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Article

# Reproductive justice, rights and obstetric violence: an ethnography of feminist activism in the state of Amazonas

Justiça reprodutiva, direitos e violência obstétrica: uma etnografia do ativismo feminista no estado do Amazonas

Justicia reproductiva, derechos y violencia obstétrica: una etnografía del activismo feminista en el estado de Amazonas

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## Abstract

**Objective:** to analyze the political action of Humaniza Coletivo Feminista, a social movement active in the state of Amazonas, Brazil, in addressing obstetric violence, advocating for humanized childbirth, and promoting reproductive justice for Amazonian women. **Methodology**: this qualitative field study drew on ethnographic approaches and participant observation and was conducted between June 2023 and April 2024 in Manaus, Amazonas, Brazil. Empirical material was produced through the observation of the political and institutional arenas in which Humaniza Coletivo Feminista operates, field notes, and semi-structured interviews conducted in person and via *Zoom*®. The analysis was guided by Clifford Geertz's interpretive perspective. **Results:** the findings showed that the movement operates through strategies of social mobilization, advocacy, and institutional articulation aimed at addressing obstetric violence and promoting reproductive justice in Amazonas. Hybrid forms of

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political action were identified, moving between social mobilization, institutional confrontation, and collaborative engagement with the State. Particularly prominent were the struggle for the recognition of obstetric violence as a political and analytical category, denunciations of obstetric racism and reproductive inequalities, and the movement's engagement within institutional arrangements, especially the State Committee for Addressing Obstetric Violence. **Conclusion:** activists' participation in state institutional spaces increases the visibility of demands related to sexual and reproductive rights and strengthens strategies to influence public policies on women's health. The findings highlight the importance of feminist movements in fostering the political recognition of obstetric violence and shaping debates on reproductive justice in the Amazonian context.
**Keywords:** Feminism; Political Activism; Social Organization; State Government; Sexual and Reproductive Rights.

## Resumo

**Objetivo:** analisar a atuação política da Humaniza Coletivo Feminista, movimento social atuante no estado do Amazonas no enfrentamento da violência obstétrica, na defesa do parto humanizado e na promoção da justiça reprodutiva de mulheres amazônidas. **Metodologia:** trata-se de uma pesquisa de campo, de abordagem qualitativa, com inspirações etnográficas e uso da observação-participante, realizada entre junho de 2023 e abril de 2024, em Manaus, no estado do Amazonas. A produção do material empírico ocorreu mediante acompanhamento das arenas políticas e institucionais da Humaniza Coletivo Feminista, realização de notas de campo e entrevistas semiestruturadas presenciais e via plataforma *Zoom*®. A análise foi orientada pela perspectiva interpretativa de Clifford Geertz. **Resultados:** ao todo, foram realizadas sete entrevistas com ativistas do movimento. Os resultados evidenciaram que o movimento atua por meio de estratégias de mobilização social, *advocacy* e articulação institucional voltadas ao enfrentamento da violência obstétrica e à promoção da justiça reprodutiva no Amazonas. Existem formas híbridas de ação política, transitando entre mobilização social, confronto institucional e atuação colaborativa junto ao Estado. Destacou-se a luta pelo reconhecimento da violência obstétrica como categoria política e analítica, as denúncias relacionadas ao racismo obstétrico e às desigualdades reprodutivas, bem como a atuação do movimento em encaixes institucionais, especialmente no Comitê Estadual de Enfrentamento à Violência Obstétrica. **Conclusão:** a participação das ativistas em espaços estatais amplia a visibilidade das demandas relacionadas aos direitos sexuais e reprodutivos e fortalece estratégias de incidência sobre políticas públicas de saúde da mulher. Evidencia-se a importância dos movimentos feministas na produção de reconhecimento político da Violência Obstétrica e na construção de debates sobre justiça reprodutiva no contexto amazônico.
**Palavras-chave:** Feminismo; Ativismo Político; Organização Social; Governo Estadual; Direitos Sexuais e Reprodutivos.

## Resumen

**Objetivo:** analizar la actuación política de Humaniza Coletivo Feminista, movimiento social que actúa en el estado de Amazonas, Brasil, en el enfrentamiento de la violencia obstétrica, la defensa del parto humanizado y la promoción de la justicia reproductiva de las mujeres amazónicas. **Metodología:** se trata de una investigación de campo, de enfoque cualitativo, con inspiraciones etnográficas y uso de la observación participante, realizada entre junio de 2023 y abril de 2024 en Manaos, Amazonas, Brasil. La producción del material empírico se llevó a cabo mediante el seguimiento de las arenas políticas e institucionales en las que actúa Humaniza Coletivo Feminista, la elaboración de notas de campo y la realización de entrevistas semiestructuradas, presenciales y a través de la plataforma *Zoom*®. El análisis se orientó por la perspectiva interpretativa de Clifford Geertz. **Resultados:** en total, se realizaron siete entrevistas con activistas del movimiento. Los resultados evidenciaron que el movimiento actúa mediante estrategias de movilización social, incidencia política y articulación

institucional orientadas al enfrentamiento de la violencia obstétrica y a la promoción de la justicia reproductiva en Amazonas. Se identificaron formas híbridas de acción política, que transitan entre la movilización social, la confrontación institucional y la actuación colaborativa con el Estado. Se destacaron la lucha por el reconocimiento de la violencia obstétrica como categoría política y analítica, las denuncias relacionadas con el racismo obstétrico y las desigualdades reproductivas, así como la actuación del movimiento en espacios institucionales, especialmente en el Comité Estatal de Enfrentamiento a la Violencia Obstétrica. **Conclusión:** la participación de las activistas en espacios estatales amplía la visibilidad de las demandas relacionadas con los derechos sexuales y reproductivos y fortalece las estrategias de incidencia sobre las políticas públicas de salud de las mujeres. Se evidencia la importancia de los movimientos feministas en la producción del reconocimiento político de la violencia obstétrica y en la construcción de debates sobre justicia reproductiva en el contexto amazónico.
**Palabras clave:** Feminismo; Activismo Político; Organización Social; Gobierno Estatal; Derechos Sexuales y Reproductivos.

## Introduction

Beginning in the 1960s, feminist movements in various countries, such as the United States, France, and the United Kingdom, began to challenge the gender inequalities present in family, sexual, and reproductive relationships[1]. Abusive practices during prenatal care, labor, childbirth, and abortion have been internationally recognized as violations of women's human rights and sexual and reproductive rights. The World Health Organization (WHO) recognizes that women worldwide are subjected to disrespectful and abusive practices during childbirth in health care settings, which compromise their dignity and physical and emotional integrity, constituting human rights violations[2].

In the Brazilian context, particularly between the late 20th and early 21st centuries, and in dialogue with the international landscape, women mobilized by the slogan "my body belongs to me" and the maxim that "the personal is political" began to denounce historical forms of social control over women's bodies, especially those related to sexuality, reproduction, and motherhood[3]. Particularly as a result of the work of feminist movements, acts of violence during pregnancy came to be grouped under the political-analytical category known as Obstetric Violence (OV), used to denounce forms of control over women's bodies, the medicalization of care, and the violation of reproductive autonomy[4].

In this context, motherhood ceased to be understood as a natural and exclusively biological destiny for women and came to be interpreted as a social and political construct. The contemporary feminist debate has challenged biological determinismo, which attributed to women a moral obligation to motherhood and questioned the institutional mechanisms responsible for the medicalization of reproduction and childbirth[5,6].

These critiques have also extended to the field of obstetric care, historically marked by the centralization of medical knowledge and the limitation of women's autonomy over their own bodies[3]. Thus, medical practices considered authoritarian, invasive, or unnecessary began to be denounced by feminist movements as expressions of gender-based violence and violations of women's sexual and reproductive rights[6].

Although widely used by social movements, researchers, and part of the scientific literature, the term "gender-based violence" (GBV) remains the subject of institutional controversy in Brazil. The lack of specific federal legislation and disputes surrounding the legitimacy of the term have repercussions both on political and legal actions and on the formulation of public policies aimed at addressing these practices[7,8,9].

In the context of health, these transformations also intersected with the Health Reform movement, which took shape between the 1970s and 1980s, advocating for health as a social right and proposing changes to the prevailing health care model. In this struggle, both the feminist movement and the Health Reform movement began to demand a new perspective on women's health and sexual and reproductive life, recognizing women as rights-holders and political agents in the struggles for citizenship, autonomy, and reproductive freedom[10,11,12].

These reflections, influenced by the social sciences, public health, and the sociopolitical struggles led by activists, spurred the emergence of the movement for the humanization of childbirth in the early 2000s. The movement began to challenge the technocratic biomedical model prevalent in obstetric care and the growing medicalization of childbirth, as evidenced, among other things, by the epidemic of cesarean sections in the country[10].

The historical repercussions of this process remain evident in contemporary obstetric care, marked by the normalization of interventions on the female body during hospital care, often performed without consent. Thus, the persistence of a medical-centric model is evidente, one that limits women's autonomy over their own bodies and reproduces asymmetrical power relations throughout pregnancy, labor, and birth[13]. Such practices were described by Simone Diniz as the "vagina-school"[14], in reference to the instrumentalization of women's bodies in medical education and training processes.

In this context, this article analyzes the political activism of the Humaniza Coletivo Feminista (HCF) Association, a social movement active in the state of Amazonas that works to combat obstetric violence, advocate for humanized childbirth, and promote reproductive justice for women in the Amazon[15].

## Methodology

This is a qualitative field study, drawing on ethnographic approaches and participant observation, conducted between June 2023 and April 2024 in Manaus, Amazonas. The participant observation conducted in this study within HCF's political arenas, according to Nakamura[16], constitutes a central element of ethnographic research, especially during the initial fieldwork phase, as it establishes the relationship with informants and enables the generation of relevant information. Fieldwork began by monitoring the HCF's political and institutional arenas, including meetings, public hearings, collective actions, and political coordination efforts with representatives of public agencies and institutions operating in Manaus and Amazonas.

During field immersion, field notes and descriptive records were produced regarding the HCF's main political actions, the issues discussed by the activists, and the forms of institutional coordination established by the movement. Participant observation made it possible to track the HCF's organizational dynamics, its political mobilization strategies, and the agendas related to combating obstetric violence and promoting reproductive justice.

Semi-structured interviews were conducted in person and via the Zoom® platform between June 2023 and April 2024 with seven women who held or currently hold leadership positions in Humaniza Coletivo Feminista. The selection was intentional, given the central role these participants play in the organization, in political representation, and in leading the movement's actions. The inclusion criteria were: being 18 years of age or older, having been active in HCF for at least one year, and currently holding or having previously held leadership, coordination, or institutional representation roles within the collective.

The analysis of the data was guided by Clifford Geertz's interpretive perspective, which views culture as a socially constructed web of meanings accessible through a dense description of social practices and relationships[17]. The empirical data, comprising interviews, field notes, and records produced during participant observation, were organized and subjected to successive interpretive readings. Through this process, recurring clusters of meaning were identified regarding the HCF's forms of political action, the struggles for recognition of obstetric violence, and the institutional networks established by the movement.

The analysis was conducted through thematic organization and interpretation of the clusters of meaning identified in the empirical data, linking the experiences narrated by the interviewees with the theoretical frameworks employed in the research. Thus, the analytical categories were constructed inductively from the empirical data, resulting in the following categories of analysis: "the struggle for recognition of obstetric violence, rights, and reproductive justice in the Amazonian context" and "making a place for oneself in the state: the Humaniza Coletivo Feminista and its interactions within institutional frameworks".

The research was approved by the Research Ethics Committee of the State University of Amazonas, CAAE No. 71195123.7.0000.5016, in accordance with the guidelines of Resolution No. 510/2016 of the National Health Council. To ensure the confidentiality and anonymity of the participants, they were identified by fictitious names (types of flowers). All signed the Informed Consent Form.

## Results and Discussion

In total, seven women were interviewed. Regarding the sociodemographic profile and roles of the activists, the average age was 37.4 years. Three activists self-identified as Black and four as White. Two are married, one is single, and four are divorced. Most have an average income of 4.1 times the minimum wage. Regarding academic background, four are lawyers, one is a nurse, one is a doula, and one is a midwife. The average length of service at HCF is 6.1 years, distributed across the positions of president, legal director, project director, political coordinator, communications director, and legal advisor.

### *The Struggle for Recognition of Obstetric Violence, Reproductive Rights, and Justice in the Amazonian Context*

The social movement mobilizes a set of actions that extends vertically toward political society, the State, and other dominant actors, at the national or transnational level. These repertoires constitute discursive fields of action, understood by Alvarez[18] as relational spaces of articulation and contestation, in which different actors produce meanings, identities, and political practices around shared agendas. Such fields transcend specific organizations, linking individuals, groups, and distinct social, cultural, and political contexts, and they reconfigure themselves over time, in accordance with the dynamics of struggles, relationships of influence, and disputes over hegemony.

The historical and political transformations of Latin American feminist movements have broadened the fields of struggle surrounding women's rights, incorporating new analytical categories, political languages, and strategies for highlighting gender inequalities. In this context, debates related to the promotion and defense of rights (advocacy) have taken center stage, especially those focused on

women's health, sexual and reproductive rights, combating violence against women, and expanding women's political representation[19].

Among these issues, the struggle for the recognition of obstetric violence as a political and analytical category capable of exposing practices of medicalization, control, and violation of women's autonomy in the field of reproductive care[9] stands out.

In this regard, in Manaus, there is a group of committed women volunteers advocating for women's rights, reproductive justice, and the eradication of obstetric violence in Amazonas: the Humaniza Feminist Collective. This collective was formed in 2015, following the first complaint of obstetric violence filed with the Federal Public Prosecutor's Office of Amazonas (MPF/AM). The Gabriela Repolho case occurred in 2013 at a private maternity hospital in Manaus, but it was not officially recognized until the first public hearing with the MPF/AM in 2015.

This incident caused a great deal of commotion, followed by a collective complaint initiated by the hearing participants, who had also suffered obstetric violence and rights violations within public and private maternity hospitals in the capital and throughout the interior of Amazonas, proving that Gabriela's complaint was not an isolated case of violence, one that left her and other victims with physical and psychological sequelae. Regarding this first "clash" among HCF activists, Tulipa recounts: "The first 'split' within Humaniza occurred precisely at the first public hearing. There was a group that wanted to protest and confront, and there was a group that said we should try to resolve things through dialogue".

Tulipa highlights how difficult it is to deal with the complexity of feelings that arise during these struggles. Cases of abuse, disrespect, and mistreatment of girls and pregnant women are a global problem. In Brazil, the underlying causes of practices related to forced abortion are complex and multifactorial, ranging from the training of health care providers and service conditions and infrastructure to moral values, social class, and the vulnerability of the populations served[20].

As a result of HCF's efforts, there are two state laws on midwifery in effect in Amazonas: State Law No. 4,749[21], dated January 3, 2019, which ensures the practice of humanized childbirth and the Individual Birth Plan (PPI) in public and affiliated institutions, and Law No. 4,848[22], dated June 5, 2019, which provides for the implementation of measures against OB in the public and private health systems of the state of Amazonas.

The enactment took place the year following the publication of a study by the Center for Psychosocial Studies on Human Rights and Health (NEPDS) at the Universidade do Estado do Amazonas, which analyzed the 43 complaints of OB officially filed with the Federal Public Prosecutor's Office in Amazonas (MPF/AM). Of these, 38 (88.4%) occurred in the public system and 5 (11.6%) in the private system. Among the healthcare providers most frequently implicated in VO, 28 (46.7%) were general practitioners, 17 (28.3%) were nurses, and 8 (13.3%) were obstetricians. The most frequently reported type of VO was verbal aggression/humiliation (19; 65.5%), followed by prohibiting a companion (12; 41.4%) and neglect/abandonment (10; 34.5%)[23].

It is worth noting that verbal abuse is associated with an increase in maternal deaths. A study conducted[24] in Manaus, published in 2023, reveals that between 2015 and 2018, Amazonas was among the Brazilian states with the highest maternal mortality rates, as calculated by the Maternal Mortality Ratio (MMR), with the majority of deaths occurring among women aged 20–29 (40.27%), from rural areas (53.24%), of mixed-race ethnicity (71.67%), unmarried (60.75%), and with 8–11 years

of schoooling. Therefore, maternal mortality was considered high, totaling 72 cases, and was mostly due to obstetric causes.

Mixed-race and Black pregnant women continue to be the most affected by obstetric violence in Amazonas and other Brazilian states. Leal et al[25] found that, compared to white women, Black pregnant women experienced greater lack of connection to maternity care, absence of a companion, longer travel distances to give birth, and less use of local anesthesia for episiotomy. Brown postpartum women also faced a higher risk of inadequate prenatal care. Consequently, significant racial disparities were identified in pregnancy and childbirth care, highlighting a worse scenario of maternal-fetal health risks among Black and brown women compared to white women[25].

The national study "Nascer no Brasil II" found that women who self-identified as Black had a higher rate of hospitalizations for miscarriage compared to Brown and White women. Both Black and Brown women had a higher incidence of pregnancy during puberty[26].

Regarding HCF's actions on these issues, Violeta comments:

> [...] depending on the situation, we'll either take a corner kick or go for the goal. But no matter what position we're playing in, the goal is the same: to advance sexual and reproductive rights, women's human rights, and to combat obstetric violence. So, I think everyone has already taken note of our stance.

It is evident that the struggle against obstetric violence is a matter of "recognition," as it involves respect for women's dignity and autonomy, and of "redistribution," ensuring equitable access to quality health care and services[27]. OBV exemplifies the cultural injustice identified by Fraser[28] as "cultural domination" and "disrespect", while the struggle for better health conditions represents the pursuit of economic justice. This struggle for recognition must be visible and acknowledged to be effective. The public perception that HCF is always "working toward" the same goal reinforces the legitimacy and effectiveness of the activists' actions[28].

Confrontation emerges as a strategy for raising issues. Violeta's statement also reflects the collective's strategic flexibility, enabling it to operate from various "positions", whether in direct confrontations with authorities or in collaborative partnerships. This adaptability is crucial for addressing the complex injustices that women face. In this way, the activists navigate between the need for redistribution and recognition[27].

With regard to the causes they champion, it was also observed that HCF's activism is centered on key issues, as summarized in Table 1.

**Table 1.** Summary of HCF's Current Key Struggle Agendas

| CAUSES CURRENT | CONSIDERATIONS |
|---|---|
| **Fight Against Obstetric Violence** | OBV is presented as a central issue, in which the struggle involves both the recognition of women's dignity and autonomy and the redistribution of resources to ensure quality health care. |
| **Obstetric Racism** | Concerns about obstetric racism are highlighted through accounts from activists, showing that brown and Black pregnant women are the most frequently victimized. This racism is viewed as an additional form of violence that must be addressed. |
| **Decriminalization of abortion** | The decriminalization of abortion is another crucial issue. Activists are fighting to ensure safe access to abortion, facing institutional and judicial barriers that hinder this right, especially in Amazonas, where abortion services are scarce. |

| | |
|---|---|
| **Intersectionality and Inequalities** | The activists' struggle takes intersectionality into account, recognizing that race/ethnicity, class, gender, and other related forms of oppression are interconnected, creating different experiences and challenges for women. Issues of pregnancy, reproduction, childbirth, and abortion care are analyzed from this perspective. These insights from the HCF not only shed light on the discussion of issues related to VO, but also shed light on violations of fundamental rights and reproductive justice for Amazonian women; they also contribute to the oversight of obstetric practices in public health services and to the development of new legislative proposals regarding the protection and quality of women's health care during pregnancy and the postpartum period. It maintains strong political coordination with the various levels of government, forming successful partnerships; however, at the same time, it continues to hold government agencies and institutions accountable to ensure urgent changes, especially given the current situation regarding obstetric violence in the state of Amazonas. |
| **Comprehensive Support for Women** | Humaniza does not operate solely at the time of childbirth but supports women throughout all phases of their reproductive lives, from prevention to care following obstetric violence. This comprehensive support is essential to ensure that women can fully and safely exercise their reproductive rights. |
| **Need for Comprehensive Policies** | There is a lack of access to reproductive health services in Amazonas, highlighting the importance of policies that include contraceptive methods and guarantee safe abortion. The struggle for social justice, as discussed by Fraser[28], involves both economic redistribution and cultural recognition of women's needs and rights. |

Source: Own elaboration, 2025.

Beyond VO, the agenda for the struggle for reproductive justice aligns with the transnational feminist movement for the right to make decisions based on safe guidance regarding one's own reproduction, pregnancy, sexuality, procreation, and gynecological health, as well as access to resources that support these decisions in a safe manner[29]. Reproductive justice sheds light on inequities in sexual and reproductive health, linked to citizenship, democracy, and human, economic, sociocultural and environmental rights. Furthermore, it highlights important strategies for considering the reproductive rights of Black women in the context of social justice[30].

Based on these premises, issues related to abortion care and obstetric racism are sources of distress for activists. Obstetric racism is often perpetuated by the OB/GYN profession, affecting women's lives in various ways; however, in Brazil, the primary victims are pregnant women who self-identify as Black[25,31] and, based on the complaints received, the activists confirm this finding (Field notas, October 27, 2023). In this regard, Dália comments: "It' s because we still don't have this data officially [...] I believe racism played a role in my own case. I believe most women don't even realize this." Violeta states:

> Obstetric racism is an extra layer of violence imposed on racialized bodies, both those of Black women and Indigenous women. The data from the city of Manaus is alarming when we see that more than 70% of the women who died in childbirth or as a result of it were mixed-race women. And the cruel reality of this data is that, in Brazil's most Indigenous state, Indigenous women do not even appear in the statistics.

These accounts corroborate research by the Institute of Applied Economic Research (IPEA), which found in 2015 that Black women made up 52.7% of the population and Indigenous women, 0.4%[32]. With regard to reproductive and obstetric health, racial disparities were observed in access to

health services and the humanization of care. Women who self-identify as mixed-race or Black are the ones who suffer the most from verbal abuse, starting in prenatal care, since, as they seek care, they experience verbal, physical, and/or psychological mistreatment. Thus, the categories of race/color, gender, and socioeconomic status are prioritized and constitute hierarchies in access to and the quality of services offered to pregnant women or women in labor. Consequently, feminist movements continue to fight to eradicate this oppressive healthcare system that subjugates women on the basis of race during obstetric care[33].

Another prominent cause and by no means the least importante is the fight for the decriminalization of abortion. Historical processes, experiences, and the unique circumstances faced by women mean that they experience the exercise of reproductive rights in distinct ways and with inequalities, ranging from decision-making power to access to health services that guarantee those rights. These complexities include issues related to pregnancy, reproduction, childbirth, and abortion care[34]. Rosa says:

> We're currently discussing the issue of the decriminalization of abortion. We've also been trying for many years to advocate for this within the public prosecutor's offices. We want to ensure that the population has, at the very least, access to abortion services. There's only one abortion clinic for the entire state!

Unsafe abortions in Brazil and around the world are considered a major public health problem and a violation of the right to life, autonomy, and freedom of women, people with uteruses, and their bodies. The illegality of abortion in the country does not prevent the procedure from being performed, as it is part of Brazilian women's lives[34]. In Manaus, abortion care is provided by the Service for Victims of Sexual Violence (SAVVIS), established within some maternity hospitals. Regarding SAVVIS, activist Violeta recounted the outcome of a case monitored by HCF:

> Our most recent case of abortion resulting from violence was referred to Humaniza by SAVVIS itself. The woman came to us because she had already passed the 22-week [pregnancy] limit and the doctors refused to perform the procedure. And "at that point," we could have filed a lawsuit directly with our lawyer, but we decided, as a strategy, that it would be better for the Public Defender's Office to take the case, because it has greater institutional clout. We referred her to them and continued to monitor the situation. The Public Defender's Office filed the lawsuit, and we filed a motion to be admitted as *amicus curiae* in the case. It was a very difficult hearing truly traumatic, involving revictimization [...] a very delicate situation.

The *amicus curiae*, or "friend of the court", is a figure traditionally recognized for its role as a classic intervenor in assisting judicial decisions. It provides a space for pluralistic debate and the legitimization of democracy, enriching the dialogue between the parties and ensuring that voices are heard, voices that often have little or no representation, thereby reaffirming the importance of democracy in judicial decisions[35].

The reported case reveals shortcomings in abortion services in Manaus. To date, the capital has only two active institutions that provide care to women seeking abortions throughout the state of Amazonas[36]. According to the 2021 National Abortion Survey (PNA)[37], among women up to age 40, one in seven has had at least one abortion. Black women suffer the most when seeking health care after an abortion: wait times for care and access to hospitalization vary by race. Black women suffer the most from fear of reprisals and face a higher risk of death due to inadequate abortion care[37].

Intersectional power relations involve social connections in societies marked by diversity and unique everyday experiences; that is, the intersectional space where Black, Indigenous, and Latina women, as well as other groups oppressed because of their race, face distinct experiences and life

paths. Intersectionality recognizes that issues of race, class, gender, and related forms of oppression are dynamic and shape one another[34]. For Rosa, sexual and reproductive rights must reach every corner of Amazonas:

> I think our work is absolutely necessary "so that" we can reach every part of the state, because it's still very difficult and not just because of the issue of violence itself. All policies are necessary. Humaniza also works with women who do not intend to have children, right up to those who experienced violence during childbirth, and I think that's very important.

Thus, the issues raised highlighted the need for redistribution to ensure access to health services and contraceptive methods, while recognition is essential to reaffirm reproductive justice for women, taking into account their decisions and experiences[27].

### *Making a Mark on the State: The Humaniza Feminist Collective and Its Interactions Within Institutional Frameworks*

The State and the social movement can not only co-produce one another[38] but also articulate themselves through "discursive fields of action" that extend across collective, social, cultural, and political spaces[19]. In the political struggle, these fields encompass diverse social actors, individuals, and collectives within sociocultural and political spaces. These spaces are dynamic and evolve over time. The articulation of power, conflicts, and political-cultural struggles also constitute the feminist arena. The discursive fields of action of social movements, at their political core, are always shaped by disparities and unequal power relations.

In this context, much of HCF's political action takes place at the state level through its involvement in the Amazonas State Committee to Combat Obstetric Violence. The Committee emerged from the need to discuss and bring about change in the violent landscape of healthcare for Amazonian women, from pregnancy through the postpartum period. It is composed of various agencies, institutions, and partner organizations that advocate for the guarantee of rights, reproductive justice, and the fight against OBV in the capital and in the interior. Among these agencies and institutions are public universities, public defender's offices and district attorney's offices, regional and municipal councils, health departments, and the HCF[9].

As Aguião[38] points out, this relationship reflects a complex network in which "the State produces the subjects it governs (administers), but also participates in the process of constituting these subjects as part of a continuous flow of the State's own production."[38]. Along these lines, it is interesting to understand that this collaboration between the activists and the State is mutual; that is, both the State and the movement "constitute" one another. Regarding the HCF's participation in the Committee, Dália said:

> In the state, we have a Committee that was a pioneering initiative in the country [...] and was created following the signing of a Memorandum of Cooperation[39], which was one of the recommendations from a public hearing we held in 2016. The Committee brings together representatives from various agencies, such as health departments, ministries, and public defender's offices, and Humaniza is also part of it [...] within the Committee, we are able to carry out certain actions and coordinate among agencies to try to expand these efforts, both here and in municipalities in the interior as well.

It is worth noting that HCF activists, by becoming part of this Committee, establish important "institutional footholds" (Table 2) methods by which certain actors gain access to the state and influence public policies, which can serve as a key explanatory factor for understanding HCF's influence on public health policy processes in the fight against VO.

A social actor without institutional linkages, cut off from points of access to and influence over the state, is less likely to achieve its objectives[40]. The Committee of which HCF is a part works in partnership with various public institutions, providing activists with direct access to state mechanisms and political decision-making arenas.

**Table 2.** Summary of HCF's "institutional ties"

| HCF'S INSTITUTIONAL CONNECTIONS | |
|---|---|
| **Access to the State** | The participation of HCF activists in the Committee is a clear example of institutional access. They are directly embedded in a space where public policies are discussed and formulated. |
| **Influence on Public Policy** | The activists' presence on the Committee gives them the opportunity to directly influence public policies related to obstetric violence. This active involvement is crucial to ensuring that their perspectives and demands are taken into account in the development and implementation of these policies. |
| **Partnerships Strategic** | The Committee works in partnership with various public agencies and institutions in Amazonas, which expands the activists' network of influence. These partnerships are vital for strengthening the movement's capacity for action and increasing the likelihood of achieving significant political change. |
| **An initiative of the Federal Public Prosecutor's Office in Amazonas (MPF/AM)** | The support and initiative of the Federal Public Prosecutor's Office in establishing the Committee signify official recognition and institutional backing that enhance the activists' efforts, demonstrating a robust institutional framework. |
| **Goal of Political Change** | The involvement of HCF activists in the State Committee to Combat Obstetric Violence exemplifies how institutional embedments can be fundamental to the influence of social groups in public policy processes. This access and direct influence are critical for the activists to achieve their goals, perfectly illustrating the concept of institutional embedments as strategic processes for accessing and participating in spheres of state power. |

Source: own elaboration, 2025.

It is through these "institutional linkages" that HFC brings the movement's agenda into the state of Amazonas, influencing the development and implementation of public policies, as well as holding the state accountable for violations of the reproductive and sexual rights of Amazonian women. In this regard, Violeta's account is illustrative, as she described the main issues that HFC brings to the Committee's attention during meetings:

> [...] above all, to raise awareness about the high rates of this type of violence in public and private institutions; as well as, in partnership with the Federal Public Prosecutor's Office (MPF) and the State Public Prosecutor's Office (MPE), demanding that the state provide better health conditions in hospital care, promote humanized childbirth, and implement public policies that address the real human, social, and health needs of Amazonian women, while respecting the dignity of human life and fundamental, sexual, and reproductive human rights; as well as outlining policy actions for other issues, such as the right to and guarantee of safe abortion, [the issue of] maternal mortality, and pregnancy during childhood and/or adolescence.

However, despite this partnership between HCF and the state, the activists continue to demand action. There is a task force to ensure that suspected cases of sexual violence are, in fact, investigated and that the professionals involved are punished (Field notes, October 27, 2023). On this point, Rosa comments:

> We also look at individual cases and analyze what went wrong with the health care system? Was it the healthcare professional? Was an ambulance not available? Then from there we start pointing out to the Committee, 'Look, this situation has already happened at least two or three times, so something at this facility needs to change,' as a collective effort, 'right?' [...] not just in that individual case, but in terms of what the healthcare system needs to improve?

The practices described by Rosa align with the concept outlined by Abers and Bülow[41] regarding how Brazilian social movements operate within state institutions to transform them into spaces for political activism. The activists collect data on failures in the healthcare system from individual cases and use this information to identify patterns and systemic problems. This process of analysis and data collection is a clear example of how individual experiences are transformed into strategic actions[41].

With a seat on the Committee, the activists assume strategic positions that allow them to directly influence public policies and institutional practices. This exemplifies the strategy of "taking positions within the bureaucracy" mentioned by Abers and Bülow[41]. Transforming the state into a space for political activism means using institutional mechanisms and spaces to advance the social movement's agenda. In this case, the activists rely on the Committee to advance their struggle against domestic violence and improve the healthcare system:

> [...] and today, if we mention in the Committee's [WhatsApp®] group that a woman is suffering violence, there's some kind of intervention right there. So maybe, through this dialogue, we've found a space of respect, "right"? At least so that we can report it. We already have that in relation to the state. But there's also this difficult parallel: we end up confronting them because they're doing the wrong thing, you know? Now, there's also a sense of sensitivity on the part of those who, on behalf of the state, are actively Fighting you know? In defense of women's lives. We have partners. But there's a very important aspect: we don't back down.

Tulipa's account revealed the complex dynamics between the activists and the state. Collaboration does not eliminate the need for confrontation, but it establishes a space of mutual respect in which complaints are taken seriously. The duality between cooperation and accountability illustrates the concept of institutional engagement, in which activists find ways to influence public policy from within, without neglecting vigilance and constant criticism. The creation of efficient channels of communication with public institutions reveals a level of institutionalization within the movement, in which political activism becomes embedded in state mechanisms, transforming the state into a space for activism[41].

## Final Considerations

The results of this research show that the Humaniza Coletivo Feminista movement goes beyond denouncing obstetric violence, establishing itself as an important political agent in the defense of reproductive justice and the sexual and reproductive rights of women in the Amazon. By coordinating strategies for social mobilization, institutional advocacy, and participation in state institutions, the movement transforms the state itself into an arena for political struggle and the attainment of recognition.

Active participation in these spaces makes it possible to raise awareness of issues related to obstetric care in Amazonas, to develop strategies aimed at monitoring public health services, and to formulate public policies designed to protect women's health during pregnancy and the postpartum period.

The study also highlights that HCF's work is informed by intersectional perspectives, recognizing how gender, race, class, and territory produce specific inequalities in the reproductive experiences of women in the Amazon. In this sense, the struggle for recognition of obstetric violence is linked to the advocacy for more inclusive public policies capable of simultaneously addressing the social, racial, and institutional inequalities present in women's health care within the Amazonian context.

This research contributes to an understanding of how contemporary feminist movements produce hybrid forms of political action, moving between social mobilization, *advocacy,* and the strategic occupation of institutional spaces. In addition to reinforcing the importance of reproductive justice as a central category for analyzing the relationships between gender, health, rights, and the state in the Amazon, and the need to broaden the debate on obstetric violence, reproductive justice, and feminist activism in the field of public health.

Among the study's limitations is the fact that the research was based on the experience of a single social movement, in which the interviews focused on the perspectives of HCF activists. Future research is therefore suggested that includes health professionals, pregnant women, or institutional representatives directly involved in the issues analyzed.


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To Humaniza Coletivo Feminista.


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R.G. de Brito: conception/design of the article, data analysis and interpretation, writing of the article, critical review of its content and approval of the final version of the article.
S.F. Miguez: conception/design of the article, data analysis and interpretation, writing of the article, critical review of its content and approval of the final version of the article.
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## Research data availability

The data underlying the research text will be available upon request to the authors after publication, as justified in the manuscript.

## Declaration of use of Artificial Intelligence (AI) tools

The authors declare that no artificial intelligence tools were used in the preparation of this manuscript or in the research reported therein.


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