

Myths and beliefs about violence against rural women in the municipality of Aquitania- Boyacá, Colombia

Mitos y creencias acerca de la violencia contra las mujeres rurales del municipio de Aquitania- Boyacá, Colombia

Mitos e crenças sobre a violência contra mulheres rurais no município de Aquitania-Boyacá, Colômbia

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Abstract


Objective: To interpret the myths and beliefs about violence against women in a group of women from the rural area of the municipality of Aquitania-Boyacá. **Materials and methods:** Qualitative study with microethnographic method. The selection of the 12 participants was made once the researcher was immersed in the social context and taking into account the principle of relevance. The collection of information was carried out in 2021, during the Covid-19 pandemic, through participant observation, in-depth interviews and field notes, for which the approval of the community was obtained. endorsement of the ethics committee and signing of the informed consent. For the analysis of the theoretical data, the Corbin and Strauss categorization technique was followed. **Results:** five categories were established: legitimizing violence, experiencing abuse, role of the family, taking measures to mitigate abuse and beginning to live a new life, the first three categories symbolize myths and the last two represent beliefs. These conceptual elements made it possible to explain violence against women as a repetitive, permitted and normalized phenomenon, but in extreme situations where life is at risk, the woman denounces or leaves the home. **Conclusions:** Violence against women is determined by cultural, social and economic factors, it is exercised mainly by the spouse and/or parents and generates psychosocial and physical problems in women.


Keywords: Domestic violence; Culture; Rural area; Sex Offenses and qualitative research.

Resumen

Objetivo: Interpretar los mitos y las creencias acerca de la violencia contra la mujer en un grupo de mujeres del área rural del municipio de Aquitania- Boyacá. **Materiales y métodos:** Estudio cualitativo con método microetnográfico. La selección de las 12 participantes se hizo una vez la investigadora estuvo inmersa en el contexto social y teniendo en cuenta el principio de pertinencia. La recolección de la información se llevó a cabo en el año 2021, durante la pandemia de la Covid -19, a través de la observación participante, entrevistas en profundidad y notas de campo, para lo cuales, se tuvo la aprobación de la comunidad, aval de comité de ética y firma del consentimiento informado. Para el análisis de los datos teóricos se siguió la técnica de categorización de Corbin y Strauss. **Resultados:** se establecieron cinco categorías: legitimando la violencia, viviendo el maltrato, papel de la familia, tomando medidas para

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mitigar el maltrato y comenzando a vivir una nueva vida, las tres primeras categorías simbolizan los mitos y las dos últimas representan las creencias. Estos elementos conceptuales permitieron explicar la violencia contra la mujer como un fenómeno repetitivo, permitido y normalizado, pero en situaciones extremas donde la vida se pone en riesgo, la mujer denuncia o abandona el hogar. **Conclusiones:** La violencia contra la mujer está determinada por factores culturales, sociales y económicos, es ejercida principalmente por el cónyuge y/o los padres y, genera problemas psicosociales y físicos en la mujer.

Palabras clave: Violencia doméstica; Cultura; Área rural; Delitos sexuales; investigación cualitativa.

Resumo

Objetivo: Interpretar os mitos e crenças sobre a violência contra a mulher em um grupo de mulheres da zona rural do município de Aquitania-Boyacá. **Materiais e métodos:** Estudo qualitativo com método microetnográfico. A seleção dos 12 participantes foi feita uma vez que o pesquisador estava imerso no contexto social e levando em consideração o princípio da relevância. A coleta de informações foi realizada em 2021, durante a pandemia de Covid-19, por meio de observação participante, entrevistas em profundidade e notas de campo, para as quais foi obtida a aprovação da comunidade, endosso do comitê de ética e assinatura do termo de consentimento livre e esclarecido. Para a análise dos dados teóricos, seguiu-se a técnica de categorização de Corbin e Strauss. **Resultados:** foram estabelecidas cinco categorias: legitimando a violência, vivenciando o abuso, papel da família, tomando medidas para mitigar o abuso e começando a viver uma nova vida, as três primeiras categorias simbolizam mitos e as duas últimas representam crenças. Esses elementos conceituais permitiram explicar a violência contra a mulher como um fenômeno repetitivo, permitido e normalizado, mas em situações extremas de risco de vida, a mulher denuncia ou sai de casa. **Conclusões:** A violência contra a mulher é determinada por fatores culturais, sociais e econômicos, é exercida principalmente pelo cônjuge e/ou pais e gera problemas psicosociais e físicos nas mulheres.

Palavras-chave: Violência doméstica; Cultura, Área rural; Crimes sexuais e pesquisa qualitativa.

Introduction

The United Nations (1) defines violence against women as “any act of gender-based violence that may result in physical, sexual or psychological harm to women, including coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. Cultural and social factors perpetuate gender-based violence by fostering structural inequalities and imbalances between men and women (2, 3).

The forms of violence typified are sexual, physical, psychological and economic (3). The World Health Organization (WHO) states that one in three (30%) women in the world have suffered physical and/or sexual violence by a partner or sexual violence by third parties (1), which makes it a serious public health problem (1).

It also constitutes a violation of human rights (3) that compromises the dignity of women and leaves physical, psychological, mental and social consequences (3). Statistical data issued by the WHO (4), highlight that more than 736 million women between the ages of 15 and 19 in 158 countries around the world have suffered some type of sexual or physical aggression by a partner at least once in their lives. Violence against women has repercussions on health; “16% more likely to have children with low birth weight, twice as likely to suffer miscarriages or depression and even increases the probability of contracting HIV by 1.5 times” (5). In addition, alcohol abuse and the probability of depressive and anxiety disorders increases 2.6 times (5).

In Latin America and the Caribbean, between 17% and 53% of women have suffered intimate partner violence, resulting in injuries and physical sequelae in 81% of

cases. In addition, 23% of women victims in Colombia and 31% in El Salvador had suicidal ideation (5).

In Colombia in 2019, 118,469 cases of gender and domestic violence were reported to the Public Health Surveillance System, SIVIGILA. Showing a decrease from epidemiological week 12 of 2020, an event that coincides with the beginning of the mandatory confinement due to the Covid-19 pandemic, this year closed with 103,207 cases and an average weekly notification of 1,947 (6). However, these data do not mean that violence against women has diminished, but rather, at this time, the attention to people with Covid-19 has been prioritized, limiting the notification and identification of cases by health personnel (6). In the same vein, permanent confinement brought social and economic repercussions that exposed women to partners with abusive behavior and known risk factors (1).

Thus, recognizing that violence against women has part of its genesis in the culture and a highly sexist and discriminatory society, it was proposed to study the phenomenon from the micro ethnographic method, which allowed to expand the scientific evidence and respond to the research purpose of interpreting the myths and beliefs about violence against women. The findings highlight the responsibility of nursing professionals in the early detection of violence against women, through a comprehensive assessment not only biological but also of the social, economic and family context.

Objectives

To interpret the myths and beliefs about violence against women in a group of women in the rural area of the municipality of Aquitania, Boyacá.

Materials and Methods

Qualitative study, micro ethnographic method, which consists of focusing the field work through observation and interpretation of the phenomenon in a single social institution (7). The research was based on the epistemological foundations of Herbert Blumer's symbolic interactionism, the author refers that "the meaning of a behavior is formed in social interaction; in this way, the result is a system of symbols created by the conscience about an action in question and for this to happen there must be two individuals in interaction" (8).

The phases of the research work were:

Phase 1. Access to the research environment or scenario (9), the researcher selected the rural community of the municipality of Aquitania-Boyacá intentionally because she already knew the conditions of the community. The researcher then arranged a meeting with the community leaders to explain the purpose, objectives and impact of the study. In this way, the endorsement was obtained to initiate the field work.

Phase 2. Selection of informants, the ethnographer made the first contact with a participant who showed interest in being part of the study, for this, the researcher achieved a relationship of trust and affinity (rapport) (9), obtaining the first impressions, observations and in-depth interview. Finally, the sample consisted of 12 women over 18 years of age who were victims of violence or who had witnessed some type of violence against women; women with cognitive and language disorders as evidenced by clinical history were excluded from the study.

Phase 3. Data collection and determination of the duration of the stay in the scenario (9), in this phase general observations were made, in-depth interviews, notes in the field diary of the physical and social environment and immediately proceeded to the analysis of the data with the identification of categories and subcategories. Once the researcher had completely collected the reality of the phenomenon, thus achieving theoretical saturation, she withdrew from the scenario, this phase lasted one year (all of 2021).

Phase 4. Processing of the information collected. Data collection and analysis were carried out at the same time (9). For the analysis of the data, the Corbin and Strauss categorization technique was used; open categorization: it seeks to find conceptual categories in the data, axial categorization, whose objective is to find relationships between categories, and selective categorization, which accounts for relationships and finds central categories (10). In addition, these authors refer that the challenge of the qualitative researcher is to develop a systematic understanding of the context studied from the terms and words of its own members (10).

Finally, the analysis of the interviews was carried out manually. Each participant was assigned the letter E and a number; for example, "... he says that his work is very hard, that one only cooks, that I have a lot of free time left..." E3:183-185. So E3, indicates that it is interview three and the incident is on line 183-185 of the text in Word. This method helps to keep the information organized.

The research work had the review of the Bioethics Committee of the University of Boyacá and the endorsement of the community. Likewise, this research is governed by article 11 of resolution No. 8430 of 1993, which establishes the scientific, technical and administrative norms for health research. Therefore, it is considered a risk-free study, because "it will not perform any intervention or intentional modification of the biological, physiological, psychological or social variables of the individuals participating in the study" (11). However, because the study touched on sensitive situations for women, a professional psychologist was consulted. To maintain the scientific quality of this qualitative study and avoid threats to its validity and reliability, the criteria established by Lincoln and Guba were taken into account, such as: credibility (internal validity), transferability (external validity), reliability (trustworthiness) and confirmability (objectivity) (12).

Results

The minimum age of the participants was 19 years and maximum 44 years, the most relevant socioeconomic level of housing was stratum 1 in 80% (10 women) and 64% corresponding to 9 women reported being housewives and 36% (3) students.

From the analysis of the interviews, three categories were identified that were linked to myths about violence against women: "Legitimizing violence", "Living abuse" and "Role of the family".

Legitimizing violence

This category refers to the way in which women justify and validate violence, attributing it primarily to cultural factors where the personal characteristics of the aggressor and the victim are interwoven. Regarding culture, the participants expressed having experienced physical abuse in childhood as a measure to correct rebellious behavior and lack of obedience to parents.

Therefore, they get used to and normalize violence as an act to educate "*mine and my siblings' childhood was a bit hard, because my mother was a person who if you did not listen to her, she would hit you*" E8: 808-812.

In relation to the personal characteristics of the aggressor, the women identified some common characteristics such as: poor management of work stress, jealousy, use of psychoactive substances and alcohol, greater physical strength and economic power, conditions that put them at a disadvantage and lead them to endure physical and verbal violence, the latter they categorized as such, because it is given by the use of grotesque words, indifference and threats. "... *he comes home from work shouting, telling me that I am stupid, a fool who is good for nothing...*" E2:196-199.

Among the characteristics of the victim is having low self-esteem, being economically dependent, fear of being alone and having feelings of guilt before the children. "...*for fear of being alone, so you remain silent, and the abuse continues...*" E1:15-17

Experiencing mistreatment

During the participant observation, acts of violence against women were identified, such as not allowing them to give their opinion on a subject, making comments to ridicule them in public, and some subtle signs that outline violence, such as pulling, pushing, shaking or a strong handshake. For their part, the women stated that at some point during the mandatory confinement by covid -19 they received from their partner or relative (mainly parents) fists, slaps, kicks and blows with some object, a situation that generated physical pain and emotional suffering as they felt vulnerable and powerless for not being able to denounce "...*he beat me, until the time came when he beat me badly, the last time he put a knife in my neck...*" E2:75-78.

Role of the family

Most of the interviewed women refer that the main support network they turn to in cases of violence is the family, which becomes a source of economic and emotional help and motivates them to denounce and move forward on their own, "*my mother, my uncles were with me at that time, they told me to leave him, I went to live with my mother and I made the decision to live on my own, to take my children forward*" E3:333-335.

Beliefs about violence against women are represented by the categories; “Taking measures to mitigate mistreatment” and “Beginning to live a new life”, concepts that symbolize the emancipation of the woman victim of violence.

Taking measures to mitigate mistreatment

During the investigation, it was identified that several of the participants hope that at some point in their lives the situation will change; therefore, they continue to tolerate violent acts. On the other hand, there are women who make the decision to break the cycle of abuse and report it to the competent authorities. These women say that once they leave the yoke of violence, they feel liberated and take control of their lives to overcome adversity. “...at this moment I feel satisfied with what I am doing and I am fighting for my children and for myself, for not letting myself be abused as before, because you are now practically free, because as a woman you have the freedom to move forward and not to depend on a man...” E10:54-57. .

Beginning to live a new life

Denouncing the aggressor means leaving behind a life of pain and starting a new life, and from that moment on they have the task of overcoming their fears, either with the support of their family or through professional therapy. Likewise, other women start working, which allows them to be autonomous and independent. “...the moment came when I moved away, I went far away, I went somewhere else, and then I started a new life” E12:31-34.

Discussion

The results of the study provide complementary information in the understanding of the phenomenon of violence against women, where sociocultural factors are interwoven in the genesis of violence and under conditions of uncertainty given by the covid-19 pandemic. Huertas Díaz (13), defines violence against women as those violent acts, ranging from physical force, harassment and intimidation both physical and verbal, a concept that is articulated with the testimonies of the participants, who argued that they were victims of words that belittled the activities they perform, physical appearance and way of behaving, being in these cases the main aggressor the spouse. Fernandez and Gonzalez (14),

state that violence against women brings negative consequences such as: loss of dignity, loss of confidence in themselves and in others, inability to express emotions, stress and emotional problems (14); these results agree with the findings reported, since women victims of violence express losing self-esteem, feeling fear, anguish, anxiety and distrust of others.

On the other hand, few women in the study decided to denounce their aggressors, arguing that there were few legal actions. However, in Colombia, domestic and gender violence is classified as a crime. In the article Rueda (15) makes a reflection of the civil responsibilities and of the authorities to configure as a suitable instrument of protection, to charge the aggressor applying the existing norms, contradicting these statements is the study of Barrientos and Molina (16), who concluded that domestic violence has been little studied in Colombia despite the negative impact on the welfare of the population in general.

The economic factor has been described as a variable that contributes to counteract or potentiate violence against women, counteracting it in cases where the woman has an inclusion and increasing it when the woman has economic dependence (17), this statement is congruent with the findings of the study, because the participants of the study had economic dependence and were considered less valuable. Mansi et al. highlighted that violence against women increased during the covid-19 pandemic confinement due to men's job loss and family economic instability (18).

The researcher Cuevas-Ramirez (19), affirms that when there is domestic violence all family members have patterns of violence that they exercise in different ways according to the hierarchy, these forms of violence range from insults, to severe disqualifications and aggressions (19), which allows to associate the testimonies of women, who in some cases endured insults, bad words, rudeness without the aggressor reaching physical violence; however, for women any type of behavior that indicates aggression triggers a negative response. The latter is supported by Gómez et al (20), who conclude that domestic violence affects the individual, the family and the community, because it generates fear, disarticulates family structures, limits the freedom of action and autonomy of individuals.

Ochoa et al. (21), investigated the subjective aspects in-

volved in the generation of domestic violence, finding that religion, culture, silence and submission are considered actions that justify the use of domestic violence, reinforcing these findings is the study by Salvazán et al. (22), who reported that cultural patterns also allow violent action to become invisible, naturalized and, therefore, perceived as normal; aspects that are similar to the present study, where women conceive violence as part of the culture and as a way of educating. In agreement with these findings, there is the qualitative study by Ellsberg et al (23). One of the emerging themes was “Women are beaten by their husbands at all times”, where the participants consider physical violence as part of marriage and a form of discipline; they also mention that they are forced by their husbands to have sexual relations, a practice that is normal in the culture. Therefore, when women report acts of violence, they confront a series of traditional, socially and culturally legitimized structures, which can have negative consequences in the social and economic sphere (24).

Molina and Ospina (25), in their discourse, highlight the role of men as the main generators of family and intimate partner violence. Likewise, Oyanedel et al. (26) refer in their research that men who have committed violent crimes tend to reoffend. Findings that coincide with those found in the study, where violence against women is repetitive on the part of the partner, to the point that the woman normalizes it. Along the same lines is the study by Rojo et al (27), who report that intimate partner violence is explained by attachment theory, which holds that human beings have a natural propensity to seek protection and security in a significant other in moments of vulnerability.

Cudris-Torres et al (28) refer that, historically, Colombia is considered a violent country, this violence permeates all sectors and promotes gender inequity and inequality, with children and adolescents being the most affected in their education (28). Likewise, Patró and Limiñana (29) refer that family violence constitutes a serious risk for the psychological well-being of minors, especially if in addition to being witnesses, they have also been victims of it, a situation that coincides with the testimony of the participants, who experienced violence since childhood and became repetitive until adulthood.

According to Rueda (30), violence is a macho phenomenon that has been widely studied in different disciplines and at the same time accepted, normalized and even promoted in society. It is a practice that knows no boundaries of any kind: neither age, gender, profession, cultural, educational or socioeconomic level, nor nationality. For their part, the study by Gonzales et al (31) affirms that families with machismo biases have little knowledge of prevention in the areas of sexual and reproductive education, prevention of psychoactive substance use, conflict resolution and do not receive the influence of preventive social actors. Relevant results to support what was reported, since in the testimonies of the participants it was evident that the aggressor acted under the influence of alcohol or psychoactive substances.

Finally, among the beliefs held by the women in the study is the normalization and justification of intrafamily violence by the aggressor (in most cases the spouse), these findings are supported by the study of Garcia Figueroa (32) who refers that conjugal violence is the result of an imbalance of power between individuals, it is also a serious public health problem, as well as a violation of human rights. Similarly, Evans et al (33). stated that, the covid-19 pandemic allowed evidence of ongoing public health crises, including violence within the home. Thus, health professionals should identify signs of violence and refer patients to social services

Conclusions

Violence against rural women is supported and justified by the patriarchal culture and machismo where the man has power in the family and the victim is submissive and economically and affectively dependent. For the study participants, violence is learned and replicated; therefore, it is essential to have support networks and to be informed about the routes for reporting, which mitigates violence against women. Likewise, health professionals have the task of proposing preventive strategies at all levels of health care.

Conflict of interest

The authors declare that they have no conflicts of interest.

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