

SYMPOSIUM: INSTITUTIONAL VIOLENCE AGAINST WOMEN DURING OBSTETRIC CARE

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Conflicts of interest: none

Ethical conflicts: none

Funding: self-funded

I declare that I have been involved in the conception, development and discussion of this article.

I declare that I have not used technology related to artificial intelligence.

Received: 6 June 2024

Accepted: 15 June 2024

Online publication: 27 June 2024

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Cite as: Guevara-Ríos E. Strategies for the prevention of institutional violence against women in obstetric care. *Rev peru ginecol obstet.* 2024;70(2). DOI: <https://doi.org/10.31403/rpgo.v70i2641>

Strategies for the prevention of institutional violence against women in obstetric care

Estrategias para la prevención de la violencia institucional contra la mujer en la atención obstétrica

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DOI: <https://doi.org/10.31403/rpgo.v70i2641>

ABSTRACT

Institutional violence against women in obstetric care is a human rights violation that began to become visible in studies of the quality of care during pregnancy, childbirth and the postpartum period. This violence against women occurs in every country of the world and has serious consequences for women's health. Strategies to prevent this problem include a state policy for the respect of human rights and therefore the reproductive rights of pregnant women during pregnancy; comprehensive sexual health education for schoolchildren; the training of health science students in universities, with a focus on gender and respect for human rights; the inclusion of sexual health and reproductive health courses in the curriculum of postgraduate studies in gynecology and obstetrics; the training of health personnel in obstetric services in the respectful treatment of pregnant women; conducting research on the subject to improve obstetric care; and that the Peruvian Society of Obstetrics and Gynecology continue to promote respect and good treatment of pregnant women as an important strategy for improving women's health in Peru.

Key words: Obstetric violence, Gender-based violence, Human rights, Reproductive rights, Attitude of health personnel

RESUMEN

La violencia institucional contra la mujer en la atención obstétrica es una violación de los derechos humanos que empezó a visibilizarse a partir de los estudios de la calidad de atención del embarazo, parto y puerperio. Esta violencia contra la mujer se presenta en todos los países del mundo y tiene graves consecuencias para la salud de las mujeres. Las estrategias para prevenir este problema incluyen una política de estado para el respeto de los derechos humanos y, por lo tanto, los derechos reproductivos de las gestantes durante su embarazo; la educación en salud sexual integral de los escolares; la formación de los estudiantes de las ciencias de la salud en las universidades, con un enfoque de género y de respeto a los derechos humanos; la inclusión en el currículo de estudios de posgrado de ginecología y obstetricia, cursos de salud sexual y salud reproductiva; la capacitación del personal de salud de los servicios de obstetricia en el trato respetuoso de las gestantes; realizar investigaciones sobre el tema que permitan llevar a cabo procesos de mejora en la atención obstétrica; y que la Sociedad Peruana de Obstetricia y Ginecología continúe promoviendo el respeto y el buen trato que deben recibir las gestantes, como una estrategia importante para mejorar la salud de las mujeres en el Perú.

Palabras clave. Violencia obstétrica, Violencia de género, Derechos humanos, Derechos sexuales y reproductivos, Actitud del personal de salud

INTRODUCTION

Pre-, intra- and post-natal care of pregnant women is contributing to the improvement of maternal and newborn health worldwide. However, it has been reported that this care of pregnant and postpartum women by health personnel is not always carried out with great respect, good physical and mental treatment, and consensual care⁽¹⁾. The problem of violence during delivery care has been in the literature since the 1990s⁽²⁾.

It appears to be occurring in many health facilities around the world, where many women have reported some form of physical, sexual or verbal abuse. Stigma and discrimination against pregnant women and non-adherence to clinical practice guidelines were also found to be present⁽³⁾. For these reasons, in 2014 the World Health Organization is-



sued a statement addressed to all countries in the world to prevent and eradicate disrespect and mistreatment during the care of pregnant and postpartum women in health facilities⁽⁴⁾. This care is considered a type of violence against women when they are most vulnerable, during pregnancy.

Institutional violence in obstetric care includes acts of violence by health personnel and others during pregnancy, childbirth or the postpartum period, which is manifested by the woman feeling that she has been mistreated, treated with disregard for confidentiality and privacy, and treated in a disrespectful manner⁽⁵⁾; this affects their physical and mental health. The reference to health personnel includes the multidisciplinary team that includes the doctor, nurse, obstetrician, nursing technician, among others⁽⁶⁾.

It is necessary for the State to take the political decision to permanently monitor the quality of care of pregnant women and postpartum women in order to prevent and eradicate so-called obstetric violence during the care of pregnant women with or without complications or during childbirth and postpartum care in health facilities⁽⁷⁾.

BACKGROUND

Since the 1990s, when the perception of satisfaction of pregnant women during their care in obstetric services has been studied, it has been observed that many of them had been mistreated or disrespected or were not informed about their health status and treatment. It has been found that many women around the world had the perception of having suffered violence during their care⁽⁸⁾.

This type of care has been termed obstetric violence, which is a concept that can have various definitions depending on the approach and the woman's perception of the type of care received⁽⁹⁾, but which we prefer to call violence against women in obstetric care. The physical and/or mental health of women affected by this type of violence can, in some cases, lead to extreme maternal morbidity and even maternal death^(2,10-13).

In 2011, the White Ribbon Alliance developed a declaration of respect for motherhood, which

contained universal rights for women and newborns. For women, they have the rights: to be free from physical and/or mental abuse; to receive information about their diagnosis, as well as to give informed consent and to have their decisions about treatment respected; the right to always have a companion with them during their care; the right to confidentiality and privacy, so that no one can share the woman's medical information; the right to be treated with respect and dignity, i.e., she cannot be humiliated or spoken to in a disrespectful manner; the right to equality and non-discrimination, which implies that she can make decisions about her care; the right to receive the best quality of care by health personnel, according to the best scientific evidence, in a clean and safe environment; and the right not to be arbitrarily detained in a health facility⁽¹⁴⁾.

MAGNITUDE OF THE PROBLEM

According to the literature consulted, several studies mention that institutional violence against women during obstetric care occurs in health facilities in different countries around the world⁽¹⁵⁻¹⁹⁾ at a rate of between 100% and 30%. The same is happening in Latin America^(20,21).

In Peru, research on violence during obstetric care in hospitals in Lima and in the regions of the country has found it to be between 30% and up to 97%, mainly due to the fact that the pregnant woman is not allowed to be accompanied during labour and delivery by the person of her choice. They also mention verbal abuse and lack of information about her state of health and the procedures to be followed, as well as the failure to sign an informed consent form⁽²²⁻²⁵⁾.

STRATEGIES TO ADDRESS INSTITUTIONAL VIOLENCE AGAINST WOMEN DURING OBSTETRIC CARE

1. A state policy with multidisciplinary, intersectoral and cross-cultural participation is needed to promote good practices with a gender and human rights approach in the care of pregnant women, with respect for their reproductive rights during pregnancy, childbirth and the postpartum period by health professionals, health facility directors, heads of obstetric departments or services, authorities of the Ministry of Health and the Ministry of Women and Vulnerable Popula-



tions, the judiciary, the Ombudsman's Office, teachers in schools and universities, women's organizations and in general society as a whole. In many Latin American countries there are norms and regulations to guarantee the human right of pregnant women to have quality care during pregnancy, childbirth and the postpartum period, and where the humanization of childbirth is promoted to prevent violence in both public and private health facilities⁽²⁶⁻³⁰⁾.

2. Comprehensive sexuality education is required in all schools from the initial years of schooling until the end of secondary education. Education should include health as part of fundamental human rights and that all human beings have the right to enjoy sexual and reproductive health, understood as the complete physical, mental and social well-being in all aspects of sexuality and reproduction. To achieve this education requires teachers to have competencies in comprehensive sexuality education. Therefore, they must be adequately trained. Likewise, the Ministry of Education should improve the primary and secondary school curriculum in sexuality and sexuality education so that all people can take care of their own sexual health and have good relationships with all others in the community⁽³¹⁾.
3. The country's universities with faculties of health sciences, such as human medicine, nursing, obstetrics, medical technology, psychology, nutrition, pharmacy and others, should include in their curricula a gender and human rights approach in undergraduate education^(32,33). The objective of the gender approach is to build equitable and fair gender relations and seeks to recognize respect and non-discrimination of people regardless of their social origin, sexual orientation or gender identity.
4. Human rights admit that all human beings have the right to health, to receive quality health care. Human rights include reproductive rights, which refers to having access to the best standards of reproductive health care. That is, to the best care in all processes related to reproduction, such as pregnancy, childbirth and postpartum care, based on the best current scientific evidence, providing the best possible information about their state of health and the procedures to be followed, considering their cultural environment and receiving the best possible treatment. This new training will enable new health professionals to provide care centered on the needs of pregnant women, thus eradicating obstetric violence.
5. Postgraduate training in gynecology and obstetrics requires education with a holistic vision for new specialists. This includes not only instruction in new surgical techniques, but also knowledge of ethics and sexual and reproductive rights. The Peruvian Society of Obstetrics and Gynecology, in coordination with the Postgraduate Unit of the Faculty of Medicine of the Universidad Nacional Mayor de San Marcos, has included a course on sexual and reproductive health, which includes health issues from a gender perspective, among the subjects taught to first-year residents. Thus, the gynecology and obstetrics resident doctor can find strategies to act and try to minimize inequalities, promote sexual and reproductive health and achieve the empowerment of women, guaranteeing the improvement of the health of girls, adolescents and women.
6. Midwifery services should report abuse and disrespect during prenatal care, during delivery and in the postpartum period. They should also report cases where there is no signed informed consent. At the same time, women can register their complaints about their perception of their care in the service. In this way, statistical data can be collected to enable better management decisions to be made in the service. For this, it is necessary to raise awareness and train health personnel in the reproductive rights that pregnant women have when they are attended to at the health facility, rights that are recognized at the international level as part of human rights. It is also important to provide training on gender and interculturality. It is important in these trainings to describe the consequences on physical and mental health if pregnant or puerperal women are victims of violence during their care in health facilities.



7. With the support of the managers in the facilities that treat pregnant women, care should be improved with respect and without mistreatment of women during their passage through the obstetric services. With the support of quality management offices, continuous quality improvement projects for the prevention of institutional violence during obstetric care can be developed.
8. Field research on violence against pregnant or puerperal women during their care in health facilities should be promoted in universities and scientific societies to generate evidence on this social problem. This recommendation should be promoted at the level of health personnel, scientific societies, universities at both undergraduate and postgraduate level, as a crucial issue in the defense of human rights and for the prevention of gender-based violence. Research can provide information about what might be happening in the country's health facilities. With these research results it is possible to make decisions about processes to improve the quality of obstetric care.
9. The Peruvian scientific societies of the different medical specialties, mainly obstetrics and gynecology, should promote among their members the recognition of reproductive rights as part of human rights, which have been internationally recognized since the World Conference on Population and Development in Cairo in 1994.
10. Reproductive rights are present in the care of pregnant women before, during and after childbirth, as well as in the care of incomplete abortion, missed abortion or therapeutic abortion. They are also present during the care of obstetric emergencies such as preeclampsia, hemorrhage in the second half of pregnancy, abortion, obstetric or non-obstetric sepsis. Scientific societies should promote respectful treatment at all these moments of care by both specialist and general practitioners, especially when they are performing their rural and marginal urban service, and by health personnel in general who provide care in obstetric services.

CONCLUSIONS

- Institutional violence against women during obstetric care can be present during prenatal care of pregnant women, labour, delivery and puerperium. It is by all accounts a violation of reproductive rights that can be committed by health personnel in health facilities that provide obstetric services.
- Its consequences can put the physical, mental and social health of women at risk, which can lead to extreme maternal morbidity or even maternal death.
- It is necessary to make this type of violence against women visible so that the state can adopt policies in favor of the health of pregnant women.
- It is necessary that primary and secondary school children receive comprehensive sexual education, as well as students in health science faculties, in order to respect human rights with a gender perspective and with consideration for the culture of the people.
- Similarly, postgraduate units should include sexual and reproductive health in their curricula, especially for gynecology and obstetrics residents, with emphasis on the prevention and eradication of so-called obstetric violence.
- Obstetric services should train their health personnel in the prevention of institutional violence against women in obstetric care. This requires that authorities are sensitized and committed to the issue.
- Research should help to provide better information on what is happening at the national level in health facilities with regard to institutional violence against pregnant and postpartum women.
- Finally, the Sociedad Peruana de Obstetricia y Ginecología should promote among its members and health professionals the respect and good treatment that women should receive during pregnancy, childbirth and puerperium as an important strategy to improve the health of girls, adolescents and women in Peru.



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