



## **MEDIA STATEMENT**

**7 November 2022**

### **“OBSTETRIC VIOLENCE” RECOGNISED AT PRESIDENTIAL SUMMIT ON GENDER-BASED VIOLENCE & FEMICIDE**

Feminists have long been lobbying for obstetric violence to be recognised as a form of gender-based violence (GBV). We welcome the 2022 Presidential Summit on GBV and Femicide's conclusion that obstetric violence is gender-based violence.

Obstetric violence is perpetrated by health systems, and includes denial of care, assault and neglect during childbirth, as well as forced or coerced medical procedures such as sterilisation and c-sections when women seek health services during pregnancy and birth.

This form of GBV results in the constraint of individuals' decision to reproduce and capability to have children safely and with dignity. Obstetric violence perpetrated by health systems can result in preventable maternal death, neonatal disability, serious debilitating complications, economic consequences and newborn death.

The 2022 Summit – held last week on 1 and 2 November – featured a number of breakaway sessions or Action Caucuses run by representatives of civil society organisations. Representatives from the Centre for Applied Legal Studies, Embrace, Women's Legal Centre and SECTION27 facilitated the Action Caucus on Pregnancy and Sexual and Reproductive Health and Rights.

Dr Jess Rucell, gender expert at the Centre for Applied Legal Studies, notes: “That issues of GBV facing pregnant and birthing people have been included in both days of the President's Second Summit is our success. Obstetric violence was omitted from the first National Summit on GBVF, its Declaration, and as a result the National Strategic Plan on GBVF. The state can no longer ignore the abuse of pregnant women and must take meaningful steps to stop harming persons seeking health services.”

The recognition of obstetric violence as a form of GBV necessitates action from the Department of Health. “We call on the Minister of Health and other relevant duty-bearers in the health sector to serve on the Inter-Ministerial Committee on GBVF,” says Khuliso Managa,

attorney at the Women’s Legal Centre. “A response from the Health Ministry to the epidemic of GBVF is critical and must include redress for victims of forced/coerced sterilisation.”

Sibusisiwe Ndlela, attorney at SECTION27, further notes, “Delegates repeated throughout the Summit that lack of access to abortion, after it has been legal for over twenty-years, is a sign of government’s failure to respect, protect and promote women and girls’ sexual and reproductive rights; and such a failure must be addressed through the National Strategic Plan on GBVF.”

“We need rigorous dialogues about obstetric violence and women’s sexual and reproductive health rights and this recognition is an important first step,” says Julie Mentor, movement leader at Embrace. “The Action Caucus on Pregnancy convened at the Summit brought together health care workers, survivors, legal experts and community leaders from across the country. We defined obstetric violence and how it impacts women and families across South Africa and will advocate for this to be included in the Summit Declaration, and final report to be published later this month.”

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