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Brazilian, feminist non-govermental organisations - a force for change: constructing citizenship through health sector reform and delivery of reproductive rights

Thesis

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Chapter 1

INTRODUCTION

1.0   Objectives and main arguments

The setting for this thesis is a recent period in the history of Brazil – the so-called *transitional period* (1985–95), when Brazil's dictatorship gave way to democratic forces in a process of political change, providing civil society bodies with the opportunity to create social policy based on new definitions of civil, social and human rights to be delivered in public services.

At that time feminist institutions: NGOs and the National Council for Women's Rights (CNDM), created to represent the women's social movement in Brazil, became politically active and entered into co-operation with government bodies to plan and legislate for women's health, as well as assisting with the implementation of health policy in the public sector.

The objective of this thesis has been to discover the links which exist between NGOs and social movements (SMs or NSMs), from which they obtain their legitimacy, as well as the relationship NGOs have developed with state bodies in order to table controversial issues affecting the health of the female population in the domain of reproductive rights. This two way process can be seen as a way of gaining citizenship for poor women at a moment in history of increased responsiveness of state institutions together with the enhanced organisational capacity among NGOs and NSMs.

In this thesis, which uses an ethnographic case study approach and grounded theory, the history of the democratic changes which have taken place in Brazil is told by feminist leaders of the women's movement in their own words. They describe their struggle to obtain universal coverage with health services for women, because the existing health service was fragmented and uncoordinated, and explain how they exploited the concept of 'citizenship' to make demands for human rights on behalf of the women's social movement which they came to represent.

Initially I approached this research from a health perspective - examining NGOs in the context of their relations with the   health sector- however I soon discovered that NGOs were playing a more fundamental role in creating democracy as, in partnership with the federal government, they produced and adjusted legislation for women.

It was therefore necessary for me to build a theory and find a formulation to study the phenomenon. As I had access to the groups of interest I decided to collect data and compile case study material. According to Robert Yin there are five components of case study design: (a) a study's questions, (b) its propositions, (c) its units of analysis, (d) the logic linking the data to the propositions, (e) the criteria for interpreting the findings.

The first component is to compile 'a study's questions' (Yin 1994:27). Eventually, due to a combination of field experience, which provided me with 'leads and hunches' combined with my particular 'ideas and interests' (Hammersley and Atkinson 1995) I was able to formulate the following questions which I wanted answered and which would allow me to establish a basis for my enquiry:

- What was 'civil society' in Brazil?

- What did 'citizenship' mean for different groups?

- What kinds of people were members of non-governmental organisations (NGOs) in Brazil?

- Was NGO activity instrumental in bringing about democracy in Brazil?

- How did the feminist organisations emerge from mass social movement?

- Who were the feminists?

- How did feminist activists define an agenda or agendas?

- What was the feminist agenda?

- How influential were the feminists in achieving their goals?

- Could feminists influence policy-making in Brazil?

- How close to government were feminists working?

- Did feminists have real autonomy from the state in decision-making for women of Brazil or were they compromised by the government?

- How important was international support for the survival of the NGO movement in Brazil?

The main research question which emerged from my initial exploration was therefore: what part did the women's movement, represented by its feminist institutions (the network of feminist NGOs and the National Council for Women's Rights) play in changing the culture for women in Brazil and how did they achieve concrete, qualitative improvement in health conditions for poor women?

1.1   Organisation of the thesis

This thesis is divided into nine chapters which include the following: introduction, research methodology, literature review and a series of chapters based on data from primary research. The final chapter is the conclusion.

Chapter 1 sets out (a) the background, aims and arguments of the study and (b) details its organisation. It outlines the scope of the area to be addressed, and describes the historical context, methodology, and theoretical framework used, to analyse field data.

Chapter 2 sets out the personal process involved in my enquiry and describes how I initiated my investigation and found a method (qualitative research and a grounded theory approach) to structure my data collection and provide the logic to link the data to my proposition, as in Yin's fourth criterion (Yin 1994:27).

I used the fundamental methods of all qualitative researchers: '1) participation in the setting, 2) direct observation, 3) in-depth interviewing, and 4) document review' (Marshall and Rossman, 1995:5).

I conducted interviews with NGO leaders in different parts of the country to explore their perception of reproductive rights. I was interested to discover the origins of

what I took to be a dominant discourse, which revealed the ethos of the women's social movement and to discover whether the same features and constructs were shared by groups throughout the country. I also interviewed civil servants and health workers involved in the implementation of social policy, to see if they shared the same principles as the feminist NGOs in the area of health.

Chapter 2 also outlines how Case Study Methodology (Burawoy 1991, 2000) was selected, and how my data was collected and analysed in an historical and political context so as to reflect both the 'macro' and 'micro' processes in operation.

In Chapter 3, the literature review, academic theory provides criteria for interpreting findings (Yin's fifth criterion for valid research) and I review current interpretations of citizenship - used by western governments and by Brazilians - as a theoretical concept and a perspective to view state delivery of different kinds of rights in democracy. I also examine participatory approaches in international development (Gaventa 2002; Cornwall and Gaventa 2001; Jones and Gaventa 2002; Hickey and Mohan 2003; Lister 1997, 2002), to see how these fit in with the neo-liberal agenda for international development of certain international agencies (Evans 2002; Amann and Baer 2002).

Another theoretical strand is social movement theory which examines state/civil society relationships (Keane 1988; Melucci 1988; Pateman *et al*. 1988) in different contexts. Social movement theory is especially developed in the field of Latin American Studies, as it is used to analyse processes arising from transitional periods following repressive military dictatorship: Evers 1985; Slater 1994; Waylen 1996; Foweraker *et al*. 1995, 1997; Weyland 1998 and others. Foweraker and Landman (1997) also link the discourse of human rights to the notion of citizenship to address problems of marginality .

The role of feminism in democratisation is another area of debate in Latin American social movement theory, which reviews key issues such as identity, emancipation and the public/private dichotomy (Pateman 1988, Eckstein 1989, Jelin 1990, and others). Finally, the future role of NGOs in a globalised world order is examined, according to the proposals of Malhotra 2000 and Fowler 2000.

According to social movement theories, collective bodies of civil society

emerged to challenge the institutional order. A prime example of a successful social movement is the women's movement in Brazil, where groups of feminists representing the mass movement formed non-governmental organisations to achieve their concrete objectives. Women's institutions worked towards bringing about an inclusive democratic form of government when the government and civil society worked together to define and implement an agenda to meet the specific social needs of the country. The foundations of the new democracy were formulated then and laid down in the Brazilian Constitution of 1988.

Chapter 4 focuses on the policy and practice of citizenship, which is linked to a political agenda to bring about inclusion of marginal populations by delivering human rights.

Under the authoritarian, totalitarian regime of the dictatorship (1965 –85) Brazil had a poor record on human rights. Most of the population was excluded from the legal frame with no possibility of invoking the law or making demands of the state for social services. In these circumstances, social movements, including the women's movement, emerged during the transitional period to make demands for human, civil and social rights.

The interviewees discuss how the concept of citizenship was popularised and how, within the context of poor communities, in a country where a legacy of slavery has left a vast excluded population, the term refers to how a person can belong to a nation state and be protected by the state as well as enjoy the usual benefits of the first world, where shelter, education, health and social security are taken for granted, even by the poorest members of society.

In Brazil , individual human rights workers have made a major contribution towards addressing the problems of the poor, using the discourse of citizenship influenced by the philosophy of liberation and Paulo Freire, whose life time's work was directed towards giving voice to the poor and dispossessed (Freire 1970, 1973, 1976).

Most of the NGO workers in this research have worked as educators in poor communities, as described in Chapter 4 and have used Freire's consciousness- raising technique '*conscientizacao*', which teaches people at the community level to defend their own interests. A citizenship discourse has grown up and been nurtured and is widely

used in popular education – both when teaching literacy and in health education. Therefore the Brazilian citizenship discourse can be seen to have grown out of a strong inclusive socio-cultural milieu within a wide political context of social movement activity.

Their aim was to end marginality for those with no access to public services and to assist those outside the system to gain access - by using their right of citizenship or their agency to demand human rights - particularly to cover their health needs.

In Chapter 5 - the state, civil society and the role of NGOs - the elements of Brazilian modern democracy and governance are defined by leaders of the social movement of women who are also founder members of feminist NGOs committed to the cause of addressing the exclusion and poverty of women in a democracy of citizen participation. During the transition, a new form of governance came into being characterised by interaction between state and civil society bodies (see Appendix 2, Cognitive Map of Reproductive Rights Landscape 1985-95).

A high point of co-operation between the government and civil society was achieved when both governmental and non-governmental organisations worked together with the Brazilian Congress in the National Constituent Assembly (ANC), to elaborate a new Constitution (1988) for government reform. Women's movement organisations were able to create a legal framework favourable to the protection of the interests of ordinary Brazilian women in the field of reproductive health.

The historical emergence of the women's movement and its evolution is charted in Chapter 6 and the events which took place are described . Within the political ferment of the transition, the women's social movement became active and, with the institution of the National Council for Women's Rights (CNDM) and feminist NGOs, was soon to become a potent force for democratic change as the activists move from their projects in poor communities to making policy with the government.

The following landmarks trace the rise of the women's movement and its capacity to develop political potential. The transitional period is given as 1985–1995 but activities precede and succeed this limited time scale in the history of the movement, as the chronology shows in Table 1.

TABLE 1   Landmarks of the women's movement

1979	30 women's groups formed
1982	Programa de Asistencia Integral a Saúde da Mulher (PAISM) formulated
1985	Reform of the civil code to include proposals of the women's movement
1985	**Founding of the National Council for Women's Rights (CNDM)**
1986	**26 women are elected to the Constituent Assembly (ANC) including feminists**
1988	**Promulgation of the Constitution of Brazil**
1988	**Luisa Erundhina, although not active in the movement, is elected feminist mayor of São Paulo (Paulo Freire is Minister for Education in this administration)**
1989	**Institutional crisis of the National Council for Women's Rights following abortion campaign**
1989	**NGO, Centro Feminista de Estudos e Assessoria founded (CFEMIA)**
1994	**UN Conference in Cairo**
1995	**UN Conference in Beijing**
1995	**Law of Family Planning No. 9263 presented**
1996	Presidential Veto on Sterilisation and the Family Planning Law No.9263
1996	Proposta de Emenda Constitucional (PEC) 25/95
1998	Sterilisation and the Family Planning Law No.9263 enacted

*Landmarks in bold letters denote the period of transition.

The CNDM founded in 1985 became a key institution for Brazilian feminists to achieve their aims. Many of the women elected to office - by the women's movement from 1986 to 1988 - were feminists (including women from four of the NGOs examined in this research: IDAC, SOS Corpo, IBASE, CFSS). In 1988 however, the CNDM was suspended by the government after a pro abortion campaign. At this stage feminists withdrew to form two NGOs which deal exclusively with policy (CFEMIA, CEPIA), thus ensuring that the established network of NGOs was able to function without the CNDM. In fact the women's movement was able to increase its activities without compromising its autonomy. Both operational strands working together   constitute a powerful and important lobby for women's affairs, committed to bringing about change in the political system to make provision for women's rights. Profiles of the women interviewed reveal their elevated professional status and include a doctor, a lawyer, a sociologist, and a teacher.

Both the CNDM and the NGOs representing women state that their principle aim is to end marginality for poor women. (See Appendix 1, which outlines the aims and objectives of NGOs.)   To date, the main thrust of feminist activities has been directed towards reforming the health sector and health is used as a fundamental basis on which to construct citizenship for poor women: for if a woman has access to a health service she may, as a citizen, begin to survive, protect herself and fashion a life of less misery in an era when poverty is judged to be feminised and the family is a broken institution, especially in Brazil with its legacy of slavery which has impacted on family life (Scott *et al.* 1988). In this way citizenship participation is achieved by the mere fact of her attendance at a public facility to claim her right to treatment.
Chapter 7 describes how, having gained their experience with project work,   feminist institutions formulated a national health plan, the Programme for Integral Assistance to the Health of Women (PAISM), which was conceived at the same time as the Single Health System (SUS), also the fruit of the state/civil society consultation process of the transitional period. Like SUS, PAISM also started from the premise that access to a health service was a fundamental social right due to citizens of the nation state of Brazil. The plan advocates health education as an integral element and proposes management participation of service users at the community level where citizens would

monitor and evaluate processes and   make demands for better living conditions - with improvement of water provision, shelter and the environment to facilitate health.

Brazilian feminists from the institutions of the women's movement took up positions within the government of Brazil to demand   reproductive rights linked to citizenship for poor women. They conducted campaigns to bring about changes in attitude regarding women's health and called for an end to the traditional taboos. They also filled the policy gap with their plans for health which would ultimately lead to legislation changes. However having created their health plan, changed the legislation and intervened at the level of service delivery to fulfil their aims, the research participants maintain that the public health service is in crisis and does not have the capacity to implement plans and deliver services. For national health plans, such as PAISM, to be successful, the government must be committed and the   process of municipalisation, which is now under way, must be in place.

In Chapter 8, the participants in this study give the background for their reproductive rights agenda. They point out that there has never been an official policy for population control in Brazil and yet the birth rate is now low. (Brazil now has an average fertility rate of 2.5 children (2.3 urban rate and 3.5 rural rate) to women aged between 15 and 49 years according to the National Research for Demography and Health (1996)).

This is due to the culture of sterilisation which came into being in Brazil during the military government, when responsibility for birth control rested with the Family Well-being Society in Brazil (BEMFAM), founded in 1965 and heavily underwritten and funded by the US government, and in particular by USAID.

This mass sterilisation programme also led to an increase in caesarian section - 80% of deliveries in some states, (National Research for Demography and Health, 1996). This caesarian/sterilisation culture operates as a privatised system within the public health sector and poor women have to find the money to pay directly for their sterilisations, even if their caesarian section is paid for by the state.

Similarly abortion is one of the largest obstetric expenditures for the public health service.   SOS Corpo, estimates one abortion for every four births in maternity hospitals of Brazil - a statistic that goes unacknowledged as hospitals do not register an abortion as such. Women take the prescription drug 'Cytotec', which provokes a

reasonably safe abortion (Payron *et al*. 1993). Once provoked the pregnancy is terminated in public sector facilities. This reality shows that women in Brazil have found ways to negotiate their own solutions to control their fertility as both abortion and surgical sterilisation take place on a massive scale in public hospitals. In time honoured fashion, women take the law into their own hands when it comes to their reproductive functions by exercising their right to choose.

The lack of population policy and inadequate provision to address women's reproductive health needs in the health sector have created an opportunity for feminist NGOs to fill the political vacuum to organise health services for women. However their health plan PAISM, also envisages providing other urgently needed services within the reproductive rights sphere - such as : a) pre- and post-natal care; b) cancer screening; c) prevention of under-age pregnancy; d) elimination of sexual violence towards women; e) HIV/AIDS advice - which the health sector does not have the capacity to deliver .

Feminist NGOs and the CNDM also created the Family Planning Law No.9263. The participants recount how this law, which endorses PAISM interventions, was finally approved in 1998 after many setbacks. Abortion however, has not been included as a reproductive right according to this law. Nevertheless the women's movement campaign in 1995 was successful in mobilising the Brazilian Congress to block a conservative constitutional amendment (PEC 25/95), which attempted to enshrine the right to life from conception in the Constitution. The victory of overturning this amendment means that, in principle, legal abortion can now take place in designated centres according to the Penal Code of 1940, which has never been implemented.

In Chapter 9, it is concluded that the health service, as it stands, cannot provide for all aspects of care for women as citizens contained in the law. All in all, female populations still endure chronic neglect and a miserable epidemiological profile in most areas of Brazil where many people never access health services - a survey conducted in the Northeast discovered that 70% of people suffering health problems received no medical attention at all (National Research for Demography and Health, 1996).

In essence, Law No. 9263's main contribution has been to decriminalise sterilisation. This measure is now available free of charge in the public sector as a right of Brazilian women to control their own fertility as opposed to a measure taken by the state

to control the population.

In Brazil, 'citizenship' is promoted as a way to address social injustice and for the women's movement planning and legislation can bring this about. However, the only kind of citizenship a woman can exercise at present is that of attendance in a health facility- if one is available – where some services may be delivered to enable her to gain control over her reproductive functions.

Brazilian feminists know that what has been achieved so far is not enough. Women also want 'healthy conditions for child bearing, sexuality free from violence and disease, food security, skills and incomes of their own and dignity and respect as service recipients and human beings' (Patchesky and Judd 1998). In short, they need a package of conditions for life. Feminist NGOs blame their governments for not acting on health plans and legislation, but they also blame the international institutions, such as the World Bank and the IMF, for obstructing development progress by insisting on cuts in government spending in order to reschedule the national debt. The measures they propose prevent the Brazilian citizenship project, conceived during the transition and enshrined in their constitution, from being extended to provide public health services to all.

1.3   Summary

This introduction has given an account of the parameters of my thesis and stated the methodological aims and theoretical considerations. It has presented the emerging themes resulting from links made between theory, data and methodology including: the Brazilian view of citizenship which is linked to a human rights discourse and agenda; the relationship between the state and social movements in Brazil during the transition; the emergence of the women's movement as a social movement; the role of feminist NGOs in constructing democracy; the capacity of the health sector in Brazil to deliver health services to women; the process undertaken by feminists in the women's movement to regulate and deliver reproductive rights to women in the health sector. Chapter Two sets out the methodological basis of this research.

Chapter 2

METHODOLOGY OF RESEARCH

2.0   Introduction

This chapter describes the components of my research which uses qualitative research methods and selective sampling - arising out of empirical field activities – to investigate the role of feminist NGOs in the transition period from military dictatorship to democracy.

Section 2.1 gives a description of the Extended Case Study approach (Burawoy 1991, 2000) which underpins my methodology and discusses the role of participant observation in this method. It details the activities and contacts which formed the background to my research. Section 2.2 outlines the strategies and techniques employed and gives the schedule of my field work and data collection. It charts my struggle to discover the political and social agenda of feminist leaders of NGOs with whom I had dealings. Formulated questions, which were constantly refined, led to the emergence of a main area of investigation which is given in Section 2.3. Section 2.4 introduces the research participants and   Section 2.5 makes known the process involved in analysing data to come up with the emerging themes, categories and constructs which are described.   Section 2.6 gives the working hypothesis and Section 2.7 discusses further methodological issues - such as the role of translation in this research and the influence of the feminist research agenda.

This thesis consists of interpretation of data obtained during the course of a single year (1996), and after a two year observation period (1994 and 1995). Using qualitative research methods I trace the emergence of the women's social movement and the foundation of institutions - the CNDM and feminist   NGOs - to represent it – which work within a specific framework of reference and with a clear political agenda to bring about practical and strategic outcomes. By working in co-operation with the health sector

at all levels of government, they plan to deliver health services to women in the public sector, and establish legal guidelines for reproductive rights.

The aim of this research has been to show how macro processes of state policy and decision making can be significantly influenced by micro-processes (the advocacy and activity of NGOs working at local level) and vice versa.

2.1   The Extended Case Study

The main methodological thrust is the Extended Case Study method of the Berkeley school of ethnography, as advocated by Burawoy et al (1991,2000), which has evolved to meet the need for an historically grounded, theoretically driven macro ethnography. The Berkeley school marries two traditions – the comparative historical and the ethnographic. An ethnography of this kind is situated within an historical and geographical context and emphasises the way the external system colonises the subject 'lifeworld' (Burawoy 2000:25), and how that lifeworld in turn negotiates the terms of domination, creates alternatives, or takes to collective protests.'

For Burawoy and the Berkeley school, conventional stereotypes of participant observation are 'atheoretical, ahistorical and micro' as no situation is uncontaminated by the wider world and no truth can be found in considering the local context without reference to the wider influences. Therefore, in departing from the purely local , Burawoy breaks with ethnographic convention. He maintains that although locales still exist they are connected through symbolic tokens, especially in the new climate of globalisation, such as money, experts (doctors, lawyers and accountants), as well as by new technologies (language, radio, television and the internet). Through them everyday life is lifted out of the local and attached to the wider world.

In proposing his method, with laws of participant observation and strategies of extending out, Burawoy seeks to: 'reconstruct, revise or simply elaborate pre-existing theories to accommodate empirical findings to wider contexts of determination'.

Burawoy insists that the study of ethnographers, who work from the ground up in the study of everyday life, must also be able to grasp lofty processes and transcend boundaries. With the Extended Case method the lifeworld autonomy, which is the focus of other schools of ethnography, is expanded and the gaps filled to include Marxism and

feminism. The accumulation of knowledge, which in other schools of ethnography has usually been viewed as emancipatory, is also viewed differently as post Marxist and feminist Extended Case methodologists are influenced by Foucault's view that knowledge is implicated in domination.

Therefore the Burawoy conditions of ethnography, as expressed in the 1991 case studies of social movements, were ideal for my own purpose of devising a case study, to consist of interviews with feminist NGOs with which I had ongoing contact. I could then consider formally the social movement of women in Brazil to discover how they preserved their culture locally, in the case of each NGO, but also interacted globally to inform themselves concerning international norms for the survival of the female population, and finally, and more importantly, how they co-operated with the government, at all levels, to reform the public health sector in ideological, legal and practical terms whilst preserving their autonomy.

The 'Extended Case method' as described by Burawoy, is an inductive approach associated with grounded theory (1991). It allows for (re)constructing theory out of data collected through participant observation but is essentially based on the notion that a single longitudinal case study will be analysed over a period of time in some depth. As I was working continuously with feminist NGOs in Brazil, I was able to select a cross section of institutions from across Brazil to obtain my data to be analysed as <u>one single case study</u> of a national social movement, which displays a culture and communicates a specific lifeworld. My aim was to explain how micro social processes are linked to macro processes both nationally and globally.

I made a selection of NGOs using a 'selective sampling' approach, as recommended by Strauss, to provide a cross-sectional sample of the discourse of individuals at a given moment in time. This 'examines groups or subgroups of populations, events, activities ….. to find varying dimensions, strategies, etc' (1987:39).

As a result of preliminary research and initial failure to initiate a dialogue, I managed to get the interviewees to talk about their history, their human rights work and what this entailed, their successes and failures, their relationship with the state and their hopes for the future. I took care to ensure that the interviewees were not directed or led to make statements in support of predetermined conclusions.

A general topic orientation emerged - as proposed by the Extended Case Method - whereby the approach adopted 'takes the social situation as the point of empirical examination and works with given general concepts and laws about states, economies, legal orders…. to show how micro situations are shaped by wider structures' (Burawoy 1991:282).

Participant Observation

The participant observer enters the lifeworld of the research participants and, as Burawoy confirms, there is a huge literature detailing covert and overt participant observation, different levels of immersion, insider and outsider status and the role of informants.

The Berkeley school imposes four dimensions on the Extended Case Method. With each dimension he raises a problem which introduces *power* structures into the researcher/researched relationship and which can occur if the observer is not vigilant.

1)   The first dimension is the extension of the observer into the lifeworld of the participant. (Here care must be taken that the relationship between researcher and researched does not become distorted because of *domination* which can affect the mutuality of exchange).

2)   The second dimension requires the extension of the observations over time and space. As in my research, the ethnographer spends a lot of time following subjects around living their lives and learning their ways. In time the ethnographer comes to understand the succession of situations as a social process. (The problem of this approach is that forms of data gathering can be reductionist as situational observation can lead to *silencing).*

3)   The third dimension demands the reflection of a structured totality in which the part is shaped by its relation to the whole – the whole being represented by 'external forces'. The discovery of extra local determination is the essential ingredient of the extended case study as the micro is viewed as an extension of the macro. Such discovery is impossible however without identifying external factors likely to be important. (The danger with this condition is *objectification).*

4)   Finally the fourth dimension is the extension of theory. Ethnographers try to

constitute the field as a challenge to a theory they may want to improve. They apply theory to the field which can result in highjacking and the creation of stereotypes. (*Normalisation* can distort the world according to Burawoy).

Thus Burawoy presents his four conditions and points to the danger inherent in these which face the ethnographer. My work in Brazil required immersion in the language and culture and - because the Extended Case study rethinks the meaning of fieldwork, releasing it from solitary confinement, from being bound to a single place in time - it was ideal for my purpose which was to examine NGOs in different parts of Brazil all representing a single culture and lifeworld. I also had access to extensive documentation. As Burawoy says , by delving into documentation ethnographies are grounded in history - archives, oral history, official documents, community memoirs – and therefore become 'ethnohistories' as is the case with my study.

However as I went around in Brazil investigating the world of feminist NGOs, I did not have access to libraries to investigate academic theory therefore I looked to the data to provide structure for social processes and clues to the lifeworld.

The description and explanation offered in this case study derives from a three year period of contact working with health projects in Brazil. The core data are comprised of interviews with key figures (introduced below) both within the women's movement and without. Before collecting my data I shared hundreds of hours with health reformers from across the political spectrum as follows:

- I had access to women's groups and health projects and I interviewed members of non-governmental organisations (NGOs) delivering health care in different areas of Brazil.

- I interviewed health workers working at all three levels of the health service – federal, state and municipal – in many regions. I also had discussions with high-level federal government officials in Brasília both formally, in the ministries, and socially.

- I interviewed NGOs delivering health care in different areas of Brazil and built up a picture of diverse regional conditions, as in the case of municipal maternity projects in Rio de Janeiro and state-controlled Mother and Child survival projects in the Northeast.

- I visited neighbourhood projects and had close contacts with the politicised left-wing

Popular Health Movement (Movimento Popular de Saúde, MOPS).

- I accompanied NGOs delivering health care projects to riverine communities in the regions of the Amazon and Tapajos rivers.

- I visited women's groups, church groups and mother's clubs (*clubes de mães*) and the political confederation of Women (Confederação de Mulheres) and women's groups in the neighbourhood associations of São Paulo.

- I attended discussions (1995) on the feminist agenda to prepare for the UN Conference in Beijing.

- I attended seminars on health service reform and the 10th National Conference for Health (1996).

- I accompanied the staff of the Municipality of Niteroi Family Health Care Programme to Cuba for the Fifth National Primary Health Care Conference.

During each of my trips within Brazil I conducted extensive open-ended formal and informal discussions both with deliverers and receivers of health services. I also participated in group meetings to discuss the ways and means of improving services as well as exacting better services from existing facilities.

All of the above experiences added to my knowledge as a qualitative researcher and, as Strauss and Corbin advocate it is only through field work that one gets in touch with the topic under review: 'get out into the field, if one wants to know what is going on' (Strauss and Corbin 1990:24).

My employment with the British Embassy involved assessing projects with a view to funding. As part of my networking activities I made contact with feminist NGOs. However, although business transactions formed the basis of my admittance to this world, I found that NGO members were anxious to explain how they perceived their activities to bring about democracy. I had much in common with the NGO members and was accepted as a genuine associate - perhaps because I belonged to the same historical trajectory of feminism from the 70s and 80s – the decades of the women's movement, although for myself the context was different.

As I became familiar with all kinds of health projects my involvement in Brazilian social processes grew. My function was to assist projects to find funding from British sources and help Brazilians make their projects fit guidelines. This required

meetings and discussions. However, it only occurred to me to become involved in research at a later date when I had grown used to this co-operation and found that I was trusted for my role as a 'facilitator' – an intermediary between local personnel and international donors. My position gave me the ideal circumstances for participant observation as described by Fox: 'The premise behind the ethnographic strategy is to gain access to the subculture of the participants, and then to deal with them on those terms'. This was not difficult as I 'respected my subjects' perspectives and accorded validity to their values' (Fox and Kutzman 1991:225). Furthermore,   feminist NGOs were enjoying a moment of extreme confidence - as they constructed their collective, political, autonomous identity - and I thought it worthy of investigation.

I was able to compare and contrast this experience of NGOs with others I had observed: including other Catholic countries (Spain, Ireland) as well as in the Islamic world (Morocco, Egypt, Sudan) and also the former Yugoslavia. I had gained other insights from my consultancy work for Unicef where I had worked on documentation concerning the agenda to empower women in the developing world - one of the aims of which was to nurture the concept of reproductive rights.

Having decided to investigate feminist NGOs I began to collect documentation during the course of field visits. These included internal organisational documents, public manifestos, journals and newsletters, articles in the national press concerning the women's movement and health reform, also documentation from the Ministry of Health. I also collected documentation, including press commentary, concerning the rise of the NGO movements in Brazil, as well as a wealth of internal feminist coverage of the health reform and the constitutional process. All these materials were used to construct the 'ethnohistory' (Burawoy 1991) of the women's movement and associated NGOs.

2.2   Beginnings – strategies and techniques

According to Marshall qualitative researchers rely on four essential methods for gathering information which are (1) participation in the setting, (2) direct observation, (3) in-depth interviewing, and (4) document review (Marshall and Rossman 1995:78). As I

was living and working in Brazil I fulfilled two of these criteria for conducting qualitative research. I was participating in the setting, and conducting direct observation. I could also conduct interviews and had already collected a mass of documentation.

My aim was to create theory out of qualitative data using 'a systematic set of procedures to develop an inductively derived grounded theory about a phenomena' (Strauss and Corbin 1990:24).

Participant observation was my method of approach but over a wide spectrum. The technique of participant observation 'distinguishes itself by breaking down the barriers between observer and participant' (Burawoy 1991:291). Ethnographers enter into dialogue with their subjects and there is collaboration between participant and observer, as is the case with my research.

To investigate the manner in which the feminist lobby of the women's movement negotiates with government. this I needed to consider more than one NGO to construct my theory. I also wanted to interview other people from the state sector as well as a representative of a popular movement to get their points of view of concepts generated in the transition to democracy. Although my scheme was a 'collaborative enterprise' with feminists I also wanted validation of their viewpoint in order to arrive at an objective assessment to generate a hypothesis.

This case study investigates co-operation which has taken place between government bodies and civil society institutions, between health sector functionaries and members of feminist NGOs. This newly evolved process of co-operation aims to transform society by delivering civil, human and socio-economic rights to the people in full citizenship. In the transition period, democratic ideals were spread throughout the country and promoted by feminist NGOs acting for the women's movement.

It took me two years to identify the network of relationships operating across institutions. As Strauss says, all 'social phenomena are complex phenomena' (Strauss 1987:6) and certainly institutional relations are of great complexity in Brazil.
The two years of field preparation I had were very necessary for me to gain the background I needed for the generation of my description.
My aim was to find concepts that would fit data so as to explain the process whereby feminist NGOs react and interact and are co-opted into the mechanisms of government in

Brazil. It therefore falls into the 'macro-substantive' category of ethnography (Hammersley and Atkinson 1995), of a particular society, which uses the analysis of case studies to build social theory.

Experiential data

The viewpoint a researcher brings to a study must be taken into consideration and I acknowledge the dimensions of my personal involvement in the production of this case study. Strauss describes the package of 'research skills and savvy' that an analyst brings to analysis as 'experiential data'. This consists 'not only of analysts' technical knowledge and experience derived from research but also their personal experiences' (Strauss 1987:11). According to Henwood and Pidgeon, well-grounded research must address a constellation of concerns and the researcher perspective includes substantive interests which guide the questions asked. The researcher brings to the study a philosophical stance and a school of thought. These provide a store of sensitising concepts, which include one's personal experiences, priorities and values (Henwood and Pidgeon 1995:24).

Charmaz proposes that by selecting and owning the categories which emerge from the data the researcher shapes both the process and the product and the 'report becomes the social construction of the social constructions found and explicated in the data' (Charmaz 1990:1162). For Haraway, it is important to address the complexities of the experiences of both the researcher and the researched. For knowing – like seeing – always starts from some embodied, socially situated vantage point (Haraway 1991).

In this case study I wished to explore the links between the status of citizenship and its relationship to the receipt of human and socio-economic rights through health care provision in Brazil as promoted by feminist NGOs.

I began to formulate this research when I realised I was witnessing a singular process, the components of which were of great interest to me, and so I assumed the role of interpreter of the situation. I was a participant observer of events unfolding; in other words I had 'first hand involvement in the social world chosen for study' (Marshall and Rossman 1995:78).

My professional credentials fitted the criteria for acceptance by the feminist

NGOs. I am a nurse by profession and have spent many years working in the developing world assisting health workers to develop projects for funding. My first degree is in Latin American Studies. I had previously undertaken hospital discourse research that relied on ethno-methodological method for my MA dissertation. I knew the 'constructionism' of Berger and Luckmann's social construction of reality (1967) and was well versed in Discourse Analysis and knew how to make data fit rigid, narrow, categories in the manner of the Birmingham School (Sinclair and Coulthard 1975). So I was not a novice in social theory.

In Brazil, as consultant to the British Council and British Embassy on projects for health and women and children, I found myself in an ideal situation to become an 'ethnographer' again. I needed 'a method of analysis which would make the links between structure and practice, between the macro and the micro…and link everyday interaction to history, economics, politics and wider cultural formations' (Skeggs 1994:74).

My contacts with the feminist movement in Brazil provided me with an opportunity to collect interesting data for deconstruction or reconstruction. There were no obvious power gaps between the status of myself and my research participants therefore , my project could be a 'collaborative enterprise' (Burawoy 1991:292).
A further advantage was that my research lay in the area of Latin American Studies where there is a wealth of research on Brazilian topics, which includes coverage of the emergence of social movements - such as the women's movement – in the transition to democracy.

Work schedule – fieldwork and data collection

Data collection was organised and took place in 1996. 1996 was also the year of significant gains for the women's movement in Brazil. The formulation of the critical ideas, however, emerged during the previous two years (1993 to 1995) when I was working in the field.

Questioning and the questions

Charmaz provides a useful recipe for initiating grounded theory research:

'grounded theorists begin with general research questions rather than tightly framed pre-conceived hypotheses. If, perchance, those research questions are irrelevant in the field, then they develop new, suitable ones…' (Charmaz 1990:1162).

The questioning phase of my research followed this pattern, following the course of essential procedures for 'discovering, verifying and formulating' a grounded theory (Strauss 1987).

In the first instance I would raise questions which I imagined could be used as data. However, these would often prove to be inappropriate and would have to be refined. I would test ideas and concepts with Brazilian colleagues. If they didn't work I would formulate other questions which might elicit a positive response. But I knew that I could not risk collecting data until my own ideas and concepts were clear. I needed to approach the research participants confidently with some ideas of how to create structure from my field work which would be sustainable across institutions and assist me to construct, or reconstruct, the social reality.

Strauss maintains that: 'the raising of generative questions is essential to making distinctions and comparisons; thinking about possible hypotheses, concepts, and their relationships (Strauss 1987:17). Yin suggests that researchers should ask themselves questions they want answered when conducting case studies (Yin 1994:3). I asked myself two lots of questions. The first were concerned with identifying democratic processes and were the following:

- What was 'civil society' in Brazil?

- What did 'citizenship' mean for different groups?

- What kind of people were members of NGOs in Brazil?

- Was NGO activity instrumental in bringing about democracy in Brazil?

- How did feminist organisations emerge from mass social movement in Brazil?

- Who were the feminists?

- How did the feminists define an agenda or agendas ?

- What was the feminist agenda?

- How influential were the feminists in achieving their goals?

- Could feminists influence policy-making in Brazil?

- How close to government were feminists working?

- Did feminists have real autonomy from the state in decision-making for women of Brazil or were they compromised by government?

- How important was international support for the survival of the NGO movement in Brazil?

The second group of questions was concerned with the health service:

- How did health services work?

- Who had access to health services?

- How could health services be expanded to include all comers?

- How did feminists interact with the health service and at what levels of operation?

Discovering the agenda

In order to elicit answers to these questions I devised questionnaires to enable me to reach points of focus for my research. Two initial attempts to extract information were unsatisfactory. The first time I sent 20 questionnaires by post to NGOs with which I had contact throughout Brazil but I received *no* replies. The second time I tried a new strategy using my professional contacts as a captive audience and raising my questions at the end of interviews which dealt with other business. However all attempts to elicit a response were met with disinterest and impatience. No one would engage in conversation with me on my topics of my choice. This was because my questions were not quite right – conceptually I was not reaching the central notions about NGOs. I was toying with notions of 'civil society' and 'citizenship'. These two concepts seemed to me to be used

indiscriminately. The words seemed to be used to express general notions of how society would progress to a point whereby there would be participation of the community in the social process. This participation would be the cure for all ills; from violence and gang warfare in the shanty towns to the rampant corruption of politicians. It was not at all clear to me if there were any practical applications for these lofty concepts or if they referred to a concrete agenda for change.

Over time it became obvious that the field of my original investigation was too great – that of charting the progress of health reforms in the Single Health Service (SUS) and the roles of NGOs in the process and the capacity of the feminist NGOS representing the women's movement to deliver services. So how could I link health and particularly women's health with the non-governmental sector? I could not find a way into the process. Although there were some impressive health projects involving different communities in different ways, the overall health system didn't really work. I understood that the system called SUS was reimbursing every strand of activity – private hospitals, NGOs, federal, state and municipal programmes - but I could not find a unifying vision within the health service.

This search for the right path is common to all ethnographers. My trail of trial and error was taking me in and out of the defined areas of interest. Tina Koch describes this as an audit process 'of the events, influences and actions of the researcher' (Tina Koch 1994:976), who lays a 'decision' trail which is included as part of research procedure. Although my own struggle was not audited as part of the qualitative research process, it was nevertheless an integral part of what took place. I listened to what was being told to me but for a long time I couldn't hear what was being said. I was ignoring the most important element of the discourse. After a good deal more familiarisation the way forward occurred to me as I realised that the key to the puzzle was to be the 'rights' (*direitos*) agenda, not the health agenda. This was the discourse I was seeking. The rights discourse was fundamental to civil society activity in the making of democracy and NGOs were founded on the basis of a human rights identity. I discovered that the women's movement tied notions of citizenship to health care coverage. I could now make decisions about how to proceed. I would therefore select the research participants on the basis of what they could tell me about this process. Until I reached this moment of

realisation I had not identified the importance of the new decision-making bodies. I had not taken into account the importance of the Constitution (1988) and the fact that all of the potential interviewees in my research had participated in its formulation. Once I became aware that I had to start with the fundamental tenets of the new democratic order, the cross-cutting became possible. I could bring together my own knowledge and concepts, the experiential data, with the social context of my research. I could start to code the 'real world of data' (Strauss 1987:17) and build a 'theoretical structure' to form new explanations about the nature of phenomena (Strauss & Corbin (1998b).

I was able to make linkages. I now understood clearly the terminology which emerged and I discovered that each institutional strand – the government, the church, the Worker's Party (Partido dos Trabalhadores PT), the neighbourhood associations – all used the same language to describe social processes. I had, finally, after two years, become conversant with the human rights discourse.

My original focus had been to work at the health end of the spectrum and work back to the feminist process as described. I then reversed this vision to start at the NGO end of the spectrum. This alteration presented me with a dramatic shift in substantive focus (Hammersley and Atkinson 1995:206).

I was now ready to make decisions and identify data relevant to my research question. I was now involved in discriminate sampling, with deliberate and directed selection of persons, sites or documents to confirm and verify core categories.

My area of professional concern was women and development. I therefore chose to select feminist NGOs which represented the women's movement in Brazil as I narrowed my field of vision. I would chart the effectiveness of this group operating with a very specific human rights agenda – the legislation for reproductive rights and the delivery of these in the public health sector.

2.3   The area of investigation

The questions I had asked myself at the start of my research were still relevant for my case study and when answered would describe state/civil society relations in the transition to democracy and reveal   whether feminist institutions had been successful in achieving their aims in the field of health. I also wanted to know whether or not feminists

had any real influence in the corridors of power and which mechanisms were in place to enable them to carry out their programmes.

2.4   Data collection

Having identified the subject of my enquiry I approached the tasks of data collection and processing. The data were collected to provide a variety of accounts of major issues and processes in Brazil and test the strength of ties and 'stable features' amongst an elite group (Hammersley and Atkinson 1995:209).

According to Glaser and Strauss (1967) theory is developed out of data analysis, and subsequent data collection is guided strategically by the emergent theory. This process can also apply to the generation of other research products such as descriptions and explanations (Hammersley and Atkinson 1995:205). In order to generate my research products I had to make a careful choice of informants so as to give me the best coverage of topics for my proposed research.

The 'actors' or research participants

I selected the six most prestigious feminist NGOs in Brazil and asked for interviews with key members to obtain the data . I already had access to these institutions but now the terms of reference for my visits had changed and I made the appointments with the contact persons making my intentions clear.

In this study I have used the real names of informants and attributed contributions to each person accordingly. Each informant is the contact person in their organisation and all are accustomed to giving opinions and views. (This function forms part of the NGO objective to democratise information). Each person knew of my intention to quote them and they all agreed to taping interviews.

The women I interviewed were all prominent members of their movement. Each had a long history of involvement with the issues under review – that is, the legislation for reproductive rights and the delivery of the appropriate interventions in the public health sector. Each NGO had a different approach to the reproductive rights agenda – one is legal, another is educational, another is medical, and so on. Each participant was an official representative for feminist activities in the region. All were founder members of

their own NGOs. All were well-known activists and policy makers at the forefront of their own movement. They included[*]:

1 Maia Vania – Doctor, SOS CORPO, Recife

2 Leila Linhares – Lawyer, CEPIA (Cidadania, Estudos, Pesquisa, Informação e Ação), Rio de Janeiro

3 Mariska Ribeira – Teacher, IDAC (Instituto de Ação Cultural), Rio de Janeiro

4 Sonia Correa – Sociologist, IBASE (Instituto Brasileiro de Análises Sociais e Econômicos), Rio de Janeiro (formerly founder member of SOS Corpo).

5 Marlene Libardoni – Social Scientist, CFEMIA (Centro Feminista de Estudos e Assessoria), Brasília

6 Rosa Dalva – Sociologist, CFSS (Coletivo Sexualidade e Saúde), São Paulo.

Five of these six interviews are taped, with the exception of CFSS where I had technical problems with recording and therefore relied on note taking. I have not used the data from CFSS as basic material as there was no transcribed data for analysis.
I also obtained taped interviews with the following persons who have specific opinions concerning different aspects of my research, as described:

1 Silvio Bavo, the President of ABONG (Asociação Brasileiro de ONGs) in São Paulo. Silvio Bavo provides the overall view of working conditions of the present civil society/state relations.

2 Rubens de Morais Silva, is long time mobiliser of popular movements and committee spokesperson for the Popular Movement for Health (Movimento Popular de Saúde MOPS). In this study Rubens gives the view of the 'Left' in Brazil today. His views reveal another strand of thinking concerning state/civil society relations, which is widespread within the popular movements. He is also a traditional, third-world priest and is actively involved with the Landless Peasant (SemTerra) movement in Brasília, which protects the right of small farmers, with no land, to occupy farmland. When I met Rubens he had been suspended by the bishop from his parish for saying a

requiem mass in the squatter's camp for a protester who had been shot dead by the police. He had led a procession with a ten foot cross which was planted at the entrance to the camp. Rubens works with a sociologist and various doctors and teaches literacy with a health agenda. He mobilises communities under MOPS and trains leaders in simple health and hygiene measures as well as citizenship, using the methodology of Paulo Freire to train leaders to speak for the community (*lideranza*). I spent many days working in the communities with Rubens. He also writes materials explaining the MOPS philosophy and is permanently active demanding access to the decision-making process for health. Until now this participation has been denied to him.

3   Angela Santana, Minister for the Reform of Public Administration (MARE). Angela Santana is a junior minister and has been working closely with Minister Bresser to deregulate conditions of employment of public sector workers. MARE is the federal body charged with reforming the civil service and reducing the privileges and conditions of work of public sector workers. Angela Santana is an expert in social policy and a graduate of the Instituto Getulio Vargas for social policy. MARE is staffed by social planners.

4   Jose Pedrosa, civil servant seconded from the Ministry of Health to work for the Solidarity Community. Jose Pedrosa is the spokesperson for the health sector, where he normally works, and also for the Solidarity Community where he is now working on secondment.

Angela Santana and Jose Pedrosa represent the position of the 'state' in this research as all the other interviewees represent 'civil society'. Each NGO varies slightly according to the expertise and perspective of its founder members. Other opinions are given by health sector workers who comment on the present status of the Sistema Unico de Saúde (SUS) and health NGO workers who also comment on the state of SUS.

These complementary interviews are included to cast light on the health sector from another angle and to assist in processes of validity and testing by lending objectivity and perspective to my research.

I also supplemented my interviews with views imparted informally with other NGO leaders,: such as the demographer Elsa Berquo from CEBRAP and Rubem Cesar Fernandes from ISER and Viva Rio projects. I also had occasion to meet with the head of the CNDM, Rosiska Darcy de Oliveira.

I had had previous contact with all the women from the feminist NGOs and the other interviewees before conducting the interviews for my research. All the participants gave their time generously.

Strauss maintains that induction, deduction and verification are the skills that a researcher must own to build grounded theory (Strauss 1987:12). I conducted the interviews as open-ended meetings and I relied on my intuitive, inductive and deductive powers to get me through. My research had moved from generalised questioning to a more structured approach whereby interviews were informed by 'analytic questions and hypotheses about categories and their relationships' (Strauss 1987:27).

I selected boundaries for my inquiries which were concerned with identifying basic themes (i.e. the identification of the state/civil society division and the construction of citizenship through health care delivery) which were common to the movement nationally. I wanted to discover how the movement articulated internally as well as with the government and civil society to which it belongs and serves. I was, however, intrigued by the history of each NGO regionally and wanted to know how, or if, they differed one from another and whether they coincided in their aims.

I wanted to test the concepts of NGOs in different regions and with different perspectives on the main objectives of the movement to see if there were shared norms. According to Ian Parker, networks of rules emerge as a property of culture, and different rules define behaviour and reflexive powers in different societies (Ian Parker 1995). The rules of the NGO movement came to be accepted as cultural norms in Brazil and especially the feminist movement as they worked to bring about an inclusive citizenship for the inhabitants of Brazil.

2.5 Data analysis – the emerging themes, categories and constructs

The basic tenet of qualitative research as a method of analysis - including grounded theory and case study methodology - is that theory must emerge from data.

Data collection, analysis and theory formulation form an interrelated process which underpins the search for social process. 'Interpretation and data collection are guided by successively evolving interpretations made during the course of the study' (Strauss 1987:10).

Brazil's progress towards democracy was shaken in the first instances with the impeachment of President Collor (1993) for corruption. Reform processes had already begun, but with election of the Cardoso administration (1994) an acceleration took place. President Fernando Henrique Cardoso, and his wife Ruth Cardoso were founder members of the NGO, CEBRAP. Both are academics who have written extensively about Brazil's structural, economic and social problems. Therefore NGO members were convinced that, under this regime, their strategies for reform would be endorsed. Feminists were sure that they would regain their old status and that their institution, the National Council for Women's Rights (CNDM), would be reinstated to its former glory as an executive body within the government. This was therefore a good time for me to conduct my interviews and pick up on the discourse, as NGO personnel restated reform projects confidently together with depositions of their projected plans which appeared in the NGO journals.

The topics which emerged from my data provided an initial broad outline of a process which included the 'macro' government processes and the role of feminist NGOs within these.

On investigation the data revealed more about what could *not* be used as a descriptive category for coding rather than what could. I could not impose a theory on the data. As Strauss states, 'One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge.' Charmaz says, 'Premature commitment to categories means that the researcher has not fully explored the issues, events, and meanings within the research problem or setting and has not gained…intimate familiarity with it' (Charmaz 1990:1167).

My need was to code my data. My perception was that feminist NGOs representing the women's movement had been successful in legislating for women's reproductive rights and implementing health policy by co-operation with government. This phenomenon was a by-product of the arrangements in place for a new democratic

process. I had selected NGOs to test my hypothesis, the choice of which had been made after a long period of investigation and after extensive study of the phenomenon in the field. My aim was to discover how feminists had achieved their success and what their strategies were for survival.

The themes

Broad themes emerged from my data which were the following:

- citizenship

- civil society

- health services

- empowerment of feminists

- reproductive rights

- international relations.

These topics were the elements which would provide a description of the phenomenon; of feminist NGOs representing the women's movement, who were interacting with the Government of Brazil, legislating in reproductive rights and planning and implementing health policy for the public health system . When the above were inter-linked and the relations between them were described they would provid a fit with the Latin American Social Movement literature (see Chapter 3). The structure of my case study would explain the process and provide common-sense understanding of the data.

As time progressed the handling categories or topics which I had selected were to become more elaborate. They increased in density, to allow for all aspects of my report to be explored to reflect the macro and micro processes under investigation.

My broad task was to explore the links between human and civil rights and health care provision but I was also interested in the detailed operation of Brazil's feminist NGOs - set up to represent the women's movement - and how the members were able to

address the problems of reproductive rights.

I divided the areas which needed investigating into chapters to explore the topics generated by the data from different perspectives, thereby discovering connections and making links between the different components of my thesis.

The concepts used by Brazilians to describe their political and social evolution are very specific. These are also reflected in the literature of the subject area of Latin American Studies but in the early stages of my research I discovered the terms from the data.

1   Citizenship

I grew to discover that the notion of 'citizenship' is central to the making of democracy in Brazil and I wanted to explore the realms and possibilities of this in Brazilian terms and within the feminist movement. It is apparent that in Brazil a large section of the population is left outside economic, social and political processes.

The main objective for NGOs is to end exclusion and bring the populace in under the umbrella of the state to ensure participation for all in the services. Their strategy for this is to 'construct citizenship'. This construction is a political proposal to deliver human, social and economic rights to the people on a massive scale and is, in principle, the cornerstone of the emerging democracy. The 'rights' agenda is home-grown but the struggles of Brazil to come to terms with a new kind of inclusive democracy, in a context where swathes of the population have never been included in the legal and social processes available, is now reflected in the United Nations agenda whereby the Secretary General proposes to 'mainstream' rights. The international agenda has impacted on Brazil but so has Brazil impacted on the international agenda. Therefore my first area of exploration was to become 'the Construction of Citizenship and the Rights Agenda'.

2   Civil society

I selected the concept of 'civil society' for exploration as this is constantly thrown up by the non-governmental sector as its members speak about the place they hold in society. Many questions were raised by its use. My aim was to discover how this

status was viewed both within and without the movement. Was a real political role possible for non-governmental institutions or individuals representing civil society or was the proposed civil society institution co-operation to devise public policy to be merely tokenistic; a political mechanism to appease those calling for democracy?

I then discovered that it was not going to be possible to consider civil society alone in the context of my thesis and so I had to investigate the role of the state and its relationship to the NGOs as they operated as civil society. Therefore I broadened my category to reflect all the actors in the governance of the period to become: 'Civil Society, the State and the Role of NGOs'.

3   The women's movement

One of the most interesting discoveries I made was the way the women's movement was represented by feminists NGOs. These were highly organised institutions which had been set up in all parts of the country. However, I soon found out that there was a second level of institutional arrangement in place in the form of the National Council for Women's Rights (CNDM) also representing the women's movement; as NGOs alone could not reform the public sector . Both of these institutional levels had to be considered when assessing the women's movement; both had established relations with the Government of Brazil; both had been incorporated into the policy-making procedure in the area of health and feminist activists working within both had been empowered at all levels of government – municipal, state and federal. I wanted to explore this complex relationship and discover if the 'empowerment' of institutions, which had taken place at a crucial moment in time (1985), was of a permanent nature and, if so, would relationships established with governments affect the autonomy of the women's movement. This category therefore became 'Empowerment of the Women's Movement – from Organised Civil Society to Participation in Affairs of State'.

4   Health

The category called 'health' was my initial area of interest. I came to discover that

health was not just a matter for health professionals in Brazil and all kinds of groups concerned themselves with it. But I was interested in the general health of women but also in the health service. What was available to women in the existing health service? What was meant by 'SUS' (The Single Health System) and how and where was this delivered and by whom and how was health linked to my other category of citizenship? More specifically I wanted to know if the special needs of reproductive health were being attended to within the system. I wanted to explore the women's health proposal, the Programme for Integral Assistance to Women's Health (PAISM)and see how this fitted in. This category therefore became 'Health in Brazil'.

5   'Reproductive rights'

'Reproductive rights' is the terminology which is used in Brazil to refer to the package of health measures, including birth control (in Brazil sterilisation) and abortion, which are available to women and which will enable them to control fertility and take charge of their lives. In Brazil this is a murky area and the existing situation is intolerable because of the mortality statistics. In political terms these issues are not just feminist concerns but have implications   which impact on the development of the country as a whole. Catholic countries prefer to avoid governmental confrontation with the church and have a history of ignoring matters of population and poverty.

However, with an agenda for democratic reform of the health sector,   the time has come to reconcile the inherent contradictions. My area of research therefore became 'Reproductive Rights – Policy, Practice and Legislation'.

6   International relations

This final category of international relations was selected to gauge just how influential outside influences had been in the transitional period to democracy in Brazil. How important was globalisation in assessing Brazilian NGOs? The international community and the United Nations define international laws for human rights. The women's movement has a strong profile for its contribution to United

Nations conferences to address development issues in terms of rights and their sophisticated profile is exploited by the Brazilian government for diplomatic purposes. The National Council for Women's Rights (CNDM) in particular plays an important role in the Brazilian diplomatic process and is adept at fund raising. NGOs in Brazil have also been heavily funded by the international development community in the past even though they have to adapt to a new situation for the future.

Another more important aspect of international relationships subsequently emerged however and that was the manner in which multinational international financial institutions – backed by the major industrial countries -such as the IMF and the World Bank -were imposing neo-liberal policies for development on countries like Brazil which were forced to comply because of pressure from their creditors following the debt crisis of the 1980s.

However, in the end, I decided not to make international relations a separate category but to disperse the material throughout the other sections, especially those concerning the rights agenda. I did not want to make a special feature of NGO/international relations, although this is an important area in the evolution of NGOs, because essentially my thesis is concerned with national politics and the governance of Brazil in the transition to democracy.

2.6   The working hypothesis

After much deliberation I was able to put together the above elements and make links between them. In so doing I found that I was describing a process. Each of the selected elements or categories allowed me to process information to make the following realistic hypothesis: that feminist NGOs representing the women's movement have gained entry to political decision-making processes and by so doing have achieved a quantum step forward for women to become full citizens of Brazil as they move from a position of exclusion to obtaining services in the public health service.

2.7   Further methodological issues

Each methodological approach considered in this study states that data collection, analysis and theory generation form one research procedure. However, it is only with familiarisation and interaction with the data that the researcher can come to terms with the social process under investigation.

Reworking the material

In 1997 I left Brazil with my data which I subsequently translated from Brazilian Portuguese. Over this phase the focus of my thesis narrowed during the translation process. Refinement of focus in the case of this research led to a gathering preoccupation with the *process* of the women's movement in achieving its aims, i.e. how to go about changing the law to achieve reproductive rights for women and by so doing reduce morbidity and mortality rates – rather than the *product* of the actual reduction of morbidity and mortality rates which was not yet happening. This led me to conclude that process – to define human rights -was the important factor for feminists and that product – the delivery of human rights - was still secondary.

Academic literature

In their original proposals for the methodology of grounded theory, Glaser and Strauss (1967) suggest that the researcher comes to the literature review after having developed a set of categories. In my case this premise was appropriate as the literature was not available to me in Brazil, which meant delaying the literature review until I had access to libraries. This is considered to be an advantage by some grounded theorists as the lack of reading will decrease the likelihood of introducing preconceived conceptual notions when interpreting the data. Burawoy quotes Glaser and Strauss as follows: 'An effective strategy is, at first, literally to ignore the literature of theory and fact on the area under study, in order to assure that the emergence of categories will not be contaminated by concepts more suited to different areas' (Burawoy 1991:10).

On my return from Brazil in 1997 I began to refer to relevant literature which would help me to come to terms with my data. Not only did I access methodology

literature for grounded theory and case study research but I also found other types of theoretical literature that I required for my analysis. I was already sensitised to the 'rights' agenda of my area of interest and sought literature dealing with new theories of modern democracies. I became familiar with social movement theory of Latin America and discovered theories of 'new social movements' and 'citizenship' (John Keane *et al.* 1988). Later on, I also accessed literature concerning participatory approaches to international development (Gaventa 2002; Cornwall and Gaventa 2001; Jones and Gaventa 2002; Hickey and Mohan 2003; Lister 1992,2002).

Their theories matched the disquisitions on citizenship and civil society which were ever present in my primary data collection from the feminist NGOs in Brazil where the terms had constantly cropped up in the interviews and in the documentation I had gathered together - including NGO pamphlets and newspaper reports. I became aware that feminist academics also had a store of theory to describe the women's movement in Brazil as a prime example of a social movement. I was also able to access the highly developed analytical literature from the Brazilian lobby of social scientists based on their research. Many of these analysts are also active politically; either within government or in the non governmental sector.

Translation

In this research translation is also a component of the interpretation of data. In the transfer of ideas from one language to another the reality transferred inevitably becomes another. In this study where there are nuances of language I have given the Portuguese words or phrases so that my translation can be verified. I studied Brazilian Portuguese, obtaining the Higher Examination of the Institute of Linguists (advanced working level for diplomats), over the three years I was working on this research – concurrently with acquiring the concepts of the feminist movement with all its cultural and political aspects. During translation I was able to elaborate the categories and explore the components and codes. This procedure enabled me to deepen my insights in the development of my case study theory. I also translated Brazilian academic text into English where appropriate.

The feminist research agenda

Yet another strand of feminist activity which operates in Brazil is the feminist research lobby. The Universities of Brazil have research departments dedicated to women. Feminist academics are successful in Brazil and they have created an important niche in the area of social science. They are well connected internationally and their academic contributions have contributed to the constructs owned by the feminist movement. The universities are also linked to feminist NGOs, which operate with a research component and keep archives and documentation, and I made use of their services. The feminists in both the universities and the NGOs reinforce subjectivity claims for their discipline both internationally and within Brazil and while attempting to identify the constructs operating within the women's movement I was sure I shared many of the values and assumptions of the women interviewees and I was a sympathetic participant observer. However it was not my intention to undertake a feminist analysis which, according to Skeggs (1994), relies on male/female power structures to gain its insights. This research is focused on 'women's experiences as a basis for the research' (Griffin 1995) but , although my subject is women and my concern is with the feminist standpoint, I have no political agenda with feminist analysis other than to describe a phenomenon and highlight the gains of a movement which has been established in a particular country at a particular time.

The NGO feminist network in Brazil combines feminist theory with public policy and health practice. The women interviewed in my research, however, are primarily concerned with political values which can be put into practice and they explain how they take on the plight of poor women although they themselves are not underprivileged. Their concerns lie with 'ordinary' women; from amongst whose ranks they consider themselves to number. In the words of Maia Vania from Recife, 'as women with a 'rights' agenda we are the subject and the object of our own deliberations.' The women in this research are highly politicised and political and they believe in politicising the population with which they deal. However, they also represent all the women in Brazil and in so doing have to accept the demands which surface and which come from the grass roots.

The delivery of the feminist reproductive rights agenda will allow women 'personhood' and, in Brazilian terms, citizenship. In Brazil issues of health and abortion,

population and sterilisation are crucial feminist issues but to address these and implement the social policy implied will have an important impact on development as a whole.

2.8   Summary

I interrogated my data to discover what constructs would emerge. That which emerged was a series of processes: including social concepts, an historical period, a description of a social movement and the story of successful negotiation of a group with government. It showed a health service in disarray and opportunistic action on the part of NGOs trying to survive and finding strategies not to be swallowed up by government. I tried to see if the data would tell another story and yield other categories. For example, to substitute 'education' with 'health' or 'popular movements' with 'NGOs'. The theory did not yield another explanation. The vision which emerged was the story of the emergence of democracy itself. The feminists had used the climate of change to come into being as a political force to represent women at the grass roots. They had been enabled to represent women in the field of health but not in other areas of social development. However, other groups had also emerged at the same time, including the popular movements, and these had not enjoyed the same success. NGO representatives of the women's movement understood their own role in the process and, in one sense, a major finding is how they created and invented themselves. My research was to elicit their story. It was remarkably consistent, but it was an internal process. Outside observers did not necessarily adhere to their version of events.

Chapter 3 reviews the literature pertaining to the role of social movements and their characteristics in transitional periods to democracy in Latin American Studies and relates this to the situation on the ground in that period in Brazil including the relationship between social movement activity and a discourse for human rights. It examines citizenship participatory approaches in development studies and the academic literature pertaining to the role of feminism in democratisation.

Chapter 3

Literature Review

3.0 Introduction

This thesis analyses state/ civil society relations in Brazil in the transitional period from dictatorship to democracy. It examines the governance of that period – understood as being the 'sum of interactions between civil society and governments' (IDS: 1998:2).

In this chapter, current theories of participation are reviewed; including interpretations of the term 'citizenship'   used in development studies and linked to the debate surrounding the nature of human rights and how governments can employ these in their social policy to deliver services that can rescue poor populations from poverty. I also use literature concerning social movements in approaching my data, which examines the role of feminist NGOs in transition politics in Brazil (see Appendix 2, Cognitive Map of Reproductive Rights Landscape 1985-95).

In Brazil, the citizenship project arises out of a   specific environment and a strong cultural milieu. Brazilians have a particular approach to citizenship which has been a component of a wide political process   to reform institutions and address poverty. The view of citizenship which emerges from my data is, on the one hand, a participatory process of popular social movement – whereby mobilised people are taught to claim citizenship from the state in order to improve the conditions of their existence – and on the other hand, a means for civil society institutions to participate in government processes to reform the law. The women's movement in Brazil (comprised of feminist NGOs, the CNDM, and the women's network) has used the concept   of citizenship to make demands of the state for health services for women, and particularly to deliver reproductive rights.

3.1 Participation and Development Studies

Recently, in international development studies, participatory approaches to development and governance are proposed as   a way of coming to terms with poverty in

the countries of the south.   Three main approaches are identified by Jones and Gaventa when examining traditions in citizenship thought (Jones and Gaventa 2002). Firstly there is liberal thought, then communitarian thought and lastly civic republican thought.

Citizenship in liberal thought is identified as a status to promote equality which entitles people to a specific set of rights regardless of a person's political or economic power. It gives the right to participation and, above all, the right to vote. A communitarian model of citizenship conceives of a socially embedded citizen (Sandal, 1998), whereby social identity is only gained through relations with others. Civic republicanism weds both of the above traditions and conceives of the citizen as a self – interested individual within a communitarian framework of egalitarianism, where all citizens are considered equal before the law.

With the re-emergence of citizenship as a mainstream concept for social policy, spearheaded by the international organisations, these traditions are united, that is: the liberal emphasis on individual rights and equality with due process of law together with the communitarian focus on belonging to a community and the civic republican focus on processes of deliberation, collective action and responsibility. Another view of citizenship comes from Hickey and Mohan, who propose a critical modernism approach rooted in Marxism, feminism and post modernism and which is linked to a framework of 'radical citizenship' (Hickey & Mohan 2003:37) and tied to a specific goal of inclusivity aimed at securing rights and participation for marginal groups.

Ideally, according to Lister 1997; Oldfield 1990a, Kymlicka and Norman 1994; Mouffe 1992, citizenship would be viewed as both a status, which accords a range of rights and obligations, and an active practice which would include participation of citizens in social processes. This citizenship agency, as promoted by Lister (1997) would lead to more democratic governance and more effective social policy providing an opportunity for the voices of citizens to be heard in government but also for governments to be accountable to citizens, in both policy terms and with regard to the rationale for government expenditure. As Gaventa and Valderama point out, 'with the rise of the good governance agenda, the recasting of citizenship participation as an expression of citizenship rights and human agency has met with growing concern not only for citizen 'voice' but also for influence and accountability'. (Gaventa and

Valderama 1999:5).

According to this expressed concern, any model of citizenship participation would require direct connection between citizen and the state. For example, the Commonwealth Foundation study (1999) states its *desired visions* as being: '(1) a strong state and strong civil society, (2) deepened democracy and democratic culture, (3) an enlarged role for citizens, (4) direct connections between citizens and state based on participation and inclusion, (5) co-construction of strong associational life in civil society (strengthened interface between citizens and intermediaries like NGOs, trade unions and informal institutions) (Gaventa and Valderama 1999:39).

The notion of citizenship participation therefore raises many questions about the nature of any given society in the south such as: Who controls the government? Is there an active civil society? At what level can democracy take place there? How can politics become more relevant to individuals or groups of individuals existing outside, or having scant contact with, the legal frame of a country (because they never go to school or attend a hospital and are marginal in terms of the state)? How can citizens participate in state processes? How can citizens make their individual or collective voices heard to influence the course of events in their own interests?

3.2 Citizenship rights and obligations

Participative citizenship reintroduces the rights agenda to development politics. Present day northern societies operate with conditions whereby disadvantaged groups benefit from state provision for the delivery of social rights to citizens, following the ideas of the promoter of welfare provision Marshall (1950), whereby minimal social and economic needs were to be provided by the state. He linked social rights to human need; proposing rights to welfare and resources, health, education and economic well-being. According to Gaventa and Valderama these proposals were seen in the light of a reduction in the risks of capitalism, whereby protection was extended to the unemployed outside of the system, rather than a reduction of inequality in society. (Gaventa and Valderama 1999:5).

Marshall made the link between rights and needs and extended the brief of citizens to undertake responsibilities in the post war period saying that 'social rights

imply an absolute right to a certain standard of civilisation which is conditional only on the discharge of the general duties of citizenship' (Lister 1997:21). However Marshall did not specify the type of general duty he had in mind.

This raises the question of the basis or 'terms' (Lister 1997) of any encounter between the citizen and the state: would this be voluntary or linked to obligation? Current theories of citizenship participation do not clarify the type of participation envisaged. If citizenship is to be linked to participation then unasked for obligations may be laid at the door of the citizen, who only asks for social rights to be accorded in so called passive citizenship. In which case, his or her citizenship immediately becomes a burden.

3.3 Rights and Freedoms

According to Evans (2002), international social policy is governed by a liberal consensus and is subordinated to the global economic agenda. Within this framework, where globalisation and transnational politics are given prominence, the nuances given to different kinds of rights become crucial for the global construction of social justice and the division of rights into different types militates against their delivery on a universal scale. With the liberal consensus, civil and political rights are considered to be negative rights or freedoms; whereas positive rights, such as the right to health, are of a socio-economic nature. Neo-liberal governments balance rights and freedoms in their governments, but, above all, they offer rights that emphasise liberal freedoms of individual actions and principles axiomatic to the ideology of the free market.

Freedoms or negative rights are fulfilled when members of the community do nothing to violate the freedom of others and they can easily be guaranteed by national laws at no cost whatsoever to the state. Positive rights however require that the means of life are provided to those unable to provide for themselves and, in poor southern countries, these include clean water, shelter, food and health care. But, as Evans points out, 'since all rights are claimed against the state, and positive rights depend on the level of economic development a country has achieved, setting any universal standards for economic and social rights is impossible.' (Evans 2002:200). However DfID (2000) and UNDP (2000) hold a basic human rights approach, which seeks to undermine the

foundation of the liberal consensus,   maintaining that social, political and civil citizenship rights are indivisible. By giving equal weight to all three types of rights, they mean to strengthen the ability of vulnerable groups to claim social, political and civil resources to meet their needs and they propose participatory forms of governance so that citizens can demand rights. But Lister points to the danger that rights enshrined by law can also create the problem of exclusion (this debate becomes relevant in any discussion of how asylum seekers from the south can gain access to the benefits of northern states) however for long term marginal populations of countries such as Brazil the problem is to gain access in the first place to any state services that might exist.

Most commentators making a contribution to the extensive debate being waged on the types of rights in development studies hold to the possibility that rights can be claimed for all at some level in southern societies. However for northern societies to imagine that   welfare states which ensure rights - of the type instigated by Marshall - can be set up in southern countries is optimistic. In Brazil, for example, the Ministry for Social Welfare was closed down in 1994 because: a) it was subject to too much corruption; and b) it was impossible to administer and totally inadequate to address the needs of the populace.

 In southern countries the rights which will directly benefit the poor are socio-economic rights to provide them with services - and in Brazil these need to be on a very large scale.   Freedoms or negative rights do not benefit poor people, who don't even have the right to physical security in poor areas.

Where neo-liberal rules operate, such as with the PSDB of Fernando Enrique Cardoso,   transnational corporations attempt to open up markets – including health markets - to private investment and private companies then access public funds for health services.   But instead of providing universal cover, this strategy   leads to a reduction in access to health provision for the poor and a diversion of public funding to the private sector.

The citizenship project in Brazil

Citizenship   soon emerged to be a cornerstone of my data as the research participants constantly referred to the term within the context of marginality and

exclusion, which is a particular feature of Brazilian politics. For each country in Latin America, independence took place from the mother countries of the Iberian peninsula in different ways. As a Portuguese colony, which actually provided asylum for the monarchy escaping from Napoleonic invasion, Brazil had a very special trajectory towards independence and its early laws were all bound up with the abolition of slavery and the recognition of the rights of an excluded subject people.

Inequality in Brazil has its roots in the 19th century when integration of former slaves into the larger society did not take place (Drescher 1998). Certainly, former slaves continued to be dependent on their former masters long after emancipation in 1888 and, in northeast Brazil - considered to be the *locus classicus* of such dependency relations - continue to the present day . According to Florestan Fernandes (1965), the first analyst to address this problem, former slaves had no preparation for emancipation and indeed slaves did not transmute into citizens. 'Slaves learned no skills under slavery; on the contrary slavery had taught them to avoid work whenever possible. Slavery had not built up the black family; rather it had undermined and destroyed it. And slavery had done nothing to instil a sense of community and self worth into slaves' (Andrews 1998:100).

With this reality in mind, Brazilian human rights activists recast citizenship - combining the liberal, communitarian and liberal republican traditions - in the light of their own particular reality: a country with a vast excluded population and a history of slavery with entrenched inequality. Rubem Cesar Fernandes (1994:87) states that 'the concept of citizenship evolved theoretically to describe historical conflicts which led to exclusion or inclusion (of the population) in social, political and economic life.' Similarly Maria Betânia Avila and Taciana Gouveia (1994:4) say that the term citizenship has always been used for analysing Brazílian society: 'the theme of citizenship has always been present perhaps because of the nature of the Brazilian state, and the demands made of it were in those terms.' However for development studies in the north the concept is only now resurfacing as new paradigms are sought - using examples from the south - to regularise relations between wealthy northern countries and southern countries with poor populations like Brazil, where recent events have led to the emergence of social movements which raised their collective voice to make demands for citizenship and rights to be accorded to the population by the state.

3.4 New social movements (NSMs)

The descriptive category of 'new social movements' (NSMs) is the term used to describe collective action by civil society movements and their emergence is taken to be the political or social manifestation of heretofore non-political groups which have begun to express themselves thus representing a growth of plurality in society, according to John Keane, Melucci, Pateman *et al.* (1988) .

In Brazil, a prime example of this phenomenon is the social movement activity of the decade of transition, 1985–1995, when different groups were able to mobilise as a broad front in opposition to military dictatorship. According to Cardoso, in Brazil, the term 'new' attached to social movement activity came about when it became apparent that popular protest was not coming from the expected revolutionary quarter. 'Newness' lay in the introduction of popular and previously excluded sectors into the balance of forces within civil society, and in their occasional ability to challenge the state. (Cardoso 1983:244).

Emergence

In Latin American countries civil society has been recuperated and galvanised into action, according to Foweraker, and this   gives   social movements a special importance. Cycles of protest have taken place using 'an extraordinary range of tactical and strategic invention which has extended and strengthened the action repertoire of social movements across the country ' (Foweraker 1993:29).

In Latin America, social movements are seen to be essentially urban. In 1985, 75% of the population of Brazil lived in cities of more than 100,000 people (Foweraker 1995). This is now 80%, according to Fleischer (1998). Women made up the numbers of NSMs overwhelmingly. Corcoran-Nantes (1990), estimates that 80% of participants in contemporary social movements in Brazil are women; showing that women have at last found a way of participating in public life.

In Brazil, where the state was centralised under the military dictatorship and opposition was stifled, many diverse groups – including the churches: particularly the Catholic Church, universities, foundations and trade unions - emerged to oppose the dictatorship. Political leaders (including the former   President, Fernando Henrique

Cardoso, elected in 1994), went into exile. Others were tolerated as long as they did not confront the policy of the government. They carried out low-profile activities, conducting research in their institutions and working in communities. Those that did oppose the government (such as land reform groups) suffered repression and Brazilian society was deeply divided and coexisted in an uneasy truce.

However for Moreira Alves (1989), there was no deep division of state/civil society relations within Brazilian society. Instead there was a highly developed system of alliances at play throughout the dictatorship, and an underlying agenda of mutual tolerance expressed by those in power for those without, and vice versa. According to this view, civil society groups co-operated with the military regime in a 'civil–military coalition' which took power after the coup d'état in 1964 and was capable of manipulating the popular movements. 'The structures determining the formation of the national security state in Brazil were set up in time through a constant dialectical interplay between the state and opposition forces' (1989:280).

However for most observers, the state/civil society distinction is a way to develop an 'interpretive standpoint' and allows for analyses of 'the origins, development and transformation of particular institutions or whole social systems' (Keane 1988:9).

In my thesis, I use the dichotomy to describe how the military regime of the national security state was overtaken by civil society organisations which were united in protest and provided the necessary momentum to achieve a political transformation. The 'state' of the military regime was no longer viable and needed opening up to new ideas.

Identity

Social movements are identity-specific in orientation. People come together as individuals to form collective identities in solidarity for their causes. Melucci (1985) claims that solidarity is the capability of an actor to share a collective identity. Slater points out that it is possible to think of movements in terms of the social construction of collective identity. 'Thus actors or social agents produce an interactive and shared definition of goals of their action and the terrain on which it is to take place' (1994:18).

Evers proposes that identity is a 'coming to terms of characteristics, potentials and limitations' which overcome offers of false identity from outside (1985:56). Touraine

sees collective activity in terms of social 'conflicts' – actors live their lives as a rupture with predominant cultural values or institutional rules. Foweraker affirms that the key to understanding social movement activity lies in understanding the motivation of individuals. 'Without an understanding of identity, of the 'passion of the actors' there is no way of explaining why social movements move' (1995:12). For Foweraker, identity is constructed along the way as a movement acquires a collective history which is shaped by the political and institutional context and through interaction with the state. Once a movement has become institutionalised then a new history is commenced. The events then become particularised. 'Partial successes and temporary reversals compose key aspects of the collective memory of struggle and so reinforce social identity' (1995:63).

In the Brazilian case, movements were mobilised initially on the basis of identities, such as the women's movement, the indigenous movement and others, and in the face of political oppression. The phenomenon of their emergence and organisational capacity forced a democratic transformation of their society.

Thus social movements which were not democratic per se, as they arose as a response to the military regime, did not derive from democratic principles but they contributed to creating democracy by impelling the transition, as Foweraker points out. Their leaders had a clear sense of history and an awareness of possible outcomes of their efforts. They had a destination in mind for the aims of the movement to be achieved. The 'passion of the actors' was to find a voice (Foweraker 1995:90). This voice would be both identity specific – as in the case of feminist NGOs making demands for reproductive rights, as well as fulfilling the overall objectives shared by all movements in the search for political freedom.

Mass movement

During the transition, from 1975 onwards until the first direct elections in 1984, social movement visibility was high in Brazil as the population took to the streets. There was organised direct action of street demonstration and social mobilisation. Mass demonstrations were backed by the powerful TV network 'Rede Globo' with the campaign known as 'rights now'('*direitos já*').

Such large-scale mass mobilisation as the 'rights now' campaign, which challenge

the institutional establishment, are relatively rare events, as Pakulski says, and even if they are not major forces for social change, they often pave the way for a new socio-political order by undermining the legitimacy of existing social norms, cultural codes and political institutions' (Pakulski 1991:xiii).

In Brazil, the Catholic Church was instrumental in creating mass movement to force democratic change. Its power of organisation among working class people, both rural and urban, cannot be overestimated. Moreira Alves says that 'it is in the small groups organised under church auspices that one may find the seeds of the vast grassroots movement of Ecclesiastical Base Communities (CEBs); of rural and urban trade union renewal; and of neighborhood and other community organisations' (Moreira Alves, 1989:286).

Slater reports that there were 100,000 Ecclesiastical Base Communities operating in the 1980s, with over two million participants (Slater 1994:8). According to Levine and Mainwaring (1989), these encouraged critical discourse, egalitarianism, and experiments in self-governance, which have long-term political consequences.

Politics or culture?

Social movement theory debates the nature of social movement activity as to whether this is essentially political in character or socio-cultural. Habermas declares social movements belong mainly to the socio-cultural sphere and transmit their lifeworld through communication (White 1995:241). By participating in a social movement, people acquire identities both as collectives and as individuals and defend their patch of the lifeworld.

This coincides with Melucci's theory, who defines the formation processes of contemporary social movements as action systems – 'their structures built by aims, beliefs, decisions and exchanges operating in a systemic field' (1985:793). He considers social movement activity as latent, political activity but considers concrete success to be unimportant as the goals of movements are to bring about a cultural transformation of modernisation and institutional change. (Melucci 1985:289).

Scott (1991) contends that social action is not strategic and social movement struggles are unconnected to state institutions and unconcerned with political parties.

Tilman Evers agrees that NSMs are predominantly apolitical in character and their potential for transformation is not political but socio cultural. 'their potential is mainly not one of power, but of renewing socio-cultural and socio-psychic patterns of everyday social relations, penetrating the microstructure of society' (1985:44). For Gamson , NSMs operate on the cultural field of existence by using strategic and identity-oriented actions. However, he is unclear as to what the 'cultural field' actually means and maintains it is something more specific than focusing on problems that deal directly with private life. (1991:38). Tarrow (1988), connects collective action to politics. Collectives must be analysed in their interaction with the political environment and especially with the institutions of the state.

Cohen and Arato (1992) state that approaches are fused. There is now a dualistic character to contemporary collective action and a 'communicative creation' is achieved. This may struggle for the defence and democratisation of civil society but also demands inclusion within political structures and the expansion of political society (Cohen and Arato 1992).

In this research social movement activity is both political and socio-cultural. In Brazil social movements came into existence at a time of repression and their activities were inevitably radical vis a vis the status quo. The Catholic Church – itself a highly political organisation, particularly in Latin America – contributes to the socio-cultural life of the people and is the organisation with which the people have the strongest links. Only the Church - reacting against the authoritarian and repressive regime, both within and outside the Church, at the height of the period of liberation theology - could have mobilised people on such a scale in a country the size of Brazil. By providing a strong cultural basis, which deviated from its traditional norms, to mobilise people to make demands for citizenship, they initiated a process of cultural and political change.

The popular voice which was raised, used the language of human rights to demand participation for civil society and for democratic change. They wanted the state to provide services and they then developed a relationship through their newly founded institutions with the political system. Therefore initially social movement was a grassroots cultural manifestation - with its roots in the Catholic Church, at that time committed to the liberation of the poor – but in time social movement organisations

developed a political project with the state.

'Normalisation' and a parallel bureaucracy

Evers states that 'it is a common experience that social movements after a phase of 'broadening mobilisation around concrete issues' gain some access to established political structures' (1985:57). Foweraker (1995) suggests that, in the course of time, social movements develop political projects and form organisations for this purpose: 'in approaching the state or developing a political project, it is a commonplace observation that social movements become 'institutionalised'. They do this by setting up Social Movement Organisations (SMOs) which assume executive functions previously exercised by informal groups and carry out tasks of mediation between the larger macro environment and the micro dynamics on which the movement depends (Foweraker, 1995:70).

Social movements set up their own bureaucracies and create non-governmental organisations (NGOs) and achieve 'normalisation' by becoming part of the political spectrum. As Gamson maintains, the real aim of social movement is to set up institutions which will enable them to enter politics and open up the political discourse. They will eventually achieve 'domination through 'normalisation' and a shift to micro operations of power in the discourse' (1991:37). Tarrow agrees that normalisation occurs to the degree that social movements enter 'conventional politics'(Tarrow 1988:427) or achieve some degree of representation.'

Hence social movements set up their bureaucracies – SMOs or NGOs - in order to seek local and immediate solutions to concrete problems. It is the state's failure or refusal to fulfil roles and provide services which has acted as a spur to social movements. As Foweraker says, in Latin American countries the state is a 'bulwark of social and economic exclusion' (1995:32) and, in the case of Brazil, it was the absence of the state in social affairs which brought about the collective, pluralistic action which took place. Civil society organisations, in the form of foundations or non governmental organisations, were set up to address the demands of social movements and fill the gaps in public policy.

According to Fernandes (1994), NGOs are a feature of the 'social reality' of

Latin America and they are highly professional. They are young entities and the expression of a new civil society which is very conscious of itself. They mobilise voluntary dedication but they are not churches. They insist on gratitude for their services but they are not philanthropic institutions. They are involved with politics but they are not party political and as a rule they wish to be disassociated from the state. They promote development but are not interested in productivity. They conduct research but they are not academics.

3.5 A Brazilian discourse for democracy and the agenda for human rights

In Brazil, the transition to democracy is deemed to be characterised 'by the organising capacity of oppressed groups which have emerged with a clear and demanding voice from the period of repression' (Green 1994:40). The voices raised, did so using a particular discourse and this was based on their human rights agenda. According to Cardoso (1983), social movements made all their demands in terms of rights, which were loosely defined as being the: 'recognition of a minimum threshold of rights associated with belonging to and inclusion in the social system' (Jelin 1990:206).

The participation in the democratic process, which took place during the transition to bring about change, included many actors, was multi–layered and had many components. Individual human rights activists also played their part in constructing Brazilian democracy, including Paulo Freire. Freire was above all a Catholic thinker (Coben 1998) and he created a new way of thinking about the voiceless poor of his country. His seminal work *Pedagogy of the Oppressed*, written in 1970, was used by social movements to achieve their goals and added strength to their activity by providing a sound ideological basis to the demands being made for human rights.

Freire's education method - which ties the teaching of literacy to self-help principles (such as nutrition and health education) to consciousness-raising - also had an important impact on the democratic trajectory of Brazilian people, especially with regard to making the Brazilian concept of 'citizenship' real and associating its use with exclusion. In Brazil there is a common core of understanding regarding this concept, which is shared by the feminist movement, which, in turn, has adopted many aspects of

the Freire methodology.

Discussing the Freire methodology of consciousness raising, (*consientizacao*), Nancy Scheper Hughes says that 'when…institutional arrangements and practices produce inequality, domination, and human suffering, the aims of critical theory are emancipatory' (1992:170). Colleagues of Paulo Freire, interviewed in this research, tell how they applied the powerful Freire methodology to their health activities and used it as a strategy to achieve their main objective: to construct an inclusive democracy and deliver human rights.

The discourse which emerged as a result of the effective literacy campaign constructed the concept of 'cidadania' or citizenship to promote the idea of belonging (to a nation state) and taught the people how to claim rights from the state. This concept was carried through from popular movement activity to project work and eventually incorporated into the legal framework of the new democracy. The kind of citizenship which was promoted, as described in Chapter 4, was of a status which transcended barriers of race, class and gender - and also looked beyond Freire's insistence of a populace above all distinguished by oppression - to the acceptance of individual or group identity which could be organised to make demands of the state in a 'a politics of solidarity in difference' (Lister 1997:80) which would promote the necessity of creating services for all, to exist not only 'in principal' but also 'in practice' (Foweraker 1997).

3.6 Constitution Making for Democracy

The National Constituent Assembly (ANC) set up by the Brazilian Congress to consolidate democratic change and constitution-making was the first democratic exercise to take place after the fall of the dictators and the country's most important actors took part in the bargaining process.
But, according to Gary Reich (1998:5), this empowerment of Congress to produce the country's magna carta, which included broad representation from civil society, allowed 'institutional choices to fall hostage to political intrigues'. Nevertheless, Reich believes that even though the resulting constitution turned out to be a 'jumble of institutional contradictions', the process itself, whereby different political actors participated, healed

many rifts and reconciled differences within Brazil. But, as Reich states, the ANC initiated a debate on institutional reform and the promulgation of the constitution was merely the end of the first phase in the democratic process which continues to this day, as debates to introduce constitutional amendments have become part of an ongoing process in which all parties participate: 'reform of the 1988 Constitution may speak to deficiencies…thus indicating failures in constitutional design…yet at a broader level, efforts to rethink and modify institutional structure also suggests stability, an underlying consensus that a constitutional process matters in regulating the distribution of political power and (that) changes in the rules should be accomplished only through the cumbersome parliamentary procedures specified in the constitution' (Reich 1998:21).

3.7 Globalisation and the role of NGOs in development

In Brazil, NGOs became organised during the period of transition and grew in importance, evolving to graduate from project to policy. In so doing they became the mediators between the state and civil society, participating in state processes of the new democracy to address the great overall problem of the disenfranchised poor.

Brazilian NGOs were created from social movement activity which took place in the 1970s and 1980s. During this period they were funded by international donors, but, as Rubem Cesar Fernandez (1994) states,   more important than the money was the model of institution provided by the non governmental nature of the international financial agencies. US Government agencies, such as USAID, were very proactive in Brazil at that time, but US non governmental agencies, such as the Ford and McArthur Foundations, could deal directly with groups or NGOs at a local level, thus bypassing the authoritarian governments. Such international development bodies promoting democracy needed to identify local partners capable of formulating projects, monitoring their execution and keeping accounts. They sought counterparts with a legal institutional framework and a minimal administrative structure.

Those NGOs that grew up in this way with support from their various international partners played a huge role in transition politics in Latin America as they

attempted to create conditions for democracy. As Goran Hayden affirms, 'nongovernmental organisations, whose agenda in recent years has come to incorporate democratisation goals, are optimistic about the opportunity for civil society to make a difference to democracy and development' (Hyden 1997:17).

However despite the major role undertaken by NGOs in transitions, they are often viewed with mistrust and assessed according to the status of their funding. Malhotra, for example, uses the phrase 'Global Soup Kitchen' maintaining that, due to the process of globalisation, 'capital funds of unprecedented magnitude… (have been) unevenly spread around the globe' (Malhotra 2000:655).

In the twenty-first century NGO networks are regarded by some commentators - Fowler 2000, Malhotra 2000 and others - as a flawed system for development which belongs to another era. I have heard the following criticisms made when assessing NGOs in their present form:

a) southern NGOs are perceived to be acting as agents of northern NGOs which are fulfilling their own government agendas.

b) that because of their non profit making status their financial dependency limits their usefulness .

c) because they are 'flexible' and seen to move into state structures their autonomy is compromised and their legitimacy breeched.

d) NGOs do not have the autonomy to introduce their own agendas.

e) NGOs can (and do) become isolated from the civil society they aim to serve.

Alan Fowler (2000) maintains that because of the above problems, NGOs (or NGDOs) concerned with development have outgrown their usefulness in their old format and must change the basis of their operations, and - as the international community withdraws its aid and even though they are non-profit making - they must commercially generate their own income for their own subsistence and graduate to a form of *social entrepreneurship.*

However, in my opinion, the insistence on globalisation now being constructed in development studies, which exaggerates the importance of northern NGOs and international bodies in national social processes, undermines the contribution made by innovative institutions such as the Brazilian NGOs. The notion that the high level of

expertise gained over a thirty year period by human rights activists is a product of creeping globalisation and the result of international influence does not do justice to their endeavours or acknowledge their achievements in creating an agenda for inclusive citizenship and rights in the transition to democracy - an agenda which is only now being adopted by the countries of the north.

In Brazil, NGOs are moving to change the basis of their funding. IBASE, for example, a participating NGO, in this research, now generates 30% of its income from an internet service (Fowler 2000:647). This research shows that feminist NGOs act as consultancy agencies to the Government of Brazil. They assist with municipalisation processes from which activities they claim to earn 30% of their income. In order to avoid being compromised with the government they also use the other elements of the women's movement – the CNDM and the network into which they can withdraw when they are under pressure - as the leaders of the movement describe in Chapter 5.

For Brazilians, the constraints which they envisage in the future which will endanger their activities and prevent sustainability are less financial, as they make the transition towards solvency within their own societies, than a future lack of human resources, as a new generation of human rights activists has yet to emerge.

Malhotra (2000:655) maintains that decreased aid in the future will lead to more genuine partnerships being established between Northern NGOs and their Southern counterparts, which should enhance the possibilities of 'building a much stronger global movement for social justice and poverty eradication'. However, if Northern NGOs are primarily identified as funding agencies for Southern NGOs then it may well be the case that Southern NGOs will make the transition to 'a fourth value-based position between state, market and civil society' as advocated by Fowler (2000:589), leaving the Northern NGOs without a role in the national political process of a southern country, thus reversing the globalisation process in this field.

However, now that Brazil no longer has a neo-liberal government -which prioritised the interests of economic globalisation and supported the values of the free market – there is a possibility that under the Workers Party (PT) a state duty will be established for socio-economic rights to be delivered in practice as well as in principle, and that the municipalisation process - which has already been established in PT areas

such as Porto Alegre - will be extended.

Global Citizenship

The present climate of international relations is governed by neo-liberal politics and globalisation strategy is based on a liberal consensus of universal human rights in a free market, which claims that 'civil and political rights are human rights but socio-economic rights are merely aspirations' (Evans 2000:204), to be delivered conditionally if the wealth of the country permits.   According to Evans,   this international consensus has 'succeeded in establishing the language of civil and political rights as the acceptable voice – indeed the only voice- of human rights talk' (2002:201). This being the case it is hard to see how increased globalisation can provide an opportunity to develop new forms of 'humane governance' (Clark 1999), and a single global moral order when neo-liberal international policies actually hinder the delivery of public services. Furthermore, as Amann and Baer point out, countries like Brazil have no choice but to follow the international mandate: 'with Latin American economies desperately in need of capital inflows following the debt crisis of the early 1980s, policy makers in the region found themselves under unprecedented pressure to accept the prescriptions of multilateral international financial institutions, backed by the major industrial countries and the principal creditors of the region' (2002:945).

Fowler maintains that at best NGOs 'only reach some 20% of the world's poor' (2000:595), therefore   there is no opportunity for the poorest of the poor, who are never accessed, to achieve the status and practice of citizenship on a global basis. Ruben Cesar Fernandes claims that in Brazil, despite all the recent legislation, the poor remain marginalised principally because of the difficulties of establishing public services in many areas; including the vast rural areas but also in the cities where criminality prevents access to many communities. For him, the citizenship project has for the most part failed because it is not Brazilian enough and does not recognise the wider socio-cultural indigenous power networks. For him, citizenship   must be disassociated from occidental ideas of liberalism and modernism, adopted by NGOs and which led to their isolation from the social movements. It is time he says for NGOs to return to their roots within the social movements and find the Brazilian channels of communication for citizenship; with

the people in their ethnic beliefs with different family hierarchies 'informal networks of mutual help, motherhood, the cult of saints, fetishism and sorcery, mediumship and charismatic gifts…..' (Fernandes 1994:142).

Up until now – that is the Gulf War of 2003 - it is not clear that political participation is the correct strategy to deliver rights (or services) to long term excluded communities who have no desire to become globalised. The idea that any global movement detached from a socio- cultural unifying vision (such as that provided in the past by international socialism or today by a religion: Islam is an example) would be successful is unrealistic.

Certainly a participatory role in international affairs is being offered to those who bow to American hegemony and the package of aid which follows the war will certainly be tied to the global vision of *good governance*, the dictates of international financial institutions and the rejection of nationalist values. However it is not sure that such an agenda will be acceptable in Iraq, which is above all an Islamic country, or any other developing southern country, even where no dramatic military intervention has taken place to bring about regime change.

International organisations, often acting as agents for governments, pursue policies of globalisation and global citizenship. In so doing they assist in the implementation of the internationalist version of the good governance agenda. However in this research, citizenship is conceived of as a Brazilian project for Brazilians which may, by example and as a by-product, have implications for other development situations in other countries and in this respect can be global.

3.8 Female Citizenship

In Brazil organised groups representing a diversity of interests have been mobilised to claim citizenship. Amongst these, feminist NGOs promote citizenship as their main activity according to their stated aims (see Appendix 1). They derive their notion of citizenship from many sources as described above .

In the transitional period in Brazil, NGOs were instituted to reflect the concerns of social movements emerging to identify and protect their specific interests in terms of rights. Much of the mobilisation which took place then emerged from a background of

liberation theology and under the auspices of the Catholic Church – which provided a sustained presence for poor people throughout the dictatorship and convened Ecclesiastical Base Communities, where women met to discuss issues of citizenship.

Foweraker asserts that 'the politicisation of gender within Church-linked community women's groups provided nascent Brazilian feminism with an extensive mass base' (1995:36). The tradition of citizenship which was therefore upheld in Brazil can be seen to stem from liberal and civic republicanism with elements of modernism but wedded to Catholicism which has been transformed by liberation theology. In this research, feminism - which views church and state institutions as paternalist in the main, and particularly left wing institutions including the Brazilian Workers Party of Paulo Freire and Luis Ignacio Lula da Silva - is another theoretical aspect of my approach, which uses grounded theory to reflect the cultural norms of the people concerned.

3.9 Feminism and democratisation

The new social movement of women has a particular place in the democratic process in Brazil, and the phenomenon of the emergence of vast numbers of politicised women, during the transitional period, is a defining factor in social movement theory. Foweraker states that there is little doubt 'that the social mobilisation of women in contemporary Latin America is new in its degree, its forms and its ideological expression' (1995:53), and Sonia Alvarez points out that in Brazil by 1985 'tens of thousands of women had been politicised by the women's movement, and core items of the feminist agenda had made their way on to platforms and programs of all major parties'.

The recognition of the mobilisation of women and their effective political lobby to secure rights has given rise to much commentary. Alberto Melucci states that mobilised women have created meanings and definitions of identity which contrast with the increasing erosion of individual and collective life by impersonal technocratic power: 'in the collective of women…the problem of rights, inequality and exclusion constitute a large part of the mobilisation process' (1988:247). Waylen (1994:327) divides women's movements into those which organise around practical gender interests, such as economic survival, often 'popular movements', and those organised around strategic gender

interests, epitomised by 'feminist demands.' Foweraker maintains that communal feelings of social movement tended to focus on the provision of public services in the transition to democracy (1995:53). Mobilising issues centred on survival and service provision to meet both practical and strategic gender interests and fulfil basic needs.

Emancipation for women

Emancipation is seen to be a central aim of social movements and especially the women's movement. Interpretations of the emancipation process differ according to the times. For slaves in Brazil in the 19th century emancipation was to obtain a status which would pay them for their work. For suffragettes, it was to qualify for the right to vote. However for Evers, the contemporary view of emancipation is as a long-term, never-ending process of identity construction. It is a process with no fixed outcome but a 'long emancipatory process leading away from alienation' (1985:56). An individual subject does not exist in the beginning but only appears at the hypothetical end of the struggle. Slater maintains that we are living in an era of emancipations; 'a plurality of emancipations' (1994:30).

In Brazil women mobilised to demand political space. The feminist NGOs which formed to represent them, entered politics to legislate for social policies to address the situation of all women – particularly in the area of health and reproductive rights. They also used the techniques of Paulo Freire to inform and educate the female population to demand citizenship. Although Freire is criticised for failing to address women's issues, those feminist activists in my research used the same tactics to mobilise women to defend their interests as they worked in communities. They adapted his methodological approaches to adult education (the first being *conscientizacao* which aimed to connect a large scale literacy project with politicisation of citizens; and the second being *lideranza* which aimed to promote leadership in communities encouraging the process of agency whereby community members would find a voice to express their needs) in their own projects as they describe.

There is no doubt that women of the popular sectors in Latin America were liberated by social movement activity which gave them a collective voice and as a result, as Jelin confirms, women are no longer confined to the private sphere as they have

gained new political spaces and entered public life with a newly constructed identity of gender solidarity. In Brazil, they now participate in groups, such as neighbourhood movements, where they take part in 'social confrontation, decision-making and supervision as social and political subjects' (1990:186).

The 'public' and the 'private' spheres

The acquisition of reproductive rights raises the debate concerning the public and private realms of a woman's life. Susan Eckstein asserts that women are relegated to the 'private' sphere of existence because of their reproductive functions which keep them from the workplace. 'Women's non involvement in the production process, because of reproductive functions, has made it easier for them to deny the established order' (1989:8). But Carol Pateman denies the dichotomy of the traditional separation between 'public' and 'private' realms in civil society – the 'public' as the civil world and the 'private' being the conjugal, domestic and familial sphere where women have traditionally been deemed to belong. She argues that women have never been excluded entirely from civil life and that the two spheres of the modern civil order are not separate in reality (1988:102). The ideological dichotomy of public and private is also criticised by Ruth Lister who deplores the artificiality of the division and states that it 'disguises the symbiotic relationship between the two sides of the divide in which each side defines the other' (1997:119). For her, the ideological construction of the public–private divide is a feminist interpretation and the main issue is the notion that certain taboo topics are private and personal or 'isolated individual problems' (Boneparth 1984:187). 'The personal is political' has become the popular slogan of feminists as they seek to remove taboos and find solutions for the female condition whereby reproductive functions have been obfuscated as matters of a personal and private nature. For feminists, the taboo aspect of the personal also allows for cover-ups in the public sphere, because the personal is often sexual and not domestic and familial.

The delivery of reproductive rights falls into the category of strategic gender interests but to address these has wide political implications for Brazilian democracy. Many women believe that it is the outcomes of their sexuality which make them subject to exclusion. If the facts concerning reproductive issues – such as childbirth, birth

control, sterilisation and abortion are   transparent and normalised within a legal framework, then society as a whole becomes responsible for the situation of women. Then abortion is no longer merely a feminist issue in the same way that AIDS is not merely a gay issue.

Feminists embrace the causes of mobilised poor women

Feminists embraced the struggle of the poor and working classes in Brazil. They advanced gender claims in their agenda and embraced all levels of society. So anti-authoritarian   feminist struggles began to intersect with the survival struggles of the urban poor (Foweraker, 1995: 59). They started from the premise that women are in bondage to their traditions and must achieve 'reproductive determination' from a position of powerlessness. They linked social rights with reproductive autonomy and citizenship participation. They recognised that if demands to meet the reproductive needs of all women, were not met legally, with public health services available to all, then damaging illegal solutions would be found. They sought   access for poor women to the enabling conditions that would make reproductive control and choice possible (Petchesky &Judd 1998). As Sonia Correa says, 'the decision-making self of the female citizen must come at the core of reproductive rights' (Correa 1994:87) and any health policy for women must be based on choice.

Public service, autonomy and the women's movement

Foweraker (1995), maintains that, contrary to the (micro) sociological view, social movements are inevitably political and must develop a political (macro) project if they are to survive. They not only politicise new issues, such as reproductive rights in the case of the women's movement in Brazil, but they also enter the political and institutional arena, engaging in strategic interaction with the state.

The Brazilian women's   movement found strategies to co-operate with the government to achieve their aims and preserve their autonomy.

They gained official acceptance for their policies and entered into negotiations with the state to provide a new ethical framework - based on the human rights agenda - for delivery of reproductive rights. However, relations with government have waxed and

waned within the political partnership established of mutual necessity.

In this case study, feminists representing women in Brazil consolidated a specific political identity as they addressed issues of female survival. Their NGOs were founded in the wake of popular social movement activity and it is this rather than their involvement in global processes which gives them their legitimacy. However, as well as relying on funding from international agencies, they have been associated with the international agenda for women's development, in which they take a leading role. An important element in their survival has been the safeguarding of their autonomy not only from the international agencies who fund them but also from the state with whom they work in partnership. If feminist institutions are seen to be working too closely to government they lose credibility with their constituency. They also run the risk that their development activities are exploited by the government in power, thus causing 'neutralisation of a politically radical agenda' (Pearson 1999).

Women's social movements and their feminist organisations, which practise identity politics, show that they are durable and innovative. They can change women's domestic and public lives, creating new confidence that women have inserted themselves decisively into the public sphere. As Jacquette says 'Women's organisations operate at the crucial border between civil society and the state and create new hope that citizenship can be expanded and that a political consensus for greater social justice can be negotiated' (1989:229).

3.10 International Law and Development

Contemporary Brazil is categorised, according to international law, as *in principle*, a democratic country of the Third World. 'In principle', because, although socially adequate legislation is now seen to be in place, universal implementation of the law is still a long way from being achieved (Forsythe 1989). Lincoln agrees that the foundations of consolidated democracy are now in place, 'the rule of law, respect for civil liberties, an independent judiciary, freedom of political organisation (now including a wealth of non-governmental organisations), a vigorously competitive media, and ultimate responsibility to an all inclusive electorate' (Lincoln 1998:81).

However although the Cardoso regime consolidated the new democracy in legal terms and left a healthy legacy of good governance in so far as state/civil society relations are concerned, it also adopted IMF policies and adhered to the Washington Consensus of neo-liberalism (Amann & Baer, 2002) which meant massive cuts in state spending and privatisation of state companies in an open market -including health facilities.

Goran Hyden (1997), maintains that neo liberal regimes, such as the Cardoso government, hold optimistic views of market forces and believe in natural laws of supply and demand and, if the economy holds up, then wealth will be redistributed and the socio- economic aspirations laid down by law can be consolidated. However Brazil's economy did not hold up in the nineties and the IMF provided it with $30bn - its largest loan to date.

George Soros has pointed out that the power of the market to determine Brazil's economic policy has amounted to a serious infringement of the country's democratic rights (Branford, 2003). However with the arrival on to the scene of Luis Ignacio Lula da Silva - elected president in 2003 – bringing the Worker's Party (PT) to the fore, it is to be hoped that the delivery of socio economic rights to the millions of people who voted for him will now become a state duty. Certainly those municipalities already under PT administration, which have resisted pressure from the global market, have succeeded in creating efficient services to deliver national health programmes.

The dilemma facing Brazil - of how far to follow the dictates of the international agencies or whether they can afford to ignore these - lies at the heart of all development policy. All the prescribed measures for good government have been followed in Brazil. It only remains for state spending to be increased so that the rights of the people to full citizenship can be extended as proposed. But this needs endorsing by the international community which also needs an escape route from neo-liberal economic policy if progress is to be made.

3.11 Summary

The aim of this literature review has been to accompany the substantive deconstruction of data, as described in Chapter 2. It examines current theories of

participation, used in development studies, including   interpretations of the nature of 'citizenship' linked to state legislation for   human rights in southern countries with poor marginalised populations.   It also explores the role of social movements in Brazil, in   the transitional period from dictatorship to democracy (1985 – 19895) and of NGOs working between the state and civil society at that time and subsequently. These theories complement the methodology of the extended case method (Burawoy 1991,2000). The reviewed literature reinforces the findings emerging from data that, in Brazil, social movements - with a strong socio-cultural background and using a discourse grounded in human rights after Paulo Freire - have become part of the transforming democratic process both in a socio-cultural sense, with   an inclusive discourse and an ethical framework; as well as in a political sense for legal and practical purposes. Feminist institutions representing the social movement of women became involved in macro processes of state policy – such as constitution making - which have been significantly influenced by the micro processes of their local activities.

In Chapter 4, the research participants describe how they view the notion of citizenship linked to human rights and tell how their concept of citizenship was used to shape their legislation and make demands for socio-economic rights in the form of public services for women.

Chapter 4

THE CONSTRUCTION OF CITIZENSHIP AND THE RIGHTS AGENDA

'Throughout Latin America, historically and despite a more recent trend toward formal democracy, much of the population is left outside the system of socio-economic benefits from the economic system. The subject of a human right to basic socio-economic needs does not even arise in dominant political discourse, 'the health, education and welfare…of uninfluential parts of the population hardly register' (Forsythe 1983:79).

4.0 Introduction

In this chapter, the Brazilian notion of 'citizenship' (*cidadania*) is examined. The participants explain how it has become a descriptive term to convey the problem of Brazilian marginality, or the exclusion of those Brazilians who have no access to institutions and no means to exact services from the state. During the transition period (1985-1995), a discourse of human rights became dominant. Its purpose was to address the problems of the poor and initiate a national debate to consider the part that should be played of a human rights agenda in government processes of an aspiring democracy.

It also aimed to create a culture of rights and responsibilities which reflected the duties of both the state towards the citizens and the citizens towards the state, but principally the former by inviting the population to make demands for human, social and economic rights.

Human rights activists devised different strategies to mobilise the people to participate in processes where they could defend their interests. NGOs were instituted to reflect the concerns of social movements emerging to identify and protect their specific interests in terms of rights.

4.1 Citizenship and the NGOs

The principal objective of NGOs considered in this case study is to construct an inclusive citizenship for the women of Brazil. To do this they make demands so that health rights, and particularly reproductive rights, are delivered in the public health sector.

The NGO, CEPIA, (Citizenship, Studies, Research, Information and Action), has a special interest in the concept which figures in its title. For Leila Linhares, a human rights lawyer, the term refers to different kinds of rights. Leila Linhares, as a founder member of the NGO, explains that for CEPIA rights are divided into three types.

'All concepts of citizenship even the very earliest ones had the concepts of human rights connected to political rights. To be a citizen was to be an elector. And then you have the second wave; a definition of human rights which was human rights and citizenship and implies having access to social rights – health, education, employment, shelter.'

Leila Linhares then says that there are new concerns for justice and plurality in the modern world and she defines a new, third set of rights: *'I think this moment we are living through can include new rights; environmental rights and new matters arising like the differences existing in society of sex and race. So there exists great proportions of society – like women and blacks and homosexuals who believed that they were suffering discrimination.'*

However, CEPIA is a feminist NGO and deals with women's issues and the perspective for women's citizenship is multifaceted: *'so CEPIA when it uses that term of 'citizenship'; we understood that to be dealing with questions of women, of health, of violence, questions of poverty, of work, environmental questions. All these are matters for citizenship and it has to be something concrete and not an abstract theoretical construct.'*

Mariska Ribeiro of IDAC says, *'[Citizenship] is about power and mechanisms which have to do with human rights and with institutional mechanisms. We didn't invent the concept of citizenship. We used the common notion which was your right to make demands of the state, of the government. The rights that you know are yours. It is going*

to take some years; who knows how many.'

Silvio Bavo, the director of the combined NGOs, the Brazilian Association of Non-governmental Associations, ABONG, in São Paulo, gives his view of citizenship: *'The NGOs which constitute ABONG come from a tradition of democratic struggle for citizenship (cidadania) and are understood to be groups of citizens which organise themselves in defence of rights.'*

The NGO position is that they will participate with governments and there must be mediation between the state and the people to bring about social justice. NGO activity in defence of human rights is defined by Silvio Bavo in terms of NGO opposition to government and demands which they make on behalf of civil society to achieve reform. It is because of the inefficiency of the state, he says, that NGOs have been enabled to take part in its reform – the state apparatus was so large and expensive and ineffectual that NGOs achieved their visibility. This visibility is also used to demand social rights of health, education and shelter.

'Our work is focused work referring to a new way of organising the action of the state in the area of public policy. We are not concerned with the size of the state, only with regard to its social action. The reform of the state should be carried out within the framework of its objectives. We understand those to be objectives of human development and setting up an economy and social roles in the service of developing citizenship.'

4.2 Citizenship in the community

For Brazilians, everyday living - whether in rural communities or in urban slums (*favelas*), is notoriously dangerous and violent. People have no choice but to eke out an existence without sanitation where there is no regard for public health and safety. Women are used to having their children die as they cannot prevent them from getting sick. They are also used to high levels of violence and they know that they cannot control the men with whom they are associated. Neither can they rely on public services but they have to deal with local politicians who operate on a personal basis with the people, distributing small services and favours in exchange for votes.

Mariska Ribeira tells of the early community work of her NGO, The Institute of

Cultural Action (IDAC). Paulo Freire was one of the founder members of IDAC and a colleague of hers from the early days. She recounts how the method of 'conscientização' worked in practice in linking health to citizenship in the *favela* dwellings of Paratí: *'At that time the neighbourhood of Paratí was infested by pigs. The people coming from the rural zones, who had been forced to move and set up a favela, brought their animals with them and all the children started to get sick. They got seriously sick and the Prefeitura did nothing. The women were afraid of complaining. If they complained the neighbours with the pigs would fight them so the idea of citizenship was about that. How were the people going to overcome this. If none of us had the courage to denounce somebody, then we would all go together to complain because to intimidate thirty women is more difficult than to intimidate one. We denounced them to the newspaper. We went to the public health authority. Everyone insisted on signing the document although they (the authorities) only wanted one to sign. We protested outside the mayor's window and at the end of the month there were no more pigs in the favela. The women considered this to be a victory and so they started to address other matters.'*

The famous battle over the pigs empowered the women of Paratí. They realised that they were not powerless when they were united. They went from strength to strength and became organised to protest. They learnt that by their actions, they could exert pressure and influence which would affect their basic conditions. The obvious next step was health.

Mariska Ribeira explains how female health care was then introduced and how the women were collectivised to act as a pressure group. They used their agency to participate on   behalf of themselves*: 'We had a doctor with us (in Paratí) and she wanted to offer the women a complete gynaecological examination as a present. They had never done anything like that before. They had no money. They discovered that one woman out of forty-five women had cancer of the uterus and they all got scared.'*

Mariska Ribeira describes how the mayor used typical clientelist (*clientelismo)* strategies to keep the people dependent – by distributing medicines as a personal favour: *'…at that time whenever something was wrong they went to the mayor to ask for medical assistance. The mayor gave them money to go to the neighbouring town because there was nothing, no laboratories or anything. Suddenly there were loads of people making*

demands so he got the doctor and the facilities and so around those things we constructed citizenship.'

Without IDAC intervention in the favelas of Paratí - which is the place where slaves were illegally imported into Brazil from Africa long after abolition - there would still be no medical attendance for the people and the state would never have fulfilled its duty to the people.

4.3 Citizenship and the state – the individual in society

NGO activists maintain that with their view of citizenship, the duty belongs on the side of the state to deliver services to the people. However for Angela Santana, a minister for reform of the state, who in this thesis gives the view of the 'state', citizenship is a matter for the individual in society. The duties of citizenship she perceives are tied to the electoral process. She also believes that citizens must above all respect the rights of others and pay taxes.

'It means the rights and duties (direitos e deveres) a citizen has in any country. I as a citizen I have the right to vote and I have the right to health, and if I don't vote and there is no health then I'm not a citizen – no, I'm not a citizen. I am a person who has no awareness of my rights as a citizen. As a citizen I have a duty to pay taxes. I have a duty to respect others and not throw rubbish in the road. I mustn't provoke a riot.'

As a minister in the Cardoso government, working with the reform of the state, she views citizenship as a duty a citizen has towards the state and sees the political task ahead as one of fostering a culture of duty, *'Unfortunately, due to the lack of education of the Brazilian people they have no notion of rights or duties. We have to foster that consciousness in the Brazilian population.'*

For Jose Pedrosa, a civil servant from the Ministry of Health at present seconded to the Solidarity Community, citizenship is all rights together (*o conjunto de direitos*) which the state owes to the citizen and this involves political, economic and social rights.

4.4 Citizenship and health

The link between citizenship and health has been made by Brazilians and this is laid down by the Constitution and national plans for health, as discussed in Chapter 7 .

For the Popular Movement for Health (MOPS), health is citizenship and citizenship is health. Health is about community participation and decision-making from the base line of social need. It is about the local conditions in which people live.

Rubens de Morais Silva, who is the MOPS representative, is not concerned with a science of medicine with a curative function proscribed by doctors as scientists. He thinks that people will be healthy if they have conditions to be so and can benefit from a decent standard of living. Health plans serve for nothing unless there is an overall strategy for improvement and Rubens de Morais Silva does not accept the traditional view of medicine. He also makes a case for global citizenship. He says, *'There exist people, namely the Government of Brazil, who have a restricted view of health, which is more concerned with the illness question.'*

Rubens de Morais Silva goes on to explain the MOPS philosophy which he maintains is in line with the World Health Organisation (WHO) and also the Single Health System, SUS. '*We of the Popular Health Movement try to work with citizenship to see health in a sense that is fairly global. We want to share the concept of the World Health Organisation and SUS itself which widened the concept of health to include all that is the condition of the infrastructure so that health can occur, that is all the conditions necessary for people* to be integrated into the global political process.'

Rubens de Morais Silva is disappointed that the national plan for health care, SUS, with all its idealistic and revolutionary hope, has not come to pass. Nevertheless, for him, SUS continues to represent a high point of democratic negotiation which took place with a major input from civil society. He explains why he sees SUS to be a victory for the popular movements*: 'SUS was born, the first discussions began exactly with all this more democratic process, when the electoral democratic process began to mature and of course it doesn't have roots in the military programme. It is the fruit of popular demands. It was a demand from the bottom up. It is a conquest for civil society with the struggle for human rights. It certainly was a victory.'*

4.5   Active or passive citizenship?

In Brazil, the popular movements challenge the government to allow citizens to participate. Rubens de Morais Silva believes in participation but holds that the state

prefers a passive population . *'The government is working passive citizenship. If people are well treated in hospital then it seems they are enjoying their citizenship rights. For us that is only passive – they are getting a right but the person is not interacting in the global process of society.'*

The aim of MOPS is to get people to participate in decisions concerning their survival and development. For Rubens de Morais Silva, participation is the key to meaningful citizenship and population development. He is opposed to a state dependent citizenry, in receipt of state services which are bestowed. He explains that an active citizenship is the way people develop full consciousness and identity: *'Only a person with those conditions can have a real conscience and exercise a role in society and be an active citizen. So our departure point is the provision of basic conditions for people to become active citizens and participate in an active process.'*

Active citizenship and municipalisation

The process of municipalisation (see Chapter 7) underway in Brazil, allows for community participation and is successful wherever it operates. Rubens de Morais Silva supports this and wants more participation for his active citizens. He also wants them to control the administration and distribute the budget. For him, this is the time for the people to move into the offices and off the streets, where they went in protest in the transitional period of the eighties. He says, *'There are mechanisms such as the Health Committees and Municipal Committees. Citizens can participate in national conferences and in national plenaries. We consider participation in those to be fundamental for a person to be an active citizen and that space occupied by the citizenry must get control of popular administration. The people are now more involved with the machine of government. They are organised in groups so the demand is lessened for people to act en masse (on the streets).'*

4.6 Citizenship and the constitution - an inclusive citizenship for all?

Until recently the public sector existed mainly to serve itself in a corporate world. There was no ethos to serve the public and certainly not to include the vast armies of the

poor. However, Marlene Libardoni says that there were gains in the question of citizenship within the Constitution of 1988 even if it was not the full inclusive citizenship hoped for, *'It managed to achieve great gains in the social area. It is, of course, criticised but today it allows for a distribution of income. There are people who don't agree but really there is.'*

Jose Pedrosa, seconded from the Ministry of Health to work for the Solidarity Community, says that the widely-used concept of citizenship comes from the people to reflect anxieties concerning the marginal population. *'I wouldn't say the government is imposing that. It is assuming the agenda of society. It is not a new agenda but came about with the democratisation of the country that we have huge segments of Brazilian society which are very vulnerable and if we don't take care of these problems we will go backwards.'*

For Jose Pedrosa, Brazil will never achieve status as a modern democracy while it is weighed down by its massive underclass. However, he sees this period of change as being an opportunity for the state and civil society to work together for development. *'So it is not a concept imposed by the government; it is a concept imposed by society – in the sense of segments both governmental and non-governmental. This is a politics which wants to transcend the old politics but now I think we have the possibility to integrate everybody.'*

However, as yet there is no inclusive domain in which every citizen can hope to attain freedom, individuality and social justice within a state-guaranteed framework. Leila Linhares says that old barriers must be broken down in Brazil, where inequality prevails. Notions of citizenship have to consider differences between people as the basis of respect. She says, *'Citizenship has to be a citizenship of gender; masculine and feminine citizenship which incorporates men and women. It has to be a citizenship which incorporates blacks and whites; heterosexuals and homosexuals. It can't be a citizenship which excludes; it has to include the whole society. Besides creating an egalitarian society in so far as all have rights, it has to contain a society which has differences among people. People are not the same but have ethnic differences, sexual differences and differences arising from different natures and these have to be contained under the great umbrella of citizenship.'*

Participatory Citizenship

Jose Pedrosa describes his vision of how it will be when all Brazilians gain citizenship in a participatory democracy?

'I think it will be when everyone has access to education, which will be universal with a minimum of quality and access to health with a minimum of quality. A minimum of quality means that a school or a hospital can make sure a child survives (fazer sobreviver uma crianza) and work with difficulties and not make the child return home. We know that both the education system and the health system are very class conscious. Even in the public sector you have a very class conscious attitude. Often the health system can oppress the population. It is cumbersome (pesado) and badly managed. It does not fulfil its duties to the population.'

Jose Pedrosa, however, goes on to express his concern that action and consolidation are not forthcoming even though the constitution is in place and there is a discourse. He says, *'You have concepts which never materialise.'*

Angela Santana acknowledges that rights are only secured for some sections of the population and there is an enormous gap between rights secured in principle and rights in practice. She says, *'We in Brazil are at a point whereby civil and political rights are secured for the entire population and every individual (in principle). But we know that economic and social rights are still not secured. What is more, the fragility of access to basic social rights means that it is difficult for political and civil rights to be of any use. Today citizenship is the package of all the rights but it is not an easy process as we have segments historically excluded from that process. They have to be included – not necessarily immediately: it certainly won't be with this government or not even with the next.'*

4.7 Reproductive choice for women as citizens

Women in Brazil suffered from lack of recognition of their problems and a lack of facilities to address their concerns. Brazilian feminists established NGOs to acquire rights for women. They were influenced by global policies, as discussed at United Nations conferences (see Chapter 8). However they were aware that their demands had to be realistic if they were to have an impact. Their first duty was to devise health plans

which would propose coverage for women with health rights especially reproductive health. The second step was to create a legal framework which would oblige the government to make provision.

4.8   Summary

In this chapter, Brazilians use the term of 'citizenship' to talk about human, civil and social rights and to address the issue of marginality, whereby many would-be citizens are excluded from the legal frame.

In Brazil social movements created a discourse and mobilised around rights issues. Their activities were successful in changing a culture and establishing norms. Now citizenship is seen to be a negotiated status between individuals who press for rights to be accorded under the law by the state, as well as a mediated practice whereby NGOs work with governments and jostle on the political scene to gain access to power structures to achieve results.

Chapter 5 examines the interaction which took place between the state and civil society bodies in the transition to democracy (1985-95) and up to the present.

Chapter 5

CIVIL SOCIETY, THE STATE AND THE ROLE OF NGOS

5.0   introduction

This chapter explores the role of the state and its relationship to civil society organisations in the transition period and up to the present. NGO members and civil servants working with the reform of the state apparatus discuss the relationships established between the different sectors, including the popular movements, in the run-up to democracy and especially during the process of collaboration which took place to create a new constitution for Brazil. This chapter also considers the new transition which is being made by NGOs to survive in yet another phase of their existence within the state/civil society partnership for development.

5.1   Brazilian 'civil society'

In this case study, I aimed to discover how Brazilians perceived the concept of civil society. I wanted to explore meanings with which the concept was invested.

Why had this term become part of the rhetoric? How had it become a normative feature of the discourse? The participants in this research considered that they belonged to civil society and were working in a formal capacity to strengthen it. I wanted to know how they perceived their relations to the state in Brazil in the 1990s.

The concept of civil society in Latin America refers to a sphere of collective action distinct from both the market and political society. 'When people identify themselves as 'civil society' they are seeking to carve out a relatively autonomous sphere for organization and action' (NACLA: Report on the Americas 1992).

In Brazil 'civil society' has become a descriptive term which can be as general as:

(a) any person not involved in government; (b) sectors of institutional organisation – universities, churches, the business community. However, the definition can also be narrow, as when it applies to specific groups, including NGOs.

The following views were offered by the protagonists of this case study regarding the status of civil society.

Angela Santana, a minister for reform of the state, understands civil society to be the entire potential electorate. For her, it is all the people who are not the state – everybody: *'Civil society signifies the entire Brazilian population and the marginal population also.'*

However, for those acting in institutions with specific aims the interpretation is a great deal narrower. For Rubem Cesar Fernandes, of the Institute of Religious Studies (ISER), the notion of a 'civil society' is very concrete in Brazil and emerged in the 1970s. He says the use of the qualifier 'civil' at that time contrasted with 'military' and signified opposition to the laws imposed by force by the regime in power.

Rubens de Morais Silva, of the Popular Movement for Health (MOPS), views the growth of civil society as the manifestation of social movement when the people began to question the role of the state.
'The concept of the state started to be more mature in Brazil in the popular organisations and they organised themselves to maximum capacity and so there emerged thousands of social groups from civil society.'

According to these views civil society came to the fore as different groups opposed the dictatorship. Its initial emergence stems from the 1970s and the build-up culminated in mass demonstrations at the end of the dictatorship. Organisations were involved in mobilising the people to bring about change. The people took to the streets to demand electoral reform.

During this time, NGOs were engaged in social work in communities and were involved with health and education projects working together with the Catholic Church and in collaboration with popular grass-roots organisations. These alliances formed a basis for social change.

5.2 Non-governmental organisations (NGOs) – the professional civil society

Civil society organisations and social movements emerged to challenge the dictatorship. NGOs were founded at that time in organised opposition to the government.

NGOs were founded on the principle of maintaining institutional autonomy from the state. They therefore represented a horizontal input which encouraged participation from the communities which had become accustomed to vertical relations between the people and the state. Thus they became a factor for organising the popular classes. NGOs built up a reputation based on the dedication displayed by individual members operating within an institutional framework. Individuals working within this non-governmental framework became influential as their activities were not conducted with the aim of achieving political power.

According to Maia Vania, from SOS Corpo, it is the *professional* status NGOs have acquired which sets them apart from the popular movements. She compares her NGO with the Popular Movement of Women of Pernambuco, pointing out that the disadvantage for the popular movement is that, although there are activities and they represent women in the same way as NGOs, they have no headquarters and they are not well organised, *'We are an NGO. We have statutes. It's a professional space but we are part of the women's movement. For example we have something called the Forum of Women of Pernambuco. This forum has no statutes, no headquarters. It is a formal political space which meets here or at another NGO. It has a formal role of co-ordination which institutes an assembly. It promotes discussions. It gets some resources for a communication project but it is informal. That is one of the differences between NGOs and popular movements.'*

5.3 NGO/popular movement relations

During the transition, NGOs worked closely with the popular movements. They shared the same objective – to overthrow the regime. However, when democracy was established, NGOs continued to have a role making policy with the government, whereas the popular movements were left behind in a political vacuum.

Rubens de Morais Silva gives his version of the emergence of NGOs. As a leading member of a popular movement he is loyal to his socialist principles. He is highly critical and somewhat envious of the status NGOs have acquired as the professional civil society when, in his opinion, there are plenty of other bodies deserving of this status.

He says that NGOs exist to meet a demand created by grass-roots organisations, '*clearly NGOs have come into existence, in the past fifteen years, to meet popular demand and represent the social movements. Initially they assumed advisory roles (assessoria) to the popular movements and they have multiplied tremendously.*'

Rubens de Morais Silva criticises NGOs for lacking solidarity with the people and forsaking the communities in favour of high-level work within the private sector or with international organisations. He says, '*Now NGOs try to distance themselves from the popular movements, maybe that is because NGOs are much more efficient because of the resources they manage to get or because they have highly trained people with a large capacity for international relations. Now they can confront the market.*'

He accuses NGOs of having aligned themselves with the state and being too involved in government reform processes. He accuses them of denying the popular movements the access they enjoy themselves to resources and political influence and he is bitter at their refusal to form an alliance. He maintains that NGOs will now only consort with the popular movements on a professional basis, as paid consultants. '*They have great resources and high salaries. We are trying to make a relationship with the NGOs but now they have professionalised themselves and with the high cost they are charging the movements it is not possible.*'

For some commentators, such as Rubens de Morais Silva, NGOs have ensured their survival in the political sphere by assuming new identities and agendas but in so doing they have turned their backs on old loyalties. But for others, NGOs have achieved the requisite status to deal with the government because they have the vision and the organisational capacity required.

A new 'elite'?

NGOs are criticised for their social standing in society. There are tensions and ambiguities regarding their present status in society, because the profile of typical NGO

members reveal them to be of the 'elites': people who are used to dealing at a high level. The present governing class of Brazil emerged from such civil society organisations. Even the former President of Brazil was a prominent member of a prestigious NGO, as Rubens de Morais Silva points out, '*Fernando Henrique Cardoso comes from CEBRAP. In Brazil it is very common for people of 30 years ago to suddenly change. Those who were of the left, who were imprisoned and tortured, today it turns out they are of the right.*'

This criticism reflects a certain faction of popular feeling which recognises that a new political class has emerged from the non-governmental sector. Prominent members are to be found both within the government as well as within the prestigious NGOs which operate at the cutting edge of social policy.

5.4 The Constitution of Brazil (1988) and state/civil society processes

The Constitution of Brazil was enacted in 1988 and is considered to represent the high point of modern civil society/state relations. After the 'opening up' period, democratic elections were finally held in Brazil in 1985. The first task of government was to regulate the legal system to bring about a new political order and a fairer society. Civil society organisations participated in government reform processes. National conferences were held to explore all aspects of social policy and these were attended by all sectors of the population. The National Constituent Assembly (ANC) was set up by the Brazilian Congress to consolidate democratic change and constitution-making was the first democratic exercise to take place after the fall of the dictators and the country's most important actors took part in the bargaining process.

The ANC adopted a participatory modus operandi, 'in which drafting began with 559 members divided into 24 content subcommittees whose reports were fused by eight committees, with extensive testimony and input from representatives from civil society' (Fleischer 1998:145).

This empowerment of Congress to produce the country's constitution , which included broad representation from civil society, allowed institutional choices to fall hostage to political intrigues and for Angela Santana, who is involved with reform of the state apparatus, the democratic process in which groups of people participated to

bargain for constitutional reform has been disastrous as too many conflicting interests were included. She says vested interests were at play and nobody's interests have been served.

'It was various sectors of society, businessmen, cowboys, builders, the indigenists – everybody with different interests. They all wanted to be heard in the constitution, including public sector civil servants and that is why we have this constitution.'

5.5 The constitution, the state and the 'Ley de Previdencia'

After the initial euphoria of its enactment, the weaknesses inherent in this legal apparatus for government began to emerge – weaknesses which impact on all public services. A key aim of the constitution was to reform the public sector but the civil service ended up with more state protection than ever, leaving government budgets hostage to public servants.

Angela Santana says, *'It doesn't work with respect to the public administration and the social security (previdência) of the public sector. They say it won't work because it hit on the corporate interests of public servants.'*

She describes the current situation (1996) of the PSDB administration: *'We have a system of rigid job stability for all civil servants that is directly related to the generalised application of the single juridical system in effect in the core administration.'*

The following extract from the White Paper produced by the Cardoso government in 1994, discredits the constitution which hampers the possibility of reforming the public sector :

> *'The traditional bureaucratic model that the 1988 Constitution and the entire system of Administrative Law have prioritized is based on formalism, excessive norms and procedural rigidity. In 1985 a new form of self-serving populist administration was born. With little or no public debate, the National Constitutional Assembly placed a straightjacket on the state apparatus. The new Constitution decreed the loss of executive autonomy and by concentrating on structuring public sector entities, instituted the obligatory nature of a single system of public sector employment for civil employees of the Federal Government, states and municipalities, and denied operational flexibility to the*

administration.' (Author's translation of White Paper for reform of the state 1996).

At present the design of the constitution makes sure that no unilateral decisions are made and every decision requires an arduous process for approval of changes. Angela Santana says, '*It takes years to go through Congress and the constitution determines that the executive power can do nothing without resorting to law so the administration is encumbered.'*

5.6   Partnerships: state/NGO negotiations

The constitution, the result of intense political bargaining, makes it difficult to reform the state apparatus. However, NGOs, representing social movements, gained considerable prestige by their participation in the constitutional process and the intense phase of co-operation which took place in the ANC enabled them to co-ordinate their projects and define their policies in relation to the state.

Marlene Libardoni says, '*I think the whole process valuable, even the National Constituent Assembly whereby civil society had a role and a fundamental involvement. All the sectors were mobilised. All the sectors worked together with Congress and much was gained.'*

The director of the umbrella organisation, the Brazilian Association of Non-governmental Organisations (ABONG), Silvio Bavo, states that the NGOs gained great confidence in the process and as a consequence they are seeking to create a new political identity, '*ABONG was created by a group of NGOs in 1991 to develop a political identity. We want to maintain as our identity the idea of groups of citizens which organise themselves to defend their rights. We don't want to be perceived as NGOs which are the executing bodies of state policy which is not acceptable because it implies abandoning our autonomy and our critical capacity.'*

The state/civil society relationship, under the Cardoso administration, depends on partnerships between the government and other bodies. NGOs are able to participate in planning and co-operation because (a) they were instrumental in mobilising the popular movements during the transition; (b) they have already implemented projects in communities; (c) they represent their own social movements; (d) they are institutionalised

and have the professional capacity to formulate social policy.

The administration of the Government of Brazil does not have this capacity and is unable to recruit necessary personnel due to protected interests of existing staff enshrined in the constitution. A further advantage for NGOs engaged in social policy activities is that they display democratic tendencies, which are lacking in state entities, and which have been acquired along the way of their emergence.

As Silvio Bavo says, *'The culture of NGOs has changed a lot in recent years. It is more a culture of participation. A culture which recognises difference and plurality and the necessity for negotiation.'*

NGOs are now established institutions run by able, professional people. They have efficient networking systems. Their recent involvement with the on-going constitutional process leads them to expect continued co-operation with the government, both local and federal, especially with regard to social policy.
However, despite the modernising capacity and democratic tendancies of NGOs, Silvio Bavo feels that the Cardoso government denies them the possibility of negotiation as equal partners and is blocking NGO participation. He wants to be consulted more. He complains that his organisation has been excluded, *'the experiences we have had negotiating with government are very bad. It is not that we don't want to negotiate.'*

In the case of feminist NGOs, however, there is no such resentment. Members feel that they have fulfilled their professional and democratic potential as stated by participants in this research. In fact some believe that they have exceeded their capacity, as Sonia Correa from IBASE points out. Their main problem now is to meet the demands which are made. Feminist NGOs do not have personnel to fill the special posts which are being offered to them at all levels of government. Moving staff from NGOs to the government represents a conflict of interests for NGOs. It defeats their aims in that it depletes their professional capacity. However, by taking up government positions in some cases, members can fulfil general objectives for the development of Brazil, but in so doing they must also maintain contact with their NGOs which second them, as well as the social movement of women which is their constituency .

5.7   Summary

In this chapter, the research participants describe how different civil society organisations emerged in opposition to dictatorship and how NGOs developed and graduated from social movement activity to take part in reform processes. NGOs, founded to represent identity-specific groups during the dictatorship, gained popular support and legitimacy for their actions.

The constitutional process gave all civil society bodies the opportunity to work together   to incorporate their democratic ideals into the Constitution, many taking a major role in its formulation; especially founder members of NGOs, representatives of social movements.

However after that process came to an end, NGOs moved on to another stage in their development whereas the popular social movements were left behind, for this reason they are accused of being elitist.

 Despite the democratic process involved in constitution making, the end product has proved to be more of a hindrance than an aid to public sector reform. But the opportunity for debate   on institutional reform provided by the constitution was merely the end of the first phase in the democratic process, which continues as constitutional amendments are drafted in an ongoing process in which all parties participate.

NGOs are an integral part of this process and they have gained their legitimacy from the social movements. Not only do they   participate in identity-specific politics, working at a local, micro, level, but they also occupy a much larger, macro, political space working at the interface of government where they make demands for human rights. NGOs leaders define themselves as acting in opposition to government. The positive contribution they made during the transition, leads them to anticipate further involvement in government programmes and they jostle for position to enter the political frame.

In this chapter, Brazilians set great store by the transformational capacity of civil society organisations , especially   NGOs founded to represent social movements in the transitional phase. NGOs are still jostling for position on the political spectrum in the

present phase. They have the credentials and legitimacy to act as social planners to reform the public sector and they have established themselves as an integral part of the governance process.

In Chapter 6, the rise of the women's movement   is charted and the feminist institutions created to represent women in the state/civil society negotiation process are examined .

Chapter 6

EMPOWERMENT OF THE WOMEN'S MOVEMENT – FROM ORGANISED CIVIL SOCIETY TO PARTICIPATION IN AFFAIRS OF STATE

6.0   Introduction

This chapter charts the emergence of the women's social movement in Brazil. It follows the movement from its populist roots in the communities and discovers how institutional forms developed. -   the network of feminist NGOs and the National Council for Women's Rights (CNDM).

The research participants - feminist leaders of the women's movement and founder members of NGOs   - tell how they co-operated with the government during the transitional period to make health policy which was based on the citizenship project. They discuss their discourse for human rights and their political agenda   based on gender identity: to promote the citizenship of women and enhance their human development through health sector reform. They also discuss their relations with the Catholic church and the left and their strategies to protect their autonomy by operating a two tier system so that one arm of the movement, the CNDM, could deal with the state, and the other, the network of NGOs, remain independent. They also give an account of the exact role of each institution in their present day situation and express their plans for the future.

6.1   Beginnings – antecedents and identity

The movement which was to end up having a major impact on democratisation had its origins in small beginnings. Mariska Ribeira from IDAC describes the process, *'the movement was initiated in 1975, ten years behind international feminism. Women*

started to organise themselves around feminist questions.'

She describes how she was politicised and gained her identity within the forces of opposition to the dictatorship. For her, the reaction to her activism was not really traumatic as those who took part in student politics found that they were tolerated by the military regime in its liberal phase.

'I was one of the founder members of IDAC. I was a primary school teacher. I didn't go in for militancy. I got involved in the student's movement but without any role as leader. I wasn't affected directly or violently by feminism. I lost my job at one point but that didn't stop me getting another. There was a certain tolerance. I wasn't an important person within the movement'

Feminist groups in opposition to government – exile and amnesty

Mariska Ribeira compares herself to her colleague Rosiska Darcy de Oliveira, an important and public figure for the movement, who in the Cardoso government held the office of president of The National Council for Women' Rights (CNDM). She was one of a group of influential Brazilians who were in exile during the military period until 1979 when a general amnesty was declared which allowed them to return to Brazil and participate in the process to bring about democracy.

Mariska Ribeira tells the story of the women in exile and the women at home: *'Rosiska was in Geneva. She was in exile. The dictatorship had put an end to all rights to meetings. In 1975 all the women of the left who were still in Brazil exploited the International Year for Women by organising a huge rally. So here the women's movement was born, as a result of the struggle against dictatorship.'*

This was the beginning of the *'abertura'*, or opening up period, when the military relaxed its control. It was marked by extraordinary civil society activity as described by Alvarez (1990), Moreira Alves (1989) Foweraker (1995)and others (see Chapter 3).

As Mariska Ribeira says, *'The movement became the day to day struggle. It took five years to strengthen the movement. In 1979 the people returned to Brazil when the amnesty took place and the movement then took on a new identity.'*

Alliances and positioning

However other groups were emerging at the same time and Mariska Ribeira describes the difficulties of making alliances. She says that not all the women of the movement were necessarily radical and they did not automatically unite in solidarity with other social movements with different aims and identities which had become active to overthrow the old regime. She tells how feminist groups became associated with homosexual groups as, in public perception, both groups were demanding sexual liberation.This caused her to worry that feminist interests could be damaged by such linkage: '*In a machista country like this one, feminism was synonymous with homosexuality. Nobody wanted to be associated with that.*'

The feminist movement and the Left

For the women's movement to be successful, a split from traditional left-wing values, which hampered progress with rigid ideology, became necessary, as a spokeswoman for the movement states:

'*Of course our vision did not emerge overnight. The many pillars of feminist politics – breadth of vision, subversion of the authoritarian logic of our society, acceptance of differences, encouragement of plural voices and the politicisation of daily life – had to compete against the elements of traditional Leftist thinking: cause and effect explanations, exclusive logic, reductionism, the impulse to universalise…*

Much of the Left's ways of thinking stayed with us for a long time, popping up in our own proposals and actions. Within the feminist movement there was always a tension – sometimes enriching, other times impoverishing and paralysing – between the new thinking and the old. Our Leftist beginnings gave the feminist movement an important political dimension and reach, but for a long time they also held us back.' (NACLA: Report on the Americas, 1992)

Mariska Ribeira says that it was the exiles returning from western universities that gave them their new perspective. Until that time they had accepted the rhetoric of the Left even though it was not in their interests: '*Many of us were stuck with old ideas from the*

communist party or the other parties without assimilating feminism proper.'
With the return of the exiles, Brazilian women were to develop their own brand of feminism which enabled them to become a political force to be reckoned with.

The feminists and the Church

However for the feminists to embark on projects for women was to invite a rift with another former ally and for many women the split with the Church was to be just as painful as the split with the Left. The women interviewed in this research were reluctant to impose their values in confrontation with the Catholic Church. Mariska Ribeira says, *'It is still an inheritance of the women's movement that we did not want to fight with the Church because the Church was our great ally in the fight for citizenship against dictatorship.'*

However, the breakdown of relations was inevitable and eventually the feminists had to agree to differ with the Church. In time, they confronted church officials directly on committees, where both groups participated to bring about reform. Each had to learn to coexist in an uneasy truce with the other.

The Projects

NGOs created different projects according to the specific skills of the founder members. For IDAC, the project was educational and began in the communities. Distinguished and legendary figures assumed responsibility for the task of democratising Brazil. Many were professionals and graduates of Brazilian universities. Their projects were carefully thought out and well planned.

Mariska Ribeira recounts, *'1980 was the year of emergence of NGOs – organised working groups addressing women's issues and that was the year of IDAC. Paulo Freire was the founder and Miguel Darcy de Oliveira, who was a political scientist and diplomat. Rosiska is from education and I am from education and a psychologist.'*
NGOs had different projects in different regions and these combined to form an impressive body of work. As Sonia Correa from IBASE points out, the people involved in social welfare projects were extremely talented and able. *'It was feasible to prepare those agendas with such a bunch of committed and prepared people.'*

Mariska Ribeira describes an early, ground-breaking IDAC reproductive rights education project in Rio de Janeiro - the aim of which was to enable women to construct a new vision of themselves. The materials they wrote popularised the ideas of the feminist movement in comic form, *'I participated in the project, two magazines entitled Mary Unashamed (*Maria sem Vergoña*): one about sex and the other about the image of a woman.'*

6.2   A culture and a discourse

As social movements mobilised, a new, ethical discourse based on human rights came into being and created a culture of democracy. This was achieved to the satisfaction of the feminist activists in this research. Their arguments are direct and convincing and they believe in their own discourse. It is a discourse which fits the times and complements the language of the reformist state. Its strength lies in the sincerity of the standpoint which is revealed, expressing the need for radical political change. Maia Vania, from SOS Corpo, asserts, *'The feminists speak from a stated position. It is a discourse, the creation of a medium has taken place. It is a theoretical formation and an emotional position. It is a series of co-references which are very strong and for that reason they are very able to influence the dialogue.'*

Maia Vania is convinced of the universal power of the discourse which has come into existence to influence women. She believes that if the discourse was seen to be communicatively weak, then feminists would lose their effectiveness and be unable to reach members of their constituency in some far flung region or other. She says, *'If those references are missing then at any time they are able to be thrown out. Someone can turn up and say they are upsetting women on the frontiers of Acre or somewhere.'*

Marlene Libardoni, from the Feminist Centre for Studies and Assessment, CFEMEA, also stresses the power of the feminist discourse but she doesn't believe it has been powerful enough. She says that the task that feminists face, of changing centuries of conditioning, is daunting. *'We gained visibility as a national network and everyone believes in the power of the network and that is true, because we are 80 groups working together but I don't know what there is in concrete terms of change. To change centuries of cultural conditioning – a mentality of submission, of clientelism, sectarianism, partisan*

politics. All those illnesses which we know about which form the basis of Brazilian politics.'

However, Sonia Correa, from IBASE, says the discourse of the women extends well beyond the limits of the movement. *'You have a feminist feeling and a discourse that has been so consistent for 10 years.'* She adds that it is not merely a professional discourse for the initiated: *'A lot of people have made a profession and a career out of the NGO sector but there are many more people who are not in the NGO sector who are also affected by the discourse.'*

The feminist NGO movement was well established in the regions by the time elections took place in 1984. However, when these institutions became united they were to form a powerful lobby. It is from Brasília that the feminist movement was first centralised and this took place with the founding of the CNDM. In this way relations were established with central government. The feminist human rights workers assumed the task of democratisation as a matter of course. They already knew about this work from their previous, more humble role in communities. *'We had a huge commitment to the democratisation of information for the movement,'* says Marlene Libardoni, who is the spokesperson for CFEMEA - the NGO in Brasília well placed to execute the feminist agenda for democratisation; as the members liaise with Congress.

6.3   Negotiations with government

Marlene Libardoni was involved in the process of political readjustment in the transitional period after the dictatorship when feminists were brought into play in the federal capital, Brasília. She describes the process: *'In 1979 we created a group which was called Brasília Mulher. It doesn't exist any more but at that time we were about 30 feminist groups in the whole of Brazil. Brasília Mulher, in spite of being only one of the groups at the time, which was a group of reflection more than anything else, was called upon by the feminist movement of Brazil to act as a bridge, a support to deal with public power on the executive side or on the legislative side.'*

Maia Vania, from the NGO SOS Corpo in Recife, comments that it was the structure of the movement for health which was created that provided an important basis for the mobilisation of feminists. Sonia Correa, previously from SOS Corpo and now in

charge of the women's project for IBASE, remembers the early gains of the movement and how state spaces came to be infiltrated. She recalls how women from the newly founded women's NGOs were consulted for the first time on matters of crucial importance for the health and safety of women.

She recalls how she was consulted in Recife, capital of the poorest state in Northeast Brazil: *'It happened in other periods. I remember sitting down at a table like this one with someone from the health department defining where the contraceptive methods should go into the network. We were deciding in the SOS Corpo office, sitting down with the co-ordinator making this strategy.'*

These were the early days of the state–civil society alliance, as manifested by the meetings which took place between the Ministry of Health and the feminists. The subject under discussion was women's health. Marlene Libardoni recounts how planning took place for the programme of Integral Assistance to Women's Health – PAISM.
'In 82, when we commenced the fight for implementation and elaboration of PAISM – the formulation and everything – we worked closely with the Ministry of Health, working out possibilities for bridging and negotiations and possibilities etc. On the legislative level we worked on the proposal for the reform of the Civil Code (Codigo Civil) which was approved in 1985 in the House of Deputies (Câmera dos Deputados).'

From that time the women's representatives worked on both the policy of the government as well as the legal framework of the country.
As Marlene Libardoni says, *'At that time we managed to have approved a Civil Code which today includes many of the proposals of the women's movement. So we were at the forefront of what was happening '*
(She also points out that although there was approval for the Civil Code reform in 1985 by the House of Deputies, which regulated such matters as abortion, no further action was taken and the project was stalled).
Little by little from humble beginnings the women became essential advisors to government.

6.4 Mechanisms for co-operation – a two-pronged approach

The feminist network was well established throughout Brazil during the 1980s.

When the time came for political reform of the state apparatus this resource was recognised. Here was a centralised network and a body of able professionals in place with unparalleled knowledge of the communities and available for consultation to politicians and to the bankrupt state services alike.

6.4.1 The National Council for Women's Rights (CNDM)

Health reform was the means of entry for the women's movement to government affairs and power politics. It was out of the health movement that the possibility arose to found the concrete structure which was to be the CNDM, thus creating an efficient mechanism to formalise that process.

One of the most important partnerships in the state/civil society relationship has been that between the CNDM and the federal government. Marlene Libardoni explains that they were already working with the government as feminists in 1985 and they decided to replicate the state councils for women's rights which already existed in the regions. *'Two state councils for women's rights already existed – one in São Paulo and the other in Minas Gerais from '82. The fact that they already existed with relations in place was a great help. We worked on the statute - myself in particular. We devised the internal workings and the matriculation of the movement. We went on a board of technical directors with a proper (paid) position and set up an executive body.'*

Maia Vania believes that with the founding of the CNDM, the feminist movement was able to articulate itself over the vastness of the geographical area that is Brazil, enabling information to be circulated and mechanisms to be set up to apply pressure which could influence government bodies at all levels. Therefore the CNDM elevated the women's movement and endorsed the professional status it had gained.

 In time the CNDM was to become a controversial influential body. Its fortunes, which wax and wane, are followed with pride and despair by the members of the movement.

Autonomy and the problem of state control of the women's movement

Even before the CNDM was founded the question of autonomy became an issue both within the women's movement and within the NGO sector as a whole. As civil

society organisations had become identified with de facto opposition to government any co-operation with government bodies required strict guidelines if NGOs were to maintain credibility with the social movements.

The CNDM was created as an autonomous government body but, as its function was to enter into co-operation with the government, feminist autonomy was immediately called into question. Marlene Libardoni describes the predicament, *'At our level of Brasília Mulher we had already decided we wouldn't work in the name of the government, so the dilemma arose.'*

The feminists found themselves working in a special situation, whereby as a body representing civil society they were incorporated into the government through the CNDM to bring about new legislation and put the gender agenda into state planning. However, after much discussion the women of the CNDM found that they had to compromise their autonomy in order to exercise their technical skills out of patriotism. *'We decided we were in a government entity and we would stay. It was important for feminism and for us.'*

Their contribution to democratisation was to become even more important as work began on a new Constitution for Brazil in 1985. This was to be enacted in 1988, and the women's movement contributed actively in its creation. According to Sonia Correa, *'The CNDM had a very high profile in the elaboration of the Constitution.'*
Marlene Libardoni, from CFEMEA, describes the process: *'In 86 the process began and the National Constituent Assembly was set up and this became the priority for the CNDM. We were all turned towards the Assembly. 1985 were the preparations. In 1986 it went to Congress and in 1988 the Constitution was enacted. During all that time our work was very intensive.'*

The co-operation between the feminists and the Government of Brazil continued for the years in question. However, the women knew that they would not be tolerated for long in a partnership to regulate state affairs. As they had predicted, after the constitution was completed the CNDM ran into trouble and the feminists were confirmed in their mistrust of government. The CNDM was no longer required and the government began to curb the powers which they had previously conferred. The women were then boxed into a corner on matters of principle, concerning reproductive rights, and their resignation

from the government was engineered.

It was inevitable that the state would curb the influence of the feminists. Politicians did not wish to be identified with either the feminists or the consultation process as elections drew near. However, the government did not do away with the CNDM altogether. In 1989 they appointed women from outside the movement to the previous political positions which had been occupied by feminist activists elected by the women's movement. Therefore a non-feminist CNDM came into being. Marlene Libardoni says, *'The CNDM wasn't closed down but women were appointed who had no connection with the women's movement.'*

Leila Linhares of CEPIA, explains how her colleague, Jacqueline Pitangui - president of the CNDM from 1985 to 1989 -resigned because the Minister for Justice withdrew the material and financial conditions for the standing committee. *'We made an act of protest and renounced our role. After that the CNDM was rejected.'* Marlene Libardoni says, *'In 89 there was an institutional crisis on account of the abortion campaign …there was a crisis with the health work and the abortion issue and we all resigned and the technical body as well but that was after the constitutional period.'*

Mariska Ribeira sees the intervention that took place to disempower the women as the spiteful initiative of the minister of the time*: 'The CNDM has been through two phases. During the Sarney government it was a very prestigious body of the Casa Civil. It was highly esteemed. At the end of Sarney's government a Minister for Justice took office who was very reactionary. He was anti-feminist to the point of sickness and he undermined the CNDM and reduced it to its simplest expression. He moved them to a distant basement in the Ministry and appointed a member of his own family as director who wasn't a feminist and he didn't consult the movement. The CNDM was not productive and there was no person of stature filling the post until now.'*

The women agree that after the crisis occurred a new phase was entered into for the CNDM. But the relationship between the Government of Brazil and the feminists was never to be restored to the high point based on the arrangements made to develop the Constitution of 1988.

Sonia Correa says that CNDM went through different cycles with successive

governments as the country struggled to create a democracy. *'In 1988 we had a big crisis, this was the political crisis of the Sarney government, which moved into Collor which moved into the transition and six years later into Fernando Henrique. There was a very troubling situation affecting political agendas (and) what civil society should do.'*

The CNDM was created to negotiate with the government but the women employed there had to withdraw again and again. Sonia Correa sees this process of government interference in the feminist movement as inevitable and thinks that it is in the nature of the relationship that politicians can't cope with the feminists but neither can they do without them. She says, *'The CNDM was a council that was taken over – we left in 89 and again in 95.'*

However Marlene Libardoni says the feminist network was strong enough to survive without the CNDM. Institutional arrangements already existed at the levels of the state and the municipalities to represent women's issues. She says, *'From 1989 until Fernando Henrique Cardoso* (1994) *there was no CNDM and the movement which had existed from 1975 went on existing without the CNDM. There were state committees for women's rights, and municipal committees for women's rights and women's NGOs, which managed to survive with the help of international organisations.'*

Once established, the work of the feminists developed. They had created a demand and their institutions came to be an important element of the on-going democratic process.

As Marlene Libardoni says, *'The women of the CNDM still went on working with some committees and individual politicians with an advisory service in the regulation of conduct of constitutional rights that women had achieved and which were many and very important.'*

However, the tension which developed at that time over constitutional affairs is still at the core of today's relationship between the state and the feminist movement, which still consists of feminist NGOs and also the CNDM.

The founding of the Feminist Centre for Studies and Assessment (CFEMIA)

As a consequence of the threat to their activities the women in the CNDM

withdrew from public office so as to preserve their independence through their NGOs. They were able to do this as they were still backed by their international donors. However, in the absence of their centralising institution a new body was urgently required to fill the gap. It was at this stage that the NGO, CFEMIA, was founded with the remnants of the discredited CNDM and this served to increase, not lessen, the prestige of the women's movement as they affiliated themselves to the Federal University of Brasília.

Marlene Libardoni explains, *'The demand for our services increased and we worked all hours but we were back in our normal jobs. The women's movement asked us to continue and see policy through Congress. So we founded CFEMIA in 89 and we were 5 women who had worked in the CNDM and all of us had worked on the Constitution. Not all of us were feminists but those who weren't got involved with women's questions. They invested in that. We worked voluntarily in CFEMIA. We had salaries from our normal jobs but we functioned within the Unit for Women's Research at the University of Brasília and we used the offices of individual politicians to send documents and for office support. We still rely on that support.'*

The professional status of the feminists had been consolidated through CNDM participation on the executive body of government. After their resignation, they withdrew to the non-governmental sector with their projects and took up where they had left off in 1985. Feminist autonomy had not been compromised and their expertise had increased. The CNDM which remained within the government was then merely a front for women's activities and it existed without reference to the national women's movement and its representatives, now working in feminist NGOs.

However in 1994 the CNDM was reinstated as a feminist body and a prestigious feminist was appointed by the President of Brazil to occupy this role. Nevertheless, despite the reinstatement, some of the participants in this research fear that the CNDM is now a manipulated mechanism through which the government controls the feminists. Within the women's movement there is much debate as to whether or not the CNDM is a truly independent body. The source of the problem is the way it is put together by presidential appointment. Representatives of the movement want more say in appointments and activities conducted in its name.

Leila Linhares finds the CNDM to be manipulated: *'We had great hopes that Fernando Henrique Cardoso would reinstate the CNDM as we would wish it to be; that is as a government entity with a technical team which would work as the point of articulation between the different feminist NGOs of Brazil and give continuity to that CNDM which was suspended in 1989.'* She complains that the process set up in the Sarney period is not respected: *'We want the government to respect a fundamental point which Sarney respected when the CNDM was founded as a new state entity, when the President would choose the president and members of the CNDM from three lists compiled by the autonomous movement of women.'*

For Leila Linhares, there can only be democratic negotiation if there is autonomy to preserve: *'that which the re-democratisation proposed. Dialogue and co-operation between society and state. In reality the CNDM was created by representatives of civil society and receiving conditions to implement actions directed towards women from the state.'*

According to Leila Linhares, the most important mechanism of the autonomous feminist movement has been relegated to an honorary, diplomatic body within the central government, *'the CNDM (now has) just one room and a maximum of two functionaries but no technical team. In the old days there was co-ordination for health, co-ordination for violence, co-ordination for culture.'* Leila Linhares feels that the CNDM should fulfil a special role and monitor all government action directed towards women: *'In principle all government policies of gender should be evaluated by the CNDM.'*

However, Sonia Correa disagrees and maintains that the CNDM *is* now true to its origins in feminism. She says, *'Now, once again there are feminists in it. Women from the movement…the president, is a feminist and other councillors are.'*

Although it has lost prestige and been damaged by the erosion of autonomy, the CNDM still occupies an important space at the seat of government.

CNDM/NGO relations

In Brazil the women's movement is remarkable for the degree of its organisation and the strength of its commitment to women's issues. It is classified as a successful social movement and it is recognised for its contribution to the new democratic order

which has come into being. The two-tier system of institutions – feminist NGOs and the CNDM work together towards the same ends. The CNDM is an influential diplomatic body linked to the state and its autonomy is compromised. However at the second level feminist NGOs preserve the autonomy of the women's movement.

Sonia Correa makes a distinction between an executive state body and a government body as she attempts to describe the role of the CNDM: *'The CNDM is difficult to evaluate even if there is agreement that it has something of the structure of the state apparatus. I think it has some aspects of power. It is in charge of the protocol for PAISM* [see Chapters 7 and 8*]. It is doing that and whatever it is possible to do within the government. It hasn't got the power a government organ should have. It is not an executive body, but definitely and without doubt it is a government body. You need political will so that all government institutions commit themselves to the proposals which emerge from the CNDM. It is very inexperienced in its new phase so it has achieved quite a lot, especially the processes of negotiation with ministries on public policies.'*

The CNDM has no executive powers but in Brazil a great deal of importance is attached to the 'symbolic' in politics and all bodies without executive powers are considered to be symbolic.

Sonia Correa explains *'the CNDM has a very strong symbolic role. In this huge country if you don't have a point of support within the state apparatus, which provides you with support not just for public campaigns but also so that the media pays attention to what is happening, otherwise it is very hard to create a new mentality.'*

However, Maia Vania is as sceptical about the CNDM having gained any degree of power as she is about any other sector of the population in modern Brazil. She says, *'Nobody in this country has (real) power, even the President has to fit in with the political forces which don't always go his way.'*

6.4.2 Feminist NGOs, the second arm of the women's movement

The CNDM is seen to be the symbolic arm of the social movement that is feminist at the federal level and represents Brazilian feminists internationally. The second arm is the combined forces of feminist NGOs which are working in the communities and with

state and municipal bodies throughout Brazil.

Feminist NGOs are surprised at the actual level of participation they have achieved in affairs of state. There is, however, some anxiety that their organisations will not be adequate for the tasks they are expected to carry out. They do not have the personnel to meet the demands being made.

Silvio Bavo, from ABONG, says that research undertaken shows that more than 60% of NGOs have some kind of work-related relationship with public entities and this represents nearly 15% of NGO budgets, *'so there is no allergy to the state. The richest experiences have been work undertaken with the Prefeituras. Many NGOs are incorporated into municipal public entities especially when the municipal project coincides with their own ethical and political project – for social justice, to redeem citizenship, equality, liberty, participation all those things.'*
NGOs which are the focus of this research are all working with one or other level of government as evidenced by the following examples.

SOS Corpo

SOS Corpo operates in Northeast Brazil and has well-prepared, trained people ready to assume public office. One of their main functions is to plan and implement health policy and assist with municipalisation, where this is taking place. To do this they conduct training workshops for health agents and social workers. They also have a long history in producing training materials and health education documents.

Maia Vania says, *'The women's movement in Pernambuco is very strong. It is not only strong at the level of the state (but) for the media. This is a state which has a political structure which is very significant at the national level. We have influential relations with the state with regard to health matters, for example a woman of SOS Corpo has been appointed to occupy a post in the division of women's health. She is in control of the division which is very significant so as to achieve returns for the feminist population. That is the work of the women's movement at the state level and we work with the law-makers a lot.'*

This appointment of a founder menber of SOS Corpo to the post of Secretary for Health in the state administration for Pernambuco is seen as the single most important

breakthrough for the women's movement and achieves a long-term ambition for women to be in control of policy operating from a position of power within the state.

Sonia Correa sees this appointment as an important indication of where things are going for the movement. *'At present. Elselene from SOS Corpo is co-ordinating the state system in Recife. So there is permeability with people moving from civil society to the public sector to the state level.'*

She goes on to say that Elselene's appointment is no accident and that this fulfils an important objective for the feminist movement. *'This is a conscious strategy. It has become clear to us that it is impossible to implement anything in the area of reproductive health without having the adequate persons in place. The breakthrough of individual feminists into government appointments has had an enormous impact and has many implications.'*

CFEMEA

CFEMEA, in Brasília, works with the federal bureaucracy at the highest level and with Congress to vindicate and support the activities of the National Feminist Movement. CFEMEA was the NGO created by the members of the CNDM who resigned from government. Marlene Libardoni explains, *'We train politicians and advise on matters of gender. We raise awareness on the problems of getting women to Congress. We accompany all legislation which has to do with women's rights. We promote and advise on public debates.'*

CFEMEA operates at the cutting edge of the state/civil society consultation process. Marlene Libardoni explains how the instituted consultation process works between Congress and CFEMEA. *'If a politician has to report on a project, for example the family planning project, a public audience is convened to discuss the project and people from civil society are convened to debate the issue.'*

Marlene Libardoni says that in the debate for family planning, people were called from the Ministry of Health as well as the Minister himself and the staff from the Secretariat who co-ordinate PAISM. There were representatives from the medical area, the women's movement, from the Church and the National Conference of Brazilian Bishops (CNBB). Marlene Libardoni insists that CFEMEA has had an important impact

on this consultation process, *'We have changed opinion a lot in the sense of providing substance for discussion. Politicians are not acquainted with issues. They haven't the background nor the quality information. They get to know the proposals of the women's movement and they get to perceive issues.'*

Feminists work nationally, regionally and locally within the institutions of the state and also use the mass media to communicate their messages to change attitudes within the country. In so doing they contribute towards creating democracy in Brazil which extends beyond the political apparatus of Brasília. Marlene Libardoni says, *'We have achieved very important results.'*

National networking

CFEMEA, as well as other NGOs operating in their regions, maintain links with an ever-widening integrated population of feminists with their publications, which are targeted and distributed strategically. This links the work of Congress to the feminist movement. Marlene Libardoni says, *'We make a bridge with the women's movement, informing women's organisations about the legislative process and the importance of parliament in terms of equality of rights. We have Fêmea which is our bulletin and the only one which goes to all the groups of the women's movement in Brazil – in all the areas, to trades unions, to rural workers, to black women, to government officials and to international agencies.'*

Thus the women's network is kept informed about reproductive rights activities, including the Constitutional Amendment Proposal - PEC 25 and the Regulation of Family Planning Law no 209/91 as well as the agenda for Beijing (see Chapter 8).

6.5 Feminist NGOs Today

Other NGOs -SOS Corpo, CEPIA, IBASE, the Coletivo Sexualidade e Saúde and IDAC- participating in this case study, conduct similar activities, producing training materials and journals to address important issues of health, violence, human and reproductive rights. In so doing they work at both national and international levels.

National affairs

Feminist NGOs are now involved at all levels of Brazilian public life.

As Maia Vania says, *'The feminist movement is much more relevant now than it has been in the past. Feminists operate in everything that would be the public sphere connecting NGOs to public sector legislators and the media.'*

Sonia Correa agrees that there is an interactive process in effect: 'There is a permeability between NGOs and the public sector.'

International affairs – Beijing 1996

The NGO CFEMEA prepared the Brazilian feminist delegation for the UN Conference in Beijing. Their bulletin *Femêa* provided the preparatory information on this occasion, *'The bulletin ended up being the link of the movement for the Beijing conference. UNIFEM called on us to organise all the official seminars and select those who would represent Brazil. We also brought out five special bulletins called 'Peking'.*

Funding and survival

Depite the position feminist NGOs have obtained in national affairs, they are finding it hard to survive in a newly democratic Brazil. The international donors no longer support them with financial backing as they did in the past. Although some projects are funded there is no support for staff salaries or infrastructure expenditure and new sources of funding have to be identified.

In this case study NGOs are convinced that they will make the transition and survive by receiving public money for their activities . Marlene Libardoni says that this is a new departure. The women's movement from 1989 to the present day (1996) created autonomous mechanisms and civil society institutions learned how to organise without support from the state. Now there is a new situation for NGOs looking for government support.

Mariska Ribeira says*, 'The majority of NGOs never received public money – not*

only to maintain independence but also because government agencies don't have funds…we couldn't ask for funds from the dictatorship state.'

International funding is now distributed on the basis of projects and is not distributed directly to NGOs. This has lead to increased competition between NGOs.

Mariska Ribeira describes the new system of competition for central funding: *'We are negotiating all the time. It takes ages but I don't do what the United Nations says. I do my own proposals. If they don't like it they cut it, or they say we won't do this part or else they can decide to support the project integrally and that has nothing to do with public policy. We are what they have begun to call an organisation of the civil society…we are getting that name now.'*

The international donors have withdrawn support now democracy has been established. At present any available international funding is controlled by the federal government organisation - the Brazilian Association for Co-operation (ABC) - and projects are vetted in Brasília. For women's projects the CNDM decides. Direct funding is very rare.

Lack of human resources to fill public spaces

Another problem which threatens the activities of NGOs is a shortage of members. It is difficult to find personnel who share the ethos of NGOs and who are professional in the same way. For the feminist movement this is a serious lack. They need personnel to implement PAISM policy and especially operators who are prepared to move from the regions to the federal capital. The President of the CNDM had to move to Brasília from Rio to assume her particular role. Unfortunately there are not enough contenders for other important posts in Brasília.

Sonia Correa explains, *'The Minister was willing to give the particular post of co-ordination of reproductive health or PAISM to somebody coming from the feminist movement. We don't have anybody with enough knowledge of the system and it makes no sense to remove a person from where they are useful to fill a gap somewhere else (tirar a roupa de algum santo para vestir o outro). It was offered to the NGOs to take somebody who is at the state or municipal level back to Brasília. We are facing a serious shortage of human resources plus the problem of financial resources.'*

*G*radually NGOs are being drawn into government processes. As Silvio Bavo says*, 'I don't believe that the NGOs by themselves can gain power. I don't believe it but they are participating in networks and in forums and raising matters of increasing importance. So we are confronting the dilemma of having gained that space in the middle of government and where we have a good capacity to have our proposals accepted as participation of civil society and its representatives but we need more people. We need to specialise…get to know the policy thoroughly in order to propose changes therefore we have to assert competence of information for the NGOs and for ABONG.'*

6.6   Summary

This chapter shows how Brazil's women's movement organisations have empowered themselves, or were empowered, to table a feminist agenda for government policy. The feminist activists interviewed in this case study represent the movement at a high level. They come from different regions and altogether they represent a spread of concerns.

For the most part, the social movement that is feminist emerged as one grouping among many as political demands grew out of identity-specific groups. The organisations formed by these groups, across boundaries of class, were based on their interest identification. In order to protect their specific interests, feminists had to break away from left-wing politics and establish their own agenda. They also had to break with the Catholic Church in 'cultural' matters concerning women and sexuality, always presented in terms of a 'patriarchal' family. The Church, however, in its 'liberation' capacity, was the grand ally of the social movements in the struggle for democracy. In the present phase, the Church has now been forced to the negotiating table with the feminist movement as equal partners.

Feminist aims had as their ultimate goal the achievement of a state of democracy for themselves and others which would be inclusive and would provide coverage by the state of essential services – hitherto unavailable. Their specific area of concern was reproductive health, where reproductive rights legislation had not kept pace with the contemporary reality.

By focusing on specific issues, common to all women, feminists were united with

their constituency which is the female population of Brazil. Maia Vania says, *'We are the subject and the object of our own deliberations'*. Thus she acknowledges that all women, from whatever background, have the same problems.

Women's movement institutions evolved to form a two-tier system: the network of feminist NGOs and the CNDM. The CNDM was invited to take part in government planning in the area of women's health. This involvement led them to take a prominent part in the National Assembly for the Constitution. However, when work had been completed for new legislation the feminists were ousted from the prestigious government position, which had been created for them. They were forced to resign and draw back to the non governmental sector.

The CNDM was rehabilitated under the Cardoso government (1994 – 2003) where it successfully raised funds for campaigns but was accused of being too close to the presidency. The CNDM also participates in the Brazilian funding agency, ABC, which designates funding to NGOs for projects. There is some resentment expressed by NGOs in the field that the CNDM is vetting their projects for funding and that some NGOs are favoured over others.

This case study reveals a high level of professional capacity within feminist institutions – the CNDM and NGOs- which are able to respond to the demands of government in the effort to reform institutions. The Brazilian civil service, does not have this capacity to support reform programmes, especially as their own vested interests dictate against reforms. Therefore there is an increasing demand from the public sector for highly trained NGO personnel to fill key posts for implementation of programmes.

In Chapter 7, the public health service in Brazil is examined to determine its capacity to deliver health services to the population as laid down in the Constitution. It examines the difficulties of decentralisation of government processes to the municipalities for health service delivery and also considers the progress made by the feminist health plan, PAISM, and assesses its impact on female communities.

Chapter 7

HEALTH IN BRAZIL

7.0   Introduction

In this chapter the research participants discuss the role played by feminist institutions in reforming the health sector and their activities in the field of health to construct citizenship for poor women which include a national health plan for women (PAISM) to be delivered in the public health sector. The   national plans for health are also examined to determine the capability of service providers to deliver services and also the political will of the Government of Brazil to decentralise the health service in a process of municipalisation, in order   to achieve universal coverage with health care.

Defining policies for women's health, to include reproductive rights, which would be adopted nationally, formed the basis of activities of the women's movement during the transitional period to democracy. It was on this basis that feminist institutions entered into co-operation with the Government of Brazil. NGOs gained experience of social conditions as they worked both politically, in the struggle for democracy, and practically, through community work. They came to understand that the provisions made by the public sector to address the miserable social situation which affected most citizens, and especially the female population, were totally inadequate.

The health sector during the dictatorship was characterised by 'private care for those who were able to afford it; a public network of curative care provided by the Ministry of Social Security (*Previdência*) for those formally employed and paying into a

social insurance scheme; a mixture of basic health clinics and health programmes provided by the Ministry of Health, state and district health sectors and charitable institutions for those otherwise not covered' (Atkinson 1998:1).

7.1 Health for all - a broad based popular movement

As the dictatorship began to crumble, alliances were formed - between community-based organisations, health professionals, students, NGOs and the Catholic Church - in an extraordinary political ferment which led to the formation of broad-based social movements, as discussed in Chapter 5. All of these identified the need for health reform and demanded greater justice in health care provision.

So health care came to be a part of the 'rights' agenda in Brazil in the transition to democracy - a period of great ideological change - when demands for an inclusive citizenship were made by human rights activists. Proposals for citizenship encompassed not only civil and political rights, but also socio-economic rights: including provision of health, education and shelter to be provided by the state as a duty to the entire population.

Therefore public health plans were conceived of as proposals for a new, inclusive democracy. The main public health plan, the Sistema Unico de Saúde (SUS), was the fruit of ten National Conferences for Health and was promoted from within the health sector and negotiated with the Popular Movement for Health as well as in community projects as part of the democratic process. SUS policies were hammered out as part of the general movement for freedom.

7.2 Health and the private sector

The health sector in Brazil has a history of privatisation whereby the state budget for health was designated towards non state entities to deliver public health services. The military regime privatised the health system by contracting services from the private sector rather than expanding and investing in the public system. By 1970, 66% of hospital beds were outside the state health system – 29% of these were provided by private enterprises and 37% by non profit making entities (Cordeiro 1991).

The 'conveniados'

Sonia Correa explains that the Brazilian health system was privatised with the reform of the Social Security system (*Previdência*). At this point the health service only existed to serve those in possession of a national security card.

The military government relied on certain hospitals and NGOs to create a rudimentary health service whereby existing entities signed agreements (*conveniados*) to deliver services to the general population. Sonia Correa says*, 'These were the so-called famous conveniados which have been in place since the sixties to provide health services to the general population…being those people who did not have a security card.'*
State facilities were only guaranteed to civil servants employed by the state. For those outside the system only piecemeal arrangements existed and Sonia Correa explains that the state then became responsible for funding both systems with a consequent drainage of public funds into the private sector.
'Here you have the security system with its own facilities getting money out of the security system to pay the private sector.'

The extreme form of centralisation which took place during the military regime together with privatisation of public funds into the private sector destroyed the public health system, which up until then had been homogeneous.

Subsequently, the health service, as it stood in the 1980s, did not have the capacity to deliver health care in the communities. A further problem was that the three cumbersome bureaucracies of health administration in Brazil – federal, state and municipal – were separate from each other and uncoordinated.

7.3 Health and the feminist movement

The attainment of health services for women became the political project of the women's movement. Feminist NGOs and the CNDM were empowered for participation in government affairs so as to plan for health and regulate the law, as described in Chapter 6. In this case study, the interviewees agree that it was the platform for health which allowed their feminist institutions to organise and enter government institutions as advisors. Amongst the women in the movement were health professionals. They had the professional ability and the standing to make their ideas known and their opinions

felt and they realistically confined their agenda to addressing the basic issues of health care provision for reproductive rights. Had they diversified or deviated from their stated aims in this field they would not have achieved the same impact. It was the urgency of the agenda which gave credence to their aims.

Maia Vania, of SOS Corpo in Recife, says, *'Health is the centre of our work specifically. That's something which goes back to the origin of SOS Corpo. We also work with gender relations but health is the strongest area which structures our institutions.'*

Mobilisation of female communities to demand health services

In their activities to bring about acknowledgement of the health needs for women, feminist NGOs in Brazil operated on both practical and political levels. The first level was direct involvement with women in communities where NGOs mobilised women to fight for their health rights by creating conditions for citizenship participation.

Mariska Ribeira recounts how her NGO, IDAC, linked health to citizenship rights in a paradigm particular to the women's movement.

'When you discover you haven't got something and it isn't because you are poor, it isn't because you are ruined, not because you are on the ground; none of those things but that your rights are being denied. The right is yours and you aren't getting your rights. They are yours because you pay taxes. You pay when you buy rice. That was all part of our work to draw attention to those things. We strengthened the esteem of those people. The dreadful misery is humiliating to a person. They have no courage to revolt. They think it is their fault that they don't know how to live and suddenly they are women who take on life. They form neighbourhood associations and they get involved. They get roles and they start to work politically. That was our work in health.'

Members of NGOs, instructing communities in the meaning of human rights, wrought radical ideological change in communities by bringing women to realise that they could as citizens make demands of the state.

This community work wrought a cultural transformation and was grounded in practical educational theory. The basic, common-sense messages they imparted were to have an enormous cultural impact on the people.

Women's health – by definition reproductive health?

However, working with women's health was to raise issues which had long been ignored in Brazilian society. At this early stage of their democratic activities the feminist activists were unable to reveal their reproductive rights agenda. To claim that women's health needs were specific would have been to risk alienation from their allies and supporters.

Mariska Ribeira tells how IDAC came to work with health, being careful not to upset the priests and nuns of the Catholic Church who were their allies in the cause of justice and human rights. (The Church played a huge part in mobilising the popular movements as discussed in Chapter 3.) However, eventually they were forced to confront the problems which were revealed and which were concerned with female sexuality. *'The women who came from political struggle wanted to confront the women's question – our sexuality, our body we respect, etcetera. These were all the international slogans. To use those was to create a conflict with the Church and remove us from the popular communities. So health was a strategy which was used – the right to welfare, the right to a wholesome environment, a healthy home. Those kind of rights were very welcome to everybody but we could not talk about sexuality.'*

But the problems the women in the community experienced had much to do with their human condition as women, who were subject in their relations to men and in society.

Mariska Ribeira explains how it became impossible to avoid the real issues. *'We would arrive in a community to work on hygiene and what we would find was a band of women who would complain about their problems and we ended up talking about sexuality – their children; whether they could have children; if they didn't want to have them; about abortion; the one who was pregnant again and didn't know what to do.'* The time had come for the feminist activists to propose their agenda and develop an ethical framework. Mariska Ribeira says that then all the issues were on the table for discussion. *'It became clear and we set up our projects with an ethical basis and treated health matters. We touched on all the issues of sexuality, all the questions about violence, all the issues concerning citizenship.'*

Fragmented projects united

Such NGO community work was being replicated throughout Brazil. Mariska Ribeira tells how in the early days each NGO worked in a vacuum in competition with other NGOs engaged in similar activities, *'That was our work in health. SOS Corpo was doing the same. The Coletivo de Mulheres did another kind of thing which had the same outcome. These kinds of initiatives sprang up in different places in 1983–84 (the first year of direct, local elections in Brazil after the dictatorship). Each project was absolutely isolated and there was a lot of rivalry – competition in the sense of who was doing it better.'*

During this period, feminist lobbies were springing up and NGOs proliferated as they identified their areas of activity. In time, all the energies and activities of feminist NGOs, which had been dispersed, were to come together under the umbrella organisation, the CNDM, as described in Chapter 6. Once feminist NGOs became co-ordinated the women's movement was transformed into an effective national movement. Taken altogether as a network, the initiatives of each NGO working in the regions amounted to an impressive body of work operating within a powerful system .

7.4   Plan of integral assistance to women's health (PAISM)

Health coverage for women became the platform for the women's movement and, as the participants in this study explain, their involvement was not merely academic, but required professional input at every level. The health plan they conceived in 1983, together with officials from the Ministry of Health, was the Plan for Integral Assistance to Women's Health (PAISM), and it was radical in its vision.

The plan was conceived at the same time as SUS and involved a wide input from civil society, it was envisaged that the system for decentralisation for SUS would also serve to deliver PAISM.

Origins of PAISM – women planning for women

According to Costa (1992), PAISM emerges in 1983, representing the hope of a response to the dramatic epidemiological profile of the female population.
With the concept 'integral assistance to women', contained in the title of the plan, the

notion of gender is acknowledged and 'integral' implies an educational component to raise the consciousness of poor women to enable them to exercise their citizenship agency and take decisions which would give them a sense of identity and a measure of control over their bodies and their lives.

Costa says, *'The practical education which is so necessary to assistance must have the aim of constructing identity. It is through these educational practices that women will become able, for example, to choose a suitable contraceptive method and so they will then become agents for change and be able to guarantee their rights' (Costa 1992:8).*

The acceptance of PAISM as a national plan to address women's health needs and provide universal coverage constituted a breakthrough for feminist NGOs in 1984. The planning stage of their involvement came after their practical work in the communities and they were able to build on this experience when they were invited to participate in government planning processes and broaden the debate to move away from the notion that women's health was based on childbearing.

Mariska Ribeira tells how the planning process took hold. *'What we had was a small effort of 40 or 50 women and we made a great effort to multiply the results and finally we got visibility with the government and we started to be consulted as collaborators with the government – not only the federal government but the state governments and the municipal governments and in our case we were called in to do training of health professionals in the municipal secretariat for health and we worked for a long period developing the training.'*

Sonia Correa was also one of the architects of PAISM. She says, *'We used many actions and devices to gain visibility, including the elaboration of PAISM which is a very significant step for the health movement and the women's movement. PAISM breaks with the vision of woman as object and assistance with the view of the child in her belly. PAISM makes that rupture and brings the woman to the fore in herself, integrally. Although this is still only a partial view and still it associates woman with reproduction but it makes a trajectory which admits a vision of an individual woman starting with the promotion of education within a health programme.'*

The NGO feminist activists were called in because the health service did not have

the capacity to address issues of women's health and was at crisis point. Government attempts to introduce birth control revealed the level of incompetence in the health sector as Leila Linhares explains, *'The idea of PAISM arose in 1983, which was the beginning of democratisation in Brazil. It was a very good proposal. The government had already launched several bad plans. There was one to prevent pregnancy in women who would be at risk for their lives. It was planned to provide the contraceptive pill. Only those are precisely the women who can't take the pill, because it is dangerous for them.'*

The feminist movement consulted

The feminists found their work was transported from one level of activity - at the community micro level where they had gained extensive knowledge through field work - to the federal government at the level of policy-making for a national plan.

Leila Linhares says, *'To our surprise the Ministry of Health was responsive to the criticism of feminists and it accepted to formulate a new programme with feminists and health professionals which was PAISM and if you were to read it after 13 years you would see it is a very good proposal. It is a very comprehensive programme. It foresees integrated actions. It is very democratic and all women can be beneficiaries.'*

However, for all their good ideas and hard work, PAISM was not immediately adopted, supported and put in place by the Government of Brazil, because the co-ordination between bodies which could act on plans was weak. Leila Linhares says that from 1983 to 1988 this programme never left the paper it was written on until the new Constitution of Brazil was enacted in 1988.

From then onwards the Government of Brazil made gestures towards implementation of all the plans of action to deliver health policy. Both SUS and PAISM were nominated officially as the national plans to put health in place nation wide.

7.5 Municipalisation and Delivery of public health services

Brazil conceptualised its public health plans, the Sistema Unico de Saúde (SUS) and the Programme for Integral Assistance to Women's Health, (PAISM) , as part of the proposals for a new, inclusive democracy.

The health sector is undergoing radical change and the Government of Brazil is

supporting municipalisation – the only government sector where decentralisation is occurring. However, municipalisation is a limited process as local governments need strengthening to undertake the complicated bureaucracy to administer a large budgets. Even though an extensive public health network exists the quality of care is extremely poor.

In a developed region, where the municipality has the capacity for local administration, efficient services are in place otherwise the Ministry of Health still buys services for SUS from other operators in the field, being state sector institutions, NGOs, private hospitals and other entities.

At present SUS is only partially implemented but in developed municipal areas, such as Porto Alegre, which has one of the most developed administrations for the delivery of SUS to the public, the new system is working. Municipalisation is underway - in 1996 there were 30 municipal teams for Primary Health Care, by 1997 there were 100 - as the old state sector health facilities are taken over by the municipality and upgraded.

With the necessity of providing services to the citizen for the first time, municipalities are beginning to contribute with more money from the municipal budget for health. This is a general trend and the principle of health as a right is now accepted as the norm. For the NGO sector, health service delivery remains a priority area for the construction of citizenship. Silvio Bavo, of ABONG, says that the purpose of democratic health reform *'must be to include all that is the condition of the infrastructure so that health can occur'.*

Sonia Correa, who is in charge of women's affairs for the influential Rio NGO, IBASE, says, *'IBASE knows the critical importance of health policies in terms of social equality. It considers, at the level of principle, that health care is a basic right.'*

7.5   Assessment of health plans

Both SUS and PAISM provide guidelines for health services. However, the plans are difficult to implement throughout the territory because of disparities of development existing in different regions. Although both plans provide a coherent vision for service

delivery the mechanisms for implementation vary. Statistics also vary as the following statements make clear. For some observers, real progress has been made and improvements are in place. For others standardising health care in such a large country is an impossible task.

According to BEMFAM, institutional coverage with PAISM interventions is 95% but the quality of coverage is poor and attendance of women is sporadic (Enquesta Demografia e Saúde, 1997).

Marlene Libardoni however despairs at the low level of PAISM coverage and says that according to the analyses of the Ministry of Health, only 30% of PAISM is implemented, indicating the paucity of existing services. For her, it is the weakness of SUS, which still has very low access, which is at fault.

Leila Linhares feels that despite all the efforts and all the plans there is little or no change in the indicators for mother and child health as in Brazil as a whole SUS, and therefore PAISM, hasn't happened. According to maternal mortality stands at 150 maternal deaths for 100,000 live births, which is the highest rate in Latin America and those deaths are underestimated: *'because the death certificate is going to say 'haemorrhage' or 'embolism' not maternal death. Many women don't do prenatal. Some are diabetics or hypertensives who die before the pregnancy ends. The underestimate is taken from the national mean, derived from the places where the services are much better. The Northeast or Centre East has a much higher maternal mortality than 150 per 100,000. So we have a situation of illness and morbidity and maternal mortality which we believe is due to the non-implementation of PAISM.'*

Marlene Libardoni is very critical of the health system: *'I think the crisis for health in Brazil is very big because of the fragmentation of the structure. Decentralisation in terms of SUS is only a possibility, although it is being carried out in some areas. Some actions are being carried out but it varies from one state to another.'*

Ana Maria Costa takes a more optimistic view on the basis of another national survey to determine the degree of PAISM implementation in 1992. She maintains that reform is not a linear process but *is* taking place at different administrative and political levels according to the various conditions of the health service in different areas of the country. Despite the upheaval of the health service, with privatisation undermining

the norms for a universal system, there have been gains. *'It has been possible to put in place arrangements which have resulted in an accumulation of technical and operational knowledge and a work methodology which indicates a new model of health assistance in place conforming to the principles of integrality and universality'* (Costa 1992).

As Sonia Correa says, important gains were made in the area of women's health which were difficult to reverse in the long term. She feels that once a programme has been established – and there have been times of excellent attendance to women in all the major Brazilian cities – there is an important residue left even after a programme is closed down and the political spectrum changes. She points to important progress made during the administration of the feminist mayor in Sao Paulo: *'In São Paulo where the mayor changed – Luisa Erundhina came out and Malouff came in – it was not possible to dismantle the whole public policy in the area of health completely, and particularly women's health which Erundhina set up. The service got worse but they didn't manage to do away with it. It is evident that the quality has suffered and the efficiency but it didn't disappear.'*

Leila Linhares agrees that fragmented services do exist: *'In some municipalities, one way or another PAISM is implemented. In the municipality of Rio de Janeiro, after 13 years of PAISM and 8 years after the Constitution, you have a series of public hospitals principally from the municipal network but also from the state network and maternity hospitals where one way or another attention to women has improved. In some centres women will find orientation and contraceptive methods but these are not widely spread, not well distributed.'*

Sonia Correa says that the feminist plan is taking hold gradually: *'We know that PAISM has gained space but that is a slow process. We carried out research about the quality of actions in Recife in the metropolitan area and we saw that PAISM was not implemented and that is the situation all over Brazil. It has some initiatives implemented. The one which has grown the most is prenatal services.'*

Lowered expectations

Those interviewed in this case study agree that some rudimentary service for women *is* now in place, although it is by no means the PAISM they had envisaged in the

first place. Disappointingly, despite some progress, the epidemiological indicators have not improved. The maternal mortality rate has not declined, leaving Brazil amongst the most undeveloped countries of the world.

The original elaborate plan devised by feminist NGOs for women's health proposed total health care and included health education. But today, feminists accept that they must settle for a more realistic checklist of activities for health services for women to include: prenatal care, childbirth assistance, family planning and some health education activities. Parts of their plan - such as cancer screening - belong to the future when services are developed.

Public opinion – IBOP survey

Public opinion is changing in Brazil. Sonia Correa considers the health survey carried out in six metropolitan regions by the Brazilian Institute of Public Opinion, IBOP, with the media network Rede Globo, to be very significant. According to this, women have three major concerns: the first is AIDS, the second is violence and the third is cancer of the cervix. It also shows that for the first time women are concerned about the legalisation of abortion although they do not express much interest in contraception. *'Legalisation of abortion and contraception are there – not incredibly high but high when you think that 6% of housewives have mentioned legalisation of abortion as an issue. Cancer is a major concern in São Paulo, Rio and Belo, Porto Alegre and Salvador but in Recife it's 20%. This is a result of a campaign. The same with abortion, you would never think 10% of women would be aware. Contraception is very low but that's because of sterilisation.'*

For Sonia Correa, these results show that the concerns of the women's movement are beginning to be the concerns of the general public in matters of health.

Changing attitudes and increased demand for services

The women's movement takes credit for this change in perception and the new awareness of issues - now squarely lodged in the public domain - which is revealed by these opinions. These are very different from those previously held in Brazil where, historically, such matters were the private concerns of ordinary women.

But once women become aware of the issues which concern them they begin to generate new demands. Mariska Ribeira says that one of the main problems is that governments are afraid to offer services to women as the demand would be enormous and they will not commit resources to meet this. She says, *'I think they are afraid that with any publicity there will be enormous demand and they will not be able to meet the demand.'*

Angela Santana believes that the health plans should have been implemented and decentralised immediately after they were approved. The delay on decentralising health services meant that the programme was run from the centre with disastrous consequences. She says, *'The Constitution of 88 tried to do this but from 88 to the present it was not implemented. SUS, in the way it is working, didn't decentralise the health interventions. Basically if we want to take a simplistic notion of SUS we can see that the hospitals attend anybody and do for example any surgery and they send the bill to the Federal Ministry of Health. In this way it bypasses and has nothing to do with municipal actions and we don't even have the resources for preventative measures at the municipal level or even sanitary measures and so the system up till now is very centralised at the federal, government level.'*

The market decides – supply and demand

However the Brazilian government policy is governed by neo liberal politics and the international agenda of the IMF which proposes to reform governments by reducing state expenditure and opening up the health market for private investment. Angela Santana explains that any change that will take place in the health service will be based on a division between supply and demand.

Therefore universal health plans are not on the agenda for implementation. As the director of the Misericordia Hospital, in Porto Alegre, maintains, *'the federal commitment under the present government to SUS is, at best, feeble.'* He points out that experimentation is still taking place with health.

7.7   Summary

This chapter reveals that the health sector in Brazil has been the subject of

ideological struggle in the transition to democracy and plans for health reflect the nature of the political debate.

At present, SUS is considered to be a good and comprehensive plan. However, decentralisation is the precondition for its delivery and as municipalisation is a very slow process it has not been possible to channel federal funds directly to hospitals and corruption has taken place on a massive scale. Municipalisation is the key to the provision of an efficient health service; however, most of Brazil is underdeveloped and does not have the capacity to implement local health services with the complicated accounting system that this involves.

Also, the Government of Brazil operates with a different strategy for health from the one which emerged in the democratic process; a policy based on supply and demand working with existing partners in the private sector.

The women's movement, represented by its NGOs and the CNDM, has created PAISM to address issues concerning women. It demands that interventions for women's health now take place under whatever system and promotes universality of access to services.

Another factor for progress is that public opinion is changing in Brazil and the demand for public services for women is increasing. It is clear that PAISM is the most effective plan for women, although it is now a cut-down version of the original total development scheme for women to include education and political awareness training.

For the women's movement, SUS is the favoured mechanism by which PAISM can be delivered and all the participants in this case study agree that coverage with interventions has increased slowly but steadily.

In Chapter Eight the participants discuss the reproductive rights agenda and the legislation they have put in place to make provision for women's health interventions to take place in the public sector, as described.

Chapter 8

REPRODUCTIVE RIGHTS – POLICY, PRACTICE AND LEGISLATION

8.0   Introduction

This chapter details how the representatives of the women's movement, leaders of NGOs, devised their policies, instigated practice and devised legislation to bring about delivery of reproductive rights. The research participants claim that reproductive rights are equated with citizenship in Brazil, and that legislation, now in place, will end the existing taboos which have created insurmountable problems for the majority of women.

At the heart of the struggle for democracy in Brazil, and particularly for NGOs representing the women's movement, is the desire to reconcile the legal system with the harsh reality of everyday life and ensure delivery of civil, human and social rights for all. The input of feminist institutions into the democratic process has achieved wide recognition. Their success can be attributed to the means they found to co-operate with the government for health plans, their ability to legislate for reproductive rights and the access they have gained to the health care system to ensure implementation of national health plans.

8.1   Population control

Throughout the dictatorship, women in Brazil sought for the means to control their fertility and they created a massive demand for contraception. Their demands were fostered and met by outside agencies, which, despite going against Brazilian cultural attitudes, operated freely, implementing policies laid down by outside forces and the agents of US foreign policy in particular. The independent market forces, which included private medical establishments and pharmacies, were free to trade in fertility control, as

there was no system for regulation in place.

Maia Vania, from SOS Corpo in Recife, says, ' *the official discourse was natalist (natalista) and the government had policies and actions which were ineffective to assist family planning, so there was low coverage and an old fashioned programme creating a vacuum in this area as, in truth, the government never had a population policy. It [the government] turned a blind eye (fechava olho) to the action of agencies which were conducting that politics.'*

By the late seventies, it was obvious that outside measures to regulate fertility had had an enormous impact. Reproductive patterns and aspirations were changing very rapidly in Brazilian society and these changes had nothing to do with government policy.

Changes in patterns of fertility

The Latin American region in general has experienced a decline in fertility of 40% over the past decades. In Brazil the Total Fertility Rate (TFR) has gone from 6.2 children in 1950–55 to 3.5 in 1985–1990 (Berquó 1991). Brazil now has an average fertility rate of 2.5 children (2.3 urban rate and 3.5 rural rate) to women aged between 15 to 49 years (Pesquisa Nacional sobre Demografia e Saúde 1996).

Induced abortion and female sterilisation (estimated to involve 38% of all married/co-habiting women) are thought to be responsible for the 30% decrease in TFR in Northeast Brazil from 1986 to 1991.

According to the National Research for Demography and health, 42% of women in union with men with two children are sterilised and the average age for sterilisation is 28.9 years (1996).

8.2   Contraception in Brazil

Throughout the 1970s and 1980s women in Brazil sought methods of birth control. The days of large families had come to an end, family planning was difficult to obtain and abortion was illegal. The demand which was generated for birth control technologies was on a massive scale and the social service system was inadequate to provide for the needs.

Sonia Correa says that women looking for ways to regulate their fertility found

nothing in the public sector and so they resorted to the black markets, pharmacies and drugstores. Products were available without supervision of devices or control of drugs supplied. *'All this did was to spread reversible contraception all over the place without adequate care and supervision and this created a culture of discredited contraception.'*

It is clear that choices for women were limited and stark and could be reduced to the following: they could deal with pregnancies as they occurred; find the means to terminate their fertility; or else negotiate their way around the private market place finding unsupervised methods of birth control. Whatever solution was found often had dire consequences and the mortality rate for women, which was never officially determined with reliable statistics, reached unacceptable levels.

The feminist agenda

The absence of population policy in Brazil and the official neglect concerning this potential area for women's health and development had laid the basis for the specific profile of Brazilian women with regard to reproductive rights. The first aim of feminist activists was to foster political awareness and address the problems facing women which had been so long ignored. This was the basis for them to begin negotiations at all three levels of government – federal, state and municipal.

Their plans included measures for fertility control to be based on (a) adequate policy decisions, and (b) health care provision. The feminist health plan, PAISM, 1984, also proposed comprehensive health care for women, including contraceptive choice.

The UN agenda

Brazilian feminists, influenced by the UN Conference held in Mexico to address women's issues which initiated the Decade for Women (1975–1985), commenced from a very firm standpoint, constructing debates on the position of women in Brazil and *'creating the feminist discourse'*.

By the time of the Nairobi Conference, in 1984, they were working in the Ministry of Health and they had reshaped the debate to state that contraception should be provided as part of a larger package of reproductive health needs - ranging from contraception and pre and post natal care to cancer screening.

The US agenda

However despite the participation of Brazilian feminists at UN conferences and the internal debate regarding the rights of women, outside forces were in charge of existing processes and US dollars poured into the region for the purposes of controlling the Brazilian population. American foreign policy and US agents in the field were to have an enormous impact on Brazilian fertility patterns.

Sonia Correa says, '*All the training activity and the educational materials were funded by the UNFPA and also USAID, which went on funding and funding and funding.*' Sterilisation was the dominant mode of achieving reduction in fertility rates and was introduced by the Americans though BEMFAM, an auxiliary agency set up by the state. Training programmes for Brazilian nationals adopted the American approach to population control and the Government of Brazil turned a blind eye. Maia Vania explains, '*BEMFAM is one of the organisations responsible for the introduction of sterilisation because it was the controlling institution which was offered a lot of money and of course the government, which had no programmes, allowed this. Lots of money came in through BEMFAM and training. There were professionals to-ing and fro-ing to the USA and so they took over the area and became part of the process.*'

In retrospect, the United States policy of sterilisation is seen to be a racist one, used to limit the American black population in the 1930s and 40s in the USA and exported through USAID (Hartmann 1995) and there was tacit support for this policy in Brazil in the 1980s.

8.3   The Church/feminist dynamic

The Catholic Church in Brazil opposes all types of contraception. Catholic doctrine dictates that women should not interfere with their natural functions, which are merely hers to fulfil the will of God. Abortion violates the 5th commandment, 'Thou shalt not kill', as a child has an immortal soul from the moment of conception. The military government did not confront population issues directly but was '*natalista*', or pro the birth rate, and '*anticontrolista*', or anti birth control. Any challenge to this official position would have meant confrontation with the Catholic Church of Brazil.

In Recife, the development of the ideals of the feminist movement had its parallel in the growth of liberation theology in the diocese of Archbishop Hélder Câmera, the great humanistic priest, champion of the poor and four times nominated for the Nobel Peace Prize. The relationship between the Church and SOS Corpo, in Recife, has been through many phases. Maia Vania says, *'There are always problems with the Church but that doesn't mean the situation can't be favourable. It has to do with the dynamic. The Church works and it helps. It offers space. Other times it won't co-operate. They get mixed up in women's affairs (abortion and contraception) but that has always had a big place here within the Church.'*

At the present time, the Church in Brazil reflects the conservative regime in place in the Vatican. However in Latin America there are always dissident priests who are committed to the poor and who understand the problems faced by poor, unprotected women. During the opening up period (*abertura*) in Brazil, the Vatican sent emissaries from Rome to exact discipline from the clergy and expel rebel priests. Maia Vania says, *'The cleansing (limpeza) that took place! But there were always groups of resistance in all the spaces and there still is. They see the plight of poor women and everyone understands the complications of their lives.'*

Marlene Libardoni in Brasília says that it took time for the Church to wake up to the fact that women were collaborating with Congress and were involved in the legislature, *'At first they didn't take much notice. Now they are organising themselves in Congress.'* These days, the Church has to meet the feminists on congressional committees as equal partners.

Generally, according to Marlene Libardoni, the Church seeks confrontation with the feminists and constantly tries to block their legislation and hamper their progress: *'The Church gets mixed up all the time. They proposed an amendment to enshrine the right to life from conception (PEC125). This came from the Church and so did the correspondence and the lobby. They preach to the electorate about the person who is against life.'*

Similarly, during negotiations for the Family Planning bill, the Church was obstructive: *'During the discussion on family planning they said only natural methods were allowed and no information should be given to women and no discussion. They say*

women must avoid getting pregnant when abortion is discussed. That is the contradiction. One argument is the contrary of the other. If a woman has no information how can she avoid getting pregnant?'

Leila Linhares accuses the Church of preventing sex education, which is another important element of NGO work: *'Another indicator is the non-articulation between the health education sectors. The Catholic Church or the hierarchy has been the great influence which impedes sex education in the public education sector.'*

However, despite the Church's interest in women's affairs and constant intervention to impede feminist progress, it does not address the question of how the birth rate has fallen. It does not confront the facts, neither in Northeast Brazil nor elsewhere in the country, whereby the population has now been drastically reduced: in the first place because of outside intervention for population control which promoted sterilisation and, in the second place, by widespread illegal abortion which, in at least 10% of cases, results in the death of poor young women.

8.4 The sterilisation culture

Feminist NGOs wanted contraceptive choice for women but they discovered that Brazil's fertility profile had already changed and instead of planning for reversible methods of birth control they were left with a one-issue contraceptive policy of female sterilisation; a crude premature termination of fertility which went against all their proposals.

Sonia Correa says, *'PAISM was framed within a principle of the right to decide with regard to reproduction and this is the current definition.'*

Maia Vania says that the culture of sterilisation was established at every level.

Marlene Libardoni says, *'The women had no information and no methods and they resorted to ligature of the fallopian tubes which became a method, and here in Brazil it is the principal method.'*

Maia Vania says that sterilisation was a foreign import and believes that now outside agencies have completed their task to control the population of Brazil they have no further interest. She is angry that funding has now dried up for birth control programmes based on the woman's right to choose. *'BEMFAM is now very reduced as*

the international finances have diminished for this controlling vision. The trajectory was completed and also the change of fertility profile. Today Brazil has a birth rate of barely two, two point something, so those that came to achieve this change don't come any more. Why would they come?'

The extent of the practice of sterilisation is a painful topic for the women of the feminist movement but poor women will go to great lengths to be sterilised as it is a once-and-for-all resolution of unwanted problems. However, sterilisation is also the preferred method of contraception for middle class women, who have more choice.

Sterilisation – abuse or right?

Feminists representing the women's movement continue to debate the sterilisation issue to determine whether this is an historical matter of global population control or a personal matter of individual choice and a reproductive right. At some point, the intervention has changed its status from being a controlling device, provided by an alien foreign power, to being a market commodity and a desirable course of action for women, which will enable them to dispose of unwanted fertility. As Maia Vania says, *'Sterilisation is still the method of contraception that women are using. Sterilisation is much used. It continues and has increased. Now it is much more a matter of reproductive rights and individual choice.'*

For Maia Vania, it is particularly worrying that very young women are demanding to be sterilised. She says, *'There are doctors who don't think it is as innocuous, without consequences, as is believed. There is the problem of precocious sterilisation that we are seeing in great numbers. Girls of eighteen and nineteen who are starting off their lives badly - sterilised.'*

Maia Vania wants other mechanisms to be put in place to assist women to make reversible choices of contraception, *'It is not acceptable. The feminist movement of the 90s has made complaints to the CPE (Commissao Parlementar de Enqueritos) to draw attention to the conditions of sterilisation. That shows that the women's movement is addressing the issue of sterilisation.'*

Caesarian section/sterilisation

According to the publications of the NGO, CEPIA, Brazil is the world champion for caesarian births. Between 35-40% of all births in public hospitals are caesarian, and in some private hospitals the indicators exceed 90% (Carta da CEPIA 1994).
There is a caesarian/sterilisation culture operating in Brazil which has been privatised within the public health sector.

Sonia Correa says that the sterilisation/caesarian culture which has grown up has been encouraged by the medical profession motivated by self -interest. Doctors exploited the preference for caesarian sections as a method of childbirth because they were paid more for this intervention in the public sector.

If a sterilisation takes place during caesarian section delivery then a woman would have to find extra funding for this. So the medical practitioner would receive double payment – payment from the state for the caesarian and payment from the woman for the sterilisation. She says, *'Caesarian section was reimbursed but sterilisation costs were paid by women themselves. It was their pocket money. Also individual doctors provided sterilisation on the same basis – requesting money from women and using the public facilities.'*

Maia Vania says, *'Today even the women who go through SUS end up doing sterilisation, because the doctor refers them as a medical requirement and charges outside the system. It's a mafia, like abortion, but abortion is not done in the public sector but sterilisation ends up being done, but it's not legal.'*

Leila Linhares takes the high incidence of caesarian saections as an indicator of the failure of PAISM, *'I think the growing number of casearians is a test of women's health and shows that PAISM isn't being applied.'*

The feminist NGOs are criticised for the degree of their acceptance of this practice in their planning documents. However in this case study, the interviewees are unhappy about the method and find the sterilisation/caesarian culture unacceptable for the possible psychological harm it does to women. However, their main concern is to regulate the practice in the public sector and separate its practice from sterilisation.

8.5   HIV/AIDS

It is now accepted that sterilisation is the preferred, irreversible solution for fertility control for women in Brazil. This pattern has persisted despite protests and the activities of feminists wanting to adopt a broader policy for contraception. However, a sinister side effect of sterilisation has recently emerged. Sterilised women are a growing group of sufferers of the HIV/AIDS virus because they cannot rely on secure partnerships.

As Maia Vania explains '*You have the problem of AIDS. To prevent AIDs you have to get the women to use condoms, which is the only preventative measure, in a relationship there with the husband. That's where there are grave problems.*' For the women of Brazil it is no longer true that contraceptive problems are resolved by sterilisation.

8.6   Abortion

Abortion is the most controversial area of reproductive rights. The death rate from abortion is known to be high in Brazil although precise figures are not known. Sonia Correa says that there is a cause and effect relationship involving abortion and sterilisation, for it is the fear of or distaste for abortion which leads women to sterilise themselves.

'*My analysis is that you cannot understand sterilisation, among other factors, in Brazil without taking into account the illegality of abortion. If abortion were legal women would take more risk with reversible contraception than they do.*'
Sonia Correa says, '*In 1992 one thousand five hundred and forty two women died in hospital because of abortion. That's as if fifteen aeroplanes had fallen down, according to data from IBGE* [Fundação-Instituto Brasileiro de Geografia e Estatistica].'

Statistics for illegal abortion vary. One journal estimates the annual death rate for clandestine abortions to be 150,000 but these deaths account for only 10% of all illegal abortions carried out. Half of all abortions are to terminate adolescent pregnancies (Atenção 1996).

Maia Vania of SOS Corpo says, '*Abortion, okay. You have no education. You*

have no access to methods. So what do you do?' She believes that sterilisation prevents the number of abortions from being much higher: *'There is one abortion for three deliveries. That is not so significant when you see that 42% of women are sterilised.'*

Abortion with Misoprostol/Cytotec

In Brazil there are large numbers of unplanned pregnancies and subsequent abortions due to lack of access to fertility-regulation technologies. This is a major public health issue, and a reproductive rights issue, for Brazilian women. Abortion is illegal. There are no services in place to give advice.

An extra complication is the poor control of drug marketing with subsequent misuse of medicines. Drugs may be obtained under the counter from private pharmacists. One drug sought by women is Misoprostol, marketed as 'Cytotec'. This is an anti-ulcer prostaglandin E1 analog and also works as an effective abortifacient.

Although Cytotec is an inexpensive drug it has become excessively expensive as a black-market commodity. Maia Vania describes the situation in Recife where each pharmacy applies its own rules, *'Cytotec here is supposed to be available with a medical prescription. You can get it without but often they won't give it, even with a prescription. Girls pay dear in the pharmacies on the outskirts of the city. They charge according to the person – the way she is, her face, her clothes, the price goes up or down. Even 14-year-old girls get Cytotec in the pharmacies, under the counter.'*

The only obstacle to the supervised use of these drugs is the legal status of abortion within a given country. According to Coelho and Bortolus (1997), 'with regard to the possible adoption of this method in developing countries, the legal status of abortion remains the stumbling block'.

Coelho and Bortolus found that there is an epidemic of curretage taking place, caused by self-administration of Misoprostol (Cytotec) by women, in countries where such drugs are available but where abortion is illegal and social conditions difficult and made worse by weak control of drugs marketing.

Cytotec starts an abortion when taken on its own, but, in the way it is being used in Brazil, without Mifepristone and without supervision, requires surgical intervention to complete the process.

The discovery of Cytotec has been a fortuitous breakthrough for women in Brazil, where its use to provoke abortion is widespread. Maia Vania says, *'Misoprostol-induced, vaginal bleeding brings many women to public hospitals to request assistance. Curretage is then performed to complete illegal abortions.'*

For SOS Corpo, working in a context of abject poverty in Northeast Brazil, and the other NGOs participating in this case study, Cytotec has been the answer to their prayers providing safe terminations of unwanted pregnancies in public hospitals. Maia Vania says, *'In the women's movement here they accept Cytotec and they give thanks to God. Without it they would have many more problems with infections and rupture of the cervix.'*

The fact that women are accepted into public hospitals where curretage takes place has reduced the death rate from abortion. As this is a covert operation in hospitals, with no official recognition of its practice, there are no data to discover the levels.

Legality and 'jeitinho Brasileiro'

Feminists working in NGOs are grateful for the availability of Cytotec as, although it is illegal, it has become part of fertility control arrangements in Brazil. The drug is never banned by the government as its use fulfils an important need. Maia Vania says, *'The government has no interest in banning the sale of Cytotec. There is no interest in that. There is complicity. It is accommodating. A way of finding solutions. The maternal mortality rate is still high. We all have to work within the available possibilities.'*

Sonia Correa comments on the contradictions inherent in the use of the law to ban a given practice and then to allow that practice to take place in public services: *'It [Cytotec] has become black market because it is forbidden. It has achieved the same status as sterilisation or abortion - it is forbidden but it is widely available- just like the other forms of abortion. Just like sterilisation which is supposed to be a kind of crime but it is available.'*

Sonia Correa describes the system for accommodation of such contradictions, which is a particular feature of Brazilian political life and which is called *'jeitinho Brasileiro'*. (The term 'jeiitinho' has a special meaning in Brazil and means a 'fix' in the

sense of adroit, political manipulation which is acceptable to all interested parties and which saves the public face. '*Jeitinho*' is part of Brazilian culture and the institutional processes of society. It avoids having recourse to the law to resolve problems).

Sonia Correa says, '*There is enormous ambivalence in Brazilian social and institutional systems concerning legality and illegality which applies to many things and also affects this particular area. It applies to banks. It applies to everybody. It is not just a peculiar aspect of reproductive rights. This lack of clear borders between what is legal and what is illegal is 'jeitinho Brasileiro'.*'

Edna Rolands, of Geledes, describes '*jeitinho*' as '*the enormous gap between our legality and our reality is fostered by the famous 'jeitinho Brasileiro' – literally the Brazilian way. It is a path which is maybe longer and more tortuous, but in the end it encounters less resistance and, consequently, less reaction.*'

Sonia Correa maintains that there is a kind of logic in the way that so many abortions are carried out in the public sector even though it is an illegal practice. She thinks that because abortion legislation has been in place, in the form of the Penal Code which has been ignored, it is poetic justice that it is now so widely available. '*One of the problems of Brazilian society is this enormous gap between legislation and practice. The Penal Code has been in place since 1940 but it is not applied.*'

For Sonia Correa, the abuse of the health system is 'symbolic'. She says, '*Abortion became practice from the symbolic point of view. It challenges the mode of dealing with legality. On the one hand it's legal but it's not available, on the other it's available but it's not legal. It forces the health system and the policy level to conform, to bridge the gap. It is an interesting minimalist approach to the abortion discussion.*'

The health service is providing services which allow women to terminate pregnancies in the public sector. However, even though women take the initiative to terminate pregnancies there are many problems surrounding the use of Cytotec. There is the problem of guilt that the women feel and, secondly, the practice is illegal and as the drug is obtained on the black market there is no price control.

Sonia Correa says, '*Now we have access to procedures which can provoke abortion – the Cytotec phenomenon. The fact that this access exists does not change much. First, there is enormous guilt surrounding the practice so there is a cultural*

element to that. It's always very dramatic. Secondly, it does not avoid risk and complication, because all available techniques have some risks. Cytotec is better, I agree with everybody that it is better and it has now become clandestine, and so we have a problem of prices going on, etcetera.'

Hospital registration and abortion in the public sector

In the maternity hospitals of Brazil for every 3 births which take place there is one termination of pregnancy, according to Maia Vania. Abortion is one of the largest obstetric expenditures for SUS, but there is no official acknowledgement as hospitals do not register an abortion as such. Registration in hospitals is designed so as not to show the reality. Marlene Libardoni says, *'In SUS, one of the biggest expenses of the obstetric budget is for beds for the consequences of abortion (seqüelas de aborto). That's the reality. But we can't get the data because there is no registration. It is not registered as an abortion sequel. That is just not done.'*
By avoiding registration and so distorting hospital statistics the true picture never emerges and the practice becomes clandestine and is kept covert.

Legal versus illegal abortion

Since the Penal Code of 1940, abortion in Brazil is permitted under the law in two cases; where pregnancy is life threatening to the mother and where there is pregnancy resulting from rape. However, hospitals have no authority to attend to a woman who has been raped and who wants to interrupt a resulting pregnancy.

At present it is difficult to obtain a legal abortion in public sector hospitals even in the cases permitted by law. However, illegal abortions are terminated in public sector hospitals with remarkable facility.

According to Maia Vania, the attitude in hospitals towards both illegal and legal abortion is ambiguous; 'At *present hospitals only receive a woman suffering from the results of provoked abortion. A woman who turns up bleeding with an open cervix. Then they will carry out a curretage. This is different from medical personnel deliberately dilating the body.*'

It is considered that there is more sympathy from hospital staff towards the

women who abort illegally than there would be if they were attending legally. Sonia Correa says, *'In actual fact there is no attitude of rejection in the way they are attended at present with illegal abortion but you probably would have in the case of legal abortion.'*

8.7   Changing attitudes

Feminists who represent the women's movement are working to change attitudes in the public sector so that health personnel will accept new measures for legal abortion. There is still opposition to change, although some progress has been made in transforming entrenched positions. Maia Vania says, *'Attitudes [towards aborting women] have changed because of the feminist movement but women are still ill-treated. Brazil is still nominally a Catholic country and for this reason abortion goes against the cultural grain. No one wants to terminate a pregnancy and health professionals are still reluctant to assume an active role in the process.'*

'There are now a few hospitals where women can get a legal abortion but if you legalise it in all hospitals I don't know what the reaction would be. Abortion is still something difficult in the heads of the people, even among women who have done it themselves. Women's bodies are punished for the question of abortion. There is still a religious question. The testimony of women shows that there is a lot of psychological violence towards women who abort, from the people who attend.'

8.8   Legislation and regulation of reproductive rights

The leaders of feminist NGOs interviewed in this case study describe how they represent the legal interests of Brazilian women. When they commenced their activities, the only law in place to protect female interests was the out-of-date Penal Law (*Codigo Penal*), dating from 1940. Therefore they have been working to regulate the law since the creation of their NGOs.

Sonia Correa says and that they have to keep fighting the same issues, which never get resolved, over and over again. *'The first chapter is in the preparation of the Constitution in 88 and the abortion issue. That sprouts back in 1995 (the year of the UN Conference in Beijing) also the definitions on family planning which also sprout back in*

96.'

Even in recent history, attempts at regulation have been plagued by interventions from opposing forces, such as the Catholic Church, which have persisted right up to the moment of ratification of laws. The issues are debated in congressional committees, but resolution of problems is stalled.

8.9 Abortion and the constitution

All the women interviewed in this case study have been involved in the struggle over abortion legislation. Sonia Correa says that different strategies have been used to present proposals for legalisation of abortion.

In 1983 a project proposal for abortion legislation was put to Congress which never got through the Commission for Justice. However, services for abortion were instigated under the administration of Luisa Erundhina, Mayor of São Paulo 1988–92. Although the services put in place were withdrawn with the next administration, as discussed in Chapter 7, feminists interviewed in this research are agreed that the fact that they existed marked the beginning of a process as the services came to be perceived as normal.

In 1988, when the SUS was adopted, there was intense debate concerning whether or not to include the right to life from conception in the Constitution. Feminists, in alliance with other progressive elements, blocked this inclusion.

Sonia Correa maintains that the omission is crucial for the trajectory of the women's movement and has been overlooked. *'The omission has somehow been silenced in history. Everybody forgot about it as other aspects had been more prominent, including SUS itself. There was a kind of skirmish in the committee without much publicity.'*

It was this omission which allowed the Brazilian delegation room to manoeuvre at the UN conferences as they were not burdened with the right-to-life agenda in their health plans. She says, *'The interesting thing is that this not so tiny but invisible victory has permitted Brazil, at recent conferences in Cairo and Beijing, to take a clear position on that particular subject.'*

In principle, thanks to the activities of the women's movement and its institutions,

both legal and practical mechanisms are now in place to regulate abortion in certain circumstances.

Until 1997, the representatives of the women's movement failed to have their plans for abortion approved at the National Health conferences. However, in some cases they were able to negotiate locally for services and apply pressure in their regions. Maia Vania explains the situation in Northeast Brazil, *'The legislation for abortion which we put on the table at the National Conference for Health was not accepted. It was a very bitter dispute. We had to go back twice, but we have allies principally here in Pernambuco, including in the legal area. We have a public promoter and various judges who have entertained the abortion question favourably.'*

The Constitutional Amendment (PEC 25/95)

The Constitution is the working document for government reform. The absence of any mention of the right to life has given freedom of action to feminists representing the women's movement. However, abortion, in general, is still criminalised because of the Penal Law which dates from 1940, except in the two exceptional cases permitted.

Whilst the representatives of the women's movement were away at the United Nations Conference in Beijing, a bid was made to introduce an amendment to the Constitution which would state the right to life from conception and which would undermine all their plans for reform. Marlene Libardoni tells what happened: *'Whilst we were in Beijing a politician, who was obviously very conservative and linked to the Church, presented the PEC 25 (Proposta de Emenda Constitucional). It was an amendment which speaks of the right to life, included in that it says from conception.'* Sonia Correa says that this was the second attempt to block the feminists, *'When we came back from Beijing we had an amendment proposal in Congress to include the right to life from conception using the occasion of the constitutional reform. This had been tried before in 1992, when the reform didn't get through, but this time it came back much stronger.'*

However, the feminist delegates, returning with enthusiasm from their impressive showing in Beijing, were able to mobilise the new democratic process to give full weight to the issue of abortion. They were again able to block the proposed amendment in a

process which was to further raise their profile and which allowed them to achieve a very public victory.

At the diplomatic end of the scale, the President of the National Council for Women's Rights (CNDM), Rosiska Darcy de Oliveira, and the President's wife, Ruth Cardoso, approached the Minister for Justice. Mariska Ribeira says that the direct approach of the two women close to government, as part of the general mobilisation, had an impact, *'It was the first time ever a minister declared himself in favour of abortion. He went and made a statement before the constituents which was against the amendment.'* Feminist NGOs mobilised their constituency and Marlene Libardoni explains what happened in Brasília where female members of Congress became involved, *'A committee was set up and the feminist congressional block (bancada feminina) became very involved. They had become very involved in the Beijing process, and that made the topic of women more relevant on the political agenda of Congress.'*

In the end the amendment was rejected by a plenary session of the Chamber of Deputies. This verdict represented a great victory for the feminist movement which had conducted a vigorous campaign and canvassed at every level.

Marlene Libardoni sees this to be a democratic victory. *'The committee was formed to make a show of the issue (dar um aparecer). We wanted it to turn out as it did. The result was exactly what we wanted. What we did was to avoid going backwards; we worked for 6 months – from Beijing on – on the question of abortion. It was a great opportunity for discussion, the male politicians too. There was a great expenditure of energy.'*

In achieving this victory, the movement was able to apply pressure for the government to recognise the existing legislation of the Penal Law (*Código Penal*), dating from 1940 but never implemented as policy. For feminists it is important that the principle of provision is upheld and they have insisted on implementation. As a result this service will now be provided in five designated centres in the major cities.

As Sonia Correa says, *'In so far as it now becomes law, that it is regulated, means that the Ministry of Health will be obliged to ensure norms. It will direct public hospitals to attend to the cases of abortion allowed under the law although the hospitals say they don't have conditions. They don't have doctors trained for that. Doctors have objections*

and conscience problems. They don't want to do it but the state secretariats are being obliged so at least there are one or two referral hospitals where women can go all over the country.'

Regulation of family planning – Projeto de Ley no 209/91

As with the national health plan PAISM, the Family Planning project was the result of feminist NGO partnership with the Government of Brazil.

By 1994, the year of the UN Conference in Cairo, they had a working document which stated the position of the Brazilian government. This was approved by the Chamber of Deputies. Leila Linhares says, *'The project was approved in the Chamber and went to the Senate. The Senate made some small alterations, which aggrieved us, but very small changes.'*

However, the bill which was finally presented to Congress in 1996 contained a very controversial item. The feminist activists, representing the women's movement and responding to the will of Brazilian women, included in their bill the right of all Brazilian women to voluntary sterilisation, to be carried out in the public sector.

Mariska Ribeira, from the NGO IDAC, explains: *'We put in that proposal that family planning, in the public sector with SUS, includes sterilisation as a right of a person always respecting some determined criteria: to be of age, which is 21 years in Brazil, to be informed about all other contraceptive methods and to have a minimum period of 60 days between the manifestation of the wish and the realisation of the act, and you can't get sterilised during childbirth.'*

The law, approved by the Senate was blocked however when the President of the Republic did not approve the entire plan and the law was passed with a presidential veto to deny voluntary sterilisation to women as a contraceptive option.
As Leila Linhares says, *'It was taken to the President of the Republic for him to sanction or veto – and to our surprise he exercised his veto.'*

In the subsequent outcry, the President acknowledged his mistake. He had been badly briefed and it is not surprising that he was confused as sterilisation had now moved its status from being a racist, population-control policy, to being the legitimate claim of every woman to tubal ligation in the public sector, so as to exercise her right of control

over her own fertility.

The women of the movement suffered a major setback when the law governing reproductive rights was blocked by the President.
(Law 9623 was finally signed by President Cardoso in August 1997 reversing his veto.)

The feminist proposals for women's health and development have all been ratified by the Government of Brazil, which has declared its commitment to establish the policies. It now only remains for the plans to be implemented. As Mariska Ribeira points out, *'It all looks very good on paper but the National Plan of Action demands a commitment from the government. The plan is being debated in all the states where there is a State Council for the Rights of Women but so far nothing has happened.'*

8.10   Summary

The participants in this case study are all agreed that for democracy to take place in Brazil, citizenship and human rights must be extended. For women, this means they must have access to full provision for reproductive rights to be made available in the public health sector. Municipalisation of services proceeds at a slow pace but, as this becomes the norm, the possibility for universal health coverage, as laid down by SUS and including PAISM interventions, is increased.

It emerges from these data that reproductive rights are now an accepted part of the legal agenda for democratisation of Brazil within the framework of health care delivery. The change of ethos which has taken place has removed women from traditional, authoritarian control and, despite continued government opposition and protestations from the Catholic Church, new standards are in place.

Chapter 9 concludes my thesis with a discussion of the findings.

Chapter 9

CONCLUSIONS

This final chapter draws together the major findings of my case study. The first section reiterates the objectives and context, as set out in Chapters 1 and 2, and gives an account of the methodology employed and the literature selected which enabled me to deconstruct data. In Section 9.1 there is a summary of empirical findings presented in Chapters 4 to 8. This is followed by an assessment of the evidence provided by data in 9.2.

9.0   Objectives, theme and context

The group of people interviewed in this ethnographic case study are members of the feminist NGO network. Their trajectory in the transitional period (1985-95) has taken them from humble beginnings in community projects to being essential advisers to the state at all levels: federal, state and municipal.

By 1996 their concern was that the basis of their funding was having to change, as international support was withdrawn. Although they were successful in the public sphere and greatly respected for the position they occupied in society, they had not received salaries for several months and their premises were not secure. Of the NGOs with which I had contact, two Rio NGOs, CEPIA and IDAC, were operating in premises provided by well-wishers. IBASE, the most prestigious NGO in Brazil, was carrying debts. SOS Corpo in Recife was operating a complicated institution on a shoestring, while in Brasilia CFEMEA survived in totally inadequate premises and the São Paulo NGOs were suffering equal hardship.

However despite these problems, feminist institutions had gone a long way towards achieving their goals in the ten years of their evolution and although there remained a great deal for them to do they remained optimistic, motivated and united by their common cause: to construct citizenship for women and ensure delivery of

reproductive rights in the publicly funded health sector.

I began my research by raising research questions as described in Chapter 2, page 22. I took concepts from the discourse of NGO members which I wanted explained. Therefore my questions were in two areas: the first regarding the nature of state/civil society relations and the second concerning the health service. I was determined to find the connections between these areas to discover if it was possible for those working outside the health sector to impose values and change practice within.

My first task was to collect data. As I was working with NGOs I decided to use the opportunity of working in the environment to immerse myself in the discourse and the lifeworld of the participants. My objective was to find the means to provide an historically grounded, theoretically driven macro ethnography, which also reflected the micro operations of each NGO. I therefore selected Burawoy's Extended Case Study method which is an inductive approach associated with grounded theory (1991, 2000), as described on page 13 of this thesis. This allows for reconstructing theory out of data collected through participant observation.

I used a 'selective sampling' approach - based on taped interviews with NGOs operating in different regions of Brazil - as recommended by Strauss (1987) & Strauss and Corbin (1990, 1997b), in order to obtain a cross-sectional sample of a discourse at a given moment in time and taking the social situation as the point of empirical examination: working with given general concepts and laws about states, economies and legal orders to show how micro situations are shaped by wider structures' (Burawoy 1991). The case study was to comprise 6 NGOs all representing the social movement of women.

However it took several years to get the measure of the Brazilian discourse which would provide the key to unlocking processes. My 'audit trail' (Koch 1994) see page 24 of this thesis, led me in and out of many situations and did not enhance my understanding and I made many false assumptions. Finally, I discovered that the human rights discourse was fundamental to social reform in Brazil. To examine health matters and women's affairs meant examining the agenda for human rights and working within that framework. In Brazil the rights discourse was essential to civil society activity in the making of democracy and NGOs were founded on the basis of a human rights identity. I discovered

that the women's movement tied notions of 'citizenship' to health care coverage. Once I had discovered a discourse I was able to proceed and I selected research participants on the basis of what they could tell me about the democratic process, whereby civil society organisations took part in reforming the state institutional sector. I conducted interviews which were taped and subsequently transcribed and translated from Brazilian Portuguese.

NGOs were selected on the basis of their participation in reform processes. Other NGOs were not selected because they did not participate in changes which took place in the health sector in the transitional period. The research participants give their views of changes which have taken place in their society and in so doing they reveal the constructs and meanings which have emerged as pertaining to their 'lifeworld' and forming the basis of their particular culture.

The topics were determined by individuals during the course of my investigation and these were subsequently borne out by academic literature which entertained the same topics, as follows:

- civil society, the state, and the role of NGOs

- the empowerment of the women's movement

- the health sector in Brazil

- the construction of the discourse of citizenship, the rights agenda and international relations

- reproductive rights – policy, practice and legislation.

Once I had obtained qualitative data , I began my search for appropriate theory with which to examine them. This turned out to be social movement theory which addresses all the topics raised by my research questions above, all of which fall into the study of Latin American social movements.

In my research, interviews take place with key members of a social movement which is linked up nationally, and even globally, but has firm roots within the local context (see Appendix I for description of NGO activities).

In Chapter 3, in order to extend my enquiry and further contextualise my data I

reviewed the academic literature pertaining to my subject area which was Latin American social movement theory. My thesis proposes that feminist institutions, especially NGOs, have participated in government reform processes to promote universal citizenship of women. They propose that regulation of the law for the delivery of reproductive rights in the public health sector is the way for this to be achieved.

Latin American social movement theory addresses the emergence of social movements and their characteristics; civil society/state relations in an emerging democracy; the construction of citizenship linked to a human rights discourse; the contribution of feminism to democracy and the significance of the public/private dichotomy (in regulating reproductive rights). All of these topics coincide with my data. As does the participation and citizenship approach to international development currently employed in development studies. Other academic reading revealed current debates of relevance to my research being : the role of NGOs in a globalised world order (Fowler, 2000, Malhotra, 2000); the nature of different types of rights in development processes (Gaventa & Valderama 1999, Lister 1997); the role of a discourse of human rights in creating democracy (Foweraker 1995); citizenship participation in government as a way of achieving democracy in southern countries (Cornwall & Gaventa 2001, Lister 2002); the role of constitution- making in Brazilian democracy (Reich 1998) and the impact of neo-liberal economic policies of international agencies on development processes in Brazil (Amann & Baer 2002).

9.1   Findings emerging from data

Chapters 4 to 8 give the substantive findings of my research revealed by the analysis of data.

In chapter 4, the research participants give the Brazilian view of citizenship which incorporates the liberal, communitarian and modernist notions, as described on pages 41 & 42 of the literature review, but is adapted for the special circumstances of Brazil with a vast excluded population and a legacy of slavery. As the interviewees are feminists -working in a nominally Catholic country with a feminist agenda - feminism is taken for granted in their interpretation of citizenship.

Therefore feminist activists interviewed in this case study make the link between

citizenship and access to political and economic but especially social rights – 'of health, education, employment and shelter' - for the people of Brazil. As Mariska Ribeira says on page 67, '*citizenship is about power ….. which has to do with human rights and institutional mechanisms.*

The view is also given that citizenship has to be inclusive and must be concerned with equality and gender and recognise ethnic differences between people of sex, race and class according to Leila Linhares on page 73 of this thesis.

Human rights activists describe how they used the concept to mobilise communities to make demands for rights, devising different strategies to encourage the people to participate in social processes. On page 68, Mariska Ribeira describes how the *conscientizaco* methodology of Paulo Freire, renowned for his mass literacy campaigns in the seventies, was used to effect to make demands from clientelist politicians for health services. This educational methodology with wide popular reach, as Nancy Sheper Hughes (1992) points out on page 53, is powerful when applied in a context of poverty.

However civil society organisations propound their views of citizenship while those working for the state have a different perspective. A federal minister expresses her opinion, which is perceived in terms of civil rights and responsibilities or duties, on page 70. However the principal duty she identifies - to pay taxes – is hardly appropriate for the marginal poor, and the other duties – not to litter and not to cause a riot - are negative freedoms which the government can legislate for at no cost to the state, as discussed on page 44. She goes on to say that because of the lack of education of the Brazilian people '*they have no notion of rights and responsibilities'*.

For Jose Pedrosa, as matters stand at present in Brazil, citizenship is purely a case for the people to have access to public services. He says on page 74, that the fragility of access to basic social rights – with a minimum of quality - means that it is difficult for political and civil rights to be of any use. However for the radical MOPs representative (page 72), service delivery is only the beginning of the social process and citizenship must go beyond the passive delivery of health care to the masses and it must be an active status, whereby citizens take an active role in service delivery – a process already taking place where there is municipalisation – most notably in the city of Porto Alegre.

For feminists working with a reproductive rights agenda, citizenship is the means

whereby women can control their reproductive functions and so exercise their agency or choice in matters of health as discussed in Chapter 8. By concentrating on this one aspect of health care they hope to make an impact on indicators for female mortality in a vast country where people are excluded from public services and there is no possibility of a welfare state, of the type promoted by Marshall in northern countries as discussed on page 42.

Chapter 5 demonstrates the existence of social movements which emerged in the transition to oppose the military dictatorship in Brazil and laid the basis for emerging voices to enter the political framework as discussed in Chapter 3. These social movements became institutionalised and SMOs, or NGOs, were founded in identity-specific groups to represent them. They subsequently developed political projects in co-operation with state bodies and, in this way, as Foweraker points out (1995: 70), they assumed executive functions previously exercised by informal groups and carried out tasks of mediation between the larger macro environment and the micro dynamics (Burawoy 1991,2000) on which the movement depends.

The women's movement is acknowledged to be a prime example of a social movement (Foweraker, 1995), mobilising in the transitional period to democracy and Maia Vanya states that it is the professional status of women's movement institutions, funded by international institutions, which underpins their success. She notes, on page 78 of this thesis, that other civil society institutions, founded for democratic representation, such as the popular movements, did not rise to power in the same way and this has caused a rift with the popular movements. Criticism is also levelled at NGOs for being elitist and many active politicians have an NGO background therefore their members are accused of belonging to the same governing class as the government, as Rubens de Morais Silva points out on page 80.

In Chapter 5, a discussion of the constitutional process of the ANC reveals that this has been very good for Brazilian democracy - according to Marlene Libardoni on page 82 - as all sectors have worked together in a state/ civil society partnership, but, as Angela Santana points out on page 82, very bad for reforming the public sector as too many vested interests have been in play, especially the corporate interests of public servants. As Angela Santana states, *'nobody's interests have been served'* .

Nevertheless NGOs in Brazil gained visibility with the constitutional process as they became further professionalised to create social policy. This is especially true of the women's movement organisations which had a unique opportunity to fulfil their potential and whose legitimacy was underwritten by this participation in government processes. Human rights activists, leaders of NGOs were also strengthened in their opposition to government as they found strategies to maintain their autonomy.

Chapter 6 charts the emergence of the women's social movement in Brazil and describes how they carved out a gender identity - separating themselves from the Left but also from their old allies in the Catholic church as discussed on page 89. In Chapter 6, the participants describe how all their plans were couched in terms of human rights and they used the concept of 'citizenship' to make demands for inclusivity in the Brazilian context where some of the richest people in the world coexist with some of the poorest. The existence of the poor is ignored and the masses of people are dismissed as ignorant. Even in common speech a difference is made between the uneducated and the enlightened. In common parlance reference is made to '*o povo*', meaning the undefined masses of people for which nothing can be done, and '*a gente*', which implies solidarity between the enlightened middle classes which comprise polite society.

In this climate the feminists created a network and promoted their agenda for development through their human rights discourse. As Maia Vanja says on page 90, '*the feminists speak from a stated position. It's a discourse, the creation of a medium has taken place. It's a theoretical formation and an emotional position. It is a series of co-references which are very strong and for that reason they are very able to influence the dialogue.*'

Sonia Correa agrees, (page 91), that the discourse was not merely '*a professional discourse for the initiated*' and that its power stems from the emphasis on the 'rights' agenda.

The feminists describe how they entered into partnership with the Government of Brazil and created their institution, the CNDM, for this purpose. They were able to table their agenda because of the times – the transition from military rule. As Sonia Correa says, '*By the early eighties in Brazil everything was happening at the same time – external trends, democratisation, the health reform on the agenda, the end of dictatorship*

and the emergence of the feminist movement.'

The emergence of the women's social movement in Brazil was also influenced by global events as it coincided with the United Nations 'Decade for Women', 1975–85. International conferences, held to address issues pertaining to women in the developing world, impacted on Brazil's feminists.

The participants describe how their feminist network evolved and how, by creating two distinct channels of operations, they were able to preserve their autonomy. The CNDM is active at the federal level of government, where it has a diplomatic role and advises on feminist matters.   Maia Vania describes on page 93, how the founding of the CNDM elevated the women's social movement and endorsed the professional status it had gained. It also enabled them to set up a national women's network which communicates with NGOs, popular movements and the universities. Marlene Libardoni says, on page 94, that they decided to work with the government anyway, despite the difficulties, '*we decided we were in a government entity and we would stay. It was important for feminism and for us.'* However by working in this government-supported body, the autonomy of the movement was eventually compromised, leaving the second strand of the women's social movement to maintain its independence. This is the feminist NGO network which operates nation wide and undertakes projects to fulfil the objectives of the women's movement in the regions as described.

Chapter 7 assesses the ability of the state to deliver health services based on democratic plans conceived in the state/ civil society partnership of the constitutional process, including the feminist health plan, PAISM, to deliver services to women.

It is apparent that the health sector in Brazil became an ideological battleground in the transition to democracy when the social movement for health reform included actors from all the human rights groups, to include not only the women's movement and the Popular Movement for health but other non medical groups.

National health plans were conceived based on a human rights agenda to emphasise the duty that rests with the state to achieve coverage with medical

interventions. They sought a commitment to reverse the privatisation trend. The women's movement mobilised around health issues and PAISM, created at the same time as the national health policy, SUS, have much in common. Both plans are the fruit of popular movement activity.

Both plans were influenced by the World Health Organisation's optimistic global strategy towards Health for All by the year 2000, and both constitute a social proposal for democratic reform. They have the following in common:

- They are influenced by the notion of a grass-roots effort and input.

- They acknowledge that health is not purely treatment of illness.

- Health is not a career structure for health workers.

- Health programmes address social ills and injustices at source, in the communities.

- Health education is part of health services.

- Community participation is to be integrated into health programme.

However my research shows that despite public health sector support for national plans, expressed at all five national health conferences, the Government of Brazil is ambiguous as to their universal adoption. NGO representatives state that the Government of Brazil has had ample opportunity to promote SUS and PAISM and universalise health care, since national health plans were conceived in 1984 as part of the democratic process.

However the government has never supported SUS fully. The national budget for health is never delivered in total and wages for staff consume most of the resources. SUS depends on deals made between the government and tertiary bodies for delivery. The federal government reimburses services for health interventions unrealistically and the system lends itself to corruption as funds are transferred from the centre to the periphery. An added disincentive are global plans of institutions, such as the IMF and the World Bank, promoting the reduction of state expenditure in developing countries and opposing the expansion of state services, as discussed in Chapter 3. So far such goals, for

an inclusive health service which deliver social rights, are considered to be 'aspirations' to be achieved only if market forces create a budget surplus (Evans 2002).

Rubens de Morais Silva maintains that President Cardoso doesn't want universal coverage with all the necessary infrastructure the citizen requires for health. Thus he recognises, that neo liberal regimes, such as the Cardoso government, take the view that the state is not expected to do more than what is minimally necessary. They hold optimistic views of market forces and believe in natural laws of supply and demand. This view of the market prevails in Brazil where the present government aims to force municipalities to take responsibility for their own public services and allow market forces to balance supply and demand. Angela Santana confirms that any change in the health sector will be based on supply and demand.

Rubens de Morais Silva , agrees that present day politics is now governed by the market and this is an elusive but highly influential, abstract quantity. He describes it thus:

'The state must be reduced to a minimum and whoever commands and leads society – and the story is that it's the market – the market which is invisible is there. It has no name, no nation and rejects the people. The popular movements would confront authorities if they knew which authority to confront. But now they say it's an invisible hand which is in the market place (na Praça) which controls society.'

A government official, Angela Santana, says that decentralisation should have taken place under SUS in the first instance in 1988 with the promulgation of the constitution. Now the moment has passed. She denies that there has ever been government commitment to extend state services to all and says there is only a government commitment to municipalisation. (The health service is the only government service to be decentralised so far). So the struggle continues to determine which sector will deliver health services. In the meantime non profit-making institutions at present delivering services do not respond to market forces and are in danger of collapse under the strain of carrying the burden of welfare on purely altruistic grounds. If the state is going to be even a minimal provider then it will have to find ways to reimburse service deliverers realistically and make sure that the non profit making sector is viable.

Municipalisation is the way forward to deliver services and with the election of

the PT and Luis Ignacio Lula da Silva (Lula), it is to be hoped that these can be extended and the agenda for international global development can be denied. Decentralisation also creates employment opportunities for NGOs, as Silvio Bavo points out, '*Many NGOs are incorporated into municipal public entities especially when the municipal project coincides with their own ethical and political project – for social justice, to redeem citizenship'*.

In the present situation health services are restricted. SUS is partially applied. PAISM is partially applied (only 30% so far according to Marlene Libardoni on page 116 of this thesis). There is no political will for universal health coverage as the participants describe. However Ana Maria Costa, (page 116), maintains that PAISM is gaining ground and although its prgress is not a linear process it is taking place at different administrative and political levels throughout the country.

Public opinion is changing as the IBOP survey shows (page 118) and demands are increasing for services putting increased pressure on the state.

In Chapter 8 of this thesis the feminist activists describe their on-going battle to make fundamental changes and institute norms in the health sector for reproductive rights. They do this in a Catholic country with a powerful cult of motherhood. Despite constant opposition from conservative forces, they have to define new stereotypes in contrast to those consigned to women by centuries of conditioning and they insist that even poor and marginalised women must achieve reproductive determination. As Sonia Correa proclaims, '*the decision making self (of a woman) must come at the core of reproductive rights'* (Correa 1994:87). This was the basis on which feminists entered the political arena to construct citizenship for women and raise their awareness of their rights and their authority to make decisions.

However when feminist activists came to plan and legislate for women in Brazil they discovered that, far from being in bondage to their traditions, women had become emancipated by finding solutions to their own reproductive problems. They did this with assistance from institutions in the privatised public health sector and with the collusion of the state which had a hidden agenda of fertility control. They discovered that sterilisation has taken place on a large scale. At the same time women have also opted for Caesarian section as the most popular form of childbirth, (between 40 and 90%

of births are by Caesarian section , depending on the hospital and the region). They also discovered that abortion, which is illegal in Catholic Brazil, takes place in the public health sector on a very large scale. Women can choose to provoke an abortion with black market medicines and have recourse to the public health sector to deal with the consequences. As Sonia Correa says, this abuse of   the public health system displays an element of poetic justice. *'It challenges the mode of dealing with legality. On the one hand it's legal but it's not available, on the other its available but it's not legal. It forces the health system and the policy level to conform, to bridge the gap. It is an interesting minimalist approach to the abortion discussion.'* (page 132*).*

Sonia Correa says that sterilisation is linked to abortion because *'if abortion were legal women would take more risks with reversible contraception.'* (page 129). Maia Vania agrees and says that women abort because they have no education and no access to conventional contraceptive services. Both say that because more than 40% of women are sterilised the abortion rate is lower than it would be if 100% of women were still fertile.

The feminists worked to make the law compatible with reality and finally in 1997 the law, Projeto de Ley no 209/ 91 (see page 138), to regulate family planning was ratified and reproductive rights, at least in principle, have now been extended at least in the following two instances:

1   Sterilisation is now available under SUS and the Government of Brazil has agreed to meet the demand in the public health sector.

2   Abortion is now available under SUS, in principle, in the two cases permitted under the Penal Code of 1940.

(However, as discussed in Chapter 8, it is still far easier to get an illegal termination of pregnancy in the public sector, provoked by the drug Cytotec, as women take matters into their own hands.)

9.2   Assessment of the Evidence: Concrete outcomes of feminist NGO activity

This ethnographic case study has examined the relationship between citizenship

rights of the individual and social movement activity. It has focused on feminist NGO/ government collaboration to achieve health sector reform .

According to this thesis, the emergence of plural voices has been a key factor in the democratic process. Newly instituted bodies developed according to their identity needs and were able to modify government policy through negotiation in an internal process which bore little relation to the government policy of the time. Nevertheless gains have been made in planning and legislating for the health rights of women although this is a long way from delivery of comprehensive health services to women on the continental scale required.

Both strands of the women's movement now work with the government: the CNDM works with the federal government but NGOs working in the regions also co-operate with local government. According to ABONG research, 60% of all NGOs representing social movements have some kind of work-related relationship with public entities representing 15% of NGO budgets. As Silvio Bavo points out , *there is no allergy to the state'.* So times are changing for NGOs and as international funding is withdrawn they are being drawn more and more into the public sector. This is especially true for the feminist NGOs, as Maya Vanja states on page 103, *'the feminist movement is much more relevant than it has been in the past. Feminists operate in everything that would be the public sphere connecting NGOs to public sector legislators and the media.'*

An analysis of the activities of NGOs in this research shows them to be in yet another period of transition as they move from their former dependency on donors in northern countries to an independent status. As human rights activists, the leaders of NGOs move in and out of state institutions, such as the CNDM and the Ministries of Health , in order to avoid being compromised. All the NGOs in this case study are working with different levels of government for some activities and at the same time they are developing an entrepreneurial basis.

Relating to this new wave of independence, IBASE is an example of how an NGO can find new ways to generate income, as it raises 30% of its income through its low-cost internet networking system – Rede Alternex, which links NGOs and universities. This activity also fulfils IBASE's stated aim and commitment to the democratisation of information. Members also work with the state to devise programmes

which guarantee human rights. (The founder member of IBASE, Herbert de Souza (*Bethinho*) is one of the foremost human rights activists in Brazil).

In the same spirit, CEPIA, the legal feminist NGO, conducts seminars for citizenship education in state bodies which pay for the service.   CFEMEA, as the NGO which set up the CNDM, is a key institution in Brasilia where it heads the network of the National Feminist Movement. It's members work as consultants to individual members of Congress, for which they are also paid, and the federal government. IDAC works with programmes for health and reproductive rights, receiving grants to produce educational materials which are widely dispersed. SOS Corpo receives grants to conduct education for citizenship: training social workers and public sector health agents as well as municipal council personnel. However their most important achievement is the appointment of a founder member of SOS Corpo to Secretary of State for Health in Pernambuco, which is a salaried position. CFSS co-ordinates the programme for reproductive health for the state of Sao Paulo. (the director was the former Minister for Health in the municipal government of the feminist mayor of Sao Paulo, Luisa Erundhina in 1988 (see page 7)).

However despite this progress, as Angela Santana points out, on page 74 of this thesis, and despite the new Constitution, rights are still only secured for some sections of the population in Brazil and there is an enormous gap between rights secured in principle and rights in practice. *'We in Brazil are at a point whereby civil and political rights are secured for the entire population and every individual (in principle). But we know that economic and social rights are not secured. What is more, the fragility of access to basic social rights means that it is difficult for political and civil rights to be of any use. Today citizenship is the package of all the rights but it is not an easy process as we have segments historically excluded from that process.'*

Therefore the elaborate legal-institutional frameworks which are now   in place still do not address the needs of the people and 'rights-in-practice' still fall short of 'rights-in-principle'.

The concrete outcomes of feminist mobilisation and institutional organisation of the social movement of women can be assessed as follows:

- Feminist NGOs established a new ethical framework and underwrote a discourse

for human rights which has been instrumental in changing attitudes.

- NGOs consolidated their position in the state/ civil society partnership by creating the CNDM which enabled them to preserve the autonomy of their NGOs from the state.

- Women's movement institutions participated in the National Constituent Assembly and regulated laws to reflect gender interests of women.

- Women's movement institutions blocked the amendment to enshrine the right to life from conception in the Constitution, thus keeping the doors open for legal abortion.

- Women's movement institutions set themselves up in political opposition, not only to conservative political forces at all levels of government but also to the Church, their former allies in the struggle for citizenship, on matters of health policy.

- The Programme for Integral Assistance to Women's Health (PAISM) of 1984 is still in play and certain interventions are being implemented throughout the country.

- Feminist NGO personnel, representing the social movement of women, have become essential advisors to government officials at all levels.

- Feminists from the movement have also directly entered into government administrations in the field of health; as illustrated by the appointment of the SOS Corpo Director to the post of Secretary for Health for the state of Pernambuco.

  In undertaking the above, feminist activists have become the legislators, policy makers and the deliverers of services in the area of reproductive rights which are health rights. However, they have had to limit their utopian, comprehensive vision of education tied to health in an all-embracing package of full citizenship to rescue Brazilian woman from poverty and oppression. Instead they have settled on a package of interventions for orderly regulation of the existing situation whereby irregular and illegal services were provided to women in the public health sector.

APPENDIX 1

Description of NGOs participating in this research:

1. SOS CORPO Recife

Contact : Maia Vania (doctor) spokeswoman for health and reproductive rights.

Foundation Date 1980

Origin: Founded by women, militant feminists

Pioneer feminist organisation in the Northeast.

General Objectives: to consolidate the activities of women, collectively and individually, as political subjects; to contribute to formulation of references for social policy; to widen the involvement with the theoretical and political areas of democracy from a feminist perspective.

Areas of operation: national, the State of Pernambuco and in the municipalities of Cabo, Serra Talhada, Paulista e Petrolina and the metropolitan region of Recife

Principal Activities: Education for Citizenship through training

 Courses for the elaboration of social policy as described:

i) training for social workers (agentes sociais) , educators of women from a feminist perspective (100 women per year).

ii) training for public sector health agents (agentes de saúde) (50 doctors, nurses and attendents on awareness training).

iii) training together with other NGOs and municipal council personnel (prefeituras municipais) (60 technical personnel from NGOs and prefeituras from the Metropolitan Region of Recife.

iv) research, education and dissemination of information of health and reproductive rights, translation and materials production. Assistence and support to researchers from academic institutions.

v) Production of videos and brochures, production of documentation and information for media consumption. Attends the feminist movement, NGOs and the general public with wide access nationally and locally.

Principal beneficiaries: women, health professionals, the general public, other NGOs, academics and students

and the mass media in general.

Publications

Jornal da Rede (newspaper of the National Feminist Network of Health and Reproductive Rights)

Leaflets entitled :Corpo de mulher; Contratempos do Prazer; Direitos reprodutivos e a condição feminina.

Viagem ao mundo da contracepção.

Videos: Almerinda, uma mulher de trinta

En busca da Saude

2. Cidadania, Estudos, Pesquisa, Informação e Ação (CEPIA) Rio de Janeiro

Contacts: Leila Linhares Barsted (lawyer) Jacqueline Pitangui (former president of the Conselho Nacional de Direitos da Mulher (CNDM)

Foundation date: 1990

Origin: founded on the experience of the institutional work carried out by its directors in the Ordem de Advogados do Brazil (OAB) and the CNDM and income generation projects for the Secretaria do Trabalho of Rio de Janeiro working together with residents of various favelas.

General Objectives: to recover   citizenship (resgate da cidadania) of the sectors traditionally excluded from rights through research; to disseminate information in the areas of health, violence, human and reproductive rights.

Area of Operation: The State of Rio de Janeiro and nationally

Principal Activities and Projects: education for citizenship, information and research

i) health and reproductive rights: evaluation of political speeches and widening the debate on health and reproductive rights in the communication media. Nine members of staff working to change public opinion through TV and radio (telenovelas etc.)

Research

i) Violence and the law. Research for law officials and to change public opinion

ii) Reproductive health - project undertaken with the Sindicato de Empregadas Domésticas (international project).

iii) CEPIA took part in the Brazilian women's platform for preparation for the international conferences of Cairo (elaborating the documentation 'A Plataforma das Mulheres Brasileiras Na Questão de Populacão e Desenvolvimento') and Beijing.

Principal beneficiaries: women, urban trades unions, other NGOs

Publications: Carta da Cepia (three times a year), leaflets and manuals

Os Serviços de Saúde para Mulher no Municipio de São Gonçalo

Mulher em dados 1993

3. Instituto de Ação Cultural (IDAC) Rio de Janeiro

<u>Contact:</u> **Rosiska Darcy de Oliveira (Sociologist- President of the Conselho Nacional de Direitos da Mulher,   Mariska Ribeira (teacher)**

<u>Foundation date</u> 1971 (in Geneva)

<u>Origin</u>: Founded by politically exiled Brazilians including Paulo Freire. Early projects education based. National programmes for literacy. In 1980 commenced socio-educational projects working with communities and popular movements and church groups (CEBs). At present works with the construction of citizenship confronting social exclusion mobilizing civil society and applying pressure on the state.

<u>General Objectives</u>: to promotion active citizenship and to improve the quality of life in order to consolidate democracy and erradicate misery.

<u>Area of Operation:</u>   Municipal -Rio de Janeiro

<u>Principal Activities:</u>   Education for citizenship through training, research, information exchange and campaigns.

Projects: i) Women's programmes for body, sexuality, health and reproductive rights with the aim of giving women knowledge of body functions empowering them to demand their rights and better attention from health institutions in the public sector.

ii) Training health professionals to realise the professional challenge of their office.

iii Materials production.

iv Supervision of 111 training programmes in health centres in Rio de Janeiro and Baixada Fluminense.

v Work with street children together with other NGOs in the project entitled 'If this street were mine'

(<u>'Se essa rua fosse minha)</u>

vi) work with low income communities to develop community leaders (<u>lideranza</u>)

<u>Principal beneficiaries:</u> women, adolescents and children, favela dwellers and the general public

<u>Publications</u> - long history of educational publications

4. Instituto Brasileiro de Análises Sociais e Econômicos (IBASE) Rio de Janeiro

<u>Contact:</u> **Herbert do Souza (o Betinho) - Sonia Correa (sociologist, formerly SOS Corpo)**

Foundation date: 1981

Origin: Founded by exiles from the military dictatorship who realised the importance of the democratisation of information in the socio-political process. IBASE defines its principle purpose as the struggle against exclusion and for citizenship.

General Objectives: to collaborate through the democratisation of information and knowledge for the construction of democracy in Brazilian Society.

Area of Operation: national

Principal Activities: Gathering information about the social reality of Brazil and analysis of facts.

Projects: i)State Programmes and Guarantees for Human Rights - Rede Crianza (street children)

 ii Rede Alternex - low cost electronic net-working system linking NGOs and Universities

 iii Campaign: Citizen Action against Hunger and Misery and for Life (pela Vida)

 iv)Research: Democratisation and the Public Budget

Principal beneficiaries: the general public, NGOs, the communications media, students and teachers.

Publications: Monthly magazine - Democracy/Governmental Policy

 Land and Democracy

 Budget and Democracy

 Environmental Policy

5. Centro Feminista de Estudos e Assessoria (CFEMIA) Brasilia
Contact : Marlene Libardoni (lawyer)

Foundation date: 1989

Origin: Founded by militant feminists, ex members of the Conselho Nacional dos Direitos da Mulher (CNDM), convinced that the feminist movement should participate in dialogue with the National Congress, and convinced of the need for an independent position which would not be possible in a government body.

Set up to give continuity to the work of the Assambleia Nacional Constituente and also continue with the former activities of the local feminist group Brasília Mulher.

General Objectives: to fight for equality in legislation and for full citizenship for men and women.

Area of Operation: National

Principal Activities: Assess and inform on matters of gender; support and vindicate the activities of the National Feminist Movement principally within Congress

Projects: (i) Rights of Women in Law and in Life: guiding projects relating to women through the National Congress. Providing information pertaining to the legislative process to 1800 women's organisations. Advising 583 parlimentarians and their staff on matters of gender.

> ii Guide to the Rights of Women: data collection, systematizing legal norms and jurisprudence realative to women. Publication of the Guide for use by women's organisations and the general public.
>
> iii Research into public opinion on the rights of women carried out with 24 parlimentarians considered to be opinion formers (formadores de opinão)

Principal benifeciaries : women's organisations; congress members; general public

Principal Activities: Monthly Journal

6. Coletivo Feminista Sexualidade e Saude (CFSS) São Paulo

Contact : Maria Jose de Araújo (doctor, former Minister for Health in Municipal government of São Paulo)   Rosa Dalvo

Foundation date: 1985

Origin: Group of feminists developing social work with women on the peripheries of São Paulo, project named Sexuality and Politics (Sexualidade e Política) Creation of a dispensary for primary health from a feminist perspective.

General Objectives: to provide primary and integral health care to women from a feminist perspective; to influence social policy for health; to participate in the national and international feminist movement. Research.

Area of Operation: Municipal - the City of São Paulo

Principal Activities: Primary health care for women and educational activities

Projects :   i Seven doctors attend women for gynaecological and psychological clinics

> ii   Coordination of a programme for reproductive health.
>
> iii Participation in international research for reproductive rights
>
> iv   Assessment of girl prostitutes (meninas prostitutas) in Santos , together with other
>
> NGOs and with the Santos Prefeitura

Principal benificiaries: women

<u>Publications:</u> Enfoque Feminista - tri annual journal

Ousadia -Mulher e AIDS

(The profile of each NGO comes from the publication of the umbrella organisation Asociação Brasileira de Organizaçõs não Governamentais: <u>ONGs: Um Perfil. Cadastro das Filiadas de ABONG) 1996</u>

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Chapter 1

INTRODUCTION

1.0   Objectives and main arguments

The setting for this thesis is a recent period in the history of Brazil – the so-called *transitional period* (1985–95), when Brazil's dictatorship gave way to democratic forces in a process of political change,   providing civil society bodies with the opportunity to create social policy based on new definitions of   civil, social and human rights to be delivered in public services.

At that time feminist institutions: NGOs and the National Council for Women's Rights (CNDM), created to represent the women's social movement in Brazil, became politically active and entered into co-operation with government bodies to plan and legislate for women's health, as well as assisting with the implementation of health policy in the public sector.

The objective of this thesis has been to discover the links which exist between NGOs and social movements (SMs or NSMs), from which they obtain their legitimacy, as well as the relationship NGOs have developed with state bodies in order to table controversial issues affecting the health of the female population in the domain of reproductive rights. This two way process can be seen as a way of gaining citizenship for poor women at a moment in history of increased responsiveness of state institutions together with the enhanced organisational capacity among NGOs and NSMs.

In this thesis, which uses an ethnographic case study approach and grounded theory, the history of the democratic changes which have taken place in Brazil is told by feminist leaders of the women's movement in their own words. They describe their struggle   to obtain universal coverage with health services for women, because the

existing health service was fragmented and uncoordinated, and explain how they exploited the concept of 'citizenship' to make demands for human rights on behalf of the women's social movement which they came to represent.

Initially I approached this research from a health perspective - examining NGOs in the context of their relations with the   health sector- however I soon discovered that NGOs were playing a more fundamental role in creating democracy as, in partnership with the federal government, they produced and adjusted legislation for women.

It was therefore necessary for me to build a theory and find a formulation to study the phenomenon. As I had access to the groups of interest I decided to collect data and compile case study material. According to Robert Yin there are five components of case study design: (a) a study's questions, (b) its propositions, (c) its units of analysis, (d) the logic linking the data to the propositions, (e) the criteria for interpreting the findings.

The first component is to compile 'a study's questions' (Yin 1994:27). Eventually, due to a combination of field experience, which provided me with 'leads and hunches' combined with my particular 'ideas and interests' (Hammersley and Atkinson 1995) I was able to formulate the following questions which I wanted answered and which would allow me to establish a basis for my enquiry:

- What was 'civil society' in Brazil?

- What did 'citizenship' mean for different groups?

- What kinds of people were members of non-governmental organisations (NGOs) in Brazil?

- Was NGO activity instrumental in bringing about democracy in Brazil?

- How did the feminist organisations emerge from mass social movement?

- Who were the feminists?

- How did feminist activists define an agenda or agendas?

- What was the feminist agenda?

- How influential were the feminists in achieving their goals?

- Could feminists influence policy-making in Brazil?

- How close to government were feminists working?

- Did feminists have real autonomy from the state in decision-making for women of Brazil or were they compromised by the government?

- How important was international support for the survival of the NGO movement in Brazil?

The main research question which emerged from my initial exploration was therefore: what part did the women's movement, represented by its feminist institutions (the network of feminist NGOs and the National Council for Women's Rights) play in changing the culture for women in Brazil and how did they achieve concrete, qualitative improvement in health conditions for poor women?

1.1 Organisation of the thesis

This thesis is divided into nine chapters which include the following: introduction, research methodology, literature review and a series of chapters based on data from primary research. The final chapter is the conclusion.

Chapter 1 sets out (a) the background, aims and arguments of the study and (b) details its organisation. It outlines the scope of the area to be addressed, and describes the historical context, methodology, and theoretical framework used, to analyse field data.

Chapter 2 sets out the personal process involved in my enquiry and describes how I initiated my investigation and found a method (qualitative research and a grounded theory approach) to structure my data collection and provide the logic to link the data to my proposition, as in Yin's fourth criterion (Yin 1994:27).

I used the fundamental methods of all qualitative researchers: '1) participation in the setting, 2) direct observation, 3) in-depth interviewing, and 4) document review' (Marshall and Rossman, 1995:5).

I conducted interviews with NGO leaders in different parts of the country to

explore their perception of reproductive rights. I was interested to discover the origins of what I took to be a dominant discourse, which revealed the ethos of the women's social movement and to discover whether the same features and constructs were shared by groups throughout the country. I also interviewed civil servants and health workers involved in the implementation of social policy, to see if they shared the same principles as the feminist NGOs in the area of health.

Chapter 2 also outlines how Case Study Methodology (Burawoy 1991, 2000) was selected, and how my data was collected and analysed in an historical and political context so as to reflect both the 'macro' and 'micro' processes in operation.

In Chapter 3, the literature review, academic theory provides criteria for interpreting findings (Yin's fifth criterion for valid research) and I review current interpretations of citizenship - used by western governments and by Brazilians - as a theoretical concept and a perspective to view state delivery of different kinds of rights in democracy. I also examine participatory approaches in international development (Gaventa 2002; Cornwall and Gaventa 2001; Jones and Gaventa 2002; Hickey and Mohan 2003; Lister 1997, 2002), to see how these fit in with the neo-liberal agenda for international development of certain international agencies (Evans 2002; Amann and Baer 2002).

Another theoretical strand is social movement theory which examines state/civil society relationships (Keane 1988; Melucci 1988; Pateman *et al*. 1988) in different contexts. Social movement theory is especially developed in the field of Latin American Studies, as it is used to analyse processes arising from transitional periods following repressive military dictatorship: Evers 1985; Slater 1994; Waylen 1996; Foweraker *et al*. 1995, 1997; Weyland 1998 and others. Foweraker and Landman (1997) also link the discourse of human rights to the notion of citizenship to address problems of marginality .

The role of feminism in democratisation is another area of debate in Latin American social movement theory, which reviews key issues such as identity, emancipation and the public/private dichotomy (Pateman 1988, Eckstein 1989, Jelin 1990, and others). Finally, the future role of NGOs in a globalised world order is examined, according to the proposals of Malhotra 2000 and Fowler 2000.

According to social movement theories, collective bodies of civil society emerged to challenge the institutional order. A prime example of a successful social movement is the women's movement in Brazil, where groups of feminists representing the mass movement formed non-governmental organisations to achieve their concrete objectives. Women's institutions worked towards bringing about an inclusive democratic form of government when   the government and civil society worked together to define and implement an agenda to meet the specific social needs of the country. The foundations of the new democracy were formulated then and laid down in the Brazilian Constitution of 1988.

Chapter 4 focuses on the policy and practice of citizenship, which is linked to a political agenda to bring about inclusion of marginal populations by delivering human rights.

Under the authoritarian, totalitarian regime of the dictatorship (1965 –85) Brazil had a poor record on human rights. Most of the population was excluded from the legal frame with no possibility of invoking the law or making demands of the state for social services. In these circumstances, social movements, including the women's movement, emerged during the transitional period to make demands for human, civil and social rights.

The interviewees discuss how the concept of citizenship was popularised and how, within the context of poor communities, in a country where a legacy of slavery has left a vast excluded population, the term refers to how a person can belong to a nation state and be protected by the state as well as enjoy the usual benefits of the first world, where shelter, education, health and social security are taken for granted, even by the poorest members of society.

In Brazil , individual human rights workers have made a major contribution towards addressing the problems of the poor, using the discourse of citizenship influenced by the philosophy of liberation and   Paulo Freire, whose life time's work was directed towards giving voice to the poor and dispossessed (Freire 1970, 1973, 1976).

Most of the NGO workers in this research have worked as educators in poor communities, as described in Chapter 4 and have used Freire's consciousness- raising technique '*conscientizacao*', which teaches people at the community level to defend

their own interests. A citizenship discourse has grown up and been nurtured and is widely used in popular education – both when teaching literacy and in health education. Therefore the Brazilian citizenship discourse can be seen to have grown out of a strong inclusive socio-cultural milieu within a wide political context of social movement activity.

Their aim was to end marginality for those with no access to public services and to assist those outside the system to gain access - by using their right of citizenship or their agency to demand human rights - particularly to cover their health needs.

In Chapter 5 - the state, civil society and the role of NGOs - the elements of Brazilian modern democracy and governance are defined by leaders of the social movement of women who are also founder members of feminist NGOs committed to the cause of addressing the exclusion and poverty of women in a democracy of citizen participation. During the transition, a new form of governance came into being characterised by interaction between state and civil society bodies (see Appendix 2, Cognitive Map of Reproductive Rights Landscape 1985-95).

A high point of co-operation between the government and civil society was achieved when both governmental and non-governmental organisations worked together with the Brazilian Congress in the National Constituent Assembly (ANC), to elaborate a new Constitution (1988) for government reform. Women's movement organisations were able to create a legal framework favourable to the protection of the interests of ordinary Brazilian women in the field of reproductive health.

The historical emergence of the women's movement and its evolution is charted in Chapter 6 and the events which took place are described . Within the political ferment of the transition, the women's social movement became active and, with the institution of the National Council for Women's Rights (CNDM) and feminist NGOs, was soon to become a potent force for democratic change as the activists move from their projects in poor communities to making policy with the government.

The following landmarks trace the rise of the women's movement and its capacity to develop political potential. The transitional period is given as 1985–1995 but activities precede and succeed this limited time scale in the history of the movement, as the chronology shows in Table 1.

TABLE 1   Landmarks of the women's movement

1979	30 women's groups formed
1982	Programa de Asistencia Integral a Saúde da Mulher (PAISM) formulated
1985	Reform of the civil code to include proposals of the women's movement
1985	**Founding of the National Council for Women's Rights (CNDM)**
1986	**26 women are elected to the Constituent Assembly (ANC) including feminists**
1988	**Promulgation of the Constitution of Brazil**
1988	**Luisa Erundhina, although not active in the movement, is elected feminist mayor of São Paulo (Paulo Freire is Minister for Education in this administration)**
1989	**Institutional crisis of the National Council for Women's Rights following abortion campaign**
1989	**NGO, Centro Feminista de Estudos e Assessoria founded (CFEMIA)**
1994	**UN Conference in Cairo**
1995	**UN Conference in Beijing**
1995	**Law of Family Planning No. 9263 presented**
1996	Presidential Veto on Sterilisation and the Family Planning Law No.9263
1996	Proposta de Emenda Constitucional (PEC) 25/95
1998	Sterilisation and the Family Planning Law No.9263 enacted

*Landmarks in bold letters denote the period of transition.

The CNDM founded in 1985 became a key institution for Brazilian feminists to achieve their aims. Many of the women elected to office - by the women's movement from 1986 to 1988 - were feminists (including women from four of the NGOs examined in this research: IDAC, SOS Corpo, IBASE, CFSS). In 1988 however, the CNDM was suspended by the government after a pro abortion campaign. At this stage feminists withdrew to form two NGOs which deal exclusively with policy (CFEMIA, CEPIA), thus ensuring that the established network of NGOs was able to function without the CNDM. In fact the women's movement was able to increase its activities without compromising its autonomy. Both operational strands working together constitute a powerful and important lobby for women's affairs, committed to bringing about change in the political system to make provision for women's rights. Profiles of the women interviewed reveal their elevated professional status and include a doctor, a lawyer, a sociologist, and a teacher.

Both the CNDM and the NGOs representing women state that their principle aim is to end marginality for poor women. (See Appendix 1, which outlines the aims and objectives of NGOs.) To date, the main thrust of feminist activities has been directed towards reforming the health sector and health is used as a fundamental basis on which to construct citizenship for poor women: for if a woman has access to a health service she may, as a citizen, begin to survive, protect herself and fashion a life of less misery in an era when poverty is judged to be feminised and the family is a broken institution, especially in Brazil with its legacy of slavery which has impacted on family life (Scott *et al.* 1988). In this way citizenship participation is achieved by the mere fact of her attendance at a public facility to claim her right to treatment.

Chapter 7 describes how, having gained their experience with project work, feminist institutions formulated a national health plan, the Programme for Integral Assistance to the Health of Women (PAISM), which was conceived at the same time as the Single Health System (SUS), also the fruit of the state/civil society consultation process of the transitional period. Like SUS, PAISM also started from the premise that access to a health service was a fundamental social right due to citizens of the nation state of Brazil. The plan advocates health education as an integral element and proposes management participation of service users at the community level where citizens would

monitor and evaluate processes and make demands for better living conditions - with improvement of water provision, shelter and the environment to facilitate health.

Brazilian feminists from the institutions of the women's movement took up positions within the government of Brazil to demand   reproductive rights linked to citizenship for poor women. They conducted campaigns to bring about changes in attitude regarding women's health and called for an end to the traditional taboos. They also filled the policy gap with their plans for health which would ultimately lead to legislation changes. However having created their health plan, changed the legislation and intervened at the level of service delivery to fulfil their aims, the research participants maintain that the public health service is in crisis and does not have the capacity to implement plans and deliver services. For national health plans, such as PAISM, to be successful, the government must be committed and the   process of municipalisation, which is now under way, must be in place.

In Chapter 8, the participants in this study give the background for their reproductive rights agenda. They point out that there has never been an official policy for population control in Brazil and yet the birth rate is now low. (Brazil now has an average fertility rate of 2.5 children (2.3 urban rate and 3.5 rural rate) to women aged between 15 and 49 years according to the National Research for Demography and Health (1996)).

This is due to the culture of sterilisation which came into being in Brazil during the military government, when responsibility for birth control rested with the Family Well-being Society in Brazil (BEMFAM), founded in 1965 and heavily underwritten and funded by the US government, and in particular by USAID.

This mass sterilisation programme also led to an increase in caesarian section - 80% of deliveries in some states, (National Research for Demography and Health, 1996). This caesarian/sterilisation culture operates as a privatised system within the public health sector and poor women have to find the money to pay directly for their sterilisations, even if their caesarian section is paid for by the state.

Similarly abortion is one of the largest obstetric expenditures for the public health service.   SOS Corpo, estimates one abortion for every four births in maternity hospitals of Brazil - a statistic that goes unacknowledged as hospitals do not register an abortion as such. Women take the prescription drug 'Cytotec', which provokes a

reasonably safe abortion (Payron *et al*. 1993). Once provoked the pregnancy is terminated in public sector facilities. This reality shows that women in Brazil have found ways to negotiate their own solutions to control their fertility as both abortion and surgical sterilisation take place on a massive scale in public hospitals. In time honoured fashion, women take the law into their own hands when it comes to their reproductive functions by exercising their right to choose.

The lack of population policy and inadequate provision to address women's reproductive health needs in the health sector have created an opportunity for feminist NGOs to fill the political vacuum to organise health services for women. However their health plan PAISM, also envisages providing other urgently needed services within the reproductive rights sphere - such as : a) pre- and post-natal care; b) cancer screening; c) prevention of under-age pregnancy; d) elimination of sexual violence towards women; e) HIV/AIDS advice - which the health sector does not have the capacity to deliver .

Feminist NGOs and the CNDM also created the Family Planning Law No.9263. The participants recount how this law, which endorses PAISM interventions, was finally approved in 1998 after many setbacks. Abortion however, has not been included as a reproductive right according to this law. Nevertheless the women's movement campaign in 1995 was successful in mobilising the Brazilian Congress to block a conservative constitutional amendment (PEC 25/95), which attempted to enshrine the right to life from conception in the Constitution. The victory of overturning this amendment means that, in principle, legal abortion can now take place in designated centres according to the Penal Code of 1940, which has never been implemented.

In Chapter 9, it is concluded that the health service, as it stands, cannot provide for all aspects of care for women as citizens contained in the law. All in all, female populations still endure chronic neglect and a miserable epidemiological profile in most areas of Brazil where many people never access health services - a survey conducted in the Northeast discovered that 70% of people suffering health problems received no medical attention at all (National Research for Demography and Health, 1996).

In essence, Law No. 9263's main contribution has been to decriminalise sterilisation. This measure is now available free of charge in the public sector as a right of Brazilian women to control their own fertility as opposed to a measure taken by the state

to control the population.

In Brazil, 'citizenship' is promoted as a way to address social injustice and for the women's movement planning and legislation can bring this about. However, the only kind of citizenship a woman can exercise at present is that of attendance in a health facility- if one is available – where some services may be delivered to enable her to gain control over her reproductive functions.

Brazilian feminists know that what has been achieved so far is not enough. Women also want 'healthy conditions for child bearing, sexuality free from violence and disease, food security, skills and incomes of their own and dignity and respect as service recipients and human beings' (Patchesky and Judd 1998). In short, they need a package of conditions for life. Feminist NGOs blame their governments for not acting on health plans and legislation, but they also blame the international institutions, such as the World Bank and the IMF, for obstructing development progress by insisting on cuts in government spending in order to reschedule the national debt. The measures they propose prevent the Brazilian citizenship project, conceived during the transition and enshrined in their constitution, from being extended to provide public health services to all.

1.3   Summary

This introduction has given an account of the parameters of my thesis and stated the methodological aims and theoretical considerations. It has presented the emerging themes resulting from links made between theory, data and methodology including: the Brazilian view of citizenship which is linked to a human rights discourse and agenda; the relationship between the state and social movements in Brazil during the transition; the emergence of the women's movement as a social movement; the role of feminist NGOs in constructing democracy; the capacity of the health sector in Brazil to deliver health services to women; the process undertaken by feminists in the women's movement to regulate and deliver reproductive rights to women in the health sector. Chapter Two sets out the methodological basis of this research.

Chapter 2

METHODOLOGY OF RESEARCH

2.0   Introduction

This chapter describes the components of my research which uses qualitative research methods and selective sampling - arising out of empirical field activities – to investigate the role of feminist NGOs in the transition period from military dictatorship to democracy.

Section 2.1 gives a description of the Extended Case Study approach (Burawoy 1991, 2000) which underpins my methodology and discusses the role of participant observation in this method. It details the activities and contacts which formed the background to my research. Section 2.2 outlines the strategies and techniques employed and gives the schedule of my field work and data collection. It charts my struggle to discover the political and social agenda of feminist leaders of NGOs with whom I had dealings. Formulated questions, which were constantly refined, led to the emergence of a main area of investigation which is given in Section 2.3. Section 2.4 introduces the research participants and   Section 2.5 makes known the process involved in analysing data to come up with the emerging themes, categories and constructs which are described.   Section 2.6 gives the working hypothesis and Section 2.7 discusses further methodological issues - such as the role of translation in this research and the influence of the feminist research agenda.

This thesis consists of interpretation of data obtained during the course of a single year (1996), and after a two year observation period (1994 and 1995). Using qualitative research methods I trace the emergence of the women's social movement and the foundation of institutions - the CNDM and feminist   NGOs - to represent it – which work within a specific framework of reference and with a clear political agenda to bring about practical and strategic outcomes. By working in co-operation with the health sector

at all levels of government, they plan to deliver health services to women in the public sector, and establish legal guidelines for reproductive rights.

The aim of this research has been to show how macro processes of state policy and decision making can be significantly influenced by micro-processes (the advocacy and activity of NGOs working at local level) and vice versa.

2.1   The Extended Case Study

The main methodological thrust is the Extended Case Study method of the Berkeley school of ethnography, as advocated by Burawoy et al (1991,2000), which has evolved to meet the need for an historically grounded, theoretically driven macro ethnography. The Berkeley school marries two traditions – the comparative historical and the ethnographic.   An ethnography of this kind is situated within an historical and geographical context and emphasises   the way the external system colonises the subject 'lifeworld' (Burawoy 2000:25), and how that lifeworld in turn negotiates the terms of domination, creates alternatives, or takes to collective protests.'

For Burawoy and the Berkeley school, conventional stereotypes of participant observation are 'atheoretical, ahistorical and micro' as no situation is uncontaminated by the wider world and no truth can be found in considering the local context without reference to the wider influences.   Therefore, in departing from the purely local , Burawoy breaks with ethnographic convention. He maintains that although locales still exist they are connected through symbolic tokens, especially in the new climate of globalisation, such as money, experts (doctors, lawyers and accountants), as well as by new technologies (language, radio, television and the internet). Through them everyday life is lifted out of the local and attached to the wider world.

In proposing his method, with laws of participant observation and strategies of extending out, Burawoy seeks to: 'reconstruct, revise or simply elaborate pre-existing theories to accommodate empirical findings to wider contexts of determination'.

Burawoy insists that the study of ethnographers, who work from the ground up in the study of everyday life, must also be able to grasp lofty processes and transcend boundaries. With the Extended Case method the lifeworld autonomy, which is the focus of other schools of ethnography, is expanded and the gaps filled to include Marxism and

feminism. The accumulation of knowledge, which in other schools of ethnography has usually been viewed as emancipatory, is also viewed differently as post Marxist and feminist Extended Case methodologists are influenced by Foucault's view that knowledge is implicated in domination.

Therefore the Burawoy conditions of ethnography, as expressed in the 1991 case studies of social movements, were ideal for my own purpose of devising a case study, to consist of interviews with feminist NGOs with which I had ongoing contact. I could then consider formally the social movement of women in Brazil to discover how they preserved their culture locally, in the case of each NGO, but also interacted globally to inform themselves concerning international norms for the survival of the female population, and finally, and more importantly, how they co-operated with the government, at all levels, to reform the public health sector in ideological, legal and practical terms whilst preserving their autonomy.

The 'Extended Case method' as described by Burawoy, is an inductive approach associated with grounded theory (1991). It allows for (re)constructing theory out of data collected through participant observation but is essentially based on the notion that a single longitudinal case study will be analysed over a period of time in some depth. As I was working continuously with feminist NGOs in Brazil, I was able to select a cross section of institutions from across Brazil to obtain my data to be analysed as <u>one single case study</u> of a national social movement, which displays a culture and communicates a specific lifeworld. My aim was to explain how micro social processes are linked to macro processes both nationally and globally.

I made a selection of NGOs using a 'selective sampling' approach, as recommended by Strauss, to provide a cross-sectional sample of the discourse of individuals at a given moment in time. This 'examines groups or subgroups of populations, events, activities ….. to find varying dimensions, strategies, etc' (1987:39).

As a result of preliminary research and initial failure to initiate a dialogue, I managed to get the interviewees to talk about their history, their human rights work and what this entailed, their successes and failures, their relationship with the state and their hopes for the future. I took care to ensure that the interviewees were not directed or led to make statements in support of predetermined conclusions.

A general topic orientation emerged - as proposed by the Extended Case Method - whereby the approach adopted 'takes the social situation as the point of empirical examination and works with given general concepts and laws about states, economies, legal orders…. to show how micro situations are shaped by wider structures' (Burawoy 1991:282).

Participant Observation

The participant observer enters the lifeworld of the research participants and, as Burawoy confirms, there is a huge literature detailing covert and overt participant observation, different levels of immersion, insider and outsider status and the role of informants.

The Berkeley school imposes four dimensions on the Extended Case Method. With each dimension he raises a problem which introduces *power* structures into the researcher/researched relationship and which can occur if the observer is not vigilant.

1)   The first dimension is the extension of the observer into the lifeworld of the participant. (Here care must be taken that the relationship between researcher and researched does not become distorted because of *domination* which can affect the mutuality of exchange).

2)   The second dimension requires the extension of the observations over time and space. As in my research, the ethnographer spends a lot of time following subjects around living their lives and learning their ways. In time the ethnographer comes to understand the succession of situations as a social process. (The problem of this approach is that forms of data gathering can be reductionist as situational observation can lead to *silencing).*

3)   The third dimension demands the reflection of a structured totality in which the part is shaped by its relation to the whole – the whole being represented by 'external forces'. The discovery of extra local determination is the essential ingredient of the extended case study as the micro is viewed as an extension of the macro. Such discovery is impossible however without identifying external factors likely to be important. (The danger with this condition is *objectification).*

4)   Finally the fourth dimension is the extension of theory. Ethnographers try to

constitute the field as a challenge to a theory they may want to improve. They apply theory to the field which can result in highjacking and the creation of stereotypes. (*Normalisation* can distort the world according to Burawoy).

Thus Burawoy presents his four conditions and points to the danger inherent in these which face the ethnographer. My work in Brazil required immersion in the language and culture and - because the Extended Case study rethinks the meaning of fieldwork, releasing it from solitary confinement, from being bound to a single place in time - it was ideal for my purpose which was to examine NGOs in different parts of Brazil all representing a single culture and lifeworld. I also had access to extensive documentation. As Burawoy says , by delving into documentation ethnographies are grounded in history - archives, oral history, official documents, community memoirs – and therefore become 'ethnohistories' as is the case with my study.

However as I went around in Brazil investigating the world of feminist NGOs, I did not have access to libraries to investigate academic theory therefore I looked to the data to provide structure for social processes and clues to the lifeworld.

The description and explanation offered in this case study derives from a three year period of contact working with health projects in Brazil. The core data are comprised of interviews with key figures (introduced below) both within the women's movement and without. Before collecting my data I shared hundreds of hours with health reformers from across the political spectrum as follows:

- I had access to women's groups and health projects and I interviewed members of non-governmental organisations (NGOs) delivering health care in different areas of Brazil.

- I interviewed health workers working at all three levels of the health service – federal, state and municipal – in many regions. I also had discussions with high-level federal government officials in Brasília both formally, in the ministries, and socially.

- I interviewed NGOs delivering health care in different areas of Brazil and built up a picture of diverse regional conditions, as in the case of municipal maternity projects in Rio de Janeiro and state-controlled Mother and Child survival projects in the Northeast.

- I visited neighbourhood projects and had close contacts with the politicised left-wing

Popular Health Movement (Movimento Popular de Saúde, MOPS).

- I accompanied NGOs delivering health care projects to riverine communities in the regions of the Amazon and Tapajos rivers.
- I visited women's groups, church groups and mother's clubs (*clubes de mães*) and the political confederation of Women (Confederação de Mulheres) and women's groups in the neighbourhood associations of São Paulo.
- I attended discussions (1995) on the feminist agenda to prepare for the UN Conference in Beijing.
- I attended seminars on health service reform and the 10th National Conference for Health (1996).
- I accompanied the staff of the Municipality of Niteroi Family Health Care Programme to Cuba for the Fifth National Primary Health Care Conference.

During each of my trips within Brazil I conducted extensive open-ended formal and informal discussions both with deliverers and receivers of health services. I also participated in group meetings to discuss the ways and means of improving services as well as exacting better services from existing facilities.

All of the above experiences added to my knowledge as a qualitative researcher and, as Strauss and Corbin advocate it is only through field work that one gets in touch with the topic under review: 'get out into the field, if one wants to know what is going on' (Strauss and Corbin 1990:24).

My employment with the British Embassy involved assessing projects with a view to funding. As part of my networking activities I made contact with feminist NGOs. However, although business transactions formed the basis of my admittance to this world, I found that NGO members were anxious to explain how they perceived their activities to bring about democracy.   I had much in common with the NGO members and was accepted as a genuine associate - perhaps because I belonged to the same historical trajectory of feminism from the 70s and 80s – the decades of the women's movement, although for myself the context was different.

As I became familiar with all kinds of health projects my involvement in Brazilian social processes grew. My function was to assist projects to find funding from British sources and help Brazilians make their projects fit guidelines. This required

meetings and discussions. However, it only occurred to me to become involved in research at a later date when I had grown used to this co-operation and found that I was trusted for my role as a 'facilitator' – an intermediary between local personnel and international donors. My position gave me the ideal circumstances for participant observation as described by Fox: 'The premise behind the ethnographic strategy is to gain access to the subculture of the participants, and then to deal with them on those terms'. This was not difficult as I 'respected my subjects' perspectives and accorded validity to their values' (Fox and Kutzman 1991:225). Furthermore,   feminist NGOs were enjoying a moment of extreme confidence - as they constructed their collective, political, autonomous identity - and I thought it worthy of investigation.

I was able to compare and contrast this experience of NGOs with others I had observed: including other Catholic countries (Spain, Ireland) as well as in the Islamic world (Morocco, Egypt, Sudan) and also the former Yugoslavia. I had gained other insights from my consultancy work for Unicef where I had worked on documentation concerning the agenda to empower women in the developing world - one of the aims of which was to nurture the concept of reproductive rights.

Having decided to investigate feminist NGOs I began to collect documentation during the course of field visits. These included internal organisational documents, public manifestos, journals and newsletters, articles in the national press concerning the women's movement and health reform, also documentation from the Ministry of Health. I also collected documentation, including press commentary, concerning the rise of the NGO movements in Brazil, as well as a wealth of internal feminist coverage of the health reform and the constitutional process. All these materials were used to construct the 'ethnohistory' (Burawoy 1991) of the women's movement and associated NGOs.

2.2   Beginnings – strategies and techniques

According to Marshall qualitative researchers rely on four essential methods for gathering information which are (1) participation in the setting, (2) direct observation, (3) in-depth interviewing, and (4) document review (Marshall and Rossman 1995:78). As I

was living and working in Brazil I fulfilled two of these criteria for conducting qualitative research. I was participating in the setting, and conducting direct observation. I could also conduct interviews and had already collected a mass of documentation.

My aim was to create theory out of qualitative data using 'a systematic set of procedures to develop an inductively derived grounded theory about a phenomena' (Strauss and Corbin 1990:24).

Participant observation was my method of approach but over a wide spectrum. The technique of participant observation 'distinguishes itself by breaking down the barriers between observer and participant' (Burawoy 1991:291). Ethnographers enter into dialogue with their subjects and there is collaboration between participant and observer, as is the case with my research.

To investigate the manner in which the feminist lobby of the women's movement negotiates with government. this I needed to consider more than one NGO to construct my theory. I also wanted to interview other people from the state sector as well as a representative of a popular movement to get their points of view of concepts generated in the transition to democracy. Although my scheme was a 'collaborative enterprise' with feminists I also wanted validation of their viewpoint in order to arrive at an objective assessment to generate a hypothesis.

This case study investigates co-operation which has taken place between government bodies and civil society institutions, between health sector functionaries and members of feminist NGOs. This newly evolved process of co-operation aims to transform society by delivering civil, human and socio-economic rights to the people in full citizenship. In the transition period, democratic ideals were spread throughout the country and promoted by feminist NGOs acting for the women's movement.

It took me two years to identify the network of relationships operating across institutions. As Strauss says, all 'social phenomena are complex phenomena' (Strauss 1987:6) and certainly institutional relations are of great complexity in Brazil.
The two years of field preparation I had were very necessary for me to gain the background I needed for the generation of my description.
My aim was to find concepts that would fit data so as to explain the process whereby feminist NGOs react and interact and are co-opted into the mechanisms of government in

Brazil. It therefore falls into the 'macro-substantive' category of ethnography (Hammersley and Atkinson 1995), of a particular society, which uses the analysis of case studies to build social theory.

Experiential data

The viewpoint a researcher brings to a study must be taken into consideration and I acknowledge the dimensions of my personal involvement in the production of this case study. Strauss describes the package of 'research skills and savvy' that an analyst brings to analysis as 'experiential data'. This consists 'not only of analysts' technical knowledge and experience derived from research but also their personal experiences' (Strauss 1987:11). According to Henwood and Pidgeon, well-grounded research must address a constellation of concerns and the researcher perspective includes substantive interests which guide the questions asked. The researcher brings to the study a philosophical stance and a school of thought. These provide a store of sensitising concepts, which include one's personal experiences, priorities and values (Henwood and Pidgeon 1995:24).

Charmaz proposes that by selecting and owning the categories which emerge from the data the researcher shapes both the process and the product and the 'report becomes the social construction of the social constructions found and explicated in the data' (Charmaz 1990:1162). For Haraway, it is important to address the complexities of the experiences of both the researcher and the researched. For knowing – like seeing – always starts from some embodied, socially situated vantage point (Haraway 1991).

In this case study I wished to explore the links between the status of citizenship and its relationship to the receipt of human and socio-economic rights through health care provision in Brazil as promoted by feminist NGOs.

I began to formulate this research when I realised I was witnessing a singular process, the components of which were of great interest to me, and so I assumed the role of interpreter of the situation. I was a participant observer of events unfolding; in other words I had 'first hand involvement in the social world chosen for study' (Marshall and Rossman 1995:78).

My professional credentials fitted the criteria for acceptance by the feminist

NGOs. I am a nurse by profession and have spent many years working in the developing world assisting health workers to develop projects for funding. My first degree is in Latin American Studies. I had previously undertaken hospital discourse research that relied on ethno-methodological method for my MA dissertation. I knew the 'constructionism' of Berger and Luckmann's social construction of reality (1967) and was well versed in Discourse Analysis and knew how to make data fit rigid, narrow, categories in the manner of the Birmingham School (Sinclair and Coulthard 1975). So I was not a novice in social theory.

In Brazil, as consultant to the British Council and British Embassy on projects for health and women and children, I found myself in an ideal situation to become an 'ethnographer' again. I needed 'a method of analysis which would make the links between structure and practice, between the macro and the micro…and link everyday interaction to history, economics, politics and wider cultural formations' (Skeggs 1994:74).

My contacts with the feminist movement in Brazil provided me with an opportunity to collect interesting data for deconstruction or reconstruction. There were no obvious power gaps between the status of myself and my research participants therefore , my project could be a 'collaborative enterprise' (Burawoy 1991:292).
A further advantage was that my research lay in the area of Latin American Studies where there is a wealth of research on Brazilian topics, which includes coverage of the emergence of social movements - such as the women's movement – in   the transition to democracy.

Work schedule – fieldwork and data collection

Data collection was organised and took place in 1996. 1996 was also the year of significant gains for the women's movement in Brazil. The formulation of the critical ideas, however, emerged during the previous two years (1993 to 1995) when I was working in the field.

Questioning and the questions

Charmaz provides a useful recipe for initiating   grounded theory research:

'grounded theorists begin with general research questions rather than tightly framed pre-conceived hypotheses. If, perchance, those research questions are irrelevant in the field, then they develop new, suitable ones…' (Charmaz 1990:1162).

The questioning phase of my research followed this pattern, following the course of essential procedures for 'discovering, verifying and formulating' a grounded theory (Strauss 1987).

In the first instance I would raise questions which I imagined could be used as data. However, these would often prove to be inappropriate and would have to be refined. I would test ideas and concepts with Brazilian colleagues. If they didn't work I would formulate other questions which might elicit a positive response. But I knew that I could not risk collecting data until my own ideas and concepts were clear. I needed to approach the research participants confidently with some ideas of how to create structure from my field work which would be sustainable across institutions and assist me to construct, or reconstruct, the social reality.

Strauss maintains that: 'the raising of generative questions is essential to making distinctions and comparisons; thinking about possible hypotheses, concepts, and their relationships (Strauss 1987:17). Yin suggests that researchers should ask themselves questions they want answered when conducting case studies (Yin 1994:3). I asked myself two lots of questions. The first were concerned with identifying democratic processes and were the following:

- What was 'civil society' in Brazil?

- What did 'citizenship' mean for different groups?

- What kind of people were members of NGOs in Brazil?

- Was NGO activity instrumental in bringing about democracy in Brazil?

- How did feminist organisations emerge from mass social movement in Brazil?

- Who were the feminists?

- How did the feminists define an agenda or agendas ?

- What was the feminist agenda?

- How influential were the feminists in achieving their goals?

- Could feminists influence policy-making in Brazil?

- How close to government were feminists working?

- Did feminists have real autonomy from the state in decision-making for women of Brazil or were they compromised by government?

- How important was international support for the survival of the NGO movement in Brazil?

The second group of questions was concerned with the health service:

- How did health services work?

- Who had access to health services?

- How could health services be expanded to include all comers?

- How did feminists interact with the health service and at what levels of operation?

Discovering the agenda

In order to elicit answers to these questions I devised questionnaires to enable me to reach points of focus for my research. Two initial attempts to extract information were unsatisfactory. The first time I sent 20 questionnaires by post to NGOs with which I had contact throughout Brazil but I received *no* replies. The second time I tried a new strategy using my professional contacts as a captive audience and raising my questions at the end of interviews which dealt with other business. However all attempts to elicit a response were met with disinterest and impatience. No one would engage in conversation with me on my topics of my choice. This was because my questions were not quite right – conceptually I was not reaching the central notions about NGOs. I was toying with notions of 'civil society' and 'citizenship'. These two concepts seemed to me to be used

indiscriminately. The words seemed to be used to express general notions of how society would progress to a point whereby there would be participation of the community in the social process. This participation would be the cure for all ills; from violence and gang warfare in the shanty towns to the rampant corruption of politicians. It was not at all clear to me if there were any practical applications for these lofty concepts or if they referred to a concrete agenda for change.

Over time it became obvious that the field of my original investigation was too great – that of charting the progress of health reforms in the Single Health Service (SUS) and the roles of NGOs in the process and the capacity of the feminist NGOS representing the women's movement to deliver services. So how could I link health and particularly women's health with the non-governmental sector? I could not find a way into the process. Although there were some impressive health projects involving different communities in different ways, the overall health system didn't really work. I understood that the system called SUS was reimbursing every strand of activity – private hospitals, NGOs, federal, state and municipal programmes - but I could not find a unifying vision within the health service.

This search for the right path is common to all ethnographers. My trail of trial and error was taking me in and out of the defined areas of interest. Tina Koch describes this as an audit process 'of the events, influences and actions of the researcher' (Tina Koch 1994:976), who lays a 'decision' trail which is included as part of research procedure. Although my own struggle was not audited as part of the qualitative research process, it was nevertheless an integral part of what took place. I listened to what was being told to me but for a long time I couldn't hear what was being said. I was ignoring the most important element of the discourse. After a good deal more familiarisation the way forward occurred to me as I realised that the key to the puzzle was to be the 'rights' (*direitos*) agenda, not the health agenda. This was the discourse I was seeking. The rights discourse was fundamental to civil society activity in the making of democracy and NGOs were founded on the basis of a human rights identity. I discovered that the women's movement tied notions of citizenship to health care coverage. I could now make decisions about how to proceed. I would therefore select the research participants on the basis of what they could tell me about this process. Until I reached this moment of

realisation I had not identified the importance of the new decision-making bodies. I had not taken into account the importance of the Constitution (1988) and the fact that all of the potential interviewees in my research had participated in its formulation. Once I became aware that I had to start with the fundamental tenets of the new democratic order, the cross-cutting became possible. I could bring together my own knowledge and concepts, the experiential data, with the social context of my research. I could start to code the 'real world of data' (Strauss 1987:17) and build a 'theoretical structure' to form new explanations about the nature of phenomena (Strauss & Corbin (1998b).

I was able to make linkages. I now understood clearly the terminology which emerged and I discovered that each institutional strand – the government, the church, the Worker's Party (Partido dos Trabalhadores PT), the neighbourhood associations – all used the same language to describe social processes. I had, finally, after two years, become conversant with the human rights discourse.

My original focus had been to work at the health end of the spectrum and work back to the feminist process as described. I then reversed this vision to start at the NGO end of the spectrum. This alteration presented me with a dramatic shift in substantive focus (Hammersley and Atkinson 1995:206).

I was now ready to make decisions and identify data relevant to my research question. I was now involved in discriminate sampling, with deliberate and directed selection of persons, sites or documents to confirm and verify core categories.

My area of professional concern was women and development. I therefore chose to select feminist NGOs which represented the women's movement in Brazil as I narrowed my field of vision. I would chart the effectiveness of this group operating with a very specific human rights agenda – the legislation for reproductive rights and the delivery of these in the public health sector.

2.3   The area of investigation

The questions I had asked myself at the start of my research were still relevant for my case study and when answered would describe state/civil society relations in the transition to democracy and reveal whether feminist institutions had been successful in achieving their aims in the field of health. I also wanted to know whether or not feminists

had any real influence in the corridors of power and which mechanisms were in place to enable them to carry out their programmes.

2.4   Data collection

Having identified the subject of my enquiry I approached the tasks of data collection and processing. The data were collected to provide a variety of accounts of major issues and processes in Brazil and test the strength of ties and 'stable features' amongst an elite group (Hammersley and Atkinson 1995:209).

According to Glaser and Strauss (1967) theory is developed out of data analysis, and subsequent data collection is guided strategically by the emergent theory. This process can also apply to the generation of other research products such as descriptions and explanations (Hammersley and Atkinson 1995:205). In order to generate my research products I had to make a careful choice of informants so as to give me the best coverage of topics for my proposed research.

The 'actors' or research participants

I selected the six most prestigious feminist NGOs in Brazil and asked for interviews with key members to obtain the data . I already had access to these institutions but now the terms of reference for my visits had changed and I made the appointments with the contact persons making my intentions clear.

In this study I have used the real names of informants and attributed contributions to each person accordingly. Each informant is the contact person in their organisation and all are accustomed to giving opinions and views. (This function forms part of the NGO objective to democratise information). Each person knew of my intention to quote them and they all agreed to taping interviews.

The women I interviewed were all prominent members of their movement. Each had a long history of involvement with the issues under review – that is, the legislation for reproductive rights and the delivery of the appropriate interventions in the public health sector. Each NGO had a different approach to the reproductive rights agenda – one is legal, another is educational, another is medical, and so on. Each participant was an official representative for feminist activities in the region. All were founder members of

their own NGOs. All were well-known activists and policy makers at the forefront of their own movement. They included[*]:

1 Maia Vania – Doctor, SOS CORPO, Recife

2 Leila Linhares – Lawyer, CEPIA (Cidadania, Estudos, Pesquisa, Informação e Ação), Rio de Janeiro

3 Mariska Ribeira – Teacher, IDAC (Instituto de Ação Cultural), Rio de Janeiro

4 Sonia Correa – Sociologist, IBASE (Instituto Brasileiro de Análises Sociais e Econômicos), Rio de Janeiro (formerly founder member of SOS Corpo).

5 Marlene Libardoni – Social Scientist, CFEMIA (Centro Feminista de Estudos e Assessoria), Brasília

6 Rosa Dalva – Sociologist, CFSS (Coletivo Sexualidade e Saúde), São Paulo.

Five of these six interviews are taped, with the exception of CFSS where I had technical problems with recording and therefore relied on note taking. I have not used the data from CFSS as basic material as there was no transcribed data for analysis.
I also obtained taped interviews with the following persons who have specific opinions concerning different aspects of my research, as described:

1 Silvio Bavo, the President of ABONG (Asociação Brasileiro de ONGs) in São Paulo. Silvio Bavo provides the overall view of working conditions of the present civil society/state relations.

2 Rubens de Morais Silva, is long time mobiliser of popular movements and committee spokesperson for the Popular Movement for Health (Movimento Popular de Saúde MOPS). In this study Rubens gives the view of the 'Left' in Brazil today. His views reveal another strand of thinking concerning state/civil society relations, which is widespread within the popular movements. He is also a traditional, third-world priest and is actively involved with the Landless Peasant (SemTerra) movement in Brasília, which protects the right of small farmers, with no land, to occupy farmland. When I met Rubens he had been suspended by the bishop from his parish for saying a

requiem mass in the squatter's camp for a protester who had been shot dead by the police. He had led a procession with a ten foot cross which was planted at the entrance to the camp. Rubens works with a sociologist and various doctors and teaches literacy with a health agenda. He mobilises communities under MOPS and trains leaders in simple health and hygiene measures as well as citizenship, using the methodology of Paulo Freire to train leaders to speak for the community (*lideranza*). I spent many days working in the communities with Rubens. He also writes materials explaining the MOPS philosophy and is permanently active demanding access to the decision-making process for health. Until now this participation has been denied to him.

3   Angela Santana, Minister for the Reform of Public Administration (MARE). Angela Santana is a junior minister and has been working closely with Minister Bresser to deregulate conditions of employment of public sector workers. MARE is the federal body charged with reforming the civil service and reducing the privileges and conditions of work of public sector workers. Angela Santana is an expert in social policy and a graduate of the Instituto Getulio Vargas for social policy. MARE is staffed by social planners.

4   Jose Pedrosa, civil servant seconded from the Ministry of Health to work for the Solidarity Community. Jose Pedrosa is the spokesperson for the health sector, where he normally works, and also for the Solidarity Community where he is now working on secondment.

Angela Santana and Jose Pedrosa represent the position of the 'state' in this research as all the other interviewees represent 'civil society'. Each NGO varies slightly according to the expertise and perspective of its founder members. Other opinions are given by health sector workers who comment on the present status of the Sistema Unico de Saúde (SUS) and health NGO workers who also comment on the state of SUS.

These complementary interviews are included to cast light on the health sector from another angle and to assist in processes of validity and testing by lending objectivity and perspective to my research.

I also supplemented my interviews with views imparted informally with other NGO leaders,: such as the demographer Elsa Berquo from CEBRAP and Rubem Cesar Fernandes from ISER and Viva Rio projects. I also had occasion to meet with the head of the CNDM, Rosiska Darcy de Oliveira.

I had had previous contact with all the women from the feminist NGOs and the other interviewees before conducting the interviews for my research. All the participants gave their time generously.

Strauss maintains that induction, deduction and verification are the skills that a researcher must own to build grounded theory (Strauss 1987:12). I conducted the interviews as open-ended meetings and I relied on my intuitive, inductive and deductive powers to get me through. My research had moved from generalised questioning to a more structured approach whereby interviews were informed by 'analytic questions and hypotheses about categories and their relationships' (Strauss 1987:27).
I selected boundaries for my inquiries which were concerned with identifying basic themes (i.e. the identification of the state/civil society division and the construction of citizenship through health care delivery) which were common to the movement nationally. I wanted to discover how the movement articulated internally as well as with the government and civil society to which it belongs and serves. I was, however, intrigued by the history of each NGO regionally and wanted to know how, or if, they differed one from another and whether they coincided in their aims.

I wanted to test the concepts of NGOs in different regions and with different perspectives on the main objectives of the movement to see if there were shared norms. According to Ian Parker, networks of rules emerge as a property of culture, and different rules define behaviour and reflexive powers in different societies (Ian Parker 1995). The rules of the NGO movement came to be accepted as cultural norms in Brazil and especially the feminist movement as they worked to bring about an inclusive citizenship for the inhabitants of Brazil.

2.5   Data analysis – the emerging themes, categories and constructs

The basic tenet of qualitative research as a method of analysis - including grounded theory and case study methodology - is that theory must emerge from data.

Data collection, analysis and theory formulation form an interrelated process which underpins the search for social process. 'Interpretation and data collection are guided by successively evolving interpretations made during the course of the study' (Strauss 1987:10).

Brazil's progress towards democracy was shaken in the first instances with the impeachment of President Collor (1993) for corruption. Reform processes had already begun, but with election of the Cardoso administration (1994) an acceleration took place. President Fernando Henrique Cardoso, and his wife Ruth Cardoso were founder members of the NGO, CEBRAP. Both are academics who have written extensively about Brazil's structural, economic and social problems. Therefore NGO members were convinced that, under this regime, their strategies for reform would be endorsed. Feminists were sure that they would regain their old status and that their institution, the National Council for Women's Rights (CNDM), would be reinstated to its former glory as an executive body within the government. This was therefore a good time for me to conduct my interviews and pick up on the discourse, as NGO personnel restated reform projects confidently together with depositions of their projected plans which appeared in the NGO journals.

The topics which emerged from my data provided an initial broad outline of a process which included the 'macro' government processes and the role of feminist NGOs within these.

On investigation the data revealed more about what could *not* be used as a descriptive category for coding rather than what could. I could not impose a theory on the data. As Strauss states, 'One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge.' Charmaz says, 'Premature commitment to categories means that the researcher has not fully explored the issues, events, and meanings within the research problem or setting and has not gained…intimate familiarity with it' (Charmaz 1990:1167).

My need was to code my data. My perception was that feminist NGOs representing the women's movement had been successful in legislating for women's reproductive rights and implementing health policy by co-operation with government. This phenomenon was a by-product of the arrangements in place for a new democratic

process. I had selected NGOs to test my hypothesis, the choice of which had been made after a long period of investigation and after extensive study of the phenomenon in the field. My aim was to discover how feminists had achieved their success and what their strategies were for survival.

The themes

Broad themes emerged from my data which were the following:

- citizenship

- civil society

- health services

- empowerment of feminists

- reproductive rights

- international relations.

These topics were the elements which would provide a description of the phenomenon; of feminist NGOs representing the women's movement, who were interacting with the Government of Brazil, legislating in reproductive rights and planning and implementing health policy for the public health system . When the above were inter-linked and the relations between them were described they would provid a fit with the Latin American Social Movement literature (see Chapter 3). The structure of my case study would explain the process and provide common-sense understanding of the data.

As time progressed the handling categories or topics which I had selected were to become more elaborate. They increased in density, to allow for all aspects of my report to be explored to reflect the macro and micro processes under investigation.

My broad task was to explore the links between human and civil rights and health care provision but I was also interested in the detailed operation of Brazil's feminist NGOs - set up to represent the women's movement - and how the members were able to

address the problems of reproductive rights.

I divided the areas which needed investigating into chapters to explore the topics generated by the data from different perspectives, thereby discovering connections and making links between the different components of my thesis.

The concepts used by Brazilians to describe their political and social evolution are very specific. These are also reflected in the literature of the subject area of Latin American Studies but in the early stages of my research I discovered the terms from the data.

1   Citizenship

I grew to discover that the notion of 'citizenship' is central to the making of democracy in Brazil and I wanted to explore the realms and possibilities of this in Brazilian terms and within the feminist movement. It is apparent that in Brazil a large section of the population is left outside economic, social and political processes.

The main objective for NGOs is to end exclusion and bring the populace in under the umbrella of the state to ensure participation for all in the services. Their strategy for this is to 'construct citizenship'. This construction is a political proposal to deliver human, social and economic rights to the people on a massive scale and is, in principle, the cornerstone of the emerging democracy. The 'rights' agenda is home-grown but the struggles of Brazil to come to terms with a new kind of inclusive democracy, in a context where swathes of the population have never been included in the legal and social processes available, is now reflected in the United Nations agenda whereby the Secretary General proposes to 'mainstream' rights. The international agenda has impacted on Brazil but so has Brazil impacted on the international agenda. Therefore my first area of exploration was to become 'the Construction of Citizenship and the Rights Agenda'.

2   Civil society

 I selected the concept of 'civil society' for exploration as this is constantly thrown up by the non-governmental sector as its members speak about the place they hold in society. Many questions were raised by its use. My aim was to discover how this

status was viewed both within and without the movement. Was a real political role possible for non-governmental institutions or individuals representing civil society or was the proposed civil society institution co-operation to devise public policy to be merely tokenistic; a political mechanism to appease those calling for democracy?

I then discovered that it was not going to be possible to consider civil society alone in the context of my thesis and so I had to investigate the role of the state and its relationship to the NGOs as they operated as civil society. Therefore I broadened my category to reflect all the actors in the governance of the period to become: 'Civil Society, the State and the Role of NGOs'.

3   The women's movement

One of the most interesting discoveries I made was the way the women's movement was represented by feminists NGOs. These were highly organised institutions which had been set up in all parts of the country. However, I soon found out that there was a second level of institutional arrangement in place in the form of the National Council for Women's Rights (CNDM) also representing the women's movement; as NGOs alone could not reform the public sector . Both of these institutional levels had to be considered when assessing the women's movement; both had established relations with the Government of Brazil; both had been incorporated into the policy-making procedure in the area of health and feminist activists working within both had been empowered at all levels of government – municipal, state and federal. I wanted to explore this complex relationship and discover if the 'empowerment' of institutions, which had taken place at a crucial moment in time (1985), was of a permanent nature and, if so, would relationships established with governments affect the autonomy of the women's movement. This category therefore became 'Empowerment of the Women's Movement – from Organised Civil Society to Participation in Affairs of State'.

4   Health

The category called 'health' was my initial area of interest. I came to discover that

health was not just a matter for health professionals in Brazil and all kinds of groups concerned themselves with it. But I was interested in the general health of women but also in the health service. What was available to women in the existing health service? What was meant by 'SUS' (The Single Health System) and how and where was this delivered and by whom and how was health linked to my other category of citizenship? More specifically I wanted to know if the special needs of reproductive health were being attended to within the system. I wanted to explore the women's health proposal, the Programme for Integral Assistance to Women's Health (PAISM)and see how this fitted in. This category therefore became 'Health in Brazil'.

5 'Reproductive rights'

'Reproductive rights' is the terminology which is used in Brazil to refer to the package of health measures, including birth control (in Brazil sterilisation) and abortion, which are available to women and which will enable them to control fertility and take charge of their lives. In Brazil this is a murky area and the existing situation is intolerable because of the mortality statistics. In political terms these issues are not just feminist concerns but have implications which impact on the development of the country as a whole. Catholic countries prefer to avoid governmental confrontation with the church and have a history of ignoring matters of population and poverty.

However, with an agenda for democratic reform of the health sector, the time has come to reconcile the inherent contradictions. My area of research therefore became 'Reproductive Rights – Policy, Practice and Legislation'.

6 International relations

This final category of international relations was selected to gauge just how influential outside influences had been in the transitional period to democracy in Brazil. How important was globalisation in assessing Brazilian NGOs? The international community and the United Nations define international laws for human rights. The women's movement has a strong profile for its contribution to United

Nations conferences to address development issues in terms of rights and their sophisticated profile is exploited by the Brazilian government for diplomatic purposes. The National Council for Women's Rights (CNDM) in particular plays an important role in the Brazilian diplomatic process and is adept at fund raising. NGOs in Brazil have also been heavily funded by the international development community in the past even though they have to adapt to a new situation for the future.

Another more important aspect of international relationships subsequently emerged however and that was the manner in which multinational international financial institutions – backed by the major industrial countries -such as the IMF and the World Bank -were imposing neo-liberal policies for development on countries like Brazil which were forced to comply because of pressure from their creditors following the debt crisis of the 1980s.

However, in the end, I decided not to make international relations a separate category but to disperse the material throughout the other sections, especially those concerning the rights agenda. I did not want to make a special feature of NGO/international relations, although this is an important area in the evolution of NGOs, because essentially my thesis is concerned with national politics and the governance of Brazil in the transition to democracy.

2.6   The working hypothesis

After much deliberation I was able to put together the above elements and make links between them. In so doing I found that I was describing a process. Each of the selected elements or categories allowed me to process information to make the following realistic hypothesis: that feminist NGOs representing the women's movement have gained entry to political decision-making processes and by so doing have achieved a quantum step forward for women to become full citizens of Brazil as they move from a position of exclusion to obtaining services in the public health service.

2.7   Further methodological issues

Each methodological approach considered in this study states that data collection, analysis and theory generation form one research procedure. However, it is only with familiarisation and interaction with the data that the researcher can come to terms with the social process under investigation.

Reworking the material

In 1997 I left Brazil with my data which I subsequently translated from Brazilian Portuguese. Over this phase the focus of my thesis narrowed during the translation process. Refinement of focus in the case of this research led to a gathering preoccupation with the *process* of the women's movement in achieving its aims, i.e. how to go about changing the law to achieve reproductive rights for women and by so doing reduce morbidity and mortality rates – rather than the *product* of the actual reduction of morbidity and mortality rates which was not yet happening. This led me to conclude that process – to define human rights -was the important factor for feminists and that product – the delivery of human rights - was still secondary.

Academic literature

In their original proposals for the methodology of grounded theory, Glaser and Strauss (1967) suggest that the researcher comes to the literature review after having developed a set of categories. In my case this premise was appropriate as the literature was not available to me in Brazil, which meant delaying the literature review until I had access to libraries. This is considered to be an advantage by some grounded theorists as the lack of reading will decrease the likelihood of introducing preconceived conceptual notions when interpreting the data. Burawoy quotes Glaser and Strauss as follows: 'An effective strategy is, at first, literally to ignore the literature of theory and fact on the area under study, in order to assure that the emergence of categories will not be contaminated by concepts more suited to different areas' (Burawoy 1991:10).

On my return from Brazil in 1997 I began to refer to relevant literature which would help me to come to terms with my data. Not only did I access methodology

literature for grounded theory and case study research but I also found other types of theoretical literature that I required for my analysis. I was already sensitised to the 'rights' agenda of my area of interest and sought literature dealing with new theories of modern democracies. I became familiar with social movement theory of Latin America and discovered theories of 'new social movements' and 'citizenship' (John Keane *et al.* 1988). Later on, I also accessed literature concerning participatory approaches to international development (Gaventa 2002; Cornwall and Gaventa 2001; Jones and Gaventa 2002; Hickey and Mohan 2003; Lister 1992,2002).

Their theories matched the disquisitions on citizenship and civil society which were ever present in my primary data collection from the feminist NGOs in Brazil where the terms had constantly cropped up in the interviews and in the documentation I had gathered together - including NGO pamphlets and newspaper reports. I became aware that feminist academics also had a store of theory to describe the women's movement in Brazil as a prime example of a social movement. I was also able to access   the highly developed analytical literature from the Brazilian lobby of social scientists based on their research. Many of these analysts are also active politically; either within government or in the non governmental sector.

Translation

In this research translation is also a component of the interpretation of data. In the transfer of ideas from one language to another the reality transferred inevitably becomes another. In this study where there are nuances of language I have given the Portuguese words or phrases so that my translation can be verified. I studied Brazilian Portuguese, obtaining the Higher Examination of the Institute of Linguists (advanced working level for diplomats), over the three years I was working on this research – concurrently with acquiring the concepts of the feminist movement with all its cultural and political aspects. During translation I was able to elaborate the categories and explore the components and codes. This procedure enabled me to deepen my insights in the development of my case study theory. I also translated Brazilian academic text into English where appropriate.

The feminist research agenda

Yet another strand of feminist activity which operates in Brazil is the feminist research lobby. The Universities of Brazil have research departments dedicated to women. Feminist academics are successful in Brazil and they have created an important niche in the area of social science. They are well connected internationally and their academic contributions have contributed to the constructs owned by the feminist movement. The universities are also linked to feminist NGOs, which operate with a research component and keep archives and documentation, and I made use of their services. The feminists in both the universities and the NGOs reinforce subjectivity claims for their discipline both internationally and within Brazil and while attempting to identify the constructs operating within the women's movement I was sure I shared many of the values and assumptions of the women interviewees and I was a sympathetic participant observer. However it was not my intention to undertake a feminist analysis which, according to Skeggs (1994), relies on male/female power structures to gain its insights. This research is focused on 'women's experiences as a basis for the research' (Griffin 1995) but , although my subject is women and my concern is with the feminist standpoint, I have no political agenda with feminist analysis other than to describe a phenomenon and highlight the gains of a movement which has been established in a particular country at a particular time.

The NGO feminist network in Brazil combines feminist theory with public policy and health practice. The women interviewed in my research, however, are primarily concerned with political values which can be put into practice and they explain how they take on the plight of poor women although they themselves are not underprivileged. Their concerns lie with 'ordinary' women; from amongst whose ranks they consider themselves to number. In the words of Maia Vania from Recife, 'as women with a 'rights' agenda we are the subject and the object of our own deliberations.' The women in this research are highly politicised and political and they believe in politicising the population with which they deal. However, they also represent all the women in Brazil and in so doing have to accept the demands which surface and which come from the grass roots.

The delivery of the feminist reproductive rights agenda will allow women 'personhood' and, in Brazilian terms, citizenship. In Brazil issues of health and abortion,

population and sterilisation are crucial feminist issues but to address these and implement the social policy implied will have an important impact on development as a whole.

2.8   Summary

I interrogated my data to discover what constructs would emerge. That which emerged was a series of processes: including social concepts, an historical period, a description of a social movement and the story of successful negotiation of a group with government. It showed a health service in disarray and opportunistic action on the part of NGOs trying to survive and finding strategies not to be swallowed up by government. I tried to see if the data would tell another story and yield other categories. For example, to substitute 'education' with 'health' or 'popular movements' with 'NGOs'. The theory did not yield another explanation. The vision which emerged was the story of the emergence of democracy itself. The feminists had used the climate of change to come into being as a political force to represent women at the grass roots. They had been enabled to represent women in the field of health but not in other areas of social development. However, other groups had also emerged at the same time, including the popular movements, and these had not enjoyed the same success. NGO representatives of the women's movement understood their own role in the process and, in one sense, a major finding is how they created and invented themselves. My research was to elicit their story. It was remarkably consistent, but it was an internal process. Outside observers did not necessarily adhere to their version of events.

Chapter 3 reviews the literature pertaining to the role of social movements and their characteristics in transitional periods to democracy in Latin American Studies and relates this to the situation on the ground in that period in Brazil including the relationship between social movement activity and a discourse for human rights. It examines citizenship participatory approaches in development studies and the academic literature pertaining to the role of feminism in democratisation.

Chapter 3

Literature Review

3.0 Introduction

This thesis analyses state/ civil society relations in Brazil in the transitional period from dictatorship to democracy. It examines the governance of that period – understood as being the 'sum of interactions between civil society and governments' (IDS: 1998:2).

In this chapter, current theories of participation are reviewed; including interpretations of the term 'citizenship'   used in development studies and linked to the debate surrounding the nature of human rights and how governments can employ these in their social policy to deliver services that can rescue poor populations from poverty. I also use literature concerning social movements in approaching my data, which examines the role of feminist NGOs in transition politics in Brazil (see Appendix 2, Cognitive Map of Reproductive Rights Landscape 1985-95).

In Brazil, the citizenship project arises out of a   specific environment and a strong cultural milieu. Brazilians have a particular approach to citizenship which has been a component of a wide political process   to reform institutions and address poverty. The view of citizenship which emerges from my data is, on the one hand, a participatory process of popular social movement – whereby mobilised people are taught to claim citizenship from the state in order to improve the conditions of their existence – and on the other hand, a means for civil society institutions to participate in government processes to reform the law. The women's movement in Brazil (comprised of feminist NGOs, the CNDM, and the women's network) has used the concept   of citizenship to make demands of the state for health services for women, and particularly to deliver reproductive rights.

3.1 Participation and Development Studies

Recently, in international development studies, participatory approaches to development and governance are proposed as   a way of coming to terms with poverty in

the countries of the south.   Three main approaches are identified by Jones and Gaventa when examining traditions in citizenship thought (Jones and Gaventa 2002). Firstly there is liberal thought, then communitarian thought and lastly civic republican thought.

Citizenship in liberal thought is identified as a status to promote equality which entitles people to a specific set of rights regardless of a person's political or economic power. It gives the right to participation and, above all, the right to vote. A communitarian model of citizenship conceives of a socially embedded citizen (Sandal, 1998), whereby social identity is only gained through relations with others. Civic republicanism weds both of the above traditions and conceives of the citizen as a self – interested individual within a communitarian framework of egalitarianism, where all citizens are considered equal before the law.

With the re-emergence of citizenship as a mainstream concept for social policy, spearheaded by the international organisations, these traditions are   united, that is: the liberal emphasis on individual rights and equality with due process of law together with the communitarian focus on belonging to a community and the civic republican focus on processes of deliberation, collective action and responsibility. Another view of citizenship comes from Hickey and Mohan, who propose a critical modernism approach rooted in Marxism, feminism and post modernism and which is linked to a framework of 'radical citizenship' (Hickey & Mohan 2003:37) and tied to a specific goal of inclusivity aimed at securing rights and participation for marginal groups.

Ideally,   according to Lister 1997; Oldfield 1990a, Kymlicka and Norman 1994; Mouffe 1992, citizenship would be viewed as both a status, which accords a range of rights and obligations, and an active practice which would include participation of citizens in social processes. This citizenship agency, as promoted by Lister (1997) would lead to more democratic governance and more effective social policy providing an opportunity for the voices of citizens to be heard in government but also for governments to be accountable to citizens, in both policy terms and with regard to the rationale for government expenditure. As Gaventa and Valderama point out, 'with the rise of the good governance agenda, the recasting of citizenship participation as an expression of citizenship rights and human agency has met with growing concern not only for citizen 'voice' but also for influence and accountability'. (Gaventa and

Valderama 1999:5).

According to this expressed concern, any model of citizenship participation would require direct connection between citizen and the state. For example, the Commonwealth Foundation study (1999) states its *desired visions* as being: '(1) a strong state and strong civil society, (2) deepened democracy and democratic culture, (3) an enlarged role for citizens, (4) direct connections between citizens and state based on participation and inclusion, (5) co-construction of strong associational life in civil society (strengthened interface between citizens and intermediaries like NGOs, trade unions and informal institutions) (Gaventa and Valderama 1999:39).

The notion of citizenship participation therefore raises many questions about the nature of any given society in the south such as: Who controls the government? Is there an active civil society ? At what level can democracy take place there? How can politics become more relevant to individuals or groups of individuals existing outside, or having scant contact with, the legal frame of a country (because they never go to school or attend a hospital and are marginal in terms of the state) ? How can citizens participate in state processes? How can citizens make their individual or collective voices heard to influence the course of events in their own interests ?

3.2 Citizenship rights and obligations

Participative citizenship reintroduces the rights agenda to development politics. Present day northern societies operate with conditions whereby disadvantaged groups benefit from state provision for the delivery of social rights to citizens, following the ideas of the promoter of welfare provision Marshall (1950), whereby minimal social and economic needs were to be provided by the state. He linked social rights to human need; proposing rights to welfare and resources, health, education and economic well-being. According to Gaventa and Valderama these proposals were seen in the light of a reduction in the risks of capitalism, whereby protection was extended to the unemployed outside of the system, rather than a reduction of inequality in society. (Gaventa and Valderama 1999:5).

Marshall made the link between rights and needs and extended the brief of citizens to undertake responsibilities in the post war period saying that 'social rights

imply an absolute right to a certain standard of civilisation which is conditional only on the discharge of the general duties of citizenship' (Lister 1997:21). However Marshall did not specify the type of general duty he had in mind.

This raises the question of the basis or 'terms' (Lister 1997) of any encounter between the citizen and the state: would this be voluntary or linked to obligation? Current theories of citizenship participation do not clarify the type of participation envisaged. If citizenship is to be linked to participation then unasked for obligations may be laid at the door of the citizen, who only asks for social rights to be accorded in so called passive citizenship. In which case, his or her citizenship immediately becomes a burden.

3.3 Rights and Freedoms

According to Evans (2002), international social policy is governed by a liberal consensus and is subordinated to the global economic agenda. Within this framework, where globalisation and transnational politics are given prominence, the nuances given to different kinds of rights become crucial for the global construction of social justice and the division of rights into different types militates against their delivery on a universal scale. With the liberal consensus, civil and political rights are considered to be negative rights or freedoms; whereas positive rights, such as the right to health, are of a socio-economic nature. Neo-liberal governments balance rights and freedoms in their governments, but, above all, they offer rights that emphasise liberal freedoms of individual actions and principles axiomatic to the ideology of the free market.

Freedoms or negative rights are fulfilled when members of the community do nothing to violate the freedom of others and they can easily be guaranteed by national laws at no cost whatsoever to the state. Positive rights however require that the means of life are provided to those unable to provide for themselves and, in poor southern countries, these include clean water, shelter, food and health care. But, as Evans points out, 'since all rights are claimed against the state, and positive rights depend on the level of economic development a country has achieved, setting any universal standards for economic and social rights is impossible.' (Evans 2002:200). However DfID (2000) and UNDP (2000) hold a basic human rights approach, which seeks to undermine the

foundation of the liberal consensus,   maintaining that social, political and civil citizenship rights are indivisible. By giving equal weight to all three types of rights, they mean to strengthen the ability of vulnerable groups to claim social, political and civil resources to meet their needs and they propose participatory forms of governance so that citizens can demand rights. But Lister points to the danger that   rights enshrined by law can also create the problem of exclusion (this debate becomes relevant in any discussion of how asylum seekers from the south can gain access to the benefits of northern states) however for long term marginal populations of countries such as Brazil the problem is to gain access in the first place to any state services that might exist.

Most commentators making a contribution to the extensive debate being waged on the types of rights in development studies hold to the possibility that rights can be claimed for all at some level in southern societies. However for northern societies to imagine that   welfare states which ensure rights - of the type instigated by Marshall - can be set up in southern countries is optimistic. In Brazil, for example, the Ministry for Social Welfare was closed down in 1994 because: a) it was subject to too much corruption; and b) it was impossible to administer and totally inadequate to address the needs of the populace.

In southern countries the rights which will directly benefit the poor are socio-economic rights to provide them with services - and in Brazil these need to be on a very large scale.   Freedoms or negative rights do not benefit poor people, who don't even have the right to physical security in poor areas.

Where neo-liberal rules operate, such as with the PSDB of Fernando Enrique Cardoso,   transnational corporations attempt to open up markets – including health markets - to private investment and private companies then access public funds for health services.   But instead of providing universal cover, this strategy   leads to a reduction in access to health provision for the poor and a diversion of public funding to the private sector.

The citizenship project in Brazil

Citizenship   soon emerged to be a cornerstone of my data as the research participants constantly referred to the term within the context of marginality and

exclusion, which is a particular feature of Brazilian politics. For each country in Latin America, independence took place from the mother countries of the Iberian peninsula in different ways. As a Portuguese colony, which actually provided asylum for the monarchy escaping from Napoleonic invasion, Brazil had a very special trajectory towards independence and its early laws were all bound up with the abolition of slavery and the recognition of the rights of an excluded subject people.

Inequality in Brazil has its roots in the 19th century when integration of former slaves into the larger society did not take place (Drescher 1998). Certainly, former slaves continued to be dependent on their former masters long after emancipation in 1888 and, in northeast Brazil - considered to be the *locus classicus* of such dependency relations - continue to the present day . According to Florestan Fernandes (1965), the first analyst to address this problem, former slaves had no preparation for emancipation and indeed slaves did not transmute into citizens. 'Slaves learned no skills under slavery; on the contrary slavery had taught them to avoid work whenever possible. Slavery had not built up the black family; rather it had undermined and destroyed it. And slavery had done nothing to instil a sense of community and self worth into slaves' (Andrews 1998:100).

With this reality in mind, Brazilian human rights activists recast citizenship - combining the liberal, communitarian and liberal republican traditions - in the light of their own particular reality: a country with a vast excluded population and a history of slavery with entrenched inequality. Rubem Cesar Fernandes (1994:87) states that 'the concept of citizenship evolved theoretically to describe historical conflicts which led to exclusion or inclusion (of the population) in social, political and economic life.' Similarly Maria Betânia Avila and Taciana Gouveia (1994:4) say that the term citizenship has always been used for analysing Brazílian society: 'the theme of citizenship has always been present perhaps because of the nature of the Brazilian state, and the demands made of it were in those terms.' However for development studies in the north the concept is only now resurfacing as new paradigms are sought - using examples from the south - to regularise relations between wealthy northern countries and southern countries with poor populations like Brazil, where recent events have led to the emergence of social movements which raised their collective voice to make demands for citizenship and rights to be accorded to the population by the state.

3.4 New social movements (NSMs)

The descriptive category of 'new social movements' (NSMs) is the term used to describe collective action by civil society movements and their emergence is taken to be the political or social manifestation of heretofore non-political groups which have begun to express themselves thus representing a growth of plurality in society, according to John Keane, Melucci, Pateman *et al.* (1988) .

In Brazil, a prime example of this phenomenon is the social movement activity of the decade of transition, 1985–1995, when different groups were able to mobilise as a broad front in opposition to military dictatorship. According to Cardoso, in Brazil, the term 'new' attached to social movement activity came about when it became apparent that popular protest was not coming from the expected revolutionary quarter. 'Newness' lay in the introduction of popular and previously excluded sectors into the balance of forces within civil society, and in their occasional ability to challenge the state. (Cardoso 1983:244).

Emergence

In Latin American countries civil society has been recuperated and galvanised into action, according to Foweraker, and this gives social movements a special importance. Cycles of protest have taken place using 'an extraordinary range of tactical and strategic invention which has extended and strengthened the action repertoire of social movements across the country ' (Foweraker 1993:29).

In Latin America, social movements are seen to be essentially urban. In 1985, 75% of the population of Brazil lived in cities of more than 100,000 people (Foweraker 1995). This is now 80%, according to Fleischer (1998). Women made up the numbers of NSMs overwhelmingly. Corcoran-Nantes (1990), estimates that 80% of participants in contemporary social movements in Brazil are women; showing that women have at last found a way of participating in public life.

In Brazil, where the state was centralised under the military dictatorship and opposition was stifled, many diverse groups – including the churches: particularly the Catholic Church, universities, foundations and trade unions - emerged to oppose the dictatorship. Political leaders (including the former President, Fernando Henrique

Cardoso, elected in 1994), went into exile. Others were tolerated as long as they did not confront the policy of the government. They carried out low-profile activities, conducting research in their institutions   and working in communities. Those that did oppose the government (such as land reform groups) suffered repression and Brazilian society was deeply divided and coexisted in an uneasy truce.

However for   Moreira Alves (1989), there was no deep division of state/civil society relations within Brazilian society. Instead there was a highly developed system of alliances at play throughout the dictatorship, and   an underlying agenda of mutual tolerance expressed by those in power for those without, and vice versa. According to this view, civil society groups   co-operated with the military regime in   a 'civil–military coalition' which took power after the coup d'état in 1964 and was capable of manipulating the popular movements. 'The structures determining the formation of the national security state in Brazil were set up in time through a constant dialectical interplay between the state and opposition forces' (1989:280).

However for most observers, the state/civil society distinction is a way to develop an 'interpretive standpoint' and allows for analyses of 'the origins, development and transformation of particular institutions or whole social systems' (Keane 1988:9).

 In my thesis, I use the dichotomy to describe how the military regime of the national security state was overtaken by civil society organisations which were united in protest and provided the necessary momentum to achieve a political transformation. The 'state' of the military regime was no longer viable and needed opening up to new ideas.

Identity

Social movements are identity-specific in orientation. People come together as individuals to form collective identities in solidarity for their causes. Melucci (1985) claims that solidarity is the capability of an actor to share a collective identity. Slater points out that it is possible to think of movements in terms of the social construction of collective identity. 'Thus actors or social agents produce an interactive and shared definition of goals of their action and the terrain on which it is to take place' (1994:18).

Evers proposes that identity is a 'coming to terms of characteristics, potentials and limitations' which overcome offers of false identity from outside (1985:56). Touraine

sees collective activity in terms of social 'conflicts' – actors live their lives as a rupture with predominant cultural values or institutional rules. Foweraker affirms that the key to understanding social movement activity lies in understanding the motivation of individuals. 'Without an understanding of identity, of the 'passion of the actors' there is no way of explaining why social movements move' (1995:12). For Foweraker, identity is constructed along the way as a movement acquires a collective history which is shaped by the political and institutional context and through interaction with the state. Once a movement has become institutionalised then a new history is commenced. The events then become particularised. 'Partial successes and temporary reversals compose key aspects of the collective memory of struggle and so reinforce social identity' (1995:63).

In the Brazilian case, movements were mobilised initially on the basis of identities, such as the women's movement, the indigenous movement and others, and in the face of political oppression. The phenomenon of their emergence and organisational capacity forced a democratic transformation of their society.

Thus social movements which were not democratic per se, as they arose as a response to the military regime, did not derive from democratic principles but they contributed to creating democracy by impelling the transition, as Foweraker points out. Their leaders had a clear sense of history and an awareness of possible outcomes of their efforts. They had a destination in mind for the aims of the movement to be achieved. The 'passion of the actors' was to find a voice (Foweraker 1995:90). This voice would be both identity specific – as in the case of feminist NGOs making demands for reproductive rights, as well as fulfilling the overall objectives shared by all movements in the search for political freedom.

Mass movement

During the transition, from 1975 onwards until the first direct elections in 1984, social movement visibility was high in Brazil as the population took to the streets. There was organised direct action of street demonstration and social mobilisation. Mass demonstrations were backed by the powerful TV network 'Rede Globo' with the campaign known as 'rights now'('*direitos já*').

Such large-scale mass mobilisation as the 'rights now' campaign, which challenge

the institutional establishment, are relatively rare events, as Pakulski says, and even if they are not major forces for social change, they often pave the way for a new socio-political order by undermining the legitimacy of existing social norms, cultural codes and political institutions' (Pakulski 1991:xiii).

In Brazil, the Catholic Church was instrumental in creating mass movement to force democratic change. Its power of organisation among working class people, both rural and urban, cannot be overestimated. Moreira Alves says that 'it is in the small groups organised under church auspices that one may find the seeds of the vast grassroots movement of Ecclesiastical Base Communities (CEBs); of rural and urban trade union renewal; and of neighborhood and other community organisations' (Moreira Alves, 1989:286).

Slater reports that there were 100,000 Ecclesiastical Base Communities operating in the 1980s, with over two million participants (Slater 1994:8). According to Levine and Mainwaring (1989), these encouraged critical discourse, egalitarianism, and experiments in self-governance, which have long-term political consequences.

Politics or culture?

Social movement theory debates the nature of social movement activity as to whether this is essentially political in character or socio-cultural. Habermas declares social movements belong mainly to the socio-cultural sphere and transmit their lifeworld through communication (White 1995:241). By participating in a social movement, people acquire identities both as collectives and as individuals and defend their patch of the lifeworld.

This coincides with Melucci's theory, who defines the formation processes of contemporary social movements as action systems – 'their structures built by aims, beliefs, decisions and exchanges operating in a systemic field' (1985:793). He considers social movement activity as latent, political activity but considers concrete success to be unimportant as the goals of movements are to bring about a cultural transformation of modernisation and institutional change. (Melucci 1985:289).

Scott (1991) contends that social action is not strategic and social movement struggles are unconnected to state institutions and unconcerned with political parties.

Tilman Evers agrees that NSMs are predominantly apolitical in character and their potential for transformation is not political but socio cultural. 'their potential is mainly not one of power, but of renewing socio-cultural and socio-psychic patterns of everyday social relations, penetrating the microstructure of society' (1985:44). For Gamson , NSMs operate on the cultural field of existence by using strategic and identity-oriented actions. However, he is unclear as to what the 'cultural field' actually means and maintains it is something more specific than focusing on problems that deal directly with private life. (1991:38). Tarrow (1988), connects collective action to politics. Collectives must be analysed in their interaction with the political environment and especially with the institutions of the state.

Cohen and Arato (1992) state that approaches are fused. There is now a dualistic character to contemporary collective action and a 'communicative creation' is achieved. This may struggle for the defence and democratisation of civil society but also demands inclusion within political structures and the expansion of political society (Cohen and Arato 1992).

In this research social movement activity is both political and socio-cultural. In Brazil social movements came into existence at a time of repression and their activities were inevitably radical vis a vis the status quo. The Catholic Church – itself a highly political organisation, particularly in Latin America – contributes to the socio-cultural life of the people and is the organisation with which the people have the strongest links. Only the Church - reacting against the authoritarian and repressive regime, both within and outside the Church, at the height of the period of liberation theology - could have mobilised people on such a scale in a country the size of Brazil. By providing a strong cultural basis, which deviated from its traditional norms, to mobilise people to make demands for citizenship, they initiated a process of cultural and political change.

The popular voice which was raised, used the language of human rights to demand participation for civil society and for democratic change. They wanted the state to provide services and they then developed a relationship through their newly founded institutions with the political system. Therefore initially social movement was a grassroots cultural manifestation - with its roots in the Catholic Church, at that time committed to the liberation of the poor – but in time social movement organisations

developed a political project with the state.

'Normalisation' and a parallel bureaucracy

Evers states that 'it is a common experience that social movements after a phase of 'broadening mobilisation around concrete issues' gain some access to established political structures' (1985:57). Foweraker (1995) suggests that, in the course of time, social movements develop political projects and form organisations for this purpose: 'in approaching the state or developing a political project, it is a commonplace observation that social movements become 'institutionalised'. They do this by setting up Social Movement Organisations (SMOs) which assume executive functions previously exercised by informal groups and carry out tasks of mediation between the larger macro environment and the micro dynamics on which the movement depends (Foweraker, 1995:70).

Social movements set up their own bureaucracies and create non-governmental organisations (NGOs) and achieve 'normalisation' by becoming part of the political spectrum. As Gamson maintains, the real aim of social movement is to set up institutions which will enable them to enter politics and open up the political discourse. They will eventually achieve 'domination through 'normalisation' and a shift to micro operations of power in the discourse' (1991:37). Tarrow agrees that normalisation occurs to the degree that social movements enter 'conventional politics'(Tarrow 1988:427) or achieve some degree of representation.'

Hence social movements set up their bureaucracies – SMOs or NGOs - in order to seek local and immediate solutions to concrete problems. It is the state's failure or refusal to fulfil roles and provide services which has acted as a spur to social movements. As Foweraker says, in Latin American countries the state is a 'bulwark of social and economic exclusion' (1995:32) and, in the case of Brazil, it was the absence of the state in social affairs which brought about the collective, pluralistic action which took place. Civil society organisations, in the form of foundations or non governmental organisations, were set up to address the demands of social movements and fill the gaps in public policy.

According to Fernandes (1994), NGOs are a feature of the 'social reality' of

Latin America and they are highly professional. They are young entities and the expression of a new civil society which is very conscious of itself. They mobilise voluntary dedication but they are not churches. They insist on gratitude for their services but they are not philanthropic institutions. They are involved with politics but they are not party political and as a rule they wish to be disassociated from the state. They promote development but are not interested in productivity. They conduct research but they are not academics.

3.5   A Brazilian discourse for democracy and the agenda for human rights

In Brazil, the transition to democracy is deemed to be characterised 'by the organising capacity of oppressed groups which have emerged with a clear and demanding voice from the period of repression' (Green 1994:40). The voices raised, did so using a particular discourse and this was based on their human rights agenda. According to Cardoso (1983), social movements made all their demands in terms of rights, which were loosely defined as being the: 'recognition of a minimum threshold of rights associated with belonging to and inclusion in the social system' (Jelin 1990:206).

The participation in the democratic process, which took place during the transition to bring about change, included many actors, was multi–layered and had many components. Individual human rights activists also played their part in constructing Brazilian democracy, including Paulo Freire. Freire was above all a Catholic thinker (Coben 1998) and he created a new way of thinking about the voiceless poor of his country. His seminal work *Pedagogy of the Oppressed*, written in 1970, was used by social movements to achieve their goals and added strength to their activity by providing a sound ideological basis to the demands being made for human rights.

Freire's education method - which ties the teaching of literacy to self-help principles (such as nutrition and health education) to consciousness-raising - also had an important impact on the democratic trajectory of Brazilian people, especially with regard to making the Brazilian concept of 'citizenship' real and associating its use with exclusion. In Brazil there is a common core of understanding regarding this concept, which is shared by the feminist movement, which, in turn, has adopted many aspects of

the Freire methodology.

Discussing the Freire methodology of consciousness raising, (*consientizacao*), Nancy Scheper Hughes says that 'when…institutional arrangements and practices produce inequality, domination, and human suffering, the aims of critical theory are emancipatory' (1992:170). Colleagues of Paulo Freire, interviewed in this research, tell how they applied the powerful Freire methodology to their health activities and used it as a strategy to achieve their main objective: to construct an inclusive democracy and deliver human rights.

The discourse which emerged as a result of the effective literacy campaign constructed the concept of 'cidadania' or citizenship to promote the idea of belonging (to a nation state) and taught the people how to claim rights from the state. This concept was carried through from popular movement activity to project work and eventually incorporated into the legal   framework of the new democracy. The kind of citizenship which was promoted, as described in Chapter 4, was of a status which transcended barriers of race, class and gender - and also looked beyond Freire's insistence of a populace above all distinguished by oppression - to the acceptance of individual or group identity which could be organised to make demands of the state in a 'a politics of solidarity in difference' (Lister 1997:80) which would promote the necessity of creating services for all,   to exist not only 'in principal' but also 'in practice' (Foweraker 1997).

3.6 Constitution Making for Democracy

The National Constituent Assembly (ANC) set up by the Brazilian Congress to consolidate democratic change and constitution-making was the first democratic exercise to take place after the fall of the dictators and the country's most important actors took part in the bargaining process.
But, according to Gary Reich (1998:5), this empowerment of Congress to produce the country's magna carta, which included broad representation from civil society, allowed 'institutional choices to fall hostage to political intrigues'. Nevertheless, Reich believes that even though the resulting constitution turned out to be a 'jumble of institutional contradictions', the process itself, whereby different political actors participated, healed

many rifts and reconciled differences within Brazil. But, as Reich states, the ANC initiated a debate on institutional reform and the promulgation of the constitution was merely the end of the first phase in the democratic process which continues to this day, as debates to introduce constitutional amendments have become part of an ongoing process in which all parties participate: 'reform of the 1988 Constitution may speak to deficiencies…thus indicating failures in constitutional design…yet at a broader level, efforts to rethink and modify institutional structure also suggests stability, an underlying consensus that a constitutional process matters in regulating the distribution of political power and (that) changes in the rules should be accomplished only through the cumbersome parliamentary procedures specified in the constitution' (Reich 1998:21).

3.7 Globalisation and the role of NGOs in development

In Brazil, NGOs became organised during the period of transition and grew in importance, evolving to graduate from project to policy. In so doing they became the mediators between the state and civil society, participating in state processes of the new democracy to address the great overall problem of the disenfranchised poor.

Brazilian NGOs were created from social movement activity which took place in the 1970s and 1980s. During this period they were funded by international donors, but, as Rubem Cesar Fernandez (1994) states,   more important than the money was the model of institution provided by the non governmental nature of the international financial agencies. US Government agencies, such as USAID, were very proactive in Brazil at that time, but US non governmental agencies, such as the Ford and McArthur Foundations, could deal directly with groups or NGOs at a local level, thus bypassing the authoritarian governments. Such international development bodies promoting democracy needed to identify local partners capable of formulating projects, monitoring their execution and keeping accounts. They sought counterparts with a legal institutional framework and a minimal administrative structure.

Those NGOs that grew up in this way with support from their various international partners played a huge role in transition politics in Latin America as they

attempted to create conditions for democracy. As Goran Hayden affirms, 'nongovernmental organisations, whose agenda in recent years has come to incorporate democratisation goals, are optimistic about the opportunity for civil society to make a difference to democracy and development' (Hyden 1997:17).

However despite the major role undertaken by NGOs in transitions, they are often viewed with mistrust and assessed according to the status of their funding. Malhotra, for example, uses the phrase 'Global Soup Kitchen' maintaining that, due to the process of globalisation, 'capital funds of unprecedented magnitude… (have been) unevenly spread around the globe' (Malhotra 2000:655).

In the twenty-first century NGO networks are regarded by some commentators - Fowler 2000, Malhotra 2000 and others - as a flawed system for development which belongs to another era. I have heard the following criticisms made when assessing NGOs in their present form:

a) southern NGOs are perceived to be acting as agents of northern NGOs which are fulfilling their own government agendas.

b) that because of their non profit making status their financial dependency limits their usefulness .

c) because they are 'flexible' and seen to move into state structures their autonomy is compromised and their legitimacy breeched.

d) NGOs do not have the autonomy to introduce their own agendas.

e) NGOs can (and do) become isolated from the civil society they aim to serve.

Alan Fowler (2000) maintains that because of the above problems, NGOs (or NGDOs) concerned with development have outgrown their usefulness in their old format and must change the basis of their operations, and - as the international community withdraws its aid and even though they are non-profit making - they must commercially generate their own income for their own subsistence and graduate to a form of *social entrepreneurship.*

However, in my opinion, the insistence on globalisation now being constructed in development studies, which exaggerates the importance of northern NGOs and international bodies in national social processes, undermines the contribution made by innovative institutions such as the Brazilian NGOs. The notion that the high level of

expertise gained over a thirty year period by human rights activists is a product of creeping globalisation and the result of international influence does not do justice to their endeavours or acknowledge their achievements in creating an agenda for inclusive citizenship and rights in the transition to democracy - an agenda which is only now being adopted by the countries of the north.

In Brazil, NGOs are moving to change the basis of their funding. IBASE, for example, a participating NGO, in this research, now generates 30% of its income from an internet service (Fowler 2000:647). This research shows that feminist NGOs act as consultancy agencies to the Government of Brazil. They assist with municipalisation processes from which activities they claim to earn 30% of their income. In order to avoid being compromised with the government they also use the other elements of the women's movement – the CNDM and the network into which they can withdraw when they are under pressure - as the leaders of the movement describe in Chapter 5.

For Brazilians, the constraints which they envisage in the future which will endanger their activities and prevent sustainability are less financial, as they make the transition towards solvency within their own societies, than a future lack of human resources, as a new generation of human rights activists has yet to emerge.

Malhotra (2000:655) maintains that decreased aid in the future will lead to more genuine partnerships being established between Northern NGOs and their Southern counterparts, which should enhance the possibilities of 'building a much stronger global movement for social justice and poverty eradication'. However, if Northern NGOs are primarily identified as funding agencies for Southern NGOs then it may well be the case that Southern NGOs will make the transition to 'a fourth value-based position between state, market and civil society' as advocated by Fowler (2000:589), leaving the Northern NGOs without a role in the national political process of a southern country, thus reversing the globalisation process in this field.

However, now that Brazil no longer has a neo-liberal government -which prioritised the interests of economic globalisation and supported the values of the free market – there is a possibility that under the Workers Party (PT) a state duty will be established for socio-economic rights to be delivered in practice as well as in principle, and that the municipalisation process - which has already been established in PT areas

such as Porto Alegre - will be extended.

Global Citizenship

The present climate of international relations is governed by neo-liberal politics and globalisation strategy is based on a liberal consensus of universal human rights in a free market, which claims that 'civil and political rights are human rights but socio-economic rights are merely aspirations' (Evans 2000:204), to be delivered conditionally if the wealth of the country permits.   According to Evans,   this international consensus has 'succeeded in establishing   the language of civil and political rights as the acceptable voice – indeed the only voice- of human rights talk' (2002:201). This being the case it is hard to see how increased globalisation can provide an opportunity to develop new forms of 'humane governance' (Clark 1999), and a single global moral order when neo-liberal international policies actually hinder the delivery of public services. Furthermore, as Amann and Baer point out, countries like Brazil have no choice but to follow the international mandate: 'with Latin American economies desperately in need of capital inflows following the debt crisis of the early 1980s, policy makers in the region found themselves under unprecedented pressure to accept the prescriptions of multilateral international financial institutions, backed by the major industrial countries and the principal creditors of the region' (2002:945).

Fowler maintains that at best NGOs 'only reach some 20% of the world's poor' (2000:595), therefore   there is no opportunity for the poorest of the poor, who are never accessed, to achieve   the status and practice of citizenship on a global basis. Ruben Cesar Fernandes claims that in Brazil, despite all the recent legislation, the poor remain marginalised principally because of the difficulties of establishing public services in many areas; including the vast rural areas but also in the cities where criminality prevents access to many communities. For him, the citizenship project has for the most part failed because it is not Brazilian enough and does not recognise the wider socio-cultural indigenous power networks. For him, citizenship   must be disassociated from occidental ideas of liberalism and modernism, adopted by NGOs and which led to their isolation from the social movements. It is time he says for NGOs to return to their roots within the social movements and find the Brazilian channels of communication for citizenship; with

the people in their   ethnic beliefs with different family hierarchies 'informal networks of mutual help, motherhood, the cult of saints, fetishism and sorcery, mediumship and charismatic gifts…..' (Fernandes 1994:142).

Up until now – that is the Gulf War of 2003 - it is not clear that political participation is the correct strategy to deliver rights (or services) to long term excluded communities who have no desire to become globalised. The idea that any global movement detached from a socio- cultural unifying vision (such as that provided in the past by international socialism or today by a religion: Islam is an example) would be successful is unrealistic.

Certainly a participatory role in international affairs is being offered to those who bow to American hegemony and the package of aid which follows the war will certainly be tied to the global vision of *good governance,* the dictates of international financial institutions and the rejection of nationalist values. However it is not sure that such an agenda will be acceptable in Iraq, which is above all an Islamic country, or any other developing southern country, even where no dramatic military intervention has taken place to bring about regime change.

International organisations, often acting as agents for governments, pursue policies of globalisation and global citizenship. In so doing they   assist in the implementation of the internationalist version of the good governance agenda. However in this research, citizenship is conceived of as a Brazilian project for Brazilians which may, by example and as a by-product, have implications for other development situations in other countries and in this respect can be global.

3.8 Female Citizenship

In Brazil organised groups representing a diversity of interests have been mobilised to claim citizenship. Amongst these, feminist NGOs promote citizenship as their main activity according to their stated aims (see Appendix 1). They derive their notion of citizenship from many sources as described above .

In the transitional period in Brazil, NGOs were instituted to reflect the concerns of social movements emerging to identify and protect their specific interests in terms of rights. Much of the mobilisation which took place then emerged from a background of

liberation theology and under the auspices of the Catholic Church – which provided a sustained presence for poor people throughout the dictatorship and convened Ecclesiastical Base Communities, where women met to discuss issues of citizenship.

Foweraker asserts that 'the politicisation of gender within Church-linked community women's groups provided nascent Brazilian feminism with an extensive mass base' (1995:36). The tradition of citizenship which was therefore upheld in Brazil can be seen to stem from liberal and civic republicanism with elements of modernism but wedded to Catholicism which has been transformed by liberation theology. In this research, feminism - which views church and state institutions as paternalist in the main, and particularly left wing institutions including the Brazilian Workers Party of Paulo Freire and Luis Ignacio Lula da Silva - is another theoretical aspect of my approach, which uses grounded theory to reflect the cultural norms of the people concerned.

3.9 Feminism and democratisation

The new social movement of women has a particular place in the democratic process in Brazil, and the phenomenon of the emergence of vast numbers of politicised women, during the transitional period, is a defining factor in social movement theory. Foweraker states that there is little doubt 'that the social mobilisation of women in contemporary Latin America is new in its degree, its forms and its ideological expression' (1995:53), and Sonia Alvarez points out that in Brazil by 1985 'tens of thousands of women had been politicised by the women's movement, and core items of the feminist agenda had made their way on to platforms and programs of all major parties'.

The recognition of the mobilisation of women and their effective political lobby to secure rights has given rise to much commentary. Alberto Melucci states that mobilised women have created meanings and definitions of identity which contrast with the increasing erosion of individual and collective life by impersonal technocratic power: 'in the collective of women…the problem of rights, inequality and exclusion constitute a large part of the mobilisation process' (1988:247). Waylen (1994:327) divides women's movements into those which organise around practical gender interests, such as economic survival, often 'popular movements', and those organised around strategic gender

interests, epitomised by 'feminist demands.' Foweraker maintains that communal feelings of social movement tended to focus on the provision of public services in the transition to democracy (1995:53). Mobilising issues centred on survival and service provision to meet both practical and strategic gender interests and fulfil basic needs.

Emancipation for women

Emancipation is seen to be a central aim of social movements and especially the women's movement. Interpretations of the emancipation process differ according to the times. For slaves in Brazil in the 19th century emancipation was to obtain a status which would pay them for their work. For suffragettes, it was to qualify for the right to vote. However for Evers, the contemporary view of emancipation is as a long-term, never-ending process of identity construction. It is a process with no fixed outcome but a 'long emancipatory process leading away from alienation' (1985:56). An individual subject does not exist in the beginning but only appears at the hypothetical end of the struggle. Slater maintains that we are living in an era of emancipations; 'a plurality of emancipations' (1994:30).

In Brazil women mobilised to demand political space. The feminist NGOs which formed to represent them, entered politics to legislate for social policies to address the situation of all women – particularly in the area of health and reproductive rights. They also used the techniques of Paulo Freire to inform and educate the female population to demand citizenship. Although Freire is criticised for failing to address women's issues, those feminist activists in my research used the same tactics to mobilise women to defend their interests as they worked in communities. They adapted his methodological approaches to adult education (the first being *conscientizacao* which aimed to connect a large scale literacy project with politicisation of citizens; and the second being *lideranza* which aimed to promote leadership in communities encouraging the process of agency whereby community members would find a voice to express their needs) in their own projects as they describe.

There is no doubt that women of the popular sectors in Latin America were liberated by social movement activity which gave them a collective voice and as a result, as Jelin confirms, women are no longer confined to the private sphere as they have

gained new political spaces and entered public life with a newly constructed identity of gender solidarity. In Brazil, they now participate in groups, such as neighbourhood movements, where they take part in 'social confrontation, decision-making and supervision as social and political subjects' (1990:186).

The 'public' and the 'private' spheres

The acquisition of reproductive rights raises the debate concerning the public and private realms of a woman's life. Susan Eckstein asserts that women are relegated to the 'private' sphere of existence because of their reproductive functions which keep them from the workplace. 'Women's non involvement in the production process, because of reproductive functions, has made it easier for them to deny the established order' (1989:8). But Carol Pateman denies the dichotomy of the traditional separation between 'public' and 'private' realms in civil society – the 'public' as the civil world and the 'private' being the conjugal, domestic and familial sphere where women have traditionally been deemed to belong. She argues that women have never been excluded entirely from civil life and that the two spheres of the modern civil order are not separate in reality (1988:102). The ideological dichotomy of public and private is also criticised by Ruth Lister who deplores the artificiality of the division and states that it 'disguises the symbiotic relationship between the two sides of the divide in which each side defines the other' (1997:119). For her, the ideological construction of the public–private divide is a feminist interpretation and the main issue is the notion that certain taboo topics are private and personal or 'isolated individual problems' (Boneparth 1984:187). 'The personal is political' has become the popular slogan of feminists as they seek to remove taboos and find solutions for the female condition whereby reproductive functions have been obfuscated as matters of a personal and private nature. For feminists, the taboo aspect of the personal also allows for cover-ups in the public sphere, because the personal is often sexual and not domestic and familial.

The delivery of reproductive rights falls into the category of strategic gender interests but to address these has wide political implications for Brazilian democracy. Many women believe that it is the outcomes of their sexuality which make them subject to exclusion. If the facts concerning reproductive issues – such as childbirth, birth

control, sterilisation and abortion are   transparent and normalised within a legal framework, then society as a whole becomes responsible for the situation of women. Then abortion is no longer merely a feminist issue in the same way that AIDS is not merely a gay issue.

Feminists embrace the causes of mobilised poor women

Feminists embraced the struggle of the poor and working classes in Brazil. They advanced gender claims in their agenda and embraced all levels of society. So anti-authoritarian   feminist struggles began to intersect with the survival struggles of the urban poor (Foweraker, 1995: 59). They started from the premise that women are in bondage to their traditions and must achieve 'reproductive determination' from a position of powerlessness. They linked social rights with reproductive autonomy and citizenship participation. They recognised that if demands to meet the reproductive needs of all women, were not met legally, with public health services available to all, then damaging illegal solutions would be found. They sought   access for poor women to the enabling conditions that would make reproductive control and choice possible (Petchesky &Judd 1998). As Sonia Correa says, 'the decision-making self of the female citizen must come at the core of reproductive rights' (Correa 1994:87) and any health policy for women must be based on choice.

Public service, autonomy and the women's movement

 Foweraker (1995), maintains that, contrary to the (micro) sociological view, social movements are inevitably political and must develop a political (macro) project if they are to survive. They not only politicise new issues, such as reproductive rights in the case of the women's movement in Brazil, but they also enter the political and institutional arena, engaging in strategic interaction with the state.

The Brazilian women's   movement found strategies to co-operate with the government to achieve their aims and preserve their autonomy.

They gained official acceptance for their policies and entered into negotiations with the state to provide a new ethical framework - based on the human rights agenda - for delivery of reproductive rights. However, relations with government have waxed and

waned within the political partnership established of mutual necessity.

In this case study, feminists representing women in Brazil consolidated a specific political identity as they addressed issues of female survival. Their NGOs were founded in the wake of popular social movement activity and it is this rather than their involvement in global processes which gives them their legitimacy. However, as well as relying on funding from international agencies, they have been associated with the international agenda for women's development, in which they take a leading role. An important element in their survival has been the safeguarding of their autonomy not only from the international agencies who fund them but also from the state with whom they work in partnership. If feminist institutions are seen to be working too closely to government they lose credibility with their constituency. They also run the risk that their development activities are exploited by the government in power, thus causing 'neutralisation of a politically radical agenda' (Pearson 1999).

Women's social movements and their feminist organisations, which practise identity politics, show that they are durable and innovative. They can change women's domestic and public lives, creating new confidence that women have inserted themselves decisively into the public sphere. As Jacquette says 'Women's organisations operate at the crucial border between civil society and the state and create new hope that citizenship can be expanded and that a political consensus for greater social justice can be negotiated' (1989:229).

3.10 International Law and Development

Contemporary Brazil is categorised, according to international law, as *in principle*, a democratic country of the Third World. 'In principle', because, although socially adequate legislation is now seen to be in place, universal implementation of the law is still a long way from being achieved (Forsythe 1989). Lincoln agrees that the foundations of consolidated democracy are now in place, 'the rule of law, respect for civil liberties, an independent judiciary, freedom of political organisation (now including a wealth of non-governmental organisations), a vigorously competitive media, and ultimate responsibility to an all inclusive electorate' (Lincoln 1998:81).

However although the Cardoso regime consolidated the new democracy in legal terms and left a healthy legacy of good governance in so far as state/civil society relations are concerned, it also adopted IMF policies and adhered to the Washington Consensus of neo-liberalism (Amann & Baer, 2002) which meant massive cuts in state spending and privatisation of state companies in an open market -including health facilities.

Goran Hyden (1997), maintains that neo liberal regimes, such as the Cardoso government, hold optimistic views of market forces and believe in natural laws of supply and demand and, if the economy holds up, then wealth will be redistributed and the socio- economic aspirations laid down by law can be consolidated. However Brazil's economy did not hold up in the nineties and the IMF provided it with $30bn - its largest loan to date.

George Soros has pointed out that the power of the market to determine Brazil's economic policy has amounted to a serious infringement of the country's democratic rights (Branford, 2003). However with the arrival on to the scene of Luis Ignacio Lula da Silva - elected president in 2003 – bringing the Worker's Party (PT) to the fore, it is to be hoped that the delivery of socio economic rights to the millions of people who voted for him will now become a state duty. Certainly those municipalities already under PT administration, which have resisted pressure from the global market, have succeeded in creating efficient services to deliver national health programmes.

The dilemma facing Brazil - of how far to follow the dictates of the international agencies or whether they can afford to ignore these - lies at the heart of all development policy. All the prescribed measures for good government have been followed in Brazil. It only remains for state spending to be increased so that the rights of the people to full citizenship can be extended as proposed. But this needs endorsing by the international community which also needs an escape route from neo-liberal economic policy if progress is to be made.

3.11 Summary

The aim of this literature review has been to accompany the substantive deconstruction of data, as described in Chapter 2. It examines current theories of

participation, used in development studies, including   interpretations of the nature of 'citizenship'   linked to state legislation for   human rights in southern countries with poor marginalised populations.   It also explores the role of social movements in Brazil, in   the transitional period from dictatorship to democracy (1985 – 19895) and of NGOs working between the state and civil society at that time and subsequently. These theories complement the methodology of the extended case method (Burawoy 1991,2000). The reviewed literature reinforces the findings emerging from data that, in Brazil, social movements - with a strong socio-cultural background and using a discourse grounded in human rights after Paulo Freire - have become part of the transforming democratic process both in a socio-cultural sense, with   an inclusive discourse and an ethical framework; as well as in a political sense for legal and practical purposes. Feminist institutions representing the social movement of women became involved in macro processes of state policy – such as constitution making - which have been   significantly influenced by the micro processes of their local activities.

In Chapter 4, the research participants describe how they view the notion of citizenship linked to human rights and tell how their concept of citizenship was used to shape their legislation and make demands for socio-economic rights in the form of public services for women.

Chapter 4

THE CONSTRUCTION OF CITIZENSHIP AND THE RIGHTS AGENDA

'Throughout Latin America, historically and despite a more recent trend toward formal democracy, much of the population is left outside the system of socio-economic benefits from the economic system. The subject of a human right to basic socio-economic needs does not even arise in dominant political discourse, 'the health, education and welfare…of uninfluential parts of the population hardly register' (Forsythe 1983:79).

4.0 Introduction

In this chapter, the Brazilian notion of 'citizenship' (*cidadania*) is examined. The participants explain how it has become a descriptive term to convey the problem of Brazilian marginality, or the exclusion of those Brazilians who have no access to institutions and no means to exact services from the state. During the transition period (1985-1995), a discourse of human rights became dominant. Its purpose was to address the problems of the poor and initiate a national debate to consider the part that should be played of a human rights agenda in government processes of an aspiring democracy.

It also aimed to create a culture of rights and responsibilities which reflected the duties of both the state towards the citizens and the citizens towards the state, but principally the former by inviting the population to make demands for human, social and economic rights.

Human rights activists devised different strategies to mobilise the people to participate in processes where they could defend their interests. NGOs were instituted to reflect the concerns of social movements emerging to identify and protect their specific interests in terms of rights.

4.1 Citizenship and the NGOs

The principal objective of NGOs considered in this case study is to construct an inclusive citizenship for the women of Brazil. To do this they make demands so that health rights, and particularly reproductive rights, are delivered in the public health sector.

The NGO, CEPIA, (Citizenship, Studies, Research, Information and Action), has a special interest in the concept which figures in its title. For Leila Linhares, a human rights lawyer, the term refers to different kinds of rights. Leila Linhares, as a founder member of the NGO, explains that for CEPIA rights are divided into three types.

'All concepts of citizenship even the very earliest ones had the concepts of human rights connected to political rights. To be a citizen was to be an elector. And then you have the second wave; a definition of human rights which was human rights and citizenship and implies having access to social rights – health, education, employment, shelter.'

Leila Linhares then says that there are new concerns for justice and plurality in the modern world and she defines a new, third set of rights: *'I think this moment we are living through can include new rights; environmental rights and new matters arising like the differences existing in society of sex and race. So there exists great proportions of society – like women and blacks and homosexuals who believed that they were suffering discrimination.'*

However, CEPIA is a feminist NGO and deals with women's issues and the perspective for women's citizenship is multifaceted: *'so CEPIA when it uses that term of 'citizenship'; we understood that to be dealing with questions of women, of health, of violence, questions of poverty, of work, environmental questions. All these are matters for citizenship and it has to be something concrete and not an abstract theoretical construct.'*

Mariska Ribeiro of IDAC says, *'[Citizenship] is about power and mechanisms which have to do with human rights and with institutional mechanisms. We didn't invent the concept of citizenship. We used the common notion which was your right to make demands of the state, of the government. The rights that you know are yours. It is going*

to take some years; who knows how many.'

Silvio Bavo, the director of the combined NGOs, the Brazilian Association of Non-governmental Associations, ABONG, in São Paulo, gives his view of citizenship: *'The NGOs which constitute ABONG come from a tradition of democratic struggle for citizenship (cidadania) and are understood to be groups of citizens which organise themselves in defence of rights.'*

The NGO position is that they will participate with governments and there must be mediation between the state and the people to bring about social justice. NGO activity in defence of human rights is defined by Silvio Bavo in terms of NGO opposition to government and demands which they make on behalf of civil society to achieve reform. It is because of the inefficiency of the state, he says, that NGOs have been enabled to take part in its reform – the state apparatus was so large and expensive and ineffectual that NGOs achieved their visibility. This visibility is also used to demand social rights of health, education and shelter.

'Our work is focused work referring to a new way of organising the action of the state in the area of public policy. We are not concerned with the size of the state, only with regard to its social action. The reform of the state should be carried out within the framework of its objectives. We understand those to be objectives of human development and setting up an economy and social roles in the service of developing citizenship.'

4.2 Citizenship in the community

For Brazilians, everyday living - whether in rural communities or in urban slums (*favelas*), is notoriously dangerous and violent. People have no choice but to eke out an existence without sanitation where there is no regard for public health and safety. Women are used to having their children die as they cannot prevent them from getting sick. They are also used to high levels of violence and they know that they cannot control the men with whom they are associated. Neither can they rely on public services but they have to deal with local politicians who operate on a personal basis with the people, distributing small services and favours in exchange for votes.

Mariska Ribeira tells of the early community work of her NGO, The Institute of

Cultural Action (IDAC). Paulo Freire was one of the founder members of IDAC and a colleague of hers from the early days. She recounts how the method of '*conscientização*' worked in practice in linking health to citizenship in the *favela* dwellings of Paratí: '*At that time the neighbourhood of Paratí was infested by pigs. The people coming from the rural zones, who had been forced to move and set up a favela, brought their animals with them and all the children started to get sick. They got seriously sick and the Prefeitura did nothing. The women were afraid of complaining. If they complained the neighbours with the pigs would fight them so the idea of citizenship was about that. How were the people going to overcome this. If none of us had the courage to denounce somebody, then we would all go together to complain because to intimidate thirty women is more difficult than to intimidate one. We denounced them to the newspaper. We went to the public health authority. Everyone insisted on signing the document although they (the authorities) only wanted one to sign. We protested outside the mayor's window and at the end of the month there were no more pigs in the favela. The women considered this to be a victory and so they started to address other matters.*'

The famous battle over the pigs empowered the women of Paratí. They realised that they were not powerless when they were united. They went from strength to strength and became organised to protest. They learnt that by their actions, they could exert pressure and influence which would affect their basic conditions. The obvious next step was health.

Mariska Ribeira explains how female health care was then introduced and how the women were collectivised to act as a pressure group. They used their agency to participate on   behalf of themselves*: 'We had a doctor with us (in Paratí) and she wanted to offer the women a complete gynaecological examination as a present. They had never done anything like that before. They had no money. They discovered that one woman out of forty-five women had cancer of the uterus and they all got scared.*'

Mariska Ribeira describes how the mayor used typical clientelist (*clientelismo*) strategies to keep the people dependent – by distributing medicines as a personal favour: '*…at that time whenever something was wrong they went to the mayor to ask for medical assistance. The mayor gave them money to go to the neighbouring town because there was nothing, no laboratories or anything. Suddenly there were loads of people making*

demands so he got the doctor and the facilities and so around those things we constructed citizenship.'

Without IDAC intervention in the favelas of Paratí - which is the place where slaves were illegally imported into Brazil from Africa long after abolition - there would still be no medical attendance for the people and the state would never have fulfilled its duty to the people.

4.3 Citizenship and the state – the individual in society

NGO activists maintain that with their view of citizenship, the duty belongs on the side of the state to deliver services to the people. However for Angela Santana, a minister for reform of the state, who in this thesis gives the view of the 'state', citizenship is a matter for the individual in society. The duties of citizenship she perceives are tied to the electoral process. She also believes that citizens must above all respect the rights of others and pay taxes.

'It means the rights and duties (direitos e deveres) a citizen has in any country. I as a citizen I have the right to vote and I have the right to health, and if I don't vote and there is no health then I'm not a citizen – no, I'm not a citizen. I am a person who has no awareness of my rights as a citizen. As a citizen I have a duty to pay taxes. I have a duty to respect others and not throw rubbish in the road. I mustn't provoke a riot.'

As a minister in the Cardoso government, working with the reform of the state, she views citizenship as a duty a citizen has towards the state and sees the political task ahead as one of fostering a culture of duty, *'Unfortunately, due to the lack of education of the Brazilian people they have no notion of rights or duties. We have to foster that consciousness in the Brazilian population.'*

For Jose Pedrosa, a civil servant from the Ministry of Health at present seconded to the Solidarity Community, citizenship is all rights together (*o conjunto de direitos*) which the state owes to the citizen and this involves political, economic and social rights.

4.4 Citizenship and health

The link between citizenship and health has been made by Brazilians and this is laid down by the Constitution and national plans for health, as discussed in Chapter 7 .

For the Popular Movement for Health (MOPS), health is citizenship and citizenship is health. Health is about community participation and decision-making from the base line of social need. It is about the local conditions in which people live.

Rubens de Morais Silva, who is the MOPS representative, is not concerned with a science of medicine with a curative function proscribed by doctors as scientists. He thinks that people will be healthy if they have conditions to be so and can benefit from a decent standard of living. Health plans serve for nothing unless there is an overall strategy for improvement and Rubens de Morais Silva does not accept the traditional view of medicine. He also makes a case for global citizenship. He says, *'There exist people, namely the Government of Brazil, who have a restricted view of health, which is more concerned with the illness question.'*

Rubens de Morais Silva goes on to explain the MOPS philosophy which he maintains is in line with the World Health Organisation (WHO) and also the Single Health System, SUS. *'We of the Popular Health Movement try to work with citizenship to see health in a sense that is fairly global. We want to share the concept of the World Health Organisation and SUS itself which widened the concept of health to include all that is the condition of the infrastructure so that health can occur, that is all the conditions necessary for people* to be integrated into the global political process.'

Rubens de Morais Silva is disappointed that the national plan for health care, SUS, with all its idealistic and revolutionary hope, has not come to pass. Nevertheless, for him, SUS continues to represent a high point of democratic negotiation which took place with a major input from civil society. He explains why he sees SUS to be a victory for the popular movements*: 'SUS was born, the first discussions began exactly with all this more democratic process, when the electoral democratic process began to mature and of course it doesn't have roots in the military programme. It is the fruit of popular demands. It was a demand from the bottom up. It is a conquest for civil society with the struggle for human rights. It certainly was a victory.'*

4.5   Active or passive citizenship?

In Brazil, the popular movements challenge the government to allow citizens to participate. Rubens de Morais Silva believes in participation but holds that the state

prefers a passive population . *'The government is working passive citizenship. If people are well treated in hospital then it seems they are enjoying their citizenship rights. For us that is only passive – they are getting a right but the person is not interacting in the global process of society.'*

The aim of MOPS is to get people to participate in decisions concerning their survival and development. For Rubens de Morais Silva, participation is the key to meaningful citizenship and population development. He is opposed to a state dependent citizenry, in receipt of state services which are bestowed. He explains that an active citizenship is the way people develop full consciousness and identity: *'Only a person with those conditions can have a real conscience and exercise a role in society and be an active citizen. So our departure point is the provision of basic conditions for people to become active citizens and participate in an active process.'*

Active citizenship and municipalisation

The process of municipalisation (see Chapter 7) underway in Brazil, allows for community participation and is successful wherever it operates. Rubens de Morais Silva supports this and wants more participation for his active citizens. He also wants them to control the administration and distribute the budget. For him, this is the time for the people to move into the offices and off the streets, where they went in protest in the transitional period of the eighties. He says, *'There are mechanisms such as the Health Committees and Municipal Committees. Citizens can participate in national conferences and in national plenaries. We consider participation in those to be fundamental for a person to be an active citizen and that space occupied by the citizenry must get control of popular administration. The people are now more involved with the machine of government. They are organised in groups so the demand is lessened for people to act en masse (on the streets).'*

4.6 Citizenship and the constitution - an inclusive citizenship for all?

Until recently the public sector existed mainly to serve itself in a corporate world. There was no ethos to serve the public and certainly not to include the vast armies of the

poor. However, Marlene Libardoni says that there were gains in the question of citizenship within the Constitution of 1988 even if it was not the full inclusive citizenship hoped for, *'It managed to achieve great gains in the social area. It is, of course, criticised but today it allows for a distribution of income. There are people who don't agree but really there is.'*

Jose Pedrosa, seconded from the Ministry of Health to work for the Solidarity Community, says that the widely-used concept of citizenship comes from the people to reflect anxieties concerning the marginal population. *'I wouldn't say the government is imposing that. It is assuming the agenda of society. It is not a new agenda but came about with the democratisation of the country that we have huge segments of Brazilian society which are very vulnerable and if we don't take care of these problems we will go backwards.'*

For Jose Pedrosa, Brazil will never achieve status as a modern democracy while it is weighed down by its massive underclass. However, he sees this period of change as being an opportunity for the state and civil society to work together for development. *'So it is not a concept imposed by the government; it is a concept imposed by society – in the sense of segments both governmental and non-governmental. This is a politics which wants to transcend the old politics but now I think we have the possibility to integrate everybody.'*

However, as yet there is no inclusive domain in which every citizen can hope to attain freedom, individuality and social justice within a state-guaranteed framework. Leila Linhares says that old barriers must be broken down in Brazil, where inequality prevails. Notions of citizenship have to consider differences between people as the basis of respect. She says, *'Citizenship has to be a citizenship of gender; masculine and feminine citizenship which incorporates men and women. It has to be a citizenship which incorporates blacks and whites; heterosexuals and homosexuals. It can't be a citizenship which excludes; it has to include the whole society. Besides creating an egalitarian society in so far as all have rights, it has to contain a society which has differences among people. People are not the same but have ethnic differences, sexual differences and differences arising from different natures and these have to be contained under the great umbrella of citizenship.'*

Participatory Citizenship

Jose Pedrosa describes his vision of how it will be when all Brazilians gain citizenship in a participatory democracy?

'I think it will be when everyone has access to education, which will be universal with a minimum of quality and access to health with a minimum of quality. A minimum of quality means that a school or a hospital can make sure a child survives (fazer sobreviver uma crianza) and work with difficulties and not make the child return home. We know that both the education system and the health system are very class conscious. Even in the public sector you have a very class conscious attitude. Often the health system can oppress the population. It is cumbersome (pesado) and badly managed. It does not fulfil its duties to the population.'

Jose Pedrosa, however, goes on to express his concern that action and consolidation are not forthcoming even though the constitution is in place and there is a discourse. He says, *'You have concepts which never materialise.'*

Angela Santana acknowledges that rights are only secured for some sections of the population and there is an enormous gap between rights secured in principle and rights in practice. She says, *'We in Brazil are at a point whereby civil and political rights are secured for the entire population and every individual (in principle). But we know that economic and social rights are still not secured. What is more, the fragility of access to basic social rights means that it is difficult for political and civil rights to be of any use. Today citizenship is the package of all the rights but it is not an easy process as we have segments historically excluded from that process. They have to be included – not necessarily immediately: it certainly won't be with this government or not even with the next.'*

4.7 Reproductive choice for women as citizens

Women in Brazil suffered from lack of recognition of their problems and a lack of facilities to address their concerns. Brazilian feminists established NGOs to acquire rights for women. They were influenced by global policies, as discussed at United Nations conferences (see Chapter 8). However they were aware that their demands had to be realistic if they were to have an impact. Their first duty was to devise health plans

which would propose coverage for women with health rights especially   reproductive health. The second step was to create a legal framework which would oblige the government to make provision.

4.8   Summary

In this chapter, Brazilians use the term of 'citizenship' to talk about human, civil and social rights and to address the issue of marginality, whereby many would-be citizens are excluded from the legal frame.

In Brazil social movements created a discourse and mobilised around rights issues. Their activities were successful in changing a culture and establishing norms. Now citizenship is seen to be a negotiated status between individuals who press for rights to be accorded under the law by the state, as well as a mediated practice whereby NGOs work with governments and jostle on the political scene to gain access to power structures to achieve results.

Chapter 5 examines the interaction which took place between the state and civil society bodies in the transition to democracy (1985-95) and up to the present.

Chapter 5

CIVIL SOCIETY, THE STATE AND THE ROLE OF NGOS

5.0   introduction

This chapter explores the role of the state and its relationship to civil society organisations in the transition period and up to the present. NGO members and civil servants working with the reform of the state apparatus discuss the relationships established between the different sectors, including the popular movements, in the run-up to democracy and especially during the process of collaboration which took place to create a new constitution for Brazil. This chapter also considers the new transition which is being made by NGOs to survive in yet another phase of their existence within the state/civil society partnership for development.

5.1   Brazilian 'civil society'

In this case study, I aimed to discover how Brazilians perceived the concept of civil society. I wanted to explore meanings with which the concept was invested.

Why had this term become part of the rhetoric? How had it become a normative feature of the discourse? The participants in this research considered that they belonged to civil society and were working in a formal capacity to strengthen it. I wanted to know how they perceived their relations to the state in Brazil in the 1990s.

The concept of civil society in Latin America refers to a sphere of collective action distinct from both the market and political society. 'When people identify themselves as 'civil society' they are seeking to carve out a relatively autonomous sphere for organization and action' (NACLA: Report on the Americas 1992).

In Brazil 'civil society' has become a descriptive term which can be as general as:

(a) any person not involved in government; (b) sectors of institutional organisation – universities, churches, the business community. However, the definition can also be narrow, as when it applies to specific groups, including NGOs.

The following views were offered by the protagonists of this case study regarding the status of civil society.

Angela Santana, a minister for reform of the state, understands civil society to be the entire potential electorate. For her, it is all the people who are not the state – everybody: *'Civil society signifies the entire Brazilian population and the marginal population also.'*

However, for those acting in institutions with specific aims the interpretation is a great deal narrower. For Rubem Cesar Fernandes, of the Institute of Religious Studies (ISER), the notion of a 'civil society' is very concrete in Brazil and emerged in the 1970s. He says the use of the qualifier 'civil' at that time contrasted with 'military' and signified opposition to the laws imposed by force by the regime in power.

Rubens de Morais Silva, of the Popular Movement for Health (MOPS), views the growth of civil society as the manifestation of social movement when the people began to question the role of the state.
'The concept of the state started to be more mature in Brazil in the popular organisations and they organised themselves to maximum capacity and so there emerged thousands of social groups from civil society.'

According to these views civil society came to the fore as different groups opposed the dictatorship. Its initial emergence stems from the 1970s and the build-up culminated in mass demonstrations at the end of the dictatorship. Organisations were involved in mobilising the people to bring about change. The people took to the streets to demand electoral reform.

During this time, NGOs were engaged in social work in communities and were involved with health and education projects working together with the Catholic Church and in collaboration with popular grass-roots organisations. These alliances formed a basis for social change.

5.2 Non-governmental organisations (NGOs) – the professional civil society

Civil society organisations and social movements emerged to challenge the dictatorship. NGOs were founded at that time in organised opposition to the government.

NGOs were founded on the principle of maintaining institutional autonomy from the state. They therefore represented a horizontal input which encouraged participation from the communities which had become accustomed to vertical relations between the people and the state. Thus they became a factor for organising the popular classes. NGOs built up a reputation based on the dedication displayed by individual members operating within an institutional framework. Individuals working within this non-governmental framework became influential as their activities were not conducted with the aim of achieving political power.

According to Maia Vania, from SOS Corpo, it is the *professional* status NGOs have acquired which sets them apart from the popular movements. She compares her NGO with the Popular Movement of Women of Pernambuco, pointing out that the disadvantage for the popular movement is that, although there are activities and they represent women in the same way as NGOs, they have no headquarters and they are not well organised, *'We are an NGO. We have statutes. It's a professional space but we are part of the women's movement. For example we have something called the Forum of Women of Pernambuco. This forum has no statutes, no headquarters. It is a formal political space which meets here or at another NGO. It has a formal role of co-ordination which institutes an assembly. It promotes discussions. It gets some resources for a communication project but it is informal. That is one of the differences between NGOs and popular movements.'*

5.3 NGO/popular movement relations

During the transition, NGOs worked closely with the popular movements. They shared the same objective – to overthrow the regime. However, when democracy was established, NGOs continued to have a role making policy with the government, whereas the popular movements were left behind in a political vacuum.

Rubens de Morais Silva gives his version of the emergence of NGOs. As a leading member of a popular movement he is loyal to his socialist principles. He is highly critical and somewhat envious of the status NGOs have acquired as the professional civil society when, in his opinion, there are plenty of other bodies deserving of this status.

He says that NGOs exist to meet a demand created by grass-roots organisations, '*clearly NGOs have come into existence, in the past fifteen years, to meet popular demand and represent the social movements. Initially they assumed advisory roles (assessoria) to the popular movements and they have multiplied tremendously.*'

Rubens de Morais Silva criticises NGOs for lacking solidarity with the people and forsaking the communities in favour of high-level work within the private sector or with international organisations. He says, '*Now NGOs try to distance themselves from the popular movements, maybe that is because NGOs are much more efficient because of the resources they manage to get or because they have highly trained people with a large capacity for international relations. Now they can confront the market.*'

He accuses NGOs of having aligned themselves with the state and being too involved in government reform processes. He accuses them of denying the popular movements the access they enjoy themselves to resources and political influence and he is bitter at their refusal to form an alliance. He maintains that NGOs will now only consort with the popular movements on a professional basis, as paid consultants.

'*They have great resources and high salaries. We are trying to make a relationship with the NGOs but now they have professionalised themselves and with the high cost they are charging the movements it is not possible.*'

For some commentators, such as Rubens de Morais Silva, NGOs have ensured their survival in the political sphere by assuming new identities and agendas but in so doing they have turned their backs on old loyalties. But for others, NGOs have achieved the requisite status to deal with the government because they have the vision and the organisational capacity required.

A new 'elite'?

NGOs are criticised for their social standing in society. There are tensions and ambiguities regarding their present status in society, because the profile of typical NGO

members reveal them to be of the 'elites': people who are used to dealing at a high level. The present governing class of Brazil emerged from such civil society organisations. Even the former President of Brazil was a prominent member of a prestigious NGO, as Rubens de Morais Silva points out, '*Fernando Henrique Cardoso comes from CEBRAP. In Brazil it is very common for people of 30 years ago to suddenly change. Those who were of the left, who were imprisoned and tortured, today it turns out they are of the right.*'

This criticism reflects a certain faction of popular feeling which recognises that a new political class has emerged from the non-governmental sector. Prominent members are to be found both within the government as well as within the prestigious NGOs which operate at the cutting edge of social policy.

5.4   The Constitution of Brazil (1988) and state/civil society processes

The Constitution of Brazil was enacted in 1988 and is considered to represent the high point of modern civil society/state relations. After the 'opening up' period, democratic elections were finally held in Brazil in 1985. The first task of government was to regulate the legal system to bring about a new political order and a fairer society. Civil society organisations participated in government reform processes. National conferences were held to explore all aspects of social policy and these were attended by all sectors of the population. The National Constituent Assembly (ANC) was set up by the Brazilian Congress to consolidate democratic change and constitution-making was the first democratic exercise to take place after the fall of the dictators and the country's most important actors took part in the bargaining process.

The ANC adopted a participatory modus operandi, 'in which drafting began with 559 members divided into 24 content subcommittees whose reports were fused by eight committees, with extensive testimony and input from representatives from civil society' (Fleischer 1998:145).

This empowerment of Congress to produce the country's constitution , which included broad representation from civil society, allowed institutional choices to fall hostage to political intrigues and for Angela Santana, who is involved with reform of the state apparatus, the democratic process in which groups of people participated to

bargain for constitutional reform has been disastrous as too many conflicting interests were included. She says vested interests were at play and nobody's interests have been served.

'It was various sectors of society, businessmen, cowboys, builders, the indigenists – everybody with different interests. They all wanted to be heard in the constitution, including public sector civil servants and that is why we have this constitution.'

5.5 The constitution, the state and the 'Ley de Previdencia'

After the initial euphoria of its enactment, the weaknesses inherent in this legal apparatus for government began to emerge – weaknesses which impact on all public services. A key aim of the constitution was to reform the public sector but the civil service ended up with more state protection than ever, leaving government budgets hostage to public servants.

Angela Santana says, *'It doesn't work with respect to the public administration and the social security (previdência) of the public sector. They say it won't work because it hit on the corporate interests of public servants.'*

She describes the current situation (1996) of the PSDB administration: *'We have a system of rigid job stability for all civil servants that is directly related to the generalised application of the single juridical system in effect in the core administration.'*

The following extract from the White Paper produced by the Cardoso government in 1994, discredits the constitution which hampers the possibility of reforming the public sector :

> *'The traditional bureaucratic model that the 1988 Constitution and the entire system of Administrative Law have prioritized is based on formalism, excessive norms and procedural rigidity. In 1985 a new form of self-serving populist administration was born. With little or no public debate, the National Constitutional Assembly placed a straightjacket on the state apparatus. The new Constitution decreed the loss of executive autonomy and by concentrating on structuring public sector entities, instituted the obligatory nature of a single system of public sector employment for civil employees of the Federal Government, states and municipalities, and denied operational flexibility to the*

administration.' (Author's translation of White Paper for reform of the state 1996).

At present the design of the constitution makes sure that no unilateral decisions are made and every decision requires an arduous process for approval of changes. Angela Santana says, '*It takes years to go through Congress and the constitution determines that the executive power can do nothing without resorting to law so the administration is encumbered.'*

5.6   Partnerships: state/NGO negotiations

The constitution, the result of intense political bargaining, makes it difficult to reform the state apparatus. However, NGOs, representing social movements, gained considerable prestige by their participation in the constitutional process and the intense phase of co-operation which took place in the ANC enabled them to co-ordinate their projects and define their policies in relation to the state.

Marlene Libardoni says, '*I think the whole process valuable, even the National Constituent Assembly whereby civil society had a role and a fundamental involvement. All the sectors were mobilised. All the sectors worked together with Congress and much was gained.'*

The director of the umbrella organisation, the Brazilian Association of Non-governmental Organisations (ABONG), Silvio Bavo, states that the NGOs gained great confidence in the process and as a consequence they are seeking to create a new political identity, '*ABONG was created by a group of NGOs in 1991 to develop a political identity. We want to maintain as our identity the idea of groups of citizens which organise themselves to defend their rights. We don't want to be perceived as NGOs which are the executing bodies of state policy which is not acceptable because it implies abandoning our autonomy and our critical capacity.'*

The state/civil society relationship, under the Cardoso administration, depends on partnerships between the government and other bodies. NGOs are able to participate in planning and co-operation because (a) they were instrumental in mobilising the popular movements during the transition; (b) they have already implemented projects in communities; (c) they represent their own social movements; (d) they are institutionalised

and have the professional capacity to formulate social policy.

The administration of the Government of Brazil does not have this capacity and is unable to recruit necessary personnel due to protected interests of existing staff enshrined in the constitution. A further advantage for NGOs engaged in social policy activities is that they display democratic tendencies, which are lacking in state entities, and which have been acquired along the way of their emergence.

As Silvio Bavo says, *'The culture of NGOs has changed a lot in recent years. It is more a culture of participation. A culture which recognises difference and plurality and the necessity for negotiation.'*

NGOs are now established institutions run by able, professional people. They have efficient networking systems. Their recent involvement with the on-going constitutional process leads them to expect continued co-operation with the government, both local and federal, especially with regard to social policy.
However, despite the modernising capacity and democratic tendancies of NGOs, Silvio Bavo feels that the Cardoso government denies them the possibility of negotiation as equal partners and is blocking NGO participation. He wants to be consulted more. He complains that his organisation has been excluded, *'the experiences we have had negotiating with government are very bad. It is not that we don't want to negotiate.'*

In the case of feminist NGOs, however, there is no such resentment. Members feel that they have fulfilled their professional and democratic potential as stated by participants in this research. In fact some believe that they have exceeded their capacity, as Sonia Correa from IBASE points out. Their main problem now is to meet the demands which are made. Feminist NGOs do not have personnel to fill the special posts which are being offered to them at all levels of government. Moving staff from NGOs to the government represents a conflict of interests for NGOs. It defeats their aims in that it depletes their professional capacity. However, by taking up government positions in some cases, members can fulfil general objectives for the development of Brazil, but in so doing they must also maintain contact with their NGOs which second them, as well as the social movement of women which is their constituency .

5.7   Summary

In this chapter, the research participants describe how different civil society organisations emerged in opposition to dictatorship and how NGOs developed and graduated from social movement activity to take part in reform processes. NGOs, founded to represent identity-specific groups during the dictatorship, gained popular support and legitimacy for their actions.

The constitutional process gave all civil society bodies the opportunity to work together   to incorporate their democratic ideals into the Constitution, many taking a major role in its formulation; especially founder members of NGOs, representatives of social movements.

However after that process came to an end, NGOs moved on to another stage in their development whereas the popular social movements were left behind, for this reason they are accused of being elitist.

 Despite the democratic process involved in constitution making, the end product has proved to be more of a hindrance than an aid to public sector reform. But the opportunity for debate   on institutional reform provided by the constitution was merely the end of the first phase in the democratic process, which continues as constitutional amendments are drafted in an ongoing process in which all parties participate.

NGOs are an integral part of this process and they have gained their legitimacy from the social movements. Not only do they   participate in identity-specific politics, working at a local, micro, level, but they also occupy a much larger, macro, political space working at the interface of government where they make demands for human rights. NGOs leaders define themselves as acting in opposition to government. The positive contribution they made during the transition, leads them to anticipate further involvement in government programmes and they jostle for position to enter the political frame.

In this chapter, Brazilians set great store by the transformational capacity of civil society organisations , especially   NGOs founded to represent social movements in the transitional phase. NGOs are still jostling for position on the political spectrum in the

present phase. They have the credentials and legitimacy to act as social planners to reform the public sector and they have established themselves as an integral part of the governance process.

In Chapter 6, the rise of the women's movement   is charted and the feminist institutions created to represent women in the state/civil society negotiation process are examined .

Chapter 6

EMPOWERMENT OF THE WOMEN'S MOVEMENT – FROM ORGANISED CIVIL SOCIETY TO PARTICIPATION IN AFFAIRS OF STATE

6.0   Introduction

This chapter charts the emergence of the women's social movement in Brazil. It follows the movement from its populist roots in the communities and discovers how institutional forms developed. -   the network of feminist NGOs and the National Council for Women's Rights (CNDM).

The research participants - feminist leaders of the women's movement and founder members of NGOs - tell how they co-operated with the government during the transitional period to make health policy which was based on the citizenship project. They discuss their discourse for human rights and their political agenda   based on gender identity: to promote the citizenship of women and enhance their human development through health sector reform. They also discuss their relations with the Catholic church and the left and their strategies to protect their autonomy by operating a two tier system so that one arm of the movement, the CNDM, could deal with the state, and the other, the network of NGOs, remain independent. They also give an account of the exact role of each institution in their present day situation and express their plans for the future.

6.1   Beginnings – antecedents and identity

The movement which was to end up having a major impact on democratisation had its origins in small beginnings. Mariska Ribeira from IDAC describes the process, *'the movement was initiated in 1975, ten years behind international feminism. Women*

started to organise themselves around feminist questions.'

She describes how she was politicised and gained her identity within the forces of opposition to the dictatorship. For her, the reaction to her activism was not really traumatic as those who took part in student politics found that they were tolerated by the military regime in its liberal phase.

'I was one of the founder members of IDAC. I was a primary school teacher. I didn't go in for militancy. I got involved in the student's movement but without any role as leader. I wasn't affected directly or violently by feminism. I lost my job at one point but that didn't stop me getting another. There was a certain tolerance. I wasn't an important person within the movement'

Feminist groups in opposition to government – exile and amnesty

Mariska Ribeira compares herself to her colleague Rosiska Darcy de Oliveira, an important and public figure for the movement, who in the Cardoso government held the office of president of The National Council for Women' Rights (CNDM). She was one of a group of influential Brazilians who were in exile during the military period until 1979 when a general amnesty was declared which allowed them to return to Brazil and participate in the process to bring about democracy.

Mariska Ribeira tells the story of the women in exile and the women at home: *'Rosiska was in Geneva. She was in exile. The dictatorship had put an end to all rights to meetings. In 1975 all the women of the left who were still in Brazil exploited the International Year for Women by organising a huge rally. So here the women's movement was born, as a result of the struggle against dictatorship.'*

This was the beginning of the *'abertura'*, or opening up period, when the military relaxed its control. It was marked by extraordinary civil society activity as described by Alvarez (1990), Moreira Alves (1989) Foweraker (1995)and others (see Chapter 3).

As Mariska Ribeira says, *'The movement became the day to day struggle. It took five years to strengthen the movement. In 1979 the people returned to Brazil when the amnesty took place and the movement then took on a new identity.'*

Alliances and positioning

However other groups were emerging at the same time and Mariska Ribeira describes the difficulties of making alliances. She says that not all the women of the movement were necessarily radical and they did not automatically unite in solidarity with other social movements with different aims and identities which had become active to overthrow the old regime. She tells how feminist groups became associated with homosexual groups as, in public perception, both groups were demanding sexual liberation.This caused her to worry that feminist interests could be damaged by such linkage: '*In a machista country like this one, feminism was synonymous with homosexuality. Nobody wanted to be associated with that.*'

The feminist movement and the Left

For the women's movement to be successful, a split from traditional left-wing values, which hampered progress with rigid ideology, became necessary, as a spokeswoman for the movement states:

'*Of course our vision did not emerge overnight. The many pillars of feminist politics – breadth of vision, subversion of the authoritarian logic of our society, acceptance of differences, encouragement of plural voices and the politicisation of daily life – had to compete against the elements of traditional Leftist thinking: cause and effect explanations, exclusive logic, reductionism, the impulse to universalise…*

Much of the Left's ways of thinking stayed with us for a long time, popping up in our own proposals and actions. Within the feminist movement there was always a tension – sometimes enriching, other times impoverishing and paralysing – between the new thinking and the old. Our Leftist beginnings gave the feminist movement an important political dimension and reach, but for a long time they also held us back.' (NACLA: Report on the Americas, 1992)

Mariska Ribeira says that it was the exiles returning from western universities that gave them their new perspective. Until that time they had accepted the rhetoric of the Left even though it was not in their interests: '*Many of us were stuck with old ideas from the*

communist party or the other parties without assimilating feminism proper.'
With the return of the exiles, Brazilian women were to develop their own brand of feminism which enabled them to become a political force to be reckoned with.

The feminists and the Church

However for the feminists to embark on projects for women was to invite a rift with another former ally and for many women the split with the Church was to be just as painful as the split with the Left. The women interviewed in this research were reluctant to impose their values in confrontation with the Catholic Church. Mariska Ribeira says, *'It is still an inheritance of the women's movement that we did not want to fight with the Church because the Church was our great ally in the fight for citizenship against dictatorship.'*

However, the breakdown of relations was inevitable and eventually the feminists had to agree to differ with the Church. In time, they confronted church officials directly on committees, where both groups participated to bring about reform. Each had to learn to coexist in an uneasy truce with the other.

The Projects

NGOs created different projects according to the specific skills of the founder members. For IDAC, the project was educational and began in the communities. Distinguished and legendary figures assumed responsibility for the task of democratising Brazil. Many were professionals and graduates of Brazilian universities. Their projects were carefully thought out and well planned.

Mariska Ribeira recounts, *'1980 was the year of emergence of NGOs – organised working groups addressing women's issues and that was the year of IDAC. Paulo Freire was the founder and Miguel Darcy de Oliveira, who was a political scientist and diplomat. Rosiska is from education and I am from education and a psychologist.'*
NGOs had different projects in different regions and these combined to form an impressive body of work. As Sonia Correa from IBASE points out, the people involved in social welfare projects were extremely talented and able. *'It was feasible to prepare those agendas with such a bunch of committed and prepared people.'*

Mariska Ribeira describes an early, ground-breaking IDAC reproductive rights education project in Rio de Janeiro - the aim of which was to enable women to construct a new vision of themselves. The materials they wrote popularised the ideas of the feminist movement in comic form, *'I participated in the project, two magazines entitled Mary Unashamed (*Maria sem Vergoña*): one about sex and the other about the image of a woman.'*

6.2   A culture and a discourse

As social movements mobilised, a new, ethical discourse based on human rights came into being and created a culture of democracy. This was achieved to the satisfaction of the feminist activists in this research. Their arguments are direct and convincing and they believe in their own discourse. It is a discourse which fits the times and complements the language of the reformist state. Its strength lies in the sincerity of the standpoint which is revealed, expressing the need for radical political change. Maia Vania, from SOS Corpo, asserts, *'The feminists speak from a stated position. It is a discourse, the creation of a medium has taken place. It is a theoretical formation and an emotional position. It is a series of co-references which are very strong and for that reason they are very able to influence the dialogue.'*

Maia Vania is convinced of the universal power of the discourse which has come into existence to influence women. She believes that if the discourse was seen to be communicatively weak, then feminists would lose their effectiveness and be unable to reach members of their constituency in some far flung region or other. She says, *'If those references are missing then at any time they are able to be thrown out. Someone can turn up and say they are upsetting women on the frontiers of Acre or somewhere.'*

Marlene Libardoni, from the Feminist Centre for Studies and Assessment, CFEMEA, also stresses the power of the feminist discourse but she doesn't believe it has been powerful enough. She says that the task that feminists face, of changing centuries of conditioning, is daunting. *'We gained visibility as a national network and everyone believes in the power of the network and that is true, because we are 80 groups working together but I don't know what there is in concrete terms of change. To change centuries of cultural conditioning – a mentality of submission, of clientelism, sectarianism, partisan*

politics. All those illnesses which we know about which form the basis of Brazilian politics.'

However, Sonia Correa, from IBASE, says the discourse of the women extends well beyond the limits of the movement. *'You have a feminist feeling and a discourse that has been so consistent for 10 years.'* She adds that it is not merely a professional discourse for the initiated: *'A lot of people have made a profession and a career out of the NGO sector but there are many more people who are not in the NGO sector who are also affected by the discourse.'*

The feminist NGO movement was well established in the regions by the time elections took place in 1984. However, when these institutions became united they were to form a powerful lobby. It is from Brasília that the feminist movement was first centralised and this took place with the founding of the CNDM. In this way relations were established with central government. The feminist human rights workers assumed the task of democratisation as a matter of course. They already knew about this work from their previous, more humble role in communities. *'We had a huge commitment to the democratisation of information for the movement,'* says Marlene Libardoni, who is the spokesperson for CFEMEA - the NGO in Brasília well placed to execute the feminist agenda for democratisation; as the members liaise with Congress.

6.3   Negotiations with government

Marlene Libardoni was involved in the process of political readjustment in the transitional period after the dictatorship when feminists were brought into play in the federal capital, Brasília. She describes the process: *'In 1979 we created a group which was called Brasília Mulher. It doesn't exist any more but at that time we were about 30 feminist groups in the whole of Brazil. Brasília Mulher, in spite of being only one of the groups at the time, which was a group of reflection more than anything else, was called upon by the feminist movement of Brazil to act as a bridge, a support to deal with public power on the executive side or on the legislative side.'*

Maia Vania, from the NGO SOS Corpo in Recife, comments that it was the structure of the movement for health which was created that provided an important basis for the mobilisation of feminists. Sonia Correa, previously from SOS Corpo and now in

charge of the women's project for IBASE, remembers the early gains of the movement and how state spaces came to be infiltrated. She recalls how women from the newly founded women's NGOs were consulted for the first time on matters of crucial importance for the health and safety of women.

She recalls how she was consulted in Recife, capital of the poorest state in Northeast Brazil: *'It happened in other periods. I remember sitting down at a table like this one with someone from the health department defining where the contraceptive methods should go into the network. We were deciding in the SOS Corpo office, sitting down with the co-ordinator making this strategy.'*

These were the early days of the state–civil society alliance, as manifested by the meetings which took place between the Ministry of Health and the feminists. The subject under discussion was women's health. Marlene Libardoni recounts how planning took place for the programme of Integral Assistance to Women's Health – PAISM.
'In 82, when we commenced the fight for implementation and elaboration of PAISM – the formulation and everything – we worked closely with the Ministry of Health, working out possibilities for bridging and negotiations and possibilities etc. On the legislative level we worked on the proposal for the reform of the Civil Code (Codigo Civil) which was approved in 1985 in the House of Deputies (Câmera dos Deputados).'

From that time the women's representatives worked on both the policy of the government as well as the legal framework of the country.
As Marlene Libardoni says, *'At that time we managed to have approved a Civil Code which today includes many of the proposals of the women's movement. So we were at the forefront of what was happening '*
(She also points out that although there was approval for the Civil Code reform in 1985 by the House of Deputies, which regulated such matters as abortion, no further action was taken and the project was stalled).
Little by little from humble beginnings the women became essential advisors to government.

6.4 Mechanisms for co-operation – a two-pronged approach

The feminist network was well established throughout Brazil during the 1980s.

When the time came for political reform of the state apparatus this resource was recognised. Here was a centralised network and a body of able professionals in place with unparalleled knowledge of the communities and available for consultation to politicians and to the bankrupt state services alike.

6.4.1 The National Council for Women's Rights (CNDM)

Health reform was the means of entry for the women's movement to government affairs and power politics. It was out of the health movement that the possibility arose to found the concrete structure which was to be the CNDM, thus creating an efficient mechanism to formalise that process.

One of the most important partnerships in the state/civil society relationship has been that between the CNDM and the federal government. Marlene Libardoni explains that they were already working with the government as feminists in 1985 and they decided to replicate the state councils for women's rights which already existed in the regions. *'Two state councils for women's rights already existed – one in São Paulo and the other in Minas Gerais from '82. The fact that they already existed with relations in place was a great help. We worked on the statute - myself in particular. We devised the internal workings and the matriculation of the movement. We went on a board of technical directors with a proper (paid) position and set up an executive body.'*

Maia Vania believes that with the founding of the CNDM, the feminist movement was able to articulate itself over the vastness of the geographical area that is Brazil, enabling information to be circulated and mechanisms to be set up to apply pressure which could influence government bodies at all levels. Therefore the CNDM elevated the women's movement and endorsed the professional status it had gained.

In time the CNDM was to become a controversial influential body. Its fortunes, which wax and wane, are followed with pride and despair by the members of the movement.

Autonomy and the problem of state control of the women's movement

Even before the CNDM was founded the question of autonomy became an issue both within the women's movement and within the NGO sector as a whole. As civil

society organisations had become identified with de facto opposition to government any co-operation with government bodies required strict guidelines if NGOs were to maintain credibility with the social movements.

The CNDM was created as an autonomous government body but, as its function was to enter into co-operation with the government, feminist autonomy was immediately called into question. Marlene Libardoni describes the predicament, *'At our level of Brasília Mulher we had already decided we wouldn't work in the name of the government, so the dilemma arose.'*

The feminists found themselves working in a special situation, whereby as a body representing civil society they were incorporated into the government through the CNDM to bring about new legislation and put the gender agenda into state planning. However, after much discussion the women of the CNDM found that they had to compromise their autonomy in order to exercise their technical skills out of patriotism. *'We decided we were in a government entity and we would stay. It was important for feminism and for us.'*

Their contribution to democratisation was to become even more important as work began on a new Constitution for Brazil in 1985. This was to be enacted in 1988, and the women's movement contributed actively in its creation. According to Sonia Correa, *'The CNDM had a very high profile in the elaboration of the Constitution.'* Marlene Libardoni, from CFEMEA, describes the process: *'In 86 the process began and the National Constituent Assembly was set up and this became the priority for the CNDM. We were all turned towards the Assembly. 1985 were the preparations. In 1986 it went to Congress and in 1988 the Constitution was enacted. During all that time our work was very intensive.'*

The co-operation between the feminists and the Government of Brazil continued for the years in question. However, the women knew that they would not be tolerated for long in a partnership to regulate state affairs. As they had predicted, after the constitution was completed the CNDM ran into trouble and the feminists were confirmed in their mistrust of government. The CNDM was no longer required and the government began to curb the powers which they had previously conferred. The women were then boxed into a corner on matters of principle, concerning reproductive rights, and their resignation

from the government was engineered.

It was inevitable that the state would curb the influence of the feminists. Politicians did not wish to be identified with either the feminists or the consultation process as elections drew near. However, the government did not do away with the CNDM altogether. In 1989 they appointed women from outside the movement to the previous political positions which had been occupied by feminist activists elected by the women's movement. Therefore a non-feminist CNDM came into being. Marlene Libardoni says, *'The CNDM wasn't closed down but women were appointed who had no connection with the women's movement.'*

Leila Linhares of CEPIA, explains how her colleague, Jacqueline Pitangui - president of the CNDM from 1985 to 1989 -resigned because the Minister for Justice withdrew the material and financial conditions for the standing committee. *'We made an act of protest and renounced our role. After that the CNDM was rejected.'* Marlene Libardoni says, *'In 89 there was an institutional crisis on account of the abortion campaign …there was a crisis with the health work and the abortion issue and we all resigned and the technical body as well but that was after the constitutional period.'*

Mariska Ribeira sees the intervention that took place to disempower the women as the spiteful initiative of the minister of the time*: 'The CNDM has been through two phases. During the Sarney government it was a very prestigious body of the Casa Civil. It was highly esteemed. At the end of Sarney's government a Minister for Justice took office who was very reactionary. He was anti-feminist to the point of sickness and he undermined the CNDM and reduced it to its simplest expression. He moved them to a distant basement in the Ministry and appointed a member of his own family as director who wasn't a feminist and he didn't consult the movement. The CNDM was not productive and there was no person of stature filling the post until now.'*

The women agree that after the crisis occurred a new phase was entered into for the CNDM. But the relationship between the Government of Brazil and the feminists was never to be restored to the high point based on the arrangements made to develop the Constitution of 1988.

Sonia Correa says that CNDM went through different cycles with successive

governments as the country struggled to create a democracy. *'In 1988 we had a big crisis, this was the political crisis of the Sarney government, which moved into Collor which moved into the transition and six years later into Fernando Henrique. There was a very troubling situation affecting political agendas (and) what civil society should do.'*
The CNDM was created to negotiate with the government but the women employed there had to withdraw again and again. Sonia Correa sees this process of government interference in the feminist movement as inevitable and thinks that it is in the nature of the relationship that politicians can't cope with the feminists but neither can they do without them. She says, *'The CNDM was a council that was taken over – we left in 89 and again in 95.'*

However Marlene Libardoni says the feminist network was strong enough to survive without the CNDM. Institutional arrangements already existed at the levels of the state and the municipalities to represent women's issues. She says, *'From 1989 until Fernando Henrique Cardoso* (1994) *there was no CNDM and the movement which had existed from 1975 went on existing without the CNDM. There were state committees for women's rights, and municipal committees for women's rights and women's NGOs, which managed to survive with the help of international organisations.'*

Once established, the work of the feminists developed. They had created a demand and their institutions came to be an important element of the on-going democratic process.

 As Marlene Libardoni says*, 'The women of the CNDM still went on working with some committees and individual politicians with an advisory service in the regulation of conduct of constitutional rights that women had achieved and which were many and very important.'*

However, the tension which developed at that time over constitutional affairs is still at the core of today's relationship between the state and the feminist movement, which still consists of feminist NGOs and also the CNDM.

The founding of the Feminist Centre for Studies and Assessment (CFEMIA)

As a consequence of the threat to their activities the women in the CNDM

withdrew from public office so as to preserve their independence through their NGOs. They were able to do this as they were still backed by their international donors. However, in the absence of their centralising institution a new body was urgently required to fill the gap. It was at this stage that the NGO, CFEMIA, was founded with the remnants of the discredited CNDM and this served to increase, not lessen, the prestige of the women's movement as they affiliated themselves to the Federal University of Brasília.

Marlene Libardoni explains, *'The demand for our services increased and we worked all hours but we were back in our normal jobs. The women's movement asked us to continue and see policy through Congress. So we founded CFEMIA in 89 and we were 5 women who had worked in the CNDM and all of us had worked on the Constitution. Not all of us were feminists but those who weren't got involved with women's questions. They invested in that. We worked voluntarily in CFEMIA. We had salaries from our normal jobs but we functioned within the Unit for Women's Research at the University of Brasília and we used the offices of individual politicians to send documents and for office support. We still rely on that support.'*

The professional status of the feminists had been consolidated through CNDM participation on the executive body of government. After their resignation, they withdrew to the non-governmental sector with their projects and took up where they had left off in 1985. Feminist autonomy had not been compromised and their expertise had increased. The CNDM which remained within the government was then merely a front for women's activities and it existed without reference to the national women's movement and its representatives, now working in feminist NGOs.

However in 1994 the CNDM was reinstated as a feminist body and a prestigious feminist was appointed by the President of Brazil to occupy this role. Nevertheless, despite the reinstatement, some of the participants in this research fear that the CNDM is now a manipulated mechanism through which the government controls the feminists. Within the women's movement there is much debate as to whether or not the CNDM is a truly independent body. The source of the problem is the way it is put together by presidential appointment. Representatives of the movement want more say in appointments and activities conducted in its name.

Leila Linhares finds the CNDM to be manipulated: *'We had great hopes that Fernando Henrique Cardoso would reinstate the CNDM as we would wish it to be; that is as a government entity with a technical team which would work as the point of articulation between the different feminist NGOs of Brazil and give continuity to that CNDM which was suspended in 1989.'* She complains that the process set up in the Sarney period is not respected: *'We want the government to respect a fundamental point which Sarney respected when the CNDM was founded as a new state entity, when the President would choose the president and members of the CNDM from three lists compiled by the autonomous movement of women.'*

For Leila Linhares, there can only be democratic negotiation if there is autonomy to preserve: *'that which the re-democratisation proposed. Dialogue and co-operation between society and state. In reality the CNDM was created by representatives of civil society and receiving conditions to implement actions directed towards women from the state.'*

According to Leila Linhares, the most important mechanism of the autonomous feminist movement has been relegated to an honorary, diplomatic body within the central government, *'the CNDM (now has) just one room and a maximum of two functionaries but no technical team. In the old days there was co-ordination for health, co-ordination for violence, co-ordination for culture.'* Leila Linhares feels that the CNDM should fulfil a special role and monitor all government action directed towards women: *'In principle all government policies of gender should be evaluated by the CNDM.'*

However, Sonia Correa disagrees and maintains that the CNDM *is* now true to its origins in feminism. She says, *'Now, once again there are feminists in it. Women from the movement…the president, is a feminist and other councillors are.'*

Although it has lost prestige and been damaged by the erosion of autonomy, the CNDM still occupies an important space at the seat of government.

CNDM/NGO relations

In Brazil the women's movement is remarkable for the degree of its organisation and the strength of its commitment to women's issues. It is classified as a successful social movement and it is recognised for its contribution to the new democratic order

which has come into being. The two-tier system of institutions – feminist NGOs and the CNDM work together towards the same ends. The CNDM is an influential diplomatic body linked to the state and its autonomy is compromised. However at the second level feminist NGOs preserve the autonomy of the women's movement.

Sonia Correa makes a distinction between an executive state body and a government body as she attempts to describe the role of the CNDM: *'The CNDM is difficult to evaluate even if there is agreement that it has something of the structure of the state apparatus. I think it has some aspects of power. It is in charge of the protocol for PAISM* [see Chapters 7 and 8*]. It is doing that and whatever it is possible to do within the government. It hasn't got the power a government organ should have. It is not an executive body, but definitely and without doubt it is a government body. You need political will so that all government institutions commit themselves to the proposals which emerge from the CNDM. It is very inexperienced in its new phase so it has achieved quite a lot, especially the processes of negotiation with ministries on public policies.'*

The CNDM has no executive powers but in Brazil a great deal of importance is attached to the 'symbolic' in politics and all bodies without executive powers are considered to be symbolic.

Sonia Correa explains *'the CNDM has a very strong symbolic role. In this huge country if you don't have a point of support within the state apparatus, which provides you with support not just for public campaigns but also so that the media pays attention to what is happening, otherwise it is very hard to create a new mentality.'*

However, Maia Vania is as sceptical about the CNDM having gained any degree of power as she is about any other sector of the population in modern Brazil. She says, *'Nobody in this country has (real) power, even the President has to fit in with the political forces which don't always go his way.'*

6.4.2   Feminist NGOs, the second arm of the women's movement

The CNDM is seen to be the symbolic arm of the social movement that is feminist at the federal level and represents Brazilian feminists internationally. The second arm is the combined forces of feminist NGOs which are working in the communities and with

state and municipal bodies throughout Brazil.

Feminist NGOs are surprised at the actual level of participation they have achieved in affairs of state. There is, however, some anxiety that their organisations will not be adequate for the tasks they are expected to carry out. They do not have the personnel to meet the demands being made.

Silvio Bavo, from ABONG, says that research undertaken shows that more than 60% of NGOs have some kind of work-related relationship with public entities and this represents nearly 15% of NGO budgets, *'so there is no allergy to the state. The richest experiences have been work undertaken with the Prefeituras. Many NGOs are incorporated into municipal public entities especially when the municipal project coincides with their own ethical and political project – for social justice, to redeem citizenship, equality, liberty, participation all those things.'*
NGOs which are the focus of this research are all working with one or other level of government as evidenced by the following examples.

SOS Corpo

SOS Corpo operates in Northeast Brazil and has well-prepared, trained people ready to assume public office. One of their main functions is to plan and implement health policy and assist with municipalisation, where this is taking place. To do this they conduct training workshops for health agents and social workers. They also have a long history in producing training materials and health education documents.

Maia Vania says, *'The women's movement in Pernambuco is very strong. It is not only strong at the level of the state (but) for the media. This is a state which has a political structure which is very significant at the national level. We have influential relations with the state with regard to health matters, for example a woman of SOS Corpo has been appointed to occupy a post in the division of women's health. She is in control of the division which is very significant so as to achieve returns for the feminist population. That is the work of the women's movement at the state level and we work with the law-makers a lot.'*

This appointment of a founder menber of SOS Corpo to the post of Secretary for Health in the state administration for Pernambuco is seen as the single most important

breakthrough for the women's movement and achieves a long-term ambition for women to be in control of policy operating from a position of power within the state.

Sonia Correa sees this appointment as an important indication of where things are going for the movement. *'At present. Elselene from SOS Corpo is co-ordinating the state system in Recife. So there is permeability with people moving from civil society to the public sector to the state level.'*

She goes on to say that Elselene's appointment is no accident and that this fulfils an important objective for the feminist movement. *'This is a conscious strategy. It has become clear to us that it is impossible to implement anything in the area of reproductive health without having the adequate persons in place. The breakthrough of individual feminists into government appointments has had an enormous impact and has many implications.'*

CFEMEA

CFEMEA, in Brasília, works with the federal bureaucracy at the highest level and with Congress to vindicate and support the activities of the National Feminist Movement. CFEMEA was the NGO created by the members of the CNDM who resigned from government. Marlene Libardoni explains, *'We train politicians and advise on matters of gender. We raise awareness on the problems of getting women to Congress. We accompany all legislation which has to do with women's rights. We promote and advise on public debates.'*

CFEMEA operates at the cutting edge of the state/civil society consultation process. Marlene Libardoni explains how the instituted consultation process works between Congress and CFEMEA. *'If a politician has to report on a project, for example the family planning project, a public audience is convened to discuss the project and people from civil society are convened to debate the issue.'*

Marlene Libardoni says that in the debate for family planning, people were called from the Ministry of Health as well as the Minister himself and the staff from the Secretariat who co-ordinate PAISM. There were representatives from the medical area, the women's movement, from the Church and the National Conference of Brazilian Bishops (CNBB). Marlene Libardoni insists that CFEMEA has had an important impact

on this consultation process, *'We have changed opinion a lot in the sense of providing substance for discussion. Politicians are not acquainted with issues. They haven't the background nor the quality information. They get to know the proposals of the women's movement and they get to perceive issues.'*

Feminists work nationally, regionally and locally within the institutions of the state and also use the mass media to communicate their messages to change attitudes within the country. In so doing they contribute towards creating democracy in Brazil which extends beyond the political apparatus of Brasília. Marlene Libardoni says, *'We have achieved very important results.'*

National networking

CFEMEA, as well as other NGOs operating in their regions, maintain links with an ever-widening integrated population of feminists with their publications, which are targeted and distributed strategically. This links the work of Congress to the feminist movement. Marlene Libardoni says, *'We make a bridge with the women's movement, informing women's organisations about the legislative process and the importance of parliament in terms of equality of rights. We have Fêmea which is our bulletin and the only one which goes to all the groups of the women's movement in Brazil – in all the areas, to trades unions, to rural workers, to black women, to government officials and to international agencies.'*

Thus the women's network is kept informed about reproductive rights activities, including the Constitutional Amendment Proposal - PEC 25 and the Regulation of Family Planning Law no 209/91 as well as the agenda for Beijing (see Chapter 8).

6.5   Feminist NGOs Today

Other NGOs -SOS Corpo, CEPIA, IBASE, the Coletivo Sexualidade e Saúde and IDAC- participating in this case study, conduct similar activities, producing training materials and journals to address important issues of health, violence, human and reproductive rights. In so doing they work at both national and international levels.

National affairs

Feminist NGOs are now involved at all levels of Brazilian public life.

As Maia Vania says, *'The feminist movement is much more relevant now than it has been in the past. Feminists operate in everything that would be the public sphere connecting NGOs to public sector legislators and the media.'*

Sonia Correa agrees that there is an interactive process in effect: 'There is a permeability between NGOs and the public sector.'

International affairs – Beijing 1996

The NGO CFEMEA prepared the Brazilian feminist delegation for the UN Conference in Beijing. Their bulletin *Femêa* provided the preparatory information on this occasion, *'The bulletin ended up being the link of the movement for the Beijing conference. UNIFEM called on us to organise all the official seminars and select those who would represent Brazil. We also brought out five special bulletins called 'Peking'.*

Funding and survival

Depite the position feminist NGOs have obtained in national affairs, they are finding it hard to survive in a newly democratic Brazil. The international donors no longer support them with financial backing as they did in the past. Although some projects are funded there is no support for staff salaries or infrastructure expenditure and new sources of funding have to be identified.

In this case study NGOs are convinced that they will make the transition and survive by receiving public money for their activities . Marlene Libardoni says that this is a new departure. The women's movement from 1989 to the present day (1996) created autonomous mechanisms and civil society institutions learned how to organise without support from the state. Now there is a new situation for NGOs looking for government support.

Mariska Ribeira says*, 'The majority of NGOs never received public money – not*

only to maintain independence but also because government agencies don't have funds…we couldn't ask for funds from the dictatorship state.'

International funding is now distributed on the basis of projects and is not distributed directly to NGOs. This has lead to increased competition between NGOs.

Mariska Ribeira describes the new system of competition for central funding: *'We are negotiating all the time. It takes ages but I don't do what the United Nations says. I do my own proposals. If they don't like it they cut it, or they say we won't do this part or else they can decide to support the project integrally and that has nothing to do with public policy. We are what they have begun to call an organisation of the civil society…we are getting that name now.'*

The international donors have withdrawn support now democracy has been established. At present any available international funding is controlled by the federal government organisation - the Brazilian Association for Co-operation (ABC) - and projects are vetted in Brasília. For women's projects the CNDM decides. Direct funding is very rare.

Lack of human resources to fill public spaces

Another problem which threatens the activities of NGOs is a shortage of members. It is difficult to find personnel who share the ethos of NGOs and who are professional in the same way. For the feminist movement this is a serious lack. They need personnel to implement PAISM policy and especially operators who are prepared to move from the regions to the federal capital. The President of the CNDM had to move to Brasília from Rio to assume her particular role. Unfortunately there are not enough contenders for other important posts in Brasília.

Sonia Correa explains, *'The Minister was willing to give the particular post of co-ordination of reproductive health or PAISM to somebody coming from the feminist movement. We don't have anybody with enough knowledge of the system and it makes no sense to remove a person from where they are useful to fill a gap somewhere else (tirar a roupa de algum santo para vestir o outro). It was offered to the NGOs to take somebody who is at the state or municipal level back to Brasília. We are facing a serious shortage of human resources plus the problem of financial resources.'*

*G*radually NGOs are being drawn into government processes. As Silvio Bavo says*, 'I don't believe that the NGOs by themselves can gain power. I don't believe it but they are participating in networks and in forums and raising matters of increasing importance. So we are confronting the dilemma of having gained that space in the middle of government and where we have a good capacity to have our proposals accepted as participation of civil society and its representatives but we need more people. We need to specialise…get to know the policy thoroughly in order to propose changes therefore we have to assert competence of information for the NGOs and for ABONG.'*

6.6   Summary

This chapter shows how Brazil's women's movement organisations have empowered themselves, or were empowered, to table a feminist agenda for government policy. The feminist activists interviewed in this case study represent the movement at a high level. They come from different regions and altogether they represent a spread of concerns.

For the most part, the social movement that is feminist emerged as one grouping among many as political demands grew out of identity-specific groups. The organisations formed by these groups, across boundaries of class, were based on their interest identification. In order to protect their specific interests, feminists had to break away from left-wing politics and establish their own agenda. They also had to break with the Catholic Church in 'cultural' matters concerning women and sexuality, always presented in terms of a 'patriarchal' family. The Church, however, in its 'liberation' capacity, was the grand ally of the social movements in the struggle for democracy. In the present phase, the Church has now been forced to the negotiating table with the feminist movement as equal partners.

Feminist aims had as their ultimate goal the achievement of a state of democracy for themselves and others which would be inclusive and would provide coverage by the state of essential services – hitherto unavailable. Their specific area of concern was reproductive health, where reproductive rights legislation had not kept pace with the contemporary reality.

By focusing on specific issues, common to all women, feminists were united with

their constituency which is the female population of Brazil. Maia Vania says, *'We are the subject and the object of our own deliberations'*. Thus she acknowledges that all women, from whatever background, have the same problems.

Women's movement institutions evolved to form a two-tier system: the network of feminist NGOs and the CNDM. The CNDM was invited to take part in government planning in the area of women's health. This involvement led them to take a prominent part in the National Assembly for the Constitution. However, when work had been completed for new legislation the feminists were ousted from the prestigious government position, which had been created for them. They were forced to resign and draw back to the non governmental sector.

The CNDM was rehabilitated under the Cardoso government (1994 – 2003) where it successfully raised funds for campaigns but was accused of being too close to the presidency. The CNDM also participates in the Brazilian funding agency, ABC, which designates funding to NGOs for projects. There is some resentment expressed by NGOs in the field that the CNDM is vetting their projects for funding and that some NGOs are favoured over others.

This case study reveals a high level of professional capacity within feminist institutions – the CNDM and NGOs- which are able to respond to the demands of government in the effort to reform institutions. The Brazilian civil service, does not have this capacity to support reform programmes, especially as their own vested interests dictate against reforms. Therefore there is an increasing demand from the public sector for highly trained NGO personnel to fill key posts for implementation of programmes.

In Chapter 7, the public health service in Brazil is examined to determine its capacity to deliver health services to the population as laid down in the Constitution. It examines the difficulties of decentralisation of government processes to the municipalities for health service delivery and also considers the progress made by the feminist health plan, PAISM, and assesses its impact on female communities.

Chapter 7

HEALTH IN BRAZIL

7.0   Introduction

In this chapter the research participants discuss the role played by feminist institutions in reforming the health sector and their activities in the field of health to construct citizenship for poor women which include a national health plan for women (PAISM) to be delivered in the public health sector. The   national plans for health are also examined to determine the capability of service providers to deliver services and also the political will of the Government of Brazil to decentralise the health service in a process of municipalisation, in order   to achieve universal coverage with health care.

Defining policies for women's health, to include reproductive rights, which would be adopted nationally, formed the basis of activities of the women's movement during the transitional period to democracy. It was on this basis that feminist institutions entered into co-operation with the Government of Brazil. NGOs gained experience of social conditions as they worked both politically, in the struggle for democracy, and practically, through community work. They came to understand that the provisions made by the public sector to address the miserable social situation which affected most citizens, and especially the female population, were totally inadequate.

The health sector during the dictatorship was characterised by 'private care for those who were able to afford it; a public network of curative care provided by the Ministry of Social Security (*Previdência*) for those formally employed and paying into a

social insurance scheme; a mixture of basic health clinics and health programmes provided by the Ministry of Health, state and district health sectors and charitable institutions for those otherwise not covered' (Atkinson 1998:1).

7.1 Health for all - a broad based popular movement

As the dictatorship began to crumble, alliances were formed - between community-based organisations, health professionals, students, NGOs and the Catholic Church - in an extraordinary political ferment which led to the formation of broad-based social movements, as discussed in Chapter 5. All of these identified the need for health reform and demanded greater justice in health care provision.

So health care came to be a part of the 'rights' agenda in Brazil in the transition to democracy - a period of great ideological change - when demands for an inclusive citizenship were made by human rights activists. Proposals for citizenship encompassed not only civil and political rights, but also socio-economic rights: including provision of health, education and shelter to be provided by the state as a duty to the entire population.

Therefore public health plans were conceived of as proposals for a new, inclusive democracy. The main public health plan, the Sistema Unico de Saúde (SUS), was the fruit of ten National Conferences for Health and was promoted from within the health sector and negotiated with the Popular Movement for Health as well as in community projects as part of the democratic process. SUS policies were hammered out as part of the general movement for freedom.

7.2 Health and the private sector

The health sector in Brazil has a history of privatisation whereby the state budget for health was designated towards non state entities to deliver public health services. The military regime privatised the health system by contracting services from the private sector rather than expanding and investing in the public system. By 1970, 66% of hospital beds were outside the state health system – 29% of these were provided by private enterprises and 37% by non profit making entities (Cordeiro 1991).

The 'conveniados'

Sonia Correa explains that the Brazilian health system was privatised with the reform of the Social Security system (*Previdência*). At this point the health service only existed to serve those in possession of a national security card.

The military government relied on certain hospitals and NGOs to create a rudimentary health service whereby existing entities signed agreements (*conveniados*) to deliver services to the general population. Sonia Correa says*, 'These were the so-called famous conveniados which have been in place since the sixties to provide health services to the general population…being those people who did not have a security card.'*
State facilities were only guaranteed to civil servants employed by the state. For those outside the system only piecemeal arrangements existed and Sonia Correa explains that the state then became responsible for funding both systems with a consequent drainage of public funds into the private sector.
'Here you have the security system with its own facilities getting money out of the security system to pay the private sector.'
The extreme form of centralisation which took place during the military regime together with privatisation of public funds into the private sector destroyed the public health system, which up until then had been homogeneous.

Subsequently, the health service, as it stood in the 1980s, did not have the capacity to deliver health care in the communities. A further problem was that the three cumbersome bureaucracies of health administration in Brazil – federal, state and municipal – were separate from each other and uncoordinated.

7.3   Health and the feminist movement

The attainment of health services for women became the political project of the women's movement. Feminist NGOs and the CNDM were empowered for participation in government affairs so as to plan for health and regulate the law, as described in Chapter 6. In this case study, the interviewees agree that it was the platform for health which allowed their feminist institutions   to organise and enter government institutions as advisors. Amongst the women in the movement were health professionals. They had the professional ability and the standing to make their ideas known and their opinions

felt and they realistically confined their agenda to addressing the basic issues of health care provision for reproductive rights. Had they diversified or deviated from their stated aims in this field they would not have achieved the same impact. It was the urgency of the agenda which gave credence to their aims.

Maia Vania, of SOS Corpo in Recife, says, *'Health is the centre of our work specifically. That's something which goes back to the origin of SOS Corpo. We also work with gender relations but health is the strongest area which structures our institutions.'*

Mobilisation of female communities to demand health services

In their activities to bring about acknowledgement of the health needs for women, feminist NGOs in Brazil operated on both practical and political levels. The first level was direct involvement with women in communities where NGOs mobilised women to fight for their health rights by creating conditions for citizenship participation.

Mariska Ribeira recounts how her NGO, IDAC, linked health to citizenship rights in a paradigm particular to the women's movement.

'When you discover you haven't got something and it isn't because you are poor, it isn't because you are ruined, not because you are on the ground; none of those things but that your rights are being denied. The right is yours and you aren't getting your rights. They are yours because you pay taxes. You pay when you buy rice. That was all part of our work to draw attention to those things. We strengthened the esteem of those people. The dreadful misery is humiliating to a person. They have no courage to revolt. They think it is their fault that they don't know how to live and suddenly they are women who take on life. They form neighbourhood associations and they get involved. They get roles and they start to work politically. That was our work in health.'

Members of NGOs, instructing communities in the meaning of human rights, wrought radical ideological change in communities by bringing women to realise that they could as citizens make demands of the state.

This community work wrought a cultural transformation and was grounded in practical educational theory. The basic, common-sense messages they imparted were to have an enormous cultural impact on the people.

Women's health – by definition reproductive health?

However, working with women's health was to raise issues which had long been ignored in Brazilian society. At this early stage of their democratic activities the feminist activists were unable to reveal their reproductive rights agenda. To claim that women's health needs were specific would have been to risk alienation from their allies and supporters.

Mariska Ribeira tells how IDAC came to work with health, being careful not to upset the priests and nuns of the Catholic Church who were their allies in the cause of justice and human rights. (The Church played a huge part in mobilising the popular movements as discussed in Chapter 3.) However, eventually they were forced to confront the problems which were revealed and which were concerned with female sexuality. *'The women who came from political struggle wanted to confront the women's question – our sexuality, our body we respect, etcetera. These were all the international slogans. To use those was to create a conflict with the Church and remove us from the popular communities. So health was a strategy which was used – the right to welfare, the right to a wholesome environment, a healthy home. Those kind of rights were very welcome to everybody but we could not talk about sexuality.'*

But the problems the women in the community experienced had much to do with their human condition as women, who were subject in their relations to men and in society.

Mariska Ribeira explains how it became impossible to avoid the real issues. *'We would arrive in a community to work on hygiene and what we would find was a band of women who would complain about their problems and we ended up talking about sexuality – their children; whether they could have children; if they didn't want to have them; about abortion; the one who was pregnant again and didn't know what to do.'* The time had come for the feminist activists to propose their agenda and develop an ethical framework. Mariska Ribeira says that then all the issues were on the table for discussion. *'It became clear and we set up our projects with an ethical basis and treated health matters. We touched on all the issues of sexuality, all the questions about violence, all the issues concerning citizenship.'*

Fragmented projects united

Such NGO community work was being replicated throughout Brazil. Mariska Ribeira tells how in the early days each NGO worked in a vacuum in competition with other NGOs engaged in similar activities, *'That was our work in health. SOS Corpo was doing the same. The Coletivo de Mulheres did another kind of thing which had the same outcome. These kinds of initiatives sprang up in different places in 1983–84 (the first year of direct, local elections in Brazil after the dictatorship). Each project was absolutely isolated and there was a lot of rivalry – competition in the sense of who was doing it better.'*

During this period, feminist lobbies were springing up and NGOs proliferated as they identified their areas of activity. In time, all the energies and activities of feminist NGOs, which had been dispersed, were to come together under the umbrella organisation, the CNDM, as described in Chapter 6. Once feminist NGOs became co-ordinated the women's movement was transformed into an effective national movement. Taken altogether as a network, the initiatives of each NGO working in the regions amounted to an impressive body of work operating within a powerful system .

7.4   Plan of integral assistance to women's health (PAISM)

Health coverage for women became the platform for the women's movement and, as the participants in this study explain, their involvement was not merely academic, but required professional input at every level. The health plan they conceived in 1983, together with officials from the Ministry of Health, was the Plan for Integral Assistance to Women's Health (PAISM), and it was radical in its vision.

The plan was conceived at the same time as SUS and involved a wide input from civil society, it was envisaged that the system for decentralisation for SUS would also serve to deliver PAISM.

Origins of PAISM – women planning for women

According to Costa (1992), PAISM emerges in 1983, representing the hope of a response to the dramatic epidemiological profile of the female population.
With the concept 'integral assistance to women', contained in the title of the plan, the

notion of gender is acknowledged and 'integral' implies an educational component to raise the consciousness of poor women to enable them to exercise their citizenship agency and take decisions which would give them a sense of identity and a measure of control over their bodies and their lives.

Costa says, *'The practical education which is so necessary to assistance must have the aim of constructing identity. It is through these educational practices that women will become able, for example, to choose a suitable contraceptive method and so they will then become agents for change and be able to guarantee their rights' (Costa 1992:8).*

The acceptance of PAISM as a national plan to address women's health needs and provide universal coverage constituted a breakthrough for feminist NGOs in 1984. The planning stage of their involvement came after their practical work in the communities and they were able to build on this experience when they were invited to participate in government planning processes and   broaden the debate to move away from the notion that women's health was based on   childbearing.

Mariska Ribeira tells how the planning process took hold. *'What we had was a small effort of 40 or 50 women and we made a great effort to multiply the results and finally we got visibility with the government and we started to be consulted as collaborators with the government – not only the federal government but the state governments and the municipal governments and in our case we were called in to do training of health professionals in the municipal secretariat for health and we worked for a long period developing the training.'*

Sonia Correa was also one of the architects of PAISM. She says, *'We used many actions and devices to gain visibility, including the elaboration of PAISM which is a very significant step for the health movement and the women's movement. PAISM breaks with the vision of woman as object and assistance with the view of the child in her belly. PAISM makes that rupture and brings the woman to the fore in herself, integrally. Although this is still only a partial view and still it associates woman with reproduction but it makes a trajectory which admits a vision of an individual woman starting with the promotion of education within a health programme.'*

The NGO feminist activists were called in because the health service did not have

the capacity to address issues of women's health and was at crisis point. Government attempts to introduce birth control revealed the level of incompetence in the health sector as Leila Linhares explains, *'The idea of PAISM arose in 1983, which was the beginning of democratisation in Brazil. It was a very good proposal. The government had already launched several bad plans. There was one to prevent pregnancy in women who would be at risk for their lives. It was planned to provide the contraceptive pill. Only those are precisely the women who can't take the pill, because it is dangerous for them.'*

The feminist movement consulted

The feminists found their work was transported from one level of activity - at the community micro level where they had gained extensive knowledge through field work - to the federal government at the level of policy-making for a national plan.

Leila Linhares says, *'To our surprise the Ministry of Health was responsive to the criticism of feminists and it accepted to formulate a new programme with feminists and health professionals which was PAISM and if you were to read it after 13 years you would see it is a very good proposal. It is a very comprehensive programme. It foresees integrated actions. It is very democratic and all women can be beneficiaries.'*

However, for all their good ideas and hard work, PAISM was not immediately adopted, supported and put in place by the Government of Brazil, because the co-ordination between bodies which could act on plans was weak. Leila Linhares says that from 1983 to 1988 this programme never left the paper it was written on until the new Constitution of Brazil was enacted in 1988.

From then onwards the Government of Brazil made gestures towards implementation of all the plans of action to deliver health policy. Both SUS and PAISM were nominated officially as the national plans to put health in place nation wide.

7.5 Municipalisation and Delivery of public health services

Brazil conceptualised its public health plans, the Sistema Unico de Saúde (SUS) and the Programme for Integral Assistance to Women's Health, (PAISM) , as part of the proposals for a new, inclusive democracy.

The health sector is undergoing radical change and the Government of Brazil is

supporting municipalisation – the only government sector where decentralisation is occurring. However, municipalisation is a limited process as local governments need strengthening to undertake the complicated bureaucracy to administer a large budgets. Even though an extensive public health network exists the quality of care is extremely poor.

In a developed region, where the municipality has the capacity for local administration, efficient services are in place otherwise the Ministry of Health still buys services for SUS from other operators in the field, being state sector institutions, NGOs, private hospitals and other entities.

At present SUS is only partially implemented but in developed municipal areas, such as Porto Alegre, which has one of the most developed administrations for the delivery of SUS to the public, the new system is working. Municipalisation is underway - in 1996 there were 30 municipal teams for Primary Health Care, by 1997 there were 100 - as the old state sector health facilities are taken over by the municipality and upgraded.

With the necessity of providing services to the citizen for the first time, municipalities are beginning to contribute with more money from the municipal budget for health. This is a general trend and the principle of health as a right is now accepted as the norm. For the NGO sector, health service delivery remains a priority area for the construction of citizenship. Silvio Bavo, of ABONG, says that the purpose of democratic health reform '*must be to include all that is the condition of the infrastructure so that health can occur'*.

Sonia Correa, who is in charge of women's affairs for the influential Rio NGO, IBASE, says, '*IBASE knows the critical importance of health policies in terms of social equality. It considers, at the level of principle, that health care is a basic right.'*

7.5   Assessment of health plans

Both SUS and PAISM provide guidelines for health services. However, the plans are difficult to implement throughout the territory because of disparities of development existing in different regions. Although both plans provide a coherent vision for service

delivery the mechanisms for implementation vary. Statistics also vary as the following statements make clear. For some observers, real progress has been made and improvements are in place. For others standardising health care in such a large country is an impossible task.

According to BEMFAM, institutional coverage with PAISM interventions is 95% but the quality of coverage is poor and attendance of women is sporadic (Enquesta Demografia e Saúde, 1997).

Marlene Libardoni however despairs at the low level of PAISM coverage and says that according to the analyses of the Ministry of Health, only 30% of PAISM is implemented, indicating the paucity of existing services. For her, it is the weakness of SUS, which still has very low access, which is at fault.

Leila Linhares feels that despite all the efforts and all the plans there is little or no change in the indicators for mother and child health as in Brazil as a whole SUS, and therefore PAISM, hasn't happened. According to maternal mortality stands at   150 maternal deaths for 100,000 live births, which is the highest rate in Latin America and those deaths are underestimated: *'because the death certificate is going to say 'haemorrhage' or 'embolism' not maternal death. Many women don't do prenatal. Some are diabetics or hypertensives who die before the pregnancy ends. The underestimate is taken from the national mean, derived from the places where the services are much better. The Northeast or Centre East has a much higher maternal mortality than 150 per 100,000. So we have a situation of illness and morbidity and maternal mortality which we believe is due to the non-implementation of PAISM.'*

Marlene Libardoni is very critical of the health system: *'I think the crisis for health in Brazil is very big because of the fragmentation of the structure. Decentralisation in terms of SUS is only a possibility, although it is being carried out in some areas. Some actions are being carried out but it varies from one state to another.'*

Ana Maria Costa takes a more optimistic view on the basis of another national survey to determine the degree of PAISM implementation in 1992. She maintains that reform is not a linear process but *is* taking place at different administrative and political levels according to the various conditions of the health service in different areas of the country.   Despite the upheaval of the health service, with privatisation undermining

the norms for a universal system, there have been gains. *'It has been possible to put in place arrangements which have resulted in an accumulation of technical and operational knowledge and a work methodology which indicates a new model of health assistance in place conforming to the principles of integrality and universality'* (Costa 1992).

As Sonia Correa says, important gains were made in the area of women's health which were difficult to reverse in the long term. She feels that once a programme has been established – and there have been times of excellent attendance to women in all the major Brazilian cities – there is an important residue left even after a programme is closed down and the political spectrum changes. She points to important progress made during the administration of the feminist mayor in Sao Paulo: *'In São Paulo where the mayor changed – Luisa Erundhina came out and Malouff came in – it was not possible to dismantle the whole public policy in the area of health completely, and particularly women's health which Erundhina set up. The service got worse but they didn't manage to do away with it. It is evident that the quality has suffered and the efficiency but it didn't disappear.'*

Leila Linhares agrees that fragmented services do exist: *'In some municipalities, one way or another PAISM is implemented. In the municipality of Rio de Janeiro, after 13 years of PAISM and 8 years after the Constitution, you have a series of public hospitals principally from the municipal network but also from the state network and maternity hospitals where one way or another attention to women has improved. In some centres women will find orientation and contraceptive methods but these are not widely spread, not well distributed.'*

Sonia Correa says that the feminist plan is taking hold gradually: *'We know that PAISM has gained space but that is a slow process. We carried out research about the quality of actions in Recife in the metropolitan area and we saw that PAISM was not implemented and that is the situation all over Brazil. It has some initiatives implemented. The one which has grown the most is prenatal services.'*

Lowered expectations

Those interviewed in this case study agree that some rudimentary service for women *is* now in place, although it is by no means the PAISM they had envisaged in the

first place. Disappointingly, despite some progress, the epidemiological indicators have not improved. The maternal mortality rate has not declined, leaving Brazil amongst the most undeveloped countries of the world.

The original elaborate plan devised by feminist NGOs for women's health proposed   total health care and included health education. But today, feminists accept that they must settle for a more realistic checklist of activities for health services for women to include: prenatal care, childbirth assistance, family planning and some health education activities. Parts of their plan - such as cancer screening - belong to the future when services are developed.

Public opinion – IBOP survey

Public opinion is changing in Brazil. Sonia Correa considers the health survey carried out in six metropolitan regions by the Brazilian Institute of Public Opinion, IBOP, with the media network Rede Globo, to be very significant. According to this, women have three major concerns: the first is AIDS, the second is violence and the third is cancer of the cervix. It also shows that for the first time women are concerned about the legalisation of abortion although they do not express much interest in contraception. *'Legalisation of abortion and contraception are there – not incredibly high but high when you think that 6% of housewives have mentioned legalisation of abortion as an issue. Cancer is a major concern in São Paulo, Rio and Belo, Porto Alegre and Salvador but in Recife it's 20%. This is a result of a campaign. The same with abortion, you would never think 10% of women would be aware. Contraception is very low but that's because of sterilisation.'*

For Sonia Correa, these results show that the concerns of the women's movement are beginning to be the concerns of the general public in matters of health.

Changing attitudes and increased demand for services

The women's movement takes credit for this change in perception and the new awareness of issues - now squarely lodged in the public domain - which is revealed by these opinions. These are very different from those previously held in Brazil where, historically, such matters   were the private concerns of ordinary women.

But once women become aware of the issues which concern them they begin to generate new demands. Mariska Ribeira says that one of the main problems is that governments are afraid to offer services to women as the demand would be enormous and they will not commit resources to meet this. She says, *'I think they are afraid that with any publicity there will be enormous demand and they will not be able to meet the demand.'*

Angela Santana believes that the health plans should have been implemented and decentralised immediately after they were approved. The delay on decentralising health services meant that the programme was run from the centre with disastrous consequences. She says, *'The Constitution of 88 tried to do this but from 88 to the present it was not implemented. SUS, in the way it is working, didn't decentralise the health interventions. Basically if we want to take a simplistic notion of SUS we can see that the hospitals attend anybody and do for example any surgery and they send the bill to the Federal Ministry of Health. In this way it bypasses and has nothing to do with municipal actions and we don't even have the resources for preventative measures at the municipal level or even sanitary measures and so the system up till now is very centralised at the federal, government level.'*

The market decides – supply and demand

However the Brazilian government policy is governed by neo liberal politics and the international agenda of the IMF which proposes to reform governments by reducing state expenditure and opening up the health market for private investment. Angela Santana explains that any change that will take place in the health service will be based on a division between supply and demand.

Therefore universal health plans are not on the agenda for implementation. As the director of the Misericordia Hospital, in Porto Alegre, maintains, *'the federal commitment under the present government to SUS is, at best, feeble.'* He points out that experimentation is still taking place with health.

7.7   Summary

This chapter reveals that the health sector in Brazil has been the subject of

ideological struggle in the transition to democracy and plans for health reflect the nature of the political debate.

At present, SUS is considered to be a good and comprehensive plan. However, decentralisation is the precondition for its delivery and as municipalisation is a very slow process it has not been possible to channel federal funds directly to hospitals and corruption has taken place on a massive scale. Municipalisation is the key to the provision of an efficient health service; however, most of Brazil is underdeveloped and does not have the capacity to implement local health services with the complicated accounting system that this involves.

Also, the Government of Brazil operates with a different strategy for health from the one which emerged in the democratic process; a policy based on supply and demand working with existing partners in the private sector.

The women's movement, represented by its NGOs and the CNDM, has created PAISM to address issues concerning women. It demands that interventions for women's health now take place under whatever system and promotes universality of access to services.

Another factor for progress is that public opinion is changing in Brazil and the demand for public services for women is increasing. It is clear that PAISM is the most effective plan for women, although it is now a cut-down version of the original total development scheme for women to include education and political awareness training.

For the women's movement, SUS is the favoured mechanism by which PAISM can be delivered and all the participants in this case study agree that coverage with interventions has increased slowly but steadily.

In Chapter Eight the participants discuss the reproductive rights agenda and the legislation they have put in place to make provision for women's health interventions to take place in the public sector, as described.

Chapter 8

REPRODUCTIVE RIGHTS – POLICY, PRACTICE AND LEGISLATION

8.0   Introduction

This chapter details how the representatives of the women's movement, leaders of NGOs, devised their policies, instigated practice and devised legislation to bring about delivery of reproductive rights. The research participants claim that reproductive rights are equated with citizenship in Brazil, and that legislation, now in place, will end the existing taboos which have created insurmountable problems for the majority of women.

At the heart of the struggle for democracy in Brazil, and particularly for NGOs representing the women's movement, is the desire to reconcile the legal system with the harsh reality of everyday life and ensure delivery of civil, human and social rights for all. The input of feminist institutions into the democratic process has achieved wide recognition. Their success can be attributed to the means they found to co-operate with the government for health plans, their ability to legislate for reproductive rights and the access they have gained to the health care system to ensure implementation of national health plans.

8.1   Population control

Throughout the dictatorship, women in Brazil sought for the means to control their fertility and they created a massive demand for contraception. Their demands were fostered and met by outside agencies, which, despite going against Brazilian cultural attitudes, operated freely, implementing policies laid down by outside forces and the agents of US foreign policy in particular. The independent market forces, which included private medical establishments and pharmacies, were free to trade in fertility control, as

there was no system for regulation in place.

Maia Vania, from SOS Corpo in Recife, says, ' *the official discourse was natalist (natalista) and the government had policies and actions which were ineffective to assist family planning, so there was low coverage and an old fashioned programme creating a vacuum in this area as, in truth, the government never had a population policy. It [the government] turned a blind eye (fechava olho) to the action of agencies which were conducting that politics.*'

By the late seventies, it was obvious that outside measures to regulate fertility had had an enormous impact. Reproductive patterns and aspirations were changing very rapidly in Brazilian society and these changes had nothing to do with government policy.

Changes in patterns of fertility

The Latin American region in general has experienced a decline in fertility of 40% over the past decades. In Brazil the Total Fertility Rate (TFR) has gone from 6.2 children in 1950–55 to 3.5 in 1985–1990 (Berquó 1991). Brazil now has an average fertility rate of 2.5 children (2.3 urban rate and 3.5 rural rate) to women aged between 15 to 49 years (Pesquisa Nacional sobre Demografia e Saúde 1996).

Induced abortion and female sterilisation (estimated to involve 38% of all married/co-habiting women) are thought to be responsible for the 30% decrease in TFR in Northeast Brazil from 1986 to 1991.

According to the National Research for Demography and health, 42% of women in union with men with two children are sterilised and the average age for sterilisation is 28.9 years (1996).

8.2   Contraception in Brazil

Throughout the 1970s and 1980s women in Brazil sought methods of birth control. The days of large families had come to an end, family planning was difficult to obtain and abortion was illegal. The demand which was generated for birth control technologies was on a massive scale and the social service system was inadequate to provide for the needs.

Sonia Correa says that women looking for ways to regulate their fertility found

nothing in the public sector and so they resorted to the black markets, pharmacies and drugstores. Products were available without supervision of devices or control of drugs supplied. *'All this did was to spread reversible contraception all over the place without adequate care and supervision and this created a culture of discredited contraception.'*

It is clear that choices for women were limited and stark and could be reduced to the following: they could deal with pregnancies as they occurred; find the means to terminate their fertility; or else negotiate their way around the private market place finding unsupervised methods of birth control. Whatever solution was found often had dire consequences and the mortality rate for women, which was never officially determined with reliable statistics, reached unacceptable levels.

The feminist agenda

The absence of population policy in Brazil and the official neglect concerning this potential area for women's health and development had laid the basis for the specific profile of Brazilian women with regard to reproductive rights. The first aim of feminist activists was to foster political awareness and address the problems facing women which had been so long ignored. This was the basis for them to begin negotiations at all three levels of government – federal, state and municipal.

Their plans included measures for fertility control to be based on (a) adequate policy decisions, and (b) health care provision. The feminist health plan, PAISM, 1984, also proposed comprehensive health care for women, including contraceptive choice.

The UN agenda

Brazilian feminists, influenced by the UN Conference held in Mexico to address women's issues which initiated the Decade for Women (1975–1985), commenced from a very firm standpoint, constructing debates on the position of women in Brazil and *'creating the feminist discourse'*.

By the time of the Nairobi Conference, in 1984, they were working in the Ministry of Health and they had reshaped the debate to state that contraception should be provided as part of a larger package of reproductive health needs - ranging from contraception and pre and post natal care to cancer screening.

The US agenda

However despite the participation of Brazilian feminists at UN conferences and the internal debate regarding the rights of women, outside forces were in charge of existing processes and US dollars poured into the region for the purposes of controlling the Brazilian population. American foreign policy and US agents in the field were to have an enormous impact on Brazilian fertility patterns.

Sonia Correa says, '*All the training activity and the educational materials were funded by the UNFPA and also USAID, which went on funding and funding and funding.*' Sterilisation was the dominant mode of achieving reduction in fertility rates and was introduced by the Americans though BEMFAM, an auxiliary agency set up by the state. Training programmes for Brazilian nationals adopted the American approach to population control and the Government of Brazil turned a blind eye. Maia Vania explains, '*BEMFAM is one of the organisations responsible for the introduction of sterilisation because it was the controlling institution which was offered a lot of money and of course the government, which had no programmes, allowed this. Lots of money came in through BEMFAM and training. There were professionals to-ing and fro-ing to the USA and so they took over the area and became part of the process.*'

In retrospect, the United States policy of sterilisation is seen to be a racist one, used to limit the American black population in the 1930s and 40s in the USA and exported through USAID (Hartmann 1995) and there was tacit support for this policy in Brazil in the 1980s.

8.3   The Church/feminist dynamic

The Catholic Church in Brazil opposes all types of contraception. Catholic doctrine dictates that women should not interfere with their natural functions, which are merely hers to fulfil the will of God. Abortion violates the 5th commandment, 'Thou shalt not kill', as a child has an immortal soul from the moment of conception.
The military government did not confront population issues directly but was
 '*natalista*', or pro the birth rate, and '*anticontrolista*', or anti birth control. Any challenge to this official position would have meant confrontation with the Catholic Church of Brazil.

In Recife, the development of the ideals of the feminist movement had its parallel in the growth of liberation theology in the diocese of Archbishop Hélder Câmera, the great humanistic priest, champion of the poor and four times nominated for the Nobel Peace Prize. The relationship between the Church and SOS Corpo, in Recife, has been through many phases. Maia Vania says, *'There are always problems with the Church but that doesn't mean the situation can't be favourable. It has to do with the dynamic. The Church works and it helps. It offers space. Other times it won't co-operate. They get mixed up in women's affairs (abortion and contraception) but that has always had a big place here within the Church.'*

At the present time, the Church in Brazil reflects the conservative regime in place in the Vatican. However in Latin America there are always dissident priests who are committed to the poor and who understand the problems faced by poor, unprotected women. During the opening up period (*abertura*) in Brazil, the Vatican sent emissaries from Rome to exact discipline from the clergy and expel rebel priests. Maia Vania says, *'The cleansing (limpeza) that took place! But there were always groups of resistance in all the spaces and there still is. They see the plight of poor women and everyone understands the complications of their lives.'*

Marlene Libardoni in Brasília says that it took time for the Church to wake up to the fact that women were collaborating with Congress and were involved in the legislature, *'At first they didn't take much notice. Now they are organising themselves in Congress.'* These days, the Church has to meet the feminists on congressional committees as equal partners.

Generally, according to Marlene Libardoni, the Church seeks confrontation with the feminists and constantly tries to block their legislation and hamper their progress: *'The Church gets mixed up all the time. They proposed an amendment to enshrine the right to life from conception (PEC125). This came from the Church and so did the correspondence and the lobby. They preach to the electorate about the person who is against life.'*

Similarly, during negotiations for the Family Planning bill, the Church was obstructive: *'During the discussion on family planning they said only natural methods were allowed and no information should be given to women and no discussion. They say*

women must avoid getting pregnant when abortion is discussed. That is the contradiction. One argument is the contrary of the other. If a woman has no information how can she avoid getting pregnant?'

Leila Linhares accuses the Church of preventing sex education, which is another important element of NGO work: *'Another indicator is the non-articulation between the health education sectors. The Catholic Church or the hierarchy has been the great influence which impedes sex education in the public education sector.'*

However, despite the Church's interest in women's affairs and constant intervention to impede feminist progress, it does not address the question of how the birth rate has fallen. It does not confront the facts, neither in Northeast Brazil nor elsewhere in the country, whereby the population has now been drastically reduced: in the first place because of outside intervention for population control which promoted sterilisation and, in the second place, by widespread illegal abortion which, in at least 10% of cases, results in the death of poor young women.

8.4 The sterilisation culture

Feminist NGOs wanted contraceptive choice for women but they discovered that Brazil's fertility profile had already changed and instead of planning for reversible methods of birth control they were left with a one-issue contraceptive policy of female sterilisation; a crude premature termination of fertility which went against all their proposals.

Sonia Correa says, *'PAISM was framed within a principle of the right to decide with regard to reproduction and this is the current definition.'*

Maia Vania says that the culture of sterilisation was established at every level.

Marlene Libardoni says, *'The women had no information and no methods and they resorted to ligature of the fallopian tubes which became a method, and here in Brazil it is the principal method.'*

Maia Vania says that sterilisation was a foreign import and believes that now outside agencies have completed their task to control the population of Brazil they have no further interest. She is angry that funding has now dried up for birth control programmes based on the woman's right to choose. *'BEMFAM is now very reduced as*

the international finances have diminished for this controlling vision. The trajectory was completed and also the change of fertility profile. Today Brazil has a birth rate of barely two, two point something, so those that came to achieve this change don't come any more. Why would they come?'

The extent of the practice of sterilisation is a painful topic for the women of the feminist movement but poor women will go to great lengths to be sterilised as it is a once-and-for-all resolution of unwanted problems. However, sterilisation is also the preferred method of contraception for middle class women, who have more choice.

Sterilisation – abuse or right?

Feminists representing the women's movement continue to debate the sterilisation issue to determine whether this is an historical matter of global population control or a personal matter of individual choice and a reproductive right. At some point, the intervention has changed its status from being a controlling device, provided by an alien foreign power, to being a market commodity and a desirable course of action for women, which will enable them to dispose of unwanted fertility. As Maia Vania says, *'Sterilisation is still the method of contraception that women are using. Sterilisation is much used. It continues and has increased. Now it is much more a matter of reproductive rights and individual choice.'*

For Maia Vania, it is particularly worrying that very young women are demanding to be sterilised. She says, *'There are doctors who don't think it is as innocuous, without consequences, as is believed. There is the problem of precocious sterilisation that we are seeing in great numbers. Girls of eighteen and nineteen who are starting off their lives badly - sterilised.'*

Maia Vania wants other mechanisms to be put in place to assist women to make reversible choices of contraception, *'It is not acceptable. The feminist movement of the 90s has made complaints to the CPE (Commissao Parlementar de Enqueritos) to draw attention to the conditions of sterilisation. That shows that the women's movement is addressing the issue of sterilisation.'*

Caesarian section/sterilisation

According to the publications of the NGO, CEPIA, Brazil is the world champion for caesarian births. Between 35-40% of all births in public hospitals are caesarian, and in some private hospitals the indicators exceed 90% (Carta da CEPIA 1994). There is a caesarian/sterilisation culture operating in Brazil which has been privatised within the public health sector.

Sonia Correa says that the sterilisation/caesarian culture which has grown up has been encouraged by the medical profession motivated by self -interest. Doctors exploited the preference for caesarian sections as a method of childbirth because they were paid more for this intervention in the public sector.

If a sterilisation takes place during caesarian section delivery then a woman would have to find extra funding for this. So the medical practitioner would receive double payment – payment from the state for the caesarian and payment from the woman for the sterilisation. She says, *'Caesarian section was reimbursed but sterilisation costs were paid by women themselves. It was their pocket money. Also individual doctors provided sterilisation on the same basis – requesting money from women and using the public facilities.'*

Maia Vania says, *'Today even the women who go through SUS end up doing sterilisation, because the doctor refers them as a medical requirement and charges outside the system. It's a mafia, like abortion, but abortion is not done in the public sector but sterilisation ends up being done, but it's not legal.'*

Leila Linhares takes the high incidence of caesarian saections as an indicator of the failure of PAISM, *'I think the growing number of casearians is a test of women's health and shows that PAISM isn't being applied.'*

The feminist NGOs are criticised for the degree of their acceptance of this practice in their planning documents. However in this case study, the interviewees are unhappy about the method and find the sterilisation/caesarian culture unacceptable for the possible psychological harm it does to women. However, their main concern is to regulate the practice in the public sector and separate its practice from sterilisation.

8.5   HIV/AIDS

It is now accepted that sterilisation is the preferred, irreversible solution for fertility control for women in Brazil. This pattern has persisted despite protests and the activities of feminists wanting to adopt a broader policy for contraception. However, a sinister side effect of sterilisation has recently emerged. Sterilised women are a growing group of sufferers of the HIV/AIDS virus because they cannot rely on secure partnerships.

As Maia Vania explains '*You have the problem of AIDS. To prevent AIDs you have to get the women to use condoms, which is the only preventative measure, in a relationship there with the husband. That's where there are grave problems.*' For the women of Brazil it is no longer true that contraceptive problems are resolved by sterilisation.

8.6   Abortion

Abortion is the most controversial area of reproductive rights. The death rate from abortion is known to be high in Brazil although precise figures are not known. Sonia Correa says that there is a cause and effect relationship involving abortion and sterilisation, for it is the fear of or distaste for abortion which leads women to sterilise themselves.

'*My analysis is that you cannot understand sterilisation, among other factors, in Brazil without taking into account the illegality of abortion. If abortion were legal women would take more risk with reversible contraception than they do.*'
Sonia Correa says, '*In 1992 one thousand five hundred and forty two women died in hospital because of abortion. That's as if fifteen aeroplanes had fallen down, according to data from IBGE* [Fundação-Instituto Brasileiro de Geografia e Estatistica].'

Statistics for illegal abortion vary. One journal estimates the annual death rate for clandestine abortions to be 150,000 but these deaths account for only 10% of all illegal abortions carried out. Half of all abortions are to terminate adolescent pregnancies (Atenção 1996).

Maia Vania of SOS Corpo says, '*Abortion, okay. You have no education. You*

have no access to methods. So what do you do?' She believes that sterilisation prevents the number of abortions from being much higher: *'There is one abortion for three deliveries. That is not so significant when you see that 42% of women are sterilised.'*

Abortion with Misoprostol/Cytotec

In Brazil there are large numbers of unplanned pregnancies and subsequent abortions due to lack of access to fertility-regulation technologies. This is a major public health issue, and a reproductive rights issue, for Brazilian women. Abortion is illegal. There are no services in place to give advice.

An extra complication is the poor control of drug marketing with subsequent misuse of medicines. Drugs may be obtained under the counter from private pharmacists. One drug sought by women is Misoprostol, marketed as 'Cytotec'. This is an anti-ulcer prostaglandin E1 analog and also works as an effective abortifacient.

Although Cytotec is an inexpensive drug it has become excessively expensive as a black-market commodity. Maia Vania describes the situation in Recife where each pharmacy applies its own rules, *'Cytotec here is supposed to be available with a medical prescription. You can get it without but often they won't give it, even with a prescription. Girls pay dear in the pharmacies on the outskirts of the city. They charge according to the person – the way she is, her face, her clothes, the price goes up or down. Even 14-year-old girls get Cytotec in the pharmacies, under the counter.'*

The only obstacle to the supervised use of these drugs is the legal status of abortion within a given country. According to Coelho and Bortolus (1997), 'with regard to the possible adoption of this method in developing countries, the legal status of abortion remains the stumbling block'.

Coelho and Bortolus found that there is an epidemic of curretage taking place, caused by self-administration of Misoprostol (Cytotec) by women, in countries where such drugs are available but where abortion is illegal and social conditions difficult and made worse by weak control of drugs marketing.

Cytotec starts an abortion when taken on its own, but, in the way it is being used in Brazil, without Mifepristone and without supervision, requires surgical intervention to complete the process.

The discovery of Cytotec has been a fortuitous breakthrough for women in Brazil, where its use to provoke abortion is widespread. Maia Vania says, '*Misoprostol-induced, vaginal bleeding brings many women to public hospitals to request assistance. Curretage is then performed to complete illegal abortions.*'

For SOS Corpo, working in a context of abject poverty in Northeast Brazil, and the other NGOs participating in this case study, Cytotec has been the answer to their prayers providing safe terminations of unwanted pregnancies in public hospitals. Maia Vania says, '*In the women's movement here they accept Cytotec and they give thanks to God. Without it they would have many more problems with infections and rupture of the cervix.*'

The fact that women are accepted into public hospitals where curretage takes place has reduced the death rate from abortion. As this is a covert operation in hospitals, with no official recognition of its practice, there are no data to discover the levels.

Legality and 'jeitinho Brasileiro'

Feminists working in NGOs are grateful for the availability of Cytotec as, although it is illegal, it has become part of fertility control arrangements in Brazil. The drug is never banned by the government as its use fulfils an important need.
Maia Vania says, '*The government has no interest in banning the sale of Cytotec. There is no interest in that. There is complicity. It is accommodating. A way of finding solutions. The maternal mortality rate is still high. We all have to work within the available possibilities.*'

Sonia Correa comments on the contradictions inherent in the use of the law to ban a given practice and then to allow that practice to take place in public services: '*It [Cytotec] has become black market because it is forbidden. It has achieved the same status as sterilisation or abortion - it is forbidden but it is widely available- just like the other forms of abortion. Just like sterilisation which is supposed to be a kind of crime but it is available.*'

Sonia Correa describes the system for accommodation of such contradictions, which is a particular feature of Brazilian political life and which is called '*jeitinho Brasileiro*'. (The term 'jeiitinho' has a special meaning in Brazil and means a 'fix' in the

sense of adroit, political manipulation which is acceptable to all interested parties and which saves the public face. '*Jeitinho*' is part of Brazilian culture and the institutional processes of society. It avoids having recourse to the law to resolve problems).

Sonia Correa says, '*There is enormous ambivalence in Brazilian social and institutional systems concerning legality and illegality which applies to many things and also affects this particular area. It applies to banks. It applies to everybody. It is not just a peculiar aspect of reproductive rights. This lack of clear borders between what is legal and what is illegal is 'jeitinho Brasileiro'.*'

Edna Rolands, of Geledes, describes '*jeitinho*' as '*the enormous gap between our legality and our reality is fostered by the famous 'jeitinho Brasileiro' – literally the Brazilian way. It is a path which is maybe longer and more tortuous, but in the end it encounters less resistance and, consequently, less reaction.*'

Sonia Correa maintains that there is a kind of logic in the way that so many abortions are carried out in the public sector even though it is an illegal practice. She thinks that because abortion legislation has been in place, in the form of the Penal Code which has been ignored, it is poetic justice that it is now so widely available. '*One of the problems of Brazilian society is this enormous gap between legislation and practice. The Penal Code has been in place since 1940 but it is not applied.*'

For Sonia Correa, the abuse of the health system is 'symbolic'. She says, '*Abortion became practice from the symbolic point of view. It challenges the mode of dealing with legality. On the one hand it's legal but it's not available, on the other it's available but it's not legal. It forces the health system and the policy level to conform, to bridge the gap. It is an interesting minimalist approach to the abortion discussion.*'

The health service is providing services which allow women to terminate pregnancies in the public sector. However, even though women take the initiative to terminate pregnancies there are many problems surrounding the use of Cytotec. There is the problem of guilt that the women feel and, secondly, the practice is illegal and as the drug is obtained on the black market there is no price control.

Sonia Correa says, '*Now we have access to procedures which can provoke abortion – the Cytotec phenomenon. The fact that this access exists does not change much. First, there is enormous guilt surrounding the practice so there is a cultural*

element to that. It's always very dramatic. Secondly, it does not avoid risk and complication, because all available techniques have some risks. Cytotec is better, I agree with everybody that it is better and it has now become clandestine, and so we have a problem of prices going on, etcetera.'

Hospital registration and abortion in the public sector

In the maternity hospitals of Brazil for every 3 births which take place there is one termination of pregnancy, according to Maia Vania. Abortion is one of the largest obstetric expenditures for SUS, but there is no official acknowledgement as hospitals do not register an abortion as such. Registration in hospitals is designed so as not to show the reality. Marlene Libardoni says, *'In SUS, one of the biggest expenses of the obstetric budget is for beds for the consequences of abortion (seqüelas de aborto). That's the reality. But we can't get the data because there is no registration. It is not registered as an abortion sequel. That is just not done.'*
By avoiding registration and so distorting hospital statistics the true picture never emerges and the practice becomes clandestine and is kept covert.

Legal versus illegal abortion

Since the Penal Code of 1940, abortion in Brazil is permitted under the law in two cases; where pregnancy is life threatening to the mother and where there is pregnancy resulting from rape. However, hospitals have no authority to attend to a woman who has been raped and who wants to interrupt a resulting pregnancy.

At present it is difficult to obtain a legal abortion in public sector hospitals even in the cases permitted by law. However, illegal abortions are terminated in public sector hospitals with remarkable facility.

According to Maia Vania, the attitude in hospitals towards both illegal and legal abortion is ambiguous; 'At *present hospitals only receive a woman suffering from the results of provoked abortion. A woman who turns up bleeding with an open cervix. Then they will carry out a curretage. This is different from medical personnel deliberately dilating the body.*'

It is considered that there is more sympathy from hospital staff towards the

women who abort illegally than there would be if they were attending legally. Sonia Correa says, *'In actual fact there is no attitude of rejection in the way they are attended at present with illegal abortion but you probably would have in the case of legal abortion.'*

8.7 Changing attitudes

Feminists who represent the women's movement are working to change attitudes in the public sector so that health personnel will accept new measures for legal abortion. There is still opposition to change, although some progress has been made in transforming entrenched positions. Maia Vania says, *'Attitudes [towards aborting women] have changed because of the feminist movement but women are still ill-treated. Brazil is still nominally a Catholic country and for this reason abortion goes against the cultural grain. No one wants to terminate a pregnancy and health professionals are still reluctant to assume an active role in the process.'*

'There are now a few hospitals where women can get a legal abortion but if you legalise it in all hospitals I don't know what the reaction would be. Abortion is still something difficult in the heads of the people, even among women who have done it themselves. Women's bodies are punished for the question of abortion. There is still a religious question. The testimony of women shows that there is a lot of psychological violence towards women who abort, from the people who attend.'

8.8 Legislation and regulation of reproductive rights

The leaders of feminist NGOs interviewed in this case study describe how they represent the legal interests of Brazilian women. When they commenced their activities, the only law in place to protect female interests was the out-of-date Penal Law (*Codigo Penal*), dating from 1940. Therefore they have been working to regulate the law since the creation of their NGOs.

Sonia Correa says and that they have to keep fighting the same issues, which never get resolved, over and over again. *'The first chapter is in the preparation of the Constitution in 88 and the abortion issue. That sprouts back in 1995 (the year of the UN Conference in Beijing) also the definitions on family planning which also sprout back in*

96.'

Even in recent history, attempts at regulation have been plagued by interventions from opposing forces, such as the Catholic Church, which have persisted right up to the moment of ratification of laws. The issues are debated in congressional committees, but resolution of problems is stalled.

8.9 Abortion and the constitution

All the women interviewed in this case study have been involved in the struggle over abortion legislation. Sonia Correa says that different strategies have been used to present proposals for legalisation of abortion.

In 1983 a project proposal for abortion legislation was put to Congress which never got through the Commission for Justice. However, services for abortion were instigated under the administration of Luisa Erundhina, Mayor of São Paulo 1988–92. Although the services put in place were withdrawn with the next administration, as discussed in Chapter 7, feminists interviewed in this research are agreed that the fact that they existed marked the beginning of a process as the services came to be perceived as normal.

In 1988, when the SUS was adopted, there was intense debate concerning whether or not to include the right to life from conception in the Constitution. Feminists, in alliance with other progressive elements, blocked this inclusion.

Sonia Correa maintains that the omission is crucial for the trajectory of the women's movement and has been overlooked. *'The omission has somehow been silenced in history. Everybody forgot about it as other aspects had been more prominent, including SUS itself. There was a kind of skirmish in the committee without much publicity.'*

It was this omission which allowed the Brazilian delegation room to manoeuvre at the UN conferences as they were not burdened with the right-to-life agenda in their health plans. She says, *'The interesting thing is that this not so tiny but invisible victory has permitted Brazil, at recent conferences in Cairo and Beijing, to take a clear position on that particular subject.'*

In principle, thanks to the activities of the women's movement and its institutions,

both legal and practical mechanisms are now in place to regulate abortion in certain circumstances.

Until 1997, the representatives of the women's movement failed to have their plans for abortion approved at the National Health conferences. However, in some cases they were able to negotiate locally for services and apply pressure in their regions. Maia Vania explains the situation in Northeast Brazil, *'The legislation for abortion which we put on the table at the National Conference for Health was not accepted. It was a very bitter dispute. We had to go back twice, but we have allies principally here in Pernambuco, including in the legal area. We have a public promoter and various judges who have entertained the abortion question favourably.'*

The Constitutional Amendment (PEC 25/95)

The Constitution is the working document for government reform. The absence of any mention of the right to life has given freedom of action to feminists representing the women's movement. However, abortion, in general, is still criminalised because of the Penal Law which dates from 1940, except in the two exceptional cases permitted.

Whilst the representatives of the women's movement were away at the United Nations Conference in Beijing, a bid was made to introduce an amendment to the Constitution which would state the right to life from conception and which would undermine all their plans for reform. Marlene Libardoni tells what happened: *'Whilst we were in Beijing a politician, who was obviously very conservative and linked to the Church, presented the PEC 25 (Proposta de Emenda Constitucional). It was an amendment which speaks of the right to life, included in that it says from conception.'* Sonia Correa says that this was the second attempt to block the feminists, *'When we came back from Beijing we had an amendment proposal in Congress to include the right to life from conception using the occasion of the constitutional reform. This had been tried before in 1992, when the reform didn't get through, but this time it came back much stronger.'*

However, the feminist delegates, returning with enthusiasm from their impressive showing in Beijing, were able to mobilise the new democratic process to give full weight to the issue of abortion. They were again able to block the proposed amendment in a

process which was to further raise their profile and which allowed them to achieve a very public victory.

At the diplomatic end of the scale, the President of the National Council for Women's Rights (CNDM), Rosiska Darcy de Oliveira, and the President's wife, Ruth Cardoso, approached the Minister for Justice. Mariska Ribeira says that the direct approach of the two women close to government, as part of the general mobilisation, had an impact, *'It was the first time ever a minister declared himself in favour of abortion. He went and made a statement before the constituents which was against the amendment.'* Feminist NGOs mobilised their constituency and Marlene Libardoni explains what happened in Brasília where female members of Congress became involved, *'A committee was set up and the feminist congressional block (bancada feminina) became very involved. They had become very involved in the Beijing process, and that made the topic of women more relevant on the political agenda of Congress.'*

In the end the amendment was rejected by a plenary session of the Chamber of Deputies. This verdict represented a great victory for the feminist movement which had conducted a vigorous campaign and canvassed at every level.

Marlene Libardoni sees this to be a democratic victory. *'The committee was formed to make a show of the issue (dar um aparecer). We wanted it to turn out as it did. The result was exactly what we wanted. What we did was to avoid going backwards; we worked for 6 months – from Beijing on – on the question of abortion. It was a great opportunity for discussion, the male politicians too. There was a great expenditure of energy.'*

In achieving this victory, the movement was able to apply pressure for the government to recognise the existing legislation of the Penal Law (*Código Penal*), dating from 1940 but never implemented as policy. For feminists it is important that the principle of provision is upheld and they have insisted on implementation. As a result this service will now be provided in five designated centres in the major cities.

As Sonia Correa says, *'In so far as it now becomes law, that it is regulated, means that the Ministry of Health will be obliged to ensure norms. It will direct public hospitals to attend to the cases of abortion allowed under the law although the hospitals say they don't have conditions. They don't have doctors trained for that. Doctors have objections*

and conscience problems. They don't want to do it but the state secretariats are being obliged so at least there are one or two referral hospitals where women can go all over the country.'

Regulation of family planning – Projeto de Ley no 209/91

As with the national health plan PAISM, the Family Planning project was the result of feminist NGO partnership with the Government of Brazil.

By 1994, the year of the UN Conference in Cairo, they had a working document which stated the position of the Brazilian government. This was approved by the Chamber of Deputies. Leila Linhares says, *'The project was approved in the Chamber and went to the Senate. The Senate made some small alterations, which aggrieved us, but very small changes.'*

However, the bill which was finally presented to Congress in 1996 contained a very controversial item. The feminist activists, representing the women's movement and responding to the will of Brazilian women, included in their bill the right of all Brazilian women to voluntary sterilisation, to be carried out in the public sector.

Mariska Ribeira, from the NGO IDAC, explains: *'We put in that proposal that family planning, in the public sector with SUS, includes sterilisation as a right of a person always respecting some determined criteria: to be of age, which is 21 years in Brazil, to be informed about all other contraceptive methods and to have a minimum period of 60 days between the manifestation of the wish and the realisation of the act, and you can't get sterilised during childbirth.'*

The law, approved by the Senate was blocked however when the President of the Republic did not approve the entire plan and the law was passed with a presidential veto to deny voluntary sterilisation to women as a contraceptive option.
As Leila Linhares says, *'It was taken to the President of the Republic for him to sanction or veto – and to our surprise he exercised his veto.'*

In the subsequent outcry, the President acknowledged his mistake. He had been badly briefed and it is not surprising that he was confused as sterilisation had now moved its status from being a racist, population-control policy, to being the legitimate claim of every woman to tubal ligation in the public sector, so as to exercise her right of control

over her own fertility.

The women of the movement suffered a major setback when the law governing reproductive rights was blocked by the President.
(Law 9623 was finally signed by President Cardoso in August 1997 reversing his veto.)

The feminist proposals for women's health and development have all been ratified by the Government of Brazil, which has declared its commitment to establish the policies. It now only remains for the plans to be implemented. As Mariska Ribeira points out, *'It all looks very good on paper but the National Plan of Action demands a commitment from the government. The plan is being debated in all the states where there is a State Council for the Rights of Women but so far nothing has happened.'*

8.10   Summary

The participants in this case study are all agreed that for democracy to take place in Brazil, citizenship and human rights must be extended. For women, this means they must have access to full provision for reproductive rights to be made available in the public health sector. Municipalisation of services proceeds at a slow pace but, as this becomes the norm, the possibility for universal health coverage, as laid down by SUS and including PAISM interventions, is increased.

It emerges from these data that reproductive rights are now an accepted part of the legal agenda for democratisation of Brazil within the framework of health care delivery. The change of ethos which has taken place has removed women from traditional, authoritarian control and, despite continued government opposition and protestations from the Catholic Church, new standards are in place.

Chapter 9 concludes my thesis with a discussion of the findings.

Chapter 9

CONCLUSIONS

This final chapter draws together the major findings of my case study. The first section reiterates the objectives and context, as set out in Chapters 1 and 2, and gives an account of the methodology employed and the literature selected which enabled me to deconstruct data. In Section 9.1 there is a summary of empirical findings presented in Chapters 4 to 8. This is followed by an assessment of the evidence provided by data in 9.2.

9.0   Objectives, theme and context

The group of people interviewed in this ethnographic case study are members of the feminist NGO network. Their trajectory in the transitional period (1985-95) has taken them from humble beginnings in community projects to being essential advisers to the state at all levels: federal, state and municipal.

By 1996 their concern was that the basis of their funding was having to change, as international support was withdrawn. Although they were successful in the public sphere and greatly respected for the position they occupied in society, they had not received salaries for several months and their premises were not secure. Of the NGOs with which I had contact, two Rio NGOs, CEPIA and IDAC, were operating in premises provided by well-wishers. IBASE, the most prestigious NGO in Brazil, was carrying debts. SOS Corpo in Recife was operating a complicated institution on a shoestring, while in Brasilia CFEMEA survived in totally inadequate premises and the São Paulo NGOs were suffering equal hardship.

However despite these problems, feminist institutions had gone a long way towards achieving their goals in the ten years of their evolution and although there remained a great deal for them to do they remained optimistic, motivated and united by their common cause: to construct citizenship for women and ensure delivery of

reproductive rights in the publicly funded health sector.

I began my research by raising research questions as described in Chapter 2, page 22. I took concepts from the discourse of NGO members which I wanted explained. Therefore my questions were in two areas: the first regarding the nature of state/civil society relations and the second concerning the health service. I was determined to find the connections between these areas to discover if it was possible for those working outside the health sector to impose values and change practice within.

My first task was to collect data. As I was working with NGOs I decided to use the opportunity of working in the environment to immerse myself in the discourse and the lifeworld of the participants. My objective was to find the means to provide an historically grounded, theoretically driven macro ethnography, which also reflected the micro operations of each NGO. I therefore selected Burawoy's Extended Case Study method which is an inductive approach associated with grounded theory (1991, 2000), as described on page 13 of this thesis. This allows for reconstructing theory out of data collected through participant observation.

I used a 'selective sampling' approach - based on taped interviews with NGOs operating in different regions of Brazil - as recommended by Strauss (1987) & Strauss and Corbin (1990, 1997b), in order to obtain a cross-sectional sample of a discourse at a given moment in time and taking the social situation as the point of empirical examination: working with given general concepts and laws about states, economies and legal orders to show how micro situations are shaped by wider structures' (Burawoy 1991). The case study was to comprise 6 NGOs all representing the social movement of women.

However it took several years to get the measure of the Brazilian discourse which would provide the key to unlocking processes. My 'audit trail' (Koch 1994) see page 24 of this thesis, led me in and out of many situations and did not enhance my understanding and I made many false assumptions. Finally, I discovered that the human rights discourse was fundamental to social reform in Brazil. To examine health matters and women's affairs meant examining the agenda for human rights and working within that framework. In Brazil the rights discourse was essential to civil society activity in the making of democracy and NGOs were founded on the basis of a human rights identity. I discovered

that the women's movement tied notions of 'citizenship' to health care coverage. Once I had discovered a discourse I was able to proceed and I selected research participants on the basis of what they could tell me about the democratic process, whereby civil society organisations took part in reforming the state institutional sector. I conducted interviews which were taped and subsequently transcribed and translated from Brazilian Portuguese.

NGOs were selected on the basis of their participation in reform processes. Other NGOs were not selected because they did not participate in changes which took place in the health sector in the transitional period. The research participants give their views of changes which have taken place in their society and in so doing they reveal the constructs and meanings which have emerged as pertaining to their 'lifeworld' and forming the basis of their particular culture.

The topics were determined by individuals during the course of my investigation and these were subsequently borne out by academic literature which entertained the same topics, as follows:

- civil society, the state, and the role of NGOs

- the empowerment of the women's movement

- the health sector in Brazil

- the construction of the discourse of citizenship, the rights agenda and international relations

- reproductive rights – policy, practice and legislation.

Once I had obtained qualitative data , I began my search for appropriate theory with which to examine them. This turned out to be social movement theory which addresses all the topics raised by my research questions above, all of which fall into the study of Latin American social movements.

In my research, interviews take place with key members of a social movement which is linked up nationally, and even globally, but has firm roots within the local context (see Appendix I for description of NGO activities).

In Chapter 3, in order to extend my enquiry and further contextualise my data I

reviewed the academic literature pertaining to my subject area which was Latin American social movement theory. My thesis proposes that feminist institutions, especially NGOs, have participated in government reform processes to promote universal citizenship of women. They propose that regulation of the law for the delivery of reproductive rights in the public health sector is the way for this to be achieved.

Latin American social movement theory addresses the emergence of social movements and their characteristics; civil society/state relations in an emerging democracy; the construction of citizenship linked to a human rights discourse; the contribution of feminism to democracy and the significance of the public/private dichotomy (in regulating reproductive rights). All of these topics coincide with my data. As does the participation and citizenship approach to international development currently employed in development studies. Other academic reading revealed current debates of relevance to my research being : the role of NGOs in a globalised world order (Fowler, 2000, Malhotra, 2000); the nature of different types of rights in development processes (Gaventa & Valderama 1999, Lister 1997); the role of a discourse of human rights in creating democracy (Foweraker 1995); citizenship participation in government as a way of achieving democracy in southern countries (Cornwall & Gaventa 2001, Lister 2002); the role of constitution- making in Brazilian democracy (Reich 1998) and the impact of neo-liberal economic policies of international agencies on development processes in Brazil (Amann & Baer 2002).

9.1   Findings emerging from data

Chapters 4 to 8 give the substantive findings of my research revealed by the analysis of data.

In chapter 4, the research participants give the Brazilian view of citizenship which incorporates the liberal, communitarian and modernist notions, as described on pages 41 & 42 of the literature review, but is adapted for the special circumstances of Brazil with a vast excluded population and a legacy of slavery. As the interviewees are feminists -working in a nominally Catholic country with a feminist agenda - feminism is taken for granted in their interpretation of citizenship.

Therefore feminist activists interviewed in this case study make the link between

citizenship and access to political and economic but especially social rights – 'of health, education, employment and shelter' - for the people of Brazil. As Mariska Ribeira says on page 67, '*citizenship is about power ..... which has to do with human rights and institutional mechanisms.*

The view is also given that citizenship has to be inclusive and must be concerned with equality and gender and recognise ethnic differences between people of sex, race and class according to Leila Linhares on page 73 of this thesis.

Human rights activists describe how they used the concept to mobilise communities to make demands for rights, devising different strategies to encourage the people to participate in social processes. On page 68, Mariska Ribeira describes how the *conscientizaco* methodology of Paulo Freire, renowned for his mass literacy campaigns in the seventies, was used   to effect to make demands from clientelist politicians for health services. This educational methodology with wide popular reach, as Nancy Sheper Hughes (1992) points out on page 53, is powerful when applied in a context of poverty.

However civil society organisations propound their views of citizenship while those working for the state have a different perspective. A federal minister expresses her opinion, which is perceived in terms of civil rights and responsibilities or duties, on page 70. However the principal duty she identifies - to pay taxes – is hardly appropriate for the marginal poor, and the other duties – not to litter and not to cause a riot - are negative freedoms which the government can legislate for at no cost to the state, as discussed on page 44. She goes on to say that because of the lack of education of the Brazilian people '*they have no notion of rights and responsibilities'*.

For Jose Pedrosa, as matters stand at present in Brazil, citizenship is purely a case for the people to have access to public services. He says on page 74, that the fragility of access to basic social rights – with a minimum of quality - means that it is difficult for political and civil rights to be of any use. However for the radical MOPs representative (page 72), service delivery is only the beginning of the social process and citizenship must go beyond the passive delivery of health care to the masses and it must be an active status, whereby citizens take an active role in service delivery – a process already taking place where there is municipalisation – most notably in the city of Porto Alegre.

For feminists working with a reproductive rights agenda, citizenship is the means

whereby women can control their reproductive functions and so exercise their agency or choice in matters of health as discussed in Chapter 8. By concentrating on this one aspect of health care they hope to make an impact on indicators for female mortality in a vast country where people are excluded from public services and there is no possibility of a welfare state, of the type promoted by Marshall in northern countries as discussed on page 42.

Chapter 5 demonstrates the existence of social movements which emerged in the transition to oppose the military dictatorship in Brazil and laid the basis for emerging voices to enter the political framework as discussed in Chapter 3. These social movements became institutionalised and SMOs, or NGOs, were founded in identity-specific groups to represent them. They subsequently developed political projects in co-operation with state bodies and, in this way, as Foweraker points out (1995: 70), they assumed executive functions previously exercised by informal groups and carried out tasks of mediation between the larger macro environment and the micro dynamics (Burawoy 1991,2000) on which the movement depends.

The women's movement is acknowledged to be a prime example of a social movement (Foweraker, 1995), mobilising in the transitional period to democracy and Maia Vanya states that it is the professional status of women's movement institutions, funded by international institutions, which underpins their success. She notes, on page 78 of this thesis, that other civil society institutions, founded for democratic representation, such as the popular movements, did not rise to power in the same way and this has caused a rift with the popular movements. Criticism is also levelled at NGOs for being elitist and many active politicians have an NGO background therefore their members are accused of belonging to the same governing class as the government, as Rubens de Morais Silva points out on page 80.

In Chapter 5, a discussion of the constitutional process of the ANC reveals that this has been very good for Brazilian democracy - according to Marlene Libardoni on page 82 - as all sectors have worked together in a state/ civil society partnership, but, as Angela Santana points out on page 82, very bad for reforming the public sector as too many vested interests have been in play, especially the corporate interests of public servants. As Angela Santana states, *'nobody's interests have been served'* .

Nevertheless NGOs in Brazil gained visibility with the constitutional process as they became further professionalised to create social policy. This is especially true of the women's movement organisations which had a unique opportunity to fulfil their potential and whose legitimacy was underwritten by this participation in government processes. Human rights activists, leaders of NGOs were also strengthened in their opposition to government as they found strategies to maintain their autonomy.

Chapter 6 charts the emergence of the women's social movement in Brazil and describes how they carved out a gender identity - separating themselves from the Left but also from their old allies in the Catholic church as discussed on page 89. In Chapter 6, the participants describe how all their plans were couched in terms of human rights and they used the concept of 'citizenship' to make demands for inclusivity in the Brazilian context where some of the richest people in the world coexist with some of the poorest. The existence of the poor is ignored and the masses of people are dismissed as ignorant. Even in common speech a difference is made between the uneducated and the enlightened. In common parlance reference is made to '*o povo*', meaning the undefined masses of people for which nothing can be done, and '*a gente*', which implies solidarity between the enlightened middle classes which comprise polite society.

In this climate the feminists created a network and promoted their agenda for development through their human rights discourse. As Maia Vanja says on page 90, *'the feminists speak from a stated position. It's a discourse, the creation of a medium has taken place. It's a theoretical formation and an emotional position. It is a series of co-references which are very strong and for that reason they are very able to influence the dialogue.'*

Sonia Correa agrees, (page 91), that the discourse was not merely '*a professional discourse for the initiated*' and that its power stems from the emphasis on the 'rights' agenda.

The feminists describe how they entered into partnership with the Government of Brazil and created their institution, the CNDM, for this purpose. They were able to table their agenda because of the times – the transition from military rule. As Sonia Correa says, *'By the early eighties in Brazil everything was happening at the same time – external trends, democratisation, the health reform on the agenda, the end of dictatorship*

and the emergence of the feminist movement.'

The emergence of the women's social movement in Brazil was also influenced by global events as it coincided with the United Nations 'Decade for Women', 1975–85. International conferences, held to address issues pertaining to women in the developing world, impacted on Brazil's feminists.

The participants describe how their feminist network evolved and how, by creating two distinct channels of operations, they were able to preserve their autonomy. The CNDM is active at the federal level of government, where it has a diplomatic role and advises on feminist matters.   Maia Vania describes on page 93, how the founding of the CNDM elevated the women's social movement and endorsed the professional status it had gained. It also enabled them to set up a national women's network which communicates with NGOs, popular movements and the universities. Marlene Libardoni says, on page 94, that they decided to work with the government anyway, despite the difficulties, '*we decided we were in a government entity and we would stay. It was important for feminism and for us.'* However by working in this government-supported body, the autonomy of the movement was eventually compromised, leaving the second strand of the women's social movement to maintain its independence. This is the feminist NGO network which operates nation wide and undertakes projects to fulfil the objectives of the women's movement in the regions as described.

Chapter 7 assesses the ability of the state to deliver health services based on democratic plans conceived in the state/ civil society partnership of the constitutional process, including the feminist health plan, PAISM, to deliver services to women.

It is apparent that the health sector in Brazil became an ideological battleground in the transition to democracy when the social movement for health reform included actors from all the human rights groups, to include not only the women's movement and the Popular Movement for health but other non medical groups.

National health plans were conceived based on a human rights agenda to emphasise the duty that rests with the state to achieve coverage with medical

interventions. They sought a commitment to reverse the privatisation trend. The women's movement mobilised around health issues and PAISM, created at the same time as the national health policy, SUS, have much in common. Both plans are the fruit of popular movement activity.

Both plans were influenced by the World Health Organisation's optimistic global strategy towards Health for All by the year 2000, and both constitute a social proposal for democratic reform. They have the following in common:

- They are influenced by the notion of a grass-roots effort and input.

- They acknowledge that health is not purely treatment of illness.

- Health is not a career structure for health workers.

- Health programmes address social ills and injustices at source, in the communities.

- Health education is part of health services.

- Community participation is to be integrated into health programme.

However my research shows that despite public health sector support for national plans, expressed at all five national health conferences, the Government of Brazil is ambiguous as to their universal adoption. NGO representatives state that the Government of Brazil has had ample opportunity to promote SUS and PAISM and universalise health care, since national health plans were conceived in 1984 as part of the democratic process.

However the government has never supported SUS fully. The national budget for health is never delivered in total and wages for staff consume most of the resources. SUS depends on deals made between the government and tertiary bodies for delivery. The federal government reimburses services for health interventions unrealistically and the system lends itself to corruption as funds are transferred from the centre to the periphery. An added disincentive are global plans of institutions, such as the IMF and the World Bank, promoting the reduction of state expenditure in developing countries and opposing the expansion of state services, as discussed in Chapter 3. So far such goals, for

an inclusive health service which deliver social rights, are considered to be 'aspirations' to be achieved only if market forces create a budget surplus (Evans 2002).

Rubens de Morais Silva maintains that President Cardoso doesn't want universal coverage with all the necessary infrastructure the citizen requires for health. Thus he recognises, that neo liberal regimes, such as the Cardoso government, take the view that the state is not expected to do more than what is minimally necessary. They hold optimistic views of market forces and believe in natural laws of supply and demand. This view of the market prevails in Brazil where the present government aims to force municipalities to take responsibility for their own public services and allow market forces to balance supply and demand. Angela Santana confirms that any change in the health sector will be based on supply and demand.

Rubens de Morais Silva , agrees that present day politics is now governed by the market and this is an elusive but highly influential, abstract quantity. He describes it thus:

'The state must be reduced to a minimum and whoever commands and leads society – and the story is that it's the market – the market which is invisible is there. It has no name, no nation and rejects the people. The popular movements would confront authorities if they knew which authority to confront. But now they say it's an invisible hand which is in the market place (na Praça) which controls society.'

A government official, Angela Santana, says that decentralisation should have taken place under SUS in the first instance in 1988 with the promulgation of the constitution. Now the moment has passed. She denies that there has ever been government commitment to extend state services to all and says there is only a government commitment to municipalisation. (The health service is the only government service to be decentralised so far). So the struggle continues to determine which sector will deliver health services. In the meantime non profit-making institutions at present delivering services do not respond to market forces and are in danger of collapse under the strain of carrying the burden of welfare on purely altruistic grounds. If the state is going to be even a minimal provider then it will have to find ways to reimburse service deliverers realistically and make sure that the non profit making sector is viable.

Municipalisation is the way forward to deliver services and with the election of

the PT and Luis Ignacio Lula da Silva (Lula), it is to be hoped that these can be extended and the agenda for international global development can be denied. Decentralisation also creates employment opportunities for NGOs, as Silvio Bavo points out, '*Many NGOs are incorporated into municipal public entities especially when the municipal project coincides with their own ethical and political project – for social justice, to redeem citizenship*'.

In the present situation health services are restricted. SUS is partially applied. PAISM is partially applied (only 30% so far according to Marlene Libardoni on page 116 of this thesis). There is no political will for universal health coverage as the participants describe. However Ana Maria Costa, (page 116), maintains that PAISM is gaining ground and although its prgress is not a linear process it is taking place at different administrative and political levels throughout the country.

Public opinion is changing as the IBOP survey shows (page 118) and demands are increasing for services putting increased pressure on the state.

In Chapter 8 of this thesis the feminist activists describe their on-going battle to make fundamental changes and institute norms in the health sector for reproductive rights. They do this in a Catholic country with a powerful cult of motherhood. Despite constant opposition from conservative forces, they have to define new stereotypes in contrast to those consigned to women by centuries of conditioning and they insist that even poor and marginalised women must achieve reproductive determination. As Sonia Correa proclaims, '*the decision making self (of a woman) must come at the core of reproductive rights*' (Correa 1994:87). This was the basis on which feminists entered the political arena to construct citizenship for women and raise their awareness of their rights and their authority to make decisions.

However when feminist activists came to plan and legislate for women in Brazil they discovered that, far from being in bondage to their traditions, women had become emancipated by finding solutions to their own reproductive problems. They did this with assistance from institutions in the privatised public health sector and with the collusion of the state which had a hidden agenda of fertility control. They discovered that sterilisation has taken place on a large scale. At the same time women have also opted for Caesarian section as the most popular form of childbirth, (between 40 and 90%

of births are by Caesarian section , depending on the hospital and the region). They also discovered that abortion, which is illegal in Catholic Brazil, takes place in the public health sector on a very large scale. Women can choose to provoke an abortion with black market medicines and have recourse to the public health sector to deal with the consequences. As Sonia Correa says, this abuse of the public health system displays an element of poetic justice. *'It challenges the mode of dealing with legality. On the one hand it's legal but it's not available, on the other its available but it's not legal. It forces the health system and the policy level to conform, to bridge the gap. It is an interesting minimalist approach to the abortion discussion.'* (page 132*).*

Sonia Correa says that sterilisation is linked to abortion because *'if abortion were legal women would take more risks with reversible contraception.'* (page 129). Maia Vania agrees and says that women abort because they have no education and no access to conventional contraceptive services. Both say that because more than 40% of women are sterilised the abortion rate is lower than it would be if 100% of women were still fertile.

The feminists worked to make the law compatible with reality and finally in 1997 the law, Projeto de Ley no 209/ 91 (see page 138), to regulate family planning was ratified and reproductive rights, at least in principle, have now been extended at least in the following two instances:

1 Sterilisation is now available under SUS and the Government of Brazil has agreed to meet the demand in the public health sector.

2 Abortion is now available under SUS, in principle, in the two cases permitted under the Penal Code of 1940.

(However, as discussed in Chapter 8, it is still far easier to get an illegal termination of pregnancy in the public sector, provoked by the drug Cytotec, as women take matters into their own hands.)

9.2   Assessment of the Evidence: Concrete outcomes of feminist NGO activity

This ethnographic case study has examined the relationship between citizenship

rights of the individual and social movement activity. It has focused on feminist NGO/ government collaboration to achieve health sector reform .

According to this thesis, the emergence of plural voices has been a key factor in the democratic process. Newly instituted bodies developed according to their identity needs and were able to modify government policy through negotiation in an internal process which bore little relation to the government policy of the time. Nevertheless gains have been made in planning and legislating for the health rights of women although this is a long way from delivery of comprehensive health services to women on the continental scale required.

Both strands of the women's movement now work with the government: the CNDM works with the federal government but NGOs working in the regions also co-operate with local government. According to ABONG research, 60% of all NGOs representing social movements have some kind of work-related relationship with public entities representing 15% of NGO budgets. As Silvio Bavo points out , *there is no allergy to the state'.* So times are changing for NGOs and as international funding is withdrawn they are being drawn more and more into the public sector. This is especially true for the feminist NGOs, as Maya Vanja states on page 103, *'the feminist movement is much more relevant than it has been in the past. Feminists operate in everything that would be the public sphere connecting NGOs to public sector legislators and the media.'*

An analysis of the activities of NGOs in this research shows them to be in yet another period of transition as they move from their former dependency on donors in northern countries to an independent status. As human rights activists, the leaders of NGOs move in and out of state institutions, such as the CNDM and the Ministries of Health , in order to avoid being compromised. All the NGOs in this case study are working with different levels of government for some activities and at the same time they are developing an entrepreneurial basis.

Relating to this new wave of independence, IBASE is an example of how an NGO can find new ways to generate income, as it raises 30% of its income through its low-cost internet networking system – Rede Alternex, which links NGOs and universities. This activity also fulfils IBASE's stated aim and commitment to the democratisation of information. Members also work with the state to devise programmes

which guarantee human rights. (The founder member of IBASE, Herbert de Souza (*Bethinho*) is one of the foremost human rights activists in Brazil).

In the same spirit, CEPIA, the legal feminist NGO, conducts seminars for citizenship education in state bodies which pay for the service.   CFEMEA, as the NGO which set up the CNDM, is a key institution in Brasilia where it heads the network of the National Feminist Movement. It's members work as consultants to individual members of Congress, for which they are also paid, and the federal government. IDAC works with programmes for health and reproductive rights, receiving grants to produce educational materials which are widely dispersed. SOS Corpo receives grants to conduct education for citizenship: training social workers and public sector health agents as well as municipal council personnel. However their most important achievement is the appointment of a founder member of SOS Corpo to Secretary of State for Health in Pernambuco, which is a salaried position. CFSS co-ordinates the programme for reproductive health for the state of Sao Paulo. (the director was the former Minister for Health in the municipal government of the feminist mayor of Sao Paulo, Luisa Erundhina in 1988 (see page 7)).

However despite this progress, as Angela Santana points out, on page 74 of this thesis, and despite the new Constitution, rights are still only secured for some sections of the population in Brazil and there is an enormous gap between rights secured in principle and rights in practice. *'We in Brazil are at a point whereby civil and political rights are secured for the entire population and every individual (in principle). But we know that economic and social rights are not secured. What is more, the fragility of access to basic social rights means that it is difficult for political and civil rights to be of any use. Today citizenship is the package of all the rights but it is not an easy process as we have segments historically excluded from that process.'*

Therefore the elaborate legal-institutional frameworks which are now   in place still do not address the needs of the people and 'rights-in-practice' still fall short of 'rights-in-principle'.

The concrete outcomes of feminist mobilisation and institutional organisation of the social movement of women can be assessed as follows:

- Feminist NGOs established a new ethical framework and underwrote a discourse

for human rights which has been instrumental in changing attitudes.

- NGOs consolidated their position in the state/ civil society partnership by creating the CNDM which enabled them to preserve the autonomy of their NGOs from the state.

- Women's movement institutions participated in the National Constituent Assembly and regulated laws to reflect gender interests of women.

- Women's movement institutions blocked the amendment to enshrine the right to life from conception in the Constitution, thus keeping the doors open for legal abortion.

- Women's movement institutions set themselves up in political opposition, not only to conservative political forces at all levels of government but also to the Church, their former allies in the struggle for citizenship, on matters of health policy.

- The Programme for Integral Assistance to Women's Health (PAISM) of 1984 is still in play and certain interventions are being implemented throughout the country.

- Feminist NGO personnel, representing the social movement of women, have become essential advisors to government officials at all levels.

- Feminists from the movement have also directly entered into government administrations in the field of health; as illustrated by the appointment of the SOS Corpo Director to the post of Secretary for Health for the state of Pernambuco.

    In undertaking the above, feminist activists have become the legislators, policy makers and the deliverers of services in the area of reproductive rights which are health rights. However, they have had to limit their utopian, comprehensive vision of education tied to health in an all-embracing package of full citizenship to rescue Brazilian woman from poverty and oppression. Instead they have settled on a package of interventions for orderly regulation of the existing situation whereby irregular and illegal services were provided to women in the public health sector.

APPENDIX 1

Description of NGOs participating in this research:

1. SOS CORPO Recife

Contact : Maia Vania (doctor) spokeswoman for health and reproductive rights.

<u>Foundation Date</u> 1980

<u>Origin:</u> Founded by women, militant feminists

Pioneer feminist organisation in the Northeast.

<u>General Objectives</u>: to consolidate the activities of women, collectively and individually, as political subjects; to contribute to formulation of references for social policy; to widen the involvement with the theoretical and political areas of democracy from a feminist perspective.

<u>Areas of operation</u>: national, the State of Pernambuco and in the municipalities of Cabo, Serra Talhada, Paulista e Petrolina and the metropolitan region of Recife

<u>Principal Activities</u>: Education for Citizenship through training

Courses for the elaboration of social policy as described:

i) training for social workers (<u>agentes sociais</u>) , educators of women from a feminist perspective (100 women per year).

ii) training for public sector health agents (<u>agentes de saúde</u>) (50 doctors, nurses and attendents on awareness training).

iii) training together with other NGOs and municipal council personnel (<u>prefeituras municipais)</u> (60 technical personnel from NGOs and prefeituras from the Metropolitan Region of Recife.

iv) research, education and dissemination of information of health and reproductive rights, translation and materials production. Assistence and support to researchers from academic institutions.

v) Production of videos and brochures, production of documentation and information for media consumption. Attends the feminist movement, NGOs and the general public with wide access nationally and locally.

<u>Principal beneficiaries</u>: women, health professionals, the general public, other NGOs, academics and students

and the mass media in general.

<u>Publications</u>

Jornal da Rede (newspaper of the National Feminist Network of Health and Reproductive Rights)

Leaflets entitled :Corpo de mulher; Contratempos do Prazer; Direitos reprodutivos e a condição feminina.

Viagem ao mundo da contracepção.

Videos: Almerinda, uma mulher de trinta

En busca da Saude

2. Cidadania, Estudos, Pesquisa, Informação e Ação (CEPIA) Rio de Janeiro

Contacts: Leila Linhares Barsted (lawyer) Jacqueline Pitangui (former president of the Conselho Nacional de Direitos da Mulher (CNDM)

Foundation date: 1990

Origin: founded on the experience of the institutional work carried out by its directors in the Ordem de Advogados do Brazil (OAB) and the CNDM and income generation projects for the Secretaria do Trabalho of Rio de Janeiro working together with residents of various favelas.

General Objectives: to recover citizenship (resgate da cidadania) of the sectors traditionally excluded from rights through research; to disseminate information in the areas of health, violence, human and reproductive rights.

Area of Operation: The State of Rio de Janeiro and nationally

Principal Activities and Projects: education for citizenship, information and research

i) health and reproductive rights: evaluation of political speeches and widening the debate on health and reproductive rights in the communication media. Nine members of staff working to change public opinion through TV and radio (telenovelas etc.)

Research

i) Violence and the law. Research for law officials and to change public opinion

ii) Reproductive health - project undertaken with the Sindicato de Empregadas Domésticas (international project).

iii) CEPIA took part in the Brazilian women's platform for preparation for the international conferences of Cairo (elaborating the documentation 'A Plataforma das Mulheres Brasileiras Na Questão de Populacão e Desenvolvimento') and Beijing.

Principal beneficiaries: women, urban trades unions, other NGOs

Publications: Carta da Cepia (three times a year), leaflets and manuals

Os Serviços de Saúde para Mulher no Municipio de São Gonçalo

Mulher em dados 1993

3. Instituto de Ação Cultural (IDAC) Rio de Janeiro

<u>Contact:</u> **Rosiska Darcy de Oliveira (Sociologist- President of the Conselho Nacional de Direitos da Mulher, Mariska Ribeira (teacher)**

<u>Foundation date</u> 1971 (in Geneva)

<u>Origin</u>: Founded by politically exiled Brazilians including Paulo Freire. Early projects education based. National programmes for literacy. In 1980 commenced socio-educational projects working with communities and popular movements and church groups (CEBs). At present works with the construction of citizenship confronting social exclusion mobilizing civil society and applying pressure on the state.

<u>General Objectives</u>: to promotion active citizenship and to improve the quality of life in order to consolidate democracy and erradicate misery.

<u>Area of Operation:</u>   Municipal -Rio de Janeiro

<u>Principal Activities:</u>   Education for citizenship through training, research, information exchange and campaigns.

Projects: i) Women's programmes for body, sexuality, health and reproductive rights with the aim of giving women knowledge of body functions empowering them to demand their rights and better attention from health institutions in the public sector.

ii) Training health professionals to realise the professional challenge of their office.

iii Materials production.

iv Supervision of 111 training programmes in health centres in Rio de Janeiro and Baixada Fluminense.

v Work with street children together with other NGOs in the project entitled 'If this street were mine'

(<u>'Se essa rua fosse minha)</u>

vi) work with low income communities to develop community leaders (<u>lideranza</u>)

<u>Principal beneficiaries:</u> women, adolescents and children, favela dwellers and the general public

<u>Publications</u> - long history of educational publications

4. Instituto Brasileiro de Análises Sociais e Econômicos (IBASE) Rio de Janeiro

<u>Contact:</u> **Herbert do Souza (o Betinho) - Sonia Correa (sociologist, formerly SOS Corpo)**

Foundation date: 1981

Origin: Founded by exiles from the military dictatorship who realised the importance of the democratisation of information in the socio-political process. IBASE defines its principle purpose as the struggle against exclusion and for citizenship.

General Objectives: to collaborate through the democratisation of information and knowledge for the construction of democracy in Brazilian Society.

Area of Operation: national

Principal Activities: Gathering information about the social reality of Brazil and analysis of facts.

Projects: i)State Programmes and Guarantees for Human Rights - Rede Crianza (street children)

 ii Rede Alternex - low cost electronic net-working system linking NGOs and Universities

 iii Campaign: Citizen Action against Hunger and Misery and for Life (pela Vida)

 iv)Research: Democratisation and the Public Budget

Principal beneficiaries: the general public, NGOs, the communications media, students and teachers.

Publications: Monthly magazine - Democracy/Governmental Policy

 Land and Democracy

 Budget and Democracy

 Environmental Policy

5. Centro Feminista de Estudos e Assessoria (CFEMIA) Brasilia
Contact : Marlene Libardoni (lawyer)

Foundation date: 1989

Origin: Founded by militant feminists, ex members of the Conselho Nacional dos Direitos da Mulher (CNDM), convinced that the feminist movement should participate in dialogue with the National Congress, and convinced of the need for an independent position which would not be possible in a government body.

Set up to give continuity to the work of the Assambleia Nacional Constituente and also continue with the former activities of the local feminist group Brasília Mulher.

General Objectives: to fight for equality in legislation and for full citizenship for men and women.

Area of Operation: National

Principal Activities: Assess and inform on matters of gender; support and vindicate the activities of the National Feminist Movement principally within Congress

Projects: (i) Rights of Women in Law and in Life: guiding projects relating to women through the National Congress. Providing information pertaining to the legislative process to 1800 women's organisations. Advising 583 parlimentarians and their staff on matters of gender.

> ii Guide to the Rights of Women: data collection, systematizing legal norms and jurisprudence realative to women. Publication of the Guide for use by women's organisations and the general public.
>
> iii Research into public opinion on the rights of women carried out with 24 parlimentarians considered to be opinion formers (formadores de opinão)

Principal benifeciaries : women's organisations; congress members; general public

Principal Activities: Monthly Journal

6. Coletivo Feminista Sexualidade e Saude (CFSS) São Paulo

Contact : Maria Jose de Araújo (doctor, former Minister for Health in Municipal government of São Paulo) Rosa Dalvo

Foundation date: 1985

Origin: Group of feminists developing social work with women on the peripheries of São Paulo, project named Sexuality and Politics (Sexualidade e Política) Creation of a dispensary for primary health from a feminist perspective.

General Objectives: to provide primary and integral health care to women from a feminist perspective; to influence social policy for health; to participate in the national and international feminist movement. Research.

Area of Operation: Municipal - the City of São Paulo

Principal Activities: Primary health care for women and educational activities

Projects :   i Seven doctors attend women for gynaecological and psychological clinics

> ii   Coordination of a programme for reproductive health.
>
> iii Participation in international research for reproductive rights
>
> iv   Assessment of girl prostitutes (meninas prostitutas) in Santos , together with other
>
> NGOs and with the Santos Prefeitura

Principal benificiaries: women

<u>Publications:</u> Enfoque Feminista - tri annual journal

Ousadia -Mulher e AIDS

(The profile of each NGO comes from the publication of the umbrella organisation Asociação Brasileira de Organizaçõs não Governamentais: <u>ONGs: Um Perfil. Cadastro das Filiadas de ABONG) 1996</u>

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Chapter 1

INTRODUCTION

1.0 Objectives and main arguments

The setting for this thesis is a recent period in the history of Brazil – the so-called *transitional period* (1985–95), when Brazil's dictatorship gave way to democratic forces in a process of political change, providing civil society bodies with the opportunity to create social policy based on new definitions of civil, social and human rights to be delivered in public services.

At that time feminist institutions: NGOs and the National Council for Women's Rights (CNDM), created to represent the women's social movement in Brazil, became politically active and entered into co-operation with government bodies to plan and legislate for women's health, as well as assisting with the implementation of health policy in the public sector.

The objective of this thesis has been to discover the links which exist between NGOs and social movements (SMs or NSMs), from which they obtain their legitimacy, as well as the relationship NGOs have developed with state bodies in order to table controversial issues affecting the health of the female population in the domain of reproductive rights. This two way process can be seen as a way of gaining citizenship for poor women at a moment in history of increased responsiveness of state institutions together with the enhanced organisational capacity among NGOs and NSMs.

In this thesis, which uses an ethnographic case study approach and grounded theory, the history of the democratic changes which have taken place in Brazil is told by feminist leaders of the women's movement in their own words. They describe their struggle to obtain universal coverage with health services for women, because the

existing health service was fragmented and uncoordinated, and explain how they exploited the concept of 'citizenship' to make demands for human rights on behalf of the women's social movement which they came to represent.

Initially I approached this research from a health perspective - examining NGOs in the context of their relations with the   health sector- however I soon discovered that NGOs were playing a more fundamental role in creating democracy as, in partnership with the federal government, they produced and adjusted legislation for women.

It was therefore necessary for me to build a theory and find a formulation to study the phenomenon. As I had access to the groups of interest I decided to collect data and compile case study material. According to Robert Yin there are five components of case study design: (a) a study's questions, (b) its propositions, (c) its units of analysis, (d) the logic linking the data to the propositions, (e) the criteria for interpreting the findings.

The first component is to compile 'a study's questions' (Yin 1994:27). Eventually, due to a combination of field experience, which provided me with 'leads and hunches' combined with my particular 'ideas and interests' (Hammersley and Atkinson 1995) I was able to formulate the following questions which I wanted answered and which would allow me to establish a basis for my enquiry:

- What was 'civil society' in Brazil?

- What did 'citizenship' mean for different groups?

- What kinds of people were members of non-governmental organisations (NGOs) in Brazil?

- Was NGO activity instrumental in bringing about democracy in Brazil?

- How did the feminist organisations emerge from mass social movement?

- Who were the feminists?

- How did feminist activists define an agenda or agendas?

- What was the feminist agenda?

- How influential were the feminists in achieving their goals?

- Could feminists influence policy-making in Brazil?

- How close to government were feminists working?

- Did feminists have real autonomy from the state in decision-making for women of Brazil or were they compromised by the government?

- How important was international support for the survival of the NGO movement in Brazil?

The main research question which emerged from my initial exploration was therefore: what part did the women's movement, represented by its feminist institutions (the network of feminist NGOs and the National Council for Women's Rights) play in changing the culture for women in Brazil and how did they achieve concrete, qualitative improvement in health conditions for poor women?

1.1   Organisation of the thesis

This thesis is divided into nine chapters which include the following: introduction, research methodology, literature review and a series of chapters based on data from primary research. The final chapter is the conclusion.

Chapter 1 sets out (a) the background, aims and arguments of the study and (b) details its organisation. It outlines the scope of the area to be addressed, and describes the historical context, methodology, and theoretical framework used, to analyse field data.

Chapter 2 sets out the personal process involved in my enquiry and describes how I initiated my investigation and found a method (qualitative research and a grounded theory approach) to structure my data collection and provide the logic to link the data to my proposition, as in Yin's fourth criterion (Yin 1994:27).

I used the fundamental methods of all qualitative researchers: '1) participation in the setting, 2) direct observation, 3) in-depth interviewing, and 4) document review' (Marshall and Rossman, 1995:5).

I conducted interviews with NGO leaders in different parts of the country to

explore their perception of reproductive rights. I was interested to discover the origins of what I took to be a dominant discourse, which revealed the ethos of the women's social movement and to discover whether the same features and constructs were shared by groups throughout the country. I also interviewed civil servants and health workers involved in the implementation of social policy, to see if they shared the same principles as the feminist NGOs in the area of health.

Chapter 2 also outlines how Case Study Methodology (Burawoy 1991, 2000) was selected, and how my data was collected and analysed in an historical and political context so as to reflect both the 'macro' and 'micro' processes in operation.

In Chapter 3, the literature review, academic theory provides criteria for interpreting findings (Yin's fifth criterion for valid research) and I review current interpretations of citizenship - used by western governments and by Brazilians - as a theoretical concept and a perspective to view state delivery of different kinds of rights in democracy. I also examine participatory approaches in international development (Gaventa 2002; Cornwall and Gaventa 2001; Jones and Gaventa 2002; Hickey and Mohan 2003; Lister 1997, 2002), to see how these fit in with the neo-liberal agenda for international development of certain international agencies (Evans 2002; Amann and Baer 2002).

Another theoretical strand is social movement theory which examines state/civil society relationships (Keane 1988; Melucci 1988; Pateman *et al*. 1988) in different contexts. Social movement theory is especially developed in the field of Latin American Studies, as it is used to analyse processes arising from transitional periods following repressive military dictatorship: Evers 1985; Slater 1994; Waylen 1996; Foweraker *et al*. 1995, 1997; Weyland 1998 and others. Foweraker and Landman (1997) also link the discourse of human rights to the notion of citizenship to address problems of marginality .

The role of feminism in democratisation is another area of debate in Latin American social movement theory, which reviews key issues such as identity, emancipation and the public/private dichotomy (Pateman 1988, Eckstein 1989, Jelin 1990, and others). Finally, the future role of NGOs in a globalised world order is examined, according to the proposals of Malhotra 2000 and Fowler 2000.

According to social movement theories, collective bodies of civil society emerged to challenge the institutional order. A prime example of a successful social movement is the women's movement in Brazil, where groups of feminists representing the mass movement formed non-governmental organisations to achieve their concrete objectives. Women's institutions worked towards bringing about an inclusive democratic form of government when the government and civil society worked together to define and implement an agenda to meet the specific social needs of the country. The foundations of the new democracy were formulated then and laid down in the Brazilian Constitution of 1988.

Chapter 4 focuses on the policy and practice of citizenship, which is linked to a political agenda to bring about inclusion of marginal populations by delivering human rights.

Under the authoritarian, totalitarian regime of the dictatorship (1965 –85) Brazil had a poor record on human rights. Most of the population was excluded from the legal frame with no possibility of invoking the law or making demands of the state for social services. In these circumstances, social movements, including the women's movement, emerged during the transitional period to make demands for human, civil and social rights.

The interviewees discuss how the concept of citizenship was popularised and how, within the context of poor communities, in a country where a legacy of slavery has left a vast excluded population, the term refers to how a person can belong to a nation state and be protected by the state as well as enjoy the usual benefits of the first world, where shelter, education, health and social security are taken for granted, even by the poorest members of society.

In Brazil , individual human rights workers have made a major contribution towards addressing the problems of the poor, using the discourse of citizenship influenced by the philosophy of liberation and Paulo Freire, whose life time's work was directed towards giving voice to the poor and dispossessed (Freire 1970, 1973, 1976).

Most of the NGO workers in this research have worked as educators in poor communities, as described in Chapter 4 and have used Freire's consciousness- raising technique '*conscientizacao*', which teaches people at the community level to defend

their own interests. A citizenship discourse has grown up and been nurtured and is widely used in popular education – both when teaching literacy and in health education. Therefore the Brazilian citizenship discourse can be seen to have grown out of a strong inclusive socio-cultural milieu within a wide political context of social movement activity.

Their aim was to end marginality for those with no access to public services and to assist those outside the system to gain access - by using their right of citizenship or their agency to demand human rights - particularly to cover their health needs.

In Chapter 5 - the state, civil society and the role of NGOs - the elements of Brazilian modern democracy and governance are defined by leaders of the social movement of women who are also founder members of feminist NGOs committed to the cause of addressing the exclusion and poverty of women in a democracy of citizen participation. During the transition, a new form of governance came into being characterised by interaction between state and civil society bodies (see Appendix 2, Cognitive Map of Reproductive Rights Landscape 1985-95).

A high point of co-operation between the government and civil society was achieved when both governmental and non-governmental organisations worked together with the Brazilian Congress in the National Constituent Assembly (ANC), to elaborate a new Constitution (1988) for government reform. Women's movement organisations were able to create a legal framework favourable to the protection of the interests of ordinary Brazilian women in the field of reproductive health.

The historical emergence of the women's movement and its evolution is charted in Chapter 6 and the events which took place are described . Within the political ferment of the transition, the women's social movement became active and, with the institution of the National Council for Women's Rights (CNDM) and feminist NGOs, was soon to become a potent force for democratic change as the activists move from their projects in poor communities to making policy with the government.

The following landmarks trace the rise of the women's movement and its capacity to develop political potential. The transitional period is given as 1985–1995 but activities precede and succeed this limited time scale in the history of the movement, as the chronology shows in Table 1.

TABLE 1   Landmarks of the women's movement

1979	30 women's groups formed
1982	Programa de Asistencia Integral a Saúde da Mulher (PAISM) formulated
1985	Reform of the civil code to include proposals of the women's movement
1985	**Founding of the National Council for Women's Rights (CNDM)**
1986	**26 women are elected to the Constituent Assembly (ANC) including feminists**
1988	**Promulgation of the Constitution of Brazil**
1988	**Luisa Erundhina, although not active in the movement, is elected feminist mayor of São Paulo (Paulo Freire is Minister for Education in this administration)**
1989	**Institutional crisis of the National Council for Women's Rights following abortion campaign**
1989	**NGO, Centro Feminista de Estudos e Assessoria founded (CFEMIA)**
1994	**UN Conference in Cairo**
1995	**UN Conference in Beijing**
1995	**Law of Family Planning No. 9263 presented**
1996	Presidential Veto on Sterilisation and the Family Planning Law No.9263
1996	Proposta de Emenda Constitucional (PEC) 25/95
1998	Sterilisation and the Family Planning Law No.9263 enacted

*Landmarks in bold letters denote the period of transition.

The CNDM founded in 1985 became a key institution for Brazilian feminists to achieve their aims. Many of the women elected to office - by the women's movement from 1986 to 1988 - were feminists (including women from four of the NGOs examined in this research: IDAC, SOS Corpo, IBASE, CFSS). In 1988 however, the CNDM was suspended by the government after a pro abortion campaign. At this stage feminists withdrew to form two NGOs which deal exclusively with policy (CFEMIA, CEPIA), thus ensuring that the established network of NGOs was able to function without the CNDM. In fact the women's movement was able to increase its activities without compromising its autonomy. Both operational strands working together   constitute a powerful and important lobby for women's affairs, committed to bringing about change in the political system to make provision for women's rights. Profiles of the women interviewed reveal their elevated professional status and include a doctor, a lawyer, a sociologist, and a teacher.

Both the CNDM and the NGOs representing women state that their principle aim is to end marginality for poor women. (See Appendix 1, which outlines the aims and objectives of NGOs.)   To date, the main thrust of feminist activities has been directed towards reforming the health sector and health is used as a fundamental basis on which to construct citizenship for poor women: for if a woman has access to a health service she may, as a citizen, begin to survive, protect herself and fashion a life of less misery in an era when poverty is judged to be feminised and the family is a broken institution, especially in Brazil with its legacy of slavery which has impacted on family life (Scott *et al.* 1988). In this way citizenship participation is achieved by the mere fact of her attendance at a public facility to claim her right to treatment.

Chapter 7 describes how, having gained their experience with project work,   feminist institutions formulated a national health plan, the Programme for Integral Assistance to the Health of Women (PAISM), which was conceived at the same time as the Single Health System (SUS), also the fruit of the state/civil society consultation process of the transitional period. Like SUS, PAISM also started from the premise that access to a health service was a fundamental social right due to citizens of the nation state of Brazil. The plan advocates health education as an integral element and proposes management participation of service users at the community level where citizens would

monitor and evaluate processes and make demands for better living conditions - with improvement of water provision, shelter and the environment to facilitate health.

Brazilian feminists from the institutions of the women's movement took up positions within the government of Brazil to demand reproductive rights linked to citizenship for poor women. They conducted campaigns to bring about changes in attitude regarding women's health and called for an end to the traditional taboos. They also filled the policy gap with their plans for health which would ultimately lead to legislation changes. However having created their health plan, changed the legislation and intervened at the level of service delivery to fulfil their aims, the research participants maintain that the public health service is in crisis and does not have the capacity to implement plans and deliver services. For national health plans, such as PAISM, to be successful, the government must be committed and the process of municipalisation, which is now under way, must be in place.

In Chapter 8, the participants in this study give the background for their reproductive rights agenda. They point out that there has never been an official policy for population control in Brazil and yet the birth rate is now low. (Brazil now has an average fertility rate of 2.5 children (2.3 urban rate and 3.5 rural rate) to women aged between 15 and 49 years according to the National Research for Demography and Health (1996)).

This is due to the culture of sterilisation which came into being in Brazil during the military government, when responsibility for birth control rested with the Family Well-being Society in Brazil (BEMFAM), founded in 1965 and heavily underwritten and funded by the US government, and in particular by USAID.

This mass sterilisation programme also led to an increase in caesarian section - 80% of deliveries in some states, (National Research for Demography and Health, 1996). This caesarian/sterilisation culture operates as a privatised system within the public health sector and poor women have to find the money to pay directly for their sterilisations, even if their caesarian section is paid for by the state.

Similarly abortion is one of the largest obstetric expenditures for the public health service. SOS Corpo, estimates one abortion for every four births in maternity hospitals of Brazil - a statistic that goes unacknowledged as hospitals do not register an abortion as such. Women take the prescription drug 'Cytotec', which provokes a

reasonably safe abortion (Payron *et al*. 1993). Once   provoked the pregnancy is terminated in public sector facilities. This reality shows that women in Brazil have found ways to negotiate their own solutions to control their fertility as both abortion and surgical sterilisation take place on a massive scale in public hospitals. In time honoured fashion, women take the law into their own hands when it comes to their reproductive functions by exercising their right to choose.

The lack of population policy and inadequate provision to address women's reproductive health needs in the health sector have created an opportunity for feminist NGOs to fill the political vacuum to organise health services for women. However their health plan PAISM, also envisages providing other urgently needed services within the reproductive rights sphere - such as : a) pre- and post-natal care; b) cancer screening; c) prevention of under-age pregnancy; d) elimination of sexual violence towards women; e) HIV/AIDS advice - which the health sector does not have the capacity to deliver .

Feminist NGOs and the CNDM also created the Family Planning Law No.9263. The participants recount how this law, which endorses PAISM interventions,   was finally approved in 1998 after many setbacks. Abortion however, has not been included as a reproductive right according to this law. Nevertheless the women's movement campaign in   1995 was successful in mobilising the Brazilian Congress to block a conservative constitutional amendment (PEC 25/95), which attempted to enshrine the right to life from conception in the Constitution. The victory of overturning this amendment means that, in principle, legal abortion can now take place in designated centres according to the Penal Code of 1940, which has never been implemented.

In Chapter 9, it is concluded that the health service, as it stands, cannot provide for all aspects of care for women as citizens contained in the law. All in all, female populations still endure chronic neglect and a miserable epidemiological profile in most areas of Brazil where many people never access health services - a survey conducted in the Northeast discovered that 70% of people suffering health problems received no medical attention at all   (National Research for Demography and Health, 1996).

In essence, Law No. 9263's main contribution has been to decriminalise sterilisation. This measure is now available free of charge in the public sector as a right of Brazilian women to control their own fertility as opposed to a measure taken by the state

to control the population.

In Brazil, 'citizenship' is promoted as a way to address social injustice and for the women's movement planning and legislation can bring this about. However, the only kind of citizenship a woman can exercise at present is that of attendance in a health facility- if one is available – where some services may be delivered to enable her to gain control over her reproductive functions.

Brazilian feminists know that what has been achieved so far is not enough. Women also want 'healthy conditions for child bearing, sexuality free from violence and disease, food security, skills and incomes of their own and dignity and respect as service recipients and human beings' (Patchesky and Judd 1998). In short, they need a package of conditions for life. Feminist NGOs blame their governments for not acting on health plans and legislation, but they also blame the international institutions, such as the World Bank and the IMF, for obstructing development progress by insisting on cuts in government spending in order to reschedule the national debt. The measures they propose prevent the Brazilian citizenship project, conceived during the transition and enshrined in their constitution, from being extended to provide public health services to all.

1.3   Summary

This introduction has given an account of the parameters of my thesis and stated the methodological aims and theoretical considerations. It has presented the emerging themes resulting from links made between theory, data and methodology including: the Brazilian view of citizenship which is linked to a human rights discourse and agenda; the relationship between the state and social movements in Brazil during the transition; the emergence of the women's movement as a social movement; the role of feminist NGOs in constructing democracy; the capacity of the health sector in Brazil to deliver health services to women; the process undertaken by feminists in the women's movement to regulate and deliver reproductive rights to women in the health sector. Chapter Two sets out the methodological basis of this research.

Chapter 2

METHODOLOGY OF RESEARCH

2.0   Introduction

This chapter describes the components of my research which uses qualitative research methods and selective sampling - arising out of empirical field activities – to investigate the role of feminist NGOs in the transition period from military dictatorship to democracy.

Section 2.1 gives a description of the Extended Case Study approach (Burawoy 1991, 2000) which underpins my methodology and discusses the role of participant observation in this method. It details the activities and contacts which formed the background to my research. Section 2.2 outlines the strategies and techniques employed and gives the schedule of my field work and data collection. It charts my struggle to discover the political and social agenda of feminist leaders of NGOs with whom I had dealings. Formulated questions, which were constantly refined, led to the emergence of a main area of investigation which is given in Section 2.3. Section 2.4 introduces the research participants and   Section 2.5 makes known the process involved in analysing data to come up with the emerging themes, categories and constructs which are described.   Section 2.6 gives the working hypothesis and Section 2.7 discusses further methodological issues - such as the role of translation in this research and the influence of the feminist research agenda.

This thesis consists of interpretation of data obtained during the course of a single year (1996), and after a two year observation period (1994 and 1995). Using qualitative research methods I trace the emergence of the women's social movement and the foundation of institutions - the CNDM and feminist   NGOs - to represent it – which work within a specific framework of reference and with a clear political agenda to bring about practical and strategic outcomes. By working in co-operation with the health sector

at all levels of government, they plan to deliver health services to women in the public sector, and establish legal guidelines for reproductive rights.

The aim of this research has been to show how macro processes of state policy and decision making can be significantly influenced by micro-processes (the advocacy and activity of NGOs working at local level) and vice versa.

2.1   The Extended Case Study

The main methodological thrust is the Extended Case Study method of the Berkeley school of ethnography, as advocated by Burawoy et al (1991,2000), which has evolved to meet the need for an historically grounded, theoretically driven macro ethnography. The Berkeley school marries two traditions – the comparative historical and the ethnographic. An ethnography of this kind is situated within an historical and geographical context and emphasises the way the external system colonises the subject 'lifeworld' (Burawoy 2000:25), and how that lifeworld in turn negotiates the terms of domination, creates alternatives, or takes to collective protests.'

For Burawoy and the Berkeley school, conventional stereotypes of participant observation are 'atheoretical, ahistorical and micro' as no situation is uncontaminated by the wider world and no truth can be found in considering the local context without reference to the wider influences. Therefore, in departing from the purely local , Burawoy breaks with ethnographic convention. He maintains that although locales still exist they are connected through symbolic tokens, especially in the new climate of globalisation, such as money, experts (doctors, lawyers and accountants), as well as by new technologies (language, radio, television and the internet). Through them everyday life is lifted out of the local and attached to the wider world.

In proposing his method, with laws of participant observation and strategies of extending out, Burawoy seeks to: 'reconstruct, revise or simply elaborate pre-existing theories to accommodate empirical findings to wider contexts of determination'.

Burawoy insists that the study of ethnographers, who work from the ground up in the study of everyday life, must also be able to grasp lofty processes and transcend boundaries. With the Extended Case method the lifeworld autonomy, which is the focus of other schools of ethnography, is expanded and the gaps filled to include Marxism and

feminism. The accumulation of knowledge, which in other schools of ethnography has usually been viewed as emancipatory, is also viewed differently as post Marxist and feminist Extended Case methodologists are influenced by Foucault's view that knowledge is implicated in domination.

Therefore the Burawoy conditions of ethnography, as expressed in the 1991 case studies of social movements, were ideal for my own purpose of devising a case study, to consist of interviews with feminist NGOs with which I had ongoing contact. I could then consider formally the social movement of women in Brazil to discover how they preserved their culture locally, in the case of each NGO, but also interacted globally to inform themselves concerning international norms for the survival of the female population, and finally, and more importantly, how they co-operated with the government, at all levels, to reform the public health sector in ideological, legal and practical terms whilst preserving their autonomy.

The 'Extended Case method' as described by Burawoy, is an inductive approach associated with grounded theory (1991). It allows for (re)constructing theory out of data collected through participant observation but is essentially based on the notion that a single longitudinal case study will be analysed over a period of time in some depth. As I was working continuously with feminist NGOs in Brazil, I was able to select a cross section of institutions from across Brazil to obtain my data to be analysed as <u>one single case study</u> of a national social movement, which displays a culture and communicates a specific lifeworld. My aim was to explain how micro social processes are linked to macro processes both nationally and globally.

I made a selection of NGOs using a 'selective sampling' approach, as recommended by Strauss, to provide a cross-sectional sample of the discourse of individuals at a given moment in time. This 'examines groups or subgroups of populations, events, activities ….. to find varying dimensions, strategies, etc' (1987:39).

As a result of preliminary research and initial failure to initiate a dialogue, I managed to get the interviewees to talk about their history, their human rights work and what this entailed, their successes and failures, their relationship with the state and their hopes for the future. I took care to ensure that the interviewees were not directed or led to make statements in support of predetermined conclusions.

A general topic orientation emerged - as proposed by the Extended Case Method - whereby the approach adopted 'takes the social situation as the point of empirical examination and works with given general concepts and laws about states, economies, legal orders…. to show how micro situations are shaped by wider structures' (Burawoy 1991:282).

Participant Observation

The participant observer enters the lifeworld of the research participants and, as Burawoy confirms, there is a huge literature detailing covert and overt participant observation, different levels of immersion, insider and outsider status and the role of informants.

The Berkeley school imposes four dimensions on the Extended Case Method. With each dimension he raises a problem which introduces *power* structures into the researcher/researched relationship and which can occur if the observer is not vigilant.

1)   The first dimension is the extension of the observer into the lifeworld of the participant. (Here care must be taken that the relationship between researcher and researched does not become distorted because of *domination* which can affect the mutuality of exchange).

2)   The second dimension requires the extension of the observations over time and space. As in my research, the ethnographer spends a lot of time following subjects around living their lives and learning their ways. In time the ethnographer comes to understand the succession of situations as a social process. (The problem of this approach is that forms of data gathering can be reductionist as situational observation can lead to *silencing).*

3)   The third dimension demands the reflection of a structured totality in which the part is shaped by its relation to the whole – the whole being represented by 'external forces'. The discovery of extra local determination is the essential ingredient of the extended case study as the micro is viewed as an extension of the macro. Such discovery is impossible however without identifying external factors likely to be important. (The danger with this condition is *objectification).*

4)   Finally the fourth dimension is the extension of theory. Ethnographers try to

constitute the field as a challenge to a theory they may want to improve. They apply theory to the field which can result in highjacking and the creation of stereotypes. (*Normalisation* can distort the world according to Burawoy).

Thus Burawoy presents his four conditions and points to the danger inherent in these which face the ethnographer. My work in Brazil required immersion in the language and culture and - because the Extended Case study rethinks the meaning of fieldwork, releasing it from solitary confinement, from being bound to a single place in time - it was ideal for my purpose which was to examine NGOs in different parts of Brazil all representing a single culture and lifeworld. I also had access to extensive documentation. As Burawoy says , by delving into documentation ethnographies are grounded in history - archives, oral history, official documents, community memoirs – and therefore become 'ethnohistories' as is the case with my study.

However as I went around in Brazil investigating the world of feminist NGOs, I did not have access to libraries to investigate academic theory therefore I looked to the data to provide structure for social processes and clues to the lifeworld.

The description and explanation offered in this case study derives from a three year period of contact working with health projects in Brazil. The core data are comprised of interviews with key figures (introduced below) both within the women's movement and without. Before collecting my data I shared hundreds of hours with health reformers from across the political spectrum as follows:

- I had access to women's groups and health projects and I interviewed members of non-governmental organisations (NGOs) delivering health care in different areas of Brazil.

- I interviewed health workers working at all three levels of the health service – federal, state and municipal – in many regions. I also had discussions with high-level federal government officials in Brasília both formally, in the ministries, and socially.

- I interviewed NGOs delivering health care in different areas of Brazil and built up a picture of diverse regional conditions, as in the case of municipal maternity projects in Rio de Janeiro and state-controlled Mother and Child survival projects in the Northeast.

- I visited neighbourhood projects and had close contacts with the politicised left-wing

Popular Health Movement (Movimento Popular de Saúde, MOPS).

- I accompanied NGOs delivering health care projects to riverine communities in the regions of the Amazon and Tapajos rivers.
- I visited women's groups, church groups and mother's clubs (*clubes de mães*) and the political confederation of Women (Confederação de Mulheres) and women's groups in the neighbourhood associations of São Paulo.
- I attended discussions (1995) on the feminist agenda to prepare for the UN Conference in Beijing.
- I attended seminars on health service reform and the 10th National Conference for Health (1996).
- I accompanied the staff of the Municipality of Niteroi Family Health Care Programme to Cuba for the Fifth National Primary Health Care Conference.

During each of my trips within Brazil I conducted extensive open-ended formal and informal discussions both with deliverers and receivers of health services. I also participated in group meetings to discuss the ways and means of improving services as well as exacting better services from existing facilities.

All of the above experiences added to my knowledge as a qualitative researcher and, as Strauss and Corbin advocate it is only through field work that one gets in touch with the topic under review: 'get out into the field, if one wants to know what is going on' (Strauss and Corbin 1990:24).

My employment with the British Embassy involved assessing projects with a view to funding. As part of my networking activities I made contact with feminist NGOs. However, although business transactions formed the basis of my admittance to this world, I found that NGO members were anxious to explain how they perceived their activities to bring about democracy. I had much in common with the NGO members and was accepted as a genuine associate - perhaps because I belonged to the same historical trajectory of feminism from the 70s and 80s – the decades of the women's movement, although for myself the context was different.

As I became familiar with all kinds of health projects my involvement in Brazilian social processes grew. My function was to assist projects to find funding from British sources and help Brazilians make their projects fit guidelines. This required

meetings and discussions. However, it only occurred to me to become involved in research at a later date when I had grown used to this co-operation and found that I was trusted for my role as a 'facilitator' – an intermediary between local personnel and international donors. My position gave me the ideal circumstances for participant observation as described by Fox: 'The premise behind the ethnographic strategy is to gain access to the subculture of the participants, and then to deal with them on those terms'. This was not difficult as I 'respected my subjects' perspectives and accorded validity to their values' (Fox and Kutzman 1991:225). Furthermore,   feminist NGOs were enjoying a moment of extreme confidence - as they constructed their collective, political, autonomous identity - and I thought it worthy of investigation.

I was able to compare and contrast this experience of NGOs with others I had observed: including other Catholic countries (Spain, Ireland) as well as in the Islamic world (Morocco, Egypt, Sudan) and also the former Yugoslavia. I had gained other insights from my consultancy work for Unicef where I had worked on documentation concerning the agenda to empower women in the developing world - one of the aims of which was to nurture the concept of reproductive rights.

Having decided to investigate feminist NGOs I began to collect documentation during the course of field visits. These included internal organisational documents, public manifestos, journals and newsletters, articles in the national press concerning the women's movement and health reform, also documentation from the Ministry of Health. I also collected documentation, including press commentary, concerning the rise of the NGO movements in Brazil, as well as a wealth of internal feminist coverage of the health reform and the constitutional process. All these materials were used to construct the 'ethnohistory' (Burawoy 1991) of the women's movement and associated NGOs.

2.2   Beginnings – strategies and techniques

According to Marshall qualitative researchers rely on four essential methods for gathering information which are (1) participation in the setting, (2) direct observation, (3) in-depth interviewing, and (4) document review (Marshall and Rossman 1995:78). As I

was living and working in Brazil I fulfilled two of these criteria for conducting qualitative research. I was participating in the setting, and conducting direct observation. I could also conduct interviews and had already collected a mass of documentation.

My aim was to create theory out of qualitative data using 'a systematic set of procedures to develop an inductively derived grounded theory about a phenomena' (Strauss and Corbin 1990:24).

Participant observation was my method of approach but over a wide spectrum. The technique of participant observation 'distinguishes itself by breaking down the barriers between observer and participant' (Burawoy 1991:291). Ethnographers enter into dialogue with their subjects and there is collaboration between participant and observer, as is the case with my research.

To investigate the manner in which the feminist lobby of the women's movement negotiates with government. this I needed to consider more than one NGO to construct my theory. I also wanted to interview other people from the state sector as well as a representative of a popular movement to get their points of view of concepts generated in the transition to democracy. Although my scheme was a 'collaborative enterprise' with feminists I also wanted validation of their viewpoint in order to arrive at an objective assessment to generate a hypothesis.

This case study investigates co-operation which has taken place between government bodies and civil society institutions, between health sector functionaries and members of feminist NGOs. This newly evolved process of co-operation aims to transform society by delivering civil, human and socio-economic rights to the people in full citizenship. In the transition period, democratic ideals were spread throughout the country and promoted by feminist NGOs acting for the women's movement.

It took me two years to identify the network of relationships operating across institutions. As Strauss says, all 'social phenomena are complex phenomena' (Strauss 1987:6) and certainly institutional relations are of great complexity in Brazil.
The two years of field preparation I had were very necessary for me to gain the background I needed for the generation of my description.
 My aim was to find concepts that would fit data so as to explain the process whereby feminist NGOs react and interact and are co-opted into the mechanisms of government in

Brazil. It therefore falls into the 'macro-substantive' category of ethnography (Hammersley and Atkinson 1995), of a particular society, which uses the analysis of case studies to build social theory.

Experiential data

The viewpoint a researcher brings to a study must be taken into consideration and I acknowledge the dimensions of my personal involvement in the production of this case study. Strauss describes the package of 'research skills and savvy' that an analyst brings to analysis as 'experiential data'. This consists 'not only of analysts' technical knowledge and experience derived from research but also their personal experiences' (Strauss 1987:11). According to Henwood and Pidgeon, well-grounded research must address a constellation of concerns and the researcher perspective includes substantive interests which guide the questions asked. The researcher brings to the study a philosophical stance and a school of thought. These provide a store of sensitising concepts, which include one's personal experiences, priorities and values (Henwood and Pidgeon 1995:24).

Charmaz proposes that by selecting and owning the categories which emerge from the data the researcher shapes both the process and the product and the 'report becomes the social construction of the social constructions found and explicated in the data' (Charmaz 1990:1162). For Haraway, it is important to address the complexities of the experiences of both the researcher and the researched. For knowing – like seeing – always starts from some embodied, socially situated vantage point (Haraway 1991).

In this case study I wished to explore the links between the status of citizenship and its relationship to the receipt of human and socio-economic rights through health care provision in Brazil as promoted by feminist NGOs.

I began to formulate this research when I realised I was witnessing a singular process, the components of which were of great interest to me, and so I assumed the role of interpreter of the situation. I was a participant observer of events unfolding; in other words I had 'first hand involvement in the social world chosen for study' (Marshall and Rossman 1995:78).

My professional credentials fitted the criteria for acceptance by the feminist

NGOs. I am a nurse by profession and have spent many years working in the developing world assisting health workers to develop projects for funding. My first degree is in Latin American Studies. I had previously undertaken hospital discourse research that relied on ethno-methodological method for my MA dissertation. I knew the 'constructionism' of Berger and Luckmann's social construction of reality (1967) and was well versed in Discourse Analysis and knew how to make data fit rigid, narrow, categories in the manner of the Birmingham School (Sinclair and Coulthard 1975). So I was not a novice in social theory.

In Brazil, as consultant to the British Council and British Embassy on projects for health and women and children, I found myself in an ideal situation to become an 'ethnographer' again. I needed 'a method of analysis which would make the links between structure and practice, between the macro and the micro…and link everyday interaction to history, economics, politics and wider cultural formations' (Skeggs 1994:74).

My contacts with the feminist movement in Brazil provided me with an opportunity to collect interesting data for deconstruction or reconstruction. There were no obvious power gaps between the status of myself and my research participants therefore , my project could be a 'collaborative enterprise' (Burawoy 1991:292).
A further advantage was that my research lay in the area of Latin American Studies where there is a wealth of research on Brazilian topics, which includes coverage of the emergence of social movements - such as the women's movement – in the transition to democracy.

Work schedule – fieldwork and data collection

Data collection was organised and took place in 1996. 1996 was also the year of significant gains for the women's movement in Brazil. The formulation of the critical ideas, however, emerged during the previous two years (1993 to 1995) when I was working in the field.

Questioning and the questions

Charmaz provides a useful recipe for initiating grounded theory research:

'grounded theorists begin with general research questions rather than tightly framed pre-conceived hypotheses. If, perchance, those research questions are irrelevant in the field, then they develop new, suitable ones…' (Charmaz 1990:1162).

The questioning phase of my research followed this pattern, following the course of essential procedures for 'discovering, verifying and formulating' a grounded theory (Strauss 1987).

In the first instance I would raise questions which I imagined could be used as data. However, these would often prove to be inappropriate and would have to be refined. I would test ideas and concepts with Brazilian colleagues. If they didn't work I would formulate other questions which might elicit a positive response. But I knew that I could not risk collecting data until my own ideas and concepts were clear. I needed to approach the research participants confidently with some ideas of how to create structure from my field work which would be sustainable across institutions and assist me to construct, or reconstruct, the social reality.

Strauss maintains that: 'the raising of generative questions is essential to making distinctions and comparisons; thinking about possible hypotheses, concepts, and their relationships (Strauss 1987:17). Yin suggests that researchers should ask themselves questions they want answered when conducting case studies (Yin 1994:3). I asked myself two lots of questions. The first were concerned with identifying democratic processes and were the following:

- What was 'civil society' in Brazil?

- What did 'citizenship' mean for different groups?

- What kind of people were members of NGOs in Brazil?

- Was NGO activity instrumental in bringing about democracy in Brazil?

- How did feminist organisations emerge from mass social movement in Brazil?

- Who were the feminists?

- How did the feminists define an agenda or agendas ?

- What was the feminist agenda?

- How influential were the feminists in achieving their goals?

- Could feminists influence policy-making in Brazil?

- How close to government were feminists working?

- Did feminists have real autonomy from the state in decision-making for women of Brazil or were they compromised by government?

- How important was international support for the survival of the NGO movement in Brazil?

The second group of questions was concerned with the health service:

- How did health services work?

- Who had access to health services?

- How could health services be expanded to include all comers?

- How did feminists interact with the health service and at what levels of operation?

Discovering the agenda

In order to elicit answers to these questions I devised questionnaires to enable me to reach points of focus for my research. Two initial attempts to extract information were unsatisfactory. The first time I sent 20 questionnaires by post to NGOs with which I had contact throughout Brazil but I received *no* replies. The second time I tried a new strategy using my professional contacts as a captive audience and raising my questions at the end of interviews which dealt with other business. However all attempts to elicit a response were met with disinterest and impatience. No one would engage in conversation with me on my topics of my choice. This was because my questions were not quite right – conceptually I was not reaching the central notions about NGOs. I was toying with notions of 'civil society' and 'citizenship'. These two concepts seemed to me to be used

indiscriminately. The words seemed to be used to express general notions of how society would progress to a point whereby there would be participation of the community in the social process. This participation would be the cure for all ills; from violence and gang warfare in the shanty towns to the rampant corruption of politicians. It was not at all clear to me if there were any practical applications for these lofty concepts or if they referred to a concrete agenda for change.

Over time it became obvious that the field of my original investigation was too great – that of charting the progress of health reforms in the Single Health Service (SUS) and the roles of NGOs in the process and the capacity of the feminist NGOS representing the women's movement to deliver services. So how could I link health and particularly women's health with the non-governmental sector? I could not find a way into the process. Although there were some impressive health projects involving different communities in different ways, the overall health system didn't really work. I understood that the system called SUS was reimbursing every strand of activity – private hospitals, NGOs, federal, state and municipal programmes - but I could not find a unifying vision within the health service.

This search for the right path is common to all ethnographers. My trail of trial and error was taking me in and out of the defined areas of interest. Tina Koch describes this as an audit process 'of the events, influences and actions of the researcher' (Tina Koch 1994:976), who lays a 'decision' trail which is included as part of research procedure. Although my own struggle was not audited as part of the qualitative research process, it was nevertheless an integral part of what took place. I listened to what was being told to me but for a long time I couldn't hear what was being said. I was ignoring the most important element of the discourse. After a good deal more familiarisation the way forward occurred to me as I realised that the key to the puzzle was to be the 'rights' (*direitos*) agenda, not the health agenda. This was the discourse I was seeking. The rights discourse was fundamental to civil society activity in the making of democracy and NGOs were founded on the basis of a human rights identity. I discovered that the women's movement tied notions of citizenship to health care coverage. I could now make decisions about how to proceed. I would therefore select the research participants on the basis of what they could tell me about this process. Until I reached this moment of

realisation I had not identified the importance of the new decision-making bodies. I had not taken into account the importance of the Constitution (1988) and the fact that all of the potential interviewees in my research had participated in its formulation. Once I became aware that I had to start with the fundamental tenets of the new democratic order, the cross-cutting became possible. I could bring together my own knowledge and concepts, the experiential data, with the social context of my research. I could start to code the 'real world of data' (Strauss 1987:17) and build a 'theoretical structure' to form new explanations about the nature of phenomena (Strauss & Corbin (1998b).

I was able to make linkages. I now understood clearly the terminology which emerged and I discovered that each institutional strand – the government, the church, the Worker's Party (Partido dos Trabalhadores PT), the neighbourhood associations – all used the same language to describe social processes. I had, finally, after two years, become conversant with the human rights discourse.

My original focus had been to work at the health end of the spectrum and work back to the feminist process as described. I then reversed this vision to start at the NGO end of the spectrum. This alteration presented me with a dramatic shift in substantive focus (Hammersley and Atkinson 1995:206).

I was now ready to make decisions and identify data relevant to my research question. I was now involved in discriminate sampling, with deliberate and directed selection of persons, sites or documents to confirm and verify core categories.

My area of professional concern was women and development. I therefore chose to select feminist NGOs which represented the women's movement in Brazil as I narrowed my field of vision. I would chart the effectiveness of this group operating with a very specific human rights agenda – the legislation for reproductive rights and the delivery of these in the public health sector.

2.3   The area of investigation

The questions I had asked myself at the start of my research were still relevant for my case study and when answered would describe state/civil society relations in the transition to democracy and reveal whether feminist institutions had been successful in achieving their aims in the field of health. I also wanted to know whether or not feminists

had any real influence in the corridors of power and which mechanisms were in place to enable them to carry out their programmes.

2.4   Data collection

Having identified the subject of my enquiry I approached the tasks of data collection and processing. The data were collected to provide a variety of accounts of major issues and processes in Brazil and test the strength of ties and 'stable features' amongst an elite group (Hammersley and Atkinson 1995:209).

According to Glaser and Strauss (1967) theory is developed out of data analysis, and subsequent data collection is guided strategically by the emergent theory. This process can also apply to the generation of other research products such as descriptions and explanations (Hammersley and Atkinson 1995:205). In order to generate my research products I had to make a careful choice of informants so as to give me the best coverage of topics for my proposed research.

The 'actors' or research participants

I selected the six most prestigious feminist NGOs in Brazil and asked for interviews with key members to obtain the data . I already had access to these institutions but now the terms of reference for my visits had changed and I made the appointments with the contact persons making my intentions clear.

In this study I have used the real names of informants and attributed contributions to each person accordingly. Each informant is the contact person in their organisation and all are accustomed to giving opinions and views. (This function forms part of the NGO objective to democratise information). Each person knew of my intention to quote them and they all agreed to taping interviews.

The women I interviewed were all prominent members of their movement. Each had a long history of involvement with the issues under review – that is, the legislation for reproductive rights and the delivery of the appropriate interventions in the public health sector. Each NGO had a different approach to the reproductive rights agenda – one is legal, another is educational, another is medical, and so on. Each participant was an official representative for feminist activities in the region. All were founder members of

their own NGOs. All were well-known activists and policy makers at the forefront of their own movement. They included[*]:

1   Maia Vania – Doctor, SOS CORPO, Recife

2   Leila Linhares – Lawyer, CEPIA (Cidadania, Estudos, Pesquisa, Informação e Ação), Rio de Janeiro

3   Mariska Ribeira – Teacher, IDAC (Instituto de Ação Cultural), Rio de Janeiro

4   Sonia Correa – Sociologist, IBASE (Instituto Brasileiro de Análises Sociais e Econômicos), Rio de Janeiro (formerly founder member of SOS Corpo).

5   Marlene Libardoni – Social Scientist, CFEMIA (Centro Feminista de Estudos e Assessoria), Brasília

6   Rosa Dalva – Sociologist, CFSS (Coletivo Sexualidade e Saúde), São Paulo.

Five of these six interviews are taped, with the exception of CFSS where I had technical problems with recording and therefore relied on note taking. I have not used the data from CFSS as basic material as there was no transcribed data for analysis.
I also obtained taped interviews with the following persons who have specific opinions concerning different aspects of my research, as described:

1   Silvio Bavo, the President of ABONG (Asociação Brasileiro de ONGs) in São Paulo. Silvio Bavo provides the overall view of working conditions of the present civil society/state relations.

2   Rubens de Morais Silva, is long time mobiliser of popular movements and committee spokesperson for the Popular Movement for Health (Movimento Popular de Saúde MOPS). In this study Rubens gives the view of the 'Left' in Brazil today. His views reveal another strand of thinking concerning state/civil society relations, which is widespread within the popular movements. He is also a traditional, third-world priest and is actively involved with the Landless Peasant (SemTerra) movement in Brasília, which protects the right of small farmers, with no land, to occupy farmland. When I met Rubens he had been suspended by the bishop from his parish for saying a

requiem mass in the squatter's camp for a protester who had been shot dead by the police. He had led a procession with a ten foot cross which was planted at the entrance to the camp. Rubens works with a sociologist and various doctors and teaches literacy with a health agenda. He mobilises communities under MOPS and trains leaders in simple health and hygiene measures as well as citizenship, using the methodology of Paulo Freire to train leaders to speak for the community (*lideranza*). I spent many days working in the communities with Rubens. He also writes materials explaining the MOPS philosophy and is permanently active demanding access to the decision-making process for health. Until now this participation has been denied to him.

3 Angela Santana, Minister for the Reform of Public Administration (MARE). Angela Santana is a junior minister and has been working closely with Minister Bresser to deregulate conditions of employment of public sector workers. MARE is the federal body charged with reforming the civil service and reducing the privileges and conditions of work of public sector workers. Angela Santana is an expert in social policy and a graduate of the Instituto Getulio Vargas for social policy. MARE is staffed by social planners.

4 Jose Pedrosa, civil servant seconded from the Ministry of Health to work for the Solidarity Community. Jose Pedrosa is the spokesperson for the health sector, where he normally works, and also for the Solidarity Community where he is now working on secondment.

Angela Santana and Jose Pedrosa represent the position of the 'state' in this research as all the other interviewees represent 'civil society'. Each NGO varies slightly according to the expertise and perspective of its founder members. Other opinions are given by health sector workers who comment on the present status of the Sistema Unico de Saúde (SUS) and health NGO workers who also comment on the state of SUS.

These complementary interviews are included to cast light on the health sector from another angle and to assist in processes of validity and testing by lending objectivity and perspective to my research.

I also supplemented my interviews with views imparted informally with other NGO leaders,: such as the demographer Elsa Berquo from CEBRAP and Rubem Cesar Fernandes from ISER and Viva Rio projects. I also had occasion to meet with the head of the CNDM, Rosiska Darcy de Oliveira.

I had had previous contact with all the women from the feminist NGOs and the other interviewees before conducting the interviews for my research. All the participants gave their time generously.

Strauss maintains that induction, deduction and verification are the skills that a researcher must own to build grounded theory (Strauss 1987:12). I conducted the interviews as open-ended meetings and I relied on my intuitive, inductive and deductive powers to get me through. My research had moved from generalised questioning to a more structured approach whereby interviews were informed by 'analytic questions and hypotheses about categories and their relationships' (Strauss 1987:27).

I selected boundaries for my inquiries which were concerned with identifying basic themes (i.e. the identification of the state/civil society division and the construction of citizenship through health care delivery) which were common to the movement nationally. I wanted to discover how the movement articulated internally as well as with the government and civil society to which it belongs and serves. I was, however, intrigued by the history of each NGO regionally and wanted to know how, or if, they differed one from another and whether they coincided in their aims.

I wanted to test the concepts of NGOs in different regions and with different perspectives on the main objectives of the movement to see if there were shared norms. According to Ian Parker, networks of rules emerge as a property of culture, and different rules define behaviour and reflexive powers in different societies (Ian Parker 1995). The rules of the NGO movement came to be accepted as cultural norms in Brazil and especially the feminist movement as they worked to bring about an inclusive citizenship for the inhabitants of Brazil.

2.5   Data analysis – the emerging themes, categories and constructs

The basic tenet of qualitative research as a method of analysis - including grounded theory and case study methodology - is that theory must emerge from data.

Data collection, analysis and theory formulation form an interrelated process which underpins the search for social process. 'Interpretation and data collection are guided by successively evolving interpretations made during the course of the study' (Strauss 1987:10).

Brazil's progress towards democracy was shaken in the first instances with the impeachment of President Collor (1993) for corruption. Reform processes had already begun, but with election of the Cardoso administration (1994) an acceleration took place. President Fernando Henrique Cardoso, and his wife Ruth Cardoso were founder members of the NGO, CEBRAP. Both are academics who have written extensively about Brazil's structural, economic and social problems. Therefore NGO members were convinced that, under this regime, their strategies for reform would be endorsed. Feminists were sure that they would regain their old status and that their institution, the National Council for Women's Rights (CNDM), would be reinstated to its former glory as an executive body within the government. This was therefore a good time for me to conduct my interviews and pick up on the discourse, as NGO personnel restated reform projects confidently together with depositions of their projected plans which appeared in the NGO journals.

The topics which emerged from my data provided an initial broad outline of a process which included the 'macro' government processes and the role of feminist NGOs within these.

On investigation the data revealed more about what could *not* be used as a descriptive category for coding rather than what could. I could not impose a theory on the data. As Strauss states, 'One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge.' Charmaz says, 'Premature commitment to categories means that the researcher has not fully explored the issues, events, and meanings within the research problem or setting and has not gained…intimate familiarity with it' (Charmaz 1990:1167).

My need was to code my data. My perception was that feminist NGOs representing the women's movement had been successful in legislating for women's reproductive rights and implementing health policy by co-operation with government. This phenomenon was a by-product of the arrangements in place for a new democratic

process. I had selected NGOs to test my hypothesis, the choice of which had been made after a long period of investigation and after extensive study of the phenomenon in the field. My aim was to discover how feminists had achieved their success and what their strategies were for survival.

The themes

Broad themes emerged from my data which were the following:

- citizenship

- civil society

- health services

- empowerment of feminists

- reproductive rights

- international relations.

These topics were the elements which would provide a description of the phenomenon; of feminist NGOs representing the women's movement, who were interacting with the Government of Brazil, legislating in reproductive rights and planning and implementing health policy for the public health system . When the above were inter-linked and the relations between them were described they would provid a fit with the Latin American Social Movement literature (see Chapter 3). The structure of my case study would explain the process and provide common-sense understanding of the data.

As time progressed the handling categories or topics which I had selected were to become more elaborate. They increased in density, to allow for all aspects of my report to be explored to reflect the macro and micro processes under investigation.

My broad task was to explore the links between human and civil rights and health care provision but I was also interested in the detailed operation of Brazil's feminist NGOs - set up to represent the women's movement - and how the members were able to

address the problems of reproductive rights.

I divided the areas which needed investigating into chapters to explore the topics generated by the data from different perspectives, thereby discovering connections and making links between the different components of my thesis.

The concepts used by Brazilians to describe their political and social evolution are very specific. These are also reflected in the literature of the subject area of Latin American Studies but in the early stages of my research I discovered the terms from the data.

1   Citizenship

I grew to discover that the notion of 'citizenship' is central to the making of democracy in Brazil and I wanted to explore the realms and possibilities of this in Brazilian terms and within the feminist movement. It is apparent that in Brazil a large section of the population is left outside economic, social and political processes.

The main objective for NGOs is to end exclusion and bring the populace in under the umbrella of the state to ensure participation for all in the services. Their strategy for this is to 'construct citizenship'. This construction is a political proposal to deliver human, social and economic rights to the people on a massive scale and is, in principle, the cornerstone of the emerging democracy. The 'rights' agenda is home-grown but the struggles of Brazil to come to terms with a new kind of inclusive democracy, in a context where swathes of the population have never been included in the legal and social processes available, is now reflected in the United Nations agenda whereby the Secretary General proposes to 'mainstream' rights. The international agenda has impacted on Brazil but so has Brazil impacted on the international agenda. Therefore my first area of exploration was to become 'the Construction of Citizenship and the Rights Agenda'.

2   Civil society

I selected the concept of 'civil society' for exploration as this is constantly thrown up by the non-governmental sector as its members speak about the place they hold in society. Many questions were raised by its use. My aim was to discover how this

status was viewed both within and without the movement. Was a real political role possible for non-governmental institutions or individuals representing civil society or was the proposed civil society institution co-operation to devise public policy to be merely tokenistic; a political mechanism to appease those calling for democracy?

I then discovered that it was not going to be possible to consider civil society alone in the context of my thesis and so I had to investigate the role of the state and its relationship to the NGOs as they operated as civil society. Therefore I broadened my category to reflect all the actors in the governance of the period to become: 'Civil Society, the State and the Role of NGOs'.

3   The women's movement

One of the most interesting discoveries I made was the way the women's movement was represented by feminists NGOs. These were highly organised institutions which had been set up in all parts of the country. However, I soon found out that there was a second level of institutional arrangement in place in the form of the National Council for Women's Rights (CNDM) also representing the women's movement; as NGOs alone could not reform the public sector . Both of these institutional levels had to be considered when assessing the women's movement; both had established relations with the Government of Brazil; both had been incorporated into the policy-making procedure in the area of health and feminist activists working within both had been empowered at all levels of government – municipal, state and federal. I wanted to explore this complex relationship and discover if the 'empowerment' of institutions, which had taken place at a crucial moment in time (1985), was of a permanent nature and, if so, would relationships established with governments affect the autonomy of the women's movement. This category therefore became 'Empowerment of the Women's Movement – from Organised Civil Society to Participation in Affairs of State'.

4   Health

The category called 'health' was my initial area of interest. I came to discover that

health was not just a matter for health professionals in Brazil and all kinds of groups concerned themselves with it. But I was interested in the general health of women but also in the health service. What was available to women in the existing health service? What was meant by 'SUS' (The Single Health System) and how and where was this delivered and by whom and how was health linked to my other category of citizenship? More specifically I wanted to know if the special needs of reproductive health were being attended to within the system. I wanted to explore the women's health proposal, the Programme for Integral Assistance to Women's Health (PAISM)and see how this fitted in. This category therefore became 'Health in Brazil'.

5   'Reproductive rights'

'Reproductive rights' is the terminology which is used in Brazil to refer to the package of health measures, including birth control (in Brazil sterilisation) and abortion, which are available to women and which will enable them to control fertility and take charge of their lives. In Brazil this is a murky area and the existing situation is intolerable because of the mortality statistics. In political terms these issues are not just feminist concerns but have implications   which impact on the development of the country as a whole. Catholic countries prefer to avoid governmental confrontation with the church and have a history of ignoring matters of population and poverty.

However, with an agenda for democratic reform of the health sector,   the time has come to reconcile the inherent contradictions. My area of research therefore became 'Reproductive Rights – Policy, Practice and Legislation'.

6   International relations

This final category of international relations was selected to gauge just how influential outside influences had been in the transitional period to democracy in Brazil. How important was globalisation in assessing Brazilian NGOs? The international community and the United Nations define international laws for human rights. The women's movement has a strong profile for its contribution to United

Nations conferences to address development issues in terms of rights and their sophisticated profile is exploited by the Brazilian government for diplomatic purposes. The National Council for Women's Rights (CNDM) in particular plays an important role in the Brazilian diplomatic process and is adept at fund raising. NGOs in Brazil have also been heavily funded by the international development community in the past even though they have to adapt to a new situation for the future.

Another more important aspect of international relationships subsequently emerged however and that was the manner in which multinational international financial institutions – backed by the major industrial countries -such as the IMF and the World Bank -were imposing neo-liberal policies for development on countries like Brazil which were forced to comply because of pressure from their creditors following the debt crisis of the 1980s.

However, in the end, I decided not to make international relations a separate category but to disperse the material throughout the other sections, especially those concerning the rights agenda. I did not want to make a special feature of NGO/international relations, although this is an important area in the evolution of NGOs, because essentially my thesis is concerned with national politics and the governance of Brazil in the transition to democracy.

2.6   The working hypothesis

After much deliberation I was able to put together the above elements and make links between them. In so doing I found that I was describing a process. Each of the selected elements or categories allowed me to process information to make the following realistic hypothesis: that feminist NGOs representing the women's movement have gained entry to political decision-making processes and by so doing have achieved a quantum step forward for women to become full citizens of Brazil as they move from a position of exclusion to obtaining services in the public health service.

2.7   Further methodological issues

Each methodological approach considered in this study states that data collection, analysis and theory generation form one research procedure. However, it is only with familiarisation and interaction with the data that the researcher can come to terms with the social process under investigation.

Reworking the material

In 1997 I left Brazil with my data which I subsequently translated from Brazilian Portuguese. Over this phase the focus of my thesis narrowed during the translation process. Refinement of focus in the case of this research led to a gathering preoccupation with the *process* of the women's movement in achieving its aims, i.e. how to go about changing the law to achieve reproductive rights for women and by so doing reduce morbidity and mortality rates – rather than the *product* of the actual reduction of morbidity and mortality rates which was not yet happening. This led me to conclude that process – to define human rights -was the important factor for feminists and that product – the delivery of human rights - was still secondary.

Academic literature

In their original proposals for the methodology of grounded theory, Glaser and Strauss (1967) suggest that the researcher comes to the literature review after having developed a set of categories. In my case this premise was appropriate as the literature was not available to me in Brazil, which meant delaying the literature review until I had access to libraries. This is considered to be an advantage by some grounded theorists as the lack of reading will decrease the likelihood of introducing preconceived conceptual notions when interpreting the data. Burawoy quotes Glaser and Strauss as follows: 'An effective strategy is, at first, literally to ignore the literature of theory and fact on the area under study, in order to assure that the emergence of categories will not be contaminated by concepts more suited to different areas' (Burawoy 1991:10).

On my return from Brazil in 1997 I began to refer to relevant literature which would help me to come to terms with my data. Not only did I access methodology

literature for grounded theory and case study research but I also found other types of theoretical literature that I required for my analysis. I was already sensitised to the 'rights' agenda of my area of interest and sought literature dealing with new theories of modern democracies. I became familiar with social movement theory of Latin America and discovered theories of 'new social movements' and 'citizenship' (John Keane *et al.* 1988). Later on, I also accessed literature concerning participatory approaches to international development (Gaventa 2002; Cornwall and Gaventa 2001; Jones and Gaventa 2002; Hickey and Mohan 2003; Lister 1992,2002).

Their theories matched the disquisitions on citizenship and civil society which were ever present in my primary data collection from the feminist NGOs in Brazil where the terms had constantly cropped up in the interviews and in the documentation I had gathered together - including NGO pamphlets and newspaper reports. I became aware that feminist academics also had a store of theory to describe the women's movement in Brazil as a prime example of a social movement. I was also able to access the highly developed analytical literature from the Brazilian lobby of social scientists based on their research. Many of these analysts are also active politically; either within government or in the non governmental sector.

Translation

In this research translation is also a component of the interpretation of data. In the transfer of ideas from one language to another the reality transferred inevitably becomes another. In this study where there are nuances of language I have given the Portuguese words or phrases so that my translation can be verified. I studied Brazilian Portuguese, obtaining the Higher Examination of the Institute of Linguists (advanced working level for diplomats), over the three years I was working on this research – concurrently with acquiring the concepts of the feminist movement with all its cultural and political aspects. During translation I was able to elaborate the categories and explore the components and codes. This procedure enabled me to deepen my insights in the development of my case study theory. I also translated Brazilian academic text into English where appropriate.

The feminist research agenda

Yet another strand of feminist activity which operates in Brazil is the feminist research lobby. The Universities of Brazil have research departments dedicated to women. Feminist academics are successful in Brazil and they have created an important niche in the area of social science. They are well connected internationally and their academic contributions have contributed to the constructs owned by the feminist movement. The universities are also linked to feminist NGOs, which operate with a research component and keep archives and documentation, and I made use of their services. The feminists in both the universities and the NGOs reinforce subjectivity claims for their discipline both internationally and within Brazil and while attempting to identify the constructs operating within the women's movement I was sure I shared many of the values and assumptions of the women interviewees and I was a sympathetic participant observer. However it was not my intention to undertake a feminist analysis which, according to Skeggs (1994), relies on male/female power structures to gain its insights. This research is focused on 'women's experiences as a basis for the research' (Griffin 1995) but , although my subject is women and my concern is with the feminist standpoint, I have no political agenda with feminist analysis other than to describe a phenomenon and highlight the gains of a movement which has been established in a particular country at a particular time.

The NGO feminist network in Brazil combines feminist theory with public policy and health practice. The women interviewed in my research, however, are primarily concerned with political values which can be put into practice and they explain how they take on the plight of poor women although they themselves are not underprivileged. Their concerns lie with 'ordinary' women; from amongst whose ranks they consider themselves to number. In the words of Maia Vania from Recife, 'as women with a 'rights' agenda we are the subject and the object of our own deliberations.' The women in this research are highly politicised and political and they believe in politicising the population with which they deal. However, they also represent all the women in Brazil and in so doing have to accept the demands which surface and which come from the grass roots.

The delivery of the feminist reproductive rights agenda will allow women 'personhood' and, in Brazilian terms, citizenship. In Brazil issues of health and abortion,

population and sterilisation are crucial feminist issues but to address these and implement the social policy implied will have an important impact on development as a whole.

2.8   Summary

I interrogated my data to discover what constructs would emerge. That which emerged was a series of processes: including social concepts, an historical period, a description of a social movement and the story of successful negotiation of a group with government. It showed a health service in disarray and opportunistic action on the part of NGOs trying to survive and finding strategies not to be swallowed up by government. I tried to see if the data would tell another story and yield other categories. For example, to substitute 'education' with 'health' or 'popular movements' with 'NGOs'. The theory did not yield another explanation. The vision which emerged was the story of the emergence of democracy itself. The feminists had used the climate of change to come into being as a political force to represent women at the grass roots. They had been enabled to represent women in the field of health but not in other areas of social development. However, other groups had also emerged at the same time, including the popular movements, and these had not enjoyed the same success. NGO representatives of the women's movement understood their own role in the process and, in one sense, a major finding is how they created and invented themselves. My research was to elicit their story. It was remarkably consistent, but it was an internal process. Outside observers did not necessarily adhere to their version of events.

Chapter 3 reviews the literature pertaining to the role of social movements and their characteristics in transitional periods to democracy in Latin American Studies and relates this to the situation on the ground in that period in Brazil including the relationship between social movement activity and a discourse for human rights. It examines citizenship participatory approaches in development studies and the academic literature pertaining to the role of feminism in democratisation.

Chapter 3

Literature Review

3.0 Introduction

This thesis analyses state/ civil society relations in Brazil in the transitional period from dictatorship to democracy. It examines the governance of that period – understood as being the 'sum of interactions between civil society and governments' (IDS: 1998:2).

In this chapter, current theories of participation are reviewed; including interpretations of the term 'citizenship'   used in development studies and linked to the debate surrounding the nature of human rights and how governments can employ these in their social policy to deliver services that can rescue poor populations from poverty. I also use literature concerning social movements in approaching my data, which examines the role of feminist NGOs in transition politics in Brazil (see Appendix 2, Cognitive Map of Reproductive Rights Landscape 1985-95).

In Brazil, the citizenship project arises out of a   specific environment and a strong cultural milieu. Brazilians have a particular approach to citizenship which has been a component of a wide political process   to reform institutions and address poverty. The view of citizenship which emerges from my data is, on the one hand, a participatory process of popular social movement – whereby mobilised people are taught to claim citizenship from the state in order to improve the conditions of their existence – and on the other hand, a means for civil society institutions to participate in government processes to reform the law. The women's movement in Brazil (comprised of feminist NGOs, the CNDM, and the women's network) has used the concept   of citizenship to make demands of the state for health services for women, and particularly to deliver reproductive rights.

3.1 Participation and Development Studies

Recently, in international development studies, participatory approaches to development and governance are proposed as   a way of coming to terms with poverty in

the countries of the south.   Three main approaches are identified by Jones and Gaventa when examining traditions in citizenship thought (Jones and Gaventa 2002). Firstly there is liberal thought, then communitarian thought and lastly civic republican thought.

Citizenship in liberal thought is identified as a status to promote equality which entitles people to a specific set of rights regardless of a person's political or economic power. It gives the right to participation and, above all, the right to vote. A communitarian model of citizenship conceives of a socially embedded citizen (Sandal, 1998), whereby social identity is only gained through relations with others. Civic republicanism weds both of the above traditions and conceives of the citizen as a self – interested individual within a communitarian framework of egalitarianism, where all citizens are considered equal before the law.

With the re-emergence of citizenship as a mainstream concept for social policy, spearheaded by the international organisations, these traditions are united, that is: the liberal emphasis on individual rights and equality with due process of law together with the communitarian focus on belonging to a community and the civic republican focus on processes of deliberation, collective action and responsibility. Another view of citizenship comes from Hickey and Mohan, who propose a critical modernism approach rooted in Marxism, feminism and post modernism and which is linked to a framework of 'radical citizenship' (Hickey & Mohan 2003:37) and tied to a specific goal of inclusivity aimed at securing rights and participation for marginal groups.

Ideally, according to Lister 1997; Oldfield 1990a, Kymlicka and Norman 1994; Mouffe 1992, citizenship would be viewed as both a status, which accords a range of rights and obligations, and an active practice which would include participation of citizens in social processes. This citizenship agency, as promoted by Lister (1997) would lead to more democratic governance and more effective social policy providing an opportunity for the voices of citizens to be heard in government but also for governments to be accountable to citizens, in both policy terms and with regard to the rationale for government expenditure. As Gaventa and Valderama point out, 'with the rise of the good governance agenda, the recasting of citizenship participation as an expression of citizenship rights and human agency has met with growing concern not only for citizen 'voice' but also for influence and accountability'. (Gaventa and

Valderama 1999:5).

According to this expressed concern, any model of citizenship participation would require direct connection between citizen and the state. For example, the Commonwealth Foundation study (1999) states its *desired visions* as being: '(1) a strong state and strong civil society, (2) deepened democracy and democratic culture, (3) an enlarged role for citizens, (4) direct connections between citizens and state based on participation and inclusion, (5) co-construction of strong associational life in civil society (strengthened interface between citizens and intermediaries like NGOs, trade unions and informal institutions) (Gaventa and Valderama 1999:39).

The notion of citizenship participation therefore raises many questions about the nature of any given society in the south such as: Who controls the government? Is there an active civil society? At what level can democracy take place there? How can politics become more relevant to individuals or groups of individuals existing outside, or having scant contact with, the legal frame of a country (because they never go to school or attend a hospital and are marginal in terms of the state)? How can citizens participate in state processes? How can citizens make their individual or collective voices heard to influence the course of events in their own interests?

3.2 Citizenship rights and obligations

Participative citizenship reintroduces the rights agenda to development politics. Present day northern societies operate with conditions whereby disadvantaged groups benefit from state provision for the delivery of social rights to citizens, following the ideas of the promoter of welfare provision Marshall (1950), whereby minimal social and economic needs were to be provided by the state. He linked social rights to human need; proposing rights to welfare and resources, health, education and economic well-being. According to Gaventa and Valderama these proposals were seen in the light of a reduction in the risks of capitalism, whereby protection was extended to the unemployed outside of the system, rather than a reduction of inequality in society. (Gaventa and Valderama 1999:5).

Marshall made the link between rights and needs and extended the brief of citizens to undertake responsibilities in the post war period saying that 'social rights

imply an absolute right to a certain standard of civilisation which is conditional only on the discharge of the general duties of citizenship' (Lister 1997:21). However Marshall did not specify the type of general duty he had in mind.

This raises the question of the basis or 'terms' (Lister 1997) of any encounter between the citizen and the state: would this be voluntary or linked to obligation? Current theories of citizenship participation do not clarify the type of participation envisaged. If citizenship is to be linked to participation then unasked for obligations may be laid at the door of the citizen, who only asks for social rights to be accorded in so called passive citizenship. In which case, his or her citizenship immediately becomes a burden.

3.3 Rights and Freedoms

According to Evans (2002), international social policy is governed by a liberal consensus and is subordinated to the global economic agenda. Within this framework, where globalisation and transnational politics are given prominence, the nuances given to different kinds of rights become crucial for the global construction of social justice and the division of rights into different types militates against their delivery on a universal scale. With the liberal consensus, civil and political rights are considered to be negative rights or freedoms; whereas positive rights, such as the right to health, are of a socio-economic nature. Neo-liberal governments balance rights and freedoms in their governments, but, above all, they offer rights that emphasise liberal freedoms of individual actions and principles axiomatic to the ideology of the free market.

Freedoms or negative rights are fulfilled when members of the community do nothing to violate the freedom of others and they can easily be guaranteed by national laws at no cost whatsoever to the state. Positive rights however require that the means of life are provided to those unable to provide for themselves and, in poor southern countries, these include clean water, shelter, food and health care. But, as Evans points out, 'since all rights are claimed against the state, and positive rights depend on the level of economic development a country has achieved, setting any universal standards for economic and social rights is impossible.' (Evans 2002:200). However DfID (2000) and UNDP (2000) hold a basic human rights approach, which seeks to undermine the

foundation of the liberal consensus,   maintaining that social, political and civil citizenship rights are indivisible. By giving equal weight to all three types of rights, they mean to strengthen the ability of vulnerable groups to claim social, political and civil resources to meet their needs and they propose participatory forms of governance so that citizens can demand rights. But Lister points to the danger that rights enshrined by law can also create the problem of exclusion (this debate becomes relevant in any discussion of how asylum seekers from the south can gain access to the benefits of northern states) however for long term marginal populations of countries such as Brazil the problem is to gain access in the first place to any state services that might exist.

Most commentators making a contribution to the extensive debate being waged on the types of rights in development studies hold to the possibility that rights can be claimed for all at some level in southern societies. However for northern societies to imagine that   welfare states which ensure rights - of the type instigated by Marshall - can be set up in southern countries is optimistic. In Brazil, for example, the Ministry for Social Welfare was closed down in 1994 because: a) it was subject to too much corruption; and b) it was impossible to administer and totally inadequate to address the needs of the populace.

 In southern countries the rights which will directly benefit the poor are socio-economic rights to provide them with services - and in Brazil these need to be on a very large scale.   Freedoms or negative rights do not benefit poor people, who don't even have the right to physical security in poor areas.

Where neo-liberal rules operate, such as with the PSDB of Fernando Enrique Cardoso,   transnational corporations attempt to open up markets – including health markets - to private investment and private companies then access public funds for health services.   But instead of providing universal cover, this strategy   leads to a reduction in access to health provision for the poor and a diversion of public funding to the private sector.

The citizenship project in Brazil

Citizenship   soon emerged to be a cornerstone of my data as the research participants constantly referred to the term within the context of marginality and

exclusion, which is a particular feature of Brazilian politics. For each country in Latin America, independence took place from the mother countries of the Iberian peninsula in different ways. As a Portuguese colony, which actually provided asylum for the monarchy escaping from Napoleonic invasion, Brazil had a very special trajectory towards independence and its early laws were all bound up with the abolition of slavery and the recognition of the rights of an excluded subject people.

Inequality in Brazil has its roots in the 19th century when integration of former slaves into the larger society did not take place (Drescher 1998). Certainly, former slaves continued to be dependent on their former masters long after emancipation in 1888 and, in northeast Brazil - considered to be the *locus classicus* of such dependency relations - continue to the present day . According to Florestan Fernandes (1965), the first analyst to address this problem, former slaves had no preparation for emancipation and indeed slaves did not transmute into citizens. 'Slaves learned no skills under slavery; on the contrary slavery had taught them to avoid work whenever possible. Slavery had not built up the black family; rather it had undermined and destroyed it. And slavery had done nothing to instil a sense of community and self worth into slaves' (Andrews 1998:100).

With this reality in mind, Brazilian human rights activists recast citizenship - combining the liberal, communitarian and liberal republican traditions - in the light of their own particular reality: a country with a vast excluded population and a history of slavery with entrenched inequality. Rubem Cesar Fernandes (1994:87) states that 'the concept of citizenship evolved theoretically to describe historical conflicts which led to exclusion or inclusion (of the population) in social, political and economic life.' Similarly Maria Betânia Avila and Taciana Gouveia (1994:4) say that the term citizenship has always been used for analysing Brazílian society: 'the theme of citizenship has always been present perhaps because of the nature of the Brazilian state, and the demands made of it were in those terms.' However for development studies in the north the concept is only now resurfacing as new paradigms are sought - using examples from the south - to regularise relations between wealthy northern countries and southern countries with poor populations like Brazil, where recent events have led to the emergence of social movements which raised their collective voice to make demands for citizenship and rights to be accorded to the population by the state.

3.4 New social movements (NSMs)

The descriptive category of 'new social movements' (NSMs) is the term used to describe collective action by civil society movements and their emergence is taken to be the political or social manifestation of heretofore non-political groups which have begun to express themselves thus representing a growth of plurality in society, according to John Keane, Melucci, Pateman *et al.* (1988) .

In Brazil, a prime example of this phenomenon is the social movement activity of the decade of transition, 1985–1995, when different groups were able to mobilise as a broad front in opposition to military dictatorship. According to Cardoso, in Brazil, the term 'new' attached to social movement activity came about when it became apparent that popular protest was not coming from the expected revolutionary quarter. 'Newness' lay in the introduction of popular and previously excluded sectors into the balance of forces within civil society, and in their occasional ability to challenge the state. (Cardoso 1983:244).

Emergence

In Latin American countries civil society has been recuperated and galvanised into action, according to Foweraker, and this   gives   social movements a special importance. Cycles of protest have taken place using 'an extraordinary range of tactical and strategic invention which has extended and strengthened the action repertoire of social movements across the country ' (Foweraker 1993:29).

In Latin America, social movements are seen to be essentially urban. In 1985, 75% of the population of Brazil lived in cities of more than 100,000 people (Foweraker 1995). This is now 80%, according to Fleischer (1998). Women made up the numbers of NSMs overwhelmingly. Corcoran-Nantes (1990), estimates that 80% of participants in contemporary social movements in Brazil are women; showing that women have at last found a way of participating in public life.

In Brazil, where the state was centralised under the military dictatorship and opposition was stifled, many diverse groups – including the churches: particularly the Catholic Church, universities, foundations and trade unions - emerged to oppose the dictatorship. Political leaders (including the former President, Fernando Henrique

Cardoso, elected in 1994), went into exile. Others were tolerated as long as they did not confront the policy of the government. They carried out low-profile activities, conducting research in their institutions   and working in communities. Those that did oppose the government (such as land reform groups) suffered repression and Brazilian society was deeply divided and coexisted in an uneasy truce.

However for Moreira Alves (1989), there was no deep division of state/civil society relations within Brazilian society. Instead there was a highly developed system of alliances at play throughout the dictatorship, and an underlying agenda of mutual tolerance expressed by those in power for those without, and vice versa. According to this view, civil society groups co-operated with the military regime in a 'civil–military coalition' which took power after the coup d'état in 1964 and was capable of manipulating the popular movements. 'The structures determining the formation of the national security state in Brazil were set up in time through a constant dialectical interplay between the state and opposition forces' (1989:280).

However for most observers, the state/civil society distinction is a way to develop an 'interpretive standpoint' and allows for analyses of 'the origins, development and transformation of particular institutions or whole social systems' (Keane 1988:9).

 In my thesis, I use the dichotomy to describe how the military regime of the national security state was overtaken by civil society organisations which were united in protest and provided the necessary momentum to achieve a political transformation. The 'state' of the military regime was no longer viable and needed opening up to new ideas.

Identity

Social movements are identity-specific in orientation. People come together as individuals to form collective identities in solidarity for their causes. Melucci (1985) claims that solidarity is the capability of an actor to share a collective identity. Slater points out that it is possible to think of movements in terms of the social construction of collective identity. 'Thus actors or social agents produce an interactive and shared definition of goals of their action and the terrain on which it is to take place' (1994:18).

Evers proposes that identity is a 'coming to terms of characteristics, potentials and limitations' which overcome offers of false identity from outside (1985:56). Touraine

sees collective activity in terms of social 'conflicts' – actors live their lives as a rupture with predominant cultural values or institutional rules. Foweraker affirms that the key to understanding social movement activity lies in understanding the motivation of individuals. 'Without an understanding of identity, of the 'passion of the actors' there is no way of explaining why social movements move' (1995:12). For Foweraker, identity is constructed along the way as a movement acquires a collective history which is shaped by the political and institutional context and through interaction with the state. Once a movement has become institutionalised then a new history is commenced. The events then become particularised. 'Partial successes and temporary reversals compose key aspects of the collective memory of struggle and so reinforce social identity' (1995:63).

In the Brazilian case, movements were mobilised initially on the basis of identities, such as the women's movement, the indigenous movement and others, and in the face of political oppression. The phenomenon of their emergence and organisational capacity forced a democratic transformation of their society.

Thus social movements which were not democratic per se, as they arose as a response to the military regime, did not derive from democratic principles but they contributed to creating democracy by impelling the transition, as Foweraker points out. Their leaders had a clear sense of history and an awareness of possible outcomes of their efforts. They had a destination in mind for the aims of the movement to be achieved. The 'passion of the actors' was to find a voice (Foweraker 1995:90). This voice would be both identity specific – as in the case of feminist NGOs making demands for reproductive rights, as well as fulfilling the overall objectives shared by all movements in the search for political freedom.

Mass movement

During the transition, from 1975 onwards until the first direct elections in 1984, social movement visibility was high in Brazil as the population took to the streets. There was organised direct action of street demonstration and social mobilisation. Mass demonstrations were backed by the powerful TV network 'Rede Globo' with the campaign known as 'rights now'('*direitos já*').

Such large-scale mass mobilisation as the 'rights now' campaign, which challenge

the institutional establishment, are relatively rare events, as Pakulski says, and even if they are not major forces for social change, they often pave the way for a new socio-political order by undermining the legitimacy of existing social norms, cultural codes and political institutions' (Pakulski 1991:xiii).

In Brazil, the Catholic Church was instrumental in creating mass movement to force democratic change. Its power of organisation among working class people, both rural and urban, cannot be overestimated. Moreira Alves says that 'it is in the small groups organised under church auspices that one may find the seeds of the vast grassroots movement of Ecclesiastical Base Communities (CEBs); of rural and urban trade union renewal; and of neighborhood and other community organisations' (Moreira Alves, 1989:286).

Slater reports that there were 100,000 Ecclesiastical Base Communities operating in the 1980s, with over two million participants (Slater 1994:8). According to Levine and Mainwaring (1989), these encouraged critical discourse, egalitarianism, and experiments in self-governance, which have long-term political consequences.

Politics or culture?

Social movement theory debates the nature of social movement activity as to whether this is essentially political in character or socio-cultural. Habermas declares social movements belong mainly to the socio-cultural sphere and transmit their lifeworld through communication (White 1995:241). By participating in a social movement, people acquire identities both as collectives and as individuals and defend their patch of the lifeworld.

This coincides with Melucci's theory, who defines the formation processes of contemporary social movements as action systems – 'their structures built by aims, beliefs, decisions and exchanges operating in a systemic field' (1985:793). He considers social movement activity as latent, political activity but considers concrete success to be unimportant as the goals of movements are to bring about a cultural transformation of modernisation and institutional change. (Melucci 1985:289).

Scott (1991) contends that social action is not strategic and social movement struggles are unconnected to state institutions and unconcerned with political parties.

Tilman Evers agrees that NSMs are predominantly apolitical in character and their potential for transformation is not political but socio cultural. 'their potential is mainly not one of power, but of renewing socio-cultural and socio-psychic patterns of everyday social relations, penetrating the microstructure of society' (1985:44). For Gamson , NSMs operate on the cultural field of existence by using strategic and identity-oriented actions. However, he is unclear as to what the 'cultural field' actually means and maintains it is something more specific than focusing on problems that deal directly with private life. (1991:38). Tarrow (1988), connects collective action to politics. Collectives must be analysed in their interaction with the political environment and especially with the institutions of the state.

Cohen and Arato (1992) state that approaches are fused. There is now a dualistic character to contemporary collective action and a 'communicative creation' is achieved. This may struggle for the defence and democratisation of civil society but also demands inclusion within political structures and the expansion of political society (Cohen and Arato 1992).

In this research social movement activity is both political and socio-cultural. In Brazil social movements came into existence at a time of repression and their activities were inevitably radical vis a vis the status quo. The Catholic Church – itself a highly political organisation, particularly in Latin America – contributes to the socio-cultural life of the people and is the organisation with which the people have the strongest links. Only the Church - reacting against the authoritarian and repressive regime, both within and outside the Church, at the height of the period of liberation theology - could have mobilised people on such a scale in a country the size of Brazil. By providing a strong cultural basis, which deviated from its traditional norms, to mobilise people to make demands for citizenship, they initiated a process of cultural and political change.

The popular voice which was raised, used the language of human rights to demand participation for civil society and for democratic change. They wanted the state to provide services and they then developed a relationship through their newly founded institutions with the political system. Therefore initially social movement was a grassroots cultural manifestation - with its roots in the Catholic Church, at that time committed to the liberation of the poor – but in time social movement organisations

developed a political project with the state.

'Normalisation' and a parallel bureaucracy

Evers states that 'it is a common experience that social movements after a phase of 'broadening mobilisation around concrete issues' gain some access to established political structures' (1985:57). Foweraker (1995) suggests that, in the course of time, social movements develop political projects and form organisations for this purpose: 'in approaching the state or developing a political project, it is a commonplace observation that social movements become 'institutionalised'. They do this by setting up Social Movement Organisations (SMOs) which assume executive functions previously exercised by informal groups and carry out tasks of mediation between the larger macro environment and the micro dynamics on which the movement depends (Foweraker, 1995:70).

Social movements set up their own bureaucracies and create non-governmental organisations (NGOs) and achieve 'normalisation' by becoming part of the political spectrum. As Gamson maintains, the real aim of social movement is to set up institutions which will enable them to enter politics and open up the political discourse. They will eventually achieve 'domination through 'normalisation' and a shift to micro operations of power in the discourse' (1991:37). Tarrow agrees that normalisation occurs to the degree that social movements enter 'conventional politics'(Tarrow 1988:427) or achieve some degree of representation.'

Hence social movements set up their bureaucracies – SMOs or NGOs - in order to seek local and immediate solutions to concrete problems. It is the state's failure or refusal to fulfil roles and provide services which has acted as a spur to social movements. As Foweraker says, in Latin American countries the state is a 'bulwark of social and economic exclusion' (1995:32) and, in the case of Brazil, it was the absence of the state in social affairs which brought about the collective, pluralistic action which took place. Civil society organisations, in the form of foundations or non governmental organisations, were set up to address the demands of social movements and fill the gaps in public policy.

According to Fernandes (1994), NGOs are a feature of the 'social reality' of

Latin America and they are highly professional. They are young entities and the expression of a new civil society which is very conscious of itself. They mobilise voluntary dedication but they are not churches. They insist on gratitude for their services but they are not philanthropic institutions. They are involved with politics but they are not party political and as a rule they wish to be disassociated from the state. They promote development but are not interested in productivity. They conduct research but they are not academics.

3.5   A Brazilian discourse for democracy and the agenda for human rights

In Brazil, the transition to democracy is deemed to be characterised 'by the organising capacity of oppressed groups which have emerged with a clear and demanding voice from the period of repression' (Green 1994:40). The voices raised, did so using a particular discourse and this was based on their human rights agenda. According to Cardoso (1983), social movements made all their demands in terms of rights, which were loosely defined as being the: 'recognition of a minimum threshold of rights associated with belonging to and inclusion in the social system' (Jelin 1990:206).

The participation in the democratic process, which took place during the transition to bring about change, included many actors, was multi–layered and had many components. Individual human rights activists also played their part in constructing Brazilian democracy, including Paulo Freire. Freire was above all a Catholic thinker (Coben 1998) and he created a new way of thinking about the voiceless poor of his country. His seminal work *Pedagogy of the Oppressed*, written in 1970, was used by social movements to achieve their goals and added strength to their activity by providing a sound ideological basis to the demands being made for human rights.

Freire's education method - which ties the teaching of literacy to self-help principles (such as nutrition and health education) to consciousness-raising - also had an important impact on the democratic trajectory of Brazilian people, especially with regard to making the Brazilian concept of 'citizenship' real and associating its use with exclusion. In Brazil there is a common core of understanding regarding this concept, which is shared by the feminist movement, which, in turn, has adopted many aspects of

the Freire methodology.

Discussing the Freire methodology of consciousness raising, (*consientizacao*), Nancy Scheper Hughes says that 'when…institutional arrangements and practices produce inequality, domination, and human suffering, the aims of critical theory are emancipatory' (1992:170). Colleagues of Paulo Freire, interviewed in this research, tell how they applied the powerful Freire methodology to their health activities and used it as a strategy to achieve their main objective: to construct an inclusive democracy and deliver human rights.

The discourse which emerged as a result of the effective literacy campaign constructed the concept of 'cidadania' or citizenship to promote the idea of belonging (to a nation state) and taught the people how to claim rights from the state. This concept was carried through from popular movement activity to project work and eventually incorporated into the legal   framework of the new democracy. The kind of citizenship which was promoted, as described in Chapter 4, was of a status which transcended barriers of race, class and gender - and also looked beyond Freire's insistence of a populace above all distinguished by oppression - to the acceptance of individual or group identity which could be organised to make demands of the state in a 'a politics of solidarity in difference' (Lister 1997:80) which would promote the necessity of creating services for all,   to exist not only 'in principal' but also 'in practice' (Foweraker 1997).

3.6 Constitution Making for Democracy

The National Constituent Assembly (ANC) set up by the Brazilian Congress to consolidate democratic change and constitution-making was the first democratic exercise to take place after the fall of the dictators and the country's most important actors took part in the bargaining process.
But, according to Gary Reich (1998:5), this empowerment of Congress to produce the country's magna carta, which included broad representation from civil society, allowed 'institutional choices to fall hostage to political intrigues'. Nevertheless, Reich believes that even though the resulting constitution turned out to be a 'jumble of institutional contradictions', the process itself, whereby different political actors participated, healed

many rifts and reconciled differences within Brazil. But, as Reich states, the ANC initiated a debate on institutional reform and the promulgation of the constitution was merely the end of the first phase in the democratic process which continues to this day, as debates to introduce constitutional amendments have become part of an ongoing process in which all parties participate: 'reform of the 1988 Constitution may speak to deficiencies…thus indicating failures in constitutional design…yet at a broader level, efforts to rethink and modify institutional structure also suggests stability, an underlying consensus that a constitutional process matters in regulating the distribution of political power and (that) changes in the rules should be accomplished only through the cumbersome parliamentary procedures specified in the constitution' (Reich 1998:21).

3.7 Globalisation and the role of NGOs in development

In Brazil, NGOs became organised during the period of transition and grew in importance, evolving to graduate from project to policy. In so doing they became the mediators between the state and civil society, participating in state processes of the new democracy to address the great overall problem of the disenfranchised poor.

Brazilian NGOs were created from social movement activity which took place in the 1970s and 1980s. During this period they were funded by international donors, but, as Rubem Cesar Fernandez (1994) states,   more important than the money was the model of institution provided by the non governmental nature of the international financial agencies. US Government agencies, such as USAID, were very proactive in Brazil at that time, but US non governmental agencies, such as the Ford and McArthur Foundations, could deal directly with groups or NGOs at a local level, thus bypassing the authoritarian governments. Such international development bodies promoting democracy needed to identify local partners capable of formulating projects, monitoring their execution and keeping accounts. They sought counterparts with a legal institutional framework and a minimal administrative structure.

Those NGOs that grew up in this way with support from their various international partners played a huge role in transition politics in Latin America as they

attempted to create conditions for democracy. As Goran Hayden affirms, 'nongovernmental organisations, whose agenda in recent years has come to incorporate democratisation goals, are optimistic about the opportunity for civil society to make a difference to democracy and development' (Hyden 1997:17).

However despite the major role undertaken by NGOs in transitions, they are often viewed with mistrust and assessed according to the status of their funding. Malhotra, for example, uses the phrase 'Global Soup Kitchen' maintaining that, due to the process of globalisation, 'capital funds of unprecedented magnitude… (have been) unevenly spread around the globe' (Malhotra 2000:655).

In the twenty-first century NGO networks are regarded by some commentators - Fowler 2000, Malhotra 2000 and others - as a flawed system for development which belongs to another era. I have heard the following criticisms made when assessing NGOs in their present form:

a) southern NGOs are perceived to be acting as agents of northern NGOs which are fulfilling their own government agendas.

b) that because of their non profit making status their financial dependency limits their usefulness .

c) because they are 'flexible' and seen to move into state structures their autonomy is compromised and their legitimacy breeched.

d) NGOs do not have the autonomy to introduce their own agendas.

e) NGOs can (and do) become isolated from the civil society they aim to serve.

Alan Fowler (2000) maintains that because of the above problems, NGOs (or NGDOs) concerned with development have outgrown their usefulness in their old format and must change the basis of their operations, and - as the international community withdraws its aid and even though they are non-profit making - they must commercially generate their own income for their own subsistence and graduate to a form of *social entrepreneurship.*

However, in my opinion, the insistence on globalisation now being constructed in development studies, which exaggerates the importance of northern NGOs and international bodies in national social processes, undermines the contribution made by innovative institutions such as the Brazilian NGOs. The notion that the high level of

expertise gained over a thirty year period by human rights activists is a product of creeping globalisation and the result of international influence does not do justice to their endeavours or acknowledge their achievements in creating an agenda for inclusive citizenship and rights in the transition to democracy - an agenda which is only now being adopted by the countries of the north.

In Brazil, NGOs are moving to change the basis of their funding. IBASE, for example, a participating NGO, in this research, now generates 30% of its income from an internet service (Fowler 2000:647). This research shows that feminist NGOs act as consultancy agencies to the Government of Brazil. They assist with municipalisation processes from which activities they claim to earn 30% of their income. In order to avoid being compromised with the government they also use the other elements of the women's movement – the CNDM and the network into which they can withdraw when they are under pressure - as the leaders of the movement describe in Chapter 5.

For Brazilians, the constraints which they envisage in the future which will endanger their activities and prevent sustainability are less financial, as they make the transition towards solvency within their own societies, than a future lack of human resources, as a new generation of human rights activists has yet to emerge.

Malhotra (2000:655) maintains that decreased aid in the future will lead to more genuine partnerships being established between Northern NGOs and their Southern counterparts, which should enhance the possibilities of 'building a much stronger global movement for social justice and poverty eradication'. However, if Northern NGOs are primarily identified as funding agencies for Southern NGOs then it may well be the case that Southern NGOs will make the transition to 'a fourth value-based position between state, market and civil society' as advocated by Fowler (2000:589), leaving the Northern NGOs without a role in the national political process of a southern country, thus reversing the globalisation process in this field.

However, now that Brazil no longer has a neo-liberal government -which prioritised the interests of economic globalisation and supported the values of the free market – there is a possibility that under the Workers Party (PT) a state duty will be established for socio-economic rights to be delivered in practice as well as in principle, and that the municipalisation process - which has already been established in PT areas

such as Porto Alegre - will be extended.

Global Citizenship

The present climate of international relations is governed by neo-liberal politics and globalisation strategy is based on a liberal consensus of universal human rights in a free market, which claims that 'civil and political rights are human rights but socio-economic rights are merely aspirations' (Evans 2000:204), to be delivered conditionally if the wealth of the country permits.   According to Evans,   this international consensus has 'succeeded in establishing   the language of civil and political rights as the acceptable voice – indeed the only voice- of human rights talk' (2002:201). This being the case it is hard to see how increased globalisation can provide an opportunity to develop new forms of 'humane governance' (Clark 1999), and a single global moral order when neo-liberal international policies actually hinder the delivery of public services. Furthermore, as Amann and Baer point out, countries like Brazil have no choice but to follow the international mandate: 'with Latin American economies desperately in need of capital inflows following the debt crisis of the early 1980s, policy makers in the region found themselves under unprecedented pressure to accept the prescriptions of multilateral international financial institutions, backed by the major industrial countries and the principal creditors of the region' (2002:945).

Fowler maintains that at best NGOs 'only reach some 20% of the world's poor' (2000:595), therefore   there is no opportunity for the poorest of the poor, who are never accessed, to achieve   the status and practice of citizenship on a global basis. Ruben Cesar Fernandes claims that in Brazil, despite all the recent legislation, the poor remain marginalised principally because of the difficulties of establishing public services in many areas; including the vast rural areas but also in the cities where criminality prevents access to many communities. For him, the citizenship project has for the most part failed because it is not Brazilian enough and does not recognise the wider socio-cultural indigenous power networks. For him, citizenship   must be disassociated from occidental ideas of liberalism and modernism, adopted by NGOs and which led to their isolation from the social movements. It is time he says for NGOs to return to their roots within the social movements and find the Brazilian channels of communication for citizenship; with

the people in their ethnic beliefs with different family hierarchies 'informal networks of mutual help, motherhood, the cult of saints, fetishism and sorcery, mediumship and charismatic gifts…..' (Fernandes 1994:142).

Up until now – that is the Gulf War of 2003 - it is not clear that political participation is the correct strategy to deliver rights (or services) to long term excluded communities who have no desire to become globalised. The idea that any global movement detached from a socio- cultural unifying vision (such as that provided in the past by international socialism or today by a religion: Islam is an example) would be successful is unrealistic.

Certainly a participatory role in international affairs is being offered to those who bow to American hegemony and the package of aid which follows the war will certainly be tied to the global vision of *good governance,* the dictates of international financial institutions and the rejection of nationalist values. However it is not sure that such an agenda will be acceptable in Iraq, which is above all an Islamic country, or any other developing southern country, even where no dramatic military intervention has taken place to bring about regime change.

International organisations, often acting as agents for governments, pursue policies of globalisation and global citizenship. In so doing they assist in the implementation of the internationalist version of the good governance agenda. However in this research, citizenship is conceived of as a Brazilian project for Brazilians which may, by example and as a by-product, have implications for other development situations in other countries and in this respect can be global.

3.8 Female Citizenship

In Brazil organised groups representing a diversity of interests have been mobilised to claim citizenship. Amongst these, feminist NGOs promote citizenship as their main activity according to their stated aims (see Appendix 1). They derive their notion of citizenship from many sources as described above .

In the transitional period in Brazil, NGOs were instituted to reflect the concerns of social movements emerging to identify and protect their specific interests in terms of rights. Much of the mobilisation which took place then emerged from a background of

liberation theology and under the auspices of the Catholic Church – which provided a sustained presence for poor people throughout the dictatorship and convened Ecclesiastical Base Communities, where women met to discuss issues of citizenship.

Foweraker asserts that 'the politicisation of gender within Church-linked community women's groups provided nascent Brazilian feminism with an extensive mass base' (1995:36). The tradition of citizenship which was therefore upheld in Brazil can be seen to stem from liberal and civic republicanism with elements of modernism but wedded to Catholicism which has been transformed by liberation theology. In this research, feminism - which views church and state institutions as paternalist in the main, and particularly left wing institutions including the Brazilian Workers Party of Paulo Freire and Luis Ignacio Lula da Silva - is another theoretical aspect of my approach, which uses grounded theory to reflect the cultural norms of the people concerned.

3.9 Feminism and democratisation

The new social movement of women has a particular place in the democratic process in Brazil, and the phenomenon of the emergence of vast numbers of politicised women, during the transitional period, is a defining factor in social movement theory. Foweraker states that there is little doubt 'that the social mobilisation of women in contemporary Latin America is new in its degree, its forms and its ideological expression' (1995:53), and Sonia Alvarez points out that in Brazil by 1985 'tens of thousands of women had been politicised by the women's movement, and core items of the feminist agenda had made their way on to platforms and programs of all major parties'.

The recognition of the mobilisation of women and their effective political lobby to secure rights has given rise to much commentary. Alberto Melucci states that mobilised women have created meanings and definitions of identity which contrast with the increasing erosion of individual and collective life by impersonal technocratic power: 'in the collective of women…the problem of rights, inequality and exclusion constitute a large part of the mobilisation process' (1988:247). Waylen (1994:327) divides women's movements into those which organise around practical gender interests, such as economic survival, often 'popular movements', and those organised around strategic gender

interests, epitomised by 'feminist demands.' Foweraker maintains that communal feelings of social movement tended to focus on the provision of public services in the transition to democracy (1995:53). Mobilising issues centred on survival and service provision to meet both practical and strategic gender interests and fulfil basic needs.

Emancipation for women

Emancipation is seen to be a central aim of social movements and especially the women's movement. Interpretations of the emancipation process differ according to the times. For slaves in Brazil in the 19th century emancipation was to obtain a status which would pay them for their work. For suffragettes, it was to qualify for the right to vote. However for Evers, the contemporary view of emancipation is as a long-term, never-ending process of identity construction. It is a process with no fixed outcome but a 'long emancipatory process leading away from alienation' (1985:56). An individual subject does not exist in the beginning but only appears at the hypothetical end of the struggle. Slater maintains that we are living in an era of emancipations; 'a plurality of emancipations' (1994:30).

In Brazil women mobilised to demand political space. The feminist NGOs which formed to represent them, entered politics to legislate for social policies to address the situation of all women – particularly in the area of health and reproductive rights. They also used the techniques of Paulo Freire to inform and educate the female population to demand citizenship. Although Freire is criticised for failing to address women's issues, those feminist activists in my research used the same tactics to mobilise women to defend their interests as they worked in communities. They adapted his methodological approaches to adult education (the first being *conscientizacao* which aimed to connect a large scale literacy project with politicisation of citizens; and the second being *lideranza* which aimed to promote leadership in communities encouraging the process of agency whereby community members would find a voice to express their needs) in their own projects as they describe.

There is no doubt that women of the popular sectors in Latin America were liberated by social movement activity which gave them a collective voice and as a result, as Jelin confirms, women are no longer confined to the private sphere as they have

gained new political spaces and entered public life with a newly constructed identity of gender solidarity. In Brazil, they now participate in groups, such as   neighbourhood movements, where   they take part   in 'social confrontation, decision-making and supervision as social and political subjects' (1990:186).

The 'public' and the 'private' spheres

The acquisition of reproductive rights raises the debate concerning the public and private realms of a woman's life. Susan Eckstein asserts that women are relegated to the 'private' sphere of existence because of their reproductive functions which keep them from the workplace. 'Women's non involvement in the production process, because of reproductive functions, has made it easier for them to deny the established order' (1989:8). But Carol Pateman denies the dichotomy of the traditional separation between 'public' and 'private' realms in civil society – the 'public' as the civil world and the 'private' being the conjugal, domestic and familial sphere where women have traditionally been deemed to belong. She argues that women have never been excluded entirely from civil life and that the two spheres of the modern civil order are not separate in reality (1988:102). The ideological dichotomy of public and private is also criticised by Ruth Lister who deplores the artificiality of the division and states that it 'disguises the symbiotic relationship between the two sides of the divide in which each side defines the other' (1997:119). For her, the ideological construction of the public–private divide is a feminist interpretation and the main issue is the notion that certain taboo topics are private and personal or   'isolated individual problems' (Boneparth 1984:187). 'The personal is political' has become the popular slogan of feminists as they seek to remove taboos and find solutions for the female condition whereby reproductive functions have been obfuscated as matters of a personal and private nature.   For feminists, the taboo aspect of the personal also allows for cover-ups in the public sphere, because the personal is often sexual and not domestic and familial.

The delivery of reproductive rights falls into the category of strategic gender interests but to address these has wide political implications for Brazilian democracy. Many women believe that it is the outcomes of their sexuality which make them subject to exclusion. If   the facts concerning reproductive issues – such as childbirth, birth

control, sterilisation and abortion are   transparent and normalised within a legal framework, then society as a whole becomes responsible for the situation of women. Then abortion is no longer merely a feminist issue in the same way that AIDS is not merely a gay issue.

Feminists embrace the causes of mobilised poor women

Feminists embraced the struggle of the poor and working classes in Brazil. They advanced gender claims in their agenda and embraced all levels of society. So anti-authoritarian   feminist struggles began to intersect with the survival struggles of the urban poor (Foweraker, 1995: 59). They started from the premise that women are in bondage to their traditions and must achieve 'reproductive determination' from a position of powerlessness. They linked social rights with reproductive autonomy and citizenship participation. They recognised that if demands to meet the reproductive needs of all women, were not met legally, with public health services available to all, then damaging illegal solutions would be found. They sought   access for poor women to the enabling conditions that would make reproductive control and choice possible (Petchesky &Judd 1998). As Sonia Correa says, 'the decision-making self of the female citizen must come at the core of reproductive rights' (Correa 1994:87) and any health policy for women must be based on choice.

Public service, autonomy and the women's movement

Foweraker (1995), maintains that, contrary to the (micro) sociological view, social movements are inevitably political and must develop a political (macro) project if they are to survive. They not only politicise new issues, such as reproductive rights in the case of the women's movement in Brazil, but they also enter the political and institutional arena, engaging in strategic interaction with the state.

The Brazilian women's   movement found strategies to co-operate with the government to achieve their aims and preserve their autonomy.

They gained official acceptance for their policies and entered into negotiations with the state to provide a new ethical framework - based on the human rights agenda - for delivery of reproductive rights. However, relations with government have waxed and

waned within the political partnership established of mutual necessity.

In this case study, feminists representing women in Brazil consolidated a specific political identity as they addressed issues of female survival. Their NGOs were founded in the wake of popular social movement activity and it is this rather than their involvement in global processes which gives them their legitimacy. However, as well as relying on funding from international agencies, they have been associated with the international agenda for women's development, in which they take a leading role. An important element in their survival has been the safeguarding of their autonomy not only from the international agencies who fund them but also from the state with whom they work in partnership. If feminist institutions are seen to be working too closely to government they lose credibility with their constituency. They also run the risk that their development activities are exploited by the government in power, thus causing 'neutralisation of a politically radical agenda' (Pearson 1999).

Women's social movements and their feminist organisations, which practise identity politics, show that they are durable and innovative. They can change women's domestic and public lives, creating new confidence that women have inserted themselves decisively into the public sphere. As Jacquette says 'Women's organisations operate at the crucial border between civil society and the state and create new hope that citizenship can be expanded and that a political consensus for greater social justice can be negotiated' (1989:229).

3.10 International Law and Development

Contemporary Brazil is categorised, according to international law, as *in principle*, a democratic country of the Third World. 'In principle', because, although socially adequate legislation is now seen to be in place, universal implementation of the law is still a long way from being achieved (Forsythe 1989). Lincoln agrees that the foundations of consolidated democracy are now in place, 'the rule of law, respect for civil liberties, an independent judiciary, freedom of political organisation (now including a wealth of non-governmental organisations), a vigorously competitive media, and ultimate responsibility to an all inclusive electorate' (Lincoln 1998:81).

However although the Cardoso regime consolidated the new democracy in legal terms and left a healthy legacy of good governance in so far as state/civil society relations are concerned, it also adopted IMF policies and adhered to the Washington Consensus of neo-liberalism (Amann & Baer, 2002) which meant massive cuts in state spending and privatisation of state companies in an open market -including health facilities.

Goran Hyden (1997), maintains that neo liberal regimes, such as the Cardoso government, hold optimistic views of market forces and believe in natural laws of supply and demand and, if the economy holds up, then wealth will be redistributed and the socio- economic aspirations laid down by law can be consolidated. However Brazil's economy did not hold up in the nineties and the IMF provided it with $30bn - its largest loan to date.

George Soros has pointed out that the power of the market to determine Brazil's economic policy has amounted to a serious infringement of the country's democratic rights (Branford, 2003). However with the arrival on to the scene of Luis Ignacio Lula da Silva - elected president in 2003 – bringing the Worker's Party (PT) to the fore, it is to be hoped that the delivery of socio economic rights to the millions of people who voted for him will now become a state duty. Certainly those municipalities already under PT administration, which have resisted pressure from the global market, have succeeded in creating efficient services to deliver national health programmes.

The dilemma facing Brazil - of how far to follow the dictates of the international agencies or whether they can afford to ignore these - lies at the heart of all development policy. All the prescribed measures for good government have been followed in Brazil. It only remains for state spending to be increased so that the rights of the people to full citizenship can be extended as proposed. But this needs endorsing by the international community which also needs an escape route from neo-liberal economic policy if progress is to be made.

3.11 Summary

The aim of this literature review has been to accompany the substantive deconstruction of data, as described in Chapter 2. It examines current theories of

participation, used in development studies, including   interpretations of the nature of 'citizenship' linked to state legislation for   human rights in southern countries with poor marginalised populations.   It also explores the role of social movements in Brazil, in   the transitional period from dictatorship to democracy (1985 – 19895) and of NGOs working between the state and civil society at that time and subsequently. These theories complement the methodology of the extended case method (Burawoy 1991,2000). The reviewed literature reinforces the findings emerging from data that, in Brazil, social movements - with a strong socio-cultural background and using a discourse grounded in human rights after Paulo Freire - have become part of the transforming democratic process both in a socio-cultural sense, with   an inclusive discourse and an ethical framework; as well as in a political sense for legal and practical purposes. Feminist institutions representing the social movement of women became involved in macro processes of state policy – such as constitution making - which have been significantly influenced by the micro processes of their local activities.

In Chapter 4, the research participants describe how they view the notion of citizenship linked to human rights and tell how their concept of citizenship was used to shape their legislation and make demands for socio-economic rights in the form of public services for women.

Chapter 4

THE CONSTRUCTION OF CITIZENSHIP AND THE RIGHTS AGENDA

'Throughout Latin America, historically and despite a more recent trend toward formal democracy, much of the population is left outside the system of socio-economic benefits from the economic system. The subject of a human right to basic socio-economic needs does not even arise in dominant political discourse, 'the health, education and welfare…of uninfluential parts of the population hardly register' (Forsythe 1983:79).

4.0 Introduction

In this chapter, the Brazilian notion of 'citizenship' (*cidadania*) is examined. The participants explain how it has become a descriptive term to convey the problem of Brazilian marginality, or the exclusion of those Brazilians who have no access to institutions and no means to exact services from the state. During the transition period (1985-1995), a discourse of human rights became dominant. Its purpose was to address the problems of the poor and initiate a national debate to consider the part that should be played of a human rights agenda in government processes of an aspiring democracy.

It also aimed to create a culture of rights and responsibilities which reflected the duties of both the state towards the citizens and the citizens towards the state, but principally the former by inviting the population to make demands for human, social and economic rights.

Human rights activists devised different strategies to mobilise the people to participate in processes where they could defend their interests. NGOs were instituted to reflect the concerns of social movements emerging to identify and protect their specific interests in terms of rights.

4.1 Citizenship and the NGOs

The principal objective of   NGOs considered in this case study   is to construct an inclusive citizenship for the women of Brazil. To do this they make demands so that health rights, and particularly reproductive rights, are delivered in the public health sector.

The NGO, CEPIA, (Citizenship, Studies, Research, Information and Action), has a special interest in the concept which figures in its title. For Leila Linhares, a human rights lawyer, the term refers to different kinds of rights. Leila Linhares, as a founder member of the NGO, explains that for CEPIA rights are divided into three types.

'All concepts of citizenship even the very earliest ones had the concepts of human rights connected to political rights. To be a citizen was to be an elector. And then you have the second wave; a definition of human rights which was human rights and citizenship and implies having access to social rights – health, education, employment, shelter.'

Leila Linhares then says that there are new concerns for justice and plurality in the modern world and she defines a new, third set of rights: *'I think this moment we are living through can include new rights; environmental rights and new matters arising like the differences existing in society of sex and race. So there exists great proportions of society – like women and blacks and homosexuals who believed that they were suffering discrimination.'*

However, CEPIA is a feminist NGO and deals with women's issues and the perspective for women's citizenship is multifaceted: *'so CEPIA when it uses that term of 'citizenship'; we understood that to be dealing with questions of women, of health, of violence, questions of poverty, of work, environmental questions. All these are matters for citizenship and it has to be something concrete and not an abstract theoretical construct.'*

Mariska Ribeiro of IDAC says, *'[Citizenship] is about power and mechanisms which have to do with human rights and with institutional mechanisms. We didn't invent the concept of citizenship. We used the common notion which was your right to make demands of the state, of the government. The rights that you know are yours. It is going*

to take some years; who knows how many.'

Silvio Bavo, the director of the combined NGOs, the Brazilian Association of Non-governmental Associations, ABONG, in São Paulo, gives his view of citizenship: *'The NGOs which constitute ABONG come from a tradition of democratic struggle for citizenship (cidadania) and are understood to be groups of citizens which organise themselves in defence of rights.'*

The NGO position is that they will participate with governments and there must be mediation between the state and the people to bring about social justice. NGO activity in defence of human rights is defined by Silvio Bavo in terms of NGO opposition to government and demands which they make on behalf of civil society to achieve reform. It is because of the inefficiency of the state, he says, that NGOs have been enabled to take part in its reform – the state apparatus was so large and expensive and ineffectual that NGOs achieved their visibility. This visibility is also used to demand social rights of health, education and shelter.

'Our work is focused work referring to a new way of organising the action of the state in the area of public policy. We are not concerned with the size of the state, only with regard to its social action. The reform of the state should be carried out within the framework of its objectives. We understand those to be objectives of human development and setting up an economy and social roles in the service of developing citizenship.'

4.2 Citizenship in the community

For Brazilians, everyday living - whether in rural communities or in urban slums (*favelas*), is notoriously dangerous and violent. People have no choice but to eke out an existence without sanitation where there is no regard for public health and safety. Women are used to having their children die as they cannot prevent them from getting sick. They are also used to high levels of violence and they know that they cannot control the men with whom they are associated. Neither can they rely on public services but they have to deal with local politicians who operate on a personal basis with the people, distributing small services and favours in exchange for votes.

Mariska Ribeira tells of the early community work of her NGO, The Institute of

Cultural Action (IDAC). Paulo Freire was one of the founder members of IDAC and a colleague of hers from the early days. She recounts how the method of 'conscientização' worked in practice in linking health to citizenship in the *favela* dwellings of Paratí: *'At that time the neighbourhood of Paratí was infested by pigs. The people coming from the rural zones, who had been forced to move and set up a favela, brought their animals with them and all the children started to get sick. They got seriously sick and the Prefeitura did nothing. The women were afraid of complaining. If they complained the neighbours with the pigs would fight them so the idea of citizenship was about that. How were the people going to overcome this. If none of us had the courage to denounce somebody, then we would all go together to complain because to intimidate thirty women is more difficult than to intimidate one. We denounced them to the newspaper. We went to the public health authority. Everyone insisted on signing the document although they (the authorities) only wanted one to sign. We protested outside the mayor's window and at the end of the month there were no more pigs in the favela. The women considered this to be a victory and so they started to address other matters.'*

The famous battle over the pigs empowered the women of Paratí. They realised that they were not powerless when they were united. They went from strength to strength and became organised to protest. They learnt that by their actions, they could exert pressure and influence which would affect their basic conditions. The obvious next step was health.

Mariska Ribeira explains how female health care was then introduced and how the women were collectivised to act as a pressure group. They used their agency to participate on behalf of themselves*: 'We had a doctor with us (in Paratí) and she wanted to offer the women a complete gynaecological examination as a present. They had never done anything like that before. They had no money. They discovered that one woman out of forty-five women had cancer of the uterus and they all got scared.'*

Mariska Ribeira describes how the mayor used typical clientelist (*clientelismo*) strategies to keep the people dependent – by distributing medicines as a personal favour: *'…at that time whenever something was wrong they went to the mayor to ask for medical assistance. The mayor gave them money to go to the neighbouring town because there was nothing, no laboratories or anything. Suddenly there were loads of people making*

demands so he got the doctor and the facilities and so around those things we constructed citizenship.'

Without IDAC intervention in the favelas of Paratí - which is the place where slaves were illegally imported into Brazil from Africa long after abolition - there would still be no medical attendance for the people and the state would never have fulfilled its duty to the people.

4.3 Citizenship and the state – the individual in society

NGO activists maintain that with their view of citizenship, the duty belongs on the side of the state to deliver services to the people. However for Angela Santana, a minister for reform of the state, who in this thesis gives the view of the 'state', citizenship is a matter for the individual in society. The duties of citizenship she perceives are tied to the electoral process. She also believes that citizens must above all respect the rights of others and pay taxes.

'It means the rights and duties (direitos e deveres) a citizen has in any country. I as a citizen I have the right to vote and I have the right to health, and if I don't vote and there is no health then I'm not a citizen – no, I'm not a citizen. I am a person who has no awareness of my rights as a citizen. As a citizen I have a duty to pay taxes. I have a duty to respect others and not throw rubbish in the road. I mustn't provoke a riot.'

As a minister in the Cardoso government, working with the reform of the state, she views citizenship as a duty a citizen has towards the state and sees the political task ahead as one of fostering a culture of duty, *'Unfortunately, due to the lack of education of the Brazilian people they have no notion of rights or duties. We have to foster that consciousness in the Brazilian population.'*

For Jose Pedrosa, a civil servant from the Ministry of Health at present seconded to the Solidarity Community, citizenship is all rights together (*o conjunto de direitos*) which the state owes to the citizen and this involves political, economic and social rights.

4.4 Citizenship and health

The link between citizenship and health has been made by Brazilians and this is laid down by the Constitution and national plans for health, as discussed in Chapter 7 .

For the Popular Movement for Health (MOPS), health is citizenship and citizenship is health. Health is about community participation and decision-making from the base line of social need. It is about the local conditions in which people live.

Rubens de Morais Silva, who is the MOPS representative, is not concerned with a science of medicine with a curative function proscribed by doctors as scientists. He thinks that people will be healthy if they have conditions to be so and can benefit from a decent standard of living. Health plans serve for nothing unless there is an overall strategy for improvement and Rubens de Morais Silva does not accept the traditional view of medicine. He also makes a case for global citizenship. He says, *'There exist people, namely the Government of Brazil, who have a restricted view of health, which is more concerned with the illness question.'*

Rubens de Morais Silva goes on to explain the MOPS philosophy which he maintains is in line with the World Health Organisation (WHO) and also the Single Health System, SUS. *'We of the Popular Health Movement try to work with citizenship to see health in a sense that is fairly global. We want to share the concept of the World Health Organisation and SUS itself which widened the concept of health to include all that is the condition of the infrastructure so that health can occur, that is all the conditions necessary for people* to be integrated into the global political process.'

Rubens de Morais Silva is disappointed that the national plan for health care, SUS, with all its idealistic and revolutionary hope, has not come to pass. Nevertheless, for him, SUS continues to represent a high point of democratic negotiation which took place with a major input from civil society. He explains why he sees SUS to be a victory for the popular movements*: 'SUS was born, the first discussions began exactly with all this more democratic process, when the electoral democratic process began to mature and of course it doesn't have roots in the military programme. It is the fruit of popular demands. It was a demand from the bottom up. It is a conquest for civil society with the struggle for human rights. It certainly was a victory.'*

4.5   Active or passive citizenship?

In Brazil, the popular movements challenge the government to allow citizens to participate. Rubens de Morais Silva believes in participation but holds that the state

prefers a passive population . *'The government is working passive citizenship. If people are well treated in hospital then it seems they are enjoying their citizenship rights. For us that is only passive – they are getting a right but the person is not interacting in the global process of society.'*

The aim of MOPS is to get people to participate in decisions concerning their survival and development. For Rubens de Morais Silva, participation is the key to meaningful citizenship and population development. He is opposed to a state dependent citizenry, in receipt of state services which are bestowed. He explains that an active citizenship is the way people develop full consciousness and identity: *'Only a person with those conditions can have a real conscience and exercise a role in society and be an active citizen. So our departure point is the provision of basic conditions for people to become active citizens and participate in an active process.'*

Active citizenship and municipalisation

The process of municipalisation (see Chapter 7) underway in Brazil, allows for community participation and is successful wherever it operates. Rubens de Morais Silva supports this and wants more participation for his active citizens. He also wants them to control the administration and distribute the budget. For him, this is the time for the people to move into the offices and off the streets, where they went in protest in the transitional period of the eighties. He says, *'There are mechanisms such as the Health Committees and Municipal Committees. Citizens can participate in national conferences and in national plenaries. We consider participation in those to be fundamental for a person to be an active citizen and that space occupied by the citizenry must get control of popular administration. The people are now more involved with the machine of government. They are organised in groups so the demand is lessened for people to act en masse (on the streets).'*

4.6 Citizenship and the constitution - an inclusive citizenship for all?

Until recently the public sector existed mainly to serve itself in a corporate world. There was no ethos to serve the public and certainly not to include the vast armies of the

poor. However, Marlene Libardoni says that there were gains in the question of citizenship within the Constitution of 1988 even if it was not the full inclusive citizenship hoped for, *'It managed to achieve great gains in the social area. It is, of course, criticised but today it allows for a distribution of income. There are people who don't agree but really there is.'*

Jose Pedrosa, seconded from the Ministry of Health to work for the Solidarity Community, says that the widely-used concept of citizenship comes from the people to reflect anxieties concerning the marginal population. *'I wouldn't say the government is imposing that. It is assuming the agenda of society. It is not a new agenda but came about with the democratisation of the country that we have huge segments of Brazilian society which are very vulnerable and if we don't take care of these problems we will go backwards.'*

For Jose Pedrosa, Brazil will never achieve status as a modern democracy while it is weighed down by its massive underclass. However, he sees this period of change as being an opportunity for the state and civil society to work together for development. *'So it is not a concept imposed by the government; it is a concept imposed by society – in the sense of segments both governmental and non-governmental. This is a politics which wants to transcend the old politics but now I think we have the possibility to integrate everybody.'*

However, as yet there is no inclusive domain in which every citizen can hope to attain freedom, individuality and social justice within a state-guaranteed framework. Leila Linhares says that old barriers must be broken down in Brazil, where inequality prevails. Notions of citizenship have to consider differences between people as the basis of respect. She says, *'Citizenship has to be a citizenship of gender; masculine and feminine citizenship which incorporates men and women. It has to be a citizenship which incorporates blacks and whites; heterosexuals and homosexuals. It can't be a citizenship which excludes; it has to include the whole society. Besides creating an egalitarian society in so far as all have rights, it has to contain a society which has differences among people. People are not the same but have ethnic differences, sexual differences and differences arising from different natures and these have to be contained under the great umbrella of citizenship.'*

Participatory Citizenship

Jose Pedrosa describes his vision of how it will be when all Brazilians gain citizenship in a participatory democracy?

'I think it will be when everyone has access to education, which will be universal with a minimum of quality and access to health with a minimum of quality. A minimum of quality means that a school or a hospital can make sure a child survives (fazer sobreviver uma crianza) and work with difficulties and not make the child return home. We know that both the education system and the health system are very class conscious. Even in the public sector you have a very class conscious attitude. Often the health system can oppress the population. It is cumbersome (pesado) and badly managed. It does not fulfil its duties to the population.'

Jose Pedrosa, however, goes on to express his concern that action and consolidation are not forthcoming even though the constitution is in place and there is a discourse. He says, *'You have concepts which never materialise.'*

Angela Santana acknowledges that rights are only secured for some sections of the population and there is an enormous gap between rights secured in principle and rights in practice. She says, *'We in Brazil are at a point whereby civil and political rights are secured for the entire population and every individual (in principle). But we know that economic and social rights are still not secured. What is more, the fragility of access to basic social rights means that it is difficult for political and civil rights to be of any use. Today citizenship is the package of all the rights but it is not an easy process as we have segments historically excluded from that process. They have to be included – not necessarily immediately: it certainly won't be with this government or not even with the next.'*

4.7 Reproductive choice for women as citizens

Women in Brazil suffered from lack of recognition of their problems and a lack of facilities to address their concerns. Brazilian feminists established NGOs to acquire rights for women. They were influenced by global policies, as discussed at United Nations conferences (see Chapter 8). However they were aware that their demands had to be realistic if they were to have an impact. Their first duty was to devise health plans

which would propose coverage for women with health rights especially reproductive health. The second step was to create a legal framework which would oblige the government to make provision.

4.8   Summary

In this chapter, Brazilians use the term of 'citizenship' to talk about human, civil and social rights and to address the issue of marginality, whereby many would-be citizens are excluded from the legal frame.

In Brazil social movements created a discourse and mobilised around rights issues. Their activities were successful in changing a culture and establishing norms. Now citizenship is seen to be a negotiated status between individuals who press for rights to be accorded under the law by the state, as well as a mediated practice whereby NGOs work with governments and jostle on the political scene to gain access to power structures to achieve results.

Chapter 5 examines the interaction which took place between the state and civil society bodies in the transition to democracy (1985-95) and up to the present.

Chapter 5

CIVIL SOCIETY, THE STATE AND THE ROLE OF NGOS

5.0   introduction

This chapter explores the role of the state and its relationship to civil society organisations in the transition period and up to the present. NGO members and civil servants working with the reform of the state apparatus discuss the relationships established between the different sectors, including the popular movements, in the run-up to democracy and especially during the process of collaboration which took place to create a new constitution for Brazil. This chapter also considers the new transition which is being made by NGOs to survive in yet another phase of their existence within the state/civil society partnership for development.

5.1   Brazilian 'civil society'

In this case study, I aimed to discover how Brazilians perceived the concept of civil society. I wanted to explore meanings with which the concept was invested.

Why had this term become part of the rhetoric? How had it become a normative feature of the discourse? The participants in this research considered that they belonged to civil society and were working in a formal capacity to strengthen it. I wanted to know how they perceived their relations to the state in Brazil in the 1990s.

The concept of civil society in Latin America refers to a sphere of collective action distinct from both the market and political society. 'When people identify themselves as 'civil society' they are seeking to carve out a relatively autonomous sphere for organization and action' (NACLA: Report on the Americas 1992).

In Brazil 'civil society' has become a descriptive term which can be as general as:

(a) any person not involved in government; (b) sectors of institutional organisation – universities, churches, the business community. However, the definition can also be narrow, as when it applies to specific groups, including NGOs.

The following views were offered by the protagonists of this case study regarding the status of civil society.

Angela Santana, a minister for reform of the state, understands civil society to be the entire potential electorate. For her, it is all the people who are not the state – everybody: *'Civil society signifies the entire Brazilian population and the marginal population also.'*

However, for those acting in institutions with specific aims the interpretation is a great deal narrower. For Rubem Cesar Fernandes, of the Institute of Religious Studies (ISER), the notion of a 'civil society' is very concrete in Brazil and emerged in the 1970s. He says the use of the qualifier 'civil' at that time contrasted with 'military' and signified opposition to the laws imposed by force by the regime in power.

Rubens de Morais Silva, of the Popular Movement for Health (MOPS), views the growth of civil society as the manifestation of social movement when the people began to question the role of the state.
'The concept of the state started to be more mature in Brazil in the popular organisations and they organised themselves to maximum capacity and so there emerged thousands of social groups from civil society.'

According to these views civil society came to the fore as different groups opposed the dictatorship. Its initial emergence stems from the 1970s and the build-up culminated in mass demonstrations at the end of the dictatorship. Organisations were involved in mobilising the people to bring about change. The people took to the streets to demand electoral reform.

During this time, NGOs were engaged in social work in communities and were involved with health and education projects working together with the Catholic Church and in collaboration with popular grass-roots organisations. These alliances formed a basis for social change.

5.2   Non-governmental organisations (NGOs) – the professional civil society

Civil society organisations and social movements emerged to challenge the dictatorship.   NGOs were founded at that time in organised opposition to the government.

NGOs were founded on the principle of maintaining institutional autonomy from the state. They therefore represented a horizontal input which encouraged participation from the communities which had become accustomed to vertical relations between the people and the state. Thus they became a factor for organising the popular classes. NGOs built up a reputation based on the dedication displayed by individual members operating within an institutional framework. Individuals working within this non-governmental framework became influential as their activities were not conducted with the aim of achieving political power.

According to Maia Vania, from SOS Corpo, it is the *professional* status NGOs have acquired which sets them apart from the popular movements. She compares her NGO with the Popular Movement of Women of Pernambuco, pointing out that the disadvantage for the popular movement is that, although there are activities and they represent women in the same way as NGOs, they have no headquarters and they are not well organised,   *'We are an NGO. We have statutes. It's a professional space but we are part of the women's movement. For example we have something called the Forum of Women of Pernambuco. This forum has no statutes, no headquarters. It is a formal political space which meets here or at another NGO. It has a formal role of co-ordination which institutes an assembly. It promotes discussions. It gets some resources for a communication project but it is informal. That is one of the differences between NGOs and popular movements.'*

5.3   NGO/popular movement relations

During the transition, NGOs worked closely with the popular movements. They shared the same objective – to overthrow the regime. However, when democracy was established, NGOs continued to have a role making policy with the government, whereas the popular movements were left behind in a political vacuum.

Rubens de Morais Silva gives his version of the emergence of NGOs. As a leading member of a popular movement he is loyal to his socialist principles. He is highly critical and somewhat envious of the status NGOs have acquired as the professional civil society when, in his opinion, there are plenty of other bodies deserving of this status.

He says that NGOs exist to meet a demand created by grass-roots organisations, '*clearly NGOs have come into existence, in the past fifteen years, to meet popular demand and represent the social movements. Initially they assumed advisory roles (assessoria) to the popular movements and they have multiplied tremendously.*'

Rubens de Morais Silva criticises NGOs for lacking solidarity with the people and forsaking the communities in favour of high-level work within the private sector or with international organisations. He says, '*Now NGOs try to distance themselves from the popular movements, maybe that is because NGOs are much more efficient because of the resources they manage to get or because they have highly trained people with a large capacity for international relations. Now they can confront the market.*'

He accuses NGOs of having aligned themselves with the state and being too involved in government reform processes. He accuses them of denying the popular movements the access they enjoy themselves to resources and political influence and he is bitter at their refusal to form an alliance. He maintains that NGOs will now only consort with the popular movements on a professional basis, as paid consultants. '*They have great resources and high salaries. We are trying to make a relationship with the NGOs but now they have professionalised themselves and with the high cost they are charging the movements it is not possible.*'

For some commentators, such as Rubens de Morais Silva, NGOs have ensured their survival in the political sphere by assuming new identities and agendas but in so doing they have turned their backs on old loyalties. But for others, NGOs have achieved the requisite status to deal with the government because they have the vision and the organisational capacity required.

A new 'elite'?

NGOs are criticised for their social standing in society. There are tensions and ambiguities regarding their present status in society, because the profile of typical NGO

members reveal them to be of the 'elites': people who are used to dealing at a high level. The present governing class of Brazil emerged from such civil society organisations. Even the former President of Brazil was a prominent member of a prestigious NGO, as Rubens de Morais Silva points out, '*Fernando Henrique Cardoso comes from CEBRAP. In Brazil it is very common for people of 30 years ago to suddenly change. Those who were of the left, who were imprisoned and tortured, today it turns out they are of the right.*'

This criticism reflects a certain faction of popular feeling which recognises that a new political class has emerged from the non-governmental sector. Prominent members are to be found both within the government as well as within the prestigious NGOs which operate at the cutting edge of social policy.

5.4   The Constitution of Brazil (1988) and state/civil society processes

The Constitution of Brazil was enacted in 1988 and is considered to represent the high point of modern civil society/state relations. After the 'opening up' period, democratic elections were finally held in Brazil in 1985. The first task of government was to regulate the legal system to bring about a new political order and a fairer society. Civil society organisations participated in government reform processes. National conferences were held to explore all aspects of social policy and these were attended by all sectors of the population. The National Constituent Assembly (ANC) was set up by the Brazilian Congress to consolidate democratic change and constitution-making was the first democratic exercise to take place after the fall of the dictators and the country's most important actors took part in the bargaining process.

The ANC adopted a participatory modus operandi, 'in which drafting began with 559 members divided into 24 content subcommittees whose reports were fused by eight committees, with extensive testimony and input from representatives from civil society' (Fleischer 1998:145).

This empowerment of Congress to produce the country's constitution , which included broad representation from civil society, allowed institutional choices to fall hostage to political intrigues and   for Angela Santana, who is involved with reform of the state apparatus,   the democratic process in which groups of people participated to

bargain for constitutional reform has been disastrous as too many conflicting interests were included. She says vested interests were at play and nobody's interests have been served.

'It was various sectors of society, businessmen, cowboys, builders, the indigenists – everybody with different interests. They all wanted to be heard in the constitution, including public sector civil servants and that is why we have this constitution.'

5.5 The constitution, the state and the 'Ley de Previdencia'

After the initial euphoria of its enactment, the weaknesses inherent in this legal apparatus for government began to emerge – weaknesses which impact on all public services. A key aim of the constitution was to reform the public sector but the civil service ended up with more state protection than ever, leaving government budgets hostage to public servants.

Angela Santana says, '*It doesn't work with respect to the public administration and the social security (previdência) of the public sector. They say it won't work because it hit on the corporate interests of public servants.*'

She describes the current situation (1996) of the PSDB administration: '*We have a system of rigid job stability for all civil servants that is directly related to the generalised application of the single juridical system in effect in the core administration.*'

The following extract from the White Paper produced by the Cardoso government in 1994, discredits the constitution which hampers the possibility of reforming the public sector :

'*The traditional bureaucratic model that the 1988 Constitution and the entire system of Administrative Law have prioritized is based on formalism, excessive norms and procedural rigidity. In 1985 a new form of self-serving populist administration was born. With little or no public debate, the National Constitutional Assembly placed a straightjacket on the state apparatus. The new Constitution decreed the loss of executive autonomy and by concentrating on structuring public sector entities, instituted the obligatory nature of a single system of public sector employment for civil employees of the Federal Government, states and municipalities, and denied operational flexibility to the*

administration.' (Author's translation of White Paper for reform of the state 1996).

At present the design of the constitution makes sure that no unilateral decisions are made and every decision requires an arduous process for approval of changes. Angela Santana says, '*It takes years to go through Congress and the constitution determines that the executive power can do nothing without resorting to law so the administration is encumbered.'*

5.6   Partnerships: state/NGO negotiations

The constitution, the result of intense political bargaining, makes it difficult to reform the state apparatus. However, NGOs, representing social movements, gained considerable prestige by their participation in the constitutional process and the intense phase of co-operation which took place in the ANC enabled them to co-ordinate their projects and define their policies in relation to the state.

Marlene Libardoni says, '*I think the whole process valuable, even the National Constituent Assembly whereby civil society had a role and a fundamental involvement. All the sectors were mobilised. All the sectors worked together with Congress and much was gained.'*

The director of the umbrella organisation, the Brazilian Association of Non-governmental Organisations (ABONG), Silvio Bavo, states that the NGOs gained great confidence in the process and as a consequence they are seeking to create a new political identity, '*ABONG was created by a group of NGOs in 1991 to develop a political identity. We want to maintain as our identity the idea of groups of citizens which organise themselves to defend their rights. We don't want to be perceived as NGOs which are the executing bodies of state policy which is not acceptable because it implies abandoning our autonomy and our critical capacity.'*

The state/civil society relationship, under the Cardoso administration, depends on partnerships between the government and other bodies. NGOs are able to participate in planning and co-operation because (a) they were instrumental in mobilising the popular movements during the transition; (b) they have already implemented projects in communities; (c) they represent their own social movements; (d) they are institutionalised

and have the professional capacity to formulate social policy.

The administration of the Government of Brazil does not have this capacity and is unable to recruit necessary personnel due to protected interests of existing staff enshrined in the constitution. A further advantage for NGOs engaged in social policy activities is that they display democratic tendencies, which are lacking in state entities, and which have been acquired along the way of their emergence.

As Silvio Bavo says, *'The culture of NGOs has changed a lot in recent years. It is more a culture of participation. A culture which recognises difference and plurality and the necessity for negotiation.'*

NGOs are now established institutions run by able, professional people. They have efficient networking systems. Their recent involvement with the on-going constitutional process leads them to expect continued co-operation with the government, both local and federal, especially with regard to social policy.
However, despite the modernising capacity and democratic tendancies of NGOs, Silvio Bavo feels that the Cardoso government denies them the possibility of negotiation as equal partners and is blocking NGO participation. He wants to be consulted more. He complains that his organisation has been excluded, *'the experiences we have had negotiating with government are very bad. It is not that we don't want to negotiate.'*

In the case of feminist NGOs, however, there is no such resentment. Members feel that they have fulfilled their professional and democratic potential as stated by participants in this research. In fact some believe that they have exceeded their capacity, as Sonia Correa from IBASE points out. Their main problem now is to meet the demands which are made. Feminist NGOs do not have personnel to fill the special posts which are being offered to them at all levels of government. Moving staff from NGOs to the government represents a conflict of interests for NGOs. It defeats their aims in that it depletes their professional capacity. However, by taking up government positions in some cases, members can fulfil general objectives for the development of Brazil, but in so doing they must also maintain contact with their NGOs which second them, as well as the social movement of women which is their constituency .

5.7   Summary

In this chapter, the research participants describe how different civil society organisations emerged in opposition to dictatorship and how NGOs developed and graduated from social movement activity to take part in reform processes. NGOs, founded to represent identity-specific groups during the dictatorship, gained popular support and legitimacy for their actions.

The constitutional process gave all civil society bodies the opportunity to work together to incorporate their democratic ideals into the Constitution, many taking a major role in its formulation; especially founder members of NGOs, representatives of social movements.

However after that process came to an end, NGOs moved on to another stage in their development whereas the popular social movements were left behind, for this reason they are accused of being elitist.

 Despite the democratic process involved in constitution making, the end product has proved to be more of a hindrance than an aid to public sector reform. But the opportunity for debate on institutional reform provided by the constitution was merely the end of the first phase in the democratic process, which continues as constitutional amendments are drafted in an ongoing process in which all parties participate.

NGOs are an integral part of this process and they have gained their legitimacy from the social movements. Not only do they participate in identity-specific politics, working at a local, micro, level, but they also occupy a much larger, macro, political space working at the interface of government where they make demands for human rights. NGOs leaders define themselves as acting in opposition to government. The positive contribution they made during the transition, leads them to anticipate further involvement in government programmes and they jostle for position to enter the political frame.

In this chapter, Brazilians set great store by the transformational capacity of civil society organisations , especially NGOs founded to represent social movements in the transitional phase. NGOs are still jostling for position on the political spectrum in the

present phase. They have the credentials and legitimacy to act as social planners to reform the public sector and they have established themselves as an integral part of the governance process.

In Chapter 6, the rise of the women's movement   is charted and the feminist institutions created to represent women in the state/civil society negotiation process are examined .

Chapter 6

EMPOWERMENT OF THE WOMEN'S MOVEMENT – FROM ORGANISED CIVIL SOCIETY TO PARTICIPATION IN AFFAIRS OF STATE

6.0   Introduction

This chapter charts the emergence of the women's social movement in Brazil. It follows the movement from its populist roots in the communities and discovers how institutional forms developed. -   the network of feminist NGOs and the National Council for Women's Rights (CNDM).

The research participants - feminist leaders of the women's movement and founder members of NGOs   - tell how they co-operated with the government during the transitional period to make health policy which was based on the citizenship project. They discuss their discourse for human rights and their political agenda   based on gender identity: to promote the citizenship of women and enhance their human development through health sector reform. They also discuss their relations with the Catholic church and the left and their strategies to protect their autonomy by operating a two tier system so that one arm of the movement, the CNDM, could deal with the state, and the other, the network of NGOs, remain independent. They also give an account of the exact role of each institution in their present day situation and express their plans for the future.

6.1   Beginnings – antecedents and identity

The movement which was to end up having a major impact on democratisation had its origins in small beginnings. Mariska Ribeira from IDAC describes the process, *'the movement was initiated in 1975, ten years behind international feminism. Women*

started to organise themselves around feminist questions.'

She describes how she was politicised and gained her identity within the forces of opposition to the dictatorship. For her, the reaction to her activism was not really traumatic as those who took part in student politics found that they were tolerated by the military regime in its liberal phase.

'I was one of the founder members of IDAC. I was a primary school teacher. I didn't go in for militancy. I got involved in the student's movement but without any role as leader. I wasn't affected directly or violently by feminism. I lost my job at one point but that didn't stop me getting another. There was a certain tolerance. I wasn't an important person within the movement'

Feminist groups in opposition to government – exile and amnesty

Mariska Ribeira compares herself to her colleague Rosiska Darcy de Oliveira, an important and public figure for the movement, who in the Cardoso government held the office of president of The National Council for Women' Rights (CNDM). She was one of a group of influential Brazilians who were in exile during the military period until 1979 when a general amnesty was declared which allowed them to return to Brazil and participate in the process to bring about democracy.

Mariska Ribeira tells the story of the women in exile and the women at home: *'Rosiska was in Geneva. She was in exile. The dictatorship had put an end to all rights to meetings. In 1975 all the women of the left who were still in Brazil exploited the International Year for Women by organising a huge rally. So here the women's movement was born, as a result of the struggle against dictatorship.'*

This was the beginning of the *'abertura'*, or opening up period, when the military relaxed its control. It was marked by extraordinary civil society activity as described by Alvarez (1990), Moreira Alves (1989) Foweraker (1995)and others (see Chapter 3).

As Mariska Ribeira says, *'The movement became the day to day struggle. It took five years to strengthen the movement. In 1979 the people returned to Brazil when the amnesty took place and the movement then took on a new identity.'*

Alliances and positioning

However other groups were emerging at the same time and Mariska Ribeira describes the difficulties of making alliances. She says that not all the women of the movement were necessarily radical and they did not automatically unite in solidarity with other social movements with different aims and identities which had become active to overthrow the old regime. She tells how feminist groups became associated with homosexual groups as, in public perception, both groups were demanding sexual liberation.This caused her to worry that feminist interests could be damaged by such linkage: '*In a machista country like this one, feminism was synonymous with homosexuality. Nobody wanted to be associated with that.*'

The feminist movement and the Left

For the women's movement to be successful, a split from traditional left-wing values, which hampered progress with rigid ideology, became necessary, as a spokeswoman for the movement states:

'*Of course our vision did not emerge overnight. The many pillars of feminist politics – breadth of vision, subversion of the authoritarian logic of our society, acceptance of differences, encouragement of plural voices and the politicisation of daily life – had to compete against the elements of traditional Leftist thinking: cause and effect explanations, exclusive logic, reductionism, the impulse to universalise…*

Much of the Left's ways of thinking stayed with us for a long time, popping up in our own proposals and actions. Within the feminist movement there was always a tension – sometimes enriching, other times impoverishing and paralysing – between the new thinking and the old. Our Leftist beginnings gave the feminist movement an important political dimension and reach, but for a long time they also held us back.' (NACLA: Report on the Americas, 1992)

Mariska Ribeira says that it was the exiles returning from western universities that gave them their new perspective. Until that time they had accepted the rhetoric of the Left even though it was not in their interests: '*Many of us were stuck with old ideas from the*

communist party or the other parties without assimilating feminism proper.'

With the return of the exiles, Brazilian women were to develop their own brand of feminism which enabled them to become a political force to be reckoned with.

The feminists and the Church

However for the feminists to embark on projects for women was to invite a rift with another former ally and for many women the split with the Church was to be just as painful as the split with the Left. The women interviewed in this research were reluctant to impose their values in confrontation with the Catholic Church. Mariska Ribeira says, *'It is still an inheritance of the women's movement that we did not want to fight with the Church because the Church was our great ally in the fight for citizenship against dictatorship.'*

However, the breakdown of relations was inevitable and eventually the feminists had to agree to differ with the Church. In time, they confronted church officials directly on committees, where both groups participated to bring about reform. Each had to learn to coexist in an uneasy truce with the other.

The Projects

NGOs created different projects according to the specific skills of the founder members. For IDAC, the project was educational and began in the communities. Distinguished and legendary figures assumed responsibility for the task of democratising Brazil. Many were professionals and graduates of Brazilian universities. Their projects were carefully thought out and well planned.

Mariska Ribeira recounts, *'1980 was the year of emergence of NGOs – organised working groups addressing women's issues and that was the year of IDAC. Paulo Freire was the founder and Miguel Darcy de Oliveira, who was a political scientist and diplomat. Rosiska is from education and I am from education and a psychologist.'*
NGOs had different projects in different regions and these combined to form an impressive body of work. As Sonia Correa from IBASE points out, the people involved in social welfare projects were extremely talented and able. *'It was feasible to prepare those agendas with such a bunch of committed and prepared people.'*

Mariska Ribeira describes an early, ground-breaking IDAC reproductive rights education project in Rio de Janeiro - the aim of which was to enable women to construct a new vision of themselves. The materials they wrote popularised the ideas of the feminist movement in comic form, *'I participated in the project, two magazines entitled Mary Unashamed (*Maria sem Vergoña*): one about sex and the other about the image of a woman.'*

6.2   A culture and a discourse

As social movements mobilised, a new, ethical discourse based on human rights came into being and created a culture of democracy. This was achieved to the satisfaction of the feminist activists in this research. Their arguments are direct and convincing and they believe in their own discourse. It is a discourse which fits the times and complements the language of the reformist state. Its strength lies in the sincerity of the standpoint which is revealed, expressing the need for radical political change. Maia Vania, from SOS Corpo, asserts, *'The feminists speak from a stated position. It is a discourse, the creation of a medium has taken place. It is a theoretical formation and an emotional position. It is a series of co-references which are very strong and for that reason they are very able to influence the dialogue.'*

Maia Vania is convinced of the universal power of the discourse which has come into existence to influence women. She believes that if the discourse was seen to be communicatively weak, then feminists would lose their effectiveness and be unable to reach members of their constituency in some far flung region or other. She says, *'If those references are missing then at any time they are able to be thrown out. Someone can turn up and say they are upsetting women on the frontiers of Acre or somewhere.'*

Marlene Libardoni, from the Feminist Centre for Studies and Assessment, CFEMEA, also stresses the power of the feminist discourse but she doesn't believe it has been powerful enough. She says that the task that feminists face, of changing centuries of conditioning, is daunting. *'We gained visibility as a national network and everyone believes in the power of the network and that is true, because we are 80 groups working together but I don't know what there is in concrete terms of change. To change centuries of cultural conditioning – a mentality of submission, of clientelism, sectarianism, partisan*

politics. All those illnesses which we know about which form the basis of Brazilian politics.'

However, Sonia Correa, from IBASE, says the discourse of the women extends well beyond the limits of the movement. *'You have a feminist feeling and a discourse that has been so consistent for 10 years.'* She adds that it is not merely a professional discourse for the initiated: *'A lot of people have made a profession and a career out of the NGO sector but there are many more people who are not in the NGO sector who are also affected by the discourse.'*

The feminist NGO movement was well established in the regions by the time elections took place in 1984. However, when these institutions became united they were to form a powerful lobby. It is from Brasília that the feminist movement was first centralised and this took place with the founding of the CNDM. In this way relations were established with central government. The feminist human rights workers assumed the task of democratisation as a matter of course. They already knew about this work from their previous, more humble role in communities. *'We had a huge commitment to the democratisation of information for the movement,'* says Marlene Libardoni, who is the spokesperson for CFEMEA - the NGO in Brasília well placed to execute the feminist agenda for democratisation; as the members liaise with Congress.

6.3   Negotiations with government

Marlene Libardoni was involved in the process of political readjustment in the transitional period after the dictatorship when feminists were brought into play in the federal capital, Brasília. She describes the process: *'In 1979 we created a group which was called Brasília Mulher. It doesn't exist any more but at that time we were about 30 feminist groups in the whole of Brazil. Brasília Mulher, in spite of being only one of the groups at the time, which was a group of reflection more than anything else, was called upon by the feminist movement of Brazil to act as a bridge, a support to deal with public power on the executive side or on the legislative side.'*

Maia Vania, from the NGO SOS Corpo in Recife, comments that it was the structure of the movement for health which was created that provided an important basis for the mobilisation of feminists. Sonia Correa, previously from SOS Corpo and now in

charge of the women's project for IBASE, remembers the early gains of the movement and how state spaces came to be infiltrated. She recalls how women from the newly founded women's NGOs were consulted for the first time on matters of crucial importance for the health and safety of women.

She recalls how she was consulted in Recife, capital of the poorest state in Northeast Brazil: *'It happened in other periods. I remember sitting down at a table like this one with someone from the health department defining where the contraceptive methods should go into the network. We were deciding in the SOS Corpo office, sitting down with the co-ordinator making this strategy.'*

These were the early days of the state–civil society alliance, as manifested by the meetings which took place between the Ministry of Health and the feminists. The subject under discussion was women's health. Marlene Libardoni recounts how planning took place for the programme of Integral Assistance to Women's Health – PAISM.
'In 82, when we commenced the fight for implementation and elaboration of PAISM – the formulation and everything – we worked closely with the Ministry of Health, working out possibilities for bridging and negotiations and possibilities etc. On the legislative level we worked on the proposal for the reform of the Civil Code (Codigo Civil) which was approved in 1985 in the House of Deputies (Câmera dos Deputados).'

From that time the women's representatives worked on both the policy of the government as well as the legal framework of the country.
As Marlene Libardoni says, *'At that time we managed to have approved a Civil Code which today includes many of the proposals of the women's movement. So we were at the forefront of what was happening '*
(She also points out that although there was approval for the Civil Code reform in 1985 by the House of Deputies, which regulated such matters as abortion, no further action was taken and the project was stalled).
Little by little from humble beginnings the women became essential advisors to government.

6.4 Mechanisms for co-operation – a two-pronged approach

The feminist network was well established throughout Brazil during the 1980s.

When the time came for political reform of the state apparatus this resource was recognised. Here was a centralised network and a body of able professionals in place with unparalleled knowledge of the communities and available for consultation to politicians and to the bankrupt state services alike.

6.4.1 The National Council for Women's Rights (CNDM)

Health reform was the means of entry for the women's movement to government affairs and power politics. It was out of the health movement that the possibility arose to found the concrete structure which was to be the CNDM, thus creating an efficient mechanism to formalise that process.

One of the most important partnerships in the state/civil society relationship has been that between the CNDM and the federal government. Marlene Libardoni explains that they were already working with the government as feminists in 1985 and they decided to replicate the state councils for women's rights which already existed in the regions. *'Two state councils for women's rights already existed – one in São Paulo and the other in Minas Gerais from '82. The fact that they already existed with relations in place was a great help. We worked on the statute - myself in particular. We devised the internal workings and the matriculation of the movement. We went on a board of technical directors with a proper (paid) position and set up an executive body.'*

Maia Vania believes that with the founding of the CNDM, the feminist movement was able to articulate itself over the vastness of the geographical area that is Brazil, enabling information to be circulated and mechanisms to be set up to apply pressure which could influence government bodies at all levels. Therefore the CNDM elevated the women's movement and endorsed the professional status it had gained.

In time the CNDM was to become a controversial influential body. Its fortunes, which wax and wane, are followed with pride and despair by the members of the movement.

Autonomy and the problem of state control of the women's movement

Even before the CNDM was founded the question of autonomy became an issue both within the women's movement and within the NGO sector as a whole. As civil

society organisations had become identified with de facto opposition to government any co-operation with government bodies required strict guidelines if NGOs were to maintain credibility with the social movements.

The CNDM was created as an autonomous government body but, as its function was to enter into co-operation with the government, feminist autonomy was immediately called into question. Marlene Libardoni describes the predicament, *'At our level of Brasília Mulher we had already decided we wouldn't work in the name of the government, so the dilemma arose.'*

The feminists found themselves working in a special situation, whereby as a body representing civil society they were incorporated into the government through the CNDM to bring about new legislation and put the gender agenda into state planning. However, after much discussion the women of the CNDM found that they had to compromise their autonomy in order to exercise their technical skills out of patriotism. *'We decided we were in a government entity and we would stay. It was important for feminism and for us.'*

Their contribution to democratisation was to become even more important as work began on a new Constitution for Brazil in 1985. This was to be enacted in 1988, and the women's movement contributed actively in its creation. According to Sonia Correa, *'The CNDM had a very high profile in the elaboration of the Constitution.'* Marlene Libardoni, from CFEMEA, describes the process: *'In 86 the process began and the National Constituent Assembly was set up and this became the priority for the CNDM. We were all turned towards the Assembly. 1985 were the preparations. In 1986 it went to Congress and in 1988 the Constitution was enacted. During all that time our work was very intensive.'*

The co-operation between the feminists and the Government of Brazil continued for the years in question. However, the women knew that they would not be tolerated for long in a partnership to regulate state affairs. As they had predicted, after the constitution was completed the CNDM ran into trouble and the feminists were confirmed in their mistrust of government. The CNDM was no longer required and the government began to curb the powers which they had previously conferred. The women were then boxed into a corner on matters of principle, concerning reproductive rights, and their resignation

from the government was engineered.

It was inevitable that the state would curb the influence of the feminists. Politicians did not wish to be identified with either the feminists or the consultation process as elections drew near. However, the government did not do away with the CNDM altogether. In 1989 they appointed women from outside the movement to the previous political positions which had been occupied by feminist activists elected by the women's movement. Therefore a non-feminist CNDM came into being. Marlene Libardoni says, *'The CNDM wasn't closed down but women were appointed who had no connection with the women's movement.'*

Leila Linhares of CEPIA, explains how her colleague, Jacqueline Pitangui - president of the CNDM from 1985 to 1989 -resigned because the Minister for Justice withdrew the material and financial conditions for the standing committee.
'We made an act of protest and renounced our role. After that the CNDM was rejected.'
Marlene Libardoni says, *'In 89 there was an institutional crisis on account of the abortion campaign …there was a crisis with the health work and the abortion issue and we all resigned and the technical body as well but that was after the constitutional period.'*

Mariska Ribeira sees the intervention that took place to disempower the women as the spiteful initiative of the minister of the time*: 'The CNDM has been through two phases. During the Sarney government it was a very prestigious body of the Casa Civil. It was highly esteemed. At the end of Sarney's government a Minister for Justice took office who was very reactionary. He was anti-feminist to the point of sickness and he undermined the CNDM and reduced it to its simplest expression. He moved them to a distant basement in the Ministry and appointed a member of his own family as director who wasn't a feminist and he didn't consult the movement. The CNDM was not productive and there was no person of stature filling the post until now.'*

The women agree that after the crisis occurred a new phase was entered into for the CNDM. But the relationship between the Government of Brazil and the feminists was never to be restored to the high point based on the arrangements made to develop the Constitution of 1988.

Sonia Correa says that CNDM went through different cycles with successive

governments as the country struggled to create a democracy. *'In 1988 we had a big crisis, this was the political crisis of the Sarney government, which moved into Collor which moved into the transition and six years later into Fernando Henrique. There was a very troubling situation affecting political agendas (and) what civil society should do.'*
The CNDM was created to negotiate with the government but the women employed there had to withdraw again and again. Sonia Correa sees this process of government interference in the feminist movement as inevitable and thinks that it is in the nature of the relationship that politicians can't cope with the feminists but neither can they do without them. She says, *'The CNDM was a council that was taken over – we left in 89 and again in 95.'*

However Marlene Libardoni says the feminist network was strong enough to survive without the CNDM. Institutional arrangements already existed at the levels of the state and the municipalities to represent women's issues. She says, *'From 1989 until Fernando Henrique Cardoso* (1994) *there was no CNDM and the movement which had existed from 1975 went on existing without the CNDM. There were state committees for women's rights, and municipal committees for women's rights and women's NGOs, which managed to survive with the help of international organisations.'*

Once established, the work of the feminists developed. They had created a demand and their institutions came to be an important element of the on-going democratic process.

As Marlene Libardoni says, *'The women of the CNDM still went on working with some committees and individual politicians with an advisory service in the regulation of conduct of constitutional rights that women had achieved and which were many and very important.'*

However, the tension which developed at that time over constitutional affairs is still at the core of today's relationship between the state and the feminist movement, which still consists of feminist NGOs and also the CNDM.

The founding of the Feminist Centre for Studies and Assessment (CFEMIA)

As a consequence of the threat to their activities the women in the CNDM

withdrew from public office so as to preserve their independence through their NGOs. They were able to do this as they were still backed by their international donors. However, in the absence of their centralising institution a new body was urgently required to fill the gap. It was at this stage that the NGO, CFEMIA, was founded with the remnants of the discredited CNDM and this served to increase, not lessen, the prestige of the women's movement as they affiliated themselves to the Federal University of Brasília.

Marlene Libardoni explains, *'The demand for our services increased and we worked all hours but we were back in our normal jobs. The women's movement asked us to continue and see policy through Congress. So we founded CFEMIA in 89 and we were 5 women who had worked in the CNDM and all of us had worked on the Constitution. Not all of us were feminists but those who weren't got involved with women's questions. They invested in that. We worked voluntarily in CFEMIA. We had salaries from our normal jobs but we functioned within the Unit for Women's Research at the University of Brasília and we used the offices of individual politicians to send documents and for office support. We still rely on that support.'*

The professional status of the feminists had been consolidated through CNDM participation on the executive body of government. After their resignation, they withdrew to the non-governmental sector with their projects and took up where they had left off in 1985. Feminist autonomy had not been compromised and their expertise had increased. The CNDM which remained within the government was then merely a front for women's activities and it existed without reference to the national women's movement and its representatives, now working in feminist NGOs.

However in 1994 the CNDM was reinstated as a feminist body and a prestigious feminist was appointed by the President of Brazil to occupy this role. Nevertheless, despite the reinstatement, some of the participants in this research fear that the CNDM is now a manipulated mechanism through which the government controls the feminists. Within the women's movement there is much debate as to whether or not the CNDM is a truly independent body. The source of the problem is the way it is put together by presidential appointment. Representatives of the movement want more say in appointments and activities conducted in its name.

Leila Linhares finds the CNDM to be manipulated: *'We had great hopes that Fernando Henrique Cardoso would reinstate the CNDM as we would wish it to be; that is as a government entity with a technical team which would work as the point of articulation between the different feminist NGOs of Brazil and give continuity to that CNDM which was suspended in 1989.'* She complains that the process set up in the Sarney period is not respected: *'We want the government to respect a fundamental point which Sarney respected when the CNDM was founded as a new state entity, when the President would choose the president and members of the CNDM from three lists compiled by the autonomous movement of women.'*

For Leila Linhares, there can only be democratic negotiation if there is autonomy to preserve: *'that which the re-democratisation proposed. Dialogue and co-operation between society and state. In reality the CNDM was created by representatives of civil society and receiving conditions to implement actions directed towards women from the state.'*

According to Leila Linhares, the most important mechanism of the autonomous feminist movement has been relegated to an honorary, diplomatic body within the central government, *'the CNDM (now has) just one room and a maximum of two functionaries but no technical team. In the old days there was co-ordination for health, co-ordination for violence, co-ordination for culture.'* Leila Linhares feels that the CNDM should fulfil a special role and monitor all government action directed towards women: *'In principle all government policies of gender should be evaluated by the CNDM.'*

However, Sonia Correa disagrees and maintains that the CNDM *is* now true to its origins in feminism. She says, *'Now, once again there are feminists in it. Women from the movement…the president, is a feminist and other councillors are.'*

Although it has lost prestige and been damaged by the erosion of autonomy, the CNDM still occupies an important space at the seat of government.

CNDM/NGO relations

In Brazil the women's movement is remarkable for the degree of its organisation and the strength of its commitment to women's issues. It is classified as a successful social movement and it is recognised for its contribution to the new democratic order

which has come into being. The two-tier system of institutions – feminist NGOs and the CNDM work together towards the same ends. The CNDM is an influential diplomatic body linked to the state and its autonomy is compromised. However at the second level feminist NGOs preserve the autonomy of the women's movement.

Sonia Correa makes a distinction between an executive state body and a government body as she attempts to describe the role of the CNDM: *'The CNDM is difficult to evaluate even if there is agreement that it has something of the structure of the state apparatus. I think it has some aspects of power. It is in charge of the protocol for PAISM* [see Chapters 7 and 8*]. It is doing that and whatever it is possible to do within the government. It hasn't got the power a government organ should have. It is not an executive body, but definitely and without doubt it is a government body. You need political will so that all government institutions commit themselves to the proposals which emerge from the CNDM. It is very inexperienced in its new phase so it has achieved quite a lot, especially the processes of negotiation with ministries on public policies.'*

The CNDM has no executive powers but in Brazil a great deal of importance is attached to the 'symbolic' in politics and all bodies without executive powers are considered to be symbolic.

Sonia Correa explains *'the CNDM has a very strong symbolic role. In this huge country if you don't have a point of support within the state apparatus, which provides you with support not just for public campaigns but also so that the media pays attention to what is happening, otherwise it is very hard to create a new mentality.'*

However, Maia Vania is as sceptical about the CNDM having gained any degree of power as she is about any other sector of the population in modern Brazil. She says, *'Nobody in this country has (real) power, even the President has to fit in with the political forces which don't always go his way.'*

6.4.2   Feminist NGOs, the second arm of the women's movement

The CNDM is seen to be the symbolic arm of the social movement that is feminist at the federal level and represents Brazilian feminists internationally. The second arm is the combined forces of feminist NGOs which are working in the communities and with

state and municipal bodies throughout Brazil.

Feminist NGOs are surprised at the actual level of participation they have achieved in affairs of state. There is, however, some anxiety that their organisations will not be adequate for the tasks they are expected to carry out. They do not have the personnel to meet the demands being made.

Silvio Bavo, from ABONG, says that research undertaken shows that more than 60% of NGOs have some kind of work-related relationship with public entities and this represents nearly 15% of NGO budgets, *'so there is no allergy to the state. The richest experiences have been work undertaken with the Prefeituras. Many NGOs are incorporated into municipal public entities especially when the municipal project coincides with their own ethical and political project – for social justice, to redeem citizenship, equality, liberty, participation all those things.'*
NGOs which are the focus of this research are all working with one or other level of government as evidenced by the following examples.

SOS Corpo

SOS Corpo operates in Northeast Brazil and has well-prepared, trained people ready to assume public office. One of their main functions is to plan and implement health policy and assist with municipalisation, where this is taking place. To do this they conduct training workshops for health agents and social workers. They also have a long history in producing training materials and health education documents.

Maia Vania says, *'The women's movement in Pernambuco is very strong. It is not only strong at the level of the state (but) for the media. This is a state which has a political structure which is very significant at the national level. We have influential relations with the state with regard to health matters, for example a woman of SOS Corpo has been appointed to occupy a post in the division of women's health. She is in control of the division which is very significant so as to achieve returns for the feminist population. That is the work of the women's movement at the state level and we work with the law-makers a lot.'*

This appointment of a founder menber of SOS Corpo to the post of Secretary for Health in the state administration for Pernambuco is seen as the single most important

breakthrough for the women's movement and achieves a long-term ambition for women to be in control of policy operating from a position of power within the state.

Sonia Correa sees this appointment as an important indication of where things are going for the movement. *'At present. Elselene from SOS Corpo is co-ordinating the state system in Recife. So there is permeability with people moving from civil society to the public sector to the state level.'*

She goes on to say that Elselene's appointment is no accident and that this fulfils an important objective for the feminist movement. *'This is a conscious strategy. It has become clear to us that it is impossible to implement anything in the area of reproductive health without having the adequate persons in place. The breakthrough of individual feminists into government appointments has had an enormous impact and has many implications.'*

CFEMEA

CFEMEA, in Brasília, works with the federal bureaucracy at the highest level and with Congress to vindicate and support the activities of the National Feminist Movement. CFEMEA was the NGO created by the members of the CNDM who resigned from government. Marlene Libardoni explains, *'We train politicians and advise on matters of gender. We raise awareness on the problems of getting women to Congress. We accompany all legislation which has to do with women's rights. We promote and advise on public debates.'*

CFEMEA operates at the cutting edge of the state/civil society consultation process. Marlene Libardoni explains how the instituted consultation process works between Congress and CFEMEA. *'If a politician has to report on a project, for example the family planning project, a public audience is convened to discuss the project and people from civil society are convened to debate the issue.'*

Marlene Libardoni says that in the debate for family planning, people were called from the Ministry of Health as well as the Minister himself and the staff from the Secretariat who co-ordinate PAISM. There were representatives from the medical area, the women's movement, from the Church and the National Conference of Brazilian Bishops (CNBB). Marlene Libardoni insists that CFEMEA has had an important impact

on this consultation process, *'We have changed opinion a lot in the sense of providing substance for discussion. Politicians are not acquainted with issues. They haven't the background nor the quality information. They get to know the proposals of the women's movement and they get to perceive issues.'*

Feminists work nationally, regionally and locally within the institutions of the state and also use the mass media to communicate their messages to change attitudes within the country. In so doing they contribute towards creating democracy in Brazil which extends beyond the political apparatus of Brasília. Marlene Libardoni says, *'We have achieved very important results.'*

National networking

CFEMEA, as well as other NGOs operating in their regions, maintain links with an ever-widening integrated population of feminists with their publications, which are targeted and distributed strategically. This links the work of Congress to the feminist movement. Marlene Libardoni says*, 'We make a bridge with the women's movement, informing women's organisations about the legislative process and the importance of parliament in terms of equality of rights. We have Fêmea which is our bulletin and the only one which goes to all the groups of the women's movement in Brazil – in all the areas, to trades unions, to rural workers, to black women, to government officials and to international agencies.'*

Thus the women's network is kept informed about reproductive rights activities, including the Constitutional Amendment Proposal - PEC 25 and the Regulation of Family Planning Law no 209/91 as well as the agenda for Beijing (see Chapter 8).

6.5   Feminist NGOs Today

Other NGOs -SOS Corpo, CEPIA, IBASE, the Coletivo Sexualidade e Saúde and IDAC- participating in this case study, conduct similar activities, producing training materials and journals to address important issues of health, violence, human and reproductive rights. In so doing they work at both national and international levels.

National affairs

Feminist NGOs are now involved at all levels of Brazilian public life.

As Maia Vania says, *'The feminist movement is much more relevant now than it has been in the past. Feminists operate in everything that would be the public sphere connecting NGOs to public sector legislators and the media.'*

Sonia Correa agrees that there is an interactive process in effect: 'There is a permeability between NGOs and the public sector.'

International affairs – Beijing 1996

The NGO CFEMEA prepared the Brazilian feminist delegation for the UN Conference in Beijing. Their bulletin *Femêa* provided the preparatory information on this occasion, *'The bulletin ended up being the link of the movement for the Beijing conference. UNIFEM called on us to organise all the official seminars and select those who would represent Brazil. We also brought out five special bulletins called 'Peking'.*

Funding and survival

Depite the position feminist NGOs have obtained in national affairs, they are finding it hard to survive in a newly democratic Brazil. The international donors no longer support them with financial backing as they did in the past. Although some projects are funded there is no support for staff salaries or infrastructure expenditure and new sources of funding have to be identified.

In this case study NGOs are convinced that they will make the transition and survive by receiving public money for their activities . Marlene Libardoni says that this is a new departure. The women's movement from 1989 to the present day (1996) created autonomous mechanisms and civil society institutions learned how to organise without support from the state. Now there is a new situation for NGOs looking for government support.

Mariska Ribeira says*, 'The majority of NGOs never received public money – not*

only to maintain independence but also because government agencies don't have funds…we couldn't ask for funds from the dictatorship state.'

International funding is now distributed on the basis of projects and is not distributed directly to NGOs. This has lead to increased competition between NGOs.

Mariska Ribeira describes the new system of competition for central funding: *'We are negotiating all the time. It takes ages but I don't do what the United Nations says. I do my own proposals. If they don't like it they cut it, or they say we won't do this part or else they can decide to support the project integrally and that has nothing to do with public policy. We are what they have begun to call an organisation of the civil society…we are getting that name now.'*

The international donors have withdrawn support now democracy has been established. At present any available international funding is controlled by the federal government organisation - the Brazilian Association for Co-operation (ABC) - and projects are vetted in Brasília. For women's projects the CNDM decides. Direct funding is very rare.

Lack of human resources to fill public spaces

Another problem which threatens the activities of NGOs is a shortage of members. It is difficult to find personnel who share the ethos of NGOs and who are professional in the same way. For the feminist movement this is a serious lack. They need personnel to implement PAISM policy and especially operators who are prepared to move from the regions to the federal capital. The President of the CNDM had to move to Brasília from Rio to assume her particular role. Unfortunately there are not enough contenders for other important posts in Brasília.

Sonia Correa explains, *'The Minister was willing to give the particular post of co-ordination of reproductive health or PAISM to somebody coming from the feminist movement. We don't have anybody with enough knowledge of the system and it makes no sense to remove a person from where they are useful to fill a gap somewhere else (tirar a roupa de algum santo para vestir o outro). It was offered to the NGOs to take somebody who is at the state or municipal level back to Brasília. We are facing a serious shortage of human resources plus the problem of financial resources.'*

*G*radually NGOs are being drawn into government processes. As Silvio Bavo says*, 'I don't believe that the NGOs by themselves can gain power. I don't believe it but they are participating in networks and in forums and raising matters of increasing importance. So we are confronting the dilemma of having gained that space in the middle of government and where we have a good capacity to have our proposals accepted as participation of civil society and its representatives but we need more people. We need to specialise…get to know the policy thoroughly in order to propose changes therefore we have to assert competence of information for the NGOs and for ABONG.'*

6.6   Summary

This chapter shows how Brazil's women's movement organisations have empowered themselves, or were empowered, to table a feminist agenda for government policy. The feminist activists interviewed in this case study represent the movement at a high level. They come from different regions and altogether they represent a spread of concerns.

For the most part, the social movement that is feminist emerged as one grouping among many as political demands grew out of identity-specific groups. The organisations formed by these groups, across boundaries of class, were based on their interest identification. In order to protect their specific interests, feminists had to break away from left-wing politics and establish their own agenda. They also had to break with the Catholic Church in 'cultural' matters concerning women and sexuality, always presented in terms of a 'patriarchal' family. The Church, however, in its 'liberation' capacity, was the grand ally of the social movements in the struggle for democracy. In the present phase, the Church has now been forced to the negotiating table with the feminist movement as equal partners.

Feminist aims had as their ultimate goal the achievement of a state of democracy for themselves and others which would be inclusive and would provide coverage by the state of essential services – hitherto unavailable. Their specific area of concern was reproductive health, where reproductive rights legislation had not kept pace with the contemporary reality.

By focusing on specific issues, common to all women, feminists were united with

their constituency which is the female population of Brazil. Maia Vania says, *'We are the subject and the object of our own deliberations'*. Thus she acknowledges that all women, from whatever background, have the same problems.

Women's movement institutions evolved to form a two-tier system: the network of feminist NGOs and the CNDM. The CNDM was invited to take part in government planning in the area of women's health. This involvement led them to take a prominent part in the National Assembly for the Constitution. However, when work had been completed for new legislation the feminists were ousted from the prestigious government position, which had been created for them. They were forced to resign and draw back to the non governmental sector.

The CNDM was rehabilitated under the Cardoso government (1994 – 2003) where it successfully raised funds for campaigns but was accused of being too close to the presidency. The CNDM also participates in the Brazilian funding agency, ABC, which designates funding to NGOs for projects. There is some resentment expressed by NGOs in the field that the CNDM is vetting their projects for funding and that some NGOs are favoured over others.

This case study reveals a high level of professional capacity within feminist institutions – the CNDM and NGOs- which are able to respond to the demands of government in the effort to reform institutions. The Brazilian civil service, does not have this capacity to support reform programmes, especially as their own vested interests dictate against reforms. Therefore there is an increasing demand from the public sector for highly trained NGO personnel to fill key posts for implementation of programmes.

In Chapter 7, the public health service in Brazil is examined to determine its capacity to deliver health services to the population as laid down in the Constitution. It examines the difficulties of decentralisation of government processes to the municipalities for health service delivery and also considers the progress made by the feminist health plan, PAISM, and assesses its impact on female communities.

Chapter 7

HEALTH IN BRAZIL

7.0   Introduction

In this chapter the research participants discuss the role played by feminist institutions in reforming the health sector and their activities in the field of health to construct citizenship for poor women which include a national health plan for women (PAISM) to be delivered in the public health sector. The   national plans for health are also examined to determine the capability of service providers to deliver services and also the political will of the Government of Brazil to decentralise the health service in a process of municipalisation, in order   to achieve universal coverage with health care.

Defining policies for women's health, to include reproductive rights, which would be adopted nationally, formed the basis of activities of the women's movement during the transitional period to democracy. It was on this basis that feminist institutions entered into co-operation with the Government of Brazil. NGOs gained experience of social conditions as they worked both politically, in the struggle for democracy, and practically, through community work. They came to understand that the provisions made by the public sector to address the miserable social situation which affected most citizens, and especially the female population, were totally inadequate.

The health sector during the dictatorship was characterised by 'private care for those who were able to afford it; a public network of curative care provided by the Ministry of Social Security (*Previdência*) for those formally employed and paying into a

social insurance scheme; a mixture of basic health clinics and health programmes provided by the Ministry of Health, state and district health sectors and charitable institutions for those otherwise not covered' (Atkinson 1998:1).

7.1 Health for all - a broad based popular movement

As the dictatorship began to crumble, alliances were formed - between community-based organisations, health professionals, students, NGOs and the Catholic Church - in an extraordinary political ferment which led to the formation of broad-based social movements, as discussed in Chapter 5. All of these identified the need for health reform and demanded greater justice in health care provision.

So health care came to be a part of the 'rights' agenda in Brazil in the transition to democracy - a period of great ideological change - when demands for an inclusive citizenship were made by human rights activists. Proposals for citizenship encompassed not only civil and political rights, but also socio-economic rights: including provision of health, education and shelter to be provided by the state as a duty to the entire population.

Therefore public health plans were conceived of as proposals for a new, inclusive democracy. The main public health plan, the Sistema Unico de Saúde (SUS), was the fruit of ten National Conferences for Health and was promoted from within the health sector and negotiated with the Popular Movement for Health as well as in community projects as part of the democratic process. SUS policies were hammered out as part of the general movement for freedom.

7.2 Health and the private sector

The health sector in Brazil has a history of privatisation whereby the state budget for health was designated towards non state entities to deliver public health services. The military regime privatised the health system by contracting services from the private sector rather than expanding and investing in the public system. By 1970, 66% of hospital beds were outside the state health system – 29% of these were provided by private enterprises and 37% by non profit making entities (Cordeiro 1991).

The 'conveniados'

Sonia Correa explains that the Brazilian health system was privatised with the reform of the Social Security system (*Previdência*). At this point the health service only existed to serve those in possession of a national security card.

The military government relied on certain hospitals and NGOs to create a rudimentary health service whereby existing entities signed agreements (*conveniados*) to deliver services to the general population. Sonia Correa says, *'These were the so-called famous conveniados which have been in place since the sixties to provide health services to the general population…being those people who did not have a security card.'* State facilities were only guaranteed to civil servants employed by the state. For those outside the system only piecemeal arrangements existed and Sonia Correa explains that the state then became responsible for funding both systems with a consequent drainage of public funds into the private sector.

'Here you have the security system with its own facilities getting money out of the security system to pay the private sector.'

The extreme form of centralisation which took place during the military regime together with privatisation of public funds into the private sector destroyed the public health system, which up until then had been homogeneous.

Subsequently, the health service, as it stood in the 1980s, did not have the capacity to deliver health care in the communities. A further problem was that the three cumbersome bureaucracies of health administration in Brazil – federal, state and municipal – were separate from each other and uncoordinated.

7.3   Health and the feminist movement

The attainment of health services for women became the political project of the women's movement. Feminist NGOs and the CNDM were empowered for participation in government affairs so as to plan for health and regulate the law, as described in Chapter 6. In this case study, the interviewees agree that it was the platform for health which allowed their feminist institutions to organise and enter government institutions as advisors. Amongst the women in the movement were health professionals. They had the professional ability and the standing to make their ideas known and their opinions

felt and they realistically confined their agenda to addressing the basic issues of health care provision for reproductive rights. Had they diversified or deviated from their stated aims in this field they would not have achieved the same impact. It was the urgency of the agenda which gave credence to their aims.

Maia Vania, of SOS Corpo in Recife, says, *'Health is the centre of our work specifically. That's something which goes back to the origin of SOS Corpo. We also work with gender relations but health is the strongest area which structures our institutions.'*

Mobilisation of female communities to demand health services

In their activities to bring about acknowledgement of the health needs for women, feminist NGOs in Brazil operated on both practical and political levels. The first level was direct involvement with women in communities where NGOs mobilised women to fight for their health rights by creating conditions for citizenship participation.

Mariska Ribeira recounts how her NGO, IDAC, linked health to citizenship rights in a paradigm particular to the women's movement.

'When you discover you haven't got something and it isn't because you are poor, it isn't because you are ruined, not because you are on the ground; none of those things but that your rights are being denied. The right is yours and you aren't getting your rights. They are yours because you pay taxes. You pay when you buy rice. That was all part of our work to draw attention to those things. We strengthened the esteem of those people. The dreadful misery is humiliating to a person. They have no courage to revolt. They think it is their fault that they don't know how to live and suddenly they are women who take on life. They form neighbourhood associations and they get involved. They get roles and they start to work politically. That was our work in health.'

Members of NGOs, instructing communities in the meaning of human rights, wrought radical ideological change in communities by bringing women to realise that they could as citizens make demands of the state.

This community work wrought a cultural transformation and was grounded in practical educational theory. The basic, common-sense messages they imparted were to have an enormous cultural impact on the people.

Women's health – by definition reproductive health?

However, working with women's health was to raise issues which had long been ignored in Brazilian society. At this early stage of their democratic activities the feminist activists were unable to reveal their reproductive rights agenda. To claim that women's health needs were specific would have been to risk alienation from their allies and supporters.

Mariska Ribeira tells how IDAC came to work with health, being careful not to upset the priests and nuns of the Catholic Church who were their allies in the cause of justice and human rights. (The Church played a huge part in mobilising the popular movements as discussed in Chapter 3.) However, eventually they were forced to confront the problems which were revealed and which were concerned with female sexuality. *'The women who came from political struggle wanted to confront the women's question – our sexuality, our body we respect, etcetera. These were all the international slogans. To use those was to create a conflict with the Church and remove us from the popular communities. So health was a strategy which was used – the right to welfare, the right to a wholesome environment, a healthy home. Those kind of rights were very welcome to everybody but we could not talk about sexuality.'*

But the problems the women in the community experienced had much to do with their human condition as women, who were subject in their relations to men and in society.

Mariska Ribeira explains how it became impossible to avoid the real issues. *'We would arrive in a community to work on hygiene and what we would find was a band of women who would complain about their problems and we ended up talking about sexuality – their children; whether they could have children; if they didn't want to have them; about abortion; the one who was pregnant again and didn't know what to do.'* The time had come for the feminist activists to propose their agenda and develop an ethical framework. Mariska Ribeira says that then all the issues were on the table for discussion. *'It became clear and we set up our projects with an ethical basis and treated health matters. We touched on all the issues of sexuality, all the questions about violence, all the issues concerning citizenship.'*

Fragmented projects united

Such NGO community work was being replicated throughout Brazil. Mariska Ribeira tells how in the early days each NGO worked in a vacuum in competition with other NGOs engaged in similar activities, *'That was our work in health. SOS Corpo was doing the same. The Coletivo de Mulheres did another kind of thing which had the same outcome. These kinds of initiatives sprang up in different places in 1983–84 (the first year of direct, local elections in Brazil after the dictatorship). Each project was absolutely isolated and there was a lot of rivalry – competition in the sense of who was doing it better.'*

During this period, feminist lobbies were springing up and NGOs proliferated as they identified their areas of activity. In time, all the energies and activities of feminist NGOs, which had been dispersed, were to come together under the umbrella organisation, the CNDM, as described in Chapter 6. Once feminist NGOs became co-ordinated the women's movement was transformed into an effective national movement. Taken altogether as a network, the initiatives of each NGO working in the regions amounted to an impressive body of work operating within a powerful system .

7.4   Plan of integral assistance to women's health (PAISM)

Health coverage for women became the platform for the women's movement and, as the participants in this study explain, their involvement was not merely academic, but required professional input at every level. The health plan they conceived in 1983, together with officials from the Ministry of Health, was the Plan for Integral Assistance to Women's Health (PAISM), and it was radical in its vision.

The plan was conceived at the same time as SUS and involved a wide input from civil society, it was envisaged that the system for decentralisation for SUS would also serve to deliver PAISM.

Origins of PAISM – women planning for women

According to Costa (1992), PAISM emerges in 1983, representing the hope of a response to the dramatic epidemiological profile of the female population.

With the concept 'integral assistance to women', contained in the title of the plan, the

notion of gender is acknowledged and 'integral' implies an educational component to raise the consciousness of poor women to enable them to exercise their citizenship agency and take decisions which would give them a sense of identity and a measure of control over their bodies and their lives.

Costa says, *'The practical education which is so necessary to assistance must have the aim of constructing identity. It is through these educational practices that women will become able, for example, to choose a suitable contraceptive method and so they will then become agents for change and be able to guarantee their rights' (Costa 1992:8).*

The acceptance of PAISM as a national plan to address women's health needs and provide universal coverage constituted a breakthrough for feminist NGOs in 1984. The planning stage of their involvement came after their practical work in the communities and they were able to build on this experience when they were invited to participate in government planning processes and   broaden the debate to move away from the notion that women's health was based on   childbearing.

Mariska Ribeira tells how the planning process took hold. *'What we had was a small effort of 40 or 50 women and we made a great effort to multiply the results and finally we got visibility with the government and we started to be consulted as collaborators with the government – not only the federal government but the state governments and the municipal governments and in our case we were called in to do training of health professionals in the municipal secretariat for health and we worked for a long period developing the training.'*

Sonia Correa was also one of the architects of PAISM. She says, *'We used many actions and devices to gain visibility, including the elaboration of PAISM which is a very significant step for the health movement and the women's movement. PAISM breaks with the vision of woman as object and assistance with the view of the child in her belly. PAISM makes that rupture and brings the woman to the fore in herself, integrally. Although this is still only a partial view and still it associates woman with reproduction but it makes a trajectory which admits a vision of an individual woman starting with the promotion of education within a health programme.'*

The NGO feminist activists were called in because the health service did not have

the capacity to address issues of women's health and was at crisis point. Government attempts to introduce birth control revealed the level of incompetence in the health sector as Leila Linhares explains, *'The idea of PAISM arose in 1983, which was the beginning of democratisation in Brazil. It was a very good proposal. The government had already launched several bad plans. There was one to prevent pregnancy in women who would be at risk for their lives. It was planned to provide the contraceptive pill. Only those are precisely the women who can't take the pill, because it is dangerous for them.'*

The feminist movement consulted

The feminists found their work was transported from one level of activity - at the community micro level where they had gained extensive knowledge through field work - to the federal government at the level of policy-making for a national plan.

Leila Linhares says, *'To our surprise the Ministry of Health was responsive to the criticism of feminists and it accepted to formulate a new programme with feminists and health professionals which was PAISM and if you were to read it after 13 years you would see it is a very good proposal. It is a very comprehensive programme. It foresees integrated actions. It is very democratic and all women can be beneficiaries.'*

However, for all their good ideas and hard work, PAISM was not immediately adopted, supported and put in place by the Government of Brazil, because the co-ordination between bodies which could act on plans was weak. Leila Linhares says that from 1983 to 1988 this programme never left the paper it was written on until the new Constitution of Brazil was enacted in 1988.

From then onwards the Government of Brazil made gestures towards implementation of all the plans of action to deliver health policy. Both SUS and PAISM were nominated officially as the national plans to put health in place nation wide.

7.5 Municipalisation and Delivery of public health services

Brazil conceptualised its public health plans, the Sistema Unico de Saúde (SUS) and the Programme for Integral Assistance to Women's Health, (PAISM) , as part of the proposals for a new, inclusive democracy.

The health sector is undergoing radical change and the Government of Brazil is

supporting municipalisation – the only government sector where decentralisation is occurring. However, municipalisation is a limited process as local governments need strengthening to undertake the complicated bureaucracy to administer a large budgets. Even though an extensive public health network exists the quality of care is extremely poor.

In a developed region, where the municipality has the capacity for local administration, efficient services are in place otherwise the Ministry of Health still buys services for SUS from other operators in the field, being state sector institutions, NGOs, private hospitals and other entities.

At present SUS is only partially implemented but in developed municipal areas, such as Porto Alegre, which has one of the most developed administrations for the delivery of SUS to the public, the new system is working. Municipalisation is underway - in 1996 there were 30 municipal teams for Primary Health Care, by 1997 there were 100 - as the old state sector health facilities are taken over by the municipality and upgraded.

With the necessity of providing services to the citizen for the first time, municipalities are beginning to contribute with more money from the municipal budget for health. This is a general trend and the principle of health as a right is now accepted as the norm. For the NGO sector, health service delivery remains a priority area for the construction of citizenship. Silvio Bavo, of ABONG, says that the purpose of democratic health reform *'must be to include all that is the condition of the infrastructure so that health can occur'*.

Sonia Correa, who is in charge of women's affairs for the influential Rio NGO, IBASE, says, *'IBASE knows the critical importance of health policies in terms of social equality. It considers, at the level of principle, that health care is a basic right.'*

7.5   Assessment of health plans

Both SUS and PAISM provide guidelines for health services. However, the plans are difficult to implement throughout the territory because of disparities of development existing in different regions. Although both plans provide a coherent vision for service

delivery the mechanisms for implementation vary. Statistics also vary as the following statements make clear. For some observers, real progress has been made and improvements are in place. For others standardising health care in such a large country is an impossible task.

According to BEMFAM, institutional coverage with PAISM interventions is 95% but the quality of coverage is poor and attendance of women is sporadic (Enquesta Demografia e Saúde, 1997).

Marlene Libardoni however despairs at the low level of PAISM coverage and says that according to the analyses of the Ministry of Health, only 30% of PAISM is implemented, indicating the paucity of existing services. For her, it is the weakness of SUS, which still has very low access, which is at fault.

Leila Linhares feels that despite all the efforts and all the plans there is little or no change in the indicators for mother and child health as in Brazil as a whole SUS, and therefore PAISM, hasn't happened. According to maternal mortality stands at   150 maternal deaths for 100,000 live births, which is the highest rate in Latin America and those deaths are underestimated: *'because the death certificate is going to say 'haemorrhage' or 'embolism' not maternal death. Many women don't do prenatal. Some are diabetics or hypertensives who die before the pregnancy ends. The underestimate is taken from the national mean, derived from the places where the services are much better. The Northeast or Centre East has a much higher maternal mortality than 150 per 100,000. So we have a situation of illness and morbidity and maternal mortality which we believe is due to the non-implementation of PAISM.'*

Marlene Libardoni is very critical of the health system: *'I think the crisis for health in Brazil is very big because of the fragmentation of the structure. Decentralisation in terms of SUS is only a possibility, although it is being carried out in some areas. Some actions are being carried out but it varies from one state to another.'*

Ana Maria Costa takes a more optimistic view on the basis of another national survey to determine the degree of PAISM implementation in 1992. She maintains that reform is not a linear process but *is* taking place at different administrative and political levels according to the various conditions of the health service in different areas of the country.   Despite the upheaval of the health service, with privatisation undermining

the norms for a universal system, there have been gains. *'It has been possible to put in place arrangements which have resulted in an accumulation of technical and operational knowledge and a work methodology which indicates a new model of health assistance in place conforming to the principles of integrality and universality'* (Costa 1992).

As Sonia Correa says, important gains were made in the area of women's health which were difficult to reverse in the long term. She feels that once a programme has been established – and there have been times of excellent attendance to women in all the major Brazilian cities – there is an important residue left even after a programme is closed down and the political spectrum changes. She points to important progress made during the administration of the feminist mayor in Sao Paulo: *'In São Paulo where the mayor changed – Luisa Erundhina came out and Malouff came in – it was not possible to dismantle the whole public policy in the area of health completely, and particularly women's health which Erundhina set up. The service got worse but they didn't manage to do away with it. It is evident that the quality has suffered and the efficiency but it didn't disappear.'*

Leila Linhares agrees that fragmented services do exist: *'In some municipalities, one way or another PAISM is implemented. In the municipality of Rio de Janeiro, after 13 years of PAISM and 8 years after the Constitution, you have a series of public hospitals principally from the municipal network but also from the state network and maternity hospitals where one way or another attention to women has improved. In some centres women will find orientation and contraceptive methods but these are not widely spread, not well distributed.'*

Sonia Correa says that the feminist plan is taking hold gradually: *'We know that PAISM has gained space but that is a slow process. We carried out research about the quality of actions in Recife in the metropolitan area and we saw that PAISM was not implemented and that is the situation all over Brazil. It has some initiatives implemented. The one which has grown the most is prenatal services.'*

Lowered expectations

Those interviewed in this case study agree that some rudimentary service for women *is* now in place, although it is by no means the PAISM they had envisaged in the

first place. Disappointingly, despite some progress, the epidemiological indicators have not improved. The maternal mortality rate has not declined, leaving Brazil amongst the most undeveloped countries of the world.

The original elaborate plan devised by feminist NGOs for women's health proposed total health care and included health education. But today, feminists accept that they must settle for a more realistic checklist of activities for health services for women to include: prenatal care, childbirth assistance, family planning and some health education activities. Parts of their plan - such as cancer screening - belong to the future when services are developed.

Public opinion – IBOP survey

Public opinion is changing in Brazil. Sonia Correa considers the health survey carried out in six metropolitan regions by the Brazilian Institute of Public Opinion, IBOP, with the media network Rede Globo, to be very significant. According to this, women have three major concerns: the first is AIDS, the second is violence and the third is cancer of the cervix. It also shows that for the first time women are concerned about the legalisation of abortion although they do not express much interest in contraception. *'Legalisation of abortion and contraception are there – not incredibly high but high when you think that 6% of housewives have mentioned legalisation of abortion as an issue. Cancer is a major concern in São Paulo, Rio and Belo, Porto Alegre and Salvador but in Recife it's 20%. This is a result of a campaign. The same with abortion, you would never think 10% of women would be aware. Contraception is very low but that's because of sterilisation.'*

For Sonia Correa, these results show that the concerns of the women's movement are beginning to be the concerns of the general public in matters of health.

Changing attitudes and increased demand for services

The women's movement takes credit for this change in perception and the new awareness of issues - now squarely lodged in the public domain - which is revealed by these opinions. These are very different from those previously held in Brazil where, historically, such matters   were the private concerns of ordinary women.

But once women become aware of the issues which concern them they begin to generate new demands. Mariska Ribeira says that one of the main problems is that governments are afraid to offer services to women as the demand would be enormous and they will not commit resources to meet this. She says, *'I think they are afraid that with any publicity there will be enormous demand and they will not be able to meet the demand.'*

Angela Santana believes that the health plans should have been implemented and decentralised immediately after they were approved. The delay on decentralising health services meant that the programme was run from the centre with disastrous consequences. She says, *'The Constitution of 88 tried to do this but from 88 to the present it was not implemented. SUS, in the way it is working, didn't decentralise the health interventions. Basically if we want to take a simplistic notion of SUS we can see that the hospitals attend anybody and do for example any surgery and they send the bill to the Federal Ministry of Health. In this way it bypasses and has nothing to do with municipal actions and we don't even have the resources for preventative measures at the municipal level or even sanitary measures and so the system up till now is very centralised at the federal, government level.'*

The market decides – supply and demand

However the Brazilian government policy is governed by neo liberal politics and the international agenda of the IMF which proposes to reform governments by reducing state expenditure and opening up the health market for private investment. Angela Santana explains that any change that will take place in the health service will be based on a division between supply and demand.

Therefore universal health plans are not on the agenda for implementation. As the director of the Misericordia Hospital, in Porto Alegre, maintains, *'the federal commitment under the present government to SUS is, at best, feeble.'* He points out that experimentation is still taking place with health.

7.7   Summary

This chapter reveals that the health sector in Brazil has been the subject of

ideological struggle in the transition to democracy and plans for health reflect the nature of the political debate.

At present, SUS is considered to be a good and comprehensive plan. However, decentralisation is the precondition for its delivery and as municipalisation is a very slow process it has not been possible to channel federal funds directly to hospitals and corruption has taken place on a massive scale. Municipalisation is the key to the provision of an efficient health service; however, most of Brazil is underdeveloped and does not have the capacity to implement local health services with the complicated accounting system that this involves.

Also, the Government of Brazil operates with a different strategy for health from the one which emerged in the democratic process; a policy based on supply and demand working with existing partners in the private sector.

The women's movement, represented by its NGOs and the CNDM, has created PAISM to address issues concerning women. It demands that interventions for women's health now take place under whatever system and promotes universality of access to services.

Another factor for progress is that public opinion is changing in Brazil and the demand for public services for women is increasing. It is clear that PAISM is the most effective plan for women, although it is now a cut-down version of the original total development scheme for women to include education and political awareness training.

For the women's movement, SUS is the favoured mechanism by which PAISM can be delivered and all the participants in this case study agree that coverage with interventions has increased slowly but steadily.

In Chapter Eight the participants discuss the reproductive rights agenda and the legislation they have put in place to make provision for women's health interventions to take place in the public sector, as described.

Chapter 8

REPRODUCTIVE RIGHTS – POLICY, PRACTICE AND LEGISLATION

8.0   Introduction

This chapter details how the representatives of the women's movement, leaders of NGOs, devised their policies, instigated practice and devised legislation to bring about delivery of reproductive rights. The research participants claim that reproductive rights are equated with citizenship in Brazil, and that legislation, now in place, will end the existing taboos which have created insurmountable problems for the majority of women.

At the heart of the struggle for democracy in Brazil, and particularly for NGOs representing the women's movement, is the desire to reconcile the legal system with the harsh reality of everyday life and ensure delivery of civil, human and social rights for all. The input of feminist institutions into the democratic process has achieved wide recognition. Their success can be attributed to the means they found to co-operate with the government for health plans, their ability to legislate for reproductive rights and the access they have gained to the health care system to ensure implementation of national health plans.

8.1   Population control

Throughout the dictatorship, women in Brazil sought for the means to control their fertility and they created a massive demand for contraception. Their demands were fostered and met by outside agencies, which, despite going against Brazilian cultural attitudes, operated freely, implementing policies laid down by outside forces and the agents of US foreign policy in particular. The independent market forces, which included private medical establishments and pharmacies, were free to trade in fertility control, as

there was no system for regulation in place.

Maia Vania, from SOS Corpo in Recife, says, ' *the official discourse was natalist (natalista) and the government had policies and actions which were ineffective to assist family planning, so there was low coverage and an old fashioned programme creating a vacuum in this area as, in truth, the government never had a population policy. It [the government] turned a blind eye (fechava olho) to the action of agencies which were conducting that politics.* '

By the late seventies, it was obvious that outside measures to regulate fertility had had an enormous impact. Reproductive patterns and aspirations were changing very rapidly in Brazilian society and these changes had nothing to do with government policy.

Changes in patterns of fertility

The Latin American region in general has experienced a decline in fertility of 40% over the past decades. In Brazil the Total Fertility Rate (TFR) has gone from 6.2 children in 1950–55 to 3.5 in 1985–1990 (Berquó 1991). Brazil now has an average fertility rate of 2.5 children (2.3 urban rate and 3.5 rural rate) to women aged between 15 to 49 years (Pesquisa Nacional sobre Demografia e Saúde 1996).

Induced abortion and female sterilisation (estimated to involve 38% of all married/co-habiting women) are thought to be responsible for the 30% decrease in TFR in Northeast Brazil from 1986 to 1991.

According to the National Research for Demography and health, 42% of women in union with men with two children are sterilised and the average age for sterilisation is 28.9 years (1996).

8.2   Contraception in Brazil

Throughout the 1970s and 1980s women in Brazil sought methods of birth control. The days of large families had come to an end, family planning was difficult to obtain and abortion was illegal. The demand which was generated for birth control technologies was on a massive scale and the social service system was inadequate to provide for the needs.

Sonia Correa says that women looking for ways to regulate their fertility found

nothing in the public sector and so they resorted to the black markets, pharmacies and drugstores. Products were available without supervision of devices or control of drugs supplied. *'All this did was to spread reversible contraception all over the place without adequate care and supervision and this created a culture of discredited contraception.'*

It is clear that choices for women were limited and stark and could be reduced to the following: they could deal with pregnancies as they occurred; find the means to terminate their fertility; or else negotiate their way around the private market place finding unsupervised methods of birth control. Whatever solution was found often had dire consequences and the mortality rate for women, which was never officially determined with reliable statistics, reached unacceptable levels.

The feminist agenda

The absence of population policy in Brazil and the official neglect concerning this potential area for women' s health and development had laid the basis for the specific profile of Brazilian women with regard to reproductive rights. The first aim of feminist activists was to foster political awareness and address the problems facing women which had been so long ignored. This was the basis for them to begin negotiations at all three levels of government – federal, state and municipal.

Their plans included measures for fertility control to be based on (a) adequate policy decisions, and (b) health care provision. The feminist health plan, PAISM, 1984, also proposed comprehensive health care for women, including contraceptive choice.

The UN agenda

Brazilian feminists, influenced by the UN Conference held in Mexico to address women's issues which initiated the Decade for Women (1975–1985), commenced from a very firm standpoint, constructing debates on the position of women in Brazil and *'creating the feminist discourse'*.

By the time of the Nairobi Conference, in 1984, they were working in the Ministry of Health and they had reshaped the debate to state that contraception should be provided as part of a larger package of reproductive health needs - ranging from contraception and pre and post natal care to cancer screening.

The US agenda

However despite the participation of Brazilian feminists at UN conferences and the internal debate regarding the rights of women, outside forces were in charge of existing processes and US dollars poured into the region for the purposes of controlling the Brazilian population. American foreign policy and US agents in the field were to have an enormous impact on Brazilian fertility patterns.

Sonia Correa says, '*All the training activity and the educational materials were funded by the UNFPA and also USAID, which went on funding and funding and funding.*' Sterilisation was the dominant mode of achieving reduction in fertility rates and was introduced by the Americans though BEMFAM, an auxiliary agency set up by the state. Training programmes for Brazilian nationals adopted the American approach to population control and the Government of Brazil turned a blind eye. Maia Vania explains, '*BEMFAM is one of the organisations responsible for the introduction of sterilisation because it was the controlling institution which was offered a lot of money and of course the government, which had no programmes, allowed this. Lots of money came in through BEMFAM and training. There were professionals to-ing and fro-ing to the USA and so they took over the area and became part of the process.*'

In retrospect, the United States policy of sterilisation is seen to be a racist one, used to limit the American black population in the 1930s and 40s in the USA and exported through USAID (Hartmann 1995) and there was tacit support for this policy in Brazil in the 1980s.

8.3 The Church/feminist dynamic

The Catholic Church in Brazil opposes all types of contraception. Catholic doctrine dictates that women should not interfere with their natural functions, which are merely hers to fulfil the will of God. Abortion violates the 5th commandment, 'Thou shalt not kill', as a child has an immortal soul from the moment of conception.
The military government did not confront population issues directly but was '*natalista*', or pro the birth rate, and '*anticontrolista*', or anti birth control. Any challenge to this official position would have meant confrontation with the Catholic Church of Brazil.

In Recife, the development of the ideals of the feminist movement had its parallel in the growth of liberation theology in the diocese of Archbishop Hélder Câmera, the great humanistic priest, champion of the poor and four times nominated for the Nobel Peace Prize. The relationship between the Church and SOS Corpo, in Recife, has been through many phases. Maia Vania says, *'There are always problems with the Church but that doesn't mean the situation can't be favourable. It has to do with the dynamic. The Church works and it helps. It offers space. Other times it won't co-operate. They get mixed up in women's affairs (abortion and contraception) but that has always had a big place here within the Church.'*

At the present time, the Church in Brazil reflects the conservative regime in place in the Vatican. However in Latin America there are always dissident priests who are committed to the poor and who understand the problems faced by poor, unprotected women. During the opening up period (*abertura*) in Brazil, the Vatican sent emissaries from Rome to exact discipline from the clergy and expel rebel priests. Maia Vania says, *'The cleansing (limpeza) that took place! But there were always groups of resistance in all the spaces and there still is. They see the plight of poor women and everyone understands the complications of their lives.'*

Marlene Libardoni in Brasília says that it took time for the Church to wake up to the fact that women were collaborating with Congress and were involved in the legislature, *'At first they didn't take much notice. Now they are organising themselves in Congress.'* These days, the Church has to meet the feminists on congressional committees as equal partners.

Generally, according to Marlene Libardoni, the Church seeks confrontation with the feminists and constantly tries to block their legislation and hamper their progress: *'The Church gets mixed up all the time. They proposed an amendment to enshrine the right to life from conception (PEC125). This came from the Church and so did the correspondence and the lobby. They preach to the electorate about the person who is against life.'*

Similarly, during negotiations for the Family Planning bill, the Church was obstructive: *'During the discussion on family planning they said only natural methods were allowed and no information should be given to women and no discussion. They say*

women must avoid getting pregnant when abortion is discussed. That is the contradiction. One argument is the contrary of the other. If a woman has no information how can she avoid getting pregnant?'

Leila Linhares accuses the Church of preventing sex education, which is another important element of NGO work: *'Another indicator is the non-articulation between the health education sectors. The Catholic Church or the hierarchy has been the great influence which impedes sex education in the public education sector.'*

However, despite the Church's interest in women's affairs and constant intervention to impede feminist progress, it does not address the question of how the birth rate has fallen. It does not confront the facts, neither in Northeast Brazil nor elsewhere in the country, whereby the population has now been drastically reduced: in the first place because of outside intervention for population control which promoted sterilisation and, in the second place, by widespread illegal abortion which, in at least 10% of cases, results in the death of poor young women.

8.4 The sterilisation culture

Feminist NGOs wanted contraceptive choice for women but they discovered that Brazil's fertility profile had already changed and instead of planning for reversible methods of birth control they were left with a one-issue contraceptive policy of female sterilisation; a crude premature termination of fertility which went against all their proposals.

Sonia Correa says, *'PAISM was framed within a principle of the right to decide with regard to reproduction and this is the current definition.'*

Maia Vania says that the culture of sterilisation was established at every level.

Marlene Libardoni says, *'The women had no information and no methods and they resorted to ligature of the fallopian tubes which became a method, and here in Brazil it is the principal method.'*

Maia Vania says that sterilisation was a foreign import and believes that now outside agencies have completed their task to control the population of Brazil they have no further interest. She is angry that funding has now dried up for birth control programmes based on the woman's right to choose. *'BEMFAM is now very reduced as*

the international finances have diminished for this controlling vision. The trajectory was completed and also the change of fertility profile. Today Brazil has a birth rate of barely two, two point something, so those that came to achieve this change don't come any more. Why would they come?'

The extent of the practice of sterilisation is a painful topic for the women of the feminist movement but poor women will go to great lengths to be sterilised as it is a once-and-for-all resolution of unwanted problems. However, sterilisation is also the preferred method of contraception for middle class women, who have more choice.

Sterilisation – abuse or right?

Feminists representing the women's movement continue to debate the sterilisation issue to determine whether this is an historical matter of global population control or a personal matter of individual choice and a reproductive right. At some point, the intervention has changed its status from being a controlling device, provided by an alien foreign power, to being a market commodity and a desirable course of action for women, which will enable them to dispose of unwanted fertility. As Maia Vania says, *'Sterilisation is still the method of contraception that women are using. Sterilisation is much used. It continues and has increased. Now it is much more a matter of reproductive rights and individual choice.'*

For Maia Vania, it is particularly worrying that very young women are demanding to be sterilised. She says, *'There are doctors who don't think it is as innocuous, without consequences, as is believed. There is the problem of precocious sterilisation that we are seeing in great numbers. Girls of eighteen and nineteen who are starting off their lives badly - sterilised.'*

Maia Vania wants other mechanisms to be put in place to assist women to make reversible choices of contraception, *'It is not acceptable. The feminist movement of the 90s has made complaints to the CPE (Commissao Parlementar de Enqueritos) to draw attention to the conditions of sterilisation. That shows that the women's movement is addressing the issue of sterilisation.'*

Caesarian section/sterilisation

According to the publications of the NGO, CEPIA, Brazil is the world champion for caesarian births. Between 35-40% of all births in public hospitals are caesarian, and in some private hospitals the indicators exceed 90% (Carta da CEPIA 1994). There is a caesarian/sterilisation culture operating in Brazil which has been privatised within the public health sector.

Sonia Correa says that the sterilisation/caesarian culture which has grown up has been encouraged by the medical profession motivated by self -interest. Doctors exploited the preference for caesarian sections as a method of childbirth because they were paid more for this intervention in the public sector.

If a sterilisation takes place during caesarian section delivery then a woman would have to find extra funding for this. So the medical practitioner would receive double payment – payment from the state for the caesarian and payment from the woman for the sterilisation. She says, *'Caesarian section was reimbursed but sterilisation costs were paid by women themselves. It was their pocket money. Also individual doctors provided sterilisation on the same basis – requesting money from women and using the public facilities.'*

Maia Vania says, *'Today even the women who go through SUS end up doing sterilisation, because the doctor refers them as a medical requirement and charges outside the system. It's a mafia, like abortion, but abortion is not done in the public sector but sterilisation ends up being done, but it's not legal.'*

Leila Linhares takes the high incidence of caesarian saections as an indicator of the failure of PAISM, *'I think the growing number of casearians is a test of women's health and shows that PAISM isn't being applied.'*

The feminist NGOs are criticised for the degree of their acceptance of this practice in their planning documents. However in this case study, the interviewees are unhappy about the method and find the sterilisation/caesarian culture unacceptable for the possible psychological harm it does to women. However, their main concern is to regulate the practice in the public sector and separate its practice from sterilisation.

8.5   HIV/AIDS

It is now accepted that sterilisation is the preferred, irreversible solution for fertility control for women in Brazil. This pattern has persisted despite protests and the activities of feminists wanting to adopt a broader policy for contraception. However, a sinister side effect of sterilisation has recently emerged. Sterilised women are a growing group of sufferers of the HIV/AIDS virus because they cannot rely on secure partnerships.

As Maia Vania explains '*You have the problem of AIDS. To prevent AIDs you have to get the women to use condoms, which is the only preventative measure, in a relationship there with the husband. That's where there are grave problems.*' For the women of Brazil it is no longer true that contraceptive problems are resolved by sterilisation.

8.6   Abortion

Abortion is the most controversial area of reproductive rights. The death rate from abortion is known to be high in Brazil although precise figures are not known. Sonia Correa says that there is a cause and effect relationship involving abortion and sterilisation, for it is the fear of or distaste for abortion which leads women to sterilise themselves.

'*My analysis is that you cannot understand sterilisation, among other factors, in Brazil without taking into account the illegality of abortion. If abortion were legal women would take more risk with reversible contraception than they do.*'
Sonia Correa says, '*In 1992 one thousand five hundred and forty two women died in hospital because of abortion. That's as if fifteen aeroplanes had fallen down, according to data from IBGE* [Fundação-Instituto Brasileiro de Geografia e Estatistica].'

Statistics for illegal abortion vary. One journal estimates the annual death rate for clandestine abortions to be 150,000 but these deaths account for only 10% of all illegal abortions carried out. Half of all abortions are to terminate adolescent pregnancies (Atenção 1996).

Maia Vania of SOS Corpo says, '*Abortion, okay. You have no education. You*

have no access to methods. So what do you do?' She believes that sterilisation prevents the number of abortions from being much higher: *'There is one abortion for three deliveries. That is not so significant when you see that 42% of women are sterilised.'*

Abortion with Misoprostol/Cytotec

In Brazil there are large numbers of unplanned pregnancies and subsequent abortions due to lack of access to fertility-regulation technologies. This is a major public health issue, and a reproductive rights issue, for Brazilian women. Abortion is illegal. There are no services in place to give advice.

An extra complication is the poor control of drug marketing with subsequent misuse of medicines. Drugs may be obtained under the counter from private pharmacists. One drug sought by women is Misoprostol, marketed as 'Cytotec'. This is an anti-ulcer prostaglandin E1 analog and also works as an effective abortifacient.

Although Cytotec is an inexpensive drug it has become excessively expensive as a black-market commodity. Maia Vania describes the situation in Recife where each pharmacy applies its own rules, *'Cytotec here is supposed to be available with a medical prescription. You can get it without but often they won't give it, even with a prescription. Girls pay dear in the pharmacies on the outskirts of the city. They charge according to the person – the way she is, her face, her clothes, the price goes up or down. Even 14-year-old girls get Cytotec in the pharmacies, under the counter.'*

The only obstacle to the supervised use of these drugs is the legal status of abortion within a given country. According to Coelho and Bortolus (1997), 'with regard to the possible adoption of this method in developing countries, the legal status of abortion remains the stumbling block'.

Coelho and Bortolus found that there is an epidemic of curretage taking place, caused by self-administration of Misoprostol (Cytotec) by women, in countries where such drugs are available but where abortion is illegal and social conditions difficult and made worse by weak control of drugs marketing.

Cytotec starts an abortion when taken on its own, but, in the way it is being used in Brazil, without Mifepristone and without supervision, requires surgical intervention to complete the process.

The discovery of Cytotec has been a fortuitous breakthrough for women in Brazil, where its use to provoke abortion is widespread. Maia Vania says, '*Misoprostol-induced, vaginal bleeding brings many women to public hospitals to request assistance. Curretage is then performed to complete illegal abortions.*'

For SOS Corpo, working in a context of abject poverty in Northeast Brazil, and the other NGOs participating in this case study, Cytotec has been the answer to their prayers providing safe terminations of unwanted pregnancies in public hospitals. Maia Vania says, '*In the women's movement here they accept Cytotec and they give thanks to God. Without it they would have many more problems with infections and rupture of the cervix.*'

The fact that women are accepted into public hospitals where curretage takes place has reduced the death rate from abortion. As this is a covert operation in hospitals, with no official recognition of its practice, there are no data to discover the levels.

Legality and 'jeitinho Brasileiro'

Feminists working in NGOs are grateful for the availability of Cytotec as, although it is illegal, it has become part of fertility control arrangements in Brazil. The drug is never banned by the government as its use fulfils an important need. Maia Vania says, '*The government has no interest in banning the sale of Cytotec. There is no interest in that. There is complicity. It is accommodating. A way of finding solutions. The maternal mortality rate is still high. We all have to work within the available possibilities.*'

Sonia Correa comments on the contradictions inherent in the use of the law to ban a given practice and then to allow that practice to take place in public services: '*It [Cytotec] has become black market because it is forbidden. It has achieved the same status as sterilisation or abortion - it is forbidden but it is widely available- just like the other forms of abortion. Just like sterilisation which is supposed to be a kind of crime but it is available.*'

Sonia Correa describes the system for accommodation of such contradictions, which is a particular feature of Brazilian political life and which is called '*jeitinho Brasileiro*'. (The term 'jeiitinho' has a special meaning in Brazil and means a 'fix' in the

sense of adroit, political manipulation which is acceptable to all interested parties and which saves the public face. '*Jeitinho*' is part of Brazilian culture and the institutional processes of society. It avoids having recourse to the law to resolve problems).

Sonia Correa says, '*There is enormous ambivalence in Brazilian social and institutional systems concerning legality and illegality which applies to many things and also affects this particular area. It applies to banks. It applies to everybody. It is not just a peculiar aspect of reproductive rights. This lack of clear borders between what is legal and what is illegal is 'jeitinho Brasileiro'.*'

Edna Rolands, of Geledes, describes '*jeitinho*' as '*the enormous gap between our legality and our reality is fostered by the famous 'jeitinho Brasileiro' – literally the Brazilian way. It is a path which is maybe longer and more tortuous, but in the end it encounters less resistance and, consequently, less reaction.*'

Sonia Correa maintains that there is a kind of logic in the way that so many abortions are carried out in the public sector even though it is an illegal practice. She thinks that because abortion legislation has been in place, in the form of the Penal Code which has been ignored, it is poetic justice that it is now so widely available. '*One of the problems of Brazilian society is this enormous gap between legislation and practice. The Penal Code has been in place since 1940 but it is not applied.*'

For Sonia Correa, the abuse of the health system is 'symbolic'. She says, '*Abortion became practice from the symbolic point of view. It challenges the mode of dealing with legality. On the one hand it's legal but it's not available, on the other it's available but it's not legal. It forces the health system and the policy level to conform, to bridge the gap. It is an interesting minimalist approach to the abortion discussion.*'

The health service is providing services which allow women to terminate pregnancies in the public sector. However, even though women take the initiative to terminate pregnancies there are many problems surrounding the use of Cytotec. There is the problem of guilt that the women feel and, secondly, the practice is illegal and as the drug is obtained on the black market there is no price control.

Sonia Correa says, '*Now we have access to procedures which can provoke abortion – the Cytotec phenomenon. The fact that this access exists does not change much. First, there is enormous guilt surrounding the practice so there is a cultural*

element to that. It's always very dramatic. Secondly, it does not avoid risk and complication, because all available techniques have some risks. Cytotec is better, I agree with everybody that it is better and it has now become clandestine, and so we have a problem of prices going on, etcetera.'

Hospital registration and abortion in the public sector

In the maternity hospitals of Brazil for every 3 births which take place there is one termination of pregnancy, according to Maia Vania. Abortion is one of the largest obstetric expenditures for SUS, but there is no official acknowledgement as hospitals do not register an abortion as such. Registration in hospitals is designed so as not to show the reality. Marlene Libardoni says, '*In SUS, one of the biggest expenses of the obstetric budget is for beds for the consequences of abortion (seqüelas de aborto). That's the reality. But we can't get the data because there is no registration. It is not registered as an abortion sequel. That is just not done.'*
By avoiding registration and so distorting hospital statistics the true picture never emerges and the practice becomes clandestine and is kept covert.

Legal versus illegal abortion

Since the Penal Code of 1940, abortion in Brazil is permitted under the law in two cases; where pregnancy is life threatening to the mother and where there is pregnancy resulting from rape. However, hospitals have no authority to attend to a woman who has been raped and who wants to interrupt a resulting pregnancy.

At present it is difficult to obtain a legal abortion in public sector hospitals even in the cases permitted by law. However, illegal abortions are terminated in public sector hospitals with remarkable facility.

According to Maia Vania, the attitude in hospitals towards both illegal and legal abortion is ambiguous; 'At *present hospitals only receive a woman suffering from the results of provoked abortion. A woman who turns up bleeding with an open cervix. Then they will carry out a curretage. This is different from medical personnel deliberately dilating the body*.'

It is considered that there is more sympathy from hospital staff towards the

women who abort illegally than there would be if they were attending legally. Sonia Correa says, *'In actual fact there is no attitude of rejection in the way they are attended at present with illegal abortion but you probably would have in the case of legal abortion.'*

8.7   Changing attitudes

Feminists who represent the women's movement are working to change attitudes in the public sector so that health personnel will accept new measures for legal abortion. There is still opposition to change, although some progress has been made in transforming entrenched positions. Maia Vania says, *'Attitudes [towards aborting women] have changed because of the feminist movement but women are still ill-treated. Brazil is still nominally a Catholic country and for this reason abortion goes against the cultural grain. No one wants to terminate a pregnancy and health professionals are still reluctant to assume an active role in the process.'*

'There are now a few hospitals where women can get a legal abortion but if you legalise it in all hospitals I don't know what the reaction would be. Abortion is still something difficult in the heads of the people, even among women who have done it themselves. Women's bodies are punished for the question of abortion. There is still a religious question. The testimony of women shows that there is a lot of psychological violence towards women who abort, from the people who attend.'

8.8   Legislation and regulation of reproductive rights

The leaders of feminist NGOs interviewed in this case study describe how they represent the legal interests of Brazilian women. When they commenced their activities, the only law in place to protect female interests was the out-of-date Penal Law (*Codigo Penal*), dating from 1940. Therefore they have been working to regulate the law since the creation of their NGOs.

Sonia Correa says and that they have to keep fighting the same issues, which never get resolved, over and over again. *'The first chapter is in the preparation of the Constitution in 88 and the abortion issue. That sprouts back in 1995 (the year of the UN Conference in Beijing) also the definitions on family planning which also sprout back in*

96.'

Even in recent history, attempts at regulation have been plagued by interventions from opposing forces, such as the Catholic Church, which have persisted right up to the moment of ratification of laws. The issues are debated in congressional committees, but resolution of problems is stalled.

8.9 Abortion and the constitution

All the women interviewed in this case study have been involved in the struggle over abortion legislation. Sonia Correa says that different strategies have been used to present proposals for legalisation of abortion.

In 1983 a project proposal for abortion legislation was put to Congress which never got through the Commission for Justice. However, services for abortion were instigated under the administration of Luisa Erundhina, Mayor of São Paulo 1988–92. Although the services put in place were withdrawn with the next administration, as discussed in Chapter 7, feminists interviewed in this research are agreed that the fact that they existed marked the beginning of a process as the services came to be perceived as normal.

In 1988, when the SUS was adopted, there was intense debate concerning whether or not to include the right to life from conception in the Constitution. Feminists, in alliance with other progressive elements, blocked this inclusion.

Sonia Correa maintains that the omission is crucial for the trajectory of the women's movement and has been overlooked. *'The omission has somehow been silenced in history. Everybody forgot about it as other aspects had been more prominent, including SUS itself. There was a kind of skirmish in the committee without much publicity.'*

It was this omission which allowed the Brazilian delegation room to manoeuvre at the UN conferences as they were not burdened with the right-to-life agenda in their health plans. She says, *'The interesting thing is that this not so tiny but invisible victory has permitted Brazil, at recent conferences in Cairo and Beijing, to take a clear position on that particular subject.'*

In principle, thanks to the activities of the women's movement and its institutions,

both legal and practical mechanisms are now in place to regulate abortion in certain circumstances.

Until 1997, the representatives of the women's movement failed to have their plans for abortion approved at the National Health conferences. However, in some cases they were able to negotiate locally for services and apply pressure in their regions. Maia Vania explains the situation in Northeast Brazil, *'The legislation for abortion which we put on the table at the National Conference for Health was not accepted. It was a very bitter dispute. We had to go back twice, but we have allies principally here in Pernambuco, including in the legal area. We have a public promoter and various judges who have entertained the abortion question favourably.'*

The Constitutional Amendment (PEC 25/95)

The Constitution is the working document for government reform. The absence of any mention of the right to life has given freedom of action to feminists representing the women's movement. However, abortion, in general, is still criminalised because of the Penal Law which dates from 1940, except in the two exceptional cases permitted.

Whilst the representatives of the women's movement were away at the United Nations Conference in Beijing, a bid was made to introduce an amendment to the Constitution which would state the right to life from conception and which would undermine all their plans for reform. Marlene Libardoni tells what happened: *'Whilst we were in Beijing a politician, who was obviously very conservative and linked to the Church, presented the PEC 25 (Proposta de Emenda Constitucional). It was an amendment which speaks of the right to life, included in that it says from conception.'* Sonia Correa says that this was the second attempt to block the feminists, *'When we came back from Beijing we had an amendment proposal in Congress to include the right to life from conception using the occasion of the constitutional reform. This had been tried before in 1992, when the reform didn't get through, but this time it came back much stronger.'*

However, the feminist delegates, returning with enthusiasm from their impressive showing in Beijing, were able to mobilise the new democratic process to give full weight to the issue of abortion. They were again able to block the proposed amendment in a

process which was to further raise their profile and which allowed them to achieve a very public victory.

At the diplomatic end of the scale, the President of the National Council for Women's Rights (CNDM), Rosiska Darcy de Oliveira, and the President's wife, Ruth Cardoso, approached the Minister for Justice. Mariska Ribeira says that the direct approach of the two women close to government, as part of the general mobilisation, had an impact, *'It was the first time ever a minister declared himself in favour of abortion. He went and made a statement before the constituents which was against the amendment.'* Feminist NGOs mobilised their constituency and Marlene Libardoni explains what happened in Brasília where female members of Congress became involved, *'A committee was set up and the feminist congressional block (bancada feminina) became very involved. They had become very involved in the Beijing process, and that made the topic of women more relevant on the political agenda of Congress.'*

In the end the amendment was rejected by a plenary session of the Chamber of Deputies. This verdict represented a great victory for the feminist movement which had conducted a vigorous campaign and canvassed at every level.

Marlene Libardoni sees this to be a democratic victory. *'The committee was formed to make a show of the issue (dar um aparecer). We wanted it to turn out as it did. The result was exactly what we wanted. What we did was to avoid going backwards; we worked for 6 months – from Beijing on – on the question of abortion. It was a great opportunity for discussion, the male politicians too. There was a great expenditure of energy.'*

In achieving this victory, the movement was able to apply pressure for the government to recognise the existing legislation of the Penal Law (*Código Penal*), dating from 1940 but never implemented as policy. For feminists it is important that the principle of provision is upheld and they have insisted on implementation. As a result this service will now be provided in five designated centres in the major cities.

As Sonia Correa says, *'In so far as it now becomes law, that it is regulated, means that the Ministry of Health will be obliged to ensure norms. It will direct public hospitals to attend to the cases of abortion allowed under the law although the hospitals say they don't have conditions. They don't have doctors trained for that. Doctors have objections*

and conscience problems. They don't want to do it but the state secretariats are being obliged so at least there are one or two referral hospitals where women can go all over the country.'

Regulation of family planning – Projeto de Ley no 209/91

As with the national health plan PAISM, the Family Planning project was the result of feminist NGO partnership with the Government of Brazil.

By 1994, the year of the UN Conference in Cairo, they had a working document which stated the position of the Brazilian government. This was approved by the Chamber of Deputies. Leila Linhares says, *'The project was approved in the Chamber and went to the Senate. The Senate made some small alterations, which aggrieved us, but very small changes.'*

However, the bill which was finally presented to Congress in 1996 contained a very controversial item. The feminist activists, representing the women's movement and responding to the will of Brazilian women, included in their bill the right of all Brazilian women to voluntary sterilisation, to be carried out in the public sector.

Mariska Ribeira, from the NGO IDAC, explains: *'We put in that proposal that family planning, in the public sector with SUS, includes sterilisation as a right of a person always respecting some determined criteria: to be of age, which is 21 years in Brazil, to be informed about all other contraceptive methods and to have a minimum period of 60 days between the manifestation of the wish and the realisation of the act, and you can't get sterilised during childbirth.'*

The law, approved by the Senate was blocked however when the President of the Republic did not approve the entire plan and the law was passed with a presidential veto to deny voluntary sterilisation to women as a contraceptive option.
As Leila Linhares says, *'It was taken to the President of the Republic for him to sanction or veto – and to our surprise he exercised his veto.'*

In the subsequent outcry, the President acknowledged his mistake. He had been badly briefed and it is not surprising that he was confused as sterilisation had now moved its status from being a racist, population-control policy, to being the legitimate claim of every woman to tubal ligation in the public sector, so as to exercise her right of control

over her own fertility.

The women of the movement suffered a major setback when the law governing reproductive rights was blocked by the President.
(Law 9623 was finally signed by President Cardoso in August 1997 reversing his veto.)

The feminist proposals for women's health and development have all been ratified by the Government of Brazil, which has declared its commitment to establish the policies. It now only remains for the plans to be implemented. As Mariska Ribeira points out, *'It all looks very good on paper but the National Plan of Action demands a commitment from the government. The plan is being debated in all the states where there is a State Council for the Rights of Women but so far nothing has happened.'*

8.10   Summary

The participants in this case study are all agreed that for democracy to take place in Brazil, citizenship and human rights must be extended. For women, this means they must have access to full provision for reproductive rights to be made available in the public health sector. Municipalisation of services proceeds at a slow pace but, as this becomes the norm, the possibility for universal health coverage, as laid down by SUS and including PAISM interventions, is increased.

It emerges from these data that reproductive rights are now an accepted part of the legal agenda for democratisation of Brazil within the framework of health care delivery. The change of ethos which has taken place has removed women from traditional, authoritarian control and, despite continued government opposition and protestations from the Catholic Church, new standards are in place.

Chapter 9 concludes my thesis with a discussion of the findings.

Chapter 9

CONCLUSIONS

This final chapter draws together the major findings of my case study. The first section reiterates the objectives and context, as set out in Chapters 1 and 2, and gives an account of the methodology employed and the literature selected which enabled me to deconstruct data. In Section 9.1 there is a summary of empirical findings presented in Chapters 4 to 8. This is followed by an assessment of the evidence provided by data in 9.2.

9.0   Objectives, theme and context

The group of people interviewed in this ethnographic case study are members of the feminist NGO network. Their trajectory in the transitional period (1985-95) has taken them from humble beginnings in community projects to being essential advisers to the state at all levels: federal, state and municipal.

By 1996 their concern was that the basis of their funding was having to change, as international support was withdrawn. Although they were successful in the public sphere and greatly respected for the position they occupied in society, they had not received salaries for several months and their premises were not secure. Of the NGOs with which I had contact, two Rio NGOs, CEPIA and IDAC, were operating in premises provided by well-wishers. IBASE, the most prestigious NGO in Brazil, was carrying debts. SOS Corpo in Recife was operating a complicated institution on a shoestring, while in Brasilia CFEMEA survived in totally inadequate premises and the São Paulo NGOs were suffering equal hardship.

However despite these problems, feminist institutions had gone a long way towards achieving their goals in the ten years of their evolution and although there remained a great deal for them to do they remained optimistic, motivated and united by their common cause: to construct citizenship for women and ensure delivery of

reproductive rights in the publicly funded health sector.

I began my research by raising research questions as described in Chapter 2, page 22. I took concepts from the discourse of NGO members which I wanted explained. Therefore my questions were in two areas: the first regarding the nature of state/civil society relations and the second concerning the health service. I was determined to find the connections between these areas to discover if it was possible for those working outside the health sector to impose values and change practice within.

My first task was to collect data. As I was working with NGOs I decided to use the opportunity of working in the environment to immerse myself in the discourse and the lifeworld of the participants. My objective was to find the means to provide an historically grounded, theoretically driven macro ethnography, which also reflected the micro operations of each NGO. I therefore selected Burawoy's Extended Case Study method which is an inductive approach associated with grounded theory (1991, 2000), as described on page 13 of this thesis. This allows for reconstructing theory out of data collected through participant observation.

I used a 'selective sampling' approach - based on taped interviews with NGOs operating in different regions of Brazil - as recommended by Strauss (1987) & Strauss and Corbin (1990, 1997b), in order to obtain a cross-sectional sample of a discourse at a given moment in time and taking the social situation as the point of empirical examination: working with given general concepts and laws about states, economies and legal orders to show how micro situations are shaped by wider structures' (Burawoy 1991). The case study was to comprise 6 NGOs all representing the social movement of women.

However it took several years to get the measure of the Brazilian discourse which would provide the key to unlocking processes. My 'audit trail' (Koch 1994) see page 24 of this thesis, led me in and out of many situations and did not enhance my understanding and I made many false assumptions. Finally, I discovered that the human rights discourse was fundamental to social reform in Brazil. To examine health matters and women's affairs meant examining the agenda for human rights and working within that framework. In Brazil the rights discourse was essential to civil society activity in the making of democracy and NGOs were founded on the basis of a human rights identity. I discovered

that the women's movement tied notions of 'citizenship' to health care coverage. Once I had discovered a discourse I was able to proceed and I selected research participants on the basis of what they could tell me about the democratic process, whereby civil society organisations took part in reforming the state institutional sector. I conducted interviews which were taped and subsequently transcribed and translated from Brazilian Portuguese.

NGOs were selected on the basis of their participation in reform processes. Other NGOs were not selected because they did not participate in changes which took place in the health sector in the transitional period. The research participants give their views of changes which have taken place in their society and in so doing they reveal the constructs and meanings which have emerged as pertaining to their 'lifeworld' and forming the basis of their particular culture.

The topics were determined by individuals during the course of my investigation and these were subsequently borne out by academic literature which entertained the same topics, as follows:

- civil society, the state, and the role of NGOs

- the empowerment of the women's movement

- the health sector in Brazil

- the construction of the discourse of citizenship, the rights agenda and international relations

- reproductive rights – policy, practice and legislation.

Once I had obtained qualitative data , I began my search for appropriate theory with which to examine them. This turned out to be social movement theory which addresses all the topics raised by my research questions above, all of which fall into the study of Latin American social movements.

In my research, interviews take place with key members of a social movement which is linked up nationally, and even globally, but has firm roots within the local context (see Appendix I for description of NGO activities).

In Chapter 3, in order to extend my enquiry and further contextualise my data I

reviewed the academic literature pertaining to my subject area which was Latin American social movement theory. My thesis proposes that feminist institutions, especially NGOs, have participated in government reform processes to promote universal citizenship of women. They propose that regulation of the law for the delivery of reproductive rights in the public health sector is the way for this to be achieved.

Latin American social movement theory addresses the emergence of social movements and their characteristics; civil society/state relations in an emerging democracy; the construction of citizenship linked to a human rights discourse; the contribution of feminism to democracy and the significance of the public/private dichotomy (in regulating reproductive rights). All of these topics coincide with my data. As does the participation and citizenship approach to international development currently employed in development studies. Other academic reading revealed current debates of relevance to my research being : the role of NGOs in a globalised world order (Fowler, 2000, Malhotra, 2000); the nature of different types of rights in development processes (Gaventa & Valderama 1999, Lister 1997); the role of a discourse of human rights in creating democracy (Foweraker 1995); citizenship participation in government as a way of achieving democracy in southern countries (Cornwall & Gaventa 2001, Lister 2002); the role of constitution- making in Brazilian democracy (Reich 1998) and the impact of neo-liberal economic policies of international agencies on development processes in Brazil (Amann & Baer 2002).

9.1   Findings emerging from data

Chapters 4 to 8 give the substantive findings of my research revealed by the analysis of data.

In chapter 4, the research participants give the Brazilian view of citizenship which incorporates the liberal, communitarian and modernist notions, as described on pages 41 & 42 of the literature review, but is adapted for the special circumstances of Brazil with a vast excluded population and a legacy of slavery. As the interviewees are feminists -working in a nominally Catholic country with a feminist agenda - feminism is taken for granted in their interpretation of citizenship.

Therefore feminist activists interviewed in this case study make the link between

citizenship and access to political and economic but especially social rights – 'of health, education, employment and shelter' - for the people of Brazil. As Mariska Ribeira says on page 67, '*citizenship is about power ….. which has to do with human rights and institutional mechanisms.*

The view is also given that citizenship has to be inclusive and must be concerned with equality and gender and recognise ethnic differences between people of sex, race and class according to Leila Linhares on page 73 of this thesis.

Human rights activists describe how they used the concept to mobilise communities to make demands for rights, devising different strategies to encourage the people to participate in social processes. On page 68, Mariska Ribeira describes how the *conscientizaco* methodology of Paulo Freire, renowned for his mass literacy campaigns in the seventies, was used to effect to make demands from clientelist politicians for health services. This educational methodology with wide popular reach, as Nancy Sheper Hughes (1992) points out on page 53, is powerful when applied in a context of poverty.

However civil society organisations propound their views of citizenship while those working for the state have a different perspective. A federal minister expresses her opinion, which is perceived in terms of civil rights and responsibilities or duties, on page 70. However the principal duty she identifies - to pay taxes – is hardly appropriate for the marginal poor, and the other duties – not to litter and not to cause a riot - are negative freedoms which the government can legislate for at no cost to the state, as discussed on page 44. She goes on to say that because of the lack of education of the Brazilian people '*they have no notion of rights and responsibilities'*.

For Jose Pedrosa, as matters stand at present in Brazil, citizenship is purely a case for the people to have access to public services. He says on page 74, that the fragility of access to basic social rights – with a minimum of quality - means that it is difficult for political and civil rights to be of any use. However for the radical MOPs representative (page 72), service delivery is only the beginning of the social process and citizenship must go beyond the passive delivery of health care to the masses and it must be an active status, whereby citizens take an active role in service delivery – a process already taking place where there is municipalisation – most notably in the city of Porto Alegre.

For feminists working with a reproductive rights agenda, citizenship is the means

whereby women can control their reproductive functions and so exercise their agency or choice in matters of health as discussed in Chapter 8. By concentrating on this one aspect of health care they hope to make an impact on indicators for female mortality in a vast country where people are excluded from public services and there is no possibility of a welfare state, of the type promoted by Marshall in northern countries as discussed on page 42.

Chapter 5 demonstrates the existence of social movements which emerged in the transition to oppose the military dictatorship in Brazil and laid the basis for emerging voices to enter the political framework as discussed in Chapter 3. These social movements became institutionalised and SMOs, or NGOs, were founded in identity-specific groups to represent them. They subsequently developed political projects in co-operation with state bodies and, in this way, as Foweraker points out (1995: 70), they assumed executive functions previously exercised by informal groups and carried out tasks of mediation between the larger macro environment and the micro dynamics (Burawoy 1991,2000) on which the movement depends.

The women's movement is acknowledged to be a prime example of a social movement (Foweraker, 1995), mobilising in the transitional period to democracy and Maia Vanya states that it is the professional status of women's movement institutions, funded by international institutions, which underpins their success. She notes, on page 78 of this thesis, that other civil society institutions, founded for democratic representation, such as the popular movements, did not rise to power in the same way and this has caused a rift with the popular movements. Criticism is also levelled at NGOs for being elitist and many active politicians have an NGO background therefore their members are accused of belonging to the same governing class as the government, as Rubens de Morais Silva points out on page 80.

In Chapter 5, a discussion of the constitutional process of the ANC reveals that this has been very good for Brazilian democracy - according to Marlene Libardoni on page 82 - as all sectors have worked together in a state/ civil society partnership, but, as Angela Santana points out on page 82, very bad for reforming the public sector as too many vested interests have been in play, especially the corporate interests of public servants. As Angela Santana states, *'nobody's interests have been served'* .

Nevertheless NGOs in Brazil gained visibility with the constitutional process as they became further professionalised to create social policy. This is especially true of the women's movement organisations which had a unique opportunity to fulfil their potential and whose legitimacy was underwritten by this participation in government processes. Human rights activists, leaders of NGOs were also strengthened in their opposition to government as they found strategies to maintain their autonomy.

Chapter 6 charts the emergence of the women's social movement in Brazil and describes how they carved out a gender identity - separating themselves from the Left but also from their old allies in the Catholic church as discussed on page 89. In Chapter 6, the participants describe how all their plans were couched in terms of human rights and they used the concept of 'citizenship' to make demands for inclusivity in the Brazilian context where some of the richest people in the world coexist with some of the poorest. The existence of the poor is ignored and the masses of people are dismissed as ignorant. Even in common speech a difference is made between the uneducated and the enlightened. In common parlance reference is made to '*o povo*', meaning the undefined masses of people for which nothing can be done, and '*a gente*', which implies solidarity between the enlightened middle classes which comprise polite society.

In this climate the feminists created a network and promoted their agenda for development through their human rights discourse. As Maia Vanja says on page 90, *'the feminists speak from a stated position. It's a discourse, the creation of a medium has taken place. It's a theoretical formation and an emotional position. It is a series of co-references which are very strong and for that reason they are very able to influence the dialogue.'*

Sonia Correa agrees, (page 91), that the discourse was not merely '*a professional discourse for the initiated*' and that its power stems from the emphasis on the 'rights' agenda.

The feminists describe how they entered into partnership with the Government of Brazil and created their institution, the CNDM, for this purpose. They were able to table their agenda because of the times – the transition from military rule. As Sonia Correa says, *'By the early eighties in Brazil everything was happening at the same time – external trends, democratisation, the health reform on the agenda, the end of dictatorship*

and the emergence of the feminist movement.'

The emergence of the women's social movement in Brazil was also influenced by global events as it coincided with the United Nations 'Decade for Women', 1975–85. International conferences, held to address issues pertaining to women in the developing world, impacted on Brazil's feminists.

The participants describe how their feminist network evolved and how, by creating two distinct channels of operations, they were able to preserve their autonomy. The CNDM is active at the federal level of government, where it has a diplomatic role and advises on feminist matters. Maia Vania describes on page 93, how the founding of the CNDM elevated the women's social movement and endorsed the professional status it had gained. It also enabled them to set up a national women's network which communicates with NGOs, popular movements and the universities. Marlene Libardoni says, on page 94, that they decided to work with the government anyway, despite the difficulties, '*we decided we were in a government entity and we would stay. It was important for feminism and for us.'* However by working in this government-supported body, the autonomy of the movement was eventually compromised, leaving the second strand of the women's social movement to maintain its independence. This is the feminist NGO network which operates nation wide and undertakes projects to fulfil the objectives of the women's movement in the regions as described.

Chapter 7 assesses the ability of the state to deliver health services based on democratic plans conceived in the state/ civil society partnership of the constitutional process, including the feminist health plan, PAISM, to deliver services to women.

It is apparent that the health sector in Brazil became an ideological battleground in the transition to democracy when the social movement for health reform included actors from all the human rights groups, to include not only the women's movement and the Popular Movement for health but other non medical groups.

National health plans were conceived based on a human rights agenda to emphasise the duty that rests with the state to achieve coverage with medical

interventions. They sought a commitment to reverse the privatisation trend. The women's movement mobilised around health issues and PAISM, created at the same time as the national health policy, SUS, have much in common. Both plans are the fruit of popular movement activity.

Both plans were influenced by the World Health Organisation's optimistic global strategy towards Health for All by the year 2000, and both constitute a social proposal for democratic reform. They have the following in common:

- They are influenced by the notion of a grass-roots effort and input.

- They acknowledge that health is not purely treatment of illness.

- Health is not a career structure for health workers.

- Health programmes address social ills and injustices at source, in the communities.

- Health education is part of health services.

- Community participation is to be integrated into health programme.

However my research shows that despite public health sector support for national plans, expressed at all five national health conferences, the Government of Brazil is ambiguous as to their universal adoption. NGO representatives state that the Government of Brazil has had ample opportunity to promote SUS and PAISM and universalise health care, since national health plans were conceived in 1984 as part of the democratic process.

However the government has never supported SUS fully. The national budget for health is never delivered in total and wages for staff consume most of the resources. SUS depends on deals made between the government and tertiary bodies for delivery. The federal government reimburses services for health interventions unrealistically and the system lends itself to corruption as funds are transferred from the centre to the periphery. An added disincentive are global plans of institutions, such as the IMF and the World Bank, promoting the reduction of state expenditure in developing countries and opposing the expansion of state services, as discussed in Chapter 3. So far such goals, for

an inclusive health service which deliver social rights, are considered to be 'aspirations' to be achieved only if market forces create a budget surplus (Evans 2002).

Rubens de Morais Silva maintains that President Cardoso doesn't want universal coverage with all the necessary infrastructure the citizen requires for health. Thus he recognises, that neo liberal regimes, such as the Cardoso government, take the view that the state is not expected to do more than what is minimally necessary. They hold optimistic views of market forces and believe in natural laws of supply and demand. This view of the market prevails in Brazil where the present government aims to force municipalities to take responsibility for their own public services and allow market forces to balance supply and demand. Angela Santana confirms that any change in the health sector will be based on supply and demand.

Rubens de Morais Silva , agrees that present day politics is now governed by the market and this is an elusive but highly influential, abstract quantity. He describes it thus:

'The state must be reduced to a minimum and whoever commands and leads society – and the story is that it's the market – the market which is invisible is there. It has no name, no nation and rejects the people. The popular movements would confront authorities if they knew which authority to confront. But now they say it's an invisible hand which is in the market place (na Praça) which controls society.'

A government official, Angela Santana, says that decentralisation should have taken place under SUS in the first instance in 1988 with the promulgation of the constitution. Now the moment has passed. She denies that there has ever been government commitment to extend state services to all and says there is only a government commitment to municipalisation. (The health service is the only government service to be decentralised so far). So the struggle continues to determine which sector will deliver health services. In the meantime non profit-making institutions at present delivering services do not respond to market forces and are in danger of collapse under the strain of carrying the burden of welfare on purely altruistic grounds. If the state is going to be even a minimal provider then it will have to find ways to reimburse service deliverers realistically and make sure that the non profit making sector is viable.

Municipalisation is the way forward to deliver services and with the election of

the PT and Luis Ignacio Lula da Silva (Lula), it is to be hoped that these can be extended and the agenda for international global development can be denied. Decentralisation also creates employment opportunities for NGOs, as Silvio Bavo points out, '*Many NGOs are incorporated into municipal public entities especially when the municipal project coincides with their own ethical and political project – for social justice, to redeem citizenship'*.

In the present situation health services are restricted. SUS is partially applied. PAISM is partially applied (only 30% so far according to Marlene Libardoni on page 116 of this thesis). There is no political will for universal health coverage as the participants describe. However Ana Maria Costa, (page 116), maintains that PAISM is gaining ground and although its prgress is not a linear process it is taking place at different administrative and political levels throughout the country.

Public opinion is changing as the IBOP survey shows (page 118) and demands are increasing for services putting increased pressure on the state.

In Chapter 8 of this thesis the feminist activists describe their on-going battle to make fundamental changes and institute norms in the health sector for reproductive rights. They do this in a Catholic country with a powerful cult of motherhood. Despite constant opposition from conservative forces, they have to define new stereotypes in contrast to those consigned to women by centuries of conditioning and they insist that even poor and marginalised women must achieve reproductive determination. As Sonia Correa proclaims, '*the decision making self (of a woman) must come at the core of reproductive rights'* (Correa 1994:87).   This was the basis on which feminists entered the political arena to construct citizenship for women and raise their awareness of their rights and their authority to make decisions.

However when feminist activists came to plan and legislate for women in Brazil they discovered that, far from being in bondage to their traditions, women had become emancipated by finding solutions to their own reproductive problems. They did this with assistance from institutions in the privatised public health sector and with the collusion of the state which had a hidden agenda of fertility control. They discovered that sterilisation has taken place on a large scale. At the same time women have also opted for Caesarian section as the most popular form of childbirth, (between 40 and 90%

of births are by Caesarian section , depending on the hospital and the region). They also discovered that abortion, which is illegal in Catholic Brazil, takes place in the public health sector on a very large scale. Women can choose to provoke an abortion with black market medicines and have recourse to the public health sector to deal with the consequences. As Sonia Correa says, this abuse of the public health system displays an element of poetic justice. *'It challenges the mode of dealing with legality. On the one hand it's legal but it's not available, on the other its available but it's not legal. It forces the health system and the policy level to conform, to bridge the gap. It is an interesting minimalist approach to the abortion discussion.'* (page 132*).*

Sonia Correa says that sterilisation is linked to abortion because *'if abortion were legal women would take more risks with reversible contraception.'* (page 129). Maia Vania agrees and says that women abort because they have no education and no access to conventional contraceptive services. Both say that because more than 40% of women are sterilised the abortion rate is lower than it would be if 100% of women were still fertile.

The feminists worked to make the law compatible with reality and finally in 1997 the law, Projeto de Ley no 209/ 91 (see page 138), to regulate family planning was ratified and reproductive rights, at least in principle, have now been extended at least in the following two instances:

1   Sterilisation is now available under SUS and the Government of Brazil has agreed to meet the demand in the public health sector.

2   Abortion is now available under SUS, in principle, in the two cases permitted under the Penal Code of 1940.

(However, as discussed in Chapter 8, it is still far easier to get an illegal termination of pregnancy in the public sector, provoked by the drug Cytotec, as women take matters into their own hands.)

9.2   Assessment of the Evidence: Concrete outcomes of feminist NGO activity

This ethnographic case study has examined the relationship between citizenship

rights of the individual and social movement activity. It has focused on feminist NGO/ government collaboration to achieve health sector reform .

According to this thesis, the emergence of plural voices has been a key factor in the democratic process. Newly instituted bodies developed according to their identity needs and were able to modify government policy through negotiation in an internal process which bore little relation to the government policy of the time. Nevertheless gains have been made in planning and legislating for the health rights of women although this is a long way from delivery of comprehensive health services to women on the continental scale required.

Both strands of the women's movement now work with the government: the CNDM works with the federal government but NGOs working in the regions also co-operate with local government. According to ABONG research, 60% of all NGOs representing social movements have some kind of work-related relationship with public entities representing 15% of NGO budgets. As Silvio Bavo points out , *there is no allergy to the state'.* So times are changing for NGOs and as international funding is withdrawn they are being drawn more and more into the public sector. This is especially true for the feminist NGOs, as Maya Vanja states on page 103, *'the feminist movement is much more relevant than it has been in the past. Feminists operate in everything that would be the public sphere connecting NGOs to public sector legislators and the media.'*

An analysis of the activities of NGOs in this research shows them to be in yet another period of transition as they move from their former dependency on donors in northern countries to an independent status. As human rights activists, the leaders of NGOs move in and out of state institutions, such as the CNDM and the Ministries of Health , in order to avoid being compromised. All the NGOs in this case study are working with different levels of government for some activities and at the same time they are developing an entrepreneurial basis.

Relating to this new wave of independence, IBASE is an example of how an NGO can find new ways to generate income, as it raises 30% of its income through its low-cost internet networking system – Rede Alternex, which links NGOs and universities. This activity also fulfils IBASE's stated aim and commitment to the democratisation of information. Members also work with the state to devise programmes

which guarantee human rights. (The founder member of IBASE, Herbert de Souza (*Bethinho*) is one of the foremost human rights activists in Brazil).

In the same spirit, CEPIA, the legal feminist NGO, conducts seminars for citizenship education in state bodies which pay for the service.   CFEMEA, as the NGO which set up the CNDM, is a key institution in Brasilia where it heads the network of the National Feminist Movement. It's members work as consultants to individual members of Congress, for which they are also paid, and the federal government. IDAC   works with programmes for health and reproductive rights, receiving grants to produce educational materials which are widely dispersed. SOS Corpo receives grants to conduct education for citizenship: training social workers and public sector health agents as well as municipal council personnel. However their most important achievement is the appointment of a founder member of SOS Corpo to Secretary of State for Health in Pernambuco, which is a salaried position. CFSS co-ordinates the programme for reproductive health for the state of Sao Paulo. (the director was the former Minister for Health in the municipal government of the feminist mayor of Sao Paulo, Luisa Erundhina in 1988 (see page 7)).

However despite this progress, as Angela Santana points out, on page 74 of this thesis, and despite the new Constitution, rights are still only secured for some sections of the population in Brazil and there is an enormous gap between rights secured in principle and rights in practice. *'We in Brazil are at a point whereby civil and political rights are secured for the entire population and every individual (in principle). But we know that economic and social rights are not secured. What is more, the fragility of access to basic social rights means that it is difficult for political and civil rights to be of any use. Today citizenship is the package of all the rights but it is not an easy process as we have segments historically excluded from that process.'*

Therefore the elaborate legal-institutional frameworks which are now   in place still do not address the needs of the people and 'rights-in-practice' still fall short of 'rights-in-principle'.

The concrete outcomes of feminist mobilisation and institutional organisation of the social movement of women can be assessed as follows:

- Feminist NGOs established a new ethical framework and underwrote a discourse

for human rights which has been instrumental in changing attitudes.

- NGOs consolidated their position in the state/ civil society partnership by creating the CNDM which enabled them to preserve the autonomy of their NGOs from the state.

- Women's movement institutions participated in the National Constituent Assembly and regulated laws to reflect gender interests of women.

- Women's movement institutions blocked the amendment to enshrine the right to life from conception in the Constitution, thus keeping the doors open for legal abortion.

- Women's movement institutions set themselves up in political opposition, not only to conservative political forces at all levels of government but also to the Church, their former allies in the struggle for citizenship, on matters of health policy.

- The Programme for Integral Assistance to Women's Health (PAISM) of 1984 is still in play and certain interventions are being implemented throughout the country.

- Feminist NGO personnel, representing the social movement of women, have become essential advisors to government officials at all levels.

- Feminists from the movement have also directly entered into government administrations in the field of health; as illustrated by the appointment of the SOS Corpo Director to the post of Secretary for Health for the state of Pernambuco.

In undertaking the above, feminist activists have become the legislators, policy makers and the deliverers of services in the area of reproductive rights which are health rights. However, they have had to limit their utopian, comprehensive vision of education tied to health in an all-embracing package of full citizenship to rescue Brazilian woman from poverty and oppression. Instead they have settled on a package of interventions for orderly regulation of the existing situation whereby irregular and illegal services were provided to women in the public health sector.

APPENDIX 1

Description of NGOs participating in this research:

1. SOS CORPO Recife

Contact : Maia Vania (doctor) spokeswoman for health and reproductive rights.

Foundation Date 1980

Origin: Founded by women, militant feminists

Pioneer feminist organisation in the Northeast.

General Objectives: to consolidate the activities of women, collectively and individually, as political subjects; to contribute to formulation of references for social policy; to widen the involvement with the theoretical and political areas of democracy from a feminist perspective.

Areas of operation: national, the State of Pernambuco and in the municipalities of Cabo, Serra Talhada, Paulista e Petrolina and the metropolitan region of Recife

Principal Activities: Education for Citizenship through training

 Courses for the elaboration of social policy as described:

i) training for social workers (agentes sociais) , educators of women from a feminist perspective (100 women per year).

ii) training for public sector health agents (agentes de saúde) (50 doctors, nurses and attendents on awareness training).

iii) training together with other NGOs and municipal council personnel (prefeituras municipais) (60 technical personnel from NGOs and prefeituras from the Metropolitan Region of Recife.

iv) research, education and dissemination of information of health and reproductive rights, translation and materials production. Assistence and support to researchers from academic institutions.

v) Production of videos and brochures, production of documentation and information for media consumption. Attends the feminist movement, NGOs and the general public with wide access nationally and locally.

Principal beneficiaries: women, health professionals, the general public, other NGOs, academics and students

and the mass media in general.

Publications

Jornal da Rede (newspaper of the National Feminist Network of Health and Reproductive Rights)

Leaflets entitled :Corpo de mulher; Contratempos do Prazer; Direitos reprodutivos e a condição feminina.

Viagem ao mundo da contracepção.

Videos: Almerinda, uma mulher de trinta

En busca da Saude

2. Cidadania, Estudos, Pesquisa, Informação e Ação (CEPIA) Rio de Janeiro

Contacts: Leila Linhares Barsted (lawyer) Jacqueline Pitangui (former president of the Conselho Nacional de Direitos da Mulher (CNDM)

Foundation date: 1990

Origin: founded on the experience of the institutional work carried out by its directors in the Ordem de Advogados do Brazil (OAB) and the CNDM and income generation projects for the Secretaria do Trabalho of Rio de Janeiro working together with residents of various favelas.

General Objectives: to recover citizenship (resgate da cidadania) of the sectors traditionally excluded from rights through research; to disseminate information in the areas of health, violence, human and reproductive rights.

Area of Operation: The State of Rio de Janeiro and nationally

Principal Activities and Projects: education for citizenship, information and research

i) health and reproductive rights: evaluation of political speeches and widening the debate on health and reproductive rights in the communication media. Nine members of staff working to change public opinion through TV and radio (telenovelas etc.)

Research

i) Violence and the law. Research for law officials and to change public opinion

ii) Reproductive health - project undertaken with the Sindicato de Empregadas Domésticas (international project).

iii) CEPIA took part in the Brazilian women's platform for preparation for the international conferences of Cairo (elaborating the documentation 'A Plataforma das Mulheres Brasileiras Na Questão de Populacão e Desenvolvimento') and Beijing.

Principal beneficiaries: women, urban trades unions, other NGOs

Publications: Carta da Cepia (three times a year), leaflets and manuals

Os Serviços de Saúde para Mulher no Municipio de São Gonçalo

Mulher em dados 1993

3. Instituto de Ação Cultural (IDAC) Rio de Janeiro

<u>Contact:</u> **Rosiska Darcy de Oliveira (Sociologist- President of the Conselho Nacional de Direitos da Mulher,   Mariska Ribeira (teacher)**

<u>Foundation date</u> 1971 (in Geneva)

<u>Origin</u>: Founded by politically exiled Brazilians including Paulo Freire. Early projects education based. National programmes for literacy. In 1980 commenced socio-educational projects working with communities and popular movements and church groups (CEBs). At present works with the construction of citizenship confronting social exclusion mobilizing civil society and applying pressure on the state.

<u>General Objectives</u>: to promotion active citizenship and to improve the quality of life in order to consolidate democracy and erradicate misery.

<u>Area of Operation:</u>   Municipal -Rio de Janeiro

<u>Principal Activities:</u>   Education for citizenship through training, research, information exchange and campaigns.

Projects: i) Women's programmes for body, sexuality, health and reproductive rights with the aim of giving women knowledge of body functions empowering them to demand their rights and better attention from health institutions in the public sector.

ii) Training health professionals to realise the professional challenge of their office.

iii Materials production.

iv Supervision of 111 training programmes in health centres in Rio de Janeiro and Baixada Fluminense.

v Work with street children together with other NGOs in the project entitled 'If this street were mine'

<u>('Se essa rua fosse minha)</u>

vi) work with low income communities to develop community leaders (<u>lideranza</u>)

<u>Principal beneficiaries:</u> women, adolescents and children, favela dwellers and the general public

<u>Publications</u> - long history of educational publications

4. Instituto Brasileiro de Análises Sociais e Econômicos (IBASE) Rio de Janeiro

<u>Contact:</u> **Herbert do Souza (o Betinho) - Sonia Correa (sociologist, formerly SOS Corpo)**

Foundation date: 1981

Origin: Founded by exiles from the military dictatorship who realised the importance of the democratisation of information in the socio-political process. IBASE defines its principle purpose as the struggle against exclusion and for citizenship.

General Objectives: to collaborate through the democratisation of information and knowledge for the construction of democracy in Brazilian Society.

Area of Operation: national

Principal Activities: Gathering information about the social reality of Brazil and analysis of facts.

Projects: i)State Programmes and Guarantees for Human Rights - Rede Crianza (street children)

  ii Rede Alternex - low cost electronic net-working system linking NGOs and Universities

  iii Campaign: Citizen Action against Hunger and Misery and for Life (pela Vida)

  iv)Research: Democratisation and the Public Budget

Principal beneficiaries: the general public, NGOs, the communications media, students and teachers.

Publications: Monthly magazine - Democracy/Governmental Policy

  Land and Democracy

  Budget and Democracy

  Environmental Policy

5. Centro Feminista de Estudos e Assessoria (CFEMIA) Brasilia
Contact : Marlene Libardoni (lawyer)

Foundation date: 1989

Origin: Founded by militant feminists, ex members of the Conselho Nacional dos Direitos da Mulher (CNDM), convinced that the feminist movement should participate in dialogue with the National Congress, and convinced of the need for an independent position which would not be possible in a government body.

Set up to give continuity to the work of the Assembleia Nacional Constituente and also continue with the former activities of the local feminist group Brasília Mulher.

General Objectives: to fight for equality in legislation and for full citizenship for men and women.

Area of Operation: National

Principal Activities: Assess and inform on matters of gender; support and vindicate the activities of the National Feminist Movement principally within Congress

Projects: (i) Rights of Women in Law and in Life: guiding projects relating to women through the National Congress. Providing information pertaining to the legislative process to 1800 women's organisations. Advising 583 parlimentarians and their staff on matters of gender.

> ii Guide to the Rights of Women: data collection, systematizing legal norms and jurisprudence realative to women. Publication of the Guide for use by women's organisations and the general public.
>
> iii Research into public opinion on the rights of women carried out with 24 parlimentarians considered to be opinion formers (formadores de opinão)

Principal benifeciaries : women's organisations; congress members; general public

Principal Activities: Monthly Journal

6. Coletivo Feminista Sexualidade e Saude (CFSS) São Paulo

Contact : Maria Jose de Araújo (doctor, former Minister for Health in Municipal government of São Paulo)   Rosa Dalvo

Foundation date: 1985

Origin: Group of feminists developing social work with women on the peripheries of São Paulo, project named Sexuality and Politics (Sexualidade e Política) Creation of a dispensary for primary health from a feminist perspective.

General Objectives: to provide primary and integral health care to women from a feminist perspective; to influence social policy for health; to participate in the national and international feminist movement. Research.

Area of Operation: Municipal - the City of São Paulo

Principal Activities: Primary health care for women and educational activities

Projects :   i Seven doctors attend women for gynaecological and psychological clinics

   ii   Coordination of a programme for reproductive health.

   iii Participation in international research for reproductive rights

   iv   Assessment of girl prostitutes (meninas prostitutas) in Santos , together with other

NGOs and with the Santos Prefeitura

Principal benificiaries: women

<u>Publications:</u> Enfoque Feminista - tri annual journal

Ousadia -Mulher e AIDS

(The profile of each NGO comes from the publication of the umbrella organisation Asociação Brasileira de Organizaçõs não Governamentais: <u>**ONGs: Um Perfil. Cadastro das Filiadas de ABONG) 1996**</u>

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