

Special Presentation

Gender, Body and Knowledge

Scientific knowledge is marked by approximation, as it is a construction based on other types of knowledge upon which one exercises apprehension, criticism and doubt. Feminism has caused and installed processes of attempts, ruptures in the Cartesian convictions, deconstructing what is “true”, medicalized, biological and the social fact. They are no longer fixed, immutable problems.

It is in this way that feminism has brought about one of the most radical epistemological ruptures in the scope of instituted knowledge. It has broadened and deepened the notion according to which the discovery of the feminine presence, always necessary but always repressed, will enable the woman who is a thinker, a researcher, to recover her “self-affection” and, with it, a new relationship with herself and the others. This new perspective on the way of being and speaking makes us reflect on symbolic languages, which are full of meanings related to women’s exploitation and victimization. They reveal the nuclei of conflicts and point to a possible dialogue between knowledge frontiers so as to apprehend the different possibilities of knowledge.

One of the most important contributions of feminism to the different fields of knowledge and, in this case, to the field of Collective Health, more specifically, to research, has undoubtedly been the construction of categories of analysis such as daily life, experience and emotion.

If, on the one hand, feminist thought has caused such epistemological ruptures, on the other hand, it has built, within this process, the gender category as a relational category that explains the different places women and men occupy in cultures and societies. However, the gender category is neither fixed nor unique; it is mobile and strategic, exactly to make visible the micro power relations that exist in the different weavings of macro and micro relations, of symbolic and rational relations.

Why should gender, body and sexuality be articulated in this text? They are fields (in the sense given by Bourdieu) that are expressed as the locus from where

the subjects place themselves in the world(s) and through which they cross all relations of power and domination. And it is due to this possibility that we believe in the interrelation between them, which shows the meta-languages of the body and of sexuality embedded in gender relations.

The gender category is rigorous in its construction and tells us about women and men in multiple power relations. Here, I draw attention to theoretical mistakes that some texts repeatedly make, namely, they substitute women for gender, or they say they use the gender category but in fact they use the sex variable or the concept of woman not in the relational perspective.

The use of the gender category as relating to power in studies in the area of women’s integral health, reproductive rights and sexual rights discusses the practices and exercises of sexualities by (de)naturalizing and (de)trivializing the relations between sexes and also the intra-sexes ones. This discussion illuminates the expressions of health needs, articulating them beyond biomedical assistance, with needs that are anchored on the spheres of subjectivities and mentalities like prejudice and discrimination.

Thus, women’s health needs, seen under the perspective of gender relations, have the sense and meaning of those that are in the field of objectivity, such as diseases, violence, pregnancy and so many others, and those that are in the field of subjectivity, such as attitudes, behaviors, judgments, moral values. Due to this, we reaffirm that assistance to women in any level of Brazil’s National Health System, when it is integral, expresses the complexity of the factors that should be considered in this assistance.

The journal *Saúde e Sociedade* contributes to the strengthening of the field of gender studies by dedicating a special issue to research on gender, body and sexuality, and their intersection with collective health.

The articles that compose this issue can be grouped into three thematic blocks within the field of gender studies.

The first block approaches the question of reproductive and sexual rights focusing on the exercise of sexuality as a right. It also deals with the access of

heterosexual women, lesbians and transsexual women to health services, pointing to the peculiarities in the different complaints and the particularities of each one of them. They also draw attention to the ethics of the professionals who provide assistance, so that this assistance is free from judgment and/or discrimination. In short, this block of questions emphasize the necessary enlargement of the concept of “damage reduction” beyond biomedical sequels, including moral, social, sexual and cultural damages deriving from assistance marked by prejudice.

The second block of papers brings us reflections on “care” in the areas of Nursing and Mental Health. It also approaches how the gender category may explain “care” as a power relation that breaks the “supposed subordination” of women in the scope of these professions, giving a new meaning to the concept of women caregivers, as giving care is thought of as a knowledge and power relation inside multi-professional health teams. This possible reversion between knowledge and power was headed by women who professionalized as caregivers, through home care that acquired a new meaning compared to the one that exists in the family tradition - care and treatment in the territory, which follows the decentralization guidelines of SUS (Brazil’s National Health System).

Still in the block about care as a social relational practice, we have self-care in the aging process, mainly that performed by women in the menopause period, because they are the ones who go to the basic health units searching for information on self-care.

Once again, the women are the ones who continue to attend the health services searching for an impro-

vement in the quality of their lives. Life experiences, always connected with care and time, which is not the time of the clock, but the time of losses and gains, the time of recollections and memories, lead some women to interrupt the secular use of medication, resorting to alternative cure practices that cause less damage to integral health. The interesting thing about these women is that this change in attitude concerning self-care is in a dialectical relationship to the losses derived from age throughout time.

The third block of questions refers to the production of madness in women. In the majority of cases, madness results from sexual, social and cultural interdictions imposed on women. This situation has already been analyzed by Vilela in her 1992 doctoral dissertation: the author discusses that, in a large number of cases of madness in women, the power relation between sexes not only is present, but triggers the signs and symptoms of “gender madness”.

It can be observed in the three blocks that lifestyles incorporate normative social impositions, while the concept of ways of life points to social, cultural and sexual constructions acquired by life choices of the women themselves. These choices necessarily are daily exercises of citizenship and autonomy.

Finally, I draw attention to the mobility of the concept of gender, mainly in the gender approaches of contemporary theories, which bring us the concept of nomadic, not fixed identities, of multiple subjects that act and build different networks outside the “socially accepted circuit”.

Eleonora Menicucci de Oliveira

Full Professor of the Preventive Medicine Department of UNIFESP; Member of the Advisory Board of *Saúde e Sociedade*