37 - INTRAFAMILIAR VIOLENCE AND PREGNANT WOMAN: ANALYSIS OF SCIENTIFIC PRODUCTION IN NURSING

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INTRODUCTION

Intrafamiliar violence has been perceived and conceptualized with episodes and more frequent than supposed. Includes especially women (pregnant or not pregnant) and children / adolescents, assuming a serious physical, emotional and social impact. In Brazil, stands out as an important public health problem (Audi et al, 2008).

Pregnant women are not free from domestic violence: in a review of the literature, we found prevalence of 0.9% to 20.1% (Audi et al, 2008). Like, other work demonstrates the prevalence of violence during pregnancy, by research performed with 420 women interned in a hospital in Pernambuco, when they obtained a rate of 7.4% of physical violence by their partner during pregnancy (MENEZES et al, 2003).

Therefore, these facts show violence to women during gestational stage, interfering with their reproductive and sexual capacity, as it affects the victim on the principles of autonomy or personal principle, equality, diversity and body integrity. Each of these principles can be violated by acts of invasion or abuse in various ways not only family, or may result from omission, neglect and discrimination that are possible health hazards of the pregnant woman and her child (MEDINA, 2007).

The basic health services are important in detecting the problem, as they have in theory a great coverage and contact with women, can recognize and embrace the case before more serious incidents (SCHRAIBER et al, 2002).

Health team must establish a bond of trust with its users so that there is a greater familiarity with the possible problems established before. Health actions in addition to addressing the completeness and interdisciplinarity, must constitute and improve communication between the various areas of knowledge of nursing, targeting and contributing to health promotion and prevention of women victims of domestic violence.

Thus, emerged the guiding question of this research: what area of nursing has been playing its role facing domestic violence during pregnancy?

OBJECTIVE

The present study aims to analyze the scientific production that involves domestic violence and pregnant women coming together to think about the role of a nurse facing this problem.

METHODOLOGY

The study deals with a descriptive qualitative approach through literature search in electronic databases available in the Scientific Electronic Library Online (SciELO) using the following descriptors: violence, pregnancy and nursing.

The literature review involves a great context to the subject of published literature thesis in various media. Its main objective is to put forward the researcher to matters already covered, providing a new way with new critical approach and renewed conclusions of the researched survey (MARCONI, LAKATOS, 2007).

Data collection occurred in August 2010. Research was carried out, first with each of the descriptors separately, and then associated with the descriptors. Being that, during the research were not considered those in which the title or the abstract did not reflect the objective of our study.

Inclusion criteria were established: Being in the selected databases, publications between 2001 and 2010 which is the Mark of the release of Notebook of Care of Domestic Violence Ministry of Health and having at least one of the selected descriptors. Exclusion criteria: Divergence from the scope of this work. So, after reading the abstracts those work fits the criteria for inclusion were selected and their texts read in their entirety, making up a total of 14 articles.

RESULTS AND DISCUSSION

DOMESTIC VIOLENCE: CONCEPT AND LEGAL APPARATUS

Family violence is always a complex phenomenon that tends to involve all members of the family and not restricted to a specific individual or relationship. It has been understood as a consequence of individual characteristics, contextual and environmental factors, if any, increase its chance. Several features can accommodate variations in the patterns and rates of domestic violence, although not fundamentally define who will conduct or be the victim (GELLER, 1997 apud REICHENHEIM et al, 2006).

Violence during pregnancy can have serious consequences for women's health, including bleeding and abortion. Relating to child's health, were found increased risks of perinatal death and low birth weight and prematurity (AUDI et al, 2008).

The literature reports identify the importance of violence during pregnancy as a preventive measure to aggravate the health of the woman and her son and indicates the importance of awareness of professionals involved in health care, thereby stimulating the investigation of the attackers, proposes prevention with effective action and the structuring of the communication process between the woman and the professional (MEDINA, PENNA, 2008).

The Program for Integrated Women's Health (PAISM), established in 1984, marks a breakthrough concept of the guiding principles of women's health policy and criteria for selection of priorities in this field in Brazil. The national health policies in the early twentieth century were focused on claims relating to pregnancy and childbirth, with programs that advocated maternal-child actions (BRAZIL, 2004).

The PAISM comes up with the goal of providing comprehensive care activities and clinical-gynecologic education, toward the improvement of prenatal care, childbirth and postpartum. In 2004, the government creates the National Policy for Integral Attention to Women's Health - PNAISM that incorporates attention to segments of the female population still invisible and emerging issues that affect women's health. This action plan expands on a gender perspective, the integrity and health promotion

as guiding principles and seeks to consolidate the advances in the field of sexual and reproductive rights (BRAZIL, 2004).

Basic activities of providing health care in women constitute a set of actions, educational, preventive, diagnostic, treatment and recovery, and permanently applied on a non-repetitive manner, with the ultimate goal of improving the health levels of the female population (BRAZIL , 1984).

According to the Ministry of Health, domestic violence manifests itself in three ways, physical violence, psychological and sexual. Among the factors associated with domestic violence during pregnancy are: poor education, frequent use of alcohol, unemployment and low income, pregnant women and their intimate partners (AUDI, CAF, 2008). Importantly, all these factors are part of a set of situations that are associated and interact and result from a single point of departure, poor socioeconomic status (MENEZES et al, 2003).

At first, it is the service and health professionals that women seek help regardless of the type of aggression. Thus, these professionals such as nurses are intrinsically linked with these phenomena, and it is therefore necessary to an understanding among themselves, to try to accommodate and guide those moments of indecision and insecurity (Couto, LOPES, 2003).

In this sense, every citizen has the essential right to protect him/herself against all types of physical assault and being supported by the authorities because if mistreated or even threatened by the family. The notification constitutes an instrument of protection, not only of women but involves all family members as it allows joint outreach and rebuilding relationships (FONSECA, GONCALVES, 2003 apud SALIBA et al, 2007).

The mobilization and awareness of society through the social and feminist movement, maintains the continuous quest for accomplishment of women's rights. One example is the fact that the Brazilian government has sanctioned in 2006, Law No. 11340/2006, Maria da Penha Law, to curb domestic violence against women. This Law regulates the § 8 of art. 226 of the Constitution of 1988 and comes to meet women's interests providing support, encouragement and support for dealing with violence (BRAZIL, 2001).

Combating violence against women requires the integration of numerous political, legal and, especially, cultural and social to be demystified and seen by society. With this intention, was enacted on November 24, 2003 Law 10778, which requires the services of public or private health to report suspected or confirmed cases of any kind of violence against women (SALIBA et al, 2007).

According to this law, all individuals and public or private entities are required to report such cases, ie, the overall health professionals (doctors, dentists, nurses, nursing assistants and technicians) and establishments who provide care to the victims (health posts and centers, institutes of forensic medicine, clinics, hospitals) (SALIBA et al, 2007).

The penalty for disobeying this standard is evident in the article: “5th Art. The breach of the obligations set forth in this Act is a violation of the law relating to public health, subject to applicable penal sanctions "(BRAZIL, 2003, p. 01). However, these laws do not guide the professionals how to proceed in notifications, leaving, however omitted by the majority.

DOMESTIC VIOLENCE RELATED TO THE PREGNANT WOMAN: HUMANIZATION AND ROLE OF THE NURSE

Humanization and the singularities of the production of health services categories are essential for coping and solving the difficulties encountered, is the satisfaction of users, increasing the capacity of women to identify forward their questions, the importance and demand of their rights and in promoting self-care.

Information about domestic violence nurses mingle with the consideration of violence to women and raise concerns with any act of physical, psychological, moral, sexual, social, emotional and / or verbal practiced by any member of the family and generate significant injuries to women's health and development of pregnancy (MEDINA, PENNA, 2008).

The nurse presents his/her views on violence, from the knowledge of the characteristics involving family relationships and community. The values, customs and ways of life of their own personal experience of the nurse in his/her family, may impact on the way to practice along to pregnant women suffering domestic violence.

Although it ensures the importance of interdisciplinarity in attention to family violence, it is considered that nursing, and more particularly nurses, have an important role in this process. This hypothesis is based on evidence that the nurse has the primary consideration to the full assistance to the customer, and is one of the professionals who stay for more time living with the pregnant woman and her family is in the hospital, in a basic health unit or family / community (CUNHA et al, 2005).

Trying to understand how domestic violence occurs and how it is passed to each generation, we must have knowledge of the relationships experienced by individuals in this family and the various factors that influence behavior and feelings, and how we can associate the pregnant woman involved in this adversarial relationship. However, to detect modes of violence is fundamental a critical and careful thorough assessment of verbal and nonverbal communication, as well as trying to understand the meanings, attitudes and postures of each family member (MEDINA, 2007).

The professional needs to recognize that every woman has their own characteristics to decide and think. Therefore, it is inherent in their work process to realize the fragility of the woman's answers, providing a humanizing and peaceful environment for exposure of the experience, thereby providing, revealing their concerns and fears (MEDINA, PENNA, 2008).

Health professionals are not generally trained to diagnose the occurrence of intrafamiliar violence, and will hardly introduce questions on the subject during the interview. In one study, it was shown that only 9-11% of doctors and nurses investigated domestic violence services for patients seeking primary health care (RODRIGUEZ et al, 1999 cited in MENEZES et al, 2003).

Although not conclusive data, studies indicate pregnancy as a risk factor for domestic violence, which may begin after pregnancy or change the pattern in the frequency and severity during this period. The identification of conditions in which violence occurs, its characteristics and impact actions that will promote prevention and mitigation of injuries (D'OLIVEIRA et al, 2009).

A number of estimable violence is not identified, making this fact notified within the sub-health services. One reason is the lack of training of health professionals to identify situations of violence in complaints by women. In most cases, professionals are concerned with only physical symptoms, disregarding the psychosocial aspects, with a strong trend towards medicalization. Given the relative invisibility and enhanced by the complexity of violence, making it a difficult injury intervention and notification (REICHENHEIM et al, 2006).

So, are predominant and peculiar physical sequelae, psychological and social violence experienced by women. Thus, care to these women requires an interdisciplinary team that may include all aspects of their life completely (MOREIRA et al, 2008).

We can see that most of the courses in the area of health does not include in their curricula and programs of continuing education and training to develop the characteristics and peculiarities of violence. Consequently, health professionals demonstrate weaknesses / limitations to provide a quality care that has effective impact on the health of victims (JARAMILLO, URIBE, 2001 apud SALIBA et al, 2007).

Violence during pregnancy stems from the threat to commit abortion to the suspension of pregnancy as well, resulting in low birth weight fetus (COUTO; LOPES, 2003). Psychological violence can compromise the woman's behavior influencing it negatively, in attendance at antenatal clinics, but also in delaying the search for health care (REICHENHEIM et al, 1999).

FINAL CONSIDERATIONS

It is necessary to participate in the health sector to implement the support network for women in pregnancy and puerperal process involving multidisciplinary teams that work in an interdisciplinary way able to identify, notify and intervene with pregnant women victims of domestic violence, highlighted in this the research nurse.

Thus, it is of paramount importance to ongoing discussion of the cases, reporting the specifics of each situation from different perspectives, facilitating the confirmation of the event and planning of activities to be developed. For implementation of these proposals, we need the engagement of the whole society and the programs that have the family as targets for intervention strategies in action, since the activities tend to increase the relations between the health service and the community and facilitate the identification families at risk.

Thus, we expect the review conducted provides key information to assist pregnant women in situations of domestic violence. Thus, to enable health professionals, especially nurses to address and discuss prenatal and therefore this issue, identify and intervene in this scenario. These practices also require the nurse's commitment to creating a warm and humanizing which enables women to establish greater trust with the institution and health professionals. It is therefore vital to encourage research involving the triad violence / pregnancy / nursing.

Acting in this way will approach the nurse of the National Policy for Integral Attention to Women's Health and contribute towards the legitimacy of SUS as a political project in Brazil.

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INTRAFAMILIAR VIOLENCE AND PREGNANT WOMAN: ANALYSIS OF SCIENTIFIC PRODUCTION IN NURSING

ABSTRACT

Intrafamiliar violence is considered a public health problem that affects all individuals in the family, including a pregnant woman. The present study aims to analyze the scientific production of nursing and domestic violence involving pregnant women coming together to think about the role of a nurse facing this problem. It is a descriptive qualitative approach through literature search in electronic databases available in SciELO used as descriptors: violence, pregnancy and nursing. Showed the importance of identifying violence during pregnancy as a measure of injury prevention in the health of both mother and child, thus indicating the value of awareness of the professionals involved in health care, especially nurses, since it has more contact with the pregnant woman in the comprehensive care during the prenatal, childbirth and postpartum. In addition, we identified a gap in knowledge production focused on the violence issue / pregnant / nursing. It is necessary to participate in the health sector to implement the support network for women in pregnancy and puerperal process involving multidisciplinary teams that work in an interdisciplinary way able to identify, notify and intervene with pregnant women who are victims of domestic violence, highlighted in this the professional nurse.

KEYWORDS: Violence. Pregnancy.Nursing.

LA VIOLENCE FAMILIALE ET LES FEMMES ENCEINTES: ANALYSE DE PRODUCTION SCIENTIFIQUE DE SOINS INFIRMIERS

SOMMAIRE

La violence domestique est considérée comme un problème de santé publique qui affecte tous les individus dans la famille, dont une femme enceinte. La présente étude vise à analyser la production scientifique des soins infirmiers et la violence domestique impliquant des femmes enceintes qui se réunissent pour réfléchir sur le rôle d'une infirmière face à ce problème. Il s'agit d'une approche descriptive qualitative par recherche documentaire dans les bases de données électroniques disponibles dans les SciELO, qui a utilisé comme descripteurs: la violence, la grossesse et l'allaitement. Ont montré l'importance de la violence identifier pendant la grossesse comme une mesure de prévention des blessures dans la santé de la mère et l'enfant, indiquant ainsi la valeur de la prise de conscience des professionnels impliqués dans les soins de santé, en particulier les infirmières, car il a plus de contact avec la femme enceinte dans la prise en charge globale pendant la période prénatale, l'accouchement et du post-partum. En outre, nous avons identifié une lacune dans la production de connaissances centrée sur la question de la violence / enceintes / allaitantes. Il est nécessaire de participer dans le secteur de la santé à mettre en œuvre le réseau de soutien pour les femmes pendant la grossesse et le processus puerpérale impliquant des équipes pluridisciplinaires qui travaillent de manière interdisciplinaire en mesure d'identifier, informer et intervenir auprès des victimes les femmes enceintes de la violence conjugale, a souligné dans ce l'infirmière de recherche.

MOTS CLÉS: La violence. Grossesse. Infirmiers.

VIOLENCIA EN LA FAMILIA Y LAS MUJERES EMBARAZADAS: ANÁLISIS DE LA PRODUCCIÓN CIENTÍFICA DE LA ENFERMERÍA

RESUMEN

La violencia intrafamiliar es considerada un problema de salud pública que afecta a todas las personas en la familia, incluida una mujer embarazada. El presente estudio tiene como objetivo analizar la producción científica de la enfermería y la violencia doméstica con mujeres embarazadas que se reúnen para reflexionar sobre el papel de una enfermera frente a este problema. Se trata de un enfoque descriptivo cualitativo a través de búsqueda bibliográfica en bases de datos electrónicas disponibles en SciELO utilizados como descriptores: violencia, el embarazo y la lactancia. Mostró la importancia de la identificación de la violencia durante el embarazo como una medida de prevención de lesiones en la salud de la madre y el niño, lo que indica el valor de la conciencia de los profesionales involucrados en el cuidado de la salud, especialmente las enfermeras, ya que tienen más contacto con la mujer embarazada en la atención integral durante el prenatal, parto y posparto. Además, se identificó una brecha en la producción de conocimiento centrado en el tema de la violencia / embarazadas / lactantes. Es necesario para participar en el sector de la salud para implementar la red de apoyo para las mujeres durante el embarazo y puerperio proceso de participación de equipos multidisciplinarios que trabajan en forma interdisciplinaria capaz de identificar, notificar e intervenir con las víctimas de las mujeres embarazadas de la violencia doméstica, se destacan en este la enfermera de la investigación.

PALABRAS-CLAVE: Violencia. Embarazo. Enfermería.

VIOLÊNCIA INTRAFAMILIAR E GESTANTE: ANÁLISE DA PRODUÇÃO CIENTÍFICA DA ENFERMAGEM

RESUMO

A violência intrafamiliar é considerada um problema de saúde pública, que acomete todos os indivíduos da família, inclusive a mulher grávida. O presente estudo tem como objetivo analisar a produção científica da enfermagem que envolve violência intrafamiliar e a gestante confluindo para pensar na atuação do enfermeiro frente a esta problemática. Trata-se de uma pesquisa descritiva com abordagem qualitativa mediante pesquisa bibliográfica nos bancos de dados eletrônicos disponíveis na SCIELO, que utilizou como descritores: violência, gestação e enfermagem. Evidenciou-se a importância em identificar a violência na gestação como medida de prevenção de agravos na saúde do binômio mãe-filho, indicando assim o valor da sensibilização dos profissionais envolvidos na assistência à saúde, em especial o enfermeiro, já que este possui maior contato com a gestante na assistência integral durante o pré-natal, parto e pós-parto. Além disso, foi identificada uma lacuna na produção de conhecimento voltada para a problemática violência/gestante/enfermagem. Faz-se necessário a participação do setor saúde para a implementação da rede de apoio a mulher no processo gravídico e puerperal envolvendo equipes multiprofissionais que atuem de modo interdisciplinar capazes de identificarem, notificarem e intervirem junto às mulheres grávidas vítimas de violência intrafamiliar, em destaque nessa pesquisa o profissional enfermeiro.

PALAVRAS CHAVES: Violência. Gestação. Enfermagem.