Public policies, nursing role and health programs against gender violence. Comparative study Spain - Brazil

María del Mar Pastor Bravo\textsuperscript{a}, Pilar Almansa Martínez\textsuperscript{b} & Ismael Jiménez Ruiz\textsuperscript{c}\textsuperscript{*}

\textsuperscript{a}Facultad de Enfermería y Obstetricia del Estado de Mexico, Mexico
\textsuperscript{b}Facultad de Enfermería de la Universidad de Murcia, España.
\textsuperscript{c}Facultad de Enfermería de la Universidad de Alicante, España.

Abstract

Introduction: Gender violence is a serious public health problem and human rights, both in the Brazilian and Spanish society, so that public policies of these countries have the responsibility to eradicate this problem. Objective: To compare policies on gender violence between Spain and Brazil as well as their influence on nursing care to the abused women. Results: public policies that both countries have made since the 70s until today, under the influence of the International Conferences of the United Nations, notably from Beijing are exposed. Among the policies developed in these countries currently stands in Spain Organic Law 1/2004 and Brazil Maria da Penha Law. Public policies are translated in both countries in specific programs on women’s health, who have also evolved since the 70s, from contemplating women exclusively in their gravid-puerperal cycle glimpsing in their overall health throughout the life cycle. These programs provide care to women in situations of gender violence through action protocols that emphasize the importance of identifying the problem in primary care, multidisciplinary actions among health professionals and coordination of the various institutions of protection of women to violence. Conclusions: As a consequence of global conferences and conventions on women and human rights, there have been policies in Spain and Brazil focused on gender equality and prevention of violence against women that have resulted in significant advances for the whole society, but they have not yet reached their goals. Women Health Programs start considering women as a subject of citizenship and rights. This evolution occurs in Spain after the influence of international conventions and conferences. However, Brazil is pioneering programs to include comprehensive women's health and reproductive health concepts, even before gouging importance internationally. These programs include violence against women as a field of action from the performance of health professionals in general and nursing in particular, establishing different protocols.

© 2017 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
Peer-review under responsibility of the organizing committee of EDUHEM 2016.

* Corresponding author. E-mail address: mariadelmarpastorbravo@gmail.com
1. Introduction

Violence against women is defined as “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life” (ONU, 1994). This scourge runs in fact the Spanish and Brazilian society by creating a serious problem of human rights and public health, due to the high number of victims and the extent of the physical and emotional scars that afflict the female population. In fact, the violence that occurs against women by virtue of being occurs in 22% of Spanish women and led in 2013 a rate of 2.63 deaths of women (Ministerio de Sanidad Servicios Sociales e Igualdad, 2014). The picture of gender violence also hit Brazilian society, with an estimated battered women percentage of 23% and a mortality rate of gender violence from 4.8 in 2013 (Waiselfisz, 2015).

It is for this reason that gender violence has earned a prominent position among the everyday concerns in recent decades, generating government policies. Such social policies express, on the one hand, recognition of social rights of citizenship, and secondly, social protection as state responsibility.

In the case of health policies in a democratic state of law, they must be universal and benefits should be distributed based on the principle of equity. Health policies translate into programs, which assumes nursing care of women as essential to the profession when it is systematic and planned. This nursing care is characterized by interpersonal relations of nurses and citizens, which from a dialectical perspective denotes a political action to the extent that evidence on the one hand, the subject, represented by the caregiver-state and on the other the object attention, represented by caring and civil society. Throughout history nursing has found different challenges, building a practical and scientific knowledge that strengthens the profession. Currently, our profession is facing gender violence as a serious public health challenge.

2. Objective

Compare public policies on gender violence between Spain and Brazil as well as their influence in the care of the nurse to the battered women.

3. Methodology

It is a Qualitative study which uses a comparative descriptive method with a dialectical approach.

The choice of this methodology was performed because a study comprising two scenarios with unique and common features requires a data processing that follow the comparative method, which supports including historical, political-administrative and cultural variables. In this case the method emphasizes the analysis of public policies aimed at women, as well as insertion of nursing in these policies in the context of the Spanish National Health and Only Brazilian National Health System, which are not and cannot be isolated or independent facts, but part of a complex whole, where each interacts with the other and are mutually dependent, they must be analysed in the light of the dialectic.

3.1. Methodological procedure

In the comparative method data from different scenarios are ordered, presented and analysed in four stages:

1. Description: a comparative description of the phenomenon of study is conducted.
2. Interpretation: the data undergo thorough an examination in terms of theoretical framework of public policy and health care, establishing benchmarks.
3. Juxtaposition: the data of both scenarios are compared with the subject of study.
4. And finally the results of both scenarios are compared with each other.
3.2. Technique used in research

The technique used was the integrative literature review.

The literature search was performed on the databasis of Lilacs, Pubmed, Medline and Scielo; during the months of March and May 2015, using the keywords: violence against women, Spain, Brazil, public policies, policies, legislation, nursing, or combinations of keywords. Monographs were also consulted on the Internet, statistical institutes in each country (INE and DATASUS), legislation and penal code in both countries. 47 papers were selected for providing relevant information to the object of study, have a high level of evidence and they have been published after 2010. To perform this analysis, the selected studies were categorized, being classified by type of work and relevant information was organized. Finally the results were analysed and compared according to the country.

4. Results

4.1. Global policies facing violence against women

Since 1975 until today the United Nations has held The First World Conference (ONU, 1975), The Second World Conference (ONU, 1980), The Third World Conference (ONU, 1985) and the Beijing Conference (ONU, 1995b) developed around equality, development and peace. In 2000, 2005, 2010 and 2015 the General Assembly of the United Nations has called extraordinary meetings, which has been reaffirmed and validated the effectiveness of the Beijing Platform for Action (ONU, 1995a), as well as the need to continue advancing to meet its objectives. Other conferences and conventions were also important, such as the Convention on the Elimination of All Forms of Discrimination against Women (ONU, 1979), that Spain and Brazil ratified, the Conference on Environment and Development (ONU, 1992), the World Conference on Human Rights (ONU, 1993), the World Conference on Population and Development (ONU, 1994) and the Social Development Summit (ONU, 1995c).

These conferences have made important progress since have made the issue of equality between women and men be at a relevant place globally, determining the policies and strategies of countries like Spain and Brazil to meet the proposals of those conferences.

4.2. Evolution of public policies to combat violence against women in Spain and Brazil and its relationship with international policies.

In Spain the Institute for Women is created, (Jefatura del Estado, 1983), after The World Conference in Copenhagen in 1980. In terms of data collection, the General Office of Law Enforcement began to keep statistics on complaints of women to their male partners by violence since 1984; 1990 statistics on the subject began to appear in the Annual Reports of the Ministry of Interior; and in 1992 they began to analyse systematically these data (Acale Sánchez, 1999).

Moreover, in 1997, violence against women was introduced as a specific area in The Third Women's Equal Opportunities Plan of the Institute for Women (1997), as a new field of action that did not appear in the previous two plans.

As a result of the Beijing Conference (ONU, 1995b), The First Action Plan Against Domestic Violence (Consejo de Ministros de España, 1998) was launched in Spain covering the period 1998-2000 and the Second Plan against Domestic Violence (Instituto de la Mujer, 2002), which covered the period 2001-2004. Within this plan, in September 2002 the Observatory of Domestic Violence (called Observatory against Domestic and Gender Violence in July 2003) was created as an initiative to contribute to the eradication of this violence. Likewise, the law against Gender Violence 01/2004 (Jefatura del Estado, 2004) is approved. The influence of the Fourth World Conference (1995b) is clear, since the First Plan corresponds to the period before the first meeting in New York, and the Second Plan starts after this first meeting.

International Conferences also had great impact on Brazilian politics for the creation of the National Council of Women's Rights in 1985 and The First Delegation in Defense of Women, which occurred after the creation of the State Council of Women's and Brazil's ratification of CEDAW (ONU, 1979). Regards to the legislation against gender violence, Brazil enacted Law Maria da Penha (Brasil, 2006).
4.3. Legislation against gender violence in Spain and Brazil

The first difference between Brazilian and Spanish legislation is in the definition of gender violence that each country makes, since the Brazilian definition covers a wider spectrum, to include acts or omissions and moral and financial damage.

Both laws foreseen the need of coordination of the various public administrations. To this end, Spain designates a National Plan for Awareness and Prevention of gender violence (Ministerio de Trabajo y Asuntos Sociales, 2007) while in Brazil there is not any coordinator figure.

Both countries set standards to create specialized courts dealing with such cases, but in Spain supported by creation of a prosecution facing violence against women. The Brazilian law highlights the permission to select the court either close the affected woman, the place where she was attacked or the address of the aggressor. Both countries provide free of charge legal representation (a solicitor and barrister in Spain and only lawyer in Brazil) when the concerned fulfil comply the requirements of each specific regulation. As a novelty against the Spanish rule, the Brazilian indicates that the victim can only give up the complaint to the judge, marked hearing for this purpose and requested by her with the purpose of reducing cancellations of complaints based on further conditions to the situation generated.

Among the measures of protection for victims, it highlights Brazilian law, with a section dedicated to rules requiring the aggressor, among which are also the departure from home or suspension of communications (as in Spain), as the temporary ban on purchase contracts, sale or rental of properties in common, as part of asset protection measures for women victims of gender violence. Brazilian text also prohibits the imposition of fines to crimes committed against women, as well as any other measure provided in the 9099/95 Law.

Brazilian law does not have special rights or supports to women after suffering such violence, while in Spain there is a special treatment of these women to priority groups consider access to protected housing and public residences, also they are considered to economic and employment aid.

4.4. Evolution of public policies in health care for women in Spain and Brazil and its relationship with international policies

In the 70s, the programs on women’s health were focused on the Maternal and Child Health, term coined in the Universal Declaration of Human Rights (ONU, 1948), these guidelines were implemented in both countries, Brazil and Spain. In 1990 the International Council approves a set of minimum criteria and commitments to implement a Maternal and Child Health Program in all Spanish autonomous communities, common in its fundamental contents.

In these programs, the woman was considered only by her biological characteristics and the commitment of the program was turned over to the reproductive dimension of the female population. The actions were aimed at the social role of women as mothers and there was not integration with other government programs (Tyrrel & Carvalho, 1993).

In 1994, in the international scope and on the occasion of The International Conference on Population and Development (ICPD) (ONU, 1994) it stipulates that population policies should always be located within the framework of human rights. In addition, leaving aside the term of Maternal and Child Health and coins the term Sexual and Reproductive Health.

This achievement was strengthened the following year at The Fourth World Conference on Women and in 1996, when the European Union and all member states formally adopted The Plan of Action on Population and Development in Cairo, wich repercuted nationwide. In 1998 The Integral Plan of care for women appeared in Spain, serving the health needs of women throughout their lives and not only during the gravidico-puerperal cycle.

It is important to highlight that the “Programa de Assistência Integral à Saúde da Mulher” (PAISM) Attention, was created in 1983, it includes in its full content the definition of reproductive health adopted by the World Health Organization in 1988 and expanded and consolidated in Cairo in 1994 and Beijing in 1995. So we can say that it was a pioneer, what meant an advance towards the recognition of reproductive rights of women, even before they gained importance in international conferences and forums of struggle for women rights. Besides there was a progress in the breakdown of the verticalized practice and the incorporation of Gender Violence (Correa & Piola, 2003). However, when the program was assessed several gaps of care in women’s health were observed, such as; women’s health in adolescence, Chronic degenerative and infectious diseases, occupational health, mental health and the inclusion of gender and race / ethnicity in actions. So in 2004 the Ministry of Health prepared a document called the National

4.5. Violence against women and health services

To address the health of women in situations of violence, the Brazilian health system implements the PN/IALA-2004, in the section “Promover a atenção às mulheres e adolescentes em situação de violência doméstica e sexual” (Ministério da Saúde, 2011), the guide “O que devem saber os profissionais de saúde para promover os direitos e a saúde das mulheres em situação de violência doméstica” (Schraiber & da Oliveira, 2002) and the Protocol “Atenção à mulher em situação de violência” (Secretaria Municipal de Saúde, 2008) which sets out general guidelines to follow by professionals. Also in the case of recurrent sexual violence, it marks specific guidelines to be carried out by nursing professionals.

In Spain the response of the health system and health professionals in the face of gender violence is expected by: The Third Women's Equal Opportunities Plan (Instituto de la Mujer, 1997), which expects the adoption and diffusion of a health protocol in the face of gender violence; The Fourth Women's Equal Opportunities Plan (Instituto de la Mujer, 2003) based on the guidelines set by the Community Framework Strategy on equality between men and women; and The First Plan Action against Domestic Violence (Consejo de Ministros de España, 1998) which established six areas: awareness and prevention, education and training, social resources, health, legislation and legal practice and research. Another resource is the second Comprehensive Plan against Domestic Violence (Instituto de la Mujer, 2002), it articulated the actions that included the preventive, legislative, and research assistance measures. Also we find the "common protocol for health performance in the face of Gender Violence" (Ministerio de Sanidad Servicios Sociales e Igualdad, 2012) that sets standards for the detection, assessment and intervention in cases of violence. It also specifies the performance of certain types of violence such as sexual. This protocol has been reviewed and adapted to different Spanish autonomous communities. Another protocol appears in 2015 for the prevention of a specific type of violence against women, female genital mutilation (Ministerio de Sanidad Servicios Sociales e Igualdad, 2015).

Both countries agree on the importance of health professionals while identifying and addressing gender violence because they are placed in a privileged post for it. It is referred that nurses are in a privileged position due to the fact the can identity and address the social and health problem. In Spain, it is possible during routine pregnancy, in cooperation with obstetrics professionals, and coincides with Brazilian guidelines in Primary Care; where families of basic health zone are met, and where abused women are admitted for treatment of physical damage resulted from such violence and various psychosomatic symptoms.

And what’s more, the health system of Spain and Brazil emphasize the importance of health professionals working in a multidisciplinary manner to provide a comprehensive approach to women. Moreover, the different institutions dealing with gender violence must be coordinated to meet the needs of women throughout the solution process to finish with the violence situation. Brazilian protocols emphasise that coordination, it means that the nurse is responsible of guiding and sending the affected woman to the health professionals and institutions needed.

Unlike Brazil, Spain has a common protocol for health performance in the face of gender violence at nationwide, which set the guidelines to follow in the face of this problem, however, the specific activities and actions of nursing are not concertized. Whereas in Brazil in the protocol “Atenção à mulher em situação de violência” (Secretaria Municipal de Saúde, 2008), the specific activities and actions of nursing are specified, but it is just for a specific type of violence against women: sexual violence.

5. Conclusions

The health of women and the perception of them as citizens with rights have shaped over the last decades thanks to feminist movements and international conferences and conventions, which have tried to mark some items for production of public policies towards women in different countries.

As a result of these conferences and conventions they have made policies in Spain focused on gender equality and prevention of violence against women, such as the creation of the Institute for Women (1983), the First Action Plan

In Brazil have also created institutions in the light of the pattern of conferences, such as the creation of the State Council of Women (1984), the creation in 1985 of the National Council of Women's Rights and the first Delegation Defense of Women. As for legislation against Gender Violence, Brazil enacted Law Maria da Penha in 2006.

Regarding the attention to women in the system of Spanish and Brazilian health, program development, as well as policies and action plans, have been created or modified over time, depending on the vision that has been acquired for women. First, we start perceiving women as objects of reproduction and therefore a focus on the puerperal gravid cycle, then they were perceived as subjects of reproduction to finally be conceived as a subject of citizenship and human rights, what is perceived in health programs that provide integral care to women. In Spain from 1998, following the International Conference on Population and Development (1994), the Fourth World Conference on Women (1995) and Plan of Action on Population and Development in Cairo (1996) and in Brazil from 1983, resulting pioneer in holistic health programs for women, as well as the concepts of reproductive health even before gouging importance in international conferences and forums struggle. Later the Brazilian Health System strengthens and improves the program in 2004 with the National Policy for Integral Women's Health Care.

In care programs to women both in Spain and Brazil, the health care of women in situations of gender violence is contemplated. The protocols that exist both in Spain and Brazil highlight the nursing consultation in primary care as a strategic location for preventing and addressing gender violence. It also urges the nurse to take the controls during pregnancy to prevent and address the problems in Spain. Also it highlights the need for continuing to health professionals in gender violence training, multidisciplinarity among professionals to address holistically to these women, as well as the existence of a coordinated network between the various existing institutions for addressing gender violence, where the nurse guide affected women depending on their needs.

This review shows the achievements of policies, programs and care of nurses in attention to battered women. However, situations of gender violence are often under-detected and treated exclusively by physical symptoms. Therefore it is needed most policies in both countries to reinforce the need to further strengthen policies and actions to address this major public health and human rights

References


