

Gender equality: why is Brazil moving backwards?

Igualdade de gênero: por que o Brasil vive retrocessos?

La igualdad de género: ¿por qué Brasil está experimentando retrocesos?

Luiz Fabiano Zanatta ^{1,2}

Maria Izabel Grein ³

Carlos Álvarez-Dardet ⁴

Silvia Piedade de Moraes ^{2,5}

José Roberto da Silva Brêtas ²

Maria Teresa Ruiz-Cantero ⁴

Mirta Roses ⁶

¹ Universidade Estadual do Norte do Paraná, Bandeirantes, Brasil.

² Escola Paulista de Enfermagem, Universidade Federal de São Paulo, São Paulo, Brasil.

³ Setor Estadual de Educação e Gênero, Movimento dos Trabalhadores Rurais Sem Terra, Curitiba, Brasil.

⁴ Grupo de Investigación de Salud Pública, Universidad de Alicante, CIBERESP, Alicante, España.

⁵ Coordenadoria de Programas Educacionais de Guarulhos, Guarulhos, Brasil.

⁶ Academia Nacional de Medicina de Buenos Aires, Buenos Aires, Argentina.

Correspondence

L. F. Zanatta
Rua Manoel de Freitas Aguiar
448, Barra do Jacaré, PR
86385-000, Brasil.
lfzanatta@uenp.edu.br

Brazil now faces a backlash against gender equality, which negatively impact women's health policies, especially those concerning sexual and reproductive rights. This backlash is a result of a long process that has intensified because of growing religious conservatism in government. However, the current moment is even more critical.

In exchange for supporting Dilma Rousseff's impeachment, conservative groups and representative of the "religious caucus" were given more space under the Interim President to impose their agenda, which seeks to defend the patriarchal, heterosexual family, disseminate misogyny and intolerance of the gender category, among others.

This text is structured on two arguments. The first discusses "*the advancement of religious conservatism in government*" and seeks to establish a connection between this broader dynamic of Brazilian politics and the current crisis. The second presents "*the backlash against gender equality*" Brazil is currently experiencing.

The advancement of religious conservatism in government

The advancement of religious conservatism in government is the result of a long process, a consequence of the growing number of neo-pentecostal evangelicals among the population as a

whole and among elected representatives. This advancement gained strength through an increasingly reinforced capilarity, from the pastors in their communities to the Brazilian National Congress, where, little by little, election by election, it has gained space.

However, the protests that took place in June 2013 and that carried the symbolism of a popular movement for political renewal, advancements on social rights (transportation, health and education), public safety and also a concern with an alleged "degradation of morals" ¹; coupled with an erosion of progressive government forces, created a conducive environment for the rise in conservative discourses and politicians.

This contributed to the results of the 2014 elections, which led to what has been considered the most conservative legislature since 1964 ². The religious caucus, which brings together politics and religion, and which opposes the demands of the LGBT movement, the liberalization of drug and abortion laws, gained a record representation in the history of Brazilian politics with 78 members, 75 representatives and three senators, and the Presidency of the House of Representatives ².

If Dilma Rousseff had herself formed alliances with conservative parties for her reelection, in order to guarantee governability in her second term, everything was leading to an even greater coalition with these groups. These measures increased her scope of "allies", but she

did not consider the avalanche of concessions and directions in which public policies, especially those concerning affective-sexual and reproductive health, gender and sexual diversity, could be moved.

Some had already raised concerns regarding the possibility of a backlash against sexual and reproductive health policies in Brazil, based on the strong political conservatism and religious fundamentalism among government agencies^{3,4}. Galli & Deslandes's³ paper announced that, faced with the forces present in the Legislative, the country was at risk of going in the opposite direction of what was needed to guarantee women's sexual and reproductive health.

However, in the current political-governmental context, in which conservative groups have gained even greater space in exchange for supporting the Interim President in the impeachment, we believe the threats and backlash go beyond what the authors presented, because they will have a broad impact on women's health and gender equality policies.

The focus on conservative parties as promoters of backlashes against women's health and gender equality policies is not new⁵. A study carried out in Spain⁶ that sought to evaluate governments' impact on gender equality and women's health policies and actions, between 2002 and 2014, showed that only conservative and right-wing parties used the economic crisis as an excuse to roll back these policies during their time in government.

However, in the current government, we are not only faced with the problem of political conservatism. There is another, even more critical, problem: religious fundamentalism. Although the Constitution establishes that Brazil is a secular republic, the *de jure* situation installed in government is far from what it should be, that is, ensuring the *Federal Constitution*⁷.

In a recent interview⁸, Health Minister Ricardo Barros, when asked "*Do you consider abortion a public health problem?*" mentioned the need to "*talk with the church*". By manifesting his intent to include "the church" in the management of a public health problem, the minister violates secularism. We oppose the minister's desire to open a dialog with the "church" based on Diniz's⁹ (p. 1704) argument that "*religion should be matter of private ethics and health policies should not be based on religious mystics regarding good living*". According to her⁹, secularism is more than religious neutrality in government acts, it is a necessary condition for a plural and democratic State governmentality.

Representatives of self-proclaimed conservative and religious parties, using arguments "in

defense of the (patriarchal, white, heterosexual family)", make clear their desire to disseminate misogyny, homophobia and intolerance toward the gender category. Political conservatism and religious fundamentalism destabilize the democratic system on which public health is based and interfere with civil rights and citizenship.

If the policies implemented by democratic regimes since 1990 were not capable of solving some historical-structural problems of Brazil's health care system¹⁰, we question how it will be possible to move forward under a government in which parties and members of government, representatives of religious conservatism, are occupying a never-before-seen space. The current government needs even more support and, in exchange, offers increasing strength and power to conservative and "religious caucus" representatives, which may further affect women's health and gender equality policies in Brazil.

The backlash against gender equality

Sexual and reproductive rights, which seek to promote gender equality and women's health, have been some of the hardest won achievements in the international arena in recent years. On the one hand, the fight for demands that meet basic Human Rights principles in the world political agenda, on the other, the constant threat of losing the rights already gained^{3,4}. However, the involvement of organizations, institutions, feminists movements and other agents have played a crucial role in the fight for guaranteeing rights.

In this context, in 2003, the Secretary for Women's Policies (SPM in Portuguese) was created as a result of women's struggle to guarantee policies promoting gender equity. Its goal was to promote equal rights between men and women and to combat all forms of prejudice and discrimination.

Even when faced with a National Congress marked by strong religious and patriarchal conservatism, which constantly put on the agenda law proposals and discussions that infringe upon secularism and roll back achievements^{3,4}; or with the fusion with the Racial Equality and Human Rights Secretaries, which weakened it; and the subsequent decision by Congress to undermine its mission by withdrawing the gender perspective from its attributions, SPM greatly contributed to women's health and gender equity in Brazil.

Among its chief achievements are the National Policy of Integral Women's Health Care, the Maria da Penha Law, the National Plan for Women's Policies, the Pro-Gender Equity Program and the National Pact against Violence against

Women, the National Policy of Integral Health of Rural and Forest Populations, among other programs and policies that are joint actions with other ministries.

However, after Dilma was temporarily removed from office, on May 14, Interim President Michel Temer extinguished SPM, incorporating it into the Justice Ministry and tying it to a technical area. If the erosion of the gender equality agenda was already noticeable under Dilma, the extinction of the SPM by the interim government represents an even greater defeat.

Another step backwards regarding gender equality, expressed by the Interim President, was the composition of his cabinet, to which Temer appointed only men. This had not happened in Brazil for 37 years, because all previous presidents had appointed women to head ministries. The absence of women among senior ranking government officials and the extinction of the SPM show a lack of commitment to gender equality. If Connell¹¹ is correct in affirming that, in general, those who benefit from inequalities are interested in defending them, we may say that, at this moment, gender equality is under threat in Brazil.

In 2015, the 2030 Agenda for Sustainable Development¹² was published. Its fifth goal proposes that countries “*achieve gender equality and empower all women and girls*”. However, the current government is contradictory to this goal. The Agenda cites, several times, the need for governments and leaders to commit to achieving the proposed goals, however, for now, Brazil seems not to be following this instruction.

Since the government's own internal organization does not corroborate gender equity, it is unlikely that we will have positive national prospects for gender equality and women's empowerment. This may have an impact for the well-being and better health conditions of women in all their distinct intersectionalities.

Final thoughts

Given the current Brazilian government, prospects for future gender equality and women's health policy investment, formulation, implementation and management are critical, because the State has shown itself to be even more refractory and resistant to progressive demands.

The current political-governmental context, with a massive presence of groups representing religious conservatism, may make it impossible to democratize public and gender health, essential conditions that enable us to preserve and move forward on positive aspects of equality, justice, the fight against inequalities and better health conditions for women and Brazilians in general.

We must make the discussion of the issues addressed in this text visible, so that other social segments may also mobilize to guarantee the collective health of all women and all minorities who suffer and/or may suffer the impacts of governmental religious conservatism, which has already affirmed gender inequality, through discourses and positions which resemble nothing more than statements on a backlash and threats against gender equality and women's health.

Contributors

L. F. Zanatta conceived and elaborated the text and contributed to the final approval of the text. M. I. Grein and M. Roses contributed to the critical revision of important intellectual content and final approval of the text. C. Álvarez-Dardet, S. P. Moraes, J. R. S. Brêtas and M. T. Ruiz-Cantero made substantial contributions to the text's elaboration; critical revision of important intellectual content; and final approval of the text.

References

1. Felipe I. Conservadorismo cresce e ameaça Brasil progressista. *Caros Amigos* 2014; 212:24-9.
2. Departamento Intersindical de Assessoria Parlamentar. Radiografia do Novo Congresso: Legisatura 2015-2019. http://www.diap.org.br/index.php?option=com_jdownloads&Itemid=513&view=finish&cid=2883&catid=41 (accessed on 20/Jun/2016).
3. Galli B, Deslandes S. Ameaças de retrocesso nas políticas de saúde sexual e reprodutiva no Brasil em tempos de epidemia de Zika. *Cad Saúde Pública* 2016; 32:e00031116.
4. Luna N. Aborto no Congresso Nacional: o enfrentamento de atores religiosos e feministas em um Estado laico. *Revista Brasileira de Ciência Política* 2014; (14):83-109.
5. Sabine L, Sauer B. Does federalism impact gender architectures? The case of women's policy agencies in Germany and Austria. *Publius* 2012; 43:68-89.
6. Paleo N, Alonso A. ¿Es solo una cuestión de austeridad? Crisis económica y políticas de género en España. *Investigaciones Feministas* 2014; 5:36-68.
7. Camargo Jr. KR. Estado laico: uma agenda para a saúde coletiva. *Physis (Rio J.)* 2014; 24:669-71.
8. Collucci C. Tamanho do SUS precisa ser revisto, diz novo ministro da Saúde. *Folha de S. Paulo* 2016; 17 mai. <http://www1.folha.uol.com.br/cotidiano/2016/05/1771901-tamanho-do-sus-precisa-ser-revisto-diz-novo-ministro-da-saude.shtml>.
9. Diniz D. Estado laico, objeção de consciência e políticas de saúde. *Cad Saúde Pública* 2013; 29: 1704-6.
10. Lima LD, Travassos C, Coeli CM, Carvalho MS. Democracia e saúde coletiva. *Cad Saúde Pública* 2016; 32:eED020416.
11. Connell R. *Gender and power*. Stanford: Stanford University Press; 1987.
12. United Nations. *Transforming our World: the 2030 agenda for sustainable development*. <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf> (accessed on 20/May/2016).

Submitted on 25/May/2016

Final version resubmitted on 28/Jun/2016

Approved on 13/Jul/2016