Original Article

TEXTO & CONTEXTO ENFERMAGEM
TEXT & CONTEXT NURSING TEXTO & CONTEXTO ENFERMERÍA

ANALYSIS OF REPORTS OF VIOLENCE AGAINST PREGNANT WOMEN IN BRAZIL IN THE PERIOD FROM 2011 TO 2018

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ABSTRACT

Objective: to analyze reports of violence made by pregnant women in Brazil between 2011 and 2018.
Method: quantitative research of the analytical and retrospective type. Data from pregnant women aged between 11 and 49 years from a database containing information from the Information System for Reporting interpersonal/self-harm from 2011 to 2018 were analyzed. The analysis involved the description of the profile of the pregnant woman and the probable author and the characteristics of the events.
Results: in 2017, five times more cases of violence against pregnant women were reported compared to 2011. Violence occurred more in people aged between 20 and 29 years (37.0%), black/brown (54.4%), with incomplete primary education (34.2%) and single (48.1%). The most frequent violence was physical (61.9%), followed by psychological (31.2%) and sexual (27.0%). Body strength and beatings were the means of aggression most used by the perpetrator of violence (54.0%). The partner or ex-partner (50.5%) was the aggressor most described by the pregnant women.
Conclusion: to describe the characteristics of pregnant women in Brazil who suffer violence and their possible aggressor proposes an advance in the construction of a network of care for women victims of more structured violence, based on public policies aimed at ensuring qualified care by professionals who perform prenatal care in primary health care units.

DESCRIPTORS: Violence against women. Pregnancy. Intimate partner violence. Notification. Prenatal care. Nursing.

HOW CITED: Colonese CF, Pinto LW. Analysis of reports of violence against pregnant women in Brazil in the period from 2011 to 2018. Texto Contexto Enferm [Internet]. 2022 [cited YEAR MONTH DAY]; 31:e20210180. Available from: https://doi.org/10.1590/1980-265X-TCE-2021-0180

ANÁLISE DAS NOTIFICAÇÕES DE VIOLÊNCIA CONTRA GESTANTES NO BRASIL NO PERÍODO DE 2011 ATÉ 2018

RESUMO

Objetivo: analisar as notificações de violência contra gestantes no Brasil entre 2011 e 2018.
Método: pesquisa quantitativa do tipo analítica e retrospectiva. Foram analisados dados de gestantes com idade entre 11 e 49 anos de um banco contendo as informações das fichas do Sistema de Informação de Notificação de violência interpessoal/autoprovocada, de 2011 até 2018. A análise envolveu a descrição do perfil da gestante e do provável autor e as características dos eventos.
Resultados: no ano de 2017 foram notificados cinco vezes mais casos de violência contra a gestante em comparação com 2011. A violência aconteceu mais em pessoas na faixa etária entre 20 a 29 anos (37,0%), pretas/pardas (54,4%), com ensino fundamental incompleto (34,2%) e solteiras (48,1%). A violência de maior ocorrência foi a física (61,9%), seguida pela psicológica (31,2%) e pela sexual (27,0%). A força corporal e o espancamento foram o meio de agressão mais utilizado pelo autor da violência (54,0%). O parceiro ou ex-parceiro (50,5%) foi o agressor mais descrito pelas gestantes.
Conclusão: ao descrever as características das gestantes no Brasil que sofrem violência e do seu possível agressor propõe-se um avanço na construção de uma rede de atenção às mulheres vítimas de violência mais estruturada, pautada em políticas públicas que visem à garantia de um atendimento qualificado pelos profissionais que realizam o pré-natal nas unidades de atenção primária à saúde.

DESCRITORES: Violência contra a mulher. Gravidez. Violência por parceiro íntimo. Notificação. Cuidado pré-natal. Enfermagem.

ANÁLISIS DE NOTIFICACIONES DE VIOLENCIA CONTRA MUJERES EMBARAZADAS EN BRASIL EN EL PERÍODO DE 2011 A 2018

RESUMEN

Objetivo: analizar denuncias de violencia realizadas por mujeres embarazadas en Brasil entre 2011 y 2018.
Método: investigación analítica cuantitativa y retrospectiva. Se analizaron datos de gestantes entre 11 y 49 años de una base de datos que contiene información del Sistema de Información del Sistema de Información para Notificación de Violencia Interpersonal/Autoinfligida, de 2011 a 2018. El análisis involucró la descripción del perfil de la mujer embarazada y el probable autor y las características de los hechos.
Resultados: en 2017 se reportaron cinco veces más casos de violencia contra mujeres embarazadas en comparación con 2011. La violencia se presentó más en personas entre 20 y 29 años (37,0%), negras/morenas (54,4%), con educación primaria incompleta (34,2%) y solteras (48,1%). La violencia más frecuente fue física (61,9%), seguida de psicológica (31,2%) y sexual (27,0%). La fuerza corporal y los golpes fueron los medios de agresión más utilizados por el autor de la violencia (54,0%). La pareja o ex pareja (50,5%) fue el agresor más descrito por las gestantes.
Conclusión: al describir las características de las mujeres embarazadas en Brasil que sufren violencia y su posible agresor, se propone un avance en la construcción de una red de atención más estructurada para las mujeres víctimas de violencia, basada en políticas públicas orientadas a garantizar una atención calificada por parte de profesionales que realizan atención prenatal en unidades de atención primaria de salud.

DESCRIPTORES: Violencia contra la mujer. Embarazo. Violencia de pareja. Notificación. Cuidado prenatal. Enfermería.

INTRODUCTION

Violence against women constitutes "(...) any action or conduct, based on gender, that causes death, harm or physical, sexual or psychological suffering to women, both in the public and private spheres" [1:19]. It can result in serious physical, mental, sexual and reproductive problems in the short, medium and long term, affects their children, generates social harm and economic costs for them, their families and societies[2].

Violence against women is a violation of human rights, is rooted in gender inequality, being considered a public health problem and an obstacle to sustainable development. In the world, 30% of women have suffered physical and/or sexual violence by intimate partners during their lifetime and between 38% and 50% of homicides are committed by them[3].

The risk of intimate partner violence and sexual violence is higher in women with low schooling levels, those who were exposed to violence in childhood, in an unequal position in intimate relationships, with attitudes and norms of acceptance of violence and gender inequality. Another aggravating factor refers to the factor that most women, between 55 and 95%, who survive violence do not talk about what happened and do not seek any type of care[3].

In Brazil, Ordinance Number 104 of January 25, 2011 defined domestic, sexual and/or other violence as compulsory notification. Such injuries need to be reported and registered in the Notifiable Diseases Information System (SINAN), in which it is possible to know if the woman who suffered violence was pregnant at the time of notification[4]. It is known that during pregnancy the woman is in a phase of greater vulnerability, aggravating the consequences of the cycle of violence[5].

In the care practice in health services, specifically in the prenatal routine, professionals who provide care for pregnant women need to be aware of the signs that this woman may be suffering violence, at which time the notification of the suspected case will need to be made in a specific individual SINAN file.

Physical and psychological changes happen in women during pregnancy. Such changes make women more sensitive or fragile and violence is a reality in the lives of many of these pregnant women, often triggering irreparable damage to the mother-child binomial[6].

Violence during pregnancy is considered an important complication, as it is more frequent than pathologies such as diabetes and hypertension[7]. A study on factors associated with physical aggression against pregnant women in São Luís, Maranhão, showed that the prevalence of physical violence against pregnant women was equal to 12.4%, of which 66% suffered abuse only one time. The intimate partner was the cause of this violence in 66% of the cases[8].

The experience of domestic violence was reported in a qualitative research conducted with women hospitalized due to induced abortion in Salvador, Bahia. The daily life of women who have had abortion is marked by domestic violence during their childhood and adolescence. In addition, intimate partner violence was part of these women's lives, with conflicting marital interactions, in which both attacked each other[9].

A study conducted in the city of Rio de Janeiro showed that in cases of physical aggression between intimate partners during pregnancy, there was a two-fold increase in the chance of neonatal death and three times of post-neonatal death when compared to children whose pregnant women did not suffer aggression by the child's father[10]. In Nigeria, a demographic and health survey showed that the prevalence of domestic violence against women was 22%, of these 8.1% reported a history of unwanted pregnancy and 14.8% had an experience of interrupted pregnancy[11].

The intersectionality between gender, race/ethnicity and class needs to be considered in situations where women experience violence in their intimate relationships. Moreover, this is a field where there is the crossing of relations of domination, in which women find themselves in a moment of tension, but marked by inequality and oppression[12]. By evaluating gender and race markers, the Atlas of Violence showed that in 2018, 68% of women murdered in Brazil were black and that in the period between 2008 and 2018 the homicide rate of non-black women fell 11.7%, however the rate among black women increased by 12.4%[13].

Understanding the phenomenon that leads a pregnant woman to suffer any type of violence involves several aspects, including the issue of gender inequality. The health professional is in this same patriarchal society, in which violence against women is sometimes seen as something culturally accepted.

Therefore, it is important to give visibility to the problem of violence against pregnant women in Brazil, in order to give awareness to health professionals who provide prenatal care to women in situations of violence in identifying risk and preventing negative outcomes. The aim of this research is to analyze the reports of violence against pregnant women in Brazil between 2011 and 2018.

METHOD

The method chosen for this study is quantitative analytical research. The nature of the data collection was retrospective. In order to identify the frequency of cases of violence against pregnant women in Brazil, secondary source data were obtained from the Department of Informatics (DATASUS) of the SUS -Sistema Único de Saúde (Unified Health System). The database used contains information from the SINAN records of interpersonal/self-harm of pregnant women aged between 11 and 49 years, from 2011 to 2018.

The following variables were evaluated in the SINAN bank:

- profile block of pregnant woman: FU notification; gestational age; age group (11-14 years; 15-19 years; 20-29 years; 30-39 years; 40-49 years); race/color (white; black/brown; yellow/indigenous; ignored); education (illiterate; incomplete elementary school; complete elementary school; incomplete high school; complete high school; incomplete higher education; complete higher education; ignored); marital status (single; married/consensual union; widow; separated; does not apply; ignored); disability/disorder (yes; no; ignored); type of disability (intellectual; mental disorder; behavior disorder; others).
- characteristic block of the event: place of occurrence (residence; public road; other; ignored); occurred other times (yes; no; ignored); self-inflicted injury (yes; no; ignored); reason for violence (sexism; generational conflict; street situation; others; does not apply; ignored); type of violence (physical, psychological/moral; sexual; neglect/abandonment; others); means of aggression (bodily strength/beating; threat; sharp object/blunt object; poisoning/intoxication; firearm); type of sexual violence (sexual harassment, rape; child pornography/sexual exploitation; others); procedure performed (prophylaxis for Sexually Transmitted Infections (STIs) and/or for HIV and/or hepatitis B; blood collection and/or semen and/or vaginal secretion; emergency contraception; abortion provided for by law); referral (health network; social assistance network; guardianship council; women's care network; other police stations; women's service station; other).

- characteristic block of the author: number of involved (one; two or more; ignored); gender (male; female; both sexes; ignored); likely author (partner or ex-partner; family members; friend/acquaintance; unknown; person himself; other); suspected use of alcohol (yes; no; ignored); life cycle (child; adolescent; young; adult; elderly person; ignored).

The data used come from a database composed of information without the possibility of individual identification of the population and available for free access. Therefore, according to Resolution 510 of 2016 of the National Health Council, they are not subject to evaluation by the Ethics Committee system.

RESULTS

From 2011 to 2018, 2,033,026 cases of interpersonal/self-harm were reported. Among this total, 71.7% (1,456,936) were female. Concerning being pregnant at the time of notification, considering women of childbearing age (11 to 49 years), 7.4% (74,256) said yes.

In reports of violence against pregnant women, the temporal analysis indicated that there was a fivefold increase of cases in 2017 compared to 2011, and from 2017 to 2018 there was an important fall (Figure 1). All Federative Units (FU) showed an increase in the number of notifications from 2011 to 2018 (Table 1).

As seen in Table 2, women were at different stages of pregnancy, however, it is observed that the higher the gestational age, the lower the frequency of this grievance. Concerning the profile of pregnant women, the data show that violence occurred more in people aged 20 to 29 years (37.0%), black/brown (54.4%), with incomplete elementary school (34.2%), single (48.1%) and without reports of disability (82.1%).

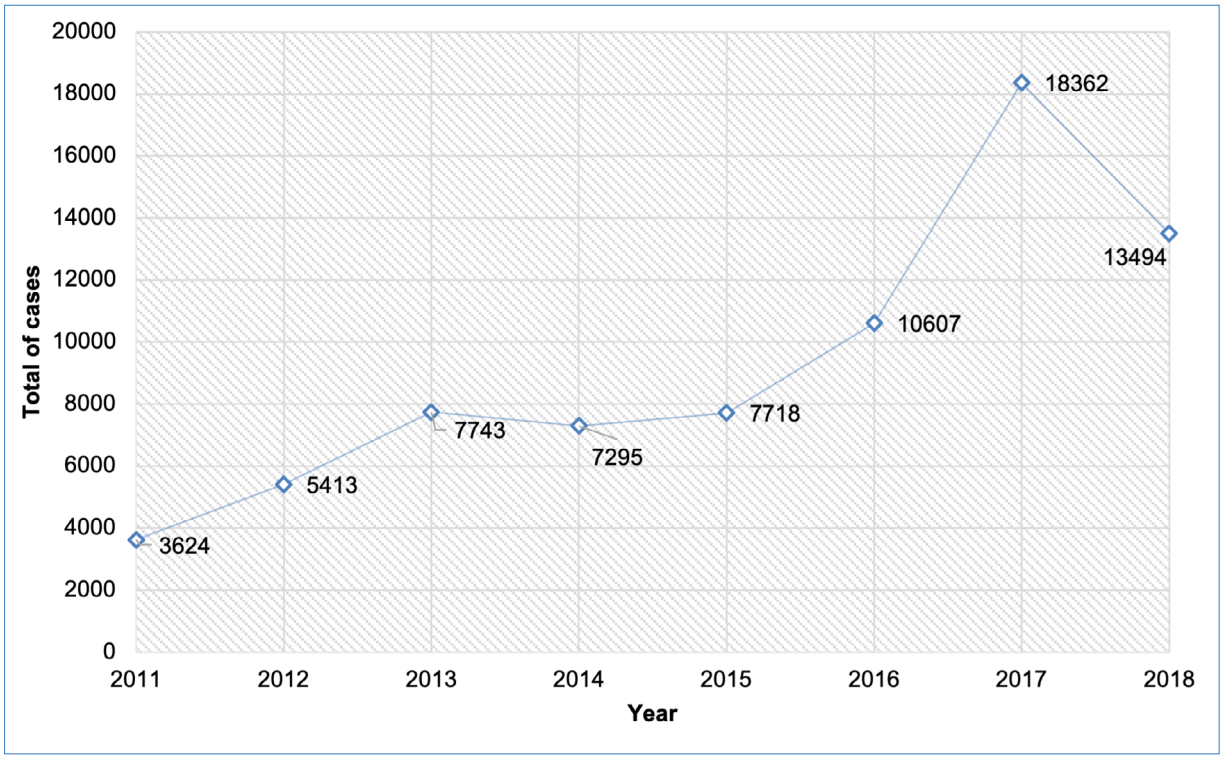

Figure 1 - Temporal evolution of reports of violence against pregnant women according to SINAN form. Brazil, 2011-2018. (n=74,256).

Source: Data extracted from SINAN.

Table 1 - Number of reports of violence against pregnant women according to SINAN form by UF. Brazil, 2011-2018. (n=74,256)

	Number of violence notifications								Total	Variation (%)
	2011	2012	2013	2014	2015	2016	2017	2018	2011-2018	2011-2018
Brazil	3624	5413	7743	7295	7718	10607	18362	13494	74256	272,4
Acre	178	250	367	404	428	520	605	506	3258	184,3
Alagoas	49	59	65	248	0	0	0	133	554	171,4
Amapá	8	18	35	28	18	39	39	96	281	1100,0
Amazonas	88	123	165	267	249	250	378	409	1929	364,8
Bahia	92	119	212	230	185	1872	0	403	3113	338,0
Ceará	30	73	91	116	141	239	391	433	1514	1343,3
Distrito Federal	58	113	171	145	112	166	269	278	1312	379,3
Espírito Santo	25	50	93	146	180	194	257	327	1272	1208,0
Goiás	51	92	145	134	193	228	229	285	1357	458,8
Maranhão	52	77	115	101	99	103	122	203	872	290,4
Mato Grosso	29	45	51	64	91	112	93	140	625	382,8
Mato Grosso do Sul	274	265	342	361	298	301	353	381	2575	39,1
Minas Gerais	416	624	848	1000	1156	1002	9067	1280	15393	207,7
Pará	115	137	200	245	195	265	266	370	1793	221,7
Paraíba	69	182	12	0	0	0	1	150	414	117,4
Paraná	179	528	591	765	973	1087	1260	1262	6645	605,0
Pernambuco	264	334	1590	32	24	188	7	1099	3538	316,3
Piauí	29	46	67	51	59	89	78	111	530	282,8
Rio de Janeiro	243	328	467	577	638	892	1062	1146	5353	371,6
Rio Grande do Norte	20	0	0	0	0	0	0	114	134	470,0
Rio Grande do Sul	252	383	436	486	508	580	720	700	4065	177,8
Rondônia	15	20	11	54	79	53	86	75	393	400,0
Roraima	16	43	52	54	66	56	61	75	423	368,8
Santa Catarina	165	288	347	418	385	386	432	460	2881	178,8
São Paulo	833	1129	1112	1132	1336	1781	2351	2760	12434	231,3
Sergipe	10	18	22	20	101	0	0	45	216	350,0
Tocantins	64	69	136	217	204	204	235	253	1382	295,3

Source: Data extracted from SINAN.

Table 2 - Profile of reports of violence against pregnant women according to SINAN form. Brazil, 2011-2018. (n=74,256)

Variables	n	%
Gestational age		
1st Trimester	25320	34.1
2nd Trimester	23828	32.1
3rd Trimester	19312	26.0
Age ignored	5796	7.8
Age group		
11-14 years old	13146	17.7
15-19 years old	18871	25.4
20-29 years old	27501	37.0
30-39 years old	12318	16.6
40-49 years old	2420	3.3
Race-Color		
White	26184	35.3
Black/Brown	40411	54.4
Yellow/Indigenous	1791	2.4
Ignored	5870	7.9
Schooling		
Illiterate	530	0.7
Incomplete elementary school	25372	34.2
Complete elementary school	6282	8.5
Incomplete high school	9109	12.3
Complete high school	9324	12.5
Incomplete higher education	1771	2.4
Complete higher education	1285	1.7
Ignored	20583	27.7
Marital status		
Single	35751	48.1
Married/Consensual Union	27094	36.5
Widow	211	0.3
Separate	2615	3.5
Does not apply	1027	1.4
Ignored	7558	10.2
Disability/Disorder		
Yes	3848	5.2
No	60970	82.1
Ignored	9438	12.7
Type of disability*		
Intellectual	946	1.3
Mental disorder	1472	2.0
Behavior disorder	1095	1.5
Other	1154	1.6

*Allows you to check more than one answer.

The place of occurrence of violence events was higher in the home environment (66.5%) of pregnant women compared to the public road (12.8%). The report of repeated violence (43.0%) significantly appeared in notifications. Sexism (13.7%) and generational conflict (7.2%) were the most described reasons for violence. The completion of this variable is low compared to the others described in Tables 1 and 2, as can be seen by the high number of ignored (36.4%) (Table 3).

The type of violence with the highest occurrence was physical (61.9%), followed by psychological (31.2%) and sexual violence (27.0%). Self-inflicted injury occurred in 10.3% of the cases. The use of body force and beating were the most used means of aggression by the perpetrator of violence (54.0%), followed by threat (18.9%). Rape was the most described type of sexual violence (78.6%). Regarding rape cases, the most common procedures were: blood collection (28.2%), prophylaxis for STIs (10.6%) and HIV prophylaxis (10.1%).

In the care, victims of violence were referred mainly to the health network (32.7%), police stations (21.9%) and guardianship council (12.3%) (Table 2). It is important to note that the 2018 forwarding data was not found in the SINAN database.

Table 3 - Characteristics of events of violence against pregnant women according to SINAN form. Brazil, 2011-2018. (n=74,256)

Variables	n	%
Place of occurrence		
Residence	49352	66.5
Public road	9489	12.8
Other	7132	9.6
Ignored	8283	11.1
Occurred other times		
Yes	31575	43.0
No	27503	37.0
Ignored	15178	20.0
Self-inflicted injury		
Yes	7619	10.3
No	58994	79.4
Ignored	7643	10.3
Reason for violence†		
Sexism	7871	13.7
Generational conflict	4134	7.2
Street situation	791	1.3
Other	14879	25.9
Does not apply	8888	15.5
Ignored	20913	36.4
Type of violence*		
Physics	45931	61.9
Psychological/Moral	23135	31.2
Sexual	19979	27.0
Neglect/Abandonment	7367	9.9
Other	8503	11.5

Table 3 - Cont.

Variables	n	%
Means of aggression*		
Body Strength/Spanking	40108	54.0
Menace	14014	18.9
Sharp object/Blunt object	6782	9.1
Poisoning/Intoxication	3835	5.2
Firearm	1734	2.3
Type of sexual violence*		
Sexual harassment	3012	15.1
Rape	15705	78.6
Child Pornography/Sexual Exploitation	587	3.0
Other	1557	7.8
Procedure performed*		
STI Prophylaxis	1658	10.6
HIV Prophylaxis	1591	10.1
Hepatitis B Prophylaxis	1256	8.0
Abortion provided for in law	1521	9,7
Blood collection	4432	28.2
Semen collection	228	1.5
Collection of vaginal secretion	692	4.4
Emergency contraception	638	4.1
Referral*		
Health network	19874	32.7
Social assistance network	6036	9.9
Guardianship Council	7463	12.3
Women's Service Network	2760	4.5
Other police stations	7609	12.5
Women's Service Police Station	5694	9.4
Other	2171	3.6

*Allows you to mark more than one answer; †Variable with n = 57476; included from 2014 in the SINAN form.

Regarding the characteristics of the probable perpetrators of violence, the number involved was only one in most cases (76.5%), just as the author being male was more predominant (70.3%). The partner or ex-partner (50.5%) was the aggressor most described by pregnant women and most were between 20 and 59 years old (46.7%). The suspicion of alcohol use appeared in a quarter of the cases (Table 4).

Table 4 - Characteristics of the probable perpetrators of violence against pregnant women according to the SINAN form. Brazil, 2011-2018. (n = 74,256)

Variables	n	%
Number of involved		
One	56798	76.5
Two or more	12469	16.8
Ignored	4989	6.7
Sex		
Male	52216	70.3
Female	13771	18.6
Both sexes	3783	5.1
Ignored	4486	6.0
Probable author*		
Partner or ex-partner	37526	50.5
Family	12397	16.7
Friend/acquaintance	7157	9.6
Unknown	7669	10.3
Own person	7503	10.1
Other	5013	6.8
Suspected use of alcohol		
Yes	19227	25.9
No	33235	44.8
Ignored	21794	29.3
Life cycle		
Child (0 to 9 years)	235	0.3
Teen (10 to 19 years)	6039	8.1
Young (20 to 24 years)	10421	14.1
Adult (25 to 59 years)	24192	32.6
Older person (60 or older)	297	0.4
Ignored	33072	44.5

*Allows you to mark more than one answer.

DISCUSSION

The numbers of reports of violence against pregnant women presented in this study show the importance of the theme in the field of public health. It is expected that a pregnant woman has access to primary health care services for prenatal care and that the professionals involved in the reception and care of these women treat this problem as a problem, which needs to be faced in order to avoid negative outcomes for the woman and child. Inadequate prenatal care is pointed out as a factor associated with any type of violence suffered by pregnant women[14].

The use of the SINAN database helps in the characterization of the profile of victims who are welcomed and cared for at different points of the health care network, support and protection network, which allows the monitoring of victims[15]. However, a national study highlighted that the risk of death from aggression in women reported for violence in SINAN was higher than in the general

female population, revealing the fragility of care and protection networks in the care of victims[16]. In addition, limitations with the use of SINAN are described, such as: the incompleteness of the reported information that results in significant "indefinite" situations and outdated data[15].

As well as the increase in reports of violence against pregnant women observed in this study over the years, official data from the Public Security Forum show that there was a significant increase of 30.7% in the number of homicides of women in the country during the 2007-2017 decade[13]. The data from "dial 180" showed that in the first four months of 2020 there was a 14.1% increase in reports of violence against women compared to the same period of the previous year[17].

Compared to studies from different continents, in Bangladesh one in four women who reported having had IPV also reported having one or more miscarriages, stillbirths and induced abortions[18]. In Colombia, 8.9% (1,271) of women suffered violence during pregnancy, half of which were assaulted by a former partner (50.7%) and by the current partner (29.7%). Women who suffered violence, who did not have prenatal care or had less than four consultations were more likely to have a premature child[19].

In Sweden, 38.7% (656) of mothers reported a history of violence and of these 2% (34) experienced domestic violence during pregnancy. Women who reported violence had a significant risk of having premature newborns (less than 37 weeks). Early identification of a history of violence or continued violence during pregnancy is critical to providing extra support to women, which can have a positive impact on the birth of the baby[20]. In São Paulo, in a survey conducted with post-natal women, 34.6% (49) of the interviewees reported having suffered domestic violence during pregnancy, with psychological violence being more prevalent (71.4%) and 25.3% reported that violence increased during pregnancy[21].

Young, black/brown, with low schooling, single, without disabilities and in the first trimester of pregnancy are described as the most prevalent characteristics of pregnant women who suffered violence in this study. Similar to these data, research in Ethiopia identified that mothers without formal education were more likely to experience physical violence than those with advanced educational level[11] and in Malaysia single status was a factor associated with emotional and sexual violence[22]. In Iran, there was no significant relationship between women's education and physical violence. However, there was a correlation between male education and domestic violence, that is, the higher the educational level of men, the less domestic violence there is[23].

The SINAN file contains no questions about the victim's religion, income or about the pregnancy having been planned. These variables were pointed out as important in a study conducted in São Paulo, because there was a statistically significant association between the occurrence of domestic violence during pregnancy and the variables: being of the evangelical religion, having family income below 1,000 reais and not planning the pregnancy[21].

As found in this research, other studies indicate that black and brown women are the greatest victims of violence[13–17]. These results denounce racism in a specific and veiled way. They point to the urgency and the need for studies aimed at the black population, because even being the most violent group, it is socially invisible[24]. The intersection between the social markers of gender, race and class causes black women to suffer multiple violence and have their apex in lethal violence[25].

Pregnancy is a time when the woman should receive protection and care to be able to have a pregnancy and childbirth without complications. However, a review study[26] pointed out that violence against pregnant women has no time to happen and is independent of race, color, schooling and social class. Concerning maternal and fetal health outcomes, violence against pregnant women contributes to increased maternal mortality, perinatal deaths, low birth weight, abortions and premature births. Therefore, the professional who performs prenatal care should be aware of any small sign implicit in the words of victims of violence, because it is the first contact with vulnerable pregnant women.

The care provided by the Family Health Strategy must consider the magnitude of the abortion caused to the health of women and, therefore, health professionals need to be aware and recognize the factors associated with the decision to abort. The experience of domestic violence in childhood and adolescence and in the marital relationship are issues that can be associated with such a decision. In primary health care, the nurse has an important position and it is in this scenario that health promotion and prevention actions can be carried out with a view to avoiding abortion[9].

Regarding the characteristics of the events of violence against pregnant women, the environment of the residence was the place with the highest occurrence, as well as being of repetition, the main violence being of the physical type through the use of body force and beating and the partner or ex-partner being the most described aggressor. Similar data can be seen in a survey conducted in Ethiopia that identified 100 (25.8%) mothers who suffered some violence from their intimate partners during the period of pregnancy. Physical violence was the most prevalent, followed by psychological and sexual[27]. However, unlike SINAN data, a study in Iran found a higher prevalence of sexual violence (14.8%) suffered during pregnancy, followed by psychological (9.9%) and physical (6.5%)[23], and a survey of mothers in Malaysia showed a higher prevalence of psychological violence in pregnancy (29.8%) compared to physical (12.9%) and sexual (9.8%)[21].

These differences in the types of violence found occur because the studies use different types of methodological approaches to obtain the data. Because these are cases of notification in which the pregnant woman usually sought care in a health service, physical violence is highlighted, because the violence that makes a woman seek care in a health unit was usually because it had physical repercussions, that is, some kind of aggression or beating.

Many women seek the Unified Health System (SUS) looking for care and, for different reasons, do not always report the cause of their injuries, even when they were victims of violence[28]. Behind a case of physical violence, there is psychological violence in her family and/or intimate relationship with a partner, in which the woman herself does not consider it to be real violence.

Regarding the data on sexual violence against pregnant women, it is observed that rape appears as the most reported by pregnant women. This type of violence is underreported in Brazil and is usually associated with the intrafamilial environment. The suspect is described as being unknown or not informed most of the time, and it is difficult to obtain data about his profile[17].

The probable perpetrators of violence against pregnant women were adults, males, partners or ex-partners. On this profile, a study conducted in a police station in northeastern Brazil showed that in police records of violence against women, physical aggression was the most common, followed by threats and verbal aggression, and domestic violence was more prevalent than community violence. The partner or former partner was identified as the main aggressor[29].

The suspicion of alcohol use by the perpetrator of violence appeared in a quarter of the cases, however this variable has a high percentage of ignored answers. Other studies point to this variable as a highlight. In Bahia, in four family health units, physical violence during pregnancy was associated with frequent consumption of alcoholic beverages by the partner[30]. In Malaysia, the consumption of alcohol by the partner was associated with a higher chance of women being victims of emotional or physical violence[21].

According to the SINAN registry, it was not possible to identify the outcomes of violence suffered for the health of the pregnant woman and her baby.

Violence against women is a serious public health problem and has gained centrality in the public debate of Brazilian society. There are many challenges in implementing consistent public policies to reduce cases, primarily linked to the ongoing easing of firearm ownership and possession. The possibility that more and more citizens have a firearm indoors tends to further enhance the lives of women in situations of violence, as there are high rates of domestic violence in Brazil[13].

The limitations of this study are: the database used does not allow the identification of each individual, making it possible that there is more than one notification for the same person and some variables (life cycle of the aggressor, suspected use of alcohol and reason for violence) were marked as ignored or left blank in many forms, which compromised the analysis of these items.

CONCLUSION

In the field of public health, this work contributes by giving visibility to the problem experienced by women who suffer violence from their partners even though they are pregnant and how much this disease generates consequences in the pregnancy post-natal cycle, especially with negative outcomes for the pregnant woman and fetus. Professionals who perform prenatal care need to be aware of the possible signs that the pregnant woman is suffering from violence and care for this woman so that the cycle of violence is broken and its effects mitigated.

When analyzing the characteristics of pregnant women in Brazil who suffer violence and their possible aggressor, it is proposed to advance studies on the subject at the locoregional level and in the construction of a network of care for women victims of more structured violence, based on public policies aimed at ensuring qualified care by professionals who perform prenatal care in primary health care units.

REFERENCES

1. Brasil. Secretaria Nacional de Enfrentamento à Violência contra as Mulheres. Secretaria de Políticas para as Mulheres. Política Nacional de Enfrentamento à Violência contra as Mulheres. [Internet]. Brasília, DF; 2011 [cited 2021 Jan 21]. Available from: https://www12.senado.leg.br/institucional/omv/entenda-a-violencia/pdfs/politica-nacional-de-enfrentamento-a-violencia-contra-as-mulheres
2. World Health Organization. World health statistics 2018: monitoring health for the SDGs, sustainable development goals [Internet]. Genebra: World Health Organization; 2018 [cited 2021 Jan 21]. Available from: https://apps.who.int/iris/handle/10665/272596
3. World Health Organization. Respect women: Preventing violence against women [Internet]. Genebra: World Health Organization; 2019 [cited 2021 Jan 21]. Available from: https://apps.who.int/iris/handle/10665/312261
4. Ministério da Saúde (BR). Portaria nº 104, de 25 de janeiro de 2011. [Internet]. 2011 [cited 2020 Dec 15]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt0104_25_01_2011.html
5. Bonfim EG, Lopes MJM, Peretto M. Os registros profissionais do atendimento pré-natal e a (in) visibilidade da violência doméstica contra a mulher. Esc Anna Nery [Internet]. 2010 Mar [cited 2020 Dec 15];14(1):97-104. Available from: https://doi.org/10.1590/S1414-81452010000100015
6. Santos AG, Nery IS, Rodrigues DC, Melo AS. Violência contra gestantes em delegacias especializadas no atendimento à mulher de Teresina-PI. Rev Rene [Internet]. 2010 [cited 2021 Jan 17];11(spe):109-16. Available from: http://www.periodicos.ufc.br/rene/article/view/4687/3489
7. Ministério da Saúde (BR). Pré-natal e puerpério. Atenção qualificada e humanizada. Manual técnico [Internet]. Brasília, DF: Ministério da Saúde; 2006 [cited 2020 Dec 15]. 163 p. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/manual_pre_natal_puerperio_3ed.pdf
8. Costa DCS, Ribeiro MRC, Batista RFL, Valente CM, Ribeiro JVF, Almeida LA, et al. Fatores associados à agressão física contra gestantes em São Luís, Maranhão, Brasil: uma abordagem com modelagem de equações estruturais. Cad Saude Publica [Internet]. 2017 [cited 2021 Feb 24];33(1):e00078515. Available from: https://doi.org/10.1590/0102-311x00078515

9. Couto TM, Nitschke RG, Lopes RLM, Gomes NP, Diniz NMF. Cotidiano de mulheres com história de violência doméstica e aborto provocado. Texto Contexto Enferm [Internet]. 2015 [cited 2021 Nov 16];24(1):263-9. Available from: https://doi.org/10.1590/0104-07072015003620012

10. Viellas EF, Domingues RMSM, Dias MAB, Gama SGN, Theme Filha MM, Costa JV, et al. Assistência pré-natal no Brasil. Cad Saude Publica [Internet]. 2014 [cited 2021 Feb 17];30(Suppl 1):85-100. Available from: https://doi.org/10.1590/0102-311X00126013

11. Yaya S, Amouzou A, Uthman OA, Ekholuenetale M, Bishwajit G, Udenigwe O, et al. Prevalence and determinants of terminated and unintended pregnancies among married women: analysis of pooled cross-sectional surveys in Nigeria. BMJ Glob Health [Internet]. 2018 Apr 27 [cited 2021 Feb 17];3(2):e000707. Available from: https://doi.org/10.1136/bmjgh-2018-000707

12. Silveira RS, Nardi HC. Interseccionalidade gênero, raça e etnia e a lei Maria da Penha. Psicol Soc [Internet]. 2014 [cited 2021 Feb 17];26(spe):14-24. Available from: http://doi.org/10.1590/S0102-71822014000500003

13. Brasil. Instituto de pesquisa econômica aplicada e Fórum brasileiro de segurança pública. Atlas da violência [Internet]. 2020 [cited 2021 Feb 24]. 96 p. Available from: https://www.ipea.gov.br/portal/images/stories/PDFs/relatorio_institucional/200826_ri_atlas_da_violencia.pdf

14. Khaironisak H, Zaridah S, Hasanain FG, Zaleha MI. Prevalence, risk factors, and complications of violence against pregnant women in a hospital in Peninsular Malaysia. Women & Health [Internet]. 2017 Sep [cited 2021 Feb 24];57(8):919-41. Available from: http://doi.org/10.1080/03630242.2016.1222329

15. Oliveira ML, Miranda CES. Caracterização das notificações de violência doméstica contra adolescentes. Rev Interd [Internet]. 2020 [cited 2021 Feb 24];13:1-8. Available from: https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/1683

16. Barufaldi LA, Souto RMCV, Correia RSB, Montenegro MMS, Pinto IV, Silva MMA, et al. Violência de gênero: comparação da mortalidade por agressão em mulheres com e sem notificação prévia de violência. Cienc Saude Coletiva [Internet]. 2017 Sep [cited 2021 Feb 24];22(9):2929-38. Available from: https://doi.org/10.1590/1413-81232017229.12712017

17. Brasil. Ministério da Mulher, da Família e dos Direitos Humanos. Denúncias registradas pelo Ligue 180 aumentam nos quatro primeiros meses de 2020 [Internet]. 2020 May [cited 2021 Feb 24]. Available from: https://www.gov.br/mdh/pt-br/assuntos/noticias/2020-2/maio/denuncias-registradas-pelo-ligue-180-aumentam-nos-quatro-primeiros-meses-de-2020

18. Afiaz A, Biswas RK, Shamma R, Ananna N. Intimate partner violence (IPV) with miscarriages, stillbirths and abortions: Identifying vulnerable households for women in Bangladesh. PLoS One [Internet]. 2020 Jul 28 [cited 2021 Feb 24];15(7):e0236670. Available from: https://doi.org/10.1371/journal.pone.0236670

19. Jaraba SMR, Garcés-Palacio IC. Association between violence during pregnancy and preterm birth and low birth weight in Colombia: Analysis of the demographic and health survey. Health Care Women Int [Internet]. 2019 Nov [cited 2021 Feb 24];40(11):1149-69. Available from: https://doi.org/10.1080/07399332.2019.1566331

20. Finnbogadóttir H, Baird K, Thies-Lagergren L. Birth outcomes in a Swedish population of women reporting a history of violence including domestic violence during pregnancy: a longitudinal cohort study. BMC Pregnancy Childbirth [Internet]. 2020 Mar 26 [cited 2021 Feb 24];20(1):183. Available from: https://doi.org/10.1186/s12884-020-02864-5

21. Okada MM, Hoga LAK, Borges ALV, Albuquerque RS, Belli MA. Domestic violence against pregnant women. Acta Paul Enferm [Internet]. 2015 May-Jun [cited 2021 Feb 24];28(3):270-4. Available from: https://doi.org/10.1590/1982-0194201500045

22. Khaironisak H, Zaridah S, Hasanain FG, Zaleha MI. Prevalence, risk factors, and complications of violence against pregnant women in a hospital in Peninsular Malaysia. Women Health [Internet]. 2016 [cited 2021 Feb 18];57(8):919-41. Available from: http://doi.org/10.1080/03630242.2016.1222329

23. Nejatizade AA, Roozbeh N, Yabandeh AP, Dabiri F, Kamjoo A, Shahi A. Prevalence of domestic violence on pregnant women and maternal and neonatal outcomes in Bandar Abbas. Electron Physician [Internet]. 2017 Aug 1 [cited 2021 Feb 18];9(8):5166-71. Available from: http://doi.org/10.19082/5166

24. Carrijo C, Martins PA. A violência doméstica e racismo contra mulheres negras. Estud Fem [Internet]. 2020 [cited 2021 Feb 18];28(2):e60721. Available from: https://doi.org/10.1590/1806-9584-2020v28n260721

25. Garcia D. Violência contra a mulher negra no Brasil: ponderações desde uma criminologia interseccional. RBSD [Internet]. 2020 [cited 2021 Feb 18];7(2):97-120. Available from: https://doi.org/10.21910/rbsd.v7n2.2020.381

26. Araújo DL, Barbosa TA, Coimbra NX, Costa CSC. Violência doméstica na gestação: aspectos e complicações para mulher e o feto. RESAP [Internet]. 2020 Apr 29 [cited 2021 Feb 18];6(1):64-76. Available from: https://www.revista.esap.go.gov.br/index.php/resap/article/view/193/193

27. Demelash H, Nigatu D, Gashaw K. A case-control study on intimate partner violence during pregnancy and low birth weight, southeast Ethiopia. Obstet Gynecol Int [Internet]. 2015 [cited 2021 Feb 18];2015:394875. Available from: https://doi.org/10.1155/2015/394875

28. Signorelli MC, Auad A, Pereira PPG. Violência doméstica contra mulheres e a atuação profissional na atenção primária à saúde: um estudo etnográfico em Matinhos, Paraná, Brasil. Cad Saude Publica [Internet]. 2013 Jun [cited 2021 Feb 25];29(6):1230-40. Available from: https://doi.org/10.1590/S0102-311X2013000600019

29. Bernardino IM, Barbosa KGN, Nóbrega LM, Cavalcante GMS, Ferreira EF, d'Avila S. Violência contra mulheres em diferentes estágios do ciclo de vida no Brasil: um estudo exploratório. Rev Bras Epidemiol [Internet]. 2016 Oct-Dec [cited 2021 Feb 25];19(4):740-52. Available from: https://doi.org/10.1590/1980-5497201600040005

30. Santos SMAB, Oliveira ZMO, Coqueiro RS, Santos VC, Anjos KF, Casotti CA. Prevalência e fatores associados à violência física contra mulheres grávidas. Rev Baiana Saude Publica [Internet]. 2016 [cited 2021 Feb 25];40(1):190-205. Available from: https://doi.org/10.22278/2318-2660.2016.v40.n1.a1881

NOTES

ORIGIN OF THE ARTICLE
Extracted from the doctoral project - Violence against pregnant women by the intimate partner: an analysis of prenatal to postnatal, linked to the Graduate Program in Public Health, of the Escola Nacional de Saúde Pública Sérgio Arouca, in 2021.

CONTRIBUTION OF AUTHORITY
Study design: Colonese CF, Pinto LW.
Data collection: Colonese CF, Pinto LW.
Data analysis and interpretation: Colonese CF, Pinto LW.
Discussion of results: Colonese CF, Pinto LW.
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ACKNOWLEDGMENT
We thank the Graduate Program in Public Health of the Sérgio Arouca National School of Public Health (PPGSP/ENSP) for the financial support to this publication.

FINANCING INFORMATION
This work was carried out with the support of the Coordination for the Improvement of Higher Education Personnel - Brazil (CAPES) - Financing Code 001.

APPROVAL OF ETHICS COMMITTEE IN RESEARCH
The data used comes from a database composed of information without the possibility of individual identification of the population and available in free access on the Datasus website.

CONFLICT OF INTEREST
There is no conflict of interest.

HISTORICAL
Received: June 01, 2021.
Approved: November 25, 2021.

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