



Relationship and Perceptions of Women with Humanized Childbirth and Obstetric Violence in Ecuador



Alexandra Vallejos ^a, Patricio Trujillo ^b

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Corresponding Author ^a



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Abstract

This study explores the perceptions and experiences of women in Ecuador regarding **humanized childbirth** and **obstetric violence**. This article systematizes a case study conducted in the **Organization of Antaña Women (OMA)** in the canton of Antonio Ante, in the province of Imbabura, through qualitative ethnographic research. In-depth interviews were conducted with women who experienced different childbirth experiences. As a result, various levels of knowledge about humanized childbirth were identified. Some women understood the cultural and autonomy aspects well, while others were unaware of the concept, which can negatively impact their childbirth experience. It was observed that mothers access information through formal sources, such as courses and talks in health centers. Additionally, the presence of a companion during childbirth was considered an essential component of humanized childbirth. Most interviewees positively valued effective communication and respectful treatment by healthcare personnel. However, aspects for improvement were detected, such as the need for training healthcare personnel to ensure respect for mothers' decisions, clear communication, and continuous emotional support. The results reveal that, although there are advances in the implementation of humanized childbirth, practices of obstetric violence persist, negatively affecting women's experiences. The importance of the presence of a companion, respect for women's decisions, and the need for culturally sensitive care are highlighted. The research concludes that it is essential to strengthen the training of healthcare personnel and ensure compliance with regulations that protect women's rights during childbirth.

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^a Maestria Epidemiologia para la Salud Pública, Pontificia Universidad Católica del Ecuador

^b Facultad de Medicina, Instituto de Salud Pública, Pontificia Universidad Católica del Ecuador

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1 Introduction

Childbirth is a physiological and natural event that, however, has been heavily medicalized since the 20th century, leading women to lose autonomy over their bodies during this process (WHO, 1996). In response to this medicalization, the concept of **humanized childbirth** emerged, aiming to restore women's control over their childbirth experience, respecting their rights, preferences, and individual needs (Echevarrieta, 2021). However, in many cases, women continue to face practices of **obstetric violence**, defined as any action or omission by healthcare personnel that causes physical or psychological harm during pregnancy, childbirth, or postpartum (WHO, 2018).

In Ecuador, humanized childbirth has been promoted through regulations such as the **Technical Guide for Culturally Adequate Childbirth Care** (Ministry of Public Health of Ecuador, 2008), which seeks to ensure respectful and culturally sensitive care. However, previous studies have shown that many women are unaware of their rights during childbirth and face practices of obstetric violence, such as lack of informed consent, disrespectful treatment, and the imposition of unnecessary medical procedures (Calderón, 2018; Reyes, 2022).

This article aims to analyze the perceptions and experiences of women in Ecuador regarding humanized childbirth and obstetric violence, to identify areas for improvement in obstetric care and contribute to the promotion of respectful and safe childbirth (Gélinas & Samb, 2023; Horiuchi et al., 2016).

2 Materials and Methods

This study is based on qualitative ethnographic research conducted in the **Organization of Antaña Women (OMA)** in the canton of Antonio Ante, in the province of Imbabura, Ecuador. In-depth interviews were conducted with women who experienced different childbirth experiences. Participants were selected through purposive sampling, ensuring diversity in terms of age, educational level, and cultural context, to gather as many testimonies and qualitative information as possible.

The interviews focused on exploring women's knowledge of humanized childbirth, their experiences during childbirth, and their perceptions of the care received. Data were analyzed using a thematic approach, identifying relevant patterns and categories to understand women's perceptions and experiences (Martínez-Galiano et al., 2021; Martínez-Vázquez et al., 2022).

3 Results and Discussions

Knowledge of Humanized Childbirth

The results reveal variability in women's knowledge of humanized childbirth. Some participants showed a clear understanding of the concept, relating it to respect for their rights, autonomy in decision-making, and the possibility of choosing the childbirth position. For example, one interviewee mentioned:

"For me, humanized childbirth is about giving women the facilities to decide how to give birth, in what position, and how they want to receive their baby" (B0001).

However, other women were completely unaware of the concept of humanized childbirth, suggesting a lack of information and education about their rights during childbirth. This lack of knowledge can negatively impact their ability to demand respectful and adequate care.

Presence of a Companion

The presence of a companion during childbirth was identified as an essential component of humanized childbirth. Most interviewees valued the possibility of having a family member or partner during the childbirth process, highlighting the emotional support it provided. One participant expressed:

"I was well attended with my husband by my side, and we were together until the last moment" (YM007).

However, some women reported that they were not allowed to have a companion, which generated feelings of loneliness and vulnerability during childbirth.

Obstetric Violence

Despite advances in promoting humanized childbirth, several women reported experiences of obstetric violence. These included lack of informed consent, disrespectful treatment by healthcare personnel, and the imposition of unnecessary medical procedures. One interviewee recounted:

"The doctors were rude and told me that if I didn't do what they said, my baby would die" (YI003).

Another participant mentioned the lack of respect for her decisions during childbirth:

"Here in Otavalo, they just told me to get in a certain position, without explaining what they were going to do. They just said, 'get on your knees,' and it hurt. I felt like I couldn't say what I wanted" (BO001).

These experiences reflect the persistence of obstetric violence practices in some healthcare facilities, negatively affecting women's childbirth experiences.

Emotional Impact

Childbirth experiences had a significant emotional impact on women. Those who received respectful and humanized care reported feelings of satisfaction and empowerment. In contrast, women who faced obstetric violence experienced negative emotions, such as frustration, fear, and sadness. One interviewee expressed:

"Emotionally, it didn't affect me much, but sometimes it's frustrating when they say one thing and then do another" (AP004).

The Normative Context of Humanized Childbirth in Ecuador

Since 2008, the Constitution has declared Ecuador a nation diverse in cultures and traditions, promoting and supporting the use and progress of complementary and traditional medicine. Article 32 establishes that health is a right protected by the State, ensuring constant and timely access to comprehensive health care, sexual and reproductive health programs, and services, which will be governed by principles of equality and bioethics, among others. Likewise, Article 43 establishes that the State is committed to ensuring that women in gestation and lactation periods have free access to maternal health services, prioritizing the safeguarding and care of their integral well-being during pregnancy, childbirth, and postpartum (National Congress of Ecuador, 2008). Article 25 of the Organic Health Law establishes that members of the National Health System must promote and honor the ancestral wisdom and customs of indigenous and Afro-Ecuadorian communities, during pregnancy, childbirth, and postpartum, as long as they do not represent a threat to the life and physical and mental well-being of the mother and baby (National Congress of Ecuador, 2015).

These regulations are achieved through strategies such as the **Mother and Child-Friendly Health Establishments (ESAMyN)**, where one of the elements of the childbirth and recovery process ensures that the pregnant woman is accompanied during childbirth and after birth by the person of her choice. She is allowed to wear the clothing she prefers, consume liquids and foods that are not prohibited for medical reasons, receive the placenta after childbirth, have adequate spaces to give birth in the position she chooses, have the freedom to move, and, in addition, the personnel assisting in the childbirth will avoid invasive procedures and, if necessary, will always explain the reasons behind them (MSP, 2008). It is important to note

that, within this strategy, the Ministry of Public Health has created manuals such as the clinical guide for pregnancy care, the process of giving birth, childbirth, postpartum, and cesarean section, which include most of the suggestions mentioned in the ESAMyN strategy (MSP, 2008).

During pregnancy, childbirth, and postpartum, obstetric complications can lead to maternal death. In the country, in 2022, there were 101 maternal deaths, recorded from the beginning of pregnancy until 42 days postpartum. 75.25% of these deaths occurred in establishments of the Ministry of Public Health, 46.53% of the deaths had a cesarean delivery, and 23.76% had a vaginal delivery. The most frequent causes of maternal deaths are: hypertensive disorders, obstetric hemorrhages, pregnancies that end in abortion, and indirect causes (MSP, 2014). According to the WHO, the "ideal rate" for cesarean sections would be between 10% and 15%. Maternal and neonatal deaths decrease when the population-level cesarean rate approaches 10%, but when the frequency exceeds this percentage, there is no evidence that mortality rates improve (WHO, 2015). 57.5% of cesarean births in Ecuador are in the private sector and 22.3% in the public sector. The high rates of cesarean sections are increasing every day, which is why it is desired to promote humanized childbirth to reduce the cases of pregnant women entering the operating room to give birth and, thus, reduce complications, maternal and neonatal deaths in Ecuador (MSP, 2016).

The **Comprehensive Health Care Model (MAIS, 2012)** has developed multiple strategies focused on the care of pregnant women during childbirth and after birth (Delgado et al., 2021). In its role as the National Health Authority, the Ministry of Public Health has created regulations to care for women during pregnancy, childbirth, and postpartum. These regulations include the **Technical Guide for Culturally Adequate Childbirth (MSP, 2008)** and the **Clinical Practice Guide for Immediate Care of Childbirth and Postpartum (MSP, 2015)**, exploring topics such as care during cesarean procedures, to ensure comprehensive and excellent care (MSP, 2016).

According to Article 25 of the Organic Health Law, members of the National Health System are required to promote and value the ancestral wisdom and customs of indigenous and Afro-Ecuadorian communities, as well as alternative therapies related to pregnancy, childbirth, and the postpartum period. Article 21 acknowledges that maternal mortality, teenage pregnancies, and unsafe abortions represent challenges for public health, committing to ensure that users have free access to public health services (National Congress of Ecuador, 2015).

The **Technical Guide for Providing Culturally Respectful Childbirth Care (MSP, 2008)** has as its main objective to promote the involvement and conscious approval of women at each stage of medical care in the institutional setting during pregnancy and childbirth. This guide highlights the following steps to follow:

- 1) Welcome the patient with kindness and courtesy, avoiding the use of terms that may be confusing.
- 2) Establish an appropriate bond with the midwife and the patient's loved ones.
- 3) Examine the patient, conduct the first interview to identify risk factors and determine the level of care needed.
- 4) Clearly detail the steps to follow and familiarize the patient and her companions with the physical space where the childbirth will take place.
- 5) Provide active listening and answer the patient's and her companions' questions clearly, avoiding complicated words.
- 6) Facilitate the participation of the midwife, birth attendant, or companion in the patient's preparations, allowing her to dress in traditional community attire for the occasion.
- 7) Ensure that the necessary medications, tools, and medical supplies are prepared for the moment of childbirth.
- 8) Avoid forcing the patient to adopt a specific position during the childbirth process, allowing her to move freely and choose the most comfortable position.
- 9) Authorize the patient to consume healing infusions according to local traditions, as long as they do not represent a known risk to the health of the mother or baby.
- 10) Faithfully follow the care protocol described in the guide at each stage of the childbirth process.
- 11) Promote emotional bonding and early breastfeeding between mother and baby.
- 12) Before discharge, recommend providing guidance on contraceptive methods, involving the partner, and seeking the help of the midwife if the partner shows resistance.

The Ministry of Public Health has implemented the initiative to create **Mother and Child-Friendly Health Establishments**, known as ESAMyN. In the first chapter, dedicated to purpose and scope, it is specified that health centers of the National Health System responsible for assisting childbirth must meet the objectives and components mentioned in this regulation. Once these criteria are met, they will receive approval from the National Health Authority through the Quality Assurance Agency for Health Service Providers and Prepaid Medicine ACCESS, by obtaining a certification as "Defenders of Mother and Child." In this sense, according to this strategy, health centers must meet the following specific objectives:

- 1) Collaborate in improving the comprehensive excellence of care during pregnancy.
- 2) Promote the balance of humanized childbirth and optimal care for the newborn.
- 3) Collaborate to raise the level of care in critical situations related to pregnancy and the newborn.
- 4) Provide guidelines to prevent the vertical transmission of the human immunodeficiency virus (HIV) and syphilis.
- 5) Create guidelines to promote, support, and encourage breastfeeding.

Discussion

The results of this study align with previous research highlighting the importance of humanized childbirth as a strategy to ensure respectful and safe care during childbirth (WHO, 2018; MSP, 2008). However, they also reveal the persistence of obstetric violence practices in Ecuador, reflecting the need to strengthen the implementation of regulations and protocols that protect women's rights during childbirth (Stromquist, 2006; Friedman, 2003).

The presence of a companion during childbirth was identified as a key factor in improving women's experiences, consistent with studies emphasizing the positive impact of emotional support during childbirth (González, 2017). However, the lack of access to a companion in some cases suggests that institutional barriers still limit the implementation of humanized childbirth.

Obstetric violence remains a significant problem in Ecuador, as demonstrated by women's accounts of disrespectful treatment and lack of informed consent. These findings are consistent with previous studies documenting the prevalence of obstetric violence in Latin America (Reyes, 2022; García-Torres et al., 2020).

Cultural Adaptation of Childbirth Care

In every culture, motherhood is a transcendental moment in the social and reproductive life of women. Therefore, as birth approaches, a diversity of knowledge, customs, ceremonies, and other cultural expressions unfold, differing among different human communities. Likewise, due to the relevance and risky nature of the process of gestation and childbirth, each society has developed its particular way of providing medical care for this event (MSP, 2008).

Essential Aspects

The interviewees consider several aspects essential for a respectful and satisfactory childbirth experience, with a significant emphasis on the presence of a trusted companion, humane and caring treatment by healthcare personnel, and respect for the woman in terms of communication and decision-making. Regarding the presence of a companion, the following testimonies stand out:

"It's about giving the mother who is going to give birth the facilities, the support, whether from her partner or the person she wants to be with during childbirth" (BO001).

"Let my husband come in and be with me" (AP004).

"They let me stay with my husband, and that was good, I was satisfied, and he was there with me until the end" (YM007).

"It would be good to have someone accompany us, because in my case, I went in alone, gave birth alone with the doctors" (AY008).

Additionally, humane and caring treatment by healthcare personnel, as well as a focus on communication and autonomy, were highlighted as essential aspects by the interviewees:

"Well, my little one is three years old, and the treatment was with quality, warmth, especially from the doctors, because before, years ago, that didn't happen. And as I said, my little one is three years old, and the hospital treated me very well, the doctors, the obstetrician, with quality" (MY002).

"I would ask for training so that the care is more humane and with love, because if someone does things with love, it feels good when you arrive at the hospital, especially during childbirth. You come with those pains that you can't bear, and they tell you to wait, that it's not time yet, to come back later. And with that, the treatment, especially from the emergency staff, should be more caring" (YI003).

"That the doctors not be too rude" (AP004).

"It would be good if the doctors treated patients in the best way and asked them if they feel comfortable in the position they want to give birth in, so they feel more secure" (MO005).

"That there be respect for women" (YR009).

"When they inform you about everything they are going to do and ask for your authorization so you can say if you agree or not, and in that way, it is satisfactory for me, that they tell me what I need to do and that I agree and we do it" (MC010).

It was found that physical and environmental needs, such as *"allowing access to drinks, food, and clothing to stay warm"* (AY008), are essential for one of the mothers, and it was found that one of the interviewees did not know what aspects to consider essential. A word cloud is presented below that condenses all the words, highlighting the most used words such as *companions, husband, care, position, respect*, and others as shown in the following illustration.

Emotional Experience

Regarding how the childbirth experience emotionally affected the interviewee and her family, positive emotional experiences were found, as evidenced in the following testimonies:

"In a good way, because they let the person you want be there, so emotionally, yes, it helps a lot" (BO001).

"Emotionally, very happy, very content, because we were waiting for the birth of our baby, my husband didn't want to come in, they invited him, but he didn't want to because he was scared, so I was alone, but at that moment I felt accompanied more than anything by the staff, and the experience was very nice because as soon as my baby was born, my family could meet my son, they introduced him" (MC010).

Faith and spiritual support played an important role in the emotional perception of the childbirth experience:

"The only thing, I always ask God before anything, and everything went well for me, really, everything went well, I can't say it was bad, no, I can't say that" (YM007).

However, concerns and family nervousness were found due to factors such as the mother's age, unexpected complications, and uncertainty about the health of the mother and baby. Although there were concerns and complications, as reported, the childbirth process ended well, and the interviewees perceive the experience as positive, as they refer:

"Well, since I got pregnant after 13 years, it was a bit complicated because it was more than the first time. So, my family gave me all their support, but they were worried because I was an older mother at 35, so it was worrying" (MY002).

"Well, no one expected me to have a cesarean, so at the last moment, the doctor, when I had the last ultrasound, told me I had to have a cesarean because my uterus was very small and my daughter was very big, so she told me that if I had a normal delivery, I could die or my daughter could die, we could both die, so they were worried because at the last moment they told me cesarean, so it was a bit complicated, but it turned out well" (MO005).

"Well, with my husband, seeing me as I was, he came in for the first time, it was sad, I was suffering a lot, yes, that's for sure" (YM007).

"In my family, yes, yes, yes, they got nervous, sad, thinking that something might happen to me, that's for sure, and that's it" (AY008).

Emotional experiences without a positive impact were observed, highlighting the lack of support and respected decisions:

"Well, yes, it affected me that there was no, seeing now, yes, well, it has affected me, that there was no welcome for a pregnant mother, but now it's a change, well, a change, so now I say, now it has changed and with confidence, they tell pregnant women to go to the hospital, to go, because before they preferred to stay home to give birth with midwives, but now I think it's changing, especially with this humanized childbirth that was

implemented in the Ministry of Health, I think there is more confidence, and I think there was, because I did have bad experiences" (YI003).

"Emotionally, not so much, but sometimes, as they say, no, if they say one thing and then don't do it, then, but emotionally, no, nothing" (AP004).

"And I wanted someone to accompany me, but they said no one could come in" (DC006).

A word cloud of this dimension is shown, highlighting words such as *family, respected, complications*, and others as shown below.

Improvements in Care

The following interviewed mothers agree on the need for better communication and explanation by medical staff about the options and procedures during childbirth. Additionally, they emphasize the need to improve the attitude and treatment of medical staff, especially in emergencies and in their initial care:

"Here in Otavalo, they just told me to get in a certain position, without explaining what they were going to do. They just said, 'Get on your knees,' and it hurt. I felt like I couldn't say what I wanted" (BO001).

"I think so, because they should explain more about the moment when you go in to give birth, what it consists of, what the advantages and disadvantages are, what will happen, what is going to happen, so I would like that to be taken into account, the health staff should explain to everyone equally, not just to some, but to all the staff who are going to give birth, they should repeat what it consists of because I already read, I already knew before what childbirth was like, but I didn't go without knowing, so my knowledge that I had, I was asking, not them telling me, but me asking them" (MC010).

"Well, the doctors now, the treatment is, as I said, of quality, they are more humane, and I would say, especially the residents there, they should change their attitude in treatment. If someone comes in labor, they should spend more time in, as I said, in the waiting room, monitoring the situation and not sending them home" (MY002).

"Improving would be having obstetric staff in the emergency room and being more attentive" (YI003).

Two interviewees specifically point out the need for more respectful and attentive treatment in emergencies, where they sometimes face mistreatment or lack of adequate care:

"Yes, as I already said, they should be a little more respectful, because sometimes, not during childbirth, but in emergencies, they were rude" (AP004).

"I think they should be more attentive, not because I'm a young girl, they shouldn't have preferences, as they say. They should be more respectful" (DC006).

On the other hand, one interviewee points out the accompaniment and presence of family members as important during childbirth, as she considers that this would improve the emotional and support experience:

"I think they missed that, both the nurse and the doctor, letting the person I wanted come in" (BO001).

One of the interviewees mentions the lack of medications as a problem, suggesting that prescribed medications should be available in the hospital to avoid inconveniences for patients (YM007). Meanwhile, MO005, AY008, and YR009 did not find specific areas that require improvement, indicating that their childbirth experience was adequate and satisfactory. A word cloud is summarized with frequent responses such as *emergency, treatment, and rude*.

Impact on Physical or Emotional Well-being

Regarding this dimension, diverse experiences were identified, ranging from the absence of sequelae to more significant ones. The interviewee BO001 mentions that feeling listened to and receiving appropriate advice during childbirth has a positive impact on her emotional well-being, reducing pain and pressure. However, the lack of information about the baby caused her anxiety. For MY002, there are no long-term impacts, attributing her well-being to the quality treatment received from doctors and professionals. Likewise, AP004 does not report any long-term impact, indicating that everything went well. YM007 describes difficult childbirth but does not report long-term negative impacts. Although she had pain, she eventually recovered well.

Similarly, AY008 indicates that she has no long-term impacts, indicating that everything went very well. For YR009, she did not suffer physical or emotional problems, but she mentions fear of becoming pregnant again and of childbirth due to the possibility of being alone with the pain. Another experience was that of the

interviewee MC010, who did not have physical or emotional impacts directly related to labor, but she did suffer postpartum depression due to news about an earthquake.

Now, for other interviewees, the experiences were more complex, such as for YI003, who received an apology from the staff after the mistreatment received during childbirth, which seems to have alleviated part of the emotional distress. However, she recounts a previous traumatic experience related to a poorly managed abortion that caused a health crisis. M0005 describes multiple long-term physical complications, including a poorly sutured cesarean section that did not close properly and complications due to excessive administration of anesthesia. Additionally, she mentions significant emotional trauma due to these complications. DC006 reports being left with emotional sequelae due to the care received, contrary to her expectations of being accompanied by her husband during childbirth. Below, the responses collected are illustrated through a word cloud in which words such as *accompanied*, *anesthesia*, *depression*, *none*, and others were frequently found, as can be seen in the following graph (Brooks et al., 2022; Brooks et al., 2019).

Childbirth Experience

Regarding this last analyzed dimension, the testimonies reflect a wide variety of experiences and suggestions to improve the childbirth care system, where themes such as the importance of respect for humanized childbirth, the preparation of future mothers, the importance of hospital care, empathy and family accompaniment, improvements in the training of medical interns, equitable and quality care for all patients, maintaining high standards of care with constant support, providing quality care with respectful and dignified treatment for all patients, were the main topics raised by the interviewees (Muhith et al., 2022).

Thus, perceptions such as B0001's mention that respect for humanized childbirth generates satisfaction, but when it is not respected, there is a feeling of dissatisfaction, and the perception that it could have been improved, is evident. MY002 emphasizes the preparation of pregnant women and highlights the possibility of the partner accompanying them during childbirth. For her part, YI003 invites pregnant women to go to the hospital for childbirth due to the greater preparation and specialized care, in addition to recognizing the right to receive quality care. An opinion coincides with AP004, which suggests improving empathy and allowing the presence of family members during childbirth in hospitals that promote humanized childbirth.

For M0005, the childbirth experience was adverse, she recounts complications due to a poorly sutured cesarean section and excessive anesthesia, but she appreciates the good care received in general. Therefore, she proposes better training for medical interns. The interviewee DC006 also perceives her childbirth experience as more adverse and expresses dissatisfaction with the unequal care received, especially towards young pregnant women, and asks for better care for all. However, the mother YM007 recognizes the responsibility of both mothers and doctors, so she speaks of the importance of educating future mothers about the childbirth process.

Finally, for three of the interviewees, the childbirth experience was good. AY008 recounts a very positive experience and highlights the continuous care and the presence of staff in training. The interviewee YR009 considers her experience beautiful and has nothing additional to add. Finally, interviewee MC010 appreciates the good care received and asks that respect for patients' decisions be maintained, emphasizing the importance of not shouting or speaking badly to patients.

4 Conclusion

This study reveals that, although there are advances in promoting humanized childbirth in Ecuador, practices of obstetric violence persist, negatively affecting women's childbirth experiences. The lack of knowledge about rights during childbirth, the absence of a companion in some cases, and disrespectful treatment by healthcare personnel are factors contributing to this problem.

To improve obstetric care in Ecuador, it is essential to strengthen the training of healthcare personnel in humanized childbirth and obstetric violence, ensure compliance with regulations that protect women's rights, and promote education for women about their rights during childbirth. Only through a comprehensive and culturally sensitive approach can a respectful and safe childbirth experience be guaranteed for all women.


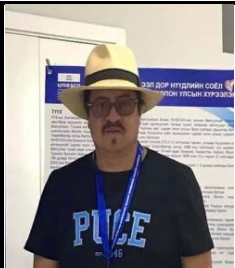
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Biography of Authors

	<p>Alexandra Vallejos Master in Epidemiology and Public Health at the Pontificia Universidad Católica del Ecuador. Researcher on women's rights. Email: amvallejos@puce.edu.ec</p>
	<p>Patricio Trujillo Principal professor for undergraduate and postgraduate studies of the Faculty of Medicine and researcher at the Institute of Public Health at the Pontificia Universidad Católica del Ecuador. Email: pstrujillo@puce.edu.ec</p>