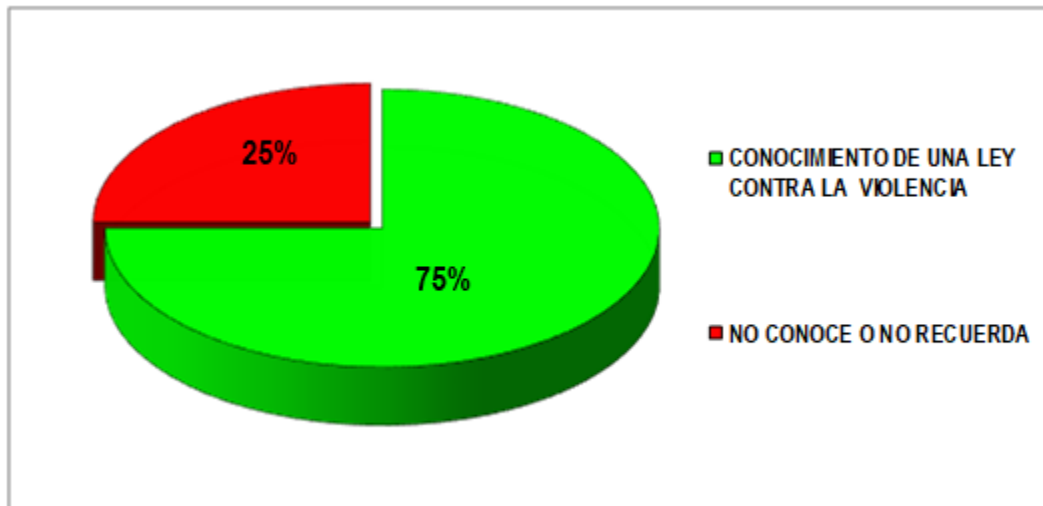
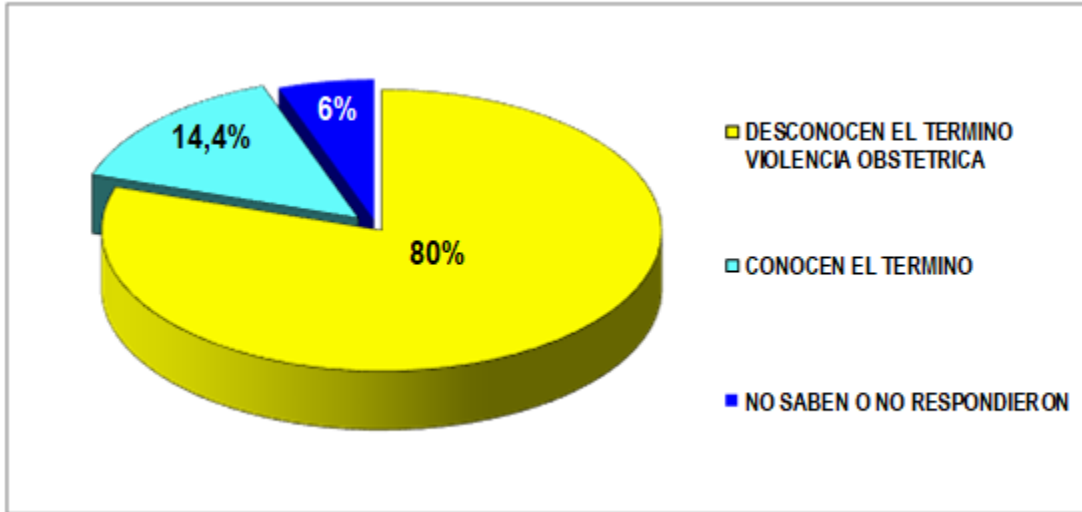


Figure 1. Distribution by percentage of knowledge of the law. (n = 180).

Figure 2 shows that the term obstetric violence was not known by the respondents in 80% of the cases (144);

14.4% (26) know the term and 5.5% (10) do not know or did not respond.



Graph 2. Distribution by percentage of knowledge of the term (n = 180)

In relation to the question if in the institution where the delivery was attended there were beds for vertical delivery, 100% (180) responded negatively, since their delivery was attended in the standard position ie supine position (with the legs raised) violating what is dictated by the LODMVLV, in article 51 number 2. When evaluating the application of oxytocics as routine behavior to accelerate labor, it was evidenced that 85% (153) of the pregnant women were treated with oxytocics without informing them about its valid indications; therefore, the legitimately declared or informed consent was not requested for its application, thus violating its right to be informed about the procedures that are being applied to its body, protected in Article 58 of the Bolivarian Constitution, article 69 of the law Organic health, as well as articles 15 and 16 of the Venezuelan Code of Medical Deontology.

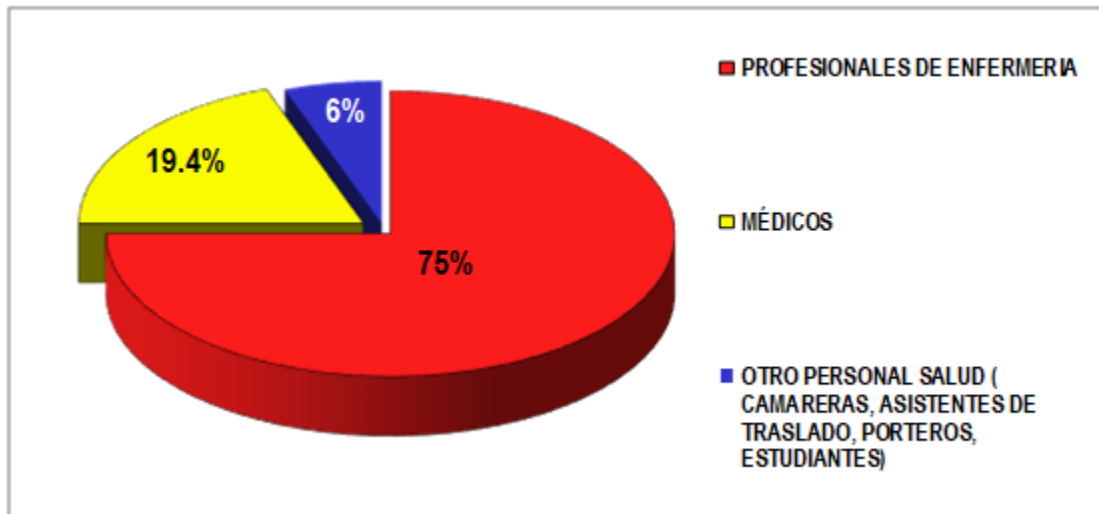
Episiotomy constitutes a routine pattern in obstetric work, since 89.5% (161) of women with vaginal deliveries underwent episiotomy indiscriminately, without local anesthesia and without

informing them of the valid indication; therefore, the consent legitimately declared or informed for the application of such procedure was not requested for its application, thus violating its right to be informed, committing an act of obstetric violence, taking into account article 15° numeral 13 of the organic law on the right of women to a life free of violence.

55% (99) of the patients reported having suffered some type of abuse after childbirth by health personnel; 44.4% (80) answered having received some type of abuse or verbal aggression such as disrespect, mockery or contempt, screaming, scolding, among others, while 10.5% (19) responded having suffered some type of aggression or physical abuse, such as the Kristeller maneuver.

Regarding the people that the patients identify as main transgressors and perpetrators of the dehumanized treatment, the nursing staff was pointed out in 75% (135) of the cases; this may be due to the fact that one of the functions of the nursing professional is to help and assist the patient to understand the information that is

provided about their situation. Second, they pointed out medical personnel, in 19.4% (35) of the cases (Graph 3).



Graph 3. Distribution of percentages of personnel indicated in relation to obstetric violence (n = 180)

Regarding the perception of dehumanizing treatment, 44.4% (80) of the cases perceived it this way; to 55.5% (100), the obstetric medical act was performed without information, that is, without obtaining the consent legitimately declared or informed. Regarding the question if they knew the mechanisms used in the organic law on the right of women to a life free of violence, as well as the state agencies where they report when they are victims of violence suffered at the time of their hospitalization before during and after delivery by health personnel, 96.1% (173) of the respondents said they had no knowledge.

DISCUSSION

Obstetric violence implies the violation of the reproductive rights of women in pregnancy, childbirth and puerperium; It has been related to lack of empathy and emotional distress of the health personnel.

In today's medical care practice, this form of violence against women can be evidenced, which leads to the loss of autonomy and ability of women to freely decide on their bodies and sexuality, negatively impacting their quality of life (Belli, 2013).

The practice of obstetric work, together with some routine behaviors of the hegemonic medical-obstetric praxis, constitute acts of gender violence that violate the human and reproductive rights of women, including the rights of equality, non-discrimination, to information, integrity, health and reproductive autonomy, which is generated in the field of pregnancy, delivery and puerperium care in health services (Benítez et al, 2004).

Research carried out on obstetric violence sustains that women, once they are hospitalized in obstetric wards, are evaluated from a conception of the

biologist model, giving great privilege only to strictly organic signs and symptoms; patients are classified as high or low obstetric risk; The latter make up a group, which from the epidemiological point of view, does not generate a significant increase, or any serious or very transcendent probability of morbidity or mortality, for the mother / fetus / neonate binomial.

However, the standardized medical standard requires that they be subjected to routine procedures and / or treatments, which, most of the time, do not discriminate or individualize the psychosocial needs of said women, causing secondary effects, which are not measured or evaluated by obstetrics.

In the research carried out by Faneite et al, 87% of respondents knew of the existence of a Law that protects women against any type of violence; 45.7% of them identified the Organic Law on the Right of Women to a Life Free of Violence. 89.2% knew the term obstetric violence, indicating the executor as any health personnel in 82.4% of the cases. 63.6% witnessed abuse of a pregnant woman; and of these, 42.8% was found by the doctor and 42.5% by nursing. In 94.6% there were no means for vertical delivery care; in 54.4% informed consent was used. Regarding reporting mechanisms, 72.6% did not know about them and 71.8% did not know the agencies in charge of providing assistance. 5.4% made complaints of violence, of which 7.4% were due to obstetric violence.

Likewise, in the research carried out by Castellanos et al on obstetric violence and the perception of female users, 66.8% reported performing medical procedures without informed consent, 49.4% were subjected to some kind of

dehumanizing treatment and only 20.5% perceived nonviolent treatment. Among the reports of dehumanizing treatment predominated obstructing early attachment (23.8%). The dehumanizing treatment was perceived more frequently by late pregnant women and adolescents ($P < 0.0001$). The main perpetrators are nurses and doctors. Among the procedures without consent, the most frequently reported was the completion of multiple tactics (37.2%) and the administration of oxytocics (31.3%). This type of violence was perceived more frequently by adolescents ($P < 0.0002$). The higher the level of education, the lower the perception of violence ($P < 0.0059$). One in four users knew the term obstetric violence, and 1 in 5 knew where to report it. Only 12% received information about informed consent and 17% signed a form. Results very consistent and similar to those obtained in our research.

Obstetric violence as an unwanted practice for our health system is defined within the framework of the Organic Law for the Right of Women to a Life Free of Violence (LODMVLV), where the practices considered as specific faults in the article 51°. It is necessary to express that to date there is no official statistic quantifying its occurrence and there is confusion about the interpretation both in the health personnel and in the users of the service (Toro and Zapata, 2007).

During the course of the investigation it was observed that the main transgressions to the norm occur primarily in two major areas that, for purposes of this investigation, have been called dehumanizing treatment; in relation to this, practices linked to dehumanizing treatment are more related to numerals 1 and 3 of article 51 of said law. In general, this dehumanizing treatment is more

frequently observed in women with a high educational level; This is perhaps because they have a greater knowledge of their sexual and reproductive rights as part of their human rights, which favors their empowerment, that is, they gain greater control over the decisions and actions that affect their health.

Regarding the performance of routine obstetric medical acts without obtaining the consent legitimately declared or informed, it includes the largest number of practices that violate the law, especially if it is based on the fact that consent is not obtained routinely. legitimately declared, entering directly in conflict with numerals 2, 4 and 5 of article 51 of the law in comment.

From the moment of the entry of the LODMVLV, the obstetrician has been the principal indicated; however, the concept of health personnel enters here. All those involved in the care of a patient, since entering the institution can commit acts classified as obstetric violence (Araujo-Cuauro, 2017).

In the international arena, obstetric violence is recognized as a form of discrimination, which prevents women from enjoying human rights and fundamental freedoms in equality. For the World Health Organization (WHO), obstetric violence is considered a serious public health problem, due to the numerous documents denouncing the lack of respect and mistreatment of women due to their pregnancy or at the time of care during labor (Arguedas, 2014). In this why the organization urged and insisted on the importance of establishing the respective measures to have some "quality control" in hospital care centers in both the public and private sectors, where pregnant women come for their control or delivery care ; they even involve all those involved in the

health care of women, who are often unaware that certain attitudes or actions are part of that invisible violence, when they are treated dehumanized, deprived of their ability to decide , of their intimacy, they are forced to give birth in an inadequate bed and against their will, receiving disparaging phrases regarding their ability to give birth on their own, among others (Camacaro, 2010).

Since violence against women is a problem of the State, since there are several rights violated, and at the same time constitutes a public health problem, the Organic Law on the Right of Women to a Life Free of Violence comes to sanction to those who infringe these rights. This is where the importance lies not only of knowledge of the practice of obstetric medical practice, but also of the laws promulgated in the Venezuelan legal system that sanction such acts; since "The law is mandatory from its publication in the Official Gazette, or from the later date indicated by it". "Ignorance of the Law is not an excuse for non-compliance", and "the waiver of laws in general does not take effect" which is expressed in the Civil Code of Venezuela in articles 1, 2 and 5 (Araujo -Cuauro, 2017).

Nowadays, obstetric medical violence is also a violation of third generation human rights, both as a manifestation of violence against women and as a right to sexual and reproductive health as a basic human right. The right to health is linked to the exercise of other human rights on which it also depends. It can not be taken as an isolated right, but must be understood from an integral conception of Human Rights. According to the results of our research, there is still a high perception of violence in obstetric care due to a dehumanizing treatment due to routine obstetric practices that violate

current regulations, as well as the performance of obstetric medical procedures without consent legitimately declared. or informed by health personnel.

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