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REAS

ORIGINAL ARTICLE

Social representations of black pregnant women regarding obstetric violence

Representações sociais de gestantes negras sobre violência obstétrica

Representaciones sociales de las mujeres embarazadas negras sobre la violencia obstétrica

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ABSTRACT

Objective: To analyze the social representations of black pregnant women about obstetric violence. **Methods**: A qualitative study was conducted with 12 pregnant women in two Family Health Units in southern Bahia between October and November 2023. Data were collected through physical medical records and semi-structured interviews, and analyzed using simple descriptive statistics and thematic content technique proposed by Bardin. **Results**: It is noted that the concept of obstetric violence among black pregnant women is limited, since it summarizes this social phenomenon to the specific moment of childbirth. The actions characterized as obstetric violence, committed by health professionals, are revealed by aggressive, unnecessary and unscientific management or physical conduct, as well as by psychological abuse and negligence, especially attributed to skin color. **Conclusion**: It is concluded that the orientation of pregnant women during prenatal care about their rights is essential for the prevention of obstetric violence.

Descriptors: Social Representation; Pregnant People; Black People; Obstetric Violence.

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RESUMO
Objetivo: Analisar as representações sociais de gestantes negras sobre violência obstétrica. **Métodos:** Estudo qualitativo, realizado com 12 gestantes, em duas Unidades de Saúde da Família do sul da Bahia entre outubro e novembro de 2023. Os dados foram coletados através do prontuário físico e entrevista semiestruturada, e analisados pela estatística descritiva simples e técnica de conteúdo temática proposta por Bardin. **Resultados:** Nota-se que o conceito de violência obstétrica entre gestantes negras é limitado, uma vez que resumem este fenômeno social ao momento específico do parto. As ações caracterizadas como violência obstétrica, cometidas por profissionais de saúde, são reveladas por manejos ou condutas físicas agressivas, desnecessárias e sem evidências científicas bem como por abusos psicológicos e negligência, em especial atribuídos a cor da pele. **Conclusão:** Conclui-se que a orientação da gestante durante o pré-natal sobre os seus direitos é essencial para a prevenção da violência obstétrica.
Descritores: Representação social; Gestantes; População Negra; Violência Obstétrica.

RESUMEN
Objetivo: Analizar las representaciones sociales de las gestantes negras sobre la violencia obstétrica. **Métodos**: Se realizó un estudio cualitativo con 12 gestantes de dos Unidades de Salud de la Familia del sur de Bahía, entre octubre y noviembre de 2023. Los datos fueron recolectados a través de historias clínicas físicas y entrevistas semiestructuradas, y analizados mediante estadística descriptiva simple y técnica de contenido temático propuesta por Bardin. **Resultados**: Se observa que el concepto de violencia obstétrica entre las gestantes negras es limitado, ya que resume este fenómeno social al momento específico del parto. Las acciones caracterizadas como violencia obstétrica, cometidas por profesionales de la salud, se revelan por el manejo o la conducta física agresiva, innecesaria y no científica, así como por el abuso psicológico y la negligencia, especialmente atribuida al color de la piel. **Conclusión**: Se concluye que la orientación de las gestantes durante la atención prenatal sobre sus derechos es fundamental para la prevención de la violencia obstétrica.
Descriptores: Representación Social. Personas Embarazadas. Población Negra. Violencia Obstétrica.

INTRODUCTION

Obstetric violence (OV) is one of the multiple facets of violence against women and is characterized by abuse suffered during the pregnancy-puerperal period, which can be physical, psychological, verbal, symbolic and/or sexual and social. OV encompasses structural failures that reverberate in the care provided by health professionals, in addition to negligence, incompetence and imprudence that result in compromising maternal, fetal and family well-being, whether in the public or private sphere.[1-2]

In this sense, it is evident that women are susceptible to OV, especially black women, who often suffer greater vulnerability from a sociocultural, economic and access to health services

point of view, at which time disrespectful practices, such as deprivation of the presence of a companion, failure to administer analgesia, maintenance in the lithotomy position to give birth, verbal violence through insults, mockery and devaluation are committed daily by health professionals.[3]

Such violent actions can lead to physical and mental suffering for these women during pregnancy, childbirth and the postpartum period, especially for those with little knowledge about the phenomenon.[4]

On the other hand, women may become naturalized as having OV, keeping them in a cycle of violence during a period of extreme importance for those who can and want to conceive, give birth and develop emotional relationships with their children, making it necessary to develop strategies to mitigate and prevent such practices.[5-6]

Therefore, this study was justified insofar as it seeks to understand the social representations of black pregnant women about OV, giving voice to a group that is historically and socially vulnerable and made invisible by structural racism, allowing disparities in obstetric care to be combated, expanding the debate on the topic and promoting reflection/change, among health professionals, about their practices.

The social and scientific relevance of the study is noticeable insofar as it reveals the symbologies of black pregnant women regarding OV, ensuring the development of projects or action strategies to guarantee the rights of pregnant women, parturients and puerperal women, through inclusive care practices with an ethnic-racial focus.

To this end, the guiding question was defined as: what are the social representations of black pregnant women about OV? Aiming to answer this question, the general objective of the study was defined as: to analyze the social representations of black pregnant women about OV and the specific objectives were: to outline the biopsychosocial profile of black pregnant women; to raise the concept of OV among black pregnant women; and to understand the actions characterized as OV, committed by health professionals, based on the symbologies of black pregnant women.

METHOD

This is a qualitative, exploratory and descriptive study that allows the investigation of unknown or little explored facts or phenomena and the understanding

of the context in which they occurred or occur, allowing for an accurate analysis.[7-8]

Two Family Health Units (USF) were the sites of the study, located in the South of Bahia. USF I has a family health team (eSF), and USF II includes three eSF, both with a minimum of a complete multidisciplinary team. Regarding prenatal care, USF I serves an average of 13 pregnant women and USF II serves 30 pregnant women per week.

The study participants were 12 pregnant women who declared themselves black (black and brown) according to the inclusion criteria: over 18 years old, followed in the prenatal program, regardless of the number of consultations, in any gestational trimester. However, the exclusion criteria were: those who had fetal loss or abortion during the data collection phase, who had a serious mental disorder that made it impossible to communicate with the researcher, who received a diagnosis during prenatal care of some congenital syndrome, disability or fetal malformation and deaf/mute women.

Thus, based on the survey of participants, the objectives of the research, the methods to be used, the possible risks and benefits that could occur, the social relevance and the Free and Informed Consent Form (FICF) were presented, the latter being signed in case of agreement to participate in the study.

Data collection was carried out by consulting medical records and complemented by a semi-structured interview script, applied in person and recorded by a digital device between October and November 2023.

The profile of pregnant women was processed using simple descriptive statistics, and the open questions, duly transcribed, were analyzed using the thematic content technique proposed by Bardin, based on three phases: pre-analysis, exploration of materials and treatment.[9]

The research was submitted to the Research Ethics Committee (CEP) of the State University of Santa Cruz (UESC), and was approved under opinion number 6,532,702, anchored in Resolutions No. 466/2012 and No. 510/2016, with the study participants named by the letter E (interviewee) followed by cardinal numbers.

RESULTS

It is understood that OV affects black pregnant women more vehemently, due to the multiple vulnerabilities to which they are exposed, especially in public and

private health services. Therefore, outlining the biopsychosocial profile of these women is essential so that we can reveal aspects linked to the physiological, social inequalities and emotional dimensions that permeate the pregnancy-puerperal cycle, as highlighted in Table 1.

Table 1 -Biopsychosocial profile of black pregnant women. Bahia, (n=12), 2023.

VARIABLES	N	PERCENTAGE
Age		
19-29	7	58.30%
30-40	5	41.70%
Color/ethnicity		
Brown	7	58.30%
Black	5	41.70%
Nationality		
Ilheus	7	58.30%
Itabuna	4	8.40%
Uruçuca	1	33.30%
Marital status		
Married	4	33.30%
Single	8	66.70%
Education		
Incomplete elementary school	3	25.00%
Complete elementary	1	8.30%
Incomplete medium	2	16.70%
Complete medium	5	41.70%
Higher education in progress	1	8.30%
Occupation		
Autonomous	3	25.00%
Housewife	5	41.70%

(**Continuation**)

Table 1 – Biopsychosocial profile of black pregnant women. Bahia, (n=12), 2023.

VARIABLES	N	PERCENTAGE
Occupation		
Cleaner	1	8.30%
Manicure	2	16.70%
Cashier	1	8.30%
Family income		**Family income**
None	1	8.30%
1 to 3 minimum wages	11	91.70%
Religion		
Catholic	2	16.70%
Evangelical	7	58.30%
No religion	3	25.00%
Number of previous pregnancies		
1	5	41.70%
2	2	16.70%
3	1	8.30%
4	1	8.30%
Type of delivery(s)		
Vaginal	8/11	72.70%
Caesarean section	5/11	45.50%
Number of hospital births		
None	1	8.3%
1	4	33.4%
2	5	41.7%
3	1	8.3%
4	1	8.3%
Did you have someone with you during your stay?		
Yes	9	75.00%
No	3	25.00%
Procedures performed by staff but without consent and guidance		
Lack of freedom of position during childbirth	9/12	75.00%
Repetitive vaginal touching	4/12	33.33%
Kristeller maneuver	5/12	41.66%
Amniotomy	7/12	58.33%
Enema use	2/12	16.66%
Bladder catheterization	1/12	8.33%

(Continuation)

Table 1 – Biopsychosocial profile of black pregnant women. Bahia, (n=12), 2023.

VARIABLES	N	PERCENTAGE
Procedures performed by staff but without consent and guidance		
Episiotomy	8/12	66.66%
Number of abortions		
None	8	66.7%
1	3	25.0%
2	-	-
3	1	8.3%
Mental illness before pregnancy		
Yes	1	8.3%
No	11	91.7%
Gestational age in weeks		
0 - 13	1	8.3%
14 - 26	3	25.0%
27 - 40	8	66.7%
Planned pregnancy		
Yes	6	50.0%
No	6	50.0%
TOTAL	12	100%

Source: Data from the interview script and physical records.

After analyzing the profile, the semi-structured interviews were read in detail, followed by coding and definition of two major categories, detailed below:

1. The construct of VO among black pregnant women

It is noted that the concept of VO among black pregnant women is limited, since they summarize this social phenomenon to the specific moment of childbirth, characterized by aggressive, unnecessary and scientifically evidence-free physical handling or behavior, as well

as by psychological abuse and negligence, as seen below:

> *For me it's the squeezing. I thought it was very extravagant to climb onto the bed to squeeze my belly (E5).*
>
> *It's when they force something during childbirth (E3).*
>
> *It's trying to have a natural birth at all costs, with the person suffering there, to the point of losing the baby and the person keeps pushing (E12).*
> *Having to go waxed (E12).*
> *It's waxing with ignorance, leaving us suffering a lot, feeling a lot of pain. I also heard that if the woman is feeling pain and they give her the injection to increase the pain, that's also obstetric violence (E10).*
> *Procedures carried out rudely, denial of service, excessive questions at inappropriate times (E9).*

In addition to this, other facets of the concept of OV among black pregnant women are evident, including the lack of information about the procedures, the lack of respect for autonomy, the invasion of privacy and the denial of a companion, as highlighted below:

> *It's when doctors don't provide proper care, don't explain the procedures (E7).*
>
> *When the woman screams and the doctor tells her to stop (E6).*
>
> *I think it is an invasion of privacy, of something you did not allow (E8).*
>
> *Saying that you can't have a companion (E1).*

Thus, it is observed that the knowledge of black pregnant women about OV is still restrictive, not covering the prenatal and postpartum periods and abortion situations. However, regarding the types of OV, the biological, psychological, social and interrelational dimensions are revealed, and it can be perpetrated by different professional categories.

2. Obstetric violence by health professionals: control over physical, emotional, behavioral and family

The actions characterized as VO, committed by health professionals, are revealed by black pregnant women, through malicious comments and humiliations during assistance in the pregnancy-puerperal cycle, as explained below:

> *I had five bouts of bleeding, I went to the hospital several times and the doctor kept saying: I don't know what you're doing here, this is a threat of miscarriage, you should be lying down. Go home, if it's a miscarriage you'll die, that's it and that's it (E11).*

> *I was in excruciating pain and the nurse kept saying: You don't feel anything. They kept making jokes as if they were experienced and I was a beginner (E9).*
>
> *At the time of delivery, the doctor said: I'm going to deliver the baby, but I can't guarantee life, you know! (E11).*
>
> *The doctor saw that I was the last one, he didn't wait for the anesthesia to take effect, I felt everything. He was in a hurry. The stitches opened at home. He said: if anything happens I'll patch her up (E2).*

Another important issue is the difference in treatment of black pregnant women due to their skin color and clothing, demonstrating that the social and economic inequalities that permeate the daily lives of these women were considered prerequisites for disrespectful care by some professionals, as highlighted below:

> *They see that we are waiting there and the white women pass by, they go ahead of us and we can't say anything (E5).*
>
> *People judge us by the way we dress. When we are going to give birth, we are thrown in any way. With the ladies, it is all politeness: sit here, ma'am! And with us, the treatment is bad, as if they were saying: You don't need to give birth here, you can give birth at home! (E9).*

Furthermore, there is evidence of violent treatment by health professionals, including mistreatment, threats, shouting, administration of medication without consent, contempt, abandonment and prohibited procedures, as indicated below:

> *During my third birth, I suffered obstetric violence. The nurse was ignorant towards me. I was hospitalized without a companion. Everything that was happening regarding the mistreatment was being passed on to my husband, and the nurse threatened to take my cell phone. My husband ran after the social worker to get my documents and medical records, to file a complaint and have me transferred, but the social worker refused. If it weren't for the delay, my baby would be alive (E10).*
>
> *I was rude, threatened, shouted at, given medication without telling me. They gave me 100mg of diazepam without telling me, I was trying to prevent my daughter from being born early and they said I was trying to expel my daughter. They said I wanted to kill my daughter. I cried for help, but no one listened to me, I would have liked to have been heard (E11).*
>
> *The team talked a lot and left me alone, they came, talked to everyone and I was the only one left alone (E8).*
> *They said: when the pain comes, you push, so I don't keep pushing in vain. The midwife was very rude, but when the pain comes, we don't*

really care. I would like to be treated better (E4).

The routine use of oxytocin with the intention of accelerating labor is also observed, often being administered without consent or with distorted information about its effect, as highlighted below:

They didn't explain. Later I found out that the injection was to increase the pain (E10).

They gave me a serum to help with the pain, which I thought was unnecessary. They said it was to calm me down (E6).

Then, serial touching is carried out, causing unnecessary embarrassment, discomfort and pain, being a form of invasion of privacy and compromising the woman's physical integrity, as demonstrated below:

The first time I lost count of how many times I was touched. Since I arrived at the maternity hospital in the morning and stayed until the next day, the doctor came every time and did a check to see if I had dilated. The check is tiring. It's not a question of pain, it's just that I had no strength and I had to open my legs every time to do the check (E9).

It's a bit strange, he puts his finger right inside to feel (E4).

I was given a touch by the head nurse and two doctors. The first touch by the doctor was calm, but the second and third, mercy! I found it a bit uncomfortable (E7).

They said I had to check the plug. It's the worst thing there is, it hurts, it hurts a lot, it's a terrible pain (E11).

There is also a lack of respect for women's autonomy in terms of food during labor, the right to have a companion and freedom of position during labor, making them naturalize some actions, as discussed below:

The doctor didn't let me give him food (E2).

You can't eat it! (E8).

Because it was a cesarean section and you can't drink liquids after a cesarean section (E7).

You have to stay in the waiting room and then go to the delivery room to be tied with your leg in two supports (E8).

During both births I stayed lying down, the baby had to pass, there was no other way (E9).

They are the ones who speak, they are the ones who put things in their place (E11).

It was my first child, I think I should have had someone with me. As an inexperienced person, having my first child, I don't know why I didn't have one, I was alone (E8).

I was so scared that I saw two stingers, and I thought: Oh my God, help! Today I see that it

> *is the worst position to give birth (E1).*

Furthermore, it is clear that the puerperal woman is deprived of immediate contact with the newborn (NB) in the first moments of birth, in an unclear manner, making skin-to-skin contact impossible, interfering with the mother-child bond and triggering emotional stress, as reported below:

> *He showed it to me and they took it away. They left it alone in the nursery, there was no one there, they didn't let me take it (E2).*

> *When my son was born they asked me to look in the direction where the pediatrician would pass, only after they gave me permission (E8).*

> *In the second one they took it, cleaned it, did things and then brought it back (E9).*

> *They showed me for about 5 seconds and took me away without explaining where they were going or what they were doing. I asked my mother to go after me to find out what was happening (E11).*

In short, numerous practices characterized as VO are recognized among black pregnant women assisted by health professionals, with an emphasis on the emotional aspects and the physical body of the woman.

DISCUSSION

OV affects women of all ethnicities, but it affects black women more aggressively, considering the vulnerabilities that permeate this group in an intersectional way, especially with regard to structural, institutional and obstetric racism.[10]

In order to understand the influence of racism on the lives of black pregnant women, it is important to recognize its social foundation. Structural racism is the form in which racism is rooted in society in a normalized way, amid social, economic, political and legal relations, giving rise to inequalities. On the other hand, institutional racism, when applied to health services, corresponds to the institution's failure to provide adequate treatment to the individual due to their color, culture or ethnic origin, affecting the relationship between the user and health professionals. Obstetric racism, on the other hand, is the final bias of the OV suffered by black women, intersected in structural racism and institutional racism, which is not limited to negligence, disrespect, coercion or abuse by health professionals, but also the historical stigmatization of black women.[11-12-13]

Therefore, the different types of racism associated with the profile of being a black, young pregnant woman, living in cities in the interior of the Northeast Region and with low income, makes it possible to perceive the discriminatory processes that these women experience and the risks of experiencing large-scale phenomena, such as OV.[14,12]

Furthermore, most black pregnant women are single, work as housewives and are evangelical. In this sense, it is important to problematize the loneliness of black women, who are often abandoned by their partners after becoming pregnant and often suffer from religious and moralistic dynamics that preach female submission, something that influences the behavior of pregnant women during care, often causing them to naturalize OV processes.[15-16]

It is also clear that most black pregnant women are at term, are second-time pregnant, with most previous pregnancies by vaginal delivery and some by cesarean section, performed in a hospital environment. It is important to highlight that the highest incidence of denial of analgesia and physical or verbal violence occurs among black women, due to the stereotype of black pregnant women being considered the ultimate birth-giver and enduring more pain, leading to serious oral health situations such as abuse, humiliation, among others. Furthermore, half of black pregnant women are in an unplanned pregnancy, a factor that may be influenced by the absence or lack of quality health care, especially with regard to reproductive planning and reliable information on sexual and reproductive education.[17]

In turn, there is the psychological dimension of black pregnant women, revealed through mental illness prior to pregnancy and abortion processes experienced, making the occurrence of psychological OV susceptible, through moral, personal and religious judgments by health professionals. Therefore, paying attention to these moments of great emotional fragility is essential to prevent disrespectful care practices from being perpetrated by health professionals.[5]

Furthermore, a worrying factor is the lack of knowledge of black pregnant women about oral contraceptives, which can lead to the invisibility or naturalization of violent processes in the daily routine of health care. In addition, it is noted that structural and institutional racism contributes to the neglect of some rights of black pregnant women, since social inequalities are relativized and detailed by the management of health institutions and

by the government, such as differential and discriminatory treatment and the right to health and protection of motherhood and childhood. However, it is gradually observed that the discussion about oral contraceptives is becoming popular, since the main sources of knowledge indicated by pregnant women were social networks, through informative videos.[11,10]

Thus, it is recognized that abusive practices carried out by health professionals during the current or previous pregnancy were pointed out by black pregnant women, with emphasis on medical professionals, who were identified as having the power of "medical knowledge", overlapping the knowledge, desires and needs of black pregnant women, parturients and puerperal women, which characterizes OV.[4]

In addition, black pregnant women reported that they experienced shouting, malicious comments, humiliation, contempt, abandonment, threats and different treatment due to their skin color and clothing. It is understood that the black woman's body is sexualized or marginalized in society, falling short of public health policies that cover the pregnancy-puerperal cycle and abortion situations.[10]

Although practices such as repetitive and serial vaginal examinations, early amniotomy, enema, urinary catheterization, episiotomy, and the Kristeller maneuver are prohibited and/or outlawed, they are still performed in prenatal care, childbirth, and postpartum care, especially in black pregnant women, as revealed in this study. Research shows that black women are more likely to suffer from the Kristeller maneuver, food deprivation, early amniotomy, and are less likely to benefit from non-pharmacological methods of pain relief, outlining the OV. These actions demonstrate the manifestation of obstetric racism, revealed through discriminatory and punitive actions during health care, endorsed by the disregard for the physical and emotional integrity of black pregnant women, based on racial prejudices and stereotypes.[17]

This involves the non-consensual or non-informed administration of tranquilizing drugs with the intention of stopping the emotional manifestations of black pregnant women during previous births, as well as the administration of oxytocin with distorted information about its effects. These actions demonstrate the unnecessary medicalization of childbirth, carried out by health professionals with the intention of accelerating this process, as

well as reprimanding and/or relativizing women's feelings and denying them the right to consent to undergoing procedures or administering medications, reinforcing the imposition of female discipline and submission in these health spaces, generating negative impacts on women's quality of life. Therefore, it is necessary to provide sufficient information, individually for each pregnant woman, parturient or puerperal woman, for decision-making based on real risks and benefits.[3]

Therefore, in addition to having their basic rights violated, black pregnant women are treated as supporting actors throughout the entire process of pregnancy, birth and childbirth, at which point health professionals deny them food, the choice of position during childbirth, the right to a companion and skin-to-skin contact with a healthy newborn in the first moments of birth.

It is important to highlight that Federal Law No. 11,108, of April 7, 2005, known as the Companion Law, guarantees the right to a companion. However, on several occasions, there is selectivity in this permission, influenced by race/color, resulting in greater benefits for white women compared to black women. Nevertheless, the results of this study, aligned with a survey conducted in the State of Tocantins, corroborated compliance with this legislation, highlighting the importance of developing public policies for the protection of pregnancy, childbirth and the puerperium.[18]

Finally, there is a clear need for ongoing education so that health professionals can offer equal and respectful care to black pregnant women, deconstructing racist, exclusionary and violent values.[19]

CONCLUSIONS

In view of the above, it is necessary to empower black women, through knowledge and attitudes, especially during pregnancy and childbirth, so that they are aware of their rights and do not experience situations of OV. In addition, it is important to also guide the companion or support network, since black women are in a position of greater vulnerability during this period with a view to mitigating OV.

In this sense, quality prenatal care is an essential tool in preventing OV, as long as the means of identifying OV and reporting it are explained during consultations. It is essential to focus on ongoing education actions focused on OV, and on anti-racist and decolonial themes, in

an attempt to raise awareness and combat OV and racial discrimination. The limitations of the study were the low number of black pregnant women being monitored in the selected USFs. However, this number did not interfere with the potential of the research.

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