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Datasus: possibility of contribution in the fight against violence against women in Rio De Janeiro

Datasus: posibilidad de contribución en la lucha contra la violencia contra las mujeres en Rio De Janeiro Datasus: possibilidade de contribuição no combate à violência contra a mulher no Rio De Janeiro

ABSTRACT

Objective: Analyze the comparison between the data available at DATASUS and the Rio de Janeiro State Public Security Institute regarding violence against women. Method: This is a descriptive and retrospective study, developed from the available data and consulted in the databases of the Department of Informatics of the Unified Health System (DATASUS) and the Institute of Public Security of Rio de Janeiro (ISP). Results: Number of notifications and occurrences from the years 2014 to 2018, of the data provided by DATASUS and the Rio de Janeiro Institute of Public Security.Conclusion: Department of Informatics of the Unified Health System contribute to the development of new policies to combat violence against women, as its data provide information for the creation of health education projects, laws and methods.

DESCRIPTORS: Violence against women; DATASUS; Health policies.

RESUMEN

Objetivo: Analizar la comparación entre los datos disponibles en DATASUS y en el Instituto de Seguridad Pública del Estado de Río de Janeiro sobre violencia contra las mujeres. Método: Se trata de un estudio descriptivo y retrospectivo, desarrollado a partir de los datos disponibles y consultados en las bases de datos del Departamento de Informática del Sistema Único de Salud (DATASUS) y el Instituto de Seguridad Pública de Río de Janeiro (ISP). Resultados: Número de notificaciones y ocurrencias de los años 2014 a 2018, de los datos proporcionados por DATASUS y el Instituto de Seguridad Pública de Río de Salud puede contribuir al desarrollo de nuevas políticas para enfrentar la violencia contra las mujeres, ya que susdatos brindan información para la creación de proyectos, leyes y métodos de educación en salud. **DESCRIPTORES:** Violencia contra la mujer; DATASUS; Políticas de salud.

RESUMO

Objetivo: analisar a comparação entre os dados disponíveis no DATASUS e Instituto de Segurança Pública do Estado do Rio de Janeiro referentes à violência contra a mulher. Método: Trata-se de um estudo descritivo e retrospectivo, desenvolvido a partir dos dados disponíveis e consultados nas bases do Departamento de Informática do Sistema Único de Saúde (DATASUS) e Instituto de Segurança pública do Rio de Janeiro (ISP). Resultados: Número de notificações e ocorrências dos anos de 2014 a 2018, dos dados apresentados pelo DATASUS e Instituto de segurança pública do Rio de Saúde pode contribuir para o desenvolvimento de novas políticas no enfrentamento à violência contra a mulher pois seus dados fornecem as informações para a criação de projetos, leis e métodos de educação em saúde. **DESCRITORES:** Violência contra a mulher; DATASUS; Políticas de saúde.

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INTRODUCTION

iolence against women is defined by the United Nations as "any act of gender-based violence that results or may result in physical, sexual or mental harm or suffering for women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or private life". It is a violation of human rights and a public health problem, of which sexual violence by partners stands out. (1) Violence against women presents itself as a form of legitimizing the power of men over women, which is why it is called gender violence, a product of social organization, based on inequalities between the sexes, establishing itself as a field of structured struggle power differences between men and women.⁽²⁾

In Brazil, it is estimated that each year, 1,3 million women suffer some type of violence. ⁽³⁾ From the comparability between groups of 100 thousand women, it was found that between the years 2007 to 2017 there was an increase of 20.7% in the homicide rate against women, this rate went from 3,9% to 4,7% of women murdered by a group of 100 thousand. Between the years 2012 to 2017, growth of 1,7% was observed, followed by 5,4% in the last year. ⁽⁴⁾ The state of Rio de Janeiro stands out with regard to the presentation of data, giving visibility and transparency to the issue of violence against women, From the comparability between groups of 100 thousand women, it was found that between the years 2007 to 2017 there was an increase of 20.7% in the homicide rate against women, this rate went from 3,9% to 4,7% of women murdered by a group of 100 thousand. being a pioneer in Brazil in the systematic development and dissemination of statistics through dossiers based on the records occurrences of state civil police stations, which makes it possible to assess, compare and monitor the indicators of violence suffered by women. ⁽⁵⁾

In situations of violence against women, it is recommended that the victim be directed or instructed to go to the women's police station to register a police report. In the case of women in situations of violence, who are not elderly or disabled, health teams must inform about the services of the social protection network and the importance of the complaint, but they must not report or report the case without their authorization. In all cases, care must respect women's autonomy and their right to choose, complying with the regulations of the Ministry of Health.⁽⁶⁾ It is up to the health professional to carry out compulsory notification in case of violence against women, which provides data to the Department of Informatics of the Unified Health System (Departamento de Informática do Sistema Único de Saúde -DATASUS), also to guide these women how to proceed. Compulsory notification of interpersonal and self-inflicted violence in the health field does not constitute a complaint, but rather an instrument to guarantee rights, a prerogative that is often overlooked. (6)

Bearing in mind that the use and

application of data from the SUS IT department can enable time optimization, improvement in attendance and case registration, this research aims to analyze the comparison between the data available at DATASUS and Instituto de Segurança Pública do State of Rio de Janeiro regarding violence against women.

METHOD

This is a descriptive and retrospective study, developed from the available data and consulted in the databases of the Department of Informatics of the Unified Health System (DATASUS) and the Institute of Public Security of Rio de Janeiro (ISP) from 2014 to 2018.

The search took place from March to August 2020, making it possible to raise the number of compulsory notifications and records of occurrences in the state of Rio de Janeiro. The database data were processed and summarized in a table.

RESULTS AND DISCUSSION

Table 1 shows the number referring to the number of notifications and occurrences for the years 2014 to 2018 of the data presented by DATASUS and the ISP of Rio de Janeiro, enabling a comparison between the bases. When analyzing the table, it is possible to notice that the notifications varied between 9,1% and 13,4% of the number of occurrences in those years. Regarding the total number of both records, without considering the year 2018, due to the lack of information on the number of notifications, the percentage corresponds to 11,1%, that is, well below the number of occurrences, which points to an important disparity. and refers, at the very least, to the reflection on the causes of this disproportionate comparison.

Datasus: discrepances with public security secretariat

The DATASUS appeared in 1991 with the creation of the National Health Foundation (Funasa) with the purpose of bringing quantitative data about the diseases notified by health units at all levels of the network, providing access to those who want to know this information in addition to providing data so that managers can develop strategies aimed at improving the provision of health services.⁽⁹⁾ The system can also provide information that serves to support objective analyzes of the health situation, decision-making based on evidence and the elaboration of health action programs, possibilities that are hampered by the non-conformity between the legal records and the system data. ⁽⁷⁾

Theoretically the numbers of DATA-SUS notifications should be equal to or close to the number of cases of complaints to the public security secretariats, however, it is possible to identify discrepancies between the reported numbers and the occurrences, which in turn undermines the purpose of the database. data from the

Table 1: Notifications and occurrences.			
DATASUS		ISP	
Ano de notificação	Número de notifi- cações	Ano de ocorrências (casos)	Número de Ocor- rências
2014	22.835	2014	169.431
2015	14.730	2015	147.407
2016	12.168	2016	132.607
2017	12.672	2017	111.877
2018		2018	121.077
Total	62.405	Total	682.399
Source: Ministry of Health-DATASI IS / Pio de Janeiro Institute of Public Security, 2020. ⁽⁷⁸⁾			

Source: Ministry of Health-DATASUS / Rio de Janeiro Institute of Public Security, 2020 ^(7,8)

Ministry of Health. It is necessary to have a strong methodology to combat the underreporting of this system, allowing the monitoring of advances and difficulties in the implementation of public policies and health conditions of the population, also contributing to the strengthening of the Unified Health System (Sistema Único de Saúde - SUS). (7) The interaction and relationship between protection services can guarantee effectiveness in providing care in cases of violence against women, which makes it necessary to communicate between all the services available to assist the victim, enabling greater protection and prevention of harm. (10)

Due to the disparities found in the referred databases, it is possible to understand that underreporting has an influencing factor in the implementation of public health policies. (11) This fact can be observed when analyzing the comparison between notifications and occurrences, where DATASUS not only does not have all the data, it also does not consider every year on its platform, and several can be the reasons for this non-conformity, among them, the underreporting . The ISP, despite providing figures referring only to the years between 2014 and 2018, brings a more realistic figure that can contribute to the generation of policies in the sphere of security. (7,8)

The Special Secretariat of Policies for Women determines objectives with the purpose of confronting violence against women, some of which are the guarantee of comprehensive care for this woman, definition of standards of care that must be humanized, and also brings the integration of local, regional and national networks, involving multiple bodies such as police, firefighters and health services, among others. ⁽¹²⁾

In the state of Rio de Janeiro, the Undersecretary of Policies for Women -SSPM is responsible for the elaboration of public policies for this public, having among its attributions "To articulate with organs of the three spheres of government and civil society entities, with the objective of ensuring the implementation of the Policy Plans for Women, "acting in conjunction with the Superintendence to Combat Violence against Women (SU-PEV) for the development and implementation of policies for women.⁽¹³⁾

In the area of violence against women, policies are needed to ensure the training of the agents involved, especially in gender issues, in order to better understand the phenomenon and provide adequate assistance to victims. Strategies that enable denunciation, protection and support for women are essential, in an articulated way between the spheres of care such as health, education, social assistance, public security, among others, resulting in better coping, prevention, combat, assistance and guarantee of rights. ⁽¹⁴⁾

The strategies for recording information, however much they need improvement, aim to contribute to generating data that dimension the magnitude of violence against women as an issue to be faced by different sectors and professional categories. However, they are not exclusive channels for the visibility of this phenomenon, qualitative research with different approaches, also contributes to its denaturalization, in addition to attesting its relevance to think strategies to confront violence against women. This "invisibility" of violence insinuates itself in health services, which are mostly restricted to dealing with the effects of violence experienced by women. (11)

The healthcare professional and notification

The confrontation of violence suffered by women must not be restricted to actions in the areas of security and social assistance, but must involve different sectors of the State. The National Policy Plans for Women defend the articulation between a vertical axis, which establishes policies and services between the spheres of government in order to optimize the existing resources and enhance the results, with a horizontal axis, through which the services must be part of an intersectoral network that enables comprehensive care for women. ⁽¹⁵⁾ Generally the first service sought by women who are victims of violence is the Health Care Network (RAS), at its various levels, which makes up the intersectoral network. It is up to the health team to identify and notify cases of violence, which can be considered as an omission of

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non-compliance with the notification. It becomes evident the need for health professionals to commit to patients, despite not being the sector responsible for criminal complaints, notification contributes to the fight against violence against women. ⁽¹⁶⁾ When it comes to filling out the notification form, Federal Law No. 10,788, establishes, in its Article 5 that: "Failure to comply with this Law constitutes an infraction of the legislation referring to public health, without prejudice to the applicable criminal sanctions". ⁽¹⁷⁾

Among the stages of reception, service and notification, the social protection network must be regulated. The notification form is an instrument that triggers the line of care for people in situations of violence and of extreme help to those in need. (6) A Compulsory notification must be common knowledge and mandatory for all health professionals: doctors, nurses, dentists, veterinarians, biologists, biomedical doctors, pharmacists and others in the profession, as well as those responsible for public and private organizations and establishments health and education, in accordance with arts. 7 and 8, of Law No. 6.259, of October 30th, 1975.⁽¹⁸⁾.

It is up to the health professional to avoid future harm to victims resulting from violence, such action is made possible through the early detection of situations of violence. The professional must make use of multifactorial methods (reception, empathy, bond of trust, etc.) and multiprofessionals that enable better assistance, guidance and prevention, avoiding greater damage to the victim in the future. The professional's adequate approach will enable the woman to have a perception and support on the subject. (19) The multidisciplinary team must act jointly, avoiding discontinuity in the provision of assistance to victims and the notification process, this action must take place in all stages from combat to care. ⁽¹⁶⁾ The health team must then act in a multifaceted manner, promoting different methods aimed at re-education and protection, and not only notification. (20)

CONCLUSION

By analyzing the data on violence against women available in the DATASUS and ISP databases, it was possible to identify a great disparity between the number of notifications and occurrences, which points to flaws in the health care network demonstrated by the underreporting of cases of this type of violence. DATASUS can contribute to the development of new policies to combat violence against women, as its data provide information for the creation of health education projects, laws and methods. However, the discrepancy in relation to other databases is a factor that can cause a micro vision of the scenario in which the State of Rio de Janeiro finds itself, which, occasionally, does not express the reality as a whole and can generate deficit policies. Improvements in order to avoid underreporting are necessary to adequately contemplate the provision of health services and actions.

It is necessary to have planning, collaboration and articulation between the Secretaries of Public Security and Health in the figure of the units responsible for notifications so that it is possible for new laws and policies to combat violence against women to emerge, as well as to reinforce laws already in force.

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