ORIGINAL ARTICLE

THE KNOWLEDGE OF PUEPERAL WOMEN ON OBSTETRIC VIOLENCE*

O SABER DE PUÉRPERAS SOBRE VIOLÊNCIA OBSTÉTRICA

EL CONOCIMIENTO DE LAS MUJERES POSPARTO SOBRE LA VIOLENCIA OBERTRICA

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ABSTRACT

Objective: to analyze the knowledge of postpartum women about obstetric violence. **Method:** this is a qualitative, descriptive, exploratory study, developed in a public maternity hospital. Seventeen puerperal women were interviewed and data were collected through interviews guided by a semi-structured script. Data was analyzed according to Content Analysis. **Results:** emerged from the participants' statements, three analytical categories, namely: "(Lack of) Knowledge of puerperal women about obstetric violence"; "Experience of obstetric violence in childbirth" and "Strategies for preventing obstetric violence". **Conclusion:** it is emphasized that it is of great importance the knowledge of postpartum women about obstetric violence to be able to identify and / or intervene if the practice occurs. **Descriptors:** Puerperium; Violence; Obstetrics; Nurse; Health; Women's Health.

RESUMO

Objetivo: analisar os saberes de puérperas sobre violência obstétrica. **Método:** trata-se de um estudo qualitativo, descritivo, exploratório, desenvolvido em uma maternidade pública. Entrevistaram-se 17 puérperas e a coleta dos dados foi realizada por meio de entrevista guiada por roteiro semiestruturado. Analisaram-se os dados de acordo com a Análise de Conteúdo. **Resultados:** emergiram-se, a partir das falas das participantes, três categorias analíticas, a saber: "(Des) Conhecimento de puérperas sobre violência obstétrica"; "Experiência da violência obstétrica no parto" e "Estratégias de prevenção da violência obstétrica". **Conclusão:** ressalta-se que é de grande importância o conhecimento das puérperas sobre a violência obstétrica para poderem identificar e/ou intervir, caso a prática ocorra. **Descritores:** Puerpério; Violência; Obstetrícia; Enfermeiro; Saúde; Saúde da Mulher.

RESUMEN

Objetivo: analizar el conocimiento de las mujeres posparto sobre la violencia obstétrica. **Método:** estudio exploratorio cualitativo, descriptivo, desarrollado en una maternidad pública. Diecisiete mujeres posparto fueron entrevistadas y se recopilaron datos a través de entrevistas guiadas por un guión semiestructurado. Los datos se analizaron según el Análisis de Contenido. **Resultados:** surgieron de las declaraciones de los participantes, tres categorías analíticas, a saber: "(Des) conocimiento de las mujeres posparto sobre la violencia obstétrica"; "Experiencia de violencia obstétrica en el parto" y "Estrategias para prevenir la violencia obstétrica". **Conclusión:** se enfatiza que es de gran importancia el conocimiento de las mujeres posparto sobre la violencia obstétrica para poder identificar y/o intervenir, si ocurre la práctica. **Descriptores:** Puerperio; la violencia; obstetricia; Enfermera; Salud; Salud de la Mujer.

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INTRODUCTION

Violence is a serious social problem and, in scenarios of representations of violent acts, obstetric violence stands out, which represents all forms of violence and damages arising from professional obstetric care that result in the loss of women's autonomy, leaving her unable to make decisions about her own body.¹

Violence against women is configured by any act or conduct based on gender, causing death, harm or suffering of a physical, sexual or psychological nature, both in the public and private spheres. Thus, it can be said that this type of violence reveals itself in different contexts, among them, the violence practiced in pregnant women in health units, which is called obstetric institutional violence.²

Some examples of obstetric violence are: negligence in care; social discrimination; verbal violence and physical violence; sexual abuse; inadequate use of unnecessary technologies, interventions and procedures in the face of scientific evidence; forcing the parturient to lie down and not allowing her to move during labor; prevent the entry of the father, among others.³

Revela-se que uma em cada quatro brasileiras que deram à luz foi vítima de violência obstétrica. Envolvem-se os fatos atos de desrespeito, assédio moral e físico, abuso e negligência, que vão desde o período pré-natal até o parto. Aponta-se, ainda, pela pesquisa, que, na atenção obstétrica brasileira, apenas 5% dos partos vaginais ocorrem sem intervenções.⁴

Based on the recommendations of the World Health Organization (WHO), the Ministry of Health (MOH), guidelines for a broad process of humanization of obstetric care through the Prenatal and Birth Humanization Program (PBHP) are recommended, to meet the specificity of each woman in the parturition process. This program aims to minimize inappropriate and unnecessary practices in childbirth, humanizing the assistance to the pregnancy-puerperal cycle.⁵

Some strategic and priority measures are raised, which are: incorporate the obstacles in the Unified Health System (UHS) and Primary Health Care (PHC); create and expand the training of obstetricians and obstetric nurses and insert them in childbirth care services, aiming at the urgent reduction of obstetric violence and excess cesarean sections.⁶ In 2010, the Stork Network was established, bringing to light a proposal for the quality of care for women. It is a care network that guarantees women the right to reproductive planning, humanized care for pregnancy, childbirth, abortion and the postpartum period.⁷

Through these considerations, it is important to investigate how is the knowledge of these

mothers, considering that, through their perceptions, new proposals for prevention interventions against obstetric violence may emerge.

OBJECTIVE

- To analyze the knowledge of postpartum women about obstetric violence.

METHOD

This is a qualitative, descriptive, exploratory study, developed in the Maternity of Buenos Aires (public), located in the northern region of the city of Teresina / PI.

The study participants were postpartum women who were in the normal postpartum period, and initially the research would be with 20 postpartum women; however, as this is a qualitative research, there was a saturation of data with 17 participants.⁸

Puerperal women in the normal postpartum, older than 18 years and who agreed to participate in the research were included. Postpartum, post-abortion and postpartum women who had given birth at home or on the way out were excluded. Postpartum women were interviewed at the maternity facility, with a maximum duration of 15 minutes. After the participants' consent, the interviews were recorded and transcribed in full, preserving their speech, using them only for research studies purposes.

The data was collected in August and September 2018, through a semi-structured script-guided interview in which the interviewees obtained the possibility to discuss issues pertinent to the study theme, in order to meet the objectives of this research, being that participants were identified by ordinal numbers to ensure their confidentiality and anonymity.

Data was analyzed using the Minayo Content Analysis technique, whose purpose is to examine the interviewees' statements, organizing them into categories to meet the research objectives, synthesis and interpretation of results.⁵ Subsequently, the transcribed data of each interview were organized, highlighting the relevant aspects and comparing them with the literature.⁹

This study complied with the recommendations of Resolution 466/12 of the National Health Council (NHC),¹⁰ about the participation of human beings in the development of research, which considers the right to free and informed consent and respect for human dignity and the special protection due to participants in scientific research. The project was authorized by the co-participating institution, approving it by the REC of the UNINOVAFAPÍ University Center, by Opinion No. 2,819,742.

RESULTS

The following are the thematic categories that emerged from the study, according to the semantic similarity, which represent the descriptions of the speeches of the interviewed postpartum women.

♦ (Lack of) Knowledge of puerperal women about obstetric violence

It was observed in the reports, when the participants were asked about the knowledge about obstetric violence, that some mothers know it through some examples, as shown in the following statements.

[...]What I do know is that, basically, obstetric violence is the vision of the childbirth that we have of old, that childbirth that the woman has to have the baby lying on, that the doctor has to squeeze the woman's belly, forcing the baby out, who have to make the cut by obligation, apply oxytocin without needing. (D01)

[...] This is when a woman has no right to choose anything about how she wants to have her child, to be neglected by health professionals. (D02)

[...] is any intervention you do with your mother without warning her or simply without warning. (D03)

[...] force the baby out, push the belly to force the baby out, needlessly tear, shut up because, at the time of doing, did not shout [...]. (D04)

[...] for me it's to mistreat the woman at childbirth [...]. (D17)

It is important for women to know about what obstetric violence means so that they can detect if this is happening to them and that thereafter steps should be taken to minimize or eliminate this problem.

Contrary to what was previously described, it was found that there are puerperal women who are unaware and / or do not know for sure what can be considered as obstetric violence, a fact shown in the following statements.

[...]Is it like child maltreatment? [Silence]. I don't know what it is, never hear of it. (D05)

[...] I never heard, I don't know what it is. Doctors need to explain and ask patients. (D07)

[...] they talk on television, in the hospital, too, but I can't tell you what it is not. (D08)

[...] I never suffered that. (D14)

Although obstetric violence is a topic that has been widely discussed today, many women are still unaware of it, either due to their lack of education - which may hinder a deeper understanding of the subject, since it is known that the level of education corroborates the occurrence of obstetric violence - either due to the insufficient dissemination of information to the population in social networks and media such as television, for example.

♦ Experience of obstetric violence in childbirth

This category was formed by the speeches of some parturient women who describe experiences of situations that characterize obstetric violence through rude treatment marked by impatience and disrespect of the professional, shown in the following speeches.

[...]At my first delivery, when I was 14, there was a doctor who turned to me and shouted: "Shut up and she won't come out; when it was time you were not screaming"[...]. (D04)

[...] well, I never suffered from obstetric violence, once again I went to my sister for maternity and when she got there, she was doing a lot of shit, the doctor started fighting with her and said that, "when it is time to do it is good, but to have it, she keeps screaming", offended her [...]. (D10)

[...] a colleague of mine lost a baby because of a fright from a dog, then she came to the maternity ward and she was totally humiliated because they said: "Ah, when it was time, it was good!". She curettado and cried a lot, they treated her very badly, with ignorance, was without eating for a long time [...]. (D12)

[...] my mother has suffered obstetric violence, suffered all types and was traumatized. Because she already suffered, she insisted that she give birth by caesarean section, because she was very afraid that I would suffer everything she suffered, but I never wanted. (D15)

In the motherhood, women experience different feelings and, at times, even contradictory ones: happiness for the arrival of the baby and the fear of dying. The mix of feelings can intensify as women suffer obstetric violence, going through situations that can have harmful consequences for both mother and fetus. The use of rude expressions about the process of giving birth to a woman's disrespect in this situation is represented, and what was supposed to be a perfect time becomes a bad memory in the lives of these patients.

♦ Strategies for preventing obstetric violence

Some suggestions were given by the mothers during the interviews about what to do to prevent obstetric violence.

[...]Measures to end this violence are already being taken, such as the increase in CPNS. (D01)

[...] so that this does not happen anymore, the mothers have to talk when it happens, to denounce, because if not, they will keep doing it. (D03) and (D16)

[...] I think I should do more CPNs, more teams of qualified nurses in the obstetric area, that women have the freedom to be comfortable, having the right to choose the best position that suits their needs and can scream if want. (D04)

[...] I think the only thing to be done is to report it. (D05) and (D13)

[...] must have supervision so that it no longer occurs. (D06) and (D10)

[...] doctors need to explain and ask patients. (D07)

[...] doctors should be aware because childbirth is the time for women, they have to say good things. (D09)

[...] should give lectures, more conversations with women about the theme. (D11)

It is understood that all women are entitled to information about their health and any procedures to which they are subjected clearly, with respect and understanding. Thus, the professional nurse has the duty to explain the purpose of each intervention or treatment, as well as the risks or possible complications from prenatal to puerperal consultation.

DISCUSSION

Adequate knowledge of all rights of pregnant women in prenatal care should be evidenced. Nationally, this assistance is governed by regulations established by the MOH, which aim to provide women with the guidance of conducts and procedures, in order to promote comprehensive care during the pregnancy-puerperal period, through qualified and holistic care for the mother-child binomial.¹¹

It is revealed by authors that it is important for women to have access to prenatal care in order to be informed of their rights and best practices for the safety of the birth of their children; therefore, prenatal care is the first step towards a more humanized, event-free birth and birth, such as obstetric violence.¹²

The impact of obstetric violence on the mothers' lives is highlighted by the importance of public policies focused on maternal and child care, as they are essential to provide comprehensive and efficient care, with the prioritization of actions that include humanized knowledge, attitudes and practices.³

It is emphasized that, during childbirth, the woman requires attention, clarifications about what will be done, respect, empathy and, above all, the possibility of actively participating in this phase of her life. However, when these attitudes are not present, the process of childbirth and birth may be unfavorable, sometimes representing a negative experience in the life of the person who experiences it.¹³

It was found that the lack of information and the fear of asking about the processes that will be performed in the evolution of labor are a predominant factor among parturients. Such a situation can consequently lead them to conform to the exploration of their bodies by different professionals, accepting various unpleasant situations without complaining.¹⁴

This type of violence is little identified due to the lack of knowledge of these abuses by

parturients, since these practices can only be tackled if the phenomenon of obstetric violence is recognized.¹⁵ It is known that, often, the lack of information of parturients makes them think that all the procedures they are undergoing at the time of delivery are routine of the institution and will help to save the fetus, which corroborates the loss of female autonomy at birth and confirms the lack of knowledge regarding obstetric violence.¹⁶

It is noted that a major recurrent problem in prenatal care is the lack of empowerment of women over their rights in the pregnancy-puerperal cycle, which makes them passive in the process of conducting parturition, making them more likely to suffer obstetric violence.

It is important, for this situation to change and for the mothers to have knowledge about obstetric violence, that there is clarification to the population on the subject, so that it is possible to recognize the phenomenon and report it. In addition, there is a need for legislation that defines and criminalizes obstetric violence, since Brazil does not have legal frameworks that delimit and facilitate the proposition of actions that address this problem.¹⁷

Verbal violence is characterized by aggressive behavior by harmful words that are intended to ridicule, humiliate, manipulate and / or threaten, and as with physical violence, such aggression also has consequences that can cause irreparable psychological damage.¹⁸

It is described that hearing offensive words can persevere more than physical aggression, due to its invisible dimension, which is projected in the moral and psychic field,¹⁹ and some women during prenatal consultations and / or childbirth suffer oppression during this pregnancy-puerperal cycle, being practiced by health professionals.

In addition, for those present in the delivery room, listening to offensive words can hurt and persist more than physical aggression, because of its invisible dimension, which projects itself in the moral and psychic field, and for involving everyone in a conspiracy of silence, which implies not saying what one thinks, what one thinks is fair, respecting the other.

It is pointed out, although the occurrence of obstetric violence occurs not only in public health, but also in the private sector, that there are references that the highest incidence of violent practices occurs more in public hospitals where clients have greater ethnic diversity and lower level of education, influencing the perception of childbirth.²⁰

Exposure to situations of obstetric violence generate emotional and psychological repercussions, which can lead women to discontent with normal childbirth and even to give up future pregnancies. In the face of it, the

consequences can be harmful, since the woman is in a moment of emotional fragility. On the other hand, a good experience at the moment of childbirth can provide women with essential conditions for the birth of their child, favoring the mother-baby bond.¹⁸

Given this context, it is necessary for the public policies that aim to ensure the rights of pregnant women to be truly guaranteed, respected and fulfilled, that professionals involved in the care process are aware of the need to combine technical and specific knowledge with commitment with the satisfactory outcome of the care and importance of promoting and informing women about their rights so that they can know them and thereby demand them.¹

CONCLUSION

Through this study, it was found that women know what obstetric violence is through some examples that configure this practice and, on the other hand, there are some who do not know it, being the minority that usually do not identify and denounce because of some issues, such as the lack of knowledge of the mothers. In this sense, there is a need for a greater perception of women.

It was noticed that obstetric violence is still little recognized as a violent act, because at the same time it occurs, women are experiencing great emotions that make them shut up. It is therefore necessary to address women's rights during pregnancy, childbirth and postpartum.

It is noteworthy that it is of great importance the knowledge of postpartum women about obstetric violence to be able to identify and / or intervene if it occurs. Therefore, it is of great value that parturients have prenatal care that includes aspects related to the quality of life in general, as well as the clarification of their rights.

It is hoped, through this work, to raise reflections on the importance of broad knowledge about the entire parturition process, the humanization of care in parturition, as well as the need for nurses and all other professionals who provide care to parturient women, feel and internalize humanized care and, from this process, become aware of the fundamental role they play in assisting women.

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