

Prevalência e Perfil de mulheres grávidas que sofreram violência física

Prevalence and profile of pregnant women who suffered physical violence

Prevalencia y perfil de lãs mujeres embarazadas que sufrieron violencia física

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ABSTRACT

Objective: To identify the prevalence and the profile of pregnant women victims of physical violence. **Methods:** Quantitative, cross-sectional study, conducted with 105 pregnant women followed in four Family Health Units at the city of Jequié, Bahia. The data were collected through questionnaires from the Abuse Assessment Screen (AAS); Tolerance, Annoyed, Cut down and eye opener (T-ACE) and sociodemographic. **Results:** The prevalence of pregnant women who suffered physical violence was 2.9%. These were 21-26 years of age, race/skin color black (black and brown) and suffered aggression on the head predominantly by the partner who used alcohol. **Conclusion:** The prevalence of pregnant women victims of violence was not high, but it is an issue that causes many negative impacts on the woman's and baby's health. Thus from the profile of the women surveyed, it is recommended that specific actions could be carried out in order to at least minimize the occurrence of this problem.

Descriptors: Primary Health Care; Pregnant Women; Women's Health; Violence.

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RESUMO

Objetivo: Identificar a prevalência e o perfil de mulheres grávidas vítimas de violência física. **Métodos:** Estudo quantitativo, transversal, realizado com 105 gestantes acompanhadas em quatro Unidades de Saúde da Família do município de Jequié/BA. A coleta de dados ocorreu por meio dos questionários de *Abuse Assessment Screen (AAS)*; *Tolerance, Annoyed, Cutdown e Eyeopener (T-ACE)* e sociodemográfico. **Resultados:** A prevalência de mulheres grávidas que sofreram violência física foi de 2,9%. Essas tinham de 21 a 26 anos de idade, raça/cor da pele negra (preta e parda) e sofreram agressões na cabeça predominantemente pelo companheiro que usava álcool. **Conclusão:** A prevalência de gestantes vítimas de violência não foi elevada, entretanto trata-se de um problema que causa vários impactos negativos à saúde da mulher e do seu bebê. Logo, a partir do perfil das gestantes pesquisadas, recomenda-se que ações específicas sejam realizadas com o intuito de ao menos minimizar a ocorrência deste problema.

Descritores: Atenção Primária à Saúde; Mulheres Grávidas; Saúde da Mulher; Violência.

RESÚMEN

Objetivo: Identificar la prevalencia y el perfil de las mujeres embarazadas víctimas de violencia física. **Métodos:** Estudio transversal cuantitativo, realizado con 105 mujeres embarazadas seguidas en cuatro Unidades de Salud municipio de Jequié Familia/BA. Los datos fueron recolectados a través de la pantalla de Evaluación de cuestionarios Abuso (AAS); La tolerancia, molesta, cortado y eye opener (T-ACE) y sociodemográficos. **Resultados:** La prevalencia de mujeres embarazadas que sufrieron violencia física fue del 2,9%. Estos fueron 21-26 años de edad, raza/color de lapiel negro (negro y marrón) y sufrieron la agresión en la cabeza en su mayor parte por el compañero que utiliza el alcohol. **Conclusión:** La prevalencia de la víctima de violencia de las mujeres embarazadas no era alta, pero es un problema que hace muchos impactos negativos en su salud de la mujer y su bebé. Por lo tanto, a partir del perfil de las mujeres encuestadas, se recomienda que las acciones específicas se lleven a cabo con el fin de minimizar al menos la aparición de este problema.

Descriptor: Atención Primaria de Salud; Mujeres Embarazadas; Salud de la Mujer; La Violencia.

INTRODUCTION

Violence manifests itself since the dawn of humanity, and it can be understood as a product of unequal relationships, frequently materialized against nations, population groups or people who are at some physical, economic, cultural or emotional disadvantage. Covered as a phenomenon, violence permeates the social order, both at the institutional level (political, economic, cultural, educational, police and ethnic-racial), as well as in interpersonal relationships (familial, domestic, physical, sexual, psychological, moral, symbolic), among others.¹

In the case of violence against women it varies in greater or lesser degrees as the social, economic and cultural contexts in which men and women live and in the way these elements associate in their lives. However, the acts or actions of violence are perceived differently among the diverse societies or even among social segments of a society, due to

the cultural diversity. Thus this phenomenon has proved to be a problem for society only recently from the complaints of women's movement that began in the 1960s from and the recognition of women's rights as human rights.²

According to the 2010's map of violence against women, carried out by the Sangari Institute, it has been noted that a woman is killed in every two hours in Brazil, making the country the 12th in the world rank of women's murders, and 40% of murdered women were aged between 18 and 30 years. Most of the victims were killed by relatives, husbands, boyfriends, ex-partners or men who have been rejected by them. In the period of 1997-2007 approximately 41,532 girls and women were killed, highlighting that this study was based on data from the Unified Health System (SUS, in Portuguese). The national average for this period is of 3.9 deaths per 100 thousand inhabitants; and the Brazilian state considered the most violent to women is Espírito Santo with an index of 10.3 deaths; in Rio de Janeiro with 5.1 deaths, and São Paulo 2.8.³

During pregnancy, women face physical and psychological changes that make them more sensitive or vulnerable, deserving, thus, greater attention from the partner and family. However, violence is a reality in the life of many of these women, triggering losses often irreparable to the mother and child.⁴

Researches about violence against women are relevant, because they can point out the magnitude, and the distinction of the most vulnerable groups, and they can trend to guide more efficient public actions, respecting women causes and specificities in its various contexts. Women bring forward specific demands and different vulnerabilities that may aggravate the manifestations of violence in particular social contexts.²

Besides, Brazilian epidemiological studies that identify the occurrence and profile of women who suffer violence in the country it is still incipient, and especially of those that are in their pregnancy period.

Faced with what has been stated this study aims to identify the prevalence and profile of pregnant women victims of physical violence.

METHODS

Quantitative, and cross-sectional study conducted in Jequié - BA. Jequié has 3,227 km², is located 369km away from Salvador, Bahia's state capital. According to sense conducted in 2010, the population of Jequié is constituted of 151,895 inhabitants, and 78,283 of it is female.⁵

In the city studied, the health care network consists of four Basic Health Units (BHU) and 18 Family Health Units (FHU) composed of 27 Family Health Teams covering a total of 39,096 population. According to data from 2011, the city of Jequié had in that period, 753 pregnant women enrolled in this network.⁶

Participated of this study 105 pregnant women who enrolled and followed in four Jequié's USF. These units are linked to the Education Program for Health Work (Programa de Educação pelo Trabalho para Saúde, PET-Saúde), developed by the State University of Southwest of Bahia (UESB) and subsidized by the Ministry of Health (MS) and the Municipal Secretary of Health of the city.

Data collection was carried out between the months of March to May 2011. Initially there was a survey on the medical records of families enrolled in the Family Health Units to identify the participants in this study. We used the following inclusion criteria: be pregnant regardless of gestational age, live in the area covered by the FHU and served by prenatal monitoring program of the four FHUs. As an exclusion criterion: pregnant women who after three visits on different dates and times, were not found for the application of the instruments.

After collecting information from medical records, data collection began with pregnant women, which was performed both in their households and in the FHU that were accompanied since prenatal. The location of households was made based upon information contained in the medical records of families.

It was used a questionnaire to identify socio-demographic conditions of pregnant women such as age, skin color, educational level, duration of pregnancy and economic status evaluated from the developed criteria by the Brazilian Association of Research Companies.⁷ Information about the child's father collected were age, occupation, education, alcohol consumption, smoking, illicit drug use. Information about reproductive health as the age that began sexual life, number of completed pregnancies, planning of the current pregnancy.

In the section that covered pre-pregnancy and during pregnancy risk behavior, the questions were directed to the use of alcohol before pregnancy and during pregnancy. The instrument used to measure the use of alcohol during pregnancy was the questionnaire Tolerance, Annoyed, Cut down and Eyeopener (T-ACE), which had a version developed and validated for use in Brazil⁸ and that adopts the following classification: total score ≥ 2 = T-ACE positive (risk consumption); total score < 2 = T-ACE negative (acceptable consumption).

The T-ACE questions were applied interchangeably with other questions about behavior and eating habits during pregnancy. This was used so that defense mechanisms were not awakened and pregnant women did not use denial responses, omitting information necessary to deface the results of the T-ACE.⁸

Lastly, we evaluated the violence against pregnant women through their history of violence in childhood and adolescence, history of physical or psychological violence, history of physical violence in the past year, physical violence during pregnancy, measured according to the instrument: Abuse Assessment Screen (AAS), previously adapted and

validated for use in Brazil.⁹ It is noteworthy that the data from this study were analyzed based on the program SPSS 15.0.

This study was developed endorsed in Resolution 196/96 of the National Health Council, currently Resolution 466/12, which regulates research involving human beings. The beginning of the data collection occurred subsequently to the approval of the Ethics Committee of the State University of Southwest Bahia, campus Jequié, Bahia, under Protocol No. 084/2011 of a larger research project entitled: PET-HEALTH JEQUIE: identifying the health-disease process in population enrolled to Health Units Family ("PET-SAÚDE JEQUIÉ: Identificando o processo saúde-doença em população adscrita às Unidades de Saúde da Família").

RESULTS

From all of the 105 surveyed pregnant women, 3 (2.9%) suffered violence. Two of them have a history of violence in childhood and adolescence (before age 15), witnessed physical aggression in the family, suffered physical aggression and suffered some kind of sexual abuse. We also noticed that all of them claimed to have been emotionally or physically abused at some time in their lives and suffered physical violence in the past year.

Table 1 shows the distribution of informants who have suffered violence according to USF's reference, gestational period and age.

Table 1 - Distribution of informants by USF's reference, gestational period and age.

Informant	Family Health Unit	Age	Gestational Period
MSL	C	26 years old	28 weeks
JFDA	D	21 years old	24 weeks
TSC	D	24 years old	32 weeks

During the implementation of the Abuse Assessment Screen (AAS), the informants identified the areas of the body that had been traumatized during the aggression and characterized the episode on the following scale: 1 - threats of abuse/assault, including with a gun; 2 - slap, push; without harm or injury or lasting pain; 3 - punch, kick, injury/"bruise", cuts and/or continuing pain; 4 - beatings, severe contusions, burns, broken bones; 5 - damages to the head, internal and/or permanent; 6 - use of weapons, injury by gun.

One of the women suffered aggression on the head, characterized as slap, shove; without harm or injury or lasting pain, the second pregnant woman in the upper area, qualified as a slap, push; without harm or injury or lasting pain, and the third pregnant woman in the head marked as threats of abuse/aggression, including a gun and tree branch distinguished as slap, push; without harm or injury or lasting pain.

In terms of sociodemographic characteristics of the women who have suffered violence, it was found that all three were aged > 19 years old; race/self-declared skin color:

black (brown or black); marital status: living with a partner; employment situation: without paid work; education: one was illiterate and two had complete primary education; religion: one was Catholic and two of other religions; time living with a partner: one reported living ≤ 1 year and two > 1 year; economic class: two were class C (66.66%) and one class D/E (33.3%).

When referring to information about the partners of the participants, all three pregnant women had a companion aged > 19 years old and paid work. Those with complete primary education (66.66%) were the majority, who consumed alcohol moderately (66.66%) did not smoke (66.66%), used illicit drugs (66.66%) and were pleased with the woman's pregnancy (66.66%).

During the analysis of information about reproductive health and risk behaviors of participants, it was found that all battered pregnant women had their first sexual experience aged ≤ 16 years, had ≤ 3 complete pregnancies, planned the pregnancy and did not use illicit drugs in the current gestation. As for alcohol consumption before pregnancy: two consumed frequently (abuse) and one moderately. Smoking before pregnancy: one affirmed being a smoker and two never smoked. Illicit drug use before pregnancy: two never used and one was a former user. Alcohol consumption during pregnancy: two consumed at low risk and one at high risk. Smoking in current pregnancy: one reported smoking and two did not.

On the information about situations of violence experienced by the participants, it was found all battered pregnant women have never suffered sexual abuse before age 15. Regarding witnessing physical aggression (before age 15): both said yes and 1 no. Suffering physical aggression (before age 15): two suffered and 1 no. Suffering physical violence in the last year (12 months): two said no and one yes.

DISCUSSION

The results of this study show a prevalence of physical violence against pregnant women of 2.9%. This prevalence is lower than results described in other Brazilian studies, whose prevalence was of 7.4% of physical violence against pregnant women who had delivered at a Center of Attention to Women (CAM) in Recife-PE.¹⁰ As in another which had a prevalence of 20% of women who experienced physical violence during pregnancy in public hospitals in Rio de Janeiro.¹¹

In a study conducted in Mexico the prevalence of violence against pregnant women who underwent prenatal care in health centers in the cities of Cuernavaca and Cuautla reaches 32%¹². This variation of prevalence may be related to the different characteristics of the populations studied, definitions of violence and diversity of instruments and methods of data collection.¹³

It should also be taken to consideration that, due to the intimate nature of the subject matter, the feeling of shame and/or guilt to the exposure of such a situation and the

very banality of violence may have under-reported results, not depicting the real situation of physical violence against pregnant women in the studied area.

But even considering these factors, it should not be noticed the low prevalence of physical violence against pregnant women as a positive event, since according to 1994's Belém do Pará's Convention¹⁴, Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, was explicit that every woman is entitled to a life free of violence, whether in the public or the private scope.

In this study patients were mostly battered by their partners. This result is similar to studies in which it is observed that are men who practice violence against pregnant women, especially their partners.^{4,15} Among the present forms of aggression on violence against pregnant women, the most common were slap/push, a fact that also occurred in studies related to the subject.¹⁰

In the findings of this study, it was identified that the socio-demographic characteristics prevailing on women were being over 19, black, living with a partner for over a year, and having unpaid work, as well as having low-level education, being inserted in any religion, and being in the economic class C.

Racism and sexism are present in several countries, and like in Brazil, have been reasons why black women, especially young, are the greatest victims of violence. This double discrimination - of race and gender, are expressed in social inequalities seen in Brazil, contributing to the position black woman live, as an example, in the worst social, economic and power conditions compared to non-black.

Referring to violence, especially during pregnancy, there are several risk factors known in literature, among these we can mention black race/color, stable union, low education for both partners, being young, low family income, not having a paid employment during pregnancy.^{11,13,16,17,18}

The women analyzed had low education, were married or in a stable union and were Catholic. Most of these results guard similarity with another study which shows that violence against pregnant women is related to their union not being stable, their first sexual intercourse being at 16 or less; and low education, up to eight years of study, which increases the chance of psychological violence and almost twice as much physical and sexual violence. However, belonging to Catholic religion was a protective factor for psychological violence.¹³

In this study the companions of the women were over 19 years old and less than 28, had low education, worked and lived with their partners. These results are consistent with those found in another study, since the companions of the women were on average 27.6 years. Just as pregnant women, they had low education. Most worked and lived with her companions, of which the minority for less than a year.¹³

What causes violence against women? The trend seen contemporarily considers the interaction of different

personal, situational and sociocultural factors combined causing violence. As personal factors of the aggressors, can be cited: consumption of alcohol and/or other drugs.^{19, 20} In addition to others who are also inserted in the community such as poverty and unemployment.²⁰

There was predominance, in this study, of pregnant women's partners who used alcohol and illicit drugs. The frequency of two or more times a week of consumption of alcohol by an intimate partner increases the chance of psychological, physical and sexual violence against women. Similarly, the consumption of illicit drugs more than doubles the chances of perpetrating physical and sexual violence against pregnant women.¹³

The prevalence of violence against women is present in most societies and cultures, as well as in different economic groups and has been considered higher among women and partners who use psychoactive substances. Alcohol plays a triggering role of violent acts by disinhibiting actions of censorship, assuming on the aggressor's part, socially reprehensible conducts. The consumption of alcohol and illicit drugs in individuals with other mental disorders such as schizophrenia and dementias, as well as in individuals with personality impulsive characteristics and low frustration tolerance, can be considered potentiating of violent acts.²⁰

The understanding, further, that the pregnancy or the fact of being/becoming a mother can change the susceptibility of a woman suffers violence, as well as interferes with their ability to face it. One problem is that the meanings of pregnancy for women and families and the life conditions of these women, who often witness domestic violence, ends up not being identified by health professionals.²¹

Results of this study showed that pregnant women had their first sexual experience by the age of 16 and over, had up to three completed pregnancies, planned the pregnancy and did not use alcohol or illegal drugs during the pregnancy.

Studies have several risk factors for violence during pregnancy, such as: alcohol and illegal drugs consumption by pregnant women, having had sexual intercourse before the age of 19, unplanned pregnancy, having over three pregnancies.^{11,13,16,17,18}

Despite not disposing of conclusive data, some research centers have pointed, since the 90s, pregnancy as a contributing factor in the occurrence of domestic violence, indicating that such violence can happen after, before or during pregnancy; or it can change the default for the frequency and seriousness of these attacks during this period.²²

The use of alcohol by pregnant women increased by four times the chance of suffering physical/sexual violence and more than twice in not stable marital status. More than half of pregnant women had their first sexual intercourse at 16 or less which elevates the chances of occurrence of physical/sexual and/or psychological violence.¹³ The prevalence of alcohol use during pregnancy was 1.4%, 13.6% were

smokers. The prevalence of smoking among pregnant women was high.

Studies also show that there are several risk factors for violence during pregnancy, for example, consumption of alcohol and drugs by the partner or by the pregnant woman, have had sexual intercourse before age 19, unplanned pregnancy, more than three pregnancies.^{11,13,16,17,18}

In this study, it was found from situations of violence experienced by participants that all abused pregnant women never suffered sexual abuse before age 15. However, most witnessed and suffered physical aggression (before age 15) and that did not suffer physical violence in the last 12 months.

Highlighting that possibly aggression in childhood alter a woman's personality structure and contributes to the destruction of their self-esteem, thus allowing the tendency to repeat patterns, making women seek for mates who resemble in several issues (such as alcohol consumption and violent behavior) to their parents aggressors.¹⁰

In a research conducted with women who have experienced violence, most reported having some experience with violence in childhood, having witnessed physical violence in the family, some of them were victims and suffered some kind of sexual abuse. It was considered risk factors for violence against pregnant women having witnessed or suffered some form of violence before the age of 15, also increasing almost twice the chances of psychological violence, and more than one and a half times the chances of physical and sexual violence in the current pregnancy. The chance of suffering psychological and physical/sexual violence was more than doubled when the mother was responsible for the family.¹³

Because violence against women is considered as a problem that requires extensive intervention, a multi-sectoral assistance, with actions of public health, welfare, education, employment, police, diplomacy, justice, and other support services is essential²⁴. In regard of this, violence against women in any moment of their lives is a serious social and public health problem to be faced in Brazil. By reaching women at a time of physical and emotional fragility, violence during pregnancy requires special attention from health services.¹³ It should be mentioned that care services to primary health are essential in the detection of violence, as it has wide coverage and closer contact with women, thus being able to recognize and foster the case before more serious incidents could happen.²⁴

CONCLUSION

In this study, the prevalence of pregnant women victims of violence was not high compared to other regions of Brazil, however it is a problem that provides various negative impacts mainly to the health of women and their babies.

Before the profile of pregnant women victims of violence identified in this study, it is recommended that specific actions be carried out in order to at least minimize the occurrence of this problem.

Therefore health professionals working in family health strategies, especially nurses and doctors who perform prenatal consultations, need to provide quality care to these women. Thus, these professionals must understand violence as a complex public health issue that causes various consequences for the mother and child, and for society as well.

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