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# THE PERPETUATION OF OBSTETRIC VIOLENCE IN BRAZIL AND ITS CHARACTERISTICS: A LITERATURE REVIEW

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**Abstract:** About a decade ago, the WHO recognized obstetric violence as a public health problem. However, there are still many women who report the suffering experienced as parturient. It often goes unnoticed to the most trained eyes, however, it is more closely linked to a certain social class, commonly explicit, with psychological, physical and often sexual aggression. This is a literature review, using scientific articles referring to obstetric violence in Brazil. Articles from the following databases were used: Scielo and the Virtual Health Library. 346 articles with the theme were verified; however, after analysis, 341 were excluded. Finally, the study consisted of 5 publications. Among the research carried out, the largest number of articles belonged to the year 2018, totaling 289 (83%); followed by 2019, totaling 41 (12%). The others dated from 2020 and 2021, 08 (2.5%) in each year. However, only 5 (1.4%) referred to the importance of the topic addressed, therefore, used. It was observed that paternalistic medicine and disregard for the opinion of patients are critical aspects of Brazilian health that are rooted and normalized, constantly going against Article 31 of the Code of Medical Ethics. Therefore, the resistance of obstetric violence over the years and the appearance of it in different forms at the time of childbirth is admitted, not just physical or sexual violence, but being closely linked to negligence, either by omission of care or by and psychological violence. This situation is the result of a patriarchal and oppressive mentality that disregards the woman's subjectivity and her right to quality medical care, a factor of direct impact on the quality of life and her performance during childbirth.
**Keywords:** Obstetric violence, childbirth, Public health.

## INTRODUCTION

Almost a decade ago, the WHO recognized obstetric violence as a public health problem that directly affects women and their babies, due to the large number of women who report the suffering experienced as parturient. Often such action goes unnoticed to the most trained eyes, it is important to point out that this phenomenon is closely linked to a certain social class. Often explicit aggression, with psychological, physical and often sexual abuse. (LANSKY, 2019).

The present aims to discuss the perpetuation of the main obstetric violence in Brazil and its characteristics, to enable, through knowledge, the validation of laws and public policies that reveal the possibility of changing current care standards.

Violence can be understood both as the commutation of an inequality that is based on a hierarchical relationship, which aims at subordination; as well as the objectification of the individual. From the moment that the human being is seen as a 'thing', he is placed in a position of inertia and passivity, being disregarded as to his actions and/or speeches. (BARBOSA, 2018).

Regarding the concept of gender violence, it is known that it can be understood as a set of restrictions associated with women's reproductive and sexual health. This type of violence is correlated with the difficulty of accessing a health service during the pregnancy-puerperal cycle, as well as the presentation of several obstacles to obtaining information about contraception and what methods are available, in addition to maternity leave. (BARBOSA, 2018).

In this sense, obstetric violence can be considered, in addition to disrespect for human rights, also gender violence. Obstetric violence encompasses any type of violence that occurs during the pregnancy, childbirth and postpartum cycle, extending to abortion

care. (TRAJANO, 2021).

During the pregnancy period, violence is considered any practice of mistreatment, which may be physical, psychological and/or verbal. The impacts on women caused by these practices are delicate, capable of causing psychological consequences similar to those of women victims of rape, who experience difficulties in accepting their own bodies and take a long time to return to their sexual life. (COELHO, 2020).

The acts of violence that women endure in labor and during conception, in addition to being inferior due to differences in ethnicity, gender and social inequality (education and social class), end their subjectivity with inadequate appropriation of their body and execution. inappropriate treatment, which is performed only to serve as a study tool and allow the interference of health professionals in maternity hospitals; without even having any request for consent or explanation, these women are subjected to unnecessary methods, ignoring their independence, as well as their ability to decide about their body, proceeding in a pathological way, an organic process that is childbirth. (TRAJANO, 2021).

Often, in the delivery room, women are half-naked in front of strangers, alone in a strange environment, in a position of total submission, legs spread and raised, genitals uncovered, and are often separated from their offspring shortly after birth. Reports of violence are common: refusal to choose a partner to be present; women's lack of information about the different procedures performed during care; unnecessary cesareans; abstinence from food and the right to walk not granted; routine and recurring vaginal exams without justification; assiduous use of oxytocin during labor accelerated the same; episiotomy without the woman's authorization; Kristeller's tactics; and, finally, all these events can cause permanent physical, mental, and emotional harm to the patient. (GARDEN, 2018).

This situation mainly affects women of low socioeconomic status, ethnic minorities exposed to institutional and professional power, with oppressive and dominant attributes that eliminate women's subjectivity, in the construction of care centered on femininity and the exercise of their full citizenship beyond the basic characteristics. (GARDEN, 2018).

The predominant obstetric care in Brazil is considered outdated, immersed in interventionist practices and instrumentalized by the excessive use of technologies, interfering not only in the physiological process of labor and birth (BARBOSA, 2018). As having a major cultural impact on society's perception of birth. The loneliness of women who give birth without a partner, the increase in discomfort with the interruption of the physiology of labor, the lack of privacy and professional and institutional control over the course of delivery have been cited as contributing factors to the excess of labor. cesarean sections during labor in Brazilian women. Thus, from the woman's point of view, cesarean section has become an alternative to violence or abuse during childbirth. Thus, obstetric violence is a relevant issue in public policies for women's and children's health in Brazil, as well as in the training of health professionals and managers, given the need for changes in auxiliary practices and in childbirth care systems. birth. (LANSKY, 2019).

## METHODOLOGY

The methodological strategy used to build this article was an integrative literature review that included scientific concepts from academic research to find the best scientific evidence for use in everyday care. This research method aims to collect, synthesize and analyze

existing scientific knowledge on a topic of interest to researchers in a systematic and orderly manner, demonstrate the evolution of the topic over the years and facilitate in-depth research questions. To achieve this objective, the objective is to construct a review based on six distinct steps, namely: identification of topics and selection of research questions; development of inclusion and exclusion criteria; identification of pre-selected and selected studies; classification of selected studies; analysis of results; review submission.

Articles from the following databases were used: Scielo and the Virtual Health Library. Inclusion criteria used: articles in English or Portuguese, published between 2018 and 2021; having a central theme addressed. The search strategy initiated in the SciELO and VHL virtual libraries, replicated in the other databases, combined the descriptors and keywords with the Boolean operators: "Obstetric Violence", (obstetric violence, or obstetric violence) and "Delivery, obstetric" (delivery or obstetric) and ''Saúde Pública" or ''Public Health" (public health or public health) Initially, 346 publications were located whose titles and abstracts were read, as well as evaluating the established inclusion and exclusion criteria, excluding 341 publications. After the pre-selection and material selection steps, finally, 5 publications remained, which were used for this review.

## RESULTS AND DISCUSSION:

Among the research carried out, the largest number of articles belonged to the year 2018, totaling 289 (83%); followed by 2019, totaling 41 (12%). The others dated from 2020 and 2021, 08 (2.5%) in each year. However, only 5 (1.4%) referred to the importance of the topic addressed, therefore, used.

It was observed that there is no psychological preparation in the mothers' prenatal care for childbirth, especially in the public sector. Thus, resulting in the fear of vaginal delivery, which is the option when there are no complications. The decrease in the choice of normal delivery has been increasing, suggesting that there is not a good orientation, including inducing cesarean delivery; this is clear in the discrepancy between the type of delivery in the public and private system: in the private system only 16% are vaginally, while the number increases to 60% in the SUS, because in Brazil cesarean sections in the private sector are much more profitable and much more viable for the professional who performs it, however, the cesarean section brings more risks to the woman and the baby when performed without indication. (COELHO, 2020).

In another perspective, women in the public sector are pressured to perform normal childbirth, however, some invasive procedures are often used to accelerate childbirth, causing suffering to pregnant women. This way, it is clear that obstetric violence can occur not only in the act of delivery and expulsion of the fetus, but also since the first prenatal consultation. (COELHO, 2020).

According to Barbosa et al (2017) in a study carried out by Fundação Oswaldo Cruz, it was noticeable that women who are most unaware of obstetric violence and are consequently subject to mistreatment in the childbirth process are: with a low level of education, with low income, in in relation to race was observed more in black or brown women.

Some interventions seen as natural and routine contribute to the perpetuation of obstetric violence: shaving, the supine position during childbirth, deprivation of the patient's ambulation, mandatory fasting, the use of oxytocin without indications. These are women's decisions and taking them away from them is a form of disrespect for the right to choose in terms of childbirth. (BARBOSA, 2017).

To understand obstetric violence, we have the contextualization and normalization of this phenomenon in the assistance to women. The theory review allowed the perception of obstetric violence as an event known through different forms of violence that can happen during pregnancy, childbirth, puerperium, as well as in situations of abortion, post-abortion and assistance to the reproduction cycle. Obstetric violence was demonstrated by the inhumane way of treating the patient, disproportionate use of medicalization and unnecessary interventions on physiological gestational and childbirth events. This occurrence includes situations involving negligent and abusive acts, recklessness and omission. The power and authority relationships of the Health team, in this scenario, nullify the desires and claims of women as decision-makers (JARDIM, 2018).

According to the World Health Organization, women all over the world experience abuse, mistreatment and neglect during childbirth. The repercussions caused by these mistreatment practices are serious, being capable of causing psychological consequences similar to those of women victims of rape, since they generated difficulties in accepting their own bodies and took a long time to return to an active sexual life. Obstetric violence can be characterized by the appropriation of the woman's body, in her reproductive process, by the health team that acts in a dehumanized way during childbirth (COELHO, 2020).

This occurs through the excessive use of interventions and the pathologization of natural processes, which means that the woman does not have the space to make her own decisions, bringing negative consequences for her and the child. This expression encompasses a series of forms of violence during obstetric care, which include physical, psychological and verbal abuse, as well as unnecessary and harmful procedures. (COELHO, 2020).

Obstetric violence is presented in several categories, including: physical abuse, such as procedures without clinical justification and didactic interventions, vaginal touches, cesarean sections and unnecessary episiotomies, physical mobilization and painful practices without anesthesia, imposition of non-consensual interventions based on partial or distorted information. Some of the cases occur in episiotomies performed without authorization, induction of cesarean section for dubious reasons, such as cord circulation and post-datism, in addition to refusal to accept the birth plan. There is also a process of discrimination based on certain attributes, such as differential treatment based on attributes considered positive, such as being married, adult, white, middle class, depreciating women from other socioeconomic and cultural groups (COELHO, 2020).

According to a study carried out by Barbosa LC et. al, the classification of obstetric violence, entitled "Unfavorable elements for a satisfactory experience of childbirth", is carried out by the misinformation that is found in patient care during prenatal care or delayed access to information regarding the gestational and postpartum phase, due to the increase in childbirth care, and due to difficulties related to the means of locomotion and related situations of the parturient, due to negligence or lack of support on the part of the partner or due to the prohibition of their presence in the place. Thus, due to systematic misinformation, the woman has no control over her condition as a parturient. (BARBOSA, 2018).

Some other situations can influence this present category, such as the system's obligation to submit the parturient to hospital processes of fasting, shaving

and deprivation of walking, for example. This way, the woman's autonomy over herself and her process of physiological recovery from childbirth is withdrawn. The recommendation of parturition is that there is relief from this pain and suffering, making this moment of greater comfort and safety for mother and baby. (BARBOSA, 2018).

## CONCLUSION

The development of this research resulted in a critical analysis of all aspects of obstetric violence, understanding some of the important factors that need to be carried out to improve the quality of care for women.

The importance of scientific production and understanding of obstetric violence is recognized, because to avoid it, it is necessary to remove it from invisibility, better understand why, when and how it occurs, and increase women's awareness of their rights to care, and adequate assistance during the pregnancy cycle and during conception.

Therefore, the resistance of obstetric violence over the years and the appearance of it in different forms at the time of childbirth is admitted, not just physical or sexual violence, but being closely linked to negligence, either by omission of care or by and psychological violence, when health professionals destined for childbirth choose to deny a humanized care to women, through psychological violence that includes screams, threats and humiliation.

The humanization of childbirth, breathing techniques, massage during labor and exercises to strengthen the perineal muscles are some of the techniques that facilitate this process, but they are rarely used in hospital care for the reasons mentioned above. Highlighting the presentations of prevention strategies and coping with cases, floating through academic training, women's awareness, social mobilization and the creation of laws and public policies, with the purpose of guaranteeing them an obstetric support free of violence and grounded in sexual and reproductive rights.

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