

DOMESTIC VIOLENCE AGAINST RURAL WOMEN: GENDER INTERFACE IN COMMUNITY HEALTH AGENTS' CONCEPTION

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ABSTRACT

It was sought to analyze the concepts of the Community Health Agents about domestic violence against women in the rural area in two districts of the North West region of Rio Grande do Sul. This is an exploratory-descriptive study with a qualitative approach that got the production data through focus group and of semi-structured interviews in the period of July-August 2013. The study participants were thirteen Community Health Agents that developed their activities in rural areas of these cities. Data analysis was performed using the Content Analysis Theme. The results showed that women who live in rural areas are permanently subject to various kinds of domestic violence, from physical and psychological aggression to work overload and deprivation of freedom. It is considered that the community health agent, with the assistance of other professionals and the healthcare team have wide opportunity to seek transformation alternatives of violence situations experienced by women in this context.

Keywords: Violence Against Women. Domestic Violence. Community Health Agents.

INTRODUCTION

In Brazil and worldwide, violence has been discussions topic, present in different ways, both in the urban and in the field area⁽¹⁾. Home is the main place occurring violence against women⁽²⁾.

Domestic violence against women is understood as any act or omission practiced at home, family area or intimate relations of affection, and damage that results from physical, sexual, psychological, moral or patrimonial, beyond death⁽³⁾. It is noteworthy that this type of violence has direct links with gender concepts, acknowledged as an integral component of social relations grounded in discrepancies noted between the genders and power relations in the social imaginary⁽⁴⁾.

As historical and analytical category,

gender tried to understand relationships between the genders in the context of society from the biological and social differences between men and women, whose analysis can be inferred that the distribution of power occurs heterogeneously between the sexes that female figure is in a naturalized way in a subordinate position^(4,5).

In rural area, women in situations of domestic violence living in this area have difficulty accessing quickly and efficiently municipal, state or federal services for care, which helps to expand the levels of violence and impunity of the aggressor⁽⁶⁾. In addition, violence against women increases in rural areas of adversity and exclusion contexts, given the geographical distance from the urban area, contributing to the invisibility of this problem⁽⁷⁾, and even making rural women

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more likely to acts of domestic violence, among other things.

It is considered that the Primary Health Care, organized by the Family Health Strategy (ESF), appears as a strategic space to identify situations of violence against women, sending them to specialized services and support for victims of domestic violence⁽⁸⁾, in particular those living in rural areas, by advocating closer ties among health professionals working in this service and the population defined range areas.

With all this, among the professionals of the Family Health teams, the Community Health Agents are highlighted, who have closer contact and sometimes more consolidated emotional ties with these clients. This maximizes the establishment of link relationships and confidence, especially in home visits. Thus, they are essential actors in the process of recognition of domestic violence perpetrated against women in rural areas.

In front of this, this study aimed to analyze the conceptions of domestic violence against rural women, in the expression of Community Health Agents in two cities in the Northwest Rio Grande do Sul region. It is sought to provide critical reflection, as this contributes to building theoretical knowledge and for the visualization of professional practical experience on the subject in the health scenario, and the creation and inclusion of coping approaches and prevention of domestic violence in rural areas.

METHODOLOGY

This is a qualitative study, with a scenario composed by a teams of Community health agents (ACS) and the Family Health Strategy (ESF) in two cities of the Northwest region of Rio Grande do Sul state, one of them midsize and medium complexity services for the region and the other small, whose population is higher in rural areas than urban.

There were 13 ACS integrated the investigation, who develop their activities in rural areas of the respective cities. To select them, the inclusion criteria was to have a

minimum operating time of six months and develop their activities in the period of data generation.

For the generation of data, Focus Group technique and semi-structured interviews were chosen. Two focus groups were developed from three group sessions with ACS subgroups. The composition of the focus group was characterized in the literature, highlighting two central figures: the moderator and the observer. The moderator had to provide consistent questions with the study objectives, encouraging the active participation of the subjects in the discussion. The observer had the role to assimilate the non-verbal information expressed by participants⁽⁹⁾, writing them down in a field diary.

Group sessions occurred on the health departments of the cities in the study and had an average duration of one hour and a half. The sessions were guided by a script to guide the discussions, organized from a key moments: Opening (presentation, information and time of contract); debate; synthesis; and closure. The sessions were recorded (audio), aiming to a transcript of reliable data.

The meetings were scheduled according to the availability of each ACS group and were listed the following topics: domestic violence conceptions in the expression of ACS; practices and care actions developed by these professionals on domestic violence against women living in rural areas; and factors that facilitate or hinder the identification and coping domestic violence against rural women in their area.

The semi-structured interview was used in order to complement data obtained through a focus group. A guide script based on trailing issues related to the research problem was structured. Interviews were conducted in previously scheduled times, individually, depending on the availability of each study participant and recorded in digital media, after consent, in order to fully record the speeches, ensuring authentic material for analysis. The generation of data occurred in the period from July to August 2013.

For the treatment of the data, the qualitative analysis was used, divided into three phases: pre-analysis, in which are analyzed and

incorporated the hypotheses of the study; exploration of the material, which is classified by core understanding of the text; and the processing of results and interpretation⁽¹⁰⁾.

The study was approved by the Ethics Committee of the Federal University of Santa Maria (Case Number 17149313.7.0000.5346). To ensure the anonymity of the participants, codes were adopted for identification of their statements (ACS1, ACS2..., ACS13). The Consent and Informed Term was used with all ACS.

RESULTS AND DISCUSSION

The discussions arising from the analysis of the statements of the participants in the study were grouped into two topics: *Domestic violence in rural scenario as result of gender relations; and Domestic violence and the relationship to the context of life and work of rural areas women.*

Domestic violence in rural setting as a result of gender relations

In the first core meaning from the perspective of ACS, it was found that domestic violence against women living in rural areas mainly refers to the male-dominated process.

The statements of ACS show that the male-female relationship in the rural context is driven by machismo, authoritarianism and lack of dialogue and fellowship, when woman rarely has the chance to express her wishes and desires, remaining restricted the development of activities that generate satisfaction only to her husband and family. This may be evident, then, in the words:

I have many cases of women taking medicine for depression and you know there are problems in the family, lack of dialogue with her husband. (ACS7)

When I saw that image, the first impression I got is that macho man. We see this a lot. Of course people do not speak, but we feel it. (ACS8)

In the reports of participants, it is clear that domestic violence is based on gender, which has been socially constructed along the history of people, in which the male figure superpose

female from the establishment of a power relationship and authority⁽¹¹⁾. Study shows that, in the case of domestic violence against women by an intimate partner, it is usually manifested through a cyclical model of authoritarianism⁽¹²⁾.

In the analysis the subjugation of women was identified, understood by these professionals as a relationship in which the man is the owner of absolute truth, in which the woman plays a role of acceptance and resignation on what is imposed, even the betrayal:

There are some husbands who just want the woman to work. They want the woman to be his slave, the service, everything. There are women who have no freedom at all. There are many women requiring some type of surgery and the husband does allow because they have to work. (ACS3)

There are some women, who are women of one man. So men do not use condoms and end up transmitting diseases to their wives. Not only young man, also old men. (ACS6)

I think betrayal is a very great violence for women. They say it's a big pain. (ACS4)

The statements above conclude that spouses commonly practice the restriction of freedom to women living in rural areas, negating fundamental rights such as autonomy, showing that the problem of violence constitutes a violation of human rights. In this sense, and from the assumption that the roots of violence in gender relations, are located in the very relations between men and women, violence determines an extraordinarily negative aspect of these relations, revoking, thus the "relation between two", and limiting one of the figures as an object⁽¹³⁾.

Considering these situations, the subordinate condition that the woman experiences because of social and historical constructions of gender, makes her more susceptible to emotional abuse by the man, not being *subject of her own life*⁽¹⁴⁾.

Together with this question, the betrayal is recognized by professionals in the study as a violence against rural women and is associated directly to vulnerability to sexually transmitted diseases - STDs. The statements show that

while the woman in the context of the marital relationship is faithful to her spouse, caring for marriage and the family, man has extramarital sex without the practice of safe sex, leaving her vulnerable to STD/AIDS and viral hepatitis. This shows the fact that domestic violence gender affects the health-disease process of rural women and their quality of life.

Another aspect appearing in the perception of ACS is that many rural women are economically dependent on their partners, and as most of them have a low education level, they are afraid to leave home and seek alternatives for their livelihood and children, contributing to the subjugation of women and the continued violence, as shown in the following report:

She does not separate because it is not retired. Many women after retired they separate. (ACS)

In many cases, women consent to the violence by their partners, because they do not feel able to bear the risks and live without the financial support of them, a situation that is worst when the couple has children. In cases where the woman is in the job market, they are confident on this issue, because financial independence is a basic means to reaffirm their self-esteem⁽¹⁵⁾.

Thus, many women are forced to remain supporting different forms of violence, a fact that highlights the social inequalities and existing gender relations between men and women, in which the male figure dominates the power.

The participants consider that women residing in the rural environment are continuously exposed to different types of violence, practiced mainly by the husband and/or partner, from physical aggression to moral, psychological and sexual aggression. Testimonials show this fact:

All forms of aggression against women, whether verbal, physical or psychological, because sometimes the man speaks to women in a wrong way and it is a form of aggression. (ACS11)

Domestic violence is when the husband comes and attacks the woman and also asks to have sex just to satisfy his pleasures. (ACS9)

Regarding the types of violence by intimate partners against women living in rural areas, results in a research performed with twelve women who sought the Police Specialized in Assistance to Women in the city João Pessoa corroborate these findings. In this, it was found that in the psychological or emotional and physical violence are occurring with increasing frequency. In this dimension, the study shows that most of the victims reported having suffered psychological or emotional violence, as humiliation, insults and disregard. It is emphasized that this type of violence has primary occurrence and character features throughout the cycle and other forms of violence are being incorporated with the passage of time⁽¹⁶⁾.

Another study pointed out that the psychological effects of domestic violence may have more serious consequences than physical violence, whose experience tends to annul the self-esteem of women and makes them more prone to submit psychological distress, such as depression, phobia, post-traumatic stress and psychoactive substances consumption⁽¹²⁾.

In this approach, domestic violence shows to be extremely damaging to the lives of women, reflecting negatively on their physical, psychological and especially social health, leading victims to an isolation situation that increases gradually and they have weakened support network, making them vulnerable and with limited possibilities to stop the cycle of violence⁽¹¹⁾.

The statements cited allow to infer that sexual violence is also present in the everyday life of women living in rural areas. Therefore, a study in São Paulo - SP and Pernambuco Forest Zone - PE, with 2645 women from 15 to 49 years old, found that 29% of women from SP and 37% from PE reported some physical or sexual violence by a partner or ex-partner. Whereas those who suffered these types of violence reported two to three times more suicidal intent and suicide attempts than those who did not suffer, and higher frequency of daily alcohol use and problems related to alcohol⁽¹⁷⁾.

According to the above, it is considered that the violence of a sexual nature also has negative effects regarding the women's health-disease process in situations of violence⁽¹⁷⁾, being the result of gender inequalities and sexist ideologies.

Domestic violence and the relationship to the context of life and work of women in rural areas

In the second unit of meaning, it was evidenced the invisibility of women's work and the multiple roles that takes in rural settings, the overload of activities in their daily lives, deprivation and restriction to the domestic space. The statements show the situation of women, posed in a secondary position, and also need to take care of family unconditionally.

Women in the interior take care of the house, the children and go to farm with their husbands. So, I think this is also a violence. The husband comes home, takes a shower, takes the bowl and go to have some chimarrão. And the woman goes to wash clothes, clean the house and take care of children. For me, this is also a domestic violence. (ACS10)

The woman has to accompany her husband on the farm, planting ... All that man does, a woman has to do it. Then, when he gets home the man did not help her. He sit there, settles and asks for a chimarrão. And she has to give lunch for the husband and the children. (ACS2)

In the speech, there are evident aspects intrinsically related to the sexual division of labor in rural areas, as it identifies the sidelined female role in the family set production. A sharp distinction between the conceptions of male and female labor: while the household chores are exclusively of women, farming practices are developed by the couple in the male head⁽¹⁸⁾.

It is considered that on the day of the woman living in rural areas, she is in several areas, as the "farming" and the house. The "farming" denotes greater importance as it is seen as productive - adding visibility and effective work - and is managed by man. The house, in turn, portrays the space of reproduction, in which the resulting profit of the farm work is consumed, and therefore, it does not generate profit. Thus, the house

becomes the place did not work, representing "help", in which is seen only the "service", which is the space for the woman⁽¹⁹⁾.

The process of division of labor, especially in rural areas, occurs asymmetrically and in a sexist way, where the woman helping her husband in the farming practices, is seen as the "wife of the farmer", which is crucial to the invisibility of women's work and professional identity⁽²⁰⁾. Thus, the activities performed domestically by women living in rural areas contribute to the reproduction of gender heterogeneity and reinforce the lack of independence of women through labor and space called as productive⁽¹⁸⁾.

The image of women in rural areas is closely linked to their subordination to the social role of mother, wife and housewife, where household chores and the care given to the children, as well as other members of the household are constituted as assignments naturalized to the woman, even when she develops activities in "farming". Thus, women in rural or urban environment ends up in double or even triple working hours⁽¹⁹⁾.

Given the above, it can be concluded that in the rural context, violence is taking multifaceted and complex forms, and are in social relations established on the day of the subjects, issued through the discrimination with regard to the domain and management of land, and basing the asymmetries of power which sustain the nature of intra-family and social hierarchies⁽¹³⁾. It is evident that one of the consequences of the rural women work overload refers to the lack of time to conduct activities related to the feminine universe that gives them well-being, ultimately hurting their self-esteem.

The work I think, makes her to not have little time to leave. It is a violence, because believe me, they are at home all day [...] then I wanted to go there but I can not, I have to milk the cows. (ACS1)

Today is smoke, is cow. My God, they do not have the time for them. They cannot take one hour off for them. (ACS4)

Professionals interviewed recognize that rural women in domestic violence situations are subject to various charges, prohibitions

and orders, characterized as culturally recognized in everyday situations of these women. It is considered that the widespread use of the above situations is rooted in discriminatory construction of subjugation of women against the man, whose roots are historical⁽¹⁵⁾.

CONCLUSION

This study allowed to analyze the conceptions of domestic violence against rural women, in the expression of Community Health Agents, unveiling a plurality of understandings, featuring domestic violence as a social construction, whose genesis lies in the heterogeneity of gender. The results show that women living in rural areas are subject to various forms of domestic violence, such as physical and psychological aggression, work overload and deprivation of liberty.

In this sense, there is the importance of implementation of changes in care practices to meet the health needs of rural women in domestic violence situations. The Community Health Agent as team member of the Family

Health Strategy has possibilities to seek alternative processing of situations of violence experienced by these women. However, he requires assistance from other professionals so that it becomes possible, with the nurse as a key element in the training process of the community health agents to perform the recognition of such situations, as well as the relevant referrals.

Considering the complexity and specificity of the problem of domestic violence, it is necessary to develop approaches and interdisciplinary and intersectoral interventions to ensure the resolution of the care of rural women in domestic violence situations.

Because it is a research in a specific place, this may not reflect the reality of other scenarios, since the cities of the study setting have originally agricultural essence. However, it is necessary to extend the investigation with the focus of violence domestic against women in rural contexts, seeking to fill the existing theoretical gaps, as well as providing visibility of this issue.

VIOÊNCIA DOMÉSTICA CONTRA MULHERES RURAIS: INTERFACES DE GÊNERO NA CONCEPÇÃO DE AGENTES COMUNITÁRIOS DE SAÚDE

RESUMO

Buscou-se analisar as concepções de violência doméstica contra mulheres rurais na expressão de Agentes Comunitários de Saúde em dois municípios da região Noroeste do Rio Grande do Sul. Estudo exploratório-descritivo, com abordagem qualitativa e produção dos dados por meio de Grupo Focal e de entrevistas semiestruturadas, no período de julho a agosto de 2013. Os participantes do estudo foram treze Agentes Comunitários de Saúde que desenvolvem suas atividades em áreas rurais desses municípios. A análise dos dados foi realizada mediante a Análise de Conteúdo Temática. Os resultados apontaram que as mulheres que residem no meio rural estão permanentemente sujeitas a diversas formas de violência doméstica, como agressão física e psicológica, sobrecarga de trabalho e privação da liberdade. Considera-se que o Agente Comunitário de Saúde, com o auxílio de outros profissionais da equipe de saúde, possui possibilidades de buscar alternativas de transformação das situações de violência vivenciadas pelas mulheres nesse contexto.

Palavras-chave: Violência Contra a Mulher. Violência Doméstica. Agentes Comunitários de Saúde.

VIOLENCIA DOMESTICA CONTRA MUJERES RURALES: INTERFACES GÉNERO EN LA CONCEPCIÓN DE AGENTES COMUNITARIOS DE SALUD

RESUMEN

El objetivo fue analizar las concepciones de violencia doméstica contra mujeres rurales en la perspectiva de agentes comunitarios de salud en dos ciudades de la región Noroeste de Rio Grande do Sul. Estudio exploratorio-descriptivo, con enfoque cualitativo y producción de los datos por medio de Grupo Focal y de entrevistas semiestruturadas, en el período de julio a agosto de 2013. Los participantes del estudio fueron trece Agentes Comunitarios de Salud que desarrollan sus actividades en áreas rurales de estas ciudades. El análisis de los datos fue realizado mediante el Análisis de Contenido Temático. Los resultados señalaron que las mujeres que viven en el medio rural están permanentemente expuestas a diversas formas de violencia doméstica, como agresión física y psicológica, sobrecarga de trabajo y privación de la libertad. Se considera que el agente

comunitario de salud, con el auxilio de otros profesionales del equipo de salud, posee posibilidades de buscar alternativas de transformación de las situaciones de violencia vividas por las mujeres en este contexto.

Palabras clave: Violencia Contra la Mujer. Violencia Doméstica. Agentes Comunitarios de Salud.

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Submitted: 01/06/14

Accepted: 26/01/15