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Artigo de Original

Programa de transferência de renda para pessoas com deficiência no Brasil

Continuous Cash Benefits Program (BPC) for people with disabilities: concession and rejection profile

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ABSTRACT

Objective: The objective of this study was to analyze the socio-demographic profile of BPC applicants of people with disabilities, their concessions, and rejections, in the category over 16 years old and to identify the prevalence of the main International Classification of Diseases (ICD-10) among the concessions, and the main determinants of the concession. **Materials and Methods:** Exploratory, cross-sectional, and retrospective study, with applicants for BPC - People with Disabilities - 16 years or older as of the target audience. The Expert Medical Assessment forms provided by the National Social Security Institute of Brazil from May 2015 to October 2017 were analyzed. **Results:** The rejections exceeded the concessions, and the incomplete elementary education, mental and behavioral disorders prevailed as the predominant ICD-10 among the 1134 applications analyzed. The main cause of rejection was to the non-fulfillment of the disability criteria for access to the BPC. Concession rates were lower for women, and moderate, severe, and complete degrees led to higher concession rates**.** **Conclusion:** Despite the problems discussed, the BPC is an important public policy for social inclusion, essential for tackling social inequalities and poverty so present in the Brazilian reality.

Keywords: Public Policy, People with Disabilities, ICD-10, Social Inclusion.

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RESUMO

Objetivo: O objetivo deste estudo foi de analisar o perfil sociodemográfico dos requerentes ao BPC de pessoas com deficiência, as concessões e os indeferimentos, na categoria maiores de 16 anos bem como identificar a prevalência da Classificação Internacional de Doenças (CID-10) principal dentre as concessões do BPC, além dos principais determinantes da concessão. **Material e Métodos:** Estudo exploratório, de caráter transversal e retrospectivo, sendo o público-alvo os requerentes ao BPC - Pessoa com Deficiência - 16 anos ou mais. Foram analisadas as fichas de Avaliação Médico Pericial disponibilizadas pelo Instituto Nacional de Seguro Social do Brasil, referente ao período maio de 2015 a outubro 2017. **Resultados:** Entre os 1134 requerimentos analisados, os indeferimentos ultrapassam as concessões, prevalece o ensino fundamental incompleto, transtornos mentais e comportamentais como CID-10 predominante e a principal causa de indeferimento corresponde ao não atendimento aos critérios de deficiência para acesso ao BPC. As taxas de concessão foram menores para mulheres, graus moderado, grave e completo levaram à maiores taxas de concessão**.** **Conclusão:** Apesar dos problemas discutidos, a atuação do BPC é uma importante política pública para a inclusão social, essencial para o enfrentamento de desigualdades sociais e da pobreza tão presente na realidade brasileira.

Palavras-chave: Política Pública, Pessoa com Deficiência, CID-10, Inclusão Social.

INTRODUÇÃO

Brazil is one of the pioneers of underdeveloped and developing countries in implementing public policies for transferring financial resources to the low-income population with the goal of reducing poverty and inequities[1]. The milestone in social protection for vulnerable people was established by the Federal Constitution (FC, 1988), guaranteeing that “all are equal before the law, without distinction of any nature [...]”[2], establishing a system of social security from the constitution of the social security, health, and social assistance[3].

One of the assistance public policies created was the Continuous Cash Benefits Program (BPC), which includes social protection for the elderly over 65 and people with physical, mental, intellectual, or sensory disabilities, who did not contribute to Social Security, without favorable conditions to carry out activities to provide for their own support and their family and having a gross monthly family income per capita below ¼ of a minimum wage[4,5]. The minimum wage in Brazil in 2023 is R$ 1,302.00 monthly, that is, US$ 246.32 monthly. Therefore, to receive the BPC, it is necessary to have a per capita monthly income of up to US$ 61.58. Compared to other assistance programs such as Bolsa Família, this benefit is one of the most expensive, but it reaches a lesser popular mass[6].

After applying to the BPC, the applicant must present a document proving their income, and in the case of people with disabilities, they are requested to undergo a Medical and Social Assessment to prove whether their condition is favorable to receive the benefit[7]. This assessment is based on two classifications approved by the World Health Organization (WHO): the International Statistical Classification of Diseases and the Related Health Problems (ICD-10), which assesses diseases, disorders, or injuries with the patient's condition[8]; and the International Classification of Functionality, Disability, and Health (ICF), which assesses the social aspects of the disability and relates the functionality of the disability to the impact of the social and physical environment[7].

The Expert Medical and Social Assessment - People with Disabilities, has two categories: the Expert Medical and Social Assessment - Children and Adolescents and the Expert Medical and Social

Assessment - 16 years old or older. Both address environmental factors, activities and participation, and body functions, in which their answers are marked by qualifiers representing: no change (0), mild change (1), moderate change (2), serious change (3), and complete change (4). After the evaluation is carried out by the expert doctor and social worker and based on the sum of the qualifiers, the granting or not of the benefit is determined. When the benefit is granted, a reassessment is carried out every two years to prove or not the persistence of the disability as incapacitating for work[5].

The inclusion of the biopsychosocial model in the evaluation by Decree 6.214/2007 decreased the percentage of benefits rejected between 2006 and 2008, from 69% to 64%, respectively. However, it has not led to an improvement in the social protection of this population, as their right is denied to a wide range of the population seeking benefit[9]. One of the main reasons for rejections is the lack of knowledge about disability as incapacitating for their autonomy and the gross monthly family income per capita above ¼ of a minimum wage[3]. The high rate of rejections and the lack of a criterion for granting the benefits end up becoming a challenge for Brazilian justice[5], by the recurrence of this alternative as a way of receiving the BPC.

In addition, there is also no research indicating the profile of BPC requirements for people with disabilities since the studies focus on the concessions or on the prevalence of the deficiencies identified in both cases (concessions and rejections) as in a study by Ivo and Silva[9] addressing the excluded from the benefit. Therefore, the objective of this research was to analyze the socio-demographic profile of people with disabilities who applied to BPC, its concessions, and rejections in the category over 16 years old, and to identify the prevalence of the main International Classification of Diseases (ICD-10) among BPC concessions, besides the main determinants of the concession.

METHODS

This is an exploratory, transversal, and retrospective study. The study population had 1134 applicants for the Continuous Cash Benefits Program (BPC) - People with Disabilities - 16 years old or older. Data were collected between May 2015 and October 2017 from a National Institute of Social Security agency in the northwest of the state of Paraná, Brazil for the period May 2015 to October 2017.

The Expert Medical Assessment form contains 83 items (variables coded as I47 to I129), divided into 19 possible classes of dysfunctions: Mental Functions, Sensory Vision Functions, Sensory Hearing Functions, Additional Sensory Functions and Pain, Voice and Speech Functions, Cardiovascular System Functions, Hematological System Functions, Immune System Functions, Respiratory System Functions, Digestive System Functions, Metabolic and Endocrine System Functions, Genitourinary and Reproductive Functions, Neuromusculoskeletal and Movement-related Functions, Skin, and related structures, Learning and Application of Knowledge, General Tasks and Demands, Communication, Mobility, and Personal Care. Each item assessing body functions is measured on a scale ranging from 0 (zero) to 4 (four), where: 0 = no change (0 to 4%), 1 = mild change (5 to 24%), 2 = moderate change (25 to 49%), 3 = severe change (50 to 95%) and 4 = complete change (96 to 100%). In addition to the items used in the body assessment, age, gender, education, concessions, rejections, and the reason for the rejection were also observed.

The variable “age group” was classified considering that the Child and Adolescent Statute[10] considers the end of adolescence at 18 years old and the Elderly Statute[11] considers 60 years or older as the beginning of elderly life so that adults are those between 19 and 59 years old.

Given many items in the study to assess body function, homogeneous groups of disorder classes were established. The homogeneous groups were determined from a Cluster Analysis (CA), using the Complete Linkage method and Euclidean distance. For the construction of the typology of disorder classes, the matrix of scores obtained for 17 disorder classes was used as input: skin, additional

sensory functions and pain, metabolism and endocrine, hematological, hearing, genitourinary and reproduction, respiratory, immunological, learning and application of the knowledge, general demands, mental, communication, speech, digestive, mobility, personal care, neurological, muscle, and movement. Based on the homogeneous groups of established disorder classes, the profile of the applicants and the pattern of benefit concessions were characterized. The Wilcoxon-Mann-Whitney test was applied to assess the difference in scores between groups. We consider a 95% confidence level (α = 0.05). The data were analyzed using the Statistical Analysis Software (SAS) ®, version 9.4.

The study was approved by the Ethics Committee of the Universidade Cesumar, under 2.657.118, CAAE 64679617.3.0000.5539.

RESULTS

Socio-demographic data

There were 1134 Expert Medical Assessments - People with Disabilities - 16 years old or older analyzed, of which 55.4% were rejected and 44.6% were granted (Table 1). Table 1 shows a comparison between the gender, age, and education levels of the population studied. The application to the BPC - People with Disabilities - 16 years old or older, and females (n = 573) had a higher number than males (n = 561). However, the concession of the benefit, males (n = 289) overlap with females (n = 216). 37% of the women who applied for the benefit have been granted, compared to 51.5% of men.

The adults were the prevalent age group in the requirements (n = 837), followed by the elderly (n = 275) and adolescents (n = 22). The same order was observed in the concessions, with a predominance of adults (n = 385), followed by the elderly (n = 108) and adolescents (n = 12). Concessions for adolescents were the only ones to overcome the rejections. The prevalent level of education among the requirements was incomplete elementary school (n = 640), followed by complete elementary school (n = 241), incomplete high school (n = 88), complete high school (n = 78), incomplete higher education (n = 5) and complete higher education (n = 4). Illiteracy has a considerable rate (n = 74).

Examining the concessions and rejections regarding the school level, most of the time concessions were smaller than rejections. When comparing the completion of a school level, there is an inverse relationship between school level and concession in most school grades, that is, the non-completion of a school grade granted more than those who finished. Except for some exceptions and different from the results mentioned above, applicants who had higher education, incomplete or complete, had a greater concession than rejection and the non-completion of the course did not interfere with the result of granting the benefit.

Table 1. Distribution of applicants over 16 years old by gender, age group, year of the demand and education regarding the concessions of the benefit, from May 2015 to October 2017.

	Benefit granted			
	No		**Yes**	
	N	**%**	**N**	**%**
Gender				
Female	357	56.76	216	42.77
Male	272	43.24	289	57.23

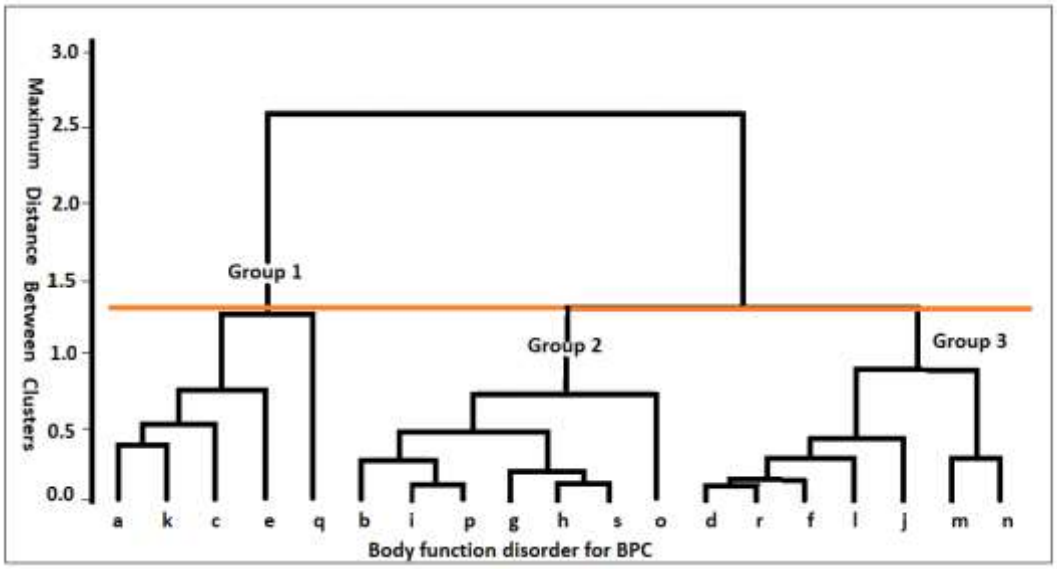
Age group				
Adolescent (up to 18 years old)	10	0.32	12	1.19
Adult (19 to 59 years old)	452	73.13	385	77.42
Elderly (60 years old or more)	167	26.55	108	21.39
Education level				
Illiterate	28	4.45	46	9.12
Incomplete Elementary school	359	57.07	281	55.64
Complete Elementary school	139	22.10	102	20.20
Incomplete high school	49	7.79	39	7.72
Complete high school	50	7.95	28	5.55
Incomplete higher education	2	0.32	3	0.59
Complete higher education	1	0.16	3	0.59
Ignored	1	0.16	3	0.59

Legend: Elementary school: 6 to 14 years old; High School: 15 to 18 years old; Higher Education: above 18 years old

Source: authors

The dendrogram (Figure 1) identified three homogeneous groups of disorder classes. When the cut was made in the horizontal direction, Group 1 was the one the most homogeneous in the classes of function disorders, which are the highest index in the concessions to BPC - People with Disabilities - 16 years old or more, followed by Group 3 and Group 2.

Figure 1- Cluster analysis, Complete Linkage method with Euclidean distance, considering 19 classes of body function disorder for BPC demands, for people over 16 years old with disabilities, from May 2015 to October 2017.



Source: authors

Table 2 shows that Group 1 as the group with the highest concession had the classes of disorders with the classification scale with the greatest aggravation of disability among the functions presented in the Medical Expert Assessment Questionnaire - People with Disabilities - 16 years old or older: “Learning and Application of Knowledge”; “Personal Care”; “Communication”; “Mental Functions”; “General Tasks and Demands”.

Group 3 as the second group with the largest scale of aggravation had “Cardiovascular System Functions”; “Digestive System Functions”; “Immune System Functions”; “Metabolic and Endocrine System Functions”; “Mobility”; “Skin Functions”; “Sensory Vision Functions” (Table 2).

Group 2, with a scale lower than both other groups had “Sensory Hearing Functions”; “Sensory and Additional Functions and Pain”; “Genitourinary and Reproductive Functions”; “Hematological System Functions”; “Skin Functions and Related Structures”; “Respiratory System Functions”; “Voice and Speech Functions” (Table 2).

The other functions not mentioned in the grouping/functions relationship were “Congenital malformations, deformities, and chromosomal abnormalities”; “Neoplasms/tumors”; “Symptoms, signs and abnormal findings from clinical and laboratory exams, not elsewhere classified”; “External causes of morbidity and mortality”; “Injuries, poisoning and some other consequences of external causes”; “Sensory and additional functions and pain”, They can be indirectly related in any group (Table 2).

Table 2. Classes of disorders grouping.

Code*	Class of disorder	Grouping
A	Learning and Application of Knowledge	
C	Personal Care	
E	Communication	**Group 1**
K	Mental Functions	
Q	General Tasks and Demands	
B	Sensory Hearing Functions	
G	Sensory and Additional Functions and Pain	
H	Genitourinary and Reproductive Functions	
I	Hematological System Functions	**Group 2**
O	Skin Functions and Related Structures	
P	Respiratory System Functions	
S	Voice and Speech Functions	
D	Cardiovascular System Functions	
F	Digestive System Functions	
J	Immune System Functions	
L	Metabolic and Endocrine System Functions	**Group 3**
M	Mobility	
N	Skin Functions	
R	Vision Sensory Functions	

Source: authors

*The code refers to data obtained by Cluster Analysis (Figure 1)

Table 3 shows the most prevalent health problems when applying for BPC - People with Disabilities - 16 years old or older. They are the “Mental and Behavioral Disorders” (n = 358), in which “Mental Retardation” stands out (n = 85), according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10). The concessions showed the same relationship with “Mental and Behavioral Disorders” (n = 185), with 60 coming from “Mental Retardation”.

Table 3. Concession and rejection index based on the – ICD-10

ICD Code	International Statistical Classification of Diseases and Related Health Problems	BPC granted	VIB rejected
		N	N
	TOTAL	**505**	**629**
F00-F99	Mental and behavioral disorders	185	172
I00-I99	Circulatory system diseases	56	77
G00-G99	Nervous system diseases	52	56
C00-D48	Neoplasms/tumors	39	31
M00-M99	Osteomuscular and connective tissue diseases	34	129
H00-H59	Eye diseases and appendages	26	23
S00-T98	Injuries, poisoning and some other consequences of external causes	23	33
E00-E90	Endocrine, nutritional and metabolic diseases	18	13
A00-B99	Some infectious and parasitic diseases	16	24
Q00-Q99	Congenital malformations, deformities, and chromosomal abnormalities	14	4
J00-J99	Respiratory system diseases	12	12
N00-N99	Genitourinary system diseases	11	11
H60-H95	Diseases of the ear and mastoid process	9	6
K00-K93	Digestive system diseases	4	10
R00-R99	Symptoms, signs, and abnormal findings from clinical and laboratory tests, not elsewhere classified	2	5
D50-D89	Diseases of the blood and blood-forming organs and some immune disorders	2	4
L00-L99	Skin and subcutaneous tissue diseases	1	8
V01-Y98	External causes of morbidity and mortality	1	0
Z00-Z99	Factors that influence health status and contact with health services	0	7
-	Not included	0	4

Source: authors

From the concessions/rejections of the ICD, the classifications with concessions than rejections were: “Mental and Behavioral Disorders”; “Neoplasms/tumors”; “Diseases of the eye and its appendages”; “Endocrine, nutritional and metabolic diseases”; “Congenital malformations, deformities, and chromosomal abnormalities”; and “Diseases of the ear and mastoid process” (Table 3).

The ICDs for which the number of rejections exceeded the number of concessions are as follows: “Circulatory system diseases”; “Nervous system diseases”; “Osteomuscular and connective tissue diseases”; “Injuries, poisoning and some other consequences of external causes”; “Some infectious and parasitic diseases”; “Digestive system diseases”; “Symptoms, signs and abnormal findings from clinical and laboratory exams, not elsewhere classified”; “Diseases of the blood and blood-forming

organs and some immune disorders"; "Skin and subcutaneous tissue diseases"; and "Factors that influence health status and contact with health services" (Table 3).

The concessions overcame the rejections in the following classifications: "Mental and Behavioral Disorders"; "Neoplasms/tumors"; "Diseases of the eye and its appendages"; "Endocrine, nutritional and metabolic diseases"; "Congenital malformations, deformities, and chromosomal abnormalities"; "Diseases of the ear and mastoid process" (Table 3).

There is a confluence between the group (Table 2) and the ICDs (Table 3) so that Group 1 matches the ICD of "Mental and behavioral disorders", which was the most prevalent in both requirements and concessions, as stated earlier. Group 3 matches the most prevalent ICDs in the concession after the one mentioned in Group 1, which were: "Circulatory system diseases"; "Nervous system diseases"; "Osteomuscular and connective tissue diseases"; "Diseases of the eye and its appendages"; "Endocrine, nutritional and metabolic diseases"; "Some infectious and parasitic diseases". Group 2 had the following ICDs prevalence: "Respiratory system diseases"; "Genitourinary system diseases"; "Diseases of the ear and mastoid process"; "Digestive system"; "Diseases of the blood and blood-forming organs and some immune disorders"; "Skin and subcutaneous tissue diseases".

BPC granting standard by affected function class

Analyzing all the groups for the concessions/rejections and the degree of deficiency, the "mild change" is the one with the highest requirements index and the one with the highest concession (Table 4). However, based on the total number of requests for change in each category, the moderate, severe, and complete changes granted BPC a greater proportion of requests (Table 4).

Table 4. Frequency distribution of benefits granted or not granted by the degree of changes in body functions for groups 1, 2, and 3.

	Benefit Granted	
Changes in body functions	**No**	**Yes**
	%	**%**
Group 1		
None	36.25	7.33
Mild	59.62	38.61
Moderate	3.97	33.07
Severe	0.16	20.59
Complete	0.16	0.4
Total	**100**	**100**
Group 2		
None	75.68	38.81
Mild	22.42	45.35
Moderate	1.91	15.25
Severe	0	0.59
Total	**100**	**100**
Group 3		
None	62.96	31.49
Mild	35.61	47.33

Moderate	1.43	20
Severe	0	1.19
Total	**100**	**100**

Source: authors

Other important changes for the concession to BPC - People with Disabilities - 16 years old or older were also those that had a moderate to severe degree. The concessions were superior to the rejections, except in the “none” and “mild” categories (Table 4).

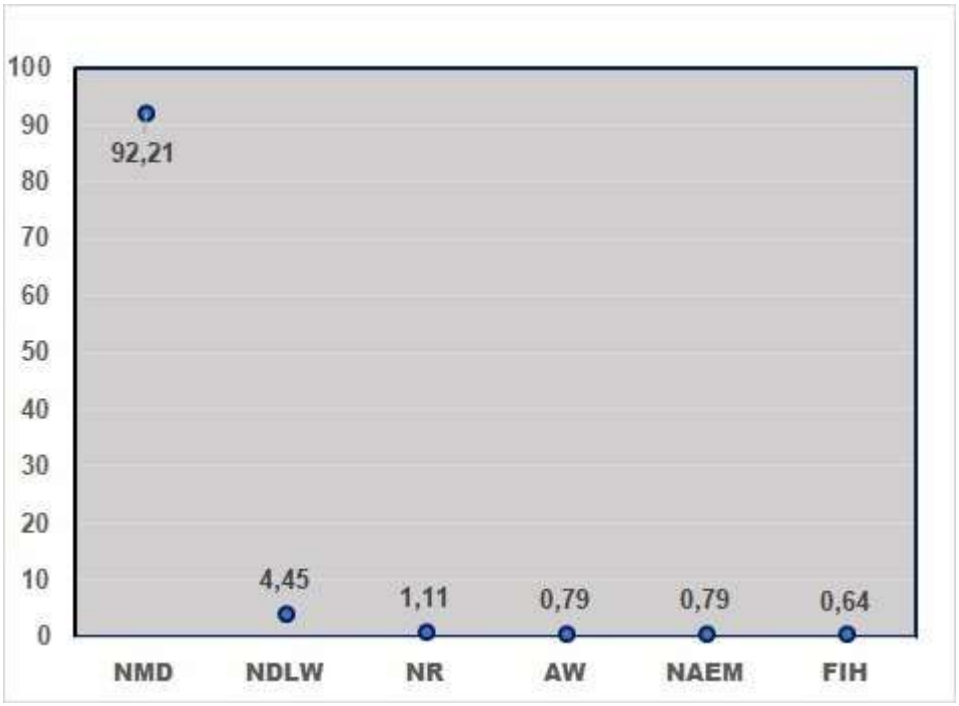
In Group 1, the changes in the functions of the “light” body prevailed (n = 570), so they represented the largest portion between the granted and rejected benefits. In Group 2, “none” changes (n = 672) predominated, followed by “mild” (n = 370). In Group 3, “none” changes in body functions (n = 555) stood out, followed by “mild change” (n = 463).

In Groups 2 and 3, the concessions were greater than the rejections, except in the condition “none” changes in body functions. In general, without the distinction of groups, the number of rejections (n = 629) of the BPC requirements - People with Disabilities was higher than concessions (n = 505) (Table 4).

Reasons for the Rejections

As reported, rejection rates are higher than concessions rates, and the majority of rejections are due to noncompliance with the disability criteria for access to the BPC (92.21%). Additional reasons are non-incapacity for life and work (4.45%), not reported (1.11%), non-attendance for an expert medical examination (0.79%), administrative withdrawal (0.79%), and per capita family income equal or greater than ¼ of the minimum wage (0.64%) (Figure 2).

Figure 2. Reasons for Rejection of the BPC - People with Disabilities - 16 years old or older.



Legend: NMD: They do not meet the disability criteria for access to the CIB; NDLW: There is no disability for life and work; NR: Not reported: AW: Administrative Withdrawal INSS); NAEM: Non-attendance for an expert medical examination; FIH: Per capita family income is equal or higher than 1/4 (one quarter) of the minimum w
Source: authors.

DISCUSSION

The prevalence of women in the BPC - People with Disabilities - 16 years old or older application process, may be due to the higher proportion of women in the area where the study was conducted. In 2018, the municipality with the largest population in the area, Maringá (PR) had 142,334 women older than 16 years compared to 119,383 men of the same age[12], noting that this result was obtained through voter registration and that not all people with disabilities are registered. Also, there were 100 women with some type of disability and 76.7 men with the same condition[13]. However, despite these numbers, the concessions for men were greater than those for women in relative and absolute terms, raising the question of whether men are more dependent than woman in terms of daily activities. Although the profile of the applicants to the BPC was not specified, Duarte and collaborators[26] observed that men received about 1.5 times more concessions than females.

Concerning the age group, the prevalence both in the requirements and in the concessions was of adults as expected due to the target population of this study. However, the fact that grants of benefit to adolescents surpassed rejections is coupled with the fact that up to the age group 15-19 years old, the concessions exceed rejections, contrary to what occurs at higher ranges[26]. The presence of 29 elderly people over 65 years old among the beneficiaries is noteworthy. These beneficiaries could be included in the BPC - Elderly, according to Brazilian Law 8.742/1993. Possibbly, this occurred due to the delay in transferring the BPC - People with Disabilities to the BPC - Elderly or lack of knowledge of them and/or order recipients.

The prevalence of incomplete elementary education among people with disabilities who applied for BPC - People with Disabilities, as well as illiterates, can be associated with the idea that the education of people with disabilities is directly linked to their financial condition and, consequently, to vulnerability in obtaining a disease that causes a disability. This vulnerability is related to the lack of information on disease prevention as well as the acquisition of healthy habits, factors that could reduce the occurrence of communicable and non-communicable diseases[15,16]. In the case of people who require the BPC, the financial condition becomes irrefutable. The Brazilian Constitution provides for social protection and the fundamental right to education for people with disabilities[2]. However, this population seeks to educational institutions of a philanthropic and assistance nature due to a failure by the Brazilian State to guarantee this right to this population[17], even though it is constitutionally legacy.

With regard to the type of disorder in the concessions, the most prevalent ICD's in the concessions are the diseases considered to be the main causes of morbidity in the world and in Brazil[15,18] and consequently, those that most incapacitate human life, explaining the grouping predominantly related to the ICD Mental and Behavioral Disorders, in which mental retardation stood out, both in the requests and in the concessions. At this point, it becomes necessary to emphasize that the BPC can be one of the only resources for low-income people, because people with disorders in cognitive functions that can cause dysfunctions in memory, intelligence, learning; and/or in sensory functions, such as consciousness and attention disorder[19], need the attention of caregivers who leave their jobs to dedicate themselves to care of their protégés[20].

Recognizing the importance of work for the social inclusion of people with disabilities[21], law nº 8.213/91 determines that companies with more than 100 employees must hire 2% to 5% people with disabilities. However, there are obstacles to the employability of people with disabilities[22]. In this same sense, the most prevalent deficiencies in the place where the research was carried out are, in the majority, visual, physical and/or hearing impairments, and the minority were mental and/or intellectual deficiencies[12], those that coincide with those Groups 3 and 2. It is considered that these were the requests from Group 1 that presented the deficiency in a smaller spectrum . However, it was the one that obtained the highest concession to BPC. This indicates the causal relationship between this deficiency, disability, and difficulties in social insertion, showing the obstacles that people with intellectual disabilities face[23] . In this condition, they face difficulties in entering the labor market due to

a low level of education and end up opting for the BPC to obtain income, which can exempt them from living in society[24], leading them to the exclusion of yet another social segment, in addition to the labor and education market[25].

This leads to a discussion of the BPC grant pattern by function class compromised. The fact that the largest volume of applications was classified at the level, “mild chage”, apparently, in terms of absolute numbers, influenced the share of concessions at this level as well. However, when there was a manifestation of a “moderate”, “severe” or “complete” change, there was a greater number of concessions than rejections, regardless of the volume of requests. Once impairment was classified at these levels, especially “severe”, the concession was granted, a fact previously found that those most likely to receive BPC - People with Disabilities are those who have bodily changes, limitations, and long-term restrictions or severe, with the medical expert evaluation having a greater weight than the social evaluation[26].

Once we found that rejections were higher than concessions, also verified by Duarte et al.[26], the non-fulfillment of the disability criteria for access to BPC, pointed out as the main cause of rejection, contradicts studies carried out in which the biggest problem for rejection to requests, it was the per capita monthly income above ¼ of a minimum wage[3,27]. However, after the implementation of the social assessment, the main reasons for rejections was disability considered temporary and absence of incapacity for independent life and work (64.09%)[15]. which may indicate the lack of knowledge about the necessary conditions to access the benefit[3]. Ignorance can also be considered in another context of the information about the BPC and how to proceed with its application, the main reason for the decline in requests to the BPC[28].

The result of the concession to the BPC is carried out through the sum of the quantifiers of the two evaluations, medical expert and social, from an operational system, without there being a dialogue between the professionals about the difficulties and conditions of the applicant. The way in which the evaluation is carried out indicates that the expert doctor has a greater weight, realizing that the deficiency is still very much linked to the biomedical model, not to the biopsychosocial one, despite the implementation of the ICD in the evaluation. The scarcity of data on this population, the relationship between the reasons for rejections of the BPC - People with Disabilities in this study and related research demonstrates heterogeneity, which denotes difficulties in the evaluation process. The issue of standardizing an assessment instrument such as those used for granting or rejecting the benefit is intertwined with the complexity of people's disabilities, which is as disparate as the social and economic conditions of the Brazilian population. The same disability is not necessarily the same for different people, under unequal conditions.The same disability is not necessarily the same for different people, under unequal conditions.

By not having a standard criterion for the concessions, the high rate of rejections and the respective reasons are a challenge for the justice of Brazil[5]. Thus, the Judiciary becomes involved in the concessions primarily in cases where the rejection is based on income, regardless of how poor the applicants are[9].

CONCLUSION

The results obtained demonstrated that rejections were higher than concessions and the non-fulfillment of the disability criteria for access to BPC, pointed out as the main cause of rejection. However, grants of benefit to adolescents surpassed rejections. The finding of lower rates of BPC concessions for women, compared to men, stands out, a fact that is exacerbated when consider they do not meet the disability criteria for access to the CIB in the higher proportion of female individuals with a disability, remaining an issue to be deepened. The prevalence of incomplete elementary education among people with disabilities who applied for BPC - People with Disabilities, as well as

illiterates was found. With regard to the type of disorder in the concessions, the most prevalent ICDs in the concessions was the ICD Mental and Behavioral Disorders, in which mental retardation stood out, both in the requests and in the concessions. In relation to manifestation of a “moderate”, “severe” or “complete” change by the degree of changes in body functions, there was a greater number of concessions than rejections, regardless of the volume of requests. Once impairment was classified at these levels, especially “severe”, the concession was granted. BPC is as an important public policy for social inclusion, essential for facing social inequalities and poverty so present in the Brazilian reality.

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Declaração da Contribuição Individual de cada um dos Autores

GLK: contribuiu na concepção, planejamento, coleta de dados, análise e interpretação dos dados, na redação e aprovação da versão submetida;

MDC: contribuiu na concepção, planejamento, coleta de dados, análise e interpretação dos dados e aprovação da versão submetida;

ESS: contribuiu na concepção, planejamento, análise estatística, interpretação dos dados e aprovação da versão submetida;

ELR: contribuiu na concepção, planejamento, coleta de dados e aprovação da versão submetida;

MUY: contribuiu na concepção, planejamento, coleta de dados e aprovação da versão submetida;

EMM: contribuiu na concepção, planejamento, análise e interpretação dos dados, na redação e aprovação da versão submetida;

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Os autores declaram que não há conflito de interesses.

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