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COMMENTARY

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Obstetric violence: A public health concern

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1 | INTRODUCTION

Obstetric violence is an ongoing public health concern due to it is prevalence rate in maternity care routine and it has been documented widely in maternal care that women experiencing a situation of mistreatment, disrespect, physical abuse, neglected care, verbal abuse, and nonconsented care[1] and this alarming situation become prominent in all over the world, Africa, Asia, South America this cases well observed in a sense that pregnant women fail to meet the professional standards[2] and loss an autonomy and free decision making regarding their bodies and sexuality this commentary aims to assess the associated factors towards such mistreatments, effects, and recommendation in mitigating the burden of obstetric violence

2 | FACTORS ASSOCIATED WITH OBSTETRIC VIOLENCE

Residency and educational status were reported as among the associated factors of obstetric violence in a sense that rural residency reported fewer cases while more cases were found to be obtained from urban residency and the reason behind is this that many women in rural areas have less awareness regarding the right and autonomy[3] and have less been exposed to a system of health care and are not sensitive to the mistreatment and abuse from health care workers and seeing that as normal behavior of health care workers. Age was documented as the associated factor too and findings declare that young aged pregnant women are more prone to face such mistreatment and this is because at that age are more likely to conceive and give birth and data showed that the rate of giving birth at that age group is high than any other age group.[4]

Type of health care centers, the burden was well recognized in most of the government health care and results showed that most of the women receiving obstetric violence met with experts perpetrate in government health care facilities and is where they fail to meet professional standards[1] therefore the attendee to such centers are more likely to face the same situation[5] and this is due to the nature of services offered and for sometimes is due to workload of this experts and therefore they fail to offer the professional standard services. Family income has been an ongoing agenda toward the acquiring of health services, it is documented that families with lower income are more prone to get not better services, and this applied in obstetric violence low attention placed on them during care offering among experts and therefore are more prone to face and loss autonomy.[4]

3 | EFFECTS ASSOCIATED WITH OBSTETRIC VIOLENCE

Stress, depression, and anxiety; happen due to dehumanizing treatment and sometimes physical violence and abuse faced due to that they lose autonomy and free decision-making regarding their bodies and sexuality[6] hence leading to anxiety and stress for some time depression may occur. Dehumanizing treatment may lead to general mistrust in health services[7] even in experts who offer that services and therefore put psychological distance between pregnant women and care workers this may lead to drives these women away from the formal health care system and give birth outside the system

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for next time. Infant and child mortality due to physical torturing[5] and sometimes death to delivery mothers may happen due to severe and chronic pain

4 | WAYS TO MITIGATE THE BURDEN

The alarming burden of obstetric violence is an urgent call to us all and the following are some of the proposals of what to be done to eradicate these acts of obstetric violence against pregnant women, painting awareness among women regarding their rights[8] and autonomy so different seminars must be done in both rural and urban areas, creating public health policies that will directly deal with health care workers who will conduct such violence,[9] better interpersonal communication, informed consent, and good medical intervention should be provided to delivering women. Generally, health experts must be encouraged to cultivate a good relationship between themselves and their clients by ensuring trust, confidence, and respect.[4]

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

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DATA AVAILABILITY STATEMENT

Data was collected from the prior findings.

TRANSPARENCY STATEMENT

The lead author Majani M. Edward affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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