embrace
The Movement for Mothers

Prevalence and Impact of Obstetric Violence in South Africa

Findings from the 2025 Birthing Experience Survey

Presented by: Julie Mentor
Embrace, Movement for Mothers

August 2026

Objectives

Measure the Prevalence of Obstetric Violence

Quantify instances of mistreatment and abuse during childbirth in Gauteng and KwaZulu-Natal

Identify Forms & Contexts

Document types of obstetric violence (e.g., physical, verbal, lack of consent) and explore contributing factors such as discrimination, infrastructure, and cultural norms.

Assess the Impact

Examine the emotional, psychological, and physical consequences of obstetric violence, including trauma, postnatal depression, and PTSD.

Support Advocacy & Policy Reform

Provide evidence to inform policy changes, strengthen advocacy, and promote dignified maternal healthcare through stakeholder collaboration

Drive Transformative Change

Amplify the voices of birthing individuals, raise awareness, and promote respectful, empowering childbirth experiences.

Participant Sampling

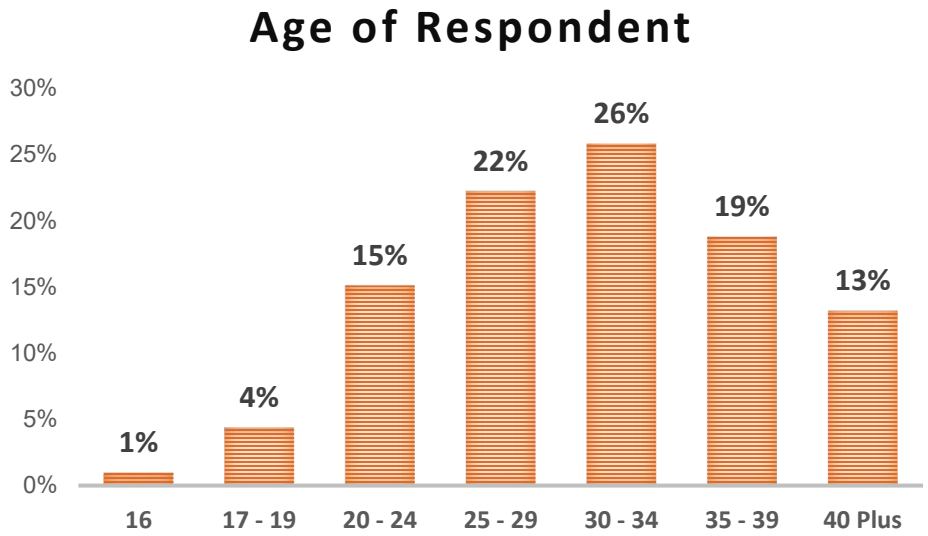
- A representative random stratified sample of 845 face-to-face interviews across two provinces and six municipalities.
- Stratification was by
    1. Province (2 provinces)
    2. Type of municipality
    3. Municipality
    4. Community Tapestry Cluster
- Each cluster represents a different socio-economic area/infrastructure area.
- Within each cluster 30 households were randomly selected.

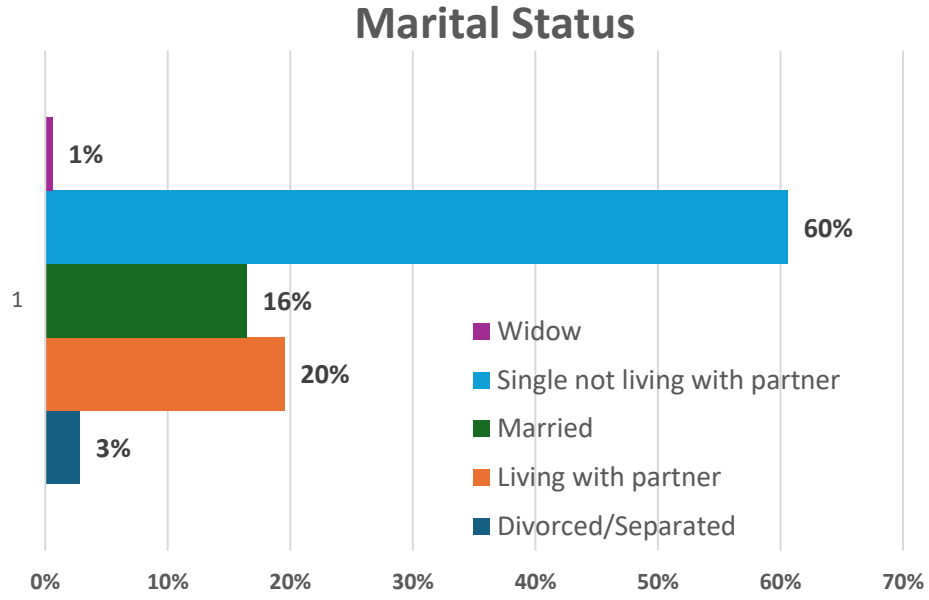
Gauteng (GP)			
Type of municipality	**Sampled Municipality**	**Total interviews**	**Number of clusters**
Metro	City of JHB	173	5
Metro	Ekurhuleni	174	5
District	Sedibeng	100	3
KwaZulu Natal (KZN)			
Metro	eThekwini	150	5
District	iLembe	124	4
District	Harry Gwala	124	4

Social Surveys Institute

Sample Profile (845 Respondents)

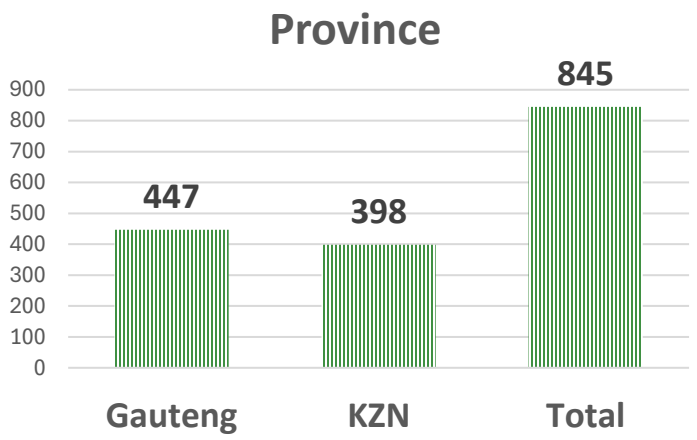
Women who have given birth in the past 10 years

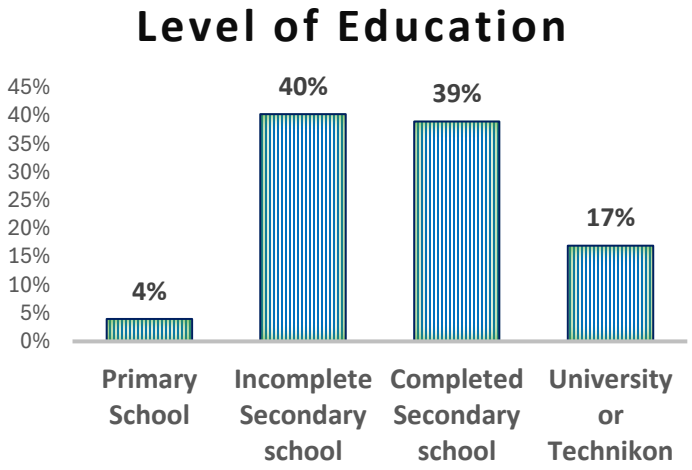




Race of Respondent

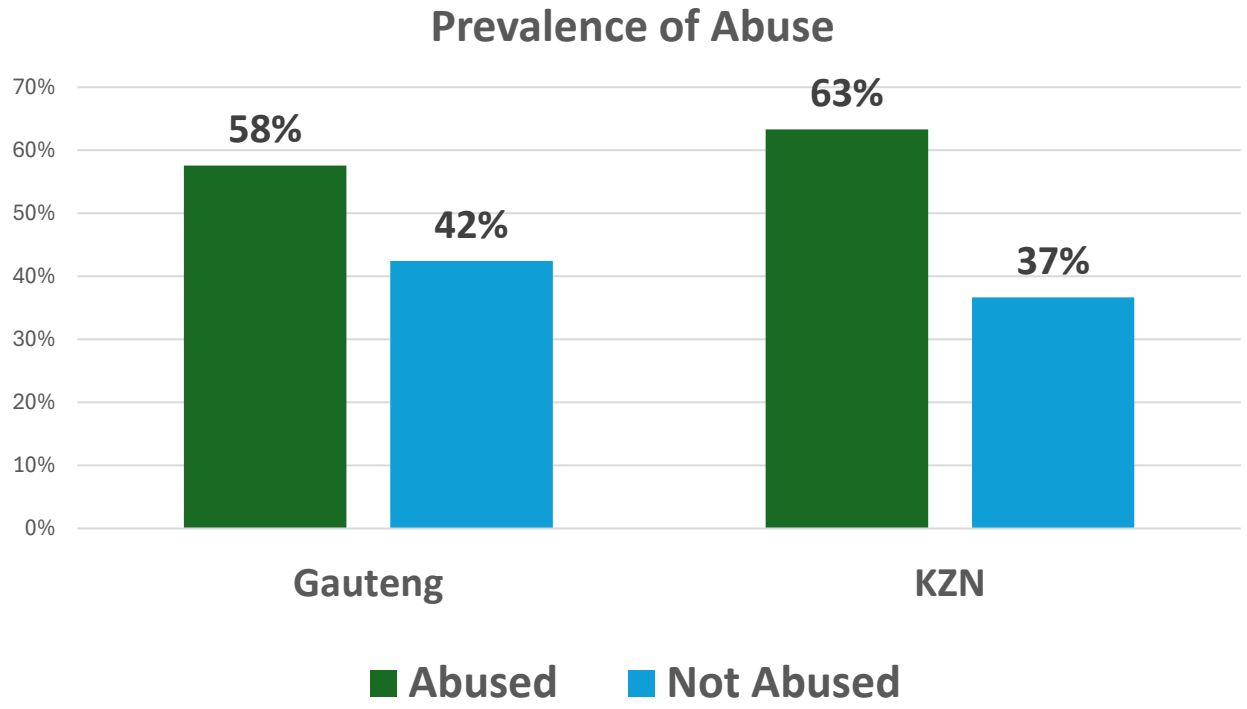
Black	84,97%
Coloured	3,55%
Indian/Asian	4,73%
Mixed race	0,59%
White	6,15%





Prevalence of Obstetric Violence

60% of those who have given birth in KZN and Gauteng in the past ten years have experienced some form of obstetric violence – 1,78 million birthing individuals



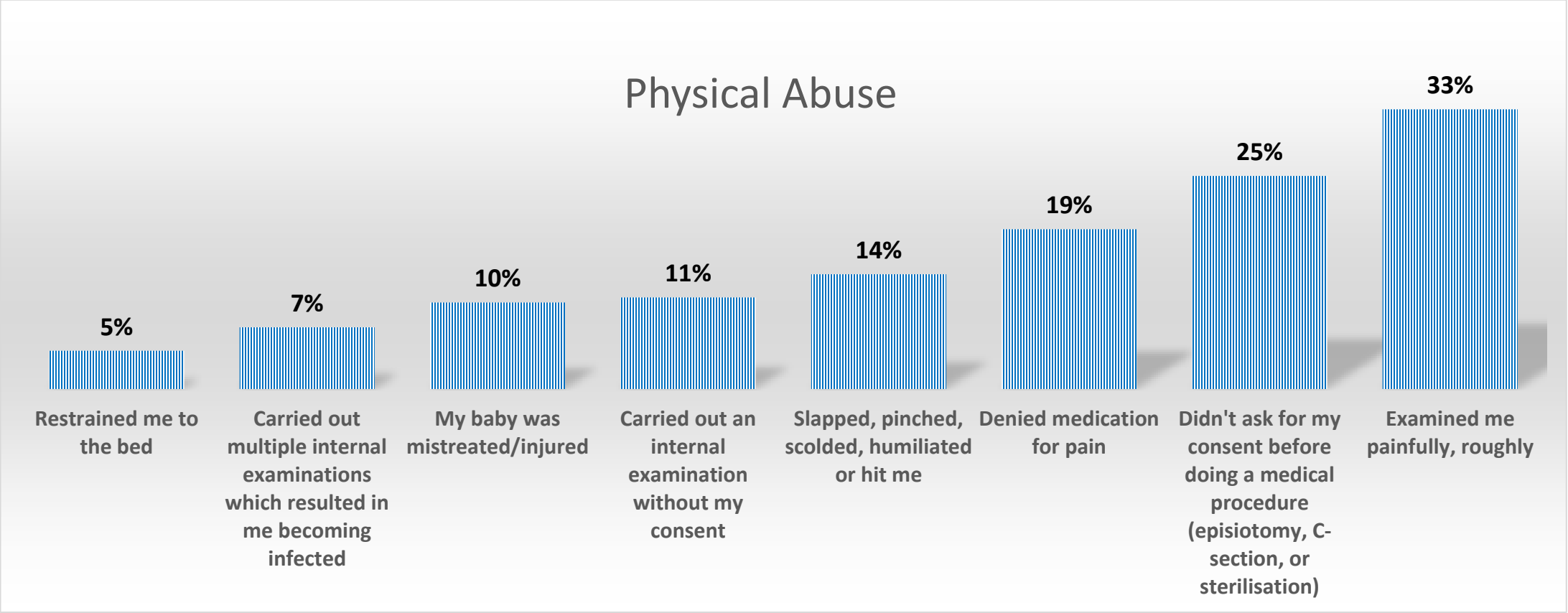
Abused People	
Gauteng	864 297
KZN	923 130

"I was seriously afraid for my baby's life after what happened, the nurses almost burnt my baby alive with that baby incubator heater……I was asked not to report it to the doctor when he arrives, I felt like I was being shut down."

Social Surveys Institute

These findings represent a massive public health and human rights crisis. The normalisation of obstetric violence at these levels signals deep-rooted structural, cultural, and institutional failing in maternal healthcare.

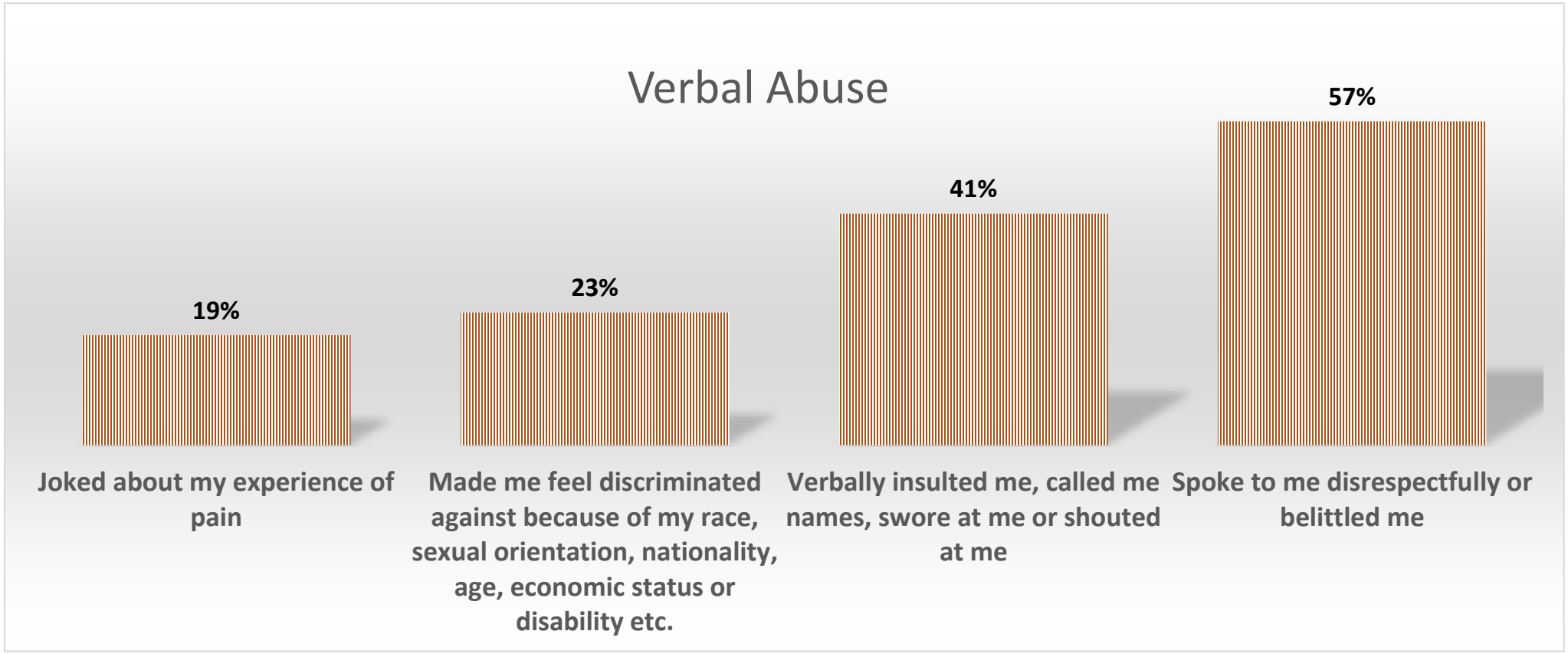
Type of Abuse Experienced *(n=506)*



" It was a painful experience for me; I'd rather die than go back to that hospital. I even tried to escape the hospital because of the painful experience and the things they did to me. When I tried to escape security took me back to the hospital where they shouted at me for escaping. There was this doctor who said I'm a dustbin and she cannot keep a dustbin in her hospital. They put a ballon to open my womb, but it left me in pain and bleeding which is why I even tried to escape "

Social Surveys Institute

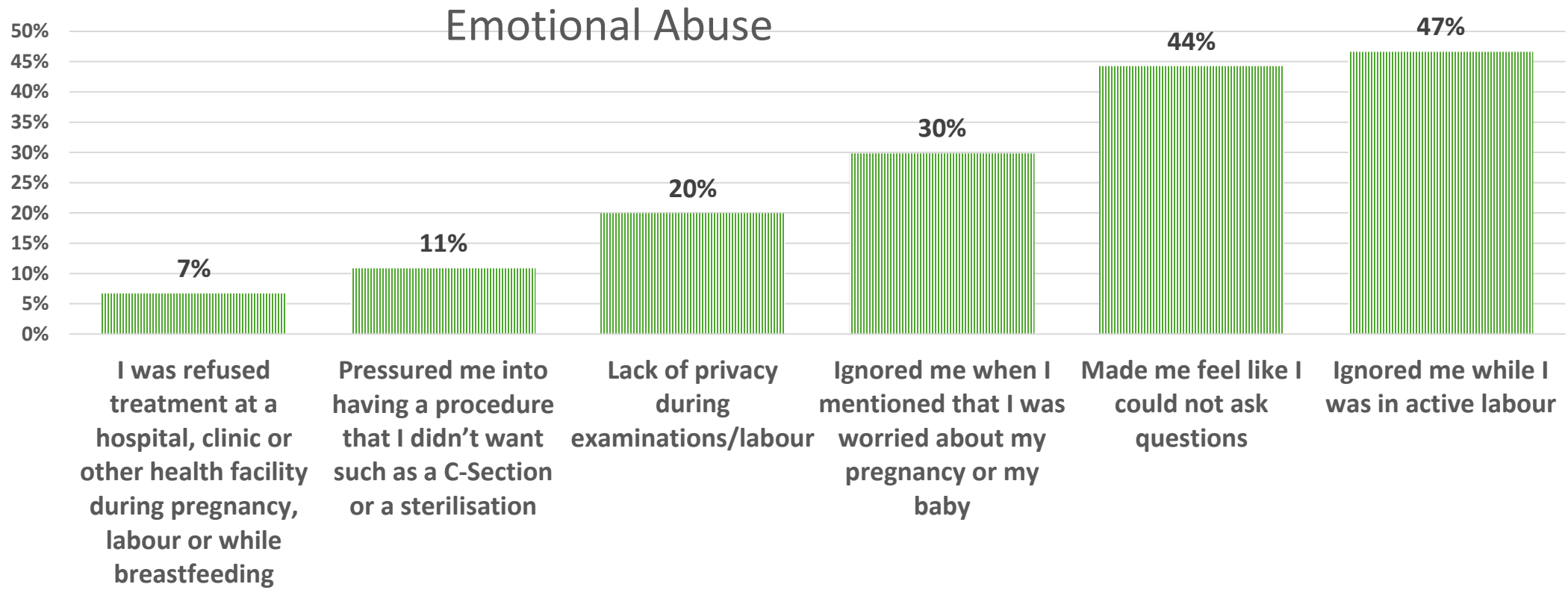
Type of Abuse Experience *(n=506)*



"I had a negative experience; I felt humiliated and disrespected by the staff, who shouted at me and called me names throughout labour and postpartum"

Social Surveys Institute

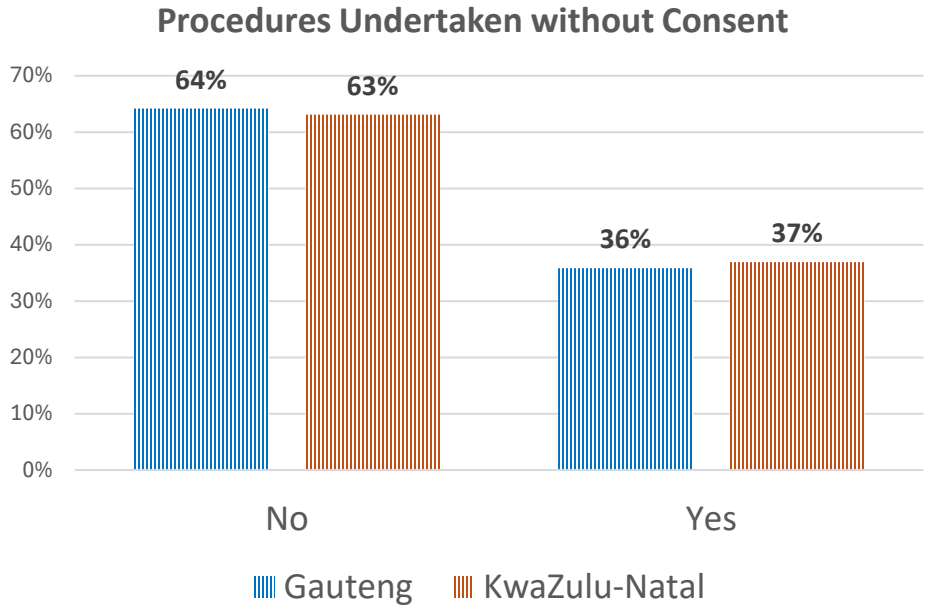
Type of Abuse Experienced *(n=506)*

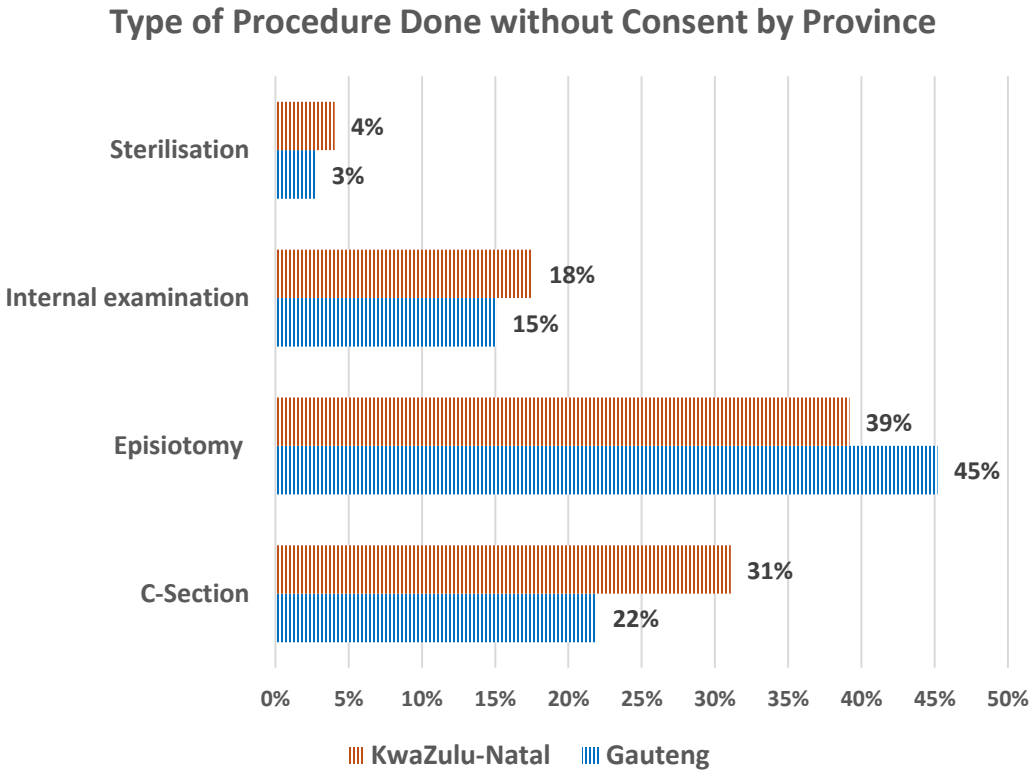


"It affected me in such a way that I don't want anything to do with the hospital, and I ended up opting for sterilisation"

Social Surveys Institute

Procedures Undertaken without Explanation or Consent by Province

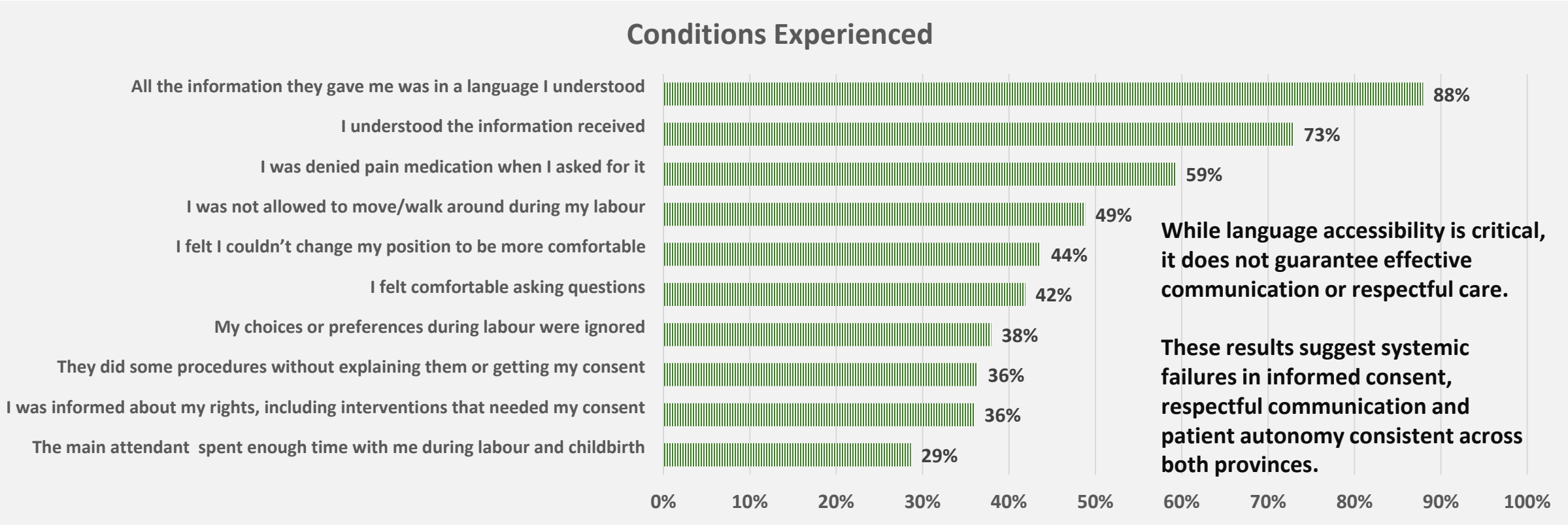




"I thought it was normal to take decisions on my behalf as health care workers; I didn't know that I was being mistreated"

"It negatively impacted my life. They didn't inform me about the procedures as a result I am now unable to make choices."

Conditions Experienced *(n=506)*



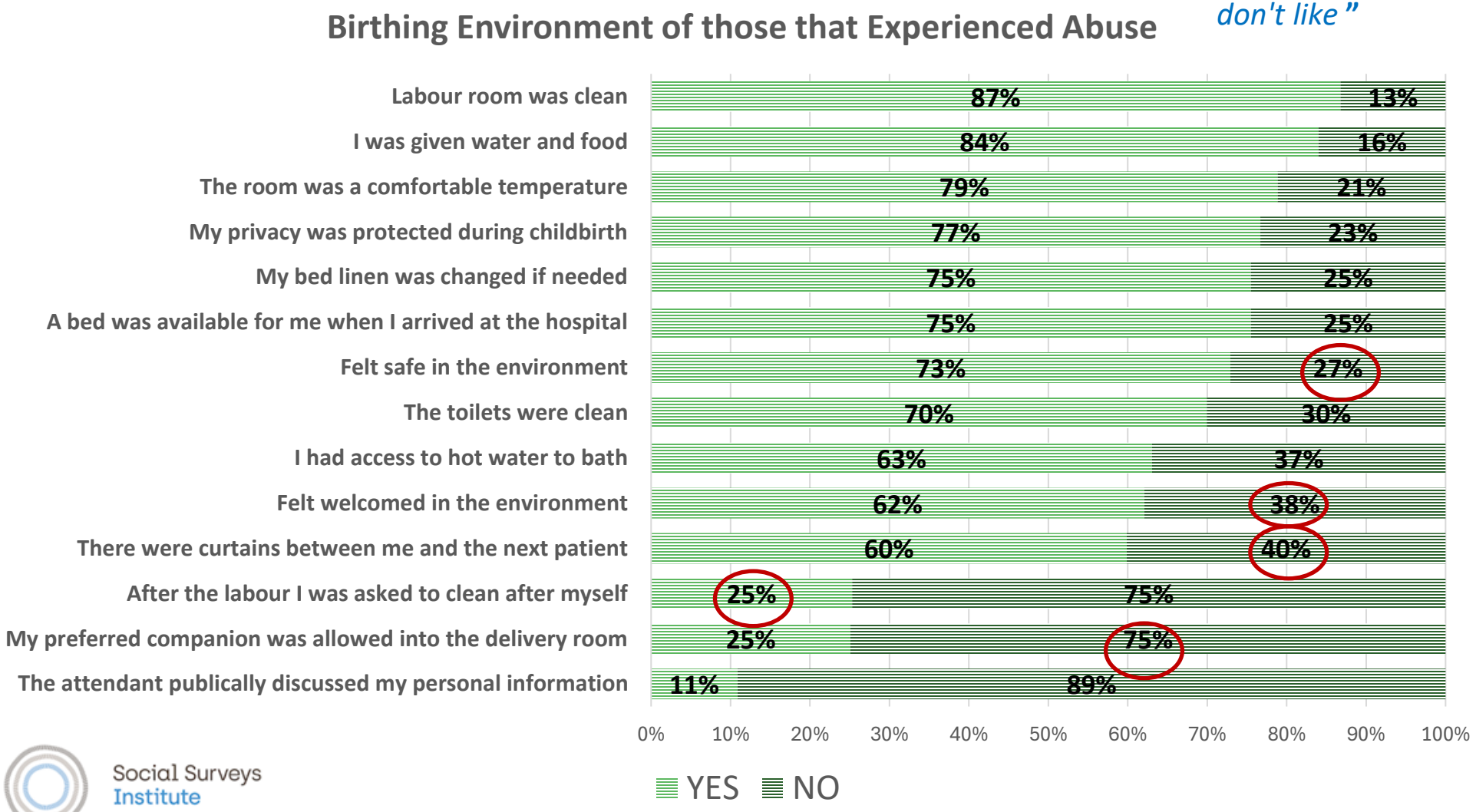
"I felt bad and thought that everyone is treated that way. We must have privacy and be protected. There were people passing by while we were giving birth, there was a man who came to speak to the nurse while I was giving birth, and it was uncomfortable"

Social Surveys Institute

embrace
The Movement for Mothers

Environment (n=508)

“ It was bad because the doctor made sexual advances and kept touching me in places I don't like ”



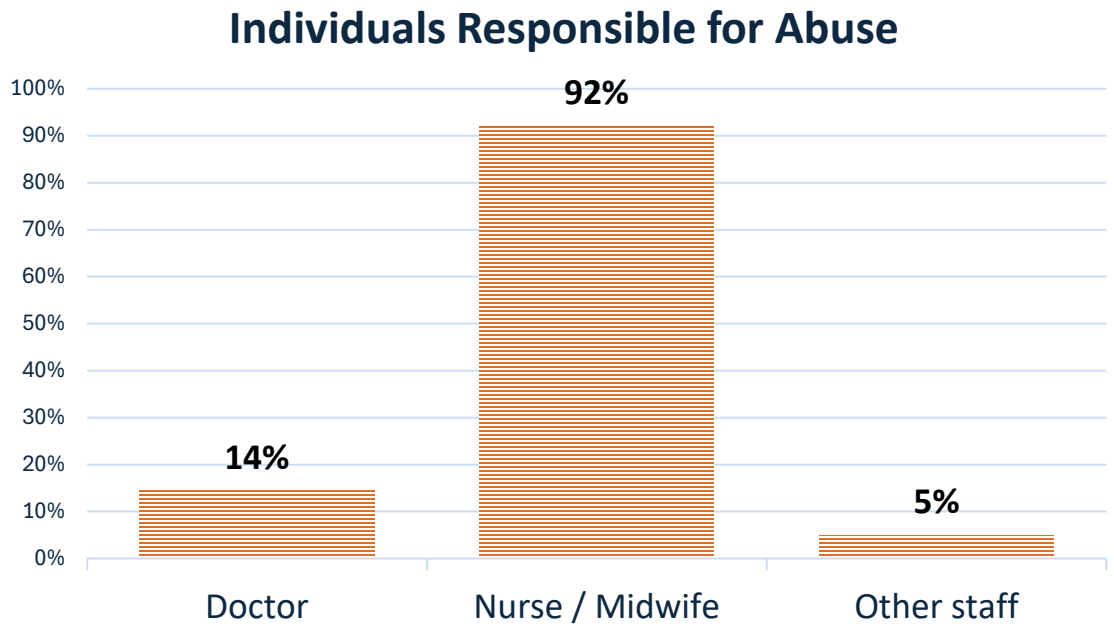
Despite clean environments, relational and dignity-based aspects were weak, with only 62% feeling welcomed, and 73% feeling safe—implying that nearly 1 in 3 felt unsafe during childbirth. Patients in KZN facilities generally felt safer and considered the conditions better than those in GP.

Shocking that 25% of individuals were asked to clean up after themselves and 75% were denied a birthing companion

Social Surveys Institute

Individuals Responsible

(Multiple Response – n=506)



The categories midwife (17%) and nurse (75%) have been Joined as patients find it difficult to know the difference.

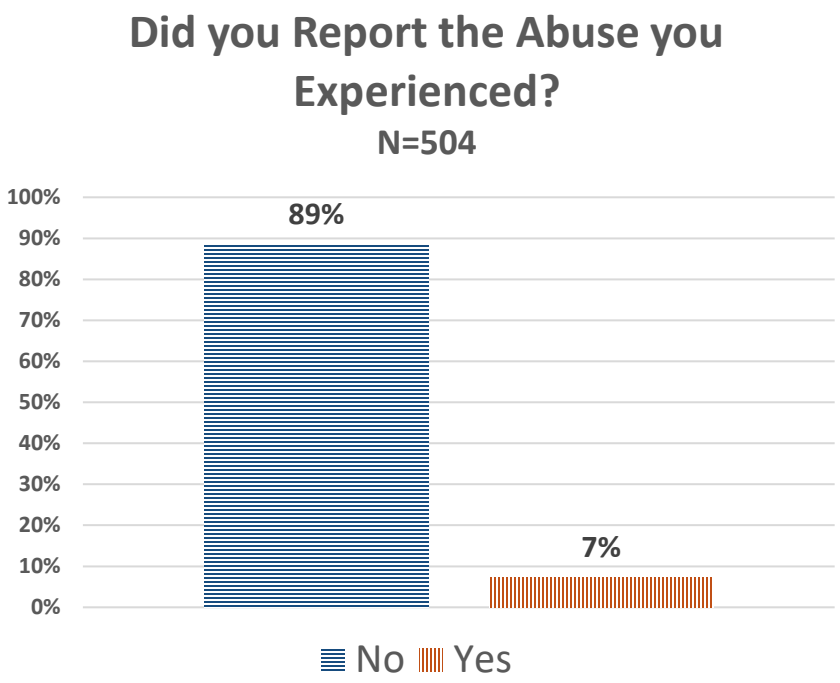
- Results need to be understood within a systemic and contextual framework
- In many public and resource-constrained settings, nurses and midwives are the principal healthcare providers of maternal health care
- Nurses and midwives operate in overburdened, under-supported environments where disrespectful care may be both a coping mechanism and a reflection of larger institutional dysfunction.
- Patients in **KwaZulu-Natal** were more likely to have been abused by a doctor (17%) as compared to those in Gauteng (12%). Abuse by other groups was the same for both provinces.

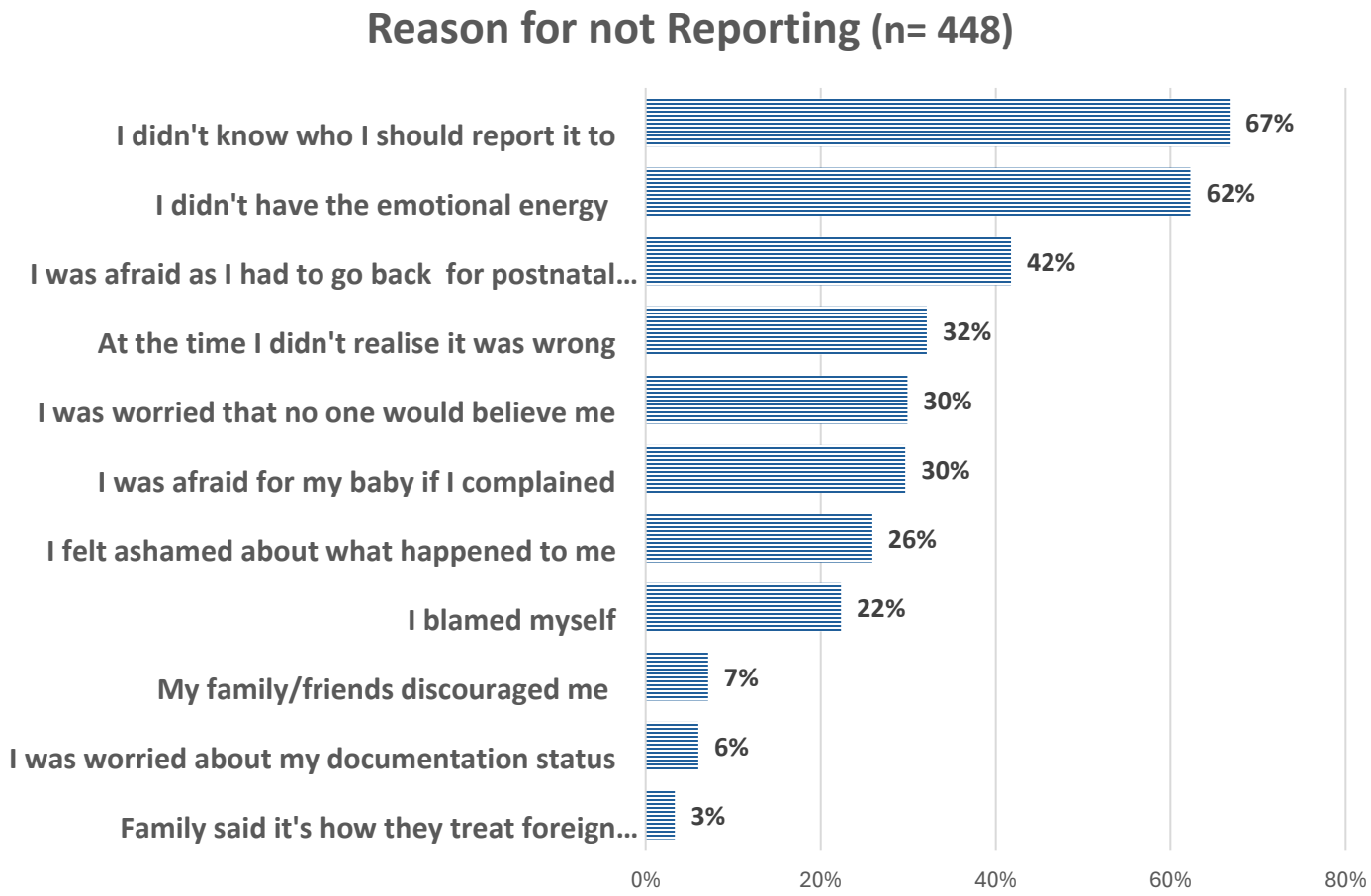
Social Surveys Institute

"I was afraid to even go to a healthcare facility. I won't have more children because nurses shout at us like we are children"

Reporting of Abuse

"I saw that even though I reported her, she was not okay with me, so I felt scared"



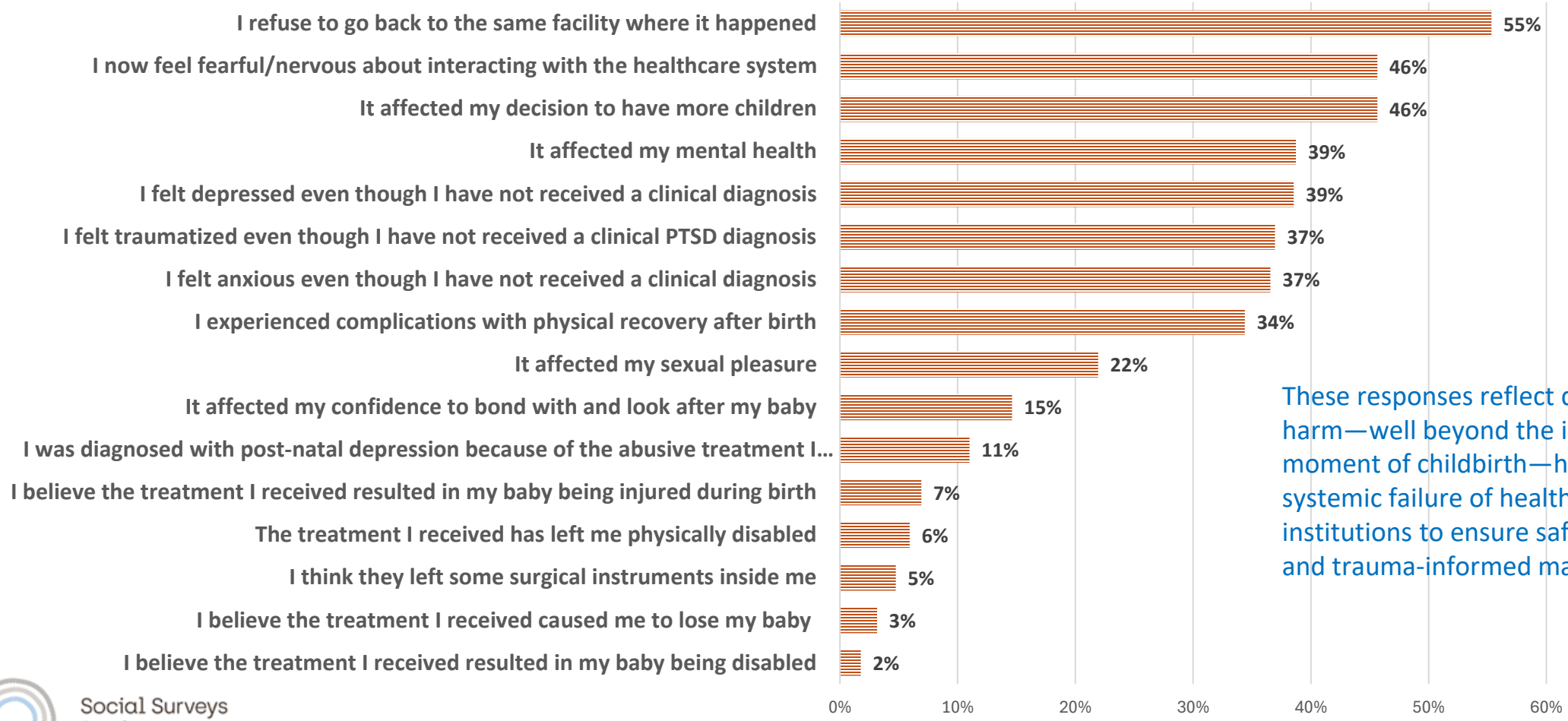


"My self-confidence has been completely destroyed. I am even disabled in my genitals, I have lost my identity, and I am still heartbroken because I don't know what will happen when I meet a man."

Social Surveys Institute

Impact of Abuse (n=508)

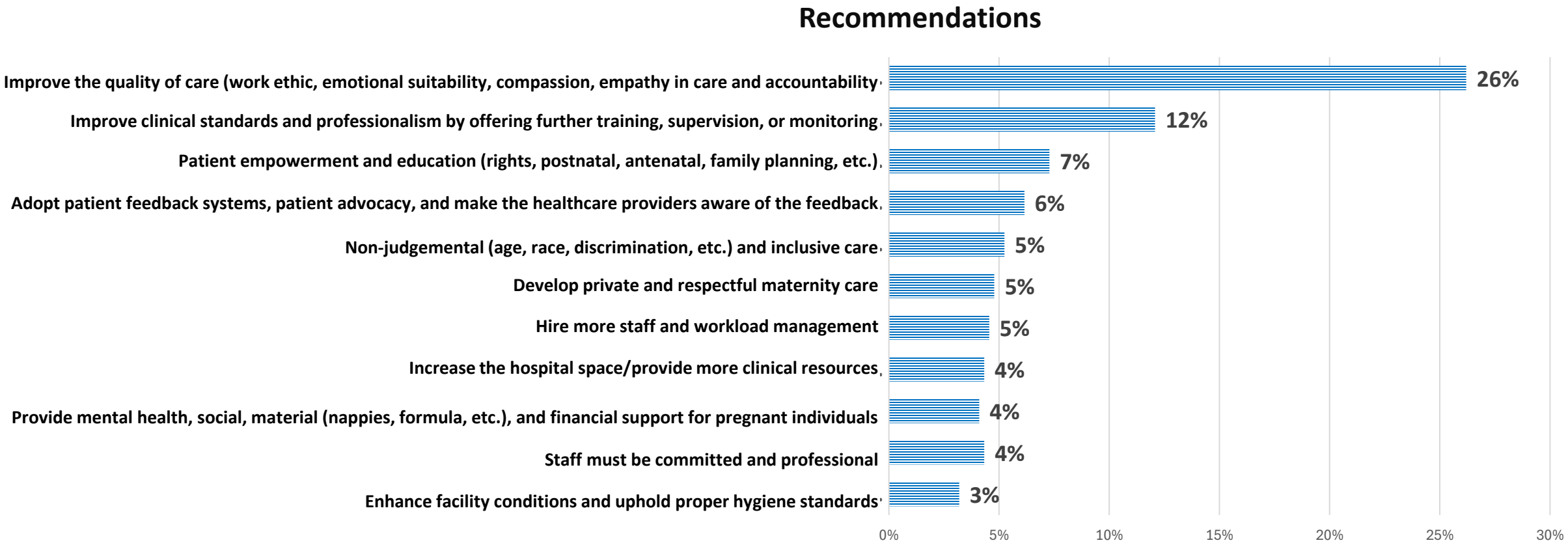
"I'm not in the right state of mind, I lost my child because of what they did. I'm still in pain, even when I want to cry, I don't know who to cry to"



These responses reflect deep and lasting harm—well beyond the immediate moment of childbirth—highlighting the systemic failure of healthcare institutions to ensure safe, respectful, and trauma-informed maternity care.

Social Surveys Institute

Respondent Recommendations



Social Surveys Institute

"Pregnant individuals must be educated about their rights and empowered to speak up freely during and after childbirth"

Recommendations

Obstetric violence is not just a clinical issue but a human rights crisis.
Addressing it requires systemic change.

Multi-Level Response Framework

- **Structural**: Laws, funding, system-wide policies
- **Interpersonal**: Training, communication, respectful care
- **Community**: Empower patients, public awareness
- **Monitoring**: Data, research, accountability mechanisms

Social Surveys Institute

embrace
The Movement for Mothers

Institutionalise Respectful Maternity Care

- **Fully implement 2024 National Guidelines**
- Develop local protocols: dignity, consent, privacy
- Track respectful care via clinical audits
- **Establish ombudsman/patient-rights offices**
- Enforce legal standards: Amend health acts to prohibit OV

From the National Guidelines

Respectful Maternity Care at the Forefront:

- Elevated to a **central pillar** of the guidelines.
- Clear emphasis on **dignity, autonomy, informed consent**, and support for **birth companions**.
- Explicit integration of **respectful maternity care (RMC)** within every stage of maternal and perinatal care

Strengthen Health System and Workforce

- Increase funding for maternal and newborn care
- Recruit and retain midwives and obstetric nurses
- Improve supervision and fair workload distribution
- Continuous training: consent, trauma-informed care, cultural competence

Empower Birthing People and Communities

- **Guarantee right to birth companions in all facilities**
- Educate companions to monitor and report care quality
- Run public education campaigns on patient rights
- Involve men and community leaders in respectful care advocacy

Data and Research

- Integrate OV metrics into health info systems
- Conduct anonymous patient-experience surveys
- Disaggregate data by age, race, income, migrant status
- Fund pilot projects: midwife-led care, communication tools, RMC training

embrace
The Movement for Mothers

“Peace on earth starts with peace at birth”

- Jeannine Parvati Baker

embrace
The Movement for Mothers

Thank you!

To read the full report, please visit www.embrace.org.za

Embrace, the Movement for Mothers
julie@embrace.org.za