

Obstetric violence as perceived by nursing students

Violência obstétrica na percepção de estudantes de enfermagem
Violencia obstétrica en la percepción de estudiantes de enfermería

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Abstract

Objective: To identify the perception of Nursing students about the understanding, causes, and prevention actions of obstetric violence. **Method:** A descriptive, exploratory, and qualitative study carried out at a private university center in Paraná. The data was collected from June to July 2022, using a semi-structured questionnaire for 10 Nursing students and submitted to thematic content analysis. **Results:** The following category emerged: knowledge of Nursing students about obstetric violence, made up of two subcategories: obstetric violence: concept, types, and understanding of the causes in the perception of Nursing students; and empowerment of women, active listening and training of health professionals to prevent practices that constitute obstetric violence. According to the interviewees, obstetric violence is characterized by abuse and mistreatment by health professionals, in its physical, verbal, moral, psychological, and sexual forms. Professional and structural issues were identified as the main causes, while professional training and women's empowerment were identified as factors for preventing the problem. **Final considerations:** The students understood the practices characterized as obstetric violence, were familiar with their main causes, and pointed to professional training and the need to provide women with preventive actions against this type of violence in obstetric services.

Descriptors: Knowledge; Students, Nursing; Obstetric Violence; Women's Health.

Whats is already known on this?

Obstetric violence is a global public health problem, making it a relevant issue for the outlining of policies aimed specifically at maternal and child health.

What this study adds?

Students understand the need to empower women and permanently train health professionals on the subject, to transform the obstetric care model.



How to cite this article: Correa KM, Batista J, Moraes SRL. Obstetric violence as perceived by nursing students. Rev. enferm. UFPI. [internet] 2024 [Cited: ano mês abreviado dia];13:e3819. DOI: 10.26694/reufpi.v13i1.3819

Resumo

Objetivo: Identificar a percepção de estudantes de Enfermagem sobre a compreensão, das causas e medidas de prevenção de violência obstétrica. **Método:** Pesquisa descritiva-exploratória e qualitativa realizada em um centro universitário privado do Paraná. Os dados foram coletados de junho à julho de 2022, mediante aplicação de questionário semiestruturado para 10 estudantes de Enfermagem e submetidos à Análise de Conteúdo do tipo temática. **Resultados:** Emergiu a categoria: conhecimento de estudantes de Enfermagem em relação à violência obstétrica, composta por duas subcategorias: violência obstétrica: conceito, tipos e compreensão das causas na percepção de estudantes de Enfermagem; e empoderamento da mulher, escuta ativa e capacitação/formação dos profissionais de saúde para a prevenção de práticas que configuram a violência obstétrica. A violência obstétrica, segundo os depoentes, caracteriza-se por abusos e maus tratos realizados por profissionais de saúde, em sua forma física, verbal, moral, psicológica e sexual. Questões profissionais e estruturais foram apontadas como causas principais, enquanto a formação profissional e o empoderamento da mulher como fatores de prevenção do agravo. **Considerações finais:** Os estudantes compreenderam as práticas caracterizadas como violência obstétrica, conheceram suas principais causas e apontaram a formação profissional e a necessidade de empoderar a mulher com ações preventivas deste tipo de violência nos serviços obstétricos.

Descritores: Conhecimento; Estudantes de Enfermagem; Violência Obstétrica; Saúde da Mulher.

Resumen

Objetivo: Identificar la percepción de estudiantes de Enfermería sobre la comprensión de las causas y medidas para prevenir la violencia obstétrica. **Método:** Investigación descriptiva-exploratoria y cualitativa realizada en un centro universitario privado de Paraná. Los datos fueron recolectados de junio a julio de 2022, mediante la aplicación de un cuestionario semiestruturado a 10 estudiantes de Enfermería y sometidos a Análisis de Contenido temático. **Resultados:** Surgió la categoría: conocimientos de los estudiantes de Enfermería en relación a la violencia obstétrica, compuesta por dos subcategorías: violencia obstétrica: concepto, tipos y comprensión de las causas en la percepción de los estudiantes de Enfermería; y empoderamiento de las mujeres, escucha activa y capacitación/formación de profesionales de la salud para prevenir prácticas que constituyan violencia obstétrica. La violencia obstétrica, según los encuestados, se caracteriza por abusos y malos tratos realizados por profesionales de la salud, en sus formas física, verbal, moral, psicológica y sexual. Se identificaron cuestiones profesionales y estructurales como las principales causas, mientras que la formación profesional y el empoderamiento de las mujeres como factores de prevención de la enfermedad. **Consideraciones finales:** Las estudiantes comprendieron las prácticas caracterizadas como violencia obstétrica, conocieron sus principales causas y señalaron la formación profesional y la necesidad de empoderar a las mujeres con acciones preventivas contra este tipo de violencia en los servicios obstétricos.

Descriptorios: Conocimiento; Estudiantes de Enfermería; Violencia Obstétrica; Salud de la Mujer.

INTRODUCTION

Changes over time in the way births are carried out have contributed to the institutionalization of childbirth and, consequently, to the worsening of violence against pregnant and parturient women.⁽¹⁾ Obstetric violence is a term used to refer to violent practices carried out by health professionals when assisting women during childbirth and the puerperium within the health service. It is characterized as gender violence and can be classified as moral, physical, psychological, and property violence.⁽²⁾

Examples of obstetric violence include denial of care/treatment during childbirth, humiliation, disregard for women's needs and pain, unnecessary invasive practices without consent, physical violence, unnecessary use of medication, forced medical interventions, dehumanization, discrimination based on race, ethnic or economic origin, age, and diagnosis of infectious diseases.⁽³⁾

In Ethiopia, when 409 women were interviewed, the prevalence of obstetric violence was 75.1%.⁽⁴⁾ In a study carried out in four West African countries, there was a high frequency of physical and verbal abuse, discrimination, and non-consensual interventions/procedures and examinations,⁽⁵⁾ similar to that found in the Spanish health system⁽⁶⁾ and in Latin American countries such as Mexico.⁽⁷⁾ The prevalence of obstetric violence in Brazil is estimated to vary from 11.3% to 18.3%.

In Brazil, although there are few epidemiological studies on obstetric violence, the prevalence is estimated at between 11.3% and 18.3%. Data from the Nascer survey carried out with the application of a survey on childbirth care in 23,378 puerperal women between 2011 and 2012, identified an increase in interventions in labor and birth and the association between disrespect and mistreatment of women during childbirth and postpartum depression, which affected 26.3% of women who underwent vaginal delivery.⁽⁸⁾

It is necessary to recognize that the current model of childbirth care, which is excessively technocratic, abusive, and permeated with unnecessary interventions, generates violence against women.⁽⁹⁾ As this is a relevant topic for outlining public health policies aimed at maternal and child health, it has become a matter to be addressed in the training of health professionals and managers, intending to change care practices and the system of care for childbirth.⁽¹⁰⁾

Institutions that train human resources in health, including schools of higher education in Nursing, are important in changing this violent scenario in the obstetric environment. It is conjectured that teaching evidence-based practices during academic training contributes to changing the attitudes/behaviors of future obstetric workers, whose aim is to prevent the institutionalized problem in the country's public and private services and promote quality, humanized nursing care.

In the meantime, investigating Nursing students' knowledge of aspects involving obstetric violence is a way of contributing to the planning of teaching strategies that favor professional training that is aware of and committed to preventing and confronting this type of violence.⁽¹¹⁾ In view of the above, the following question was asked: What is Nursing students' perception of the acknowledgement, understanding of the causes, and prevention of violent practices in the obstetric area?

This study aimed to identify Nursing students' perception of the understanding, causes, and prevention actions of obstetric violence.

METHOD

This is a descriptive-exploratory study with a qualitative approach carried out at a private university center in the city of Curitiba, Paraná. The target population consisted of 40 Nursing students enrolled in the final year of their undergraduate course.

The inclusion criteria were: being a Nursing student who had passed the theoretical course and the compulsory supervised internship on women's and pregnant women's health. Students on leave of absence during the data collection period were excluded. The number of participants was defined by theoretical data saturation, resulting in a final sample of 10 students.

Data was collected between June and July 2022. It was carried out online, with an invitation made available by e-mail. After clarifying the research purpose and answering any questions the participants might have. Those who agreed to take part were sent an electronic form using the Google Forms® platform. At the top of the form there was a link where the participant had access to the Free and Informed Consent Term (FICT) (Part A), and to access and continue filling in the form (Part B), it was necessary to select the option "I agree to voluntarily participate in the research".

Part B consisted of a semi-structured questionnaire containing demographic and academic data and five open-ended questions about obstetric violence: (1) What do you think obstetric violence is? (2) In your opinion, what are the most prevalent types of obstetric violence? (3) Describe which type(s) of procedure(s) can be considered violent in the context of labor and delivery; (4) In your opinion, what are the causes that contribute to the occurrence of obstetric violence? (5) Is it possible to prevent obstetric violence? If so, explain your answer.

After processing the participants' statements, Thematic Content Analysis was used, subdivided into three fundamental stages: pre-analysis, exploration of the material and inferential interpretation.⁽¹²⁾ In the first stage, the statements were read in depth in order to identify the central ideas.

The empirical material was explored in order to synthesize the information and compose initial and intermediate categories. These categories were grouped thematically to create a single final category called "Knowledge of Nursing students in relation to obstetric violence", made up of two subcategories: "Obstetric violence: concept, types, and understanding of the causes in the perception of Nursing students" and "Empowerment of women, active listening and training of health professionals to prevent practices that constitute obstetric violence", as a way of interpreting the results obtained.

In order to comply with Resolution 466/2012, this research was approved by the institutional Human Research Ethics Committee, under opinion no. 5.486.211. To guarantee the confidentiality and anonymity of the participants, the nursing students were identified with the letter S (Student) followed by the numeral relating to the delivery of the online questionnaire (S1, S2...S10).

RESULTS

Ten Nursing students aged between 21 and 44 took part in the study. Nine were female and four participants reported working as Nursing technicians. When asked about training in obstetric violence during theoretical/practical classes during the undergraduate Nursing degree course, nine said that the content was covered in the training process.

With regard to training in obstetric violence at events, congresses, or symposiums, six students said they had not sought out these sources to improve their knowledge of the subject. Eight students felt prepared to detect violent practices during labor and delivery.

Based on the participants' statements, a single thematic category emerged, made up of two subcategories described below:

Nursing students' knowledge of obstetric violence

From the analysis of the statements, two subcategories emerged: "Obstetric violence: concept, types, and understanding of the causes in Nursing students' perception" and "Empowerment of women, active listening, and training of health professionals to prevent practices that constitute obstetric violence".

Obstetric violence: concept, types, and understanding of causes as perceived by Nursing students

In the perception of the research participants, obstetric violence is expressed by abuse and mistreatment practiced by health professionals, which it can occur physically, verbally, morally, psychologically, and sexually, as shown in the following statements:

It characterizes an abuse that the professional inflicts on the pregnant woman, in verbal or physical forms, or even by intervening in the pregnant woman's choice of delivery, without it necessarily being a risky pregnancy. (S1)

In deciding what form the delivery will be (many cannot choose), verbal violence (not allowing the mother to express herself in that moment of pain). (S3)

Disrespect for women and their bodies, both verbal, physical, and sexual. (S5)

Any act of violence aimed at pregnant women, with or without their consent. (S6)

Lack of information to the patient, obligatory position to give birth, not respecting their wishes/ rights. (S7)

Anything that can denigrate the patient physically, mentally, or morally. (S10)

Among the actions of the health team considered violent by Nursing students, those related to physical, verbal, and psychological violence stood out.

Using invasive practices such as forceps, the famous tugging at the time of delivery, or using methods of physical abuse, denying quality care by ignoring the woman's pain and verbally humiliating her. (S1)

Use of forceps, episiotomy, and Kristeller maneuver (S2),

Forceps and the use of oxytocin when there is no need; unnecessary touching. (S3)

Slitting the vagina to make it easier for the fetus to come out. (S4)

Denying treatment during childbirth; ignoring the woman's needs. (S5)

Episiotomy, forceps (S6)

Unnecessary induction of labor, unnecessary indication for cesarean section. (S7)

Pressure on the abdomen, aggressive language. (S8)

Tricking the patient into stopping the birth and taking her to a cesarean against her will. (S10)

The health professional/patient interpersonal relationship process, women's individual aspects, such as their lack of awareness of their rights during labor and delivery, and the structural issues of obstetric care services, were mentioned by Nursing students among the causes that contribute to the occurrence of obstetric violence.

Lack of empathy, negligence, and lack of continuing education for health professionals. (S1)

Unqualified professionals and a lack of structure and resources are the causes that contribute to obstetric violence. (S2)

Poor health system conditions (S5)

Women's lack of knowledge about their process and their rights and the lack of training of health professionals. (S6)

Lack of information for mothers, vulnerable mothers without a companion. (S8)

I think there are several causes, if the team is dissatisfied with their work, their salary, or the team or supervision, lack of medicines, lack of equipment, or lack of knowledge. (S9)

Empowering women, welcoming/active listening and training health professionals to prevent practices that constitute obstetric violence

In general, the students surveyed said it was possible to prevent violent practices in the obstetric area. They related the need to empower women with information on the subject, as seen in the reports:

Researching and trying to learn what obstetric violence is, passing on information to other mothers who are going to give birth. (S5)

[...] assisted and guided prenatal care. (S7)

Providing more explanations to the patient regarding her choice of delivery. (S10)

The Nursing students pointed out that respect and welcoming in health, as well as institutionalizing humanized childbirth, are the principles that contribute to protecting pregnant and parturient women against violent and unnecessary practices in labor and childbirth.

Implementing humanized childbirth in maternity hospitals and obstetric centers. (S1)

It is possible to prevent obstetric violence by respecting, welcoming, and offering quality care to pregnant women, and by avoiding invasive procedures that could harm the fetus and the pregnant woman. (S2)

Making the moment of childbirth as humanized as possible, remembering that this moment is something special for the mother, and avoiding unnecessary talk among the team. (S3)

Three students expressed the importance of training health professionals on the subject, as can be seen in the statements below:

Study and improvement. (S4)

Talking more about this subject, continuing education, and training professionals. (S6)

Applying continuing education in maternity wards. (S8)

DISCUSSION

Based on the results, it can be seen that Nursing students' perception of the concept, causes, and prevention of violent practices in the obstetric context was favorable, anchored mainly in the fact that the content is covered in subjects that make up the curriculum of the undergraduate course at the institution surveyed, and reinforced by the fact that most of the participants reported that the topic was addressed during their professional training and that they feel prepared to identify situations of obstetric violence.

This finding is in line with an investigation carried out in a Brazilian higher education college with 65 Nursing undergraduates, which showed that the degree course provided these professionals with a

scientific, critical, and reflective foundation related to women's health.⁽¹³⁾ In a study conducted with 220 Medicine and Nursing undergraduates at a public university in the northern region of Brazil, it was pointed out that the knowledge of Nursing undergraduates was satisfactory in relation to the concept, understanding, and recognition of typical forms of obstetric violence. Furthermore, it reaffirmed that including the subject in the academic environment contributes to conceptual and behavioral changes in these students.⁽¹⁴⁾

In Spain, Nursing, Medicine, Psychology, and Obstetrics students had a moderate perception of obstetric violence. In addition, Nursing students enrolled in the last terms of the degree course had a more favorable perception of obstetric violence when compared to those at the beginning of the training process,⁽¹⁵⁾ which may explain the desired results found in this research, given that the participating students were enrolled in the last year of the degree course.

Students understand that obstetric violence is characterized by actions that cause suffering and pain to pregnant women, parturients, and puerperal women, mostly manifested by physical and verbal violence, and expressed in different ways, such as the administration of oxytocin, the use of forceps, episiotomy, Kristeller's maneuver, lack of information, omission of institutionalized rights and induction to cesarean section, contrary to the woman's desire for natural childbirth, in which the woman becomes the main protagonist at the time of the birth of her children.⁽¹⁶⁾

In a cross-sectional study carried out at a private university in Rio de Janeiro, Brazil, with 30 Nursing students who were attending the mandatory supervised internship (9th and 10th terms), they agreed that the Kristeller maneuver, episiotomy and inducing the parturient woman to have a cesarean section due to common sense beliefs are characterized as violent practices.⁽¹⁷⁾ The Kristeller maneuver, the use of offensive language, and a lack of respect for women during labor, childbirth, and the postpartum period were perceived as obstetric violence among health students in Spain.

The Kristeller maneuver, the use of offensive language, and a lack of respect for women during labor, delivery, and the postpartum period were also perceived as obstetric violence among health students in Spain.⁽¹⁵⁾ Verbal violence manifests itself in situations of moral abuse, such as insulting pregnant women and hurting their morals and dignity, to ridicule, humiliate, manipulate and/or threaten them. (18) Therefore, addressing it in Nursing training is necessary in order to transform practices and actions in the parturition process, which will be carried out in the future by these students in their professional practice.

The change in interventionist culture and medicalization at the time of birth, prioritizing vaginal and physiological birth, is the result of intense debates on the humanization of childbirth, which in turn contributes to mobilizing society and empowering women.⁽¹⁷⁾ Women's empowerment was reported by the participants in this study as one of the ways to prevent violent practices rooted in health services. An integrative literature review considered conversation circles, adherence to prenatal care, continuing education for the multi-professional team, the use of support material, and the use of the stork network as relevant approaches to structuring health education aimed at empowering pregnant women to prevent obstetric violence.⁽¹⁹⁾

The National Humanization Policy, created in 2003, makes it possible to bring the relationship between patient and professional closer together, as well as provide adequate conditions to offer women humanized and qualified care during prenatal care, childbirth, the puerperium, and neonatal care.⁽²⁰⁾ In this context, welcoming women and institutionalizing humanized childbirth were also pointed out by the interviewees as ways of guaranteeing the protection of pregnant women and parturients from different types of obstetric violence.

Researchers argue that humanizing the care provided to parturients is one of the answers to combating obstetric violence in health services.^(16,21) However, it goes beyond humanizing health professionals, but rather humanizing people, including the stance taken towards life and how the individual interacts with other.⁽²¹⁾ On the other hand, the precariousness of work must be considered as a possible influence on obstetric violence and the way of birth.⁽²²⁾

An integrative literature review that aimed to determine which factors influence the occurrence of obstetric violence in Brazil pointed out that social, economic, and cultural issues influence the occurrence of obstetric violence, with emphasis on the hierarchy between the health professional and the patient, ethical precepts at the time of parturition, the doctor/professional perception of childbirth, the expectation of poor care in public health services, the working conditions of professionals and restrictions on the companion of the parturient's choice.⁽²³⁾

Low professional qualifications and dissatisfaction with the working conditions of health professionals contribute to the occurrence of violent practices in the obstetric area, as evidenced in the testimonies. Nursing students are aware of the need to encourage and support the continuing education of health professionals, with a humanized approach, together with the expansion of information provided by public and private health services to pregnant women and their families about the rights of women and newborns.⁽²⁴⁾

The fact that the research was carried out at a single higher education institution is the main limitation. The fact that data was collected using an online questionnaire could be seen as a weakness in this study. However, recognizing the causes and preventive methods of obstetric violence from the nurses' training process contributes to changes in behaviors and attitudes, which helps transform the work process of future nurses to the detriment of their understanding of the issue and potential coping measures.

Thus, the results can be used as a subsidy to improve the teaching and learning process and advance Nursing education to promote non-violent practices during care for women in labor and delivery, making it possible to provide a care model based on the precepts of the humanization policy.

FINAL CONSIDERATIONS

Nursing students are aware of obstetric violence, especially physical and verbal violence. Among the violent actions/practices, they mentioned the use of forceps, episiotomy, Kristeller maneuver, inadvertent use of oxytocin, unnecessary touching, and induction of cesarean section. The students understand that the cause of obstetric violence is multifactorial, and among the measures reported to prevent it, the need to empower women and train health professionals permanently on the subject stood out.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Correa KM, Batista J. Contributed to data collection: Correa KM, Batista J. Contributed to the analysis and/or interpretation of data: Correa KM, Batista J. Moraes SRL. Contributed to article writing or critical review: Correa KM, Batista J. Moraes SRL. Final approval of the version to be published: Correa KM, Batista J. Moraes SRL.

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Conflicts of interest: No
Submission: 2023/01/14
Revised: 2023/06/30
Accepted: 2023/08/03
Publication: 2024/04/04

Editor in Chief or Scientific: Jose Wicto Pereira Borges
Associate Editor: Larissa Alves de Araújo Lima

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