



## OBSTETRIC VIOLENCE IN ADOLESCENTS IN LABOR SERVED IN A GENERAL HOSPITAL

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### ABSTRACT

Obstetric violence occurs in different degrees, ranging from paternalistic or derogatory treatment, drug abuse or surgical interventions without being medically justified, prohibition of eating or drinking for hours, are sufferings that many women have suffered some or several times during pregnancy, parturition and the puerperium. **Objective.** To know the prevalence of obstetric violence in adolescents treated at General Hospital of Chilpancingo. **Methodology.** The type of study was descriptive, cross-sectional and quantitative, the study population was 35 adolescents in labor attended at the General Hospital "Dr. Raymundo AbarcaAlarcón" from Chilpancingo de los Bravo, the sample was non-random by quota, the source of information collection was direct through the interview with the patients, the data collection instrument was through a structured questionnaire with 35 questions validated and used by Paula Quevedo, in the Thesis "Obstetric Violence: a hidden manifestation of gender inequality", in 2012, in addition to an observation guide, formulated with 40 questions. **Results.** Physical violence. The 85.7% of the adolescents surveyed undergo vaginal examination without prior consent. Psychological violence. The parturition process was not explained to 71.4% of the adolescents surveyed, and 97.1% were not allowed to be accompanied during the medical check-up. 2.9% of the adolescents surveyed mentioned that they did not want to provide them attention in the doctor's office. Verbal violence. The 65.7% indicated that they received good treatment from health personnel, however 5.7% received bad treatment. **Conclusion.** Regarding the physical violence suffered by more than three quarters of the adolescents, they stated that they were not attended by students or interns during their labor, but in the observation guide it was found that all the interns do intervene in the labor of parturition, more than half stated that they were not forced to stay in a single position.

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### INTRODUCTION

Obstetric violence is a problem that arises frequently, since it occurs in various circumstances such as drug abuse or surgical interventions without prior consent and without being medically justified, ban eating food or drinking water for hours, obscene words, insults or inappropriate comments are sufferings that many women have suffered one or several times during pregnancy, parturition, and the puerperium. It is difficult to recognize that during parturition period, medical care is often a traumatic experience for the user, since the negligence and abuse are exposed by the health team personnel that assists her and systematically violates her reproductive health and human rights.

Medical personnel must be trained in all senses, have a quality and ethical treatment since human life is being put at stake. They need training that allows them to give answers, not only

know-how techniques, but also in the invisible care which include the attitude that accompanies the care actions. Some of the actions that are carried out for living beings care must be based mainly on respect of life, scientific knowledge, and a professional attitude to successfully carry out any medical or nursing intervention. Pregnancy is socially considered as one of the most sensitive and vulnerable moments for women, full of myths and eventualities whose sole purpose is to ensure that parturition reaches a successful conclusion. During parturition period, medical care is often a traumatic experience, plagued by negligence and abuse by the health team personnel that assists her, which systematically violates her reproductive health and human rights (Mejia, 2013).

However, during institutional parturition care, violation of women's human and reproductive rights goes from scolding, ridicule, irony, insults, threats, manipulation of information and denial of treatment, without referring to other services to

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receive timely assistance, postponement of urgent medical attention, indifference to their requests or claims, not consult or inform them about decisions that are being made during labor, using them as a teaching resource without any respect for their human dignity, pain handling during labor, as punishment and coercion to obtain their 'consent' (Villanueva, 2010).

Obstetric violence occurs in different degrees, ranging from paternalistic or derogatory treatment, drug abuse or surgical interventions, without being medically justified, prohibition of eating or drinking for hours, are sufferings that many women have suffered some or several times during pregnancy, parturition and the puerperium, situations that are believed to be normal because they trust the medical personnel, who apparently attend in the best possible way, without knowing that they are contrary to scientific evidence and recommendations of the WHO (World Health Organization), these acts and behaviors have a name: *obstetric violence*. It is of the utmost importance to emphasize that efforts have been made to eradicate obstetric violence against women, this type of violence has been barely investigated but it is not less frequent for this reason.

The loss of ethical values by health personnel has forgotten the fundamental principles established by bioethics, autonomy, justice, beneficence, non-maleficence, over time this has caused obstetric violence become another problem for public health, which not only concerns health personnel, doctors, nurses, and administrative personnel, but also falls under the responsibility of those who are in charge of the health system, because the recommended lines of action have not been implemented by international health organizations.

**General Objective**

To know the prevalence of obstetric violence in adolescents treated at General Hospital of Chilpancingo.

**METHODOLOGY**

The type of study was descriptive, cross-sectional and quantitative, the study population was 35 adolescents in labor attended at the General Hospital "Dr. Raymundo AbarcaAlarcón" from Chilpancingo de los Bravo, the sample was non-random by quota, the source of information collection was direct through the interview with the patients, the data collection instrument was through a structured questionnaire with 35 questions validated and used by Paula Quevedo, in the Thesis "Obstetric Violence: a hidden manifestation of gender inequality", in 2012, in addition to an observation guide, formulated with 40 questions.

For the analysis of the information, it was done through descriptive statistics, frequency tables (invariant analysis) and contingency tables (bivariate analysis).

For a better appreciation and interpretation, the questionnaire questions and the observation guide were classified according to the types of violence (physical, psychological, and verbal), in turn the observation guide was divided into gynecological emergency room and obstetric surgery service.

**Symbology of the Violence Classification**

Physical violence
Psychological violence
Verbal violence

**RESULTS**

**Table 1 Physical Violence**

85.7% of the adolescents surveyed undergo vaginal examination without prior consent.

Physical Violence	NO%	YES %
Did the doctor perform fetal monitoring?		100.0%
Did the doctor perform vaginal examination?	2.9%	85.7%
Did the doctor ask for your consent?	85.7%	11.4%

Source: Survey applied to adolescents in labor in a General Hospital, April 2019

**Table 2 Psychological Violence**

The parturition process was not explained to 71.4% of the adolescents surveyed, and 97.1% were not allowed to be accompanied during the medical check-up. 2.9% of the adolescents surveyed mentioned that they did not want to provide attention in the doctor's office.

Psychological Violence	No%	Yes%	Immediate	5-15 min	20 min-30min	40min-50min	Did not want to provide attention
The doctor explained the parturition process	71.4%	28.6%					
Did the doctor adhere to the criteria established by the norm to transfer the patient to obstetric surgery?	17.1%	82.9%					
A family member accompanied her during the review	97.1%	2.9%					
What was the waiting time from the arrival of the pregnant woman until she was sent to triage?			42.9%	54.3%	2.9%		
What was the waiting time from the triage to the consultation?			20.0%	57.1%	17.1%	2.9%	2.9%

Source: Survey applied to adolescents in labor in a General Hospital, April 2019

**Table 3 Verbal Violence**

65.7% indicated that they received good treatment from health personnel, however 5.7% received bad treatment.

Verbal Violence	Good	Regular	Bad
How was the treatment you received from the Nurse, Doctors, and Chemists?	65.7%	28.6%	5.7%

Source: Survey applied to adolescents in labor in a General Hospital, April 2019

**Table 4 Obstetric Violence**

100% of the adolescents indicated that they do not know the term of obstetric violence

Obstetric Violence	YES %	NO %
Do you know the term obstetric violence?		100 %

Source: Survey applied to adolescents in labor in a General Hospital, April 2019

**CONCLUSION**

Regarding the physical violence suffered by more than three quarters of the adolescents, they stated that they were not attended by students or interns during their labor, but in the observation guide it was found that all the interns do intervene in the labor of parturition, more than half stated that they were not forced to stay in a single position. While the observation guide results that three quarters were forced to be in a single position. All said that their consent to apply medication was not requested, while in the observation guide it was found that a minority did, they also indicated that their consent was not requested to perform the episiotomy, while the observation guide showed that none adolescent in labor request her consent, not even to perform the rupture of membranes. More than three quarters said that their consent was not requested to perform the cesarean section and they were subjected to abdominal compression during parturition and cesarean section

without their consent, they also did not authorize the vaginal examination to be performed and these were performed by different doctors, 3 and 5 vaginal examinations were performed.

Regarding psychological violence, the adolescents stated that almost half of them were prevented from being accompanied, however, in the observation guide it was obtained that almost all of them were not prevented from being accompanied during their labor. More than half were prevented from crying out in pain during their labor. In the observation guide more than half were criticized for yelling. More than half stated that they were prevented from immediate contact with their babies, the same thing was shown by the observation guide.

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