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Obstetric Violence: What Do Midwifery Students Know?

Yasemin Aydin Kartal[1], Aleyna Bulut[1*]

[1]Midwifery Department, University of Health Sciences, Turkey; aleyna.bulut@sbu.edu.tr (Corresponding Author)

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ABSTRACT

The aim of this study is to determine the diagnosis levels and experiences of obstetric violence, which negatively affects women, of midwife candidates. The sample of the descriptive study consisted of 203 students studying in the Midwifery department of a public university who volunteered to participate in the research (Participation rate: 56%). Data were collected with the "Personal Information Form", "Obstetric Violence Diagnosis Form". Descriptive statistics were used to evaluate the data. The mean age of the students who contributed to the research was determined as 21.20±2.18. While it was determined that 59.1% of the students participating in the study had knowledge about obstetric violence, it was determined that the most common source of information was the internet (27.6%) and the immediate environment (13.8%), respectively. It was determined that 33.5% of the students witnessed obstetric violence. In addition, 23.2% of the students stated that obstetric violence is common in health institutions. In the light of the study findings, it was determined that the knowledge level of midwifery students about diagnosing obstetric violence should be improved. Therefore, raising awareness through improved educational models, standardizing care through the implementation of clinical practice guidelines, establishing protocols for respectful care, establishing the preventive legal basis, and promoting the humanization of childbirth will be key to eradicating obstetric violence.

Keywords: obstetric violence; women; pregnant; midwifery students

INTRODUCTION

The aim of this study is to determine the diagnosis levels and experiences of midwife candidates regarding obstetric violence, which negatively affects women, and to take necessary actions. Women may be exposed to various types of violence, abuse, and ill-treatment in the health institutions they apply during pregnancy, childbirth, and postpartum period. These negative practices intentionally made by caregivers and examiners are called obstetric violence (OV). Obstetric violence (OV) is a type of violence against women that violates human rights (Saruhan et al., 2020). Wolf and Shabot have also defined obstetric violence as gender violence against women. Many situations such as inhumane practices, abuse of professional initiatives, pathologicalization of the natural progression process, medicalization, preventing women from making decisions about their own bodies, and ignoring material/spiritual and cultural values can be the source of obstetric violence (Wolf, 2013; Cohen Shabot, 2016). In low-risk pregnancies, there are types of verbals, psychological, and emotional violence, as well as clinical practices that cannot be based on scientific evidence, such as frequent and unnecessary vaginal examination, routine oxytocin and episiotomy, and referral to cesarean section in cases where there is no indication (Annborn et al., 2022).

In a study by Yalley et al. (2023) in Ghana, it was determined that one out of every three women (65.3%) experienced OV. Disregard for privacy, dishonorable and humiliating behaviors, physical abuse, attempts without consent and information, and discrimination are among the types of OV. In addition, it was determined that adolescent pregnant women were exposed to OV more than adult pregnant women and single pregnant women were exposed to more OV than married pregnant women. In another study conducted by Molla et al. (2022) in Southern Ethiopia, it was determined that 79.7% of women experienced OV. Educational status, length of hospital stays, and encountering complications during delivery were determined as factors related to OV. Women prefer to give birth at home in an unhealthy environment because of the humiliating behaviors they encounter and the practices that are done without their consent.

Midwives are an important caregiver for women's health (Bal et al., 2022). The role of midwives in reducing violence in the obstetric field has been emphasized because of the direct comprehensive and humanistic care they provide to women and their families with vaginal or cesarean delivery during the clinical stages of the antepartum, labor and

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postpartum process. Considering the importance of midwives in combating violence in the) obstetric field, the following question arises: What do midwife candidates know about obstetric violence? There are very limited studies on this subject in the literature. Therefore, this study was carried out to examine the level of obstetric severity diagnosis and experiences of midwife candidates. It is thought that these research findings will draw attention to obstetric violence, raise awareness among health personnel who provide obstetric service, and shed light on the planning of necessary trainings for midwife candidates.

METHOD

Study design

This descriptive study was conducted to determine the level of diagnosis of obstetric violence and their experiences of midwife candidates.

Study population and sample

The population of the research consisted of female students (N:365) studying in the Department of Midwifery, Faculty of Health Sciences of a state university. No sample selection was made in the research, and 365 students were contacted via e-mail and WhatsApp through class representatives and the Google Forms link of the research was shared. 203 students who agreed to participate in the research formed the sample of the research.

Data collection tools

"Personal Information Form" and "Obstetric Violence Diagnosis Form" developed by the researchers in line with expert opinions were used to collect the data.

Personal information form: The questionnaire form prepared by the researchers in line with the expert opinion based on the literature consists of two parts. In the first part, there are questions about the socio-demographic information of the students (age, income status, place of residence, etc.), and in the second part, there are questions about their knowledge and experiences about obstetric violence (obstetric violence knowledge level, diagnosis, seeing symptoms, etc.).

Obstetric violence diagnosis form: The Obstetric Violence Diagnosis Form, which was prepared by the researchers based on the literature and taking expert opinion, includes positive and negative statements that are evaluated as an element of obstetric violence. A yes answer means obstetric violence, and an answer no means no obstetric violence. The undecided answer was created for students who do not have certain knowledge and ideas. The content validity of the form was ensured by taking the opinion of 11 experts.

Ethical approval

The study started after the approval of the Scientific Research Ethics Committee and the permission of the relevant public institution. Students who met the sample group selection criteria were informed about the purpose and content of the study, and their voluntary consent was obtained.

Data analysis

Research data were evaluated using the SPSS 25 package program. In the evaluation of the data, number, percentage, mean and standard deviation from descriptive statistical analyzes were used.

RESULT

While the average age of the students was determined as 21.20±2.18, it was determined that the highest participation was from the 3rd grade (33.5%) and the least participation was from the 1st grade (12.5%). While the rate of students who graduated from health vocational high schools was determined as 10.3%, it was determined that 10.8% of the students were working. The personal characteristics of the students who contributed to the study are given in Table 1.

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Table 1. Personal Characteristics of Students

Personal characteristics	Mean±SD	Min-Max
Age	21.20±2.18	18-34
	N	%
Grade		
1	25	12.3
2	46	22.7
3	68	33.5
4	64	31.5
Marital status		
Married	7	3.4
Single	196	96.6
Type of high school graduated		
Health vocational high school	21	10.3
Other high schools	182	89.7
Working status		
Yes	22	10.8
No	181	89.2
Socio-economic status		
Income less than expenses	72	35.5
Income equals expense	119	58.6
Income more than expenses	12	5.9
Family type		
Elementary family	174	85.7
Wider family	25	12.3
Broken family	4	2.0
Living place		
Dorm	46	22.7
Private house	23	11.3
With family	134	66.0
Mother education status		
Not literate	12	5.9
Primary school	106	52.2
Middle school	38	18.7
High school	38	18.7
University	9	4.4
Father education status		
Not literate	4	2.0
Primary school	59	29.1
Middle school	52	25.6
High school	63	31.0
University	25	12.3

It was determined that 10.8% of the students worked part time, 58% of them were equal to their expenses, 85.7% of them had a nuclear family and they mostly stayed with their families (66%). It was determined that the education level of the mother was mostly primary school (52.2%) and the father was high school (31%).

Table 2. shows the knowledge and attitudes of midwifery students towards obstetric violence. While it was determined that 59.1% of the students had information about obstetric violence, it was determined that the information channels of these students were schools (43.8%), internet (27.6%) and hospitals (16.7%). Participants: 63.5% stated that it is necessary to meet the demands of women regarding privacy, 53.7% to eliminate the lack of information, 39.9% to choose the health personnel who will perform the application, and 12.8% to request or not want a cesarean section.

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Table 2. Students' Knowledge and Attitudes Towards Obstetric Violence

Knowledge and Attitudes Towards	N	%
Knowledge of obstetric violence		
Yes	120	59,1
No	83	40,9
Witnessing obstetric violence		
Yes	68	33,5
No	135	66,5
The status of doing the obstetrics internship		
Yes	167	82,3
No	36	17,7
*If you know about obstetric violence, where did you learn about it?		
College	89	43.8
Internet	56	27.6
Hospitals	34	16.7
Family, relatives, friends	28	13.8
Television	16	7.9
I have no information	63	31.0
Have you seen verbal or physical violence applied to pregnant or postpartum women?		
Yes	82	40,4
No	121	59,6
*What was the content of the obstetric violence?		
Scolding	76	37.4
Humiliation	61	30.0
Yell	43	21.2
Failure to address the lack of information	28	13.8
To beat	26	12.8
Doing unnecessary routine applications	17	8.4
Pinch-off	14	6.9
Expose it to applications it doesn't want	10	4.9
Sexual violence	1	0.5
Do you think obstetric violence is common in health institutions?		
Yes	47	23,2
Partly	130	64,0
No	26	12,8
Did you give birth?		
Yes	7	3,4
No	196	96,6
Did you witness the birth at the clinic?		
Yes	129	63,5
No	74	36,5
Which of the following demands should be met by women during gynecological examination, birth or postpartum?		
Privacy	129	63.5
Make up for the lack of information	109	53.7
Selecting the health personnel who will practice	81	39.9
To want or not to have a cesarean section	26	12.8
To want or not to have an episiotomy	21	10.3
Deciding on the mode of delivery	19	9.4
Not being examined often	15	7.4

*More than one answer has been given

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Table 3. Interventions Defined as Obstetric Violence by Midwife Candidates

	N	%
Interfering with the position of the pregnant		
No	70	34,5
Indecisive	59	29,1
Yes	74	36,5
Accelerating the birth with various interventions		
No	20	9,9
Indecisive	41	20,2
Yes	142	70,0
Doing an enema routinely		
No	41	20,2
Indecisive	49	24,1
Yes	113	55,7
Routine shaving of the perineum		
No	65	32,0
Indecisive	44	21,7
Yes	94	46,3
Forcing the woman to move into the lithotomy position		
No	21	10,3
Indecisive	29	14,3
Yes	153	75,4
Taking a companion with the pregnant woman during labor and delivery		
No	99	48,8
Indecisive	41	20,2
Yes	63	31,0
Routine amniotomy		
No	43	21,2
Indecisive	53	26,1
Yes	107	52,7
Not allowing the woman to move		
No	36	17,7
Indecisive	48	23,6
Yes	119	58,6
Vaginal examination without permission		
No	19	9,4
Indecisive	25	12,3
Yes	159	78,3
Not giving advice to women to reduce pain during labor and delivery		
No	24	11,8
Indecisive	29	14,3
Yes	150	73,9
Not paying attention to the privacy of the pregnant woman		
No	15	7,4
Indecisive	29	14,3
Yes	159	78,3
Directing the woman to cesarean section		
No	28	13,8
Indecisive	24	11,8
Yes	151	74,4
Disregard for women's ideas and decisions		
No	14	6,9
Indecisive	31	15,3
Yes	158	77,8

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Cont...

	N	%
Taking photos without permission		
No	27	13,3
Indecisive	32	15,8
Yes	144	70,9
Routine episiotomy		
No	21	10,3
Indecisive	29	14,3
Yes	153	75,4
Fundal compression		
No	18	8,9
Indecisive	42	20,7
Yes	143	70,4
Restriction of oral intake in the first stage of labor		
No	33	16,3
Indecisive	43	21,2
Yes	127	62,6
No skin-to-skin contact after newborn examination in the postpartum period		
No	96	47,3
Indecisive	44	21,7
Yes	63	31,0
Feeding the newborn without informing the mother		
No	31	15,3
Indecisive	35	17,2
Yes	137	67,5
Continuous electronic fetal monitorization		
No	24	11,8
Indecisive	38	18,7
Yes	141	69,5
Frequent and unnecessary vaginal examination		
No	29	14,3
Indecisive	42	20,7
Yes	132	65,0
Supporting breastfeeding during the postpartum period		
No	108	53,2
Indecisive	37	18,2
Yes	58	28,6

Table 3. shows the status of students' diagnosis of obstetric violence. Students mostly; Vaginal examination without permission (78.3%), not paying attention to the privacy of the pregnant (78.3%), not paying attention to the ideas and decisions of the woman (77.8%), forcing the woman to take the lithotomy position (75.4%), routine episiotomy (75.4%), cesarean section of the woman It was determined that they were able to recognize obstetric violence as women were guided (74.4), not giving advice to women to reduce pain during labor and delivery (73.9%), taking pictures without permission (70.9) and applying fundal compression (70.4).

DISCUSSION

Obstetric violence: It is considered an attack on women's physical reliability, feelings and thoughts, and mental integrity. The World Health Organization (2015) has reported that all women around the world are exposed to obstetric violence in health institutions. However, its prevalence is not known exactly due to insufficient data. Since it is not mentioned because it is a targeting and humiliating situation, their knowledge and awareness on this issue may be limited (Nascimento et al., 2022). In this study, in which future health professionals who will care for pregnant women, midwives' level of diagnosis of obstetric violence and their experiences were examined, students stated that obstetric violence is mostly common (23.2%) or partially (64%) in health institutions. There is no prevalence study on this subject in Turkey.

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However, the prevalence of OV is seen to be 75.1% in Ethiopia (Mihret, 2019), 28.8% in India (Bhattacharya et al., 2018), and 38.3% in Spain (Mena-Tudela et al., 2021). These rates may vary from country to country and from region to region. Indeed, the prevalence of women who perceive inadequate treatment or OV during childbirth varies depending on the type of study and how OV is conceptualized. Despite this, the prevalence of OV reported in different studies is high, but varies between 25% and 78% (Martinez-Galiano et al., 2021; Correa et al., 2022; Oelhafen et al., 2021; Vargaz et al., 2021). In addition, a high incidence of maternal and neonatal morbidity has been associated with a woman's perception of experiencing OV during childbirth (Silveira et al., 2019; Martinez-Vazquez et al., 2021; Ribera-Carrillo, 2021).

Since midwifery students do more internships in obstetrics clinics than other health sciences students, it is estimated that they have heard or witnessed obstetric violence even though they do not conceptually know it. While it was determined that 59.1% of midwife candidates had heard the term obstetric violence, 33.5% stated that they had witnessed this situation. It is thought that midwifery students should have more information about this subject. When the literature is examined; Gray et al. (2021) with British and Indian medical students, the rate of hearing the term obstetric violence was 26% for British medical students, while this rate was 34% for Indian medical students. When the witnessing status was examined, it was determined that 14% of British medical students and 49% of Indian medical students witnessed this situation during clinical practice. In a study conducted by Ramos et al. (2022) with nursing students in Brazil, it was determined that 99.1% of the students knew about obstetric violence, while 57.3% of them knew someone who was exposed to obstetric violence. In another study conducted in Spain; midwifery, nursing and medical students have been found to have a high perception of obstetric violence (Mena-Tudela et al., 2020). When the results of this research and other studies are examined, it is seen that the country and culture difference, the status of being a midwife, nursing or medical student, the content of the vocational training provided, the status of internship in obstetrics clinics and the health policies of the country affect the level of recognition of obstetric violence. However, health professionals should be more sensitive and knowledgeable about this situation, which affects women physically and psychologically.

When the types of obstetric violence witnessed by the students were examined, it was determined that they mostly faced practices such as scolding (37.4%), humiliation (30.0%), shouting (21.2%), and not meeting the women's request for information (13.8%). In a study conducted by Azzam et al. (2023) in Jordan, it was determined that there were practices of obstetric violence such as psychological and physical abuse against women, routine episiotomy, not paying attention to privacy, and failure to address women's lack of knowledge.

In a study conducted by Çetin et al. (2023) in Turkey, it was determined that women exposed to obstetric violence were mostly exposed to physical, verbal, sexual and economic violence. The results of the study are similar to the literature. In addition, the results of this research explain the causes of obstetric violence; It is based on insensitive and unethical education curricula, the weakening of midwives and nurses as practitioners, the lack of responsibility and dedication of health workers, and inadequate policies (Ramos et al., 2022; Azzam et al., 2023; Çetin et al., 2023). As in the studies in the literature, this study confirms the need for effective public policies in the fight against obstetric violence. In addition, the importance of professional competence aimed at providing better care to pregnant women during antenatal care is striking. In addition, it is the duty of midwives to reduce these cases and to promote care based on equality and humanism in public and foundation maternity hospitals.

When the students' ability to diagnose obstetric violence is examined; Vaginal examination without permission (78.3), not paying attention to the privacy of the pregnant (78.3), not paying attention to the ideas and decisions of the woman (77.8) factors were determined to be high. However, after examining the newborn in the postpartum period, it was determined that the obstetric violence diagnosis levels of the students were insufficient in cases such as skin-to-skin contact, intervention in the position of the pregnant, whether a companion was taken during labor and delivery. Similar results are seen in some studies in the literatüre (Ramos et al., 2022; Çetin et al., 2023). Situations such as the educational content received by the students, the practices that cannot be based on the scientific evidence they encountered in clinical practice, and the incompatibility of what they learned in theory with practice; suggesting that it affects obstetric severity diagnosis levels and OV perceptions. For this reason, the content of the education curriculum should be enriched in the diagnosis and prevention of obstetric violence, and clinical applications should be based on scientific basis.

CONCLUSION

According to the results of the study, it was determined that the knowledge and diagnosis levels of midwife candidates who will provide obstetric service should be improved. Therefore, it is essential to provide students and health professionals with tools for the knowledge and detection of obstetric violence, as well as the control of work stress, by proposing new educational models that tend to improve the quality of care in women's health services.

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