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Nursing students' knowledge about obstetric violence

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ABSTRACT

Introduction: Obstetric violence is a worldwide multifactorial phenomenon. It is characterized by the disrespectful treatment of women at health institutions, during the pregnancy-puerperal period. Identifying future health professionals´ knowledge on this theme can be useful to design teaching strategies that support professional training for the prevention and coping of obstetric violence. **Objective:** To evaluate the knowledge of nursing undergraduate students on Obstetric Violence. **Methods:** This is descriptive and exploratory research with a quantitative approach and a sample of 115 students from a public university. The data were collected by a structured questionnaire. The questions were analyzed by applying statistical tests and Poisson regression models with robust variance. **Results:** About 99.1% of the students stated some approach to the theme, and 56.3% know someone who suffered obstetric violence. The university and social media were cited as the main sources of information. Only 10.5% were able to estimate how many women currently suffer from obstetric violence; 13% know the available legislation and 33.04% said they know how to make a report of violence. **Conclusion:** The findings indicate that students have superficial knowledge about the investigated topic, ignoring epidemiological aspects, as well as related legislation in Brazil and available instances for reporting. These results justify the teaching improvement about obstetric violence in the educational process of these future professionals, as a strategy to prevent and struggle with obstetric violence.

Keywords: violence; parturition; obstetrics; students, nursing; women´s health services; pregnant women.

INTRODUCTION

The definition of violence against women encompasses a wide diversity of actions, including any act or conduct that is gender-based and causes death, harm, or suffering in the physical, sexual, or psychological sphere to women, and may occur in the public or private space[1].

Thus, it is a violence that can manifest itself in several ways, with different levels of severity, in isolation or together, and that is classified as gender-based violence (conduct based on gender that causes any harm to women); domestic (includes physical, sexual and psychological abuse, neglect and abandonment, usually practiced within the domestic unit by someone living with the victim); physical (use of physical force or some kind of weapon in an attempt to injure the victim internally and/or externally); sexual (acts or attempts at sexual contact without the victim's consent, which can be carried out by strangers or even within marriage); psychological (conduct aimed at damaging

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the victim's self-esteem, identity, or personal development) and institutional (action or omission exercised by/in the public and/or private service, such as poor quality of services, unequal power, and mistreatment between users and professionals, violation of reproductive rights)[2,3].

Inserted in this context, the obstetric violence (OV) can be understood as gender and/or institutional violence, and is defined as a process that involves the appropriation of the woman's body and her reproductive processes by the professionals who assist her, manifested through dehumanizing conducts, abuse in the use of invasive procedures and medications. It also includes the pathologization of the physiological process of childbirth, loss of autonomy and fragility in decision-making power, aspects that generate a negative impact on the quality of life and reproductive history of women[4].

Research shows that obstetric violence, besides being a direct violation of the sexual and reproductive rights of women[5], can cause a pathological state that harms maternal life, fetal development, and the newborn, with damage of various kinds, such as excessive pain in the puerperal recovery process, risk of possible complications of unnecessary surgery, difficulties in breastfeeding, emotional frustration, greater propensity to psychopathological stress and postpartum depression, negative interference in the search for health services[2,6-8], among others. Thus, in addition to the intense suffering caused, obstetric violence has a direct implication on maternal morbidity and mortality, being characterized as a social and public health problem[9].

Due to its relevance as a public health problem, obstetric violence was widely addressed by the World Health Organization (WHO) in a declaration on the prevention and elimination of abuse, disrespect, and mistreatment during childbirth in health institutions. This document aimed to give visibility and encourage measures to prevent violence, practiced in public and private spaces, including the training process of human resources in the health field. The declaration also aimed to encourage governments and health institutions to develop research that could generate effective interventions to combat OV[10].

Similarly, the WHO reiterates that to promote intrapartum care that can foster a positive birth experience, women should be guaranteed dignity, privacy, confidentiality, informed choice, continued support during labor and delivery, and carefree of harm and mistreatment[11].

According to the literature and WHO data, most women are assisted violently, experiencing situations of mistreatment, disrespect, abuse, neglect, and violation of human rights by health professionals; being these events more frequent during labor and birth assistance[6,10-15]. In Brazil, a population-based survey showed that a quarter of women who gave birth reported some form of violence in care, and the same occurred in half of the women in abortion situation[16].

The discussion on this issue has become more intense in recent decades, with the emergence of movements for the humanization of labor and birth, when the issue began to be addressed more emphatically and with greater relevance to international affair[5].

Although the expression "obstetric violence" is the most commonly used in Brazil, there is a trend, at the international level, of naming related events as disrespectful care, abuse, and mistreatment of women during the reproductive period[17,18]. Besides the divergences related to nomenclature, there is still no consensus in the literature on how these problems can be measured, which makes difficult to know their prevalence in different settings and their real impact on women's health, well-being, and choices[10].

Linked to this situation, the literature points out that health professionals have difficulty in recognizing themselves as causing obstetric violence during care, justifying their actions by being the holders of knowledge[19]. This scenario seems to demonstrate that issues related to obstetric violence, its manifestations, and consequences to the physical and mental health of women are not properly valued and recognized by health professionals, which may be related to failures in their training processes[19].

Following this perspective, studies point to the need to restructure the academic training of health professionals, as an essential tool for preventing and dealing with OV[19,20].

Given the relevance of this scenario, this study aimed to identify the level of knowledge of undergraduate nursing students on the topic of obstetric violence. This research can offer subsidies for proposals of recognition and early combat of this phenomenon. It is relevant to qualify these discussions since initial education of these professionals to encourage their committed posture to the gender perspective and human rights in the health care.

METHODS

This is descriptive and exploratory research with a quantitative approach. The study included nursing students from a public university in the state of São Paulo: undergraduates, from the first to the fifth year of nursing course, 18 years old or older.

The sample size was defined by proportional sample calculation, within a finite population: the proportion p equal to 0.50 was considered, since this value represents the maximum variability of the binomial distribution, and generates an estimate with the largest possible sample size. It was considered a sampling error of 5% and a significance level of 5%[21,22].

The participants were randomly approached on the college premises, given an explanation about the topic and the research objectives, and then invited to participate during a break in the course classes (convenience selection). There were no refusals. All participants signed the Free and Informed Consent Form (FICF) beforehand. Data were collected from September to November 2019, through the application of a questionnaire composed of

two parts. The first was developed to collect data related to the sociodemographic profile of the students. The second dealt with a structured questionnaire composed of six closed questions: 1) Have you ever heard about OV?; 2) If the first answer was affirmative, where did you acquire information about OV?; 3) Do you know someone who has already suffered OV?; 4) In Brazil, for every 10 women, how many do you think suffer OV?; 5) Is there any specific law about OV?; 6) Do you know where to report an OV? The data collection instrument was self-applicable and was filled out in a private place, on the college premises.

The data were recorded in a Microsoft Excel® spreadsheet and submitted to statistical treatment using the Statistical Analysis System (SAS), version 9.4.

The Shapiro-Wilk test was used to evaluate the distribution of the data, while the associations between qualitative variables were performed using the Chi-square test and, when indicated, Fisher's exact test. Poisson regression models with robust variance were also built[23]. Estimates obtained from prevalence ratios were investigated, and their respective confidence intervals were presented.

The study followed the norms of the Brazilian National Health Council, according to the Resolution 466/2012, and was approved by the institutional Research Ethics Committee (process 3,366,728/2019).

RESULTS

The study included 115 nursing students with a mean age of 21.7 years, ranging from 18 to 38 years. Table 1 presents the characterization of the sample.

Table 1: Characterization of the participants. Campinas, Brazil, 2019

Variable	n	%
Sex		
Female	96	83,5
Male	19	16,5
Marital status		
Single	111	96,5
Married	4	3,9
Color		
White	62	53,9
Brown	33	28,6
Black	20	17,5
Do you have children?		
Yes	1	0,9
No	114	99,1
Undergaduation year		
First	33	28,7
Second	32	27,8
Third	29	25,2
Fourth	21	18,3

Contact with the topic of OV was mentioned by 114 student (99.13%), and 66 of them (57.39%) said they knew someone who had suffered this event. Figure 1 shows how many times each of the sources of information on obstetric violence was mentioned by the participants.

Only 12 participants (10.53%) answered correctly the number of women who suffer OV in Brazil, according to the currently available statistics. Table 1 shows that correct answers were more prevalent among third-year (17.24%) and first-year (18.75%) students, respectively. However, no statistically significant difference was found among the students of the four grades of nursing undergraduation (p=0.0355) (Table 2).

When asked about the existence of a Brazilian federal law against OV, only 15 students (13.04%) answered correctly that there is no law nationwide, and fourth-year students obtained the highest proportion of correct answers (14.29%). Also, no statistically significant difference was found among the undergraduate groups upon this question (p>0.9999) (Table 3).

Regarding the available instances for complaint, 38 students (33.04%), affirmed knowing how to report an OV situation. As shown in Table 4, this question presented significant statistical

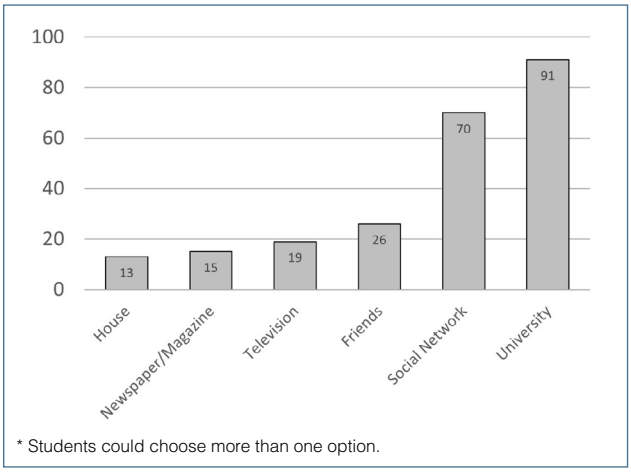

Figure 1: Sources of information on Obstetric Violence cited by Nursing students. Campinas, Brazil, 2019*

Table 2: Knowledge of nursing students about the number of women who suffer obstetric violence in the country. Campinas, Brazil, 2019

Variable	How many women, in a group of ten, suffer obstetric violence in Brazil?				p-value
	Incorrect		Correct		
	n	%	n	%	
Academic Year					
First	26	81.25	6	18.75	**0.0355****
Second	31	96.88	1	3.13	
Third	24	82.76	5	17.24	
Fourth	21	100.00	0	0.00	

* p-value obtained using the chi-square test.

** p-value obtained using Fisher's exact test.

difference (p<0.0001), since the highest number of correct answers was from the second year students (68.75%), followed by the fourth year (23.81%), the first year (21.21%) and lastly, the third year (13.79%).

When questioned about having witnessed some OV situation, 26 (23.01%) answered affirmatively, with the highest percentage (76.19%) among fourth-year students. A statistically significant difference was identified for this question (p<0.0001), with affirmative answers increasing with the advancing years of graduation (Table 5).

Table 3: Knowledge of nursing students about the existence of federal law against obstetric violence in the country. Campinas, Brazil, 2019

Variable	Is there a Federal Law to combat obstetric violence in Brazil?				p-value
	Yes		No		
	n	%	n	%	
Academic Year					
First	29	87.88	4	12.12	>0.9999**
Second	28	87.50	4	12.50	
Third	25	86.21	4	13.79	
Fourth	18	85.71	3	14.29	

* p-value obtained using the chi-square test.

** p-value obtained using Fisher's exact test.

Table 4: Knowledge of nursing academics about the instances available for reporting obstetric violence. Campinas, Brazil, 2019

Variable	Do you know the instances available for reporting obstetric violence?				p-value
	No		Yes		
	n	%	n	%	
Academic Year					
First	26	78.79	7	21.21	**<0.0001***
Second	10	31.25	22	68.75	
Third	25	86.21	4	13.79	
Fourth	16	76.19	5	23.81	

* p-value obtained using the chi-square test.

** p-value obtained using Fisher's exact test.

Table 5: Frequency of nursing students that witness obstetric violence. Campinas, Brasil, 2019

Variable	Have you ever witnessed any situation of obstetric violence?				p-value
	No		Yes		
	n	%	N	%	
Course Year					
First	30	93.75	2	6.25	**<0.0001***
Second	28	90.32	3	9.68	
Third	24	82.76	5	17.24	
Fourth	5	23.81	16	76.19	

* p-value obtained using the chi-square test.

** p-value obtained using Fisher's exact test.

DISCUSSION

The students showed relevant contact with the OV theme. The university was identified as the main source of information, followed by social networks such as Facebook and Instagram. No studies were found upon different sources of dissemination of this theme, but the literature points to a trend of manifestations and collective actions organized and mediated by the Internet, especially on mentioned social networks. These platforms have been widely used to promote discussions, problematizations, and political participation of women in the field of health, which helps the dissemination of the theme to the general public[24] and corroborates the findings of this research.

These new information and communication technologies (ICTs) have been used not only to disseminate information but also to strengthen the voice of citizens. This process is even more significant when the participants belong to oppressed groups whose rights have been neglected over the years[24].

By being identified as the main source of information on OV, the university demonstrates its commitment to its social responsibility, aiming to go beyond technical training of excellence. That is, it also takes into consideration the meanings and uses of this training within society, inserting the university into the common life of individuals and contributing to the establishment of social justice[25]. The studied theme is part of the course curriculum, being approached in the women's health classes, especially in those that deal with good practices in assistance to the parturient woman. In addition, a specific class on the subject was incorporated a few years ago, taught by a lawyer who is an expert on the subject. Discussions on this theme are also frequently held in academic extension environments, such as the Feminist Collective and the university's Gynecology and Obstetrics League. Based on the biopsychosocial consequences of OV and the role of citizenship of health professionals, it demonstrates the urgency of addressing this issue during the training of these professionals to spread education supported by values and principles based on human rights[25].

On the other hand, television and newspapers/magazines were less mentioned by the participants, demonstrating that the traditional media does not seem to reach these young people by offering information regarding OV. The "family" was the least mentioned source of information, which can be related to the patriarchal and authoritarian character present in contemporary family formation, in which issues related to women's health and their rights are little brought to the discussion[19,26].

An important finding was the finding that a large number of students of the last year reported having already witnessed some situation of OV. This is probably related to their theoretical and practical activities in obstetrics at the studied university. Thus, the possibility that these students are witnessing situations of OV

within the teaching hospital, which is a reality throughout Brazil, becomes worrisome[27].

The literature shows that in this teaching model, still practiced in many teaching hospitals, future health professionals are taught that women have no right to choose or to an informed refusal. Moreover, it can be seen that in this educational model, the students needs are more valued than autonomy and body integrity of the parturients, promoting a culture of disrespectful, uncritical teaching that is entirely disconnected from the scientific evidence[27]. Against this model, it is necessary to highlight the successful experiences of teaching hospitals that value teaching quality that includes ethics and the human rights of clients, as the example of the obstetric courses of the Hospital Sofia Feldman in Belo Horizonte-MG, offered to physicians and nurses[28].

The results of this research can expose the OV even at a teaching hospital. On the other hand, the findings also showed that students have enough knowledge to recognize it in clinical practice and the OV is no longer naturalized from the perspective of these future professionals.

The national research on women and gender, developed by the Perseus Abramo Foundation in partnership with the SESC[16], verified that one in every four women suffered some type of violence during their childbirth care. Regarding such epidemiological data, the present study showed that only a small portion of the undergraduate nursing students had some knowledge about the incidence of OV in Brazil. The literature points out that both professionals and patients do not easily recognize OV, what makes studying this a challenge in Brazil[9,16,29]. This scarcity of information on the current statistics of OV in our society, which is linked to the difficulty in recognizing this phenomenon, may justify the little knowledge of its incidence by students and society in general.

On the recognition of obstetric violence, studies point to different opinions among physicians, nurses, and women[29,30]. On the one hand, women and nursing state violence that is witnessed and silenced. In contrast, the medical discourse does not believe that OV occurs, considering proportion and repercussion, according described by the media, blogs, and other organizations[30]. A recent multicenter study pointed out that only 12.6% of women reported situations of OV, reflecting ignorance and underestimation of this relevant and current public health problem[31]. Thus, the existence of variations in the definition, interpretation, and recognition of OV situations in our reality contribute to making this theme imprecise, which makes the statistical mapping of the phenomenon even more difficult.

It was also found that only a small percentage of participants said they recognized the instances available for making complaints, and the second year was the year with more students with affirmative responses. Currently, this complaint can be made in the ombudsman sector of the health institution where the violence occurred, in the State Public Defender's Office, in the State or Federal Public Ministry, in the Unified Health System General Ombudsman's Office (through channel 136), in the Women's Call Center (180) and in the Class Council of the professional who practice the violence[32]. The absence of assertive information about procedures in case of OV is a worrying finding of this research, since health professionals should perform the role of protection and guidance to victims.

A study conducted in Venezuela showed that only 19.3% of women reported knowing how a report of OV is made[33]. This finding highlights the need to invest in the training of professionals to offer this type of guidance to women, which justifies greater efforts of the public organizations to spread information and complaint network.

Although the vast majority of participants affirm the existence of a law to combat OV in the country, Brazil still does not have a federal law that characterizes it as a crime in a national approach. Up to the present moment, there are state laws, as in the state of Santa Catarina, for example, which dispose of prevention and protection actions against OV, besides divulging good practices of attention to the pregnancy-puerperal cycle[34]. Furthermore, the absence of a specific law related to OV does not exempt professionals, managers, and public policymakers of respecting the norms that already exist in Brazil, which recognize the women´s rights[2,5]. A study by Tesser[4] points out different categories framed in OV and which corresponding right is injured in each of these actions, which exemplifies the noncompliance with legislation already implemented in Brazil[4].

The lack of clarity about the current legislation and the legal aspect of the fight against OV in the country shows, once again, the need to deepen the students' knowledge on this theme, since they will be able to get involved in the elaboration and implementation of public policies to fight against OV in Brazil, as professionals.

The literature has been emphatic in highlighting the importance of including the principles of human rights applied to labor and birth in the curriculum of all educational institutions, as well as the debate on the impact of OV on women and their families as an important tool for the prevention of this problem[19,35]. However, it is emphasized that the proposition of strategies for prevention and confrontation of the event goes through academic training and includes the sensitization of society, social mobilization, and the creation of laws and public policies, in a joint effort to ensure obstetric care free of violence and based on sexual and reproductive rights[19].

With the implementation of these strategies, it may be possible to contribute to actions that aim to denaturalize OV, promoting collective discussion of the theme and debate about available strategies for its prevention and resolution, which should be started during the training process of health professionals.

Conclusion

Nursing students recognize the problem of OV in the current context and consider the university and social networks as their main sources of information on the topic. This data shows the responsibility of the university in problematizing OV for future professionals, aiming to transcend the purely technical aspect of the training process.

According the findings, students know superficially the epidemiological data related to the incidence of OV and have little information about the current legislation in Brazil, as well as the instances for reporting. All these aspects represent important issues that should be learned during undergraduation, since they may be useful for different care settings, including women care.

Furthermore, it is essential to qualify the teaching of future professionals upon OV, through further discussion, clarification of concepts, and awareness of the need to change current practices as strategies for preventing and combating obstetric violence. It is suggested that this theme, as well as principles of human rights applied to labor, delivery, and birth, should also be included in the curriculum of educational institutions, with emphasis on health education.

This research has limitations related to the regionalization of the data, which does not allow generalizations of the findings. Thus, future studies in other regions and educational institutions of the country are suggested.

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