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PREVALENCE AND FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE: STUDY IN A HIGH-RISK MATERNITY HOSPITAL[1]

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ABSTRACT

Objective: to describe the prevalence of domestic violence among postpartum women treated at a high-risk maternity hospital, and to examine the association of these conditions with the demographic, socioeconomic and reproductive variables.

Method: cross-sectional study, carried out with 302 postpartum women. The data were collected through interviews from a structured script with questions about the characterization of the participants and an instrument to identify violence, the Abuse Assessment Screen.

Results: among the interviewees, 43% reported experiencing mistreatment throughout their lives, 7.6% were victims of physical violence in the last year, and 4.6% were in a situation of physical violence during their pregnancy. Women aged between 31-43 years old (PR: 1.5; 1.1-2.1), having three or more gestations (PR: 1.8; 95% IC: 1.2-2.7) and evangelical women (PR: 1.6 95% CI: 1.1-2.3) more often experienced mistreatment in life. The absence of a partner was associated with a history of physical violence in the last year and during gestation ($p<0.05$).

Conclusion: this study reaffirms that violence is a phenomenon that is present in women's lives, including during the gestational period, and it has been associated with the demographic and obstetric condition of the woman.

DESCRIPTORS: Violence against women. Domestic violence. Pregnant women. Assaulted women. Marital mistreatment. Cross-sectional studies.

PREVALÊNCIA E FATORES ASSOCIADOS À VIOLÊNCIA DOMÉSTICA: ESTUDO EM UMA MATERNIDADE DE ALTO RISCO

RESUMO

Objetivo: descrever as prevalências dos tipos de violência doméstica entre puérperas atendidas em uma maternidade de alto risco e examinar a associação desses agravos com variáveis demográficas, socioeconômicas e reprodutivas.

Método: estudo transversal, realizado com 302 puérperas. Os dados foram coletados por meio de entrevistas a partir de roteiro estruturado com questões acerca da caracterização das participantes e instrumento para identificação de violência *Abuse Assessment Screen*.

Resultados: entre as entrevistadas, 43% relataram ter vivenciado situações de maus-tratos ao longo da vida, 7,6% foram vítimas de violência física no último ano e 4,6% estiveram em situação de violência física durante a gestação. Mulheres com idade entre 31-43 anos (RP: 1,5; 1,1-2,1), com três ou mais gestações (RP: 1,8; IC95%: 1,2-2,7) e evangélicas (RP: 1,6 IC95%: 1,1-2,3) vivenciaram mais frequentemente maus-tratos na vida. A ausência de companheiro esteve associada à história de violência física no último ano e na gestação ($p< 0,05$).

Conclusão: este estudo reafirma que a violência constitui um fenômeno presente na vida da mulher, inclusive no período gestacional, e se mostrou associado à condição demográfica e obstétrica da mulher.

DESCRITORES: Violência contra a mulher. Violência doméstica. Gestantes. Mulheres agredidas. Maus-tratos conjugais. Estudos transversais.

PREVALENCIA Y FACTORES ASOCIADOS A LA VIOLENCIA DOMÉSTICA: ESTUDIO EN UNA MATERNIDAD DE ALTO RIESGO

RESUMEN

Objetivo: describir las prevalencias de los tipos de violencia doméstica entre puérperas atendidas en una maternidad de alto riesgo y examinar la asociación de esos agravios con variables demográficas, socioeconómicas y reproductivas.

Método: estudio transversal, realizado con 302 puérperas. Los datos fueron recolectados a través de entrevistas a partir de un itinerario estructurado con preguntas acerca de la caracterización de las participantes e instrumento para identificación de violencia Abuse Assessment Screen.

Resultados: entre las entrevistadas, el 43% relató haber experimentado situaciones de maltrato a lo largo de la vida, el 7,6% fueron víctimas de violencia física en el último año y el 4,6% estuvieron en situación de violencia física durante la gestación. Las mujeres con edad entre 31-43 años (RP: 1,5, 1,1-2,1), con tres o más gestaciones (RP: 1,8, IC95%: 1,2-2,7) y evangélicas RP: 1,6 IC95%: 1,1-2,3) experimentaron más a menudo maltrato en la vida. La ausencia de compañero estuvo asociada a la historia de violencia física en el último año y en la gestación ($p<0,05$).

Conclusión: este estudio reafirma que la violencia constituye un fenómeno presente en la vida de la mujer, incluso en el período gestacional, y se mostró asociado a la condición demográfica y obstétrica de la mujer.

DESCRIPTORES: Violencia contra la mujer. Violencia doméstica. Mujeres embarazadas. Mujeres maltratadas. Maltrato conyugal. Estudios transversales.

INTRODUCTION

Violence against women, from the perspective of gender, or marital violence, is by definition the use of physical or verbal force that affects and harms the woman's life in its various physical, emotional and sexual aspects. In addition, coercion is used as an element of perpetuation of the female subordination, and the perpetrator is the partner with whom an intimate relationship has been or is established.[1]

It is a fact that violence against women at any time of their lives is a serious public health problem to be faced. However, when it happens in a moment of great physical and emotional fragility, as in the gestation, it demands special attention of the health services,[2] since this condition, be it of a physical, sexual or psychological nature, can cause harm to the health of the mother and the child.[3]

Studies have indicated that the experience of violence during pregnancy can lead to potential problems such as headache, obstetric problems, premature rupture of membranes, urinary tract infection, vaginal bleeding and early weaning of breastfeeding, as well as the possibility of association with perinatal and neonatal mortality.[4-7]

It considered as violence against women the physical, psychological, sexual, patrimonial and moral violence.[8] It is interesting to highlight that the occurrence of this event presents itself differently around the world. A study conducted by the World Health Organization (WHO) shows the prevalence of violence in pregnancy varying from 8% in Japan to 44% in Peru, with Brazil reporting 32% of aggression during pregnancy, which is worrying.[9] In addition, national surveys have shown different values of prevalence of violence. For example, studies on physical and sexual violence were found with intervals between 2.5% and 48.7% and between 2.1% and 4.9%, respectively.[5,10-11] These differences can be attributed to the different conceptions of violence of the populations studied, as well as to the method and instruments used.[2]

Another issue worth mentioning is the factors associated with the experience of domestic violence during pregnancy. It is possible to observe in the researches that the experience of this phenomenon has been associated to the characteristics of the woman, such as previous history of violence, age of coitarche, common mental disorder, low level of schooling, irregular prenatal, being responsible for the family and having a history of attempted abortion.[2,5]

Thus, considering the need for new studies to better understand domestic violence, as well as its impact on women's lives, this study is justified, and it aimed to describe the prevalence of domestic violence among postpartum women treated at a high-risk maternity hospital and to analyze the association of these conditions with socioeconomic and reproductive variables.

METHOD

This is an observational, cross-sectional epidemiological study carried out in a high-risk maternity hospital of a school hospital linked to the Unified Health System of the city of Vitória, Espírito Santo (Brazil). Women who were hospitalized from June to September 2016 and who met the inclusion and exclusion criteria were invited to participate in the study. To be included in the study it was necessary to have at least 24 hours postpartum of a live fetus (over 500 grams), regardless of the way of delivery. The final sample consisted of 302 women.

Three female undergraduate students were selected and trained to participate in the study as interviewers, as well as a typist for data recording. It is important to mention that, prior to the data collection, a pilot study was conducted with 32 women who met the inclusion criteria in order to identify the necessary adjustments, however, these interviews were not included as part of the study.

Before the interview, the participant was guided regarding the study objectives, ethical issues, confidentiality and freedom to withdraw their participation in the research at any time. In addition, only after agreeing to participate in the study and signing the Free and Informed Consent Term (FICT) the data collection was initiated. It is important to mention that the interviews were conducted in a private location, having only the interviewee (with or without the newborn) and the interviewer, and with an average duration of 30 minutes. At the end of each interview, a flyer containing information on the types of violence, the forms of coping and the contact of the support networks, regardless of the result of the screening, was delivered to the puerperal women. Those identified in situations of violence were referred to the support services according to the specificities of each case.

The first instrument used to collect data, containing independent variables, presented socioeconomic and reproductive questions. For socioeconomic data, the participants were questioned about their age (13-23, 24-30 and 31-43 years old), religion (catholic, evangelical, spiritist and non-religious), marital status (whether or not currently with a partner), schooling (up to 8 years and more than 8 years of study) and paid work (whether or not they have it). Regarding the reproductive variables, the form contained questions about number of pregnancies (1, 2, 3 or more), coitarche age (under than or equal to 15 years old and over than 15 years old), number of live children (1, 2, 3 or more), number of prenatal consultations (less than 6 and 6 or more), abortion history (yes or no), planned pregnancy (yes or no) and desired pregnancy (yes or no). For the socioeconomic variable, the classification developed by the Brazilian Association of Research Companies (ABEP - Associação Brasileira de Empresas de Pesquisa) was used, categorized in economic classes A/B, C and D/E.[12]

For the screening of the study outcomes (lifelong mistreatment, physical violence in the last year and in the gestation) the instrument entitled Abuse Assessment Screen (AAS) was applied. This instrument was developed in 1989 in the United States by the Nursing Research Consortium on Violence and Abuse.[13] In 2000, Reichenheim brought semantic equivalence of the Portuguese version of the instrument for the identification of violence against women during the gestation.[14] The AAS is a small instrument, consisting of five questions that identify experiences of mistreatment throughout life, physical violence in the last year and in the gestation.

In addition, the AAS allows qualifying the type of aggression, the affected area and who the perpetrator was, as well as track sexual abuse in the past 12 months and the current fear of the partner or someone close. These variables were worked as independent variables, presented only in a descriptive way.

The data analysis was performed with the Stata® 13.0 software. The prevalence of violence during pregnancy was defined by positive responses to the AAS questions. For the bivariate analysis between the socioeconomic and reproductive variables and the study outcomes, the Chi-square test (χ^2) and Fisher's exact test were used, and was considered a confidence level of 5%. According to a hierarchical model in which the socioeconomic characteristics are among the most distal factors, while the reproductive characteristics maintain a more proximal relationship with domestic violence, the adjusted analysis was performed, controlling for possible confounding factors. For inclusion in the multiple model, a p-value was not limited to avoid the exclusion of potentially confounding variables, and the variables that had statistical significance ($p<0.05$) were maintained in the model. Poisson's regression with robust variance was used. The measure of effect was the Prevalence Ratio (PR).

The study was approved by the Research Ethics Committee, and it was registered under the number 55247716.5.0000.5071.

RESULTS

Of the 314 postpartum women who looked for the maternity hospital during the study period and who met the criteria for inclusion in the study, 12 refused to participate in the study, totaling a sample of 302 participants.

It was verified that the majority of the puerperal women were in the age range between 24 and 30 years old (35.4%), were evangelicals (53.0%), cohabited with their partners (69.2%), had up to 8 years of study (55.0%), belonged to the economic classification C (61.3%) and had no paid work (59.6%) (Table 1).

Table 1 - Distribution of the socioeconomic characteristics according to the experiences of violence. Vitória, Espírito Santo, Brazil, 2016. (n=302)

Socioeconomic characteristics	N	%	Mistreatment throughout life (N=130)			Physical violence in the last year (N=23)			Physical violence during gestation (N=14)		
			N	%	*p-value*	N	%	*p-value*	N	%	*p-value*
Age (years)											
13 – 23	102	34	34	33.3	0.024	7	6.9	0.899	3	2.9	0.605
24-30	107	35	47	43.9		8	7.5		6	5.6	
31 - 43	93	31	49	52.7		8	8.6		5	5.4	
Religion											
Catholic	66	22	21	31.8	0.026	2	3	0.166	2	3	0.671
Evangelical	160	53	81	50.6		13	8.1		7	4.4	
Spiritist	59	20	20	33.9		5	8.5		4	6.8	
Non-religious	17	5.6	8	47.1		3	17.7		1	5.9	
Marital status											
No partner	93	31	41	44.1	0.808	12	12.9	0.022	9	9.7	0.009
Has a partner	209	69	89	42.6		11	5.3		5	2.4	
Schooling (years)											
Up to eight years	166	55	72	43.4	0.496	14	8.4	0.427	8	4.8	0.434
More than eight years	136	45	58	42.7		9	6.6		6	4.4	
Economic class											
A/B	40	13	15	37.5	0.386	1	2.5	0.487	1	2.5	0.372
C	185	61	77	41.6		16	8.9		7	3.8	
D/E	77	25	38	49.6		6	7.8		6	7.8	
Paid work											
Yes	122	40	56	45.9	0.409	9	7.4	0.541	6	4.9	0.528
No	180	60	74	41.1		14	7.8		8	4.4	

Regarding the reproductive characteristics, 42% reported three or more pregnancies and the coitarche was after 15 years old (52.7%). In addition, 86.0% underwent six prenatal consultations or more, about 76% denied having a previous abortion history and most of them did not plan the current pregnancy (67.9%), however, it was desired (86.1%) (Table 2).

Table 2 - Distribution of the reproductive characteristics according to the experience of violence. Vitória, Espírito Santo, Brazil, 2016. (n=302)

Reproductive characteristics	Total (N=302)	Mistreatment throughout life (N=130)		Physical violence in the last year (N=23)		Physical violence during gestation (N=14)	
	N (%)	N (%)	*p-value*	N (%)	*p-value*	N (%)	*p-value*
Number of gestations							
1	95 (31.5)	28 (29.5)	0	09 (9.5)	0.119	05 (5.3)	0.883
2	80 (26.5)	31 (38.8)		02 (2.5)		04 (5.0)	
3 or more	127 (42.0)	71 (55.9)		12 (9.5)		05 (3.9)	
Coitarche*							
≤15	142 (47.3)	57 (40.1)	0.343	09 (6.3)	0.275	06 (4.2)	0.474
>15	158 (52.7)	72 (45.6)		14 (8.9)		08 (5.1)	
Number of prenatal consultations							
<6	42 (14.0)	16 (38.1)	0.505	04 (9.5)	0.409	01 (2.4)	0.389
≥6	257 (86.0)	112 (43.6)		19 (7.4)		13 (5.1)	

History of abortion							
Yes	74 (24.5)	42 (56.8)	0.006	08 (10.8)	0.172	05 (6.8)	0.24
No	228 (75.5)	88 (38.6)		15 (6.6)		09 (4.0)	
Planned pregnancy							
Yes	97 (32.1)	40 (41.2)	0.662	08 (8.3)	0.47	06 (6.2)	0.272
No	205 (67.9)	90 (43.9)		15 (7.3)		08 (3.9)	
Desired pregnancy							
Yes	260 (86.1)	108 (41.5)	0.188	19 (7.3)	0.401	12 (4.6)	0.605
No	42 (13.9)	22 (52.4)		04 (9.5)		02 (4.8)	

*n=300

Regarding the prevalence of violence, 43% of the interviewees reported experiencing mistreatment throughout their lives, with 7.6% being victims of physical violence in the 12 months prior to the interview, and a slightly higher percentage (4.6%) were in a physical violence situation during gestation. It is interesting to observe that, regarding the characteristics of the aggression, the physical violence in the last year or during gestation has as main perpetrator the husband (39.1% and 35.7%, respectively) and the ex-husband (39, 1% and 35.7%, respectively). Regarding the type of aggression during gestation, the slap and push (50.0%) are the most performed, and the most affected area of the body is the head (71.4%) (data not shown in the table).

Sexual violence in the last year and current fear were reported by 1.3% and 1.0% of the participants, respectively (data not shown in the table).

According to Table 1, the associations between mistreatment throughout life and the socioeconomic variables that were statistically significant (p<0.05) were: to be between 31 and 43 years old (P=52.7%; p=0.023) and to be of the evangelical religion (P=50.6%; p=0.026). The other variables studied (marital status, schooling, economic class and paid work) did not present statistical significance. Other outcomes evaluated were physical violence in the last 12 months and physical violence during gestation, with a higher prevalence of these conditions among women who reported having no partner (P=12.9%; p=0.022; P=9.7%; p=0.009; respectively).

Regarding the reproductive characteristics of the puerperal women associated with the experience of mistreatment throughout life, it was found that there was a statistical significance in having experienced three or more gestations (P=42.0%, p=0.000) and reporting previous history of abortion (P=56.8%, p=0.006). The physical violence in the last year and during gestation did not show any association with the reproductive variables of the puerperal women (Table 2).

In the gross and adjusted analyzes of the associations between the characteristics of the puerperal women and the history of mistreatment in life (Table 3), a significant association with the variables age, religion and number of gestations was observed, which was maintained even after adjustment of the potential confounders. The same did not occur with the variable abortion history, which in the gross analysis appeared strongly associated (p=0.003), however, when the adjusted analysis was performed, the association ceased to exist (p=0.317).

The results show that women aged between 31 and 43 years old, and who had three or more pregnancies have 50.0% and 80.0%, respectively, a higher prevalence of reports of mistreatment throughout life, when compared to those who are between the ages of 13 and 23, and those who became pregnant only once. In the same sense, among those who declared themselves to be evangelicals, a 60.0% greater frequency of mistreatment in relation to the Catholics.

Table 3 - Gross and adjusted analysis of the associations between socioeconomic and reproductive characteristics and mistreatment throughout life. Vitória, Espírito Santo, Brazil, 2016. (n=302)

Characteristics of the puerperal women	Mistreatment throughout life			
	Gross Analysis		Adjusted Analysis	
	Gross PR (95% CI)	P value	Adjusted PR (95% CI)	P value
Age (years)				
13 – 23	1.0	0.027	1.0	0.036
24 – 30	1.3 (0.9-1.9)		1.3 (0.9-1.8)	
31-43	1.6 (1.1-2.2)		1.5 (1.1-2.1)	

Religion				
Catholic	1.0	0.038	1.0	0.007
Evangelical	1.6 (1.1-2.3)		1.6 (1.1-2.3)	
Spiritist	1.1 (0.6-1.8)		1.1 (0.7-1.9)	
Non-religious	1.5 (0.8-2.7)		2.2 (0.9-3.1)	
Marital Status				
No Partner	1.1 (0.8-1.4)	0.807	1.0 (0.8-1.4)	0.567
Has a Partner	1.0		1.0	
Schooling				
Up to 8 years	1.0	0.899	1.0	0.305
More than 8 years	0.9 (0.8-1.3)		0.8 (0.6-1.3)	
Economic Class				
A/B	1.0	0.373	1.0	0.478
C	1.2 (0.7-1.7)		1.1 (0.7-1.6)	
D/E	1.3 (0.8-2.1)		1.2 (0.8-2.0)	
Paid work				
Yes	1.1 (0.9-1.4)	0.407	1.0 (0.8-1.4)	0.884
No	1.0		1.0	
Number of Gestations				
1	1.0	0.000	1.0	0.006
2	1.3 (0.9-2.0)		1.3 (0.8-1.9)	
3 or more	1.9 (1.3-2.7)		1.8 (1.2-2.7)	
Coitarche*				
≤15	1.0	0.346	1.0	0.397
>15	1.1 (0.9-1.5)		0.9 (0.7-1.1)	
Number of Prenatal Consultations				
<6	1.0	0.521	1.0	0.421
≥6	1.1 (0.7-1.7)		0.9 (0.7-1.1)	
History of Abortion				
Yes	1.5 (1.1-1.9)	0.003	1.1 (0.8-1.5)	0.375
No	1.0		1.0	
Planned Pregnancy				
Yes	0.9 (0.7-1.2)	0.666	1.0 (0.7-1.3)	0.927
No	1.0		1.0	
Desired Pregnancy				
Yes	0.8 (0.6-1.1)	0.159	0.7 (0.6-1.0)	0.090
No	1.0		1.0	

*n=300; Chi-square Test (χ^2); Fisher's Exact Test

Table 4 shows the gross and adjusted associations between the characteristics of the puerperal women and physical violence in the last 12 months, where the variable marital status was associated with the outcome in question. It is observed that the woman who does not currently have a partner has 2.3 times more prevalence of physical violence in the last year than those who reported having a partner.

Table 4 - Gross and adjusted analysis of the associations between the socioeconomic and reproductive characteristics and physical violence in the last 12 months. Vitória, Espírito Santo, Brazil, 2016. (n=302)

Characteristics of the puerperal women	Physical violence in the last year			
	Gross Analysis		Adjusted Analysis	
	Gross PR (95% CI)	P value	Adjusted PR (95% CI)	P value
Age (years)				
13 – 23	1.0	0.899	1.0	0.622
24 – 30	1.1 (0.4-2.9)		1.3 (0.5-3.5)	
31-43	1.3 (0.5-3.3)		1.6 (0.6-3.9)	

Religion				
Catholic	1.0	0.246	1.0	0.439
Evangelical	2.7 (0.6-11.6)		2.6 (0.6-13.2)	
Spiritist	2.8 (0.6-12.9)		2.5 (0.5-14.9)	
Non-religious	5.8 (1.1-32.2)		5.6 (1.1-38.5)	
Marital Status				
No Partner	2.5 (1.1-5.4)	0.025	2.3 (1.2-5.1)	0.043
Has a Partner	1.0		1.0	
Schooling				
Up to 8 years	1.0	0.556	1.0	0.789
More than 8 years	0.8 (0.3-1.8)		1.0 (0.4-2.1)	
Economic Class				
A/B	1.0	0.474	1.0	0.453
C	3.5 (0.5-25.4)		2.9 (0.3-18.9)	
D/E	3.1 (0.4-25.1)		2.4 (0.5-19.2)	
Paid work				
Yes	0.9 (0.4-2.1)	0.898	0.9 (0.3-2.2)	0.965
No	1.0		1.0	
Number of Gestations				
1	1.0	0.189	1.0	0.173
2	0.3 (0.1-1.2)		0.2 (0.1-1.1)	
3 or more	1.0 (0.4-2.3)		0.9 (0.3-2.4)	
Coitarche*				
≤15	1.0	0.416	1.0	0.565
>15	1.4 (0.6-3.1)		1.1 (0.9-2.3)	
Number of Prenatal Consultations				
<6	1.0	0.630	1.0	0.495
≥6	0.8 (0.3-2.2)		0.7 (0.2-2.0)	
History of Abortion				
Yes	1.6 (0.7-3.7)	0.234	2.0 (0.9-4.6)	0.108
No	1.0		1.0	
Planned Pregnancy				
Yes	1.1 (0.5-2.6)	0.776	1.3 (0.6-3.0)	0.538
No	1.0		1.0	
Desired Pregnancy				
Yes	0.9 (0.3-2.1)	0.614	0.8 (0.3-2.9)	0.841
No	1.0		1.0	

*n=300; Chi-square Test (χ^2); Fisher's Exact Test

Table 5 shows a significant association between the variable marital status and physical violence during gestation. Puerperal women who reported not having a partner during gestation present 4.6 times more occurrence of this type of violence when compared to women who had a partner in the gestational period.

Table 5 - Gross and adjusted analysis of the associations between the socioeconomic and reproductive characteristics and domestic violence during gestation. Vitória, Espírito Santo, Brazil 2016. (n=302)

Characteristics of the puerperal women	Physical violence during gestation			
	Gross Analysis		Adjusted Analysis	
	Gross PR (95% CI)	P value	Adjusted PR (95% CI)	P value
Age (years)				
13 – 23	1.0	0.619	1.0	0.395
24 – 30	1.9 (0.4-7.4)		2.3 (0.5-9.1)	
31-43	1.8 (0.4-7.5)		2.5 (0.6-10.5)	

Religion				
Catholic	1.0	0.789	1.0	0.491
Evangelical	1.4 (0.3-6.8)		1.1 (0.2-5.7)	
Spiritist	2.2 (0.4-11.8)		1.7 (0.3-9.8)	
Non-religious	1.9 (0.2-20.2)		1.4 (0.1-16.2)	
Marital Status				
No Partner	4.0 (1.4-11.8)	0.010	4.6 (1.5-13.9)	0.001
Has a Partner	1.0		1.0	
Schooling				
Up to 8 years	1.0	0.867	1.0	0.999
More than 8 years	0.9 (0.3-2.6)		1.0 (0.3-3.2)	
Economic Class				
A/B	1.0	0.312	1.0	0.912
C	1.5 (0.2-12.0)		1.4 (0.2-13.2)	
D/E	3.1 (0.4-25.1)		3.4 (0.4-28.4)	
Paid work				
Yes	1.1 (0.4-3.1)	0.848	0.9 (0.3-2.7)	0.876
No	1.0		1.0	
Number of Gestations				
1	1.0	0.884	1.0	0.794
2	0.9 (0.3-3.4)		0.9 (0.2-3.2)	
3 or more	0.7 (0.2-2.5)		0.6 (0.1-2.9)	
Coitarche*				
≤15	1.0	0.732	1.0	0.963
>15	1.2 (0.4-3.4)		1.0 (0.8-1.3)	
Number of Prenatal Consultations				
<6	1.0	0.463	1.0	0.369
≥6	2.1 (0.3-15.9)		2.2 (0.4-12.7)	
History of Abortion				
Yes	1.7 (0.6-5.0)	0.322	2.3 (0.8-6.7)	0.129
No	1.0		1.0	
Planned Pregnancy				
Yes	1.6 (0.6-4.5)	0.382	1.9 (0.7-5.5)	0.199
No	1.0		1.0	
Desired Pregnancy				
Yes	1.0 (0.2-4.2)	0.967	1.9 (0.2-5.0)	0.894
No	1.0		1.0	

*n=300; Chi-square Test (χ^2); Fisher's Exact Test

DISCUSSION

It is possible to observe that domestic violence is present in the life and daily life of women. The findings show that out of every ten women interviewed, about four had been victims of mistreatment throughout their lives; prevalence close to that found in studies conducted in Rio de Janeiro (42.6%)[11] and in São Paulo (36,9%),[10] as well as in southern Sweden (44,3%),[15] which exemplifies the global dimension of violence and its magnitude as a serious public health problem. In addition, the high rates found may be a reflection of a continuous movement of less acceptability of violence and consequent greater sensitivity and visibility of the theme.[1]

Regarding physical violence in the last 12 months, the study shows a prevalence of 7.6%, with a decrease in the number of reports when they were asked about physical violence in the current gestation (4.6%). Studies with similar methodologies bring similar values, as in researches in Rio de Janeiro (9.4% and 5.1%, respectively)[11] and in Recife (13,1% e 7,4%, respectively).[16] It is important to highlight that, although there is no consensus among the researchers,[10,17] the lower proportion of victims of violence during gestation leads to a reflection about the possibility of the pregnancy to have a protective characteristic in the occurrence of domestic violence.[16] However, considering the damage to women's health, it is important to reflect that the experience of this phenomenon during the pregnancy-puerperal cycle can lead to obstetric and neonatal complications.[18-21]

Regarding the report of sexual violence in the last year, a prevalence of 1.3% was found, a percentage close to that reported in another Brazilian study that showed a prevalence of 2.1%.[11] As for the current fear, only 1.0% of the participants responded positively, a result lower than that observed in researches conducted in Rio de Janeiro (5.4% and 8.3%).[11,22]

The results of this study confirm the partner or ex-partner as the main perpetrators of the aggression, data that highlights the gender issues that come along with the domestic violence. The relation of conjugality that these women have with their aggressor points to the socially accepted right of man to dispose of the woman's life, as well as to the invisibility and naturalization of the phenomenon.[23-24] Regarding the type of aggression, the slap and the push predominated in this study, similar to what has been found in a research in Recife.[16] In addition to the physical marks left on the woman's body, this type of violence can trigger feelings of shame, guilt, fear, reduced self-esteem and social isolation, as well as anxiety and depression.[25]

In this study, women aged 31 to 43 years old and who had three or more gestations reported mistreatment more frequently. In general, older women have more life experiences when compared to younger women, even when dealing with situations of violence; in addition, it is believed that those with greater numbers of children are more susceptible to domestic violence because of the stress generated in family daily life, as well as by their situation of submission and surrender to the family, which reduces their negotiation power and their autonomy on basic issues such as contraception and pregnancy.[26]

Regarding the occurrence of mistreatment throughout life, there is a greater occurrence among women who reported being of the evangelical religion. A recent study shows that the religion can produce a feeling of guilt in the woman experiencing violence, so that women become fragile and think much more before taking any action concerning the breakup of the relationship.[27]

In this research, not having a partner was associated with marital violence. Women who reported at the time of the interview having no partner had a 2.3 times greater prevalence of physical violence in the last year, and 4.6 times more occurrence of physical violence during gestation. Studies show that women without partners are more prone to domestic violence during gestation when compared to those who have it.[15,28] The apparent protective effect of the relationship would be associated with the existence of common values among the partners and the commitment to the formation and the family relationship; contrary to those in a more fragile marital situation.[29]

Although schooling, economic class and paid work were not associated with any of the outcomes under study, other authors relate domestic violence during gestation to the lowest educational level of women and the unfavorable financial situation. Precarious socioeconomic conditions and the low level of schooling of women are factors that can interfere in the interpersonal familiar relationship and consequently make difficult the handling of daily problems, generating as a consequence violent reactions.[4,15-16]

In the same way, other studies found an association between domestic violence during gestation and variables related to the women's reproductive health. Physical and sexual violence were strongly associated with obstetric problems.[4,20] Women who did not plan their pregnancy and who did not attend the prenatal consultations adequately were more likely to suffer violence.[5,10] These findings point to the primary role of health professionals in a quality prenatal care, both in prevention and in coping with violence.[5]

In view of the results presented here, it is evident that violence against women is a phenomenon that is present throughout life, as well as during gestation. In addition, socioeconomic and reproductive characteristics may be associated with a higher prevalence of this condition. This fact implies the need to receive and assist women with a focus on humanization and the tracking of violence. In addition, the nursing practice should focus on the demands of women and their families, with preventive and educative actions regarding the valorization of women, as well as in the promotion of the family bond, which are fundamental actions to cope with violence.[30]

As a limitation of the study, it is worth mentioning that the design of the study, as cross-sectional research, does not make it possible to establish a causal relationship between the outcomes and the established associations, due to the temporality of the facts. Another limiting factor of this study is regarding the lack of information about the partner, which limits the analysis of some characteristics of the relationship that can influence in situations of violence. Further studies are suggested in order to deepen the understanding about the different individual, social and cultural factors and the interac-

tion between them, related to the risk of aggression by intimate partners, as well as the proposition of intervention measures.

CONCLUSION

Violence is a phenomenon present in women's lives, even during the gestational period, and it has been shown to be associated with women's socioeconomic and obstetric conditions. In addition, through the results, this research made it possible to identify the profile of pregnant women that are victims and, therefore, to reaffirm the importance of preventive and coping educational actions, especially at times when women access the health services more frequently, such as during the prenatal care and in maternity hospitals.

In this context, nursing professionals play a relevant role in all the areas of care, not only in screening, but also in the promotion of coping strategies and rupture of this cycle, in the approaches of the prenatal consultations and in the care of pregnant women in maternity hospitals and specialized centers. Thus, it is necessary to use appropriate instruments for the identification of domestic violence and the insertion of the issue in the daily care, so that there is adequate promotion of care for the victims.

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