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# Racism practices in obstetric assistance: phenomenological case study

Práticas de racismo em assistência obstétrica estudo de caso fenomenológico

Práticas de racismo na assistência obstétrica: estudo de caso fenomenológico

## ABSTRACT

**Objective:** To understand the racist practices in assistance in the pregnancy-puerperal cycle from a case. **Method:** The study used the phenomenological method for case study, structured in four procedures: clinical meetings, descriptive report, expressive productions and documentary analysis. The data were analyzed using the phenomenological method of Giorgi. **Result:** After the analysis, four units of meaning were obtained: Unit 1: Concept of racist practice; Unit 2: Racist obstetric practices; Unit 3: Understanding the experience of black women assisted by racist practices; Unit 4: Struggles for the rights for equitable assistance, its trajectory indicated the possibility of racist practices occurring in different ways during obstetric care, helping to delineate the formats of occurrence. **Conclusion:** Public policies make a strong contribution to the qualification and humanization of health care for black women, and should be part of training and care strategies.

**DESCRIPTORS:** Violence Against Women, racismo; Health Services Accessibility; Hospitals; Maternity.

## RESUMEN

**Objetivo:** comprender las prácticas racistas en la atención al ciclo gestante-puerperal de un caso. **Método:** El estudio utilizó el método fenomenológico para el estudio de caso, estructurado en cuatro procedimientos: reuniones clínicas, informe descriptivo, producciones expresivas y análisis documental. Los datos fueron analizados utilizando el método fenomenológico de Giorgi. **Resultado:** Tras el análisis se obtuvieron cuatro unidades de significado: Unidad 1: Concepto de práctica racista; Unidad 2: Prácticas obstétricas racistas; Unidad 3: Comprender la experiencia de las mujeres negras asistidas por prácticas racistas; Unidad 4: Luchas por los derechos por la asistencia equitativa, su trayectoria indicó la posibilidad de que las prácticas racistas ocurrieran de diferentes formas durante la atención obstétrica, ayudando a delinear los formatos de ocurrencia. **Conclusión:** Las políticas públicas contribuyen fuertemente a la calificación y humanización de la atención de salud de la mujer negra y deben ser parte de las estrategias de formación y atención.

**DESCRIPTORES:** Violencia contra la Mujer, racismo, Accesibilidad a los Servicios de Salud, maternidades.

## RESUMO

**Objetivo:** Compreender as práticas racistas na assistência no ciclo gravídico-puerperal a partir de um caso. **Método:** O estudo utilizou-se do método fenomenológico para estudo de caso, estruturado em quatro procedimentos: encontros clínicos, relato descritivo, produções expressivas e análise documental. Os dados foram analisados pelo método fenomenológico de Giorgi. **Resultado:** Após a análise obteve-se quatro unidades de significado: Unidade 1: Conceito de prática racista; Unidade 2: Práticas obstétricas racistas; Unidade 3: Compreensão da experiência da mulher negra assistida por práticas racistas; Unidade 4: Lutas pelos direitos para uma assistência equânime, sua trajetória indicou a possibilidade de as práticas racistas ocorrerem de diversas formas durante a assistência obstétrica, ajudando a delinear os formatos de ocorrência. **Conclusão:** As políticas públicas trazem uma forte contribuição para a qualificação e humanização da atenção à saúde da mulher negra, devendo fazer parte das estratégias formativas e assistenciais de cuidado.

**DESCRIPTORIOS:** Violência contra a Mulher; Racismo; Acesso aos Serviços de Saúde; Maternidades.

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## INTRODUCTION

Obstetric violence is any action or omission during prenatal, childbirth or puerperium, which causes pain, harm or unnecessary suffering to the woman, being practiced without her consent or in disrespect for her autonomy, <sup>(1)</sup> it may result in physical, psychological or moral damage. Its occurrence highlights the fragility of care and protection of sexual and reproductive rights, being considered a violation of these, in Brazil skin color/race, ethnicity, social class and gender are decisive in the way of living, in the process of getting sick and dying. Violence is present in the trajectory of black and poor women. <sup>(2)</sup>

Obstetric violence is expressed in different intensities, depending on the social groups that women are inserted into. There is an implicit social bias that determines interpersonal relationships in health care, causing the practices of discrimination and prejudice based on the specific phenotype. <sup>(3)</sup>

Maternal and child health indicators point to an unfavorable situation for women with black skin color. The literature indicates that these women are five times more likely to die from causes related to pregnancy, childbirth and puerperium when compared to white women. <sup>(4)</sup> Studies show that pregnant women with white

skin color receive more information about prenatal care than pregnant women with black skin color, and in childbirth they are offered analgesia less frequently. <sup>(5)</sup>

In historical terms, health vulnerability and racism became an issue on the public management agenda only after the National March Zumbi dos Palmares took place in 1995, leading to the creation of the Interministerial Working Group for the Valorization of the Black Population (GTI - Grupo de Trabalho Interministerial), which aimed to formulate a proposal for governmental action. <sup>(6)</sup>

The National Policy for Comprehensive Health of the Black Population (PNSIPN - Política Nacional de Saúde Integral da População Negra) established in 2009 by the Ministry of Health, establishing the principles, brand, objectives, strategies and responsibilities of managers in promoting care. Encompassing actions of care, attention, health promotion and disease prevention, knowledge production and continuing education for health workers, aiming for equity in the health of the black population. This policy encompasses actions and programs of various departments and bodies linked to the Ministry of Health, it is a transversal policy with debt management and operation between the three spheres of government. <sup>(7)</sup>

It aims to "promote comprehensive health of the black population, prioritizing

the reduction of ethnic-racial inequalities, combating racism and discrimination in SUS institutions and services" and marks the "recognition of racism, ethnic-racial inequalities and racism institutional as social determinants of health conditions". One of the strategies and responsibilities of the management spheres is the "qualification and humanization of health care for black women, including gynecological, obstetrics, puerperium, climacteric and abortion care, in the States and Municipalities". <sup>(7)</sup>

From this perspective, this research aimed to answer, from the case study, the following questions: how is obstetric racism manifested in Manaus and how do women understand its relationship with their health? The objective was to understand racist care practices in prenatal care, childbirth and puerperium from the identification of racist practices in obstetric care and the understanding of the experience of black women assisted by racist practices.

## METHOD

This research comprises a case study, which applies the critical phenomenological method. <sup>(8)</sup> Eligibility criteria for the research were considered: recognized as black; recognize racist practices in obstetric care; be over 18 years of age; ha-

ving had all the obstetric care in Manaus, Amazonas/AM. As for the exclusion criterion, having a psychiatric diagnosis after racist assistance. The invitation to participate in the survey was disclosed between the months of August and November 2019 on the social networks of black women's collectives in Manaus. For data collection, the following instruments were used: Semi-structured script containing sociodemographic data, data on prenatal care, childbirth and puerperium, and guiding questions; Expressive resources that facilitate expression, such as photographs, literary excerpts, clippings from journalistic articles, among others; digital recorder.

For the phenomenological investigation of the case, three procedures were performed: (A) Clinical Meeting: the interview consisted of open questions that were asked in the initial meeting(s) between the researcher and the interviewee. In order to increase understanding of the lived world; (B) Descriptive Report: composed of the answers given to the interview carried out using a semi-structured script; (C) Expressive productions: the meeting aimed to broaden the understanding of the participant's experience through the handling of expressive resources. Both the narratives unveiled from the resources and the productions made during the meeting were valued and considered as research data.

For data analysis, the phenomenological method developed in four steps was used: establishing the general sense; division of meaning units; transformation of meaning units into expressions of a psychological nature; determination of the general structure of psychological meanings.<sup>(8)</sup>

The approach to the research participant took place on September 12th, 2019, the clinical meetings were carried out using the multiplatform Whatsapp application, from September 12th, 2019 to January 13th, 2020. The descriptive report took place on January 14, 2020 on the court of the Vitória Régia Samba School, the printed consent form being

presented in which the participant read and agreed. The interview with expressive productions was carried out on June 19, 2020 by the cross-platform application Google Meet, due to the sanitary restrictions of the new coronavirus pandemic.

Regarding ethical aspects, the study was submitted for consideration to the Research Ethics Committee (CEP) of the State University of Amazonas (UEA) following the norms of Resolution No. 510/16 of the National Health Council, which provides for Research Involving Human Beings. It was approved under CAAE no. 13336519.6.0000.5016, opinion no. 3.332.774.

## RESULTS

By choice of the participant, she will be identified as Viola Davis. She is 45 years old, married, has completed higher education, has 1-2 minimum wages. She had three cesarean sections (years 2000, 2002 and 2011) and in all pregnancies she had more than six prenatal consultations.

With regard to the results, four units of meaning were identified, the first two being related to the practices of racism and the last two to the understanding of the experience of black women assisted by racist practices.

### Unit 1: Concept of racist practice

In Viola Davis' speech four different definitions emerge that, together, allow for a broader understanding of the inequalities in treatment based on the criterion of race, she states that she experiences racist treatment in different ways in her daily life, always in a veiled way and with the aim to deface the race.

*"It's any way of denigrating the person, not treating them with respect, not treating them with equality, treating the person with indifference because of color, rather than color."*

*"[...] because if you're there to have surgery or internship, being a black woman you have to remove your braids to get into the place, get your*

*origins out. (...) it's a very strong speech, it's a form of racism. [...] I believe that this racism is always masked [...] these are stories that go unnoticed [...]."*

### Unit 2: Racist obstetric practices

Viola Davis identified as racist obstetric practices suffered by her, the negligence regarding hypertension, the belief of a higher pain threshold due to race, the dehumanization and animalization of the black body.

*"[...] in the eighth month of pregnancy, the doctor saw that my blood pressure was altered. She admitted me, [...] I was under observation, [...] it was the time the obstetrician came in, they applied the anesthesia and when she started to open me up, I said I was feeling it, that she was cutting me and I was feeling. I was screaming and she told me to stop screaming because when I made my child I didn't feel anything and she was feeling it because she was hungry and I was supposed to stop. That's when the anesthesiologist told me and her, "she's in pain, because it's not working. The pressure is high, she's black, there are several things there, let her calm down so I can fix it". The obstetrician replied, "no, I won't wait, I don't have time to wait, I'll cut". I just remember that they cut me up, I screamed a lot, they took the baby away. I blacked out and I don't remember anything else."*

*"[...] She treated me like an animal, so much so that the doctor closed me off as if I were a dead person, she closed me off at the end, to die."*

### Unit 3: Understanding the experience of black women assisted by racist practices

Viola Davis states that the practices of racism are configured as humiliation, that there is a hierarchy in relationships and that racist assistance permeates physical marks.

*“[...] There are several situations in my life where I've suffered racism. [...] we feel humiliated. The people who are about to give birth, we are between a cross and a sword, it's you or the nursing team, if you treat them badly, they will certainly get bad and they will treat you badly [...] submission, right.”*

*“Whenever I found out I was pregnant, I felt despair, can you believe it? Because I knew I had to and I didn't know what was going to happen to me [...]”*

#### Unit 4: Struggles for Rights for Equitable Assistance

Viola Davis states that assistance based on public policies is only possible through the struggles of the black population.

*“Public policies are important [...]. The policy is in there, but it doesn't guarantee you a differentiated service, I believe that if we don't demand it won't be differentiated, [...], we're not asking for a favor, the black person is not asking for a favor, he's demanding a right that belongs to him, which has long been denied.”*

#### DISCUSSION

The impossibility of defining racist practice in a single description indicates that the latter would not be sufficient to encompass the totality of what the acts represent, since they reproduce the racism whose marks accompany it in life. Throughout the history of Brazil, a racist ideal in which color refers to suffering and pain has been naturalized. This naturalization makes the black body an object of contempt and neglect in health care, making the use of the term obstetric violence not able to fully cover the health inequities suffered by black women.<sup>(5)</sup>

Another characteristic that describes/conceptualizes racist practice, from the perspective of Viola Davis, is its veiled

character, constituting unnoticed stories that remain a little explored and understood phenomenon. Racism is a social problem, which is expressed in subtle ways that spread for generations.<sup>(9)</sup> In this sense, the characteristic identified by Viola Davis is anchored in discussions that also appear in the literature. These are invisible stories that, when told, show fits, repetitions, similar and orchestrated functioning.

**In the exposed speeches, it is similar to what other researches indicate as obstetric violence, however, considering the racial dimension, it seems to be possible to understand it also as obstetric violence in the form of racist assistance.**

To Viola Davis, race is an element of human origin and racist health practices act by depriving women of their human

origin. The construction of identity is the result of the processes to which the human being is introduced. The affirmation of black identity is related to the networks of bonding with the other, the study also states that the icons that identify black identity must be in the daily life of educational processes in schools and non-schools, only then will another outcome be possible besides racism.<sup>(10)</sup>

In the exposed speeches, it is similar to what other researches indicate as obstetric violence, however, considering the racial dimension, it seems to be possible to understand it also as obstetric violence in the form of racist assistance. About this, a study showed a 24-year-old black mother from Manaus who reported realizing that society expects her to have “infinite strength”, as black women would be able to withstand inevitable pain and suffering. For the author, color is being understood as a kind of protective factor responsible for protecting women from pain, which is not supported in reality and also contributes to the lack of rigor in pain control, depriving them of pharmacological methods or non-pharmacological relief.<sup>(11)</sup> This study reaffirms the racist character of care provided to the black population, strengthening society's discriminatory profile.

The case of Viola Davis exposes the deficiencies of a team that should offer assistance based on the National Policy for Comprehensive Health of the Black Population (PNSIPN), recognizing the specificities of this population. Following the path of discussion of the answers, it is observed that hypertension is one of the most common genetic diseases in the black population.<sup>(12)</sup> Maternal morbidity and mortality among black women can be associated with biological predisposition, in addition to the inequality of access to health services and care, and the lack of actions and training of professionals focused on the specificities to which black women are exposed.<sup>(13)</sup> If the preventive approach for the identification of hypertensive syndromes during pregnancy encompasses the detection of



risk factors, the possibility of genetic predisposition needs to be considered, in addition to strict monitoring of blood pressure and planning individualized care.<sup>(12)</sup> Special attention also needs to be given to the choice of anesthetic drug, as the latter is influenced by the clinical and genetics of the patient, with pharmacokinetic variation related to the enzymatic metabolism that influences the duration and intensity of the drug's effect.<sup>(14)</sup> All these factors seem to have been neglected in the obstetric care offered to Viola Davis, reaffirming the occurrence of racist practices and the maintenance of institutional racism. In this regard, the research is consistent with this finding, as its results show that health professionals disregard the complaints of the black population, hindering access to low-quality health services and care.<sup>(15)</sup>

Delivery and birth can be configured as a transforming event for women, prenatal care must provide safe delivery, neonatal and maternal well-being through prevention and/or early detection of diseases that can lead to an unfavorable prognosis for the newborn (NB) and for the pregnant woman. Health professionals responsible for prenatal consultations in Primary Health Care have a relevant role to meet the real needs of pregnant women and, above all, prepare them for a new life with the birth of the newborn through health education with the objective of promoting knowledge, favoring changes in behavior that encourage autonomy and the ability to take care of themselves according to their needs.<sup>(16)</sup>

When prenatal care is not structured in this way, being permeated by racist

practices consciously or not, designing the quality of care offered to women, transforming this singular moment into suffering and pain, leaving marks on their psychological state.

## CONCLUSION

Viola Davis' case study made it possible to broaden the understanding of racist practices in obstetric care in Manaus. Its trajectory indicated the possibility of racist practices occurring in different ways during obstetric care, helping to delineate the occurrence formats. The PNSIPN makes a strong contribution to the qualification and humanization of healthcare for black women, and should be discussed in the academic sphere and at different levels of health care, as part of training and care strategies. ■

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