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THE EMERGING TREND IN SEXUAL DOMESTIC VIOLENCE

A TENDÊNCIA EMERGENTE DA VIOLÊNCIA SEXUAL DOMÉSTICA

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Abstract: The practice of the Husband's Stitch, whether performed with or without consent, remains a concerning issue in obstetric care, exemplifying a breach of patient autonomy and reproductive rights. Limited awareness among postpartum women regarding their rights and the potential criminality of the procedure perpetuates its prevalence. This underscores the urgent need for education initiatives targeting both married couples and healthcare providers involved in labor assistance. By enhancing understanding of the ethical and legal implications of the Husband's Stitch, such efforts aim to empower individuals to advocate for their reproductive rights and autonomy. Furthermore, educating healthcare personnel on the physical and psychological impacts of non-consensual obstetric interventions is crucial for ensuring patient-centered care and preventing harm to vulnerable populations. Comprehensive education initiatives are essential in addressing the underlying factors contributing to the persistence of the Husband's Stitch and fostering a culture of informed consent and ethical practice within obstetric care settings.

Keywords: Fostering. Husband Stitch. Informed Consent. Reproductive Rights.

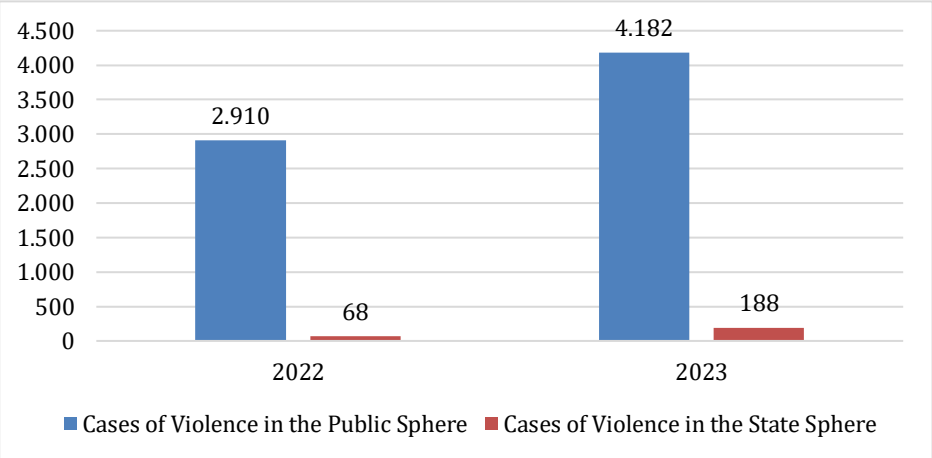
Resumo: A prática do ponto do marido, seja ela realizada com ou sem consentimento, continua sendo uma questão preocupante na assistência obstétrica, exemplificando uma violação da autonomia da paciente e dos direitos reprodutivos. A pouca conscientização das mulheres no pós-parto sobre seus direitos e a possível criminalidade do procedimento perpetuam sua prevalência. Isso ressalta a necessidade urgente de iniciativas educacionais voltadas tanto para casais quanto para profissionais de saúde envolvidos na assistência ao parto. Ao aumentar a compreensão das implicações éticas e legais do ponto do marido, essas iniciativas visam capacitar as pessoas a defenderem seus direitos reprodutivos e sua autonomia. Além disso, educar a equipe de saúde sobre os impactos físicos e psicológicos das intervenções obstétricas não consensuais é fundamental para garantir o atendimento centrado na paciente e evitar danos às populações vulneráveis. Iniciativas abrangentes de educação são essenciais para abordar os fatores subjacentes que contribuem para a persistência do Husband's Stitch e promover uma cultura de consentimento informado e prática ética nos ambientes de atendimento obstétrico.

Palavras-chave: Sensibilização. Ponto do Marido. Consentimento Informado. Direitos Reprodutivos.

1. Introduction

Sexual violence in domestic settings has become a serious and growing issue in many countries, with alarming trends showing an increase in cases year after year. The Emerging Trend in Sexual Domestic Violence refers to the rise and changing forms of sexual violence occurring within the context of family and domestic relationships, where such violence is often unrecognized or considered part of family dynamics. Domestic sexual violence frequently involves power and control exerted by one partner over the other, and can take various forms, from forced sexual intercourse without consent to sexual harassment that affects both the physical and mental health of the victim. In many cases, victims are unable to report or seek help due to fear or feelings of isolation, and may suffer long-term psychological consequences. Social changes, gender norms, and power imbalances in relationships often exacerbate this issue, making sexual violence within the home an issue that is frequently hidden or ignored by society. The lack of understanding regarding reproductive and sexual rights, along with the stigma faced by victims, further worsens the situation. Therefore, it is essential to prioritize preventive and intervention measures that include education, public awareness, and responsive policies to protect victims and address the perpetrators of sexual violence within domestic settings.

Table.1 Number of sexual violence



According to the annual report from the Ministry of Women's Empowerment and Child Protection, violence against women in both public and state spheres has seen a significant increase. In the public sphere, the number of cases of violence against women rose by 44%, from 2,910 cases in 2022 to 4,182 cases in 2023. Meanwhile, in the state sphere, there was a dramatic increase of 176%, from 68 cases in 2022 to 188 cases in 2023 (Hajad et

al., 2025; Kertati, 2021). This sharp rise highlights the urgent need for stronger preventive measures and policies to address violence against women in various aspects of life, including public spaces, domestic settings, and institutional environments. It underscores the importance of comprehensive education, awareness programs, and robust legal frameworks to protect and empower women, as well as to ensure accountability for offenders (Achmad & Harefa, 2024).

One form of hidden violence is the practice of husband stitch, where excessive stitching is performed on the vaginal area after a normal delivery. This practice is carried out by healthcare professionals with the aim of narrowing the vaginal canal to enhance sexual satisfaction for the husband, without the consent or knowledge of the wife. In many cases, this action is taken without considering the physical and psychological condition of the wife post-delivery. The physical impact on the victim can be extremely painful, causing discomfort during sexual intercourse, and even leading to serious injuries that require further medical attention. Moreover, the psychological effects of this act include emotional trauma, fear, and loss of self-confidence. This practice, which occurs without the wife's consent or awareness, clearly violates women's human rights and can be classified as physical and psychological domestic violence.

Phenomena like husband stitch reflect the power dynamics that often occur in households, where medical decisions that should respect patient rights are instead used to satisfy the Husband's Stitch. Under Indonesian law, this practice can be classified as physical abuse or domestic violence according to Article 44 of Law No. 23/2004 on the Elimination of Domestic Violence. Furthermore, this action may be subject to criminal penalties, including imprisonment or fines. Therefore, there is a need for greater awareness among society, healthcare professionals, and authorities to address this practice and provide stronger legal protection for women. Education about women's rights, especially in the context of childbirth, should be enhanced to prevent all forms of violence and ensure that every woman receives protection and respect for her dignity.

This study addresses a research gap in the exploration of the Husband's Stitch as part of the phenomenon of sexual domestic violence, an area that has not been deeply examined in previous research. Most prior studies focused on the physical or psychological aspects of sexual violence in general, but few have specifically addressed non-consensual practices like the Husband's Stitch, particularly from a qualitative perspective. Previous research has also paid limited attention to the role of healthcare providers and the social-cultural factors

influencing their decisions to perform such procedures, as well as the long-term impacts on victims. Furthermore, while legal frameworks such as the Law on the Elimination of Domestic Violence and the Sexual Violence Crime Law exist, this study highlights how their implementation remains ineffective in preventing or addressing cases of Husband's Stitch. Therefore, this research focuses on exploring the long-term physical and psychological effects of the Husband's Stitch, as well as the urgent need for greater awareness and education for both the public and healthcare providers to prevent such practices (Wallace, 2021).

2. Theoretical framework and literature review

This study is based on a combination of literature reviews on sexual domestic violence, particularly the practice of 'husband stitching,' violations of women's bodily autonomy and reproductive rights, and their implications for human rights, using the following relevant theories:

a. Domestic Sexual Violence

The term domestic sexual violence generally refers to any form of sexual coercion perpetrated by an intimate partner, characterized by domination, manipulation, and control over the victim's body (Bagwell-Gray, 2021; Krahé, 2023). While the husband's stitch is often performed in clinical or hospital settings, its underlying motivation—enhancing the Husband's Stitch satisfaction without the woman's informed consent—situates it within the broader spectrum of intimate partner violence. Therefore, although the act itself is medical in nature, its intent and relational dynamics justify its classification as a form of domestically rooted sexual violence. This classification emphasizes not only the clinical setting of the intervention but also the power imbalance and lack of consent that mirror patterns typically found in domestic abuse. As such, the husband's stitch represents a medically facilitated extension of sexual coercion and bodily control within intimate relationships.

b. Bodily Autonomy and Reproductive Rights

Bodily autonomy refers to the right of individuals to make decisions regarding their own bodies, including in medical practices (Campbell, 2021; Carter et al., 2022). When medical procedures are performed without consent, as in the case of husband stitching, there is a violation of human rights and the principle of informed consent.

c. Husband stitch

It is the obstetric practice of adding extra stitches to the vagina after childbirth with the aim of narrowing the vaginal opening for the sexual gratification of the partner (André, 2025; El Ayadi et al., 2023; McDougall, 2021). This practice has no legitimate medical basis and is often performed without the patient's consent.

3. Research design and methods

This study adopts a qualitative research method to explore and analyze the phenomenon of the husband's stitch and its implications within the framework of sexual violence legislation. Qualitative research is designed to capture the depth, complexity, and meaning of social phenomena through detailed exploration of individual experiences, perspectives, and behaviors(Cleland, 2017; Moser & Korstjens, 2017). In this context, the qualitative approach includes several key components:

Data Collection: Data were likely gathered through in-depth interviews, focus group discussions, or open-ended questionnaires. These techniques enable participants to articulate their lived experiences, opinions, and insights regarding the husband's stitch, particularly in relation to legal and ethical issues surrounding sexual violence.

Participant Selection: A purposive sampling technique was presumably employed to identify participants with relevant knowledge or lived experience. This may have included women subjected to the husband's stitch, healthcare practitioners, legal professionals, and gender-based violence advocates.

Data Analysis: The collected data were analyzed using systematic qualitative methods such as thematic analysis, content analysis, or narrative analysis. These techniques help identify recurring themes, patterns, and relationships across the data set, offering a structured interpretation of the participants' narratives.

Triangulation: To improve the trustworthiness and validity of findings, the researchers likely used triangulation, involving the comparison of data from multiple sources or methods. This strategy enhances the depth and credibility of the analysis by corroborating evidence across perspectives.

Ethical Considerations: Ethical integrity was likely maintained throughout the research process, including the securing of informed consent, ensuring participant confidentiality, and minimizing potential harm. The study would have received ethical

approval from an institutional review board and adhered to established ethical guidelines for human subject's research.

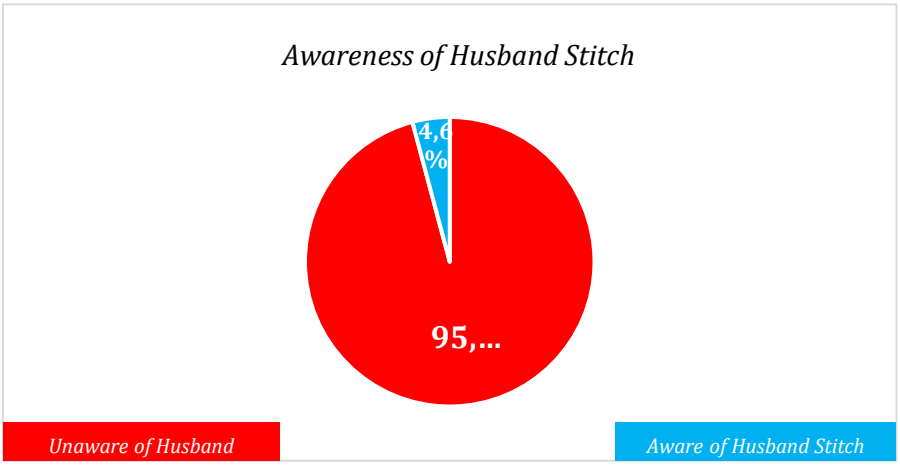
In summary, the qualitative method employed in this study offers a nuanced understanding of the husband's stitch in relation to sexual violence legislation. By foregrounding the voices and experiences of affected individuals, the research contributes to broader legal, ethical, and policy-based discussions on reproductive violence within healthcare settings.

4. Results

The inclusion criteria for the cases analysis focused on women (wives) and their husbands who have undergone vaginal delivery. This criterion was selected to narrow the scope of the study to individuals who have experienced the childbirth process first-hand, thereby ensuring relevance to the investigation of obstetric interventions such as the husband's stitch. By specifically targeting this demographic, the analysis aimed to capture first-hand experiences and perspectives related to childbirth and associated medical interventions. This criterion also served to maintain consistency in the sample population, facilitating comparisons and drawing meaningful conclusions regarding the prevalence and impact of non-consensual obstetric practices within the context of vaginal delivery.

A total of 23 respondents participated in the study, providing valuable insights into their experiences and perspectives regarding vaginal delivery and associated obstetric interventions. This sample size was selected to ensure an adequate representation of individuals who have undergone childbirth, allowing for a comprehensive analysis of the prevalence and impact of practices such as the husband's stitch within the population of interest. By including 23 respondents, the study aimed to capture a diverse range of experiences and perspectives, thereby enriching the findings and enhancing the overall validity and reliability of the research outcomes. Each respondent's input contributed to a more nuanced understanding of the issues surrounding vaginal delivery and obstetric care, highlighting the importance of their voices in informing future healthcare practices and policies.

Fig. 1 Awareness of Husband Stitch Chart



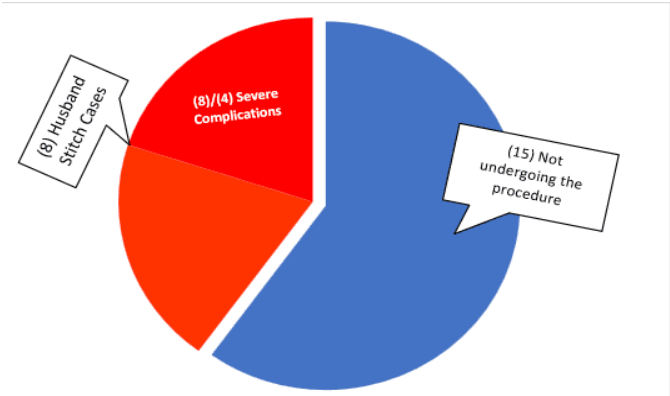
Source: data processing

Among the respondents, only one individual was familiar with the concept of the husband's stitch, representing a mere 4.6% awareness rate within the sample population. In stark contrast, the overwhelming majority of participants, comprising 95.4%, reported being unaware of this obstetric intervention. This significant discrepancy underscores a pervasive lack of knowledge and understanding regarding the husband's stitch among individuals who have undergone vaginal delivery and their partners. Such findings shed light on the urgent need for improved education and awareness initiatives surrounding reproductive health and obstetric care. Addressing this gap in knowledge is essential to empowering individuals to make informed decisions about their healthcare and advocate for their reproductive rights and autonomy.

The distribution of the number of children among the respondents revealed varying childbirth experiences within the sample population. Out of the 23 participants, one respondent identified as a primigravida, indicating that they had given birth to their first child. In contrast, the majority of respondents, comprising eight individuals, identified as secundigravida, indicating that they had experienced childbirth for the second time. Additionally, a significant portion of the sample, consisting of 14 respondents, identified as multigravida, suggesting that they had undergone childbirth multiple times. This diverse representation of childbirth experiences underscores the importance of considering the unique perspectives and needs of individuals at different stages of their reproductive journeys. Furthermore, it highlights the potential impact of obstetric interventions, such as the husband's stitch, across various childbirth experiences, warranting further investigation into their prevalence and effects within each demographic subgroup.

The distribution of birth attendants among the respondents revealed notable patterns in healthcare provider preferences during childbirth. Out of the total of 43 labors from 23 participants, the majority, comprising 28 individuals, reported having a doctor attend their deliveries. Conversely, a significant proportion of respondents, totaling 15 individuals, reported having a midwife present during childbirth. This distribution suggests varying preferences and access to healthcare providers among the sample population. It also reflects the diverse range of options available for obstetric care, with some individuals opting for the expertise of doctors while others favor the personalized care provided by midwives. Understanding these preferences and their implications is crucial for improving access to quality obstetric care and ensuring positive childbirth experiences for all individuals.

Fig. 2 Total Vaginal Delivery Chart



Source: data processing

Among the respondents, 23 individuals provided insights into their experiences with the husband's stitch treatment following vaginal delivery. Of these, 8 respondents reported receiving the husband's stitch, while 15 respondents did not undergo this procedure. This distribution indicates that approximately 35% of the sample population received the husband's stitch treatment. The discrepancy between those who received the treatment and those who did not highlights the variability in obstetric practices and patient experiences within the population studied. Further exploration into the factors influencing the decision to undergo the husband's stitch and its outcomes is warranted to better understand its prevalence and impact on postpartum health and well-being.

All eight reported cases of the husband's stitch within the sample population occurred without the explicit consent of either the wife or husband. This revelation underscores a troubling pattern of non-consensual medical interventions during childbirth, highlighting a breach of patient autonomy and reproductive rights. The absence of informed consent in these instances raises significant ethical concerns regarding patient-centered care

and the respect for individuals' bodily autonomy. Furthermore, it underscores the urgent need for healthcare providers to prioritize transparent communication and shared decision-making processes with patients regarding obstetric interventions. Addressing these issues is essential to upholding the principles of medical ethics and ensuring that patients receive respectful and compassionate care throughout the childbirth experience.

Among the eight reported cases of the husband's stitch, four were complicated by adverse effects, indicating a concerning complication rate of 50%. These complications varied in severity, with three cases reporting increased pain during sexual intercourse—particularly significant for those engaging in intercourse for the first time after the intervention. Additionally, one case resulted in a severe complication characterized by imperceptible defecation, leading to fecal incontinence that persisted for up to one year. This condition necessitated corrective surgery to repair the resulting damage. Notably, 50% of the complications were classified as severe due to the involvement of damage to reproductive organs, underscoring the potential risks and long-term consequences associated with non-consensual obstetric procedures such as the husband's stitch. These findings emphasize the urgent need for informed decision-making, comprehensive patient education, and rigorous monitoring of postpartum outcomes to minimize the incidence and severity of such adverse effects in obstetric care.

5. Discussion

In the discussion section, the authors interpret the qualitative findings, emphasizing their implications for sexual violence legislation, healthcare policies, and clinical practice. They highlight gaps in legal protections and healthcare protocols regarding non-consensual obstetric interventions like the husband's stitch, underscoring ethical dilemmas surrounding informed consent, patient autonomy, and medical ethics. Moreover, the discussion delves into the intersectionality of gender, class, race, and power dynamics within intimate relationships and healthcare settings, illuminating how these factors shape experiences of coercion and access to healthcare. Acknowledging study limitations, the authors suggest future research directions and offer recommendations to policymakers, healthcare providers, and advocacy organizations to address the ethical and legal complexities surrounding the husband's stitch and advance reproductive rights advocacy.

5.1 Husband Stitch

The husband stitch, also known as the husband's stitch, daddy stitch, or vaginal tuck, is a controversial procedure dating back to the 1950s. It involves adding an extra stitch during vaginal tearing repair or episiotomy after childbirth to tighten the vaginal opening. This practice, seen as a form of female genital mutilation, aims to enhance the sexual pleasure of the male partner by reducing the size of the vagina. Often performed without the woman's consent, it has raised ethical concerns due to its non-medical nature and lack of approval in the medical community (Mutchler, 2024).

The goal of these procedures is to reconstruct (or to narrow) the lower third of the vagina, which includes "the orgasmic platform, internal and external vaginal diameter (introitus) and the perineal body." The procedure enhances vaginal muscle tone strength, control, and decreases internal and external vaginal diameters. Women choosing to have their vaginas tightened are generally healthy women without true functional disorders (Dobbeleir et al., 2011). In vaginal tightening procedures, portions of mucosa are excised from the vaginal fornices (via scalpel, needle electrode, or laser) to surgically "tighten" the lower third of the vagina. Presently there is no standardization of this procedure: It can be an anterior colporrhaphy, a high-posterior colporrhaphy, an excision of lateral vaginal mucosa, or a combination (Verma, 2023).

In most cases, a mucosa strip is simply excised and primarily closed with an absorbable running suture. Several studies suggest the lateral colporrhaphy to be a more effective technique in reducing the size of the vagina without placing scars within the areas of highest sensitivity, thereby causing less dyspareunia. Known complications are localized infection and vaginal bleeding (Dobbeleir et al., 2011). Ninety five percent of patients treated with lateral colporrhaphy reported an improvement in sexual sensitivity, as well as greater vaginal tightness at the 6 months follow-up (Adamo & Corvi, 2009).

The broad allowance for medical practitioners to perform post-childbirth surgery grants them undue control over patients' bodies, exemplified by cases like the 'husbands stitch,' purportedly done to enhance sexual pleasure for the woman's partner. While some women opt for such procedures as cosmetic surgery, instances of non-consensual surgeries undermine the patient-centric approach advocated in the Montgomery case regarding obstetric violence and negligence (Das, 2022).

This invasive practice commodifies patients for sexual gratification and may have serious health consequences, compounded by challenges in legal recourse, as police often

defer to medical authorities and legal costs are prohibitive. Despite attempts like the FGM Act to address such issues, convictions remain rare, leaving victims of obstetric violence with limited avenues for justice (Das, 2022).

The Act, while aiming to fill legal gaps, overlooks obstetric violence, which often falls outside criminal law parameters. Burden of proof for medical malpractice under the Act is high, hindering victims' options for redress. Underreporting of unwarranted medical interventions during pregnancy persists due to systemic failure to recognize such acts as sexual violence. Additionally, distinguishing between medical error and intentional harm is difficult, as medical practitioners are afforded discretion to perform necessary procedures.

Recent reports have highlighted the use of various methods for vaginal tightening, including injections of autologous fat or bulking agents like hyaluronic acid. However, the effectiveness of hyaluronic acid is limited as it tends to be absorbed over time, often requiring multiple injections for desired results. Lipofilling, another technique, may affect mucosal trophicity in postmenopausal women and carries risks of partial resorption and granuloma formation. Despite some parallels with safe practices seen in penile augmentation, the lack of large-scale studies and long-term outcomes categorizes these procedures as experimental(Wang et al., 2020).

The durability of results from vaginal tightening procedures remains uncertain, and it's likely that outcomes won't be permanent, consistent with other rejuvenation procedures. The potential impact of such cosmetic interventions on women planning to conceive post-procedure remains unclear, underscoring the need for further research into their safety and implications(Barbara et al., 2017).

5.2 Domestic Violence

Domestic violence involves one partner in a relationship exerting power over the other to maintain control and instil fear. It encompasses various forms of abuse, including physical, psychological, social, financial, and sexual. The violence may occur intermittently or persistently, ranging from occasional incidents to chronic patterns of abuse(Kaur & Garg, 2008).

Domestic violence goes beyond mere disagreements; it represents a systematic exertion of control by one individual over another. Abusers employ a range of tactics including physical and sexual violence, intimidation, verbal abuse, and financial manipulation to assert dominance and manipulate their victims(Brandl, 2005).

The Protection of Women from Domestic Violence Act, 2005 says that any act, conduct, omission or commission that harms or injures or has the potential to harm or injuries will be considered domestic violence by the law. Even a single act of omission or commission may constitute domestic violence - in other words, women do not have to suffer a prolonged period of abuse before taking recourse to law. The law covers children also(News, 2006). Domestic violence is perpetrated by, and on, both men and women. However, most commonly, the victims are women, especially in our country. Even in the United States, it has been reported that 85% of all violent crime experienced by women are cases of intimate partner violence, compared to 3% of violent crimes experienced by men. Thus, domestic violence in Indian context mostly refers to domestic violence against women(Kaur & Garg, 2008).

Domestic violence is the most common form of violence against women. It affects women across the life span from sex selective abortion of female fetuses to forced suicide and abuse, and is evident, to some degree, in every society in the world. The World Health Organization reports that the proportion of women who had ever experienced physical or sexual violence or both by an intimate partner ranged from 15% to 71%, with the majority between 29% and 62% (Claudia et al., 2005).

Studies suggest a complex relationship between domestic violence and the practice of the "husband stitch" during childbirth. While direct empirical evidence linking the two remains scarce, qualitative accounts and anecdotal evidence indicate potential intersections. For example, in cases of non-consensual "husband stitch" procedures, where women undergo the surgery without their explicit consent, power dynamics within intimate relationships may play a significant role. Such instances could reflect broader patterns of control and coercion characteristic of domestic violence.

Moreover, the psychological and emotional impact of experiencing non-consensual medical interventions, including the "husband stitch," may exacerbate existing trauma from domestic violence. Women who have endured intimate partner violence may already feel disempowered and silenced, making them more vulnerable to further violations of bodily autonomy during childbirth. In this context, the "husband stitch" can be seen as a manifestation of gender-based violence, perpetuating harm and reinforcing unequal power dynamics within intimate relationships(Brito, 2024).

However, it's important to note that not all instances of the "husband stitch" are linked to domestic violence. Some women may choose to undergo the procedure voluntarily

for personal or cultural reasons, without experiencing coercion or control from their partners. Thus, while there may be correlations between domestic violence and non-consensual "husband stitch" procedures, further research is needed to understand the nuances of this complex relationship and its implications for women's health and well-being.

5.3 Legal Issues

Law no. 23 of 2004 on the elimination of domestic sexual violence in article 5 states, every person is prohibited from committing domestic violence against people within the scope of their household by means of: physical violence, psychological violence, sexual violence, or domestic neglect(Mutiara & Lubis, 2024).

The correlation between the practice of the husband's stitch and Law No. 23 of 2004 on the elimination of domestic sexual violence lies in the violation of bodily autonomy and sexual integrity, which are protected under this legislation. The husband's stitch, performed without the explicit consent of the woman or her partner, constitutes a form of sexual violence as it involves non-consensual alteration of the woman's genitalia for the presumed benefit of her partner(Das, 2022).

By forcibly altering the woman's body without her consent, the practice of the husband's stitch contravenes the provisions of Article 5 of the law, which prohibits sexual violence within the household, including acts of coercion or manipulation that undermine a person's sexual autonomy and dignity. Furthermore, the psychological and physical repercussions experienced by women who undergo the husband's stitch, such as pain during intercourse and severe complications, can be construed as manifestations of domestic sexual violence, warranting legal protection and redress under the provisions of this law. Thus, the correlation underscores the need for legal measures to address and prevent non-consensual obstetric interventions like the husband's stitch, ensuring the protection of individuals' sexual rights and bodily integrity within the context of domestic relationships.

Law No. 12 of 2022 Sexual Violence Crime. This Law regulates the Prevention of all forms of Criminal Acts of Sexual Violence; Handling, Protection, and Restoration of Victims' Rights; coordination between the Central Government and Regional Governments; and international cooperation so that the Prevention and Handling of Victims of sexual violence can be carried out effectively. In addition, it also regulates the involvement of the Community in the Prevention and Recovery of Victims in order to realize environmental conditions that are free from sexual violence.

The correlation between the practice of the husband's stitch and Law No. 12 of 2022 on Sexual Violence Crime lies in the context of non-consensual genital alteration and the protection of victims' rights. The husband's stitch, performed without the explicit consent of the woman or her partner, can be considered a form of sexual violence under this law, as it involves the forcible alteration of the woman's genitalia without her consent. Such acts contravene the provisions of the law aimed at preventing all forms of criminal acts of sexual violence and ensuring the protection of victims' rights(Achmad & Harefa, 2024).

Additionally, the law emphasizes the importance of community involvement in the prevention and recovery of victims of sexual violence, highlighting the need for comprehensive measures to address non-consensual obstetric interventions like the husband's stitch. By recognizing the husband's stitch as a form of sexual violence and ensuring legal protections and support services for affected individuals, Law No. 12 of 2022 plays a crucial role in safeguarding the rights and well-being of victims and promoting an environment free from sexual violence. Thus, the correlation underscores the importance of legal measures to address and prevent non-consensual obstetric practices, ensuring the protection and empowerment of individuals within the context of sexual and reproductive health.

6. Conclusion

This study shows that the practice of husband stitching is a form of domestic sexual violence that is often unrecognized by victims and the wider community, and has not been effectively addressed through legal and medical approaches. Although often justified on aesthetic grounds or for the sexual satisfaction of the partner, this practice actually reflects a serious violation of women's bodily autonomy and reproductive rights because it is performed without the explicit consent of the patient. The research findings reveal that postpartum women's awareness of the existence and risks of this practice is still very low, while its implementation often occurs without informed consent. Most respondents were unaware that they had been victims of non-consensual intervention, and some experienced serious physical and psychological impacts. This situation reflects a lack of education, weak legal protection in practice, and the strong dominance of patriarchal structures in the healthcare system. Therefore, husband stitching cannot be viewed solely as a medical issue but must be understood as part of a broader pattern of domestic sexual violence. To address

this, systemic measures are needed through health policy reform, strengthening the implementation of human rights-based legal protection, and enhancing education for women and healthcare workers on the principles of informed consent and the right to bodily autonomy. This is expected to create ethical, equitable midwifery practices that uphold the dignity and rights of women as the primary subjects in the childbirth process.

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