

My body and my childbirth are mine

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Gynaecological and obstetric medical practices violate women's rights in a variety of ways. However, many of these practices are not recognised as violence and have become invisible and naturalised aspects of medical care. By recounting my personal experiences in gynaecological-obstetric care, I show how medical procedures violate women's intimacy and wellbeing, and can become manifestations of violence, when women receive poor treatment, discrimination, interpellation and lack of empathy, or when they feel discomfort when their body is violated in certain procedures.

I have decided to share my own experience, in order to make known the vision of a middle class, mestizo woman who was an adolescent mother with a total lack of knowledge. I start with a reflection on the responsibility that women are asked to assume from a young age, supposedly because of our biology. As a child, I looked older than I was, and my body matured early. I remember a day in November, I was twelve years old. After doing my homework I went out to play in the street with my best friend. We were playing when I felt something happen to me. I ran to the bathroom and to my surprise I found out that my panties were stained with blood. I left the place terrified. I did not go home, but I ran to my aunt, who is someone I trusted. I felt bad and I did not understand what had happened. I felt dirty. I told my aunt and she told me "Ay *mijita*¹ you are already a woman." I was always already a woman, she told me, something I did not understand at my young age.

From that moment on everything changed: my body developed more, and month after month I had to deal with menstruation. When the period cramps would start, I had to turn to the uncomfortable sanitary napkins. They gave me an allergic reaction, but, “it is the cost of being a woman.” When I was older, and the recommendation was “you must take care of yourself,” not to accept anything, always keeping in mind that “the man proposes and the woman disposes.” My family has been very conservative, so having a boyfriend was always seen as a bad thing. At the age of sixteen, I had my first boyfriend. He was a boy from the neighbourhood, two years older than me.

I was barely eighteen when I became pregnant. What a hard feeling to describe. I felt lonely and guilty, but I knew I wanted my baby and I wanted my boyfriend by my side, so we both decided to get married. My pregnancy was progressing and I felt the first signs of a new life. Between discomfort and vomiting, the first three months passed. Acquaintances were quick with all sorts of recommendations, and the visits to the gynaecologist were uncomfortable for me. Knowing how the baby was doing was, however, “the important thing.”

Labour began, contractions came and went, and of course, I was guided by my mother. It was practically twelve hours of labour between contractions. We decided that the baby (the sex was not yet known) would be born in a public facility, but there I had to behave “macha”² because no companions were allowed. I was going to enter alone, and they would only have news when the baby was born. With many expectations and fears, I went in with strong pain, sometimes uncontrollable. My family “doulas”³ told me “don’t scream because the nurses won’t attend you,” and “don’t scream because you will lose all your strength to push.” Anyway, with so many recommendations and little real information, I was facing my first experience as a mother.

While I was being examined, different doctors came again and again to perform the vaginal examination. Then followed the so-called preparation. This practice consisted of shaving off all my pubic hair.

It was a terrible feeling, because in the midst of the pain they laid me down on a stretcher, without any additional care, and just like that, with the coldness of a razor, they shaved me. Then they performed the “washing,” for which they introduced a small hose through the anus, and without any explanation, they told me to go to the bathroom, a rather dirty toilet. I experienced them as very invasive “hygiene” practices that they performed on me without giving any information. I was treated badly, and I felt indifference from the nurses and doctors, for something that I thought would be one of my most important moments in life.

When the delivery came, I was placed in a totally uncomfortable position. I lay down in a gown, with my legs open and with the obstetrician on duty, a complete stranger, only asking me to push and repeating that it was in my hands that my son or daughter would be born well. In the ecstasy of pain, I felt my water break and then they made the vaginal cut. My daughter was born immediately. It was an incomparable feeling, full of excitement and anticipation. I was happy and scared at the same time, unsure of what I was facing. My daughter’s birth meant both the end and start of something. A new life had started, and a world full of new experiences began for me too, and we would grow simultaneously.

In spite of the pain and the discomfort during the first pregnancy, I got pregnant again eight months later. The end of my second pregnancy arrived, and while I was sleeping my water broke. We immediately went to the same public facility that I had attended for my first delivery. With the same preparations as usual, I was ready to receive my second baby at 21 years old. On this occasion, I did not go in with pain, but since my water had broken, the doctors said that they had to induce labour, and for that reason, they put me on “Pitocin.” The pain I felt was indescribable, extremely strong and uncontrollable, causing me to tremble. After suffering for several hours, the necessary dilation took place. I was taken to the operating room. Again, they performed the vaginal cut and my second daughter was born. Tranquillity

immediately came over me when I saw that she was safe and sound. After recovery, they put me on a stretcher in one of the corridors. There were no beds available, so it was on a stretcher in this corridor that they handed me my little girl. After this experience, I decided to use a “safer” method of family planning. A few years later, I got pregnant again. It was an ectopic pregnancy,⁵ which had to be treated by removing the egg and the affected fallopian tube. The following year I got pregnant again, but this time I had a miscarriage. Contraceptive methods were ineffective with me, so I got pregnant again. Considering the previous two losses, I was anxious.

This time, however, the pregnancy went well. Because this was my third delivery, everything went faster. Besides, I already had experience. I entered with a high dilation, so when I was being prepared again and went through the annoying “washing,” with a mocking smile, the nurse told me “you must be careful, and do not push because the baby may come out and fall into the cup.” For the third time in the delivery room, again, I went through the rupture of membranes and the vaginal cut. When my son was born, I felt an immense joy because I had gone through two previous losses that I will never forget. Every pregnancy has its own story, and we women have so much to tell, including unpleasant experiences.

Women’s reproductive health includes family planning, and this responsibility is practically imposed on us, while for men the use of contraceptive methods is an option, and they use it as long as they wish. For us, being of childbearing age and for prevention, we must use safer methods and undergo procedures year after year. We are told that because we are women we must take care of ourselves, that we are responsible for not getting pregnant. In summary and with the above described, since I started my reproductive life, I was subjected to many actions that were actually violent, something I only realised much later.

During the Covid pandemic, my annual medical check-ups were postponed as a result of lockdown measures. I was also afraid to

approach a doctor during the pandemic, but at the same time I had to be mindful of my reproductive. A couple of years earlier, I had been detected with HPV. It had been cured, but I needed to be monitored still, for there is always the worrying doubt that it could be reactivated. The fact that it is a disease that can be sexually transmitted always causes certain discomforts, not only health-related or physical, but also social.

After two years, my gynaecologist detected a myoma during a routine consultation. I made the decision to accept the hysterectomy that he advised me, because “I was going to kill two birds with one stone”: it would solve the issue of the myoma and, since I no longer had a uterus, the HPV risk would disappear as well. I took things very calmly, because it was going to bring me more benefits than inconveniences. It was just another operation. Besides, they said, the uterus is good for two things, “to give children and to give cancer.”

Once at the chosen clinic, the corresponding procedures and explorations, partly modified since the Covid pandemic, were carried out. The operation was quick and satisfactory. I felt very well. With the proper care, I managed to come out without any difficulties. Having become a mother three times already, I thought this operation would not affect me, but it did. I had the sensation of feeling incomplete. I realised that I was also affected by ideas about motherhood. The fact that I no longer had my uterus gave me an inexplicable sensitivity. I was able to experience first-hand what many women said they felt and I could not understand. My question was: could it be that this physical absence becomes an emotional lack? After having gone through this experience, I was able to understand it as such. I can assure you that not only information is required but also empathetic therapeutic accompaniment, so that we women can process and understand what happens in such cases of loss. We must remember that we have grown up and have been formed with a whole social conception of being reproductive and maternal women.

Analysing my own experiences, I have come to understand how gynaecological-obstetric violence can go unnoticed. What I now understand as violence is a behaviour that has, for a long time, been naturalised by many of us, and normalised by society and the health system. However, experiences leave traces, and inappropriate comments, indifference, lack of empathy and invasive procedures that make us feel ashamed, during a crucial moment in our lives and that are of great importance for women, are evident. It is important to know why such actions, which I have identified as manifestations of violence, occur the way they do. It is necessary to create public policies so that the relevant authorities can monitor compliance with the established regulations in order to prevent these learned bad habits from occurring again and so that the new generations of health professionals do not engage in these inappropriate practices.

Notes

- ¹ Honey, sunshine. An affective way of addressing someone.
- ² Strong woman.
- ³ Midwife.
- ⁴ Oxytocin (pitocin), a medication administered through your veins (IV or intravenous) to start contractions or make them stronger.
- ⁵ An ectopic pregnancy is what happens when a pregnancy progresses outside of the uterus, usually in the fallopian tubes. It is rare, but serious, and must be treated.