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RESEARCH

THE CULTURAL CONSTRUCTION OF THE BIRTH PROCESS

A CONSTRUÇÃO CULTURAL DO PROCESSO DE PARTO*

LA CONSTRUCCIÓN CULTURAL DEL PROCESO DE PARTO

Lizandra Flores Pimenta¹, Lúcia Beatriz Ressel², Karine Eliel Stumm³

ABSTRACT

Objective: We aimed to understand how culture influences in the process of women delivery. Eight women were interviewed. **Method:** A qualitative study done at a teaching hospital and basic health unit, in the year 2011. The interviews were analyzed and interpreted according to the Analysis of Thematic Content. **Results:** Showed that the positive meaning conveyed by the women who cohabit with the interviewed, provided an enriching delivery and influenced in the preference for the natural labor. The participants who received negative comments felt fear, anxiety and insecurity during the birth experience. **Conclusion:** We understand that culture influences in labor of women. **Descriptors:** Anthropology, Nursing, Delivery, Obstetric, Women’s health.

RESUMO

Objetivo: Compreender de que forma a cultura influencia no processo de parturição da mulher. **Método:** Estudo qualitativo realizado em hospital de ensino e uma unidade básica de saúde, no ano de 2011. Foram entrevistadas 08 mulheres. Os depoimentos foram analisados e interpretados conforme Análise de Conteúdo Temática. **Resultados:** mostram que o significado positivo transmitido por mulheres do convívio das entrevistadas proporcionou um parto enriquecedor e influenciou na preferência por parto normal. As participantes que receberam comentários de teor negativo sentiram medo, ansiedade e insegurança durante a experiência do parto. **Conclusão:** Compreendemos que a cultura influencia no processo de parturição das mulheres. **Descritores:** Antropologia, Enfermagem, Parto obstétrico, Saúde da mulher.

RESUMEN

Objetivo: Nuestro objetivo fue entender de qué manera la cultura influye en el proceso de parto de la mujer. **Método:** Estudio cualitativo hecho en hospital de enseñanza y unidad básica de salud, en el año 2011. Fueron entrevistadas 8 mujeres. Sus testimonios fueron analizados e interpretados según Análisis de Contenido Temático. **Resultados:** Los resultados muestran que el significado positivo transmitido por la convivencia de las mujeres entrevistadas proveyó un parto enriquecedor y influyendo en la preferencia por el parto normal. Las participantes que recibieron comentarios de contenidos negativos, señalaron miedo, ansiedad e inseguridad, durante la experiencia del parto. **Conclusión:** Comprendemos que la cultura influye en el proceso de parto. **Descriptor:** Antropología, Enfermería, Parto obstétrico, Salud de la mujer.

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INTRODUCTION

Historically, labor has been considered a ladies event, in which members of the social group of the mother, as the mother, relatives, neighbors and midwife helped her. However, from the eighteenth century in Europe, childbirth underwent a process of transformation, with biomedical male influence, creating a new perception in the context mainly Western.¹

Influenced by Cartesian dualism of mind and body developed by Descartes, Bacon and Hobbes, taking the metaphor of the body as a machine, went into effect in Western culture as pathological process of childbirth. Having the ideal male body as a prototype of this machine and the female body as the standard deviation of that, this was seen as a defective machine that needs constant adjustment and manipulation of men.²

The consolidation process of medicalization and hospitalization of childbirth happens in mid-twentieth century and that women's position against the medicalization process was not exactly the victim.³ The women of the upper class did not accept to feel the pain of childbirth and unwilling to take more risks, and the fact of giving birth with the assistance of a doctor mean greater purchasing power of their husbands.

Thus, a ladies event, domestic and physiological childbirth becomes pathological, dominated by an interventionist practice and hospital, where the woman gradually lost their right to choose.¹

To address this situation, considering that the humanization of obstetric and neonatal care is the first condition for proper monitoring of childbirth and, in 2000, in Brazil, was established by the Health Ministry Program for the Humanization of Prenatal and Birth The main aim is "to ensure improved access, coverage and

quality of prenatal care, the birth and postpartum care to pregnant women and newborns, from the perspective of the rights of citizenship."^{4:5}

Therefore, professionals falling within the scenario of public policies on women's health should have, as a prerogative, the instrumentalization of women so that they are effectively subject of law in society, protagonists of their own lives and their delivery, utilizing your choices based in information, as required by National Policy on Comprehensive Health Care for Women - PNAISM.⁵

Based on these considerations, the question guiding the research is based on the following point: how culture influences the knowledge and practices of women in relation to the process of parturition? This question emerges from the object of research that seeks to understand the meaning that the woman gives birth to her.

Ultimately, our study aims to evaluate how that meaning may influence the nursing care provided to women during the childbirth, since it can help in understanding the needs of caring for women in labor.

In this sense, the core theme to be discussed in this article is: Knowing how is the cultural construction of women parturition process.

METHODOLOGY

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benchmark in the city and region for high-risk pregnancies and a Basic Health Unit (BHU) which is the field of school practice and supervised training for students of Nursing, Federal University of Santa Maria (UFSM), where actions are taken to promote health / citizenship of children, adolescents, adults and women.

We interviewed eight women of childbearing age, with a history of vaginal delivery or cesarean section, women who were not gestating, and whose deliveries occurred since the year 2004. Of these, four were captured in the Basic Health Unit and four services in obstetrics and gynecology at the University Hospital. Were invited for interviews women who attended family planning groups, and who came in the days pre-established for dispensing of contraceptives in the Basic Health At University Hospital, the search for participating extended to different units gynecological obstetric, accompanying women and women who work in these units and who met the inclusion criteria.

The data were analyzed following a thematic analysis of Minayo⁶ which consists of discovering the core of meanings that constitute a communication frequency or presence reveals some significance to the analytical object. Therefore, to analyze the meanings of a given statement, the emergence of certain themes denotes relevant structures, reference values and patterns of behavior that may be lurking in discourse.⁶

At all stages of the research, we look at the ethical and bioethical principles of voluntariness, autonomy, beneficence, non-maleficence and justice that underlie the Resolution no. 196/96, the National Health Council, which prescribes the ethics of research with human beings. The project was approved by the Ethics Committee in Research-UFSM under the protocol number CAAE No 0317.0.243.000-10.

RESULTS AND DISCUSSION

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Among the women, some showed a favorable perception about natural childbirth. In his reports present positive stories of childbirth occurring in their family context:

[...] look, all did not complain. The [family] that I talked to said that normal birth is the best way because of the recovery, it is better for thee to take care of the baby without depending on anyone (M2). My mother was quiet [...] she gave me that experience good (M3).

In the opinion of those interviewed, the transmission of knowledge through the births in his family had a great influence on the preference for normal childbirth, focusing mainly on his naturalness and convenience.

Interviewees M1 and M6 noted the presence of midwives in childbirth.

Me and my sister were born by vaginal delivery. My grandmother had five children delivered vaginally. My mother had vaginal births at home. She commented on how it had been the births of her children, being all quiet and adventures, which until yesterday rode horses and gave nothing complication, and at that time was with midwives. Her mother was a midwife.

Children born with his grandmother (M6). My mother had five normal births. Everyone at home, and my grandmother was a midwife. I think that the influence comes from. She always said it was a good thing, of course it hurt, but she always showed good thing. I have a sister who gained a baby in the house did not have time to go to the hospital. It was too fast (M1).

Until the entry of the medical profession in the process of childbirth, women in labor were aided primarily by mothers, aunts, grandmothers and / or midwives. However, with the loss of importance of the role of midwives - it threatened the monopoly of medical knowledge and its progressive marginalization allocation in the context of obstetrics, his knowledge came to be seen under suspicion.

In almost all cultures the main providers of primary health care are mothers and

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grandmothers, midwives and still are responsible for obstetric care in some countries.²

In contrast, respondents who have negative experiences in their speeches, show that, in family life and social circle next such issue or not been reviewed or been approached with negative content: My mother said it was horrible, it was not good that neither cesarean nor normal delivery. She suffered much. So it's time to win so always gave me a fear due to stories told by my mother (M7).

My mother never spoke 'with us' about it. She had cesarean of my younger sister [...] my recovery was bad because it took me to recover [...] (M4). We never talked about these things at home, or with mother or sister with. The only thing I talked about is suffering a lot, talked he would scream with pain, the contractions were strong [...] (M5).

For Martin, 12 women may have these negative feelings of objectification and fragmentation both in cesarean childbirth as normal, but they undergo a cesarean describe these sensations more intensely, as highlighted in the interviews carried M4 and M5:

I felt strange and it seems that my legs were separated from my body because of the anesthesia (M4). I suffered a little bit, put serum, was belly up all the time, [...] as if he were sick, then I had a CS that festered points. I felt an object [...] (M6).

The interviewee commented on the M8 obligation to act according to the rules that require obstetric team, not to make a scene otherwise not receive adequate attention. [...] Here comes grandma, mom comes to talk, saying you do not scandal, not scream, because they do not really pay attention. And I actually saw it [...] so I knew it was not good when I was winning (M8).

In the fragment of the interviewee speaks M6, we can identify the curiosity, during pregnancy, at childbirth at home, and in the bathtub, that form of birth back part of the urban centers today. Lia folders, magazines Area on motherhood, TV programs showed that the J. res.: fundam. care. online 2013. out./dez. 5(4):591-98

monitoring of labor at home, in the bathtub, but I had two scheduled cesarean (M6).

The women commented on the attitude of health professionals who conducted the prenatal care. In general, received no information about childbirth:

The obstetrician prenatal said nothing about childbirth, only measured the belly, was viewed as the baby's heart and gave. This was particularly the first and the others were so (M1). When I started in the antenatal, I started with private physician, he said nothing about childbirth and asked me all those tests (M3). The doctor was not much talking, just exams, ultrasound. Do not talk about other forms of birth (M4).

This demand for information has been supplied by other health professionals, according to the respondents of this study:

The nurse's post helped me a lot, [...] then, so she accompanied me enough, so I always talked to her about childbirth, it was good exercise to do. At the hospital the nurses helped me a lot, I was beside me all the time saying 'I had to walk to increase your dilation', I explained where the baby tava (M3). The physiotherapist, dentist where I worked. Physiotherapy influenced for vaginal delivery, the dentist was a man, reported the experience of his wife who had been cesarean section (M6). I did all the planning with the nurse. Taught how to be born and soon after that I had to do, baby care, care with me too, preventive medicine, pill, breastfeeding (M8).

Health professionals may eventually impose a behavior that does not respect the knowledge of the mother, which can hinder the progress of labor. In this direction it is interpreted that the supine position that was said by the interviewee M5: [...] I was belly up all the time, is, according to the WHO, 15 a practice clearly ineffective or even harmful, they should be eliminated according to the scientific evidence. This message symbolically conveys the laboring woman that she is sick, and prevents the freedom to follow their instincts, as mentioned by the interviewee.

Other forms of influence, reported by participants were magazines, internet, and media in general. The interviewees attach great

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importance to the information collected in these sources, through which they acquire knowledge about certain customs and perceptions:

With magazines I informed enough about how that was the birth of the baby being born photos. Watched on TV the channel that showed births, birth centers, where women would do all the prenatal and earned in the water, in bed, in those rooms that remained during labor and were right in time to gain with family, children, adults, all together (M1). [...] I looked on YouTube very normal delivery. I found pretty cool. Until then my decision was to gain normal, but it did not (M2).

The participant M1 reports the care offered home delivery or delivery center, where women do all the prenatal care and give birth in positions and locations you prefer, as a possibility absent from his reality, but the stimulatory his option for vaginal delivery. The lack of such an establishment in certain municipalities in Brazil prevents access to the benefits they offer such services. Established under the National Health System, these establishments provide assistance to women in childbirth and their full universality have as one of its responsibilities the preparation of pregnant women through the birth plan and the development of educational activities. In this scenario, the role of each woman during pregnancy, childbirth and is respected, taking into account their individuality, their beliefs and their culture.

Culture is a complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as a member of society and becomes dynamic for receiving external influences, resulting Contact a cultural system with another, that transformation can be quick and sharp.

We realized in the narratives of the interviewees positive influences transmitted by their mothers in the experience of women of childbearing family. Elsen¹¹ conducted an analysis of four studies of families, having as one of the

highlights the value of knowledge and practices of care in these familiar surroundings.

We also see that the lack of discussion on the subject or, when that dialogue within the family clothed theme with negative meanings, highlighting the pain, suffering, anguish, fear, loneliness and alienation from what is happening with woman's body, had influence to cesarean delivery.

Fear and anxiety in CS are generated by the unconscious subliminal implicit fragmentation of how women perceive this phenomenon, as they do not perform actions, as if the "I" and "body" were separate, understanding that mind, body and states emotional can not be worked simultaneously. The negative report was found in studies of writers in the field of anthropology, showing that, in different societies, daughters reared by mothers who suffer the most negative influence upon parto.¹⁰ Labor pain was also mentioned by one of the interviewees as an decisive for the choice of mode of delivery. Pain is a symptom highly subjective, loaded with the popular belief that links motherhood suffering.

Still, the great influence of the materials on cultural representations of childbirth, conveyed by magazines, showed that this is a means of disseminating that should be better used to inform women about their rights and how to claim them.

When women preparing to give birth following principles different from those that medicine defines and treats, the language they use is the integrity of all parts of your body, interrelated by a feeling of accomplishing something, feeling fully capable to do so, and we may infer that the experience of childbirth or not the woman confirms its ability to bring a child into the world.¹²

We detected the absence of dialogue and guidance on delivery in gestational experience of the study subjects. The prenatal interviewees pointed to the biological focus on technicalities

and assistance, limited to the assessment of fetal heart rate, uterine height and order tests and evaluation.

This posture fragmented care and care of this guy in this situation - the women-are not only fragmented body parts but also become alienated from science. The obstetrical practices corroborate this alienation, internalizing that transmit cultural values to pregnant women the idea that there's no information on the physiological processes of childbirth.

It may also happen that women are not concerned about the lack of information, since they are directed by cultural assumptions of superiority doctor. These assumptions are so ingrained in their usual experience in health services, preventing them from realizing the contradictions in their own health care.¹²

However, in another survey of pregnant women, we found the need for a high demand for information, clinical listening and also by the use of educational materials more enlightening.¹⁹

The participation of professional nursing and physical therapy was observed in activities of health education and service labor. The dentist was a professional quoted by one of the interviewees, however, in situations of conversation as co-workers, and not directly related to health education.

The realization of a multidisciplinary and interdisciplinary work, during pregnancy, labor and birth, focuses on learning and knowledge sharing practices, promote quality care for the actors involved in this process.²⁰

Pelloso concluded that cesarean rates reduce with professional training for childbirth, with the introduction of midwife in prenatal care and the achievement of delivery, as well as the inclusion of shares advice and information to women about the risks and the benefits of vaginal delivery and cesarean section in group activities and courses for pregnant women.

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CONCLUSION

The delivery can not be understood and reduced only the biological aspect, because from the intergenerational knowledge transmission observed in this research, we can understand that culture influences in labor of women, and we must consider this influence when providing care to parturients.

We note that the positive meaning conveyed by the conviviality of the women interviewed, mainly by maternal figure, helped to a more integral and enriching experience for childbirth and exerted influence on the preference for normal childbirth. Moreover, the interviewees who received negative comments tenor felt fear, anxiety and insecurity, during your childbirth experience.

The content of magazines, the internet, the media in general, beyond the information passed on by neighbors, are another factor of considerable influence in this imaginary construct and assist in the expansion of knowledge. This makes it clear that women often are aware of their lack of autonomy and seek alternative views on how your labor might happen.

The alternative views mentioned by women were home birth and birthing at home, forms of assistance currently considered by activists as humanized childbirth around the world and by governmental and non-governmental organizations, working for the humanization of birth and birth, aiming to return to the role in his wife's pregnancy, delivery and postpartum.

In the story of women in relation to the prenatal period, the figure is cited as a medical reference that has the guidance service delivery and found that it was not actually provided any information. This posture silent by this professional may be influencing the easy acceptance of an unnecessary cesarean, a fact

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proven by type of delivery of a higher incidence of women in this study.

The activities conducted during prenatal consultations actions were purely biological nature, technical and fragmented, as evidenced in the reduced form of assistance, which is limited to request examinations and evaluation of obstetric fetal heartbeat and uterine height.

Women cite the experience in nursing care delivery, as well as during pregnancy, what triggers its importance in this process, as this profession is constituted as one of the greatest strategies to improve obstetric care in Brazil and plays an important role in respect to humanization during the birth process. Likewise, physiotherapy was also cited as a point of encouraging the choice of vaginal delivery.

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