

BODY BROKEN IN HALF: TACKLING AN AFRO-BRAZILIAN MIGRANT'S EXPERIENCE OF OBSTETRIC VIOLENCE AND RACISM IN PORTUGAL THROUGH ART MAKING

Cos trencat per la meitat: abordar l'experiència d'un immigrant afrobrasiler de violència obstètrica i racisme a Portugal mitjançant la creació d'art

Cuerpo partido por la mitad: abordando la experiencia de violencia obstétrica y racismo de una migrante afrobrasileña en Portugal a través de la creación artística

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RESUM

En aquest article abordo el tema de la violència obstètrica, a través de l'anàlisi de la representació de l'experiència de part d'una migrant afrobrasiler a Portugal, materialitzada en un treball que integra la Galeria d'Experiències Obstètriques (*Galeria das Experiências Obstétricas*). A *Corpo Partido ao Meio* ("Cos trencat per la meitat"), Maira expressa la seva experiència d'atenció obstètrica irrespectuosa, intervencions invasives no consensuades i racisme. El focus principal del treball és la relació entre la partera i diversos professionals de la salut, organitzada al voltant de dos punts principals: la interacció amb una llevadora que, d'una manera amable, enuncitava idees racistes, i la interacció amb una obstetra que, d'una manera grollera, realitzava intervencions no consensuades, en presència d'alumnes. Sense deixar de banda altres formes de violència obstètrica que viu la Maira, dono especial atenció, en aquest article, a una particular manifestació de racisme obstètric, enunciat per la llevadora. Segons ella, el cos de les dones brasileres no seria apte per donar a llum, per problemes de mestissatge. Problematitzo la cosificació de la cesària com una solució evident per fer front a aquesta suposada incapacitat, tal com afirma la llevadora. Tot i que l'experiència de Maira està en consonància amb un context més ampli d'atenció al part on el maltractament es normalitza, aquest cas particular fa ressò d'una idea molt arrelada sobre la puresa racial que és comú en una societat que nega el seu propi passat colonial i que es tradueix en formes més o menys ocultes de racisme, no només en l'atenció obstètrica sinó també en altres àmbits de la societat.

PARAULES CLAU: Portugal; violència obstètrica; maltractament; falta de respecte i abús; racisme, migrants brasilers; dones negres; part; art participatiu.

ABSTRACT

This article addresses the issue of obstetric violence and racism by analysing the perception and depiction of the birth experience of an Afro-Brazilian migrant in Portugal, materialised in an artwork that is part of the Gallery of Obstetric Experiences (*Galeria das Experiências Obstétricas*). In *Corpo Partido ao Meio* (“Body Broken in Half”), Máira expresses her experience of disrespectful care, invasive unconsented interventions, and racism. The main focus of her artwork is the relationship between herself as a labouring woman and multiple health professionals who assisted her, organised around two main points: the interaction with a midwife who proffered racist tropes in a gentle way and the interaction with a physician who rudely performed unconsented interventions, while accompanied by medical students. Without disregarding other forms of obstetric violence that Máira experienced, this paper focuses on a particular form of obstetric racism enunciated by the midwife. According to this midwife, Brazilian women’s bodies are unsuitable for birth due to miscegenation, thus leading to caesarean section. I question this affirmation and how the surgical intervention is presented as an obvious consequential way to address a supposed incapacity of Brazilian bodies to give birth. While Máira’s experience is, in general, consonant with a wider setting of obstetric care where mistreatment of women is the norm, it echoes in particular an ingrained idea about race purity that is pervasive in a Portuguese society that is in denial about its own colonial past, translating into covert forms of racism in obstetric care as well as in other realms of life.

KEY WORDS: obstetric violence; mistreatment; disrespect and abuse; racism; Brazilian migrants; Black women; childbirth; participatory art.

RESUMEN

En este artículo, abordo el tema de la violencia obstétrica, a través del análisis de la representación de la experiencia del parto de una migrante afrobrasileña en Portugal, materializada en una obra que integra la Galería de las Experiencias Obstétricas (*Galeria das Experiências Obstétricas*). En *Corpo Partido ao Meio* (“Cuerpo partido por la mitad”), Máira expresa su experiencia de atención obstétrica irrespetuosa, intervenciones invasivas no consentidas y racismo. El eje central de la obra es la relación entre la parturienta y varios profesionales de la salud, organizada en torno a dos puntos principales: la interacción con una matrona que, de manera amable, enunció ideas racistas, y la interacción con una obstetra que, de manera grosera, llevó a cabo intervenciones no consentidas acompañada de estudiantes. Sin ignorar otras formas de violencia obstétrica experimentadas por Máira, presto especial atención, en este artículo, a una manifestación particular del racismo obstétrico, enunciada por la comadrona. Según ella, el cuerpo de la mujer brasileña no sería apto para dar a luz, por cuestiones de mestizaje. Problematizo la cosificación de la cesárea como una solución obvia para el enfrentamiento de esta supuesta incapacidad, como afirma la matrona. Si bien la experiencia de Máira está en consonancia con un contexto más amplio de atención al parto donde el maltrato está normalizado, este caso particular hace eco a una idea profundamente arraigada sobre la pureza racial que es común en una sociedad que niega su propio pasado colonial y que se traduce en formas más o menos ocultas de racismo, no sólo en la atención obstétrica sino también en otras áreas de la sociedad.

PALABRAS CLAVE: violencia obstétrica; malos tratos; falta de respeto y abuso; racismo; inmigrantes brasileñas; mujeres negras; parto; arte participativo.

Corpo Partido ao Meio: abordagem da experiência de violência obstétrica e racismo de uma migrante afro-brasileira em Portugal através da criação artística.

RESUMO

Neste artigo, abordo a questão da violência obstétrica, através da análise da representação da experiência de parto de uma migrante afro-brasileira em Portugal, materializada numa obra que integra a Galeria das Experiências Obstétricas. Em “Corpo Partido ao Meio”, Maíra expressa a sua experiência de cuidados obstétricos desrespeitosos, intervenções invasivas não consentidas e racismo. O foco principal da obra é a relação entre a parturiente e vários profissionais de saúde, organizada em torno de dois pontos principais: a interação com uma enfermeira especialista (EESMO) que, de forma gentil, enunciou ideias racistas, e a interação com uma médica obstetra que, de forma rude, procedeu a intervenções não consentidas, acompanhada por estudantes. Não descurando outras formas de violência obstétrica experienciadas por Maíra, dou especial foco, neste artigo, a uma manifestação particular de racismo obstétrico, enunciado pela EESMO. Segundo esta, o corpo das mulheres brasileiras não seria apropriado para dar à luz, devido a questões de miscigenação. Problematizo a reificação da cesariana enquanto solução óbvia para lidar com essa suposta incapacidade, como enunciada pela EESMO. Ao mesmo tempo que a experiência de Maíra é consonante com um contexto mais vasto de prestação de cuidados obstétricos onde os maus-tratos estão, em geral, normalizados, ela ecoa em particular uma ideia enraizada acerca de pureza racial que é comum numa sociedade em negação do seu próprio passado colonial e que se traduz em formas de racismo mais ou menos encobertas, não só nos cuidados obstétricos como também noutras áreas da sociedade.

PALAVRAS-CHAVE: Portugal; violência obstétrica; maus-tratos; desrespeito e abuso; racismo, migrantes brasileiras; mulheres negras; parto; arte participativa.

1. INTRODUCTION - MAÍRA'S BIRTH EXPERIENCE

Maíra decided to give birth to her first (and to date only) daughter at this particular public hospital in Lisbon, the capital of Portugal, because of the positive birth stories she had heard about it from friends. One day, she could not feel the baby moving inside her and went to the hospital to check if everything was well. She was over forty-one weeks pregnant, and the staff's decision was to hospitalise her and induce labour, as they said they feared for the baby's welfare¹. Maíra expressed her wish to have a “natural” birth to the team, but synthetic oxytocin was administered intravenously without her consent. Nobody told her they were adding that substance to her drip, but she started to realise they had, as she suddenly had very strong, painful contractions only minutes apart from each other.

¹ A normal gestation of term is from 37 to 42 weeks. However, most hospitals in Portugal have as protocol the induction of labour at 41 weeks maximum, due to a significant increase in risk from 41 weeks on. Women who decide past 41 weeks must sign a term of responsibility and are strongly coerced into inductions or even subjected to them without their knowledge and consent.

At dawn, the staff changed and Máira describes the midwife who came into her room as being very affectionate and gentle. In a very quiet tone, as she stroked her head, she said: *“Ah, another Brazilian! You are a mix of races, so you won’t be able to give birth to your baby. Surrender to the fact that you are having a caesarean section”*². She added: *“Don’t you see how many caesareans there are in Brazil? That’s because you are a mix of races, your uterus is very bad, because you are a mix of races...”* On Máira’s second day at the hospital, the nice midwife came back at dawn and once again gently repeated her remarks about the mixture of races, saying that was why Máira was still there. She was very nice throughout their interactions. Máira was in labour for almost four days, and she eventually had her baby by caesarean section.

Máira is a middle-class artist, teacher, and activist, holding a PhD in Sociology. She identifies as a Black woman. She first came to Portugal in January 2015 as a mobility student, to carry out part of her PhD studies program, following an increasing tendency among Brazilian graduate and post-graduate students to study abroad with the support of government funding programs (before major cuts in public funding for science and education under the Bolsonaro regime compromised this strategy). Legal agreements between the two countries as well as the cultural, linguistic, and geographical proximity make Portugal a preferred destination for Brazilian students (Fonseca, Pereira & Iorio, 2016). Máira met her future husband later that year, a Cape Verdean man who had been living in Portugal for two decades and decided to move permanently to Portugal in 2016. Their daughter was born in 2018, when Máira was 36 years old.

In “Body Broken in Half”, an artwork that is part of the participatory Gallery of Obstetric Experiences³ art project, Máira expresses her experience of disrespectful care, invasive unconsented interventions, and racism, while making, through her artistic choices, the connection to her experience of migration to Europe and the “whitening” that she feels happened to her in consequence, with the blurring of her identity as a Black woman. Elsewhere, I have argued about the limitations of art experimentation as a tool of ethnographic inquiry. Encapsulating a complex experience in a single depiction involves downplaying some factors while emphasizing others, and this oversimplification may contribute to reifying the experience and offer a partial explanation of reality (Barata, 2022b). Despite this, the use of participatory tools in research have been proven to be effective in both involving interlocutors and achieving a deeper understanding of core issues, while producing unique objects with powerful communicative and interpretative potentials. This is in line with discussions about art making as a tool to address sensitive subject matters, underlining its efficacy in unblocking feelings related to experiences that are often traumatic and difficult to convey in words (Hogan, 2018). Also, the communicative powers of the arts to captivate viewers and facilitate the impression of messages upon them (Leavy, 2015) assists researchers in reaching non-academic audiences (Pussetti, 2018).

² Caesarean section (CS) is a surgical procedure involving incision of the walls of the abdomen and uterus for delivery of offspring.

³ Galeria das Experiências Obstétricas: <https://galeriadasesperienciasobstetricas.wordpress.com/>.

Maíra's birth story shares many commonalities with the stories told by the average women giving birth in Portuguese healthcare institutions regardless of their migration status, racial identity, class belonging, sexual orientation, age, or abilities. Several forms of mistreatment, such as lack of information, unconsented interventions, objectification of the body and even verbal abuse concur to make Maíra's birth experience paradigmatic of what has been termed and defined as obstetric violence (Bohren, et al., 2015; Goberna-Tricas & Boladeras, 2018). In Portugal, despite slight variations between different professional teams and health institutions, the setting of obstetric assistance is quite homogeneous in enforcing a highly interventionist approach, including the routine use of procedures that are controversial and associated with negative outcomes (Fedele & White, 2018: 608). Portugal has the second-highest reported rate of medicalised birth in Europe (ibidem; Euro-Peristat, 2010). The traumatic impact this prevailing type of obstetric care has had on women surfaces in birth stories shared in multiple media. The few studies to date reveal a setting that is highly interventionist, where women often feel objectified while their demands and preferences are ignored, and lack of information and consent are pervasive (APDMGP, 2015; 2020; Lazzarini, et al., 2022). Despite empirical data alluding to the fact that obstetric violence might be the norm in Portugal, women's experiences of obstetric care in Portugal have seldom been scrutinised in social sciences, with very few exceptions (such as Rohde, 2016; also see the edited volume by Fedele & White, 2018). My current research aims to address this knowledge gap (see Barata, 2022a; 2022b).

Maíra's birth experience shows a particular detail that differentiates it from birth experiences as told by other women in Portugal: the comments directed at her by the midwife, sentences which are included in her artwork, imbued with racist ideas and categorizations because of her condition as a Black migrant woman. Maíra believes that the words were not ill-intentioned, nor meant to offend, and were in fact meant to comfort her. This leads to the question of the multiple guises in which racism might operate and manifest itself in condescending attitudes. What kind of worldview translates in the midwife's enunciation of a certain type of body - a miscegenated body - being unsuited for birthing? Is this just another manifestation of a deeply embedded conceptualization of the female body as faulty, that underpins the biomedical model (Martin, 2001)? How does this idea conflate with a system of stratified reproduction that declares some categories of people as empowered to nurture and reproduce and others as disempowered (Colen, 1995)?

Brazilian migrants are the largest foreign community living in Portugal, accounting for over 25% of all migrants in the country (SEF, 2021). Brazil and Portugal have a long history of mutual migration flows and exchanges (Malheiros, 2007). Portugal established colonies and exploited resources in what is nowadays Brazil from the 16th century onwards. It was also a major contributor to the transatlantic market of enslaved people from Africa to the Americas, with massive contingents of people being deported from the coast of West Africa to Brazil. This long history of colonial ties has contributed to the creation of multiple stereotypes, including the stereotyping of the Brazilian woman as hypersexualized (Padilla, 2007; Padilla & Gomes, 2016; Pontes, 2004). In the reproductive field, Brazilian women are often categorised as naturally prone to deliver by CS, due to the high CS rates in Brazil (the second highest in the world), with some Brazilian women in Portugal expressing their wish for an elective CS (Morais, et al.,

2021). While debates on the need to decolonize and redress take place worldwide, in Portugal the long-established narrative of “good colonisation” prevails, thus contributing to the perpetuation of racism’s invisibility in society (Castelo, 2011). Racism in institutions and everyday life, although pervasive in all spheres of society, thus remains largely unacknowledged (Dias & Dias, 2011; Henriques, 2018; Kilomba, 2020; Vala, 2021).

Could the episode that Maira experienced be considered obstetric racism? Obstetric racism, rather than obstetric violence, has recently been proposed as a term that best captures the particularities of Black women’s reproductive care during the prenatal and postnatal periods, according to Davis (2019). Obstetric racism occurs when the patient’s race influences medical professionals’ perceptions, treatments and/or diagnostic decisions. A paradigmatic consequence of obstetric racism is higher rates of maternal and neonatal mortality and morbidity among racialized and migrant communities. This is a reality in both Brazil (Leal, et al., 2017; Williamson, 2021) and Portugal (Machado, et al., 2006; Topa, 2016), as well as in other Western countries (Valdez & Deomampo, 2019). In Portugal, this issue remains largely unacknowledged and under-researched (Moura, 2021), as do many others that suggest racism in society.

In this paper, my aim is to shed light on the issue of obstetric violence and obstetric racism through an in-depth analysis of the perception and depiction of a Black Brazilian migrant in Portugal, through the artwork about her birth experience. I investigate the multiple layers of violence exerted upon her by a variety of health professionals during her stay at the urban public hospital, where she eventually gave birth to her daughter by caesarean section four days after an induction of labour. I consider how preconceived ideas about race, national origin, medical interventions, and technologies contribute to a system of stratified reproduction. By considering the issue of the mistreatment of women in obstetric care, through the case of a racialized migrant woman, I explore how multiple forms of discrimination intersect to make non-normative bodies extremely vulnerable at healthcare institutions, and how preconceived ideas and stereotypes about human groups materialize in forms of racial discrimination.

2. OBSTETRIC VIOLENCE AND OBSTETRIC RACISM IN PORTUGAL

Obstetric violence (OV) is the mistreatment of women⁴ in the setting of obstetric care, assuming many shapes, from overt verbal or physical abuse to covert psychological abuse and forms of coercion (Bohren, et al., 2015). OV has been framed as a human rights issue, a type of structural gender violence that is a consequence of unequal power relations between groups in society at large and that informs the process of medicalization in childbirth (Sadler, et al., 2016; Šimonović, 2019). Ultimately, at stake in obstetric violence is the violation of the integrity and autonomy of the patient during obstetric care. Its consequences are often devastating,

⁴ «Obstetric violence», «mistreatment» and «disrespect and abuse» are used interchangeably in the literature to describe the same phenomenon and might happen during preconception, medically assisted reproduction, pregnancy, childbirth and postpartum.

usually related to women's feeling of loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting their quality of life (Goberna-Tricas & Boladeras, 2018).

Although the prevalence of obstetric violence has gained global recognition by authoritative institutions like the United Nations (Šimonović, 2019) and the World Health Organization (WHO, 2018), it has, to date, not been acknowledged as a widespread problem by the healthcare establishment. This is also true in Portugal, where activists have been trying to bring this issue to the fore with some recent progress in the political arena. Empirical data shows OV to be the norm in Portuguese facilities, which my own research on perceptions, discourses, and representations of experiences of obstetric violence confirms (Barata, 2022a; 2022b). In a country with a relatively recent but hegemonic process of medicalization and institutionalisation of childbirth, the use of medical technology works as an affirmation of the modern nation that the country aspires to be. Medical intervention tends to be regarded as a sign of progress and civilization that stands in opposition to a recent past of poverty that the nation wants to distance itself from. Portugal has some of the highest rates of medicalisation and intervention of all European countries (Euro-Peristat, 2010; Fedele & White, 2018: 608). The traumatic impact which this prevailing type of obstetric care has on women surfaces through birth stories shared on social media or through word of mouth. The conclusions of two online surveys about women's birth experiences illustrate a context that is highly interventionist and women often feel objectified, with their demands and preferences ignored (APDMGP, 2015; 2020). To date, women's experiences of OV in Portugal have been largely absent from scholarly accounts, with very few honourable exceptions (such as Lazzerini, et al., 2022; Rohde, 2016; see the edited volume by Fedele & White, 2018).

Obstetric racism has recently been coined by Davis (2019) as a term that best captures the particularities of Black women's reproductive care during the prenatal and postnatal periods. Obstetric racism occurs when the patient's race influences medical professionals' perceptions, treatments and/or diagnostic decisions, placing the patient at risk. It includes, but is not limited to, "critical lapses in diagnosis; being neglectful, dismissive, or disrespectful; causing pain; and engaging in medical abuse through coercion to perform procedures or performing procedures without consent" (Davis, 2019: 561). One of the most visible consequences of obstetric racism is the higher rates of maternal and neonatal mortality and morbidity among racialized and migrant communities, a phenomenon that has been identified and analysed in some Western countries, such as Canada, the UK, and the USA. The same tendency has also been recently identified both in Brazil and Portugal. An analysis of nationwide Brazilian data by Leal, et al., (2017) has identified racial disparities in care during pregnancy and childbirth. When compared to white-skinned women, black-skinned women were more likely to have inadequate prenatal care, to not be linked to a maternity hospital for childbirth, to be without a companion, and to seek more than one hospital for childbirth. They were less likely to receive local anaesthesia for an episiotomy.

To date, research on health and migration through a gender perspective in Portugal is very scarce (Topa, 2016). The few existing analyses focusing on maternal health care services and

migrant populations (such as Machado, et al., 2006 & Topa, 2016)⁵ have identified inequalities when it comes to access and outcomes. In a local study in the Lisbon area, Machado, et al., (2006) found a higher maternal morbidity and higher perinatal mortality among migrant populations. In the area of Oporto, Topa (2016) confirms that the context of obstetric care mirrors relationships of structural inequality between migrant, autochthonous populations, and the State.

The collective of activists and researchers SaMaNe⁶ have identified the need to scrutinise this issue that remains largely unacknowledged and under researched, leading to them launching an online questionnaire, results of which have not yet been published (Moura, 2021).

3. METHODOLOGY - ADDRESSING EXPERIENCES OF OBSTETRIC VIOLENCE THROUGH ART MAKING

The Gallery of Obstetric Experiences⁷ is part of an ethnographic research on perceptions, discourses, and representations of experiences of obstetric violence. The Gallery is a project whereby women who self-identify as having experienced OV use artistic experimentation to interrogate, process and represent their experiences of obstetric care. Its aim is twofold: (1) to constitute a body of creative depictions of obstetric experiences that can be used to interrogate and explore personal experiences with the people who create them, and (2) to foster public discussion on the issue of obstetric violence, through communication and engagement with wider and non-academic audiences. Due to these goals, the Gallery is online and permanently open to new contributions (Barata, 2022b). In this article, I analyse one of the artworks of the Gallery, “Body Broken in Half”, by Maira Zenun, to question what the products of artistic creation can tell us about perceptions of experiences of obstetric violence. I also interviewed the author about her work and her birth experience.

Anthropologists have long used collaborative artistic methodologies in ethnographic research to grasp the more subjective and hidden aspects of personal human existence. The use of art practices in fieldwork has been argued to assist anthropologists in exploring the unspoken and grasping emotional, sensorial, and internal imaginary worlds. It also helps communicate more effectively the multisensorial lived experiences (Pussetti, 2018:7). Artistic tools’ “ability of closing sensual gaps” (Pröpper, 2015:7) offers valuable tools to help disclose intimate realms of the interlocutors’ imagination and experience.

As an advocate for women’s reproductive rights, and in the spirit of activism or engaged research, my critical engagement with real-world problems informs my scholarly perspective (Hale, 2008; Ortner, 2019). In turn, inspired by Hogan’s work in addressing perinatal experiences through participatory art (2018 and others), my approach was to use creative

⁵ I thank Carolina Coimbra and Laura Brito from SaMaNe collective for bringing these two works to my attention.

⁶ SaMaNe: Saúde das Mães Negras: https://www.instagram.com/samane_portugal/

⁷ Galeria das Experiências Obstétricas: <https://galeriadasexperienciasobstetricas.wordpress.com/>.

expression as a method to unblock feelings related to obstetric experiences which are often traumatic and difficult to convey in words. Within feminist art-therapy scholarship, Hogan has systematically shown how image-making and reflection increases participants' awareness and understanding of their birth experiences, validating difficult birth experiences, and mediating stress. In this project, artistic expression was thus considered a way of depicting and communicating a complex sensorial experience that lingers in the subject's embodied sensations and interpretations. It acted as a "field device" for experimental collaborations, enabling the articulation of inventive ways of working together (Sánchez Criado & Estalella, 2018). My interlocutors turned epistemic partners – "companions sharing the endeavour of problematizing the world" (ibidem: 20) – actively engaged in the problematization of the research issue. Furthermore, since "visual images occupy an elevated place in memory" (Leavy, 2015:225), the communicative powers of the arts to captivate and impress messages upon viewers was valued as an effective communication tool. Artistic expression is thus used as an effective "field device" for the elaboration and articulation of experiences of violence, a method whose potentials and shortcomings I have discussed elsewhere, to question how the materialisation of memories and perceptions of OV through artwork can reveal key aspects of experiences (Barata, 2022b).

Maíra, the author of the artwork this article is based on, was recruited through snowball sampling. She heard about the Gallery at an informal group of parents, As Pitangas⁸. Maíra got to know about the Gallery through a member of As Pitangas, Chiara, an acquaintance that Maíra and I have in common. I met Chiara, an Italian mother and dancer, at the birth rights NGO I work with APDMGP,⁹ the main association legally constituted dedicated to the promotion of rights in pregnancy, birth and postpartum in Portugal. Chiara had made a dance video for the Gallery, and she thought it would be interesting to disseminate my call within As Pitangas (a group with which I have had no personal contact).

4. MAÍRA'S ARTWORK: "BODY BROKEN IN HALF"

Maíra describes that it took her some time to start the creation. At ten months postpartum, she took a photographic self-portrait, which she then printed on a white pillow cloth she bought especially for this end. The full body picture used long exposure, which created a blurred effect. She explains the rationale behind this choice, connecting it to the loss of identity she felt as a migrant: "I think a lot about this issue, how migration and these racial issues take the identity a bit from me. You become a theory, a thing." Maíra identifies as a Black woman. She is a Brazilian with Afro-Indigenous-European-Western Asian ascendancy. The blurred self is thus the portrait of a Black woman with a blurred identity due to her migration experience. An experience of "*whitening*", she says.

⁸ Surinam cherry.

⁹ Associação Portuguesa pelos Direitos da Mulher na Gravidez e Parto (APDMGP): <https://associacaogravidezparto.pt/>

Máira framed the cloth in a wooden embroidery hoop and started to draw. The original idea was to do some markings on top of the photographed body. She intended to mark the scar of the caesarean section and to do some other markings as blood. But as she grabbed her daughter's wax crayons and started to draw on the photograph, she realised that she enjoyed it a lot. She eventually covered the entire body and then the surface framed by the hoop with wax crayon painting (Fig. 2). She painted her body brown. The colours of the work range from light blue to purple, pink and red. The human figures use a realistic depiction of skin tones, with the contrast between the author's brown skin and the physician's white one. Máira wrote the title on top of the cloth using a red crayon and signed it in purple the same day that we met at her place, before handing the piece onto me (Fig. 1). She said that red stood for blood and for intensity: such an intense experience had to be marked in an intense colour. We agreed that I would only keep the piece of artwork for a limited amount of time, only to present it publicly, and then give it back to her.

Figure 1 and 2. "Body Broken in Half" – 70 x 50 cm and "Body Broken in Half" detail.



Source: Máira Zenun, 2020. Photos: Catarina Barata.

To the left of the drawing, the written sentence "Bad uterus, mix of races, mix of colours", in blue ink and wax, occupies a central place in the piece, next to the coloured figure. It encapsulates the main idea of the racist trope expressed towards her by the gentle midwife during her birth experience (Fig. 1). The sentences were meant to convince Maira to conform to her destiny as a woman of "mixed colours" and "mixed races" who would have her child by caesarean section, believing these words would comfort her. The written sentences using blue, red and brown pen around the drawing, although occupying a peripheral space, are of major importance. They reveal comments made by the midwife to Maira during labour: "she will get stuck in your belly" (Fig. 3); "that's why there are so many caesareans in Brazil" (Fig. 4); "mix of races, bad uterus" (Fig. 5).

Figure 3., 4. and 5. "Body Broken in Half", details.



Source: Maira Zenun, 2020. Photos: Catarina Barata.

These sentences translate a racist worldview where race, stratified reproduction and medical technology intertwine to produce racial hierarchies and obstetric engagements to deal with what is perceived as a biological problem and a consequence of miscegenation. Underlying all these, and in opposition to Maira's labouring body, is an idea of a pure, superior race, free from any miscegenation and naturally able to give birth to its children without surgical aid.

Below the main sentence, Maira drew a hand with a pointing finger to reference a membrane sweeping that she suffered without consent, also known as *toque maldoso* ("evil touch") (Fig. 6).

Membrane sweeping is a relatively common procedure that involves health professionals asking women to open their legs to do the *toque* - tactile vaginal examination to assess cervical dilation. However, the *toque maldoso* implies that, when the health professionals' fingers are inside the vagina, they sweep the membranes of the woman either to provoke or accelerate labour. The *toque maldoso* is done without notice and without consent, omitting explaining the reasons behind the procedure and its risks. It can be a painful procedure and women many times are surprised by the pain it causes, only retrospectively realising that they were subjected to this procedure and not to the normal *toque* they were expecting, which is supposed to be painless. In Máira's case, the *toque maldoso* hurt so much that she used foul language. The OB/GYN (obstetrician) replied in an angry tone that she would sue her, as Máira was swearing towards her, and Máira explained that the procedure had been extremely and unexpectedly painful. When Máira complained that she was hurt and bleeding, the doctor replied that it was supposed to bleed, otherwise it would not be effective. Hence the sentence in capital letters and pink ink, below the drawing: "*TEM QUE SANGRAR!*" (*It has to bleed!*), that she heard from the OB/GYN who performed the unconsented membrane sweeping.

Figure 6. and 7. "Body Broken in Half", details.



Source: Máira Zenun, 2020. Photos: Catarina Barata.

Maíra also drew a series of smaller hands with pointing fingers, in yellow, orange, and green ink, to represent the attitude of the groups of medical students who accompanied the OB/GYN (Fig. 6). According to Maíra, they came into the labour room already with their finger pointing and ready to insert it in her vagina, without asking for permission or even introducing themselves. As she was explaining this experience, Maíra made a gesture with her index finger pointing up and said: *"They seem to enter the room with a finger like this already"*. International recommendations advise against the practice of vaginal examinations of the same woman by multiple caregivers around the same time or at different time points, with the explicit reference to educational contexts such as the one that Maíra experienced (WHO, 2015:14). Despite these recommendations, it is a common complaint.

The author also depicted her pubic hairs with a golden thread (Fig. 7), as she was told upon admittance at the hospital that she was "too hairy for someone who came here to give birth". This comment goes against clinical reports of shaving before childbirth and its potential complications, such as irritation and redness of the perineum, multiple superficial scratches from the razor, vulvar itching and burning sensation (WHO, 2015:13). Because of these comments, Maíra asked her husband to bring a razor from home, so that she could shave. Although she had read that shaving was not recommended, she did so anyway.

Maíra also heard negative remarks about being overweight. She decided to highlight the area of her lower belly, uterus, and vagina with a thin layer of white wax that trickles downwards between her legs, representing amniotic fluid.

When asked about her choice of colours, Maíra first said there was no special reason for it, but then immediately started to explain why she used blue and reddish. In Maíra's view, blue represents the hospital, but it also stands for water. This is significant because Maíra would have liked to give birth in the water. However, that is a costly service reserved for those who can pay for a home birth, as waterbirth is not available at healthcare institutions in Portugal. Home births are a private service paid entirely by women and their families, as it is not part of the national health service (*Serviço Nacional de Saúde - SNS*). Regarding the use of red and brown tones in the artwork, Maíra said it was meant to evoke the colour of blood, which ranges from red to brown. Brown is also the colour of her skin and the most obvious marker that identifies her with Blackness. In fact, Maíra says that she was brown when she arrived in Portugal and that she turned whiter until eventually becoming grey due to the European winter. She uses the metaphor of her changing skin colour as a direct consequence of weather conditions in Portugal, to refer to the blurring of her identity that she felt accompanied her displacement. Her blurred figure in the picture thus reflects that blurred, out-of-focus identity as a Black woman migrating to Europe.

5. MAÍRA'S RACIAL IDENTITY AND EXPERIENCE OF RACISM IN EVERYDAY LIFE

Maíra is a middle-class artist, teacher, and activist. She holds a PhD in Sociology and identifies as a Black woman. Maíra first came to Portugal in January 2015 as a mobility student within her PhD studies program. She met her future husband later that year, a Cape Verdean man who has been living in Portugal for over two decades. She then decided to permanently move to Portugal in 2016. Maíra was born in Rio de Janeiro and has Afro-Indigenous-European-Western Asian ancestry. Her immediate ancestry could be defined as “white”, from her mother’s side, and “Black” from her father’s side. However, as she delves into her family’s story, a great variety of origins come into play. Her mother comes from a “socially very white” middle-class Syrian family that also has Portuguese and Indigenous ancestry. Her father is Afro-American, with European and Indigenous ancestry.

Maíra describes herself as an anti-racist activist, part of the Black movement, with a clear stance on conceptualizing humanity as a group of mixed populations. She says that the logic of what a social, racial, and cultural identity is relates to the understanding that people have about themselves. The way in which each one mixes identity elements is not only phenotypical, but also represents a mix of habits and practices. Maíra says that understanding herself as a Black woman was a process of self-acknowledgement, because she was raised by her mother in a very white social milieu.

Maíra explains that she has dealt with situations of racial negotiation throughout her whole life, being a Black girl in “white” spaces since she was very young - *“living with a white woman, attending white spaces, attending white schools”*, she says. She also says that racism in society is obvious. That it is neither dissimulated nor irreflective and requires a very intense negotiation. However, this negotiation is so inherent within society as it is so absorbed, so cultural, that people do it without thinking that they are being racist. Maíra finds Brazil and Portugal quite similar in this. She says that before moving to Portugal she thought things might be a bit *“lighter”* (*“leve”*) there, in the sense that racism wouldn’t be as acute because of it being a European country, but her experience proved otherwise.

Coming from a middle-class environment and occupying a place of relative privilege throughout her life, she realised that people often did not recognize her as a Black woman. She says, *“whenever I am in a place of power, they take away my Blackness. As if a Black woman was not allowed to be in that space, as if it were not legitimate. It is not legitimate that I claim to be Black, in that place”*. Maíra used to be a university professor in Brazil. Despite the latter, in everyday life, she is often identified as someone who is working as a housewife or a cleaner. This occurs in many different environments. At the university or in a restaurant, it is not unusual for her to be perceived as a non-specialized worker. Maíra explains: *“But in other [spaces] where I’m not occupying that place of power, I often get identified with a role that people think that I am supposed to be performing, as Black women are associated with services and cleaning”*. Both Henriques (2018) and Kilomba (2020) describe these situations as a common occurrence in Portugal. After arriving in Portugal, Maíra says that she suffered *“colour fading”*, and she became *“grey”*.

Although she was thirty-four years old and had a “formed identity as a Black woman”, she explains that she felt her experience of migration soothed her fierceness. In her middle-class milieu, people ask her: “you're not that Black, why do you want to be Black anyway?” But at the same time, they always categorize her as non-white. For Maíra, identifying as a Black woman is a political stance.

6. “MIX OF RACES, BAD UTERUS”: IDEAS OF RACE PURITY AND THE CAESAREAN SECTION

Maíra's birth story shares many commonalities with the stories told by the average women giving birth in facilities in Portugal, regardless of their migration status, racial identity, class belonging, sexual orientation, age, or ability. She described several forms of mistreatment that make her birth experience paradigmatic of what has been termed and defined as obstetric violence (Bohren, et al., 2015; Goberna-Tricas & Boladeras, 2018). Maíra felt objectified and deprived of humane treatment, describing a lack of privacy and information, with healthcare professionals threatening and blaming her. She also enumerated unconsented interventions, such as membrane sweeping, induction, augmentation, painful vaginal examinations, immediate cord clamping, separation from the newborn and unauthorised manipulations of the newborn. Maíra additionally denounced the verbal abuse she was subjected to, including discrimination based on personal attributes (being overweight). She also identified a lack of support in breastfeeding.

Although she interacted with a myriad of health staff, Maíra signals out two main figures during her stay at the hospital: a midwife and an OB/GYN, both females. She distinguishes between the midwife, who made comments imbued with racist ideas but did not overtly mistreat her; and the OB/GYN, who was not overtly racist towards her, but did mistreat her.

In Portugal, racism within institutions and in everyday life, although pervasive in all spheres of society, remains largely unacknowledged (Dias & Dias, 2011; Henriques, 2018; Kilomba, 2019; Vala, 2021). Scholars argue that Portugal has yet to come to terms with its colonial past, as the mainstream discourse about the nation's history perpetuates a narrative of Portugal's good and exceptional colonisation, denying the extreme violence of the foundations of such a socio-political and economic regime. Brazilian Gilberto Freyre's myth of “lusotropicalism”, according to which the colonisation by the Portuguese was founded on miscegenation and was thus less violent than the other European countries', is well established in Portuguese public discourse, fed by educational materials and official narratives (Castelo, 2011).

Brazilian migrants account for over 25% of migrant communities in Portugal (SEF, 2021). The two countries have a long history of migration flows in both directions, due to their historical colonial connections and their consequent cultural and linguistic proximity. Several stereotypes accompany Brazilian migrants in Portugal, characterising them as outgoing with high communicative capabilities, which have facilitated their insertion in the sectors of the labour market that require contact with customers (Malheiros, 2007). Brazilian women have their own

particular stereotypes: they are seen as hypersexualized and identified with prostitution, an idea partly shaped by the former colonial ties between both countries and fed by the media (Padilla, 2007; Padilla & Gomes, 2016; Pontes, 2004). In the context of obstetric care and interactions, health professionals sometimes imply that Brazilian women get pregnant with second intentions, such as securing a residence permit or for financial reasons, and ask about the father's nationality (Topa, 2016).

In Máira's birth story, a midwife condescendingly urges her to accept her fate as a woman who has no alternative but to have her child via CS, as she is of "mixed race". She invokes Máira's racial status and forces an association between Máira's nationality and the CS to prove the evidence of the outcome she foresees. Brazil has the second highest CS rate in the world (first is the Dominican Republic) and the midwife offers a simplistic explanation for the high CS rates in Brazil based on race: a mix of races produces a bad uterus, and that is why there are so many CSs in Brazil, she says. The surgery is then a "natural" and consequential solution to address a biological problem that mixing races brings to women. As a woman of mixed race, Máira is thus declared unfit for birth by the midwife, a healthcare professional who overlooks all sociological explanations and presents a faulty argument. The "epidemic" of caesarean sections worldwide has been recognized as a public health problem and several reasons have been appointed to explain it, from medical cultures highly reliant on interventionism, to financial incentives and motivations due to personal convenience, or fear of litigation leading to the practice of defensive obstetrics (The Lancet, 2018; WHO, 2018). The midwife chooses to ignore all this and, by blaming the woman's characteristics, exerts a power that has the potential to undermine the labouring woman's confidence. Although Máira is aware of the problem of this rationale and does not let herself be put down by it, she describes getting very angry with this interaction and feeling the need to contest it. She says that she was extremely tired and without patience. She told the lady to be quiet and "cut the crap", accusing her of ignorance, "as there are no races". But Máira jokes that it is not easy to teach "a lesson in Sociology at one o'clock in the morning...".

The identification of Brazilian women with CS seems quite widely spread among health professionals' perceptions, both because of the high rates in the country and because some Brazilian women in Portugal demand elective CS from their health professionals (Morais, et al., 2021). As with other processes of stereotyping, the selection of one characteristic to compose an idea about a whole group is always partial in the information it picks and depends on a generalisation, whereby heterogeneous groups get reduced to a homogeneous mass of similarity. The prejudice according to which Brazilian women are naturally more prone to birthing by CS offers a simplistic explanation of a complex reality, deliberately ignoring all the historical, social, economic, and political reasons that overlap and contribute to the phenomenon. It is also an exercise of stratified reproduction, as it classifies a certain category of bodies as being more unsuited for birthing their offspring, in opposition to another kind of body that is considered able to do so (Colen, 1995). This adds another layer to the conception of the female body as defective and requiring technological assistance to perform reproductive tasks (Martin, 2001). This episode shows how obstetric racism may manifest itself in multiple ways and reinforces it as an important avenue of research.

7. CONCLUSION

In “Body Broken in Half”, Maíra used mixed methods, employing printed photography, pens, wax crayons, wax, and thread on cotton cloth. She created a powerful expression based on the several layers of mistreatment she suffered during her long stay at the hospital for the birth of her daughter. The composition focuses on the relationships between Maíra, the labouring woman depicted as a faceless body that occupies half of the frame, and multiple health professionals who assisted her, organised around two main axes: the interaction with a midwife who proffered racist tropes and the interaction with a physician who was rude and performed unconsented interventions, accompanied by a group of medical students. It is a self-portrait, deliberately blurred due to the long exposure she employed, evoking her experience of migration and her self-proclaimed loss of identity, and weakening of her self-assertion as a Black woman. The image of her body is coloured using a brown wax crayon, the colour of her skin. In contrast, the hand of the physician who performed an unconsented membrane sweeping (*toque maldoso*) is in a lighter tone and is followed by several smaller hands that refer to medical students’ exercise of consecutive vaginal examinations. The written sentences are quotes by the professionals and are an essential element of the work.

To the left of the frame, in big blue lettering, Maíra wrote the racist comment that the midwife told her on several occasions, in a gentle and comforting manner: “*Bad uterus, mix of races, mix of colour*”. The midwife’s prediction that Maíra would end up in a caesarean section was offered to her with a logical explanation: Maíra, Brazilian and Black, would inevitably follow the fate of her fellow nationals, miscegenated and unsuited for birth because of that. This is a wrongful, simplistic explanation in various ways. Firstly, it mobilises the concept of race, which is grounded on the idea of the superiority of some human groups over others. Secondly, it justifies the problematic, high rates of CSs in Brazil with a supposed defect of the women’s body. This defect would be a consequence of miscegenation, which again is done by the mobilisation of the idea of a pure race in opposition to another.

The prejudice according to which Brazilian women are naturally more prone to birthing by CS offers a simplistic explanation of a complex reality, deliberately ignoring all the historical, social, economic, and political reasons that overlap to contribute to the phenomenon. It is also an exercise of stratified reproduction, as it classifies a certain category of body as being less suited for birthing their offspring than other categories. This argument adds another layer to the conception of the female body as defective and requiring technological assistance when performing reproductive tasks.

Although the viewer of Maíra’s artwork can understand the main issue and infer some details, the subtleties that allow a full grasp of the whole point of the work only becomes clear with Maíra’s explanations. For example, the fact that the various quotes inscribed on the piece of artwork were said by different health professionals only becomes clear through Maíra’s retelling of her birth story.

Also, the tone employed by the midwife in her racist sentences reveals her intention that would be impossible to guess by just reading the sentences, which without further explanation appear extremely aggressive.

Maíra's birth story does not differ much from those of other women's who experience mistreatment in facilities in Portugal, regardless of their race, class, migration status, sexual orientation, age, or abilities. In a country where the institutionalisation of birth has a relatively recent history, the appropriation of the women's body by the multiple actors working in healthcare institutions seems unproblematic and taken for granted by the status quo. This is being increasingly disputed in the public arena by the hands and voices of activists who often self-identify as victims of obstetric violence. Although the phenomenon of OV has, to date, remained largely under-researched with very few exceptions, empirical data shows that it might be the norm in healthcare institutions throughout Portugal. My own research confirms that it is so.

Obstetric racism proves to be a useful analytical category to address the attitudes towards all minorities, not only Black ones. Although the afro descendant population embodies the "Other" par excellence in most Western contemporary societies, other minorities are also subject to racist manifestations, be they migrants or nationals from other "ethnic" groups (such as the Roma populations in Portugal, as well as migrants from Eastern European or Asian countries). Further research on obstetric racism and on the intersection between racism and other kinds of violence is urgently needed.

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