

A place in government: alibi or conquest? _____

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As we view our biological age and the length of our careers in political activism from on high (or should we say from on low?), one certainty strikes us: that there are no absolute truths. How one assesses reality depends on one's vantage point. We have had roots in the autonomous women's movement in Brazil since the 1970s, and we also participated in the group that proposed to create the São Paulo Council on Women's Conditions and the National Council of Women's Rights. Today we both work for the São Paulo Council and one of us professes a double militancy, as member of a feminist NGO.

The history of the women's movement in Brazil has been told in many ways, by many different women. We would like to look back on some of its recent history, which involved the establishment of councils, coordinating bodies, women's police precincts, and other institutions in defense of women.

Feminism came on the scene in Brazil with startling force in the late 1960s, and even more so beginning in 1975, when the United Nations officially inaugurated the Decade for Women. It was in 1975 that the Brazilian Women's Center was born in Rio de Janeiro, as the country's first feminist organization. Its explicit purpose was to set up discussion groups by encouraging a series of actions aimed at making the feminist issue visible and combating women's subordinate

position in society. Two alternative newspapers also emerged with the same goals and with oscillating regularity (Indeed, like most underground papers): *Brasil Mulher* in the State of Paraná (later transferred to São Paulo, with branches in other cities), whose members did not consider it feminist initially, but which changed over the course of its 16 issues; and *Nós Mulheres*, born and raised in São Paulo, which lasted for eight issues.

The women who participated in these groups, the vast majority of whom were from leftist groups, confronted deep issues: feminism or feminine? the general struggle or the specific struggle? to save the people (or the working class, depending on one's political line) or to save women and defeat patriarchy? where to begin, which issues to approach, which women to save? all women? the most oppressed? and who is the main enemy: men or capitalism? after all, who are we? what about our identity, our search for pleasure? what should we do with our sexuality? where do we situate our affection, our children, our men? are we all sisters in the struggle for equality? and what about freedom, where are we supposed to find it?

This confluence of ideas between feminists, women from grassroots movements, and women from political parties was not exempt from conflict. Political debate at this stage was characterized by a polarization of positions between those favoring the overall struggle and those who concentrated on the specific struggle.

The latter half of the 1970s was largely consumed in this indispensable discussion. By 1979, there were numerous women's groups spread around the country, with a broad range of feminist stances. Sometimes

the way they were labeled corresponded to reality, but oftentimes it was pejorative: there were the separatists, the intellectuals, the petit bourgeoisie preoccupied with sex, the proletarians concerned with combining the overall and specific struggles, the defenders of an autonomous movement, the "foreign" former political exiles influenced by the European feminist movement, etc. All this universe was part of the Brazilian women's movement.¹

Sectoral meetings of women metalworkers, chemists, and other professional categories gave rise to Women's Meetings. For the first time in history they shed their differences in order to discover similarities. The magic word incorporated by this discovery was "autonomy", although perhaps each group interpreted the term in its own way. Autonomy in relation to men (for many of the groups), autonomy in relation to political parties (for some), and autonomy in relation to government (for all). That was easy, since Brazil was in the middle of a dictatorship! Unity emerged from diversity, and even from divergence.

The Meetings were organized around discussions that "united" women, so all the rallying cries concerned undebatable issues, according to the following order of priority: the struggle for daycare centers, the struggle against birth control, and the struggle for equal pay for equal work. After these three, other issues like abortion, sexuality, and violence came up for discussion, but they were never a priority in the conclusions.

In 1980, Cristina Duarte, then editor of the magazine *Cláudia*, having participated as

an observer at the 2nd Congress of São Paulo Women, made the following report to the organizers on the 3,500 women who took part in the event: "...the majority were not too sure about the meaning of 'specific issues', neither did they show the least awareness about the role of women in society, but they knew and felt that there were 'women's problems'..."

At that time, we felt such a need to find a direction, to take to the streets, to join efforts - anything that might point to a brighter future - that state, regional, and national meetings were being held right and left. March 8th was the prime date for such events, even in the eyes of such political groups as *MR-8* in their attempts to manipulate the women's movement, which grew with each passing Meeting.² Sources from this period point out that according to such political factions, feminism was emerging as a separatist or divisionary movement that tended to undermine the unity needed by the overall political movement and that it contributed little to the struggle against the dictatorship or in favor of socialism.³ This confrontation

² "Women's Congress Comes to an Agitated Close" was the headline for the March 10, 1980, issue of *Folha de S. Paulo*: "The 2nd Congress of São Paulo Women, which began Saturday and was concluded yesterday at the amphitheater of the Catholic University, was marked by intense debate and uproar, due to activity by various political factions, which led the organizing committee to lose control of the situation several times."

"The controversies that emerged during the organization of the 3rd Congress of São Paulo Women can be summed up in a false dichotomy, namely that between women who are interested only in the liberation of the people (that abstract, sexless, colorless, and ageless entity) and those who are supposedly more interested in contemplating their own navels, in what is labeled petit bourgeois conduct, as if knowing one's self was for a privileged few, or an unimportant attitude." (*Os Velhos Conceitos Estão Desgastados, or Old Concepts Are Worn Out*, an article by *Nós Mulheres*, or the "We Women" group, published in *Folha de S. Paulo*, March 8, 1981).

³ "One of the difficulties faced by feminism in São Paulo, as in other areas of Brazil, is the prejudice it suffers, fed by a kind of criticism that is not directed towards its ends or means of struggle, but against

¹ Zuleika Alambert, by ignoring such controversy and concentrating on positive points, sums up this period as follows: "From a practical perspective, the proclamation of International Women's Year in 1975 sparked a broader women's movement in Brazil... Specific campaigns were launched. Feminist newspapers, albeit short-lived, appeared on the scene and played an important role in women's mobilization, organization, and struggle. A specific kind of literature on the feminine issue emerged, as multiple kinds of organizations were created that were devoted to women." (*Voz da Unidade*, 1981).

between positions that were more inclined towards the specificities of women's issues and those in favor of the overall struggle sometimes reached the point of violence. However, it did lead to a better understanding of the issue of "autonomy in relation to political parties" and thus to a strengthening of the women's autonomous movement.

Run over by democracy

During the 1978 Congressional elections, some individual feminists supported some female candidates whose platforms included a commitment to combat gender bias. The political parties, of which there were two at the time, did not incorporate any issues related to women into their platforms.

Brazil was still a dictatorship, and civil society was organizing in a thousand different ways. Following political amnesty, won in 1979, the next campaign was for direct elections. The biparty system (with *ARENA* on the right and *MDB* on the left) tended to lessen such differences in the women's movement, since it reigned absolute and left all of us in the same boat (those in the overall struggle and those in the specific struggle). Yet the biparty system was sinking, and (social) democracy and socialism were gaining ground quickly.

In 1980, the old, broad-based political Left was reorganized in various parties and factions, some of which were short-lived: social democrats, socialists, pro-socialists, communists, revolutionaries, and pinkish centrists.

Feminists reacted to this new situation in various ways. Eva Blay describes this new period as follows:

the subjective motivation of those who participate in it. Resorting extensively to ridicule, this critique pictures feminists as "unloved".... this criticism is aggravated by the fear that feminism tends to separate women from men, undermining conjugal harmony and the unity of both in the struggle for common goals." (Pauli Singer, in the article *O Feminino e o Feminismo*, or *Feminine and Feminism*, 1979).

"To participate in politics was a dilemma of the 1980s. The post-dictatorship period opened up some new avenues for the women's movement: to continue working in the social movements, to enter the legislative struggle or the executive struggle. This controversy permeated the feminist movement as well as the women's (non-feminist) movement. The decision was essentially a partisan one. Women opted for these various paths, at times moved by group directives, at other times by personal motives." (From the article *Mulher e Estado*, or *Women and the State*, 1988).

In 1982, during the direct elections for state governments, in some states a feminist platform was drafted and presented to the candidates. This was the case in Rio de Janeiro, with the "Feminist Alert". In São Paulo, feminists were split in their support for two different candidates, and the debate heated up when the group supporting the *PMDB* candidate proposed (as part of its platform) to establish a specific state governmental agency to deal with women's policy issues.

Once the elections were over, in 1983, São Paulo created the State Council on Women's Conditions. A similar council was set up in Minas Gerais, but in a different context.

Yet the honeymoon did not last long...

The São Paulo Council was the watershed in the women's movement, for those who were for and against the proposal. What was at stake was the relationship between the "autonomous movement" and government. How to ensure the movement's autonomy? What forms of organization should be pursued within government? How should women's demands be met? There was ample public debate over the Council.⁴

⁴ Participants in the debate organized by the *Mulhera* newspaper included militant feminists from various political parties, including the *PMDB*, or Party of the Brazilian Democratic Movement, *PT*, or Workers' Party, and *PDT*, or Democratic Labor Party. They included Eva Blay, Carmen Barroso, and

At this point it is important to stress that this choice of model for the agency, whose original proposal was pluralistic and nonpartisan, was bombarded by a significant portion of the women's movement.

There were those who refused to participate in any kind of government agency, because they believed their demands would be coopted by the state, by institutionalization of what was "radical, creative, and revolutionary" about feminism, thus leading to loss of autonomy for the women's movement.

There were also Workers' Party militants who acknowledged the state's role in meeting some of the movement's demands, but who opted to abstain, for more partisan than feminist reasons.

According to Ana Vicentini, "...the cry of alert by some sectors was based on the difficulty that the movement felt in facing the unavoidable dialogue to be established with government agencies and in the almost infantile refusal by some sectors to view the state as a potential interlocutor..." (Seminar on "Feminism in Brazil: Viewing New Spaces", NEIM/UFBA, 1988).

In the process that preceded and included the 1982 elections, it became clear that women were rediscovering "big-time politics" and that the women's movement - organized in various discussions and sectoral action groups, in nearly all of the states of Brazil - was strengthening and encouraging women's participation in various levels of representation in society, even though this was not always intentional. In addition, the "Left", which was now divided into the various hues and colors mentioned above, focused its attention on the so-called "women's issue". Thus, in 1982,

Elisabeth Souza Lobo. In addition to these three, the debate organized by *Folha de S. Paulo* included Maria Malta Campos and Zuleika Alambert, as well as representatives from grassroots groups and movements (the Housewives' Association, the Movement to Struggle for Daycare Centers, SOS-Women, and the Chemists' Union). *Folha de S. Paulo*, March 13, 1983, and *Mulhera*, Nov.-Dec. 1982 and May-June 1983.

members of Congress from various parties began to take public positions in favor of feminist demands. On March 8th, it became a custom for the state and Federal legislatures (which now had some feminists among their ranks) to pass motions of congratulations and support for women on "their day".

As Albertina de Oliveira Costa pointed out in her essay "Is feminism feasible in the tropics? - Residual dissatisfaction", presented at the seminar "Feminism in Brazil", hosted by NEIM/UFBA in 1988, "The women's issue is sufficiently broad, sufficiently visible on the public agenda, and sufficiently legitimate for the leftist parties to take an interest in it." According to Albertina, it had also become evident that "...the controversy between feminists and *feminines* [was] going to last for years. That is, the controversy between the good fight and the bad fight for women."

In the pathway opened up in São Paulo in 1982, there were new channels for the discussion on the "institutionalization of feminism".

A place in Brasília

In 1984, a group of feminists from São Paulo (who had been involved in founding the Women's Council there) organized a seminar entitled "Women and Politics", with the participation of female members of the national, state, and city legislatures. One of the seminar's conclusions was to propose to the Federal government the creation of a national agency for women's advocacy.

The political negotiation for this proposal was led by congresswoman Ruth Escobar and began in the backstages of Federal government (which at that time actually included the statehouse in Belo Horizonte, capital of Minas Gerais). One of the seminar's slogans was "to find a new way of making politics", but some feminists thought it was more like the "old way", since this backstage lobbying was done without prior discussion with women's groups and without the comforting

consensus that was the basis for most action by the feminist movement.

Fear and rumors spread like wildfire through the women's movement around the country. The issues included the controversial participation in an administration that had not been legitimated by direct popular vote. There was even gossip about the agency's composition, as a prearranged board of "noteworthy" women, where power would be concentrated in the hands of a group led by Ruth Escobar.

During the 7th National Meeting of Feminists, held in Belo Horizonte in 1985, this discussion assumed national proportions, and all hell broke loose over the proposal to create the National Council for Women's Rights (*Conselho Nacional dos Direitos da Mulher - CNDM*). Some of the feminists at the Meeting sought support for this proposal from the movement as a whole. Others were critical of the activity of existing councils⁵, and saw the National Council as a threat to the movement's autonomy. This web of power appeared to be an intricate network full of obscure, malign intentions. The "state" and the "System" were like huge organizations existing on a distant plane, apart from our worldly existence. The state was not trustworthy, and the System was a threat to us:

"...We are aware that the System, through official state agencies, acknowledges the importance and the reach of both feminist ideas and our activism and that it can no longer ignore us, and thus it has been assuming our ideological discourse... However, we know that it would be utopic to believe that feminist ideas be assumed by official state agencies...." (*Carta de Belo Horizonte*, or the Belo Horizonte Charter, April 1985).

The proposal as presented was repudiated both because of its form (as a decree) and procedure (considered undemocratic). In addition, the Belo Horizonte Charter listed all the tricks and traps that the state might

use against the movement, namely: that government agencies detain economic power and can offer personal advantages, while feminist groups have nothing to offer; that "official organizations" (the term used at the time to designate government agencies) coopt feminist discourse, turning it into a fad; and that to ensure a permanent vanguard policy depends on the movement's independence, where the rationale was that "we do not intend to tag along".

Still, at the end of the Meeting, "to be consistent with this stance", according to the Charter, and reaffirming their refusal to institutionalize the National Council as proposed, the signatories presented their demands:

- to create a National Council of Women's Rights through a bill of law (instead of by decree), in order to ensure ample participation by civil society and women;
- allocation of a specific budget;
- identification of the Council with the struggle against discrimination and oppression of women;
- that any member of Congress taking a seat on the Council should take leave of her elective office;
- to ensure participation by the women's movement in the elaboration, execution, and monitoring of official policies;
- that the Council express demands by the women's movement, but without trying to represent or replace it; and
- that the criterion for sitting on the Council be the prospective member's feminist background.⁶

It was clear that despite women having drafted a critical document with explicit demands, the movement's ambiguous stance still showed. In spite of discourse defending the unification of struggles and a commitment to "a new way of making politics", the feminist field was not immune to petty power struggles.

⁵ They were referring to the São Paulo and Minas Gerais councils.

⁶ The Belo Horizonte Charter was published by the C/IM (Centro de Informação da Mulher) that same year.

This controversy was not enough to stop the founding of the National Council for Women's Rights, which occurred in August 1985, under Bill of Law no. 7353, approved by the National House of Representatives. According to the bill, the Council's basic purpose was to formulate policies aimed at eliminating discrimination against women. This objective was split up into some specific forms of action, such as the formulation of directives, elaboration of bills of law, consultancy to the Executive Branch, issuing of expert opinions, monitoring of the elaboration and execution of government programs, and support for the development of research on women's conditions.

Despite feminists' suspicions regarding the state's multiple, Machiavellian potential for coopting the movement, the National Council for Women's Rights reflected proposals by the women's movement in its objectives, structure, and membership (council members and professional staff).⁷

Public policy: the bugbear

While various state and municipal councils and coordinating boards have undertaken important action in this field over the last ten years, we concentrate here on the National Council for Women's Rights, because of its Federal scope.

Within this perspective, the National Council acted on several different fronts: in health, for example, it accompanied the governmental program known as *PAISM* (the Program for Integrated Health Care for Women), participating in the committees for "Studies on Human Reproductive Rights" and in the official

⁷The beginning of the National Council for Women's Rights was described thus by Maria Aparecida Schumacher in her article "The Feminine Condition, Public Policies, and the Role of the National Council for Women's Rights", presented at the NEMGE/USP seminar in 1989: "We disembarked in Brasília with our suitcases full of ideals and demands about the autonomy of the women's movement, and at the same time a conviction concerning the importance of gaining ground within the state as well as an awareness of the challenges and difficulties involved in this task."

AIDS prevention campaign, in addition to a number of other activities which could be included under "health policy", like the successful pressure to block the use of an anti-pregnancy vaccine.

One of the areas where the National Council for Women's Rights was most successful was that of health care policy for preschool children. This longstanding demand by the women's movement was met with articulated action in the form of various initiatives: the Council proposed that a national agency be established to agglutinate the efforts that were dispersed among various existing institutions, and it pressured for (and got) daycare centers in Federal offices as a basic example of compliance with the legislation requiring daycare centers at workplaces. Furthermore, it obtained a commitment from the Ministry of Labor to do effective monitoring of compliance with this law in private businesses as well as in government agencies.

The Council's biggest effort in this sense was in getting BNDES (the National Economic and Social Development Bank) to pass a norm that made compliance with daycare legislation a requirement for financing projects, whether at the Federal, State, or municipal level.

A corollary to this work was the publication of a series of technical manuals for implementing and operating daycare centers. These manuals are still a basic reference for such work in Brazil.

As for combatting violence against women, the National Council for Women's Rights helped organize a national campaign to create Women's Police Stations (originally an initiative by the São Paulo Council⁸) all over Brazil, with professional training for the women police agents. The National

⁸The first Special Police Station in Defense of Women was created in São Paulo, under public decree no. 23.769, on August 6, 1985.

Previously, the São Paulo State Council on Women's Conditions, representatives of the women's movement, and the State Secretariat for Public Security [i.e., Police Department] had drafted a joint letter of intent, with the following principles:

Council's role in this case was to help give national consistency to a policy that had originated at the state level by organizing meetings of women working in these special precincts, providing specific consultancy, distributing specialized literature, and encouraging women police to organize. Meanwhile, it held campaigns in the mass media to raise public awareness about the problem of violence against women.

Through such measures, the National Council for Women's Rights obtained a series of victories. Dozens of Women's Police Stations were set up in the main state capitals. At the time, the Minister of Justice met a request by the National Council for Women's Rights by encouraging the Departments of Public Security at the state level to create Women's Police Stations. He even distributed patrol cars to the needier precincts according to criteria recommended by the Council.

Understanding of such actions and the emphasis they were expected to receive varied, and there were even some humorous episodes: while some Departments of Public Security requested orientation from the National Council for Women's Rights on how to install the Women's Police Stations, others tried to keep this consultancy process a secret, since they intended to give the women of their states a "surprise present" on the 8th of March. They even asked for advice as to what color they should paint the precinct

- that the Special Police Station be monitored by a women's committee made up of representatives of the State Council, the Bar Association, and the autonomous women's movement;

- that the women police officers participating in the Special Precinct be trained for their work through seminars and discussions with feminist organizations, under the coordination of the State Council on Women's Conditions and the Bar Association;

- that the Department of Public Security make it possible to do *corpus delicti* examination [for rape, battering, etc.] at public healthcare clinics [rather than just at the Department of Forensic Medicine]; and

- that the respective police investigation be done by the Special Women's Police Station, regardless of which precinct was used for registering the complaint.

station. The State of Piauí announced proudly that the patrol cars would be bright pink! What a bright ideal!

Action was undertaken in other areas, like education, organizing, and struggle against racial discrimination in the program entitled "Black Women".

In order to inform the public and provide groundwork for policy-making, the National Council for Women's Rights published and distributed a number of manuals, leaflets, and books on the reality of Brazilian women. Some examples of this line of work include the publications "When the Victim Is a Woman", "Comparative Labor Legislation", and the "Report on Violence Against Women and Children in Rural Areas", in addition to background material on the rights of various professional and labor groups.

There was a clear purpose in this work of publicizing what women were organizing for and to use this policy of publications and publicity campaigns to raise sensitivity and political awareness (particularly among women themselves) in order to optimize the effects of the policies that were expected to emerge from such initiatives. Another, perhaps less visible facet of this action was to block proposals and projects that would have had adverse effects on women by increasing inequality between the sexes. One such proposal was that aimed at "safeguarding female labor", since a major portion of the pertinent legislation aims at protecting "reproductive activity" (and oftentimes morals and decent behavior, through the family). One episode right after the National Council for Women's Rights was founded illustrates this facet: the now-defunct Ministry for Debureaucratization presented a bill to reduce the length of the workday for women, claiming that women needed more time to devote to their children. In addition to the ideological implications of such a gender-biased division of labor, we know that whenever they talk about "protection", the practical result on the labor market is "discrimination". The bill

was scuttled because of the negative opinion submitted by the Council.

Along these same lines, the National Council for Women's Rights vetoed the creation of a National Council for Population Issues and Family Planning, proposed under Senate Bill no. 06/85, which clearly aimed at population control.⁹

The National Council for Women's Rights also proposed and supported any initiative aimed at sweeping away the sexist rubbish that cluttered (and still clutters) various areas of legislation in Brazilian society, often in unsuspected places. The Council dealt with a series of demands by specific groups in proposing an extensive review of the issue of unhealthy working conditions in labor legislation, not only to reconsider the prohibition of female labor in such activities as that of gas station attendant, but also to include some activities that did not previously acknowledge women under the law. Thus, in 1988, the Council obtained the revocation of an unfortunate norm passed by the Navy in 1964 which prohibited women from taking part in commercial fishing.

The Council was also successful in having the Ministry for Land Reform extend the right to land ownership (in the form of deeds) to include women. Previously, only men had enjoyed this right.

Until the National Council for Women's Rights was created, the state in Brazil had no specific public policies pertaining to women, except for a few programs in the field of health. The policy pursued by the National Council for Women's Rights thus led to important changes in the national scenario. Whether such changes were great or small, permanent or passing, is still a difficult issue to assess, but there is no doubt that they are part of the Brazilian historical process.

Is it true that in through this activity, Brazilian women have gained access to

mechanisms of political power?

Could such "actions" have jeopardized the feminist movement's autonomy? Might they even have led to the movement's apathy?

Whatever the answers are to these questions, we are still left with the discouraging reality that we have not tamed the bugbear, because politics can often devour social demands, turning beautiful proposals into bureaucratic services (take as examples the current situation of the PAISM - Program for Integrated Health Care for Women and that of the Women's Police Stations). The National Council for Women's Rights through the looking glass: inside out and outside in.

In order to understand the National Council for Women's Rights, it might be necessary to split it in two: one Council involved in government, acting according to the dictates of expected official conduct, and the other clearly committed to serving as a representative channel for the women's movement.

This duality was expressed in the national campaign to include women's voices in the Constitutional Congress leading up to the promulgation of the 1988 Constitution. This campaign was launched just after the Council was founded and was a priority throughout its four-year lifetime. The campaign was to defend feminist proposals in the Constitutional Congress, against the government, such as a 120-day maternity leave and legalization of abortion, among other proposals. Suffice it to mention that the entire country was involved in the possibility of passing new laws, and that because of its commitment to women, the National Council for Women's Rights embraced the task of drafting issues that had real potential for changing women's conditions.

The Council invested in a public-awareness campaign that included television, billboards, and other media resources, meanwhile organizing or helping to organize debates, meetings, and seminars all over the country to discuss drafting proposals. All of this culminated in a National

⁹The document by the National Council for Women's Rights was drafted based on the opinion submitted by Council members Ruth Cardoso and Carmen Barroso.

Meeting that released a "Women's Letter to Members of the Constitutional Congress". The Council closely monitored work by the various drafting committees, maintained constant communications with women in the various states, provided information on the negotiation of various proposals, and created a veritable national lobby, the "lipstick lobby" as it came to be known. In analyzing the short lifetime of the National Council for Women's Rights, from 1985 to 1989, one could say that its work was devoted much more to networking with the women's movement than with the government itself, of which it was a part. It had the merit of never having worked in a partisan sense or of having peddled influence. Neither was it "maternalistic", since it always held women's groups responsible for discussing and proposing demands in their own best interests. Still, although it met the demands of the 7th [National] Meeting [of Women], it proved incapable of ensuring its own survival within the state apparatus. A one-time Minister provoked the Council members into resigning collectively, and he subsequently named a new board, which in no way was identified with the women's movement. Feminist groups joined unanimously in repudiating the government's stance, declaring that from then on they failed to recognize the Council as a legitimate party for dialogue. To complete the disaster, soon after, during the "Collor era", a provisional decree cancelled the Council's administrative and financial autonomy. We should not fail to note that whatever assessment is done of the ups and downs of the National Council for Women's Rights, it should take into consideration the context of the Federal Administration of which the Council was a part. While it did emerge at a time of great mobilization by Brazilian society, converging in the process of drafting a new Federal Constitution, the Council's effective room for maneuvering within government gradually shrank as conservative positions within the Sarney Administration gained strength. This situation was aggravated by a "waning" of

mobilization by civil society, with the people submerged in plan after plan to combat inflation. Thus, in its last two years of activity, the Council's possibilities for articulation and dialogue were clearly limited.¹⁰

The shine of sequins

Riding on the "success" of the National Council, state and municipal councils emerged in various parts of the country. Some of them were based on demands from different organized women's groups, while others had exclusively electoral motives.

Jussara Reis Prá, in an article entitled "Feminist articulation in the democratic restructuring process: women's mobilization in southern Brazil", presented at the NEIM/UFBA seminar in 1988, illustrates this model: "The Rio Grande do Sul State Council for Women's Rights was established by a governmental decree in 1986, at the end of the Jair Soares Administration.... The way it was set up caused discontent among activists from the women's movement. Their main criticism was the fact that the Council had been created from the top down, without consulting the people involved in the emancipation of women. It is interesting to note that the majority of the future Council members only found out about it when they received the Governor's invitation, which had been printed for the inaugural ceremony."

Regardless of whether the respective councils were created from the top down or from the bottom up or whether they have had support from women's groups (not to mention the various degrees of democracy in discussing the model to be used), they have all faced similar difficulties, some of which are elementary, such as a lack of material, financial, and human resources.

¹⁰ One example of this loss of political space was the deactivation of the Commission for Reproductive Rights, in the Ministry of Health, the role of which was to deliberate on the PAISM, or Program for Integrated Health Care for Women. Both the National Council for Women's Rights and representatives from the women's movement had seats in this Commission.

This is valid for both the São Paulo Council, whose story we have already told, that of Rio de Janeiro, one of the few founded on the basis of demands by autonomous feminists and various political parties, and the Women's Coordinating Board in the São Paulo city government, based on a model proposed by Workers' Party feminists. In spite of all the pitfalls, over the course of this decade the government agencies proposed by women have based their action (with varying degrees of success) on an attempt (whether planned or unplanned) to "deal with women's issues" where they were most felt.

In the void left by the deactivation of the National Council for Women's Rights, the National Forum for Chairwomen of Councils on Women's Conditions and Rights was founded in 1989, as a channel for political and technical articulation between the various State and municipal government agencies in charge of policies devoted to women. This Forum now consists of ten State and three municipal councils.¹¹

A hard-won victory!

One can take a narrow view of public policy as a chain of measures aimed at direct government action in a given area under its jurisdiction, as a form of intervention in a specific social reality. If we take such a view, we should acknowledge that the councils' actions have been based on limited interventions and local actions that have failed to lead to the implementation

of the public policies demanded by women as a whole.

It is essential to understand the "two-edged sword" which institutionalization of women's demands entails. On the one hand, the councils have brought public debate over women's rights and equality into the national scenario. In so doing, they have provided such issues with visibility and legitimacy. On the other hand, their actual power to intervene has proven incapable of permeating the government apparatus in order to implement such policies. Still, it is true that in terms of implementing socially relevant public policies, the Brazilian government has been ineffective in general, and not just in relation to policies concerning women.

We might attribute this fact to the country's precarious political traditions, where each passing administration in the healthy democratic rotating process becomes a Pandora's box. One should also mention the government's "human resources policy", which promotes a breakneck turnover of political cadres according to criteria and interests that do not correspond to the country's real needs in terms of training human resources.

We women have faced particular difficulties in dealing with the duplicity between government and state. Among other reasons, the very configuration of women's councils and similar agencies has brought issues into the state apparatus which it has been unable to assimilate.

According to Jacqueline Pitanguy, former chairwomen of the National Council for Women's Rights, "The experience of agencies such as women's councils has certainly been extremely positive, in spite of all the roadblocks resulting from difficulties in articulation between these various agencies (which represent the modern, democratic side of the state and which grow stronger to the extent that civil authority grows stronger) and the state organization that still maintains strong authoritarian vestiges." (*Mulher e Políticas Públicas*, IBAM/UNICEF/1991).

¹¹ The Forum includes the following: the São Paulo State Council on Women's Conditions, the Ceará State Council for Women's Rights, the Rio de Janeiro Council for Women's Rights, the Rio Grande do Sul State Council for Women's Rights, the Paraná State Council on Women's Conditions, the Rio Grande do Norte State Women's Council, the Alagoas State Council for the Defense of Women's Rights, the Federal District [Brasília] Council for Women's Rights, the Minas Gerais State Women's Council, the Mato Grosso do Sul State Council for Women's Rights, the Natal [Rio Grande do Norte] Municipal Council for Women's Rights, the Belém [Pará] Municipal Council on Women's Conditions, and the Salvador [Bahia] Municipal Women's Council.

As we evaluate today the results of the pathway taken by the women's movement in Brazil, we find that while we become enmeshed in the limits established by the state structure itself in our relationship to public power, we are also able to affirm that in terms of defending substantive issues in the feminist struggle, the movement's autonomy is not running any risk.

In 1989, as now in 1993, during the process in which the National Council for Women's Rights ran its course, as well as in the recent attempt to reorganize it, the feminist movement has made it clear that it has no interest in legitimizing any agency where criteria for participation are not based on democratic parameters or where the negotiation for material, financial, and human resources is not transparent. Furthermore, we refuse to act within a state apparatus whenever the government is not an ally for feminist causes, and we refuse to take part in "power for power's sake" or in "power without power", even if some ill-advised soldiers of fortune among us may occasionally succumb to the appeals of power.

We therefore need no alibis. What we do need is to deal properly with our victories and to reflect carefully on the new areas we want to occupy both inside and outside the state apparatus.

Thinking ahead...

The long-feared institutionalization of the women's movement, which as we see it "seemed to have been digested" by the movement itself from the perspective of the relationship between civil society and the state, is now being raised again due to new forms of institutionalization, like the emergence and strengthening of feminist NGOs. This is a phenomenon that deserves attention by all of us as feminists.

The emergence and growth of feminist NGOs in Latin America and around the world has occurred simultaneously with the collapse of systems for formal representation and the confirmation of the state's inefficiency.

Until the 1970s, governments were almost the exclusive beneficiaries of the major multilateral agencies (like the United Nations and World Bank) which detained large amounts of funds for investing in the Third World. However, changes in the assessment of performance of government agencies ended up reorienting the flow of such resources. A recent example is the Report by the United Nations Population Fund, presented at the 2nd Preparatory Conference on Population in May 1993, recommending the allocation of 20 percent of its funds to NGOs. The wasting of resources, misappropriation of funds, and turnover of governments' professional staffs are behind this reorientation. Organizations from civil society have thus become an attractive alternative. By presenting a clearer profile in their activity and greater willingness to establish well-defined partnerships, the NGOs have emerged as an efficient means for implementing social policies, whether they are progressive or not.

In Brazil, the NGOs appeared as new actors in the national scenario beginning in the 1980s. They were made up of professionals from the social field, generally former political militants, former exiles who were returning to Brazil and wanted to act in an autonomous, independent fashion vis-à-vis the state. Their experience as political activists led them to establish a new kind of relationship with grassroots movements. However, they have sometimes mistakenly interpreted this new relationship to mean the representation of the grassroots movements. And the women's NGOs are no exception to the rule.

While the relationship between feminism and the state became involved in the issue of legitimacy and representation of the social movement, the issue has obviously not been resolved through what is seen as the replacement of the state by NGOs, the more so because - to each her own - they are institutions with very different attributes and proposals. Problems of a similar nature are raised concerning the criteria for representation assumed by members of

such institutions in relation to the women's movement. Complex issues such as the professionalization of militancy and the fragmented nature of actions by the NGOs are as sticky as those of plurality and democracy.

In her article "The growth of women's NGOs" (1993), Sônia Corrêa comments on the confusion between political representation by NGOs and their role of intermediating with international agencies: "It is essential in the context of this analysis to differentiate between systems for social and political mediation and the instrumental role of intermediation which is frequently proposed as part of the nature of NGOs, particularly by the multilateral cooperative system." She goes on to say, "The permeability and tension between the NGOs *per se* and this broader, more diffuse field deserve a more systematic analytical effort, particularly with regard to the issue of representativeness and legitimacy."

Angela Borba follows a similar line of thinking in her article "The feminist movement, autonomy, and nongovernmental organizations", in the July 1993, number 141 issue of *Fempres*, states, "It has become common to refer to the NGOs as if they were a feminist movement *per se*. Members of NGOs also frequently refer to themselves as 'representatives' of the feminist movement. Suddenly all our reflection on the need to express plurality and difference has been forgotten. A new power relationship has been established within the movement. We have become part of a picture where some people detain information and have access to sources of financing and decision-making, and these are the ones who actually decide on issues..."

Still, it is important to acknowledge that women's NGOs are a dynamic response to the socio-political institutional crisis in Brazil. We must seek a balance in women's healthy diversity in the spaces we have conquered and those that remain to be occupied in our society.

This picture deserves reflection. For this very reason, the discussion has not run its course

yet. We need to reflect on how women's representation is occurring today and, on the plurality of concepts and modes of action in this complex scenario. In addition, we must assess the efficacy and structural models of existing governmental agencies working with women's issues.

It is conceivable that the current National Council for Women's Rights has the objective of proposing public policies, but that it is incompetent to implement them. Who knows but what it needs to be replaced by another kind of structure? An example might be a consultancy board linked to the President's Cabinet, with Ministerial powers and attributes, but whose professional/feminist members would be spread out amongst the various executive policy-implementing agencies in the form of equal-opportunity commissions. As part of this dream (or vision) of the future, it would be a policy-making agency with due backing from a board representing the women's movement, devoted to formulating directives for action by the centers created in the various Ministries. This proposal aims at integrating the feminist perspective into the body of the state as a whole, not just in an isolated agency. Thus, the professional/feminist members of government would intervene in a concrete, direct way in state policies, programs, and actions. Since it is not forbidden to dream, this is what we suggest.

This article has been an invitation to debate.

Contraception and caesareans in Brazil: an example of bad reproductive health practice in need of exemplary action¹ _____ ELZA BERQUÓ

Translation by CHRISTOPHER PETERSON

With the redemocratization of Brazil, the 1980s were a landmark for women's struggles and certain legal rights related to reproductive health. The 1980s ushered in the Program for Integrated Health Care for Women (*Programa de Assistência Integral à Saúde da Mulher - PAISM*), the Commission for Studies on Human Reproductive Rights, the National Council for Women's Rights, and the 1988 Federal Constitution, to mention just the progress made at the Federal level.

The Program for Integrated Health Care for Women was conceived of in 1983 and approved in final form in 1986. It resulted from efforts by health professionals, the women's movement, and experts from the Ministry of Health itself to undertake actions that significantly broadened health care for women. Under the *PAISM*, women are seen not just as reproductive organs but in their totality and in all phases of their life cycle. The Program's actions include the control of specific diseases such as cervical and breast cancer as well as family planning, ranging from treatment of infertility to contraception. This concept was an extremely important step as both a gain in itself and a perspective for the years to come.

The National Council for Women's Rights (*Conselho Nacional dos Direitos da Mulher - CNDM*) was set up in 1985 in the Ministry of Justice. Its articulation with various women's groups and institutions all over Brazil led to various actions in reproductive health. An outstanding example was its participation in the drafting process on reproductive health aspects in the 1988 Federal Constitution.

The Commission for Studies on Human Reproductive Rights also originated from articulation between feminists, health professionals, and Ministry of Health experts. It was created in 1987 in the Ministry of Health as an agency for collective negotiating in technical consultancy in order to do a broad diagnosis of the status of human reproduction in Brazil, not only from the point of view of health per se, but also in its social, economic, ethical, and political aspects, in addition to providing technical backup for a health sector policy proposal pertaining to reproduction. The Commission was made up of renowned experts, the vast majority of whom were women. Its purpose was to follow actions by the Ministry of Health in the process of articulating with various social sectors and institutions involved in the issue of human reproduction.

Women's health rights are protected under the 1988 Federal Constitution, Article 226, paragraph 7: "Based on the principle of human dignity and responsible parenthood, family planning is a free decision pertaining to the couple, while the state is responsible for providing educational and scientific resources for the exercise of this right, and any form of coercion by official or private institutions is prohibited."

Frequent changes in the Ministry of Health resulting from a continuous turnover of Ministers (always stemming from political decisions) substantially hampered the operationalization of the *PAISM*. What began as constant, productive collaboration with the Commission for Studies on Human Reproductive Rights was gradually undermined by the Ministry of Health. The role of the National Council for

¹ Paper prepared for the Seminar on Women's Situation and Development, organized by the Brazilian Ministry of Foreign Relations and held at the *Núcleo de Estudos Populacionais - NEPO* (Center for Population Studies), *Universidade de Campinas*, July 1-2, 1993.

Women's Rights was also considerably curtailed on the national scenario.

On the other hand, a number of state and municipal councils for women's issues flourished, as did several women's police stations (*Delegacias da Mulher*). Emerging nongovernmental women's organizations also concentrated on women's rights in general and reproductive rights in particular. The National Feminist Health and Reproductive Rights Network was founded, and together with other NGOs it began to organize for reflection and effective exchange of information and knowledge to provide the backup for policies devoted to women's rights.

The Commission for Citizenship and Reproduction emerged in 1991 as the result of concern over health and reproductive rights in the country and the need for a channel to link efforts by the academic, legislative, legal, and health sectors in civil society in order to watch over and ensure citizens' reproductive rights.

Dialogue with Congress increased, and congressional investigative commissions were set up in several state houses of representatives and in the National Congress in order to investigate accusations related to the breach of reproductive rights, particularly with regard to the sterilization of women. Beginning in 1989, 27 bills were presented in the National Congress (most of which were presented in 1991): nine were on abortion, four on sterilization and pregnancy tests, six on family planning, five on medical and prenatal care, and three on new reproductive technologies. Members of Congress and feminists are still attempting to come to a consensus on guidelines for regulating sterilization of women.

In recent years, one senses a strong trend towards the defense of reproductive health and the rights pertaining to it, since they are still not a reality enjoyed by the majority of Brazilian women. A recent study by Costa² bears witness to this situation. The study examined state and municipal health secretariats (the latter covering just state capitals) in order to assess the status of implementation of the PAISM. The study

pointed out the following:

1. Coverage of health services pertaining to the PAISM was less than 40% in 81% of the municipal health secretariats in the capital cities and in 67% of the state health secretariats.

2. Some 38% of the municipal health secretariats in the capitals and 44% of the state health secretariats were providing prenatal care for less than 20% of the pregnant women in their respective catchment areas.

3. Coverage for gynecological care is less than 10% in some 25% of the institutions studied.

4. Control of cervical cancer covers less than 10% of the female population in 44% of the municipal secretariats in the capitals and 36% of the state secretariats.

5. Some 45% of the municipal health secretariats and 50% of the state secretariats provide family planning programs covering less than 10% of the needs of their populations.

A systematic, sharp drop in human fecundity in Brazil is occurring in the context described above. While women in 1980 had an average of 4.5 children, this figure had dropped to 3.5 by 1984 and 2.5 by 1991.³ The question remains, what resources do Brazilian women have at their disposal to be able to reduce their fecundity so rapidly?

Contraception in the Brazilian context

Unfortunately, the most recent available data on nationwide coverage for contraception are from 1986.^{4,5} At that time, according to these data, the situation for contraception in Brazil was marked by a high overall rate of usage: some 70% of married or cohabiting women from 15 to 54 years of age were using some contraceptive method. For all women,

² COSTA, A.M.. *O PAISM Uma política de assistência integral à saúde da mulher a ser resgatada*. Comissão de Cidadania e Reprodução, Brasília, 1992.

³ FIBGE.

⁴ PNAD-86. FIBGE.

⁵ PNSMIPF-BEMFAM, 1986.

regardless of marriage status, this figure was some 43%.

Table 1 shows the breakdown of users according to the methods used, for Brazil as a whole and some states. It was clear from the data that female sterilization was at the top of the list, followed by synthetic hormones. Together they made up 85% of the methods used. Among what are considered highly effective methods for avoiding pregnancy, Intrauterine devices were nearly absent from the list, with only 1.5% of women using them, while fewer than 1% of the women had vasectomized partners. The so-called less efficient methods were used by 10.4% of women, with periodic abstinence in the lead. It is also clear from Table 1 that birth control does not vary much from one state to the next in Brazil.

In spite of differences in sterilization rates and use of the pill from one state to the next, there is no doubt that when one refers to contraception in Brazil, one means the pill or tubal ligation, with the Northeast and the state of Goiás leading the country for the latter.

In the 1990s, two studies - one in the Northeast in 1991⁶ and the other in the city of São Paulo in 1992⁷ - give an idea of the birth control situation in these two contexts. They also allow one to assess whether the contraceptive picture has changed there over the last five years. In the Northeast, the study showed that 54.3% of all women had used at least one contraceptive method and that 39.1% were doing so at the time of the survey (Table 2). The figures were much higher in São Paulo, where 58.3% of the women interviewed stated that they were currently using a contraceptive method and 76.8% had used one at some time during the childbearing period of their lives. Table 2 shows that the picture had not changed since 1986. In other words, birth control was virtually limited to two methods: the pill and sterilization of women. Taken together, the two are used by 74.7% of all female users of contraceptive methods in São Paulo, and 85.9% in the Northeast. In São Paulo, as in 1986, the pill had a slight lead over tubal ligation, but in the Northeast ligations were in the lead, with 62.9% of users of contraceptive methods.

Table 1: Married or cohabiting women from 15 to 54 years of age using some form of contraception, according to method used. Brazil and several states, 1986.

⁶ *Pesquisa sobre Saúde Familiar no Nordeste*. Brasil 1991. BEMFAM-DHS.

⁷ *Pesquisa sobre Saúde Reprodutiva da População Negra*. 1992. CEBRAP.

Method	Brazil	SP*	RJ*	RS*	PR*	MG*	GO*	AM*	BA*	PE*
Sterilization	44.4	38.4	41.4	17.7	42.8	37.4	71.3	55.4	39.5	61.4
Pill	41.0	39.4	45.3	64.9	45.5	44.0	20.2	35.6	40.1	27.1
Vasectomy	0.9	2.5	0.2	1.1	1.5	0.6	1.5	0.7	0.9	0.5
IUD	1.5	1.2	1.3	4.6	1.0	2.9	0.6	0.3	5.2	0.4
Condoms	1.8	3.8	1.8	0.9	1.8	2.9	0.8	0.3	0.6	0.7
Coitus Interruptus	2.5	4.5	1.5	1.5	2.0	1.6	1.7	0.4	2.5	2.1
Periodic abstinence	6.2	7.5	6.8	7.3	3.6	8.6	3.5	6.3	7.8	5.5
Other	1.7	2.7	1.7	2.0	1.8	2.0	0.4	1.0	3.4	2.3

* SP (São Paulo), RJ (Rio de Janeiro), RS (Rio Grande do Sul), PR (Paraná), MG (Minas Gerais), GO (Goiás), AM (Amazonas), BA (Bahia), PE (Pernambuco).

From BERQUÓ, E. *A anticoncepção no Brasil hoje*. Paper presented at the 12th World Congress of Gynecology and Obstetrics, Rio de Janeiro. October 1988.

Table 2: Distribution(%) of all women of childbearing age using some kind of contraceptive method, according to method used, in the Northeast (1991) and the municipality of São Paulo (1992).

From an international perspective, the high figures for female sterilization in the Brazilian contraceptive repertoire is part of a trend seen in various parts of the world, particularly in the less-developed bloc. As one can

Methods	São Paulo ¹	Northeast ²
Female sterilization	36.1	62.9
Pill	38.6	23.0
Condoms	6.2	2.8
Vasectomy	4.5	0.2
Injections	2.8	1.8
IUD	2.2	0.8
Vaginal methods	0.3	0.0
Coitus interruptus	3.8	4.1
Periodic abstinence	2.3	4.3
Other	3.2	0.1
TOTAL	100.0	100.0
Number of women	1,026	6,222
% using some method	58.3	39.1
% having used at some time	76.8	54.3

Sources: ¹ *Pesquisa sobre Saúde Reprodutiva da População Negra*. CEBRAP, 1992.

² *Pesquisa sobre Saúde Familiar no Nordeste*. Brasil 1991.

In addition, the prevalence of tubal ligations increased as compared to 47.2% of users in 1986. On the other hand, use of the pill decreased from 32.1% in 1986 to 22% in 1991. In other words, in the poorest region of Brazil, the range of alternatives for contraception was narrowed even further. This is noteworthy, considering that in the field of human reproductive technology, the list of options for controlling conception is getting longer and longer. In terms of the population as a whole, according to available data, we estimate that of the 10,487,909 women from 15 to 49 years of age in the Northeast in 1991⁸, from 2.3 to 2.5 million had been sterilized.

observe in Table 3, the estimates for 1990 show that in the less-developed bloc, prevalence of female sterilization is over twice that found in the rich countries as a whole. In addition, exactly the opposite occurs with the so-called "other methods" (that is, the non-modern ones) - that is, they are at the top of the list in the most developed nations!

⁸ Preliminary data from the 1991 National Census.

Table 3: Percentage of use of contraceptive methods (by married women of childbearing age). Estimates for 1990.

Sterilized women

These two studies from the 1990s show some characteristics of the sterilized women in

Methods	World	More developed nations	Less developed nations
Sterilization	20.1	11.4	22.3
Female	15.7	7.6	17.8
Male	4.4	3.8	4.5
IUD	10.9	5.4	12.3
Synthetic hormones	8.6	14.4	7.1
Pill	7.7	14.3	6.0
Injectable	0.9	0.1	1.1
Condoms	5.4	15.1	2.9
Other	8.0	16.1	5.9
TOTAL	53.0	62.4	50.5

Source: ROSS, J.A. *Sterilization: Past, Present, Future*. Working Papers n° 29. The Population Council, 1991.

We should stress that most of the industrialized countries have low birth rates, below the replacement level, without having to rely heavily on irreversible contraceptive methods. Women there prefer to use more traditional methods, and when these fail they turn to legal abortion, without having to give up their reproductive capability.

According to Ross⁹, currently some 25% of all Third World couples are sterilized. In addition, 95% of all the sterilized women in the less-developed bloc live in just 20 countries, of which 14 are in Asia, five in Latin America, and one in Africa. Considering the countries with the highest sterilization rates, Latin America is particularly overrepresented (Table 4). Brazil is in eighth place in the worldwide list.

the two contexts. They also point to some trends over time.¹⁰

In the Northeast, 19% of all women had been sterilized before reaching the age of 25, as compared to 10% in São Paulo. However, median age at sterilization was quite similar in the two studies: 29.7 and 31 years, respectively. It is astonishing to observe how the age for definitively interrupting childbearing had dropped so drastically over the course of just five years. In fact, in 1986 just 5% and 3% of women had been sterilized by the age of 25 in the Northeast and São Paulo, respectively. Median age at sterilization was 36.6 and 38.2, respectively - in other words, in both cases there was a drop of some seven years!

The median number of children born before sterilization is also quite similar in the two

⁹ ROSS, J.A. *Sterilization: Past, Present, Future*. Working Papers n° 29. The Population Council, 1991.

¹⁰ In the case of São Paulo, the 1992 study refers to the municipality and the 1986 study to the state.

contexts: 2.7 for São Paulo and 3 for the Northeast. However, in the Northeast, the proportion of women sterilized after bearing a maximum of two children increased from 15% in 1986 to 22% in 1991; with a maximum of three children, the figure increased from 40% to 49%. The median number thus decreased from 3.6 to 3 children. Meanwhile, in São Paulo, the median number of children at sterilization remained virtually stable.

Table 4: Prevalence of Sterilization and use of contraceptive methods in 20 selected countries, 1990.

COUNTRY	% OF WOMEN		% OF STERILIZED WOMEN AMONG USERS OF SOME METHOD
	Sterilized	Using some method	
South Korea	47.6	76.1	62.5
Puerto Rico	46.8	74.8	62.6
Panama	37.7	66.4	56.8
China	36.8	74.9	49.1
Dominican Rep.	36.5	55.3	66.0
El Salvador	36.1	52.6	68.6
Sri Lanka	31.4	65.5	47.9
India	31.3	44.9	69.7
Brazil	30.4	69.2	43.9
Thailand	30.4	73.5	41.4
Taiwan	26.0	78.0	33.3
Hong Kong	23.4	82.6	28.3
Singapore	22.8	73.5	31.0
Uruguay	22.5	69.5	32.4
North Korea	22.3	68.4	32.6
Mexico	21.8	57.9	37.6
Chile	20.9	64.4	32.4
Argentina	19.9	61.5	32.4
Colombia	19.6	66.7	29.4
Costa Rica	17.7	70.9	25.0

Source: ROSS, J.A. *Sterilization: Past, Present, Future*. Working Papers n° 29. The Population Council, 1991.

There was a slight proportional increase in prevalence of sterilization in the Northeast with an increase in schooling, while in the São Paulo study there was no

association between sterilization and education.

In both the Northeast and São Paulo, there was no significant difference in sterilization between white and black women. In the Northeast, 38.5% of white women and 37.5% of black women had undergone tubal ligations (the figures refer to women who were or had been married or had cohabited). In São Paulo, the figures were 28% and 27.2% for white and black women, respectively. In this context, the only significant difference was in the group of women with the least schooling and in the 25-34 year age bracket, where prevalence

of ligations was higher for black women than for white women.

In both studies, practically 50% of the ligations had occurred in the last five years.

The São Paulo study identified the most frequent reason cited by women for having submitted to sterilization. Some 61.6% stated that they no longer wanted to have children, while 25% referred to health problems. The change in women's discourse in these few years is worthy of note. In 1986, the proportion of women who stated having submitted to tubal ligation because they had already born the ideal number of children varied from 18% to 48% by state in Brazil, a figure well below the 61.6% who so declared in the São Paulo study. On the contrary, in 1986, the reason cited most frequently by women was related to health problems, varying from 32% to 54% from one state to the next, or well over the 25% in the São Paulo study. As for the 1986 figures, at that time we argued that this frequency of "health problems" could reflect the influence of physicians over women's discourse, since according to the Brazilian code of medical ethics, sterilization can only be performed in exceptional cases of serious health problems in women.^{11, 12} In the final analysis, these women were repeating what they were allowed to say. Even in the face of the precarious living conditions and health care to which women were subjected, it was difficult to believe that these would become such strong factors for sterilization.

In my opinion, the fact that in 1992 they were much more directly explicit in turning to tubal ligation because they no longer wanted to have children (when, as everyone knows, health care had been scuttled even further in Brazil by that time) reflects a change of attitude by women. They feel they have already had as many

children as they want, and that they have the right to express this. This is due unquestionably to an atmosphere that has been established in the country thanks to women's movements in defense of reproductive rights, as I attempted to show above. Of course, if women had knowledge about and access to other contraceptive methods, they could exercise their right without necessarily having to rely on an irreversible method en masse. In this sense, the study in the Northeast showed that while nearly 100% of women had heard of the pill and tubal ligation and over 80% knew where to obtain them, only 50% had heard of the IUD and over 76% did not know where to obtain it. Worse yet, only 37% had heard of vaginal methods and 79% did not know where to get them.

Sterilization as a culture

The process of sterilization in Brazil has followed its course as if it were part of a culture, leading cohorts of women every year to put an end to their ability to reproduce. In the Northeast, 54% of all sterilized women submitted to the operation in the last five years, and in São Paulo the figures were not very different.

Such statistics speak of a veritable culture. In São Paulo, 52% of sterilized women are daughters or sisters of other sterilized women, and there are cases of families where the mother and two or three of her daughters have had tubal ligations. In addition, of those who still have not undergone sterilization, 42% are members of families where the mother or sisters have already submitted to this procedure.

When asked if they would recommend tubal ligation to other women, 65% of those who had already undergone the operation said yes, justifying their answer on the basis of financial difficulties in raising many children (40%), safety in the method (37%), and not harming one's health like the pill does (18%). This last reason shows once again that they only have two options available: the pill or sterilization. Of the other 35%, 70% said that they should not

¹¹ BERQUÓ, E.A. *A esterilização feminina no Brasil hoje*. Paper presented at the International Meeting "Women's Health: A Right to be Won", promoted by the *Conselho Nacional dos Direitos da Mulher* (National Council for Women's Rights), Brasília, June 5-6, 1989.

¹² Chapter VI of the Medical Code of Ethics: On the physician's responsibility, Article 52: "Sterilization is a crime, but it may be performed in exceptional cases when there is a precise indication, approved by two physicians heard jointly."

give advice because every woman should decide for herself, but 14% said that the woman may still want to have more children and 9% stated that sterilization can cause frigidity, menopause, or other kinds of health problems.

Some 89% of the women said they were satisfied with sterilization, and the reasons stated were not having to worry about using other methods and the fact that they already had the ideal number of children. For those who regretted having submitted to sterilization, the reasons are the same found in other studies: death of children, new marriages, wanting to have more children, and health problems.^{13,14}

Looking to the future, 39% of married (or cohabiting) women expressed the intent to turn to sterilization, while the highest proportion was among women in the 15 to 24 year age bracket. In the Northeast, among the currently married women who were not using any contraceptive method, 31% stated that they intended to submit to sterilization over the next twelve months and 36% intended to do so later on.

In my view, this veritable culture of sterilization in Brazil is ensured by the complicity established between women and physicians. For women who no longer wish to have children (for reasons that go far beyond the scope of this brief treatise) and who lack the resources to buy the pill or do not feel good taking it, the only alternative is a tubal ligation. But since sterilization is forbidden under the Brazilian Penal Code¹⁵ and the Medical Code of Ethics, physicians are led to perform ligations during Caesarean sections. In this case,

the patient's hospital costs and the doctor's fees are covered by INAMPS (the Social Security system), and the additional cost of sterilization is paid for "under the board" by the patient.^{16,17}

This explains why. In 1986, 75% of tubal ligations were performed along with the woman's last delivery, that is, by Caesarean section. This national average was surpassed by 50% of the states, with the highest figures going to Pará (82.6%), São Paulo (83%), and Amazonas (85.9%). The recent study from São Paulo revealed that 80% of tubal ligations had been done during Caesarean sections. The situation is illustrated well by the fact that 55% of the women sterilized stated that they had paid the physician for the operation in cash; furthermore, in 11% of the cases, in addition to coverage from INAMPS (Social Security) or health insurance, they had also paid a portion in cash. Health insurance or INAMPS covered the entire cost for 11% of the women. However, it is worthy of note that 23% of the tubal ligations were performed free of cost - they were paid for by some source that the women ignored. One possible clue to this part of the situation is that a 1989 report by the *Associação Brasileira de Entidades de Planejamento Familiar* (Brazilian Association of Family Planning Organizations) lists approximately 150 institutions all over the country, including hospitals, clinics, and maternity wards, with which it maintains agreements.

Arrangements are usually made with physicians during prenatal care (that is, in some 50% of cases). Osís¹⁸ and collaborators interviewed 3,703 women of childbearing

¹³ GRUBB, G.S., PETERSON, H.B., LAYDE, P.M., RUBIN, G.L. Regret after decision to have a tubal sterilization. *The American Fertility Society, Fertility and Sterility*, vol. 44, no. 2, August 1985.

¹⁴ PINOTTI, J.A. et al. Identificação de fatores associados à insatisfação após esterilização cirúrgica. *Gin. Obst. Bras.* 9(4) 304, 1986.

¹⁵ According to the Brazilian Penal Code (written up in 1940), Article 29, paragraph 2-III, sterilization is a crime, since it constitutes serious bodily injury, resulting in the loss of reproductive function. The corresponding sentence is two to eight years in jail.

¹⁶ BARROS, F.C., VAUGHAN, J.P., VICTORIA, C.G., HUTTLY, S.R.A. (1991). Epidemics of Caesarean sections in Brazil. *The Lancet* 338 (20): 167-169.

¹⁷ FAÚNDES, A., CECATTI, J.G. A operação cesárea no Brasil. Incidência, Tendências, Causas, Consequências e Propostas de Ação. *Cadernos de Saúde Pública*, Rio de Janeiro, 7(2): 150-173, April-June 1991.

¹⁸ OSÍS, M.J.D. et al. (1990). Laqueadura tubária nos serviços de saúde do Estado de São Paulo. *Revista de Ginecologia e Obstetrícia* 1 (3): 195-204.

age in 1988 in the state of São Paulo and found that 87% of the women discussed tubal ligation with their physicians during prenatal care. Some 10% of agreements are also reached just prior to childbirth, and 11% of the sterilized women stated that the physician-patient decision had been reached during labor! In light of the situation just described, 32% of the women stated that that had gotten pregnant in order to be sterilized during childbirth - by Caesarean section, of course!

The fact that Caesarean sections are used to perform sterilizations becomes clear in comparing the proportions of 80% and 33% of Caesareans in the last delivery for sterilized and non-sterilized women, respectively (in 1992 in São Paulo) (Table 5). In the Northeast, too, the proportion of Caesarean sections for the last live birth for those women who had at least one live delivery in the last five years was 52% for sterilized women and 21% for non-sterilized women.

Table 5 also shows that the incidence of Caesarean sections in the last childbirth increases with level of schooling for the patients, thus confirming previous studies.¹⁹ This trend is true for both sterilized and non-sterilized women.

Table 5: Percentage of Caesarean sections in last childbirth, for women who had ever been married or cohabited, age 15 to 50 years, sterilized and non-sterilized, by level of schooling. São Paulo, 1992.

Level of schooling	Total	Sterilized	Non-sterilized
Illiterate or Incomplete primary school	36.7	71.1	24.3
Primary school complete to junior high complete	48.3	83.1	31.8
Secondary school incomplete or more	60.1	87.7	48.1
TOTAL	46.8	80.1	32.9

Source: *Pesquisa sobre Saúde Reprodutiva da Mulher Negra*. CEBRAP, 1992.

Abuse of Caesarean sections

Just as the desire or need for sterilization leads women to submit to Caesarean sections, through the mechanisms described above, the abuse of such surgical deliveries by obstetricians leads many women to submit to sterilization, since they have already undergone several Caesareans and run the risk of a ruptured uterus during childbirth. I will also show that this second line of causality is present in Brazil and that it contributes to the high prevalence of tubal ligations. First, however, I will provide figures on the prevalence of Caesarean sections among Brazilian women.

A nationwide survey of patients from the INAMPS (Social Security) system showed an increase of Caesareans from 15 to 31% of deliveries between 1970 and 1980.²⁰

Examining nearly one million births occurring from 1981 to 1986 in 192 maternity hospitals in 15 states of Brazil, a report by the Latin American Committee on Perinatology (LACP/PAHO/WHO)²¹ showed an increase in the proportion of Caesareans from 20%

¹⁹ FAÚNDES, A., CECATTI, J.G., opus cit..

²⁰ GRANADO-NEIVA, J.G. *Operação cesárea no INAMPS*. 26th Congress of Gynecology and Obstetrics, Rio de Janeiro, 1992.

²¹ *Nascimentos por Cesárea em Instituições Brasileiras*. Report by the Latin American Committee on Perinatology/PAHO/WHO. *Centro Latinoamericano de Perinatología y Desarrollo Humano*. Montevideo, Uruguay, 1988.

of deliveries in 1981 to 26% in 1986. Under the coordination of the Maternal and Child Health Division of the Ministry of Health, this study showed an even greater variation from state to state, where Caesareans made up as many as 42% of births. The study also showed that private hospitals providing care to higher-income groups were the ones with the highest rates of Caesarean sections. Projections made by the Committee indicate that by 1995, 60 out of every 100 deliveries will be performed by Caesarean section.

Declaration of childbirth data for hospital deliveries, a procedure established in recent years by the Ministry of Health, will provide current annual data on Caesarean sections in terms of nationwide coverage. For some states, the data already available are sufficient to show high rates of Caesareans. In 1991, the Caesarean rates in the states of Mato Grosso do Sul and Goiás were 68.7 and 53.1%, respectively.²² Rondônia and Sergipe had lower rates: 29.8 and 19.1%, respectively.

São Paulo is no exception to the rule. Table 6 shows how these rates for 43 regions of the state varied from 31 to 78% in 1992, while two-thirds of all the regions had rates of over 50%. The overall rate for the state is estimated at 53.4%.

Table 7, which includes series of deliveries for two, three, and four live births, shows clearly how the abuse of Caesarean sections has led to repetitive sequences of this form of delivery, which in turn leads to sterilization in order to avoid more serious problems. Starting with women who have given two live births, one first observes that 63.6% of those who had been sterilized had Caesareans in the first delivery, while the figure was only 28.4% for those who had not been sterilized. The sequence of two Caesarean sections in the first two deliveries was 63.6 and 27.2%, respectively, for sterilized and non-sterilized women.

For women who had three live births, one observes that Caesareans were performed in the first delivery for 51.2% of the sterilized women as compared to only 18.1% for the rest. In the second delivery, 48.8 and 17.3% of sterilized and non-sterilized women, respectively, had Caesareans. A sequence of three Caesareans was seen in 42.7% of the sterilized women as compared to 12.8% of the rest.

Finally, considering women with four live births, one observes first that the first delivery was done by Caesarean in 44.5% of the sterilized women as compared to just 11.2% of the non-sterilized women. In the second delivery, the rates were 22.2 and 16.7%, respectively. In the third delivery they were 28.8 and 16.7%. Finally, the sequence of four Caesareans was practically three times greater for sterilized women than for non-sterilized. These findings corroborate beyond a shadow of a doubt the causality mentioned above - that is, that abuse of Caesarean sections is a determining factor for sterilization in Brazil.

Furthermore, the contrast between frequencies of Caesareans for sterilized as compared to non-sterilized women for the various sequences and a given number of children illustrates the other kind of link between Caesareans and sterilization referred to above, that is, the recourse to Caesareans in order to be sterilized. In fact, the VC, VVC, and VVVC sequences are the ones that most clearly illustrate this kind of situation, and in these cases there is a blatant difference between sterilized and non-sterilized women:

VC	25.0	11.7
VVC	31.7	4.2
VVVC	40.1	5.6

Table 7 also shows that 11.4, 11.0, and 24.5% of women who were sterilized with two, three, and four children, respectively, submitted to tubal ligation outside the moment when the Caesarean was performed, which on average corresponds to the 20% mentioned previously.

²² MELLO JORGE, M.H. et al. *O sistema de Informação sobre nascidos vivos*. São Paulo, CBCD, 1992 (nº 7).

Table 6: Percentage of live births by Caesarean section in regions of the state of São Paulo, 1992.

indications pertaining either to the mother or the fetus; still, they continue to prefer surgical deliveries, either because of

Region	% Caesareans	Region	% Caesareans
Catanduva	78.1	Ourinhos	53.9
S. José do Rio Preto	75.3	Botucatu	53.3
Araraquara	72.6	S. José Campos	52.9
Bauru	69.2	Rio Claro	52.6
Andradina	67.8	S. João Boa Vista	51.9
São Carlos	66.4	Franca	51.5
Guaratinguetá	64.6	Ribeirão Preto	49.3
Araçatuba	64.5	Bragança Paulista	48.5
Lins	63.5	Limeira	46.7
S. Joaquim da Barra	62.7	Taubaté	46.6
Assis	61.8	Itapetininga	43.8
Barretos	61.5	Jundiaí	43.6
Jaú	61.3	Avaré	42.9
Marília	61.2	Área Metropolitana	42.8
Piracicaba	60.5	Santos	41.1
Votuporanga	59.2	Sorocaba	41.0
Tupã	58.8	Fernandópolis	38.9
Adamantina	58.2	Cruzeiro	33.1
Dracena	56.8	Itapeva	31.8
Jales	56.4	Registro	31.4
Presidente Prudente	55.4	Caraguatatuba	31.2
Campinas	55.4		

Source: Fundação SEADE.

Conclusions

The above discussion clearly shows that there is an abuse of modern reproductive technology in Brazil. There is an extremely high rate of Caesarean sections coupled with surgical sterilization. In this sense, above all, Brazil is a **unique** case of significant association between the two, which constitutes a serious public health problem. This status quo directly affects both reproductive morbidity and mortality and the conditions of neonates. Furthermore, it feeds rising hospital costs in the Social Security system.

Without a doubt, the main issue at stake is the position taken by physicians, particularly obstetrician/gynecologists. This class knows quite well that the reasons for our epidemic of Caesareans go far beyond clinical

convenience or lack of ability to perform vaginal deliveries. Faúndes and Cecatti²³, in a thorough study on the subject, discuss the institutional, legal, and clinical obstetric factors influencing the high incidence of Caesareans. They enumerate and demonstrate the serious consequences of contraindicated Caesareans for both the neonate and the mother.

No less important is the well-known lack of coverage in the public health system for reproductive health care, which deprives women of their reproductive rights.

In short, Brazilian women - and above all those from lower income groups who are the vast majority - are facing a serious dilemma. With the pill as their only reversible

²³ FAÚNDES, A., CECATTI, J.G., opus cit.

recourse, purchased in drugstores without a doctor's prescription, and with no access to legal abortion to back up occasional misses, women see sterilization as a "lifesaver" in the abandonment they experience in reproductive health. But in order to grab the lifesaver, they have to pay the physician "under the board" and submit to a Caesarean, even if there is no

clinical indication for it. Sometimes they are forced to accept the procedure because of the abuse of previous Caesareans performed by physicians.

The situation in Brazil could not be a worse example of reproductive health practice. And urgent exemplary action is needed to change it!

Table 7: Sequences of types of childbirth for live births, for women who had ever been married (or cohabited), aged 15 to 50, sterilized and non-sterilized, according to number of children born. São Paulo, 1992.

Nº of Children	Sequence of Deliveries	Sterilized Women	Non-Sterilized Women
2	CC	63.6	27.2
	VC	25.0	11.7
	CV	0.0	1.2
	VV	11.4	59.9
	Total	100.0	100.0
3	CCC	42.7	12.8
	VCC	4.9	0.0
	CVC	6.1	1.1
	VVC	31.7	4.2
	CVV	2.4	4.2
	VCV	1.2	5.3
	VVV	11.0	72.4
	Total	100.0	100.0
4	CCCC	15.6	5.6
	VCCC	2.2	8.3
	CVCC	4.4	0.0
	VCVC	4.4	0.0
	VVVC	40.1	5.6
	VVCC	4.4	0.0
	VCVV	0.0	2.8
	VVCV	2.2	2.8
	CVVV	2.2	5.6
	VVVV	24.5	69.3
	Total	100.0	100.0

C = Caesarean section V = vaginal delivery

MARIA LÚCIA G. PALLARES-BURKE

Feminine Darling and the Bourgeois Order

The interest of the British *Spectator* and its followers in women's education and in the formulation and propagation of the Western ideology of femininity is widely acknowledged. Nevertheless, this genre also engendered experiments with alternative views about women. *La Spectatrice*, *La Pensadora Gaditana*, and *The Female Spectator* are examples of periodicals which resisted the very ideals codified by the genre followed. This article attempts to fill a gap in the study of the spectatorial press, by analyzing the tone and content of these putative female spectators, and by stressing the innovative contributions of these periodicals to the spectator genre.

Audace Féminine et Ordre Bourgeois

L'intérêt du *Spectator* anglais et de ses proches pour l'éducation féminine et leur participation dans la formulation et la diffusion de l'idéologie de la féminité sont aujourd'hui largement reconnus. Cependant, ce type de périodique a également engendré d'autres visions alternatives de la femme. *La Spectatrice*, *La Pensadora Gaditana* et *The Female Spectator* sont des exemples de périodiques ayant résisté au profil idéal du genre dominant. En étudiant le contenu de ces "spectatrices" féminines et en soulignant les contributions novatrices de ces journaux, l'article remplit une grosse lacune dans les études sur la presse féministe au XVIII^e siècle en Europe.

DONNA HARAWAY

Ecce Homo, Ain't (Ar'n't) I a Woman, and Inappropriate/d Others: the Human in a Post-Humanist Landscape

Humanity is a modernist category, the universal face of which has been that of man. In seeking a form for feminist humanity, the author points to the need to build this form on new figures of speech allowing for a non-generic humanity. Taking readings of Jesus and Sojourner Truth, Donna Haraway questions the multicultural and intercultural feminist theory on the construction of critical figures dealing with difference rather than equality.

L'humain dans un Paysage Post-Humaniste

L'humanité est une catégorie moderne, dont le visage universel est celui de l'homme. À la recherche d'une forme pour l'humanité féministe, l'auteur souligne le besoin de la construire à partir de nouvelles figures de discours, de façon à produire une humanité non-généralique. Appuyée sur la lecture de Jésus et Sojourner Truth, Donna Haraway remet en cause la théorie féministe sur la construction de figures critiques qui traitent la différence et non pas l'égalité.

Labor and Skills in the Garment Industry

In this article, the author analyzes three different labor relations in the garment industry, where female labor predominates. Based on theoretical issues raised by Danièle Kergoat, she discusses these workers' different skills and training processes and their relation to wages, promotions, supervisory positions, and professional careers.

Travail et Qualification dans l'Industrie de Confection

Dans cet article, l'auteur se penche sur l'étude de trois types de relations de travail dans les entreprises de confection, où prédomine la main-d'œuvre féminine. Appuyée sur des questions théoriques formulées par Danièle Kergoat, elle analyse les différentes qualifications et les processus de formation des ouvrières et leur rapport au salaire, à la promotion, à la hiérarchie, ainsi que leur trajectoire professionnelle.

Rigoberta Menchú, the History of a Testimony

In this article, the author does a reading of the narratives concerning Guatemalan Indian Rigoberta Menchú, winner of the Nobel Peace Prize in 1992. The first part analyzes the way in which oral history turns to binary relations like public and private or text and context. In the second part, Claudia de Lima Costa concentrates on problems arising in the production and translation of cultural diversities and once again reinforces binary oppositions like the First and Third Worlds.

Rigoberta Menchú, l'Histoire d'un Témoignage

L'auteur fait une lecture des narratives sur Rigoberta Menchú, Indienne guatémaltèque, Prix Nobel de la Paix en 1992. Dans la première partie de l'article, Claudia de Lima Costa analyse la façon par laquelle l'histoire orale se tourne vers les relations binaires telles que publique et privé, texte et contexte. Dans la deuxième partie, elle s'interroge sur les problèmes de production et traduction des diversités culturelles et, à nouveau, renforce les oppositions binaires comme Premier et Tiers-Monde.

Revolutionary Popular Feminism in Nicaragua: articulating, class, gender, and national sovereignty

On March 8th, 1987, the Sandinista National Liberation Front (FSLN, the political party in power at that time in Nicaragua) published its statement on the relation of women's struggles to the Nicaraguan Revolution. The author argues that this official statement is consistent with modern feminist views on some key points relating to the need to eliminate women's double workday, promote women's self-organization, and wage an ideological struggle against sexism in order for women's subordination to be eliminated. The author believes that the Sandinista Front's emphasis on ideological struggle and political organization represents an important break with more economicist, orthodox Marxist approaches to analyzing the condition of women and has important implications for Marxist feminism.

Classe, Genre et Souveraineté Nationale au Nicaragua

Le 8 Mars 1987, le Front Sandiniste de Libération Nationale (FSLN), parti politique alors au pouvoir dans le Nicaragua, fait une déclaration sur le rapport entre luttes des femmes et la révolution. Dans cet article, l'auteur démontre que cette déclaration réitère des questions soulevées par les femmes, comme la fin de la double journée de travail et la lutte contre le sexisme. Norma Chinchilla pense que l'emphasis donnée par le Front Sandiniste aux aspects idéologiques et à l'organisation politique représente une rupture importante avec l'approche économiste du marxisme orthodoxe dans l'analyse de la situation des femmes, ayant ainsi des conséquences non négligeables pour le féminisme marxiste.

MARIA APARECIDA SCHUMAHER
ELISABETH VARGAS

A Place in Government: alibi or conquest?

The article deals with relations between feminism and the state in Brazil. It focuses on the debate concerning participation by the feminist movement in the state apparatus, a discussion which is polarized on the issue of autonomy versus institutionalization. In situating the political context which gave rise to the State and National Councils for the Defense of Women, the authors analyze the work done by these councils and the nature of public policies attributed to them.

Une Place au Gouvernement: alibi ou conquête?

Les auteurs s'intéressent aux rapports entre le féminisme et l'Etat au Brésil. Elles font une analyse critique de la participation du mouvement féministe dans la structure étatique, à partir de l'opposition autonomie x institutionnalisation. En précisant la conjoncture politique qui a donné naissance aux Conseils des Droits de la Femme (au niveau des états et à l'échelle nationale), Schumacher et Vargas réfléchissent sur leur fonction et sur la nature des politiques qu'on leur attribue.

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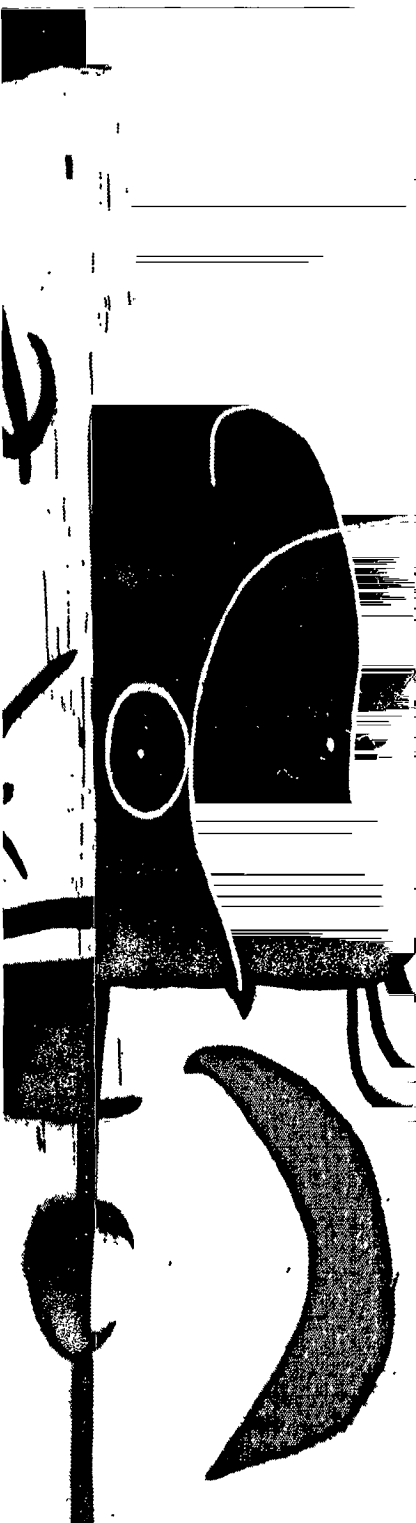
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