



## RESEARCH ARTICLE

## Exploring the Violence during Childbirth: A Qualitative Study

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ARTICLE INFO	ABSTRACT
Received: May 21, 2024 Accepted: Jun 18, 2024	The study aimed to identify the forms of violence against women during childbirth from their point of view, how it occurs to them, the factors leading to its occurrence, and the role of medical social workers in reducing it -from women's perception-. The study sample consisted of (15) women in the age group (19-32 years) who gave birth between 2018 and 2022 and were reached using the Non-probability sample. The study used semi-structured individual interviews to achieve its results. The study reached a set of results, most notably that the most prominent forms of violence that occurred to women during their childbirth is physical violence and that the most prominent factors leading to it - from their point of view - are factors related to the medical team and its violent personality that was formed during their socialization, and the prominent role for the medical social worker in reducing violence during childbirth -from women's perception- is having a preventive awareness role by giving prevention awareness courses and lectures to medical team members and women.
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### INTRODUCTION

Violence against women is considered gender-based violence and occurs daily worldwide. It is a violation of human rights, and it is sometimes committed covertly. Although violence and its intensity between societies have varied and multiplied over time, it is often seen as a mechanism for subjugating women. This violence is considered a manifestation of historically unequal power relations between men and women. Violence against women remains a barrier to equality, development, and societal peace for them, as well as the fulfillment of the human rights of women and girls. The Sustainable Development Goals cannot be achieved without ending violence against women and girls. (UN Women, 2020).

Because of the danger of this violence on women and society, countries have taken it upon themselves to combat it of all kinds and forms, and in conjunction with the efforts to combat violence against women, new forms of this violence have emerged, such as violence during childbirth. In light of the emergence of this violence and its study in Western countries.

### LITERATURE REVIEW

Below we will review the most important previous studies related to the subject of the study:

- (Perera, et al., 2022) study aimed to find out the factors associated with the occurrence of violence during childbirth among pregnant women in Sri Lanka; the study sample consisted of (1314) women in Colombo County in Sri Lanka, the

questionnaire was used for data collection, and the most prominent results of the study are: Obstetric violence is prevalent in government sector maternity care facilities in Colombo County and is associated with young age, low family income, ethnic origin and rural women's residence and the race of the woman.

- (Annborna & Finnbogadottir, 2021) study aimed to verify and understand violence during childbirth in Sweden. It was conducted on (12) women who gave birth less than three years ago and reported having a violent birth experience. Individual interviews were used to collect data, and the most prominent findings of the study are that most types of violence that were subjected to women during childbirth are represented by physical violence, such as beating, violent examination, and episiotomy, followed by psychological violence, represented by the threat from nurses.
- (Taghizadeh, et al., 2021) study aimed to reveal the harmful effects of violence on women during childbirth from women's perceptions and experiences. It was conducted on (26) women who experienced violence during birth in hospitals (Islam) in Iran. Interviews were used for data collection, and the most prominent results of the study were that women's physical injuries are the most prominent violence during childbirth because of neglect from a medical member; this led to psychological effects on them, and it showed that women were threatened by medical team members, which led to trauma and loss of hope.
- (Mapumulo, et al., 2021) study aimed to identify women's experiences of disrespect and abuse during labor and delivery in three public places in Durban, South Africa. The study was conducted on (15) women who gave birth in public places in Durban, and in-depth interviews were used to collect data. The most prominent findings of the study are that 8 out of 15 women reported experiencing abuse and disrespect during the childbirth process, represented by rudeness by nurses during their treatment, prevention of companion presence during childbirth, and neglect during childbirth where nurses refused to help women during labor and delivery and forced them to help themselves.
- (Youssef, 2020) study aimed to determine the forms of this violence against women and its consequences and the role of social workers in limiting this phenomenon. The study was conducted on a sample of (23) social workers and (52) abused women who frequented (Aman Center). Two questionnaires were used to collect data from the two study samples. The most important findings of the study: the most common forms of violence against women were physical, psychological, and sexual violence, and the consequences of violence against women include social, psychological, and health effects. As for the role of social workers in the limitation of this phenomenon, the study concluded that social workers have a role in alleviating the problems and pressures that women are exposed to and helping to solve these problems by holding seminars and lectures for members of the local community to raise awareness of the dangers of violence against women.
- (Mihret, 2019) study aimed to assess the prevalence of violence during childbirth and its associated factors among women who gave birth at Gondar University Comprehensive Specialized Hospital, northwestern Ethiopia. The study was conducted on (409) women who gave birth at Gondar University Hospital. The questionnaire was used to collect data from the study sample. The most prominent findings of the study are 3 out of 4 women reported experiencing at least one type of violence during childbirth, and the most prominent form of violence experienced by women is neglect during delivery, which 226 women reported, 192 women reported physical violence, and 132 reported giving birth in an open space without privacy.

- (Bohren, et al., 2017) study aimed to identify the experiences and perceptions of women and health care providers regarding childbirth abuse in two health facilities in Abuja, Nigeria, the study was conducted on (17) doctors, (17) nurses, (17) health facility managers, and (45) women who gave birth in one of these facilities, in-depth interviews and focus groups were used to collect data, and the most prominent results of the study are: Women and caregivers reported being subjected to or witnessed physical abuse during childbirth (including slapping, bed restriction, hospitalization), verbal abuse (insults, yelling, threatening women), and also saw cases of women giving birth on the ground, and they identified three factors that contributed to the abuse of women during childbirth which are: health care providers are violent due to socialization, and that women's actions during delivery can be a factor of violence against them and strict sanitation laws can play a role in violence occurrence during childbirth against women.

## **THEORETICAL FRAMEWORK**

Below is a review of the most important theory explaining violence during childbirth:

### **Symbolic violence theory**

One of the most prominent pioneers of this theory is Pierre Bourdieu, Bourdieu explains that elites practice their differentiation and tyranny through the so-called symbolic violence, where they promote their concepts and methods as the only right ways that everyone should walk and emulate, and whoever violates this image must feel the guilt of the violation, and take a negative impression of himself, and Bourdieu confirms that symbolic violence is one of invisible and hidden physical violence, It is influential in all forms of human behavior, and this violence is considered gentle and polite that makes its victims accept it and submit to it without resistance (Al-Khazraji & Al-Helou, 2018; Jam et al., 2012; Kanval et al., 2024).

Man in the frameworks of life accepts several values and beliefs as axioms and postulates that impose themselves easily and spontaneously, as happens in violence during childbirth, which during socialization, the male symbol of roughness and control over the female is associated with mention, so the male medical team members practice violence on women. They reflected this on women during their childbirth; thus, women accept this violence and submit to it without any resistance.

## **STUDY METHODOLOGY**

Based on the main objective of the study of identifying violence against women during childbirth, the qualitative approach was used to be the most appropriate method to reach the objectives of the study and answer its questions since it is an approach that seeks to understand the social phenomenon more profoundly and collect facts, information, and observations about it objectively without the intervention of the researcher, which leads to reaching more realistic results, in which data and information are collected from the study sample through individual interviews, and during interviews data are recorded. Textual and audio data were then analyzed, deepened, and linked to previous literature to reach the study results (Mahmoudi, 2019).

### **Study sample**

The study population includes the women who gave birth, and were subjected to violence during childbirth of any kind during their childbirth. This study used the non-probability sample to reach its sample, which consisted of (15) women within the age group of (19-32 years), who were exposed to at least one type of violence during only one birth of their births who gave birth between 2018 and 2022, Table (1) shows the preliminary data of the study sample members.

**Table 1: Preliminary data of the study sample**

symbol	age	Marital status	Number of children	Birth number	Year of birth	Gender of the child	Hospital Type	Method of birth	Having another child
P1	24	Married	2	The first	2018	Male	Special	Natural	Yes
P2	21	Divorced	1	The first	2019	female	governmental	Natural	No
P3	27	Married	3	The second	2020	Male	Special	Natural	Yes
P4	28	Married	2	The second	2022	female	governmental	Cesarean section	No
P5	24	Married	4	The first	2019	Male	governmental	Natural	Yes
P6	19	Married	1	The first	2022	female	governmental	Natural	No
P7	30	Married	3	The second	2019	female	Military	Cesarean section	Yes
P8	32	Married	2	The first	2021	Male	Special	Natural	Yes
P9	22	Married	3	Third	2021	Male	governmental	Natural	No
P10	28	Married	2	The first	2020	Male	Special	Natural	Yes
P11	31	Married	2	The second	2022	female	Special	Natural	No
P12	25	Married	1	The first	2020	Male	governmental	Natural	No
P13	27	Married	1	The first	2021	Male	governmental	Natural	No
P14	32	Married	3	The second	2020	Male	governmental	Cesarean section	Yes
P15	19	Married	1	The first	2022	Male	Special	Natural	No

P: Represent the symbol of the study sample (women participating in the study).

## RESULTS AND DISCUSSION

To answer the study questions, the researcher analyzed women's answers collected in the interviews with them, which were extracted in the form of paragraphs; the first question was: **Explain how the violence occurs to you during childbirth.** The women's answers were as follows:

There were many forms of violence against women during childbirth, (P2) mentioned exposure to physical violence, saying: *"When I refused to let the nurse examine me because she refused to put down the curtain, she started to beat me and pull me and remove my clothes off me to examine me without my permission, so I started to pull back because I did not want her to examine me in front of other women."* In contrast (P5) said, *"The nurse hit me on my legs to open them, and when I didn't, she opened them forcefully and hurt me a lot."* (P10) added, *"I was delivering naturally, suddenly during childbirth the doctor slap me on my face without warning, and he justified himself that he slaps me because I was fainting, and the slap was to wake me up."* (P11) stated, *"I was exhausted while delivering and needed oxygen and when they were giving me oxygen the doctor pushed me from the bed and said that I'm so dramatic and grabbed my legs and pull them until one of them cracked and hurt me a lot."* (P12) added, *"When I screamed from the pain the midwife slapped me and asked me to shut up so unconsciously, I kicked her on the shoulder and because of that she hated me and started to yell and hit me and pull my*

leg to open them and I was not able to defend myself.” (P13) stated, “When I was giving birth I was in severe pain and fatigue, so I fall to the ground, at this time the nurse started to hit me in my back with her leg and shouting at me to get up until the head of the baby came down.” (P14) added, “In the birth of my second son, the doctor hit me because I made her clothes dirty.” (P15) stated, “I went to the hospital hurt a lot, and the pressure was severe, and when the nurse examined me, she saw that I was ready for delivery and the head of the baby is shown, but the doctor was not in the hospital, so the nurse starts to tie my legs until the doctor arrives because she didn’t have any experience in delivering baby alone.” And then she continued mentioning the physical violence that occurred on her, by saying: “And when I was delivering the nurse pressed at my stomach harshly until I felt that I stopped breathing for seconds and the doctor told me that she wanted to finish my birth as fast as possible because she wanted to get rid of me, and then one of the nurses shut my mouth with an face mask harshly because they didn’t want me to scream.” while (P1) stated that she was subjected to physical violence with a medical intervention without taking her consent to it, she said: “They make me episiotomy while I was giving birth without asking me as if it was one of their rights and when I came out of birth I start asking why I’m feeling of pain they told me that the doctor did episiotomy to me and stitch me.” (P6) supported her saying that she was subjected to physical violence with a medical intervention without taking her consent she said: “they suctioned my baby girl with the suction device and the blood brushes everywhere like a fountain and then the nurse and the doctor got angry and beat me.” and thus the physical violence were the prominent form of violence that occurred on most women during childbirth and represented by beating, slapping and episiotomy, and was mentioned by (10) Women out of (15) of study sample, these results agreed with the study of (Bohren, et al., 2017), which showed that slapping is the most prominent form of physical violence that occurs against women during childbirth, this result agreed with the study of (Annborna & Finnbogadottir, 2021), where results of their study showed that the physical violence that women were subjected to during childbirth is represented by beating and episiotomy, and this is attributed to women's vulnerability during labor and delivery and their inability to defend themselves against the physical violence they were subjected to.

(P4) said that she was subjected to psychological violence, “I was in pain and asked for painkillers, and they did not give me any attention and didn’t ask what the matter with me is, they only looked at me with a mean look.” (P5) added, “When I came to give birth the nurses started to talk with me harshly, they said to me you can obey your husband while you are having sex and you are refusing to obey us right now.” While (P6) said “At the time of birth a nurse started to scare me and keep telling me you are going to kill your baby.” (P8) added “The doctor tried to deliver me naturally, and when she couldn’t she did c- section to me and stitch me without any anesthesia, and when I asked her for some, she told me we are not at operation room.” (P12) stated, “When I was giving birth, the doctor told the nurses to forbid me from any painkillers after the birth, and she forced me to walk to after delivery room without a wheelchair.” (P14) added, “At the time of stitches, the doctor threatened me that she would distort my body if I got her clothes dirty again.” (P7) added that she was subjected to psychological violence with verbal violence by the doctor; she said: “When the baby came out, and the doctor saw that she is a girl, he said to me if I knew that you are having a girl I would refuse to deliver you and let the girl die, he said that with a savage way.” and thus psychological violence was the second form of violence which occurred on women during their birth, (7) women out of (15) were exposed to it and it was represented by refusing to give them painkillers, drugging them, disrespectful communication with them, and even threatening them, this result agreed with (Annborna & Finnbogadottir, 2021) and (Taghizadeh, et al., 2021) studies, where the two studies showed that the most prominent types of psychological violence that women were subjected to during childbirth are threats by nurses or a member of the medical team.

(P2) reported being subjected to verbal violence, saying, “I told the nurse that I’m feeling that something is coming out, she starts yelling at me and told me that there are women who came before

me to the hospital, so how do you want to give birth before them.” (P4) added, “The medical team was disrespectfully talking with me, and in a way that they don’t like me and only wanted to finish my delivery as fast as possible.” (P6) stated, “I gave birth in Ramadan at suhoor time, and I was in severe pain and was screaming; at the same time, the nurses refused to check on me until they finished their suhoor, and when the nurse came to see me she started shouting at me and talked to me with a disrespectful way.” while (P12) added, “I started delivering at dawn and went to the hospital, and they entered me to a room until they called the midwife when I prolonged her and the pain increased I asked about her and they told me that she is asleep, I told them that I’m giving birth because I felt much pressure so they awakened her and she came screaming and told me this is not a proper time to give birth and she is angry because I wake her up.” (P13) said, “The nurse forced me to lay on the bed without any help, and at the same time she insulted me and called me that I’m an animal.” (P14) stated, “The doctor cursed me with (you are a street girl) because I didn’t know how to give birth.” (P1) stated that she was subjected to verbal violence with a medical intervention without her permission; she said: “The nurse asked me to lay at my stomach without telling me why, and I was surprised when she put something at my anus and when I asked her what did you give to me? She didn’t explain to me and told me, this is something normal, and we are used to it, and I asked her again, so she got mad and screamed at me.” Thus, verbal violence represented by shouting, cursing, and inappropriate speaking with women was in second place for violence, as (7) women out of (15) were subjected to it during childbirth, this result agreed with (Bohren, et al., 2017) study, where the results of their study showed that the most prominent forms of verbal violence that women were subjected to during their childbirth were represented by screaming and insults by the medical team, and this is attributed to the strength of the medical team over women and imposing their control over them.

(P2) mentioned being neglected during her childbirth, saying: “I said to the nurse that I feel that something is coming out, she started yelling at me and told me that there are women came before you to the hospital so how do you want to give birth before them! And I was so young and thought who came first must give birth before me, not when the labor started.” (P6) added, “I gave birth in Ramadan at suhoor time, and the doctor and nurses refused to see me until they finished it and left me for hours in severe pain, and I was calling for them without having any response.” (P8) stated “when I started bleeding, and the pain increased I went to the hospital and my doctor wasn’t there so the ER doctor examined the baby and me but she refused to treat us until my doctor arrives in the meantime my baby’s pulse was dropping, and she added, “when my doctor arrived she examined me and told me that my expansion is (9 CM), and she must deliver me within half an hour because the baby is in danger, even so, she left me waiting more than an hour, and my baby’s pulse was dropping more.” (P9) stated, “I was neglected when I had birth; when I arrived at the hospital, I was bleeding severely and needed blood units, and the hospital refused to give me some even when my father gave them the approval to give it to me and told him that they want my husband approval for it and my husband was far away from the hospital.” (P14) added, “In the middle of labor, the medical team left me and told me that I’m grounded because I didn’t give birth fast enough, and I started to beg them to deliver me, at the same time my blood pressure drop, and they refused to check on me until a nurse from another section came and check on me.” Thus, neglect was the third form of violence that (5) women out of (15) were subjected to during their childbirth, and it was represented by the refusal or delay in assisting women during delivery, this result agreed with (Mapumulo, et al., 2021) study, which found that one form of neglect that women were subjected to during childbirth is the refusal of nurses to help them at the time of labor and delivery and forcing them to help themselves and this is attributed to the lack of supervision and deterrent punishment for the medical team when they practice neglect during childbirth.

(P2) mentioned that she was subjected to inhumane treatment during childbirth, saying: “When I went to give birth, there wasn’t any privacy in the delivery room, it even wasn’t any curtain between a woman and another, and the nurse was examining us in front of each other.” and added, “I told the

nurse that I don't want a male doctor to deliver me, and she didn't listen to me and a male doctor delivered me, and I got so shamed and shy of it." while (P4) mentioned, "The nurses gave me something in my hands, and then the pain increased, and when I asked what it was they told me it's a painkiller, but after a while, the pain increased more, after that they told me what they give me was an Induced labor, not a painkiller and told me they mixed up between another woman and me, but the doctor told me that they didn't mix up and it is a routine procedure to give me an Induced labor before cesarean section." (P7) added, "The doctor didn't tell me this is your daughter; take it; instead, he gave it to the nurse with a disgusting look on his face, and because of that, I wasn't happy with my daughter." (P9) stated, "They didn't put me in a room even though I'm bleeding heavily because there weren't any rooms available and left me in the corridor in front of everyone's eye." Thus, inhumane treatment came in fourth place. (4) women out of (15) were subjected to it during their childbirth, and it was represented by depriving them of their right to confidentiality and privacy during delivery, mocking them, and concealing information related to their health status, these results agreed with a study by (Mihret, 2019), which showed that some women reported that they gave birth in an open place without privacy and confidentiality, and this is attributed to the lack of delivery rooms in hospitals or the medical team's unwillingness to provide privacy for women because they consider it outside of their responsibilities.

(P3) said that she was subjected to sexual violence: "When the doctor revealed my delivering area, he told me something inappropriate, he said your area is very sexy, and if you are not pregnant, I would have sex with you right now, at this moment I become afraid that he would give me something to make me sleep and rape me and I got scared from being at the same room with him." and thus sexual violence which was represented by verbal harassment come in fifth place for violence during childbirth.

The second question of the study was: **In your opinion, why did violence occur to you during childbirth?** The women's answers were as follows:

There are many factors leading to violence against women during their childbirth from their point of view (P1) mentioned "Because what nurses do is an order from the doctors, and they are only following the instructions." (P3) noted, "I felt that the doctor is a harasser person because after my delivery I investigated about him and discovered that he said the same thing to many women while he delivers them." she added, "The nurses fear of the doctor made them refuse to say anything about what he said because they are scared of losing their job." (P5) stated, "Because they considered violence during childbirth something normal and I'm not supposed to object about anything." while (P6) mentioned, "What do you expect from people who work at government hospitals, this is their nature, and it is inherent in them." As for (P7), she added: "They forced the doctor to deliver me, and he didn't like that, and my condition was imposed on him." She said, "It is possible that the doctor doesn't like girls and he think they are nothing and they deserve to die." as for (P8), she said, "indifference from the doctor, why did not she do the right thing from the beginning." while (P10) stated "The doctor start justifying that he slaps me because I was losing consciousness." while (P11) added "maybe the doctor is violence by nature." (P12) added, "Because I woke the midwife up from her sleep." (P13) mentioned, "Because the nurse delivered me against her will." and thus (10) Women out of (15) agreed that the medical team - represented by male and female doctors and nurses - and their violent personality, and non-loving women personality was the most prominent role in violence occurrence during childbirth, these results agreed with a study by (Bohren, et al., 2017), which found that the medical team or one of its members had practiced violence on women during childbirth because they are naturally violent people, Symbolic Violence Theory explains that during socialization, the male symbol becomes associated with aggression and control over females; as a result, medical team members began to practice violence on women, and this was reflected in women during their childbirth; as a result, women accept this violence and submit to it without any resistance.

(P4) mentioned, *“Because I gave birth at a government hospital and didn't give birth at a private hospital.”* (P5) and (P13) added, *“Because I gave birth in a government hospital.”* while (P6) said *“Because I am in a government hospital.”* and (P9) said *“Because in government hospitals childbirth is free.”* and thus the results of the study showed that (5) women out of (15) agreed that the place of delivery was a factor in the violence occurrence against them, especially giving birth in government hospitals, and these results agreed with (Perera, et al., 2022) study, where the results of the study confirmed that violence during childbirth was widespread in government health care facilities, and these results agreed with (Bohren, et al., 2017) study in which showed that health facilities laws can be a cause of violence against women during childbirth. This is attributed to the large number of women who resort to giving birth in government hospitals compared to the small number of medical team members; as a result, the medical team faces pressure, leading them to practice violence against women during childbirth in government hospitals.

(P3) said, *“Because the violented women before me didn't say anything, and this made the doctor go further with it.”* (P6) added, *“Because I am young and didn't know anything about childbirth, and my mother told me that violence during childbirth is something normal.”* and (P15) stated, *“Because I am young and not educated.”* (3) women out of (15) agreed that they had a role in the occurrence of violence because they didn't defend themselves and were very young, these results agreed with the results of (Perera, et al., 2022) study, where the study showed that the young age of women might be a reason for their exposure to violence, and this is attributed to women's ignorance of their rights during childbirth, and agreed with the study of (Bohren, et al., 2017), which stated that women's actions during childbirth may be a factor in violence on them.

(P4) Indicated, *“Because there wasn't anyone by my side to help me.”* and (P14) added, *“Because I did not have anyone with me in the delivery room, so they took their comfort in torture me and threatening me.”* and thus the lack of support during childbirth was a factor in the occurrence of violence on (2) out of (15) women -from their point of view-.

The third question of the study was: **How can the medical social worker reduce violence during childbirth?** The women's answers were as follows:

(P1) said, *“The medical social worker must prevent what is happening through courses, or he may talk to the women before childbirth and tell her some stuff about the birth process.”* (P5) added, *“Must have a role in reducing the rude transaction between the women in labor and the medical team members through courses which they give to both of them.”* (P7) said, *“Must give the doctors and nurses lectures and courses about being good and treat women in good manners, and to tell them that they are not allowed to treat women in a bad way because they are tired.”* (P8) said, *“Must run awareness campaigns about violence during childbirth.”* (P9) added. *“To form a link between the medical team members and the women in labor, by conducting awareness and counseling sessions for them.”* (P12) said, *“Make meetings with the midwives and tell them about the psychological effects that may happen to women due to mistreatment.”* (P14) added, *“Must make the doctors and nurses understand that they are dealing with human beings and they have feelings, and every women condition is different from another through courses.”*

The study showed that seven women out of 15 agreed that medical social workers must have a prevention and educational role to reduce violence during childbirth by giving prevention awareness courses and lectures to medical team members and women to reduce violence during childbirth, the results agreed with the study (Youssef, 2020) which showed that social workers have a prevention and educational role to reduce violence by holding seminars and lectures to raise awareness of the dangers of violence.

(P3) said, *“Give us some instructions and information and inform us about our rights during childbirth, or let us read about them in any place.”* (P4) added, *“Can explain to us our what our rights are when we*



are giving birth, and give us brochures about them.” (P10) said, “Explain to me my rights during childbirth and how I must behave at that time, and talk to doctors so that they don’t rudely treat us.” (P15) added, “Explain to us -who we have no experience with childbirth- what is childbirth and what are our rights at that time.”

The study results showed that four women out of 15 agreed that the medical social worker should have a role in clarifying their rights during childbirth.

(P11) stated that the medical social worker must have a role in establishing laws to reduce violence during childbirth; she said, “The medical social worker should create laws against medical team members who inhumanly treat women during childbirth and punish them for it.”

## CONCLUSION AND RECOMMENDATIONS

The study findings revealed that violence against women during childbirth encompasses various forms such as physical, verbal, and emotional abuse. Furthermore, the study highlights the critical role of social workers in addressing this issue in prevention and education, primarily through the facilitation of seminars and lectures.

In conclusion, addressing violence against women during childbirth necessitates concerted efforts from various stakeholders within the community. By fostering collaboration, raising awareness, providing training, advocating for policy changes, and advancing research, we can work towards ensuring safer and more respectful maternity care for all women.

Based on the study’s findings regarding violence against women during childbirth, the following recommendations were derived:

- Enhanced collaboration among members of the medical team, social workers, and other stakeholders is essential to effectively address and prevent violence against women during childbirth.
- Policy Development; advocacy for the development and implementation of active policies and protocols within healthcare settings is imperative to safeguard the rights and dignity of women during childbirth.
- Implementation of training programs for healthcare professionals is necessary to equip them with the skills and knowledge to identify, prevent, and appropriately respond to instances of violence during childbirth.
- Activating medical social worker preventive awareness role in dealing with violence during childbirth.
- Further research is warranted to deepen understanding of the prevalence, determinants, and consequences of violence during childbirth. Evaluation studies can assess the effectiveness of interventions and inform evidence-based practices.

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