REPRODUCTIVE HEALTH matters

ROUNDTABLE

Materno-infantilism, feminism and maternal health policy in Brazil

Simone Diniz

Associate Professor, Department of Maternal and Infant Health, Faculty of Public Health, University of São Paulo; member, Coletivo Feminista Sexualidade e Saude, São Paulo, Brazil. *Correspondence*: sidinizg@gmail.com

Abstract: *In the last days of 2011, President of Brazil Dilma Rousseff issued a provisional measure (or draft law) entitled "National Surveillance and Monitoring Registration System for the Prevention of Maternal Mortality" (MP 557), as part of a new maternal health programme. It was supposed to address the pressing issue of maternal morbidity and mortality in Brazil, but instead it caused an explosive controversy because it used terms such as* nascituro *(unborn child) and proposed the compulsory registration of every pregnancy. After intense protests by feminist and human rights groups that this law was unconstitutional, violated women's right to privacy and threatened our already limited reproductive rights, the measure was revised in January 2012, omitting "the unborn child" but not the mandatory registration of pregnancy. Unfortunately, neither version of the draft law addresses the two main problems with maternal health in Brazil: the over-medicalisation of childbirth and its adverse effects, and the need for safe, legal abortion. The content of this measure itself reflects the conflictive nature of public policies on reproductive health in Brazil and how they are shaped by close links between different levels of government and political parties, and religious and professional sectors.*

Keywords: maternal health services, maternal mortality, humanised childbirth, unsafe abortion, pregnancy registration, advocacy and political process, law and policy, Brazil

Dilma Rousseff was part of the armed resistance to the Brazilian military dictatorship (1964–84). She was arrested and tortured, and imprisoned for three years in the early 1970s. Afterwards, she studied economics and became a public official, married twice and had a daughter, continued being politically active and finally joined the Workers' Party. Before she stood for election in 2010, in her public speeches Dilma Rousseff clearly expressed her belief in the need to decriminalise abortion. Indeed, this is the official position of the left-wing Workers' Party, and she felt perhaps no need to compromise her position on abortion, although she was never an activist on the subject. In spite of having little political visibility and no electoral experience, she was predicted to win the election on the first round, something even former president Lula himself never did.

Brazil is a lay country with the constitutional separation of church and state. During the campaign, as in every election, the Catholic and Evangelical churches united to put pressure on all candidates to accept their agendas in order to get "their" votes. Abortion is always a core issue in this, along with gay marriage.[1]

Although progressive sectors of the Catholic Church were very active in the defence of civil and political rights during the dictatorship, the predominance of conservative forces in recent decades has led the church to systematically oppose advances in human rights in relation to sexual and reproductive rights.[1] During the election campaign Dilma changed her discourse to what she thought was more acceptable: "no woman likes to have an abortion" and "we need to consider abortion as a public health issue". This was not enough: the anti-abortion religious sectors understood this as a clear pro-choice position.

At the peak of the campaign, the opposition candidate, José Serra, started championing a strong anti-abortion position to attract the religious vote, while his wife called Dilma a murderer of babies. Although Serra's Social Democratic Party (PSDB) had once supported the legalisation of abortion, and many of its feminist members had campaigned for reproductive rights, their strategy in

this election was to ally with religious fundamentalists and the right-wing to try to isolate Dilma as an atheist, Marxist, terrorist, and cold-hearted abortionist. The Catholic church printed millions of pamphlets against her, distributed in churches all over Brazil.

In the weeks preceding the election, the churches and most of the press – with a clear anti-Lula position – exploited the issue of abortion in the most distorted, irresponsible and aggressive way possible. Although public opinion polls showed that voters were more concerned with allegations of corruption against the Workers' Party than with abortion,[1] abortion was on the covers of all the weekly magazines up to the election. For the first time, Dilma's ever-rising popularity began to decrease, with a corresponding increase in support for the Green-Evangelical candidate Marina da Silva.

It seemed that the whole project of social justice developed by the Lula government was at risk if she did not portray herself as a religious devotee of Our Lady – as in pictures of her attending Catholic services – compromising her previous position. The birth of her first grandchild during the elections helped humanise her image. Finally, she made a formal agreement with religious leaders not to seek to reform the abortion law, although she made it clear she would not veto any initiative in Congress either. Then she started recovering lost ground, and won the election on the second round to become Brazil's first woman president.

From materno-infantilism to a comprehensive women's health programme

Since 1983 Brazil has had a Comprehensive Women's Health Programme (PAISM), a public health agenda developed by feminist groups and the public health movement, in the historical context of political democratisation in the 1980s.[2] These movements fought for and won the inclusion of the universal right to health care and the creation of a comprehensive and equitable public health system (SUS) in the 1988 Constitution.[3]

"Comprehensive" health is a complex concept, more used in Latin America than elsewhere. In the case of the PAISM, comprehensiveness included the notions of primary, secondary and tertiary care; the physical, emotional and social aspects of health, and of care for women from infancy until old age, not only for the reproductive years. This represented a rupture with "materno-infantilism"*– the focus on women as mothers in a sexist and authoritarian system of medical practice.[2,4] The first documents of the PAISM were very politicised, as were women's groups in its support, with a strong focus on the idea that "the technical is political".[4] The PAISM agenda was broad, ranging from sexuality education to menopause, mental health, de-medicalisation of childbirth, contraception and safe abortions. For decades, the mantra of the feminist movement in Brazil was the complete implementation of the PAISM. Many feminists have worked in the Health Ministry and in local government to make this possible, with less or more success.

Comprehensiveness is easier to define than to operationalise, especially in a system where "health care" is frequently translated into the poorly regulated public purchase of medical services from the private sector.[3] The focus on education about power relations, sexuality and fertility regulation that was so strong in the first years of PAISM gradually lost ground to the discourse of access to medical consumption.[5]

Indeed, access to the means of fertility regulation, such as surgical sterilisation and reversible contraceptive methods through both the public and private sectors is high: Brazil has a modern contraceptive prevalence of 80% among women in a relationship and a low fertility rate of 1.8, according to the most recent Demographic & Health Survey (2006).[6] Yet a 2011 nationwide survey[7] found a paradoxically high rate of unplanned pregnancy, 55% of all pregnancies. Unfortunately, the strong religious opposition to reproductive rights and the subservience of public policies to political manipulation have hindered an honest debate on abortion, which is illegal except in cases of rape and risk to the life of the woman[1,2] under legislation unchanged since 1940, regardless of considerable feminist activism.

The PAISM (re-defined as a "policy", not a "programme", in 2004) was eventually translated into lists of medical conditions needing tests, treatments, procedures and drugs, with varying levels

*This is a term used in Brazil in public health programmes to describe how women are seen mainly as bearing children and having reproductive cycles. It also refers to how women are infantilised, considered childish and in need of guardianship from health services instead of being treated as consenting adults (justifying the absence of informed choice), and how this relates to the medicalisation of women's bodies.[2,4,5]