

Prenatal care for traveling circus women in the Unified Health System

Atención prenatal a mujeres circenses itinerantes en el Sistema Único de Salud

O pré-natal de mulheres circenses itinerantes no Sistema Único de Saúde

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Abstract

This study aims to analyze the prenatal experiences of women from traveling circuses within the Unified Health System. This is an exploratory and descriptive study employing both qualitative and quantitative approaches. The research subjects were traveling circus women who had previously become pregnant and received prenatal care through the Unified Health System. The study setting was the circuses of Rio de Janeiro. Data collection was conducted using Google Forms and interviews, which were subjected to Bardin's content analysis. Five women (with 11 pregnancies) were interviewed. Their average age was 30 years, 80% were from Rio de Janeiro, 80% were mixed race/ black, and were in a stable relationship. During their pregnancies, 100% of the women traveled with the circus. 72.72% had more than six prenatal appointments, and 60% did not participate in any educational activities. Through the qualitative data, two categories emerged: From the change of location to the reception of traveling circus women, and the Difficulty of prenatal care. Although the continuity of prenatal care for most traveling circus women was within the Ministry of Health's recommendations, the reception and assistance they received during this period were inadequate regarding educational activities.

Descriptors: Prenatal; Circus Women; Unified Health System; Health Care; Primary Care.

Resumén

El objetivo de este estudio es analizar las experiencias prenatales de mujeres circenses itinerantes en el Sistema Único de Salud. Se trata de un estudio exploratorio y descriptivo, con un enfoque cualitativo y cuantitativo. Los sujetos de investigación fueron mujeres circenses itinerantes que habían quedado embarazadas previamente y recibieron atención prenatal a través del Sistema Único de Salud. El estudio se realizó en los circos de Río de Janeiro. La recolección de datos se realizó mediante Formularios de Google y entrevistas, que se sometieron al análisis de contenido de Bardin. Se entrevistó a cinco mujeres (con 11 embarazos). Su edad promedio fue de 30 años, el 80% eran de Río de Janeiro, el 80% eran mestizas/ negras y estaban en una relación estable. Durante sus embarazos, el 100% de las mujeres viajaron con el circo. El 72,72% tuvo más de seis consultas prenatales y el 60% no participó en ninguna actividad educativa. A partir de los datos cualitativos, se identificaron dos categorías: desde el cambio de ubicación hasta la recepción de las mujeres del circo ambulante, y la dificultad de la atención prenatal. Si bien la continuidad de la atención prenatal para la mayoría de las mujeres del circo ambulante se ajustó a las recomendaciones del Ministerio de Salud, la recepción y la asistencia que recibieron durante este período fueron inadecuadas en cuanto a las actividades educativas.

Descriptores: Prenatal; Mujeres Circenses; Sistema Único de Salud; Atención de Salud; Atención Primaria.

Resumo

Objetiva-se analisar a vivência de pré-natal das mulheres circenses itinerantes no Sistema Único de Saúde. Trata-se de um estudo exploratório e descritivo, com abordagem qualitativa e quantitativa, no qual o sujeito da pesquisa foram mulheres circenses itinerantes que já engravidaram e que tiveram seu pré-natal pelo Sistema Único de Saúde, sendo o campo explorado para esse estudo, os circos do Rio de Janeiro. A coleta de dados foi realizada através do formulário do *Google Forms* e entrevistas, que foram submetidas à análise de conteúdo de Bardin. Foram entrevistadas cinco mulheres (com 11 gestações). A idade média delas é de 30 anos, 80% natural do Rio de Janeiro, 80% parda/ preta e com união estável. Durante as gestações 100% das mulheres itineraram com o circo. 72,72% fizeram mais de seis consultas de pré-natal e 60% não realizaram atividade educativa. Através dos dados qualitativos surgiram duas categorias: Da mudança de localidade ao acolhimento das mulheres circenses itinerantes, e a Dificuldade do atendimento no pré-natal. Embora a continuidade do pré-natal da maioria das mulheres circenses itinerantes tenha sido dentro do preconizado pelo Ministério da Saúde, o acolhimento e a assistência que elas receberam durante o período não foi adequado em relação às atividades educativas.

Descriptores: Pré-Natal; Mulheres Circenses; Sistema Único de Saúde; Assistência em Saúde; Atenção Básica.



Introduction

Prenatal care is crucial for maternal and newborn health, ensuring a smooth and risk-free pregnancy. However, it's known that prenatal care challenges prevent women from having at least six appointments during pregnancy. These appointments, it's worth noting, are monthly until the 28th week, biweekly between the 28th and 36th weeks, and weekly until delivery. This is recommended by the World Health Organization (WHO)¹.

According to the Ministry of Health and the Syrian-Lebanese Institute of Education and Research², access to prenatal care in the first trimester of pregnancy has been used as an indicator of the quality of primary care, and the commitment of the entire team to provide better care to pregnant women is extremely important. Understanding pregnant women's needs and the appropriate initiation of prenatal care is essential for early diagnosis of changes and implementation of appropriate interventions for conditions that make the health of both the pregnant woman and the baby vulnerable.

It is essential and crucial to understand the woman's life story, her anxieties, fears, feelings, and desires, as this phase involves a transformation in her body and an important existential transition. This intense moment of discovery, change, and learning is a great opportunity for healthcare professionals to employ educational and care strategies, focusing on the well-being of the pregnant woman and the baby. This may include the father and/or partner and family, if this is the woman's desire².

This pregnant woman should be admitted to the Basic Health Unit (UBS). The UBS is responsible for understanding the profile of pregnant women in its area, women who are interested in becoming pregnant or have already become pregnant, as well as the traveling circus women studied in this study¹.

The circus encompasses different cultures, yet has its unique character, and is complex, encompassing different religions and languages. One example of this is that leisure, work, and social interactions all take place in the same place: the circus³.

According to a study⁴, family groups were formed when circuses were established, and these are the traditional circuses, characterized by their itinerant nature. This type of circus has the custom of passing on its teachings to future generations, perpetuating each family's traditions.

Within the scope proposed for this research, when we talk about traveling circus women, we have a scenario of women who generally live in trailers, which have an important social function within the circus and do not remain in a fixed location for long, thus forming part of a population considered nomadic. According to researchers⁵, a study of the circus that does not consider its nomadic nature may reach insufficient conclusions; therefore, we consider it relevant to point out the nomadism of the women involved in this work.

Therefore, we chose to use the concept of nomad suggested by researchers as a basis⁵: groups whose essential characteristic is continuous movement, and even though they are distributed singularly in free and unconfined spaces,

possess fixed references that contribute to the definition of their space or their paths. No nomadic collective, whether circus, gypsy, or otherwise, aims for random paths, but rather follows "tracks and routes," making this a way of life.

The relevance of this study was to understand whether factors hindered access to prenatal care, and if so, which factors were considered for these women in the context of SUS care, since prenatal care is an ongoing process. Our curiosity about the prenatal care of this population was driven by the cyclical daily lives of these women, who live their lives within a circus tent and do not settle down in a single location. Given the above, the following guiding question arose: "How is prenatal care provided to traveling circus performers within the SUS?".

This study aimed to analyze the prenatal experiences of traveling circus women within the Unified Health System (SUS), identify whether they received adequate prenatal care, and analyze how they were treated in this context inherent to their reality. This topic was approached to give visibility and a voice to these women, who throughout the circus's history have played supporting roles, thus providing more information about their health and well-being. Understanding their prenatal care led us to the intriguing question of its continuation, since this type of care is regionalized within the SUS (Brazilian Unified Health System). The goal was to identify the quality of care provided to these women to provide information that can better qualify the prenatal care of women living in this situation. Finally, this work aims to stimulate scientific production focused on this topic, and further research on the topic may be conducted in the future.

Methodology

This is an exploratory and descriptive field study with a qualitative and quantitative approach. The study addressed the prenatal care of traveling circus performers in the Unified Health System (SUS). Exploratory research requires exploring the topic under study. In other words, because the topic is still little known and explored, it is necessary to create a hypothetical basis along with other sources studied in the process. Descriptive research, on the other hand, is characterized by a detailed descriptive analysis of the research object. In other words, its purpose is to analyze the collected data without the researcher's intervention⁶.

The research field explored was traveling circuses that were or were operating in the state of Rio de Janeiro between 2004 and 2022.

The target audience for the study was women who had already become pregnant, received prenatal care through the Unified Health System, and were traveling circus performers. This study analyzed traveling circus performers from Rio de Janeiro circuses who agreed to participate.

The study included traveling circus women who had received prenatal care through the Unified Health System (SUS), were between 18 and 50 years old, agreed to sign the Informed Consent Form online, participated by completing the Google Forms questionnaire, and were willing, if called, to participate in a video call with the study researchers to



answer a few additional questions. Women who did not become pregnant, those who did not use the Unified Health System (SUS) for prenatal care, those who were not part of a traveling circus, those under 18 or over 50, and those who refused to participate by answering the interview questions were excluded.

The research was approved by the Research Ethics Committee of the Pedro Ernesto University Hospital (CEP/HUPE), under opinion no. 5,312,646 and CAAE: 55255222.0.0000.5259.

Data collection was conducted through a semi-structured questionnaire containing questions related to these women's profiles, obstetric history, and experiences regarding access to prenatal care through the SUS (Brazilian Unified Health System). The questionnaire was made available through Google Forms. After completing the questions, we contacted some of these participants to conduct interviews via video call for further in-depth study. Quantitative data were collected and systematized for analysis using Excel, allowing response frequencies to be described in a frequency table.

For the qualitative analysis of the research data, content analysis was carried out based on Laurence Bardin's techniques⁷. The main purpose of this method was to understand the various meanings and significance of the collected data. Thus, content analysis is divided into three stages: Pre-analysis, Material Exploration, Processing, and Interpretation of Results. The interviews were conducted and subsequently analyzed and divided into three stages: Reading each interview in full to better understand the data; Detailed reading to identify core themes; Grouping and coding the core themes according to their characteristics.

Results and Discussion

The research group initially consisted of nine traveling circus women. Of these, four were excluded because they did not fit the research criteria. The number collected leads us to believe this reflects the group's itinerancy, in which the daily routine of changing places and performing may have affected the number of interviewees.

Table 1. Sociodemographic characteristics of traveling circus women served by the Unified Health System (SUS). Rio de Janeiro, RJ, Brazil, 2004-2022

Variable	Data	Frequency	%
Age	<30	3	60
	>30	2	40
Color	White	1	20
	Brown/Black	4	80
Nationality	Rio de Janeiro	4	80
	Others	1	20
Marital Status	Single	0	0
	Common-law relationship	4	80
	Married	1	20
Education	Primary Education	1	20
	Elementary Education	1	20
	High School	2	40
	Higher Education	1	20
Number of Children	<2	2	40
	>2	3	60
Occupation	Illusionist	2	40
	Aerial Act	2	40
	Clown	1	20
Did the circus change location during pregnancy?	Yes	5	100
	No	0	0

Among the five women interviewed, we observed a total of 11 children, all of whom were itinerant. Their average age is 30 years and 8 months. Eighty-six percent are from Rio de Janeiro, and 80% self-identify as Black/Mixed. The same percentage was found in their marital status, which is a stable union. The survey of these women's education levels revealed that 40% completed high school, 20% completed higher education, 20% completed lower secondary education, and 20% completed primary education. Regarding occupations, all work in the circus: 40% as illusionists, 40% perform aerial acts, and 20% are clowns.

During their pregnancies, 100% of the women moved within the circus, most of them more than three times (Table 1).

Regarding prenatal care, according to the number of children, 72.72% of these women had more than six appointments; all reported having undergone tests during prenatal care, some of them did not remember exactly which ones, and all said they had had an ultrasound.

Regarding pregnancy complications, 60% reported having experienced them. Some of the complications reported were urinary tract infections, placental fluid loss, and anemia. Twenty percent of the women participating



reported bleeding in the third month of their third pregnancy and required hospitalization; another reported that in the eighth month of the same pregnancy, she was hospitalized again due to hypertension.

Regarding educational activities, 60% denied having participated in any type of activity. Similarly, regarding laws and their rights, 100% stated they had not received any information during pregnancy.

Regarding the expected delivery date, 20% of the interviewees reported having a doula, and that the doula

created a birth plan for them. Eighty percent of the interviewees did not know what a birth plan was, and some reported that they did not have these activities when they were expecting their children. Eighty percent were not informed about the maternity hospital they would be referring to for their birth. One hundred percent of them did not have the opportunity to visit the maternity hospital before giving birth. Among the 11 births, 63.63% had vaginal deliveries and 36.36% had cesarean sections (Table 2).

Table 2. Prenatal characteristics of traveling circus women treated by the Unified Health System (SUS). Rio de Janeiro, RJ, Brazil, 2004-2022

Variable	Data	Frequency	%
Number of consultations	<6	3	27.27
	>6	8	72.72
Exams	Yes	5	100
	No	0	0
Pregnancy complications	Yes	3	60
	No	2	40
Did you carry out educational activities during prenatal care?	Yes	2	40
	No	3	60
Birth plan	Yes	1	20
	No	4	80
Did you talk about the reference maternity?	Yes	1	20
	No	4	80
Were you informed about laws during prenatal care?	Yes	0	0
	No	5	100
Did you visit the maternity hospital before having a baby?	Yes	0	0
	No	5	100
Delivery route - according to the number of children (n = 11)	Natural birth	7	63.63
	Cesarean section	4	36.36

Regarding the qualitative data, we observed some similarities in the statements and thus analyzed them. Regarding the length of time they had lived in the circus, three women wrote that they had lived in the circus since birth. One of them had been in the circus for 13 years, and another stated that she no longer lives in the circus but lived there for a year before the pregnancy of her only daughter and until she was 9 months old, justifying that the interruption was due to the pandemic.

Regarding pleasant experiences regarding prenatal care and delivery, three women said the care was pleasant, while two considered it unpleasant. Discussing the welcome, one said she was mistreated at the first place she went, simply because they thought she was uneducated. This participant added that despite this experience, the professionals were receptive at the other places she received care. The other three interviewees stated they received good care and treatment from the health professionals they had contact with during prenatal care.

Regarding potential difficulties in adequately completing prenatal care, four women reported having encountered difficulties. One reported having had to fight for care and that there is still considerable prejudice against nomadic people. In one of the locations where she visited to receive adequate care, she reported being mistreated

because of her educational level, but she also stated that she was treated very well in other places. She concluded by saying that appropriate treatment is the responsibility of each professional and that there is a lack of protocols and guidance for better care for this population.

When asked what would make the prenatal process easier when they move, they said that understanding Primary Health Care Units about itinerancy would be one of the things, and that the lack of flexibility in requiring proof of residence is an issue that should be reviewed. Appointment scheduling is another area that should be made easier.

According to the analysis of the experiences of the itinerant circus women interviewed, through Bardin's Analysis, we perceive two categories: from the change of location to the reception of itinerant circus women and the difficulty of prenatal care.

From changing location to welcoming traveling circus women

Analyzing the interviewees' statements, we can see that it's difficult to obtain care due to itinerancy, as this situation leaves them at the mercy of professionals who provide services at health centers. One interviewee's statement clearly reveals a bias against professionals based on their level of education.



"There are some who welcome us well and some who don't, especially us who are always in a different place, and for doctors it's a lot of bureaucracy [...] they treated me in their own way, a strange way". (I5)

"The first place was cool, and then the girl questioned me and said she wasn't going to see me because I was part of the circus, and the clinic only saw people from the city. Even though I explained that I was in the city at that time, she didn't want to see me. I had to fight her, and it was crazy because a nurse came from inside and said she would see me. Then the first woman came back to fill out my form, and she said, "What year did you study until?" I answered that I had a higher education degree, and then she treated me differently. She thought that because I was part of the circus, I hadn't studied and that I wouldn't know how to position myself". (I1)

Of course, we can't generalize; there are cases where the service is provided in a welcoming and hassle-free manner. Even so, this doesn't represent most respondents.

"It was smooth, I was well attended to, and they were attentive". (I4)

The difficulty of prenatal care

Among the participants' accounts, it's clear that one professional was prejudiced against their level of education, and that to get a prenatal appointment, the interviewee had to assert herself. However, it's worth highlighting that access to healthcare is a right of every Brazilian citizen.

"Yes, in some cities, I had to fight for care. There's still a lot of prejudice against nomadic families. People believe that because we have a different lifestyle from the traditional one, we're irresponsible or unworthy. In one city, I had to assert myself, and only after they asked about my educational background was I treated well [...] unfortunately, the failure to recognize the existence of people in this situation leaves treatment decisions at the personal discretion of staff". (I1)

It is clear from the interviewees' statements that there is always a problem to be resolved, whether due to a lack of proof, difficulty in scheduling an appointment, or a lack of guidance and protocols that encompass nomadic people.

"[...] I always went at the end because of the change of location, until I found someone to help [...]". (I2)

"The only difficulty I encountered was that in the city of Volta Redonda I had to make another SUS card with a current address there [...]. I obtained proof of residence from an acquaintance". (I4)

When asked what would facilitate access to prenatal care, one interviewee mentioned the importance of making appointment scheduling easier, ensuring faster access and less bureaucracy. Another interviewee emphasized the importance of better understanding of primary care units regarding the mobile population and greater flexibility in requiring proof of residence, as mobile residents often lack proof of permanent residence.

"Scheduling prenatal appointments". (I3)

"Basic health units' understanding of the itinerancy requirement. The lack of flexibility in requiring proof of residence is an issue [...]. There is a lack of protocols and guidance". (I1)

"It's not easy, it's always a problem until you find someone to help. So, for that reason, I went, but at the very end of the pregnancy". (I2)

The concept of universalization established by the principles of the Unified Health System (SUS) states that health care is a right common to all. This assertion is corroborated by the SUS user rights charter, which states that every citizen has the right to care free from any discrimination⁸.

Thus, the sociodemographic characteristics and reports found in this present work led us to believe in some stories and discourses that have been reproduced for centuries, in which the circus finds itself in a marginalized place, without credibility, as can be observed in the reports of the women participating in this study.

According to Duarte⁹, the definition of nomad found in the 19th century is that of people without a physical residence, uncivilized, considered as unemployed. When we talk about the education of this population in this nomadic context, we can observe that, according to Xavier and Santos¹⁰, every year circus children attend more than one school and that access to education has been guaranteed, despite the difficulties encountered.

When interviewee 1 (I1) says: "[...] she said: 'What year did you study until?' Then I said: 'I have a higher education degree,' and she said: 'Oh, okay,' then she treated me differently", we realize that the prejudice already historically established by this population interferes with the care provided, because until then, E1 would not have been seen without the persistence of the nurse who was on site. When we consider the fact that 40% of the interviewees had a high school education and 20% had a higher education, we conclude that the prejudiced idea that circus performers don't study is mistaken.

This led us to realize that the difficulties we observed in some speeches can be considered according to the study³, the setbacks being due to external interference, such as fame for being a circus performer and the false idea that circus performers are intellectually poor people, being one of the reasons for being mistreated or frowned upon when they seek assistance.

From the point of view of the division of circus artistic numbers according to gender, it is suggested that women tend to perform performances linked to grace, delicacy and elasticity³. The interviewees share this delicate profile, although we believe that aerial artistic acts require a certain amount of force. On the other hand, we consider it important to note that 20% of the women perform the role of clown, a traditionally male occupation. Therefore, the female clown figure in the circus world is relatively new¹².

It is pertinent to mention that people who are part of traditional traveling circuses take with them learnings from previous generations⁴. So, when we talk about the inclusion of these women in the circus, we can assume, based on the analysis of the data, that many have been in



this context since they were born or have been there for a long time.

To begin discussing welcoming in Primary Care, it's important to emphasize that healthcare professionals are responsible for providing care, and welcoming is built on their relationship with the patient. Qualified listening is essential, valuing comprehensive care and always considering the context in which the woman lives¹.

When we notice the failure in this communication between professional and user, we can analyze that these women, who already live in an unstable context, tend to move away from the care, as reported by I1 when she had to persist to be attended to and as interviewee 3 (I3) who stated "[...] even my mother had to go there to wake up the doctor", reporting what happened as soon as she arrived at the care unit to have her child.

Among the interviewees, number 2 (I2) had already stopped attending prenatal care. In her statement, she reported, "[...] it's not easy, it's always a problem, because until I find someone to see me [...]. So, for that reason, I went more towards the end of my pregnancy", not completing the minimum of six appointments in both pregnancies she had. Given this statement, we can believe that other women have stopped attending for the same reason.

Prenatal care ensures that pregnant women receive immediate support and care as soon as they seek medical attention. However, when we come across some of these reports, we can conclude that the care was flawed and partial, failing to comply with the SUS principle of universal access¹.

According to the Ministry of Health, care must meet the real needs of pregnant women, ensuring they have at least six appointments and ensuring they can continue their follow-up. Most of the women interviewed met this appointment requirement, although we know that care is not limited to this¹.

Based on the above, we can deduce that the treatment during prenatal care for these women was inadequate, even though their reports state that the care was, for the most part, pleasant. It is important to emphasize that for prenatal care to be effective, educational activities are necessary, as well as information about the rights of pregnant women, knowledge of the maternity hospital where they will give birth (according to Law No. 11,634 of December 27, 2007), and, consequently, knowledge of the laws surrounding this topic¹.

When we observe that none of the interviewees received information about the laws that protect them and their rights, as evidenced by I2 "[...] nobody ever told me anything, about any rights", that only one interviewee had a birth plan (as she gave birth at home) and that the majority did not know the reference maternity hospital and/or did not have educational activities, as stated by interviewee 4 (I4) "[...] no, I always looked for it, because I was afraid she would be born early, from 7 months onwards, I started looking for it", we can then detect a failure in the assistance.

In the case of these traveling circus performers, a woman's ability to attend prenatal care largely depends on the healthcare team. The travel and treatment of some staff

members, as seen in I1's statement, "[...] the woman at the clinic didn't want to see me because I was part of the circus, and the clinic only had to see locals", compromises continued care.

As we analyzed, all the women interviewed during pregnancy traveled more than three times. This leads us to believe that if assistance was provided in this way to other traveling circus women, we can assume they do not receive adequate prenatal care.

According to study¹², when we have effective care, we can reduce the risk of maternal mortality. One way to achieve this goal is to have a qualified professional. To become such a professional, they must perform their duties according to the established standards of care, according to national protocols. If this standard is compromised, we cannot guarantee quality healthcare.

According to reports, women believe that greater understanding on the part of primary care units regarding the itinerancy of women, greater flexibility in requiring proof of residence and scheduling appointments, would facilitate pregnant women's access to prenatal care and ensure successful continuity of care. Health professionals need better guidance on the daily routines of circus workers to understand the best way to assist them and ensure they follow protocols on this topic^{13,14}.

Finally, we must emphasize that these women are stigmatized by society and suffer as a result. One consequence of this social context is difficulty accessing the SUS (Unified Health System), since if a professional violates any principle or law, they tend to avoid follow-up as a form of self-preservation.

When I4 says, "[...] oh, these people are so welcoming to people who are part of the circus, you know how it is, right? It's complicated. Some are welcoming, others aren't", we realize what we discussed in this present work: that prejudice against circus people can hinder these women's access to prenatal care.

Conclusion

The topic addressed in this work remains underexplored and, therefore, a challenging topic to discuss, as the population studied still lives in marginalization. Based on the participants' statements, it was clear that although some women concluded that their experience was pleasant, based on the research and references sought, we observed that these experiences were not truly pleasant, as all experienced some form of prejudice or dehumanization in care.

When we observed that most of them were not instructed on principles that are part of prenatal care, such as information about rights, laws, and the implementation of educational activities, we concluded that there was a failure in care and, consequently, inadequate prenatal care.

When looking at the number of prenatal appointments, we found that these women followed the Ministry of Health's guidelines of six or more appointments and were therefore able to continue their care. We initially assumed this number would be lower than it was, given the



difficulties encountered and the treatment these traveling circus women receive in terms of care and assistance.

The setbacks caused by external interference are directly linked to this treatment. Their itinerancy places these women at the mercy of the Unified Health System (SUS), where they depend on healthcare professionals to understand their lifestyle and receive them within this system, as it is their right under the principles of the SUS. Although it is a right, citizens seeking healthcare services are often unaware of it and fail to demand it, making reception the only opportunity for these individuals to be rescued.

We've seen from these reports that prenatal care for traveling circus performers needs to be improved, as it's not being provided adequately. Improving the way professionals welcome these women is crucial, and this will change with the qualifications of the professionals involved. This professional development can even bring them closer to healthcare, not just during the prenatal period.

It's important to emphasize that, because nomadic people, whether circus performers or not, live in a society largely rooted in a sedentary lifestyle, they suffer from this. Therefore, these people have faced difficulties both in the past and today. So, beyond the challenges faced by traveling circus women and the Unified Health System (SUS), we must consider how society is organized in terms of housing, as it directly impacts this issue.

Thus, the relevance of this research was recognized as a means for scientific production and discussions on this topic, aiming to improve prenatal care and raise awareness for these women. It is important that we pay attention to populations like this, and especially to traveling circus women, who are the subject of this study, and that they be discussed on how to access the Unified Health System and how it will promote the health of this group.

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