

## **Education and female empowerment: pedagogical strategies of humanization groups for childbirth and birth in Belém do Pará**

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### **Abstract**

Aiming to identify the form of organization and performance of the humanization groups for childbirth and birth in the metropolitan region of Belém do Pará, the study hypothesizes the predominance of a critical pedagogy in the way of conducting their activities. It is an exploratory and descriptive research, with a qualitative approach, based on the ethnographic perspective, with participant observation (GEERTZ, 2008), in the molds of Anthropology, and which is based on theoretical research on the humanization movements of childbirth in Brazil. Brazil (DINIZ, 2005; BARRETO, 2014; HIRSCH, 2014; CARNEIRO, 2015); and in the debate on social movements and non-formal education translated into the concept of practical learning (GOHN, 2011; GOHN, 2014). The groups studied and with greater visibility were: Ishtar Belém and Projeto TransformaDor, which converge in relation to the methodology of action used: lectures, conversation circles, cine debates, leafleting and production of digital content on social networks, in addition to acting in favor of female empowerment in the delivery scene. Data collection took place through semi-structured interviews, participant observation and questionnaires, plus analysis of documents (printed and digital produced by the groups), audiovisual (photographs, videos, documentaries, etc.). The results pointed out the heterogeneity of these groups, highlighting that there is a common female protagonism in the diffusion, defense and promotion of other forms of childbirth and the criticism of the imposition of cesarean sections. We thus identified non-formal educational processes based on popular education strategies, valuing the dialogue and the experience of women.

### **Keywords**

Non-formal education. Woman. Humanized Birth. Body.

## **Educação e empoderamento feminino: estratégias pedagógicas de grupos de humanização do parto e nascimento em Belém do Pará**

### **Abstract**

Objetivando identificar a forma de organização e atuação dos grupos de humanização do parto e nascimento na região metropolitana de Belém do Pará, o estudo tem como hipótese a predominância de uma pedagogia crítica na maneira de condução de suas atividades. Trata-se de uma pesquisa exploratória e descritiva, com abordagem qualitativa, pautada na perspectiva etnográfica, com observação participante (GEERTZ,

2008), nos moldes da Antropologia, e que se encontra fundamentada em pesquisas teóricas sobre os movimentos de humanização do parto no Brasil (BARRETO, 2014; CARNEIRO, 2015; DINIZ, 2005; HIRSCH, 2015) e no debate sobre movimentos sociais e educação não formal traduzida no conceito de aprendizagem prática (GOHN, 2011, 2014). Os grupos estudados e com maior visibilidade foram: Ishtar Belém e Projeto TransformaDor, os quais convergem em relação à metodologia de ação utilizada: palestras, rodas de conversas, cinedebates, panfletagem e produção de conteúdos digitais em redes sociais, além da atuação em favor do empoderamento feminino na cena do parto. A coleta de dados se deu por meio de realização de entrevistas semiestruturadas, observação participante e aplicação de questionários, acrescida de análise de documentos (impressos e digitais produzidos pelos grupos), audiovisuais (fotografias, vídeos, documentários, etc.). Os resultados apontaram a heterogeneidade desses grupos, destacando que há em comum o protagonismo feminino na difusão, defesa e promoção de outras formas de parir e a crítica à imposição da cesariana. Identificaram-se, assim, processos educativos não formais pautados em estratégias da educação popular, valorizando o diálogo e a experiência das mulheres.

#### **Palavras-chave**

Educação não formal. Mulheres. Parto humanizado. Corpo.

### **Educación y empoderamiento femenino: estrategias pedagógicas de los grupos de humanización para el parto y el nacimiento en Belém do Pará**

#### **Resumen**

Con el objetivo de identificar la forma de organización y desempeño de los grupos de humanización para el parto y el nacimiento en la región metropolitana de Belém do Pará, Brasil, el estudio hipotetiza el predominio de una pedagogía crítica en la forma de realizar sus actividades. Se trata de una investigación exploratoria y descriptiva, de abordaje cualitativo, basada en la perspectiva etnográfica, con observación participante (GEERTZ, 2008), a la manera de la Antropología, y que se fundamenta en la investigación teórica sobre los movimientos de humanización del parto en Brasil (BARRETO, 2014; CARNEIRO, 2015; DINIZ, 2005; HIRSCH, 2015) y en el debate sobre movimientos sociales y educación no formal traducida en el concepto de aprendizaje práctico (GOHN, 2011, 2014). Los grupos estudiados y con mayor visibilidad fueron: Ishtar Belém y Projeto TransformaDor, que convergen en relación a la metodología de acción utilizada: conferencias, círculos de conversación, cinedebates, distribución de folletos y producción de contenido digital en redes sociales, además de actuar a favor del empoderamiento femenino en la escena del parto. La recogida de datos se realizó a través de entrevistas semiestruturadas, observación participante y cuestionarios, además del análisis de documentos (impresos y digitales producidos por los grupos), audiovisuales (fotografías, videos, documentales, etc.). Los resultados señalaron la heterogeneidad de estos grupos, destacando que existe un protagonismo femenino común en la difusión, defensa y promoción de otras formas de parto y la crítica a la imposición de cesáreas. Se identificaron así procesos educativos no formales basados en estrategias de educación popular, valorando el diálogo y la experiencia de las mujeres.

#### **Palabras clave**

Educación no formal. Mujeres. Nacimiento humanizado. Cuerpo.

## 1 Introduction

The formation of the movement in defense of delivery and childbirth humanization in Brazil is one of the main results of the current and growing female mobilization around the policies of citizens' reaffirmation of women, which is related to the exercise of their sexual and reproductive rights and the criticism of women's health care, as a strategic and critical way of reassessing women's social inclusion and the childbirth institutionalization.

The present study aims to analyze the organization and contemporary performance of two groups working in defense of humanized delivery and childbirth in the city of Belém do Pará, and to reflect on the pedagogical role of the actions developed and their contributions for women's empowerment, citizenship, and healthcare.

Through exploratory and descriptive qualitative research based on an ethnographic perspective, with participant observation (GEERTZ, 2008), as proposed by Anthropology and based on theoretical research on the humanization movements of childbirth in Brazil (BARRETO, 2014; CARNEIRO, 2015; DINIZ, 2005; HIRSCH, 2014), and in the debate on social movements and non-formal education translated into the concept of practical learning (GOHN, 2011, 2014), we intend to reflect on how and in what ways Ishtar Belém and Projeto TransformaDor update a type of non-formal education that emerges in their interaction with women. Data collection took place through semi-structured interviews and participant observation, plus analysis of printed and digital documents used by the groups in their collective actions.

Like Gohn (2011, p. 40), we understand that “[...] education is not limited to that carried out at school itself. There is learning and knowledge production in other non-formal spaces, with training practices aimed at building citizenship”, as we identified in the groups analyzed here. We also emphasize that the educational process is diverse, complex, and implies a reinvention of oneself and the other. “Education is the process of constitution and creativity and re-constitution of oneself and the social world in which human beings coexist” (THERRIEN; AZEVEDO; LACERDA, 2017, p. 191). It is understood that “[...] non-formal education is one that is learned ‘in the world of life’, through processes of sharing experiences, mainly in spaces and daily collective actions” (GOHN, 2014, p. 35). For Gohn, the possibilities of learning within a social movement,

during and after a struggle, are multiple, both for the group and for isolated individuals. That said, throughout this study, we will show some pedagogical strategies and experiences generated in the analyzed groups that point that out.

## **2 Humanized childbirth: a theoretical learning**

Theoretical learning that emerges in this context is the key concept of humanized childbirth, bringing together and mobilizing many women in contemporary Brazil. According to Carneiro (2015, p. 37):

[...] humanized childbirth is defined as the one with the minimum possible medical and pharmacological interventions or that respects the physical and psychological time of each woman to give birth, in a respectful and welcoming environment; with the woman's informed consent for any and all procedures performed.

The history of health care and more specifically of childbirth care in Brazil shows the establishment of a hospital model segmented and with a curative approach. The problem of humanizing childbirth and delivery, therefore, arises from the awareness about the “denaturalization” of the childbirth care model - increasingly medicalized, depleting the unity of the female body and creating a distance between the mother and the baby (MAIA, 2010).

Childbirth as a social phenomenon previously was essentially made up of female/family/community relationship, from the point that it started to be institutional, childbirth became a subject of biopower (FOUCAULT, 2005) - relegated to hospital organizational decisions and with corporate implications. Despite the “modern woman” being seen as the subject of her choices - including concerning the exercise of her sexual and reproductive rights - she is still faced with regulations dictated by medical knowledge (TORNQUIST, 2002).

In public or private health systems there are several forms of violence inflicted against women during childbirth, with the transformation of normal delivery into a scenario of disrespect, discrimination, and invasive and painful procedures; with cesarean rates far beyond what is acceptable by the World Health Organization (WHO). Women, according to Diniz (2005, p. 628):

[...] describe labor as dominated by fear, loneliness, and pain, in institutions that delegitimize sexuality and reproduction of women who are considered subordinate, such as black, single, and low-income, and also stigmatize motherhood in the teenage years.

### **3 Organization, mobilization, and guidelines of the Humanization of Delivery and Childbirth groups in Brazil: practical and political learning**

According to Gohn (2011), the practical learning that emerges within social movements involves the form of organization and participation, union, and resolutions about the core values. Political learning, on the other hand, “[...] relates to the appropriation of individual and group rights, the hierarchies of state power, that create obstacles or usurps their rights” (GOHN, 2011, p. 352). Although the humanization groups for childbirth are multiple, we can identify in their trajectory practices that enabled these learnings, as we will try to show throughout this topic.

According to Hirsch (2015, p. 230):

[...] the movement for humanization in childbirth and birth (MHPN, in Portuguese) emerged in Brazil between the 1980s and 1990s, from a critique that started within the field of obstetrics itself to the hegemonic model of childbirth assistance, considered excessively medicalized and technocratic.

Studies show that the emergence of the Network for the Humanization of Childbirth and Birth (ReHuNa) is a milestone for the institutionalization of humane childbirth, which took place in 1993. This organization took on a very significant role in the construction of an ideal of childbirth as a natural and physiological, and not as a medical act, in which women are left out and lose their protagonism (CARNEIRO, 2015). Diniz (2005, p. 628) states that “[...] the movement for humanized childbirth is plural, heterogeneous, with many subjects involved, with different orientations and attitudes, the term humanized childbirth being polysemic meaning various practices and diverse actors”. According to (2015, p. 39), it is difficult to think of this activism as a social movement along the most traditional lines, in terms of organization and representation:

Because it's specific, virtual, and fragmented, the humanized birth movement doesn't have an organized national, state, or regional agenda or mobilization, nor does it have formal or face-to-face deliberations. Face-to-face meetings indeed take place, but they're arranged and mobilized solely and exclusively over the internet, where most of the activities happen.



In this regard, we understand how relevant it is to investigate these new models of social action, linked to the humanization movement, a type of activism that has the internet as a tool, that's configured as a network and the participants are mobilized for a common cause. Given the heterogeneity of the movement's field of action, we're interested in understanding how in the metropolitan region of Belém do Pará the idea of humanized childbirth emerged and what are the pedagogical strategies of the different collectives movements and actions in the fight for the right to give birth, to command in their delivery as a way of resistance and empowerment to the system that imposes the surgical act.

#### **4 Theoretical-methodological course**

The approach taken in this study was qualitative, exploratory, descriptive and with an ethnographic perspective, based on theoretical research on the humanization movements of childbirth in Brazil (BARRETO, 2014; CARNEIRO, 2015; DINIZ, 2005; HIRSCH, 2014) and in the discussion about social movements and non-formal education (GOHN, 2011, 2014). Data collection was carried out between 2017 and 2019, in the city of Belém do Pará, within the scope of scientific initiation research projects at the Federal Institute of Education, Science and Technology of Pará (IFPA), Campus Belém, and undergraduate History course at the State University of Pará (UEPA). A documental corpus was produced through a survey of bibliography, written sources (printed and digital materials produced by the groups studied), audiovisuals (photographs, videos, documentaries, etc.), semi-structured interviews, participant observation, and questionnaires.

With the intellectual commitment to developing a “dense description” of the object studied, using an ethnographic methodological tool (GEERTZ, 2008) the field research was developed in monthly meetings of the Ishtar group, a group supported by Rede Parto do Princípio<sup>1</sup> (GAPP), and also meetings organized and monitored by GAPP and in partnership with different social organizations.

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<sup>1</sup> A national network created, in 2006, by women users of the private sector to work against excessive cesarean sections and for the right to normal deliveries in the private sector (GRILLO *et al.*, 2018).

The first contact between researchers and the researches participants was made through social networks, a moment of extreme acceptance by the coordinators, because the group is very acceptant towards students, health professionals, and observers on its official website. Thus, the monitoring of the meetings began in January of 2019, extending to 7 of the 12 meetings<sup>2</sup>.

The ethnography of events took place in 2 moments: a conversation circle on May 19, 2019, with the theme “Humanized childbirth and obstetric violence”, together with Dandaras do Norte Slam<sup>3</sup> and another on June 2, 2019, with the theme “Obstetric violence”, held in the cultural circuit of the Projeto Circular. In addition to the actions organized by the Ishtar group, we also analyzed an event that took place on April 12, 2019, facilitated by the Feminism, Rights and Violence Study Group, from Universidade Federal do Pará (UFPA), Center for Interdisciplinary Studies on Violence in the Amazon (NEIVA), and the coordinator of the Projeto Transformador, with the theme “Obstetric violence is gender violence: concepts, legal aspects and possibilities for coping”.

These spaces for socialization and dialogue were an opportunity for observing, listening, and dialoguing with activists, professionals, and participants in the movement in the city, the identification of their agendas and problems in local gestational assistance. Also, the choice of interlocutors was made through the contacts established in the group's monthly meetings and events, with some contacts being offered by the coordinators and others, which were shared by the interlocutors during the interviews.

In all of the interviews transcribed and analyzed, all women interviewed have some connection with Ishtar. They were divided into four analysis groups: coordinators - doulas - participating mothers - health professionals; the coordinators also represent the doulas. The interviews were conducted, mostly, at the interlocutors' homes, because they were still in the puerperium period or because these were the most convenient places for them. For this publication, we selected excerpts from the interviews that best portray explored.

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<sup>2</sup> In the respective months: January, February, April, June, August, September, and October; participating in discussions on the following topics: “After all, how does normal delivery work? (physiology of childbirth)”, “Myths of childbirth”, “What are you afraid of?”, “When things don't go according to plan”, “Yes, we can breastfeed! Support, conduct, information and encouragement”, “Past 40 weeks ... and the pressure that comes with it!” and “The cesarean section” (Field Notes, 2019).

<sup>3</sup> Itinerant poetic-musical competitive slam performance group, with its origins in a feminist project to encourage female protagonism in hip hop.

The interviewees' personal data and identities were kept confidential, and in the reports, we use codenames, which were created through the categories already mentioned. They are mentioned in the work: Coordinator A, group coordinator, doula, mother, an activist for the humanization of childbirth, master in clinical psychology in palliative care, 36 years old; Coordinator B, group coordinator, doula, breastfeeding consultant, mother, an activist for humanized childbirth, Geographer and graduated in Geology, 52 years old; Coordinator C, group coordinator, doula, mother, humanization of childbirth activist, master's degree in information technology, 41 years old.

## 5 Results and discussion

In the 2000s, it was possible to identify, in the MHPN documents in Brazil, the need to rethink and plan a future in which childbirth assistance was based on the critical evaluation of a series of mistakes and successes identified throughout the history of humanity and centuries of attempts to institutionalize and control the phenomena of childbirth and delivery. Thus, questions and findings were analyzed by the movement, based on both scientific studies and the 1996 WHO recommendations:

How were we born and how are our contemporaries being born today? How do we want those who will succeed us to be born? What have we learned in these thousand years that can help us ensure a healthier birth and a better life for our sons and daughters? What did we incorporate into the physiology of pregnancy, labor, puerperium, and neonatal care that were beneficial not only to women and babies, but also to people and society, and what did we incorporate that was harmful in the various relative aspects the health? This question is even more important for risk-free or low-risk generations, who make up the vast majority of them and who are the group in which the benefits of hospital medical care offered as we know it today, are the most questioned. (REHUNA, 2000, s.p.).

In the Carta de Fortaleza (2000), a document organized by ReHuNa as a result of the International Childbirth Conference and inspired by the Carta de Fortaleza (1985), sees the beginning of the new century as a moment of hope and encourages, in the context of high rates of maternal and neonatal morbidity and mortality: maternal protagonism, building places that make easier the natural deliveries, combating



institutional violence and reflection on gender, socio-cultural and economic issues that permeate the different models of childbirth care.

The hope shown was reasonable, the movement at that time had greater political articulation through the internet and the guidelines for humanization were also on the rise in the associations of medicine, nursing, and health care in general, especially concerning the number of interventions and cesarean surgery as the gold standard of care. However, despite the state's concern being outlined through the implementation of the Humanization Program in Prenatal and Birth (PHPN) in 2000, which officially defines the Brazilian State's commitment to the humanization of childbirth, Malik and Patah (2011) point out that in the first eight years of the program there was a considerable increase in cesarean rates, from 38.9% in 2000 to 48.4% in 2008.

In a process of political and cultural negotiations that start from a social mobilization in favor of reorganizing the conduct of childbirth care, to promote a more dignified, affectionate, and individualized experience (REHUNA, 2000), the MHPN in Belém began to be built in the late 2000s.

## **6 Ishtar Belém: women supporting women**

Through informal conversations, interviews, and research developed with the Ishtar-Belém group - in their monthly meetings and cultural events - we contacted activists who were present at the beginning of the mobilization and the different versions of the group.

Coordinator C is introduced by one of her fellow from the group as “rasga-mato” (field notes, 2019), emphasizing that she was the one who most emphatically articulated the in-person actions or initiatives in line with the humanization of childbirth paradigm and delivery in that city. She was also the one who brought the Support Group model, already experienced by her in the city of Recife, where she had her first child, and came into contact with the idea of humanization, founding the Ishtar-Recife<sup>4</sup>.

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<sup>4</sup> “The first unit of Ishtar - Espaço para Gestantes started its activities on September 29, 2007, with three friends who united around the same ideal. Their own experiences with motherhood were at the heart of that union. Each experienced pregnancy, childbirth, and motherhood in a different way, according to their knowledge and instincts, but one thing was common to all three: the desire to have

During the interview, when asked about the beginning and her motivations to found Ishtar-Belém, the coordinator highlighted the following points:

*[...] three factors contributed, one as knowing that there was nothing, it was an empty field, women were without any guidance, without any connections, without any space for this type of exchange. The other, the other motivation was before starting the group, talking to a doctor and I realized in her the possibility of receiving women with this demand because it was my concern, in... setting up the group, women showing up and being deceived and having no option, suffering violent births and in the end, turning into a huge frustration, and the third I have found a partner who held my hand so that we could make this happen together. So these three things that ... that contributed the project, that had already started, you know, here that had started in Recife, and I had already realized the transformative power that the project had, right, but then it didn't make sense if it weren't for these three things if there was already a group here, I don't know if I would open another one, especially if it was aligned with the things we believe in, most likely I would go to it, I would contribute, I would be active, right.*

In the speech of Coordinator C we notice that activists and users who are part of the MHPN network in the city that the construction of the movement began effectively from the personal initiatives of women through the creation of a support group for pregnant women and active childbirth in 2008 - Ishtar-Belém. Another factor highlighted by the Coordinator in her speech is the existence of a new movement of health care workers searching for updated knowledge. It was at the group meetings that future mothers confirmed information found on the internet, received information about female physiology, talked about the possible places they could have their children, debunked myths about childbirth, discussed “protection” strategies in case of violent delivery, etc. The overall scenario indicates that the pregnancy monitoring in Belém has flaws in the effectiveness of communication between health care workers and users, showing how the birth support group was an important agent for the activism for the humanization of delivery and maternal and female empowerment. Support groups emerge as fundamental training spaces for women in several senses: political, cultural, and symbolic learning about their bodies, the power struggles, and clashes surrounding childbirth.

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and raise their children in a respectful, humanized way. When they realized that this desire is quite common and growing - although difficult to achieve in the current Brazilian reality - they decided to create a support group for pregnancy and active childbirth, in the southern zone of Recife/PE” (BLOG ISHTAR BELÉM, 2008, s.p.).

According to the coordinators, the group - which doesn't have any kind of religious connotation - is a private, non-profit initiative of women from civil society and has as motto respect for the necessary time to gestate, give birth and breastfeed. This support network - which has pregnant women, family members, doulas, and health workers - has existed in Belém since March 2008, and it was the first support group for pregnant women and active childbirth in the city. Today the group has more than 10 years of experience and has the collaboration of five coordinators (volunteers), and claims - on its official website - to have worked with more than 500 families:

[...] The group was initially housed in an alternative space in a private office, however, over time the group grew and we were welcomed by the Companhia Companhia Athletica Gym, which gave us free space for the bi-weekly meetings from May 2008 to the end of 2017 - It was almost 10 years of a very successful partnership! Currently - in 2018 - our group is being housed by Banco de Leite of Santa Casa de Misericórdia, which gives us its health education room completely free of charge [...].

When seeing the cause of humanization of childbirth as female and family, its main objective is “[...] to discuss, based on scientific evidence, the process of pregnancy from conception to the moment of delivery, as well as the participation of the family during pregnancy, breastfeeding phase and baby care” (BLOG ISHTAR BELÉM, 2019).

The conversations held by the group are followed by a participative exposition of the methodology, considering the personal experience of the pregnant women and the participants, a perspective that dialogues with the concept of non-formal education by Gohn (2011), which means that, the starting point is the reality of those involved, creating the feeling of belonging. There are moments of exchange and sharing of information that are established in the group meetings and they are about both the delivery/pregnancy processes and the emotional and psychological preparation, especially of women, for conscious motherhood, building opportunities to express insecurities, fears, doubts and creating a space for sharing and support between women and families; which makes this whole process less solitary and idealized.

It must be emphasized that in addition to promoting moments of learning and knowledge exchange between pregnant women and families, the group also conducts doulas training courses in partnership with national training networks; training of professionals at following the invitation of local institutions); interventions of legal

nature (such as the organizing commissions to report laws that aren't being followed); demonstrations; rallies and spread of information.

Through alignment with the Parto do Princípio Network, the following principles and values are disseminated, according to the Ishtar website:

Encouraging normal and natural birth; the work of obstetric nurses, midwives, and doulas; multidisciplinary care for pregnant women, parturients, and puerperal women; Encouraging the de-medicalization of childbirth; Encouraging home birth and the humanization of care at the hospital environment; Encouraging the use of the best evidence in obstetric practice and observing the recommendations of the World Health Organization; Encouraging exclusive breastfeeding up to 6 months and mixed up to 2 years of age or more. (BLOG ISHTAR BELÉM, 2019).

### **7“TransformaDor: giving birth with love, without violence”: popular education and female empowerment feminino**

In addition to Ishtar Belém, we identified the university extension project called “TransformaDor: giving birth with love, without violence”, approved in March 2016, at the Faculty of Education of the Federal University of Pará (UFPA). The project was active in the period between 2016 and 2018 at the Municipal Health Unit in the Pratinha neighborhood. The project had an emphasis on health education actions, from the perspective of human rights, aiming at empowering women in situations of social vulnerability to face obstetric violence.

According to the project's coordinator, the methodology adopted is based on Paulo Freire's theory which, through dialogue, aims at intervention in the world and the engagement of women in the fight to end obstetric violence.

Conversation circles, watch parties, lectures, workshops, etc. are some of the actions developed within the health education program. The project has a multi and transdisciplinary team of volunteers, such as social workers, obstetric nurses, physiotherapists, doulas, education professionals, and undergraduate students. Some of the actions of the project are the training of professionals and students to act as multiplying agents in the fight against obstetric violence; building partnerships with institutions that safeguard women's rights; the creation of a support group for pregnant women at the Pratinha health unit; in addition to the training of pregnant students at UFPA.

Tempesta (2018) determine that the MHPN is a social phenomenon that grew within a specific social segment, composed predominantly of educated women and urban middle classes. In Belém, this social phenomenon also develops more sharply among specific social strata, middle and upper-middle class, composed of women with a certain level of education and with a good income. In a national context of growing political recognition, especially due to a greater flow of information through government campaigns, cinematographic productions, such as the film franchise *The rebirth of childbirth*<sup>5</sup>, and, mainly, the dissemination of information based on scientific evidence increasingly democratized by digital platforms - such as blogs<sup>6</sup>, websites, Facebook groups, Instagram profiles - the local movement also begins to embrace more and more health professionals, especially obstetric nurses.

These professionals are looking for refresher courses in line with evidence-based health practices and specialize in humanized care. However, the lack of local curricular bases that provide professional training that values the autonomy of the health system users, and that bypass the compulsory interventionist perspective, makes professionals specialized in humanized care offer a service with a differential and not “standard”, which is still permeated by relationships of violence.

Nowadays the positive result of the meetings and actions promoted by the groups - Doulas training courses, yarn circles, *mamaços*<sup>7</sup>, professional training courses - leads us to understand that there are consolidated social networks in favor of the humanization

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<sup>5</sup> The first film in the franchise was released in 2013 and broke the record for crowdfunding in Brazil that year. Produced and scripted by Érica de Paula (psychologist, doula, perinatal educator and coordinator of a group of pregnant women in Brasília), the film portrays the context of Brazilian childbirth assistance, permeated by poorly indicated traumatic and cesarean interventions and discusses a new conception of childbirth and birth developed through the movement for humanization. This cinematographic production was remarkable for future references on the subject and is used in a pedagogical and informative way by the movement until today; the question: "Have you seen the rebirth of childbirth?" it is propagated in group meetings and in conversation circles on the theme of humanization often.

<sup>6</sup> One of the blogs organized by militants of the movement is the Study, Melania, studies, organized by the specialist doctor in Gynecology and Obstetrics Melania Amorim, a professional aligned with the Movement for Evidence-Based Medicine. A list of more than 200 fictitious cesarean section indications, available by the doctor as “unnecessary”, is available on her blog and is frequently performed by doctors in Brazil. Your data is collected through reports from women and professionals across the country.

<sup>7</sup> Name given to the collective actions in which mothers and their babies come together to breastfeed, usually in public places, to encourage breastfeeding due to its importance to the health and development of children.



of active childbirth care, configured mainly within a specific social layer, and composed of professionals (obstetric nurses, Doulas, and obstetricians), activists, users, families.

Interviews conducted with humanized childbirth activists point out that obstetric violence remains one of the biggest concerns of women in our city. The theme comes up frequently in debates and experiences reports. Therefore, support groups such as Ishtar and TransformaDOR emerge, the idea of humanized childbirth, and the need to discuss and debate the current situation of the maternal issue in Brazil.

It was identified through the questionnaire analysis that one of the issues that drive support group debates is the pertinent obstetric violence suffered, mainly by low-income women. Another theme that emerges is how women are not prepared to care for newborns. Socially, there's a focused interest in the pregnant body, a social idealization about the pregnant woman, and few investments by the health networks to guide and discuss with the future mothers the necessary care in the first days, breastfeeding in a non-romanticized perspective, the importance of a network of caregivers, incorporating parental participation, for example, etc.

At Ishtar and TransformaDor, as highlighted by one of the networks:

Pregnant families can prepare themselves emotionally and with a lot of information for childbirth and postpartum, as well as exchange experiences on breastfeeding and child care, and thus have the opportunity to make more conscious decisions and truly lead their births and their motherhood. (BLOG ISHTAR BELÉM, 2008).

We believe that support groups for pregnant women have great importance, not only for improving the relationship of women with public health and midwifery services, strengthening their demands but mainly for promoting meetings, exchanges, and debates that strengthen female protagonism, weave solidarity and awareness networks about the body, health, and motherhood. It's relevant to highlight that the women who coordinate the groups develop other professional activities, the actions developed are voluntary, as they understand that this is a pedagogical practice, an exemplary action.

## 8 Final considerations

The Movement for the Humanization of Childbirth and Delivery in Belém do Pará is a political articulation that is essentially feminine and interconnected by face-to-

face and cybernetic social networks. Its components are activists, mothers, pregnant women, doulas, health professionals, and family members, the Ishtar group has as one of its main points of cultural, political, and social organization. It was noticed that the analyzed support groups have an important pedagogical role in the debates about technique, intervention, and assistance, as well as enabling greater interaction and collaboration between women and families, meaning that they build knowledge collectively and with a connection to their history.

The movement's actions in Belém (meetings, yarn circles, training doulas, training health care professionals, communication with public agencies, reporting situations of non-compliance with laws, petitions, construction of blogs and internet pages), with influences of national cyberactivism and internationally, made the circle of health information based on evidence and humanized childbirth reinforce an upward movement, of specialization and updating of professionals, which contributed to the formation of “humanized professionals” and “users of humanization”, configuring themselves whether in non-formal education processes, in libertarian and transformative educational practices.

The political, educational, and informational actions provided by the movement allow them to act in the face of the misconduct of health professionals, greater participation of women in debates on health and citizenship - through conversation circles - and identification of local problems that limit the construction of assistance to women's health that respects human integrity, autonomy and the complexity of meanings that the moment of delivery can have women.

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