

# Visuals Speaking the Unspoken as a Tool for Future Care

Puleng Segalo<sup>1\*</sup> and Veronica Mitchell<sup>2</sup>

<sup>1</sup> Chief Albert Luthuli Research Chair, University of South Africa, South Africa

<sup>2</sup> Department of Obstetrics and Gynaecology, University of Cape Town, South Africa

\* Corresponding author's email: [segalp@unisa.ac.za](mailto:segalp@unisa.ac.za)

doi: <https://doi.org/10.21467/proceedings.168.24>

## ABSTRACT

In this article we describe the creation and usefulness of an art-making community initiative that has become a visual teaching tool to help rethink and challenge normalized practices in Obstetrics. The visuals are promoting more caring spaces and relationships. An unexpected online introduction with the two authors during the COVID pandemic resulted in a funded project in which a group of 17 women embroidered their difficult lived experiences in public birthing facilities in South Africa. The unexpected and abusive events they recalled and depicted resonated with what has been witnessed and shared by undergraduate medical students at a South African university. These unprofessional practices towards birthers worldwide has become known as obstetric violence, an under-acknowledged form of gender-based violence. This difficult topic refers to the cruel, unethical practices perpetrated largely by those who ought to care, the healthcare professionals. Over many decades, it has been hidden and silenced within the hierarchy of medicine. Furthermore, the medicalization of birthing practices has tended to undermine cultural practices and knowledges. What has become apparent is that very few art-based community projects are available as resources to engage with obstetric violence. We contend and demonstrate that visual artifacts can enable alternative, creative and imaginative thinking to engage with this global problem to foster a shift in established practices for a more caring and compassionate future. The visual artifacts have become a powerful resource to address obstetric violence in training workshops for health professionals and others connected to birthing practices, thereby acting as an innovative advocacy tool that can amplify patient voices towards promoting respectful maternity care for all.

**Keywords:** Embroidered artworks, obstetric violence, respectful maternity care

## 1 Introduction

Visual messaging associated with the arrival of a newborn tends to showcase the excitement and joyfulness of bringing a new life into the world and expanding the love and care of a couple who become parents. Our societies view birth as a time of hope and blessings. Those professionals associated with birthing events, such as doctors and midwives, are assumed to be compassionate carers, and birthing facilities are anticipated to be welcoming and trustworthy. When birthing individuals move into the healthcare system, the health service aims to prepare them and their partners for the birthing event by encouraging participation in activities available in their local antenatal clinics or early engagement with their birthing support networks. Such involvement helps to calmly prepare for the precarity of labour in terms of information and education to facilitate a partnership with the healthcare team and be well prepared for the uncertain journey of birth. However, little prepares the many individuals who find themselves faced with an abusive or neglectful situation at an incredibly vulnerable time. This kind of treatment that many birthers accessing public health facilities experience has come to be known as obstetric violence.

Over the past decade a collective struggle of activism against reproductive injustices has brought to light the reality and prevalence of obstetric violence, a term coined in South America to enable legal redress. While compassion is anticipated at the birthing event, multiple forms of violence have been described



© 2024 Copyright held by the author(s). Published by AIJR Publisher in "Proceedings of the 8<sup>th</sup> International Visual Methods Conference" (IVMC8). Organized by Sapienza University of Rome - Saperi&Co. and Melting Pro, Rome, Italy on 29-31 May 2023.

Proceedings DOI: [10.21467/proceedings.168](https://doi.org/10.21467/proceedings.168); Series: AIJR Proceedings; ISSN: 2582-3922; ISBN: 978-81-970666-6-5

through personal stories worldwide, such as physical, verbal and emotional abuse as well as non-consensual procedures towards birthing individuals [1]. Obstetric violence has been described in many ways with alternative definitions presented that encompass acts of omission, such as neglect and deliberately disregarding the process of informed consent for procedures, as well as mistreatment in different ways and degrees to become abusive. Camilla Pickles [2: 629] describes the controversies around naming these unwelcome practices, yet also claiming the “power of naming life events”. What tends to be hidden is that birthers are frequently treated as non-agentive beings and not as partners in the process of bringing a new life into the world. The experience can be traumatic for many individuals leading to them distrusting the healthcare facilities and practitioners. Chadwick [3] and others point to the deep racialized and socio-economic factors that contribute to these troubling experiences. The level of disrespect and mistreatment experienced by birthing individuals has become evident through patient stories and other resources, including medical students reflecting on their learning experiences in various birthing units, as demonstrated by the collage below (Figure 1). Amidst the violences is a learning platform for future doctors and midwives. We draw on Veronica’s [4] doctoral studies with medical undergraduate students and their drawings which resonate with the experiences of the community of women embroiderers with whom Puleng has had a close connection. Both associations have been over the past fifteen years. In this way, we bring into conversation the experiences and reflections of those in the receiving end of the care (community women) and those who offer healthcare (medical students/practitioners).



Figure 1: Visual representation of learning in obstetrics (Focus Group, 2015 [4])

In what follows, we focus on the artwork of a women's collective who shared their birth stories and those of their friends and relatives, through the visual medium of embroidery. We elaborate on the stories depicted in the collaborative embroidery project in which the women in a peri-urban sewing collective to show how they connect their birthing experiences with the reality of violence in birthing facilities which manifest in relation to individuals as well as the structural violences that contribute to the current problems emerging from facility birthing units in South Africa. The artistic artifacts have become empowering tools for change by enabling difficult conversations among stakeholders in birthing facilities.

## **2 Materials and Methods**

The project started with Puleng coming together with the Intuthuko women embroidery collective based in Etwatwa, Gauteng, South Africa. The process involved sitting together and brainstorming on themes to be covered in the making of the embroideries. The themes were captured on a flipchart where everyone could see what ideas were being considered, and following this process was the decision on the structure of the embroideries to be made. The themes were then moved onto black cloth where they were pencil drawn before the sewing process could begin. Each woman decided on the aesthetic around the theme (e.g., colours to use for the surrounding environment of the main theme/plot on each embroidery). The women met twice a week over a period of three months to work on the embroideries (as well as working on them alone at home); the coming together offered the opportunity for collective reflection, sharing experiences of using public health facilities and challenges that confront them and the community at large. When making the work of art, there are numerous processes and decisions that influence how the artwork is framed/designed/presented. While working with the women's collective, the choice to use black background/cloth was to enable the artwork to be more pronounced so that the colours used in the carving of the stories (visual telling) could be more visible - this served as an aesthetic decision to enable the story to be more striking and draw the viewer's attention. While at first what might draw the viewer's attention could be the colourful aesthetic beauty of the piece, upon closer look, the viewer is confronted with the pain, loss, neglect and apparent disrespect as depicted in the visual art pieces. What is striking is the beauty of the walls and floors depicted in most of the artworks which contrasts with the reality of the public birthing spaces in South Africa. When asked why the sewers chose to embellish these spaces, they replied saying how they wished it would be such a place of welcoming beauty.

## **3 Theory and impact**

While the sewing products represent the experiences and voices of the 17 sewing women, the process of thinking/doing/making has become an important consideration for us in terms of whose knowledges and what knowledge matters and whose is valued. As Jessica Shaw [5] points out, traditional knowledge and their credibility tend to become lost in the current global trend of medicalizing childbirth. An exacerbating factor is that the historical knowledges that has constituted the discipline of obstetrics were very much paternalistic and hierarchical. What has become apparent through the project is that the women enter the hospital spaces that are not familiar, and in many ways feel hostile to them, as mentioned by Mitchell and Bozalek [6]. Nurturing care and love of community is frequently missing. As the embroidery shows in Figure 2, the cleaner came to help, leaving her mop and bucket to be attentive to the labouring woman in need. The trained nurse who values efficiency is seen to be walking away presumably to attend to another need in a busy workspace. In what follows are three examples with a description by the embroiderer and images demonstrating how these artful works are making a powerful impact on educational events.



**Figure 2:** Helpful cleaner

**Example 1:** Ignoring call for help (Figures 3a and 3b)



**Figure 3a:** Multidisciplinary workshop group discussing the ambulance driving past<sup>31</sup>

**Figure 3b:** embroidery made by Christina 2022

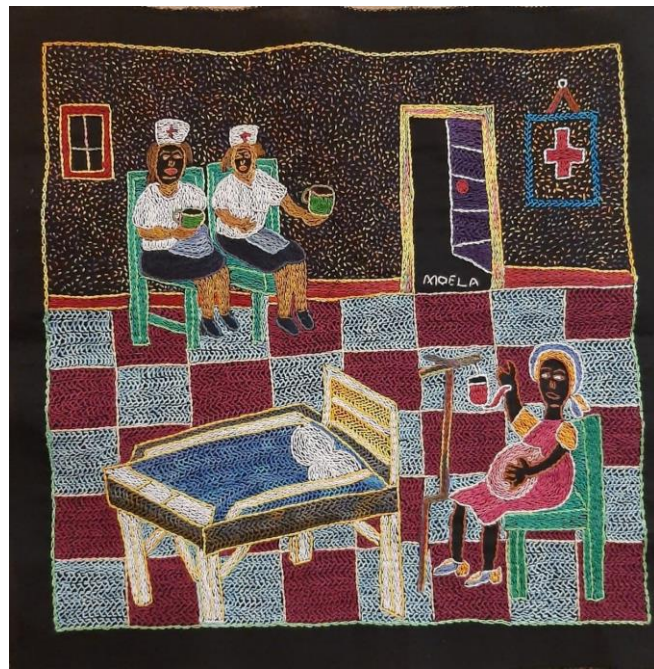
**Christina:** Here is a pregnant woman with children alongside her. This woman ended up here on the street because they called an ambulance while in the house, and the ambulance delayed and took a long time to arrive. They then decided to go outside with the hope of getting help because the woman is in labour. Children were trying to assist her when the ambulance appeared – the children then started shouting and calling for the ambulance. The ambulance driver saw and ignored them, he just looked at them and drove off. The woman was left in trouble.

<sup>31</sup> All Photos shared with permission from workshop group members and Intuthuko Embroidery women's collective.

*Message for future care:* The community needs help from health facilities and ambulances need to be there to assist communities and sick people. Here the ambulance is ignoring a woman who is clearly in need of medical attention as can be seen by how she and the children are trying to get the attention of the ambulance driver. The government needs to assist communities – and when people are employed in the health sector, they are expected to help the nation (quote translated from Sesotho).

Visually this image depicts the violence of disrespect and neglect despite urgent needs. Even with the help of children, this woman was shown to be ignored. What is striking about this artwork is that it highlights the troublesome transport issues, as well as the key role that ambulances play in service delivery.

**Example 2:** Nurses drinking their tea and relaxing together (Figures 4a and 4b)



**Figure 4a:** Multidisciplinary workshop group discussing the midwives’ conversations in front of and in spite of patients’ needs

**Figure 4b:** Embroidery made by Maria 2022

**Maria:** I have made an embroidery of these nurses sitting on chairs having tea – across them is a patient who is clearly pregnant and in pain. The patient is calling and trying to get the nurses’ attention asking for help, but the nurses are busy sipping their tea and do not care about the patient. This is painful because when people go to clinics, they go with the hope of getting help, but when they get there, they do not get the help they were hoping for.

*Message for future care:* Nurses should take care of patients in clinics and hospitals because doing so also contributes to their livelihoods. Patients go to health facilities to seek help, but we are not taken care of, instead nurses sit there and sip their tea and chat with each other, disregarding the patient. This is a problem we are facing here in South Africa (quote translated from Sesotho).

Maria illustrates how many nurses disregard patients' needs. While the burden of the workload for midwives is heavy with limited resources, the calls from patients are often left unattended. In many situations the midwives are exhausted with long hours and never-ending duties and responsibilities both at work and at home. In their article titled, *Exposing the role of labor and delivery nurses as active bystanders in preventing or perpetuating obstetric violence*, Runyon et al. [7] explain how nurses have allowed abusive practices to become acceptable and really been complicit in the violences rather than taking action to prevent what has become acceptable and normalized.

**Example 3:** Structural violence (Figures 5a and 5b)



**Figure 5a:** Multidisciplinary workshop group discussing how patients are waiting in discomfort for attention

**Figure 5b:** Embroidery by Mabatho

**Mabatho:** My embroidery depicts patients who go to hospitals ... They have been waiting since very early in the morning to be given attention. As they wait, the clerks come into the office and can see that the queues are long, however, they do not seem to care. They come in and sit down, they are busy on their phones, and sit with colleagues chatting away while neglecting patients.

*Message for future care:* It is difficult and painful to go to hospitals and clinics and when you get there you do not receive the help you were hoping for and at the time you were hoping to get the assistance and care... . These are the challenges we face, and nurses and doctors blame patients and accuse them of not taking care of themselves while the challenges actually start with the clerks that do not pay attention to and assist patients when they arrive – to ensure that they get their files and see doctors speedily. Some of the pregnant women deliver their babies right there as they wait to be checked in – the babies come as women are sitting in the waiting room sometimes (quote translated from Sesotho).

The administrative admission system is frequently overbooked and overloaded. While urgent needs ought to be prioritized, this does not always happen. What is apparent is that there is a lot of discomfort in that space with the process of triaging not happening effectively resulting in disregard for those in urgent need.

Furthermore, women arrive at the facilities often exhausted from the challenging transport issues in local communities.

The embroideries are unusual tools to bring into multidisciplinary workshops in the health systems. Sewing work tends to be associated with home activities and issues of domesticity for women therefore not usually considered appropriate for medical education. However, once the sewn artifacts are seen as expert artworks with the force to initiate important messages, they provide a powerful medium to amplify and foreground urgent and important issues in obstetrics that have been silenced both by the health profession and cultural norms. This was seen in how the visual images served as important tools and props for reflection, engagement, and self-critique among the midwives during the workshops. The term *craftivism* coined by Greer [8] to describe how craft work can become a tool of activism seems apt for this ongoing project. Maxine Greene [9] argues that the work of art has the potential to move people from feeling numb about the social injustice challenges they face to aesthetically creating alternative narratives that speak back, challenge, confront, and hold accountable systems of injustices.

Quality healthcare needs to be understood from a multidimensional perspective where the clerk, the nurse, the doctor and the health department all have to responsibly take up their individual and collective roles to ensure quality and caring service to those who go to clinics and hospitals for healthcare. As indicated in our project, structural violence has unintended consequences. A drawing (Figure 6) created by Yukta Ramkisson as a Year 4 medical student at the University of Cape Town aptly illustrates her wish for more care and compassion to be injected into birthing.



**Figure 6:** A student's reflection of her first experience of Obstetrics

Yukta explained: I flooded my page with multiple colours, to mirror the labour ward. There's blood, urine, faeces and amniotic fluid, and whilst drawing I could recall my surprise upon seeing all of these colours in the labour ward. ... I drew an eye, because we observed a newborn and she had the most beautiful blue eyes, and the moment was one to remember. Yukta's visual reflection reminds us of the joy and sacredness that ought to be reinfused into all birthing practices. Yukta's drawing highlights the power of the visual in communicating various experiences (both negative and positive) people go through in their encounter with the labour ward within healthcare facilities.

## **4 Results and discussion**

Visual methodologies are powerful tools that offer space for the unspeakable. They assist in articulating embodied lived experiences that are often difficult to talk about. Furthermore, the visual methods allow for multiple interpretation and enable dialogue on topics that affect people in their daily lives. Using such methods when working with communities offers the opportunity for co-creation, but also everyone has agency in how they want to tell their story through the visual artifacts. We used embroidery as a method because of its potential for teaching and for advocacy towards more caring and just practices in the future. The embroideries were showcased at the South African Association of Health Educators Conference in 2023 and have acted as visual teaching tools in training workshops with medical students at the University of Cape Town and at the two major secondary hospitals in Cape Town. The artworks are unusual tools to bring into multidisciplinary workshops in the health systems. Sewing work tends to be associated with home activities and issues of domesticity for women therefore not usually considered appropriate for medical education. However, once the sewn artifacts are seen as expert artworks with the force to initiate important messages, they provide a powerful medium to amplify and foreground urgent and important issues in Obstetrics that have been silenced both by the health profession and cultural norms, thereby acting as a powerful force for a future with more caring practices. The funded project had a profound impact on the women as they recalled and shared silenced events even from 23 years previously. Over and above the communal sharing, the project gave them hope that their embroideries provide an authentic resource for future training opportunities. Their collective wish was for the sewn artworks to act as a propelling force to bring change by being a catalyst for dialogue amongst nurses and others working in the birthing spaces. Our project illustrates that this has indeed happened and continues to have the potential for more impact.

## **5 Conclusion**

In this article we have described how visual artifacts made by a community of women in a peri-urban area have amplified their birthing experiences to become tools for change towards future caring practices. While birthing is anticipated to be a happy and momentous occasion filled with nurturing kindness, the reality for many in South Africa, and globally is that birthers frequently face abuse, disrespect and neglect, now known as obstetric violence. The beautifully sewn artworks draw attention to events in birthing facilities that have become normalized but are far from beneficial. There is an acknowledged culture of disregard for the urgent needs of many birthers as reflected by images of nurses drinking tea, ignoring the calls of a woman in labour, ambulances driving by ignoring calls for help, and the administrative bottleneck in admission sections of the facilities where urgent needs are often ignored by administrative staff who tend to have their own priorities. The sewn artworks have subsequently been used as powerful tools in educational workshops with students, at local public birthing facilities and at a health educators conference. As indicated by the images in the above text, the impact of the artworks has been dramatic in their appeal within academic spaces as they serve as teaching tools to facilitate transformative practices. Together with the women's collective, our hope is that the visuals will continue to be powerful in different settings for changing current practices in order to promote respectful maternity care for all.

## **6 Declarations**

### **6.1 Acknowledgements**

We would like to acknowledge the Intuthuko embroidery collective for their willingness to be part of this project and the generosity with which they shared their experiences of obstetric violence.



## 6.2 Funding source

We thank our funders, the National Institute for the Humanities and Social Sciences (NIHSS Grant number: CRP20/1055) and Andrew W. Mellon Foundation (Grant number G-31700714).

## 6.3 Ethics approval

The study was granted ethics approval by the University of South Africa College of Human Sciences Research Ethics Review Committee in January 2021.

## 6.4 Competing Interests

We have no conflict of interest

## 6.5 Publisher's Note

AIJR remains neutral with regard to jurisdictional claims in in published maps and institutional affiliations.

## How to Cite

Segalo & Mitchell (2024). Visuals Speaking the Unspoken as a Tool for Future Care. *AIJR Proceedings*, 215-223. <https://doi.org/10.21467/proceedings.168.24>

## References

- [1] D. Šimonović. "A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence". Thematic report presented at the 74th session of the General Assembly of the United Nations, Human Rights Council, in September 2019. <https://digitallibrary.un.org/record/3823698?ln=en>
- [2] C. Pickles. "Obstetric Violence," "Mistreatment," and "Disrespect and Abuse": "Reflections on the Politics of Naming Violations During Facility-Based Childbirth". *Hypatia*, 2023, Vol. 38, pp.628–649.. doi:10.1017/hyp.2023.73.
- [3] R. Chadwick. "Breaking the frame: Obstetric violence and epistemic rupture". *Agenda*. 2021, Vol. 35, pp. 104-115. <https://doi.org/10.1080/10130950.2021.1958554>
- [4] V. Mitchell. "Medical students' response-ability to unjust practices in obstetrics: A relational perspective". Ph.D. Dissertation. University of the Western Cape. 2019. <https://etd.uwc.ac.za/handle/11394/6946>
- [5] J. C. Shaw. "The medicalization of birth and midwifery as resistance". *Health Care for Women International*, 2013, Vol. 34, pp. 522-536.
- [6] V. Mitchell and V. Bozalek. "Hos/ti/pita/lity in medical education: Propositions for care". In I. van Nistelrooij, R. van der Waal and V. Mitchell (eds.) *Reproductive Justice: Care Ethics and Beyond*. Leuven, Peeters Publishers. Forthcoming.
- [7] M. C. Runyon, M. N. Irby, C. Pascucci and P. R. Landivar. (2023). "Exposing the Role of Labor and Delivery Nurses as Active Bystanders in Preventing or Perpetuating Obstetric Violence". *Nurs Womens Health*. doi:10.1016/j.nwh.2023.05.002
- [8] B. Greer. "Craftivism". In Anderson G and Herr K (eds) *Encyclopaedia of activism and social justice*: Thousand Oaks: Sage. 2007.
- [9] M. Greene. "*Releasing the Imagination: Essays on Education, the Arts, and Social Change*". San Francisco, CA: Jossey-Bass, 1995.