

## Reproductive and gynecological profiles of women suffering violence

Perfil reprodutivo e ginecológico de mulheres em situação de violência

Perfil reproductivos y ginecológico de las mujeres en la situación violencia

Thais Mageski Silva;<sup>1</sup> Eliane de Fátima Almeida Lima;<sup>2</sup> Nathalia Miguel Teixeira Santana;<sup>3</sup> Fabio Lúcio Tavares;<sup>4</sup> Cândida Caniçali Primo;<sup>5</sup> Franciéle Marabotti Costa Leite<sup>6</sup>

### How to quote this article:

Silva TM, Lima EFA, Santana NMT, Tavares FL, Primo CC, Leite FMC. Reproductive and gynecological profiles of women suffering violence . Rev Fun Care Online. 2018 oct/dec; 10(4):986-990. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i4.986-990>

### ABSTRACT

**Objective:** The study's goal has been to identify the reproductive and gynecological profiles of women under violence situations. **Methods:** It is a descriptive epidemiological research. The population was constituted by women victims of violence, within the age group with 18 years old or more, and that have attended at a multidisciplinary support center. **Results:** Considering the 42 participants, about 88.0% have experienced pregnancy; the history of vaginal discharge was reported by 53.4%; the HIV test was performed by 71.4%; and the majority (88.1%) stated not using the condom in sexual intercourse; a little more than half (52.4%) reported that the partner had already prevented them from using any contraceptive method; and 95.2% of the women reported having already performed the Papanicolaou test. **Conclusion:** Regarding this group of women suffering violence, a profile of vulnerability was observed concerning the failure to perform prenatal care and the non-use of condoms during sexual intercourse.

**Descriptors:** Violence against women, domestic violence, women health, spouse abuse, battered women.

### RESUMO

**Objetivo:** Identificar o perfil reprodutivo e ginecológico de mulheres em situação de violência. **Métodos:** Estudo epidemiológico do tipo descritivo. A população foi constituída por mulheres vítimas de violência, com idade maior ou igual a 18 anos, atendidas em um centro de apoio multidisciplinar. **Resultados:** Das 42 participantes, cerca de 88,0% já engravidaram. A história de corrimento vaginal foi relatada por 53,4%, a realização do teste de HIV na vida foi feita por 71,4%, e a maioria (88,1%) não usa camisinha nas relações sexuais. Pouco mais da metade (52,4%) revelou que o parceiro já evitou que elas usassem algum método contraceptivo, e, em relação ao exame do Papanicolaou, 95,2% das mulheres relataram já ter realizado. **Conclusão:** Observa-se um perfil de vulnerabilidade no que tange à não realização de pré-natal e não uso de camisinha nas relações sexuais.

**Descritores:** Violência contra a mulher, Violência doméstica, Saúde da mulher, Maus-tratos conjugais, Mulheres agredidas.

- 1 Nurse, graduated from the Federal University of Espírito Santo (UFES).
- 2 PhD in Nursing. Professor of the Undergraduate and Professional Master's Degree in Nursing at UFES.
- 3 Master's Degree in Collective Health in the Graduate Program in Collective Health at UFES.
- 4 PhD in Nursing. Professor of the Undergraduate Nursing Course at UFES.
- 5 PhD in Nursing. Professor of the Undergraduate and Professional Master's Degree in Nursing at UFES.
- 6 PhD in Epidemiology. Assistant Professor, Department of Nursing, UFES.

## RESUMEN

**Objetivo:** Identificar el perfil reproductivo y ginecológico de las mujeres en situaciones de violencia. **Método:** Estudio epidemiológico descriptivo. La población estuvo constituida por mujeres víctimas de la violencia, edad mayor o igual a 18, tratado en un centro de apoyo multidisciplinario. **Resultados:** De los 42 participantes, alrededor de 88,0% ya está embarazada. La historia de la secreción vaginal fue informada por el 53,4%, el logro de la prueba del VIH en la vida era de 71,4%, y la mayoría (88,1%) no utilizaron un condón durante las relaciones sexuales. Más de la mitad (52,4%) reveló que la pareja ha impedido que iban a utilizar un método anticonceptivo y en relación con el examen de Papanicolaou, el 95,2% de las mujeres informaron de que habían hecho. **Conclusión:** Observó un perfil de vulnerabilidad, con respecto a la no realización de la atención prenatal y el no uso de preservativos durante las relaciones sexuales.

**Descriptores:** La violencia contra las mujeres, Violencia doméstica, Salud de la mujer, El maltrato conyugal, Mujeres maltratadas.

## INTRODUCTION

Among the various forms of violence that exist, domestic aggression against women is a serious public health problem and has been synthesized since the 20<sup>th</sup> century in the sociological category known as gender, understood as a set of characteristics social, cultural, political, psychological, legal and economic attributed to people, as well as to the health/disease process, in a differentiated manner according to the gender.<sup>1</sup>

A survey conducted in Brazil by the *Perseus Abramo* Foundation on violence against women and gender relations in public and private spaces estimated that among the 2,365 women in 25 States of the Federation, 34% were subject to violence in the domestic environment.<sup>2</sup>

There are numerous difficulties in preventing or occurring in the fight against violence against women, among which are: cultural barriers, educational factors and shortages of services and specialized professionals to deal with cases of domestic violence.<sup>3</sup> In this context, the Law No. 11,340 known as the *Maria da Penha* Act decreed and sanctioned in 2006, comes as a great positive achievement for Brazilian women, as it has stricter mechanisms to curb domestic and family violence against women, and presents as forms of domestic and family violence against women the various types of violence among them physical, psychological, sexual, patrimonial and moral.<sup>4</sup>

Some factors are associated with the experience of violence, such as alcohol abuse, cohabitation, abuse in childhood and history of other forms of violence in adulthood.<sup>5</sup> The alcohol use influences both the prevalence and the severity and degree of violence.<sup>6</sup> Psychological and financial dependence also contributes to the maintenance of conflicting relationships.<sup>7</sup>

It is worth emphasizing that this aggravation can trigger important repercussions in the life of women and society, which demonstrates the scope and magnitude of the problem.<sup>8</sup> The drama of violence against women is recurrent, imprisoning, undermines autonomy, destroys self-esteem and decreases the life quality, and also bringing consequences to personal, family, social and especially health structure.<sup>9</sup>

The violent acts result in loss of one year of healthy life, every five years of submission to aggressions.<sup>10</sup> In this context, it can be seen that violence can lead to a differentiated profile, in which victims tend to present various health problems, whether physical or mental,<sup>11</sup> as well as it may affect their health self-care in a negative way.<sup>12</sup>

Given the aforementioned, the present study aimed to identify the reproductive and gynecological profiles of women suffering violence.

## METHODS

This is an epidemiological study with a descriptive approach that was carried out in a Multidisciplinary Support Center located at the *Dr. João Manoel Carvalho* Forum in *Serra* city, *Espírito Santo* State. The Multidisciplinary Support Center deals with matters of Family and Domestic and Family Violence against Women and has a team comprised by professionals in the area of Social Work and Psychology.

The study's population was constituted by women under violence situations. The women were within the age group with 18 years old or more, and have reported the aggression experienced. The sampling technique was used for convenience, and all women from November 2012 to July 2013 were individually invited to participate in the survey on a first-come, first-served basis. The sample consisted of 42 women. The study's data were obtained through an interview with registration in a form that contained questions regarding the reproductive and gynecological aspects. It is worth pointing out that prior to the data collection stage, the pre-test was applied to verify the language and comprehension of the questions, and, there was no modification of the original instrument.

The following reproductive variables were included dichotomously, of the yes or no type: pregnancy history, prenatal care, abortion and type of abortion. In order to obtain data from the variables, the women were asked about the number of occurrences of the following events: number of children, number of pregnancies and abortion numbers; afterward, during data analysis stage, these data were categorized.

Regarding the gynecological variables, a history of vaginal discharge, Papanicolaou test, breasts self-examination, use of contraceptive method, and use of a condom during sexual intercourse were included dichotomously (yes or no). The variable, age of first sexual intercourse, was collected in complete years and later categorized (10 to 14, 15 to 18 and greater than 19 years old). Regarding the variable when the last Papanicolaou was collected, it was collected in complete months and later categorized (<12 months, 13-24 months and more than 24 months).

Data descriptive analysis was performed using the statistical package STATA 13.0 version. The data were presented in the form of tables by means of absolute and relative frequency. In the relative frequencies we used the 95% confidence interval for the proportions.

Participants were informed about the objectives of the research and the interview started after signing the Free and Informed Consent Term. The study complied with the

formal requirements contained in National and International standards for research involving human beings (Legal Opinion No. 195,469).

## RESULTS AND DISCUSSION

The present study aimed to identify the reproductive and gynecological profiles of women under violence situations.

**Table 1** shows the obstetric profile of women who reported the violence experienced. It was noted that 88.0% reported having already become pregnant, and about 70% (95% CI: 44.7-74.3) had two to three children. Most of the women reported having performed prenatal follow-up (83.7%) and did not experience abortion (62.2%). Out of those who experienced abortion, 64.0% reported a single episode, most of which were spontaneous (85.7%, 95% CI: 52.0-97.1).

**Table 1** - Obstetric profile of women victims of violence. Serra-ES, Brazil, 2015

Obstetric variable	n (%)	95% CI'
Gestational history		
No	05 (11.9)	3.4-23.1
Yes	37 (88.1)	76.9-96.6
Number of children		
One (child)	08 (21.6)	1.8-46.0
Two to three	26 (70.3)	44.7-74.3
Four or more	03 (8.1)	3.4-23.0
Number of pregnancies		
One (pregnancy)	02 (17.6)	5.4-26.5
Two to three	33 (64.7)	44.7-74.3
Four or more	02 (17.6)	5.4-26.5
Prenatal care during the pregnancy		
No	06 (16.2)	6.2-28.5
Yes	31 (83.7)	66.2-90.7
Abortion		
No	23 (62.2)	49.2-78.2
Yes	14 (37.8)	18.2-48.1
Number of abortion		
One	09 (64.3)	34.0-86.3
Two or more	05 (35.7)	13.0-59.0
Kind of abortion		
Induced	02 (14.3)	7.1-34.0
Spontaneous	12 (85.7)	52.0-97.1

Note: 95% CI' - 95% confidence interval for the proportions (%).

Among the participants, there was a higher prevalence of multiparous women, in other words, with two or more children. According to these results, a study carried out in a Reference and Support State Center to Women victims of violence, has a predominance of women with children, of whom the majority had up to three children (73.4%).<sup>13</sup> Regarding the prenatal care, consultations were confirmed by the vast majority (83.7%) of the interviewees in this study. Nonetheless, a study about prenatal care in Brazil,<sup>14</sup> whose

population was not specifically women in situations of violence, indicates higher percentages (98.7%) of prenatal care.

Violence during pregnancy may lead to inadequate prenatal access.<sup>15</sup> Women in situations of violence generally start prenatal care late, with fewer consultations than recommended by the Health Ministry.<sup>16</sup> It is worth stating that inadequate prenatal care, or non-performance, has been associated with adverse pregnancy and delivery outcomes, such as congenital syphilis, neonatal death, and prematurity.<sup>17</sup>

Concerning the abortion, most of the interviewees stated that they did not have a previous history, however, among those who reported an episode, most were of the spontaneous abortion type. In situations where women are victims of abuse, the majority has a history of spontaneous abortion.<sup>15</sup> Moreover, the literature reveals that women who suffered violence during pregnancy can cause abortion due to some violence experienced during that period.<sup>18</sup>

**Table 2** - Gynecological profile of women victims of violence. Serra-ES, Brazil, 2015

Gynecological variable	n (%)	95% CI'
Age of first sexual intercourse (years)		
10 - 14	04 (9.5)	3.4-23.0
15 - 18	28 (66.7)	49.2-78.2
≥ 19	10 (23.8)	14.4-41.2
History of vaginal discharge		
No	22 (52.4)	36.0-66.1
Yes	20 (47.6)	31.8-61.9
Papanicolaou test was performed		
No	02 (4.8)	1.1-17.6
Yes	40 (95.2)	8.0-97.8
Last Papanicolaou was collected (years)		
< 1	25 (59.5)	46.0-75.0
1 - 2	14 (33.3)	15.5-43.9
> 2	03 (7.2)	2.3-21.7
Breasts self-examination was performed		
No	24 (57.1)	40.3-70.3
Yes	18 (42.9)	27.7-57.5
Use of contraceptive method		
No	18 (42.9)	27.7-57.5
Yes	24 (57.1)	40.3-70.3
Use of condom during sexual intercourse		
No	37 (88.1)	66.3-90.7
Yes	05 (11.9)	9.3-33.7
The partner asked you to avoid using any contraceptive method		
No	20 (47.6)	31.8-61.9
Yes	22 (52.4)	33.9-64.3
Have you done the HIV test		
No	12 (28.6)	5.1-42.4
Yes	30 (71.4)	44.2-91.3

Note: 95% CI' - 95% confidence interval for the proportions (%).

Table 2 displays the participants' gynecological profile. It was found that 66.7% (95% CI: 49.2-78.2) of the women had their first sexual intercourse between 15 and 18 years old and 95.2% had already performed the Papanicolaou test at some time in their lives, Last collection to less than one year (59.5%). Almost half of the sample denied having had vaginal discharge, as well as performing self-examination of the breasts.

Observing the use of contraceptive method, 57% (95% CI: 40.3-70.3) reported using a method and 52% (95% CI: 33.9-64.3) reported that the partner had already avoided this use done. Regarding the condom, about 88% (95% CI: 66.3-90.7) of the participants denied use during sexual intercourse, and most interviewees have already had the HIV (Human Immunodeficiency Virus) test (71.4%; 95% CI: 44.2-91.3).

The high percentage of women who underwent a Papanicolaou test in the present study is in agreement with the research carried out with women victims in *Fortaleza* city, *Ceará* State. The research showed that most of the women who participated in the study had a gynecological exam that occurred in the last year, which represents sexual and reproductive care.<sup>13</sup>

More than half of those interviewed denied a history of vaginal discharge. A cross-sectional study carried out in three public maternity hospitals in the city of *Rio de Janeiro* pointed out that women who suffer sexual violence are more likely to repeat vaginal discharge.<sup>19</sup> As for the age of first sexual intercourse, the majority had their first sexual intercourse with 15 years old or more, which is similar to the research done with the Brazilian population, which indicates that only 17% of sexually active women started their sexual life before the age of 15 years old.<sup>20</sup>

About 57.0% of the women confirmed the use of some type of contraceptives, but the use of condoms in sexual relations was denied by 88.0% of the sample. In this scenario, when asked about the HIV test, once in a lifetime, seven out of ten women said they had already done so. These results are of the extreme importance, since violence against women practiced by intimate partners is an important component of the transmission of HIV/acquired immunodeficiency syndrome.<sup>21</sup>

Non-use of the condom is related to the vulnerability, not only to an unplanned pregnancy, but also to exposure to sexually transmitted diseases/HIV. In a context where the woman feels in a situation of violence in an imposed sexual relationship, she will not feel safe to refuse sex or demand the use of prevention. Thus, violence affects women, in the autonomy of their sexuality, constituting a risk to their sexual health.<sup>22</sup>

Another important aspect of this study was to identify that more than half of the women reported that their partner had already prevented them from using contraception at some point. It is valid to think that experiencing the phenomenon of violence against women is to live a relationship based on gender inequality. The conjugal relationship is surrounded by male domination, and is based on name-calling, tapas, shoving, threats, sexual violence and others.<sup>23</sup>

As the main limitation of the study, we can cite the sampling by convenience, so that the results cannot be extrapolated to the entire population of women in situations of violence attended at the service. Yet, the findings of this research are of great relevance for health professionals, since the violence experienced by these women can lead to a health care neglecting issue.

## CONCLUSION

It has been concluded that the majority of women that have experienced violence and denounced this issue, also have children, have not experienced abortion, have no history of vaginal discharge, and have already performed both the HIV and the Papanicolaou tests. Moreover, the study was able to identify the vulnerability profile regarding the high prevalence of failure in performing the prenatal care and the non-use of condoms during sexual intercourse.

In this context, it is fundamental that the health professional must be attentive to finding the women suffering violence. Not only does this action provide greater access to this group to health promotion and prevention information, but also makes it possible to increase access to sexual and reproductive health services. Furthermore, by identifying victims the health professional has an important role in breaking this violence cycle.

## REFERENCES

1. Lucena KDT, Silva ATMC, Moraes RM, Silva CC, Bezerra IMP. Análise espacial da violência doméstica contra a mulher entre os anos de 2002 e 2005 em João Pessoa, Paraíba, Brasil. *Cad Saúde Pública* 2012; 28(6):1111-21.
2. Fundação Perseu Abramo. Brazilian women and gender in public and private spaces [internet]. São Paulo: FPA; 2010 [acesso em 20 maio 2015]. Disponível em: <http://www.fpabramo.org.br/sites/default/files/pesquisaintegra.pdf>
3. Bernz IM, Coelho EBS, Lindner SR. Desafio da violência doméstica para profissionais da saúde: revisão da literatura. *Saude & Transf Soc.* 2012; 3(3):105-11.
4. Brasil. Lei nº 11.340, de 7 de agosto de 2006. Lei Maria da Penha. *Diário Oficial da União* 8 ago 2006; 1.
5. Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, et al. What factors are associated with recent intimate partner violence? Findings from the who multi-country study on women's health and domestic violence. *BMC Public Health.* 2011; 11(109):1-29.
6. Lindner SR, Coelho EBS, Bolsoni CC, Rojas PF, Boing AF. Prevalência de violência física por parceiro íntimo em homens e mulheres de Florianópolis, Santa Catarina, Brasil: estudo de base populacional. *Cad Saúde Pública* 2015; 31(4):815-26.
7. Leite FMC, Moura MAV, Penna LHG. Percepções das mulheres sobre a violência contra a mulher: uma revisão integrativa da literatura. *Av Enferm.* 2013; 31(2):136-43.
8. Azambuja MRD, Nogueira C. Qual a importância da violência contra mulheres na Revista Portuguesa de Saúde Pública. *Rev Port Saude Pub.* 2010; 28(1):57-65.
9. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise de Situação de Saúde. *Viva: instrutivo de notificação de violência doméstica, sexual e outras violências.* Brasília: Ministério da Saúde; 2011.
10. Acosta DF, Gomes VL, Barlem EL. Profile of police reports related to violence against women. *Acta Paul Enferm.* 2013; 26(6):547-53.
11. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise de Situação de Saúde. *Viva: impacto da violência na saúde dos brasileiros.* Brasília: Ministério da Saúde; 2005.

12. Basile KC, Smith SG. Sexual violence victimization of women: prevalence, characteristics, and the role of Public Health and Prevention. *Am J Lifestyle Medicine*. 2011; 10(10):1-11.
13. Costa AM, Moreira KAP, Henriques ACPT, Marques JF, Fernandes AFC. Violência contra a mulher: caracterização de casos atendidos em um centro estadual de referência. *Rev Rene*. 2011; 12(3):627-35.
14. Viella EF, Domingues RMSM, Dias MAB, Gama SGN, Theme Filha MM, Costa JV, et al. Assistência pré-natal no Brasil. *Cad Saúde Pública* 2014; 30(Supl):85-100.
15. Santos SA, Lovisi GM, Valente CCB, Legay L, Abelha L. Violência doméstica na gestação: um estudo descritivo em uma unidade básica de saúde no Rio de Janeiro. *Cad Saúde Coletiva* 2010; 18(4):483-93.
16. Carneiro JF, Valongueiro S, Ludermir AB, Araujo TVB. Violência física pelo parceiro íntimo e uso inadequado do pré-natal entre mulheres do Nordeste do Brasil. *Rev. Bras. Epidemiol*. 2016; 19(2):243-55.
17. Rosa CQ, Silveira DS, Costa JSD. Fatores associados à não realização de pré-natal em município de grande porte. *Rev Saúde Pública* 2014; 48(6):977-984.
18. Diniz NMF, Gesteira SMA, Lopes RLM, Mota RS, Pérez BAG, Gomes NP. Aborto provocado e violência doméstica entre mulheres atendidas em uma maternidade pública de Salvador-BA. *Rev Bras Enferm*. 2011;64(6):1010-15.
19. Moraes CL, Arana FDN; Reichenheim ME. Violência física entre parceiros íntimos na gestação como fator de risco para a má qualidade do pré-natal. *Rev Saúde Pública* 2010; 44(4):667-76.
20. Brasil. Ministério da Saúde. Pesquisa de conhecimentos, atitudes e práticas relacionada às DST e AIDS da população brasileira de 15 a 64 anos de idade. Brasília: Ministério da Saúde; 2008.
21. Oliveira CA, Almeida LCG. HIV/AIDS e violência: situações de vulnerabilidade entre as mulheres. *Rev. Baiana de Saúde Publica* 2013; 37(4):1029-1041.
22. Chacman AS, Jayme JG. Violência de gênero, desigualdade social e sexualidade. *Revista de Civitas* 2016; 16(1):1-19.
23. Medeiros LA. Violência doméstica contra a mulher: uma expressão da desigualdade de gênero. *Revista de Ciências Sociais da PUC-Rio* 2011; (10):35-58.

Received from: 02/14/2017

Reviews required: No

Approved on: 03/09/2017

Published on: 10/05/2018

**Corresponding Author:**

Franciéle Marabotti Costa Leite

Av. Marechal Campos, 1468

Maruípe, Vitória, Espírito Santo

ZIP CODE: 29.040-090

E-mail: <francielemarabotti@gmail.com>