

Prevalence of intimate partner violence reported by puerperal women

Prevalência de violência por parceiro íntimo relatada por puérperas

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Abstract

Objectives: Estimating the prevalence of intimate partner violence reported by puerperal women, classifying the type of violence, the period of pregnancy and childbirth in the occurrence and characterizing the profile of partners.

Methods: Cross-sectional study of 207 postpartum women. The survey instrument used was based on the model proposed by Schraiberet.

Results: The prevalence of intimate partner violence before, during and/or after pregnancy was 51.2%. The profile of partners was characterized as a young group, with good education, worker and non-user of licit or illicit drugs.

Conclusion: The prevalence of occurrence of intimate partner violence reported by puerperal women was 51.2%.

Resumo

Objetivos: Estimar a prevalência de violência por parceiro íntimo relatada puérperas, classificar o tipo de violência, o período do ciclo gravídico puerperal na ocorrência e caracterizar o perfil do companheiro.

Métodos: Estudo transversal realizado com 207 puérperas. O instrumento de pesquisa utilizado foi baseado no modelo proposto por Schraiberet.

Resultados: A prevalência de violência por parceiro íntimo antes, durante e/ou depois da gestação foi de 51,2%. O perfil do companheiro foi caracterizado como um grupo jovem, com boa escolaridade, trabalhador, não usuários de drogas lícitas e ilícitas.

Conclusão: A prevalência da ocorrência de violência por parceiro íntimo relatado por puérperas foi de 51,2%.

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Introduction

Violence is a major public health problem worldwide, and violence against women perpetrated by their intimate partner is particularly relevant, since it has been referred to as one of the main forms of violence in this population.^(1,2)

In this regard, international studies in recent years showed that the estimated prevalence of intimate partner violence at some point in life ranged from 33% to 77%, being higher in less developed countries.⁽³⁻⁷⁾

In Brazil, the prevalence ranged between 29% and 37%⁽⁸⁾ and the highest frequencies were found in the city of São Paulo (Southeast region of Brazil) ranging from 59.8% to 76.5%.^(9,10)

It is worth considering that violence against women can be present in different aspects and moments of their lives, with repercussions on their health and their families. In this perspective, it is present even during pregnancy and postpartum, periods of women's lives in which their wellbeing should be specially secured.

In several countries, the prevalence of some form of intimate partner violence during pregnancy - whether psychological, physical or sexual - ranged from 3.3% in Canada to 52.2% in Peru.⁽¹¹⁻¹⁴⁾ In Brazil, the frequencies found in a study carried out in the city of Recife (Northeastern Brazil) and in São Paulo (Southeastern Brazil) were 30.6% and 31.8%, respectively.⁽¹⁵⁾

In the postpartum period though, prevalence rates range from 10.9% in Canada to 22.6% in Recife (Northeastern Brazil).⁽¹⁴⁻¹⁶⁾

Despite the growing literature on the occurrence of gender violence during pregnancy, few studies have evaluated its occurrence in the first months after birth.

Thus, the objectives of this study were to estimate the prevalence of IPV (intimate partner violence) among puerperal women, classify it according to type and the period of life in the occurrence, and to characterize the profiles of partners.

Methods

Cross-sectional study carried out in the Centro de Incentivo e Apoio ao Aleitamento Materno (Center

for Incentive and Support of Breastfeeding) of the Universidade Federal de São Paulo, São Paulo, Brazil. The study population consisted of 271 puerperal women who attended the nursing consultation to promote and encourage breastfeeding and postpartum review in the period between January 2011 and February 2012.

Exclusion criteria were: women who reported being illiterate and/or with cognitive deficits, regardless of education, with hearing and/or visual impairment, disoriented as to time, place or people; current multiple pregnancy, and women whose children had abnormalities, especially orofacial malformations.

Interviews were conducted at two different times, by different professionals: the first visit occurred around seven to ten days after birth, in which the data were collected to characterize the population.⁽¹⁷⁾ The second visit took place around 45-60 days after delivery, and at this time the data regarding the incidence of intimate partner violence were collected.

The survey instrument was based on the model proposed by Schraiberetal, which is comprehensive and addresses physical, psychological and sexual types of violence. It was adapted by Sailor and Rodrigues and by the authors since there is no specific instrument to identify violence in the postpartum period.⁽¹⁸⁻²⁰⁾

To ensure anonymity, one professional collected the data related to violence and another one collected the data on the characterization of the population. The interviewers were nurses experienced in dealing with the issue and that had been properly trained.

The analysis was performed using the *software* Stata 10.0 and *StatisticalPackage for the Social Sciences20* (SPSS). For the prevalence of intimate partner violence were considered all cases of psychological, physical and sexual violence - exclusive and overlapping - inflicted by the current or most recent partner with which the woman lived or had lived with, regardless of formal marriage and cohabitation and having occurred before and during pregnancy and after childbirth.

Women who reported having being exposed to violence during this study were referred to a specialized

service in the same institution, and were also given a list of services aimed at protecting women available in the city of São Paulo (southeastern Brazil)

The development of the study met the national and international standards of ethics in research involving humans.

Results

Sociodemographic data showed that the majority of women were young, without vices, Catholics, with high school education, living with a partner who was the family provider, with the average time of seven years of relationship. Almost half of them resided in their own property and was unemployed or a housewife. The family income was between one and three minimum Brazilian wages.

With regard to personal and obstetric previous information, despite the sample being of young women, 30.4% of them had underlying diseases, with hypertension and heart disease as the most common ones. Most of them had had between one or two pregnancies and primiparity was present in 40.1%. In relation to abortion, it has occurred with 30% of women and 28% of these occurrences were characterized as spontaneous. The majority of women reported having desired the current pregnancy, although 63.3% cited that it had not been planned.

Table 1 shows the prevalence, type and frequency of violence.

Table 1. Prevalence and type of intimate partner violence

Type of violence	Yes n(%)	No n(%)	Total
VPI	106(51.2)	101(48.8)	207
Psychological	102(49.3)	105(50.7)	207
Physical	38(18.4)	169(81.6)	207
Sexual	10(4.8)	197(95.2)	207

Legend: IPV = intimate partner violence

The data in table 2 show the relation among the types of IPV.

Table 2. Types of intimate partner violence

Types of violence	Yes n(%)	No n(%)	Total
Psychological	65(31.4)	142(68.6)	207
Physical	2(1.0)	205(99.0)	207
Sexual	2(1.0)	205(99.0)	207
Psychological and physical	29(14.0)	178(86.0)	207
Psychological and sexual	1(0.5)	206(99.5)	207
Psychological, physical and sexual	7(3.4)	200(96.6)	207

The data in table 3 show the reports of intimate partner violence according to the time of pregnancy and childbirth.

Table 3. Types of intimate partner violence during pregnancy and childbirth

Types of violence	Categories	n(%)	% Accumulated
During pregnancy	No	131(63.3)	63.3
	Yes	76(36.7)	100.0
Psychological	No	139(67.1)	67.1
	Yes	68(32.9)	100.0
Physical	No	178(86.0)	86.0
	Yes	29(14.0)	100.0
Sexual	No	206(99.5)	99.5
	Yes	1(0.5)	100.0
Postpartum period	No	154(74.4)	74.4
	Yes	53(25.6)	100.0
Psychological	No	155(74.9)	74.9
	Yes	52(25.1)	100.0
Physical	No	198(95.7)	95.7
	Yes	9(4.3)	100.0
Sexual	No	206(99.5)	99.5
	Yes	1(0.5)	100.0

As for the partners of studied women, the group was composed of young people with good education, workers, non-user of alcohol, tobacco, nor any other drugs.

Discussion

Limitations of this study are related to the cross-sectional design which does not allow establishing causal relationships. Furthermore, the study was carried out in a single health care service with local particularities. On the other hand, the results allowed us to understand the magnitude of violence against women before and during pregnancy and after childbirth, as well as the importance of using the prenatal and postnatal care for its early identification, thus allowing the necessary referrals and possible discontinuity of violence.

The results showed a high prevalence of intimate partner violence, in 51.2% of women of this study. Other studies in various regions of Brazil and in other cities of the state of São Paulo showed similar results.^(9,10,16,20-23)

Among the women of this study that were exposed to intimate partner violence, almost half of them reported psychological violence, which is almost the triple of physical violence (18.4%) and ten times higher than sexual violence (4.8%). This higher percentage of psychological violence in detriment of the other types was similar to other studies and indicates that reports of violence have been obtained thanks to the access to information, human rights, establishment of institutions to protect women and awareness of the female population.^(16,20,21,24)

Both Brazilian and international studies show high rates of intimate partner violence.^(6,7,21,23,25) The episodes of violence can be severe, recurrent, and overlapping. In general, different types of abuse coexist in the same relationship, in accordance with the results of this study. Psychological violence associated with the physical one was the most frequent, followed by all kinds of violence.

Thus, the findings of this study were consistent with the literature when indicating that the majority of physical violence is accompanied by the psychological type.⁽²⁶⁾ The absence of cases of sexual violence accompanied by physical aggression may demonstrate the difficulty of the victim's reaction to violence, or even the moral coercion of the woman in order to make the act consensual.

The results showed the types of violence, being psychological violence alone the most frequent situation (31.4%), followed by physical violence accompanied by psychological (14.0%) and after that, the three types together (3.4%). The most serious violence appeared to be associated with psychological violence, accounted for approximately 30% of cases. It constituted a very serious situation.

The three most common forms of expression (psychological violence alone and accompanied by physical and the three forms together) should be targeted in future studies in order to investigate possible differences between them. Such differences could be explained in relation to associated factors and implications for health, as well as its behavior over time in terms of evolution from the most moderate to the most severe forms.

Regarding the moment of exposure to violence, the present study found a decrease in the occurrence of violence during the last pregnancy and the postpartum period, comparing with the previous period. It is important to consider that the interview related to the exposure to violence was held from 45 to 60 days after delivery, and this short period can be associated with the lowest frequency found in the postpartum period compared to the period of pregnancy. However, even with lower frequencies, all kinds of violence have been reported, demonstrating the continuity of attacks before and during pregnancy and in the postpartum period.

In this sense, the results on the prevalence of intimate partner violence during pregnancy are similar to the frequencies identified in other studies.^(11,12,14-16,20,27) In such cases, the violence is directed not only against women, there is also the involvement of an intrauterine child - newborn or already in their first year of life - which increases the situation of violence.

In the postpartum period, the frequency found in this study outperformed other studies.^(14,16)

With regard to the types of violence reported during pregnancy, the most common type was the psychological, followed by the physical and sexual. In other studies conducted in the Southeast region of Brazil the prevalence ranged from nearly three times higher until practically half of it.^(20,23)

During pregnancy, the physical form of violence is the most studied in international research. The lowest rates are observed in European studies with prevalence below 4%, while in Latin America the rates vary between 7.4% and 18.2%.⁽²³⁾

In 2009, a research carried out in the city of Rio de Janeiro (Southeastern Brazil) with the aim of estimating the prevalence of physical violence between intimate partners, found a rate of 37.8% during pregnancy and 16.1% in the first months after birth.⁽²⁸⁾

Physical violence is more prevalent in the postpartum period too, ranging between 1.2% and 19.7%, different from what was found in this study, in which this event occurs with greater prevalence during pregnancy.⁽²⁹⁾

These different results should be interpreted with caution due to different methodologies used, data collection instruments, composition of samples and period when interviews were conducted, which impairs comparability, especially with respect to the types of violence studied. Among the reviewed studies, only two evaluated the three types of violence in the three periods of pregnancy and childbirth, as the present study did.^(14,16)

We can say that there is no consensus among studies regarding pregnancy being a factor of protection or a promotion of violence, which is evidenced by the discordant results. However, the analysis of the set shows a tendency to regard pregnancy as a protective factor, with decrease in the levels of violence. The fact might be explained by the way women are seen by society during pregnancy, as more fragile figures. At this stage, the occurrence of aggression would make the aggressor more exposed to social judgment and the couple's relationship would be exposed publicly.

The prevalence found in this study corroborates the illustration of the magnitude of violence against women perpetrated by an intimate partner. Thus, one can say that the social and political recognition of violence against women as a relevant phenomenon in society is a key factor for the development of public policy actions to combat violence.

Based on the results of this study, it is possible to consider that violence against women is a major

public health problem and is present in all social classes and stages of women's lives. Prenatal and postpartum periods are opportunities for health professionals to identify situations of violence.

Conclusion

The prevalence of the occurrence of intimate partner violence reported by puerperal women was 51.2%. The profile of partners was characterized as a young group, with good education, worker and non-user of licit or illicit drugs.

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Collaborations

Marcacine KO; Abuchaim ESV; Abrahão AR; Michelone CSL and Abrão ACFV declare that contributed to conception and design, analysis and interpretation of data; drafting the article, revising it critically for important intellectual content and final approval of the version to be published.

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