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ARTICLE REFLECTIVE ANALYSIS

WOMEN WITH DISABILITIES: REFLECTIONS ON THE PATH OF PUBLIC HEALTH POLICIES

MULHERES COM DEFICIÊNCIA: REFLEXÕES SOBRE A TRAJETÓRIA DAS POLÍTICAS PÚBLICAS DE SAÚDE

MUJERES CON DISCAPACIDAD: REFLEXIONES SOBRE EL CAMINO DE LA POLÍTICA PÚBLICA DE SALUD

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ABSTRACT

Objective: to promote reflection on the history of programs and policies targeted people with disabilities and women in Brazil and its implications for health care of women with disabilities. **Method:** a descriptive study of theoretical reflection. **Results:** the National Health Policy of Persons with Disabilities provides, as a guideline, the comprehensive health care of people. However, what we see is that although women with disabilities constitute a significant percentage of the total population, few can have their rights guaranteed and secured by law, based on the principle of equality. **Conclusion:** weaknesses in the organization and operation of health care for people with disabilities are perceived, especially women with disabilities. **Descriptors:** Women; People with Disabilities; Public Policy.

RESUMO

Objetivo: promover reflexões sobre a trajetória dos programas e políticas direcionados as pessoas com deficiência e as mulheres no Brasil e suas implicações na assistência em saúde da mulher com deficiência. **Método:** estudo descritivo, de reflexão teórica. **Resultados:** a Política Nacional de Saúde da Pessoa Portadora de Deficiência traz, como diretriz, a assistência integral à saúde das pessoas. No entanto, o que se percebe é que embora as mulheres com deficiência constituam porcentagem expressiva do total da população brasileira, poucas conseguem ter seus direitos assegurados e garantidos por lei, fundamentados no princípio da igualdade. **Conclusão:** fragilidades na organização e operacionalização da atenção à saúde das pessoas com deficiência são percebidas, em especial das mulheres com deficiência. **Descritores:** Mulheres; Pessoas Com Deficiência; Políticas Públicas.

RESUMEN

Objetivo: promover la reflexión sobre la historia de los programas y políticas dirigidos personas con discapacidad y las mujeres en Brasil y sus consecuencias para la salud de las mujeres con discapacidad. **Método:** estudio descriptivo de la reflexión teórica. **Resultados:** la Política Nacional de Salud de las Personas con Discapacidad establece, como norma, la atención de la salud integral de las personas. Sin embargo, lo que vemos es que si bien las mujeres con discapacidad constituyen un porcentaje importante de la población total, pocos pueden tener sus derechos garantizados y asegurados por la ley, con base en el principio de igualdad. **Conclusión:** las deficiencias en la organización y funcionamiento de la atención sanitaria para las personas con discapacidad se percibe, sobre todo las mujeres con discapacidad. **Descriptores:** Mujeres; Personas Con Discapacidad; Las Políticas Públicas.

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INTRODUCTION

From analysis of health policies and programs targeted people with disabilities (DP) and women in Brazil, aims to promote reflection on the trajectory of these programs and policies and their implications for the health care of women with disabilities. There is purpose of this article, explore this theme at length, either propose to the depletion conclusively. Rather, it seeks to expand the theme and looks forward proposition challenges.

The Convention on the Rights of People with Disabilities states that DP "are those who have impairment of physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society with others." DP always been present in human society, the treatment of these subjects varies according to the values and norms in different cultures at different times. However, two social attitudes can be clearly identified in relation to: a tolerance and support, and disposal and segregation.^{1:3}

Women with disabilities constitute a significant percentage of the total population, but few can have their rights guaranteed and secured by law, based on the principle of equality. Are doubly discriminated against by both the gender issue as to have some sort of deficiency², not counting other forms of discrimination, such as race, gender, class, etc.

It should be emphasized that the national health policies, prior to the 80 that recommended actions for maternal and child health with a restricted view of women to the social role of mother and biological specificity. Feminist movements criticized this model of care, since reduced the health care of women only care during pregnancy and childbirth. Since then some changes have occurred, previously neglected issues began to be introduced into the national political prospect. The woman began to be seen under the umbrella policy, as a subject of law that has needs that go beyond the pregnancy and delivery.

Article 6 of the Convention on the Rights of Persons with Disabilities¹, reinforces the need to meet the specific needs of women with disabilities in the planning, development and monitoring of public policies in the spheres local, regional and international. This woman suffers discrimination and violence in institutional care when seeking public services due to inadequate conditions.

• Health policies and women with disabilities

In the 60s there was the formulation of a concept of disability by the Coordination for the Integration of Persons with Disabilities (Corde), reflecting a close relationship between the limitations they experience the DP, the design and structure of the atmosphere and the attitude of the general population with the issue. However, this concept has only been adopted worldwide in 1982, the Global Programme of Action for Persons with Disabilities.³

The right to health is one of the guidelines established by the program, where the DP has the right of access on equal terms of improvements in living conditions resulting from economic and social development. States should translate these improvements into policies, plans and programs for these people.

Reviewing the 70s, emerged in the UK disability movement - the social model of disability - the ball went out of the exclusivity of biomedical discourse and entered the field of humanities and social sciences. The theoretical model that understands disability as a form of social oppression, and not as a personal tragedy. In Brazil, this period was evident the financial crisis with reflections on the biomedical model, strengthening health actions guided practice and curative care. In 1974, in order to reduce maternal and infant mortality, emerged the National Maternal and Child Health, with a focus on assisting women in the reproductive phase, bringing government proposal as birth control through interventionist measures justified by ideas of social and economic inequality as the product of population growth.⁵

In the period 75-80, Brazil faced with high rates of maternal and infant mortality, returning all efforts to this population. At that time, when it comes to attention to DP, the United Nations (UN) consolidated the year 1981 as the International Year of the Disabled, bringing the discussion of the situation of the DP in the world, particularly in developing countries, one Since, in these countries, issues related to poverty and social injustice tend to aggravate the situation.^{3,5} The purpose of the Decade for Women was established in the period 1975-1985.

In 1984 was established the Program for Integral Attention to Women's Health (PAISM) that raised some issues that were not previously contemplated. This program included educational, preventive, diagnostic, treatment and recovery. Women's health is no longer restricted only to the reproductive

sphere and began to encompass assistance in gynecological clinic at menopause, family planning, sexually transmitted diseases (STDs), cervical cancer and breast cancer, and other needs identified from the population profile of women.⁶

The women in this period began to gain voice through the feminist movement, demanding the government policy that would guarantee the right to comprehensive health care. This government proposal was based on the concept of wholeness, bringing as access to health guideline levels simplest to the most complex. The concept of completeness in the scientific literature is polysemic. The definitions underlie the idea of secure access to the different levels of care, service organization, health practices and scope of health policies, even to the host and the link between users and health professionals. The PAISM, by incorporating integral term, brought the need for women's health were addressed from an understanding of the place they occupy in the social relations of gender and its consequences for health.

Regarding the relations of gender and disability, one of the criticisms made by feminist current, the social model of disability, was that the oppression of the disabled body was not a fact divorced from other variables of inequality such as race, gender and age. Certainly, women with disabilities suffer rights violations in similar proportions to men with disabilities, however, the values of autonomy, independence and ideals productive individuals, disseminated and associated task as men can make women in the same situation restriction not seek to redress inequalities.⁹

The 80 was marked by advances in the democratic process and in accordance with these democratic ideals, the rights of the DP was provided in different dimensions and aspects in the Federal Constitution of 1988. In this same period were regulated and some laws, with regard to the theme of this article, there is the Law No. 7.853/89, which provides for support for DP and their social integration.³

This context of democratization of health contributed to the proposal of the Health Reform advocated by health and social movements of the time, presented at the Eighth National Conference on Health. The health situation in Brazil was one of the major topics for discussion leading to the creation of the Single Health System (SUS), whose principles to universal access, decentralization of services and full assistance

from the decentralization and popular participation.⁵

In the 90s there was an evolution in the concept of disability anchored in philosophical principles, methodological and political. The limitation of activity, which was considered as failure, is now perceived as a difficulty in performing the personal. The DP have become accepted, in fact, as subjects of rights, and society began to use the term integration to indicate that DP could participate in acts of civil life, of course, since they strove. The wheelchair would not bother with architectural barriers, the deaf, though not listen, would speak fluently.¹⁰

The 90, for women, was marked by public initiatives that intensified with the feminist movement. In 1991 was founded the National Feminist Network for Health and Sexual Rights and Reproductive Rights in 1993, it established the Network for the Humanization of Childbirth (ReHuNa), in defense of women's rights as a citizen and as an active subject of reproductive health. In this same year (1993) was the International Conference on Human Rights in Vienna, where it was stated that women's rights are human rights.^{5,11}

In 1995, in Beijing Fourth World Conference on Health circumscribed the sexual and reproductive rights, as well as the obstacles to equality and equity between women from the perspective of racial and étnica.⁵ light of what was presented, it is clear that until the mid-90s, even after several conferences and social movements, health issues of women with disabilities had not been discussed in public policies to the group, reinforcing the social invisibility of this population.

In 2004, he created the National Policy for Integral Attention to Women's Health (PNAISM), which incorporated a gender perspective, integration, sexual and reproductive rights, family planning, infertility and assisted reproduction, mental health, combating violence prevention and treatment of HIV / AIDS, suffering from chronic diseases and gynecological complaints. Besides the attention directed black women, rural, prisoners, and lesbians, indigenous and disabled. The current policy in force had its principles and guidelines reprinted by the Ministry of Health in 2009 and 2011.

This policy, successful since its implementation, has some challenges hindering put into practice the objectives proposed by the same. Overcoming the biomedical model is one of these challenges, because with its base reductionist and

technocratic hampers assistance to women in full perspective, other challenges are structural issues that limit access to health compromising quality in the provision of health services, the lack of contextualization of women in the field of gender relations and the dominance of heteronormativity.

On June 5, 2002 was established by Decree n. ° MS / GM 1060, the National Health Policy of Persons with Disabilities, directed to the inclusion of DP across the network of NHS services. However, the document was only the first publication in 2008, this policy currently in effect, as a guideline brings the comprehensive health care of people, punctuating a DP, in addition to the specific attention of their own condition, is a citizen who may be affected for injuries and diseases common to the other, requiring other types of services other than those related specifically to their deficiência.³ The idea of social inclusion comes as a replacement of the practice of social integration, since the company needs to be modified to meet the needs of all its members.

To ensure and guarantee the right to equality of DP - especially women - not just prohibit discrimination by repressive legislation. Become essential promotional strategies capable of stimulating the inclusion of socially vulnerable. Thus, society should provide primarily the means to enter the DP in social, valuing their work and their personal qualities. A disabled woman should have access to the entire network of SUS at various levels of complexities, medical specialties, and not only, only to rehabilitation institutions. What is a dislocation, fragility and discontinuity in care, since health programs are quite centralized, without considering the health of people with disabilities.³

Regarding women's health, the National Health Policy of Persons with Disabilities shows that the methods and techniques to ensure specific actions for sexual and reproductive health, will be considered as part of comprehensive care and will interface with other policies, the level of primary and secondary actions for the control of high-risk pregnancies.³

On March 15, 2011 was the 3rd National Conference on Policies for Women, based on the updating and improvement of the actions and policies proposed in the II National Plan of Policies for Women, adopted in 2007 at the 2nd Conference. This plan represents the areas of concern raised by women, including: economic autonomy and equality in the world

of work, with social inclusion, women's health, sexual and reproductive rights; confronting all forms of violence against women; coping racism, sexism and lesbophobia. We found no discussion of women with disabilities.

From the reflections raised, it is observed that Brazil has experienced many years of struggle for the human rights of the DP, getting various forms of benefits and rights to non-discrimination, education, and accessibility to information, having a significant value in combating inequalities. However, still lives up a contradiction, because even with legislation covering the rights of DP, still persists invisibility, naturalized inherently unequal, veiled and opaque.¹⁶

Thus, even after achievements made by the Brazilian movement of DP supported by Corde, the commitment of government agencies and institutions, the DP do not enjoy, so full, citizenship rights conquered. In observance of this phenomenon, with the intention of strengthening the autonomy and develop the potential of Brazilians with disabilities, the presidency launched on November 17, 2011 (Decree n. ° 7.612), the Living without limit - National Rights of Persons with Disabilities, as well as created the National Accessibility and Urban Programs. The plan aims to promote citizenship and autonomy, as well as strengthen the participation of DP in society by removing barriers and enabling access and enjoyment on an equal basis, the goods and services available to the population.¹⁷⁻⁸

To ensure, by 2014, the achievement of goals in areas such as education, social inclusion, accessibility and health are at least U.S. \$ 7.6 billion invested. The proposal may contribute to approximately 45.6 million people (with a disability). In addition to health, the other strategic actions have planned investment of U.S. \$ 78.1 billion, providing better access and training in educational institutions, support the DP at risk and the Minha Casa Minha Vida², facing adaptation of dwellings.¹⁹

• Implications in assisting women with disabilities

Although the National Policy for Integral Attention to Women's Health (PNAISM) devise reach women in all life cycles, considering their specificities, it is pointed out in this reflection some major challenges. After careful assessment of the National Policy above, it is clear that the issue of disability is not discussed, because the term handicapped woman appears only in the guidelines and in

brackets, as an example of population groups that the policy seeks to safeguard. It appears then, that although the ministerial proposal is a step forward from the perspective of completeness, one challenge is to remove the disabled woman's situation invisibility, existing also in the policy itself.

The National Health Policy of Persons with Disabilities highlights a problem that has a major impact on the development of health policies, the almost total absence of data and information nationwide that portray, in updated form, the reality of disability in Brazil. There is a deficit of research findings that shed light to seek compromises the health of women with disabilities. Studies that consider the entire life cycle and actions of prevention and health promotion aimed at this specific group. The care women can be harmed by the few finds, but also serves as the empirical basis for the production of knowledge that you can return assistance axles for better systematization, qualifying it. It's a two-way street.

A key factor to contribute to the care provided to these women are in need of a public policy for them. To change posture professional and appropriate institutional structure is needed. This issue is not limited to the walls of institutions, but is reflected in the state, because all the people in Brazil are entitled to universal health care. When you receive guidance about their health and about how to live with the changes of your body, women with disabilities may feel able to take control of your life, seeking the respect and support of the people. Living in good health, a woman with disabilities shall enjoy a broad welfare. Therefore, it is necessary to undo the obstacles that prevent opportunity a good experience of health for women.²⁰

For the exercise of citizenship is necessary as a first step, initiatives aimed at empowerment of women, for example, through participation in projects with a view to proposing demands for public policy. Health professionals should act as facilitators of this process, in that it can awaken in women for conditions related changes consciousness, their rights and capabilities. Actors, who, in the exercise of their role as health professionals, stimulate autonomy and inclusion of women in social policies.

The Living Without Limits is a fertile ground for the blossoming of these possibilities. In health issue, the Plan provides actions for neonatal care, newborn screening, habilitation and rehabilitation teams' qualification of primary health care, among

others. Goals and actions were agreed by 2014, among them the creation of Centres of Expertise in Rehabilitation (CER). The current political scene is favorable for the discussion of issues related to women's health poor that may emerge and gain prominence in public policy with their specific debated with a view to the improvement and expansion of health care in this group. After all, at the invitation of the presentation of the Plan, we disseminate, implement and monitor the effectiveness of public policies presented in the same as social responsibility. 20 Some of the challenges facing nursing, such as the inclusion in discussions and undergraduate internships that meet the care to DP, and extension projects and scientific research focused on this issues.¹⁸

CONCLUSION

The Health System, for over twenty years, has been emphasizing the concept of completeness and fairness in public healthcare, but are perceived weaknesses in the organization and operation of health care for DP. This article aims to give relief to women with disabilities, as they were and still are made invisible by the very political women's health, although it is a population group that the policy seeks to safeguard.

Thus, it is proposed that health workers take as reference the health needs of women with disabilities and have as its goal the transformation of professional practices, and the organization of work itself, from the structured process of questioning.

For this transformation to occur we need to understand the real needs of these women, not letting the condition of disability overlaps that of being a woman, they should be respected as citizens who are entitled to quality care. As a first step, we can give voice to these women entering their demands on the agendas of discussions, with a view to active participation in public policies directed at women.

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