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ORIGINAL ARTICLE

REPRESENTATIONS OF WOMEN ON THE QUALITY OF LIFE AND ITS RELATIONSHIP WITH VIOLENCE AGAINST WOMEN

REPRESENTAÇÕES DE MULHERES SOBRE QUALIDADE DE VIDA E SUA RELAÇÃO COM VIOLÊNCIA CONTRA A MULHER

REPRESENTACIONES DE MUJERES SOBRE LA CALIDAD DE VIDA Y SU RELACIÓN CON VIOLENCIA CONTRA LA MUJER

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ABSTRACT

Objective: to understand the social representations of women about quality of life and its relationship with violence against women. ***Method:*** a descriptive study, with a qualitative approach, based on Social Representation Theory and Core Nucleus Theory. From a semi-structured script, 100 women aged 20 to 49 years were interviewed from a primary care service. The analysis of the data was done by the software EVOC 2000, by the four-frame technique and by the Content Analysis technique. ***Results:*** great importance was attached to loving and respectful interpersonal relationships. There is a relation between the representation of quality of life and violence against women, in the sense that the elements of quality of life are aimed at filling certain deficiencies that give rise to violence. ***Conclusion:*** it is necessary to think of ways to promote quality of life as a strategy to combat violence against women. ***Descriptors:*** Quality of Life; Women's Health; Violence Agaist Women.

RESUMO

Objetivo: compreender as representações sociais de mulheres sobre qualidade de vida e sua relação com a violência contra a mulher. ***Método:*** estudo descritivo, de abordagem qualitativa, fundamentado na Teoria das Representações Sociais e na Teoria do Núcleo Central. Foram entrevistadas, a partir de um roteiro semiestruturado, 100 mulheres de 20 a 49 anos de idade de um serviço de atenção primária. A análise dos dados foi feita pelo *software* EVOC 2000, pela técnica do quadro de quatro casas e pela técnica de Análise de conteúdo. ***Resultados:*** grande importância foi atribuída às relações interpessoais amorosas e respeitosas. Existe uma relação entre a representação de qualidade de vida e violência contra a mulher, no sentido de que os elementos da qualidade de vida visam suprir determinadas carências, que fazem surgir a violência. ***Conclusão:*** é necessário pensar em formas de se promover a qualidade de vida também como uma estratégia de enfrentamento da violência contra a mulher. ***Descritores:*** Qualidade de Vida; Saúde da Mulher; Violência Contra a Mulher.

RESUMEN

Objetivo: comprender las representaciones sociales de mujeres sobre calidad de vida y su relación con la violencia contra la mujer. ***Método:*** estudio descriptivo de abordaje cualitativo, basado en la teoría de las representaciones sociales y la teoría del núcleo Central. Se entrevistó a, partir de un guion semiestructurado, 100 mujeres 20 a 49 años de edad de un servicio de atención primaria. El análisis de datos fue realizado por el software de 2000, por la técnica de marco EVOC de cuatro casas y por la técnica de análisis de contenido. ***Resultados:*** gran importancia fue atribuida a las relaciones interpersonales amorosas y respetuosas. Existe una relación entre la calidad de vida y violencia contra la mujer, en el sentido de que elementos de la calidad de vida pretenden superar ciertas deficiencias, que puedan generar la violencia. ***Conclusión:*** es necesario pensar en maneras de promover la calidad de vida, así como una estrategia para combatir la violencia contra la mujer. ***Descriptores*:** Calidad de Vida; Salud de la Mujer; Violencia Contra la Mujer.

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INTRODUCTION

In the last decades, with the insertion of women in the labor market, a rise of a large part of the female population occurred. However, still remain an object of preconceptions crystallized in stereotyped roles, with their rights disrespected in the sphere of work, social life, affective, sexual and reproductive. This phenomenon, which is characterized by different forms of violence against women, will impose a substantial weight on their quality of life and their families.

Violence against women, whether subtle or declared, leaves marks on the body and soul of those who experience them and negatively impacts on various aspects of life, especiall, in health, implying damage to the quality of life.[1] When this does not evolve For death, according to Waiselfisz2, by the records of the Mortality Information System (MIS), between 1980 and 2013, a total of 106,093 women died of homicide. The number of victims increased from 1,353 women, in 1980 to 4,762, in 2013, an increase of 252 per cent. The rate in 2013 was 4.8 homicides per 100,000 women, far exceeding the rates found in most countries in the world.

Violence is associated with social issues, such as rising inequalities, increasing unemployment, a lack of perspective in the labor market, impunity, police arbitrariness, the absence or omission of policies in this context, this issue has become a public health problem of great repercussion in the world4 and has mobilized the creation of national and international proposals that are being debated on the situation of women, providing for a global approach to reduce inequities and provide conditions For their participation in public, private and social life.

The fact is that violence against women affects quality of life and that social problems, that harm quality life, can contribute to violence. Quality of life is a term of multiple meanings and the definition that is being most commonly used is that of the World Health Organization (WHO), which starts with the perspective that one has on his or her position in life in relation to their cultural contexts, values and also about your goals, personal expectations and concerns. Thus, this definition demonstrates the existence of the subjective aspect in the meaning of the term quality of life, which relates to the context in which the individual is inserted and how it is perceived in that context.

A study carried out with women from a public network in a municipality in the Metropolitan Region of Belo Horizonte showed that the probable justifications for the occurrence of violence were based on certain social and, mainly individual needs, such as: lack of self-love and lack of attitude and lack of basic conditions. In addition, it showed that the occurrence of violence generates feelings such as fear, insecurity, indignation and suffering, which negatively affect the lives of these women, interfering in the capacity to live harmoniously.[6] Under this point of view, think actions to promote the quality of life is a strategy that can be effective in coping with violence against women[1,6].

On the other hand, there are dimensions in the quality of life and violence that are not directly related or, still, can change with the time, space and subjects involved, but, in fact it is important to recognize that there are aspects in common and that need to be better the phenomenon of violence in greater depth. In addition, there are still few studies that present this relationship of quality of life with violence against women.

Knowing conceptions about quality of life by women will also contribute to the recognition of dimensions that may affect it and, thus, subsidize an assistance based on interventions more appropriate to this population and in line with their health needs.

It is hoped that this study may stimulate reflections of public management, health professionals and contribute to the development of scientific knowledge about the theme and to the confrontation of violence against women and promotion of quality of life.

OBJECTIVE

- Understanding women's social representations of quality of life and their relationship to violence against women.

MÉTHOD

This study is a clipping of the dissertation << *Representations of women on violence against women and quality of life* >>. It is a field research, exploratory and descriptive, with a qualitative approach and based on the Theory of Social Representations, according to Moscovici[7], and on the Central Nucleus Theory, of Abric.[8]

The study scenario was a Basic Health Unit of the metropolitan area of Belo Horizonte, Minas Gerais, which had two family health teams. Participants in the survey were women aged 20 to 49 who searched the health service on the days of data collection.

She considered the following inclusion criteria: being a woman; be between 20 and 49 years of age; reside in the area covered by the service in which the research was carried out; to have, at the time of the interview, health conditions to respond to the instrument of data collection and agree to participate in the research. Those who did not fit this profile were excluded from the study. After initial contact and clarification about the research objectives, the participants signed the Free and Informed Consent Term (FICT) by the participants and researchers.

The production of data was performed in the premises of the Health Center, through the technique of free evocation of words. A questionnaire of free evocations on the terms inducing violence against women and quality of life was used, together with the variables of identification of the respondents, such as age, skin color, marital status and presence or absence of children. However, in order to achieve the objectives of this study, only the social representation of quality of life will be discussed, in order to point out its relation with the representation of violence against women.

The application of the evocation technique in this study consisted in requesting the women to verbalize five words or expressions that immediately occurred to them in relation to the term inducer, assign an order of importance to the words evoked in relation to the term inducer and justify the assigned hierarchy.

The data processing was done, after being integrally transcribed, through the software EVOC 2000 (Ensemble of Programs Permettant l'Analyze des Evocations - version 2000), and later it was analyzed according to the technique of the Table of Four Houses, created by Vergès.[9] The justifications of the hierarchical order of the words were analyzed following the analysis of Bardin's content.[10]

100 women from the service were interviewed, using a semi-structured script. The majority of the women were between 30 and 39 years of age (45%), had children (82%), were married and lived with their partner.

The study complied with Resolution 196/1996, replaced in 2012 by 466/2012 of the National Council on Health. The research project was approved by the Research Ethics Committee of the Federal University of Minas Gerais (UFMG) on December 10, 2010 , Whose opinion number is ETIC 0570.0.203.000-09. To guarantee anonymity, the interviewees were identified with the letter "E" followed by the interview order number.

RESULTS

The *corpus* for analysis of the Social Representations of quality of life was formed by 475 words evoked by all subjects, and, of these words, only 36 were different and were grouped into 34 standardized words. The minimum frequency was nine, the intermediate frequency was 25 and the Rang (mean of the average recall orders) was 2.9. Figure 1 presents a model of the distribution of the most significant words evoked in relation to the quality of life and gave rise to the structure of representation.

AEO	< 2.9			≥ 2.9		
Average frequency	Evoked term	Freq	OME	Evoked term	Freq	OME
	Central Core			1st Periphery		
≥ 25	Love	28	2.607	Financial conditions	25	3.040
	Cheers	45	2.511	To live well	47	3.106
	Job	48	2.771	Education	37	3.027
	Contrasting Elements			2nd Periphery		
< 25	Joy	17	2.706	Humanity	15	3.533
	feeding	17	2.824	Family	21	3.333
	Home	23	2.826	Equality	9	3.556
	Respect	18	2.722	Recreation	17	3.118
	Live well	20	1.750	Peace	23	3.217
				Safety	9	3.222

Figure 1. Structure of the social representation of women to the term inducer "quality of life" in a health service, 2011.
AEO: Average Evidence Order.

Interpersonal relations were of great importance for women, in this study, in relation to quality of life, and the evoked words that confirm this are: love, live well, respect and family. It should be noted that love, which is part of affective interpersonal

relationships, was the most important word in the cognitive system of women, appearing as something essential and positive for life. They gave great importance to the emotional aspect, especially to love, which appears as a deep feeling, which should be part of daily life and that is able to make life more pleasurable:

> *Without love, life does not go forward. Without love there is no way, right? So, love leads to joy. (E15)*
>
> *I think we had to love people more [...] sometimes, it has everything, but the main thing, is not the love of the family to be, to live better. (E62)*

Love, in the conception of women, is what brings joy and enables a better life, and it is shown by the speeches that it must be present not only in a conjugal relationship, but in the family and in life in society. Components that directly affect the quality of life appeared when women justified the choice of a word that represented the quality of life. An example of this was the word love::

> *Ah, the people, I think nowadays, love is 'over' ... So, among families. And that 'is' also generating violence ... I think that those who love do not do that kind of thing. (E43)*

The word *love* was chosen, by the interviewees as the one that best represents the quality of life, with the justification that it is scarce in society. In addition, the lack of love, in general, whether in the family environment or the neighbor, could be related to acts of violence and, on the other hand, the presence of love could contribute to living with quality and without violence.

Living well, belonging to the first periphery in the structure of representation, appeared in the sense of establishing healthy relationships in the contact with the other, whether with relatives or not, as shown in the evocations that are part of the meanings of the term: good relationship, fellowship, understanding, friendship and tolerance.

The word family reinforces the relevance given to interpersonal relationships, which occur in the family nucleus and, if they constitute the basis in the formation of the human being::

> *I think family is the basis of everything. The family, we guide the way you go. (E10)*
>
> *Ah, I think family is fundamental. Son, mate, I think that's what makes us walk. (E28)*

The family is seen as the one who can guide the path to be followed and who puts life in motion, by pushing the individual into it.

Still reinforcing the term love, would come other evocations that appeared in the study as the respect that, according to the interviewees, could contribute to a better coexistence between people:

> *Respect because first, to have love, has to have respect, no respect, you have no respect for the person you are living with her so there is no way to not have love. (E39)*
>
> *Where there is no respect, then, almost impossible to have a pleasant coexistence, not only husband and wife, but family, school, student, any environment, right? (E19)*

It is understood that, in order to have a quality of life, it is necessary that people are based on a primordial principle of coexistence, that is that of respect. Once again, it becomes clear how women attach importance to the quality of interpersonal relationships.

Health appears as a condition that will allow the individual to develop their basic daily activities:

> *Because if you do not have health, 'ya' has no way of working, 'ya' cannot put his son in school [...]. (E02)*
>
> *I think if we do not have health, there is nothing, 'ha'? Ever thought the unhealthy person, lives in a hospital bed or always, or even at home, for them I think life does not even make sense. (E87)*

The explanation of women for the evocation of the word health, as an element of quality of life, occurred based on the repercussion that their lack brings to the individual. Then, lack of health is understood as something that generates limitations in daily life and is capable of negatively influencing not only personal life but also family and interpersonal relationships.

Work, the central element of representation, as well as love and health, can provide the quality of life in favor of reaching the evoked elements such as financial conditions, food and housing, as can be seen in the lines::

> *And the money that is not in my head, but for everything that we think here we imagine that it will have to have money, that to eat well must have the money. (E44)*
>
> *Because the person when he is working, he can do it, yeah, let's say, to conquer things and there he grows up, right, he has a goal there through work. (E70)*

Then, the work will enable the individual to be able to maintain their basic needs and to grow and to conquer material goods. Education refers to the availability of services that can also foster personal growth. In this way, it reinforces the word work, in the sense of being able to lead a path to progress and improvement of life, while losses in education

also have repercussions in the achievement of a good job:

Then, education, because education nowadays needs you for everything. The same I [...] stopped studying in fifth grade, I got pregnant with my daughter, then, I had to work, so, nowadays, I cannot get a better job, so my solution was to be a day job. (E76)

It is important to emphasize in this speech not only the opportunity of education as a primordial element of the quality of life, but also the inequality and the difference of opportunities was considered as a limiting factor for personal growth and that affects the quality of life.

Related to the current context, the evocations of equality, peace and security have emerged. Equality was invoked when referring to the relations between men and women and reveals a desire to value women in view of their position ascribed by society:

> *Being more valued, because the woman, it is rare for women to have value, it is rare. Anything the woman does today is absurd, if the woman betrays a man is absurd, the man cannot betray 500 times. If the woman makes a mistake, she is already crucified and is not there, you have to know what happened, which led her to that. So, I do not think that's right. (E38)*

Equality emphasizes how important it is to change these cultural patterns, which would be to confront gender violence in order to live well, which also clearly reinforces the relationship between violence and quality of life.

Security and peace would ensure a healthy and peaceful environment for living with quality:

> *So, I think it needs to reinforce security for you to have a quality of life in your city. Because, of this, today there is a lot of violence, a lot of bad things. So I guess, I think we have to have security for people to have quality of life. (E69)*

Again, the justification for the importance of an element of the representation of quality of life appears to be related to the repercussion that its lack entails in the life of the people, which, in this case would be the vulnerability of the public security system as something that compromises the quality of life.

Thus, it is observed, in this study that there is a relationship between quality of life and violence against women. In addition to this relationship verbalized by the women, in making a comparative analysis of the words evoked in the representation of the two terms, according to figure 2, we notice the opposition of some words highlighted in bold.

Central Nucleus		**1st Periphery**	
Quality of life	Violence against women	Quality of life	Violence against women
Love	Aggression	Financial conditions	Lack
Health	Disrespect	To live well	
Job		Education	
Contrasting		2nd Periphery	
Elements	Insecurity	Humanity	Violence against women
Joy	Evil	Family	Lack
Feeding		Equality	Abuse
Home		Recreation	Crime
Respect		Peace	Discrimination
		Safety	Indignation

Figure 2. Social representation of quality of life and violence against women of a health service, 2011.

The term lack of representation of violence against women grouped the individual needs that would come as a cause or attempt to explain the violence. The following meanings have been attributed: the lack of attitude of those who are attacked, lack of love, lack of faith, lack of basic conditions and lack of preparedness of the aggressor with life. So, that word would also be related to the words of quality of life: financial conditions and love.

When we associate the words of the representations of quality of life and violence against the woman that would have opposition relation, figure 3 is presented.

Quality of life	Violence against a woman
Joy peace	Suffering
Safety	Insecurity
Respect	Disrespect
Equality	Discrimination
Love	Lack of love
Financial conditions	Lack of basic conditions

Figure 3. Relationship between the representation of quality of life and violence against women of women in a health service, 2011.

Figure 3 shows, clearly, the opposition between the words present in the representations of quality of life and violence against women..

DISCUSSION

This study showed that the representations of the quality of life of women relate to questions and experiences of life that occur in the social environment. Quality of life suggests that it consists of non-material values, that is, more subjective that involve the singularities of the subjects and their relationship with the other, and also of objective values such as housing, work, food, education, which depend on governmental actions .

These findings are in line with the study that showed that quality of life, in the perspective of the elderly, can be represented associated with both biological, psychological and historical factors, as well as socio-cultural and spiritual factors.[11] Words such as housing, affectivity, work and interactions, part of the representation of quality of life for the elderly and are also common in the representation of women in this research.

It can be said that such representations are also compatible with the study of Minayo, Hartz and Buss, [12] which related quality of life with material values in relation to the satisfaction of the most basic needs such as food, work, education, housing and leisure, And also with non-material values such as love, freedom, solidarity, personal fulfillment and happiness.

It is important to emphasize that great importance was given by women to interpersonal relationships, through loving relationships, family, in good coexistence and respect with the other. The family was taken as a source of love and inspiration of the individual, however, it should be noted that there may also be profound adversities.

Conflicts in family relationships often, cease to be understood as manifestations of violence by society, and are often invisible and characterized as a normal situation. However, it is understood that intrafamily violence cannot be seen as a customary event and, in the field of health, it is necessary to broaden its view beyond the repercussions on health, and also to be concerned with its prevention.[13]

Regarding quality of life and violence against women, the results indicated that there is a relationship between these two representations, in the sense that impairments in quality of life, could justify the cause of violence, as clearly appeared between the central word love, quality of life, and violence.

This, as well as other research findings, leads us to the reflection that promoting quality of life can be a way to combat violence, which requires interdisciplinary actions and in diverse areas of society such as education, public safety, justice and work .

This study showed results that approached a recent survey that showed that the construction of a health system aimed at confronting and preventing violence against women requires that the population's well-being and quality of life be privileged.[1]

Thus, the broad understanding of the phenomenon violence against women should involve several fields of knowledge, such as the quality of life that was shown in this study. It is believed that these findings also serve as a warning to health professionals to take into account not only biological aspects in the approach to violence.

According to Almeida, Silva and Machado[14], today there is a predominance in health services for physical healing and psychological damage, which leaves aside important issues that occur in the social environment. However, violence against women has a social character, not purely biological, and the difficulty of professionals to intervene in cases of violence is due to the devaluation of this character in health care, causing violence against women to be rejected in these services.

Violence, whether explicit or subtle, was recurrent in the representation of women's quality of life, as affecting and damaging to life, and appeared both in the justification of the evocation of the word love, and in the evocation of equality, referring this last word to unequal power relations between men and women in the current context. Thus, it is thought that if health care is focused on what is visible, there is a risk of non-recognition

and adequate confrontation of violence against women, as well as non-promotion of aspects of quality of life.

It is necessary to develop effective actions for gender equality, so that women have social opportunities compatible with that of men. For Piosiadlo, Fonseca and Gessner, [15] the social inequalities between the sexes, which consequently, have as one of their consequences the production and social reproduction of female subalternity, which contributes to the fact that women are even more vulnerable to domestic violence.

Violence affects women's health and affects the development of basic daily activities, which can lead to absenteeism at work and incalculable mental and emotional damage to the victims' families, [16]. In this sense, it will cause harm if living with quality.

The health and work relationship is compatible with what was presented in the Ottawa Charter, where health is considered the greatest resource for social, economic and personal development, as well as an important dimension of quality of life.[17]

Finally, because it is a phenomenon of great complexity and requires in-depth understanding for a better confrontation of violence, it is considered important to develop more studies that associate violence against women and quality of life, with different methodological approaches..

CONCLUSION

The study provided an opportunity to identify the representations of the quality of life constructed by women and their relation to violence against women. Quality of life was linked to the needs and expectations of women in relation to their daily lives. The justifications for the importance of the representation of evoked elements were often, based on damages caused by the lack of such elements in the lives of the interviewees. Great importance was attached to loving and respectful interpersonal relationships in relation to the quality of life.

Understanding these meanings may support significant clues in the elaboration of public policies, so that it can contribute to a direction of the actions of the professionals and the managers, in order to foment actions of promotion to the health to the improvement of the quality of life, specifically, those related to the women's health.

The fact of studying quality and life and violence against women concomitantly made it possible to understand that there is a relationship between the two terms and to know what elements affect the quality of life of women. There is a relationship in the sense that the elements of quality of life are intended to fill the needs that cause violence. Thus, it is necessary to think of ways to promote quality of life as a strategy for coping with violence against women.

Gender violence is part of the current context and should be considered as a serious risk factor for women's mental health, since it leaves their victims highly psychically susceptible, causing serious damage to their quality of life and the development of behavior which needs to be addressed in order to promote the quality of life for women.

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