

# THE PERCEPTION OF WOMEN WHO SUFFERED GESTATIONAL VIOLENCE: A SYSTEMATIC REVIEW OF THE LAST 5 YEARS

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**Abstract:** This article analyzes the perception of women during the pregnancy period in relation to childbirth care. This is a quantitative study, which used the systematic review as a methodology. Thirty articles were selected and studied in detail in order to provide a better understanding of the parturient's view and the impact of obstetric violence on her. As a result, we found that part of the puerperal women who suffered obstetric violence do not recognize the term, however, they identify the acts of violence; some recognize the term and know how to precisely identify the acts that made them victims and others recognize the term, identify the acts and consider them natural.

**Keywords:** Obstetric violence; Woman's perception; Women; puerperal women; childbirth.

## INTRODUCTION

During pregnancy, many women suffer, consciously or not, some type of obstetric violence, which can be defined as an act committed to women in their pregnancy-puerperal period, including abortion. <sup>(1)</sup> This work will address the perception of women who have already experienced this experience in practice. Currently, violence against women is a highly targeted social problem and has deserved recognition by government agencies. <sup>(two)</sup>

According to the Ministry of Health, obstetric violence can be classified as physical - violent acts in which physical force is used intentionally; psychological- action that puts a woman's self-esteem, identity and/or development at risk; verbal- rough treatment, threats, scolding, shouting and cursing; sexual- acts that, through coercion, intimidation, bribery or grooming, force another person to participate in sexual interactions; negligence- omission of basic care for the physical, emotional or personal

development of the patient; discrimination and/or excessive, unnecessary or inadvisable conduct, often harmful and not based on scientific evidence. <sup>(3)</sup>

Based on published studies, we can get an idea of the seriousness of the problem, which is mostly associated with precarious socioeconomic conditions such as low schooling, teenage pregnancy, non-stable union, low income and use of licit and illicit drugs. <sup>(4-5)</sup>

Practices performed by health professionals, such as the use of synthetic oxytocin, episotomy, Kristeller 's maneuver, shaving, repetitive touch exams, bed restriction, among others, without the parturient's authorization, affect their role and right to choose, being considered a violation of women's rights. Although all these practices still happen, there is still no specific legislation to protect the parturient during this period. In addition to these behaviors being often institutional, there are also those practiced in the social sphere itself, such as lack of listening and attention, threats, physical and psychological aggression. <sup>(4-5)</sup>

Therefore, this is the phase with the highest prevalence of mental disorders in women, because in addition to the aforementioned factors, there are also various hormonal, physical and psychological changes, leaving them more vulnerable. According to research by the Perseu Abramo Foundation (2013), one in four women is a victim of obstetric violence during childbirth in Brazil. It is of great importance that these victims are heard, that their feelings and experiences are brought to the surface, and that special attention be paid to symptoms, which include lack of appetite, energy and guilt. This is essential so that their fears and insecurities do not worsen later, generating, for example, anxiety and depression, which interfere with the proper performance of fetal and newborn

development and the puerperal woman's quality of life. <sup>(6-7-8)</sup>

In 2007, Venezuela became the first country in Latin America to develop legislation on 'obstetric violence'. This new legal term emerged from the joint efforts of women's groups and networks, feminists, professional organizations, international and regional bodies, and public health officials and researchers to improve the quality of care that women receive across the region. <sup>(9)</sup>

In view of what has been reported, it becomes evident the need to objectively present the woman's perception of obstetric violence experienced during the parturition process, in order to provide a better understanding of the impact of this type of violence for pregnant women.

## MAIN GOAL

It aims to report the perception of women who suffered obstetric violence through a systematic literature review.

## SPECIFIC OBJECTIVES

- Provide a better understanding of the parturient's view and the impact of obstetric violence on her;
- Expose the level of severity of obstetric violence according to the perception of women, emphasizing their voice;
- Conduct a bibliographic survey and conduct information that serves as an alert for other parturients.

## METHODOLOGY

This is a systematic review carried out in three phases, through literature databases, integrating a set of information. The survey of articles was carried out in three databases: VHL, PubMed and Scielo. The main descriptors related to the theme were crossed: "Gestational violence"; "Violence"+"pregnancy"; "Women's perception

+ " Gestational violence "; "Woman's perception "+"Violence"+"Pregnancy "; " Obstetric violence "+"Childbirth "; "Obstetric Violence". <sup>(10)</sup>

Only articles with a specific focus on obstetric violence were included. There was a restriction on the date of publication being from 2015 to 2020, in relation to the language, including articles in English, Portuguese and Spanish. After this initial screening, in the second stage, the selected studies were read in full, which made it possible for other texts to be excluded as they did not meet the review proposal. <sup>(11)</sup>

## RESULTS AND DISCUSSION

Violence, whether physical, emotional or symbolic, produces a high degree of suffering. Ensuring patient safety and high-quality obstetric care is a time-consuming and constantly evolving demand. There is growing evidence of a range of disrespectful and violent practices that women experience in obstetric care centers at the hands of health professionals. It is often a consensual violence, because driven by fear and subordination to the professional, some end up momentarily forgetting what they suffer, moved by the joy of birth. <sup>(12)</sup>

However, the vast majority of women find it difficult to recognize that they have experienced this type of violence <sup>(13)</sup>. The lack of information and empowerment of these women reflects in higher rates of violence, and it is up to the professional to analyze the patient's level of education and perform effective communication, enabling respectful dialogue and humanized assistance. In general, women who participated in scientific research on obstetric violence kept silent about this type of inappropriate behavior, <sup>(14)</sup> they must know this reality so that they can identify if they are experiencing it, and thus take action, since many of them are unaware of it. even

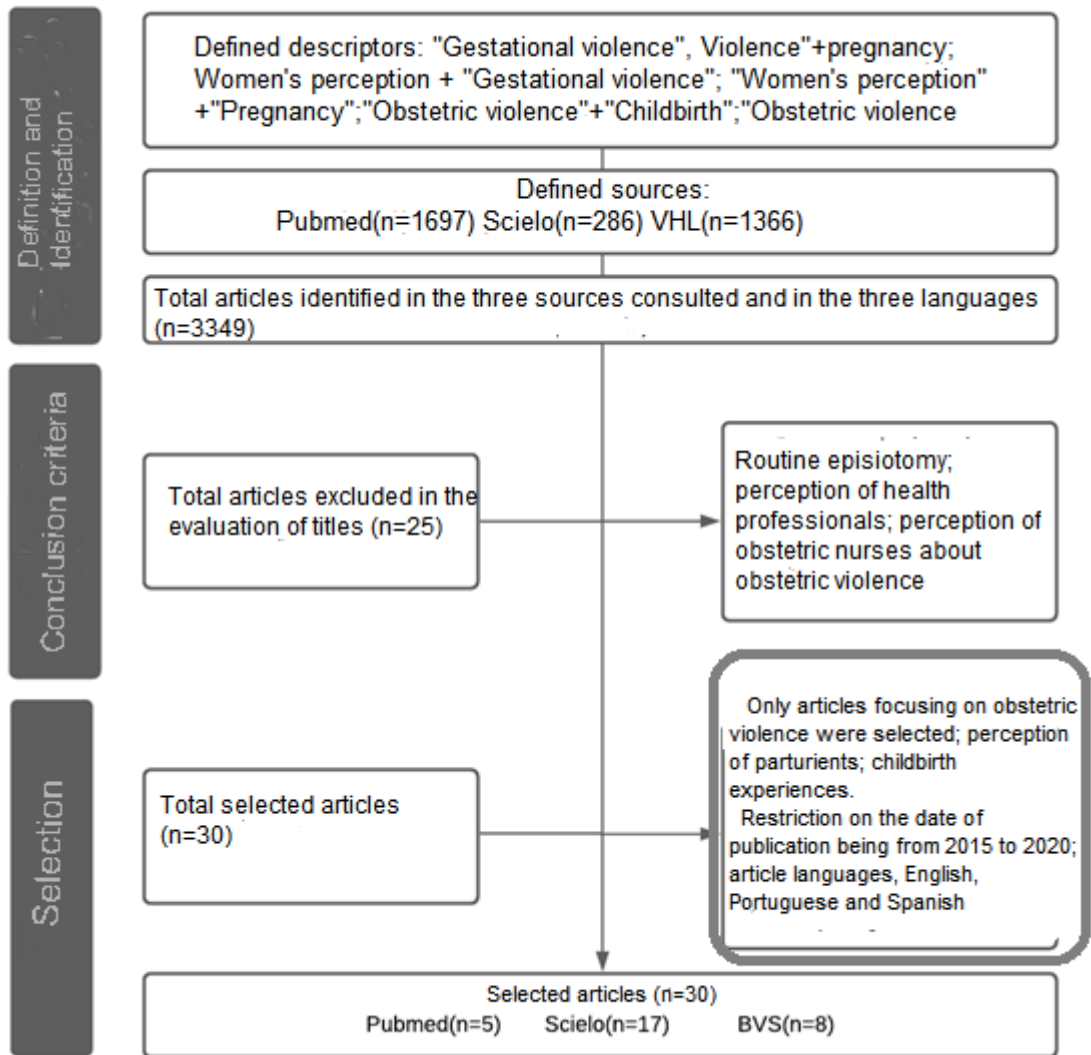


Figure 1: Flowchart of articles.

the term <sup>(15)</sup> and were not aware of the formal means to report the unacceptable behavior of health professionals. They believed that complaining, even informally, could result in potential harm to their babies. <sup>(14)</sup>

In the voice of pregnant women, there is a prevalence of institutional violence, expressed in negligence of care, verbal aggression, unwanted and unnecessary cesarean sections, prohibition of companions and excessive physical interventions. <sup>(14)</sup> The fear, insecurity and discomfort of being in environments that must provide comfort and security <sup>(16)</sup> made women feel afraid to question the need for a cesarean or not, against the authoritarian position of health professionals. Obstetricians, in most Brazilian institutions, do not consider women's choices of mode of delivery, which consequently results in obstetric violence. <sup>(17)</sup> The main points identified by Anunciação (2019) related to obstetric violence were the delay in care at different moments of care, with emphasis on the long time to get a vacancy and the negligence of health professionals who attended to them in the maternity ward, such as failure or inadequacy in decision-making by the team and negligence in drug treatment. These points expose an explicit scenario of obstetric violence suffered by these women. <sup>(18)</sup>

As for physical interventions with regard to violence, according to Nascimento (2020), invasive procedures, verbal and non-verbal violence stand out. In this study, specifically, the performance of amniotomy without clinical indication and without consent was the most cited. hears reports of excessive vaginal exams. <sup>(19)</sup> Most had already been violated one or more times, with invasive procedures such as the Kristeller Maneuver, absence of pain relief techniques, inappropriate use of oxytocin, neglect, episiotomy without consent, deprivation of liberty to the companion. <sup>(20)</sup> In the Birth in Brazil survey (2011/2012) carried

out with 23,940 puerperal women, a care model marked by unnecessary interventions was also identified, as previously pointed out by other studies. Inadequate comments from some health professionals reflect a little humanized care that deeply marks the experience of labor and birth <sup>(21)</sup> in which negligent, abusive, reckless, omission, discriminatory and disrespectful acts are committed mainly by these professionals. <sup>(22)</sup>

Obstetric violence can also be identified in other forms of treatment for women during the pregnancy-puerperal period, such as that caused by their own social and family environment. Low education, non-stable union, being the pregnant woman and/or both responsible for the family and having witnessed or suffered some type of violence in childhood are risk factors for domestic violence (psychological and physical/sexual) against the pregnant woman. <sup>(23)</sup> However, women who have a high level of education, income and access to complementary health cannot be excluded either. <sup>(13)</sup> The changes caused by the arrival of the baby also involve socioeconomic factors. <sup>(24)</sup>

## CONCLUSION

After reviewing the 29 articles, it was possible to broaden the understanding of the perception of women who suffered obstetric violence. It is evident that part of the puerperal women who suffered this type of violence do not recognize the term, however, they identify the acts of violence <sup>(1)</sup>; some recognize the term and know how to precisely identify the acts that made them victims and others recognize the term <sup>(1)</sup>, identify the acts and consider them natural. <sup>(25)</sup>

As a result of all the above, it was observed that the pregnancy-puerperal period is the phase with the highest prevalence of mental disorders in women. During pregnancy, 10% to 15% of all women experience mild

to moderate symptoms of anxiety and depression. A systematic review identified as main risk factors for the presence of depressive symptoms the previous history of depression or mental illness, unplanned or unaccepted pregnancy, lack of partner or social support, high level of perceived stress and having suffered adverse events in the family. life, history of abuse or domestic violence, past or present history of pregnancy complications, and fetal loss.<sup>(26)</sup> Depression during pregnancy can be considered an important issue in the field of public health, since it can cause low birth weight, prematurity and affect child development, which are the main causes of

child morbidity and mortality in developing countries. development.<sup>(27)</sup>

Health has an important role in combating this type of violence through the development of research, case reporting, organization of referral services for victims and other intervention proposals. The professionals who serve them must establish a relationship of trust with them. Among other initiatives, policies and practices are necessary to make these health professionals aware of the existence of obstetric violence, as well as the repercussions of abusive or discriminatory practices.<sup>(28)</sup>

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