

The perception of puerper women from a municipality in the Interior of Tocantins on obstetric violence



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ABSTRACT

Laws in Brazil tend to value the dignity of the human person, which, in the health area, reveals the possibility of studying forms of institutional violence suffered by women, and thus drawing a profile of which practices considered violations of rights occur. In practice. The present study aims to identify the perception of women in the municipality of Dianópolis/TO about obstetric

violence, based on Law 3.385/2018. The present study is characterized by a qualitative-quantitative nature, in a descriptive way, incurring on the formal inductive method, therefore, techniques/criteria were used to guarantee a better interpretation of the material collected through a questionnaire, previously approved by the Ethics Committee. in Research with Human Beings (CEP) of the State University of Tocantins (UNITINS), by CAEE nº 28 34321-1420.7.0000.8023. The survey was completed in the first half of 2021/1, with a sample population of at least 06 and at most 30 postpartum women. The results obtained showed that women in the municipality perceived, in their deliveries, actions/omissions that are characterized as obstetric violence, in addition. Through the analysis of concepts and narratives, the importance of naming the types of violence suffered by women was inferred; when analyzing the perception of women, it was found that most had no knowledge/perception about the term, but presented events that are Violence Obstetric (VO). Finally, it was discovered the need to broadly discuss public prevention policies, strengthening measures to stop this type of violence.

Keywords: Humanized birth, Institutional violence, Protection of women, Violence against women.

1 INTRODUCTION

Currently, legislative reforms seek to favor the dignity of the human person and the tendency is for the human being to be at the center and at the end of the Law (NOBRE JÚNIOR, 2000). There is an understanding that when technological advances and practices in health services are compared with the laws present in the Brazilian legal system, this dignity is not always respected (GOMES; NATIONS; LUZ, 2008).

Among these practices, there is an issue that this study addresses, which is the violation of rights in relation to obstetric violence, which directly interferes with the health of parturient women in the State of Tocantins, more specifically in the city of Dianópolis/TO. The World Health Organization



- WHO (2006) defines health as a state of complete physical, mental and social well-being, and not just the absence of disease or infirmity. In line with the Constitution of the Federative Republic of Brazil of 1988 (CRFB/1988), which advocates as a fundamental right and guarantee: among others, the right to health and maternity protection¹.

According to the WHO (2014), women around the world suffer obstetric violence, which is part of institutional violence exercised by health services, characterized by several violations of the rights of professionals/providers against users.

It is noteworthy that the term obstetric violence was recognized by the WHO in 2014, while in Brazil there was a suggestion to create public policies in relation to obstetric violence through recommendation No. 5 only in May 2019, and only after the interference of the Federal Public Prosecutor's Office - MPF, for the revocation of the SEI/MS - 9087621 order, which presented the official position of the Ministry of Health against the term "obstetric violence", considering that it "does not add value and harms the search for humanized care in the *pregnancy-childbirth-puerperium continuum*" (BRASIL, 2019, n.p.).

Through Law 3,385/2018, the state of Tocantins pointed out the ways to implement information and protection measures for pregnant and parturient women against obstetric violence, which was recently amended on March 20, 2020 by Law 3,674/2020. Therefore, the present study sought to relate the perception of puerperal women with the violation of their rights and to measure how the applicability of this law is integrated into the reality of the health system in the city of Dianópolis/TO.

In the methodological aspect of this study, the first step adopted to reach the results was the bibliographic study, followed by the choice of the data collection tool, choosing the questionnaire that is presented in a qualitative-quantitative approach, while the objective was the inductive-formal method. Because the research was carried out with puerperal women (sample population of at least 6 and at most 30), it was submitted to the CEP of UNITINS by CAAE No. 28 34321-1420.7.0000.8023 and Opinion No. 4,367,491.

With the work, the terms cited in Law 3.385/2015, considered by the WHO as Obstetric Violence (OV) contrasted with the questionnaire of 12 puerperal women, namely: Episiotomy; *Kristeller*; vilification; and trichotomy. When analyzing the women's perception of VO, it was found that 58% of the participants had no knowledge/perception about the term, even so, when analyzing their narratives, evidence was found that their deliveries had actions or omissions characterized by the WHO as OV. Finally, it was discovered the need to broadly discuss public policies to prevent Obstetric Violence, strengthening measures to stop this category of violence.

¹ Article 6. Education, health, food, work, housing, transportation, leisure, security, social security, protection of maternity and childhood, and assistance to the destitute are social rights, in accordance with this Constitution.



2 METHODOLOGICAL FRAMEWORK

The theory that women suffer obstetric violence was the starting point for the identification of the theme under study, as an illustration and understanding of a process experienced by the researcher. Thus, for better identification, the approach chosen was the qualitative-quantitative, this method is a practical path exercised in the projection of reality, because the nature of this research will sometimes give rise to intuition, exploration and subjectivism, sometimes it will serve as a source of objective and mathematical data (DESLANDES; GRANDSON; MINAYO, 1994).

In this sense, as Lakatos and Marconi (2003) explain, the change of things cannot always be explained only quantitatively, because at a certain moment it is possible to change the way the data are presented, requiring a qualitative interpretation of the subject that one wishes to present to the reader.

As an objective, this work relied on the formal inductive method, which translates the result of the enumeration of cases pertinent to a set, of each case in isolation, resulting in the understanding of a collection or complete series, that is, the chosen sample was summed and presented according to its identification group (RUIZ, 2012).

Regarding the procedural form, it was done directly through descriptive research in a case study, because, as explained by Cervo and Bervian (2002, p. 66-67), with this method the researcher can "observe, record, analyze and correlate facts and phenomena (variables) without manipulating them", providing a delineation of the experiences of the analyzed group. Gil (2002) adds that these researches aim to provide greater familiarity with the problem, and its planning can be adjusted several times, and to ensure the most varied aspects of the fact to be studied, it should not fail to rely on the bibliographic survey.

The research used the questionnaire as a collection tool, as it serves to obtain data that cannot be found in records and documentary sources, that is, the testimony of women who lived the experience of childbirth. These data were used to know the facts and opinions of the participants based on their experience, to measure the perception of the puerperal women (CERVO; BERVIAN, 2002).

The bibliographic sources of the questions were directed by Law 3,385 of July 27, 2018, which "provides for the implementation of information and protection measures for pregnant and parturient women against obstetric violence in the State of Tocantins", to describe which measures are considered Obstetric Violence in the State.

To ensure the effectiveness of the use of the questionnaire tool, techniques and criteria were used to ensure better use of the collected material and present its conclusion in this study. The items considered crucial for the organization of the questionnaire, as listed by Oliveira et al. (2019) were: prior planning; sending the questions to an informant or by post; assurance to participants that their data will be confidential and confidential; sending a text or letter explaining the research and its



purpose; making a list of questions and ensuring that there is a sufficient number of participants for the sample.

The research considered the phase of a global pandemic, and due to the declaration of a state of calamity in the entire territory of the State of Tocantins², affected by SarS-CoV-2, new Coronavirus, the necessary sanitary measures were considered for the execution of the research, only the data collection was done in order to avoid physical contact with the puerperal women, The other stages were carried out virtually.

Data collection was carried out in the Basic Health Units (UBS), first contact was made with the Municipal Health Department, which signed a protocol that allowed the research in the UBS of the municipality of Dianópolis/TO, on this occasion the research and the questionnaire were presented.

Because the research intrinsically requires the participation of puerperal women and their perception of their rights, and because it is a research with human beings, it was submitted to the Ethics and Research with Human Beings Committee of the State University of Tocantins, through Opinion No. 4,367,491, obtained by the Committee for approval to carry out the research.

It is understood that research that directly addresses human beings should be avoided during the pandemic period, especially in institutions that are part of the Unified Health System - SUS, however, it is justified that the best research procedures were raised with prior authorization from the director of the municipal health department of the municipality of Dianópolis/TO, following the guidelines of the National Health Council Resolution No. 580 of 2018, Article 5.

The questionnaire, available in the Health Centers/Basic Unit of the municipality of Dianópolis/TO, was answered by the puerperal women themselves, which made it possible to collect data in four units, with women who had childbirth regardless of whether it was performed surgically or naturally, of any age group, sex, color, race and social group, the objective was that at least 06 and a maximum of 30 answers to the questionnaire, a total of 12 were answered, considered satisfactory for the sample, the exclusion criterion was women who had children more than 180 days ago.

3 RESULTS AND DISCUSSION

As mentioned, the intention of the study was to identify the forms of obstetric violence suffered by women in the municipality of Dianópolis/TO, and thus draw a profile of which practices considered by State Law 3.385/2018 of obstetric violence have been carried out with pregnant women in the municipality.

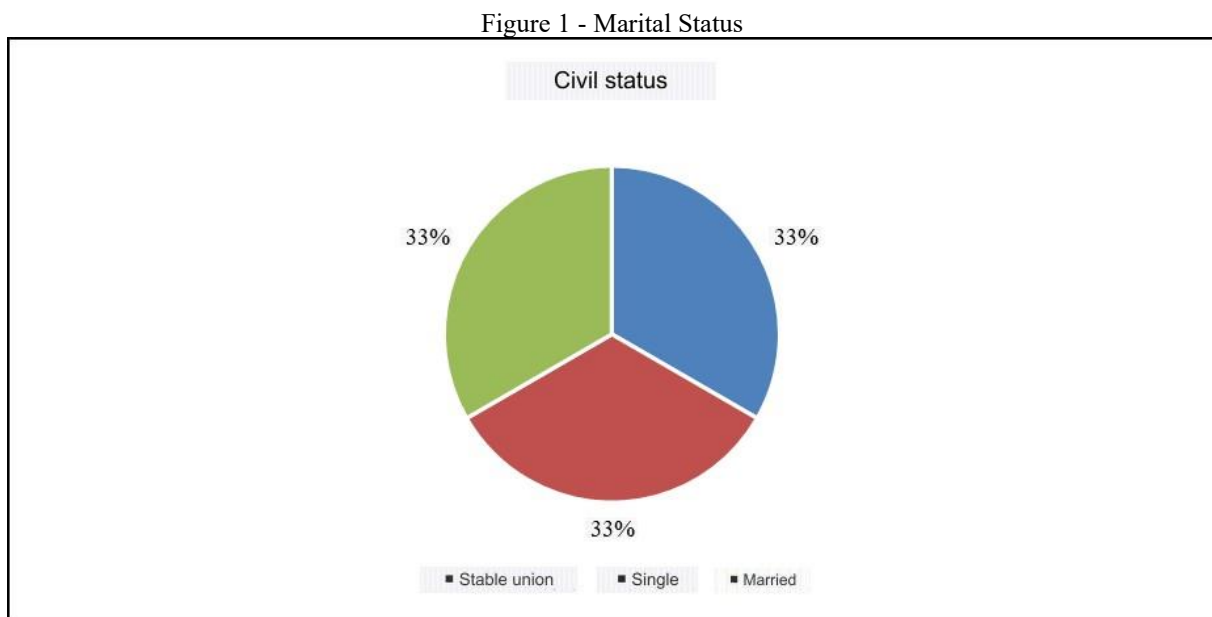
Data collection achieved its objective by adding up to 12 questionnaires answered, which was foreseen in the sample space.

² Decree 6072/2020 established a state of calamity in the state of Tocantins.



It was sought to highlight the perception of the individual in the face of the laws, for this, the results of the research carried out with puerperal women in the municipality of Dianópolis/TO, through the questionnaire, will be presented. Throughout the quantitative presentation, the analyses based on scientific papers considered by the research will be exposed. The questions formulated in the research are presented in ANNEX 01.

Firstly, the characteristics of this group were raised, which could favor the understanding of the perception of women as vulnerable subjects and susceptible to suffer violence. Thus, the marital status of the participants was verified, as shown in Graph 1:



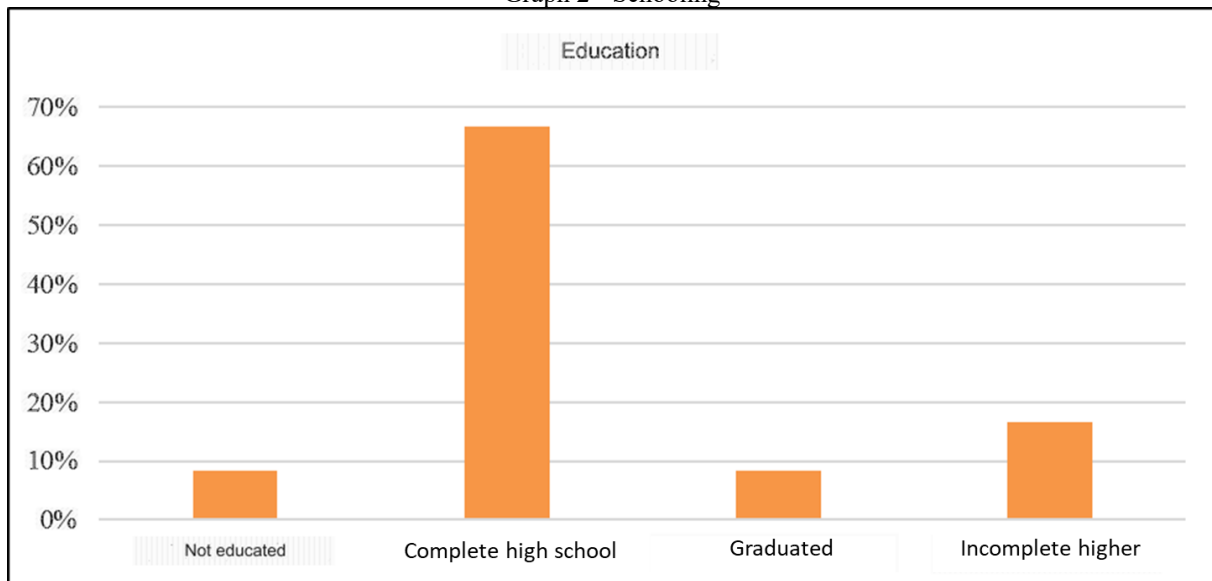
Source: authors, 2021.

The survey showed that the marital status of the women participants was 33% Stable union, single and married. This question served to segment the evaluated audience, as well as the following graphic. Suggestion: put a table with the questions covered by the questionnaire.

The following graph is based on the attempt to analyze the association of schooling due to women's predisposition to be unaware of topics related to violence, in addition, according to Uchôa and Hamermuller (2018), 1 in 4 women in Brazil suffer obstetric violence, including verbal violence, in which the aggressor ridicules the woman for her personal characteristics, as well as schooling. In view of this, graph 2 shows the participants' schooling:



Graph 2 - Schooling

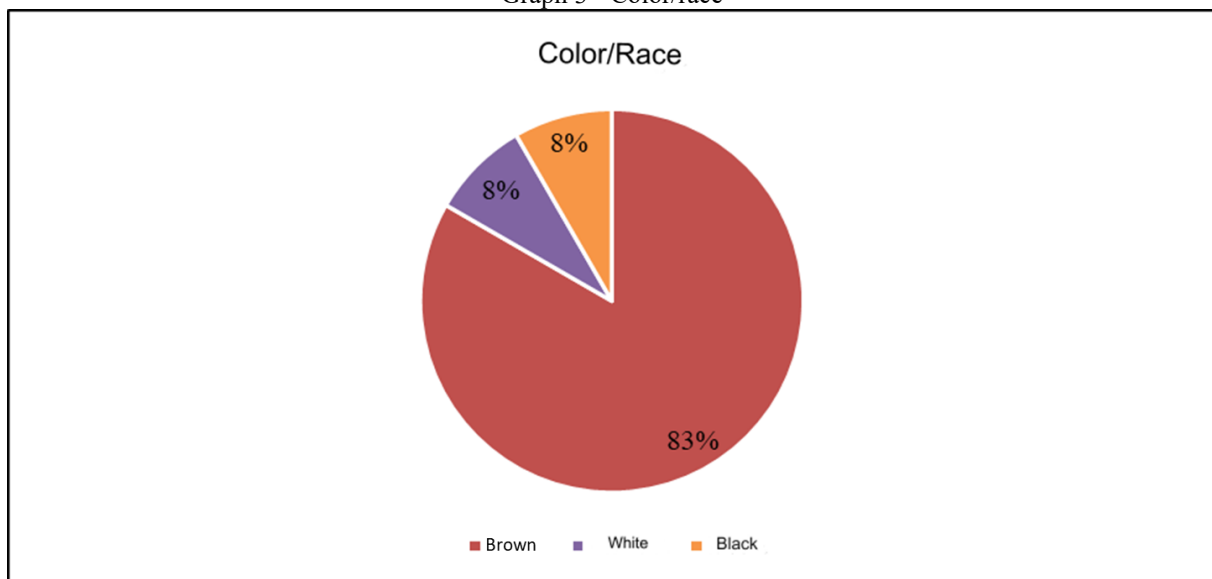


Source: authors, 2021.

Most of the participants had completed high school, followed by women who completed higher education or started and did not complete this stage of education. These findings allow a comparison with other studies used in the same direction. Although, as Lima (2016) points out, the reality of the country is that the largest groups that suffer violence are composed of black women, from extreme poverty and most without schooling, this compromises their access to information.

Another issue to be analyzed by the research is shown in graph 3, in which we sought to unveil the race/color of the participants:

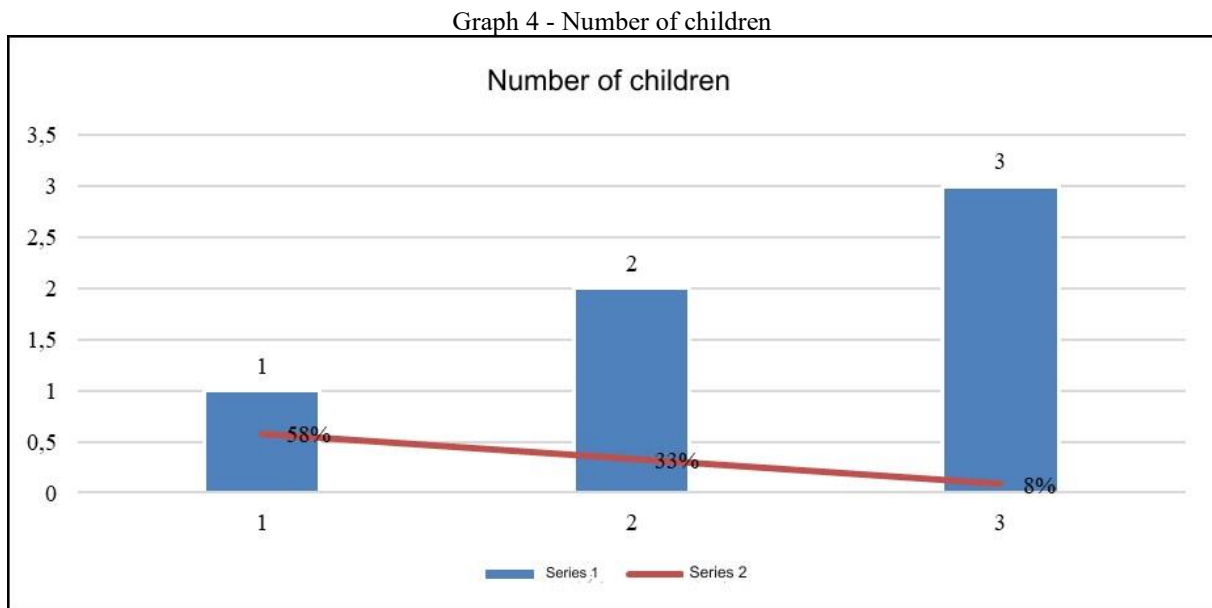
Graph 3 - Color/race



Source: authors, 2021.



In view of the differences that exist in Brazil, it was noticed in the study that most of the participants are classified as brown, representing 83% of the cases analyzed. This interpretation is associated with Graph 4, which shows the number of children:



Source: authors, 2021.

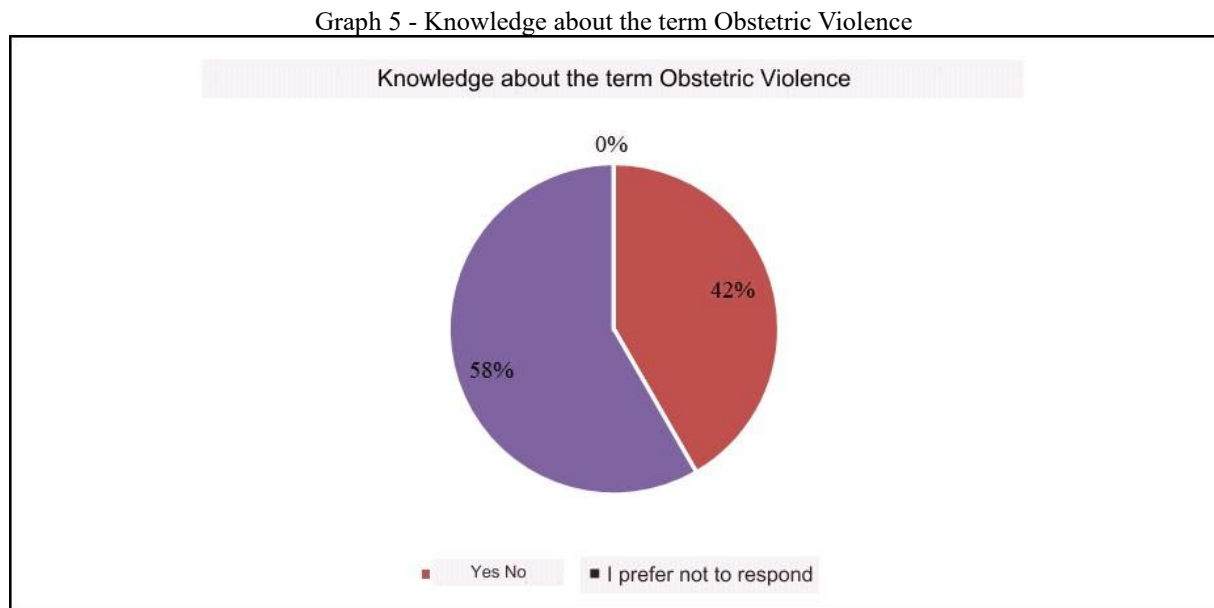
The concentrations of responses were from women who were in their first pregnancy, called "first-time mothers". In addition, it is noteworthy that these mothers were under 18 to 25 years old (58%), those between 26 and 36 years old (42%). Therefore, it can be seen that the average age of puerperal women in the municipality is between 18 and 36 years, so there is a higher occurrence of maternal age among 20-year-old women, most of whom are brown.

Although the research considered as a target audience women who had children, regardless of the mode of delivery (surgical or natural), we sought to identify the form of birth, because, when considering based on this quantity the justification for a procedure having been little performed, for example, having as a hypothesis that most puerperal women answered that they had a cesarean section, The "episiotomy" procedure, done in the vagina, would be little mentioned because it happens in natural births. Thus, through research, it was discovered that 50% of births were vaginal, and consequently the other 50% were surgical. According to data from Datasus³ (most current birth record) in 2019, of the total of 24,151 births, 10,247 were vaginal, 13,901 were by cesarean section, and 3 were not specified (BRASIL, 2021), which denotes that compared to the national average of 42.42% and 57.55% respectively, the research sample is close to the national average.

³ Research carried out at the institutional site/region: north/Tocantins/ Place of occurrence: hospital/ period: 2019.



The question that brought the following answers was crucial to achieve the objective of the research, graph 5 shows the perception of puerperal women in the municipality of Dianópolis/TO, about the term "Obstetric Violence":



Source: authors, 2021.

The graph shows that 58% (7) of the participants did not have knowledge about the term that was the object of research, considering that 42% (5) of the participants knew it. Although knowledge of the term is a primary factor, recognizing the forms of violence that these women experienced characterizes the situations experienced in contrast to Law 3,385 of July 27, 2018.

In Brazil, the term Obstetric Violence was used in documents, laws and recommendations, and it was not possible to measure when this term was incorporated. In a search carried out on the website of the Ministry of Health and the Federal Government, a total of 163 files were found that dealt with the subject, including participants, discussions and reports. The first file to mention the term was in 2014, dealing with the approval of Bill No. 8 of 2013, which sought to amend the Law. N° 8.080/1990, in order to include humanization in the Unified Health System, highlighted the increase in complaints of Obstetric Violence received by the Joint Parliamentary Commission of Inquiry into Violence against Women, received between 2012 and 2013 (BRASIL, 2014).

It is noteworthy that in 2019, through Official Letter 017/19 JUR/SEC, the Ministry of Health (2019, n.p., **emphasis added**) took a position on the use of the term "obstetric violence", in which it published that "The official position of the Ministry of Health is that the term 'obstetric violence' **has an inappropriate connotation, does not add value and harms the search for humanized care** in the *pregnancy-childbirth-puerperium continuum*."



Subsequently, the MPF, through recommendation No. 29/2019, requested clarifications, the action of the Ministry of Health generated notes of repudiation by the Brazilian Bar Association (OAB), National Association of Federal Public Defenders, Federal Council of Medicine, Brazilian Federation of Gynecology and Obstetrics Associations, among others. Therefore, the Ministry rectified the pronouncement and recognized the use of the term and women's rights in the context (NUNES; STEPHEN, 2019).

In the questionnaire applied for the analysis of this research, regarding the treatment received by the team that assisted the woman at the time of delivery and immediate postpartum, 83% (10) parturients answered that they were not treated aggressively, rudely or made her feel embarrassed at any time, 8% (1) did not want to answer and 8% (1) said yes. In the same sense, when asked about having been recriminated for some behavior, 58% (7) answered no, 25% (3) yes and 17% (2) preferred not to answer. When asked about having felt disrespected by a health professional during their delivery, 75% (9) answered no, 17% (2) said yes and 8% (1) chose not to answer. It is inferred, therefore, that regarding the care and hospital team, most of the participants did not go through any situation of embarrassment or disrespect, even so, 1 to 3 participants reported having been poorly attended in some way.

According to Nascimento et al. (2019), unqualified care can generate risks for the mother and the baby, as it prevents a smooth parturition process. It is noteworthy that Law 8.080 of September 19, 1990 recommends forms of humanized care in the Unified Health System, in view of this care policy, the Ministry of Health developed the booklet entitled "Childbirth, abortion and puerperium: humanized assistance to women" determining that:

The quality of care implies an integrated and synergistic effort at all levels of management to offer services that ensure: welcoming, information, counseling, professional competence, appropriate technology available and personal relationships based on respect for dignity and sexual and reproductive rights (BRASIL, 2001, p. 148).

In view of this, the system must welcome the woman, respecting her and ensuring her care without jeopardizing her moment of parturition, as this avoids complications arising from conflicts with the hospital team.

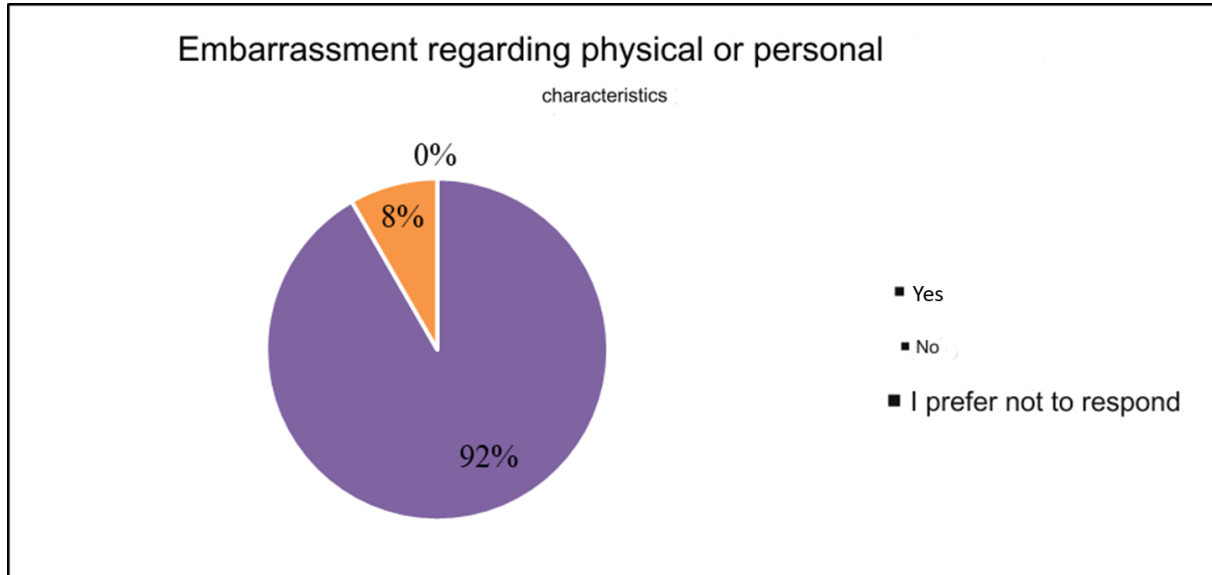
Next, when asked about having been offended at the time of delivery, 92% (11) answered no, and 8% (1) preferred not to answer. It can be seen that there was no violation of humanization recommendations during childbirth.

According to Nascimento et al. (2019, p. 4) "excessive vaginal examination and any other actions or procedures performed without the woman's consent", so women who have these rights violated are suffering obstetric violence.



Graphs 6 and 7 indicate crucial points of State Law 3,385/2018, when dealing with the embarrassment and reduction of women, as illustrated:

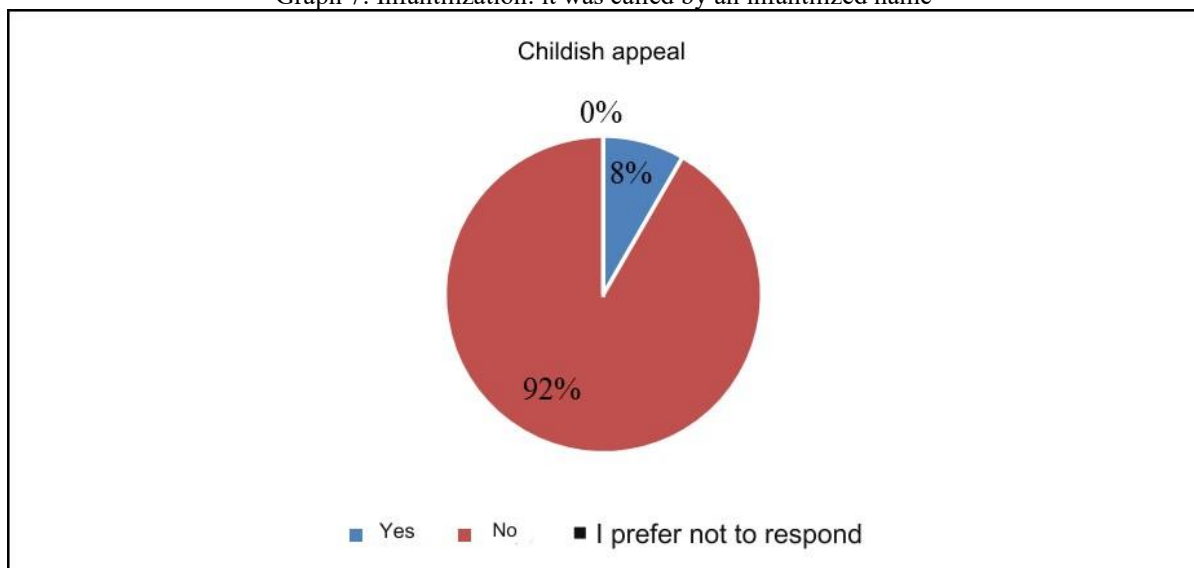
Graph 6 - Constraints: whether there was exposure during childbirth, regarding physical characteristics or personal constraints.



Source: authors, 2021.

It was found that 92% (11) answered that they had not suffered this violence, and 8% (1) had suffered verbal abuse. Article 3 of State Law 3,385/2018 states that: "For the purposes of this Law, the following conducts shall be considered verbal or physical offenses, among others:" among these conducts are "II - recriminating the parturient [...]" due to "[...] characteristic or physical act, such as, for example, obesity, stretch marks, bowel movements and others;", the violation of article 3 of the aforementioned law is perceived.

Graph 7: Infantilization: it was called by an infantilized name



Source: authors, 2021.



The use of the infantilized denomination materializes with the calling by the parturient for "mother" by the team, the author Makita (2019, p. 59) points out the understanding of the use of the term mother in the diminutive as:

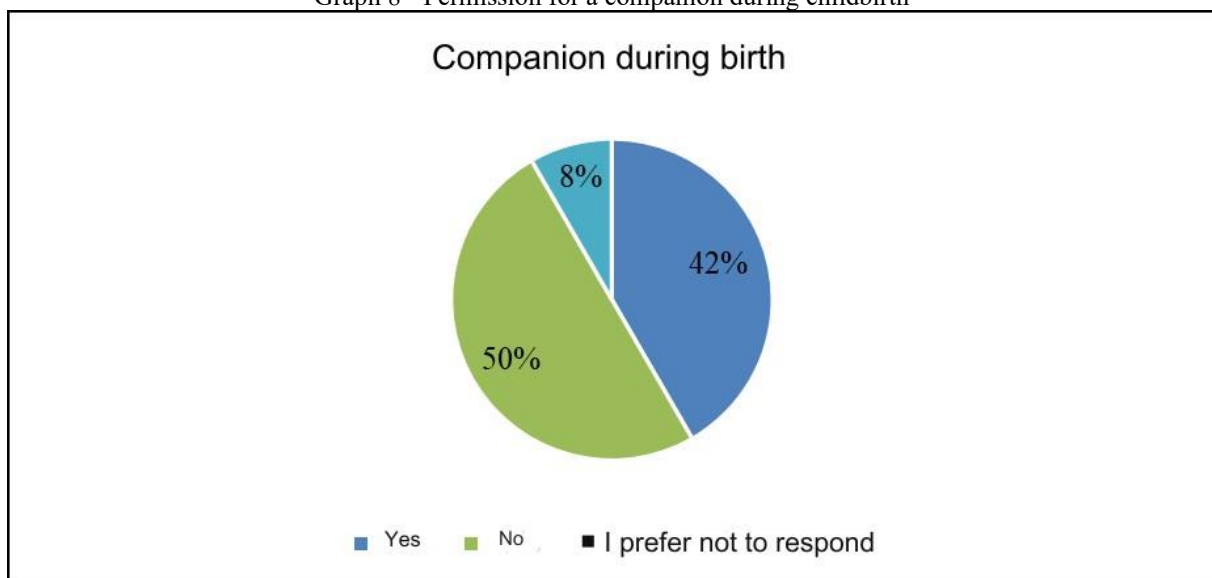
[...] a use of the diminutive that, on the one hand, can be understood as a gesture of affection, but, on the other, as an action that makes the woman's own identity invisible and relegates her to her maternal function, a function that is kept in a less important position before the authority of the educator or the doctor.

Added to this understanding is what article 3 of State Law 3,385/2018 says, which highlights the forms of physical and verbal violence, in its paragraph IV, pointing out that "treating women by childish and diminutive commands and names, with the intention of belittling or offending them;". Therefore, it is important to highlight that the use of the term, as explained, diminishes the woman in her position as protagonist and makes her more susceptible to obey without questioning what is commanded of her.

The next question was about the service, if there was a refusal, answered by 83% (10) that there was no refusal to attend and by 17% (2) did not prefer to answer the question, therefore, there was no violation of article 3, item VII, which considers the conduct improper, as it is a medical emergency.

Further on, the answers outlined in graph 8 allow us to analyze a discussion that has been debated throughout the COVID-19 pandemic, considering what the laws and recommendations in this regard determine.

Graph 8 - Permission for a companion during childbirth



Source: own authors, (2021).



Of the participating participants, 50% (6) did not have follow-up during childbirth, on the other hand, 42% (5) had a companion, this phenomenon can be explained by the dynamics that have been happening in the state throughout the COVID-19 pandemic.

Federal Law 11.108/2005 guarantees women the right to a companion during childbirth and puerperium, however, the implementation of this right has been debated as an institutional policy action due to the resistance of some maternity hospitals, due to the COVID-19 pandemic, the MS, through TECHNICAL NOTE No. 10/2020-COCAM/CGCIVI/DAPES/SAPS/MS, established guidelines for newborn care in the context of the New Coronavirus, which allow the presence of the companion with restrictions on those with symptoms or diagnosed with the virus.

In the state of Tocantins, the State Department of Health - SESAU published, in November 2020, a clarification note, which states:

The State Department of Health (SES) clarifies that the decision not to allow companions in the hospitals of the state hospital network was made by the technicians of the State Department of Health-SES-TO, guided by the State Crisis Office, which weighed several studies, guidelines from the World Health Organization (WHO) and the Ministry of Health, and measures necessary to face this pandemic moment, which is so atypical of global health (TOCANTINS, 2020, n.p., Emphasis added).

In addition, the Department of Health of the State of Tocantins published Circular Memorandum No. 44/2020/SES/SESUP, determining the suspension of companions in the state's hospitals, except by express determination of a doctor.

In view of the recommendation presented, the state's hospitals created their respective internal ordinances that reaffirmed their position. In the city of Dianópolis/TO, Normative Instruction DG/HRD No. 03/2020 of December 16, 2020, determines the suspension of companions, provided that the need is justified by a medical professional, as a protective measure against COVID-19.

The State Public Defender's Office, through the Minority Support Center, filed Public Civil Action No. 00016414-12.2020.8.27.2729/TO, to request that monitoring during childbirth be guaranteed, the provision of Personal Protective Equipment (PPE) and information on use to avoid contamination (ABREU, 2020). In the sentence handed down, the magistrate recognized that there was a violation of the right guaranteed to women, understanding the restriction that was imposed as arbitrary, since the companion of the woman in labor is not a visitor, but a user of the service, thus, she argued as follows:

[...] The exceptional situation caused by Covid-19 justified, when the contested act was issued, the suppression of some individual rights, temporarily, in view of the predominance of the social interests involved. This is because the presence of companions in the hospital, in a context of health crisis, would aggravate the risks of contamination of patients and all health professionals involved in the treatment of patients, being a way of spreading the disease, since the companion would not be hospitalized, having free access to the external and internal environment. However, it is necessary to recognize the change in the de facto situation caused by the pandemic, with numerous flexibilities in the various fields of work and social relations,



in addition to the reduction of cases of contamination, as well as the support of effective sanitary measures to reduce the risk of contamination, including vaccination, which, despite not being an absolute measure, it is another tool to cope with the effects of Covid-19 (TOCANTINS, 2021, p.08).

The magistrate recognized the exceptionality of the moment when the measure was issued, but that, in view of the numerous flexibilities in other public sectors, she did not recognize the support of the thesis. Therefore, it decided to:

I DETERMINE THE STATE OF TOCANTINS 1. present a Resumption Plan with the structural planning and indication of the safety measures and criteria for the admission of the parturient's companion during hospitalization in public and contracted hospitals and maternity hospitals of the public network of Tocantins, within 30 (thirty) days; 2. ensure the acquisition of PPE, supplies and hygiene materials necessary for the implementation of safety measures, enabling the safe presence of the companions of the parturients THE admission during labor and delivery of the companion of the parturient's choice is ADOPTED as a transitory measure, provided that he is asymptomatic and has not had recent contact, in the minimum interval of 14 (fourteen) days, with a person with symptoms of flu-like syndrome or respiratory infection proven by COVID-19, as well as being outside the risk groups for COVID-19, or who presents proof of two doses of the vaccine (TOCANTINS, 2021, p.09).

As a result, Technical Note No. 2/2021 of the Ministry of Health recommended the vaccination of all pregnant and postpartum women up to 45 days postpartum, thus establishing their protection as of that date as a priority group for vaccination.

Soon after, the State Department of Health published on September 29, 2021, the Resumption Plan referred to in the aforementioned sentence, which guides the hospital units under state management, authorizing the admission of companions during labor and delivery, on the other hand, it did not allow a companion after delivery, It was recommended to remove the companion who did not comply with the plan. Relevant excerpts from the recommendation are highlighted below:

[...] Obstetric care, especially in emergencies, should not be postponed to the detriment of testing for COVID-19 [...] The companion must be assured the protection and control measures, guaranteeing the recommended personal protective equipment. [...] The collection of biological material is the responsibility of the municipalities/health units, according to the technical recommendations made available and widely disseminated. [...] it is pertinent to highlight the possibility of using Rapid Tests based on antigen research (COVID-19 Ag Rapid Test Device – nasopharyngeal Abbott)[...] RT-qPCR, the rapid test for antigen detection has the potential for early diagnosis in the course of the disease, unlike serological assays[...] (TOCANTINS, 2021).

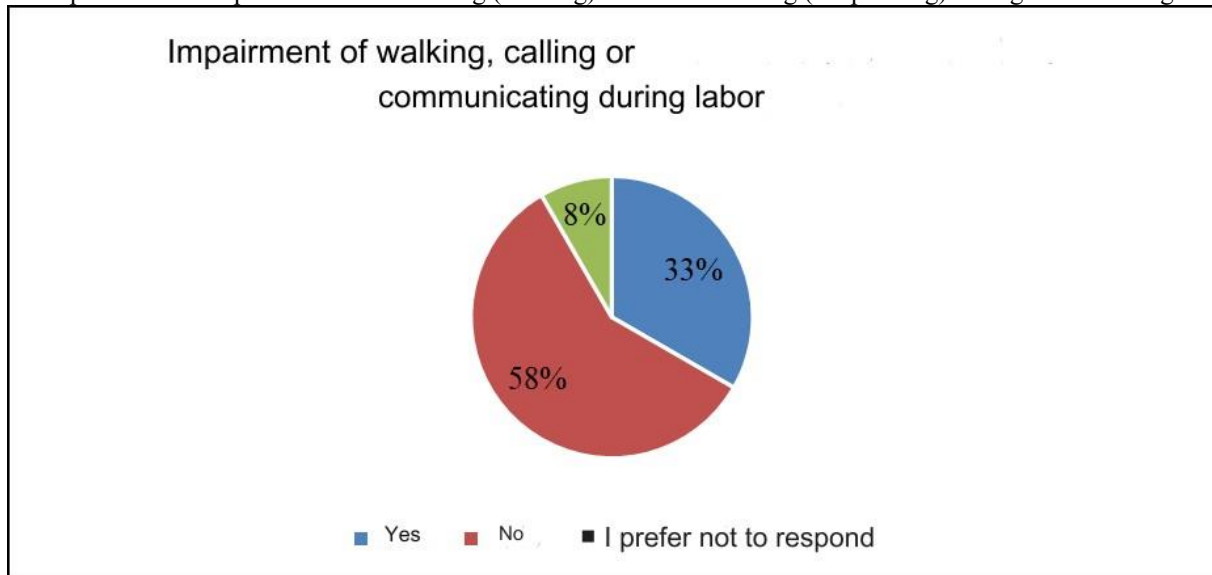
In view of this, knowing that the right to a companion has been discussed since the creation of Federal Law 11.108/2005, in spite of the performance of the State Secretariat of Tocantins, it is a supervisory and enforcement body of the laws, the situation was discussed in court that the arbitrary decision of the Secretariat contravenes the Federal Law, even if in a situation of calamity it was wrong to determine the best conduct, in the face of an exceptional moment. Thus, the judiciary, in the exercise of its institutional function, issued a sentence that imposed measures for the parturient and the companion to remain in the same environment during hospitalization in the hospital unit, which was



complied with by the State Health Department, guaranteeing the resumption plan for the companions through procedures that were pointed out.

Another factor to be evaluated was the impediment to move or communicate during childbirth, as shown in Graph 9:

Graph 9 - She was prevented from moving (walking) or communicating (telephoning) during the labor stage.



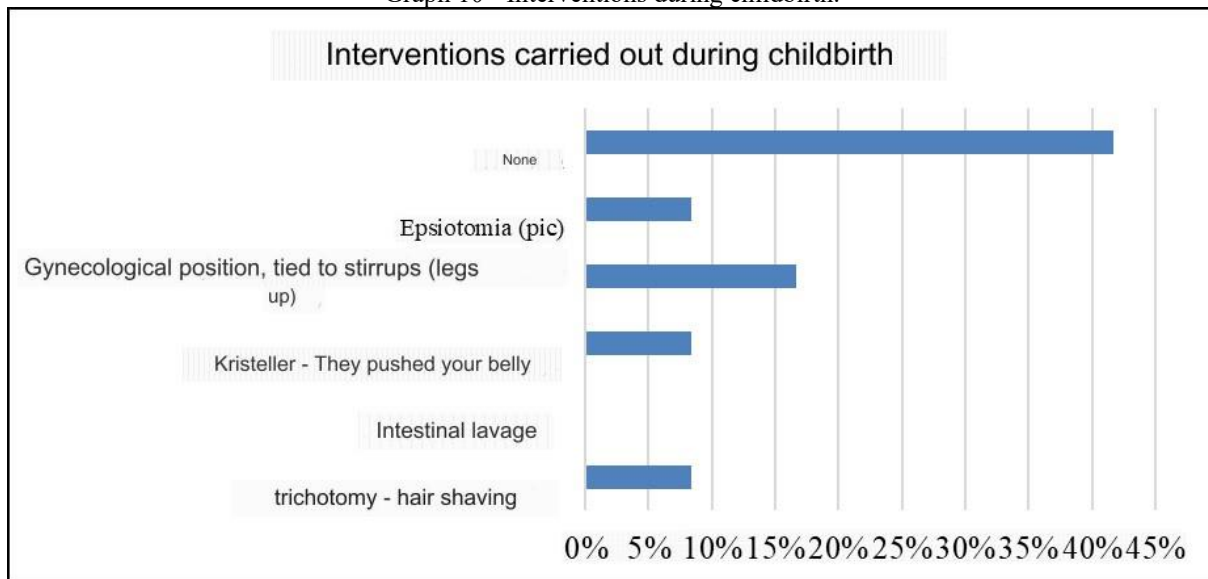
Source: authors, 2021.

According to the Dossier "You will give birth in pain" the "[...] prohibition of the woman's movement, trichotomy (shaving of hair), *Kristeller*, routine use of oxytocin, elective cesarean section without clinical indication, non-use of analgesia when technically indicated [...]" characterize obstetric violence of a physical nature. State Law 3,385/2018 points out as a violation of the right the refusal of movement and communication of the woman with her family members or companion. It was raised, through the questionnaire, that of the women assisted in labor (58%) (7) were not prevented from walking or communicating, although these other 33% (4) answered that they were prevented, thus, it is highlighted that there was a violation of the right of locomotion and communication of part of the participating parturients.

Through the questionnaires, the interventions performed during labor were addressed, which are shown in Graph 10:



Graph 10 - Interventions during childbirth.



Source: authors, 2021.

Of the interventions presented, most of the pregnant women reported not having undergone any of them, these are 42% (5) of the participants, despite this, there was a considerable incidence in women who reported having been placed in a gynecological position, which consists of being tied to stapes in the supine position, adding up to 17% (2), this position "[...] impairs the dynamics of childbirth and impairs the baby's oxygenation" (BRASIL, 2012, p.103). RDC 36/2008 of the National Health Surveillance Agency (ANVISA) determines that women should be free to position themselves and move as they wish during labor, as long as there are no clinical impediments.

Another intervention that was pointed out by the participants was the trichotomy, which consists of shaving the hair, totaled 8% (1), these procedures, like the others presented, are listed in State Law 3.385/2018 as obstetric violence.

The episiotomy known as "pic" appears in 8% (1) of the answers, considered a necessary procedure in rare cases, and each case must be evaluated individually, the problem lies in its routine use in natural births, even the consent of the parturient is required, it can be considered in these cases as genital mutilation. Consisting of "surgery performed on the vulva, cutting the entrance to the vagina with scissors or scalpel, sometimes without anesthesia", it is the only surgery performed, most of the time without the consent or knowledge of the risks by the patient, it is estimated that 94% of natural births in Brazil have been performed episiotomy, it is reported that, in addition, when suturing, some doctors performed the "husband's stitch", which makes the vagina tighter for male pleasure, which can cause pain and infections in the woman, thus it is a violation of sexual and reproductive rights (BRASIL, 2012, p.85).

In addition to these, the maneuver called *Kristeller* in which the physician pushes the woman's belly towards the pelvic region corresponded to 8% (1) of the responses. "This procedure, in addition

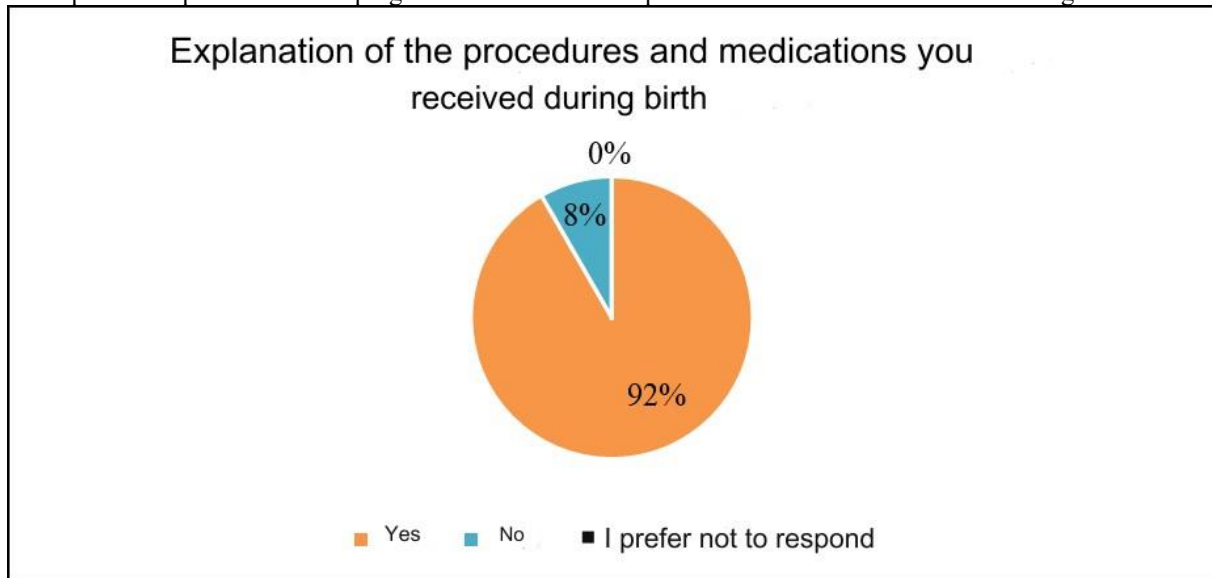


to all the damages already presented, constituting obstetric violence of a physical and psychological nature, contradicts the indications of ANVISA's RDC 36/2008" (BRASIL, 2012, p. 106).

In addition to the interventions presented, listed based on State Law 3,385/2018, the procedure of intestinal lavage, a type of physical violence, was not reported by the participants.

Graph 11 shows the existence/absence of an important right for care in the SUS, which is the right to information:

Graph 11 - Explanation to the pregnant woman about the procedures and medications used during childbirth.

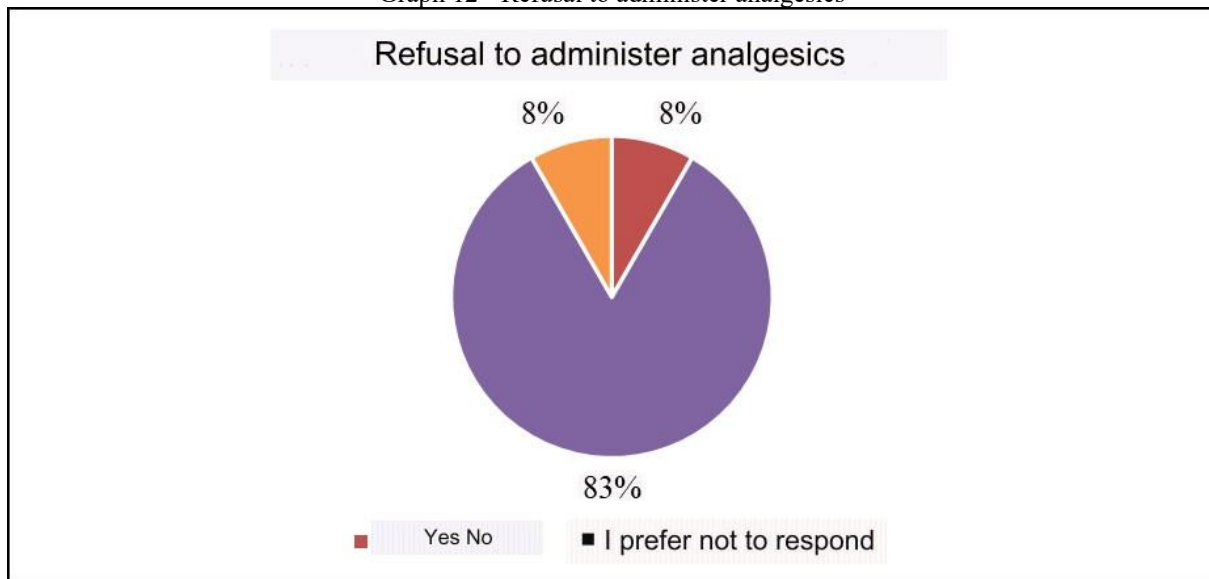


Source: authors, 2021.

When asked if they received any explanation about the procedures and medications they received during childbirth, the majority of the puerperal women answered yes, 92% (11) yes and 8% (1) no, thus verifying the majority as informed. Psychological violence against women is characterized as the omission of information and/or the use of technical terms that women do not understand (BRASIL, 2012). Graph 12 investigated the existence of refusal to administer analgesia during labor:



Graph 12 - Refusal to administer analgesics



Source: authors, 2021.

Of the participants, 83% (10) answered that they had not been refused the administration of analgesics, on the other hand, 8% (1) said yes. The so-called analgesia is a woman's right, according to article 3, V, of Ordinance No. 1,820, of August 13, 2009: "access to anesthesia in all situations in which it is indicated, as well as medications and procedures that can relieve pain and suffering" (BRASIL, 2009, p.02).

Another item evaluated was whether the mothers had skin-to-skin contact with the newborns, the practice recommended by the WHO is to place the baby close to the mother in the first hours after delivery, with this, it was found that 83% (10) answered yes, 8% (1) answered no, or did not want to answer. In the resumption plan pointed out above regarding the right to a companion, it is dedicated to explaining that there is no recommendation to suspend this practice even in times of pandemic in asymptomatic parturients, and that it could be avoided in the case of a parturient with symptoms of COVID-19, allowing the mother to have only ocular contact with the child (Portal IFF/FIOCRUZ, Brazilian Society of Pediatrics, 2020, apud, TOCANTINS, 2021).

When asked about having been discriminated against because of their physical or ethnic conditions, race, color or personal characteristics, 92% (11) answered no, and of these, 8% (1) said yes. In addition to the CRFB/88, which defines the crime of racism as a penalty of imprisonment, Law 7.716/1989 defines the loss of office or job for public servants who commit racism, in addition, the Penal Code (1940) punishes cases of racial injury.

Through the graphs analyzed, it can be seen that the women participants suffered more interventions, and through their perceptions it was possible to perceive that they suffered obstetric violence.



4 FINAL THOUGHTS

Throughout the study, it was noticed how important legislative and institutional discussions on Obstetric Violence are for the protection of women's Human Dignity. In view of the technological advances present in the health area, discussing humanization becomes essential to ensure that rights are not violated to the detriment of the routine use of procedures and hospital care. Knowing that women suffer violence within institutions, it is up to the government to ensure measures aimed at protecting vulnerable people, in this case, women in childbirth and postpartum.

Thus, the creation of Law 3,385/2018 became a milestone in the protection of pregnant women in the state of Tocantins, by pointing out ways to implement information and protection measures for pregnant women, even with pre-existing rules at the federal level.

On the other hand, in view of the recent discussions in 2019, in which the Ministry of Health issued a note, inferring the abolition of the term Obstetric Violence, as it is inadequate, the fragility in the protection of these rights and in the discussion by federal agencies is identified, which only after the intervention of the MPF rectified Official Letter No. 017/19 – JUR/SEC, thus, It emphasizes the importance of the protection of these rights by the organs of the three powers.

When analyzing the perception of puerperal women about the term Obstetric Violence, it was found that 58% of the participating women were not aware of what it was about, and in view of the violence that is presented by Law 3,385/2018, 50% answered that they did not have their companions at the time of the birth of their children. It is inferred, therefore, that women who do not recognize the violence they suffer, being unaccompanied, are unprotected in a moment of physical and mental vulnerability, thus being susceptible to any other type of violence.

Even so, it is important to highlight that most of the women participants did not suffer obstetric violence. This may indicate, at least in Dianópolis, that health professionals are increasingly trained and aware of women's rights in relation to humanized childbirth. Thus, the Brazilian State, in the light of the debate that has been held internationally, has advanced in the field of positivization and has been investing in the qualification of professionals, but it is still deficient in the dissemination of the normative framework to the population, especially attention to women.

As a suggestion, we present actions such as educational campaigns, with simple language and accessible to all. It is also suggested the production of booklets, videos, conversation circles in health centers, schools, universities, councils for the defense of rights, unions, residents' associations, among others. Considering the pandemic moment that prevents face-to-face agglomeration, it is necessary to invest in new technologies available to disseminate this information, such as *Google Meet*⁴, for meetings, or the creation of applications, accessible to cell phones, that deal with humanized childbirth.

⁴ Digital platform for online meetings, developed by the company Google.



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