

Call for papers

Special issue on obstetric violence in the journal “Cahiers du Genre”

The biomedicalization of reproduction, around pregnancy and childbirth, has led to a significant decline in maternal and child mortality rates worldwide. However, this new medical management of women's bodies has been accompanied by hypertechnicalization of birth (Jacques, 2007; Pruvost, 2016) that leaves little space for women's power of action, decision and autonomy. It may also lead to violent and disrespectful practices towards women during childbirth and to biomedical practices that are not medically justified (WHO, 2014; Sadler et al., 2016).

In Latin America, since the early 2000s, civil society has denounced these abuses, including the unequal power relations exercised by health professionals over women's bodies during childbirth. At the same time, academic studies have emerged on the issue (d'Oliveira et al., 2002) and the concept of "obstetric violence" has appeared in the public sphere. Since 2007, this concept has been incorporated into legal provisions in some countries, including laws in Argentina, Brazil, Mexico, Uruguay and Venezuela (Quattrocchi, 2019).

In Europe, the concept of obstetric violence is attracting increasing public and political attention. In France, following public mobilization which received considerable attention in the media (denunciation of the "husband stitch"), blogs ("Marie accouche-là") and social networks (#payetongyneco, #payetonuterus), an Observatory of Gynecological and Obstetric Violence was created in 2017 and a report was published in 2018 by the High Council for Equality of Women and Men (Bousquet et al., 2018). In 2019, Ovidie's documentary "Tu enfanteras dans la douleur" (2019) brought the concept of obstetric violence back to the forefront, and the Collège National des Gynécologues et Obstétriciens Français (CNGOF) recently proposed to give approval certification to maternity hospitals that adhere to proper treatment and transparency of their practices during childbirth.

Academic research on obstetric violence mainly focuses on Latin America (Castro and Erviti, 2015; Pozzio, 2016; Diniz et al., 2018) and it remains poorly documented in France. This is a new scientific issue that is little addressed in French research. This special issue of *Cahiers du Genre* aims to bring together work in the human and social sciences from an international perspective, in order to document and analyze such violence, thus hoping to motivate further research on the subject.

Three main axes are proposed to report and analyze the epistemological issues and the controversies that obstetric violence raises in France and in other countries.

Emergence of this issue in the public and political space

This axis aims to analyze how this concept arose in the public and political space and to question the context in which it emerged: who addressed the subject? Why? How? Biomedicalization has been controlling and transforming women's reproductive bodies since the 20th century (Tain, 2013), and at the same time conception, pregnancy and childbirth have been dehumanized and even considered as pathological conditions. What, at a given time, led women's collectives and movements to denounce biomedical practices around birth? How did the concept of "violence" associated with these practices arise? The role of health professionals, women's movements and the media, as well as the impact of the reorganization of health care systems and public health policies, will be questioned here.

Obstetric violence, gender violence?

This second axis aims to question the concept of "obstetric violence" (Castrillo, 2016) and in particular the relevance of the structural dimension of gender relations in analyzing such violence (Sadler et al., 2016). Obstetric violence is exercised exclusively on women's bodies, but can it be considered as "gender violence", i.e. violence marked by "unequal social relations that favour beatings, injuries, psychological pressure and control"? (Delage et al., 2019, p. 7). On the other hand, does the analysis of such violence through the intersectional lens make it possible to rethink social relations of sex, class and race?

The medicalization of institutional childbirth is today part of a biomedicalization that transforms bodies through technosciences (Clarke et al., 2000). To what extent do some technologies (cesarean section, episiotomy, epidural analgesia) associated with the experience of childbirth also contribute to the construction of a female body, i.e. a body submitted to gender relations, in accordance with the male world's expectations and with what it "should be" socially? How do these technologies help to materialize Thomas Laqueur's theory that gender precedes sex (Laqueur, 2013)?

De-technicalizing childbirth: emancipation or essentialization?

In many countries, since the 2000s associations have supported women's claims regarding the biomedical conditions in which childbirth takes place. Examples include RELACAHUPAN (Latin American and Caribbean network for the humanization of birth) and CIANE (Collectif Interassociatif autour de la Naissance in France). In the wake of these demands, medical measures have been introduced to offer a more human approach to childbirth and more respect of women's bodies and choices. In France, for example, nine birth centers are being tested since 2016. They are managed by midwives who offer, among other things, safe and less medicalized childbirth.

According to these associations, collectives and activists, the de-technicalization of childbirth would allow women's emancipation. However, the main argument underlying these demands is based on women's "natural" and "instinctive" ability to give birth. We will examine, through these modes of childbirth, the possible shift towards a certain essentialization of motherhood and the maternal role, which is the basis of gender inequalities (Tabet, 1998). From a gender perspective, the options and solutions devised and developed to remedy such violence do indeed raise controversies, that recall those surrounding the contraceptive pill (Gardey, 2015). These are the questions we wish to discuss in this issue.

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