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PROFESSIONALS' MEMORIES OF A FAMILY HEALTH UNIT ON MARITAL VIOLENCE AGAINST WOMEN

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ABSTRACT

The intention of this article is to check the health professionals memory of a Family Health Unit located in the suburbs of Vitória da Conquista, Bahia-Brazil, about the manifestations of violence against women imposed by the intimate partner. Method: Our study, of qualitative character, favoured the semi-structured interview technique with the authors previously elaborated script. Results: From the analysis of the data collected, we identified that the relationship of health professionals to the problem of violence against women, present in daily life, is extremely impotent and that most people see themselves as "hands tied" when regardingthe assistance, guidance and referral of the victims to shelters and to fight violence. Conclusion: The study demonstrated that the family health strategy has a previous focus on the health disease process and does not embrace the problem of violence, which causes serious damage to women's health and contributes to the maintenance of violence invisibility.

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INTRODUCTION

Violence against women is considered the most practiced and the least recognized infringement of the human rights in the world. Among these forms of infringement is the violence practiced against women in the marital relations contexts often seen in the private space (Cunha, 2007). It is also a very common public health matter in Brazil. In the affective relationships between men and women we determined that it is common for the women to be a potential victim of violence practiced by men who still adopt a posture of superiority towards women. The most intriguing is that it remains being considered "natural" to many people. Regarding health, the Brazilian Department of Public Health declared that the family is one of the main strategies of the Unified Health System. This way, the Family Health Units were created, which on the other hand comprehend the concept of family as a focus of assistance to the different factors that intervene in the health-illness process. Therefore, the Units' professionals are installed and spread in the different neighborhoods of the cities and keep direct contact with the local families (Brasil, 2007a).

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Violence against women, more accurately the marital one, has roots in cultural concepts related to patriarchal values, of what it means to be a man and what it is to be a woman. In this model, men must be "virile and rude," and women must be "delicate and good wives." According to Cunha (2007) "violence against women is considered the most practiced and the least recognized infringement of the human rights in the world ". Marital violence against women represents a serious public health matter and is disseminated worldwide, as well as it is common in Brazil. For that matter, the World Health Organization (2002) states that "violence against women is a public health matter that affects their psychological, physical and sexual integrity". For Cunha (2007, p. 36), "treating the violence against women is to try to embrace a set of facts and situations linked to the feminine condition in the current world." And it is really important that the public health professional is able to identify and handle the cases of violence against women, since that are the professionals who directly act in the provision of women health care. This way, women who are raped have their health damaged, either due to: physical injuries, chronic pain, depression, low self-esteem, and others, which frequently lead women to serious psychological problems, that could even commit suicide (Garbin *et al.,* 2006).

Therefore, our research was performed in a Health Unit located in the city of Vitória da Conquista, in the interior of Bahia, Northeast of Brazil which has the worst indicators of violence against women. Our choice on researching the memories of health professionals in a Family Health Unit came from the assumption that the working locus are families, and that the professionals that work in these Health Units are almost always in touch with women who suffer violence from the intimate partner.

MATERIALS AND METHODS

This is an exploratory and descriptive study with a qualitative approach. According to Minayo (1994, p. 21) "the qualitative research answers very peculiar questions. It worries about Social Sciences with a level of reality that cannot be measured." That way, itcan be considered that the analysis of the subject is formed by several variables as the universe of meanings, motives, aspirations, beliefs, values and attitudes.
Overall, the research aims to understand the meaning of the speeches, since it has as goal to capture the subjective attitudes of reality and experiences, describing that way the interpretation and the vision of the respondents about the subjects addressed (Chizzotti, 2006). During four months, between May and August of 2017, the researchers experienced the everyday life of health professionals from a Family Health Unit in Vitória da Conquista. Thus we had deepen in relative issues of marital violence against women perpetrated by intimate partners, such as husband, boyfriend, or any solid union between men and women. In addition to, observing the Unit's structure, the health professionals structure, work dynamics, interaction between the abused patients.

Research Instruments:

In order to collect data, a semi-structured questionnaire was developed by the study's authors to notice the perceptions and memories of the health professionals, in face of the phenomenon of marital violence in women that are patients and users of the Health Unit of Family. It is worth mentioning that the interviews were recorded with the participants' previous authorization, to be entirely described.

Participants

Participated in the study a total of 14 health professionals between the ages of 28 and 54 years old, being properly aware of the research through the (TCLE). Inclusion criteria were to be health professionals who work in the chosen Unit, to be regularly registered through contracts and labor laws for public health professionals, and to accept the participation in the research. Professionals that give support to the Unit were excluded, such as receptionists, security guards, janitors. That way, we opted to investigate such professionals: 1 physician, 1 dentist, 1 nurse, 2 nursing technicians, and 9 community health agents.

Ethical Considerations

The research project was approved by the Ethics and Research Committee of the Independent Northeast College –FAINOR, in the year 2017, under the number of opinion: 2,132,307, which responds to Resolution No. 466/12 of the National Health Council, which handle the research with human beings. For that matter, we preserve the identity of the participants, including fictitious names.

RESULTS

With the daily life deepening of health professionals in the Family Health Unit, it was possible to check the results through interviews. Thus, we identified that the professionals have true reports about the patients who suffered marital violence, and the forms and manifestations of violence and the professionals attitudes in face of this phenomenon. Of the 14 participants, 100% declared contempt and disagreement to cases of marital violence; 61% reported that they guide and refer women in situations of violence; 25.7% declared that violence is due to women's attitudes in allowing such a situation; 77.1% reported feeling afraid of interfering with the marital relationship, and 32.9% said they were not prepared to identify problems of this nature.

DISCUSSION

The Family Health Unit

The Family Health Unit (USF) is based on the west side of the city in a neighborhood where urban violence prevails because of the high rate of drug dealing and related to government neglect. The neighborhood is not paved in its surroundings, and garbage and sewage are open. Around the USF you can see small markets and residential homes surrounded by bars on windows and doors. In conversations with health professionals, we realized the "urban violence fear " as recurring. This way, there is a high vulnerability of health professionals regarding safety. The Family Health Unit embraces public health strategies that follow the model of care, operating with multi professional health teams. The teams are responsible for following a defined number of families. These are the responsibilities of these teams to promote health, prevention, recovery, diseases recovery, common grievances and health maintenance of the community as a whole (Brasil, 2012). With the responsibility of assisting families, health teams, in most cases, must overcome the classic boundaries defined for basic care developed by the Unified Health System (Pereira, Viana, 2014). About the professionals' routine, we observed the existence of a dynamic on the community care and treatment in each service offered, that goes from the community health agents work, to the dentist, nurse and doctor. Regarding the perception of violence suffered by women and patients of the Unit, we verified that the community health agents had substantial reports regarding our research. Community health agents have a mission of going from house to house to analyze, take information as well as collect the information and update records regarding the families' health. As health workers perform work at home, we realize a higher affinity of the agents with the population, and consequently, a refined glance at the violence suffered by women. The Unit performs several procedures on the health area, from chronic disease orientations and other health related topics, to the treatment and performance of lab. So it is a structured place that minimizes or unburdens the hospitals that have the service of the Unified Health System in Vitória da Conquista.

Memories of the health professionals about the violence suffered by women registered in the Family Health Unit: Aiming to know the memory of health professionals, we questioned our respondents if they witnessed or realized anything about the violence suffered by the women they visited. Amarilis, 33 years old, a community health agent (ACS), described:*"Sometimes I realized when I arrived at the home that she was hurt."* According to Amarílis, the job that she develops with the victims, her approach to the family for visits, the delivery of medical exams results or even to collect data for the USF, allows her to realize more closely when a woman is suffering from marital violence. Another respondent, "Flor de Laranjeira", 45 years old, Community Health Agent (ACS) reports: *"When I arrived, he was slapping her face. Andatthemoment, myreactionwastoleave. "* This way, it is possible to realizeon the community health agents speeches that, in their daily lives during their work, they may find scenes of violence practiced against the community women. We also realize that facingthese situations, many agents do not take action to confront the problem, being afraid of these attitudes consequences.

Thus, in face of the complexity of the lives of these women who face violence and the difficulty of the professionals who attend them on a daily basis, we agreed with the explanation that the lack of curricular training and continued education programs that aim at preparing these professionals to deal with this reality is worrying and, in the majority of cases, neglects the health of abused women (Jaramillo and Uribe, 2001). One of the forms of violence that called our attention was physical violence. Margarida, 38 years old, (a nursing technician) reported: "*I remember when a patient arrived. Her husband had broken both of her arms. She came from the countryside, she got away, and said that she would start her life here in the neighborhood. A fugitive from her own husband. " Then she said: "she came here very hurt, her arms were really fractured, but I don't know if she denounced him. That touched me a lot*."

In the violence phenomenon, it is possible to identify several forms of cruelty manifestation. Physical violence is the most recognized in the domestic environment, because it is visible. Physical violence is every form of mistreatment of the woman's body, which can be expressed by punching, kicking, punching, hair pulling, burns, broken bones, among others. Commonly, women who go through these situations are easily found with excoriations, marks and cuts around the body (Andrade al., 2011). Another form of violence against women in the marital environment is through sexual violence. A lot of women still don't recognize that the intimate partner can be a sexual abuser. In this sense, we have the story of 'Flor de Maracujá', (37 years old, ACS):

Another time I remembered an acquaintance married to a police officer who beat and forced her to have sex with him. And because of the fear she didn't denounce, he was very ignorant and she had six children to care for. And when you talk to him, he seems to be the best husband in the world."

Sexual violence is inserted in the public environment as harassment, rape, but in the domestic environment, it is invisible. The assumption of marital duty, which applies even to stable relations or consensual unions, expresses the possession and control of women by men, mainly regarding their sexuality.

According to Cunha (2007), many women are forced to have sexual relations with their partners, even when they are not willing to have them. When discussing sexuality inthe marriage contract, it is very common for us to think that a woman has "sexual duties" with her husband, supported even by the legal marriage contract that establishes that the control of the female sexuality is a duty of the husband. However, there is a great difference between surrender and consenting (Saffioti, 2004; Almeida, 2004). Female demoralization is also felt through the violence that is practiced against their children, in gestational form. Thus, says "Amendoeira", (41 years old ACS): *"Once, a woman lost the baby because of the husband's agression. She never reported it, but then we knew about it here at the health unit."* In sever always and intensities, violence against women in the marital relationship is recurrent and present all around the world, leading to heinous crimes and serious violations of the human rights (Monteiro, 2012).

The lack of structure and preparation of the health professionals: The data gotten allowed us to understand that the reality of the job of health professionals working with women in situations of violence is mostly unprepared, insecure and even of fear, as illustrated by Jacinto (50 years old)):

"*I believe that the unit is not interfering much, caring more about the health of the people. In this area of violence against women, I do listen, but it is not our focus here. Sometimes a health agent comes and refers a case, but the unit does not interfere. "*

Petunia (35 years old, doctor), when talking about violence against women, particularly about the patients she attends, says: "*It's not really our goal. Here we look for dealing with diseases and health problems."* By contrast, there is the necessity for and reinforcement of the government on the issues that permeate violence against women. This way, it is important to highlight one of the most important initiatives of the government to begin the combat against violence and the confrontation of violence against women , the promulgation of the Maria da Penha Law in 2006. Maria da Penha was the victim in a murder attempt by her husband, and a university professor. This aggression made her paraplegic at the age of 38 years old. After what happened, Maria da Penha decided to make the denunciation against her husband and this was substantial in the process of formation of the Law against violence comitted against women at the national level (Brasil, 2006). With the emergence of the Maria da Penha Law or Law nº 11.340 / 2006, the violence cases against women, in all their contexts have acquired a strong social visibility. The Maria da Penha Law defines five forms of domestic and family violence: psychological violence, physical violence, sexual violence, patrimonial violence and moral violence. In this context, the Brazilian State recognizes in the context the roles associated with the female and male gender, as well as the women vulnerability factor, because they are more socially exposed to particular types of violence and infringements of Human Rights, in relation to men (Brasil, 2006). Violence against women should be understood and fought by several sectors such as education, health, and society in general. It is important the confrontation of this problem by these sectors and that the media gets a greater visibility around it so that the fight of Maria da Penha and other women's movements have not been in vain. This way, the structure of the Unified Health System must comprehend the problematic of women who have been raped (Mendes 2007; Brasil 2006).

Begonia (44 years old, ACS) when adressing on the current structure of the USF says that: "*There is a lack of public investment and an increased focus here, especially to solve problems such as violence against women because it involves marital violence*". Nevertheless, the health professional must be touched to understand the complexity of the factors involved in violence against women and to play their role in a committed form with the interruption possibility of this type of violence (Mendes, 2007).

Conclusion

This present paper aims to understand the reports of the health professionals that attend the Family Health Unit, located in the city of Vitória da Conquista, Bahia, on violence against women, in particular marital violence. The research findings revealed a worrying overview, since the memories of the health professionals in face of marital violence is a real and worrying factor, where conflicts in the domestic environment are frequently the cause of women serious health problems.

In this process, we indicate that the health professionals of the Family Health Unit must be effectively prepared to deal with women who are being abused by their intimate partners and to be able to guide them and refer them to centers for the reception and Special Police Department that attend Women. In face of this, it is important to say that women who suffer violence, particularly those who are treated in US Fought not to be neglected and trivialized by the Unified Health System and by health professionals. In this perspective, it is important for these professionals, as well as the managers and political leaders, to be aware and able to develop strategies that assist women in all aspects, especially regarding the fight against violence, since it has enormous consequences in the lives of these women and their children.

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