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EM DEBATE

What do women want? Sexual and reproductive health and rights

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EVERY YEAR, THE MONTH OF MARCH IS AN INVITATION TO REFLECT ON the female condition, our achievements and challenges before the State, governments and society. There is no doubt that, from the place where we were thrown and subjected in the hierarchy of power in society, we have come a long way. However, even so, there is still a long way to go that covers the legal, economic, cultural, and many other spheres. In health, and medicine in particular, a woman's body and identity have never been the subject of the deserved and necessary respect. Since the beginnings of so-called Modern Medicine, textbooks have taught barbaric things about women and guided excessive interventionism, confirming the pattern of patriarchy in the science of caring for the body and soul. From this perspective, the medicalization of the female body is seen as an effect of discomfort and disrespect on women as subjects and citizens.

Feminism, health, and historical advances

In the 1980s, in addition to the Health Reform Movement, proposing the universal right to health, the feminist movement focused on women's health to change the 'maternal-infantilist' approach, which restricts health care to aspects of motherhood. In this context, the Comprehensive Assistance Program for Women's Health (PAISM) emerged in 1983. It was and still is a vanguard policy because it proposes decision-making autonomy for women in reproductive matters, a broad approach to the provision of services covering all female problems and demands and advocates for a change in power relations between women and health professionals.

PAISM's innovative strategy is the inclusion of educational practices that provide tools for women's critical intervention in the care process. The feminist movement celebrated that achievement and became a partner and reference for the health movement in the ongoing health reform. However, the actual implementation of the changes proposed by PAISM and perfected in the National Policy for Comprehensive Care for Women's Health (PNAISM), announced in 2003, has been hampered both by religious fundamentalists and their group of deputies and senators and by a prevalent culture based in a verticalized, fragmented, and focused concept on the organization of health care.

The consequence of that has been the fragmentation of women's health into several non-communicating programs, which leads to the loss of the perspective of the comprehensive care

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model, which is based on the uniqueness and complexity inherent to women, with multiple and distinct demands and health needs according to age, social class, race, ethnicity, sexual orientation, and culture. Therefore, the concept of comprehensiveness must guide the organization of services and health networks, which, in an integrated and coordinated way, are capable of providing solutions to women's health care.

Challenges of the present

From this perspective of comprehensiveness, it is urgent and essential to return to the challenge of comprehensive care, breaking with the paradigm of fragmentation and focus established in health. It is a fact that the country has advanced in relation to mortality from cervical cancer, but the mortality rate of women up to 49 years of age from breast cancer is soaring[1]. In this sense, the persistent inequality of access to early diagnosis and treatment of breast cancer, whose prognosis is related to adeq-uate and timely treatment, is intolerable.

The provision of contraceptive practices, which should occur through a wide range of alternatives providing sufficient information for women to make a free choice, has been lost in a reality in which, in addition to surgical sterilization, the use of hormonal methods prevails, whether via oral, injectable, subcutaneous, or intrauterine device. Educational actions disappeared from the routine of services that should be spaces for building female citizenship. Furthermore, the risk underlying the use of hormones is real and is evident in the presence of vascular accidents that leave sequelae or kill thousands of women in the country.

Among the enormous challenges to qualifying care for women, the imminent need to tackle abortion stands out, this unquestionable public health problem and tragedy in women's daily lives. Even today, women are denied their right to legal abortion when they become pregnant through an act of sexual violence, and there are no services to care for them, the majority of whom are black girls and young women. There were never enough services, neither in number nor in territorial distribution[2]. This is an unacceptable situation, but one which persists and needs visibility. In this context, the Unified Health System (SUS) needs to guarantee access and timely care to these women in conditions of suffering and vulnerability. Likewise, the supplementary health sector must take on this demand from women linked to health plans since they are equally silent.

Facing the issue of women's rights to abortion more broadly is also an essential and urgent challenge for our democracy, to guarantee the protection and reproductive rights of women. Latin America has advanced in legalizing abortion in several countries while Brazil has retreated in recent times, when the Congress is filled with parliamentarians whose mandates are anchored in fundamentalism and misogyny. The Claim of Non-compliance with Fundamental Precept (ADPF) 442, filed by Socialism and Freedom Party (PSOL) with the support of Anis Instituto de Bioética in 2017, which argued for the decriminalization of voluntary termination of pregnancy (abortion) in the first 12 weeks of pregnancy, remains unresolved. With a favorable vote from Minister Rosa Weber, the ADPF was once again paralyzed following a request for a review from Minister Roberto Barroso, who, although having publicly expressed in favor of the action, claims that society needs to discuss the issue further and that, therefore, there is no prediction of a decision from the Federal Supreme Court (STF). Meanwhile, there are serious cases of criminalization that threaten the lives of many of us. Rybka and Cabral[3], analyzing the debates of the action in the STF, quote Casseres when stating that

> [...] the defense of the criminal status of abortion has much more to do with the conservation of a social order that cannot do without controlling the sexuality and reproductive capacity of women (especially certain women) than with protecting the lives of so-called 'unborn', [as propagated by conservatives opposed to the action].

Right before the month of March which celebrates women's struggle, another episode in the clash between women's achievements and rights and fundamentalist religious dominance emerged with the publication and hasty revocation of a technical note by the Ministry of Health. Technical Note No 2/2024, issued by the Secretariats of Primary Health Care (SAPS) and Specialized Health Care (SAES) of the Ministry of Health (MS), replaces a revoked rule from the Bolsonaro administration that restricted legal abortion to up to 21 weeks of pregnancy, in disagreement with the Penal Code of 1940. However, the rapid reaction of the evangelical bench of the National Congress and the conservative media, distorting its content, led to its repeal in less than 24 hours, revealing the tension between the protection of women's rights and ideological, moral, and religious pressures. In reaction, dozens of scientific, professional, and feminist entities spoke out in favor of returning to the note and are still waiting for a call from the government to negotiate a solution that preserves women's rights. The circumstance demonstrates the urgency in guaranteeing women's sexual and reproductive rights, especially in the face of attempts at manipulation and setbacks by conservative sectors.

Abortion was the third direct cause of maternal deaths in Brazil in 2018[4]. Diniz, Medeiros and Madeiro[5], analyzing the 2010 National Household Sample Survey (PNAD 2010), draw attention to the fact that, in approximate terms, at age of 40, almost one in every five Brazilian women had an abortion and, in 2015 alone, there were around half a million abortions. Today, it is estimated that more than 7.4 million Brazilian women have experienced such situation at least once.

For the Brazilian Center for Health Studies (CEBES), Brazilian society finds itself faced with the need to reflect on political proposals that seek to restrict fundamental rights in the name of moral values. Therefore, the government must take a firm and bold stance in promoting women's health and well-being. This way, guaranteeing the secularity of the State and expanding women's right to free and safe abortion and services aimed at serving them in a resolute, comprehensive, and integrated manner continues to be a challenge for society and the Brazilian State.

As the vote is being defined by fundamentalist churches, our democracy is being mutilated, and the possibilities of expanding women's reproductive rights are diminishing. Brazil will elect mayors in the coming months; With this, the profile of the next legislature in the National Congress is being shaped, which deserves attention from the democratic field. Expanding voting awareness, therefore, is an urgent task for the national democratic field.

This is the CEBES' call on behalf of women's lives and health!

Collaborators

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