Violence against rural women: gender and health actions

Violência contra mulheres rurais: gênero e ações de saúde
Violencia contra mujeres rurales: género y acciones de salud

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ABSTRACT

Objective: To analyze from an analytical category of gender, the dimensions of violence against rural women according to health management staff, professionals and workers from the southern municipalities of Rio Grande do Sul. Methods: It is a qualitative study carried out with 56 participants of municipal health staff, professionals and workers who work in rural areas. The data were generated by a semi-structured interview and underwent analysis of thematic content. Results: It was observed male's power and authority as the home supplier and chief while the rural woman is seen within the relation among labor, subordination and obedience. The presence of prejudices and concrete gender inequalities stimulates discrimination practices. Besides, it is justified domestic violence and limitation of women's rights. Conclusion: it is concluded that for most of the interviewees violence against rural women has become a natural event and a problem of difficult insertion in health area. Keywords: Violence Against Women; Gender and Health; Rural Population Health; Primary Health Care.

RESUMO

Objetivo: Analisar, a partir da categoria analítica de gênero, as dimensões que a violência contra mulheres rurais assume nas concepções de gestores, profissionais e trabalhadores da saúde de municípios da metade sul do Rio Grande do Sul. Métodos: Estudo qualitativo, realizado com 56 participantes, constituídos de gestores municipais, profissionais e trabalhadores da saúde que atuam em áreas rurais. A geração de dados ocorreu por entrevista semi-estruturada. Foi utilizada análise de conteúdo temática. Resultados: Observou-se o poder e a autoridade do homem como provedor e chefe da casa. A mulher rural é vista sob a ótica da relação de serviço, subordinação e obediência. A presença dos preconceitos e das desigualdades concretas de gênero estimula as práticas discriminatórias, justifica a violência doméstica e limita os direitos das mulheres. Conclusão: Conclui-se que para a maioria dos entrevistados a violência contra as mulheres rurais é naturalizada, tornando-se uma problemática de difícil inserção no campo da saúde.

Palavras-chave: Violência Contra a Mulher; Gênero e Saúde; Saúde da População Rural; Atenção Primária à Saúde.

RESUMEN

Objetivo: Analizar, considerando la categoría analítica de género, las dimensiones de la violencia contra mujeres rurales según las concepciones de gestores, profesionales y trabajadores del área de la salud de municipios del sur de Rio Grande do Sul. Métodos: Estudio cualitativo realizado con 56 participantes, siendo gestores municipales, profesionales y trabajadores de salud de áreas rurales. Los datos resultaron de entrevista semiestructurada y se utilizó el análisis de contenido temático. Resultados: Se observó el poder y la autoridad del hombre como proveedor y jefe del hogar. La mujer rural es representada en la relación de servicio, subordinación y obediencia. La presencia de perjuicios y desigualdades concretas de género estimula prácticas discriminatorias, justifica la violencia doméstica y limita los derechos de las mujeres. Conclusión: Para la mayoría de los entrevistados, la violencia contra mujeres rurales es naturalizada, convirtiéndose en una problemática de difícil inserción en el campo de la salud.

Palabras-clave: Violencia Contra la Mujer; Género y Salud; Salud Rural; Atención Primaria de Salud.
INTRODUCTION

Violence against women is a phenomenon with interfaces in Collective Health, because it stands out as a contradiction in the lives of women, generating tension and resulting in changes to health and disease. In the rural context, the few studies on the subject pointed out the unawareness of the situation of women in general and health aspects with regard to the specific characteristics and peculiarities of life, whether in family, social and labor context. As a result, it is believed that violence against women, in this context, is not in action object and boosters elements of public authorities and institutional intervention in specific health care practices of effective care.

The constituent elements of the problem of violence against rural women comprise social, cultural, economic aspects, besides the own specificities of this context. In addition, it is understood that the representations that the subjects elaborate as interpretation of violence reflect the hegemonic social construction and permanence of masculine and feminine cultures and violence as a reflection of the asymmetry of power in gender relations prevailing.

In this approach, violence against women, in rural or urban areas, needs to be understood as gender violence, which designates the violence in a context of gender inequalities sustained by a hegemonic matrix, in which the dominant conceptions of femininity and masculinity are configured from symbolic disputes and materials processed in various social spaces - the family, the school, the Church, the society, among others. These inequalities are formalized and institutionalized in several private and public organizations, and also in the several groups in a society, being present in the daily lives of rural women's life and work.

Thus, this study recognizes that from the adoption of critical-theoretical perspectives and understanding of gender relations, enables understanding of attitudes, behaviors and social roles are results of multiple influences. In this direction, the objective to analyze, from the analytical category of gender, the dimensions that violence against rural women assumes in the conceptions of health professionals and managers of municipalities in the southern of Rio Grande do Sul.

METHOD

It was opted for the exploratory and descriptive research with qualitative approach. The qualitative approach reveals the purpose of the problem under study, i.e. to describe, understand and explain the research question, expanding the world of meanings, beliefs and values of the subject. The study local chosen was the geographical base of Interdisciplinary Research Program (PROINTER), which is the fruit of a French-Brazilian inter-university cooperation agreement between the Federal University of Rio Grande do Sul, the University of Paris 7, Paris University 10, Bordeaux University 2 and the Federal University of Paraná. The region chosen for the development of this program was the "southern" of the State of Rio Grande do Sul, which has been suffering a growing economic slowdown, when compared to other regions of the State, which makes visible regional disparities. In this program eight municipalities are included: Arambaré, Camaquã, Canguçu, Chuvisca, Cristal, Encruzilhada do Sul, Santana da Boa Vista and São Lourenço do Sul.

The participants of this study were managers, professionals and health services workers operating in rural areas, assisting the demands of women that paid assistance to women in situation of violence, for a period greater than 6 months. In numbers, 56 participants: 13 managers, 19 community health agents, 14 nurses, 9 doctors and 1 psychologist.

For the generation of the information, discursive elements were sought through semi-structured interview. It was built up a guide for the interviews, organized on two axes: the first dedicated to the socio-demographic characteristics of the respondents and the second with open questions that beheld the object of study. The interviews were scheduled in advance with the professionals, carried out at health units in which they were inserted, in the period from July to November 2010.

For the treatment of the data, the method of Content Analysis was used, through the technique of thematic analysis, considering the pre-analysis, exploration of the material, and the processing of results obtained and interpretation. There are two thematic categories presented in this article: "Power and authority, nature and culture" and "Productive and reproductive space... Place of man and woman".

This study was conducted in line with the standards of the Resolution 196/96, to research with human beings. It obtained approval by the Ethics Committee in Research of the School of Public Health of the Secretary of Health of the State of Rio Grande do Sul (CPS-ESP) under CPS-ESP protocol 496/2009. Participants were informed about all aspects of research and received and signed an informed consent term. In order to maintain the anonymity of the participants, the lines are identified for encodings in the form of acronyms as the profession/occupation of the participants, as follows: MAN for managers, CHA for the communitarian agents of health, NUR for nurses and MED for medicals, followed by a numeric digit to differentiate them from each other.

RESULTS AND DISCUSSIONS

Violence, power and authority - nature and culture...

The dimensions expressed by the participants with regard to violent relations between rural men and women reveal, the power and the authority of man as the provider and head of the house. The rural woman is seen from the perspective of service relationship, subordination and obedience. In the following lines, she is considered responsible for biological reproduction, caretaker of the home and household chores, without the right to express and report their feelings, and with little or no legitimacy to not have "conformities".
It is guided in the permanence of the asymmetries of power, in which inequality and exclusion for women are explained by physical, sexual and biological differences, justifying the nature of female subjection through her social “functionality”. This is cultural and ideologically, and reproduced in “remain unconscious” of professional practices.

In this perspective, the representations of masculinity and femininity as the dominant institution of power and value of return to work, for example, can be evaluated in the repercussions of the unequal use of a few attributes and others, such as the use of physical force as tool and exercise of that power, being that in the acceptance and naturalization that exercise becomes the perpetuation of violent acts.

The male is ritualized as the place of action, the decision of the leadership of the network of family relationships and fatherhood as a synonym for filling material. As a result, the masculine is invested significantly with social position (naturalized) as agent of power of violence having, historically, a direct relationship between the prevailing conceptions of masculinity and the field of people, of wars and conquests.

It can also be identified, the persistence of inequalities in the belief or the non-existence of equality between men and women when participants say “I think gender equality does not exist” (MED$_{15}$), or, “there’s no such thing as equal rights” (CHA$_{8}$). The inequality of men and women is “far from being natural, is in the cultural tradition by power structures, by agents involved in social relations”.$^{88-83}$

The speech is very clear and highlights this persistence of willingness to command and to obey. Thus, it is understood that the process of cultural construction of gender inequalities throughout history, is in permanent provisions to “be submitted”, and for women in subjection relation recognizes, in their little physical force a natural “inferiority”.$^{10}$

The inequality of power between genders, make it difficult to delimit the boundaries between gender behaviors by culture and conveyed by the system exploitation/domination of women, and the time of the overrunning of limits they become violence. Thus, gender inequalities, inequities producing and vulnerabilities, constitute violence.$^{9}$

In a study that sought to trace the profile of women and men involved in situations of marital violence, it was found that the aggressions between women and men corroborate the findings of this study, and refer clearly to a feeling and a practice of possession of man over the woman, marked by the desire to keep them in servitude, as the exclusive property.$^{7}$
The conceptions of conjugal relationships show that the exercise of power occurs differently and is weighted unevenly between the genders. Thus, many women, especially those who reside in rural areas, according to the participants of this study, subaltern positions in the family hierarchy. This condition of subaltern configure and aggravates the violence and reaches the capacity of women to sexual and socially self-determined, making them more vulnerable to physical and emotional abuse.

Regarding to power, it is divided into two faces: power and impotence. Women, generally, are socialized to live with impotence; men - always contingent upon strength - are prepared for the exercise of power, and not coexisting with impotence. It is believed that at the moment of experiencing impotence that men do violent acts, establishing such relations.

In the area under the study, respondents reported that violent relations between men and women accentuate the position of submission of women, being the image of the woman victim that predominates in their representations, associated to the stereotype of submission and defenselessness. Thus, they concede that the sociocultural construction of female identity and the definition of female roles - passive and submissive figure - have created spaces conducive to the exercise of male domination and "allowing" the violence. In the statement of the participants:

[... the main violence is the imposing of man over the woman because he is the holder of the livelihood, is he that he plant, harvesting, the land already is in his name. And the rural woman is submissive, is the man who comes to town to make the loan, to get a loan to buy things for women (MAN). If you observe, walking down the street, you see that the husband is a meter in front of his wife (NUR)].

It's like I told you, “this is like the last century”, women have no voice [...] If you observe, walking down the street, you see that the husband is a meter in front of his wife (NUR). It is observed, in the participants' statements, that the submission of rural women is pegged, mainly to "dependency" factor of the husband, of "wife's duties" and also the desire to keep the family together, even though apparently.

In this sense, it is argued that in the symbolic dimension of gender violence are several factors that may contribute to the woman to adopt the position of submission and silence about the aggression suffered. Among them, there are: the desire to have a family and keep it together; the prescription of family roles with different functions for man and for woman, in which he has the function of man and head of the family and the woman the responsibility of caring for the home and children, and the "unequal distribution of power, and the man-father-husband decisions regarding the rules to be followed for the family", which must undergo to male power. It is the (re)production of narrative behavior, being the masculine source of this production.

In this perspective, in a study developed in a maternity of São Paulo, the authors sought to identify, in interviews with health professionals, the meanings assigned to violence and woman victim of violence. The results, even related to an urban reality corroborated the findings of this study, because the professionals recognize as a cause and a consequence of violence against women, gender inequalities and consider submitting one of its elements.

The relationship between men and women in the dimensions analyzed has shown the character of domination, by assigning to women the "condition" of submission, portrayed in obedience, reproduction, fidelity, caregiver at home and the education of children. Gender roles, naturalized, influence the forms of being born, live and die in submission and still have been configured in the expected behavior and "fate" in many social contexts. In this way, the area of representations in the dimension of the submission appears as social model for women in situation of violence, which reinforces the scapegoating and the naturalization of this type of violence.

Thus, these representations reinforce the "role of women" while "being inferior" and reproduce the naturalization and the trivialization of violent acts being bigger to rural women. Acceptance of submission as something inherent in the female, gives opportunity to violence, at the same time that hinders their identification, their "diagnostic recognition" under the institutional practices of health and their coping.

**Productive and reproductive space... Place of man and woman**

Within family context, it was identified on the statements that rural women are viewed and treated just as "family welfare providers", or "means of welfare of others", or mothers and wives without their own demands and autonomy. In this space, it is more evident and materially identifiable the presence of prejudices and concrete gender inequalities often encourage discriminatory practices, domestic violence and justify limiting women in decision-making in matters concerning their daily life and, in particular, to "productive" work running in the fields.

[...] she has not autonomy to go and buy something because the husband denies it very much. They oppress a lot. They come out mostly for the practice of sport. Normally they do not go out almost anywhere. Ninety percent or more of the women stay at home and while the man goes out to hunt, to play. And, in fact she looks almost like a slave (NUR). The statements show the way of socialization of women considered opposed of the man, sweet, submissive, at home, being the domestic environment permeated, in many situations, by exemption from formal laws, which in fact, allows the opening of path to the law of "stronger", to legitimize the power of the husband over the wife and kids. In this way, "private ethics" are established that hierarchical family relationships and submit "the weakest", becoming "naturalized" justification of
aggravations in the private environment, in the particular case of violence\textsuperscript{13}. The female identity is built based on what she learned over the years recognizing as inherent to their condition of being a woman: get married, take care of the house, the kids and the husband, being responsible for the harmony of the home, and, in this context, the marriage ends up being a project of women’s life.

The wedding in the countryside is an eyesore like this kind of sacred, mainly, “I got married and if I let my husband everyone will talk about me that I am a slut”. No one will talk about the husband, “her husband left her”. “I left home, I left my husband and everybody else”… “if I leave and get out of the house, they’re going to say that I’m a whore, so I endure here because here I have food, I got home, and I’m going to go out and go where?” (\textsc{Cha}\textsubscript{13}).

[…] There are many that occurs as well, to get married because it’s ugly a separation, still occurs in the region, the old system, which in the Pomeranian culture is still very strong, get married until the end of their lives together, suffering violence, anyway (\textsc{Man}\textsubscript{15}).

The statements represent the dimension that the institution of marriage assumes in the rural area, that even living with situations of violence is difficult for women to renounce marriage because it assures them a set of socially expected roles, and that keeps them “valued” in society. The valorization of rural marriage institution is shared in such a way that is advised by their own family to stay in the marriage, is independent of the quality of the relations established in the private space.

The situation analyzed and interpreted by managers, professionals and health workers strengthen the representation of the indissoluble marriage, being that this representation is sustained in the biblical expression “the wise woman builds her house, but the foolish to destroy”, exposing the woman to criticism and the judgment of society by the breakup of the marriage, feeling a failure for not being able to keep the “harmony of the home”\textsuperscript{14}.

It is argued that the place socially “destined” to women farmers remains the family: it is in the privacy of home, first and foremost, they must find personal fulfilment. And, motherhood today supposedly optional, is still the central component, defining feminine identity. Disabled since childhood, to their traditional occupation, they must find personal fulfillment. And, motherhood remains the family: it is in the privacy of home, first and foremost, they must find personal fulfillment. And, motherhood, is independent of the quality of the relations established in the private space.

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Symbolic domination requires that the dominated people have incorporated the structures (provisions) when the dominant people realize, structure and hierarchize relations, that is, the different body positions that reproduce and are visible in the way they use the body and brain, in the form of principles of perception of the bodies of the others. Thus, the male domination is a particular case, but in a way, extreme symbolic domination, often expressed by limitations, obligations to the body, allowing them to speak in “violence”\textsuperscript{15}.

These reflections allow saying that domestic violence is “invisible” and this invisibility accentuates in part by limiting women’s access to services and by “always current” naturalization of the space of the house as the private, of husband and wife. In many reports, it was noted that the man does not allow his wife engaged in activities outside the home, keeping her, then, in a situation of dependency and violence.

Some statements of the respondents, more rare, and especially those of communitarian agents of health, point to some ongoing transformation vision of marriage, home, mainly to the rural youth, in which the union between two people is no longer considered the traditional and unique option. These young girls foresee other possibilities, even though often difficult to achieve, continuing her studies and find work in the city.

[…] some things are changing, you can see that the young girls here in the countryside, want to finish high school or go to the city to get a service […] even it’s a bit tight at first, but does not depend on outside. They say they don’t want to be like their mothers, they have other opportunities […] these things are changing, but are punctual, but more that I see is the girls because the boys are still rather working in the fields (\textsc{Cha}\textsubscript{15}).

It is observed in this report a different view of boys and girls about staying in rural areas and the marriage. Study that addresses the different representations built by young rural around the idea of marriage, in the western region of Santa Catarina, points out that, for the boys, to marry a woman farmer is a guarantee of continuity of household production; for girls means giving continuity to a life of subjection not to the will but others\textsuperscript{16}.

Thus, in this reasoning, if the marriage traditionally played and still plays a key role for many rural women in social reproduction of the family patrimony and in the organization of the work process, seeking to reproduce it with templates and patterns typical of family, is being questioned by some rural women unhappy with the role and the place assigned to them in this process\textsuperscript{16}.

This representation of change in some aspects of life whether in the home or in the work of rural youth, with the search for new opportunities, are referred to more readily by the community agents of health, showing that this worker, the closeness with the families and with the young, tends to know better the life contexts, which allows them to visualize and address other elements of daily life than the traditional.

However, these changes, mainly for managers and professionals are punctual, because women are still seen by her husband as “slaves” and “labor”. The following lines accentuate this vision.
These lines represent the rural women, whether at home or in the fields as "utilitarian", "instrumental", relating her to a "production machine". This character associated with the use of force and the skills can become vulnerabilities to violence.

Another element evidenced in the study is the space of production and reproduction. In this way, by analyzing the sexual division of labor in the capitalist order stresses that the same established the space/time separation between productive and reproductive work, fostered a principle of separation of work of men and women’s work, and also a hierarchical connotation. This principle ends up being decisive in the area of social relations between men and women. The sexual division of work has been another process of understanding the process of constitution of social practices permeated by gender constructions.

Thus, these practices, even if they are social constructions, are regarded as natural subjection, divided between objects and behaviors considered feminine and masculine. It is in this direction that the following lines represent the sexual division of work, assigning the man the responsibility for productive space and the woman through space in concrete dimension reproductive relationship of “family service”. In this sense, rural women in productive space, but not recognized legitimate, just as help to her husband, as read in the lines of the participants.

The man works in farming and the wife at home and in the fields, because her husband is forcing her to work in the fields, she has to work [...] If you look in general in farming, you can’t distinguish who is a woman and who is man, wearing clothes and hats, being outside in the sun (NUR).

In this way, the socio-family inequality and prompted rules of sexual division of work, contribute to that women experience potentially socio-economic risk factors, which, in interaction with the structure of power, affect their health by exposure to different situations of vulnerability.

In this context, women are considered active workers of the production processes, in addition to the work on the farm, cultivate food that goes to the family table. Women are not the one that hide, but the unequal relations that they attribute hierarchies.

With this, their work in the productive sphere remains virtually invisible because it is practiced within the establishment, being practically the only men responsible for contacts with the outside world - banks, unions, cooperatives, among others.

FINAL CONSIDERATIONS

On the conceptions of the participants, the findings and discussions allow thinking that managers and health professionals, in this area, have no consciousness of materializing the symbolic dimension, social history of violence against women and in particular, rural women, such as their geographical and cultural singularities. In this sense, it is mentioned that violence for most of the respondents is based on the "fate of gender", resulting in the naturalization and on standardization of events and their causes. This often prevents the action about it and the recognition as unacceptable in terms of human rights and of a dignified life.

These stereotypes about gender roles and marital relationships may reflect difficulties of these professionals in understanding the behavior of rural women. The absence of women seeking help at health services occurs precisely because this reading, keeping a "circle" that perpetuates the invisibility and non-intervention on the events of violence.

It is also believed that those dimensions identified in the statements of managers, professionals and health workers indicate the "naturalization" of violence by the (in)ability to act upon it in paradigmatic and programmatic dimension of health, being easier, many times, "to leave it" and (not)considering these events than turn them into technical and social responsibility.

It is recognized the necessity of producing ruptures in the forms imposed and rooted in health care, in conservative and stereotypical views of understanding of violence. These ruptures can allow an extended reading of elements in these complex events. It is supported, in particular, the need to make gender considerations in an attempt to not reproduce injustices in the practices. In addition, actions in health for women in situation of violence seem, in fact, require an intervention that includes new elements of understanding of subject-women (re)constituting or (re)signifying what is health, needs, attention and care. From this, new perspectives and coping strategies can guide and constitute health policies and other professional practices.

Considering that this is a local study, the analysis are limited to this particular reality. In this way, there is not the pretension to universalize results, however, the aim is to enlarge the reflections on the subject that is broad, thought, provoking and admitting other reviews, readings and contributions.

REFERENCES


[... they don’t see the woman as a companion, as a mother of children, they look at the woman as a slave. I think this is the biggest humiliation that women feel (CHA).]

[... most of them see the wife and children labor, and there is a big mistake because they’re not seeing they’re using her like a machine, and the machine has worn [...] at the time that she wears, she will begin to produce less, producing less he will earn less, and if she gets sick, the machine stops, and she stops producing that much that she produced for him. Now if he keeps the hot machine, which for him is his wife and son, he’ll have more result (MAN).]


