

## Sexual and reproductive health: analysis of the content published in two Brazilian scientific nursing events


*Saúde sexual e reprodutiva: análise de conteúdo publicado em dois eventos científicos brasileiros de enfermagem*

*Salud sexual y reproductiva: análisis de contenidos publicados en dos eventos científicos de enfermería brasileños*

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### ABSTRACT

**Objective:** To analyze the content published in the Proceedings of the 71st Brazilian Nursing Congress and the 20th National Research Seminar in the field of sexual and reproductive health.

**Method:** Qualitative, descriptive study, whose data sources were the annals of two 2019 events that were related to Sexual and Reproductive Health. Content analysis and lexical typology were carried out with the aid of the IRAMUTEq<sup>®</sup> software.

**Results:** In a universe of 3,433 abstracts, 603 were analyzed and showed a higher prevalence of qualitative studies and experience reports, focusing on the maternal-child area and on the pathologizing and medicalizing processes of women's health, with incipient use of software in the analysis. However, there were signs of health promotion and humanized care.

**Conclusion:** The dissemination of studies in the field of sexual and Reproductive Health seems to be in a conflict between accommodation and resistance, at the same time that it maintains old imperatives of the hegemonic domain, seeking to overcome them with new methodologies and care based on integrality and equity.

**Descriptors:** Reproductive health. Sexual health. Nursing. scientific and dissemination events. Congress.

### RESUMO

**Objetivo:** Analisar o conteúdo publicado nos Anais do 71º Congresso Brasileiro de Enfermagem e do 20º Seminário Nacional de Pesquisa em Enfermagem na área da saúde sexual e reprodutiva.

**Método:** Estudo qualitativo, descritivo, cujas fontes de dados foram resumos com temáticas referentes à Saúde Sexual e Reprodutiva nos Anais de 2019 dos eventos. Realizou-se análise de conteúdo, tipo lexical com auxílio do software IRAMUTEq<sup>®</sup>.

**Resultados:** Dos 3.433 resumos recrutados foram analisados 603, sendo grande parte de estudos qualitativos e relato de experiências, com enfoque na área materno-infantil e nos processos patologizantes e medicalizadores da saúde da mulher. Entretanto, houve sinalizações de promoção de saúde e cuidados humanizados.

**Conclusão:** A divulgação dos estudos da Área da Saúde Sexual e Reprodutiva parece estar num conflito entre acomodação e resistência, pois, ao mesmo tempo que mantém antigos imperativos do domínio hegemônico, busca superá-los com novas metodologias e cuidados pautados na integralidade e equidade.

**Descritores:** Saúde reprodutiva. Saúde sexual. Enfermagem. Scientific and educational events. Congresso.

### RESUMEN

**Objetivo:** Analizar el contenido publicado en los anales del 71º Congreso Brasileño de Enfermería y del 20º Seminario Nacional de Investigación en Enfermería en el área de salud sexual y reproductiva

**Método:** Estudio cualitativo y descriptivo, cuyas fuentes de datos fueron resúmenes con temas relacionados con la Salud Sexual y Reprodutiva en los anales de eventos de 2019. El análisis de contenido y de tipo lexical se realizaron con ayuda del software IRAMUTEq<sup>®</sup>.

**Resultados:** De los 3.433 resúmenes, se analizaron 603, la mayoría de los cuales eran estudios cualitativos y relato de experiencias, con foco en el área materno-infantil y los procesos patologizantes y medicalizantes de la salud de la mujer. Sin embargo, buscan traer perspectivas de promoción de la salud y atención humanizada.

**Conclusión:** La difusión de estudios en Salud Sexual y Reprodutiva parece estar en un conflicto entre acomodaciones y resistencias, manteniendo viejos imperativos del dominio hegemónico, pero buscando superarlos con nuevas metodologías y cuidados basados en integralidad y equidad.

**Descritores:** Salud reproductiva. Salud sexual. Enfermería. Eventos científicos y de divulgación. Congreso.

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## ■ INTRODUCTION

Reproductive rights are defined as the desire and freedom to decide when and with what frequency to reproduce. The concept of sexual rights, in turn, has a more recent story. Its first formulation took place in the 90s, in the scope of gay and lesbian movements in Europe and North America. It is based on experiencing sexuality and being able to freely choose one's sexual partners and practices with no discrimination or constraint<sup>(1)</sup>.

The International Conference of Population and Development (ICPD), as well as the IV World Conference on Women, were legal milestones of Sexual Health and Reproductive Health (SHRH) actions, bringing advances as it identified sexual and reproductive rights as Human Rights<sup>(2)</sup>. These international forums stated that sexual rights and reproductive rights (SHRH), as well as gender equality and women's empowerment are fundamental for improving people's quality of life<sup>(3)</sup>. Nonetheless, the consolidation of these rights is still a major global challenge, since they are the result of historical achievements arising from struggles for citizenship<sup>(4)</sup>.

In Brazil, SHRH actions are guided by the National Policy for Integral Attention to Women's Health (PNAISM) and by the National Policy on Sexual Rights and reproductive rights. Although their directives are based on gender and sexuality, autonomy and freedom, their ideas are still focused around biological and curative models, with few actions to promote health for all population groups in the field of sexual and reproductive health<sup>(5)</sup>.

SHRH has a direct, essential relationship with nursing, in the different levels of health care in Brazil. In primary health care, this relationship is associated with nursing consultations, including prenatal, puerperium, reproductive planning, gynecological consultations, attention to women victims of violence, and in many other types of care provided to the users of the Single Health System (SUS). However, SHRH actions must take place in other levels of care, such as hospitalization, to provide integral, equal, and universal health care<sup>(6)</sup>.

Many health workers still have limitations when it comes to working with SHRH. That includes nurses. These difficulties have been pointed out both in national and international studies. They are a result of the lack of preparation in academia, or of cultural and/or religious influences, which push these professionals away from the topic. Nevertheless, SHRH are a priority of global health, and must be studied and disseminated in the academic community<sup>(7)</sup>.

In this limiting context, scientific congresses are spaces where workers from different fields gather to reflect and discuss social, political, and economic contexts. These meetings make attempts to advance and change postures and paradigms, considering scientific communication and the dissemination of new knowledge<sup>(8)</sup>.

Nursing scientific events, through time, have been an important strategy for the process of construction, consolidation, and innovation of knowledge. They create opportunities for researchers and professionals to update their knowledge and exchange experiences, advancing discussions inherent to the field to develop and improve the health care provided to the population<sup>(9)</sup>.

In Brazil, two nationwide events, that involve all categories of workers in the field, stand out: the Brazilian Nursing Congress (CBEn), and the National Seminar on Nursing Research (SENPE). The CBEn has been taking place every year since 1947. It is promoted by the Brazilian Nursing Association (ABEN) and has an essential role in disseminating nursing knowledge, improving the exercise of this profession, adapting curricula, and contributing to health policies<sup>(10)</sup>.

In 1978, the ABEn/National proposed conducting a National Seminar on Nursing Research (SENPE), considered one of the most important events in the scientific calendar of the profession in Brazil. This event is biannual and aims to discuss the interdisciplinarity in the production of knowledge and the status of nursing as a science. It also aims to reflect on its implications regarding the formulation of public policies related to health care and nursing, training researchers, and research networks<sup>(11)</sup>.

The CBEn is the largest scientific event in the area of Nursing in Latin America, while the SENPE gathers researchers, research assistants, nurses, technicians and undergraduate students who produce knowledge in the field of Nursing<sup>(10,11)</sup>. Therefore, these events, considered milestones in the history of research, dissemination of knowledge, and professional practice, have the highest number of registered participants and scientific works.

Nursing has a primary role in the struggle to preserve the sexual and reproductive rights of the population. As a result, it is essential to find out what topics related to SHRH have been researched, disseminated, and addressed by nursing professionals. This can help identify professional conduct, techno-scientific decisions, innovations in the field. It can also help reviewing and rethinking our path, considering the new demands and the diversity of population groups when it comes to sexual and reproductive health. In this context,

the question that guided this study was: What contents are being published and discussed in the Annals of the 71st Brazilian Nursing Congress and in the 20th National Research Seminar? Our goal was to analyze the content published in the Annals of the 71st Brazilian Nursing Congress and in the 20th National Research Seminar, in the field of sexual health and reproductive health.

## METHOD

This is a descriptive, exploratory, qualitative study. It was planned and reported according to the Consolidated Criteria for Reporting Qualitative Research (COREQ).

This study is based on secondary sources. These include the annals of the 71st CBEEn, titled "Nursing and the meanings of Equity"; and the annals of the 20th SENPE, titled "The Brazilian Science of Nursing: resist we must", both from 2019. These were in-person events in the cities of Manaus and Rio de Janeiro, respectively.

Data was collected from March to June 2021. A file with all thematic axes of the annals was downloaded from the website of both national events. The characteristics of the abstracts, such as the annals of CBEEn or SENPE, the descriptors or keywords, as well as the main topic, were input in an Excel spreadsheet. The full abstracts were separated into two Word files, one for the annals of each event. The annals

were coded as follows: Anais\_1, related to CBEEn, and Anais\_1 referring, related to SENPE. The abstracts were coded as ART and numbered from 1 to 603 (art\_\_1, art\_2 etc.).

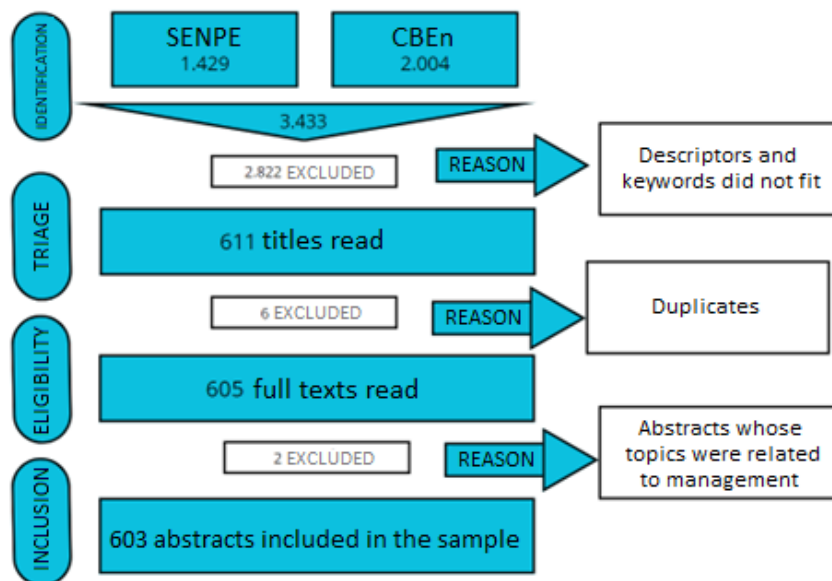
CBEEn and SENPE were selected as they are scientific events that stand out in the process of knowledge and in the progress of nursing in Brazil. Scientific publications in their annals are not only historical records, but also academic and institutional commitments of great relevance to Brazilian health<sup>(11)</sup>.

Inclusion criteria for the scientific works selected were: abstracts published in CBEEn and SENPE annals, which addressed topics in the field of SHRH, regardless of the thematic axis. Duplicate abstracts were excluded, that is, any abstract that appeared in both annals was only accounted for once and registered as part of CBEEn annals.

The identification stage began with a search in all scientific papers published in both annals. There were 2,004 abstracts in CBEEn and 1,429 in SENPE, totaling 3,433. In this first stage, we read the keywords and/or descriptors of the abstracts, selecting 297 works from the annals of CBEEn and 308 from SENPE that were in accordance with inclusion criteria. Figure 1 is a flowchart representing the selection of these abstracts.

For this selection, we checked for the following descriptors and/or keywords, that were associated with the topic SHRH: women's health, sexual health, reproductive health, sexuality, obstetric nursing, gynecological nursing, sexually

**Figure 1** – Flowchart of the selection of abstracts about sexual and reproductive health from the 2019 SENPE and CBEEn congresses. Rio de Janeiro, Brazil, 2022



Source: Research data. Rio de Janeiro (RJ), 2022.

transmitted infection, reproduction, family planning, and reproductive planning. During the triage of these abstracts, we found six that were repeated, appearing in both annals. These were only included in the CBE file. Four works from the SENPE annals were missing keywords and/or descriptors, but were nevertheless included, as they were associated with the field of SHRH.

The stage of "Eligibility" of the abstracts was subdivided into two phases. In the first stage, a survey was carried out by three fellows of the university, undergraduate nursing students of a public federal university from Rio de Janeiro. They were adequately trained prior to the selection and were under the supervision of the main researcher. Later, two professors specialized in the field of SHRH evaluated, separately, the 605 works found. They read the abstracts in full, as well as their titles and keywords and/or descriptors. Both professors discarded two abstracts from the annals of SENPE, as their main topic was health management and management processes in primary care. Thus, 603 abstracts were included in the sample.

To carry out a lexical content analysis, we used the free software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ®). The advantage of using the IRAMUTEQ® is in the fact this software allows using statistical calculations about qualitative data, increasing the precision and the reliability of the quantitative analysis<sup>(12)</sup>. We chose to present an analysis of IRAMUTEQ® Descending Hierarchical Classification (DHC), as it consists in classifying the text segments/TS according to their vocabulary, dividing them based on the frequency of reduced forms, which in practice divides the corpus into classes<sup>(13)</sup>.

The corpus used for this investigation included 603 texts. The software found 4,418 TSs, with a yield of 84.13% of the analyzed material.

Since the IRAMUTEQ® makes calculations using chi-squared tests regarding the co-occurrence of words in the TSs, in order to specify word classes that represents different discourses about a topic of investigation<sup>(12)</sup>, it automatically divided the corpus into four lexical classes, which formed two thematic blocks.

Data from these blocks and classes was interpreted and discussed with regard to the scientific literature concerned with the methodological procedures used in nursing research. We also considered literature that addressed topics related to scientific investigation in nursing, in the field of sexual and reproductive health.

Since the documents used are in the public domain, it was not necessary to submit this work to the approval of a research ethics committee.

## RESULTS

The DHC formed four classes, divided in two thematic blocks, as shown in the dendrogram below. Figure 2 shows the most significant lexicons of each class, which were generated using the chi-square test ( $\chi^2/ p < 0.0001$ ) and are responsible for expressing the bond strength between the form and the class<sup>(12)</sup>.

The first partition of the corpus originated Class 1, which represents 27.8% of the material used, with 1,024 TSs; the second gave rise to Class 4, with 29.7% and 1,103 TSs; the third and last partition generated Classes 2 (23.7% – 880 TSs) and 3 (with 19.1% – 710 TSs).

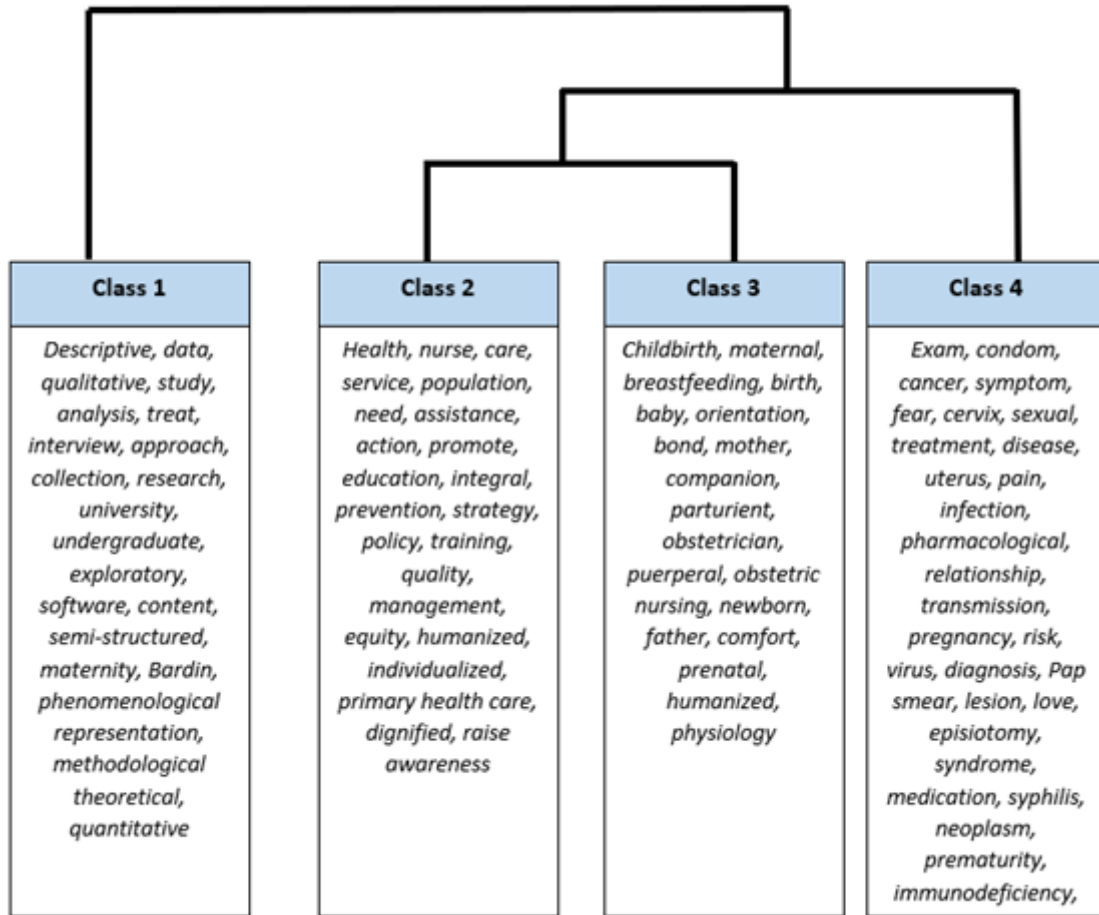
Considering the lexicons and the TS content of each class, the thematic blocks and classes were named as follows. Block 1, "Researching in the field of sexual and reproductive health", was formed by a single class, Class 1, which was named "The paths to nursing research in the field of sexual and reproductive health". Block 2, named "Nursing in the field of sexual and reproductive health", was formed by Classes 2, 3 and 4. Class 2 was named "Sexual and reproductive health nurses as promoters of public health". Class 3 was called "Maternal and child health as the center of sexual and reproductive health". Class 4 was named "The embodiment of sexual health as focused on pathologization" (Chart 1).

Block 1, formed by Class 2, shows content about the forms of researching nursing in SHRH, especially concerning the methodological paths that have been used by nurses in this field. The lexicons most associated with this class were: descriptive, data, qualitative, study, analysis, treat, interview, approach, collection, research, university, university, exploratory, and software. Below, there are some TSs that present methods used in research published in the annals studied:

*The discursive data of the obstetric nurses was transcribed and analyzed using content analysis techniques, with the aid of the software Nvivo 9.0. [...]. (art\_387 \*anais\_02)*

*We used a semistructured interview script to gather the statements of the pregnant women and analyzed them using the qualitative data analysis software IRAMUTEQ. (art\_264 \*anais\_01)*

**Figure 2** – Dendrogram of the separation into classes and the most significant lexicons, according to DHC. Rio de Janeiro, Brazil, 2022



Source: the IRAMUTEQ software. Rio de Janeiro (RJ), 2022.

**Chart 1** – Names of the thematic blocks and classes based on the topics of sexual health and reproductive health of publications from the annals of the 71st CBE and the 20th SENPE. Rio de Janeiro, Rio de Janeiro, Brazil, 2022

Block 1 Researching in the field of sexual and reproductive health	Block 2 Nursing in the field of sexual and reproductive health		
Class 1	Class 2	Class 3	Class 4
The paths to nursing research in the field of sexual and reproductive health.	Sexual and reproductive health nurses as promoters of public health.	Maternal and child health as the center of sexual and reproductive health.	The embodiment of sexual health as focused on pathologization.

Source: Research data. Rio de Janeiro (RJ), 2022.

The studies analyzed use university *campi* as settings to develop nursing research, as highlighted by the lexicons research, university, university, present in the STs:

*Data collection involved 5 episiotomized women in remote puerperium, using a semistructured interview script. It took place from August to September 2018 at the Antônio Pedro University Hospital. (\*art\_333 \*anais\_2)*

The contents of Block 2, formed by classes 2, 3 and 4, show the directions and paths followed by nursing workers in their actions and research, in the field of SHRH. The most significant lexicons in class 4 are: examination, condom, cancer, symptom, fear, cervix, sexual, treatment, disease, uterus, pain, infection, pharmacological, relationship, transmission, pregnancy, risk, virus, diagnosis, Pap smear, lesion, breast, episiotomy, episiorrhaphy, syndrome, medication, syphilis, neoplasm, prematurity, immunodeficiency, antiretroviral, HPV. These lexicons, as well as the related TSs, highlight the processes of health and disease in the SHRH, as well as its interventions in the female body:

*Data show the relevant need to intensify screening for cervical cancer in women from 25 to 64 years old, as prescribed by the Ministry of Health, as this is a very serious disease. (art\_216 \*anais\_01)*

Class 3 shows that the field of maternal and child health is the main focus of SHRH in nursing. This is shown by its TSs and most significant lexicons (childbirth, maternal, breastfeeding, birth, baby, guidance, bond, mother, companion, parturient, obstetrician, puerperal, obstetric nursing), regardless of the new paradigms in the process of childbirth.

*The obstetric health care model currently in practice in Brazil is characterized by the medicalization and constant valuing of invasive technologies. However, there are attempts to redirect it towards a more humanized model. In this regard, nursing uses noninvasive obstetric nursing care technologies. (art\_476 \*anais\_02)*

Class 2 presents, as typified health lexicons, the words health, nurse, care, service, population, need, assistance, action, promote, education, integral, prevention, and strategy. These, associated with the TSs in the class, include content regarding nursing activities in the field of SHRH, as well as health promotion.

*By including all users and providing activities according to government norms, nurses, who are among the main workers in sexual and reproductive health in primary health care, must seek knowledge about government documents, thus guiding their actions toward strengthening the rights of sexual and reproductive rights. (art\_569 \*anais\_02)*

## ■ DISCUSSION

Scientific research is a multifaceted phenomenon when it comes to the dimension of the meanings regarding its essence and value. Brazilian nursing seeks an identity and the overcoming of stereotypes. It is permeated by the search of knowledge and by the production of scientific knowledge. Thus, it can advance professional practice in both teaching and health care. Constructing this identity is related to the context of the profession, to the movements and actions of nursing<sup>(14)</sup>.

An autonomous nurse, who proposes transformative actions in health, who enterprises, producing creative and technological solutions, and who researches, in order to solve the challenges of care, has been formed in Brazil, and in most developing countries. In first-world countries, such as the United States, Canada and the United Kingdom, some professionals already have these competences consolidated. This is mostly due to the advancement of research that changed science and the results of nursing health care<sup>(15)</sup>.

Nurses in the SHRH field seem to understand the importance of producing knowledge for their professional identity and autonomy, and also as a tool to transform empirical experience into data and indicators for analysis. This recognition helps the growth of Advanced Practice Nurses (APN), who are professionals with specific and unique competences that seek to improve care and health indicators<sup>(15)</sup>.

The professional identity of nurses is constructed daily by a confluence of the role of professionals in the practice of health care; the way in which nurses are formed in graduation and post graduations in the field; and the historical, social, political, and philosophical developments of nursing. An analysis of a study about the communication abilities of nurses in Spain reiterated that research work in nursing recognizes this perspective, which is sought by researcher-nurses<sup>(9)</sup>.

The contents of Class 1 are related to the methodological paths traversed by nurses who study the field in their scientific production, including types of study, methodological

and theoretical approaches, data collection techniques, and analytical procedures. Nursing studies were, at first, based on biomedical and physical sciences, with a quantitative approach, and a model that was prescriptive, rigid, and heavily based on measurements. The limitations of this classic investigation methodology led to a partial perspective of the dynamic process of lives experienced in a historical and cultural context. The difficulties of bringing these issues together led researchers to examine the importance of qualitative methods<sup>(16)</sup>.

In the 1990s, the field of nursing research started following another direction, one which opened new research possibilities. Nurses dared to attempt new methodologies, in order to continue building a body of knowledge. This new path aimed to include study objects that sought the values, meanings, and subjectivities that influenced the process of caring in health. This change was in accordance with the criticism that, around the world, social sciences were raising against positivist approaches<sup>(17)</sup>.

Nurses, preoccupied with interpersonal relationships in all their broad scope, and considering co-determinants generated by profound changes caused by technological intensification, turned to ideas that addressed the perspective of the subject to whom care was provided. This led to the emergence of language, dialogic relationships, intersubjectivity, and meanings as essential components for the production of new knowledge<sup>(17)</sup>.

Although current nursing research is based on several different methodological approaches, encouraging the triangulation of data and mixed method studies, the lexicons found to have greatest association with Class 1 (qualitative, semi-structured, content analysis, Bardin) can be analyzed as indications that, in the field of SHRH, research seem to follow a qualitative perspective. Nevertheless, new analytical methods have been employed in this type of approach, even if still in small numbers. This includes the use of softwares<sup>(18)</sup>.

Information technology is extremely important for research in health, due to the modernization, dynamization, technological advances in work, and the incorporation of computer-based tools. Therefore, qualitative nursing research has increasingly been using computational tools to increase the possibilities of achieving deep and reliable results<sup>(19)</sup>.

Universities have always been fields conducive to the development of scientific research. This has consolidated with the increased number of *stricto sensu* post-graduation courses and research groups (RP). These are responsible for investigating topics that lead the debate and stimulate know-how, contributing greatly to the construction of science.

The knowledge produced in universities and disseminated nationally and internationally has been apprehended by indicators of the production of scientific activities, in order to provide information about the contribution of research to the advancement of science and of advanced practices in nursing<sup>(20)</sup>.

There is still, it seems, a strong tendency of scientific articles, to associate biological aspects to SHRH when they discuss issues related to STIs, chronic diseases such as gynecological cancers, risk pregnancies, exams, and technical and medicalizing procedures. These findings reflect how much the contents in this field are still circumscribed to the biomedical field, legitimating the scientific hegemony of the health-sickness process. Caring for a female body is providing a type of care to a biological body. This type of care is constructed from a cognitive dimension, whose knowledge emerges from a reified universe<sup>(21)</sup>.

Although centuries have passed and many changes took place in female care, certain ideas associated to health practices and services are based on religious dogma and body physiology, highlighting the naturalization of the reproductive role of women. Medicalization and technologization towards females also persist, and the dependence of women on hegemonic scientific knowledge is disseminated<sup>(22)</sup>. Excessive medicalization in the field of women's reproduction and sexuality takes into account their biological function, which controls life, gender relations and even the social representation of women beings in our society<sup>(6)</sup>.

In the international scope, SHRH is still based on women's health, and lacks critical and propositional reflection, since issues related to gender, accessibility, sexual diversity, and service quality also seem to negatively affect people in developed countries. These findings are confirmed by a study from Canada which, to better understand the phenomenon, attempted to associate patient-centered care and gender inequality in health services. The study generated, approximately, 49 recommendations for the improvement of health care practices in the field of SHRH that are not only centered around the pathological process, but that broadened the promotion of population health, including female health. Recommendations that stood out include the participation of women in decision-making; the construction of bonds of trust; the attention not only to medical actions, but also to educational ones; the permission for women to contribute in the conversation with health workers, aiming to improve interactions and bonds, and expanding SHRH to the entire population<sup>(23)</sup>.

Another finding of this investigation is related to heteronormativity in SHRH research and practices. In the abstracts from both Brazilian annals, few studies were found that focused on the social and health context of LGBTQIA+ groups, reinforcing the perception of women as heterosexual and monogamous, especially in the puerperal pregnancy process. This result is similar to the findings of international studies about sexual minorities. An investigation from Taiwan showed that lesbian women found several barriers to access health services. These distance them from health services and, consequently, compromise their health. This result is in agreement with another, from Italy<sup>(24)</sup>.

The way in which institutions and practices of SHRH are organized reproduced a biomedical, hospital-centered, heteronormative model, often providing fragmented attention of little effectiveness. A study from Mexico, which attempted to characterize and identify the barriers to the access to sexual and reproductive health services, found that the care seems to be directed as a clinical complaints of the female public especially in regard to maternal and child health, with predominantly curative characteristics and few health promotion actions<sup>(25)</sup>.

These international studies examined the attitudes, knowledge, behavior, and consciousness of nursing professionals in SHRH activities, showing that nurses had inadequate knowledge about the sexual health of the different population groups. They also highlight that, regarding the barriers for care in this field, social stigmas and a lack of professional training stand out, resulting in deficiencies and limitations to the work in the field of SHRH<sup>(23-25)</sup>.

Regarding women's body, the perspective of control makes itself present. The higher the number of interventions, the better the result when it comes to preventing risk to the health of pregnant women and ensuring a safe childbirth. With this, the medicalization of childbirth, puerperium, and childcare, resulted from the transference of knowledge from lay women to male physicians, regarding the reproduction-childbirth process, which involved rationality and technology.

Since the 1990s, the international community has made important efforts to institute actions and promote economic, social, and human development. Therefore, in the year 2000, the leaders of the United Nations Member States implemented the Millennium Declaration<sup>(4)</sup>. This document summarizes agreements signed in order to overcome inequality among countries and regions of the world. It instituted eight Millennium Development Goals (MDG), which included 22 goals and 48 indicators to be achieved up to 2015. One of them is "Improving maternal health". Nonetheless, many goals

related to SHRH were not achieved in several countries, due to difficulties in accessing health services, legal obstacles, lack of financial investment and professional training, in addition to stigmas and prejudices associated with this topic<sup>(4)</sup>.

Even with the 2030 United Nations Sustainable Development Goals (SDGs), which include many aspects of SHRH, the consolidation of these aspects is still far from a reality for many countries<sup>(26)</sup>. The SDG 2020 report highlights that few women in the world make their own decisions when it comes to sexuality, health, and reproductive rights<sup>(27)</sup>.

Regarding maternal and child health care, which was one of the main topics in the abstracts published, obstetric nursing has been having an important role in changing the paradigm of care in this field. A so-called humanized birth makes extensive use of non-pharmacological measures for pain relief, as well as scientific evidence. It does not eschew popular and/or cultural knowledge that can provide satisfaction, quality, and the participation of the woman and her family during childbirth<sup>(28)</sup>.

The work of the obstetric nurse, in Brazil and abroad, is centered around the physiology of childbirth, and not on the objectification of women's body to biomedical interventions<sup>(29)</sup>. Advanced nursing practices in obstetrics have brought improvements to prenatal, childbirth, and puerperium care. They have increased the autonomy of the specialist nurse by giving them more professional responsibilities, contributing for women to exercise their reproductive health freely<sup>(15)</sup>. Despite these important changes in the pregnancy-puerperium cycle, the country still needs to ensure that the humanized obstetric care model is improved, encouraging less invasive practices in the care of all women as a health right<sup>(29)</sup>.

From this perspective, we can understand why many works are published by SHRH nurses in the field of obstetrics. These works move towards a safe health care model, in order to ensure that women in their pregnancy-puerperium cycle will have their rights recognized and their lives treated with more dignity and respect.

Topics and propositions discussed by SHRH nurses in their works include health promotion, integral care, education in health, care networks, holistic care, equity, humanization, guarantee of access to health services, universal care, and the Single Health System (SUS).

Brazilian nursing has been expanding and increasingly taking its place in the promotion of health, especially due to primary care reorganization policies implemented in the country by the Family Health Strategy, in accordance with the precepts of SUS. Nursing care that aims at promoting health is, therefore, an essential component of the health



system. Its reflexes can be seen in the regional, national, and international level, and, therefore, have become the reason for growing debates, new significations, and the need to expand research focused on this topic<sup>(30)</sup>.

The nurse has a decisive and proactive role in identifying the needs of care in the population, and in the protection of the health of individuals in their different dimensions<sup>(30)</sup>. Considering this expanding view on the role of nursing, we can understand the publications in the field of SHRH that highlight these principles. They understand that there is a broad scope of determinants of health, which can be social, economic, environmental, political, cultural, and not only genetic or biological.

A limitation of this study is the fact that data collection was restricted to the annals of two Brazilian scientific events, from a single year.

## ■ CONCLUSION

In the socialization of knowledge made possible by two scientific events of Brazilian nursing, it became clear that SHRH nursing is in a conflict between accommodation and resistance. While, on one side, it incorporates old hegemonic imperatives, on the other, it rejects them through new perspectives of investigation and care, based on integral and equal health.

Findings show a predominance of a mechanistic and interventionist perspective that sees the body as a producer of disease. In addition, most works were focused on maternal and child health. This field, despite the changes in its paradigm of care that take place when it only focuses on the pregnancy-puerperium cycle, reinforces an understanding of women as reproductive beings.

SHRH is cross-sectional, involving all areas of care and showing the need to expand the work beyond preventive actions such as colored months and campaigns, assuming a position towards integral care and health promotion. These topics must be addressed by well-trained and up-to-date professionals throughout the year, not only during ministerial campaigns.

Considering these results, some strategies can be suggested to articulate the topic of SHRH at SUS. These include training nurses during their graduation, permanent education in health services, and increasing and encouraging the development of scientific research, which can strengthen the discussion of sexuality, gender, pleasure, desire, and reproduction as essential components of all human beings.

The knowledge of nursing, coming mainly from scientific investigations in this field, should aim to improve clinical practice, rethink, and collaborate with the elaboration and implementation of new proposals of care. It must give strength to strategies that aim to confront prejudices, reduce discrimination and stigmatization, and increase communication about SHRH in all population segments, both in university and in society as a whole.

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