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## ORIGINAL ARTICLE

### PERCEPTION OF WOMEN ON THEIR RIGHTS IN PREGNANCY AND CHILDBIRTH

#### PERCEPÇÃO DAS MULHERES SOBRE SEUS DIREITOS NO CICLO GRAVÍDICO-PUERPERAL

#### PERCEPCIÓN DE LAS MUJERES SOBRE SUS DERECHOS EN EL CICLO DEL EMBARAZO Y PARTO

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#### ABSTRACT

**Objectives:** to identify the knowledge of women assisted by SUS on their rights during pregnancy and childbirth; to describe the socioeconomic and obstetric variables with women's knowledge about their rights during pregnancy and childbirth. **Method:** exploratory, descriptive, cross-sectional study, with a quantitative approach. The sample consisted of 79 mothers with gestational age less than 37 weeks who delivered live births in the maternity Dr. Peregrino Filho in the city of Patos/PB. Data collection was through an interview in May 2014. The data were tabulated in Excel Spreadsheet Program for Windows. Next to the analysis, the statistical package Inc. SPSS version 18.0 was used. **Results:** the results showed that almost all of women (87.3%) reported having knowledge about their rights during pregnancy and childbirth. **Conclusion:** the results in the knowledge of women during pregnancy and childbirth satisfactory, highlighting the social rights with certain limitations of labor and welfare rights. **Descriptors:** Women; Legislation; Knowledge.

#### RESUMO

**Objetivos:** identificar o conhecimento de mulheres atendidas pelo SUS sobre direitos durante o ciclo gravídico-puerperal; descrever as variáveis socioeconômicas e obstétricas com o conhecimento das mulheres sobre direitos durante o ciclo gravídico-puerperal. **Método:** estudo exploratório, descritivo, transversal, com abordagem quantitativa. A amostra constou de 79 puérperas com idade gestacional igual ou superior a 37 semanas que pariram filhos vivos na Maternidade Dr. Peregrino Filho na cidade de Patos/PB. A coleta de dados foi por meio de entrevista no mês de maio de 2014. Os dados foram tabulados em planilha do Programa *Excel for Windows*. Em seguida, para as análises, utilizou-se o pacote estatístico SPSS Inc versão 18.0. **Resultados:** os resultados mostraram que quase a totalidade (87,3%) das mulheres relatou ter conhecimento sobre seus direitos durante o ciclo gravídico-puerperal. **Conclusão:** os resultados em relação ao conhecimento das mulheres durante o ciclo gravídico-puerperal foram satisfatórios, destacando os direitos sociais com determinadas limitações dos direitos trabalhistas e assistenciais. **Descritores:** Mulheres; Legislação; Conhecimento.

#### RESUMEN

**Objetivos:** identificar el conocimiento de mujeres atendidas por SUS sobre derechos durante el ciclo de embarazo y parto; describir las variables socioeconómicas y obstétricas con el conocimiento de las mujeres sobre derechos durante el ciclo de embarazo y parto. **Método:** estudio exploratorio, descriptivo, transversal, con enfoque cuantitativo. La muestra fue de 79 embarazadas con edad gestacional igual o superior a 37 semanas que parieron sus hijos vivos en la Maternidad Dr. Peregrino Filho en la ciudad de Patos/PB. La recolección de datos fue por medio de entrevista en el mes de mayo de 2014. Los datos fueron tabulados en planilla del Programa *Excel for Windows*. En seguida para las análisis fue utilizado el paquete estadístico SPSS Inc versión 18.0. **Resultados:** los resultados mostraron que casi la totalidad (87,3%) de las mujeres relató tener conocimiento sobre sus derechos durante el ciclo de embarazo y parto. **Conclusión:** los resultados en relación al conocimiento de las mujeres durante el ciclo de embarazo y parto satisfactorio, destacando los derechos sociales con determinadas limitaciones de los derechos de los trabajadores y asistenciales. **Descriptor:** Mujeres; Legislación; Conocimiento.

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## INTRODUCTION

Childbirth is a milestone in the life of women who have experienced with a large impact on physical, psychological and social levels. From a psychological point of view, it is a time when the expectations and anxieties that accompanied the pregnant woman take a real dimension and will be remembered intensely as a result of positive or negative emotions experienced. The physiological process of labor which aims to expel the fetus from the uterine cavity is the time to be surrounded by several care including attention, clinical and psychological support not only for the women giving birth as well as their families.<sup>1-2</sup>

### ♦ Rights of women during pregnancy

Only after the first laws in the early twentieth century, the women began to have respect and dignity at work through an international awareness. However, it was with the issues of the Conventions of the International Labour Organization (ILO) that the female issue in the labor market started an international course of greater relevance in the 3 and 4 ILO conventions of 1919, ratified by Brazil in 1935 and 1937, respectively.<sup>3</sup>

The ILO was one of the main responsible for the development of Brazilian labor law which states:

*The purpose of the ILO is to protect the woman from work, ending with the inequality between women and men, bringing better conditions to work, ending the differences in salary between men and women, putting the right age to work and also legalizing women and children working at night.*<sup>4:26</sup>

The history of women's rights in Brazil in the field of work is divided into three major parts:

The first, it is the transitional period between the prohibition and protection of women's work from the beginning of the Republic until the new State; the second, it is the time that begins with the protection and goes to the promotion of equality and it is located in the New State until the beginning of the work of the Constituent Assembly; Finally, the third period is the promotion of equality between the work of women and men and that starts with the Federal Constitution on October 5<sup>th</sup> 1988 until today.<sup>5:24</sup>

The maternity protection had extensive evolution and present advantages for pregnant workers. At first, this woman had no rights, but with the evolution, they started to have rights to rest 28 days before and 56 days after childbirth totaling 12 weeks. Now, with the

1988 Constitution, the period of rest is 120 days. The pregnant workers are guaranteed in their job back after maternity leave and receive full salary during maternity clearance period.<sup>4</sup>

### ♦ Social rights

Social rights offered to pregnant women were the result of a struggle by women developed from the understanding and need for protection to the mother and the baby.<sup>6</sup> The federal and municipal legislation ensures that they can receive care in special cashiers, priorities in line of hospital emergencies, banks, supermarkets, access to the front door of buses and preferred seating in establishments and public transportation.<sup>7</sup>

In Brazil, this desire in the 80s was expressed by the feminist movement, which from discussions on the situation of women and their social integration in health services questioned the biomedical model that was childbirth as a disease and risky event using aggressive, invasive and potentially dangerous technology. Thus, various governmental and non-governmental organizations began to discuss the increasing number of deaths of women, especially those related to pregnancy and childbirth, which triggered the change of attention to women's health policies. At this point, there was the Integral Assistance Program for Women's Health (PAISM) as public policy of the Ministry of Health (MOH) which sought to provide more humanized care at all levels of care.<sup>8</sup>

Improving access and quality of health services are essential. However, it is also necessary to ensure that the rights guaranteed by law and transformed into public policy are met. It is important that these rights are established as the goal of humanizing assistance becoming critical that women, pregnant women, and families know and know how to demand it.<sup>9</sup>

### ♦ Labor rights

In the eighteenth century with the Industrial Revolution, women returned to work in the market competing with male labor. In this scenario, there was the replacement of human labor by machines and use the labor of women and children as "half forces".<sup>10</sup>

As the protection of motherhood, the first Brazilian constitution to worry about pregnant women was in 1934, providing medical and health care, ensuring rest before and after childbirth without loss of pay and employment.<sup>11</sup>

Brazilian law contemplates various aspects concerning the rights of citizens, particularly

in the health of women. The Federal Constitution (FC) and the Consolidation of Labor Laws (CLT) guarantee rights for working mothers, such as maternity leave of 120 days from the 36<sup>th</sup> week of pregnancy without loss of job and/or extended salary from April 16 2002; stability in employment and prohibited unfair dismissal from confirmation of pregnancy up to five months after delivery; right to breastfeed during normal working hours (eight hours), plus regular interval meal and rest for two periods of 30 minutes each for breastfeeding until the baby reaches six months of life; every company with more than 30 women over 16 years old have to keep appropriate place for mothers to watch their children in the breastfeeding period until they complete six months of age; if they do not have child care at the workplace, it can be negotiated with the woman arriving an hour later or leave one hour before; before special circumstances, this period may be extended upon presentation of a medical certificate; childcare guarantee and pre-school children 0-6 years old and assured that guarantees not only the full exercise of the right to work and reproductive parents as well as children's education, adequate care and access to other social benefits; family allowance is the benefit to the employee and independent workers who have salary-of-contribution less than or equal to R\$ 682.50 proving that they have children under 14 or disabled of any age.<sup>12</sup>

Despite the civil, constitutional and labor laws aimed at protecting the rights of women, it is clear in practice even with all the legal resources; the woman could not have these rights fully respected. Cultural barriers have proven stronger than laws designed to elevate women to their actual position of intellectual, civil, labor equality and the full exercise of citizenship.<sup>11</sup>

♦ Care rights

The obstetric care model in Brazil is characterized by high level of medicalization, abuse of invasive practices of Brazilian society mainly in the 60s when favored the creation of interventionist model and medical dressing.<sup>13</sup>

With the advent of hospitals and new technologies that have been developed, the human being has become to be seen from the biological perspective and the disease process was reduced to body perspective as a faulty machine. The woman went from active subject in the process of labor to a passive person devoided of rights.<sup>14</sup>

It is essential to promote the health of women access to an integrated network services that provide comprehensive approach to health/disease process, given that the prenatal visit for many women is the only opportunity to check their well-being state.<sup>15</sup>

Managers of health, both the federal government and the states and municipalities have responsibilities clearly defined by the Unified Health System (SUS) to guarantee the rights of pregnant women and babies. It is important that everyone knows that there are ways to ensure a healthy pregnancy, safe delivery and quality of care for pregnant women, mother and baby.<sup>16</sup>

In a qualitative research conducted in the city of Recife/PE in January 2014 with pregnant women interviewed in the prenatal care, it was stressed the importance of women's rights and children on health issues without losing the quality of care and the principles of full protection, as the State must ensure with priority the right to life, health and human dignity.<sup>17</sup>

Given this and considering that every woman has the right to a healthy pregnancy, safe delivery, social rights at work, health services, prenatal care, delivery, and be met with respect and dignity, the following question arose: Do women have knowledge about their rights during pregnancy and puerperal period?

The study is relevant in the claim to assess the knowledge of women assisted by SUS in the rights during the pregnancy-puerperal period and think about possible strategies to cooperate in enforcing these rights, helping to spread the topic among the scientific community and welfare professionals to serve this population.

Given this, there are the following objectives:

- To identify the knowledge of women assisted by SUS on rights during pregnancy and childbirth
- To describe the socioeconomic and obstetric variables with women's knowledge about rights during pregnancy and childbirth.

METHOD

This is an exploratory, descriptive, and cross-sectional study with a quantitative approach. The setting for the research was in Patos located in the state of Paraíba, 301 km from the state capital of João Pessoa, with connecting access road with all the Paraíba. The location for research was the Maternity Dr. Peregrino Filho of the state public sphere in the city of Patos/PB in the Northeast of



Brazil considered tertiary and referral for high-risk pregnant women. It is the title of the Baby Friendly Hospital granted by the Ministry of Health by compliance with the ten steps to successful breastfeeding.

Before starting the research, the study was authorized by the direction of Motherhood, submitted to Brazil and appreciation of the Research Ethics Committee of the Integrated Faculties of Patos/PB (FIP/PB) Protocol COEP platform: 30386914500005181. The researcher had a principle respect the ethical aspects of research involving human beings contemplated in Resolution 466/2012 of the National Council of Health-CNS/MS. Therefore, the consent form was prepared and informed (TCLE) submitting a proposal in simple language and accessible to understanding/comprehension of mothers assuring them information about the purpose of the study, freedom to participate in research, privacy, anonymity, and right to quit at any stage of this research, without prejudice to their image and assistance.

The sample was 79 mothers with gestational age less than 37 weeks who delivered live births in the maternity Dr. Peregrino Filho and collecting data through interviews in May 2014. The data were tabulated in Program spreadsheet Excel for Windows. Then for the analysis, the Statistical Package Program for Sciences (SPSS Inc, Chicago, USA) version 18.0 was used to make the descriptive analysis.

RESULTS

Of the 79 women who participated in the survey, 50.6% were between 20 and 29 years old, and 50.6% lived in a union stable. In education, the highest observed proportion was women with primary education (60.8%); household income of 73.4% with up to a minimum wage and concerning the paid work during pregnancy, 63.3% were unpaid. More than half (51.9%) consisted of first pregnancy; the majority (84.8%) never miscarried; 79.7% reported more than one child and 96.2% never had stillbirths.

The data show that most of them (87.3%) knew the social legislation relating to preferential treatment in government offices, malls, and preferred seating. On labor law related to the change of function or sector at work in situations where there was damage to women's health and or baby, it was expressed by a little more than half (50.6%). The right to maternity leave of 120 days after the 36<sup>th</sup> week of pregnancy was known by 72.2%, and 55.7% knew the right to breastfeed the child at the end of maternity leave. About leaving

the job in two periods with a 30-minute break to breastfeed, little more than half (57%) did not have this knowledge. The best-known welfare rights that are relatively high percentage were to free and quality prenatal care (92.4%) with six or more consultations and most of them (82.3%) in the Basic Health Unit (USB). The right to prenatal care near their home or place of work was known for 68.4% of the interviewees. As to receive information on attendance at prenatal care, delivery and post-partum more than half (67.1%) already knew them as well as the right to escort (62%) during labor and delivery.

DISCUSSION

◆ Socio-demographic, socioeconomic and obstetric characteristics of women assisted in the Maternity Peregrino Filho

Pregnant women have their rights recognized and should be treated with priority and respect, but it is common knowledge that even existing formal recognition that gives rights to women in the pregnancy-puerperal period, the benefits are not catered enough to be guaranteed citizenship for the pregnant woman. The study included a group of women attending a health service that meets users exclusively by SUS.

The result showed that the majority (50.6%) of the women were young with greater concentration in the age groups between 20 and 29-year period considered by MS as ideal for pregnancy. It is noteworthy that, a pregnancy over 35 is considered a reproductive risk factor.<sup>15</sup>

Education is an important factor in an individual's life. In this sample, it was observed that the majority of women had an average of eight years of study that corresponds to the basic education (60.8%), followed by high school and a small proportion had higher. This finding is similar to a study in 2004 also showing a predominance of women with incomplete basic education.<sup>18</sup>

The educational low level of women that is, less than five years of study, considered by MS as a risk factor for pregnancy, and it can also be a block for the development of educational activities promoted by the health services due to the difficulty in understanding generated by the lack of study.<sup>15</sup>

As for family income, most of them (73.4%) received up to one minimum wage. About paid work during pregnancy, 63.3% were unpaid.

When investigating the labor situation of women in pregnancy and childbirth, it has been identified that participation in the labor market has not always favorable conditions

for the exercise of civil rights of this population. The pregnant employee needs special care and greater protection due to their pregnancy status, considering difficulties that will face when trying to get a new placement in the labor market. Thus, the ensured job is important, so they do not run the risk of being dismissed during this period, resulting in a decrease in the index of discrimination against pregnant women in the labor market.<sup>19</sup>

Regarding the number of pregnancy, it was observed that 51.9% were primiparous. Regarding the number of consultations during the prenatal, it was found that the majority (92.4%) had regular participation in the six consultations recommended by the MS to a satisfactory monitoring and 69.7% in UBS.

A study of 369 pregnant women in the outskirts of Rio Grande/RS showed that 96% of respondents believe they have the right to a minimum of six visits during the prenatal.<sup>20</sup> It is noteworthy that they use the guidance developed by UNICEF with MS in exposed Guide rights of Pregnant Women and Baby which suggests seven visits at least until delivery.<sup>7</sup>

It is essential for health promotion to ensure women's access to an integrated network services that provides comprehensive approach to health/disease process, given that the prenatal visit for most women is the only opportunity they have to check their pregnant state.<sup>15</sup>

#### ♦ Knowledge about the benefits they are entitled to pregnancy and childbirth

As for rights during pregnancy and puerperal period, they were found in a few similar studies, which prevented comparison of the results of the sample. The discussion of the relevant aspects of each type of law study is based on certain legal texts and works that address issues of humanization of obstetric care. Knowledge of women about the benefits they are in the pregnant-puerperal period is satisfactory highlighting those related to social and assistance, using limited labor.

The results of this study show that almost all (87.3%) of women reported having knowledge of social law related to preferential treatment in government offices, malls and seat preference. A similar result was found in a study conducted in São Paulo/SP identifying that 97.3% of women with knowledge of this right. Although this result is to be regretted, it is not yet the knowledge of women.<sup>21</sup> Social rights offered to pregnant women were the result of the struggle of women developed from an

understanding of the need to protect the mother and her baby.<sup>6</sup>

The federal and municipal legislation guarantees to pregnant women that they can receive care in special cashiers priorities in the emergency row hospitals, banks, supermarkets, access to the front bus door and preferred seating in establishments and public transportation.<sup>6-7</sup>

These rights are guaranteed from the moment that the woman is pregnant and should not be construed as a form of embarrassment to this people, given that many pregnant women do not feel comfortable with the preferential treatment and other social benefits that allow it, but should not give up these rights won by law 10,048 of 08 November 2000.<sup>22</sup>

As for labor rights, about half the women knew, how to change function or sector at work when pregnant is the environment that works is harming their health and/or the baby, upon presentation of a medical certificate attesting to such a request.

In CLT, there is a chapter on labor protection of women. And in this chapter, a section devoted exclusively to the protection of motherhood which provides among other general rules applied to pregnant women, due to transfer guarantee when health conditions require, ensured the resumption of function previously exercised shortly after returning to work and exemption from the time the time required for attendance at least six medical appointments and other laboratory tests.<sup>15</sup>

Transfer function should occur when the pregnant woman is in harmful health function, and this transfer does not interfere with their salary because of the principle of inviolability affecting the contractual prohibiting reduction of workers' rights. Thus, it is understood that if the pregnant when in hazardous due to their health should be transferred to another without loss of pay.<sup>4</sup>

As for the possibility of job dismissal during pregnancy in the experience period, 70.9% reported knowing that right. The employee who is hired for a specified period will not be entitled to temporary stability since it will not be considered arbitrary dismissal or without cause when there is the extinction of the employment relationship because the time has run out.<sup>23</sup>

In Brazil, since 1988 CF, employment contracts with several benefits are guaranteed to women. Each relationship can offer benefits, whether CLT, public servant, self-employed, maid and others.<sup>15</sup>

A pregnant employee who has dismissed arbitrarily or without just cause shall require reintegration into employment, and the main purpose of this guarantee is not to be helpless during pregnancy. Thus, they cannot claim for damages instead of reinstatement, as well the mother is seeking benefits that come from reintegration and not their job back, which is the goal.<sup>24</sup>

Given these facts, the legislature inserted in the legislative body forecast that guarantees pregnant maintaining employment since the period officially knows of pregnancy up to five months postpartum. This right is not absolute since it is possible to occur termination for cause the employment contract, interest of the pregnant woman or by the will of the employer, in which case it will be compelled to make the payment of compensation of the remainder of the provisional stability or readmit the pregnant woman.<sup>23</sup>

Labor law best known by women is related to absent from work for prenatal consultations and examinations with 73.4% followed by maternity leave of 120 days after the 36<sup>th</sup> week of pregnancy with 72.2%. A pregnant employee is entitled to consultations and missed work to attend at least six medical appointments and necessary exams.<sup>21</sup>

Maternity leave is the period in which the woman after childbirth is temporarily off work without interruption of their contract. It is granted under Art. 392 that ensures the removal without loss of job and salary, also setting possibility of interruption of employment.<sup>4</sup>

As for breastfeeding after the end of maternity leave, 55.7% know it. In CLT has a chapter on labor protection of women, and in this chapter, a section devoted exclusively to the protection of motherhood, which provides, among other general rules apply to pregnant women, the right to breastfeeding the child until it completes six months of age, either being prescribed by a doctor and the woman may have two special rest to act, each half an hour. This gives conditions the woman breastfeeds her child exclusively to ensuring the child immunity against infections, especially to intestinal and respiratory and sooner faster occur including foods full weaning occurs. It is a right of women to the eight-hour working day.<sup>15</sup>

Of the women interviewed, 57% knew the right to be absent from the work in two 30-minute intervals to breastfeed. Knowing and demand are sufficient for compliance and achieve the objective which is to encourage exclusive breastfeeding until the sixth month

of the child's life. If there is such a release for the mother to breastfeed her child, there is an administrative violation and also payment of the break as overtime. This period may be extended, if the health of the child requires, at the discretion of the competent authority.<sup>15,21</sup>

When asked about the right to a medical certificate of two weeks guaranteed to women who undergo abortion proved to be little known since 81% do this right which has its guarantee in CLT. The miscarriage is defined as unwanted interruption of pregnancy before 20-23 weeks or when the concept eliminated product weighing 500 grams or less.<sup>15</sup> The low number of women who were aware of this right shows the need for disclosure to pregnant women in health services in partnership with continuing education companies, given that abortion has an impact on the working of labor because physical and psychological problems.

The maternity leave is a benefit to the working woman who adopts a child. The adoptive mother is virtually unknown by respondents who reached the lowest percentage (13.9%) of knowledge among all surveyed rights. Authors reaffirm the role of the mother to child care, although they argue that from the equality of rights and responsibilities between men and women, maternity leave should be extended to parents, after all, legislation should follow the dynamics of social relationships, as a man in their desire to adopt a child does not have the same rights of women, highlighting the existing gender inequality in our country.<sup>25</sup> In fact, although many women do not enjoy this right because they never adopted a child, knowing it would disseminate information to other mothers who wanted and is, therefore, essential to know the laws for information and dissemination of Brazilian women.

The right to free and quality prenatal care, 93.2% have this knowledge, corroborating work on rights during pregnancy and puerperal period identifying 100% of women who reported having knowledge of it,<sup>26</sup> verifying unanimous hits on this right guaranteed to pregnant women.<sup>15</sup> The high prevalence of women in this sample was able to attend the prenatal UBS in its region as the MS recommendations.<sup>22</sup>

Of the women interviewed, 62% demonstrated knowledge of the rights to a companion in labor and delivery (TP), that is, the child's father or who what the woman desired. Research conducted in Campinas/SP with UBS pregnant women showed that when asked about the right to escort the TP,

childbirth and postpartum, only 40% reported having knowledge. In the percentage of women who reported knowing the law, 50% were informed by television, 25% for the family, 15% by friends and only 10% mentioned acquire information by health professionals.<sup>18</sup> What has been observed in Brazil's current reality is that much resistance from health professionals is to ensure the presence of a companion during the prenatal, labor and delivery, given that this is acquired, but certain services not suited to the laws in force.

Authors argue the need for greater commitment from the government and health professionals in educational campaigns and activities to publicize the right to escort and greater transmission of information in health services and that these can apply the rights guaranteed to women in their units approving this way greater security for them to fight for their rights.<sup>27</sup>

Although the cross-sectional design developed in this study does not allow the establishment of relationships between variables knowledge about the rights of women in the pregnancy-puerperal period, the results showed significant aspects that depict the situation of women on the subject.

## CONCLUSION

The results in the knowledge of women during pregnancy and childbirth were satisfactory, highlighting the social rights with limited labor and welfare. The best known were the assistance relating to free and quality prenatal care and social related to preferential treatment in government offices, malls, and preferred seats and the least known was related to the medical certificate two weeks in case of miscarriage.

Although the level of knowledge of women on rights in the puerperal pregnancy cycle has been shown to be satisfactory, it was observed that there are little disclosure and guidance of those rights. The findings of this study, in general, confirm the need for specific actions to defend and guarantee the rights of women in pregnancy and childbirth. One aspect that can be highlighted is the educational component, in particular, the quality of the information and means necessary for them to know their rights.

Thus, it is necessary that issues such as women's rights, including those of pregnant women are discussed with a focus on Brazilian public policy, whether through articles, forums, conferences or media, while charging the strict government oversight to added that

the legislation is complied with, and the people know their rights in a broad and comprehensive manner. The results of this research can stimulate researchers and students to further research involving this theme.

## REFERENCES

1. Gomes VLO, Fonseca AD, Roballo EC. Representações sociais de adolescentes mães acerca do momento do parto. Esc Anna Nery [Internet]. 2011 [cited 2012 July 12];15(2):300-5. Available from: [http://www.scielo.br/scielo.php?pid=S1414-81452011000200012&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=S1414-81452011000200012&script=sci_arttext)
2. Zugaib M. Obstetrícia. Barueri: Manole; 2008.
3. Calil LES. História do direito do trabalho da mulher: aspectos históricos /sociológicos do início da República ao final deste século. [Internet]. 2000 [cited 2012 May 15]; São Paulo: LTr; p.70. Available from: [https://books.google.com.br/books/about/Hist%C3%B3ria\\_do\\_direito\\_do\\_trabalho\\_da\\_mulh.html?hl=pt-BR&id=56O05FMnQ9MCC](https://books.google.com.br/books/about/Hist%C3%B3ria_do_direito_do_trabalho_da_mulh.html?hl=pt-BR&id=56O05FMnQ9MCC)
4. Bachur TF, Manso TFBC. Licença maternidade e salário maternidade: na teoria e na prática. [S.l.]: Editora Lemos e Cruz; 2011.
5. Manus PPT. História do direito do trabalho da mulher. São Paulo: Ltr; 2000.
6. Ministério da Saúde (BR). Orientações para elaboração de propostas da rede cegonha. [Internet]. 2012 [cited 2012 May 12]. Brasília, DF. Available from: [https://www.google.com.br/search?q=Orienta%C3%A7%C3%B5es+para+elabora%C3%A7%C3%A3o+de+propostas+da+rede+cegonha&ie=utf-8&oe=utf-8&channel=fs&gws\\_rd=cr,ssl&ei=PDYQVt-iDpKSNoiPkoAN](https://www.google.com.br/search?q=Orienta%C3%A7%C3%B5es+para+elabora%C3%A7%C3%A3o+de+propostas+da+rede+cegonha&ie=utf-8&oe=utf-8&channel=fs&gws_rd=cr,ssl&ei=PDYQVt-iDpKSNoiPkoAN)
7. Ministério da Saúde (BR). UNICEF - Fundo das Nações Unidas para a Infância. Guia dos direitos da gestante e do bebê. [Internet]. 2011 [cited 2012 July 14]. São Paulo, Globo. Available from: [http://www.unicef.org/brazil/pt/media\\_21259.htm](http://www.unicef.org/brazil/pt/media_21259.htm)
8. Griboski RA, Guilhem D. Mulheres e profissionais de saúde: o imaginário cultural na humanização ao parto e nascimento. Texto Contexto Enferm [Internet]. 2006 [cited 2012 Jan 15];15(1):107-14. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-07072006000100013](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072006000100013)
9. Nakano AMS, Silva LA, Beleza ACS, Stefanello J, Gomes FA. O suporte durante o processo de parturição: a visão do acompanhante. Acta Paul Enferm [Internet].



2007 [cited 2012 Jan 12]; 20(2):131-7. Available from: [http://www.scielo.br/scielo.php?pid=S0103-21002007000200004&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=S0103-21002007000200004&script=sci_arttext)

10. Ribeiro JOX. Salário-maternidade: à luz da proteção previdenciária. Curitiba: Juruá Editora; 2009.

11. Gomes LRM. O direito da mulher. [Internet]. 2007 [cited 2012 July 12]; BuscaLegis.ccj.ufsc.br Available from: <http://www.egov.ufsc.br/portal/sites/default/files/anexos/25415-25417-1-PB.pdf>

12. Campanhole A, Campanhole HB. Consolidação das leis do trabalho e legislação complementar. São Paulo: Atlas; 1988.

13. Lorenzoni C. Violência nas relações de gênero e classe; uma interpretação a partir das mulheres camponesas do Rio Grande do Sul. Libertas [Internet]. 2007 [cited 2012 Mar 15]; (spe):82-98. Available from: <http://libertas.ufjf.emnuvens.com.br/libertas/article/viewFile/1884/1332>

14. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Núcleo técnico da política nacional de humanização. Humaniza SUS: visita aberta e direito ao acompanhante. [Internet]. 2014 [cited 2015 Jan 13]; Brasília, DF. Available from: <http://www.redehumanizausus.net/85318-visita-aberta-e-direito-de-acompanhante>

15. Ministério da Saúde (BR). Consolidação das leis do trabalho: CLT dinâmica / desenvolvimento e atualização realizados pelo serviço de gestão normativa e jurisprudencial do tribunal regional do trabalho da 2ª região. São Paulo: Serviço de Gestão Normativa e Jurisprudencial. Brasília, DF, 2005.

16. Ministério da Saúde (BR). Grupo Hospitalar Conceição. Gerência de Saúde Comunitária. Atenção à saúde da gestante em APS. [Internet]. 2011 [cited 2012 Jan 16]. Brasília, DF. Available from: <http://www2.ghc.com.br/GepNet/publicacoes/atencaosaudedagestante.pdf>

17. Silva MM, Freitas CRC, Silva AM, Guerra MCGC, Almeida SMO. Percepção das mulheres sobre assistência pré-natal prestada na colônia penal feminina. Rev UFPE online [Internet]. 2015 [cited 2015 Oct 3];9(supl.7):9038-45. Available from: [http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6595/pdf\\_8445](http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6595/pdf_8445)

18. Santos JO, Zaguine AC, Machado B, Silva KR, Assenço M, Silva SR. Conhecimento de gestantes atendidas em unidades básicas de saúde sobre o direito à presença do acompanhante durante o trabalho de parto. Rev Inst Ciênc Saúde [Internet]. 2008 [cited

2012 Jan 25];26(3):294-8. Available from: [http://www.unip.br/comunicacao/publicacoes/ics/edicoes/2008/03\\_jul\\_set/V26\\_N3\\_2008\\_p294-298.pdf](http://www.unip.br/comunicacao/publicacoes/ics/edicoes/2008/03_jul_set/V26_N3_2008_p294-298.pdf)

19. Worugji IN, Etuk SJ. The national breastfeeding policy in Nigéria: the working mothers and the law. Health Care Women Int [Internet]. 2005 [cited 2012 Jan 12];26(7):534-54. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16126598>

20. Mendonza-Sassi RA, Cesar JA, Ulmi EF, Mano OS, Agnol MMD, Neumann NA. Avaliando o conhecimento sobre pré-natal e situações de risco à gravidez entre gestantes residentes na periferia da cidade de Rio Grande, Rio Grande do Sul, Brasil. Cad. Saúde Pública [Internet]. 2007 [cited 2012 July 18];23(9):2157-66. Available from: [http://www.scielo.br/scielo.php?pid=s0102-311x2007000900023&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=s0102-311x2007000900023&script=sci_arttext)

21. Barros AM. Curso de direito do trabalho. 5. ed. São Paulo: Editora LTr; 2009.

22. Ministério da Saúde (BR). Lei nº 10.048, de 08.11.2000 - Dá prioridade de atendimento às pessoas que especifica, e dá outras providências. [Internet]. 2000 [cited 2012 Jan 25]. Diário Oficial da União, Brasília, DF. Available from: <http://www.conteudojuridico.com.br/vademecum-brasileiro,lei-n-10048-de-8112000-da-prioridade-de-atendimento-as-pessoas-que-especifica-e-da-outras-providencias,22499.html>

23. Silva AM. O direito do trabalho da mulher e a maternidade. Âmbito Jurídico [Internet]. 2007 [cited 2014 July 14]. Available from: [http://www.ambito-juridico.com.br/site/index.php?n\\_link=revista\\_artigos\\_leitura&artigo\\_id=1751](http://www.ambito-juridico.com.br/site/index.php?n_link=revista_artigos_leitura&artigo_id=1751)

24. Martins SP. Direito do trabalho. 23th ed. São Paulo: Editora Atlas S.A; 2007.

25. Mandalozzo SSN, Costa LC. Adoção e trabalho no Brasil: a luta pelos direitos de mães adotivas ou que obtém guarda judicial para adoção. Ciências Humanas, Linguística, Letras e Artes [Internet]. 2004 [cited 2012 July 3];12(2):83-92. Available from: <http://www.revistas2.uepg.br/index.php/humanas/article/view/512/514>

26. Paschoal A, Silva, LCFP, Santinon, EP, Fernandes JCV, Catão MD, Dias PCG, et al. Direitos no período gravídico-puerperal: conhecimento das gestantes. Revista Âmbito Jurídico [Internet]. 2013 [cited 2014 June 12];16(113):[about 5 p.]. Available from: [http://ambito-juridico.com.br/site/?n\\_link=revista\\_artigos\\_leitura&artigo\\_id=13325&revista\\_caderno=14](http://ambito-juridico.com.br/site/?n_link=revista_artigos_leitura&artigo_id=13325&revista_caderno=14)



Rodrigues ESRC, Torquato JA, Davim RMB et al.

Perception of women on their rights...

27. Brüggemann OM, Osis MJD, Parpinelli MA. Apoio no nascimento: percepções de profissionais e acompanhantes escolhidos pela mulher. Rev Saúde Pública [Internet]. 2007 [cited 2012 July 12];41(1):44-52. Available from:

[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-89102007000100007&lng=pt&nrm=iso&userID=-2](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102007000100007&lng=pt&nrm=iso&userID=-2)

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