



ORİJİNAL MAKALE / ORIGINAL ARTICLE

Balıkesir Sağlık Bilimleri Dergisi / BAUN Sağ Bil Derg
Balıkesir Health Sciences Journal / BAUN Health Sci J
ISSN: 2146-9601- e ISSN: 2147-2238

Doi: <https://doi.org/10.53424/balikesirsbd.1489223>



Experiences of Obstetric Violence in Women in The Mediterranean Region: A Qualitative Study

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Geliş Tarihi / Received: 24.05.2024, Kabul Tarihi / Accepted: 24.03.2025

ABSTRACT

Objective: This study aims to make an in-depth investigation of women's experiences of obstetric violence. **Materials and Methods:** This study, which is qualitative in nature, used a phenomenological design. The study included 29 women who experienced at least one type of obstetric violence in the Mediterranean region. Data were collected through in-depth interviews conducted individually via video conferencing between September 2023 and February 2024. Data analysis was performed using content analysis methods. **Findings:** It was stated that women's experiences of obstetric violence were negative, they were exposed to physical and psychological violence, and they found having children a beautiful feeling. Women expected care providers to pay attention to them, be respectful to them, and act calmly. They also stated that if they were the caregivers, they would provide women with explanations, and be calm, patient and sensitive. **Conclusion:** This study found that women had negative childbirth experiences and were exposed to various types of obstetric violence. They were also found to have expectations regarding the management of labor.

Keywords: Experiences, Mediterranean Region, Obstetric, Qualitative Study, Violence, Women.

Akdeniz Bölgesi'ndeki Kadınların Obstetrik Şiddet Deneyimleri: Niteliksel Bir Çalışma

ÖZ

Amaç: Bu çalışma kadınların obstetrik şiddet deneyimlerini derinlemesine ortaya koymayı amaçlamaktadır. **Gereç ve Yöntem:** Çalışma fenomenolojik desenli nitel bir araştırmadır. Çalışmaya Akdeniz Bölgesi'nde yer alan obstetrik şiddet türlerinden en az birini yaşayan 29 kadın dahil edilmiştir. Veriler, Eylül 2023- Şubat 2024 tarihleri arasında video konferans yoluyla bireysel derinlemesine görüşmelerle toplanmıştır. Elde edilen nitel veriler içerik analizi yöntemi ile analiz edilmiştir. **Bulgular:** Kadınların obstetrik şiddet deneyimlerinin olumsuz olduğu, fiziksel ve psikolojik şiddet türlerine maruz bırakıldığı ve çocuk sahibi olmayı güzel bir duygu olarak kabul ettikleri ifade edilmiştir. Kadınlar kendilerine bakım verenlerin onlara ilgi gösterme, saygılı olma ve sakin davranmalarını beklemişlerdir. Eğer kendileri bakım veren olsalardı, kadınlara daha çok açıklayıcı bilgi vereceklerini, sakin olacaklarını, sabırlı ve hassas davranacaklarını dile getirmişlerdir. **Sonuç:** Bu çalışmada kadınların olumsuz doğum deneyimi yaşadıkları ve çeşitli obstetrik şiddet türlerine maruz kaldıkları saptanmıştır. Ayrıca kadınların doğumun yönetimine yönelik beklentilerinin olduğu belirtilmiştir.

Anahtar kelimeler: Akdeniz Bölgesi, Çalışma, Deneyim, Kadın, Obstetrik Şiddet.

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Bu makaleye atıf yapmak için / Cite this article: Karaçay Yıkar, S., Işık, B., Akçayüzlü, Ö., & Nazik, E. (2025). Experiences of obstetric violence in women in the mediterranean region: a qualitative study. *BAUN Health Sci J*, 14(2), 264-271. <https://doi.org/10.53424/balikesirsbd.1489223>



BAUN Health Sci J, OPEN ACCESS <https://dergipark.org.tr/pub/balikesirsbd>

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INTRODUCTION

The United Nations Population Fund, a United Nations agency aimed at improving reproductive and maternal health worldwide, recognizes the global lack of consensus on how violence against women during facility-based childbirth is defined and measured (Mihret, 2019). To express this situation experienced by women, the World Health Organisation defined obstetric violence as any kind of harm to women, including ill-treatment, humiliation, verbal abuse, coercive or non-consensual medical procedures, a lack of confidentiality, a lack of medical information, a lack of fully informed consent, and privacy violations (WHO 2015). The literature reports the prevalence of obstetric violence across countries, with ratios between 15% and 97% (Shetty, Samant & Honavar 2021). Research shows that Peru is one of the countries where the highest prevalence of obstetric violence has been reported with a ratio of 97.4%, while Sri Lanka is one of the countries with the lowest prevalence of obstetric violence with a ratio of 18.1% (Perrotte, Chaudhary & Goodman, 2020; Perera, Munas & Swahnberg, 2022; Sánchez, Tanaka and Dantas-Silva 2022; Martínez-Galiano, Martínez-Vazquez & Rodríguez-Almagro, 2021; Cárdenas and Salinero 2022; Arias, Arteaga and San Sebastián, 2022; Molla, Wudneh and Tilahun, 2022; Yalley, Abioye & Appiah 2023). A study conducted in Türkiye found that 58.33% of women were exposed to some type of obstetric violence (Avcı & Kaydırak 2023).

The literature includes an insufficient number of studies that determines the rates of women's exposure to obstetric violence. Obstetric violence starts with the woman's first admission to the institution and continues during labor, in the postpartum period, and until discharge. Physical, verbal, and psychological violence perpetrated during childbirth is one of the most common forms of violence. In addition to these forms of violence, women could be subjected to obstetric violence due to factors such as unauthorized medical judgment, confidential and disrespectful care, discrimination, neglected care, and forced stay in a health facility. A systematic study in 2021 conducted in India between 2010 and 2021 reported that women were subjected mostly to physical violence, treated inhumanely, and asked for bribes (Faheem, 2021). A study that was conducted in 2022 and involved women with disabilities in the Genedo region of southern Ethiopia reported that women were exposed mostly to physical violence (Wudneh, Cherinet & Abebe, 2022). A systematic review in 2023 on the rate of women's perception of obstetric violence between 2015 and 2022 reported that women's perception of obstetric violence ranged between 22.6% and 45.2%; 1.2% to 59% were exposed to physical violence; 9% to 50.3% were exposed to verbal violence; and 25.4% to 35.2% were exposed to psycho-emotional violence (Silva-Fernandez, De la Calle & Arribas, 2023). A study

conducted in Australia in 2022 revealed that one out of every ten women was exposed to violence and felt bad and violated (Keedle, Keedle & Dahlen, 2022). A study conducted in Madagascar in 2023 showed that obstetric violence perceived by women included procedures performed without their consent, lack of communication, and restriction of the presence of relatives during labor; therefore, they were hesitant about using a health institution during pregnancy; women gave birth at home without health personnel, and the rates of maternal-infant mortality were reported to be high (Brazy-Nancy, Mattern & Rakotonandrasana, 2023). It is believed that obstetric violence experienced by pregnant women is due to unmet needs by health professionals, inadequate health systems and the culture of any society (Aşci & Bal, 2024). In times when women's health services were not as they are today, births used to be given at home and mostly by people who were not trained in this regard. However, today, births are largely given in a health institution by doctors and midwives. In addition, it is more common in recent years that births are not given by midwives but by doctors, who are more likely to be men. The fact that doctors often see pregnancy as an illness and ignore the process that pregnant women go through and make unnecessary and aggressive interventions causes pregnant women to feel hurt, weak and sensitive (O'Brien & Rich, 2022; Aşci & Bal, 2024).

Obstetric violence against women during childbirth is an important problem that negatively affects women's health in our country (Aşci & Bal, 2024; Avcı & Kaydırak, 2023). Considering obstetric violence together with different types of violence or trying to reveal the scope of obstetric violence with limited experiences in the fertility process constitutes an important structure in diagnosing the situation in Türkiye (Çetin, Ergün & Işık, 2023). Therefore, there is a need for women, health professionals and politicians to reveal the existence, prevalence and types of obstetric violence in our country more clearly (Aşci & Bal, 2024; Avcı & Kaydırak, 2023).

The obstetric violence experiences of pregnant women were determined in the study. In this context, pregnant women were asked to explain in their own words which types of obstetric violence they experienced during the birth process and which actions regarding obstetric violence bothered them. In addition, the study included the views of pregnant women on whether they would feel better if they were treated better and how they could manage the birth with empathy. It is thought that the study, which was conducted in Türkiye in terms of the specified characteristics, will contribute to the literature in terms of determining the obstetric violence characteristics of the region and the expectations of pregnant women.

Research questions

- What are the experiences of women exposed to obstetric violence during labor?

- What are the types of obstetric violence experienced by women during labor?
- What are the views of women exposed to obstetric violence regarding labor?
- What are the expectations of women exposed to obstetric violence?

MATERIALS AND METHODS

Study design

This study used a phenomenological approach and aimed to investigate the experiences of women exposed to obstetric violence, as well as their views and expectations regarding childbirth. The study complies with the guidelines of the Standards for Reporting Qualitative Research (SRQR).

Recruitment and sampling

The study utilized the purposive sampling method. The target population consisted of women who were exposed to obstetric violence during the normal delivery process in the Mediterranean region of Türkiye. In order to determine a pregnant women to be included in the study sample, a call was made via the researchers' social media platforms including WhatsApp and. According to this call, an announcement was made as follows: 'Join us! We are conducting an important study on [Obstetric Violence Experiences of Women in the Mediterranean Region: A Qualitative Study] and we are looking for volunteers who live in the Mediterranean Region and have had a normal birth!' The sample of the study consisted of women who responded to the study announcement made by the researchers on the WhatsApp and social media platforms, who were exposed to obstetric violence during normal delivery, and who met the inclusion criteria. A total of 58 women responded to the study call. An 18-item online Obstetric Violence Screening Questionnaire (consisting of 18 items) was formed to determine women's experiences of obstetric violence, and women who answered at least one of these questions were contacted. According to the responses in the Obstetric Violence Screening Questionnaire, 17 women were excluded because they were not exposed to obstetric violence, and 12 women were excluded because they did not live in the Mediterranean region. According to the inclusion and exclusion criteria, 29 women were administered detailed interviews. The study included women who were aged over 18, could communicate in Turkish, had childbirth within the last 24 months, reported at least one type of obstetric violence in the Obstetric Violence Screening Questionnaire, had vaginal delivery, and agreed to participate in the study.

Data analysis

After the interviews, the data obtained were transferred to a Microsoft Word document. The content analysis method was used in the analysis of the data obtained from the interviews. The data were coded independently by all researchers. By determining the same and different codes by the researchers, the data were compared and common codes were determined.

By providing consensus, codes that can be derived from each sentence and sentence were created. Researchers came together and created a common code list. After the codes were determined, sub-themes and themes were created. Then, the interview data were interpreted and turned into a report. Direct quotations were included in the presentation of the findings to reflect the views of the participants. When quoting the participants, it was stated as "Participant" and the numbers given to the participants (for example, P1) were added to the end of the quotations.

Quality and rigour criteria

Conducting the interviews and analyzing the data by one person might affect the result of the study. Therefore, all researchers discussed and interpreted the results and data. The findings were corroborated by excerpts from the original interview. This step showed how well the findings of the study matched the data collected and were not affected by the researcher's point of view. Determining the sample size based on a "saturation point" ensured that new ideas or themes were not overlooked. Finally, saving all documents is an additional step that serves to control the quality of the work.

Data collection

Data were collected using a participant information form an obstetric violence screening form, and a semi-structured interview form. The participant information form consisted of 8 questions about women's sociodemographic and obstetric characteristics. The obstetric violence screening form was created by the researchers in line with the relevant literature (Mihret, 2019;Avcı &Meltem, 2023; Abuya, Sripad &Ritter, 2018), and consisted of 18 items to determine the participants' exposure to common types of obstetric violence. The obstetric violence screening questionnaire included some statements such as: "healthcare personnel used physical force on me (e.g. hitting, pinching)", "healthcare personnel shouted at me", "healthcare personnel insulted me", "healthcare personnel did not respect my privacy", "healthcare personnel treated me disrespectfully", "healthcare personnel did not care about me (my needs were not met, I was not emotionally supported)", "healthcare personnel did not provide me with information (about the birth process, procedures applied, medications)", and "a relative was not allowed to attend the birth (I felt alone)". Pregnant women who answered at least one of these questions were contacted. During the interviews, the birth experiences of women exposed to obstetric violence, types of obstetric violence, expectations and opinions regarding labor and delivery were discussed. The interviews took about 15-27 min for each participant. The sample size was determined according to the theoretical saturation point, which meant that we stopped recruiting participants after 29 interviews when it became clear that interviewees' responses become redundant and no unique information was achieved (Erdoğan, Nahçıvan & Esin, 2015; Yıldırım and Şimşek, 2016). Data collection and

interviews were conducted in the period from October 2023-February 2024.

Semi-structured interview form

1. Could you tell us a little about your experience and how your birth was?
2. How did the practices performed during birth make you feel?
3. Could you share your feelings about the postpartum period and your baby?
4. How would you like to be treated during and after your birth?
5. How would you act if you were the one managing the birth and postpartum process?

Procedure

Women who met the research criteria were contacted and detailed information was given about the research. Verbal consent was obtained from the women who agreed to participate in the study. Appointments were made from women for interviews. The in-depth

interviews with the participants were held via video conferencing (i.e. WhatsApp and voice call) and audio recordings, and lasted approximately 1 hour. Audio recordings of the interviews were taken with the permission of all participants.

Ethical approval

To carry out the study; an approval was obtained from the Ethics Committee of Cukurova University (Decision no: 134/69 Date: 02/06/2023). After explaining the study, verbal consent was obtained from the participants and they were informed that they could withdraw from participation at any time.

RESULTS

Table 1 presents the demographic characteristics of participating women, who were aged between 18 and 49 years (Table 1).

Table 1. Demographic characteristics of women.

Presents	Age	City of Residence	Education Level	Employment Status	Gravida	Week of birth	Place of Birth
P1	32	Antalya	University	Working	2	39+2	Private hospital
P2	28	Maraş	High school	Not working	1	38+4	Public hospital
P3	24	Adana	Primary school	Not working	2	38+3	Private hospital
P4	25	Maraş	High school	Not working	3	39+0	City hospital
P5	44	Osmaniye	Primary school	Not working	8	38+6	Public hospital
P6	19	Adana	Primary school	Not working	1	38+5	City hospital
P7	28	Adana	High school	Not working	1	39+0	City hospital
P8	29	Hatay	Primary school	Not working	2	40+0	Public hospital
P9	19	Hatay	Primary school	Not working	3	37+6	Public hospital
P10	31	Adana	High school	Not working	2	41+0	Private hospital
P11	30	Mersin	Secondary school	Not working	1	37+0	Private hospital
P12	39	Adana	University	Working	2	39+2	Private hospital
P13	28	Osmaniye	Secondary school	Not working	1	40+5	Public hospital
P14	38	Hatay	Primary school	Not working	3	40+4	University hospital
P15	49	Antalya	Primary school	Not working	4	40+1	Public hospital
P16	34	Adana	University	Working	2	39+5	University hospital
P17	40	Isparta	High school	Not working	2	39+2	University hospital
P18	40	Maraş	University	Working	2	39+1	Private hospital
P19	34	Hatay	Primary school	Not working	2	37+0	Public hospital
P20	35	Adana	High school	Not working	3	37+0	Private hospital
P21	25	Hatay	Secondary school	Not working	1	37+0	Public hospital
P22	30	Osmaniye	High school	Not working	2	40+0	Public hospital
P23	24	Maraş	High school	Not working	2	38+5	University hospital
P24	39	Antalya	University	Working	2	39+4	University hospital
P25	36	Adana	University	Working	2	41+0	University hospital
P26	18	Osmaniye	Primary school	Not working	1	40+2	Public hospital
P27	28	Hatay	Primary school	Not working	2	38+1	Public hospital
P28	27	Adana	Secondary school	Not working	2	39+0	City hospital
P29	33	Adana	University	Working	2	40+1	Public hospital

Women's labor experiences were grouped under three sub-themes. The most frequently cited negative experiences were that labor was very difficult and that their labor did not go as they wanted (Table 2).

P26 Osmaniye: 'No, it did not go as I wanted. I had induced labor. I was already screaming; my contractions became more frequent and my pain increased.'

Table 2. Women's views on birth experience.

Themes	Theme Clusters	f
Positive experience	It was for control/it was sudden	5
	It was easy	7
Negative experience	It was very difficult	19
	It wasn't what I wanted	10
	My flesh was falling off	9
	Labor induction	7
	Painful	4
	Scary	2
	Vaginal examination	3
	Panic/excitement	4
	I wasn't ready	2
Failure to describe the situation	I don't know how it went.	2

f: Frequency

Women reported that they felt verbal, physical, and psychological violence during labor. Verbal violence was found to be experienced less (Table 3). P13 Osmaniye: 'During the labor, I could not push because of the pain. The midwife put pressure on my abdomen and I felt very bad. They were so insincere. There were two midwives and six interns in the room. The room was very crowded, and this situation made me very uncomfortable.'

Table 3. Women's feelings about procedures during labor and delivery.

Themes	Theme Clusters	f
Verbal Violence	Scolding/Shouting	2
Physical Violence	Pain during the process	9
	Fundal pressure	3
	Unnecessary episiotomy	9
	Frequent vaginal examination	7
	Forcing into position	2
	Connecting to excess NST	4
Psychological Violence	Failure to ensure privacy	4
	Behaving insincerely	1
	Rude behaviour	5
	Disrespect	4
	Disinterested behaviour	5
	Insistence on pushing	3
	Forcing stool	3

They reportedly felt very happy because their babies were born, yet they also stated that they felt a lot of pain (Table 4).

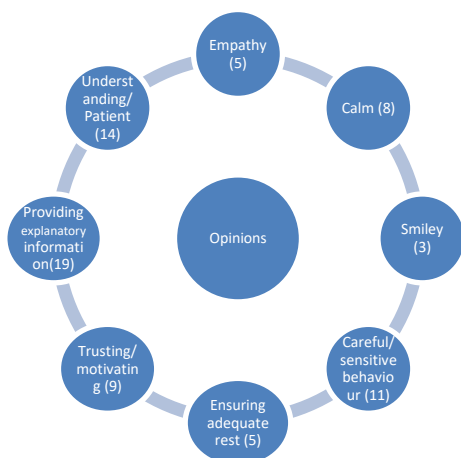
P16 Adana: 'I wanted to hold my baby in my arms immediately after delivery; I was very happy. I did not want to move away from her; I was afraid that something would happen to her.'

Table 4. Women's views on the postnatal period and the birth of the baby.

Themes	Theme Clusters	f
Emotions	Being happy	17
	Magnificent/miraculous	4
	Do not forget all the pain	3
	Don't suffer too much	10
	Very emotional	5
Thoughts	Fear	4
	Relaxation	8
Behaviour	I don't want to give birth again	2
	Crying	3
	Sleeping	2

Participating women were found to expect nurses to pay attention to them during labor, to allocate time and care for them, to act calmly, to provide information, and to treat them free of prejudices (Figure 1).

The women stated that if they were midwives, they would be understanding/patient with pregnant women, give them explanatory information, approach them carefully/sensitively, reassure and motivate them, and remain calm (Figure 2).

**Figure 1. Opinions on women's expectations from nurses in labour****Figure 2. Women's views on what they would do if they were in charge of labour**

DISCUSSION

Care services provided during labor vary across countries and regions, and women face negative situations in this process. This study found that women had negative labor experiences and were intensely exposed to types of physical and psychological violence (Yalley et al., 2023) reported that two out of every three women were exposed to obstetric violence (Yalley, Abena, Dare & Seth, 2023). The findings of the present study are in line with the literature (Brandão, Cañadas & Galvis, 2018; Bastian, 2024).

Research shows that women experienced psychological violence due to treatments such as not providing privacy, not acting sincerely, being rude, acting disrespectfully, being indifferent, insisting on straining, and forcing them to defecate (Alley, Abena, Dare & Seth, 2023; Avcı & Meltem, 2023). Topçu and Fiso (2023) reported that women did not receive adequate information, and their autonomy was not respected.

Vaginal examinations seem to be one of the main issues that made women feel uncomfortable. The women were reportedly exposed to too many vaginal examinations during labor and they felt pain during examinations. Having examinations more than needed and lack of necessary information during the procedure were found to affect women's labor negatively (Güneş & Karaçam, 2018). Kılıcı et al. (2020) also detected that women were very uncomfortable with episiotomies. In their study, in which they interviewed 101 women who were subjected to obstetric violence, Morris et al. (2023) reported quite notable findings. The women stated that their obstetric violence experience made them feel that they were raped, and as a result, they saw themselves as victims of sexual assault. The statement of one of the women clearly shows the negative impact of obstetric violence on women. One of the women stated; "I was like crying and cussing them out, like telling her, you! Get of me!" Like, screaming, 'No! No!' It was literally like being raped. It was horrific ... And I have been raped before, and I didn't mind being raped as much as I minded that. It felt like this is more traumatic to me than having been raped as a 14-year-old." Abuya et al. (2018) stated that women were mostly exposed to lack of privacy, which is an element of psychological violence. Contrary to these results, Martínez-Galiano et al. (2021) reported a higher prevalence of physical and verbal violence than psychological violence during childbirth. Studies have shown that women are exposed to various forms of physical violence during the childbirth process, such as hitting, beating, slapping, kicking, pinching, using force, physical restraint, unnecessary episiotomies and fundal pressure (Brandão, Cañadas & Galvis, 2018; Sharma et al., 2019; Van der Pijl et al., 2020).

Women's views about and responses to the questions concerning how they would act if they were the ones

who managed the delivery process demonstrated similarities. An analysis of these views showed that the women wanted to exhibit behaviors that they expected to see but did not see if they managed the labor. The women stated that they would feel empathy if they were the ones managing labor. In this process, participating women felt that they were not respected, and they were treated with prejudices. In the study, it is seen that women perceive what is done to them as negative and are aware of violence. In the studies conducted in the literature in the opposite direction of our findings, it is seen that women cannot define what is done to them and do not perceive it as violence (Avcı & Kaydırak, 2023; Van der Pijl et al., 2020). Behaviours of midwives, such as not allocating enough time and care, being indifferent, and not acting calmly could be counted among the indicators that they did not empathize. Participating women were found to emphasize that healthcare professionals should respect their bodies, that the right to make decisions about their bodies belongs to them, and that interventions should be administered only when they are necessary. In a study conducted in Turkey, it was found that consent was not obtained from one in four women during the procedure (Aşçı and Bal 2023). Meyer et al., (2022) reported that almost all women expected health professionals to treat them with respect and empathy, provide more support, help them and spare more time. In a different study women wanted to be informed about decisions and measures related to the birth process (Annborn & Finnbogadóttir, 2022). In addition to excessive workload, understaffing, lack of infrastructure, and hierarchy within the obstetric team are among the factors that create and nurture obstetric violence (Faheem, 2021). In this regard, healthcare professionals should provide women's active participation in the labor process, encourage privacy, provide the necessary information, obtain patient consent, and respect women's decisions about their bodies by using safe communication skills (Moridi, Pazandeh & Hajian, 2020).

Limitations

This study has some limitations. This study contributes to understanding the dimensions of obstetric violence, which is a widespread problem internationally. Data are limited to self-reports from women living in a middle-income country where gender equality and human rights are not sufficiently ensured. Firstly, the study included women who lived in the Mediterranean region only. Secondly, the in-depth interviews were not conducted face-to-face. On the other hand, the study is believed to contribute to the literature in terms of focusing on a specific region and revealing the experiences of obstetric violence, the types of violence experienced by women living in this region, and their views and expectations regarding childbirth. Since people's recall of events can change over time, the inclusion of women who gave birth in the last 2 years is an important limitation

in this study. However, there is a study that examined women's experiences of obstetric violence over a longer period (5 years) than our study (Castro and Frías, 2020).

CONCLUSION

Women were found to be exposed to various types of obstetric violence in the labor process, which caused them to have negative and traumatic labor experiences. Further studies are needed for a more detailed evaluation of women's experiences of obstetric violence. Therefore, studies to be conducted in different geographical regions and larger groups are considered to contribute to the literature. Awareness of obstetric violence should be raised among health workers. Prevention of obstetric violence should be realized through a joint effort of all health professionals, which should be pioneers for women's positive childbirth experiences. It is also recommended that regular in-service trainings be organized to prevent obstetric violence. Laws and protocols on obstetric violence should be developed. Attempts should be made to improve the issues of excessive workload, insufficient staff, lack of infrastructure and hierarchy within the obstetric team, which are thought to increase obstetric violence.

Acknowledgements

The authors grateful to all the women who participated in this study.

Conflict of Interest

The author declares no potential conflicts of interest regarding the research, authorship, and/or publication of this article.

Author Contributions

Plan, design: SKY, BI, ÖA, EN; **Material, methods and data collection:** SKY, BI, ÖA, EN; **Data analysis and comments:** SKY, BI, ÖA, EN; **Writing and corrections:** SKY.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Ethical Approval

Institution: Ethics Committee of Cukurova University

Date: 02.06.2023

Approval no: 134/69

REFERENCES

- Abuya, T., Sripad, P., & Ritter, J. (2018). Measuring mistreatment of women throughout the birthing process: implications for quality of care assessments. *Reprod. Health Matters*, 26, 48-61. <https://doi.org/10.1080/09688080.2018.1502018>
- Aşçı, Ö., & Bal, M. D. (2023). The prevalence of obstetric violence experienced by women during childbirth care and its associated factors in Türkiye: A cross-sectional study. *Midwifery*, 124, 103766. <https://doi.org/10.1016/j.midw.2023.103766>
- Annborn, A., & Finnbogadóttir, H. R. (2022). Obstetric violence a qualitative interview study. *Midwifery*, 105, 103212.
- Arias, F., Arteaga, E., & San Sebastián, M. (2022). Social inequalities in women exposed to obstetric and gynecologic violence in Ecuador: a cross-sectional study. *BMC Womens Health*, 22(1), 419. <https://doi.org/10.1186/s12905-022-01998-2>
- Avcı, N., & Kaydırak, M. M. (2023). A qualitative study of women's experiences with obstetric violence during childbirth in Turkey. *Midwifery*, 121, 103658
- Bastian, Hope. (2024). "Fear, gratitude, and the normalization of obstetric violence in Cuban maternity hospitals." *Feminist Anthropology*. <https://doi.org/10.1002/fea2.12137>
- Brandão, T., Cañadas, S., & Galvis, A. (2018). Childbirth experiences related to obstetric violence in public health units in Quito, Ecuador. *Int. J. Gynecol. Obstet*, 43(1), 84- 88. <https://doi.org/10.1002/ijgo.12625>.
- Brazy-Nancy, E., Mattern, C., & Rakotonandrasana, BI. (2023). A qualitative analysis of obstetric violence in rural Madagascar. *Heliyon*, 9(3), 13905. <https://doi.org/10.1016/j.heliyon.2023.e13905>.
- Cárdenas, Castro, M., & Salinero, Rates, S. (2022). Violencia obstétrica en Chile: percepción de las mujeres y diferencias entre centros de salud [Obstetric violence in Chile: women's perceptions and differences among health centers]. *Violência obstétrica no Chile: percepção das mulheres e diferenças entre os serviços de saúde*. *Rev Panam Salud Publica*, 46:24. <https://doi.org/10.26633/RPSP.2022.24>
- Castro, R., Frías, S.M., 2020. Obstetric violence in Mexico: results from a 2016 national household survey. *Violence Against Women* 26 (6–7), 555–572. doi:10.1177/1077801219836732.
- Çetin, S. A., Ergün, G., & Işık, I. (2024). Obstetric violence in southwestern Turkey: Risk factors and its relationship to postpartum depression. *Health care for women international*, 45(2), 217-235.
- Erdoğan, S., Nahçıvan, N., & Esin, M.N. (2015). Research Process, Practice and Critical in Nursing. 2nd ed. İstanbul: Nobel Medical Bookstores, 17.
- Faheem, A. (2021). The nature of obstetric violence and the organisational context of its manifestation in India: a systematic review. *Sex Reprod Health Matters*, 29(2), 2004634. <https://doi.org/10.1080/26410397.2021.2004634>.
- Güneş, G., & Karaçam, Z. (2018). Doğum sonudönemdeki kadınların vajinal muayene deneyimleri: nitel bir araştırma. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*, 11(2), 87-95.
- Keedle, H., Keedle, W., & Dahlen, HG. (2022). Dehumanized, Violated, and Powerless: An Australian Survey of Women's Experiences of Obstetric Violence in the Past 5 Years. *Violence Against Women*, 30. <https://doi.org/10.1177/10778012221140138>.
- Martínez-Galiano, JM., Martínez-Vazquez, S., & Rodríguez-Almagro. (2021). The magnitude of the problem of obstetric violence and its associated

- factors: A cross-sectional study. *Women Birth*, 34(5), 526536. <https://doi.org/10.1016/j.wombi.2020.10.002>.
- Meyer, S., Cignacco, E., Monteverde, S., Trachsel, M., Raio, L., & Oelhafen, S. (2022). 'We felt like part of a production system': a qualitative study on women's experiences of mistreatment during childbirth in Switzerland. *Plos one*, 17(2), e0264119.
- Mihret, MS. (2019). Obstetric violence and its associated factors among postnatal women in a Specialized Comprehensive Hospital, Amhara Region, Northwest Ethiopia. *BMC Res Notes*, 12(1), 600. <https://doi.org/10.1186/s13104-019-4614-4>.
- Molla, W., Wudneh, A., & Tilahun, R. (2022). Obstetric violence and associated factors among women during facility based childbirth at Gedeo Zone, South Ethiopia. *BMC Pregnancy Childbirth*, 14, 22(1), 565. <https://doi.org/10.1186/s12884-022-04895-6>.
- Moridi, M., Pazandeh, F., & Hajian, S. (2020). Midwives' perspectives of respectful maternity care during childbirth: A qualitative study. *PloS One*, 15(3), 0229941. <https://doi.org/10.1371/journal.pone.0229941>.
- Morris, T. (2023). "Screaming, 'No! No!'" It was literally like being raped": Connecting sexual assault trauma and coerced obstetric procedures." *Social Problems*, 55-70. <https://doi.org/10.1093/socpro/spab024>
- O'Brien, E., & Rich, M. (2022). Obstetric violence in historical perspective. *The Lancet*, 399(10342), 2183-2185
- Perera, D., Munas, M., & Swahnberg, K. (2022) On Behalf Of The Advance Study Group. Obstetric Violence Is Prevalent in Routine Maternity Care: A Cross-Sectional Study of Obstetric Violence and Its Associated Factors among Pregnant Women in Sri Lanka's Colombo District. *Int J Environ Res Public Health*, 19(16), 9997. <https://doi.org/10.3390/ijerph19169997>.
- Perrotte, V., Chaudhary, A., & Goodman, A. (2020) "At least your baby is healthy" obstetric violence or disrespect and abuse in childbirth occurrence worldwide: A literature review. *Open Journal of Obstetrics and Gynecology*, 10, 1544–1562. <https://doi.org/10.4236/ojog.2020.10110139>.
- Sánchez, ODR., Tanaka, Zambrano, E., & Dantas-Silva, A. (2022). Domestic violence: A cross-sectional study among pregnant and postpartum women. *J Adv Nurs*. <https://doi.org/10.1111/jan.15375>.
- Shetty, RK., Samant, P., & Honavar, PU. (2021). Obstetric violence: a health system study. *International Journal of Reproduction Contraception, Obstetrics and Gynecology*, 10(4), 1551-1561. <https://doi.org/10.18203/23201770.ijrcog20211136>.
- Silva-Fernandez, CS., De la Calle, M., & Arribas, SM. (2023). Factors Associated with Obstetric Violence Implicated in the Development of Postpartum Depression and Post-Traumatic Stress Disorder: A Systematic Review. *Nurs Rep*, 13(4), 1553-1576. <https://doi.org/10.3390/nursrep13040130>.
- Sharma, G., Penn-Kekana, L., Halder, K., & Filippi, V. (2019). An investigation into mistreatment of women during labour and childbirth in maternity care facilities in Uttar Pradesh, India: a mixed methods study. *Reproductive health*, 16, 1-16.
- Topçu, E., & Fiso, S. (2023). Spotlights of Turkish Foreigners - Motherhood in an Unknown Land: A Case Study in The Jezero Maternity Hospital. *The Journal of World Women Studies*, 8(2), 265-275. <https://doi.org/10.5281/zenodo.8431042>.
- Yalley, Abena, A., Dare, A., & Seth, Christopher, YA. (2023). "Abuse and humiliation in the delivery room: Prevalence and associated factors of obstetric violence in Ghana." *Frontiers In Public Health*, 988961. <https://doi.org/10.3389/fpubh.2023.988961>.
- Yalley, AA., Abioye, D., & Appiah, SCY. (2023). Abuse and humiliation in the delivery room: Prevalence and associated factors of obstetric violence in Ghana. *Front Public Health*, 11, 988961. <https://doi.org/10.3389/fpubh.2023.988961>.
- Yıldırım, A., & Şimşek, H. (2016). Qualitative research methods in the social sciences. 8th ed. Ankara: Seçkin Publishing.
- World Health Organization (WHO). The prevention and elimination of disrespect and abuse during facility-based childbirth. Geneva: (2015). Available from: http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1. (Erişim tarihi: 30.03.2024)
- Wudneh, A., Cherinet, A., & Abebe, M. (2022). Obstetric violence and disability overlaps: obstetric violence during child birth among women with disabilities: a qualitative study. *BMC Womens Health*, 22(1), 299. <https://doi.org/10.1186/s12905-022-01883-y>.
- Van der Pijl, M. S., Hollander, M. H., Van der Linden, T., Verweij, R., Holten, L., Kingma, E., ... & Verhoeven, C. J. (2020). Left powerless: A qualitative social media content analysis of the Dutch# breakthesilence campaign on negative and traumatic experiences of labour and birth. *PloS one*, 15(5), e0233114.