Obstetric Violence in Armed Conflict Areas

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Introduction

The operation of childbirth/ delivery is the most common process in which a woman bears physical pain. The intensity of pain is considered as the second largest that a person is exposed to after fire. Obstetric violence is one of the forms of violations of women's rights, as pregnant women suffer during the childbirth process sometimes from harmful behaviors that are a clear violation of their health rights, which may exacerbate and expose them to death, that is, the right to life.

This violence has many forms that differ according to the situations and people involved in dealing with the situation. Obstetric violence causes not only physical harm, but also psychological and emotional damage, and ranges from a nurse telling a woman not to scream to performing procedures that speed up labor for medical reasons only.

Violence during childbirth spreads and doctors describe it as widespread worldwide, and its features have emerged in the last decade and in areas of armed conflict it has more extreme manifestations. In the same context, the World Health Organization has been keen to make an effort to stop the images of those abuses that occur to women during childbirth because of the inevitability of intervention.

This report discusses defining the term obstetric violence that women are exposed to and its forms prevalent in most countries of the world, identifying the most severe forms of this violence in areas of armed conflict, in addition to reviewing the position of international organizations concerned with stopping these violations.

1- The Nature and Forms of Obstetric Violence

Obstetric violence is defined as the physical, sexual, or verbal abuse, bullying, coercion, humiliation or abuse of people during travail and childbirth by medical staff, including nurses and doctors. In short, obstetric violence is what a woman is subjected to abuse or lack of respect for her rights during travail and childbirth, including being forced to take action against her will at the hands of medical personnel.

Obstetric violence occurs in hospitals in many countries of the world, but outwardly childbirth violence appears to be just a new term for the old problem of disrespect and abuse in obstetric and gynecological care. The broader problem of gender-based violence is that it brings about a loss of autonomy and the ability to decide freely about their own bodies and in particular their inability to lead things around it during childbirth.

In the 1950s, a report in the American **Ladies' Home Journal** revealed that the use of forced medical procedures during childbirth has a long history and the examples are too extreme by exposing the inhuman treatment suffered by women in maternity wards across the country. Among the testimonies, women reported the use of forced medication during travail and the unacceptable use of forceps to speed up delivery.

Most women have only one birth in their lifetime, and they may experience many abuses that occur (it tends to be under the rug because it is a private topic that even the women themselves don't realize that their experiences of giving birth can be considered abuse.) These abuses contradict with the following rights: the right to informed consent, the right to refuse medical treatment, the right to health, the right to equal treatment, the right to privacy, and the right to life.

Obstetric violence occurs on a wide scale and includes many forms such as: vaginal examinations without consent, forced caesarean section, use of physical force to prevent childbirth while waiting for a doctor's arrival, physical restraint during childbirth, and sexual comments or sexual abuse during childbirth procedures. In addition to bullying procedures, such as induction or episiotomy, being treated without regard for independence or being talked to in a disrespectful manner.

Obstetric violence is divided into a number of categories, namely:

• **Verbal humiliation:** (Speaking harsh language or inappropriate language, threatening to withhold treatment, and blaming her).

• **Physical violence and abusive practices:** (Being hit or slapped, gagged or tied to the bed during childbirth, or forceful handling such as heavy pressure on the abdomen in a natural childbirth).

• **Neglect and disregard for women's pain and needs:** (ignoring her desire to choose a birthing position, refusing to have a companion, deprivation of food and fluids, treating the woman as a passive participant in the birth process).

• **Violation of privacy and confidentiality:** (There are no dividers or curtains between patients).

• **Exposure to discrimination**: (On the basis of socioeconomic level, health status, ethnicity, religion, and sometimes stigma).

• **Failure to adhere to professional standards while providing health care: (Painful vaginal exams, long waits to get health care).**

• **Use of unnecessary medical treatments or medical interventions without justification:** (Inducing travail, cutting the perineum without medical justification, or performing cesarean deliveries without medical justification).

• **Denial of treatment:** (Refusal to give painkillers).

• **Detention:** (Not allowing the woman to leave the hospital after giving birth, until the bills are paid).

Some medical reports in this regard indicate that the women most exposed to violence during childbirth are AIDS patients, and that these forms of violence cause a feeling of betrayal, psychological incompetence, lack of confidence and their abstention from any medical care before the birth process, in addition to their feeling of phobia of childbirth, and hastening Depression that occurs after pregnancy.

A British study at the University of Bristol found that children of mothers who are depressed during or after pregnancy are more likely to develop depression themselves in the future. The 14-year research project tracked 5,000 children up to the age of 24, regularly assessing their mental health. The National Health Service in England also estimates that one in five women suffer from postpartum depression and other mental health pain as a result of childbirth violence.

Despite all the successive developments in the medical field from highly accurate devices to measure fetal vital signs and effective drugs with high rates to relieve obstetric pain, childbirth violence still continues in various forms in public or private hospitals.

In government hospitals, the process of childbirth is usually handled by internship doctors (students), without any repeated experiences about it, and errors and abuses occur. Most of the women who frequent goes to public

hospitals are from the poor and the lower middle classes, which exposes them to stubbornness, abuse and intolerance of their troubles.

In private hospitals, caesarean sections are resorted to because they are financially more expensive. The problem is not financial, but the caesarean section threatens the woman's life, especially if bleeding occurs afterwards.

According to various studies published in the medical journal **"The Lancet"** about caesarean sections, they have increased 3 times more than their average, and they are exposed to death by 60% and in other times 70%. It can also lead to a woman's risk of life-threatening complications during childbirth, such as bleeding, uterine rupture, hysterectomy and cardiac arrest by about 5 times, and this risk increases more in subsequent births. It should be resorted to as a last option, not the first.

It should be noted that images of violence during childbirth prevail in Latin American countries, especially in Brazil, where the "Perseu Abramo" Foundation conducted a survey study on a sample of women who underwent childbirth, and it was found that one out of every four women suffers from forms of aggression during childbirth, and 80% is considered of them, they underwent a cesarean delivery, and 53.5% of the episiotomy.

Two studies of childbirth violence in Venezuela and Nigeria showed a prevalence of 79.5% to 98% with procedures performed without consent as the most common form of abuse and nurses being the primary perpetrators, with a serious impact on the health of pregnant women and newborns. The study reported performing procedures without consent as the most prevalent form of obstetric violence (54.5%), followed by physical abuse (35.7%). Venezuelan women identified nursing staff as the main perpetrators of obstetric violence (67.5%), followed by doctors (53%).

This institutionalization has led to the extensive medical treatment of the female body, its fragmentation, depersonalization and sometimes pathological mutilation, as well as the abusive use of unnecessary interventions on the female body. Comprehensive self-care has gradually been replaced by complex techniques aimed at treating a defective body from the perspective that pregnancy is no longer understood as a physiological event of life, but rather requires excessive control and healing. In this context of care, the woman becomes a secondary component of the birth scenario and is subject to a controlled environment, surrounded by institutional rules and protocols that separate her from her social and cultural context and cause her to distort her physiological ability to give birth.

Thus, it has become essential for women to always be well aware of the risks, procedures and options so that they can control and make their own decisions safely. In this sense, it is very important that the doctor provides a welcoming environment for the woman to feel comfortable and have the space to ask questions and clarify any doubts. Accordingly, the woman undergoing childbirth must agree with the doctor on all the procedures that will take place in the operation, and if this agreement is violated and there are violations or violence against the woman, the doctor must be held accountable.

2- The Fact of Obstetric Violence in Armed Conflict Areas

The United Nations leads about 12 peacekeeping operations around the world and works with countries torn by war and conflict. But for those exposed to armed conflict, the effects are grave and wide-ranging. Civilians have been caught in the crossfire in recent decades and have had to endure constant threats of bombing, shooting, and attack with chemical and biological weapons.

These pressures are forcing many people to leave their homes and seek refuge in other countries. The changing landscape of the war also resulted in more than 90% of war casualties being civilians, as happened in the First World War. In addition, women and children are particularly vulnerable to the adverse effects of conflict.

Armed conflict has multiple effects on the military and civilian populations alike. The effects of armed conflict may differ from one place to another, including the mechanisms/channels through which the conflict may lead to poor access and quality of health services. Armed conflicts can also destroy local infrastructure, food and water supplies, and sanitation systems, making it increasingly difficult to access public health care and antenatal care in particular for pregnant women.

Armed conflicts cause a public health problem and pose serious challenges to health systems, and the state of maternal and reproductive health is one of the areas most affected. Maternal health refers to a woman's health during pregnancy, childbirth and the postpartum period, while reproductive health is a state of complete physical, mental and social well-being.

But with the recent increase in international terrorism and the spread of kidnappings of women in particular for the purpose of pleasure, women are exposed under armed conflict to all kinds of abuse, including violence during childbirth. Thus, reproductive health is necessary to secure the health and rights of women under these circumstances.

If violence at birth is spreading in light of medical and scientific progress, all its forms are prevalent in conflicts and armed conflicts in an extreme, where exposure to beatings, sexual harassment, prevention of painkillers and restrictions in the family, failure to follow health safety, and viewing them as a mark of shame and slaves, especially women in captivity.

Accurate data collection is rarely a priority or even a possibility during war or armed conflict, but an estimated 303,000 pregnant women die worldwide each year from various causes. Moreover, realistic estimates indicate that the war caused the death of many pregnant women, about 140,000 each year. South Sudan is among the countries with the highest rates, with more than two thousand women dying for every 100,000 live births.

The conflict in the Palestinian Territories has led to a decrease in access to antenatal and postnatal care, as the number of home and induced births has increased, and women giving birth are subjected to hand-overs and searches at military transit points. Not only that, Israel executes harsh sentences against pregnant women, for example, the Palestinian woman Anhar al-Deek, who was in her third month of pregnancy, was detained and severely beaten in prison.

The Israeli authorities would not release her until after international pressure regarding this woman, who sought the help of the free world in a message to her during her arrest: “Your mercy Lord, what do I do if I bear far from you, and you know the pain of a caesarean delivery outside prison, so how is inside it while I am bound alone?”

One out of each four women in Colombia who experienced violence during childbirth is one at the Colombian armed conflict that ended in 2016. These women, especially ex-combatants and female recruits, face legal obstacles to compensation, because the victims’ law excludes legal obstacles if they leave the group as adults if they leave the group as adults. Colombia does not recognize acts of childbirth abuse in its administrative reparations programme.

In a UNICEF report issued in 2015, it was found that a child is born every two seconds in areas of armed conflict, most notably in Iraq, Yemen, Syria, Sudan, Afghanistan and the Central African Republic. This indicates the lack of health

care and rights that women obtain at childbirth in light of environmental and climatic changes and the lack of food and water.

Historically, the reproductive rights of women and girls have been affected in all situations of armed conflict, war or scenarios of repression. In this context, legal and illegal armed actors violate reproductive rights by act or omission, practicing forms of reproductive violence against women and girls ranging from forced contraception to forced sterilization, pregnancy and abortion as well as forms of obstetric violence.

3- Model Cases

The report monitors some cases of obstetric violence, and these cases are women who disclosed abuses that occurred to them during the birth giving process in places of armed conflict or refugees who left their countries as a result of it.

• Maryam Ali, 24 years old, a Yemeni citizen

Maryam said that she hated childbirth because of the violent behavior she received during the birth operation. Maryam was tied up, beaten, blamed and mistreated by a midwife who performs natural childbirth operations. The process of giving birth to Maryam lasted for more than six hours without allowing anyone from her family to accompany her. “I asked her to help me because of the severe pain.” The midwife said to me, “Shut up, shut up, who told you get married and come crying.” Maryam described what she went through with the utmost cruelty and says, “I was in travail until I fainted and fell to the ground and cut myself off. She did not help me get up again and I poured water on insulting."

• Hajar Saad, 35 years old - from Yemen

In her last birth, which caused her serious health complications that led to her bladder prolapse, which necessitated surgery. Hajar said that: “The doctor decided to follow up on me from the first period of pregnancy to do a caesarean section as a result of the accidental position of the fetus and the difficulty of natural delivery, but when it was time to give birth, I passed out more than once. When she arrived at the hospital, the operating room was crowded, and she born naturally by three nurses, each nurse was trying to get the fetus out and it failed. After that, she needs an operation to restore the bladder to its normal position after it fell due to childbirth.

• Raneem Al-Mashhadani, 26- a Syrian refugee in Turkey

Syrian refugee Raneem al-Mashhadani was subjected to many images of violence during childbirth in a Turkish hospital by the medical staff before, during and after childbirth. She described what she had experienced, saying: "When it was time to give birth, I went to the emergency department, to find the nurse screaming at me to follow her. I saw women in the hospital screaming in pain during childbirth, while the nurses were dancing to loud songs."

"When I grabbed my phone, the nurse screamed loudly, asking me to leave my phone and catch up with her quickly. I told her I was in pain and I couldn't hurry," but the nurse insisted, according to Raneem, "she asked me to take off my clothes and my jewelry." "If I had to break your hand to take off the gold, I would," said the nurse.

“During the birth, the nurses pressed hard on my stomach until I stopped breathing for a few seconds, and one of the nurses closed my mouth and nose with a muzzle firmly, then after the birth and while the doctor was completing

the process of cleaning and sewing the place of birth, she directed abuse at me, and said that she wanted to get rid of the birth process because I had exhausted her with my movement."

- **A'ylul Gulu - Syrian in Turkey**

She tried giving birth in an Istanbul hospital, and she said, "When it was time to give birth, they admitted me to the intensive care unit, and I stayed alone for three days. The signs of childbirth began and the doctor came. I started screaming in pain, and she threatened me that she would tie me to a chair. I was fainting from pain." When A'ylul began the caesarean section, she said that she entered the delivery room and they grabbed her hands and feet, cut the baby's exit without anesthesia, and pressed her hard on her stomach. Then, after the birth was over, they sewed up the wound caused by the birth without using anesthesia either.

Syrian refugee women in Turkey are exposed to obstetric violence in Turkish hospitals. A Syrian newspaper conducted a questionnaire on the social networking site "Facebook" about their experiences of childbirth in Turkey, and it was found that more than 70% of them had bad experiences, explaining their exposure to violence in various health centers (private and governmental) within different regions in Turkey.

4- Obstetrical Violence and International Organizations

Criminalizing obstetric violence in situations of war and armed conflict is implicit in international humanitarian law in the Fourth Geneva Convention which Article 3 (1) provides that: "Persons taking no direct part in hostilities, including members of armed forces who lay down their arms, and persons hors

de combat by sickness, wound, detention, or any other cause shall in all circumstances be treated humanely, without any adverse distinction founded on race, colour, religion or belief, sex, birth or wealth, or any other Another similar standard."

The second paragraph of Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) also states: “States Parties shall ensure to women adequate services in connection with pregnancy, childbirth and the postpartum period, providing them with free services, when necessary, as well as adequate nutrition during pregnancy and lactation."

Since the United Nations and its bodies are justified in monitoring the humanitarian situation, investigating facts and not violating these laws, Obstetric violence deserves to be monitored and some mechanisms to be put in place to eliminate it, especially as it may cause the death of a large number of women.

We find that the World Health Organization has defined childbirth violence as: “the appropriation of a woman’s body by health staffs, in the form of inhumane treatment, and arbitrary medicalization, as well as the pathology of natural processes, including women’s loss of independence and the ability to make their own decisions freely about her body and sexuality, which has negative consequences for a woman's quality of life."

A study of the World Health Organization, UNICEF and a number of international organizations showed that about 42% of women were subjected to obstetric violence in various forms, such as physical or verbal abuse or discrimination during childbirth in health centers, with some of them being punched, slapped, shouted in the face, mocked or pressured. them by force.

Among the recommendations that resulted from this study were:

- Allocate greater support from governments and development partners to research and action on the disrespect and abuse that occurs during childbirth.
- Initiate, support and sustain programs designed to improve the quality of maternal health care, with a strong focus on respectful care during childbirth as a key component.
- Emphasizing the right of women to dignified and respected health care throughout pregnancy and childbirth.
- Data on respectful and disrespectful care practices, accountability systems, and meaningful professional support need to be created.
- Involve all stakeholders, including women, in efforts to improve the quality of care and eliminate disrespectful and abusive practices during childbirth.

In the same context, Šimunović, the Special Rapporteur on violence against women, addressed in a report submitted to the General Assembly in 2019, stating that: "Abuse and violence against women during childbirth are widespread and systematic human rights violations that continue to harm the lives of women around the world and must be stopped." She called on states to take responsibility for holding health institutions accountable and to stop these violations that occur to women during childbirth.

Regarding obstetric violence in armed conflict areas, Babatunde Osotimehin, Executive Director of the United Nations Population Fund (UNFPA), said in 2016, "Although these scenarios are typical of the difficulties women face in conflict or disaster areas, very little is being done to meet their needs other than providing them with basic humanitarian assistance." The Secretary of the UNFPA said he is seeking $107 million to meet the needs of women and girls affected by the war in Syria.

In war-torn Yemen, MSF observed that pregnant women were seeking refuge in caves to give birth rather than risk going to hospital.

Conclusion

Recognizing the importance of the care ethics paradigm in the study of health issues, and the use of the term obstetric violence to refers to what some women may experience is the more ethical suggestion to use than many similar expressions. Care of the privacy of childbirth is a human right and an integral part of comprehensive health services, and it includes components of private health care, education about rights and choices, freedom from abuse, and treatment with dignity. However, disrespect and abuse during childbirth is a well-documented phenomenon that is directly linked to power relations and broader contexts of instability in families, communities, and nations.

Furthermore, the definition of obstetric violence as a subset of gender-based violence highlights that it is also a type of structural violence, and therefore needs to be addressed systematically. If more families do not talk about the abuse and harm that occurs in the maternity care setting, the environment will not change and providers and staff will continue to practice in the same ways.

While obstetric violence is not the norm for every woman who gives birth in hospitals, it does happen and happens more often than it should in developed and developing countries. In places of armed conflict, more extreme images are seen.

Eliminating the phenomenon of childbirth violence requires the contribution of international and local bodies in all countries of the world with efforts and technical, psychological and material support.