

EDITORIAL

Gender and violence: contributions to the debate

Kerle Dayana Tavares de Lucena¹, Elisa Tristán-Cheever²

¹PhD professor at the State University of Health Sciences of ALAGOAS. Leader of the Health and Community Research group: Seeking the integrality of care (GPESC).

²Pediatric Surgeon, Masters in Public Health, Northeastern University, Boston. Manager, Cambridge Health Alliance, EUA, affiliated with Harvard University.

Corresponding author:
kerledayana@gmail.com

Manuscript received: June 2018
Manuscript accepted: June 2018
Version of record online: June 2018

Abstract

The term gender is defined as the social construction of sex, differentiating itself from the variable “sex” because this refers to the biological dimension of anatomical and physiological characterization of human beings, recognized as essential and innate in determining the distinctions between men and women. Gender violence is characterized as a phenomenon of multiple determinations that defines any act based on gender relations that results in physical and psychological harm or suffering. It refers to the hierarchy of power, desires of domination and annihilation of the other, and that can be used consciously sometimes in relationships as a mechanism for subordination of one person to the partner. Understanding how violence occurs from gender relations is essential in order for the phenomenon to be addressed. In this perspective, the Journal of Human Growth and Development has provided a wide debate on the subject, contributing to the decision making in regards to the fight against gender violence..

Keywords: gender identity, knowledge, violence.

Suggested citation: Lucena KDT, Tristán-Cheever E. Gender and violence: contributions to the debate. *J Hum Growth Dev. 2018; 28(2):109-112*. DOI: <http://dx.doi.org/10.7322/jhgd.147315>

According to the World Health Organization (WHO), Brazil presents a rate of 4.8 homicides per 100,000 women, in a group of 83 countries with homogeneous data, and occupies the 5th position, showing that local indexes far exceed those found in most countries of the world. El Salvador, Colombia, Guatemala (three Latin American countries), and the Russian Federation showed higher rates than Brazil¹.

In Brazil, violence against women only gained greater notoriety with the creation of Law 11.340/2006, popularly known as Lei da Maria da Penha. This phenomenon came to be defined as a specific crime and possible changes in the

form of punishment to the aggressors were provided². It is worth noting that domestic and family violence assumes various forms within society, being divided and classified, among other forms such as physical violence, patrimonial violence, sexual violence, moral violence and psychological or emotional violence³. The literature describes several factors associated with domestic violence, such as: family history of violent acts, partner's use of alcohol, unemployment, poverty, low socio-economic level of the victim, low social support offered to women, and emotional dependence on the aggressor.

Gender is a category created to demonstrate that the vast majority of differences between the sexes are socially and culturally constructed from differentiated social roles, and that in the patriarchal order, poles of domination and submission are created. Sex describes characteristics and biological differences, which are exclusively related to anatomy and physiology. Gender, in turn, encompasses the sociocultural differences between the female and the male, which were historically constructed⁴.

The characterization of gender is still flattened in the question of power, which is a motivating element of inequalities between men and women, which corroborates violence and negatively affects the quality of life and health of women³.

In most cases, society imposes the existence of two spheres: masculine and feminine, not complementing each other, but rather as a form of sovereignty of the masculine part in relation to feminine, consolidating even more the patriarchy still present in the current environment.

Domestic violence against women is one of the consequences of inequalities caused by gender issues. It is an act based on the relations between the sexes, that causes physical and psychological damages and/or suffering for the woman⁵. It is important to emphasize that this suffering doesn't just happen with those assigned as women at birth, but also with the ones who identify themselves as one.

In Brazil, gender inequality has its roots in the colonialist patriarchalism that it has produced, having the gender category as the background, blending in with racism. With the advent of capitalism, social classes flourished in their fullness. The contradictions arising from the production of these categories constitute a reality governed by an equally contradictory logic⁶. The contradictions produced by the social construction of the sexes, especially through culture and ideology, oblige us to identify by sex, marked by power or lack of it⁷.

From this perspective, the need for public policies emerges. For this, social norms and cultural patterns (for both, men and women) which confirm, authorize, naturalize and trivialize male domination over women, must be combated in order to minimize or even eliminate the great differences between the genre created and maintained by a strong historical context, and which fortunately does not fit with modern society: of equal rights and for all⁸.

The issue 28(2) of the JHGD brings in its bulletin publications that contemplate articles dealing with cultural aspects of the health and disease process by talking about various factors and conceptions to explain health and illness. In addition, it allows a reflection on body, culture and meaning¹⁰. It also discusses intimate partner violence during the current gestation and severe maternal morbidity¹¹, evidencing the importance of broadening the debate about this serious public health problem.

Other themes are always discussed in the journal, such as those focused on nutritional aspects in childhood, revealing socio-demographic factors and obesity in children participating in a government program for the distribution of fortified milk¹², as well as a discussion of three methods for assessing the nutritional status of children from 2 to 6 years of age in the lower Amazon region of Brazil. The authors emphasized that there is an agreement between the nutritional status evaluation criteria, and the mementos that can be used for clinical research and follow-up of children in the Brazilian Amazon region¹³.

Regarding the use of drugs during lactation, the authors presents a discussion that revealed that the class of medication most used during lactation was that of contraceptives¹⁴.

In this same theme, the journal brings research and validation of a Food Frequency instrument for children, revealing that it is essential to re-adjust the food consumption of children for the calculation of energy, proteins, calcium, phosphorus, iron, potassium, magnesium and vitamin B2¹⁵.

In the field of perinatology, Gomes et al report that the type of delivery seems to influence abdominal mobility and respiratory rate, with a tendency for caesarean delivery to promote less abdominal mobility¹⁶.

Santos *et al.*¹⁷ point out that the functionality and quality of life of children with disabilities inserted in the public education of children, are influenced by different academic backgrounds of the professionals who take care of this school stage and which seem to corroborate with the educational background of these children.

Still following this line of health education, when investigating the Health and Education Program (PSE) and professional training, gaps were highlighted in the formation of the professional in the PSE for an action that considers the health promotion of the adolescent¹⁸.

The edition brings general discussions about clinical decision making regarding the diagnosis and treatment of lesions in dental enamel¹⁹, a description of the perception of the quality of life of residents of a "quilombo" in Northern Brazil²⁰.

Finally, it concludes with a discussion of the importance of assistive robots for augmentative

manipulation that may be instrumental in giving children with physical disabilities opportunities to play. However, it is necessary to adopt a principled, user-centered approach to technical innovations²¹.

In this context, the JHGD has been raising doubts about public health and local development policies and about this focus. It is important to emphasize the importance of broadening reflections on the themes, considering the results of the analyses on social²² mobility in which it indicated that the chance of a low-income child having better future than the reality in which they were born to is, to a greater or lesser extent, related to their parents' schooling and income level, as well as revealing the difficulty of access to health and greater probability of

attending a school with poor quality teaching.

On this same date, a study carried out in western Amazonia on the water consumed by children in rural schools indicated that the installation of a simplified chlorinator in rural schools in western Amazonia is therefore proposed as a social technology aiming at social inclusion as well as economic and environmental sustainability²³.

The results indicated in this new edition, as well as the new results of researches that reflect on the need for reorientation of public health policies, reveal the importance of expanding the discussion involving gender, health policies and local development.

■ REFERENCES

1. Teles MAA, Melo M. O que é violência contra a mulher. São Paulo: Editora e Livraria Brasiliense, 2017.
2. Oliveira PS, Rodrigues VP, Morais RLGL, Machado JC. Assistência de profissionais de saúde à mulher em situação de violência sexual: revisão integrativa. J Nursing UFPE. 2016;10(5):1828-39. DOI: <http://dx.doi.org/10.5205/reuol.9003-78704-1-SM.1005201632>
3. Galavote HS, Zandonade E, Garcia ACP, Freitas PSS, Seidl H, Contarato PC, et al. O trabalho do enfermeiro na atenção primária à saúde. Esc Anna Nery. 2016;20(1):90-8. DOI: <http://dx.doi.org/10.5935/1414-8145.20160013>
4. Ganong LH. Integrative reviews of nursing research. Res Nurs Health. 1987; 10(1):1-11. DOI: <https://dx.doi.org/10.1002/nur.4770100103>
5. García-Moreno C, Hegarty K, d'Oliveira AFL, Koziol-McLain J, Colombini M, Feder G. The health-systems response to violence against women. Lancet. 2015;385(9977):1567-79. DOI: [https://doi.org/10.1016/S0140-6736\(14\)61837-7](https://doi.org/10.1016/S0140-6736(14)61837-7)
6. Goicolea I, Mosquera P, Briones-Vozmediano E, Otero-García L, García-Quinto M, Vives-Cases C. Primary health care attributes and responses to intimate partner violence in Spain. Gac Sanit. 2017;31(3):187-93. DOI: <https://doi.org/10.1016/j.gaceta.2016.11.012>
7. Gomes NP, Erdmann AL, Bettinelli LA, Higashi GDC, Carneiro JB, Diniz NMF. Significado da capacitação profissional para o cuidado da mulher vítima de violência conjugal. Esc Anna Nery. 2013;17(4):683-9. DOI: <http://dx.doi.org/10.5935/1414-8145.20130012>
8. Lucena KDT, Vianna RPT, Nascimento JA, Campos HFC, Oliveira ECT. Associação entre a violência doméstica e a qualidade de vida das mulheres. Rev Latino-Am Enfermagem. 2017;25:e2901. DOI: <http://dx.doi.org/10.1590/1518-8345.1535.2901>
9. Alves SAA, Oliveira MLB. Sociocultural aspects of health and disease and their pragmatic impact. J Hum Growth Dev. 2018; 28(2):183-188. DOI: <http://dx.doi.org/10.7322/jhgd.147236>
10. Dourado CS, Fustinoni SM, Schirmer J, Brandão-Souza C. Body, culture and meaning. J Hum Growth Dev. 2018; 28(2):206-212. DOI: <http://dx.doi.org/10.7322/jhgd.147240>
11. Puccia MIR, Mamede MV, Souza L. Intimate partner violence and severe maternal morbidity among pregnant and postpartum women in São Paulo, Brazil. J Hum Growth Dev. 2018; 28(2):165-174. DOI: <http://dx.doi.org/10.7322/jhgd.147218>
12. Escadelai FMD, Augusto RA, de Souza JMP. Sociodemographic factors and overweight in children participating in a government program for fortified milk distribution. J Hum Growth Dev. 2018; 28(2):129-138. DOI: <http://dx.doi.org/10.7322/jhgd.115676>
13. Duarte MG, Santos SFS, Minatto G, Nobre GC, Santos JOL, Sousa TF, et al. Nutritional status of children from lower Amazonas: agreement between three classification criteria. J Hum Growth Dev. 2018; 28(2):139-147. DOI: <http://dx.doi.org/10.7322/jhgd.141627>
14. Hernandez TA, Fuginami AN, Raimundo EC, Cardoso CP, Higa EFR, Lazarini CA. Characteristics of medication use during lactation. J Hum Growth Dev. 2018; 28(2):113-119. DOI: <http://dx.doi.org/10.7322/jhgd.147215>

15. Hinnig PF, Prado BG, Latorre MRDO. Validity and Reproducibility of a Food Frequency Questionnaire for Children. *J Hum Growth Dev.* 2018; 28(2):120-128. DOI: <http://dx.doi.org/10.7322/jhgd.147217>
16. Gomes VLS, Farias PHS, Nagem DAP, Gomes DC, Silva GFA, Moran CA, et al. Impact of type of delivery on thoracoabdominal mobility of newborns. *J Hum Growth Dev.* 2018; 28(2):148-153. DOI: <http://dx.doi.org/10.7322/jhgd.127865>
17. Santos PD, Silva FC, Sousa BA, Pires GKW, Iop RR, Ferreira EG, et al. Functionality and quality of life of children with disability. *J Hum Growth Dev.* 2018; 28(2):154-164. DOI: <http://dx.doi.org/10.7322/jhgd.123455>
18. Marinho MNASB, Vieira NFC, Ferreira HS, Pequeno AMC, Sousa IC, Pereira AP, et al. Health in School Program: From training processes to practice scenarios. *J Hum Growth Dev.* 2018; 28(2):175-182. DOI: <http://dx.doi.org/10.7322/jhgd.147219>
19. Barzotto I, Rigo L. Clinical decision making for diagnosis and treatment of dental enamel injuries. *J Hum Growth Dev.* 2018; 28(2):189-198. DOI: <http://dx.doi.org/10.7322/jhgd.125609>
20. Sousa LVA, Maciel ES, Quaresma FRP, Paiva LS, Fonseca FLA, Adami F. Descriptions of Perceived Quality of Life of Residents from a Quilombo in North Brazil. *J Hum Growth Dev.* 2018; 28(2):199-205. DOI: <http://dx.doi.org/10.7322/jhgd.147239>
21. Adams K, Encarnação P, Rios-Rincón AM, Cook AM. Will artificial intelligence be a blessing or concern in assistive robots for play? *J Hum Growth Dev.* 2018; 28(2):213-218. DOI: <http://dx.doi.org/10.7322/jhgd.147242>
22. BBC News Brasil. Brasil é o segundo pior em mobilidade social em ranking de 30 países. [cited 2018 Jun 14] Available from: <https://www.bbc.com/portuguese/brasil-44489766>
23. Ribeiro MR, Abreu LC, Laporta GZ. Drinking water and rural schools in the Western Amazon: an environmental intervention study. *PeerJ.* 2018;6:e4993. DOI: <https://dx.doi.org/10.7717/peerj.4993>

Resumo

O termo gênero é definido como a construção social do sexo, diferenciando-se da variável “sexo” porque esta tem como referência à dimensão biológica da caracterização anatomofisiológica dos seres humanos, reconhecida como essencial e inata na determinação das distinções entre homens e mulheres. A violência de gênero, caracteriza-se como um fenômeno de múltiplas determinações em que se define qualquer ato baseado nas relações de gênero, que resulte em danos físicos e psicológicos ou sofrimento. Refere-se à hierarquia de poder, desejos de dominação e aniquilamento do outro e que pode ser utilizada algumas vezes, conscientemente, nas relações conjugais como mecanismo para subordinação. Compreender como a violência ocorre a partir das relações de gênero é essencial para que seja possível enfrentar esse fenômeno. Nessa perspectiva, o *Journal of Human Growth and Development* tem proporcionado um amplo debate acerca da temática, contribuindo para a tomada de decisão no tocante ao combate à violência de gênero.

Palavras-chave: identidade de gênero, conhecimento, violência.