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CHALLENGES OF OBSTETRIC CARE IN BRAZIL/PARAGUAY BORDER REGIONS: PERCEPTIONS OF BRASIGUAIAS

DESAFIOS DA ATENÇÃO OBSTÉTRICA EM REGIÕES FRONTEIRIÇAS DE BRASIL/PARAGUAI: PERCEPÇÕES DE BRASIGUAIAS

DESAFÍOS DE LA ATENCIÓN OBSTÉTRICA EN LAS REGIONES FRONTERIZAS DE BRASIL/PARAGUAY: PERCEPCIONES DE BRASIGUAIAS

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ABSTRACT

Objective: to describe the perceptions of Brazilian puerperal women about their search for childbirth care in a Brazilian/Paraguayan border municipality. **Method:** qualitative research conducted in a Brazilian/Paraguayan border hospital. The study was composed of 15 Brazilian puerperal women. Content Analysis as a methodological reference. **Results:** two categories emerged: "Being Brazilian and having rights"; "Accessing obstetric healthcare in the border region". **Conclusions:** the Brazilian puerperal women make an effort to have their prenatal and childbirth care in Brazilian territory, because the other side of the border, the Paraguayan side, leaves much to be desired in terms of infrastructure, resources, and credibility of the health managers/professionals who care for the mother-baby binomial.

Keywords: Border Health; Maternal Health; Health Services Accessibility.

RESUMO

Objetivo: descrever as percepções das puérperas brasiguaias sobre a busca de assistência ao parto em município de fronteira Brasil/Paraguai. **Método:** pesquisa qualitativa realizada em um hospital fronteiriço de Brasil/Paraguai. Compuseram o estudo 15 puérperas brasiguaias. Adotou-se como referencial metodológico a Análise de Conteúdo. **Resultados:** despontaram-se duas categorias: "Ser brasileira e ter direitos"; "O acesso à saúde obstétrica na região de fronteira". **Conclusões:** as brasiguaias esforçam-se para que seus pré-natais e partos aconteçam em território brasileiro, em função de que do outro lado da fronteira, o lado paraguaio, deixa a desejar nos quesitos de infraestrutura, recursos, credibilidades dos gestores/profissionais de saúde que cuidam do binômio mãe-bebê.

Descritores: Saúde na Fronteira; Saúde Materna; Acesso aos Serviços de Saúde.

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RESUMEN

Objetivo: describir las percepciones de las puérperas brasileñas sobre su búsqueda de atención al parto en un municipio fronterizo brasileño/paraguayo. **Método:** investigación cualitativa realizada en un hospital fronterizo brasileño/paraguayo. El estudio estuvo compuesto por 15 puérperas brasileñas. Se adoptó la Análisis de Contenido como referencia metodológica. **Resultados:** surgieron dos categorías: "Ser brasileño y tener derechos"; "Acceso a la atención sanitaria obstétrica en la región fronteriza". **Conclusiones:** las mujeres brasileñas se esfuerzan por tener su atención prenatal y de parto en territorio brasileño, pues el otro lado de la frontera, el paraguayo, deja mucho que desear en términos de infraestructura, recursos y credibilidad de los gestores/profesionales de la salud que atienden al binomio madre-bebé.

Descriptores: Salud Fronteriza; Salud Materna; Accesibilidad a los Servicios de Salud.

INTRODUCTION

Connections between countries such as Brazil/Paraguay transcend geographical boundaries, and sociocultural interactions reveal supportive ties across borders.[1-2] In border areas, health services assume an important dimension in the daily lives of individuals who reside and travel there, as they can facilitate or limit health care.[3]

It should be noted that this work focuses on the brasiguayas, who are Brazilian immigrants and their descendants who live in Paraguayan territory.[4] In the common sense, the term is just a linguistic construction made by combining the Brazilian and Paraguayan names. In a broad sense, the term brasiguaio refers to the constant process of reshaping the identities of brasiguayos, mediated by alliances and/or conflicts that take place in border regions and also by their efforts to access rights and public policies in Brazil.[5]

Maternal and child health in border cities means that the Brazilian Unified Health System (SUS), which is responsible for guaranteeing the health rights of people living in Brazil, is faced with complex episodes of congestion in the health system; lack of resources; discrimination against foreigners; and compromises in the effectiveness of health care for foreigners and Brazilian citizens themselves. This demonstrates that border regions lack technical and financial support from the federal government and the international community.[6]

Challenging obstetric care conditions are seen in border regions, as reported in studies[7-8], developed in border municipalities in the north and south of the country. These studies mentioned that it is common for patients to enter obstetric services in advanced labor, in order to avoid denial of care, in addition to low adherence to prenatal care (number of inefficient consultations/no consultations recorded).[7-8]

Given these characteristics in the field of Brazilian obstetric health, in order to understand the sociocultural interactions between Brazil and Paraguay, this study

aimed to describe the perceptions of Brazilian-Paraguayan puerperal women about seeking assistance during childbirth in a municipality on the Brazil/Paraguay border.

METHOD

Qualitative research with data collection carried out through semi-structured interviews. This type of technique encourages the interviewee to share facts, circumstances, and occasions that they have experienced and/or are experiencing on the proposed topic. The interviewee is allowed to express themselves and the interviewer takes the role of listener, with minimal interruptions to the interviewee's statements.[9-10]

The research environment was the Ministro Costa Cavalcanti Hospital (HMCC), a regional reference service for high-risk pregnancies.[11] HMCC meets the demands of Brazilian pregnant women who live abroad (Paraguay) and who, for the most part, do not receive adequate prenatal care, seeking out a hospital directly for the time of birth.

HMCC handles approximately 350 births per month[11]; however, there is no supporting data on women in labor who live abroad, due to the practice of using borrowed proof of Brazilian addresses as a way of ensuring care at HMCC.

Data collection was carried out between January and December 2018. The inclusion criteria were: postpartum women over 18 years of age, after any type of delivery, and who declared themselves Brazilian at the time of admission to the HMCC. Of the 25 pregnant women who self-reported as Brazilian, 10 refused to participate for the following reasons: they did not feel motivated to respond and/or because they identified risks for their hospitalizations because they were foreigners using the Brazilian service. Fifteen Brazilian postpartum women participated in this study.

The interviews were audio-recorded, lasting an average of 40 minutes each, and the participants were distinguished by the use of the letter B (Brazilian) and by the numerical order of the interviews.

After each interview, it was transcribed in full and evaluated according to thematic Content Analysis, arranged in three phases: pre-analysis, exploration and interpretation of data.[12] The convergence of interviews with Brazilian puerperal women made it possible to produce narrative content (transcriptions of speeches). Relevant speeches were underlined, grouped according to the similarities of the content and later classified into categories of analysis with lines of thought or global axes.[12]

The ethical recommendations included in CNS Resolution 466/2012 were followed[13], and the research was approved

by the Human Research Ethics Committee under opinion no. 1,797,861.

RESULTS

Two categories emerged from the narrative content: I. Being Brazilian and having rights and II. Access to obstetric health in the border region.

I. Being Brazilian and having rights

The participants' statements point to the right to benefits offered or provided by the State to its citizens.

"[...] I am Brazilian, I have the right to Brazil's benefits." (B8).
"[...] I am Brazilian and I have a SUS card." (B15).

They state that, even if they do not know the laws, they know their rights, especially the right to health, a right consolidated in 1990 with the creation of the SUS.[14]When Brazilians were asked if they knew of anything that legalized obstetric health care in Brazil, the answers were:

"[...] I don't know any laws, but I have Brazilian documents and that's enough." (B1).
"[...] I had my other children in Brazil to guarantee this right for everyone." (B3).
"[...] I already have all the Brazilian documents so I don't have any difficulties with the system." (B4).

II. Access to obstetric health in the border region

In the women's statements, it can be seen that, despite being Brazilian and claiming to enjoy the rights granted under this condition, they still seek mechanisms to access the health system. These are constantly related to using the address of family members in order to access the system.

"[...] I am registered with the Brazilian health service, to guarantee care, I gave the address of an aunt who lives in Brazil." (B2).

"[...] When I need health care, I come to Brazil, I have family here, I give them their address so I can receive care." (B10).

Postpartum women also report feeling insecure about not receiving care in Brazil, and for this reason, they may wait for their clinical conditions to worsen, requiring urgent/emergency care. The following statements describe some of these tactics:

"[...] As this is my fourth baby and I had them all in Brazil, when I felt the pain, I took a bus and came to the hospital." (B6).

"[...] When I need health care, I go straight to the UPA {Emergency Care Unit} in Brazil, they see everyone there because it is an emergency." (B12).

"[...] As I had already gone to the hospital on other occasions, when it was time to give birth I came straight here." (B14).

Living outside of Brazilian territory, and often many kilometers away, also means that they seek support from family members, so that access, especially at the time of birth, is facilitated.

"[...] I spent a month at my aunt's house in Brazil, waiting for the baby to come." (B4).

"[...] This past week, I came to stay at a relative's house in Brazil to wait for the birth in Brazil." (B3).

The distance and obstacles to traveling between countries are highlighted, highlighting the vulnerabilities to which they are exposed.

"[...] My blood pressure went up over the weekend when I was at home in Paraguay, I felt unwell, my husband took the car and brought me, but there was a long line to cross the bridge." (B1).

"[...] My water broke in Paraguay, I took a taxi to come to Brazil, there was a long line at the bridge, (...) I asked the guards to help me get my car in front. I got here and they helped me, but they asked me to get proof of Brazilian residence." (B11).

It is also possible to observe the differences between the health systems of the two countries, especially regarding payment in Paraguay, which during pregnancy interferes with prenatal care.

"[...] I started my prenatal care in Paraguay, but I came for a consultation to get the card and be able to have the baby in Brazil." (B2).

"[...] I did my prenatal care in Paraguay because I didn't know about the Brazilian service, they only have the basics, I paid for the tests." (B5).
"[...] I had prenatal care in Paraguay because I could afford it, everything is paid for there, but I didn't have the money to give birth, that's why I came here." (B10).

"[...] I didn't do prenatal care because in Paraguay it's paid and I couldn't leave work to come to Brazil, as everything was fine, I waited for the birth." (B13).

This fact will also affect the place where the birth takes place, as explained by Brazilian puerperal women:

"[...] I had phlebitis and was admitted to a hospital in Paraguay. Since everything is paid for there, I was discharged to come and have the baby in Brazil through the SUS." (B9).

"[...] My water broke at work in Brazil, I wasn't prepared, they called SAMU {Mobile Emergency Care Service} and SAMU took me to the hospital." (B5).

DISCUSSION

The Brazilian-Paraguayan postpartum women, the protagonists of this study, face difficulties in accessing obstetric health care in the border region of Brazil and Paraguay. Even so, their recognition of being Brazilian and having rights guaranteed by public health policies in this country does not fade.[15]

However, the effectiveness of these rights and health policies is questioned due to the differences in the Brazilian and Paraguayan health systems.[15-16] In Brazil, access to healthcare is public and free through the SUS, where there is a high flow of users in the system, which can lead to overload events. In Paraguay, access to healthcare is linked to social security based on employment/income of those who cooperate financially to have access to the services offered.[15-16]

In national territory, the SIS Fronteiras was conceived[17],which formalized financial transfers from the Ministry of Health to Brazilian border municipalities, however these resources were minimal and did not fully cover the health needs of the Brazilian population.[8]

SIS Fronteiras highlighted cross-border peoples, however, the program lost strength, as the initiatives were local and not institutionalized, unilateral (dialogues between border countries almost non-existent) and due to a lack of communication between nations, failures in financing and implementation.[15.18] The main lesson learned from SIS Fronteiras: for there to be a prosperous program for cross-border peoples, it must be woven collectively, both by the hands of those who welcome them (managers and health professionals on both sides of the border) and by the hands of those welcomed (cross-border peoples).[15.18]

The adverse conditions of border regions need to be supported by specific public policies - surrounded by cross-border peoples and health managers/professionals who follow the specific national and international territorial conditions. Otherwise, people will be subjected to the most varied episodes of discrimination and will be left on the margins of fickle and subjective decisions by health managers/professionals who are not committed to "working together" in the health care network for these peoples.[15.18]

There are strategies on the part of Brazilian women to ensure that they receive care in the country: they prioritize obstetrics services in urgent/emergency situations, both due to fear of being denied care in Brazil.[4.8]

Ambiguous bonds of support at the borders can be observed: from the citizen residing in Brazil, who may be a friend and/or family member, who sympathizes with the difficulties that Brazilian women face in being welcomed by Brazilian obstetric services, lending them personal documents and/or proof of residence; to the recruiters, people whose job is to draw up audacious plans capable of circumventing and granting "passes" to health services in the country.[4,8,19]

Another critical and similar point in border regions is the behavior of pregnant women who wait for their clinical conditions to worsen before seeking obstetric care in Brazil, which is urgent/emergency, guaranteeing care, but at risk to the mother-baby binomial.[8.15] Such behaviors tend to culminate in an increase in the rates of cesarean sections and other complications due to deficits in gestational and obstetric monitoring.[8.15]

Finally, Brazilian women strive to have their prenatal care and births in Brazil, because on the other side of the border, there is a lack of infrastructure, resources, and credibility of the health managers/professionals who care for the mother-baby pair.[8.15] However, maternal and infant mortality rates persist, caused by deficits in pregnancy and obstetric monitoring in the country.[8.15]

Brazil and the nations that share borders need to reflect on rights, policies and health programs that encompass and are satisfactory to the contingent of cross-border citizens, including Brazilians.[4,8,15,18-19] The continuous unveiling of the very original identities of this population is encouraged.[4-5,8,19]

Limitations of the study include the small number of women who declared themselves Brazilian during admissions to the service and who agreed to participate in the study.

CONCLUSIONS

Health at the borders, despite being a subject much debated by local health managers and professionals, requires scientific studies, accurate diagnoses, successful interventions and bilateral agreements for harmonious outcomes of problem situations in border regions of Brazil/Paraguay.

***Excerpt from the thesis:**
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