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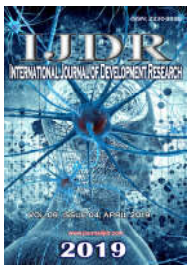

RESEARCH ARTICLE OPEN ACCESS

PERCEPTION OF PUERPERAS ATTENDED IN A PUBLIC HOSPITAL ON THE PRACTICE OF OBSTETRIC VIOLENCE

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ABSTRACT

Objective: It investigate the perception of obstetric violence through the reports of women who had their children through vaginal delivery and cesarean section in the Regional Hospital Dr. Abelardo Santos. **Method:** This was a qualitative study with descriptive-exploratory characteristics. It Held in a public hospital in Belém/Pa, this study was conducted with 15 hospitalized women. The collection was carried out from March to April 2017, in which the participants were first invited to the survey, where they were informed and clarified about the research theme and its objectives. The analysis was made from the proposal of Bardin. **Results:** the following thematic categories were evidenced from the results: Characterizing the participants of the study; Perception of puerperal women about obstetric violence and Presence of the companion during childbirth as the prevention of obstetric violence. **Conclusion:** It was evidenced that the majority of women are unaware or have little knowledge about obstetric violence and the results obtained from this study may contribute to the development of programs to promote and prevent violence in childbirth.

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INTRODUCTION

Violence is characterized as a serious social phenomenon that is expanding in all its forms, and especially against women, throughout history. And in the present day has been a factor that provides women with various forms of violence, whether physical, psychological or moral. Making themselves present daily in communities and countries around the world, without social, racial discrimination, freely on their bodies and sexuality, negatively impacting the quality of life of women (COSTA; CINTRA; AZEVEDO, 2017). Violence against women can occur during all stages of life. Among the violence suffered is obstetric violence, which has presented a great index, at a much awaited moment in a woman's life. This is due to the total lack of information and knowledge about the rights (RIBEIRO *et al*., 2018). Obstetric violence has been presented as a serious public health problem, capable of causing innumerable damages to women's lives. The practices of these violence carried out by professionals are capable of traumatizing the experience of women during this unique moment. Among them are: psychological and verbal abuse, as well as unnecessary procedures such as episiotomy, fasting, trichotomy, enema, denying the right to have companion,

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kristeller maneuvers, use of oxytocin without real indications, and postpartum bed restriction (MARINHO *et al*., 2018). In order to improve the care provided to the woman and her newborn, the Ministry of Health created the Prenatal and delivery Humanization Program to guarantee humanized assistance through the practice of eliminating unnecessary interventionist practices, favoring a satisfactory outcome for women, their newborn and their families (RODRIGUES *et al*., 2017). For this, it is necessary the commitment to resist the practices of violence, investing efforts so that the human life is valued and respected. Aiming at the use of good practices during childbirth and birth based on scientific evidence and rescuing the autonomy of the woman at the time of giving birth (ZANARDO *et al*., 2017). In this perspective, it is understood as a duty of nursing to incorporate in its practices actions to combat and prevent injuries in situations of violence against women, given the magnitude of the problem. It is intended to provide subsidies for the professionals to carry out their work with a humanized attention. The objective of this study was to investigate the perception about the practice of obstetric violence through the report of women who had their children through vaginal delivery and cesarean section at the Regional Hospital Dr. Abelardo Santos.

MATERIALS AND METHODS

It was a qualitative study with descriptive-exploratory characteristics. The study was carried out with 15 puerperal women hospitalized at the Regional Hospital Dr. Abelardo Santos. It was used as inclusion criterion: puerperal women over 18 years of age who had vaginal or cesarean deliveries, who were in the immediate puerperium, who did not present any psychological changes. The data collection was suspended due to the theoretical saturation of the data, as proposed by Fontanella; Rich; Turato (2008) being evidenced by the recurrence of the speeches and ideas reported by the participants. The study was submitted to the Research Ethics Committee of the Metropolitan College of Amazonia, located in the city of Belém, State of Pará, where it obtained the legal consent to carry out the research through the ethical principles, being approved under the opinion of No. 2.033.548. The collection was carried out from March to April 2017, in which the participants were first invited to the survey, they were informed and clarified about the research theme and its objectives; at the second moment were selected those who accepted and signed the Free and Informed Consent Term and in the third moment the semi-structured interview script was applied with open questions to ensure that the research objectives were achieved. The interviews were carried out in the joint-housing wards or, exceptionally, in the event of overcrowding, in the obstetrical center itself, during the minimum period of 24 hours after delivery, respecting the moments of rest and meals and moments of breastfeeding and guaranteeing the privacy of the were recorded in audio to ensure that all information was collected reliably.

The data collection instrument was used to assess the socio-demographic characteristics, obstetric history and current gestation, care received at the institution during hospitalization and care for previous births. The organization of the data began with the transcription and subsequent ordering of the interviews. The study participants were named Puerp E1, Puerp E2 ... Puerp E15. Then the classification and categorization of the speeches were done, with coincident and divergent summaries of ideas, and their connection, or not, to some category. The data were examined according to the content analysis proposed by Bardin, and it was implemented in three phases: Pre-analysis, material exploration and treatment of results, (BARDIN, 2016). The analysis of the data occurred with the codification of the interviewees' speeches. The codes were grouped by similarities of meanings into specific categories.

RESULTS AND DISCUSSION

Characterizing the participants of the study: In the group of fifteen puerperal women studied, four reported having incomplete elementary education, four completing elementary education, five completing high school and two completing upper level. The monthly per capita income ranged from less than one to three minimum wages. As for marital status three reported being married, four single and eight live in stable union, relative to age, obtained a predominance of 21 to 33 years. As for the ethnic group, eleven women declared to be brown, two declared black and two women declare themselves yellow, as far as the place of previous births were attended in the capital of the state of Pará. Often obstetric violence occurs due to women's lack of empowerment. This is often justified by a lack of knowledge and study, resulting in a lack of information about their rights at birth. Favoring the misconduct of unprepared professionals by acting disrespectfully and humiliatingly before a woman during her labor and delivery (PÉREZ; OLIVEIRA; LAGO, 2015). Regarding the number of pregnancies, six women said that it was their first pregnancy; five pointed out that it was the second gestation; three declared that it was the third gestation and one declared that it was being the sixth gestation. Among the puerperae, ten evolved to normal delivery and five to cesarean delivery. Three of them said they had already had an abortion, and twelve said they had never had an abortion. Four puerperal mothers were accompanied by her husband, four were accompanied by her mother-in-law, five were with her mother and two were in the presence of a neighbor.

Perception of puerperal women about obstetric violence: In the present study it was identified that the majority of puerperae don't know or have never heard about obstetric violence. From the information surveys we observed the following perceptions described in the statements of puerperal women:

I've never heard of obstetric violence, I do not know anything about it. (Puerp E3).

I don't know about the topic, I think it's about health team negligence (Puerp E8).

The benefits I can't explain, I know I have to be taken care of more carefully and with the best condition (Puerp E12).

Victims have difficulty coping with trauma. There are even indications that obstetric violence causes increased episodes of postpartum depression (SALGADO, 2012) Obstetric violence is identified by the disrespectful way in which many professionals deal with women. Among them are the name-calling, humiliation and aggression. However, it goes far beyond this, withdrawing autonomy, preventing women from adopting the most comfortable position for the moment of giving birth, not offering qualified care and scheduling a cesarean section, only for the convenience of the professional,

without real indications are also considered violence against women (PALMA; DONELLI, 2017). Regarding obstetric violence, only one puerperal woman said she suffered during the first birth, described in the following speech:

> *It was 16 years ago, it was not good, they treated me badly, they said aggressive things like: "at the time of doing it was good", they did not clarify me at all (Puerp E15).*

The meaning of this speech reminds us of the historical question of the domination of the masculine gender over the feminine, which, over the centuries, has been built a predominant social model that has prevented women from being full subject of their own history (PENNA, 2005). Violence against women during labor and birth are capable of causing irreparable physical and psychological trauma. Obstetric violence is silent and institutionalized and has been reproduced in countless hospitals across the country. Many women go through this experience in a secretive way, out of fear and fear, at a time when they should be surrounded by care and respect for those who watch over them (BARBOSA; MOTA, 2016). The professional who was supposed to pass on security, trust for the parturient, with her behavior sharpened her fears and longings. Reflecting on this fact reiterates the importance of the preparation of the professional that provides the assistance to the pregnant and / or parturient. It is of fundamental importance that health professionals, regardless of their position, have the ability, technical competence and emotional control to provide the assistance (MILBRATH *et al*., 2010). In the hospital environment women are often disrespected and pain and suffering become almost a fatality in which all must pass and must endure as the price of the supposed pleasure felt in the sexual act that gave birth to that gestation (DINIZ, 2005). According to the survey "Born in Brazil: National Survey on Childbirth and Birth", conducted in 2014, only 5% of women performed normal deliveries without intervention in Brazil, and the survey also shows how in a normal delivery still predominates a fairly medicalized model, with interventions routine procedures unnecessary according to World Health Organization (WHO), causing pain and suffering that could be avoided. (FARIAS, 2015).

The World Health Organization in 2002 defined violence as: "The intentional use of physical force or power, real or threatened, against itself, against another person, or against a group or a community, resulting or is likely to result in injury, death, psychological damage, developmental disability or deprivation" (OMS, 2002).

Regarding the knowledge of obstetric violence, only two participants spoke about having some knowledge about the subject, where they reported in the following statements:

The fact that you aren't welcome, being treated with indifference and saying something rude to you (Puerp E5).

In the treatment given to patients, physical and psychological violence (Puerp E11).

Obstetric violence is still little recognized. At the moment of labor, women are experiencing strong emotions and experiencing a very delicate moment, and at the same time a violent and abusive act against them, which makes them silent in the face of the situation. It is necessary to address the rights of women during pregnancy, childbirth and postpartum, especially in prenatal consultations, where one has the opportunity to address the various issues and to instruct them in decision-making regarding the her body and her parturition, and that she can argue and denounce situations of mistreatment and disrespect with he (ANDRADE; AGGIO, 2014). The level of schooling can contribute positively to the knowledge about the process of labor and to the correct interpretation of the entire process of labor. It also says that the level of education may favor or hinder the interpretation of a therapeutic intervention, or differentiate what is an abusive intervention and what is in fact natural (MEDEIROS, 2016).

Presence of the companion during childbirth as a prevention of obstetric violence: Through the law nº 11.108 decreed in 2005 known as the law of the companion, where it grants the right to the pregnant woman, allowing the presence of the companion of her choice, during labor and delivery. The companion becomes fundamental in the humanization of childbirth, in addition to offering emotional support, which provides innumerable benefits, with pregnant women having their fears and anxiety diminished and feeling more confident and confident to make decisions about what they think is best for them. experience this moment (SANTOS; MELO; CRUZ, 2015).

To make this clear, we have the following speaker:

I felt comfortable, supported, it was great to have my husband with me at the birth of our son (Puerp E2).

My husband gave me the greatest strength, I think without him there would be more difficult, I think even could not bear. But it was great! From the first child I was alone and it was not legal. (Puerp E14)

Numerous studies, both in Brazil and abroad, reveal a number of benefits for the woman to have a companion of her choice at the time of her delivery, since it allows experiencing this experience without trauma, with tranquility reducing fears and longings, thereby narrowing the family that forms (SOUZA e GUALDA, 2016).

Conclusions

It is perceived that women in general have difficulty criticizing the health service and the professionals who attended them, especially in situations of risk. In the case of perinatal care, this difficulty may be even greater, since women tend to feel relieved, grateful and positive feelings after the birth of a healthy child, compensating for any negative experience during the care. In the days after birth, in particular, women may hesitate to criticize the assistance received and the professionals involved, especially if they are still hospitalized. In the present study, the interviews were performed during hospitalization, at a time very close to delivery. In these circumstances, the results obtained can be considered conservative and probably underestimate the real conditions of awareness of puerperal women. In this way, we verified women's dissatisfaction with their delivery, criticisms related to the professionals' performance and suggestions presented for the improvement of care, which leads us to believe that women had the possibility of expressing negative opinions regarding the service. We evaluated that the result found that the majority of puerperae do not have knowledge about obstetric violence is expressive, considering that negative

perinatal outcomes were excluded: fetal and neonatal deaths. It was concluded, therefore, that, despite the maintenance of some divergent customs in the manuals of humanized delivery, positive responses were found among the women regarding the postpartum feeling. Regardless of the choice of the parturient through the birth route, it is necessary to modify the access to the basic reproductive right. Implement strategies to increase safety, a humanized care, increase the satisfaction of users, in maternity wards and hospitals. With the intention that the attendance in these places can be a rewarding experience for women in the parturients, through the knowledge of women about their rights, contemplating the elaboration and respect to the delivery plan, including with the requirement of the presence of the companion of their choice in all the maternity sectors. The results obtained from this study may contribute to the development of programs to promote and prevent violence in childbirth. Inform and empower women to make decisions regarding their bodies and their parturition, and to be able to argue and denounce situations of disrespect during their gestation in prenatal care, delivery and postpartum and to help the woman to have the exercise of his power to give birth.

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