

Femicide in Brazil: premature, preventable and trivialized death of women

Feminicídio no Brasil: morte prematura, evitável e banalizada de mulheres

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ABSTRACT

Introduction: Femicide is considered the maximum expression of gender violence. Brazil is among the countries with the highest rate of femicide in the world. Between 2001 and 2011, more than 50,000 femicide were recorded in Brazil, an average of 5,000 cases per year. Objective: To analyze the characteristics and evolution of femicide rates in Brazil. Method: Ecological study of temporal series with secondary data obtained from the Mortality Information System of the Ministry of Health. We estimate femicide rates for 2015-2019. The cases of femicide were analyzed for the following outcomes: type of instrument used by the aggressor, age and race of the woman, and events that preceded femicide. All analyzes were performed using the Stata 15.1 statistical software. Study is exempt from authorization from the Research Ethics Committee according to resolution 510/2016 of the National Health Council. Results: The absolute number of femicides increased between 2015 and 2019, as well as their participation among the external causes of death of women. We observed probable underreporting of femicide of transsexual and lesbian women, with 76 cases reported between 2014 and 2017. In 2019, we observed that 60.6% of assaults against women occur in the victim's home, with 36.0% of cases on weekends. The instruments of aggression involved firearms (50.0%), piercing or blunt or blunt instruments (34.0%), and hanging or suffocation (6.0%). Physical abuse, sexual violence, neglect, abandonment, mental cruelty and torture were identified in 14.0% of deaths. Conclusion: Femicide rates in Brazil are increasing, with probable underreporting of cases among black, transsexual and lesbian women.

Keywords: domestic violence, intimate partner violence, violence against women, aggression, external causes.

RESUMO

Introdução: O feminicídio é considerado a expressão máxima da violência de gênero. O Brasil está entre os países com a maior taxa de feminicídio do mundo. Entre 2001 e 2011, mais de 50 mil feminicídios foram registrados no Brasil, média de cinco mil casos por ano. Objetivo: Analisar as características e a evolução das taxas de feminicídio no Brasil. Método: Estudo ecológico de séries temporais com dados secundários obtidos do Sistema de Informações sobre Mortalidade do Ministério da Saúde. Estimamos as taxas de feminicídio para 2015-2019. Os casos de feminicídio foram analisados quanto aos seguintes desfechos: tipo de instrumento utilizado pelo agressor, idade e raça da mulher e eventos que precederam o feminicídio. Todas as análises foram realizadas utilizando-se o software Stata 15.1. O estudo está isento de autorização do Comitê de Ética em Pesquisa de acordo com a resolução 510/2016 do Conselho Nacional de Saúde. Resultados: O número absoluto de feminicídios aumentou entre 2015 e 2019, assim como sua participação entre as causas externas de morte de mulheres. Observamos provável subnotificação de feminicídio de mulheres transexuais e lésbicas, com 76 casos notificados entre 2014 e 2017. Em 2019, observamos que 60,6% das agressões contra mulheres ocorrem no domicílio da vítima, com 36,0% dos casos nos finais de semana. Os instrumentos de agressão envolveram armas de fogo (50,0%), instrumentos perfurantes ou contundentes (34,0%) e enforcamento ou asfixia (6,0%). Abuso físico, violência sexual, negligência, abandono, crueldade mental e tortura foram identificados em 14,0% das mortes. Conclusão: As taxas de feminicídio no Brasil estão aumentando, com provável subnotificação de casos entre mulheres negras, transexuais e lésbicas.

Palavras-chave: violência doméstica, violência por parceiro íntimo, violências contra mulher, agressão, causas externas.

1 INTRODUCTION

Violence against women is an issue and multifactorial that must be adequately addressed by academic sciences and nations. In recent decades, domestic violence against women, often ended in femicide, has become a serious public health problem. Currently, it is the subject of international and national policies, given the increase in homicide rates of women, especially by the intimate partner.^{1,2}

Femicide is the extreme expression of various types of gender violence that affect women in societies marked by inequality, the result of historical, cultural, economic, political and social constructions.¹⁻³ This gender inequality promotes and perpetuates the murder of women by an intimate partner, motivated by a sense of ownership or by not accepting the end of the relationship, often associated with sex crimes.³⁻⁵

Worldwide, 50,000 women are murdered each year by partners and non-partner aggressors because of their condition as a woman.¹ These femicides are neither isolated events nor sudden or unexpected. They are part of a continuous process of violence, whose misogynistic bases support the use of extreme violence.^{2,3} One of the factors that increase violence against women is the trivialization of these aggressions, making it tolerated and socially acceptable.⁴

In Brazil, Law 11,340 of 2006⁴, known as the "Maria da Penha Law", seeks to protect women victims of domestic violence and is recognized by the United Nations as one of the best laws in the world to combat violence against women⁶. In the Brazilian Penal Code, femicide is defined as a heinous crime by Law No. 13,104 of 2015, typified as the murder of a woman committed on grounds of female status, when the crime involves domestic and family violence or contempt or discrimination against the condition of a woman.⁷

With the creation of the criminal type of femicide, it became possible to differentiate the murder of women from the general homicide rates in Brazil, collaborating to reduce the invisibility of the phenomenon. Thus, it became possible to identify the characteristics associated with inequalities and better understand the dimension of the problem and its contexts.⁸ However, there is still a scarcity of data on the femicide of transgender women and homosexual women.⁹

The main source for the analysis of homicides used by the available documents, known as "Maps of Violence"^{10,11}, is the Mortality Information System (MIS) of the Health Surveillance Secretariat of the Ministry of Health.¹² Advances in legislation and public policies dealing with femicide have not yet been sufficient to prevent or significantly reduce its occurrence.^{3,10,13} In this context, this study was motivated by the need for greater femicide visibility. Thus, the objective is to analyze femicide according to their circumstances and characteristics of the victims.

2 METHOD

2.1 STUDY DESIGN

Ours is a population-based study, using official information related to femicide according to Law No. 13,104⁷, obtained through public domain databases, originating from, respectively, of the systems: "Mortality Information System"¹²; "Notification Injury Information System"¹³; "Brazilian Institute of Geography and Statistics"¹⁴; "Institute of Applied Economic Research"^{9,10}; "Observatory of Women Against Violence"¹⁵; "Public Prosecutor's Office of São Paulo"¹⁶ "Agência Senado"¹⁷; "Monitor of Violence"¹⁸. Data on deaths are included in the databases of the Ministry of Health of Brazil and made available on the website of the Informatics Department of the Unified Health System (DATASUS - www.datasus.gov.br)¹².

2.2 POPULATION AND DEATH DATA

The unit of analysis selected for this study was Brazil, according to regions and Federation Units. Its female population has approximately 106.0 million inhabitants (50.7% of the population).¹⁴ Death data corresponded to the period 2015-2019. Included were all female deaths characterized as femicide, with the underlying cause of death identified by the following codes of the International Classification of Diseases, 10th Revision: X89-Y09.¹²

2.3 DATA COLLECTION

The data were collected by two independent researchers to identify possible discrepancies. Through official public domain databases of health information in the country, information was collected on the deaths related to femicide used in this study.

The Mortality Information System (MIS)¹² receives, processes, confers consistency and validity on the underlying cause of death recorded in the Death Certificate and provides information on more than 96% of deaths in Brazil. However, the MIS does not identify the classification related to "femicide", but rather to female deaths, without identifying the causative agent. Also, it was necessary to consult the previously described databases to arrive at the closest estimates of the "femicide" phenomenon. The Notification Injury Information System¹³ from the Ministry of Health registers compulsorily since Law 10.778/2003¹⁹ which establishes compulsory notification, in the national territory, of the case of violence against a woman who is attended to in public or private health services.

The primary source for the analysis of homicides in Brazil, including the "Maps of Violence"¹⁰, "Atlas of Violence"⁹ and other documents⁷ to date, has been the MIS of the Secretariat of Health Surveillance of the Ministry of Health¹². The number of women according to municipality, federation unit,

region, age group, was made available by the Brazilian Institute of Geography and Statistics¹⁴ and originates from the population count carried out in 1996, from the demographic censuses carried out in 1991, 2000 and 2010, and census projections for the remaining years, 2001-2018. Violence against transgender and homosexual women^{8,9} was gathered from two different bases: the complaints registered in Dial 100, from the Ministry of Women, Family and Human Rights, and the administrative records of Ministry of Health¹³.

2.4 STUDY VARIABLES

For this study, the variables used were: sex, age group, race/colour of the victims (white and black, the latter resulting from the sum of women of black and brown colour); schooling, location, day of aggression; the motive for the crime. As for age, it was grouped according to the legal definitions of stages or life cycles: child (<1 to 11 years old); teenager (12 to 17 years old); youth (18 to 29 years); adult (30 to 59 years); and elderly (60 years or more).^{20,21}

2.5 STATISTICAL ANALYSIS

In this phase, an organization of secondary data was carried out, when it became essential to observe the set of documents analytically, seeking to find out how it could proceed in order to make it in accordance to investigate the premature and preventable deaths of women due to issues of gender. The TABNET and TABWIN programs were used. These tabs were developed to perform quick tabs on DBF files. These files are later expanded to the XLS version, and the selected variables were categorized in Microsoft Excel.

Mortality time series were constructed according to age group (according to the previously established categorization). This procedure ensured a sufficient number of cases and provided greater stability for the analyzes. Mortality rates for women due to aggression were expressed by 100,000 women, gross and standardized using the direct method. The percentage distribution of the world population provided by the World Health Organization (WHO) between 2000-2025 was considered as standard.²² This procedure was carried out to compare the results with previous studies of other populations. All analyzes were performed using the Stata 15.1 statistical software.

2.6 ETHICAL ASPECTS

The study involves only the description and analysis of secondary data: population, obtained by the general population census, and data on deaths, collected from the Mortality Information System. All of these sources are in the public domain. No additional information was collected. In particular, no personally identifiable information was obtained for this study. Study is exempt from authorization from the Research Ethics Committee according to resolution 510/2016 of the National Health Council.

3 RESULTS

In Brazil, 13,071 femicides were registered in the MIS, in the period 2009-2011, which is equivalent to a crude mortality rate of 4.48 deaths per 100,000 women. After correction, an estimated 16,993 deaths occurred, resulting in a corrected annual mortality rate of 5.82 deaths per 100,000 women. The highest rates of femicide in the country are found in the Northeast, Midwest and North regions, respectively, with 6.90, 6.86 and 6.42 deaths per 100,000 women. The Federative Units with the highest rates were: Espírito Santo (11.24), Bahia (9.08), Alagoas (8.84), Roraima (8.51) and Pernambuco (7.81). Lower rates were observed in the states of Piauí (2.71), Santa Catarina (3.28) and São Paulo (3.74).¹⁷

Young women were the primary victims: 31% were aged 20 to 29 years, and 23% were aged 30 to 39 years. More than half of the deaths (54%) were of women aged 20 to 39 years, 61% of deaths were of black women, the primary victims in all regions, except for the South. The high proportion of deaths of black women deserves mention in the Northeast (87%), North (83%) and Midwest (68%) regions. Most of the victims had low education, 48% of those aged 15 or more had up to eight years of study.

As for the instrument used in femicide, 50% involved the use of firearms and 34% with a piercing, cutting or blunt instrument. Hanging or suffocation was recorded in 6% of deaths. Mistreatment, including assault through physical force, sexual violence, neglect, abandonment and other maltreatment syndromes, was reported in 14% of femicides.

Non-conformity with the end of the relationship appears among the most cited reasons for the aggression (18%), just behind fights, jealousy or alleged betrayal (25%). Firearms and sharp and blunt objects are the most used means in homicides. Deaths are mostly caused by gunshots for men (73.2% of cases), but for women, this incidence is lower, at 48.8%. The use of objects such as knives and sticks are more frequent in female homicides, which may indicate hate crimes or for futile reasons.

There is a concentration of crimes on Saturdays and Sundays, totalling 32%, but the highest incidence of deaths, whether consummated or attempted, is from Monday to Friday, totalling 68%. Most crimes occur during the day and in the early evening: during the morning (20%), during the afternoon (19%), from early evening until midnight (35%), and only 21% occur during the night. It was found that 41% of the events occurred during the day between 06 and 18 hours, and 59% occurred during the night between 18 and 6 hours.¹⁵

In 2018, according to a survey carried out by the Gender Nucleus of the Public Ministry of São Paulo¹⁸, 42% of the aggressions against women occurred at the victim's home. Eight out of ten cases of femicide occurred within the home, and 26 of the 37 cases were of known authorship. There was an increase in intimate femicides.

With the advent of the “Maria da Penha Law”⁴, there was no significant impact on female mortality from aggression and femicide. In the 2001-2006 period, the mortality rates due to aggression per 100 thousand women were 5.28 (before the “Maria da Penha Law”) and 5.22 in 2007-2011 (after the “Maria da Penha Law”). There was a subtle decrease in the rate in 2007 (4.74), immediately after the Law came into force. Between 2015 and 2017, there was an increase in murders for assaults and femicides. It should be noted that, in 2018, there was a decrease in female murders due to assaults motivated by various causes, but there was an increase in the percentages of femicides, as shown in Table 1 and 2.

Table 1 - Murder of women and femicide in Brazil, 2015 - 2019

YEAR	Murder of female for femicide and other assaults	Femicide (n)	Femicide (%)
2015	3,777	492	13.03%
2016	4,221	812	19.24%
2017	4,473	1,046	22.9%
2018	4,254	1,225	28.1%
2019	3,739	1,314	35.1%

Source: Monitor da Violência (partnership of G1 with the Center for the Study of Violence at USP and the Brazilian Public Security Forum). Murder of women and femicides in Brazil, 2019.

Young women were the primary victims: 31% were in the age group of 20 to 29 years old, and 23% were between 30 and 39 years old. More than half of the deaths (54%) were among women aged 20 to 39 years.

Table 2 - Number and rate of femicide in Brazil, 2015-2019

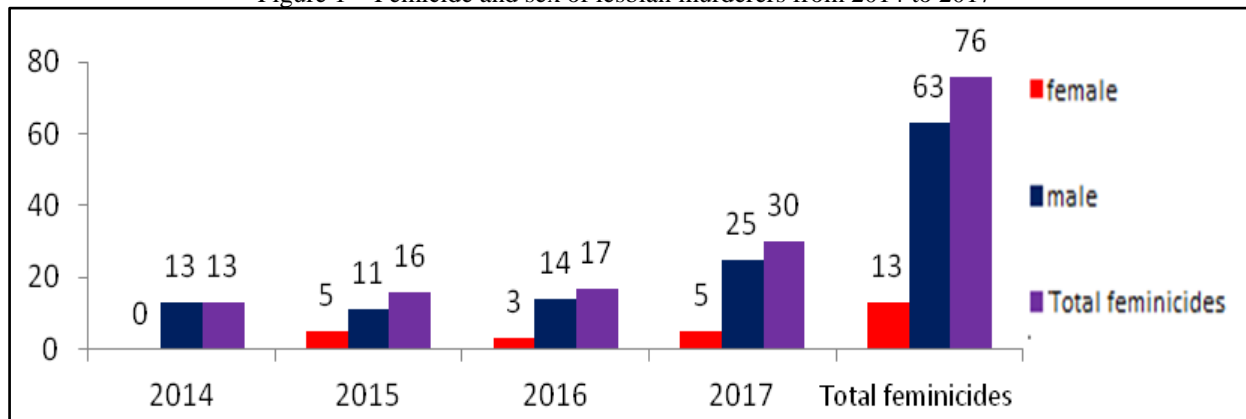
Year	Number of women	Number of femicide	Femicide rate / 100,000
2015	103,894,445	445	0.42
2016	104,776,947	763	0.73
2017	105,641,142	1,047	1.0
2018	106,523,727	1,173	1.12
2019	107,354,190	1,314	1.26

Source: G1 Globo. Monitor da Violência, 2018-2019. (Adapted by Moraes SDTA)

From 2018, it was possible to obtain more detailed statistics on aggressions, murders and femicide in Brazil. This year, there were 4,254 intentional homicides of women (a reduction of 6.7% in relation to the previous year).

There is a significant increase in reported femicides and violence that precedes femicide in Brazil. The femicide and sex of lesbian murderers from 2014 to 2017, as shown in Figure 1.

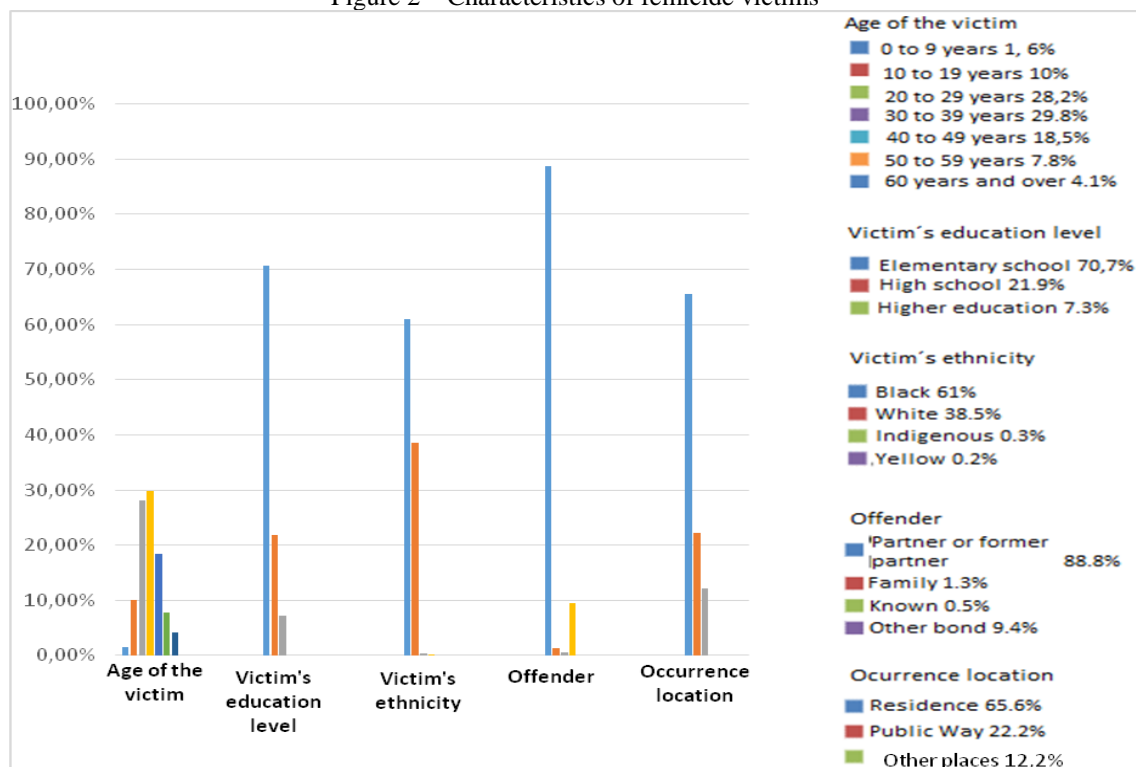
Figure 1 – Femicide and sex of lesbian murderers from 2014 to 2017



Source: Institute of Applied Economic Research, 2018 (Adapted by Moraes, SDTA)

In 2018, 61% of deaths were of black women, the primary victims in all regions, except for the South. In the Northeast (87%), North (83%) and Midwest (68%) regions occur the highest rates. Eight Brazilian states report an increase in the number of homicides of women and 16 have more victims of femicide. The state where most women are killed is Roraima, which has the highest femicide rate: 10 per 100,000 women. Acre is the state with the highest rate of femicides: 3.2 per 100,000.²⁴

Figure 2 – Characteristics of femicide victims



Source: Violence Monitor, 2019.

The Northeast, Midwest and North regions had the highest rates of femicide, respectively 6.90, 6.86 and 6.42 deaths per 100,000 women. The Brazilian states with the highest rates of femicide were: Espírito

Santo (11.24), Bahia (9.08), Alagoas (8.84), Roraima (8.51) and Pernambuco (7.81). In turn, lower rates were observed in the states of Piauí (2.71), Santa Catarina (3.28) and São Paulo (3.74).

In Brazil, after 2018, there was an increase in the reports of femicide. In 2018, there was an increase of 7.3% in cases of femicide compared to 2017, according to official data from the 26 states and the Federal District. There are 1,314 dead women characterized as femicide - one every 7 hours, on average.¹⁸ In 2019, of the 3,739 homicides of women in Brazil, 1,314 (35%) were categorized as femicides. There was a 12% increase in femicides and a 6.7% decrease in intentional homicides of women compared to 2018. When analyzing the perpetrators, it is revealed that 88.8% of femicides were performed by partners or ex-partners.¹⁸

4 DISCUSSION

Femicide is a global problem, which presents itself with few variations in different societies and cultures and is characterized as a gender crime by traits like hatred, which requires the destruction of the victim. It can also be combined with the practices of sexual violence, torture and/or mutilation of the victim before or after the murder.^{5,25}

Reports of femicide have been increasing in Brazil. The searched databases, including that of the Institute for Applied Economic Research⁸, found that there was no reduction in the annual rates of female mortality due to aggressions, comparing the periods before and after the “Maria da Penha Law”⁴ was in force. Sanctioned on August 7, 2006, it created mechanisms to curb and prevent domestic and family violence against women, something that did not yet exist in the Brazilian legal system.

The “Maria da Penha Law”, which came into force in Brazil to combat violence against women, had no impact on the number of deaths from this type of aggression, according to the study “Violence against women: femicides in Brazil”. This is due to the insufficiency of full implementation of the law, as a guarantee of the existence of Shelter Services, an increase in the number of Women’s Police Stations and the various categories of specialized professionals. The Law is an advance, but funds have to be provided in federal, state and municipal budgets to guarantee its implementation.

The study by the United Nations⁶ and Secretariat of Policies for Women²⁶, Brazil, linked domestic violence in Northeast Brazil, with a focus on generations, racial and socioeconomic vulnerabilities and impact on reproductive rights. Violence against women in Northeast Brazil establishes the effects between generations, the racial and socioeconomic vulnerability of the victims and the action in the reproductive period.

Cases in which the perpetrator of the femicide does not insist on hiding the crime from witnesses are common, which means that the crime reinforces his masculinity and that he feels authorized by society

to control life and death of women. The naturalization of these processes is at the root of high levels of social tolerance to different forms of violence, expressed, for example, when the end of a relationship or betrayal is pointed out by those who committed femicide, by society or even by the justice system as a reasonable justification for committing a crime against a woman's life.⁵

The main reason for intimate femicides, in the context of a relationship, is the unacceptable request for or actual separation from the aggressor, followed by jealousy/possession and banal discussions. Although the highest incidence of death is in the affective context, some femicides affect mothers, sisters, sisters-in-law, neighbours, sex workers and other women. In Brazil, there is also a relationship between the deaths of women and racism, since 61% of deaths were of black women.⁵

The imbalance of powers makes women more vulnerable to certain types of violence that can result in femicide, such as domestic and sexual violence, which is based on rigid and unequal conceptions of gender - constructions that determine female and male behaviours seen as socially in Brazil, being clearly observed in certain groups and communities.

Femicide of transgender and homosexual women has increased in recent years, showing the invisibility of this problem, since in many states of Brazil there is no statistics on femicide. We do not even know the size of the transgender and homosexual women (which makes any calculation of the relative prevalence of violence against this social group unfeasible) since Brazilian Institute of Geography and Statistics does not ask any questions on sexual orientation in its home surveys.¹⁴ On the other hand, the police records, in general, do not make any classification of the victim's sexual orientation, and there is no such characteristic in death certificates.

The exception is the studies by the Gay Group of Bahia²⁷ that show a statistical blackout that contains surveys of the number of people murdered for homophobic issues. These surveys are based on news published in the press, on the internet and personal information shared with the militant group of the cause.

It is noteworthy that the regional differences in the observed rates of violence may represent different patterns from femicides, related to the cultural acceptance of violence against women and its occurrence. For example, the high proportion of deaths of black women in the Northeast (87%), North (83%) and Midwest (68%) regions. Most of the victims had low education, 48% of those aged 15 or more had up to eight years of study.

The coverage and quality of the system may explain the observation that some states of the Northeast and North regions, such as Piauí, Maranhão and Amazonas, have lower rates than the other states in these regions. This discrepancy can be attributed both to the occurrence of deaths and factors related to the quality and coverage of the MIS, which may result in underestimating the rates.

As for the instruments used in femicide, 50% involved the use of firearms and 34% a piercing, cutting or blunt instrument. Hanging or suffocation was recorded in 6% of deaths. Mistreatment including aggression through physical force, sexual violence, neglect, abandonment and other ill-treatment syndromes (sexual abuse, mental cruelty and torture) were reported in 10% of deaths.

The places of greatest occurrence are family and domestic scenarios. 29% of femicides occurred at home, 31% on public roads and 25% in hospitals or other health facilities. Days of the week, 36% occurred on weekends. Sundays concentrated 19% of deaths. When reflecting on the question of the value of the house, the private shelter, the family condition as the most dangerous space for women, the problem goes beyond any limit of acceptance. In other words, it goes beyond a degree of civilization, and it is on the level of barbarism, in which the private space hides executions and tortures.⁸ The use of the term “condition of the female sex” delimits the application of femicide to sex, that is, to biological characteristics, in order to prevent the application of the qualifier to transgender women belonging to the female gender, but not to sex. The transgender public is a constant target of violence and murders in Brazil, this being the country where 40% of the deaths of transgender people in the world occur.

Thus, it is possible to approach these preventable deaths as isolated events, or passionate crimes inscribed in the private lives of couples or caused by pathological behaviour. However, to curb crime, it is essential to know its dimension and denaturalize practices, rooted in personal relationships and institutions, which contribute to the perpetuation of these deaths.

The woman who becomes a fatal victim has often suffered from several other gender-based violence, for example psychological, patrimonial, physical or sexual violence. In other words, many deaths could be avoided, preventing the fatal outcome, if women had concrete options and support to get out of a cycle of violence. And, crimes against women are committed by people with some degree of intimacy or closeness to the victim, partners and ex-partners, family members, friends, acquaintances or neighbours.⁸

There are institutions in the country to assist victims of violence, such as the Women’s Service Center Call 180²⁶, a free and confidential public service. The Center receives complaints of violence, complaints about services provided by the women’s service network, and advises women on their rights and current legislation. There are also dial 190 and dial 181 and Specialized Services for women in situations of violence, although in insufficient numbers.¹¹

The Centers for Assistance to Women in the border regions also seek to expand the service and support for migrant women in situations of violence; tackling human trafficking and sexual exploitation; guide the regularization of documentation; provide psychosocial care; provide legal assistance and refer them to the services of the Center itself or the network of specialized services. The Mobile Units - buses

and specially adapted boats - expand the service to rural women, the countryside, forests, quilombolas and water, in situations of violence. However, these initiatives need to be expanded and aligned.

Comparing the periods before and after the validity of the “Maria da Penha Law”⁴, according to research by Institute of Applied Economic Research⁹ that assessed the impact of this law on the mortality of women due to aggression, through the study of time series, the researchers found that there was no impact, that is, there was no reduction in annual mortality rates. From 2018, there is an increase in notifications of femicides in Brazil.⁹

It is noteworthy that there is no classification of the victim according to sexual orientation in death certificates. In addition, there is underreporting in official records of female deaths, as well as identification of the perpetrator of femicide in official records. They are quiescent.

Worsening the problem, as of the third week of February 2020, as a way to protect themselves from the contagion of the new coronavirus, Brazilian families began to adopt measures of isolation and social distance.¹¹ According to the Ministry of Women, Family and Human Rights, which receives reports of violence against women, recorded an increase of almost 9% in the number of calls with reports of this type.

Promoting surveillance and screening for violence, especially committed by intimate partners, such as the cooperative work between public agents (police, doctors, health and education professionals involved in combating violence) are necessary measures and have direct effects on this serious Brazilian public health problem. All measures that can curb violence against women are necessary, especially at this time when the period of domestic coexistence is more significant due to the COVID-19.¹¹ However, it is not prudent to suggest that women avoid social isolation.

Regarding the limitations of the factors found in this study, besides the underreporting of cases of femicide, it is not observed in the records of violence, classification of the victim according to, education, profession, religion, whether or not he is employed, marital status, race and sexual orientation that hinders the development of efficient public policies to face violence against women.

The importance of this article is highlighted by the need to raise awareness among academia, public authorities and society in general in addressing violence against women, as well as health and public security authorities, in order to offer efficient protection for adherence to the recommendations of the WHO in the face of epidemics and other adversities.

5 CONCLUSION

The death of women by femicide in Brazil is increasing. There is a decrease in homicide rates but an increase in femicide rates. Femicide statistics are underreported, especially for black, poor women, and

transgender women and homosexual women. There is a gap and a lack of standardization of data records on femicide in Brazil.

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CONFLICTS OF INTERESTS

No potential conflict of interest was reported by the author.

AUTHORS CONTRIBUTION

S.D.T.A.M., J.M.S., and E.C.B., developed the research question. I.M.P.B., M.A., and E.F.S., performed data collection. S.D.T.A.M., I.M.P.B., M.A., E.F.S. and J.D., interpreted the results. M.A., and E.F.S., provided the tables and figures. S.D.T.A.M., I.M.P.B., M.A., E.F.S., drafted the manuscript. J.D., J.M.S., and E.C.B., have reviewed the manuscript. All authors read and approved the final manuscript.

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ABBREVIATIONS AND SYMBOLS

DATASUS	Department of the Unified Health System
MIS	Mortality Information System
WHO	World Health Organization