

Collective health, gender and sexuality: praxis for reproductive, erotic and gender justice

*Saúde coletiva, gênero e sexualidade: práxis para uma justiça
reprodutiva, erótica e de gênero*

Claudia Bonan¹

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ABSTRACT This essay revisits aspects of the historical process of co-constitution in the field of collective health and gender and sexuality studies in Brazil. It discusses how the image objective of human rights, equity, valuing diversity, and social justice are seminal to them. It reflects on how the production of knowledge, political action, and the development of new practices in the theoretical-political field of gender and sexuality – particularly with the expansion of intersectional and decolonial perspectives – contribute to developing collective health as a field of emancipatory practice. In this field, new possibilities of becoming a subject, weaving collectivities, and living in common are experimented with; it also ventures into the production of foundations and experiments that contribute to the utopian horizon of a post-liberal and decolonial justice that encompasses the body, reproduction, health, and pleasures.

KEYWORDS Collective health. Gender studies. Sexual and reproductive rights. Social justice.

RESUMO Nesse trabalho de cunho ensaístico, revisitaram-se aspectos do processo histórico de coconstituição do campo da saúde coletiva e do campo de estudos de gênero e sexualidade no Brasil. Discutiu-se como a imagem-objetivo dos direitos humanos, da equidade, da valorização da diversidade e da justiça social é seminal a eles. Refletiu-se sobre como a produção de saberes, a ação política e o desenvolvimento de novas práticas no campo teórico-político do gênero e da sexualidade – em destaque, com a expansão de perspectivas interseccionais e decoloniais – contribuem para o devir da saúde coletiva como campo de práxis emancipadora. Nesse campo, experimentam-se novas possibilidades de tornar-se sujeito, de tecer coletividades e de viver em comum; nele, aventura-se na produção de fundamentos e de experimentações que contribuam para o horizonte utópico de uma justiça pós-liberal e decolonial, que abarque o corpo, a reprodução, a saúde e os prazeres.

PALAVRAS-CHAVE Saúde coletiva. Estudos de gênero. Direitos sexuais e reprodutivos. Justiça social.

¹Fundação Oswaldo Cruz (Fiocruz), Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira (IFF) – Rio de Janeiro (RJ), Brasil.
bonanclaudia@gmail.com



Introduction

Authentic freedom, which is humanization in process, is not something that is dumped on people. It is not another hollow, mythical word. It is praxis, which implies people acting and reflecting upon the world to transform it⁽⁹³⁾.

In the work of the philosopher and educator Paulo Freire¹, praxis refers to the actions and reflections of individuals seeking to transform the world and produce history. The conceptual key of praxis is valuable for reflecting on the trajectories and intertwining of two fields of knowledge production, political action, and transformative social practice: collective health and gender and sexuality studies. Obviously, they don't subsume one another; however, in the intricacies of their trajectories, these fields have become intertwined, maintained a synergistic relationship, and strengthened one another, sharing methods and agendas, embarking on interdisciplinary adventures, discussing emancipatory projects and, more recently, opening up to intersectional and decolonial debates. They have positioned themselves as theoretical and political practices engaged in the struggle for rights, equity, and social justice.

These fields can be understood as collective subjectivities constituted in processes of interaction between individuals, collectivities, and institutions in which elements of social memory are mobilized, updated, recreated, and shared, which

includes reminiscences, attitudes and feelings, social rules and norms, cognitive patterns, scientific and technological knowledge, and takes on ideal and material forms that are concretely interwoven and can only be analytically separated²⁽³⁷⁾.

Collective subjectivities have the property of collective causality; they can impact, influence, produce, and transform social life. That

is why we discuss collective subjectivities and social praxis: collectivities that mobilize and recreate social memory and create knowledge and history.

This essay revisits aspects of the historical process of co-constitution in these fields of praxis, discussing how the image-objective of human rights, equity, appreciation of diversity, and social justice is seminal to them. It examines how the production of knowledge, political action, and new practices in the theoretical-political field of gender and sexuality – notably, the rise of intersectional and decolonial perspectives – contribute to developing collective health as an emancipatory praxis. In this field, new possibilities of becoming a subject, weaving collectivities, and living communally are explored; there is an endeavor to produce foundations and experiments that contribute to the utopian horizon of a post-liberal and decolonial justice encompassing the body, reproduction, health, and pleasures.

Collective health: knowledge, policy, and practice

In its almost half-century of existence, collective health in Brazil has become a field that combines and merges knowledge production, political action, and development of critical and transformative health practices, according to its analysts and historical accounts³. To keep track of this story, we must go back at least to the Brazilian health reform movement, which began to be organized in the 1970s when the country was still under an authoritarian civil-military regime.

From its beginnings until 1986, when the symbolic 8th National Health Conference was held, the health movement gathered a vast and diverse range of participants, whose process of associations and connections was shaped by the struggle for the country's

re-democratization, the expansion of social rights and for policies that would tackle the deep inequalities that made up Brazilian society⁴. In this emerging political field, an assortment of actors came together: professionals, students, and researchers from various health careers, many linked to universities and research centers that were following the critical debates in Latin America, the United States, and Europe about the reductionist and fragmenting practices of biomedicine, with intense specialization, technification, and commodification⁵.

These were various social movements that in the 1970s and 1980s combined their specific agendas with a more general one of democratic freedoms and social rights – especially the right to health – such as urban popular movements for housing and against the cost of living, rural workers' organizations, sectors of the so-called 'new Brazilian trade unionism', feminists, black people groups, environmentalists, gays, and lesbians, among others; activists from left-wing groups and political parties who found in the health movement an essential front for resisting the dictatorship and fighting for democracy and rights; and researchers and students from the social sciences, law, economics, and other fields of the humanities also joined the health reform movement.

This was the cultural breeding ground for the historical development of collective health with its multiple dimensions: a place for knowledge production, political action, health practices, and innovative healthcare technologies. The intense transit of individuals, knowledge, expertise, and situated experiences was also a driving force behind the interdisciplinary ventures experienced in the field^{6,7}. Therefore, it is within this unique historical framework of Brazil that we can understand how collective health has emerged as a fertile ground for gender and sexuality studies, intersectional critical perspectives, and the praxis of struggle for rights and justice in the context of identities, corporealities, and sexualities.

Gender, sexuality, and praxis: the production of knowledge, political individuals, and history

It is possible to identify various elements that, in a given context, influenced the genesis of theoretical and political debates on gender and sexuality in Brazil. Even though the term 'gender' was not yet used, in the early 1970s, feminist think tanks emerged among middle-class urban women in which the themes of the body, health, sexuality, family, and motherhood, among others, were already the subject of critical analysis⁸.

Towards the end of that decade, with the political amnesty, the return of women and men who were in exile during the dictatorship years helped to spread the North American and European debates on these issues⁹. In the mid-1970s, international organizations and agencies' interest in inequality between women and men reverted to institutional and financial support for developing and legitimizing studies on this issue¹⁰. At the same time, the United Nations (UN) declared 1975 the International Women's Year, which also encouraged the establishment of research into inequalities between men and women in Brazil and, in a context of repression, created an opportunity gap for political protests and the organization of events to debate and denounce women's subordination in society¹⁰.

However, it was in the social movements, in the decades of democratic transition, that feminists, black women, lesbians, and gays, among others, rapidly organized themselves - and in the emergence of a critical feminist debate within a rather orthodox academia - that the forces behind the praxis of gender and sexuality in Brazil were found. Citeli¹⁰, analyzing the production of studies on the 'women's issues' at the end of the 1970s, concludes that

[...] it consists mainly of essays, research results, and reports of intervention experiences. It suggests the joint and interwoven action between knowledge production and activism in feminist, gay, and other social movements¹⁰⁽¹⁹⁾.

Brazilian black feminism's decisive contribution to the debates on gender and sexuality should be highlighted. Since the 1970s, Lélia Gonzalez has been theorizing about these issues, questioning the production of oppression at the intersections between gender, race, and class.

Being black and a woman in Brazil, once again, means being the object of triple discrimination since the stereotypes generated by racism and sexism place them at the lowest level of oppression. While being a man is the subject of police persecution, repression, and violence (for the black Brazilian citizen, unemployment is synonymous with vagrancy; this is how the Brazilian police think and operate), women turn to provide domestic services for Brazilian middle and upper-class families¹²⁽⁴⁴⁾.

The pioneering work of this black Brazilian intellectual and activist consisted of raising the debate on how the historical forms of gender, class, and race domination in Brazil's history – and this can be extended to América Latina – are shaped in interaction from a colonial matrix, anticipating issues that today are dealt with from the theoretical perspectives of intersectionality and decoloniality.

In the political upheaval of the 1980s, the decade of the democratic transition, feminist groups, black women, domestic and rural workers, collective health researchers, health reform activists, and sexual and gender diversity movements played a significant role in producing analyses, disseminating information, and sustaining political debates on gender equality/inequalities, sexuality, reproduction, and their class and ethnic-racial intersections. To some extent, these political actors managed to influence the situation of those

years, systematizing demands and proposals that reached the constituent process and influenced chapters of the new 1988 Federal Constitution¹³.

In the following decades, these political forces kept influencing the shape of the legal-normative framework, the Nova República's public policies, and the national, regional, and international agendas for sexual and reproductive rights¹⁴. Below is a brief look at this journey.

Sexuality, reproduction, and health in the era of rights: when collective health, feminist and anti-racist struggles meet

The 1970s and 1980s were marked by the struggles of organized women on various fronts against attempts to implement population control projects in Brazil. Family 'planning programs' financed by international foundations started to arrive in Brazil in the early 1960s. These programs, based on neo-Malthusian views that linked fertility, poverty, and underdevelopment, were mainly aimed at controlling population growth - and not at promoting reproductive health or reproductive rights. They were implemented by private family planning organizations made up of Brazilian physicians and other health professionals, many of whom were university graduates who operated with virtually no regulation from health authorities¹⁴.

These programs were highly controversial during the 1960s, 1970s, and 1980s and generated opposition from a wide range of sectors, from conservative nationalist groups and catholic authorities to left-wing sectors and various social movements. Feminists, black movements, health professionals, and other progressive sectors pointed out the racist, sexist, and classist biases of this family planning/demographic control policy. They

denounced violations against the human rights of poor, black and Indigenous people, and peripheral women through practices such as induced or non-consensual surgical sterilization and research into contraceptive methods without adequate ethical protocols¹⁵. It was in this process of struggle against the violation of women's human rights – their bodily integrity, decision-making autonomy, access to comprehensive healthcare, and dignity – that the issue of people's rights and prerogatives in the area of reproduction and sexuality was raised^{14,16}.

The achievement of the Comprehensive Women's Health Care Program (Programa de Assistência Integral à Saúde da Mulher – PAISM) in 1984 was a symbolic event in the struggle for sexual and reproductive rights. The introduction of this innovative policy signaled the political power of the alliances between the new collective health and the theoretical and political fields that were emerging around the struggles for gender justice and in the field of sexuality^{16,17}. Another event of great political and symbolic relevance was the suspension of the research into a subdermal hormonal contraceptive, Norplant®, in 1986, following pressure and complaints about ethical inadequacies in its protocol from women's movements. This and other controversies in the 1980s regarding clinical research contributed to the debate on ethics in human research. They led to the launch in 1988 of the first national regulation on the subject, the Health Research Standards by the National Health Council¹⁵.

During the Constitution-making process (1986-1988), there was intense mobilization by the so-called 'lipstick lobby', a strategic group of activists and women's movements who strongly pressured the constituent representatives to include the principle of equality between men and women in the new Constitution and to influence the chapters dealing with issues such as health, education, family, work, political participation, among others, towards gender justice. In 1988, the

new Federal Constitution established health as a universal right and a state duty and outlined a new legal framework for family planning based on human dignity and human rights principles.

The 1990s began with an intense mobilization of women, mainly black activists, in the context of the Parliamentary Inquiry Commission (Comissão Parlamentar de Inquérito) CPI about Sterilization, which investigated abuses and violations of the reproductive rights of poor and peripheral women by private family planning entities operating in Brazil. This decade was also marked by the UN Social Cycle Conferences in which Brazilian women had a strong presence, especially the Cairo (1994) and Beijing (1995) conferences. In those conferences, reproduction and sexuality were recognized as fields in which human rights principles should be applied. Domestically, the 1990s set social movements and the field of collective health the task of institutionalizing the 1988 Constitution – laws, public policies, programs, and so on – to effectively implement its principles and the rights it established.

Ultimately, it took around three decades of political mobilization by groups and networks of activists in society for health, the body, reproduction, and sexuality to emerge in the institutional framework of human rights and social justice. Universities and research institutions were also called in. Since the 1990s, numerous research centers, laboratories, postgraduate programs, and academic subjects dedicated to gender and sexuality have flourished in various fields of knowledge – especially within social sciences and collective health.

Since the democratic transition, individuals, agendas, and practices have been intensely transiting between collective health, social movements, and academic institutions. Following re-democratization and the challenge of making the new constitutional framework a reality, the circuits through which individuals, agendas, and practices

were produced also began to involve state instances and players.

In the 1990s and 2000s, there was an abundance of construction and experimentation of what Virginia Guzmán called ‘gender mechanisms’ – instances of participation, advocacy, and social control created in or linked to state structures whose mission is to develop and promote policies, programs or actions to promote gender equality¹⁸. New institutional mechanisms were made in the various levels of public administration, commissions, committees, secretaries, superintendencies, councils, units, representations, and others. These were spaces through which many of the agendas of organized society also flowed as they emerged from the struggles against the dictatorial regime.

In this praxis, connecting diverse spaces and including a plurality of experiences, individuals concerned with gender equity, human rights, health, and reproductive and sexual justice meet. They create themselves while creating social life, knowledge, and history.

Body, sexuality, and reproduction: from the era of rights to the utopia of justice

The inclusion of the body, sexuality, and reproduction in the scope of human rights did not represent a natural and necessary evolution of extending the principles of the 1948 Declaration to other areas of life. On the contrary, it was (and has been) a process that exposed new conflicts and brought to light contradictions embedded in the very original matrix of human rights. One of these contradictions is the idea of a universal individual as the holder of rights, which hides the phylogenetic nature of this individual mirrored in the European, white, cisgender, Christian, adult, property-owner male. However, the individuals of reproductive and sexual rights

and justice rightly demand recognition and positive appreciation of diversity, rejecting the idea of a universal individual.

The other contradiction is an individualizing idea of rights, in which rights are projected and distributed as a prerogative or privilege of an individual (who ‘deserves’ it or has ‘earned’ it). This liberal conception of human rights clashes with the prospect of a broad justice that encompasses the body, sexuality, and reproduction. The universalism, individualism, and meritocracy at the heart of liberal societies hide the power structures that hinder the enjoyment of rights by those in underprivileged positions in their hierarchies.

In an article published in Brazil in 1996 on the concept of sexual and reproductive rights, Sonia Corrêa and Rosalind Petchesky¹⁹ listed a series of criticisms regarding the language used to refer to human rights, inspired by the classical liberal model, noting its indeterminacy (subjects do not have sex, gender, race/color or territory of belonging), its individualizing vision, its abstract universalism, and the invisibility of differences. The authors theorize and advocate the remodeling of the ethical-political matrix of human rights to emphasize their social nature, their expression in community and relational contexts, their dual definition as power and resources, and the importance of recognizing the diversity of rightsholders and their needs.

Post-liberal justice, which encompasses the body, sexuality, and reproduction and tackles the unequal structures of gender, race, class, and others, must be based on the principles of recognizing diversity, the equitable and solidarity-based redistribution of material and symbolic social goods, and the social and political participation of an assortment of individuals²⁰.

For historical and theoretical reasons, this justice can only be based on collective, inter-relational, and dynamic constructions that have the potential to break with what Maria Lugones²¹ has called the ‘colonial/modern gender system’. Colonial/modern societies were founded through an operation of power

– the coloniality of power – which established a fundamental distinction between humans and non-humans, instituted the imaginary of ‘races’, sexual binarism, and heteronormativity, and gave rise to a framework of hierarchies and privileges; at the top, there is the western, Christian, property-owning, heterosexual white man. Blacks and Indigenous people – especially women – occupied the place of the non-human, the non-being, the non-knowing without a voice of their own, objects of violent and structural subordination, domination, and exploitation in colonial/modern societies. For this reason, according to Lugones²¹, the complexity of the colonial/modern gender system can only be understood when the analytical focus falls on the intersection between gender, race, class, and sexuality.

Nowadays, the conflicts opened up by a variety of individuals who bring the body, gender, and sexuality into the field of political disputes press for a shift in the field of human rights by placing the issue of the coloniality of power at the center of the debate: without confronting the hierarchies of gender, race, sexuality, and class, without moral and political recognition, and without guaranteeing the full social participation of those subordinated by the colonial/modern enterprise, it is impossible to imagine the equitable redistribution of social, symbolic and material goods, satisfied needs, and enjoyed rights. The decolonial perspective opens up a powerful horizon for moving from the liberal (colonial/modern) framework of rights to another post-liberal one, deeply committed to social justice.

Black women activists and intellectuals in Latin America and North America have proposed the notion of reproductive justice²²⁻²⁵ to emphasize the impossibility of enjoying reproductive rights, reproductive autonomy, reproductive dignity, and reproductive health when structural inequalities expose subjects to economic and social injustices, exclusions, discrimination, and violence. In this sense, there is also a discussion of erotic justice, which implies dismantling colonial/modern

violence (rape culture, transfeminicide, among others), recognizing and welcoming the various forms of existence and bodies’ experiences, creating political and material conditions for experiencing desires and pleasures without harm, and interdependence in the face of the precariousness of life^{26,27}. As Canseco²⁶ says, promoting erotic justice is also a task of decolonization.

In conclusion

In Brazilian history, Collective Health was born out of the political struggles carried out by various collectivities that articulated demands for democracy, rights, and justice, as we have seen. From the very beginning, the field of praxis of gender and sexuality studies overflowed the spaces of academia, and the mobilizations and agendas of the subjects of human rights nourished it.

As a result of the struggles of black, Indigenous, and peripheral men and women, the progressive government policies of the first decade of the 20th century have enabled the expansion of new collective subjectivities that address the body, race, gender, and sexuality from other places. Nowadays, other bodies make up the collective health setting. They are black bodies, indigenous bodies, LGBTQIA+ bodies, bodies with disabilities, and so on. They unveil new conflicts, highlight the marks of privilege, and push their own field’s boundaries, challenging and furthering its project of symmetry and solidarity. As Gonçalves et al.²⁸⁽¹⁶¹⁾ points out,

The marks of privilege and oppression are not erased by a mere willingness to show solidarity, as this requires them to be revealed; in this way, we also reveal ourselves in our ways of being in the world and how we translate it. The path towards solidarity and non-subalternation will be conflictual if such marks are in evidence. Any project or agenda that aims for more symmetrical and supportive relations between humans

and between humans and the world will have conflict as a practice and ethics.

Political and epistemological developments brought about by the shifting in the profile of students in Brazilian universities and the exponential growth in the political and academic presence of historically underprivileged individuals, especially black women and LGBTQIA+ activists, are driving the praxis of reproductive, erotic, and gender justice.

Ultimately, amid the twists and turns of history – even more vivid and painful in our recent political history – one can hope for a utopian horizon of post-liberal and decolonial justice. After all, freedom, rights, and justice are constant struggles, as Angela Davis has already taught us³⁰.

Collaborator

Bonan C (0000-0001-8695-6828)* is responsible for preparing the manuscript. ■

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