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ORIGINAL ARTICLE

TREND OF FEMALE MORTALITY BY AGGRESSION IN BRAZILIAN NORTHEAST

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ABSTRACT

Objective: to analyze the trend of female mortality due to aggression in the Northeast region of Brazil between 2000-2017. **Methods**: this is an ecological, time-series study on female mortality due to aggression, with data from the Mortality Information System. All-female deaths coded as X85-Y09 of the International Classification of Diseases (version 10) were evaluated. The Joinpoint method was used to analyze the trend of mortality coefficients by state, with calculation of the annual percentage change (APV) and 95% confidence intervals (95%CI). **Results**: 21,350 deaths were registered, with an increase of 130% between 2000 and 2017. There was a trend towards an increase in the mortality rate throughout the Northeast region (APV= +4.3; 95%CI 3.6; 5.0). There was a downward trend only in Pernambuco (VPA=-1.7; 95%CI -2.6; -0.8) and an increase in the other states. **Conclusion**: there was an increasing trend in female mortality due to aggression, showing that violence against women remains a serious public health problem in the region.

Keywords: Homicide. Violence Against Women. Gender-Based Violence.

INTRODUCTION

Violence against women is a major public health challenge. It is a multifactorial, complex event, linked to cultural practices and that occurs regardless of the population's income or education level[1-5]. However, in almost all cases of violence, there is a constant variable represented by values and morals common to patriarchal societies. As a result, violence against women is considered a problem of global relevance, especially due to the high number of aggressions committed by intimate partners[1-3,5].

There are different types of violence against women, with death as the most extreme expression[2,4]. The term femicide is designed to define female homicides related to differences between genders, while femicide emphasizes the murder of women in which there is no possibility of differentiating the reason that led to the death[4,5]. The cases of femicides are considered as potentially preventable deaths and, therefore, the State should be held accountable, both for the omission of the investigation and for the low frequency of identification and commitment to punish the murderers. Thus, it is possible to infer that femicide occurs when the State does not provide adequate security guarantees for women, both in public and private environments[4,5].

In Brazil, Law 13.104 provides for femicide as a qualifying circumstance for female homicide because of being a woman, when the crime involved domestic and family violence, contempt, or discrimination. Also, there is an increase in the penalty when the crime is committed against pregnant women, women under 14 years old, and in the presence of an ascendant or descendants of the victim[6]. The analysis of mortality from aggression in the country between 1996-2017, before and after the femicide law, showed an initial drop in the number of registered cases, followed by a subsequent increase[7].

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Data from 52 countries showed that more than 90,000 women of all ages died violently in 2012. Approximately 50% of them had intimate partners or family members as perpetrators. The highest rates were found in South Africa, South America, the Caribbean, and Central America. Despite the high prevalence, the magnitude is still frequently underestimated[8]. In Brazil, female mortality rates due to aggression increased 4.8% between 2004 and 2015, mainly in the North region (+109.4%)[9]. In the Northeast, between 1996 and 2012, there was an average rate of 5.25 deaths/100,000 women, with higher rates in Pernambuco[10].

The literature shows individual risk factors related to the occurrence of female mortality due to aggression[5,11]. The profile of Brazilian victims is characterized by adolescents and young adults, black, living in places with little or no safety, with low education, and low income[5]. The aggressors are usually younger men than women, with a lower level of education than their victims, married or in a common-law marriage and family members and/or acquaintances of the women. There is also often a history of violence and criminal records among them[5,11].

Information systems can underestimate female mortality rates due to aggression (femicides), both because of the underreporting of deaths and the low quality of recorded data[12]. However, even with these difficulties, it is important to use these systems to assess the event's panorama and to draw up preventive and combating strategies against violence against women based on these data. Furthermore, despite its relevance, updated data on trends in female mortality are still scarce, hindering to the plan of evidence-based public policies. From this perspective, this study aimed to analyze the trend of femicides in the Northeast region of Brazil.

METHODS

This is an ecological, time-series study on femicides in the Northeast region from 2000 to 2017. We decided to delimit this period to have an expanded view of the event's panorama, with 2017 being the last year available for consultation with consolidated information up to the collection period. Data on deaths are secondary, obtained from the Mortality Information System (MIS) of the Information Technology Department of the Unified Health System (DATASUS) and population information from the Brazilian Institute of Geography and Statistics. The collection took place in June 2019.

All deaths of women due to aggression coded as X85 to Y09 of the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) were considered as femicides. To calculate the female mortality rate due to aggression, the number of deaths of women due to aggression was divided by the number of women in the population and this quotient was multiplied by 100,000. The mortality rate of all ages was calculated for the region and the states, per year.

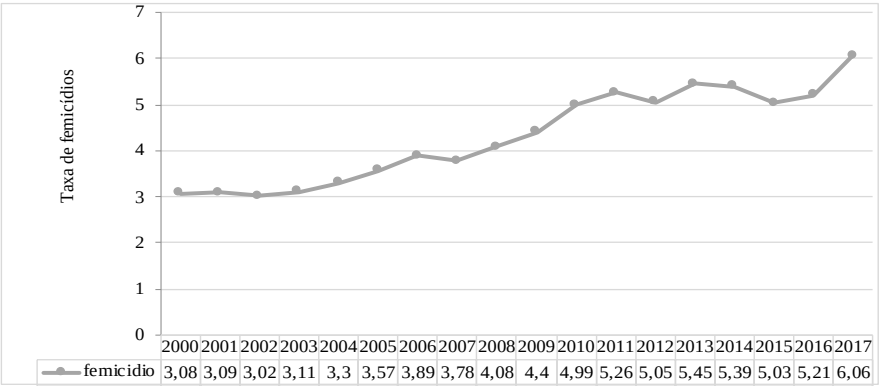
For the analysis of trends in mortality rates due to aggression, we used the Joinpoint method, with calculation of the annual percentage change (APV) and 95% confidence intervals (95%CI), through the Statistical Package for the Social Sciences program (SPSS), version 20.0. We considered that there was an increase in the mortality rate when the trend was for growth and the minimum value of the 95%CI was greater than 0. However, we defined that a reduction occurred when there was a decline in the trend and the maximum value of the 95%CI was less than 0. Stability was defined when, regardless of the trend, the 95%CI included the value 0.

As this is research that uses publicly accessible information, there was no need to submit the project to the Research Ethics Committee, following Resolution 510, of April 7, 2016, of the National Health Council.

RESULTS

Between 2000 and 2017, 21,350 cases of femicides were registered in the Northeast region of Brazil. There was an increase in the femicide rate, from 3.08 cases per 100,000 women in 2000 to 6.06 in 2017 (Graph 1).

Graph 1. Femicide rate. Northeast Region, Brazil, 2000-2017.



Source: Ministry of Health. Mortality Information System (MIS).

Table 1 shows the femicide rate for the entire Northeast region and by state. The highest rate was observed in 2017, corresponding to 6.06 cases per 1,000 women. As for the states, the highest rates occurred in Alagoas (8.40/100 thousand) in 2013 and Ceará (8.31/100 thousand) in 2017.

Table 1. Femicide rate by states. Northeast Region, Brazil, 2000-2017.

Year	Northeast	MA	PI	CE	RN	PB	PE	AL	SE	BA
2000	3,08	1,11	0,96	2,75	1,53	2,47	7,47	4,36	4,02	1,96
2001	3,09	1,84	2,38	2,91	1,65	2,50	7,00	3,63	3,30	1,79
2002	3,02	1,31	1,81	3,15	1,55	2,53	6,45	4,64	3,87	1,79
2003	3,11	2,28	2,13	2,56	2,13	1,91	6,37	4,38	3,50	2,18
2004	3,30	1,73	1,71	3,01	1,38	3,24	6,35	4,85	2,94	2,77
2005	3,57	1,86	2,60	3,46	2,65	3,32	6,42	4,72	2,79	2,97
2006	3,89	2,06	2,06	3,20	2,67	3,28	6,98	6,69	3,92	3,39
2007	3,78	1,94	2,24	2,98	2,64	3,57	6,46	6,74	3,29	3,44
2008	4,08	2,50	2,41	2,74	3,66	4,52	6,57	5,13	2,86	4,30
2009	4,40	2,65	1,95	3,20	3,49	5,04	6,64	6,79	3,38	4,66
2010	4,99	3,52	2,50	3,97	4,29	6,07	5,32	8,30	3,99	5,86
2011	5,26	3,90	1,99	4,25	4,54	7,07	5,60	8,29	5,49	5,94
2012	5,05	3,36	2,85	4,94	3,78	6,86	4,57	7,93	5,60	5,75
2013	5,45	3,82	2,90	6,21	5,20	6,25	5,40	8,40	5,00	5,55
2014	5,39	4,40	3,86	6,32	5,90	5,76	5,00	7,34	6,53	5,04
2015	5,03	4,24	4,09	5,59	5,21	5,42	4,84	5,54	6,11	4,97
2016	5,21	4,52	3,04	4,76	5,67	5,19	5,81	5,85	5,18	5,64
2017	6,06	3,59	3,15	8,12	8,31	4,24	6,32	6,39	6,57	6,25

Source: Ministry of Health. Mortality Information System (MIS).

There was a trend towards an increase in the femicide rate in the region (APV=+4.3; 95%CI 3.6 to 5.0). Throughout the period, there was a tendency for the rate to decrease only in Pernambuco (APV=-1.7; 95%CI -2.6 to -0.8) and an increase in the other states, with the highest APVs observed in Rio Grande do Norte, Maranhão, Bahia, and Ceará (Table 2).

Table 2. Trend in the femicide rate. Northeast Region, Brazil, 2000-2017.

Regiion/FU	Rate - 2000	Rate - 2017	APV	95%CI	Trend
Northeast	*3.08*	*6.06*	*+4.3**	*(3.6 a 5.0)*	*Increase*
Alagoas	4.36	6.39	+3.1*	(1.0 a 5.3)	Increase
Bahia	1.96	6.27	+7.0*	(4.9 a 9.0)	Increase
Ceará	2.75	8.12	+6.5*	(4.7 a 8.3)	Increase
Maranhão	1.10	3.58	+7.2*	(5.4 a 9.0)	Increase
Paraíba	2.47	4.24	+5.6*	(2.9 a 8.5)	Increase
Pernambuco	7.47	6.32	-1.7*	(-2.6 a -0.8)	Dicrease
Piauí	0.96	3.15	+4.5*	(2.5 a 6.5)	Increase
Rio Grande do Norte	1.53	8.31	+9.8*	(8.3 a 11.5)	Increase
Sergipe	4.02	6.57	+4.5*	(2.7 a 6.2)	Increase

UF: federation units; APV: annual percentage change; 95%CI: confidence interval of 95%; * p<0.05.
Source: Ministry of Health. Mortality Information System (MIS).

DISCUSSION

This study updates the information on female mortality due to aggression in the Northeast region and states, by showing an increase in the absolute number of cases between 2000 to 2017, with a tendency for an increase in the mortality rate. The data draw attention to the magnitude of the phenomenon since female mortality due to aggression is the most serious indicator of gender violence against women[2].

The numbers in the Northeast are similar to national data[2,12,13]. Information published in the 2019 Violence Map showed an increase of 30.7% in the female homicide rate due to aggression in Brazil between 2007 and 2017[13]. Another study, which evaluated the temporal trend of the female mortality rate due to aggression in Brazil, regions, and states between 2002-2012, observed a stable trend in the female mortality rate due to aggression in the country and an increasing trend in the North, Northeast and South regions. [2]

Data from the Institute for Applied Economic Research (IPEA) show that the Northeast region was the second region in Brazil with the highest rate of female mortality due to aggression between 2011 and 2013 (7.31/100 thousand women)[12]. The increase in the number of female deaths may be related to the change in traditional gender roles, such as the entry of women into the labor market. Also, the loss of the role of family provider can make men use violence as a way to impose their authority on women[4,5,11,14].

Except for Pernambuco, all states showed an upward trend in which Rio Grande do Norte, Maranhão, Bahia, and Ceará had the higher growth trends. A similar result was observed in a study that analyzed femicide in Brazilian capitals and cities with a large population, verifying an increase in the mortality rate in the three-year periods of 2007-2009 and 2011-2012[10]. Another investigation that evaluated the years 2002, 2007 and 2012, observed an increase in the coefficient from 5.84/100 thousand in 2012 to 6.16/100 thousand in 2012. In the Northeast, the states with the highest mortality rates in the age group between 20 and 59 years old were Bahia, Paraíba and Rio Grande do Norte[2]. In this study, the states of Maranhão and Ceará are added to these, also with high mortality rates between 2000-2017.

Multiple factors may be associated with the greater magnitude of femicides in some states, and the lesser efficiency of existing services to fight violence against women can be highlighted. In Rio Grande do Norte, for example, there were 79,708 women attacked by people with some affective bond between 2006 and 2013, occupying 5th place in the national ranking of domestic violence. Between 2006 and 2013, even with the implementation of the Maria da Penha Law, there was no drop in cases of domestic aggression[15]. Thus, it would still be necessary to guide government actions for the planning and implementation of social programs and policies for women's care, to serve them comprehensively, and encourage changes in the sexist values that permeate social relationships[9,16]. Also, these high mortality rates must be related to several markers of violence, such as local rivalries by criminal factions, the inefficiency of public security mechanisms, socioeconomic inequalities, and violation of human rights[17,18].

The only state that showed a downward trend in the female mortality rate due to aggression was Pernambuco, a finding corroborated by other studies[2,13]. In Recife-PE, from 1997 to 2006, there was a decline in the homicide rate among women[19] in line with the findings of this research. However, another survey from 2009 to 2014 showed that there was a decline in the homicide rate in both genders and, among women, it went from 6.6/1,000 inhabitants in 2009 to 5.6/1,000 inhabitants in 2014[20]. The reduction in the female mortality rate due to aggression in Pernambuco can have at least two explanations. First, it is necessary to consider the implementation in 2007 of *Pacto Pela Vida*, the first public security policy instituted in the state to prevent and control crime and violence. Then, there was an increase in state spending on public security, which grew by 17.5% between 2007 and 2010[21]. Also, the enactment of the Maria da Penha Law in 2006, as in other scenarios, may have helped to implement the Policy to Combat Violence against Women in the state, expanding and internalizing the service network[22-24].

This study has some limitations that need to be considered. First, the use of secondary data, derived from female death certificates due to aggression and obtained from the MIS, may have generated underreporting. Afterward, a large part of the deaths of women is classified as an event

whose underlying cause of death is declared as undetermined, compromising both the proper filling out of the declarations and the quality of the information. Despite these limitations, we believe that the results can support better assessment and planning in the areas of health and public safety concerning women, especially those in situations of violence. Knowing the characteristics of violence and the victims of homicides is essential for taking preventive and protective measures for women. Most of the profiles of victims in Brazil are young, black women, living in places with little or no security, with low education and income. Also, there is little investigation of the cases, with a large part being archived and the aggressor not being prosecuted, who remains unpunished[10].

CONCLUSION

The femicide rate in the Northeast region is worrying, showing an upward trend. Among the states, only Pernambuco showed a downward trend. The data show a considerable amount of violence in the region, reinforcing characteristics in the literature and showing that aggression against women remains a serious public health problem. This upward trend and the value of female mortality rates due to aggression express sociocultural issues, in addition to evidencing ineffective actions by public security services and high rates of violence in general. In this sense, there must be an improvement in the care and social protection network for victims of violence in the Northeastern states, aiming to develop effective actions for health promotion, violence prevention, and comprehensive and humanized care for women to reduce the rate of femicides in the region.

TENDÊNCIA DA MORTALIDADE FEMININA POR AGRESSÃO NO NORDESTE BRASILEIRO

RESUMO

Objetivo: analisar a tendência da mortalidade feminina por agressão na região Nordeste do Brasil entre 2000-2017. **Métodos:** trata-se de estudo ecológico, de série temporal, sobre a mortalidade feminina por agressão, com dados do Sistema de Informação sobre Mortalidade. Avaliaram-se todos os óbitos femininos codificados como X85-Y09 da Classificação Internacional de Doenças (versão 10). Empregou-se o método *Joinpoint* para a análise da tendência dos coeficientes de mortalidade por estado, com cálculo da variação percentual anual (VPA) e intervalos de confiança de 95% (IC95%). **Resultados:** registraram-se 21.350 óbitos, com aumento de 130% entre 2000 e 2017. Observou-se tendência de aumento no coeficiente de mortalidade em toda a região Nordeste (VPA= +4,3; IC95% 3,6; 5,0). Houve tendência de queda apenas em Pernambuco (VPA=-1,7; IC95% -2,6; -0,8) e aumento nos demais estados. **Conclusão:** houve tendência de aumento da mortalidade feminina por agressão, evidenciando que a violência contra a mulher permanece como grave problema de saúde pública na região.

Palavras-chave: Homicídio. Violência Contra a Mulher. Violência de Gênero.

TENDENCIA DE LA MORTALIDAD FEMENINA POR AGRESIÓN EN EL NORDESTE DE BRASIL

RESUMEN

Objetivo: analizar la tendencia de la mortalidad femenina por agresión en la región Nordeste de Brasil entre 2000-2017. **Métodos**: se trata de un estudio ecológico, de serie temporal, sobre la mortalidad femenina por agresión, con datos del Sistema de Información sobre Mortalidad. Se evaluaron todos los óbitos femeninos codificados como X85-Y09 de la Clasificación Internacional de Enfermedades (versión 10). Se empleó el método *Joinpoint* para el análisis de la tendencia de los coeficientes de mortalidad por estado, con cálculo de la variación porcentual anual (VPA) e intervalos de confianza del 95% (IC95%). **Resultados**: se registraron 21.350 óbitos, con aumento de 130% entre 2000 y 2017. Se observó tendencia de aumento en el coeficiente de mortalidad en toda la región Nordeste (VPA= +4,3; IC95% 3,6; 5,0). Hubo tendencia de caída solo en Pernambuco (VPA=-1,7; IC95% -2,6; -0,8) y aumento en los demás estados. **Conclusión**: hubo tendencia de aumento de la mortalidad femenina por agresión, evidenciando que la violencia contra la mujer permanece como grave problema de salud pública en la región.

Palabras clave: Homicidio. Violencia Contra la Mujer. Violencia de Género.

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