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MEDIA REPORT
Combating Obstetric Violence in
Africa
Human Rights, Dignity and
Accountability in Maternal Health
Care
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MEDIA REPORT

Combating Obstetric Violence in Africa: Human Rights, Dignity and Accountability in Maternal Health Care

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1 Overview

On 27 May 2025, the Socio-Economic Rights Project at the Dullah Omar Institute hosted a webinar to deepen understanding of obstetric violence in Africa and to consider the legal and institutional responses required to address it. Drawing on research and cross-country experience, the discussion examined the meaning and manifestations of obstetric violence, its structural drivers, the human rights standards that apply, and the potential of litigation to advance accountability and reform.

The panel brought together Aisosa Jennifer Omoruyi of the Dullah Omar Institute, Achieng Orero of the Initiative for Strategic Litigation in Africa, and Nyokabi Njogu of the Kenya Legal and Ethical Issues Network on HIV and AIDS. Together, the speakers situated obstetric violence not as a series of isolated incidents, but as a systemic problem that undermines women's dignity, autonomy, equality and access to safe maternal healthcare.

1.1 Understanding obstetric violence

Aisosa Jennifer Omoruyi outlined the forms that obstetric violence may take, including verbal abuse, procedures performed without informed consent, neglect, abandonment and maternal detention. She explained that obstetric violence has both interactional and structural dimensions. While some violations arise from the conduct of individual healthcare workers, they are often enabled by poor infrastructure, discriminatory social and cultural norms, systemic inequality and entrenched power imbalances within health systems.

A central concern was the normalisation of mistreatment during pregnancy and childbirth. When abusive or degrading practices are treated as routine, women may come to regard them as an unavoidable part of maternity care. This normalisation weakens reporting, conceals the scale of the problem and makes institutional reform more difficult.

1.2 Human rights standards and immediate obligations

Achieng Orero examined obstetric violence through the rights to the highest attainable standard of health, dignity, equality and freedom from violence, among other protections recognised in international and regional human rights law. She emphasised that a rights-based approach is essential because it places clear obligations on states and healthcare institutions, rather than treating respectful care as a matter of discretion or professional goodwill.

The presentation highlighted *County Government of Bungoma v JOO*, in which the court affirmed that respectful maternity care is an immediate obligation and cannot be deferred through the principle of progressive realisation. The case demonstrates how legal standards can challenge institutionalised harm and clarify that women are entitled to safe, respectful and dignified treatment throughout pregnancy and childbirth.

1.3 Litigation and accountability

Nyokabi Njogu reflected on the practical experience of litigating obstetric violence cases in Kenya. She explained that legal action can centre the experiences of women who have suffered mistreatment, expose broader failures within health systems and secure remedies that support institutional change. Although such cases may be difficult to pursue, litigation remains an important accountability tool when combined with advocacy, documentation and sustained engagement with health authorities.

2 Conclusions and priorities

The webinar reinforced that obstetric violence is a profound human rights violation that requires legal recognition, institutional accountability and a transformation in the culture of maternal healthcare. Respectful maternity care must be treated as an enforceable entitlement and integrated into the design, delivery and oversight of health services.

- Recognise and define obstetric violence clearly in relevant laws, policies and professional standards.
- Embed respectful maternity care, informed consent and non-discrimination in health-worker training and facility protocols.
- Establish accessible complaints, monitoring and remedy mechanisms that respond meaningfully to women's experiences.
- Use strategic litigation and advocacy to expose systemic failures and secure institutional reform.
- Address the structural conditions that enable mistreatment, including inadequate infrastructure, inequality and discriminatory norms.

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