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OBSTETRIC VIOLENCE IN BRAZIL: AN INTEGRATED CASE STUDY

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ABSTRACT: *Violence against women is one of the most controversial and debated issues in Brazil. However, Obstetric Violence, an issue addressed and amplified in the present study, remains little discussed, even though its severity is alarming. The Federal Public Prosecutor's Office points out that one out of every four women has already been the victim of some type of Obstetric Violence. In addition to maltreatment, physical or verbal coercion, the indiscriminate and abusive practice of cesareans, discussed here, is considered as Obstetric Violence. This is a worrying situation as it directly affects the rate of maternal mortality. With regard to Césarean interventions, the WHO states that they are only recommended when there is medical justification and that the ideal rate is 15% of the total number of deliveries. In Brazil it exceeds 80%. The case presents the induction of a hearing-impaired parturient to the cesarean without being informed about the procedures, yet, they did not protect her right to the interpreter and the presence of companion, among other violations, configuring a case of Obstetric Violence. The conclusion is that there are numerous laws that promote the right to dignity, but without their full compliance. The lack of data collection and control on the subject hinders the creation and adoption of effective national programs. It recommends the adoption of positive actions in order to eradicate and prevent Obstetric violence and consequent guarantee of the inalienable rights of women and children, such as the creation of the transparency portal against obstetric violence. It also presents recommendations for future research.*

KEYWORDS: Psychological Instruments, Psychometrics

INTRODUCTION

The present research investigated the case study on the topic of Obstetric Violence. It aims to discuss, integrate and expand the debate on the Right to dignity and Women's Rights. The unit of analysis of the single case (Yin, 1988) refers to the birth occurred in the city of Goiânia, on June 26, 2012, with the parturient hereafter named Gisele (identity preserved), which sets the case.

According to Brazilian State Law 19,790, dated July 24, 2017, Article 2, obstetric violence is defined as acts practiced by the doctor, hospital staff, doulas[1], family member or companion that offends, in a verbal or physical manner, pregnant women, in labor, or even in the puerperal state. Still, the routine practice of interventions without support in scientific evidence, make the pregnant or parturient believe that it requires cesarean section when it is not necessary, using imaginary or hypothetical risks not proven and without the proper explanation of the risks that reach it and the baby is also considered violence, (Goiás, 2017).

[1] a person, usually a woman, who is not medically trained but who gives help and support to a woman during pregnancy and during and after the birth of her baby

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Caesarean section is associated with higher rates of maternal mortality, approximately four to five times greater than normal delivery, (Amorim, Porto, Souza, 2010). women undergoing caesarean section are five times more likely to contract a puerperal infection; not counting the higher probability of preterm birth (MDG, 2015).

Brazil has made an international commitment to improve maternal health, especially reducing maternal mortality by ¾ from 1999 to 2015. The goal was to reduce maternal mortality to 35 deaths per 100,000 live births, which was not achieved, Brazil reached 64. The justification was the indiscriminate accomplishment of cesarean sections, which involves unnecessary risks for both mother and child, as well as additional costs for the health system. (MDG, 2015).

METHODOLOGY

The present single case study combines multiple qualitative methods, such as: (a) bibliographic research, (b) direct participation and observation by one of the authors, (c) a unique descriptive case study (Yin, 1988) qualitative interview. The case has a unit of analysis, the case of cesarean delivery involving obstetric aggression to a hearing impaired (Yin, 1988). The primary data were collected through a semi-structured interview, based on Goffman's (1959, 1961) dramaturgical theory. N = 2 interviewees were invited via e-mail and face-to-face contact with 100% response rate. Therefore, two qualitative interviews were conducted through questionnaires. The primary data were collected by means of mobile video recording, adding field notes. All respondents answered one hundred percent of the four questions posed, plus any additional questions raised during the interview. All the interviews were carried out respecting the native language, that is, Brazilian Portuguese. The citation was formally allowed. The data collected were transcribed and coded by means of descriptive and in vivo coding to "honor the voice of the participant" (Saldaña, 2013, p.91). The primary data were then analyzed using text analysis. Secondary data were investigated through archival research based on data available from government agencies in the specific sector. The research is limited to obstetric violence, one of many violence against women and consequent violation of human rights.

Maternal Mortality: C-Sections

The ratio of maternal mortality is largely related to direct obstetric causes resulting from complications arising during pregnancy, childbirth or the puerperium; arising from interventions, omissions, incorrect treatment or events associated with any of these factors. See, that said causes are directly linked to the behaviors that are considered as obstetric violence (MDG, 2015).

It should be noted that gender violence is considered a public health problem, which is why, it has been subject to compulsory notification since 2004 (Brasil, 2003).

Caesarean section (C-section) is associated with higher rates of maternal mortality, approximately four to five times greater than normal delivery. Women undergoing cesarean sections are five times more likely to contract a puerperal infection; not counting the higher probability of premature birth.

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Rights of the mother and the baby to adequate care at the time of delivery, in theory, has been guaranteed for years in Brazil. In the 1980s, the nation adhered to the recommendations of Appropriate Technologies for Birth (WHO, 1985), the result of the Brazilian dialogue with the Pan American Health Organization and the World Health Organization at a meeting held in the city of Fortaleza - CE in the year 1985, (Costa, 2015). This was reinforced by the promulgation of the Convention on the Rights of the Child, which recognized the right of the child to the best possible standard of health and explicitly bound the State's obligation to take appropriate measures to reduce child mortality and ensure adequate prenatal and postnatal care (Brasil, 1990).

The Brazilian saga to make this assistance possible was reinforced by the international commitment made in conjunction with 147 Heads of State and Government and 191 countries, the United Nations Millennium Declaration, adopted at the Millennium Summit, which was held from 6 to 8 September 2000, at New York City (United Nations, 2000).

The global pact gave rise to the eight millennium development goals, among them, the goal of improving maternal health, which includes reducing mortality, (Brasil, 2015).

In order to safeguard decent birth rights, which are broader than just guaranteeing life, the Ministry of Health implemented the Humanization of Childbirth Program in 2002 through Ordinance No. 569 of June 1, 2000 (Brasil, 2002).

This program prioritized the needs of specific attention to the pregnant woman, the newborn and the mother in the postpartum period through a humanized assistance, comprising at least two fundamental aspects (Brasil, 2002):

> The first concerns the conviction that it is the duty of the health units to receive with dignity the woman, her relatives and the newborn. This requires ethical and supportive attitude on the part of health professionals and the organization of the institution in order to create a welcoming environment and to establish hospital routines that break with the traditional isolation imposed on women. The other refers to the adoption of measures and procedures known to be beneficial for the follow-up of childbirth and birth, avoiding unnecessary interventionist practices, which, although traditionally carried out, do not benefit the woman or the newborn, and often entail greater risks for both (p.5).

In the following years there was a massification of legislation aimed at attending childbirth. The decree 1.067 / 2005 established the National Policy for Obstetric and Neonatal Care, aimed at guaranteeing women the right to access to decent and quality care during pregnancy, childbirth and the puerperium.

Obstetric Violence and Brazilian Laws

In the same year, Law 11.108 / 2005 was enacted, which contemplated the right to the presence of a companion during labor, delivery and immediate postpartum, under the Unified Health System - SUS, (Brasil, 2005). In the same year, the rights guaranteed by the law of the companion were more protected with Anvisa's resolution nº 36/2008, which in addition to sanitary penalties, covered the application of the right to accompany the pregnant woman, as well as in the private care network to health, (ANVISA, 2008).

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In 2011, the Stork Network was created, a strategy of the Ministry of Health that aims to implement humanized neonatal care, pregnancy, childbirth and the puerperium, (Ministério da Saúde, 2011). In 2014, Ordinance No. 371 of 2014 of the Ministry of Health established guidelines for the organization of comprehensive and humanized care for the newborn (RN) in the Unified Health System (SUS) (Brasil, 2014).

Law No. 13,257, of 2016, brought a new wording to article 8 of the Statute of the Child and Adolescent, improving the rights of the pregnant woman, which especially included paragraph 8, which expressly guaranteed the right to healthy follow-up throughout the gestation and careful natural delivery, establishing the application of cesarean section and other surgical interventions for medical reasons, (Brasil, 1990). Subsequently, Order No. 353 of 2017 approved the National Guidelines for Assistance to Normal Birth, (Brasil, 2017).

Background

Despite the visible national effort to improve obstetric and neonatal care, there was no satisfactory success. In the face of this, a social movement began to take place to open the reality of birth in Brazil. In 2012, the Parto do Princípio Network, made up of popular women in network for active motherhood, prepared a dossier called "Pariras com dor" for the Joint Parliamentary Commission on Violence against Women of the Federal Senate, mentioned that the following phrases are repeatedly directed at women at the time of delivery: *When you were doing it, you were not screaming like that, right? Do not cry no, because next year you're here again. If you continue with this freshness, I will not answer you. When you do, you like it, right? Shut up! Be quiet, otherwise I'll punch you all.* (Rede Parto do Princípio, 2012, p.2).

In addition to the verbal violence suffered during childbirth care, physical aggression, psychological torture, racial decriminalization, among others (Parto do Princípio network, 2012) occur. In the year of 2013 the Brazilian Women and Gender Survey was published in the public and private spaces of the Perseu Abramo Foundation in partnership with SESC, which found that 25% of women who had children through normal delivery in the public and private network suffered some violence in childbirth care. A relevant fact that demonstrates the need to promote the effective protection of women and the eradication of such violence. It should be mentioned that 53% of women interviewed who assumed they had abortion when they went through a medical examination suffered violence in their medical care, 34% of whom were asked if they had killed the baby and treated the baby. 22% of the women were not informed about the procedure they were going to do, 17% were accused of having committed a crime and that they would be reported, 16% had a long wait for care, 14% were hospitalized without any 5% of the cases were exposed to the mortal remains of the fetus and then accused of having mowed down a life (SESC, 2013).

Previously aware of this reality, the Ministry of Health presented the Technical Norm of Humanized Attention to Abortion that promotes a therapeutic attitude, a non-judgmental and welcoming behavior (Brazil, 2011). It is widely known that health professionals are prohibited from blaming, breaching secrecy, threatening and accusing the patient, and it is the duty of the health care team to provide care, promote health, and save lives.

The ducts listed are unethical and of an inquisitive nature, attain a moral punishment, which can lead to the death of the patient. The Federal Constitution guarantees due process of law and does not allow the death penalty in these cases, (Brazil, 1988). Therefore, these behaviors

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can not be tolerated by health professionals, who undergo a moral judgment in which the penalty can be paid with their life.

It is worth mentioning that 80% of the women who reported not having suffered any violence had education up to the 4th grade, which raises questions about the level of understanding of these women about what is obstetric violence. This fact demonstrates the need to disseminate information about the subject as an educational means to achieve the full exercise of their rights as a patient, as well as to empower women.

It should be noted that the dossier "Parirás com dor", which was drafted for the Joint Parliamentary Commission of Inquiry on violence against women, is being used as a justification for establishing state policies to combat obstetric violence, such as state law of Santa Catarina n º 17.097 / 2017 and state law of Goiás nº 19.790 / 2017.

Although Brazil has many existing laws, guidelines and regulations that ensure women dignity during obstetric and neonatal care. Unfortunately, the need to declare, the obvious, what constitutes obstetric violence is extracted from these state legislations.

Obstetric violence is considered to be any act practiced by the doctor, hospital staff, doulas, by a relative or companion who offends, in a verbal or physical way, pregnant women, in labor or even in the puerperal state, such such as: (i) treating aggressively, empathically, coarsely, ironic or in any other way that makes her feel bad about the treatment received; II) ironize or recriminate for any behavior, such as screaming, crying, being afraid, shame or doubts; III) ironize or recriminate for any characteristic or physical condition, such as obesity, striae or evacuation; IV) not listen to the complaints and doubts of the hospitalized patient and in labor; V) treat the woman in an inferior way, giving him infantile and diminutive commands and names, considering her as incapable; VI) to make the pregnant or parturient believe that she needs cesarean section when this is not necessary, using imaginary or hypothetical risks that are not proven and without the correct explanation of the risks that reach her and the baby; VII) refuse birth attendance; VIII) to promote the transfer of the pregnant or parturient without the analysis and previous confirmation of existence of a vacancy and guarantee of care, as well as sufficient time for it to arrive at the place; IX) prevent the woman from being accompanied by someone of her preference during all labor; X) to prevent a woman from communicating with the "outside world", taking her freedom to call, use a cell phone, talk with family members or her companion, unless there is a medical recommendation; XI) subjecting women to painful, unnecessary or humiliating procedures when they are not strictly necessary, such as intestinal lavage, scraping pubic hair, gynecological position with open doors or touch examination by more than one professional; XII) to perform an episiotomy when this is not really necessary; XIII) keep prisoners in handcuffs in labor; XIV) to do any procedure without prior permission or not to explain, in simple words, the necessity of what is being offered or recommended; XV) after labor, delay unreasonably to accommodate the woman in the room; XVI) submit the woman and / or baby to procedures performed exclusively to train students; XVII) to withdraw from the woman after childbirth the right to have the baby by her side in the Joint Accommodation and to breastfeed on demand, unless one or both of them require special care; XVIII) does not inform the woman, with more than twenty-five (25) years or more than two (2) children about her right to perform fallopian ligation for free in public hospitals and contracted to the Unified Health System (SUS); XIX) to treat the father of the baby as a visit and to block his access to accompany the woman and the baby at any time of the day.

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Federal Initiatives to Prevent Violence Obstetrics

The Fifth Millennium Development Goals Report emphasized that the ratio of maternal mortality is largely related to direct obstetric causes resulting from complications arising during pregnancy, childbirth or the puerperium; due to interventions, omissions, incorrect treatment or events associated with any of these factors, (MDG, 2015). See, that said causes are directly linked to the behaviors that are considered as obstetric violence.

Brazil has adopted the Inter-American Convention to Prevent and Eradicate Violence against Women, which, in its article 7, elects the State to act with care to prevent, investigate and punish violence against women, to take all appropriate measures, including legislation, to change legal or customary practices that support the persistence and tolerance of violence against women, and to adopt legal measures that require the perpetrator to refrain from intimidating, threatening or using any method that damages or endangers his or her life or integrity, (Brazil, 1994).

It should be noted that violations of these State duties are subject to denunciations, in which case Brazil may be tried before the Inter-American Commission on Human Rights, in accordance with Article 12 of the Convention of Belém do Pará (Brazil, 1994).

Gender violence is considered a public health problem. Thus, in order to validate the international commitment in defense of women, as of 2004, physical, sexual and psychological violence against women in situations of abortion, pregnant, parturient or puerpera who have occurred in health establishments health should be subject to compulsory notification, as interpreted by paragraph 1 and item II of paragraph 2 of article 1 of Law No. 10778/2003, (Brazil, 2003). It occurs that, there is no data available in the federal government portals regarding these compulsory notifications of in recent years in the State of Goiás.

Among the behaviors considered as obstetric violence, it includes making the pregnant or parturient believe that she needs a cesarean section when it is not necessary, using imaginary or hypothetical risks that are not proven and without the correct explanation of the risks that reach her and the baby, (Goiás, 2017). For the World Health Organization, cesarean surgery is effective to save lives of mothers and babies. However, it is an intervention that must be performed by medical indication. In this sense, indicated that the ideal rate of cesarean for a country is up to 15%, (WHO, 2015). Cesarean section surgery is associated with higher rates of maternal mortality, approximately four to five times greater than vaginal delivery, (Amorim, Porto, Souza, 2010).

The Fifth Millennium Development Goals Report mentions that women undergoing cesarean deliveries are five times more likely to contract a puerperal infection (data from 2000-2011); not counting the higher probability of preterm birth (MDG, 2015).

It is noteworthy that the so-called 5th objective refers to the commitment to reduce maternal mortality by ¾ from 1999 to 2015. The goal was to reduce maternal mortality by up to 35 deaths per 100,000 live births, which was not achieved, Brazil reached 64, (Brazil, 2015).

The large number of cesarean sections makes it difficult to reduce maternal mortality, which represents a major challenge for health policy. This is because, according to the report, the indiscriminate fulfillment of cesarean sections involves unnecessary risks for both the mother and the child, as well as additional costs for the health system.

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Remarkable is the scope of supplementary health, Brazil reached more than 80% of cesarean deliveries, as stated by the parquet in the installation of representation nº1.34.001.004458 / 2006.98. Reason why the Federal Public Prosecutor's Office filed a Public Civil Action before the Federal Court, in the judicial section of the State of São Paulo, against the National Supplementary Health Agency, no. 0017488-30.2010.4.03.6100, for judicial intervention to occur. reduction of cesarean sections, among other adjustments. The ruling upheld MPF / SP's request. Before the decision-making process, in 2015, ANS complied with this need and published Resolution No. 368/2015, which established norms to stimulate normal delivery and the consequent reduction of unnecessary caesarean sections (Justiça Federal, 2015).

The survey Born in Brazil, opened up all this history. Many women who choose to have normal birth experience difficulties in fulfilling their wishes (Lansk, 2014), which supports the need for integrations of obstetric and neonatal care policies to promote clear and assertive information, the justification for cesarean section referral responsible professional and the informed consent term.

Analysis

Unfortunately, the conduct of induction to the cesarean section without taking into consideration the will of the woman is present in the State of Goiás. Example of this, we have the Municipality of Trindade-GO that births occur almost in 100% through cesarean surgery previously scheduled. As proof of the response of the Municipal Health Department, Mrs. Gercilene Ferreira to letter no. 165/2018 issued by the 2nd Prosecutor's Office of Trindade-GO, (Ministério Público, 2018), which stated that:

> At the moment the municipality of Trindade has no maternity, and HUTRIN (Trindade Emergency Hospital), now under the responsibility of the State Department of Health, is the only establishment that carries out deliveries in the municipality, but due to lack of structure, emergency and scheduled deliveries (cesarean section and once a week). Sic

The said municipality treats cesarean surgery as a medical routine, which damages the dignity of the human person and the patient's right to consent described in article 15 of the Civil Code: "No one can be constrained to submit, at risk of life , to medical treatment or to surgical intervention. "(Brasil, 2002)

It is noted that the Hospital de Urgência de Trindade has obstetric and neonatal services, but it does not respect the right of choice of the patient and much less conforms to the guidelines of the Ministry of Health and the national policies of obstetric care and humanized delivery.

The example cited above is public knowledge, but it is not an isolated case, as evidenced by the high rates of birth through cesarean surgery, according to the data published annually on the website of the National Agency of Supplementary Health, (ANS, 2018).

It should be noted that the majority of women who are submitted to an imposed intervention are not even aware of the harm and risks of the procedure, which directly contaminates the possibility of obtaining informed consent, since one can not consent without vices about something which he does not know.

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In the conduct listed as violence, there are infractions of medical obligations, such as the absence of a free and informed consent term. It should be noted that articles 22 and 24 of the Code of Medical Ethics guarantee the patient the right to information, as well as the full exercise of freely deciding about her person or her well-being (CFM, 2009).

In this sense, the World Health Organization considers that, even when medical intervention is necessary to perform the delivery, pregnant women need to be included in the decision-making about the care they should receive, as recommended by WHO to establish global standards of care. care for healthy pregnant women and reduce unnecessary medical interventions, (WHO, 2018).

DISCUSSION

It should be emphasized that, even though it is not widely discussed by legal practitioners, conduct known as Obstetric Violence can lead to crimes such as bodily injury, omission of aid, maltreatment, arbitrary violence and illegal constraint when intervention is not justified by impending danger of life, according to typifications provided for in the Penal Code, (Brasil, 1940).

It is important to question what promotes impunity for such illicit and unethical conduct. Gisele, a deaf woman living in Goiânia, Goiás, shared the experience of her delivery in a public hearing held on April 27, 2018 at the Legislative Assembly of Goiás, through the interpreter of LIBRAS Mrs. Lucélia Fernandes, the victim stated that "the water descended" - possible description of the bag route - that went to the hospital and nobody knew POUNDS; who was alone looking for and wanting to talk to people, only they had masks and so could not read lips; that the doctor who did the surgery came and talked, but she did not understand why she could not read her lips and she was very distressed; which meant he was in a lot of pain but could not communicate. Still, she reported that she knows of a case of another deaf woman who was pregnant, that her mother talked to the doctor, and that they agreed without the deaf woman to know that a ligation would be done; that she was operated on and she did not know; who wanted to get pregnant again and later discovered that it was not possible because of the tubal ligation. With water in his eyes, he protested that the doctor lacks respect for the deaf! (TV Assembleia, 2018)

Article 3 of Law No. 10,436 / 2002, which guaranteed hearing aid patients adequate care and treatment in public institutions and concessionaires of public health care services, and article 17 of Law 10,098 / 2000 determines that Power of Attorney Public will promote the elimination of barriers in communication and will establish mechanisms and technical alternatives that make communication and signaling systems accessible to people with sensory disabilities and communication difficulties, to guarantee them the right of access to information and communication of facts illicit crimes described by Gisele occurred and went unpunished.

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