

International cooperation: data as allies for the prevention of gender-based violence



Violence against women is not just a matter of public safety. This is a multisectoral challenge and public health plays a key role in addressing it.

Data on prevalence, hospitalization and mortality due to violence can provide valuable indicators to inform public policies and actions to prevent gender-based violence.

Against this backdrop, Vital Strategies Brazil conducted a series of workshops with representatives of the Ministries of Health and of public statistics offices from five countries: Colombia, Ethiopia, Mozambique, Kenya and Zimbabwe. The objective was to exchange experiences and discuss improvements in mortality registration systems, especially in the classification of causes of death, focusing on the identification of cases of femicide.

The workshop series was held as part of Vital Strategies' global Data for Health Program, which partners with governments to support improvements in the use of data in public health.

After the first three preparatory meetings held remotely, a face-to-face workshop was held at the Vital Strategies office in São Paulo and focused on deepening the analysis of mortality trends and estimates of years of life lost due to interpersonal violence against young women produced by the Global Burden of Disease (GBD).

During the five-day meeting, led by experts from Vital Strategies, participants worked to identify numbers of cases, recidivism and deaths, as well as discuss best practices in surveillance and opportunities for improvements in each country's systems aimed at preventing violence against women.

The workshop was structured to cover stages of theoretical foundation, data extraction, analyses, debates and joint narrative creation about the information collected. As main results, diagnoses were produced on the landscape of gender-based violence in the participating countries, through estimates of mortality and years of life lost. These diagnoses encouraged the production of a comparative scientific article produced jointly by the participants.



Key findings

As a result of the research and discussions, representatives from each country presented insights on gender-based violence based on the Global Burden of Disease (GBD).



Colombia

- There are uncertainties regarding the reliability of official data due to the country's history of political conflicts.
- Estimates point to a drop in the death rate of women aged 15 to 49 years due to external causes in the country.
- Starting in 2002, there was a drop in homicide death rates among women aged 15 to 49 years.
- Weapons are frequent instruments in the homicides of women, but less than among men, since the country is historically marked by internal conflicts of paramilitary groups, whose main victims are male.
- Recommendations: creation of tools that allow the estimation of data for geographical sublevels in order to address the diversity of the country and develop focused institutional responses; breakdown of data by markers such as ethnic group, people with disabilities, among others, so that, when formulating public policies, different social determinants of violence will be considered; strengthen the intersectoral perspective to address the problem; develop strategies for training professionals in the fields of health and data registration.



Ethiopia

- The normalization of violence against women in the country is reflected in the stigmatization of victims and the absence of data on this matter.
- Through GBD estimates, important changes were noticed in the country between 2010 and 2019: over these years, interpersonal violence became the main external cause of women's deaths in the nation.
- Opportunities for improvement were identified, such as improving the quality of existing information through the creation of a system for recording cases, with standardization of types of injury identified in women, which offers credible, locally generated data. For this, it was also understood that it will be necessary to mobilize the staff of primary healthcare units to collect these data.
- Also suggested was the reinforcing of the practice of verbal autopsy and the development of policies to confront gender-based violence according to the specific characteristics of the country, considering female genital mutilation, child marriage and economic marginalization.



Mozambique

- The lack of data on violence and mortality directly interferes with the analyses.
- There is also little literature on the subject in the country, which makes it even more challenging to deepen our understanding of the local scenario and plan effective interventions.
- Although there has been a lot of mobilization and awareness-raising about gender-based violence in recent years, the available data do not reflect these efforts, since there was no reduction in the mortality from violence among women in the period from 2010 to 2019. However, there was a consensus that this information needs to be carefully evaluated, since, due to internal conflicts in the country, there has been an increase in overall mortality rates due to violence since 2017.



Kenya

- When external causes are considered, interpersonal violence is the leading cause of death for women between the ages of 15 and 49 in the country.
- The need to improve the assessment of deaths from genital mutilation in the local context was identified, since many deaths due to sepsis, hospital infections or other non-specific causes may have occurred due to complications generated by the practice, compromising the assessment of the real dimension of this type of violence in the estimates.
- Also highlighted was the need to create qualified data collection instruments, including breakdowns by profiles of women (disability, ethnic minority, etc.).
- Yet another opportunity for improvement identified refers to the inclusion of questions in the verbal autopsy form that can identify violence that is not visible (psychological violence).



Zimbabwe

- There is a relative stability of interpersonal and self-inflicted violence between 2010 and 2019. However, when analyzing the previous years, an increase in these rates is noted from the end of the 90s.
- Suicide was the leading cause of death among women aged 15 to 49 years in the country between 2010 and 2019.
- Higher mortality rates due to self-harm were identified compared to the rates of the other countries participating in the workshop. This fact begs for attention and alertness given the relationship between suicide and gender-based violence.
- In this scenario, the importance of creating systems for collecting and managing information on violence against women, with national and subnational scope, was identified, in addition to the need to foster capacities among healthcare teams to handle statistics related to this type of violence.
- Cervical cancer, often a consequence of HPV infection, also stands out as a relevant cause of death among women of reproductive age in the country. Sexually transmitted infections can result from episodes of sexual violence and, if data on the prevalence of these diseases are not properly analyzed from a gender perspective, they can mask relevant information about the extent of violence against women in the country.