CONTINUITY OF URBAN MOVEMENTS:
THE PARTICIPATION OF LOW-INCOME WOMEN
IN THE HEALTH MOVEMENT OF THE
JARDIM NORDESTE AREA IN SÃO PAULO, BRAZIL,
1976 TO 1986

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Doctor in Philosophy by

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ABSTRACT

This Thesis is about urban movements: the role of social actors and gender in the continuity of local level mobilization. It is specifically about the Health Movement of the Jardim Nordeste area, in the Eastern Zone of São Paulo. It covers the period between the origins of the movement in 1976, and 1986 when the field work was carried out. The movement studied is an example of non-institutionalized participation outside formalized politics.

All the participants of this movement are women. As well as discussing the significance of this for the particular characteristics of the movement, the Thesis also addresses the crucial issue of the rise and fall of movements, and argues that what is important is process and continuity - not simply the finality of the movement. The assertion of the Thesis and its main theoretical contribution is that the involvement of women in such movements has specific effects in relation to the movements' emergence, evolution and continuity, and that one must therefore include gender as a contextual feature in any analysis of these movements. The relevance of studying women in particular has been clearly acknowledged throughout the literature on urban movements. This Thesis moves a step further, however, in analysing the nature of this relevance. In the process, in terms of policy design, it aids in clarifying how issues brought up by urban movements can be tackled.

Although the Thesis covers only the first ten years, the movement has in fact continued, and, (unlike other similar movements), has been able to maintain its structure and to spread its influence over a wide surrounding area. Unlike other movements the Health Movement has been capable of developing and changing its demands and thus enhancing the motivation of those involved in it. The participation of women has been instrumental throughout.
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# CONTENTS

ABSTRACT OF THE THESIS ................................................................. 2

ACKNOWLEDGEMENTS ................................................................. 3

CONTENTS .................................................................................. 4

LIST OF TABLES ........................................................................... 9

LIST OF ILLUSTRATIONS .......................................................... 11

CHAPTER 1: INTRODUCTION ................................................... 12

  1.1 Introduction to the research topic ........................................ 13

  1.2 Case Study ........................................................................ 17

  1.3 Methodology ..................................................................... 18

  1.4 Contents of the Thesis ..................................................... 28

    Notes .................................................................................. 30

CHAPTER 2: URBAN MOVEMENTS: CONTINUITY AND GENDER ... 31

  2.0 Introduction ..................................................................... 32

  2.1 Review of the literature .................................................. 32

    2.1.1 Urban Movements .................................................... 32

    2.1.2 Gender and Urban Movements ................................. 66

  2.2 Central Question of the Thesis ....................................... 94

3.0 Introduction
3.1 Brazil in the 1970’s and early 1980’s, and the incidence of urban movements
3.2 1964: the establishment of a new social order
3.3 Implications of the new social order established in 1964
3.4 The evolution of urban movements
3.5 Conclusion and summary


4.0 Introduction
4.1 Historical evolution and socio-economic characterization of the area of Jardim Nordeste and its surroundings

4.2 The emergence of the Health Movement of the Jardim Nordeste area

4.2.1 Social actors which contributed to the emergence of the Health Movement of the Jardim Nordeste area
6.3 Women who continued in the Health Movement of the Jardim Nordeste area ........................................ 273

6.4 Participation in the Health Movement of the Jardim Nordeste area 275
6.4.1. Participation on a sporadic basis .................................................. 277

6.4.2. Participation on a regular basis ................................................... 279

6.4.3 Factors which made the participation of women in Jardim Nordeste area more or less likely ...................... 282

6.4.4 How the participation of women in the Health Movement affected their personal lives, their families' and their community's ................ 288

6.5 Women who participated in the Health Movement and institutionalized political participation .................. 295

6.6 Did the women from the Health Movement see it as political? . 299

6.7 Leadership in the Health Movement .......................... 301

6.8 What aspects of the Commissions other than the one related to health care did the women not like? .............. 308

6.9 What appealed to women (and not to men) in the Health Movement? .......................................................... 312

6.10 Gender division of organization ............................................. 315

6.11 Conclusion ............................................................................. 320

Notes .................................................................................... 323

CHAPTER 7: CONCLUSION ....................................................... 325
APPENDIX 1: SEMI-STRUCTURED INTERVIEWS AND QUESTIONNAIRE APPLIED IN THE FIELD WORK .......................... 334

APPENDIX 2: STRUCTURE OF HEALTH PROVISION IN BRAZIL UP TO THE BEGINNING OF 1986 ................................................................. 342

APPENDIX 3: HEALTH COUNCIL STATUTES ................................. 346

BIBLIOGRAPHY ................................................................. 356
LIST OF TABLES:

Chapter 3:

1. Evolution of the highest Minimum Wage in the State of São Paulo, 1940-1983

Chapter 6:

1. Marital Status of participant women in the three Health Councils
2. Number of children of participant women in the three Health Councils
3. Employment situation of participant women in the three Health Councils
4. Place of birth of the 11 most consistent participant women in the third Health Council
5. Age of the 11 most consistent participant women in the third Health Council
6. Time living in the district (years) of the 11 most consistent participant women in the third Health Council
7. Marital status of the 11 most consistent participant women in the third Health Council
8. Children of the 11 most consistent participant women in the third Health Council
9. Employment situation of the 11 most consistent participant women in the third Health Council

10. Schooling of the 11 most consistent participant women in the third Health Council

11. Household income by minimum wages of the 11 most consistent participant women in the third Health Council

12. Previous experience of participation of the 11 most consistent participant women in the third Health Council
LIST OF ILLUSTRATIONS:

Diagrams:

1. Development of the Health Movement

2. Meetings of the participants of the Health Movement of the Jardim Nordeste area, which is part of the Health Movement of the Eastern Zone of São Paulo

Maps:

1. Brazil

2. City of São Paulo including the Eastern Zone and Jardim Nordeste Area

3. Metropolitan Region of São Paulo - Evolution of the urban built area of São Paulo including the Central do Brazil railway and the Old Dutra highway
CHAPTER 1

INTRODUCTION
1.1 **Introduction to the research topic**

This Thesis examines the degree to which the participation of low-income women in urban movements concerned with gender-based demands is one of the causes for the continuity of these movements.

Since the mid-1960's, the field of urban politics has received increasing emphasis within the literature on Urban Studies. This has been related to the growing acknowledgement that consumption has played a much more significant role than was previously accepted. As the urban arena and its processes have gained in prominence, so there has been a greater attention to the phenomenon of urban movements. There has been a thorough debate around this concept, and although various key writers have defined urban movements in various ways, or have criticized the definitions of others, none has proved able to produce a comprehensive theory of urban movements. The common point though, has been that these movements are always organized at the place of residence, as opposed to those organized at the place or work (such as strikes for instance).

Most of the writing on urban movements has centred on their emergence and their decline. The focus in the last instance has been on how successful they are, and specifically, on how far they have been able to produce social change, or change in the urban meaning. In this whole debate, however, the issue of continuity has
attracted little attention, even though the literature does include examples of movements which have persisted, without either changing the 'urban meaning' or disappearing.

A further aspect that has been largely missing from the debate on urban movements is a detailed discussion of the role of social actors in starting, organizing and carrying on these movements; in particular the social actors directly involved in the organization of the movements. One issue that does clearly emerge, however, certainly in the Brazilian case, is that of gender in urban movements. For an analysis of the empirical material demonstrates that these movements are mostly formed by women. So this Thesis concerns mainly the in depth analysis of one social actor directly involved in one continuing urban movement: women.

In the 1970's Brazil witnessed the mobilization of one sector of the population into greater activity than had been seen in any sector known since the right-wing military coup of 1964. Social groups which had traditionally been excluded from politics started to organize, bringing about a renewed demonstration of the popular determination to achieve greater equality. Within this context, reflecting the division of labour along lines of gender in which women become responsible for the domestic sphere (the sphere of the reproduction of the labour force), they have been the ones demanding better health care, nurseries, crèches, lower living costs, and it is also mainly women who have organized for the upgrading of slums. In campaigning around their demands, women have organized convoys, demonstrations and petitions, and have also used any other means they have found useful in the process.
Stemming from the above, a connection between continuity and the participation of women appears as an object of study. As a social actor directly involved in the dynamics of urban movements, women can be considered a major contextual feature, one which has the potential to explain the continuity of urban movements. This issue is discussed in this Thesis through an examination of an urban movement for better health care in a low-income area of São Paulo, Brazil. This was the Health Movement of the Jardim Nordeste area, which is part of the broader Health Movement of the Eastern Zone of São Paulo.

The central question the Thesis tackles then is to what extent the participation of women in the Health Movement of the Jardim Nordeste area is one of the factors which explains the movement remaining in existence for some 15 years. The hypothesis is that one of the reasons for the continuity of this movement is the character the female participation in it, which enabled the women involved to broaden their demands as the movement progressed. The movement started around gender based demands for the improvement of health care in the area, but as the women became more politicized, they continuously extended these demands to more complex levels such as the allocation of public resources, whilst continuing to include gender-based demands throughout. Women as a social base, to use one author's terminology, became a social force.

It follows that the fundamental assertion of this Thesis is that gender must be included in any general theory of urban movements. Gender would influence the 'adequacy' of a general theory, that is, the ability of a set of conceptual tools to
produce new knowledge in respect of a new phenomenon. The most useful conceptual
tools are those with sufficient flexibility to be changed and rectified int the process
of their use as instruments of knowledge. So, it is the belief of this Thesis that gender
must be seen in this light, for it is the capacity to understand social processes that
causes concepts (and a general theory) to be fruitful, and not the unending process of
collecting data and information to fit a comprehensive paradigm. In this way, what
is produced are not transhistorical or ahistorical theories of society but ‘theorised
histories of social processes and phenomena’.

The main theoretical contribution of this Thesis is that it provides a gendered
account of a particular case study. Both in the literature on urban movements and in
that on gender and urban movements the relevance of studying women clearly emerges
as a central statement. It tends to stop there, however. This Thesis moves a step
forward, in that it seeks to contribute and correct this gap in the study of urban
movements by letting the women themselves speak. Moreover, in terms of policy
design, it aids in clarifying the ways in which issues brought up by urban movements
can be tackled: it is only when professionals are capable of grasping how people
create cities that they are capable of creating cities for people.

It is fundamental to stress from the outset that this study is focused on the
Health Movement itself - especially on the most active women within it - and not on
the settlement and its community, even though these are obviously affected by it.
The case study is the Health Movement of the Jardim Nordeste area, in São Paulo, Brazil. The Health Movement has managed to continue for the last 15 years in one of the poorest zones of the city of São Paulo, whereas most other similar movements developed around consumption issues have tended to be more short lived, losing their strength in the face of delays, or dying away once the initial demands are met. By contrast, the Health Movement of the Jardim Nordeste area spread to the nearby areas and later, in 1983, it joined with other health movements to form the overall Health Movement of the Eastern Zone of São Paulo. The Health Movement of the Jardim Nordeste area emerged in the wave of popular reaction which swept the country in the mid-1970’s, in a national and local context of growing impoverishment of vast sectors of the population and of political repression and exclusion. The movement started fighting for a health centre to improve the provision of health care in the area. Its demands then gradually expanded from purely infrastructure provision to direct influence at the level of government resource allocation. Its organizational structure comprises a Health Commission, which was formed in 1977 and has participation open to all, as well as a Health Council, with biennially elected councillors, which was established in 1979 with the purpose of inspecting the work of the local health centre.

The Health Movement of the Jardim Nordeste area is active at three different levels. The first one is the level of the Jardim Nordeste area itself, which is the focus of this Thesis. The second is the Districts Federation, formed by eight Health
Commissions from eight districts and the area of Jardim Nordeste. The third is then the overall Health Movement of the Eastern Zone of São Paulo formed by ten regions, one of which is the Districts Federation. The size of the movement in terms of participants at the first level varies. During the field work (1985), a small group of women carried the movement forward, four to be precise. In the course of that year more women came to take part in it. This was due to the elections of the Health Council. Twenty women came forward as candidates but only eleven took part actively. The others just gave their names to fill in the list of candidates.

The Health Movement is referred to as of the ‘area’ of Jardim Nordeste, for although it started with a few women who lived in the district of Jardim Nordeste itself, it soon brought together other women from nearby districts who fought for a public service (a health centre) which would serve not just Jardim Nordeste, but the surrounding area also.

1.3 Methodology

The research started with questions motivated by the author’s interest in the areas of gender and urban politics. From this stemmed the review of the literature on both areas, from which in turn the main issue and then the central question of the research arose. As a consequence of this exercise the hypothesis of the Thesis was formulated. It was decided that the most effective way to tackle the central question was by means of a case study, in that the theoretical results arrived at could be tested
on the ground. The next step was the design of the field work, starting with the choice of an urban movement. This consisted of looking through newspapers, academic publications and holding some discussions with people who were already studying local level mobilizations in Brazil.

In this way, the author came to know about the Health Movement of the Jardim Nordeste area in the Eastern Zone of São Paulo - see maps at the end of this chapter - a movement which had been going on for more than fourteen years. When the setting of the research, or case study, was defined, it was submitted to what Schatzman and Strauss (1973) called casing. This was done to determine the suitability, feasibility and tactics of the chosen case study. It became clear that it was important to study a movement with a long history to help understand the process of social actors deciding to take part in it, and then participating or leaving it, as the case might be. Furthermore, in a movement of some duration such as that of the area of Jardim Nordeste, it would be possible to study how participation in the movement effected changes in the participants themselves, in their families, and in their community. One aim was to provide personal case histories, which, in the words of Hakim (1987) provide,

'Enormously detailed and substantiated accounts of one person’s ‘history’, with reference to some specific personal characteristic or series of events they have experienced'. (ibid:65)

Personal case histories place the focus on the antecedents, contextual factors, perceptions and attitudes preceding a ‘known outcome’, in a ‘post hoc’ fashion. The
main aim was to furnish the research with an 'unusually' detailed exploration of all possible causes, determinants, strategies, processes and, especially, personal experiences which may have directly or indirectly had some bearing on the 'known outcome' (ibid). Hakim completes:

'...they are far less likely to overlook the personal decisions that also come into play in any process or sequence of events.' (ibid.:66)

The author was acquainted with a well known veteran in the Health Movement of the Eastern Zone of São Paulo, who invited her to one of the demonstrations of the movement and introduced her to some of the key women who took part in the movement. One of them was Zilda, from Jardim Nordeste. She had been taking part in the movement since it started. The author was invited to come to the meetings of the movement in Jardim Nordeste and it was then that the field work started in the settlement.

It was decided that participant observation should be one of the main methods to be used in the field work, based on Malinowsky's notion that questioning and published documents cannot cover all phenomena in reality. As Deutscher (1966) pointed out, there is frequently a discrepancy between what people do and what they say they do. Malinowsky says:

"(...) there is a series of phenomena of great importance which cannot possibly be recorded by questioning or computing documents, but have to be observed in their full actuality. Let us call them the imponderabilia of actual life". (1966:19)
The author was also aware of the fact that during fieldwork contacts, informants may tend to put a great deal of effort into creating for themselves the appearance of some sort of symbolic 'mastery' of their practice. This has the tendency of drawing attention to the most 'remarkable' moves and events (those most esteemed or reprehended), as opposed to the 'principle' from which they are generated. Participants are guided to the type of exchange best suited to the objective situation they find themselves in, by the structure of the social relation between interviewee and interviewer, which is based on their social position in terms of age, power, culture (Bourdieu, 1990). So in the case study in this Thesis, the research counted not only on the development of trust between interviewer and interviewed, but also on observation and participation focusing on what was not in the discourse, on the details in between actions and speech which could confirm or question that discourse.

Participant observation has been open to the accusation that the researcher may 'go native', ie become incorporated into the object's culture, and may lose his or her objectivity (ibid). This may be a valid criticism. However, the author found non-participant observation much more liable to problems, in that the researcher may easily fail to observe or take account of all relevant factors, thus producing a partial, unconvincing or biased account. In any case, to try and counter any possible vulnerability of participant observation, some other techniques were also used. Whatever the technique being used, however, considerable care was taken at every point to establish the aims of the thesis clearly from the outset. 'The purpose of this Thesis is...' is a critical sentence, and whichever twists it undergoes it must at all
Participant observation was used at the level of the movement itself to understand how the movement was organized and carried on; how women related to each other in the movement; how the movement related to the authorities; and the impact of the movement on the area. At the level of the personal lives of the women themselves, this technique was used to comprehend how their participation affected women’s lives, their families’ and their area. Participant observation started with the study of the Health Movement of the Jardim Nordeste area which involved not only taking part in the movement’s meetings, but all its regular activities - those meetings of the area itself (fifty in all) and of the Districts Federation (twelve) as well as of the Health Movement of the Eastern Zone (twelve) - and their extraordinary activities - such as the frequent organization of jumble sales, bazaars, participation in broadcasting the movement, participation in the organization of the Health Council’s elections, and in demonstrations and marches (these last two in all).

Furthermore, the author was also in the settlement on days not filled with activities of the movement in order to have direct contact with the lives of the social actors - in this case only women, thus the impossibility of interviewing men - who were participants and ex-participants. The intention was also to have contact with non-participant women. However, this was very restricted. The reasons for this were first because the women who never took part in the movement saw those who did so with certain disdain, though this was reciprocal and the roots for it lie in the relationship established during the first years of their participation in the activities of
the local parish. Furthermore, a drive to involve more women in the movement, especially during Health Council election time, revealed that some who were interested in taking part or helping in the movement, were tied up in work or with small children, rendering them unavailable for contact. Moreover, there was a time limitation, which constrained the possibility of investigating a much larger number of people.

As a result, and due to the fact that the focus of the Thesis is on the actors directly involved in the movement, both actively and less actively - particularly the more veteran members - these were prioritized. This did not, however, completely curtail the researcher's contact with situations which clearly revealed why certain women did not participate.

One's initial assumption about a movement which has been alive for this considerable time and which achieved significant advances in terms of urban struggles, is that it is permanently made of large numbers of participants, all of them active on a daily basis. From the outset in the field it became clear that this was not so. First, the movement was formed by a small number of women (five to start with - one died and the other moved out - and then four with the inclusion of another at a later stage) who carried it on. At some stages it was literally them alone doing so. Secondly, even with the need to assemble at least twenty women to form the Health Council, many gave their names but never took part in the activities of the movement. Besides the veterans, several other women started to take part and continued to do so after each election. The consequence is that overall it is basically the same small number
of women who carry it forward. Hence, the number of participants on a regular basis is very restricted. The interesting aspect of the above is the achievements of such a small group of people, which make the movement a relevant object of study.

From the beginning of the participant observation, an ethnographic diary was kept. Everything was noted down, from the organization of the movement, to the organization of meetings and events; from the relationship between the participants themselves and their views and opinions, to the relationship between the participants and their families.

To complement the participant observation, at the end of 1985 and beginning of 1986, interviews were held with the women involved. These included all of those who at some time during the course of the fieldwork took part in the movement, and even some who did not do so any longer. Interviews were carried out at times and locations agreed by the women. All of the interviews were taped and took place at a moment of the research when it was felt that trust had been developed between the two parties. One thing that helped to cement the relationship was that the researcher was pregnant and a bond, a form of complicity developed, especially with other women who had children - which meant almost all of them. The participants wanted to know the researcher's partner, and the fact that she did have a partner was clearly an advantage. It seemed likely that the women would have found the researcher unacceptable had she been pregnant and alone, and that this might have produced a certain barrier in her relationship with them at that stage. Another factor which helped was that the researcher is Brazilian and spoke fluent Portuguese. She therefore neither
needed to spend time learning the language, nor experienced any difficulties in noting down the verbatim statements. This later proved to be a source of very interesting and useful material.

In all, eighteen participant and former participant women were interviewed. Interviews were semi-structured and usually took about two and a half hours. They were aimed at obtaining information related to participation in the movement (difficulties and strengths), implications for the lives of women resulting from their participation, history of the movement, current issues in the movement, strategies for organization, the movement and institutionalized politics, the movement and feminism. Particular attention was paid to one aspect of interviews which may be easily overlooked, and this was an effort to avoid 'leading' questions which contained within them a hint of the 'desired' or expected answer. The questions in this case were as open as possible with no hint of determinism. In the same way that participant observation had to be 'completed', so interviews giving personal accounts had to be substantiated.

'The focus on a single person does not mean that his or her account alone is used, or taken at face value.' (Hakim, 1987:66)

The researcher referred to a variety of other sources of evidence. Beside participant observation and semi-structured interviews, the material on which the Thesis is based derives from the following:

a) Research in the archives of the movement in the area of Jardim Nordeste and
the Health Movement of the Eastern Zone of São Paulo, including all
documents produced by both, as well as documents received by them from the
Department of Health, newspaper and magazine articles on the movement at
both levels and their Health Council meetings’ registers. This work was
crucially important because it provided the opportunity to have an overall view
of the evolution of the movement at both levels;

b) research was carried out at the State Department of Health, where data was
gathered on health policies, health legislation, the structure of health care at
national, State and municipal levels, and on the history of the Health
Movement both in the area of jardim Nordeste and in the Eastern Zone as a
whole;

c) discussions also took place with those not so actively involved in the
movement, such as the local priest, the director of the local health centre and
the medical students. The objective was to gather information about the
movement from an alternative perspective. Also, a questionnaire was passed
around with the object of gathering socio-economic data on the women, later
listed.

At one point, there was the intention of having a sample survey to collect
socio-economic data on the area. There were some methodological problems relating
to the collection of data of this kind at this level, however, in this case though (see
Caldera, 1984). First, the political boundaries of the area were very ambiguous and
open to dispute. Each different authority had a distinct geographical limit.
Furthermore, the scope of the movement itself was also extremely ambiguous, varying
according to both the development and level of the movement. There was also the financial side of the matter. A survey of this sort would have been very expensive, and the financial resources were not forthcoming. In any case, even if this data could be produced on a primary basis, the main obstacle would remain the subjective limits of the movement itself. However, although data at this level is practically not available at any source, it was possible to gather enough information on the area of Jardim Nordeste, on the Eastern Zone of São Paulo, and on the Metropolitan Region of São Paulo, based on reliable secondary sources, to provide a solid picture of the area sufficient for the purposes of this Thesis.

After the field work, all the material collected was organized and analysed in the light of the findings in the review of the literature. The focus of the thesis was social actors, so data on each of these was sorted out according to each of the categories identified. Thus as the analysis unfolded with the aim of answering the central question posed, the information could be drawn from these categories individually. This also meant that data on the women specifically was included gradually in relation to the issues in debate. During the analytical phase, use was made of extensive field notes and fieldwork experience to provide concrete illustrations and examples. The significance of specific instances to support generalisations and to inform and reach out to the reader was never underestimated. Also, in order to avoid a ‘close ended’ reductionism, a final hypothesis was polished right at the end of the analytical process, and is meant as a general guide. It was based on this analysis that the final text was produced.
1.4 Contents of the Thesis

This first Chapter is the Introduction. It starts by explaining the topic of the Thesis, presenting its central question and proposing a hypothesis. It then gives a brief description of the chapters, and ends up with the methodology used.

Chapter 2 is divided into three parts. Firstly there is a review of the literature on urban movements, as well as on that on gender and urban movements. The aim is to provide the background to the second part of the chapter, that is the question to be addressed in the Thesis, as well as to the third, which is the theoretical approach used. It is suggested that there is a link between continuity of urban movements and the participation of women in these movements, and as a consequence, that gender may be considered a contextual feature with the potential to explain the continuity of urban movements.

Chapter 3 is about the political and socio-economic context of Brazil since the right wing military coup in 1964 up to the beginning of 1986, establishing the roots of a popular reaction wave from the 1970’s onwards. It is argued that urban movements in Brazil, especially in São Paulo, are an example of what can be achieved in an adverse context (of growing impoverishment and political repression). It constitutes an opportunity for understanding the dynamics behind the maintenance or failure following the first fundamental step.

Chapter 4 concerns a specific discussion of the historical evolution and socio-
economic aspects of the area in question, that of Jardim Nordeste, as well as the emergence of the Health Movement of the Jardim Nordeste area. It identifies the actors which played a significant role in this process of emergence. The argument is that the emergence of the Health Movement was the result of the presence of and relationship between different social actors, and not only of the national and local context by themselves. It stresses women’s willingness to act and change the situation they lived in, through their gendered priorities.

Chapter 5 in turn is about the development of the Health Movement, including the social actors relating to this phase of the movement. It is argued that the women were the one social actor which carried on at the forefront of the struggle, while others moved to a background position. Also, the women politicized their demands moving from purely consumption-based to wider ones such as the allocation of financial resources in the area of health care. It was this participation that gave shape and guaranteed the development of the Health Movement of the Jardim Nordeste area.

Chapter 6 is a discussion of the participation of women in the Health Movement. It aims at illustrating the debate in terms of which processes and implications for the continuity of the movement lie behind the actions that led to women’s participation and behind the shape women’s participation took. The argument centres on the fact that the Health Movement had its continuity assured due to the participation of a small group of women (the most active ones). This participation was shaped by a series of factors such as age, number of small children, need to work, commitment and time. Crucially, women wanted to preserve this space
as the one in which they could take care of their specific concerns.

Finally, chapter 7 is the Conclusion, where the main argument of the Thesis is summed up. It is argued that on the one hand, at the theoretical level, gender must in fact be included in any general theory of urban movements, for it is a main contextual feature in this urban phenomena. On the other hand, at the level of research methodology, it is fundamental to examine social actors directly or indirectly active in urban movements, because it is only in this fashion that a fuller understanding of the dynamics of these movements can be arrived at. The conclusion also includes some topics for further research.

Notes:

1. Throughout this Thesis quotations from Spanish or Portuguese not previously translated have all been put into English by the author of this Thesis.

2. For other Latin American cases see Logan, 1984; Andreas, 1985; Peckham and Street, 1986; Thomson, 1986.

3. The author is aware that 'low-income' is a very general term, but in view of the lack of a more precise one, this is used throughout the Thesis. See Cardoso, 1983a; Durham, 1984.

4. In this Thesis the term 'movement' refers to all organized activities and bodies resulting from the process of mobilization of the local population (the Health Commission and the Health Council - see chapter 4 - are bodies of the Health Movement of the Jardim Nordeste). In this Thesis, when the terms 'Health Movement' or 'movement' appear, they mean that of the area of Jardim Nordeste. Sometimes in the Thesis the term 'struggle' is used. This usage refers to a concerted effort against difficulties faced by the population.

5. All the names in this Thesis referring to the participants of the movement are pseudonyms.

Source: Instituto Brasileiro de Geografia e Estatística, 1982:27
CHAPTER 2

URBAN MOVEMENTS: CONTINUITY AND GENDER
2.0 Introduction

This chapter defines the central question to be tackled in this Thesis through a discussion of the literature on urban movements and on the participation of women in these movements. The chapter also sets out the terms in which this central question is to be approached in order to be answered. The assertion of this chapter is that gender is one aspect which must be examined if a better understanding of urban movements is to be achieved. The chapter is divided into three parts. The first is the review of the literature, both on urban movements in general and on the specific issue of gender and urban movements. The second, is the presentation of the central question. The third then sets out the theoretical approach and the theoretical tools used throughout the Thesis.

2.1 Review of the Literature

2.1.1 Urban Movements:

Since the mid-1960’s the literature on urban studies has emphasized the field of urban politics1. The work of French Marxists on the so-called 'Urban Question' greatly influenced the thinking of British Weberian urbanists. According to Lebas (1983), it is possible to detect three types of influence of the French literature on British urban studies. The first led some authors strongly to criticize Weberianism
and empiricism, to ask for political involvement, for the right to hold a Marxist perspective. The second was the incorporation of constructs from the problematic of urban social movements elaborated by Manuel Castells in his major works "The Urban Question" (1977) and "City, Class and Power" (1979), into works related to the issue of urban social movements, especially those of Dunleavy (1977), Pickvance (1975) and to a lesser extent Lloyd (1977). Castells’ work was basically a shift of focus from the work of Touraine, the leading figure in the sociology of social movements in the 1960’s, (Touraine, 1965), to urban movements. The third influence was related to the assessment of certain urban problematics and their implications for a concept of ‘urban’ specificity. For the purpose of this Thesis, only the second influence is to be considered in detail, for it is the one directly related to the issue of the Thesis which is the continuity of urban movements.

Schuurman (1989) argues that it is important to point out that all this new emphasis on urban politics happened within the restructuring process of the capitalist system, which was accelerated by the oil crisis of the early-1970’s. At that point Western capitalism showed signs that the level of employment was on the increase. On the other hand, the states concerned were trying to create conditions to ease the transition of the national capitalist system into the post-industrial era. The result was the creation of physical and political infrastructures which increased the involvement of the state in the production process, but at the same time cut down the resources directed to those sectors of the population not directly involved in the production process.
The crisis showed particular features in the case of Third World countries (as is the case of Brazil). The foreign debt crisis that expanded particularly during the 1970’s resulted in a growing socio-economic polarization process. This new situation led to a crisis in the Marxist social science (particularly Althusserian Marxist theories) which argued that the labour proletariat was the major source of social change. It became difficult to argue this since an increasing number of people did not become involved in the production process and have been, to say the least, difficult for labour parties and trade unions to reach. The labour force is no longer as homogeneous as it used to be. Since the number of state employees has been growing, the state, as opposed to the capitalist sector, is becoming the class enemy of this sector of the labour force; in the structuring of daily lives within capitalist social formations, it is consumption patterns that have grown in importance instead of production patterns. This has led social scientists to look for groups other than the labour proletariat that had the potential to become a source of social change. They go on:

"This question has resulted in (re)discovering the new social movements, whereby the urban social movements in developed and underdeveloped countries alike are considered of prime interest". (Shuurman and van Naerssen, 1989:11)

So this emphasis on the field of urban politics stemmed from the recognition by some researchers and intellectuals that the sphere of consumption played a much more important role in the development of societies than previously had been acknowledged. From then on far greater attention had to be given to the city itself and the processes going on inside its boundaries, including of course the city’s
external relationships and the political aspects and relationships which ensued. Many attempts were made, like those by Borja (1975) and Lojkine (1978), to characterize and define urban movements. The former of these began from the understanding that the term ‘Urban Movement’ was too general and that therefore its only value was to highlight the existence of social conflicts. He argued that the term aggregated such a variety of circumstances relating to the consumption of urban goods and services and the ‘gestation’ of the institutional system of the city that the most it could achieve would be to indicate a theoretical schema which lacked any analytical efficacy. From here he went on to describe some movements in Spain, trying to establish a typology of movements relating specifically to very particular realities, but always emphasising the character of class contradictions both at the point of conflict and within the state. His typology, though a contribution to the debate, was too restricted in scope to be raised to the status of a thesis on urban movements.

As for Lojkine, his contribution was much more sound and comprehensive than was Borja’s. He too set out from the notion of a growing role of the state. He saw this not as managing the economic and social contradictions ‘undermining’ the social system, but as reflecting these contradictions through interventions which did not diminish but on the contrary ‘exacerbated’ them. For him, state policy could not be interpreted purely in terms of the management of the reproduction of the labour power, as in some Marxist works. It must include the economic dimension, since in Lojkine’s time the financing of the so-called ‘economic’ infrastructure like roads, communications networks, harbours, and so on was in his view done at the expense
of financing the social infrastructure, housing, services, health, and so on. As a result, urban social movements should be directed not so much at those responsible for the reproduction of labour power, but at those economic agents who shape the urban environment, the big firms, the main beneficiaries of the spatial segregation of the collective infrastructure. These firms were then defined by the nature of their consumption, individual infrastructural goods consumed collectively by a great number of firms, as opposed to their production, as was, he contended, the case in France in the 1970's (Lojkine, 1978:153). For him then, urban social movements were movements directed at those major economic agents above, aiming at putting ever growing stress on the connection between economic logic and urban policy. He made it clear:

"(...) one need not to be a prophet to foresee the multiplication of conflicts in which (monopoly) economic logic and urban and regional logic (spatial segregation, the problem of the city centre, the lack of adequate transport facilities) are closely linked together. The starting points of these conflicts may be either problems of the firm, (...) or the link between spatial segregation and the journey to work, as in the case of movements for better public transport in the Paris region". (ibid.:155)

This was a thesis which also suffered from its restrictive character, although the main problem with it was its lack of clarity in supporting the links proposed. Its main merit however, was to call attention to the links between production and consumption, though never solidly enough nor in a manner capable of making up a comprehensive theory of urban movements.
A dominant work in this area on the other hand was that of Manuel Castells (Friedman, 1989), which is recognized to be the most comprehensive as far as a theory of urban social movements goes. Indeed, Castells has a prior claim on the concept of urban social movements, which he introduced in his pioneering work. This started with the sharp criticism of the 'urban' as proposed by the Chicago school, and opened up a whole new field of study in the social sciences. Castells' work points to the particular significance of what he defines as 'Urban Social Movements', and these are central to his thinking on the forms assumed by conflicts, on the process of social change and on their origins within urban 'systems' (Lowe, 1986). His definition of what constitutes an urban social movement went through different phases. They were a consequence of the development in his thinking and reviews of his theoretical perspective. These changes culminated in his most recent major text 'The City and the Grassroots', in 1983.

According to Lowe (1986), his work can be divided into three distinct phases. The first two are described below in some detail, important as they are for a full understanding of the evolution of his concept. In his earlier phase his theoretical position is located within formal structuralism. Castells' concept of urban social movements was informed by empirical studies in France and Chile. For him, an Urban Social Movement was a movement that originated in a crisis resulting from the contradiction between consumption and production; between capital and the need to reproduce labour power. This crisis was likely to develop in the provision of collective means of consumption. These were defined by their production as opposed
to Lojkine’s consumption, that is, characterized not as separate goods consumed collectively, but as services and commodities provided by the state. It was therefore the role of the state in their provision that was crucial in setting the context for the rise of urban social movements. According to Castells (1977) they were:

"A system of practices resulting from the articulation of a conjuncture of the system of urban agents and other social practices in such a way that its development tends objectively towards the structural transformation of the urban system or towards a substantial modification of the power relations in class struggle; that is to say in the last resort, in the power of the state". (ibid.:263)

Obviously, not all urban struggles could be directed towards this effect of structural transformation of power relations, or production relations. Saunders (1979) explains:

"(...) much of the available evidence on urban struggles indicates rather more modest ambition on the part of those involved, even when radical organizers attempt to raise the level of the protest or to develop a broader class consciousness". (ibid.:111)

As Castells suggested, if the urban struggles did not aim at producing a ‘qualitative new effect’, they must either be called ‘participation’ or ‘protest movements’, but never urban social movements. These types of struggle, participation, protest, resulted in the reproduction of the existing system of social relations and not in fundamental changes. In Castells’ typology, there was also the
continuum of one struggle evolving to another: participation-protest-urban social movements. This time it is Pickvance (1976) who explains:

"Thus, according to the effects achieved, an organization can be placed on the scale: 'participation' - 'protest' - 'urban social movements'". (ibid.:200)

Participation and protest movements could become urban social movements only in so far as they were capable of incorporating forms of organization and political orientation from outside - specifically, from working class political movements. This was essential in order to link the urban contradictions concerned with the 'spatial unit of reproduction of labour power', with issues such as housing, education and collective facilities. In this way these movements could challenge the capitalist economic and political relations. So, for Castells (1977):

"An urban social movement emerges when there is a correspondence between the fundamental structural contradictions of the urban system and a correct line within an organization formed from the crystallization of other practices". (ibid.:171)

In 'City, Class and Power' (1979), Castells re-works his analysis of the urban system, though without much changing the basic theoretical underpinnings of his propositions. This was a result of his new examination of empirical information, especially in Madrid. His two main changes still stemmed from the structural determinism of his analysis in the 'Urban Question'. Firstly, he conceded the possibility that new social 'cleavages' arising from collective consumption were not
dependent on the class system per se for their presence within the social system, nor
even as a source of political conflict (Lowe, 1986). Castells (1979) clarified:

"We are not proposing the replacement of the labour/capital contradiction
which defines the working class by a new principal contradiction defined in
the sphere of socialized consumptions; rather, it is the deepening of a
secondary structural contradiction and the new historical role it can play
through social movements and the processes of change it can potentially
provoke". (ibid.:127)

Secondly, he suggested, contrary to his position in the 'Urban Question', that
'urban-based' movements may indeed have an autonomous role in social change.
This role was opposed to his former model of conflict, which rested exclusively on
the 'linkage' of secondary contradictions to the working class movement. Lowe
(1986) explains:

"It clearly follows that if there are non-class based consumption stakes, then
there can equally as well be consumption-based political movements that do
not depend on the mediation of a vanguard party to achieve political 'effects'".
(ibid.:21)

The major reason for change in his understanding of urban movements, was
the recognition of the massive and ever growing intervention by the state into the
entire economy, both in production and in consumption. This intervention created the
need for new markets, entailing the widening of the consumption sphere to distinct
social strata. It also made it more convenient for the dominant classes to accommodate
demands relating to consumption than to make concessions on power-sharing or in the
sphere of production. So consumption practices were crucial in generating the utilization of capital accumulation and in creating an efficient industrial system because of its need of a 'smooth' functioning factory routine for instance by means of a good transport system. As Lowe (1986) once more interprets:

"These factors are the source of a major contradiction in the economic system arising from the increasing interdependence of the public and private sectors in regulating the functioning of the economy in the interests of the domination of private capital. (...) out of this situation (...) new sources of contradictions arise. In particular (...) a variety of sectoral cleavages based on the private and public provision of collective goods and services (in transport, for example, it is basically between private car ownership and public transport, producing new levels of inequality)". (ibid.:22)

There were still therefore class divisions, but new sectoral conflicts emerged. Castells (1979) stated that:

"(...) aside from these effects of reinforcing the class structure, one finds new disparities, emerging from the historical mode of dealing with collective consumption, which do not correspond to the position occupied in class relationships but to the position in the consumption process itself". (ibid.:34)

What happened with Castells was not basically a change in his relationship with determinism, which remained a strong undercurrent of his thinking. Instead, the change was in his interpretation of what factors determined what. In this context, class struggle and structure lost their privileged position in favour of more autonomous factors such as inter-class relationships. This resulted for example in an emphasis on
gradual penetration of the state apparatus, rather than a revolutionary assault of the state itself.

In its two first phases, Castells' thesis was criticized and challenged by many authors. Some authors made general comments related to the frequency of the movements; others were more detailed and ranged from queries about the applicability of the concept, through complaints as to the missing elements which the thesis should have taken into consideration. One of the general criticisms often put forward was that besides the case of the 'pobladores' in Chile, urban social movements were rare and not realistic (Lowe, 1986). Another was that this type of movement was limited in scope and duration (Walton, 1978).

Dunleavy (1977) in turn questioned Castells' criteria for selecting the movements for analysis. There was, he stated, a preference in choosing to study visible active movements rather than inactive or latent ones. This usually led to generalising the conclusions from a study of active movements as claims about inactive movements. When one concentrated attention on active movements but generalized about the latent ones, what was being said was either that there were no latent movements or that what was true of the active movements was also true of the latent ones. This unidirectional tendency made it more difficult to understand the 'fundamental power relationship' within the urban system, particularly, in the words of Dunleavy, the one which tended to keep an issue latent. This was especially important because it illuminated the basic structure of non-protest situations and could provide a valid basis for deductive generalization. Furthermore, as a result Castells'
hypothesis that protest movements based on fundamental economic contradictions were more likely to evolve into an urban social movement was deeply questioned until a systematic analysis of the relations between urban contradictions and the occurrence or non-occurrence of protest movements was produced. In Dunleavy's (1977) own words:

"The lack of any self-conscious selection criteria means that even when structuralist research is conducted on fairly positivistic lines the empirical status of the propositions derived is deeply suspect". (ibid.:199)

Saunders (1980) also criticized Castells, particularly in relation to the applicability of his concept. His argument was that, while this concept might be applicable to Italy or France, it was certainly not applicable in Britain. This was so because, in Britain, urban struggles were sporadic and isolated both from each other, and from the working class movement. Thus, the necessary development of alliance had not yet been achieved between struggles arising from the crisis in the provision of services by the state, and the struggles of the working class movement. Saunders (1980) made his point very clearly:

"It is my contention (...) that in Britain neither the necessary conditions nor the appropriate form of leadership have developed or are likely to develop in such a way as to generate an urban social movement as defined by Castells". (ibid.:132)

The reasons given for this were related to the pattern of development, the impact of ideology and the history of working class organization. Britain did not have
contradictions between a capitalist and a non-capitalist economic sector, as was the case in Italy for instance, where the radicalism of the workers in the North might be explained as being related to their experience of moving from a backward peasant economy to an advanced capitalist economy. The issue of ideology referred to a disenchchantment or alienation which many activists found among the disadvantaged group and which was a common theme found in many of the studies of the subject in Britain. According to Saunders (1980), there would be little disagreement with Anderson (1965) when he said:

"The power structure of English society today can be most accurately described as an immensely elastic and all-embracing hegemonic order (...) The hegemony of the dominant bloc in England is not articulated in any systematic major ideology, but is rather diffused in a miasma of commonplace prejudices and taboos". (ibid.:30-31, quoted in Saunders, 1980:134)

However, for Saunders, the most significant factor in explaining the lack of the conditions or of the leadership to generate an urban social movement in Britain referred to the lack of a mass-based communist movement. Even if the preconditions for the development of an urban social movement in Britain existed, the leadership, essential for Castells’ thesis, would not. Thus, the link between the urban struggles and the wider class struggles would not happen, since the key element for this, (leadership), was not present.

The line of criticism that Pickvance (1978) formulated was not a challenge to Castells’ thesis of urban social movements, but rather an argument about details which
were missing, particularly in relation to ‘how does a social base become a social force?’ or ‘how do urban social movements develop?’ (Pickvance, 1978). When dealing with this issue, Castells (1977) argued that there was a greater need for structural contradictions to give rise to motivations for mobilization, than a need to have organization and political orientation from outside. Pickvance (1978) saw this process as more problematic than that put by Castells, and argued that this author did not take into consideration issues related to subjective consciousness. His argument went as follows:

"The issues at stake and the social base affected are said to be determined by structural contradictions, and the social force appears from the social base at the wave of a magic wand of organization. This appears to me to ignore what is not only a major theoretical problem, but also a major problem for political practice; namely, how, in Marxian terms, does a class in itself become a class for itself? To answer by the implantation of a revolutionary political group simply moves the question one step further back: under what conditions is it possible?". (Pickvance, 1978:177)

In order to answer the question he posed, how did a social base become a social force, Pickvance proposed that it was necessary to see the social base not only in demographic terms as did Castells. It should also be seen in terms of social structure - value - orientations, different forms of consciousness that might exist and the availability of organizations for class action, to what extent there were potential members able to meet the costs in terms of time, money and commitment, and their identification with the movement. He also criticized Castells’ thesis for dismissing government institutions as sources of minor changes, and for not considering other means of action besides the political one, such as personal networks. 'Mobilization
of the social base' was just one form by means of which urban effects were produced. His intention, he clarified, was in no way to deny the importance of mobilization for social change, but to argue that other forms of action were important and the 'neglect' of these was unjustified (Pickvance, 1976).

Most of these criticisms to Castells remain unresolved, mainly as a consequence of his own failure to avoid undue tightness and formalism, and of that certain dogmatism with which he produced his thesis. This failure inheres in the somewhat mechanical and deterministic form of analysis, which almost automatically accommodated his 'selected' findings in a highly complex urban context of rapid change. The dynamism of this urban context could never and still cannot afford preasserted rules of functioning and behaviour. That is, Castells' thesis in its two first phases was a clear example of accommodation of findings to an existing theory and not the other way round.

However, some aspects of these criticisms were in themselves disputed either by other authors or by Castells himself, though not entirely successfully. For the latter, the point about an urban social movement being rare and limited in scope and duration was that it was the 'heart of a broader theory of urban social change', in the sense of a 'redefinition of the urban meaning' (Castells, 1983). It was as if Castells justified an 'embryonic' stage of a phenomenon with a feeble set of circumstances and situations in terms of correspondence with his propositions. Although these in themselves might provide useful insights at very local level, they could never afford
to serve as empirical information for such an ambitious plan. His methodological explanation proved even more damaging. In it the intention was to base the theory on historical experience and thus the source should be unique situations in which particular phenomenon considered by him to be crucial should be amplified. This was an attempt at self-justification and was damaging because he confirmed the intention to amplify movements so rare as to render this process too exaggerated.

Still related to Castells' methodology was the answer to Dunleavy's questions about the selection criteria which gave preference to visible active movements rather than inactive or latent ones. Castells (1983) argued that it was only if one could obtain a 'grounded' theory of urban social movements and an understanding of how completely they related to the evolution of urban areas that it would be possible to compare mobilized and 'passive' neighbourhoods vis-a-vis their 'differential' effect on urban functions and forms. This was a much more reasonable line of counter-criticism by Castells, in so far as it was a valid methodological option. There must always be a departing point for analysis of empirical material which may then be useful for comparisons and adaptations of unexamined situations which in turn might even provoke modifications in the original set of ideas. The fact that a selection was made cannot be held against him without the risk of methodological prejudice. It is only after a thorough examination of, in this case, active movements that other types can be included in the analysis. The point raised by Dunleavy though, refers much more to the fact that the active movements chosen by Castells were so few and 'shaky' in terms of their characteristics. In this sense, Castells' attempt to formulate a 'grounded' theory based on his categorisation of these movements, and afterwards
to compare and include other types of movements in the analysis, would require such a gigantic leap of generalization that his whole theory would probably be rendered ‘groundless’.

Pickvance’s complaint that Castells’ concept of urban social movements lacked explanation of how a social base became a social force was in turn criticized by Harloe (1978). Pickvance proposed that theoretical gaps could be filled by reference to conclusions drawn from non-Marxist studies, but Castells rejected this on grounds that it was not possible. This was because the subject matter of Marxist theory was different from other theoretical approaches, not only in its explanations, but also in relation to the questions it asked. According to Harloe (1978):

“Pickvance implicitly regards historical materialism as a theoretical approach which is applied to a certain content matter, identical to that analysed by alternative approaches. (...) this is not so, for it is not just the explanations that Marxist theory gives that are different, but the questions and therefore the content matter also”. (ibid.:36)

Besides, Pickvance ignored Marxist contributions other than Castells’, such as Mingione’s (1978), which was aware of complex class and fractions of class relations and the importance of diverging ideologies (ibid.), though it was by no means as comprehensive as Castells’. Pickvance’s attempt at filling gaps with opposing theories did not succeed because he tried to locate the determinants of organised participation in external factors like time, money and commitment. Thus, he was analysing them as independent explanatory variables instead of seeing them as consequences of
distinctive class or fraction of class situations (Harloe, 1978). This was perhaps in the characteristic Weberian tradition not taking into consideration participation as resulting from class consciousness as the Marxists would. In any case, this did not diminish Pickvance’s merit in highlighting the weaknesses of Castells’ thesis, as well as other Marxist studies on the subject (Harloe, 1978; Saunders, 1980). The problem was that Pickvance, trying to contribute to an existing work, led the criticism out of structuralist Marxist analysis which Castells in his early works had wished to retain. Pickvance’s stand was thus weakened by the fact that it was neither, as might have been expected, an ‘internal’ criticism using a Marxist framework nor an ‘external’ criticism using some other framework to criticize the Marxist one used by Castells.

Nonetheless, in his latest work, from 1983, Castells in turn acknowledged an ‘enormous amount of experience and information’ from various authors in the field, which he counted in order to write that book. Among others he expressly included the repeated remarks by Pickvance on Castells’ ‘inconsistencies’, particularly in his work from 1976, which helped the latter to break with his ‘obsession’ with formalism and the formal model he had previously produced. Also, he ‘credited’ Borja’s insistence on treating urban movements and urban structure in ‘compatible’ theoretical terms. Borja pinpointed what Castells called the ‘crucial theoretical and methodological question’ to be tackled, i.e. that of linking the two within the same theoretical framework. Castells also credited Touraine with having produced the most systematic and thorough work ever carried out on social movements. However, he continued to limit the use of the term urban social movements to those which caused
structural changes, even though by this time he had moved on to a different theoretical framework. In this new work he considered himself as not adopting a Marxist approach. In fact he explicitly stated that within Marxist theory there was no room for urban social movements (ibid:299), except for the ‘historically predicted class struggle’. His argument was that:

“There are (for Marxist theory) social struggles and mass organizations that revolt in defence of their interests, but there cannot be conscious collective actors able to liberate themselves. (...) Classical Marxism was ambiguous about the existing social movements: they were the living proof of class struggle and resistance to capitalist exploitation. And yet the movements had to accept - so the argument went - that they could not produce history on their own but rather, were instrumental in the implementation of the next stage of the programmed historical development”. (Castells, 1983:299)

This ambiguity, Castells asserted, was simply ‘overcome’ by Leninism, in which a theory of uneven development was produced to explain the possibility of these outbreaks taking place in backward capitalist countries, though not in developed ones. Also, for Leninism the emancipation of workers would be the role of ‘the’ party. However, Castells continues, listing several historically important movements, conscious people carried on collectively mobilizing to try and change their lives ‘without parties, beyond parties, with parties, against parties, and for parties' (ibid.).

So, notwithstanding Marxism, movements persisted. Castells (1983) could have not been more direct when he stated:

“So experience was right and Marxist theory was wrong on this point, and the intellectual tradition in the study of social change should be recast”. (ibid.:299)
For Castells, Marxism now had an unhealthy tendency to reduce the city to the logic of capital. He believed that urban social movements should in any case continue to be the focus of study. They now were 'collective actions' consciously directed to the transformation of the 'social interest' and 'values' intrinsic in the shapes and functions of 'historically' given societies. For Castells, then, an urban social movement was only constituted when it had produced an effect of social change in the city, culture and the political system - a somewhat more cautious though still quite comprehensive characterization. According to him, an urban social movement appeared only:

"(...) when a movement articulates city, community and power, develops its own consciousness, and operates through a political party, while keeping its autonomy and continuing to relate to society through the support of professionals and the images transmitted by the media". (Castells, 1983:284)

Castells also continued to define urban social movements by the specific type of effect that these movements produced. Depending upon the effects, they could be defined as urban reform (movements that had an impact on the three levels - city, community and power - but provoked low level change); urban utopia (movements that produced high level cultural and urban changes but provoked no change in the political system); urban corporatism (produced only urban effects) and urban shadows (produced no single transformation). As it is possible to note, he stressed the key role of urban social movements in changing the urban system, in that they were the heart of a broader theory of urban social change.
This work of Castells also provoked criticisms. Pickvance (1985) argued that the diversity of experiences among different countries and even inside countries through a length of time, posed a problem of comparative analysis. In his view, this variety of contexts could be tackled either by means of the use of a single model capable of being applied to highly diversified situations, as in 'The City and the Grassroots', or by means of a series of 'sub-models' each applying in distinct contexts and circumstances. He developed a profound and lengthy argument with Castells in this line, in which he contended, and this was the whole basis of the debate, that the main assumption that could be made in their area of urban studies was that movements making radical demands had declined sharply. Quoting Rosenbloom (1981), Mayer (1982) and Hamel (1983) on the other hand, he argued that less news-worthy movements demanding service-provision, or simply concerned with organizing self-help activities, had probably not declined at all. His point was that these movements matched demands - which may have been important in itself but largely incidental to Castells' thesis.

Pickvance preferred to use the term 'urban movements' as a reference to those individual organizations which were concerned with urban demands 'whatever their level and effects'. The term Urban Social Movements, would then be restricted specifically to those (vanishingly rare) movements which achieved 'high level' change only.

"In writing the paper, I drew on Castells' The City and the Grassroots in so far as its way of tackling the differences between urban movements"
experiences across countries illustrated an approach to comparison that I wanted to criticize". (Pickvance, 1986:222)

What Pickvance objected was to Castells’ belief in the 'The City and the Grassroots' that movements expanded on a geographical basis, that is, the decline of a particular movement somewhere was compensated by the rise of another elsewhere in a clearly 'upward' comparative trend. Pickvance’s main criticism was that Castells made no attempt at explaining 'deviating' cases, such as in countries where there was only decline, and in so doing was unable to establish the specific factors affecting the rise or fall in particular situations. On the contrary, for Pickvance, Castells simply fitted urban movements everywhere into what he regarded as the right overall model for establishing the degree of success of these movements. This overall model, in Pickvance’s understanding, was based on the four features found by Castells in the Madrid citizens’ movement. He thus asserted that movements must work on three lines: collective consumption, community culture and political self-management; they must define themselves as 'urban' social movements; they must make use of the media, professionals and political parties as 'organizational operators'; and they must assure their autonomy from political parties on matters of organization and ideology.

In Pickvance’s view, the fundamental consequence of Castells’ procedure - and the 'fatal weakness' of his model - was the absolute absence of contextual characteristics and the exclusive focus on the characteristics of urban movements, which underlie his inability to perceive the fall of urban social movements. Pickvance suggests that this result was surprising, because contextual features have not only
been present in Castells’ work, but have also been clearly acknowledged as relevant, as in the case of the Madrid citizens’ movement. The success of this movement was credited to its direct link with broader political movements, one of the three contextual features Castells considered in ‘The City and the Grassroots’. The second contextual feature considered by Castells, the presence or not of political parties, also had an effect on the Madrid movement where absence of political parties apparently coincided with success and presence with decline. The third contextual feature, the state structure and government policy, affected movements elsewhere. In Peru the state to a great extent supported squatter mobilization; in Mexico urban movements made use of internal conflicts in the state apparatus and in the United States (in San Francisco) movements demobilized through state funding of local projects were leaders took jobs. Castells’ model was also surprising to Pickvance because not only had this criticism been made of his work throughout, but he acknowledged it as well (see the Afterword to the Urban Question, and The City and the Grassroots). Even so, according to Pickvance, Castells did not take these contextual features into his model.

However, if contextual features were so relevant to the incidence and success of urban movements, Pickvance went on, it was the selection of the most important features that was the central question in the debate. Hence, he proposed to define movements - though still always movements which provoked major changes in urban power relations - according to the shape they assumed in relation to five contextual categories: urbanization conditions, state action, the political context, the development of the middle class, and the general economic and social conditions. From here a typology of urban movements was then drawn up: movements for the provision of and
access to housing and urban services, for control and management, and for the defense
of housing and neighbourhood. Further, for Pickvance (1985):

"These relate to three distinct notions of urban-collective consumption, local
political process, and spatial proximity". (ibid.:31)

Castells (1985) replied by arguing that Pickvance's effort was a complete
failure. Blaming Pickvance's lack of any adequate theoretical foundation to justify the
importance given to the proposed characteristics, Castells criticized Pickvance's
'absolute' imprecision in the definition of the features above. Picking up on them
separately, Castells argued that as far as rapid urbanization went, Pickvance ignored
the then current process of accelerated urban growth for two thirds of humankind,
when he stated that in the countries from which Castells chose examples, that process
of rapid urbanization had passed.

"So, the one feature Pickvance dismisses (that is, the socialization of housing
and urban services under conditions of rapid urbanization) is precisely the
most important material condition for the surge of one dimension of the urban
movements, namely collective consumption trade unionism". (Castells, 1985:56)

As for state action in turn, Pickvance mixed intervention in consumption with
attitudes in relation to the movement. This, according to Castells was due to an
empirical error in evaluating collective consumption in the cases studied, in France,
Italy and Spain. In contrast to Castells, Pickvance argued that there was a high level
of state intervention in public housing and urban services in those countries, implying
that this intervention had ‘weakening’ effects on movements, which were not considered by Castells. On the contrary, as a consequence of their low level of intervention in collective consumption, Castells proceeded, the states concerned could not produce effects on the movements in those contexts. There were in fact movements that reversed the trend in public services, mobilizing and raising the level of collective consumption (ibid.).

In terms of the political context, Castells stressed Pickvance’s error in mixing cultural features with political institutions and the level of political mobilization. There was not, according to Castells any clarification on the part of Pickvance as to what he was referring to: political parties, social movements, or the electoral arena? There was a confusion between state and civil society which caused Pickvance to misunderstand the effects on movements of the political context, confusing political mobilization, and urban mobilization as if they were the same. The same lack of precision was then blamed for the term ‘middle class’, which was in any case referred to as irrelevant to differentiate national contexts by Castells. The three countries witnessed a growth of that sector of their populations due to the development of the service economy, contrary to Pickvance’s belief that this sector saw urban development schemes as a threat to the increase in their employment opportunities.

Finally, the last feature was in fact a contradiction in terms. Firstly, Pickvance had criticized Castells for his lack of precision and specificity in terms of contexts. However, Pickvance’s definition, which he called a ‘catchall’, was so imprecise that it was rendered useless. It suffered from almost the same sort of determinism that
Castells did in his two first phases. Secondly, he wished to explain the level of activism through the use of the context, but also to consider it as a 'disposition to political activism'. One and the other could not be the same; how could the measure of activism be the measured aspect of activism?

"In summary, the 'contextual features', as presented by Pickvance are a disparate collection of characteristics which are theoretically unjustified, conceptually undefined, and empirically wrong". (Castells, 1985:56)

As a consequence, Pickvance's typology of urban movements ended up being simply urban demands or urban goals. Castells called them a 'bad copy' of his own typology, collective consumption, local government-oriented political mobilization and territorially-based defense of a cultural identity (ibid.). He explained his criticism in the following way:

"Having presented the contextual features and the types of urban movements whose variable incidence these features are supposed to explain, Pickvance implies that we simply need to observe the set of relationships established between the two levels of reality. (...) It is methodologically impossible to set up a causal relationship between such broadly defined variables on the level of a national context and a particular social process. (...) What is simply wrong is to try to explain the social process in a given neighbourhood (or even in the neighbourhoods of a city) in terms of a global context of a country. In dealing with social movements that one has to observe directly, we should have the minimum level of aggregate data that would be required to close the gap between the range of variation of the 'context' and the range of variation of the 'dependent variable', namely, the movements". (Castells, 1985:57)
Castells comments were powerful enough to isolate Pickvance’s proposals. It was a fundamental theoretical error to generalise from the country to the city, even if, as it is shown for the case of Brazil and São Paulo in the next chapter, the city is the centre of the country. However, as Pickvance had pointed out, Castells was sensitive to previous criticisms that he should have taken the contextual features into consideration. This was so in the ‘Urban Question’, in the Afterword of which he admits that he was analytically greedy and privileged the internal characteristics of movements and their impact on the social structure. There he also admitted that their study could only be brought to effect by observing the interaction between structural interests and interests of social agents exposed to these (Castells, 1977:452). In fact, the end result of this debate seemed to be a dual attempt at completing one’s theory of urban social movements, however unsuccessfully, but the underlying issue was still whether urban movements were on a rising or falling trend. For Castells (1985) this translated into saying that:

"The problem is how to deal in empirical research with the relationship between the 'globality' of society and the 'specificity' of a social process". (ibid.:58)

His approach to this problem in his book was to combine the following methodological procedures, each one corresponding to its respective level of analysis. First, to ‘translate’ the context into particular characteristics to be ‘observed’ in the praxis of the mobilization and isolate or maintain just the ‘contextual variables’ interpreted as being important and directly ‘determining’ a movement’s practice.
Secondly, to ‘analyse’ the extent to which particular contexts ‘produce’ the structure of the components of a specific movement, aiming at linking ‘globality’ and ‘singularity’ by means of gradually increasing the complexity of the analysis, as opposed to a single leap from description of a society to the neighbourhood (ibid.:58). Not only that:

"It is also important to provide information about the general context in which a given movement takes place. (...) I place my analysis in a broader context. I explained how the context gave rise to urban movements and in my analysis of the practice of the movement, I integrated those contextual variables adequate to explain the practice in terms of my theoretical perspective". (ibid.)

Castells in fact went beyond the expectations expressed in Pickvance’s paper. The latter’s object was to put forward and discuss the issue of the demise of urban movements and the reasons for their decline, including the concepts and typologies most adequate for the understanding of such a process. This was an aim acknowledged by Castells, although it was not the aim of his book. However, it was swiftly put aside for, in his words, the impossibility of an answer due to an absolute lack of systematic information on a world scale (ibid.:60). For Castells, the key point in Pickvance’s paper was that in trying to proceed on this line, Pickvance had completely misinterpreted the trends. To start with, movements in the Third World, with an emphasis in Latin America, happened along three distinct lines. The first were old type squatter movements, the second were collective consumption movements linked to the conditions of urban crisis under rapid industrialization, and
third were new middle-class based movements, such as the predominantly middle-class Feminist Movement in Brazil, as will be seen in a later chapter. In the United States on the other hand, a process of transformation and development of urban movements was taking place, as well as a new kind of urban movement being established in Europe. So in general, the intensity and frequency of urban movements there had diminished, old style urban movements, (collective consumption movements), had faded away, and the best organized urban movements had almost disappeared. This was, in Castells' words, a general rule of all grassroots movements which were agents of social transformation. Specifically:

"When they win, the programs (and sometimes their leaders) are institutionalized. Institutions become informed, but social challenges are integrated. This is a positive process of social change. (...) Such a development is a typical trend of history, and my whole theory of urban change as presented in my book, is based precisely on what I call the productive fading away of social movements, which have been 'betrayed' and fulfilled at the same time. (...) But second, there were more potentialities in some of the movements, in terms of fulfilling not only their collective consumption demands but also their vision of a new culture and politics". (Castells, 1983:60-61)

Pickvance tried to reply in a paper from 1986, but remained at the level of re-explanation of his proposals, which were in fact quite hard to operationalize (Schuurman and van Naerssen, 1989). Also, it was just a general criticism of Castells based on the inadequacies of the latter in setting out an 'effective alternative' since the original paper, which was not effective itself in counteracting Castells' comments. The whole argument continued around the fall and disappearance of urban social movements for Pickvance on the one hand (thus his choice of urban movements as a
more appropriate concept), and Castells' contention that they had just been institutionalized and positively incorporated in the overall process of social change, on the other. This debate on the rise and fall of urban movements has been probably the major contribution in the last decade towards the production of a framework for analysis. It has been a particularly rich and constructive debate in that disagreements have managed to cohabit with agreements, which may seem obvious, but as is found in various sectors of the literature on Urban Politics, is not that common (see Lebas, 1982). The evolution of this study area has involved intricate polemics and rather superficial descriptions of particular neighbourhood or class organizations. In any case, it has been a debate more obviously related to industrialized countries and which remained at a high level of abstraction on which generalization is based, affecting negatively an effective operationalization of urban movements.

More recently, Schuurman and van Naerssen (1989) have tried to define urban social movements for the Third World, and thus address the issue of their rise and fall. They began from the conviction that it was fruitless to try and define urban movements on the basis of external criteria, in terms of what they could or not attain. Instead, they focus much more on the praxis of movements. They also started from the premise that most policies, be they national or sponsored by international agencies, did not reach the greater majority of the urban poor. These had to rely primarily on their own efforts to improve their living conditions. These efforts involved collective organization and various forms of action, clearly identifying mobilizations in the region with issues of individual or collective consumption, which take place at the 'local space', and trying a definition of urban movements. According to them:
"Urban social movements, then, have as their basic aim the improvement of the quality of individual and collective consumption within marginalized local spaces". (Schuurman and van Naerssen, 1989:2)

They considered Castells’ definition in the ‘City and the Grassroots’ based on collective consumption demand-making, community culture and self-management (autonomy) in which the structural change of society played a fundamental role and in which the economy still remained determinant, to be one of the most far-reaching definitions. However, this was one which ‘alienated’ the researcher from the daily practice of existing urban territorial organization in the Third World, from contextual features. This was so particularly as far as the state was concerned, in view of the low-level provision of collective means of consumption in the Third World. One of the main consequences was in Castells’ book itself: the lack of elaboration on the issue of self-management in terms of how a movement maintained its autonomy side by side with its aim of changing the urban power structure. They explained this in the following fashion:

"If there is one thing that stands out clearly in the case-studies presented in this reader, it is that territorial organizations of the urban poor do not act within a political vacuum and have to reckon with the limits set by the social and political structure of society. In many instances this means that these organizations are confronted with a politically repressive state which leads the urban movements to adopt a variety of strategies. As such, we feel that an adequate definition of an urban social movement is the following: a social organization with a territorial based identity, which strives for emancipation by way of collective action". (Schuurman and van Naerssen, 1989:2-3)
They also stressed that movements aiming at the transformation or reform of society may exist, which they consider, may be the only route to emancipation of the urban poor. However, they followed the mainstream debate in the area and looked for a definition which would encompass contextual features and be able to explain the emergence and success of urban movements. They made a clear option for a definition that remained more attached to the routine of praxis of these movements. It is at least curious, however, that notwithstanding this important contribution, particularly as far as the Third World is concerned, these authors seemed resigned to the idea that the most that urban social movements in the region could achieve was to find their own solution to their basic infrastructure problems through collective action. As will be seen in the final section of this chapter there has been a neglect of certain aspects of these movements, such as the experience of participation, even by authors like the ones above who privileged the praxis of movements.

Also trying to avoid the highly structured definitions of urban social movements for the case of Latin America, Slater (1985) introduced a variety of movements referred to as 'new' social movements. In Europe the term invariably referred to the feminist movement, the ecology movement, the peace movement and the anti-nuclear movement. In Latin America, taking as case studies Argentina and Brazil, these included ecclesiastical base communities, neighbourhood associations, and the feminist movement in Brazil; human rights groups in Argentina, and ecological associations in both countries (Viola and Mainwaring, 1985). Evers (1985) also included indigenist associations, educational and artistic activities on a popular level, coalitions for the defense of regional traditions and interests, environmental
movements and a series of self-help groups among the unemployed and the poor. The new aspect of these movements according to Mouffe (1984) was that they did not originate in class antagonisms and struggle, but were differentiated from workers' struggles. Furthermore, there was a new element of autonomy in them (Laclau and Mouffe, 1985). However, this had already been proposed by Castells in 1983. What seemed to be really new about these movements was that they could no longer be interpreted from a political point of view as aiming at producing a single overall model of society. They were constituted from specific demands and social relations, so that their 'radically democratic potential' lay in an implicit demand for a 'radically' open and 'indeterminate' view of society (ibid.). In the view of these authors, it was only through this perspective that the rise or fall of urban movements could be explained. Or as Slater (1985) puts forward:

"(...) although, as Laclau and Mouffe have reminded us, the presence of an egalitarian imaginary within today's social movements furnishes a continuity with the democratic struggles of the last century, it is indeed the diffusion of collective and participatory values and practices through an ever-widening range of sites of social struggle that gives us one of the constitutive elements of the novelty of the new social movements". (ibid.:6)

As for the specific case of Brazil, the studies on this area in the 1970's and early 1980's were still based on the works of Castells, Borja, Lojkine and Pickvance (Jacobi, 1980), and focused on issues of consumption. Among many, the works of Moisés (1974 and 1978) deserve mention in terms of the richness and originality of his data gathering, particularly in the area of public services; also Gohn (1979), Ferreira (1978) and Singer (1978) particularly with reference to the origins of urban
movements in Brazil departing from an analysis of the Friends Societies (SABs) discussed in greater detail in the next chapter. Another contribution was that of Maranhão (1979) for the case of Pernambuco, a State in the Northeast of the country, who stressed that the magnitude of the mobilizations in that part of Brazil was smaller in comparison to those in the southern regions. Another yet was that of dos Santos (1977) who studied movements in Rio de Janeiro and the relationship between urban planning and urban movements in terms of the ambiguous role played by external agents like government technocrats, priests and other professionals. Contrary to Moisés, Ferreira and Singer, dos Santos did not recognize the potential of these movements in the construction of new democratic forms of participation by the base. There are also the work by Caccia-Bava and Telles (1977) who tried to expose an obvious example of the issue autonomy/subordination, and at a more theoretical level, da Silva and Ziccardi (1979) and Castro (1979), who try to establish a sort of theorization containing the specificities of the Brazilian context into more developed theories of urban movements. More recently there are the important works on political participation in parties and unions from 1964 onwards, of Reis (1983) and de Almeida (1983), and the excellent critical assessment of urban movements after 1964 by Cardoso (1983a). There are also the studies of the organization of slum dwellers in Rio de Janeiro by Diniz (1983) and the comparative analysis of urban movements by Boschi and Valladares (1983). Finally, for the specific case of popular organization in the Metropolitan Region of São Paulo, there is the indispensable trilogy by de Camargo et al. (1976), Singer and Brant (1981) and, later in the last decade, Brant (1989).
Still, the field of urban movements remains wide open due basically to the disagreements between facts and trends and some specific typological differences. It is undeniable though that an enormous leap has been achieved. It has been widely recognized that the rise or fall of urban movements must pass through a close examination of specific contextual features. However, one aspect in the debate has not been thoroughly examined in the literature, and that is the issue of \textit{continuity} in urban movements. It is discussed in section 2 below.

\textbf{2.1.2 Gender and Urban Movements:}

Before going into the debate on urban movements and gender, it is necessary to provide information related to the debate concerning the subordination of women, which is very complex and still open to much discussion. The information presented at this point aims solely at setting the scene for the forthcoming discussion of gender and does not claim to be a thorough and complete analysis of female subordination to males or of the socially constructed relations between them or of the ways these relations work to the detriment of women (Whitehead, 1979).

Any debate on the subordination of women should refer to the \textit{\'sexual division of labour\'}}. For Mackintosh (1981), it:

\begin{quote}
\textit{\'(...) appears to express, embody and furthermore to perpetuate female subordination\'}. (ibid.:2)
\end{quote}
Although this term is constantly found and referred to in the literature it nonetheless has inaccurate biological implications. Men and women are social and political categories historically produced, and cannot be reduced to a biological category. Oakley (1972) and Rubin (1975) distinguish between 'sex' and 'gender'. Sex is a term with biological implications while gender has psychological and cultural ones. According to Oakley (1972):

"Common sense suggests that they are merely two ways of looking at the same division and that someone who belongs to, say, the female sex will automatically belong to the corresponding (feminine) gender. In reality this is not the case. To be a man or a woman, (...) is as much a function of dress, gesture, occupation, social network and personality as it is of possessing a particular set of genitals". (ibid.:158)

Furthermore, as O'Brien (1981) explains:

"The word 'sex' is avoided simply because it has too many levels of meaning. Sex can be an instinct, drive, an act in response to that drive, a gender, a role, an emotional bomb or a casual variable...For the social relations between men and women and for the differentiation of male and female the word gender is preferred". (ibid.:13)

Feminine or masculine characteristics of one culture are not necessarily the same in another. That is, they are social and historical constructs. Or as Rogers (1980) explains:

"(...) important characteristics of women in one culture were often those of men in another". (ibid.:13)
Thus, a more appropriate term for sexual division of labour would be ‘division of labour alongside lines of gender’ (Mackintosh, 1981). All societies have a division of labour alongside lines of gender. Some tasks are allocated to women and others to men (exclusively or predominantly) and others to both. Furthermore, the division of tasks changes as societies undergo economic changes, as does the nature of the work. Besides this division changing over a period of time, it also changes over space (ibid.). As a matter of fact, before the development of industrial capitalism the family was the primary unit of production. The economic transformation that came about with capitalist agriculture and industrial production caused the breakdown of the natural economy. This resulted in changes in the relationship between the three family functions: production, reproduction and consumption. In Europe, for instance, this process of breakdown started in the 19th century, when the capitalist employed whole peasant families. These still had land to maintain for agricultural subsistence. Here, the production, taking place at home, was combined with the activities of the capitalist production. With its further development, it was not possible for the families to maintain their land (enclosures). Thus, the whole family worked on production, and the work no longer took place at home; instead it was centralized within the workshop or the factory (Moser and Young, 1981). This process has been defined as the ‘separation of home and the workplace’. These economic and social changes generated employment opportunities in a few traditional sectors in which women worked at jobs similar to household tasks. Scott and Tilly (1982) explain the way in which women were absorbed in the labour market:
"The economic changes leading to high employment of women included the early industrialization of textiles and the nineteenth-century pattern of urbanization, with cities acting as producers of and markets for consumer goods and as places of employment for domestic servants". (ibid.:47)

Contrary to men, women never became fully proletarianized. When young they worked in the areas already mentioned, but once married they were restricted to the production of use values, whereas men produced exchange values and only their work was recognized as work and valorized. Women’s work/privatization was reinforced by an ideology that emphasised women’s domestic role. Again Scott and Tilly (1982) explain:

"The hierarchical division of labour within the family which assigned the husband the role of breadwinner and the wife the role of domestic manager and moral guardian emerged clearly only in the nineteenth century and was associated with the growth of the middle class and the diffusion of its values". (ibid.:49)

However, this does not mean that women are not part of the active labour force; rather it has effects on the form of women’s economic participation, and on how women are absorbed into the labour market. One example is homeworking (see Abreu, 1982; Allen, 1981; Goddard, 1981). This is also interesting because it does not fit the general accepted argument of the separation between home and work. Harris (1981) points to the fact that there is a tendency to take the domestic domain as universal, as something static, although it varies through time and space. The explanation that she proposes is that the image of the household as being a separate, private sphere is very powerful.
Returning to the division of work alongside lines of gender, it is not limited to the sphere of wage work, but to the non-wage sphere as well. In the wage sphere, women tend to be segregated in two ways. Firstly, vertically, on the basis of gender which determines their occupation mainly in unskilled and semi-skilled jobs. Secondly, horizontally, being segregated by gender, taking activities that have something in common with their family role, or which over a period of time have become known as women’s work, only because women worked in them. Women generally receive less than men for the same type of work and tend to have relatively poor conditions of work. This is supported by Mackintosh (1981) when she states:

"(...) it is striking how rapidly - as new factories and plantations are established - new categories of 'women's work' become established, with relatively disadvantageous wages conditions". (ibid.:3)

As the labour market develops, the division of labour along lines of gender is created and recreated (ibid.). The situation of women in the non-wage sphere is in no way different from that in the wage sphere. In the former, in farming for subsistence and domestic labour in areas such as agriculture, the development of agricultural methods and machinery tend to create profitable activities for men, whereas women stay in the less productive ones. In domestic work, which may include the management of the household, the bearing and rearing of children, and so on, women tend to be solely responsible. Besides this work being highly undervalued, it restricts women’s opportunity undertake wage work. If women manage to do so, they end up working longer hours than men and having a lower standard of living (Chant, 1984).
The question that remains to be explained is *how is the division of labour along lines of gender created and perpetuated?* There is no straight answer, but rather different theoretical explanations. They vary from a discussion of the role of women’s work, both wage and domestic work, to capital, to the issue of patriarchy and reproduction.

The intention of writers who discuss the relationship of women’s work to capital is to demonstrate that the latter benefits from it. This implies that it benefits from the division of labour based on gender. The arguments linked to wage work are that due to this division of labour, capital is able to extract greater profits. Women form a cheap labour force, being paid less than men (Elson and Pearson, 1981). Women also form a reserve army, being incorporated in the labour force when capital needs it as in the expansion phase when industries are open, and thrown out in times of crisis (Beechey, 1977). Besides women being one of the most vulnerable sectors of the labour force, they are open to a high level of exploitation. This lessens the strength of the labour force as a whole, which creates room for capital to divide the workers by diminishing their bargaining power, and enables capital to increase its profits at the expense of wages (Mackintosh, 1981).

Domestic work has two analytically distinct senses: work done within the home and a particular kind of work such as cooking, cleaning, ironing and others. In our society, the work which is domestic in the first sense is also domestic in the second one (Mackintosh, 1979). The argument related to domestic work is similar to the one concerning wage labour. It too is beneficial to capital. The work done by women at home provides services such as care and socialization of children, which is essential
to the formation of future generations of labour force, thus being fundamental to capital. Nonetheless, they are neither provided by the state nor capital, one of the possible explanations being that the cost involved in the socialization of child care is too high (Gardiner, et al., 1975; Mackintosh, 1981).

Another line of argument concerning domestic labour is one related to the effects of this type of work on the average level of wages. This work provides goods and services which, if bought in the market, would provoke a rise in wages (Harrisson, 1973). Humphries (1977) argues that the domestic work performed by women excluded from wage labour tends to increase the wages of those working in the labour market because it particularly allows men to fight for a ‘family wage’, meaning a wage by means of which a man can keep himself, his wife and children at a decent level (Barret and Mackintosh, 1982).

The argument put forward by Harrisson has been criticized on the grounds that, by applying the concept of surplus produced by domestic work along with the surplus produced by capitalist production, the analysis is assuming both activities as quantifiable in the same terms; that is, time of work. This means that the domestic work is divided into necessary housework for the family, and work over and above that producing value appropriated by the capitalist. The difficulty lies in trying to draw a line between the first type of work and the second. How is that to be achieved? (Himmelweit and Mohun, 1977). Molyneux’s (1979) criticism of this approach is based on the fact that the value of labour power is defined by the value of the commodities necessary for the reproduction of the labour power and is
'determined vis-a-vis particular societies and moments in history'. It varies according to different categories of labour, from the bargaining power of the labour force, to the level and rate of accumulation, and the rate of profit. Within these factors the role of housework in determining the level of wage, or the value of labour power is a minor one (ibid.). Mackintosh (1979), commenting on the argument put forward by Humphries in turn, states her disagreement with the proposition that the working class benefits from the family wage. It is well accepted that the family wage is not sufficient to maintain a family, that families vary in size and it represents a refusal to examine separately the position of women, men and children in the family.

Although the debate around the benefits of women's work to capital clarifies some aspects of women's situation in the division of labour along lines of gender, it is insufficient as an explanation. It does not explain why it is women who perform these tasks (Molyneux, 1979). Moreover, since that form of division of labour is not intrinsic to capitalism but predates it, additional explanation is needed. Capitalism only exploited pre-existing divisions between men and women to its own advantage (Mackintosh, 1981). This brings to light a theoretical problem, in that if women's subordination has been present in diverse modes of production, it is not possible to expect an explanation for that based solely on a single set of relations of production (ibid.). The approach proposed is to analyse the division of labour along lines of gender as the intersection of capitalism and patriarchy (see Eisenstein, et al., 1979). This is so because the family under capitalism is the site for the creation of two unequal genders. Patriarchy is defined as 'male supremacy' (Eisenstein, 1979).
However, this is too general (Beechey, 1978; Edholm et al., 1977). For Mackintosh (1981), the term should be applied:

"(...) for situations were society is organized under identifiable patriarchs, (e.g. lineage societies, or for peasant households dominated by the eldest male) and not weaken it to include more general and socially diffused systems of male dominance". (ibid.:8)

Another focus of the discussion is related to a specific area of the division of labour along lines of gender: the reproductive sphere, that is, child-bearing and rearing and domestic services for adults. The concept of reproduction has been used with a variety of definitions, here it being discussed in relation to productive activity. This concept may mean social reproduction (overall reproduction of a particular social formation), reproduction of labour power and biological reproduction. The social reproduction concept normally does not include a discussion of gender, whereas the other two do. The reproduction of labour includes the reproduction of individuals within specific class positions; reproduction of adequately socialized labour and material reproduction of labour (domestic labour) (Harris and Young, 1981).

Beneria (1979) elaborated a thesis which contends that the participation of women in production is determined by reproductive activities, although these are conditioned by the nature of the production process and the process of growth and accumulation. Women’s responsibility for the reproductive tasks such as child care and the activities related to the maintenance of the labour force through domestic
labour, is said to be the result of the need to control women’s biological reproductive activities. The consequence of this, it is argued, is that the household becomes the central point of women’s work. Thus, domestic work is equated with women’s responsibilities, the result being a restriction in women’s sexuality and in women’s labour mobility. The situation of women in relation to their reproductive activities and their involvement with child care condition their insertion into the labour force. Women are then secondary workers due to their role in the reproduction of labour power.

The problem with this approach is that it indirectly assumes an opposition between the private and public spheres (Reiter, 1975). The control of women’s reproductive activities is rooted in the family and reinforced by a series of ideological and cultural mechanisms (private, not institutionalized) and by public institutions like the state, religion, law. In this way, women’s access to all aspects of life is through the family. Thus, women do not have autonomous existence outside their place within the relations of reproduction.

Having clarified the main issues in the literature on women’s subordination, it is now possible to enter the discussion of the literature on the issue of gender and urban movements, with particular reference to the case of Brazil. It must be pointed out from the outset, however, that this area of study does not have as developed a body of theory as the area of urban movements discussed in the preceding section. This is a new area which had scarcely started to be elaborated until the 1980’s. It involves case studies which attempt to raise questions related to the participation of
women in urban movements, but until now it has been unable to construct a fully developed theory of urban movements of which gender is an integral part. Ever since the mid-1960’s, the academic interest in urban movements has resided in the search for evidences of deep transformation of the social ‘logic’. However, even greater has been the intention to find new ways of relating the political and the social. This has certainly been the case in the literature on gender and urban movements. In other words, the preoccupation has been with the links between the public and the private spheres, notably around issues of consumption. The motivation for this search has been the fact that in the literature on urban movements women have been largely absent from the analysis (Jelin, 1987), despite their overwhelming presence in the movements themselves. This is the case in Brazil. Of every one hundred participants in Brazil’s urban movements eighty or more are women (Rede Mulher, 1985). This is also Alvarez’s (1981) belief when she states that:

"Much of the social science literature on the new grassroots movements ignores one glaring empirical observation: the fact that the overwhelming majority of the participants of urban social movement organizations are women". (ibid.:43)

During the late 1970’s in Brazil, the country experienced an explosion of different forms of urban movements, (see chapter 3 for this discussion in greater detail), and most of the literature concerning the different forms of protest and different kinds of demand-making process was influenced by the writings of Castells (1977, 1978), Lojkine (1977) and Borja (1975) (da Silva and Ziccardi, 1979; Gay,
A number of different forms of urban movements were described by some of these authors under the name of urban social movements.

"In the Latin American context and in particular the Brazilian one, the intellectual production included under the definition of urban social movements the most diverse form of expression, mobilization and organization and struggle of the urban popular sectors. From the 'favelas' movements to the riots for better public transport, including movements of popular sectors affected by redevelopment plans". (da Silva and Ziccardi, 1979:6)

According to Gay (1988), the reason for the widespread use of an essentially European literature to examine a situation taking place in Latin America was that:

"(...) in the absence of any national framework of reference to explain such a departure that many of those who were attempting to evaluate the experience of the late 1970's, and to place it within a theoretical context, borrowed heavily from Marxist urban theory, i.e. had been developed in response to similar events in Europe in the late 1960's". (ibid.:12)

The authors examining the issue of gender in urban movements in Brazil also followed the framework provided by Castells', Lojkine's and Borja's works. This discussion of women and urban movements included not only Brazilian authors, but also other authors working in this field. Although various studies stressed the importance of low-income women in the emergence and organization of urban movements in Brazil (Singer, 1981a, 1981b, 1982; Filgueiras, 1984; Caldeira, 1987; Machado, 1988; Corcoran-Nantes, 1988), few studies examined in detail the participation of women.
Filgueiras (1984) in her study of a district of Belo Horizonte, the capital city of the Southeastern State of Minas Gerais, argued that the participation of women was a consequence of their gender role and class in society. She stated that:

"The departing point for the struggle and organization in many cases is strictly linked to the domestic responsibility, the daily feminine chores in the district (…)". (Filgueiras, 1984:5)

Neuhouser (1989) in turn argued along the same lines in his work on women’s power and status in the Northeastern city of Recife, saying that women’s participation sprang from the intersection of their class position and their gender at a time of change. What mobilized women in this situation was clearly their concern for their family welfare. According to her:

"Women’s political involvement in Recife cannot be neatly categorized as either class- or gender-based politics. What mobilized these women were ‘family welfare’ issues that represented an interaction between class and gender. Because of the sexual division of labour, women were largely responsible for the care of the family. Thus meant that the absence of public utilities was felt most keenly by women. At the same time, the absence of those utilities was a class problem since only favela communities had to struggle to receive these municipal services". (Neuhouser, 1989:696)

As for authors who have researched in the same area, but in cases taken from elsewhere in Latin America, the general line of argument is the same. Evers, Muller-Platenberg and Spessart (1982) for instance, base their conclusions on the fact that women’s space is usually absolutely restricted to the domestic arena. According to them the point of departure for women’s participation in urban struggles is their
prescribed role in the sphere of reproduction, in feeding, child bearing, and so on. The place of residence and the relation with the neighbourhood are then intimately linked to women's personal experiences. For these three authors:

"Women's personal experiences are linked to the neighbourhood; in the neighbourhood they meet each other and are more present than the men. Women are the ones who feel the precarious situation they live in a more immediate way". (Evers et al., 1982:157)

Logan (1988) stated that for Latin America in general, women's motivation to engage in popular participation was fundamentally based on their social role as mothers and wives, as responsible for the welfare of the family. She explains:

"It is the compelling responsibility of being a mother that motivates women to mobilize on behalf of their communities". (Logan, 1988:347)

Women tended to become active in protest action or mobilization when

"(...) what they considered that their very reason for existing, the maintenance of home and children (was) threatened". (Cockburn, 1977a:177)

This is clearly stated by one woman activist, discussing women's reasons for taking part in mobilizations:

"(...) it's got to be women, we're the only ones that can understand the problem. The men are out all day. Take the situation where I live. My husband would never have done anything about it. He didn't have to sit there
with the rats running over his feet. They're out at work. Their minds are occupied with other things. If it is a health problem, you know it's your kids that are going to be ill if nothing's done". (Cynthia, quoted in Cockburn, 1977b:65)

There is an emphasis on the fact that due to their domestic responsibilities women will mobilize to guarantee the welfare of their families and communities. This line of argument however, is not only used to understand why it is that women start taking part in these movements nowadays. This has also been the case in historical analyses made of mobilizations in other parts of the world. Hufton (1971), in a study of the French Revolution and Kaplan (1982) in her study of the riots in Barcelona at the beginning of this century, applied the same analytical tools to state that women tend to mobilize or act in any way they feel suitable to guarantee the welfare of their families when this has been threatened. They argued that:

"(…) when all else fails it was she who had the right to spill over into riot, not the father of the family". (Hufton, 1971:94)

"Conscious that their government was not aiding them to fulfil their role as nurturers, women in Barcelona and elsewhere confronted the state to demand their rights as mothers and potential mothers". (Kaplan, 1982:551)

Kaplan expands the argument stating that women took part in these movements in accordance with their feminine roles. By this she meant:

"(…) recognition of what a particular class, culture, and historical period expect from women, creates a sense of rights and obligations that provides the
motive force for actions different from those Marxist or feminist theory generally try to explain. Female consciousness centres upon the rights of gender, on social concerns, on survival. Those with female consciousness accept the gender system of their societies; indeed, such consciousness emerge from the division of labor by sex, which assigns women the responsibility for preserving life. But accepting this task, women with female consciousness demand their rights that their obligations entail”. (Kaplan, 1982:545)

Thus, it has been argued that participation in these movements is a direct consequence of women's role in the division of labour alongside lines of gender. As mentioned above, all societies have a division of labour alongside lines of gender, in other words some tasks are either exclusive or predominantly allocated to women and others to men and others to both. This is not static though. The division of tasks changes as societies undergo economic changes. The nature of work changes too. Besides this division changing over a period of time, it also changes over space (Mackintosh, 1981). However, gender roles in most societies determine that women are responsible for the provision of food, child care and general housework, and these are precisely the starting point of the struggles which have involved them in organizing within their neighbourhoods. Here women meet each other, come into contact with the daily life of the neighbourhood and are therefore closer to the problems that affect it. If family welfare is threatened, the responsibility of being a mother prompts women to mobilize, petition or demonstrate in an attempt to evade or diminish the threat. In this case, gender and class are intertwined; as it is usually poor women who mobilize out of necessity (Molyneux, 1986). As Moser explains:

"(...) it is women who as an extension of their domestic role frequently take primary responsibility for the formation, organization and success of local
level protest groups. Women, within their gender ascribed roles of wives and mothers, struggle to manage their neighbourhoods, and accept the sexual division of labour and their gender subordination". (Moser, 1988:5)

According to Corcoran-Nantes (1988), the emphasis on the role of women as mothers and wives that prompts them to participate excludes to a certain extent the fact that women have not only a reproductive role, but also a productive one. The reproductive role of women can only provide a partial explanation for the participation of women in urban movements. Women take part in income-earning activities, as well as being responsible for child bearing and rearing and other activities related to the reproduction of labour force. They are also involved in the sphere of consumption, in that:

"(...) activities of women in social production generate fewer distinctions between the area of production and reproduction, often emphasising the inter-relationship between the two, and therefore women are more responsive than men to issues that relate to their socio-economic activities in the public and private sphere". (Corcoran-Nantes, 1988:49)

The point above is important. Women are not just confined to the domestic sphere. They are also involved in income-earning activities. However, left at that, this argument does not hold. It is not necessarily because women work that they will be prompted to mobilize. Besides, the reasons why women are more responsive than men to issues that relate to their socio-economic activities in the public and private sphere are not spelled out. Corcoran-Nantes does not demonstrate the process by means of which women’s responsiveness to the issues she mentions cause them to
start taking part in urban movements. What has been established through case studies is in fact that it is due to their domestic responsibilities that women mobilize to guarantee the well being of their families.

The struggles for the improvement of their communities, create for women a third role. The major contribution by Moser (1987a) was precisely this, that in most Third World contexts a third role of community management should be taken into consideration. Besides their reproductive work in childbearing and rearing, and their productive activities as income-earners, women are, particularly in urban areas, increasingly responsible for community level organisation in relation to the provision of services and infrastructure such as health care. According to Moser (1987b):

"Acceptance of the sexual division of labour, and the home as their sphere of dominance, has meant that women take primary responsibility for the provision of consumption needs within the family. This includes not only individual consumption needs within the household, but also needs of a more collective nature at the community level, with the point of residence thus extending spatially to include the surrounding neighbourhood". (ibid.:167)

Another line of conceptualization in the discussion of women and urban struggles tends to bring about the issue of women's interests since, behind any type of struggle, there are always interests involved on the part of the people concerned. Sapiro (1981), in her paper about the political representation of women's interests is aware that women are divided by age, sex and marital status, but states that women have common interests. Molyneux (1986) furthers the debate, by proposing to
separate three conceptions of women's interests which are often conflated. These are women's interests, strategic gender interests and practical gender interests.

According to her, it is very difficult, if not altogether impossible, to generalize women's interests. Women are positioned within different societies through distinct means, like class, ethnicity and gender, to name but a few, which bring about various and sometimes conflicting interests. The interests that women have in common are the ones which may develop by virtue of their social positioning through gender attributes, and thus should be called gender interests. They can be strategic or practical ones. Strategic gender interests are derived from an analysis of women's subordination and from the formulation of strategic goals to overcome this subordination. For Molyneux (1986):

"Strategic interests are derived in the first instance deductively, i.e. from the analysis of women's subordination and from the formulation of an alternative, more satisfactory set of arrangements to those that exist. These ethical and theoretical criteria assist in the formulation of strategic objectives to overcome women's subordination, such as the abolition of the sexual division of labour, the alleviation of the burden of domestic labor and childcare, the removal of institutionalized forms of discrimination, the establishment of political equality, freedom of choice over childbearing, and the adoption of adequate measures against male violence and control over women". (ibid.:284)

The feminists tend to consider the strategic gender interests as the real ones; in fact, the demands formulated to overcome women's oppression are called feminist demands, and so the level of consciousness necessary to struggle for them is also deemed feminist (ibid.).
Practical gender interests in turn are the ones which develop as a consequence of the *de facto* conditions of women’s situation in relation to the division of labour along lines of gender. Due to this division of labour women are the ones primarily responsible for their household’s welfare (ibid.). She explains:

"In contrast to strategic gender interests, practical gender interests are formulated by the women themselves who are within these positions rather than through external interventions. Practical interests are usually a response to an immediate perceived need and they do not generally entail a strategic goal such as women’s emancipation or gender equality". (ibid.:284)

As a final note on this issue,

"(...) since women’s interests are significantly broader than gender interests and are shaped to a considerable degree by class factors, women’s unity and cohesion on gender issues cannot be assumed. (...) It is therefore difficult to argue, as some feminists have done, that gender issues are primary for women, at all times". (ibid.:285)

This conceptualization by Molyneux provides insights into the issue of homogeneity in women’s interests. It is clearly not possible to assume that all women have the same interests as contended by Sapiro (1981) and Diamond and Hartsock (1981). Common interests in this instance should be defined as gender interests. Molyneux does not define what is meant by women’s interests, for this depends on what theory is used to figure out the causes for gender inequality. But, as it was put by Bourdieu, (1990b) interests are defined historically. He stated:
"Interest thus defined is a product of a given category of social conditions: as a historical knowledge, ex post, empirically, and not deduced a priori from a transhistorical nature" (ibid. 1988)

Although Molyneux (1986) acknowledges that there are various interests and that they change historically, in practice she defines them a priori and ahistorically. Another problem with this conceptualization is its polarization; they are two concepts in bipolar opposition. The impression it gives is that strategic gender interests and practical gender interests are separated, and cannot be met at the same time. Particularly in relation to urban movements, the apparent notion is that women will fight for their practical gender interests. This does not take into account that even whilst struggling at this level, women may end up operating in a strategic way. Radcliffe (1990) also objects to this implication, first by highlighting the complexity of a notion like gender-specific interests, and then by exemplifying the case of women peasants in Peru as generating various distinct explanations of gender-based interests.

Another problem with this conceptualisation is that it may lead to an assumption that struggles concerned with strategic gender interests are worth more than those concerned with practical gender interests. This is so, because strategic gender interests are seen as the 'real' ones, requiring a feminist consciousness, and because this is believed to be the type of struggle that will effectively bring about change in the subordination of women. The end result is that the limits imposed by this dichotomy are too narrow to be generalized as instruments for the analysis of gender in urban movements.
Nevertheless, it is possible to identify two areas of concern for women to struggle over. One is related to overcoming women’s subordination (strategic gender interests) and another to the well-being of their families and communities (practical gender interests). Tilly et al. (1975) made a similar distinction for women’s movements, in that they can be proactive or reactive. The first intend to alter women’s socially ascribed roles. In other words they challenge current ‘gender power arrangements’. The second accept existing ‘prevailing’ feminine roles, on the basis of which rights are asserted. Singer (1981a) proposed the same line of argument in that he recognized that women’s mobilization may be defined as ‘female’ and/or ‘feminist’. Female mobilizations are concerned with practical gender interests, while feminists concern themselves with strategic gender interests, to use Molyneux’s conceptualization. The important issue though is that one movement does not necessarily exclude the other. There is the possibility of one evolving into the other: in fact, participation in urban movements may itself be a step in women’s women to struggle for feminist issues. For Stepansky (1982):

"It is possible to think of the participation of women in their communities as being a step in the development of their political participation(...) What has been frequently the first experience of collective action for women, could be the starting point of new ways of political participation, also in the sense of feminist struggles". (ibid.:39)

There is also the possibility of one struggle meeting the other. But this does not mean that this is a natural step that all struggles take. Part of the literature on women and urban struggles assumes that women’s mobilizations will eventually
develop an awareness among women of their gender subordination and lead to a struggle to overcome it. When examining the issue of women’s participation in urban movements, Castells (1983) always evaluated struggles in terms of their ability to put forward feminist demands as though this was a ‘natural’ step taken in these situations, and he stated:

"(...) in our contemporary field of observation, one of the major social-cultural changes is the growing connection between women’s struggle and feminist consciousness - that is, with the movement aimed at overcoming structural domination of one gender by the other". (ibid.:309)

The assumption seems to be that all women would struggle to overcome women’s subordination, since they all had the same strategic gender interests. The same assumption appears in the work of Garmanikow (1978) and Rose (1978). The latter, in her study of a movement in London to secure refuges for battered women, states that some of the refuges which were part of the movement understood the battering of women as a consequence of their subordination and proposed to challenge it. On the other hand, other refuges did not have such a feminist perspective and saw themselves more as charitable institutions, "helping the helpless". This shows that there were differences in the way women understood their situation, which she incorporates into her analysis.

This link between movements in which women take part and Feminism is present even in quite recent works in this area. In this same line is the last work edited by Jaquette (1989). Even when speaking of low-income women’s movements this
connection is made. There is again the impression that where women take part in a movement, that movement must ‘naturally’ be or have the potential to become a feminist movement. There is then an equation between women and feminism. It may even be that these movements produce a strong link with feminist movements or become feminist movements themselves, but this is not necessarily the case, and there is thus the need for a specific analysis of each case.

Some authors say that in the long run the participation of women in urban struggles may actually reinforce the division of labour alongside lines of gender, while others say that their participation is a way of challenging it. Thus, their struggle related to the practical gender interests may be a way to make women aware of their subordinate position, and a way to make them demand according to strategic gender interests. Others state that their participation in urban popular movements is creating a new identity for women, a space for women to put their demands forward; through the demands related to the private sphere, women are entering the public one. The division between the two spheres is in fact increasingly blurred. In relation to the first approach, it is argued that there is:

"(...) a danger that the sexual division of labour is reduplicated in the political sphere, with men struggling at the point of production while women fight the community struggles on issues related to home life. It is also the case that in these struggles women may see themselves as fighting for their families or their children rather than for themselves, thus repeating the self-sacrifice in the interests of the family traditionally demanded of women". (Wilson, 1977:6)
This argument is shared by Freundenberg and Zaltzberg (1983), who say that the women they interviewed, who were involved in a mobilization against health hazards, perceived their involvement as an extension of female roles rather than as a challenge to these roles.

In relation to the possibility of movements concerned with practical gender interests evolving into strategic gender movements, there is an example in São Paulo in 1979. In the 1st ‘Paulista’ Women’s Congress, representatives of both female and feminist groups got together to discuss proposals for improving the situation of women. Although the Congress did not pretend to be a feminist one, the conclusions reached and the decisions that were taken coincided with feminist ones. It was decided that the struggle for practical gender interests should happen together with the struggle for strategic gender interests. However, Singer (1981a) also notes that this is not a simple process; all the different ideological perspectives of how to carry on the struggles may create obstacles in defining a unity of action and damage the movement as a whole. His argument is that it is possible for low-income women to start challenging their subordination, and their participation in urban struggles may be a starting point in so doing. It is important to stress though, that one cannot examine the participation of women with the expectation of an automatic evolution from one level to another, practical to strategic, since this pre-empts the question of how movements should develop and what demands should social actors be concerned with. Also, if one stays closed within these two categories the probability is that what happens on a daily basis with women may go by unnoticed and the changes in their lives will not be grasped.
One of the significant issues in the literature on gender and urban movements is to what extent movements in which women take part are feminist (they challenge the division of labour along lines of gender) or feminine (they reinforce the division of labour along lines of gender) or whether the latter have the potential to become feminist. Apart from the fact that these definitions are still very much open to debate, this approach underestimates the process of mobilization, for it concentrates on the end results, and as a consequence ignores the changes in women’s lives, brought about by their involvement in mobilisation, which have fundamental implications for how gender is perceived and constructed.

As was said above, Molyneaux does not define what is meant by women’s interests, for this depends on what theory is used to figure out the causes for gender inequality. Moser (1988) attempts to do so by defining interests as ‘prioritized concerns’, but again there remains the need to make explicit the theory of gender inequality from which these causes are derived. Furthermore, she translated Molyneux’s conceptualization into planning terms as ‘needs’ (strategic and practical gender needs), which may be helpful for policy design, when proposals are based on perceived needs. However, as seen in the literature on urban struggles, particularly in Brazil, the existence of needs alone is insufficient to prompt social actors, in this case women, to mobilize. However, the crucial problem with this usage is that needs are not defined, but referred to as if they were a given factor. The end result is that concepts of practical and strategic interests are the focus of the debate, in a way that implies that the definition of needs as such did not play any significant role in the way
the strategic and practical interests are expressed. As Heller (1978) pointed out, needs are historically defined within the dynamics of class struggle. This is a very complex debate which should have been addressed. If this terminology is to be useful, it must start by a discussion of the complex relationships involved in the historical establishment of needs in a particular moment in time, which was not done by Moser.

There is another part of the literature whose emphasis is not so much on whether women’s participation in urban movements reinforces or challenges their position in the division of labour along lines of gender. This approach examines what happens to women in the process of their participation in movements. Its emphasis is on the fact that in the process of struggle a new identity is being created. Recent literature from Latin America (Blondet [1987], Caldeira [1987] and Jelin [1987]) points out that when women make demands for the welfare of their families as mothers or housewives in the process of their participation in urban movements, a new political identity is being created. At the same time, since the majority of participants are women, it is possible to say that a new gender identity is being created. For Jelin (1987):

"Women’s role as guardians of the well being in times of crisis (their class position) cannot explain all participatory practices: included in these is the establishment of a space of their own for the development of a gender identity". (ibid.:15)
Caldeira (1987) follows the same line of thought. The women have a space of their own in which they meet and discuss problems of their interests, and in this sense they start developing a gender identity. For her:

"The new form of participation found in them (urban movements) does not mean for them (women) to do politics, but to live in a new form their female condition". (ibid.:116)

It is not just a space of their own created by women, creating a new identity, but also a contact with institutions and authorities, causing women to see their problems not in an individual way, but collectively. The women:

"(...) struggle constantly to be people in an environment where conflict is part of the day to day life. In this process they endeavour collectively to build up an individual and familial identity. In this way there is a dynamic between the individual and the collective, between the people and the institutions which generates for low income women a new social identity". (Blondet, 1987:21)

Besides the establishment of a gender identity, Blay (1983), Feijoo and Gogna (1987), and Caldeira (1987) argue that their participation is redefining the spheres of public and private. When women make demands for their family's welfare from the state, the whole question of reproduction is politicised. This reveals that the concepts of public and private are dynamic and change over time and place. In this process, women help to ensure that the private space is entering the public one and that it does not constitute a cloistered space. Caldeira (1987) and Blay (1983) explain:
"(...) Women's space and attributes are redefined; the limits that characterize the public and the private are transformed (...) as well the male and the female. And all this happens in a fragmented way on a daily basis". (Caldeira, 1987:116)

"When women dispute a given domestic space, the urban popular movements led by them demand a new public space. When they challenge the power of the state to create an unequal public space, women start demanding the creation of a space in which their citizenship is fully respected". (Blay, 1983:89)

2.2 Central Question of the Thesis

The main issue of this Thesis is to what extent the participation of low-income women in urban movements concerned with gender-based demands is amongst the factors which explain the continuity of these movements.

In the review of the literature on urban movements above, it was found that one crucial aspect of urban movements is that they take place at the residential level. Also, the review showed that the last debate was around the issue of rise and fall of urban movements. The fundamental outcome has been that movements have to be analysed much more closely in terms of their dynamics. In other words, the general belief has been that in order to obtain a better understanding of the emergence, organization and evolution of urban movements, it is necessary to include the contextual features, including those internal to movements, within the analytical model. Within this debate though, one aspect was not thoroughly considered. It is located in between the rise and the fall of urban movements, and thus to ensure the
completeness of the debate it must be taken into consideration. This is the continuity of urban movements.

In the literature on gender and urban movements on the other hand, the same point was made about urban movements happening at the place of residence. In that literature, however, the central debate was around the reasons why women take part in urban movements. Some fundamental common notions were established. First of all, due to the division of labour along lines of gender, women become responsible for the domestic sphere. It is in this sphere that the labour force is produced and reproduced, where the family subsistence is assured. Secondly, it was clear in this literature that low-income women apprehend the historically defined objective conditions of their gender and class precisely in this environment of reproduction. Thirdly, stemming from the above, it has been established that it is due to their culturally and socially ascribed gender roles that women start taking part in urban movements. Fourthly, in view of the fact raised in the literature through case studies that women make most of the participants in urban movements involved with gender-based demands, they are a social actor which must be considered in the study of the dynamics of urban movements.

As a consequence of the above, a link between continuity and the participation of women appears as an object of study. Hence, the motivation for the central question originates in studying these two areas. As a social actor directly involved in the dynamics of urban movements, women can be considered a major contextual feature, one which has the potential to explain the continuity of urban movements.
Taking the case study under examination in this Thesis, the central question is then to what extent the participation of women in the Health Movement of the Jardim Nordeste area is one of the factors which explains the movement being in existence at the time of the field work for some 10 years, between 1976 and 1986 (it has in fact been in existence for over 15 years, but this Thesis examines only the first ten).

2.3 Social Actors, Gender and Continuity

This section links the whole body of literature discussed above and the central question of this Thesis. It puts forward the terms in which this question is approached in order to be answered. It first refers back to the part on urban movements, and then to the one on gender and urban movements. In both aspects of the literature discussed above, one fundamental point was that urban movements take place at the residential level. However, there remained a few questions, all of which were related to the rise of urban movements and their level of success. Pickvance (1976) for instance asked explicitly how a social base became a social force, in that he believed that change could only be produced through the mobilization of the social base. Later, in 1985 he stressed the need for a closer examination of contexts affecting the rise and fall of urban movements and even proposed a model for analysis, though without answering his earlier question. Castells (1985) himself asked how was it possible in empirical terms to relate the globality of society and the specificity of movements. He proposed two procedures of research. Firstly, translation of the context into specific characteristics to be observed in the praxis of movements retaining just those
considered to be relevant. Secondly, analysis of how these contextual characteristics structure the elements underlying the movements separately, step by step linking the general to the particular. Also, more recent works have proposed to examine the praxis of movements more closely instead of trying to produce and apply on a top down basis overall typologies and theories of urban movements. The so-called contextual features have been at the forefront of the debate.

However, in the whole of this area of study, within the debate between rise and fall of urban movements, the question of continuity of movements has not received much attention. Apart from rising and falling, there have been movements which stood active for long periods of time, and some still are. Furthermore, movements go through moments of peak and moments in which they are latent and not visible. The risk of de-mobilization of movements is a live one not only when demands take too long to be attended to, but also immediately after a particular demand has been met. However, this may not mean the fall of a movement. It may continue its organisation, and fully revive and mobilize the population when a new demand is put forward. So contextual features need not only be examined in relation to their role in the upsurge or the demise of urban movements. They must also be identified and analysed in explaining the particular level of continuity of an urban movement.

One common aspect throughout the examination of the literature on urban movements above was that by and large it has neglected an element which appears to be fundamental for the understanding of the question of continuity. It is the 'social
actors', here meaning especially those groups responsible for the production of movements, those directly involved in the movements, but also those which are institutional like the Catholic Church (the main Church in the case of Brazil) or the state, and other peripheral ones. This has been so even though Castells' work was punctuated with references to actors, but in an extremely limited form, as will be seen below, when he discovers the realm of 'personal experience', the relationship between people and urbanization. Touraine (1965) himself mentioned actors as 'collective actors' who must always be class actors, meaning the working class following the tradition of Marxist thinking in general (Friedman, 1989). How they acted and the relationships they produced and their implications for the movements and for society as a whole were rarely touched upon, certainly not at a profound level of analysis.

Moreover, just as Pickvance has failed to answer his own question, preferring to propose a distinct typology, so also has Castells failed to improve upon his explanation of what he meant by his strategies for research discussed above. Curiously as it may be, in his most disputed work, his original 'Urban Question', he already included references to social actors in the postscript, as part of the internal characteristics of urban movements. He stated that:

"In fact, a study of urban movements can be carried out only by observing the interaction between the structural interests and the social agents that constitute the movement and the interests of the social agents that are opposed to it". (Castells, 1977:452)
However, there was neither any attempt at theorizing on this point in this work, nor in any of his subsequent ones. Castells remained at the level of the proposition of typologies and general guides to be followed in research, and as yet has not integrated a sociological understanding of the significance of the nature and characteristics of the social base in movements (Lowe, 1986). Even in 'The City and the Grassroots' he has failed to take up this issue consistently, although he acknowledges in this book, as a result of criticisms, that he made a mistake in the 'Urban Question' by not separating the development of urban contradictions from the emergence of new social actors. Walton and Salces (1979), when studying the latinos in Chicago appropriately stressed the importance of examining the context and only then of centering the analysis on the movement as such. However, they never mentioned actors as being urban actors, meaning groups involved in struggles, sometimes even institutions, with enough clarity as to allow for more concrete examinations on issues relating specifically to the role of actors directly involved in movements.

In many works in the area, most being more concerned with particular examples, actors were either not mentioned at all or were simply mentioned with different implicit definitions and in highly generic forms. Hengchen and Mélis (1980) discussed an urban social movement in Brussels particularly in relation to urban space and social relations and mentioned actors as 'militants'; Dreier (1984) examined an American tenants' movement and referred to actors as groups with particular interests such as tenants themselves; Hasson (1983) provided an interesting account of movements in poor neighbourhoods in Israel, but in no part of his text did there appear any specific focus on actors; Draaisma and Hoogstraten (1983) and Priemus
(1983) produced relevant examples of squatter movements in Amsterdam, without ever coming to grips with the internal dynamics of the movements, staying at the superficial descriptive level; Laganà, Pianta and Segre (1982) discussed social movements and urban restructuring in Turin, but at a very theoretical level, using basically Lojkine's definition and thus never discussing or even mentioning actors explicitly; Marcelloni (1979) discussed urban movements and political struggles in Italy focusing on their erosion and with no mention of specific social actors making them up; Della Seta (1978), in his study of Italian urban struggles implicitly considered social actors to be the working class and the whole debate to be directly related to workers and workers' movements; Janssen (1978) produced an interesting description of a *barrio* movement in Bogotá, as an example of class practices, in which the fact that the dwellers were from a variety of class fractions formed the focus of the study. Actors were examined only in so far as they were part of these fractions, but not considered in terms of their internal dynamics; Bryant (1980) discussed a relevant example of participants' decision-making achievements in Lusaka, which clearly provided a focus on social actors directly involved, but only as a group trying to attain housing. The focus was external rather than internal; Downs (1980) examined movements in Portugal after the revolution of 1974, including only references to social forces, but not specifying what they were and how their particular characteristics influenced the emergence and evolution of the movements. All these examples produce the same outcome. All neglect the importance of a closer and detailed examination of the social actors making up movements and those around them.
Schuurman and van Naerssen (1989) came much closer to an explicit call for this issue to be considered when introducing the concept of *emancipation*. In it actors have to be differentiated from each other as to the level of liberation from hierarchical dependency relations they achieve. However, they failed to give continuity to this discussion, particularly as far as the interactions on a daily basis go. This was also the case with the discussion of how the particular conditions of specific sets of social actors, (defined by some criteria other than the standard ones, like satisfaction of basic needs, absence of discrimination based on religion, colour, sex, and access to political decision-making), are perceived and affect the upsurge, organization, evolution and maintenance of movements. The clearest example of this failure was given in the last page in their introduction. Here they explicitly suggested that in the Third World the vast majority of the urban poor had to find their own solutions to problems of basic services through collective organization. They write as if this was the only outcome that the urban poor might be able to achieve, a perspective which once again results much more from an external examination than a closer, internal one.

In the particular case of Brazil - a country which, at least in the Third World, cannot be regarded as insignificant - women have been the majority of participants in most movements at the residence level. One of the most interesting and significant outcomes is that one of women’s greatest achievements has been their *experience of participation* and the political awareness that follows, even when this is focused on finding their own solutions to their immediate problems of basic infrastructure. The only conclusion from the literature itself in this respect is that social actors are crucial; accordingly, one can hardly justify so many references to them and to the specific
processes going on within movements without a detailed study of their behaviour. It
is necessary to ask what specificities authors are talking about, and what are the
internal dynamics of movements which may provide insights for the understanding of
their organization and evolution. Throughout the literature one finds questions such
as how do movements appear, and how successful they are, but nowhere is the
specific role of social actors directly involved in movements subjected to a rigorous
analysis. This point becomes clearer after the discussion of the literature on gender
and urban movements which follows.

The question of social actors as a fundamental element in the study of urban
movements, and the question of the continuity of social movements, are equally absent
from the literature on gender and urban movements. The situation becomes even more
inexplicable given the explicit acknowledgement in this literature of the fact that
women make up most urban movements, certainly in Latin America and Brazil, as in
Castells when he mentions the decisive role of women in his *Investigations* (1983:68).
Just as this literature establishes the importance of analysing the roles of social actors
in order to achieve a better understanding of urban movements overall, so it also
suggests the importance of gender in the clearest possible terms, by stressing how the
division of labour along lines of gender, makes women responsible for the
reproductive activities of society both within the household as well as in the
neighbourhood. In other words, the domestic arena becomes women’s arena; it
follows that mobilizations at the level of the residence must have a connection with
that division of labour, the form of which is the research topic of greatest interest to
this Thesis.
However, gender is also neglected in the literature on urban movements. We may start with the main mention of this issue in this literature, that of Castells. His only, though quite explicit, mention of gender appears in his last major work, ‘The City and the Grassroots’, when he stated:

"It is our hypothesis that there is some connection between the social character of urban issues and the role of women in these movements (...)". (Castells, 1983:68)

His hypothesis was based on the general understanding that over the centuries male domination has had the result of concentrating and ‘hierarchizing’ social activities and functions. The ‘backbone’ of social organization - politics, religious power and production - have been a male domain. The rest, all the ‘immense variety of human activity’, from domestic work to human communication, has been the domain of women. Their concern for distinct issues outside the sphere of institutional politics creates, according to Castells, a ‘predisposition’ among men to accept women’s ‘leading role’ in urban struggles, as well as making it appealing for women to involve themselves in the defense of the world closely connected to their daily lives. This makes very much the same point as has been made in the literature on gender. Castells (1983) puts it clearly:

"Men took on the state and left the care of civil society to women. Most urban struggles, particularly in capitalist societies, have many facets, involving issues over and above those of the production process and broader than the battle to seize the apparatus of power. The role of women as organizing agents of social life is extended to the struggle for a better, or even an alternative, form of life". (ibid.:68)
However, notwithstanding his important contribution in this line, Castells was immediately concerned with the problems and difficulties associated with the transition of women’s participation in urban movements and women’s liberation. Once again his studies were already from the outset limited by a single alternative. They were about whether and why women’s movements, movements with a women-based character, could or not transform themselves into feminist movements. This was as if, as in Molyneux’s analysis, the two characteristics could not cohabit within the same urban movement. At the same time, his treatment of social actors as a contextual feature and specifically his treatment of women and gender within that context, was very restricted. His final conclusion in this respect, that gender relationships were not at the core of any movement, meant that despite the decisive participation of women, nothing much else could be done in terms of research in this topic. He dealt with the matter as though this was the end of the only line of research, despite the fact that what he had attempted was in fact a problematic approach with many limitations; theorising as though the redefinition of the urban meaning in this respect could only be achieved through feminist demands.

The other potentially significant mentions of gender in the literature on urban movements remain at the level of purely superficial reference. Pickvance (1976) touched on the ‘domestic role’, generically referring to child bearing activities as time consuming together with that of work, and he refers to this role as one on which participation in mobilizations is dependent. Yet at no moment whatsoever did he mention ‘women’ or ‘she’, let alone ‘gender’. In his other main works he does not even mention women’s domestic role. Dunleavy (1977) referred to ‘women members’
in a meeting of a housing association, but that was all, with no relation to gender issues. Other studies did not even come this far.

After these considerations, as a final point it is also of importance to stress that these are two completely divided fields of study. In some occasions one acknowledges the other, but neither one incorporates the other into the analysis. The literature on urban movements does not discuss gender, certainly not systematically and meaningfully. Besides, there are confusions between women's movements and feminist movements as in Slater (1985), when he discusses subordination and oppression in general terms for both sexes.

As for the field of study on gender and urban movements on the other hand, it has not been able to theorize gender into urban movements, even when both are mentioned and described together. In terms of periodicals, ever since the mid-1970's many included a few studies relating movements and gender, but all of them suffer from the same drawbacks. This was the case with the 'Journal of Women and Culture in Society', 'Urban Studies', 'Bulletin of Latin American Research', 'Development and Change', 'IDS Bulletin', 'International Journal of Urban and Regional Research', 'The Journal of Development Studies', and 'Third World Quarterly'.

In view of the above, this is a tendency which must be reversed if a better and more comprehensive understanding of urban movements and the politics of urban change are to be grasped. It is precisely through the notion of social actors that the
central question of this Thesis is approached. The strategy is to study the specificities of the social actor directly involved in the Health Movement, the women, and its interrelationships with the social actors which have influenced the development of the movement in order to be able to establish whether it constitutes one of the reasons for the continuity of the Health Movement. Within this thesis, this social actor as a contextual feature of the Health Movement is analysed from the point of view of gender. It is through the examination of women's role in the neighbourhood and their personal lives, that it will be possible to identify their motivations for participation, the specific elements which may have a bearing on the continuity of this movement are found.

From the literature on urban movements, it has been possible to select some tools for analysis. First, to refer to movements taking place at the residential level in urban areas and which deal with consumption issues, the term used is 'urban movements'. This is so because this term is more comprehensive. Also, Castells' concept, urban social movements, is too specific and implies that movements must produce high level cultural changes in the social structure. It has been shown that this is not at all common with movements which are consumption-based. This is not to imply, however, that there is a commitment to any author's view in particular.

As for the area of women and urban movements, the concept 'division of labour along lines of gender' is used in the Thesis, for it has more psychological and cultural implications. In other words, male and female categories are produced
historically, as opposed to biologically as with the concept of 'sexual division of labour'. Moreover, use is made of the term 'gender-based' demands instead of practical and strategic gender interests because it is wider and avoids the risks of bipolarity, identified in section 1.2 above. There it was stated that practical and strategic interests are mutually exclusive and that one should not contemplate the possibility of both being served within a same urban movement.

**Notes:**

1. For a criticism of this concept, see Paris, 1983.

2. See the works of Althusser, particularly "Reading Capital" (1972) with Balibar, and "For Marx" (1977).

3. Women defend the welfare of their families not only in relation to immediate family requirements, but also in the case of broader issues, as in the example of the women of Greenham Common in England who protested against a nuclear missiles site (Cook and Kirk, 1984), or the peace movement in the United States in the early 1960's (Swerdlow, 1982).

4. For a criticism of Sapiro, see Diamond and Hartsock (1981).

5. 'Paulista' is any person originally from the State of São Paulo. Thus, this was a Congress of women from São Paulo.
CHAPTER 3

3.0 **Introduction**

This chapter gives an account of the socio-economic and political context in which many urban movements came into being in Brazil in the 1970's and at the beginning of the 1980's. It focuses especially on São Paulo, where the Health Movement in the Jardim Nordeste area developed. The assertion of this chapter is that what sparked off the popular reactions in the mid-1970's was not just the low standard of living imposed on the majority of the Brazilian population nor the ever growing necessities which arose from it. These reactions were also triggered by the highly repressive nature of the new political regime, which forced this population into finding new forms of expression.

1964 saw a military takeover, which brought about a period of political repression, in which all forms of popular reaction and organization were either eliminated or severely restricted. The economic model adopted by the authoritarian regime sparked off a period of severe wage compression which compromised the living standards of the majority of the Brazilian population. At the same time it guaranteed the steady and increasing process of accumulation in the country, whilst the Brazilian economy became increasingly integrated in the international economic system. This strategy worked quite smoothly for the regime until the mid-1970's. Thereafter, the situation started to change due to internal conflicts in the state apparatus, economic difficulties and most of all popular reaction. The situation
crystallized in a process of political liberalisation, later referred to as ‘Abertura’. Along with this process there emerged a series of popular reactions, ranging from street demonstrations to urban movements and the revitalization of the union movement. Contributing to this process of change were the Popular Church, (a progressive sector of the Catholic Church in Brazil),¹ and in the specific case of the participation of women in urban movements, the Feminist Movement.

3.1 Brazil in the 1970’s and early 1980’s, and the incidence of urban movements:

As indicated above, this chapter deals with the socio-political and economic development of Brazil in the 1970’s and early 1980’s. However, in order for the reader to grasp the whole context in question it is necessary to start by a discussion of the background to the period above. This must start in 1964 with the military take over that established a new social order in Brazil, openly authoritarian, putting an end to the basically populist strategy characteristic of the post-war years. It is in the dynamics of this new social order that the underlying motivations of the urban movements are to be found. Hence, the first step is to describe and discuss the nature, economic strategies and social implications of the political regime that was installed. The section that follows then deals with the emergence of urban movements.

3.2 1964: the establishment of a new social order:

A right-wing military coup took place in Brazil in March 1964. This radical
move was a reaction by the armed forces to the institutional deadlocks and dilemmas produced within the government apparatus. These governmental problems had their roots in a number of factors. First there was the growing popular dissatisfaction expressed in urban movements and struggles, and the inability of the government to deal with the resulting social turmoil. Added to this there was a deceleration of industrial activity and foreign investment, which was at the time about one third of the total (Bonelli, 1975), due particularly to a policy of control of foreign profit remittances. There was also the failure of the state to control growing inflation throughout the terms in office of Jânio Quadros (January to August 1961) and João Goulart (October 1961 to March 1964). Against this background, the ruling classes then were unable to control on their own the political pressure launched by workers and radicalized sectors of the middle-classes (Cardoso, 1979). For Cardoso (1979),

"In such circumstances, the dominant classes cannot maintain their power without open military intervention and support". (ibid.:55)

Like most of the others in the most advanced economies in Latin America, the new regime has been generally labelled as "bureaucratic-authoritarian". The latter aspect of this term refers to the institutional control of power, state apparatus, which was achieved by the armed forces, with the objective of restructuring society and the state according to the 'national security' ideology - internal security and repression - of modern military doctrine. This was a result of the political 'challenge' put forward by the 1950's Cold War and particularly by the Cuban Revolution in 1959, representing the threat of left-wing movements. The former aspect of the term meant
that besides the strengthening process of the executive, there was a need for the
reinforcement of the regime’s technical capabilities. In order to reorganize the
economy to guarantee the continued advance of capitalist industrial development, the
military needed the strengthening of a bureaucratic body of technicians, especially in
the economic field. This provoked in turn an increasing centralization of power, in
which workers and wage-earners suffered a substantial reduction in their standard of
living. The repressive character of the regime was much in evidence from the start,
whereas the entrepreneurial role of the new government evolved gradually. The close
link between government officials, foreign managers and investors and the associated
national bourgeoisie formed the basis of the regime’s power structure (Cardoso, 1979).

Cardoso (1979) has cautioned that the term "bureaucratic-authoritarianism" is
useful only for describing and not for explaining the processes going on in Latin
America, since the realities in the continent are too diverse to be encompassed by a
single concept. Different, more precise, characterizations of this term, based on
diverging interpretations, have nonetheless been proposed as definite explanations of
what went on in the continent. Some, like Simonsen and Campos (1974) simply
justify the new regime’s tools and conduct for economic development. However, most
authors depart from the basic understanding that authoritarianism in Latin America
was a ‘natural’ consequence, a step to be expected due to the situation of dependency
in the continent. In their understanding it meant a total reliance on foreign technology
and control of the economy by multinational enterprises, placing national bourgeoisies
and capitals at the background as mere producers of raw materials and basic finished
products. Most of these authors defend a linear connection between regimes like the Brazilian one and world economic conditions. They consider that in the era of ‘internationalization of production’ several Latin American regimes arose directly out of the ruthless logic of underdevelopment and dependency. This in their view characterized the economy of the region. Serra (1979) makes it clear:

"Just as the (Comintern of the 1930’s) viewed European fascism as the result of the domination of finance capital, (as the inevitable following step in the development of capitalism) the bureaucratic-authoritarian regime is now posited to be the result of a dependency on international monopoly capital". (ibid.:99)

Serra (1979), in an attempt to order and synthesise these interpretations, enumerates what he calls ‘three mistaken theses’ on bureaucratic-authoritarian regimes, all of which take as given a connection between these authoritarian regimes and industrialization. The remainder of this section will be devoted to a critical examination of this debate. The object here is to clarify what "bureaucratic-authoritarianism" meant in the case of Brazil and thus to shed light on the nature of the political and economic system installed in the country in 1964.

The first ‘mistaken thesis’ emphasises the inevitability of ‘superexploitation’ of the working class in a context of absolute dependency of national capital on foreign ones. Marini (1973) is one of its main proponents. He bases this notion on the assumption that in addition to the wage decreases that compressed even further the internal market and consumer demand, there was also a decrease in industrial
productivity. Wages are not an important part of the individual consumption of workers, since their value has to be lowered so that the national bourgeoisie can ensure some share of the output from the total mass extracted by foreign capital. As a consequence the value of manufactured goods does not determine the value of labour. The latter is independent from the former, therefore there is no need to increase labour's productivity to decrease the cost of labour itself. It is just a matter of intensifying the level of exploitation of labour, reducing its wages, absolutely or relatively. Only in this way can the value of the product increase, authoritarianism being the instrument to guarantee these levels of exploitation through control of the organization of the labour force. Furthermore, workers do not consume goods from the most dynamic sector of the economy due to its rate of technological innovation, that of consumer durables. Authoritarianism as a consequence is the indispensable means without which the system would stagnate or even collapse.

Serra (1979) criticizes this interpretation for its exaggeration of certain trends in the economy and for a theoretical mistake. The rate of surplus value is seen as the fundamental issue as opposed to the rate of profit. He acknowledges the dependency of the latter upon the former, but not 'exclusively'. Since the rate of profit is also a function of the output-capital ratio, profits can rise without a simultaneous rise in the rate of surplus value. This they in fact did in Brazil between 1959 and 1970. Moreover, productivity and the rate of surplus value rose by 75 per cent in industry in general and 46 per cent in the wage-goods sector during the same years, against a mere 4.4 per cent increase in the length of the working week (ibid.:107-108). Not that Marini is totally wrong in the data he uses, for there were specific situations in which
he found data consistent with his ideas. However, it surely cannot be taken as support for the whole of his proposals. Thus, as Serra argues:

"(...) the stagnation of the rate of surplus value does not necessarily mean the stagnation of capitalism, and an increase in the length of the working day or a reduction in the number of workers is not the only means of achieving capitalist development. It is clear that in certain contexts within this development, this reduction might appear to be indispensable. But on the basis of this, deriving an inexorable law from the dilemma that one must choose between having to superexploit or perish involves an enormous step that involves both theoretical and empirical errors". (Serra, 1979:106-107)

The second 'mistaken thesis' puts forward a close link between the emergence of bureaucratic-authoritarianism and the 'deepening' of industrial capitalism in countries like Brazil. It was mainly proposed by ECLA, the Economic Commission for Latin America, and was based on the acknowledgement of a process of stagnation in the Latin American continent as a result of the policy of import substitution. In the Brazilian case this was initiated in the 1930's. This 'unquestionably' contributed to the economic crisis, nourishing the political and social upheavals threatening the social order.

O'Donell (1975), one of the main proponents of this thesis, suggests the extreme development of the production of finished consumer goods, called horizontal diversification of the economy, after a long period of accelerated growth. That is, before 1964, there was the establishment of an 'unusually' diversified pattern of demand for consumer goods in relation to the prevailing average income. This in turn
influenced the pattern of import substitution and delayed investments towards the verticalization of the economy, called *deepening*. In other words, the production of intermediate and capital goods was decelerated due to the lack of concern with exporting industrial goods and thus with their quality. A further factor was that the ability to import these better quality capital goods more cheaply led to a lack of investment in this area. It was within this context that a bureaucratic regime in Brazil emerges. It did so, according to O'Donell’s understanding, in order to assure the deepening of the local economy, as part of capitalist development in the country. It was also a tool to face the extreme economic problems of the beginning of the 1960’s. According to O’Donell (1975), "deepening" in close association with international capital was essential for the survival of capitalism in the region. It would allow for the domestic production of goods whose imports grew rapidly with heavy balance of payments liabilities. This would simultaneously create possibilities for new industrial exports with high level of added value. In other words, this was seen as an indispensable priority in terms of economic policy by the technicians of the regime. However, it would require *future certainty* as far as factors of production are concerned, especially an effective and ever rising rate of capital accumulation with lower popular consumption and the control of labour (ibid.:15-16).

Serra (1979) recognizes the invaluable contribution to the debate represented by this line of argument. He criticizes it, however. Firstly, it cannot be generalized to Brazil, where ‘deepening’ started well back in the 1950’s and early 1960’s, in what has been called the ‘*democratic period*’ of Brazilian politics. Furthermore, deepening
was not a priority for the Brazilian military, as opposed to increased consumption, which would appear to the population to represent an improvement in living standards, and would therefore gain popular support for the new regime. Also it was not the engine to recovery, except to a certain degree for a while in the mid-1970's after ten years of authoritarianism. This short period was basically due to the world oil crisis and deepening was implemented in a rather 'irrational' way. It was at odds with the most fundamental assumption of the regime that consumption was the basis for social stability and it was also at odds with the trend in industrial demand, which was falling. On the contrary, after 1964 consumer durables continued to be the centre of the economic policy for recovery, which was aimed at meeting the demands of the upper middle class (Kaufman, 1979; Kowarick and Campanário, 1986). An examination of the central place that the new leadership reserved for the issue of housing in Brazil in the mid-1960's, would certainly illustrate this point (Bolaffi, 1977).

However, the main mistake in this thesis is not so much the focus on the undoubted decline of the policy of import substitution as the point of departure. It was rather the certainty that after this decline there was just stagnation. This would suggest that there was no possibility for the expansion of the domestic market, characterizing in this way the need for an authoritarian regime to impose deepening as the alternative. On the contrary, in Brazil the consumer durables sector had already established a potential for accumulation and growth given its monopoly in the phase of import substitution. This was especially so due to the 'open internationalization of the economy' approach, which was adopted by those who came to power then and
saw the benefits of the use of general economies of scale in Brazil to stabilize the national economy. For Serra (1979),

"(...) the consumer durables sector was in an excellent position to secure financing for the acquisition of its products, both because of the extent of available resources and because of the strong stimulus to the economy that would result from its expansion - a factor which is always very persuasive to the authorities responsible for credit policy". (ibid.:132)

Finally, the third thesis on the rise of bureaucratic-authoritarian regimes in Latin America was more directly connected to the case of Brazil itself. It stressed a direct causal link between this regime in Brazil and economic growth, exalting the former's virtues. Simonsen and Campos (1974), who became finance ministers of the new regime, were two of those who affirmed that economic development was identified as the primary goal of the new government,

"(...) within a stable political setting which contributed to the continuance of the initial economic advances and which permitted economic decisions to be formulated on the basis of technical criteria, free from electoral pressures". (ibid.:1-2)

Besides the system's ideologues and usual apologetics, three authors were among the main representatives of this view: Roett (1972) and Horowitz and Trimberger (1976). The latter linked the rise of this regime with a type of pragmatism and rationality in policy-making responsible for its economically positive accomplishments. For them the new power structure worked as guarantor of state autonomy creating conditions for growth despite sometimes 'extremely harsh'
"Certainly they have succeeded in great measure in further centralizing the central government. Decision making is more efficient, resources are allocated more rationally, and economic growth goals are no longer subverted by the turmoil of the civilian political process. It is the economic record of the regime that stands as its one positive accomplishment". (Roett, 1972:49)

In other words, authoritarianism did not allow for the explosion of ‘premature’ social aspirations and demands that is characteristic of electoral systems under democratic regimes. These might have led to distributive measures incompatible with the investment levels required for fast growth rates and external indebtedness, as well as ‘social disorder’. These would have been disruptive for the economy as a whole. Also, authoritarianism attracted foreign investment and appeased international financial institutions by maintaining social and political tranquillity with an iron hand and allowing for the increase in capital formation through ‘careful and pragmatic planning’. Horowitz and Trimberger (1976) justify this with the statement that:

"(...) the military rule, by its impositions on all social classes of a coercive factor (...) began to spark an economic take off in very much the way that Europe managed economic gains with civilian rule”. (ibid.:35)

This approach clearly supports harsh repressive measures as necessary, as a form of control geared to a better distribution of income after the inevitable growth that should follow. This growth would therefore have a patronizing and ‘excluding’ nature in that most of those who should be included as beneficiaries would in fact be
kept out of the decision-making process about distribution. This would be due to their inability, in the eyes of those in power, to produce consensus and 'responsible' demands. This in itself would be sufficient for this interpretation to be regarded as politically biased and unjustified. Quite apart from this objection, however, this thesis is in any case internally inconsistent. Firstly, economic growth was said to be boosted as an 'undeniable economic accomplishment of the new regime'. However, the annual rate of about 10 per cent which was achieved between 1968 and 1974 was in fact little more than a return to the post-war yearly levels of 7 per cent of between 1947 and 1961 - the picture having been somewhat distorted by the very low levels of growth, of a mere 3.7 per cent per year, which had been achieved during and immediately after the last two years of the troubled government before the military regime of 1964 (Serra, 1979:151). The apparent success during the three first years of the new regime was thus merely a recovery to pre-military levels, and not specifically a consequence of 'harsh repressive measures' conducting the economy with 'careful, politically independent and pragmatic planning'.

Furthermore, there is actually no evidence, least of all in the writings of the supporters of this thesis, that the economic growth that took place especially from 1968 onwards was a direct consequence of the economic policy of the military regime. Nor is there any evidence that this growth was independent from the advances of the last expansion cycle of the Brazilian economy from the late-1950's until 1961 within the democratic period of Brazilian politics. This is particularly significant as far as capital goods are concerned, in a period when the economy grew at an annual rate of
7 per cent, and when there were very favourable international conditions such as the expansion of Eurodollars available for expenditure in developing countries. Kaufman’s (1979) view is that,

"As the international economy expanded in the late 1960's, it is not inconceivable that political stabilization and economic recovery could have occurred under far less restrictive political conditions". (ibid.:252)

Moreover, although the oil crisis of the early-1970's was obviously a major factor contributing to the difficulties faced by the Brazilian economy in the mid-1970's, there is no evidence that this was the only factor involved, an "(...) unhappy coincidence (...)" (Simonsen, 1977 - Lecture at the War College [Escola Superior de Guerra] quoted in Serra, 1979:160). After all, inflation had already started to rise before then as a consequence of machinery imports and of the shortage of basic primary materials. These were exported at the highest levels in the late 1960's and early 1970's as a result of efforts by the then finance minister, Delfim Neto, to stimulate and expand them through subsidies and trade liberalization (Kaufman, 1979). Contrary even to O’Donell’s thesis above, in the Brazilian case the rise in oil prices was a serious aggravation precisely because of the un-deepening policy of the new government. This policy was centered primarily on the strengthening of upper middle-class demands for consumer durables and on exports of surplus product. It was based on the belief that the favourable international market and the ensuing high export levels would last indefinitely. It did not help to produce a hasty policy of deepening in the early to mid-1970's as a result of the acknowledgement that estimates of

-121-
demands for capital goods such as steel and petrochemicals had been highly underestimated. This of course did not mean an open recognition of failure. The oil crisis was still to blame. This was an apologetic thesis, one which believed the new regime to be solely responsible for successes and external factors solely to blame for failures.

Hence, there can not be, at least in the Brazilian case, a simple linear connection between industrialization and the authoritarian regime of 1964. None of the available explanations can provide definite and unquestionable links between the two. The fact seems to be that at least at the entrepreneurial level the state was expanding and social stabilization and economic growth received the highest priority. This was through the stress on the consumer durables sector and exports and, during a brief space of time in the mid-1970’s, on deepening as well. It took place in a period when the very positive responses that Brazil was meeting from foreign investors seemed worth virtually the highest political and social costs. For Cardoso (1979), as far as support for a particular regime goes, repression and output growth are in no distinct levels of importance. He states that,

"High rates of output growth are as important as repression in the process of creating and projecting the image of the regime and in its acceptance by dominant classes. Social order with economic progress is the slogan used to hide any questions about "progress for whom?". (ibid.:56)

So, there is a correlation between a political system and a certain pattern of economic development. However, it is neither supposed successes nor an 'iron-clad'
logic of dependent capitalism that explain the new repressive regime. It was much more the reactionary character of the forces which seized power in 1964 and the considerable weakness of unions and other popular sector organizations which led to the wage squeeze and the ‘far reaching "anti-social" economic policies’ as discussed below. As the economy slowly but steadily recovered from the difficulties of the early-1960’s it became increasingly difficult to alter the restrictive pattern imposed from above, especially when dealing with union activities and social protest (Serra, 1979). It is hardly the military government that ‘creates’ the dependency between more and less developed countries as a result of necessary capitalist laws - rather, the conflicts arising within the state itself, between groups with either foreign or nationalistic interests, force the state to reorganize itself and to create a self-sustained economic basis for its own power. This is not to minimize the interrelation between the Brazilian economy and the international economy. Undoubtedly, conciliatory actions intended to attract multinational enterprises have been an influence on Brazilian economic policy - but these are additional to the equally important incentives toward greater autonomy among the military and national entrepreneurs (Cardoso and Faletto, 1979).

Explanations ignoring contradictions and unexpected tensions and possibilities in political life give form to a dogmatic view of military regimes as being capable of dealing with any demands which may arise from political action. These demands, which can originate either within the sphere of institutionalized politics or outside it, may transform non-conformism into an organized expression of the views of the oppressed. This dogmatism ‘homogenizes’ social groups into two polarised classes,
with no intermediate levels: the dominant class, which is subordinated to that of advanced economies, and the dominated, proletarianized class. However, it is precisely when the military regime confronts difficult problems that one finds new alternatives for change emerging from different corners of society. To make sense of this process, the specificities of this military rule must be understood as well.

So, contrary to this 'iron-clad' logic expressed above, in the Brazilian case the new power structure appears to have been motivated by the combination of economic crisis and political threat in terms of the pre-1964 government’s instability and polarization, and the threat of left-wing movements in Latin America, particularly in Cuba. Furthermore, there was an official determination to rationalize the government’s rule in terms of economic objectives, and to avoid excessive popular demand. Thus there arises the apparently ‘easy’ theoretical mistake of making a direct link between industrialization and authoritarianism. In fact, more than dealing with changes in industrial structure, stabilization meant achieving a social setting without open conflicts and oppositions. This was done through the state apparatus in a context in which the industrial bourgeoisie, although dominant, was not hegemonic. Joint ventures between national and international capitals, taking place in Brazil since the late-1950’s and strengthened during the military regime, corresponded more closely to what Cardoso and Faletto (1979) call ‘internationalization of the internal market’, (i.e. growth based on the domination of foreign enterprises in the dynamic sectors of the economy) than to industrial development as such. The Brazilian economy no doubt expanded. However, it was guided by its insertion into the international capitalist system, which was mediated by the enforcement of authoritarian structures
of domination over society as a whole. Thus, according to Kaufman (1979),

"The 'technically rational' pursuit of these twin objectives (stability and growth), rather than the inherent desirability of authoritarian political structures or some other social goals, in turn constituted the primary bases of efforts to legitimate and justify bureaucratic-authoritarian rule". (ibid.:190)

Hence, in Brazil the actions of the state must be understood as a consequence of the direct relationship between its technical-bureaucratic apparatus and the highly influential, though fragmented, bourgeoisie. This is particularly so in relation to development policies at the wider national level. In the context of this thesis, however, state intervention is also particularly relevant in the sphere of urban infrastructural policies, in a context in which the country's 'elite' (Boschi, 1979) enter the domain of socio-political power.

Consistently with this interpretation, in 1965 the military government promulgated the Institutional Act No.2. This Act, which was enacted immediately after important opposition victories in elections for governor in two of the nation's major States, abolished the existing parties, established an indirect presidential election system and extended presidential powers to suspend political rights at any level. A two-party system was installed, a government, the National Renewal Alliance or Arena and an opposition, the Brazilian Democratic Movement or MDB (Skidmore, 1973).

This two-party system was created at a moment in the country's political
history when it would in fact have been possible to impose a single government party through the repressive machine of the new regime. There appear to have been three factors underlying the apparently more liberal arrangements that were in fact introduced. Firstly the new leadership were confident of their ability to control the electoral system, given the open coercion and manipulation inaugurated in 1964. Secondly, there was the purge of the vigorous and powerful leaderships of the populist era that came to an abrupt end in that year. Finally, the victory of the government party in such a situation would have powerful consequences as far as popular support is concerned. In fact, this prognosis was confirmed in the years between 1964 and 1974, the year when the opposition finally swept to victory all over the country in the senate elections, (Reis, 1983) as will be seen below.

Before 1974, there was a fundamental distance between the ‘opposition’ in the MDB and the masses. The MDB, as an opposition party created by the new regime, was totally artificial. Its function was purely electoral, and it never mobilised outside that context. The people involved in most of the early processes of popular reaction had no experience in party politics, and regarded the MDB with mistrust - as did many of their successors. In the Brazilian case, the political inexperience of social activists in the late-1970’s and the rigidity of a party structure created outside the ‘arena of demands’ made it even more difficult to achieve any integration between popular movements and the MDB (Cardoso, 1981). So, in terms of institutional politics before 1974 the support for power was provided directly by the armed forces. For Cardoso (1981),
"In these circumstances, the mobilization of the masses (manifested almost exclusively in periods of elections and subject to the constraints imposed by the authoritarian regime) rests on mechanisms distinct to the party machine". (ibid.:193-194)

For the majority of the voting population, this two-party strategy did succeed in giving the new regime a more acceptable face, embodying institutionalized power (ie legitimate) rather than institutionalized authority (imposed). This was in great measure achieved through the control of the education system, as a comparative survey of education levels and voting patterns conducted by Reis (1983) clearly indicates.

3.3 Implications of the new order established in 1964:

Fundamental at this point however, are the social implications of this situation. These are consequences of policies generated mainly by the interaction between fractions of the industrial bourgeoisie and the state apparatus represented by its techno-bureaucracy. At least until the end of the 1970’s and throughout the 1980’s the latter included the military. This interaction was chosen as opposed to other more traditional political vehicles for the representation of interests like political parties or associations (Koonings, 1988). Even though the latter have had some space for influence in the case of entrepreneurs’ (Boschi, 1979). As one military government succeeded another it gradually became obvious that one of the devastating effects of this change in the political structure of the country was an increasingly sharp reduction
in the living standards of the majority of the Brazilian people. This was the direct result of a policy of income concentration which gave the new regime support, particularly from the middle classes. Viola and Mainwaring (1985) explain that,

"The regime initiated rapid industrialization and the modernization of many rural areas. Based on an income concentrating model, the Brazilian economy expanded at one of the fastest rates in the world between 1967 and 1980. Economic success helped produce widespread support among the upper and middle strata of society which directly benefited from the expansion". (ibid.:201)

However, at the same time as this economic growth, there was a fall in the levels of real minimum wages, called "arrocho salarial" (wage tightening), which led to the increasing impoverishment of large sectors of the population. This process began under the first military administration in 1964, and developed thereafter. The new regime inaugurated a policy of severe wage compression. At one level, this consisted of putting an end to the freedom of labour unions and reducing job security and at another it involved controlling wage-setting, in the private as well as the public sector, based on an index formula. As Serra puts it:

"In practice, due to the first factor and to the manipulation of many of the coefficients in the formula, the wages of the workers declined in absolute terms from 1964 to 1968, after which they began to rise slowly and irregularly, and always at a lower rate than the increase in productivity". (Serra, 1979:105 - footnote)

One the main effects of the mode of accumulation in Brazil was a
unprecedented level of income concentration. In 1970 the wealthiest 20 per cent of
the Brazilian population owned 62 per cent of the whole country's income. By 1976
this sector had increased its ownership to 67 per cent. However, the poorest 50 per
cent of the population in 1970 owned just 15 per cent of the total income of the
country, a figure which was significantly reduced to 12 per cent by 1976 (Kowarick,
1982:31). Kowarick gives figures from the Metropolitan Region of São Paulo, which
is the largest industrial concentration in Brazil, responsible for more than half the
income of the State of São Paulo and nearly a quarter of the country's. These
provide a striking example of how unevenly people were paid under the military
regime:

"Despite the volume of income produced in the Metropolitan Region of São
Paulo, it is possible to detect a large proportion of the population in a very
precarious situation from the point of view of their income. In the
municipality of São Paulo alone, the minimum wage deteriorated by 55 per
cent between 1959 and 1979". (Kowarick, 1982:32)

In fact, apart from eight years in the mid-1950's and early 1960's, the real
value of wages never returned to the level initially achieved by the institution of the
minimum wage in 1940. Indexing that original value of the minimum wage as 100,
Table 1, below, indicates the evolution of the minimum wage in São Paulo.
Table 1: Evolution of the highest minimum wage in the State of São Paulo - 1940 to 1983.

<table>
<thead>
<tr>
<th>Year</th>
<th>Minimum wage</th>
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<tbody>
<tr>
<td>1940</td>
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<th>Year</th>
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<td>1982</td>
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<tr>
<td>1983</td>
<td>56</td>
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Source: Sabóia, 1985: 33-34.

What can be seen from this table is that in this period the cost of living rose more than the minimum wage in every year except those between 1955 and 1962, the so-called 'democratic' period of Brazilian politics. Apart from this period, the real value of wages was eroded, depleting the purchasing power of wage earners in absolute terms. There was a sharp fall concentrated particularly in the years after the military coup of 1964. Minimum wage levels in industry are the highest in the
economy as far as workers go, and ever since the establishment of the minimum wage, especially from the mid-1950’s onwards, they have always provided the legal benchmark from which to determine other levels. This has been particularly obvious in São Paulo. As Souza puts it:

"(…) (from) 1952 to 1976 (…) the index for average wages follows perfectly the evolution of the minimum wage in the period (except for a few widening differentials in specialized functions in the metal-working industry). (…) In this context, the shrinking of the minimum wage through the wage policy especially after 1964 acquires a new dimension showing how industry goes right along with the fall in the minimum wage in the fixation of its level of wages". (Souza, 1980:71-75) *

However, pauperization is not just a matter of lower wages. It has another side to it and that is urbanization. The account of the process of industrialization in Brazil provided above has fundamental implications for the process of urbanization observed in this country. These are principally to do with the constitution of a large reserve army, and the increasing concentration of capital at the time of the introduction of this new mode of accumulation in the 1930’s and 1940’s. Also significant is the way in which the economic crisis of the early 1960’s was dealt with. As far as cities, the centres of industrial economy, are concerned, the focus of accumulation was on production of consumer durables. As a consequence, the expansion of the infrastructure, especially transport networks, provoked a process of urbanization based on a horizontal expansion, particularly as far as housing goes. In the case of the labouring classes’ they have largely been built directly by the owners themselves in their ‘spare time’ reducing yet further the cost of reproducing the labour
force, but at the same time compromising even further their quality of living.

This situation worsened with a consistent and increasing process of migration from the countryside to major towns, where the majority of migrants found no place either in industry or in the service sector. São Paulo is the main example of this process in the country. The rate of growth in this area is described by Singer:

"In 1940, the built-up urban area (of São Paulo), housing 1,326,261 inhabitants, did not occupy the whole territory of the capital. Just thirty years later it spread to 37 municipalities containing 8,106,250 inhabitants. Throughout this period the population grew at an annual rate of about 6 per cent, doubling every twelve years". (Singer, 1980:118)

The partial or total lack of the necessary infrastructure for the survival of workers exacerbated the existing problems at the level of the relations of production; a process referred to as 'Espoliação Urbana' (Urban Plunder) by Kowarick (1979). The inadequacy of the infrastructure is directly related to the general lack of urban planning. Decision-making at the urban level was generally decentralized, largely as a result of the antagonism between different sectors of the dominant classes (Singer, 1980). The problem has not to do with the lack of resources, since São Paulo was producing sufficient surplus to deal with its main urban problems. Indeed, São Paulo has been producing about 50% of the total surplus of the whole country. The problem resided first in the delay in taking decisions to curb problems faced by most of the working population of the city, an aggravating consequence of the mode of accumulation of capital there. According to Singer (1980) this has been due to the
logic of effective demand:

"In reality, in a capitalist economy (like São Paulo) the demand for services is just effective demand, and thus it grows as a function of the income and not of the population. A family arriving in São Paulo without one of its members being able to find a job, and that does not count on any other type of income, cannot even demand housing. (...) On the other hand, when a family commands an income which is used to shelter itself, buy a car, etc., then it contributes to increase the demand for urban services. But in this case, somewhere in the economy this income has been generated through the activities of the members of this family in such a way that the volume of resources of the urban economy has also increased". (ibid.:126)

Thus if there is, as in São Paulo, an explosive demand for urban services which remains to a great extent unsatisfied, it has not derived from a rapid population growth. In São Paulo, the concentrated urban income was raised rapidly and the market mechanisms which should have been able to deal with this situation by balancing demand and supply have simply failed to do so. This extinguished the productive capacity of the economy. Long term planning has not been compatible with the mode of accumulation that has taken place in Brazil, which has required a large proportion of the population making up the reserve army. The continuous displacement of the inhabitants of the outskirts of the metropolitan area of São Paulo gives the clearest example of the lack of demand on the part of this sector. This population has had to move farther away to areas without urban infrastructure where land is generally cheaper, giving space to those coming behind with higher incomes and who benefit from better services for which they can pay.
In this outlying area there has in any case been a relative reduction of expenditure on food, and a relative increase on rent and transport. As urbanization increases, the price of food increases relative to the expenditure of low-income families. Similarly, the more remote the housing, the greater the expenditure on transport. Also, the higher wages which were typical in larger urban centres like São Paulo have been totally offset by the price of rent, transport and land. This has been so because the demand for them increased in urban agglomerations and the level of infrastructure followed the focus on the accumulation needs of production. In other words, as particular areas came to be better served in terms of infrastructure, so their followed an increase in the cost of land. This was considered a benefit of urbanization for those who were property owners. For those who were not, however, it became a severe problem. It seems undeniable that monetary costs increased with urbanization and urban size (Vieira, 1984; Fava, 1984). Any gains from the economic growth generated by increasing urbanization, were typically incorporated into the price of urban land, into capital and into wages, and thus benefitted chiefly land owners, owners of the means of production and qualified workers. These were hit far less hard by the effects of the increase in the cost of living, which was itself a consequence of the same process (Fava, 1984). That is to say that while the costs of urbanization were socialized, its benefits were concentrated in the hands of a minority. This has been the logic of the economic system, the logic of the market. However, as will be seen below in section 1.3 of this chapter, it has also been one of the motivating factors, one of the raw materials for the emergence of urban movements, especially in São Paulo, when the state was called to intervene.
These circumstances impacted particularly on members of the low-income levels of Brazilian society and at the beginning of the 1970’s they sparked a series of demonstrations and urban movements around issues of consumption such as water, transport, cost of living, crèches and health care. Deteriorating living conditions alone, however, are insufficient to explain the spontaneous upsurge of movements in the country. For Kowarick (1985),

"(...)pauperization and spoliation in themselves are simply the raw material that potentially nourishes social conflicts". (ibid.:81)

In addition to the increasing impoverishment of some sectors of the Brazilian population, especially the lowest income sectors, the totalitarian nature of the Brazilian state also forced these sectors of the population into finding new ways to express their discontent and demands. Cardoso (1983a) expresses a common theme of the literature when she says that,

"(...)sometimes it is supposed that the suppression of the institutional channels of expression made the direct and authentic action of the popular sectors of the population easier". (ibid.:229)

By the time General Geisel took office in March 1974, there had been a change due largely to a sharp increase in international oil prices. As a result, the economy no longer had enough resources to extend its income concentrating policy to all the middle income sectors of the population, which had up till this point been one of its major pillars. By the mid 1970’s, the political regime installed in 1964 was
facing internal difficulties and was unable to exert total power over society as a whole, for it could not avoid the elements of uncertainty which pervade all political life (Cardoso, 1979). This, together with the economic pressure put on the lower income sectors of the population, eventually led to popular expressions of anger towards the military regime and its violations of individual liberties. A clear gap was thus established between the government and the people, publicly exposing the government’s lack of legitimacy. This situation forced the government to loosen its grip on popular freedom of expression even though its vacillation and hard-line pressure prevented the process to go as far as many would have wished. It also meant the beginning of a struggle for the re-establishment of a democratic regime within a still authoritarian framework (Telles and Bava, 1981; Velasco e Cruz and Martins, 1983; Jacobi, 1983). Moreover,

"The intensification of the revolt itself, within the context of extreme repression, created the conditions for various institutions, associations and movements to unite in acts of protest, opening space for an informal alliance between democratic oppositions". (Velasco e Cruz and Martins, 1983:23)

The situation apparently became unsustainable for the military regime during the second half of the 1970’s, at the point when the divergence between the bourgeoisie and the techno-bureaucracy became evident. This took place even though the bourgeoisie did not produce any alternative economic and political project: it was enough that it undermined the picture of cohesive domination by the bourgeoisie-bureaucracy alliance (Diniz and Boschi, 1979; Faucher, 1981). The Geisel administration greatly increased centralization as far as the elaboration and
implementation of development policies were concerned (Koonings, 1988). As a result, certain Brazilian businessmen themselves contested the 'legitimacy' of the government, opposing 'excessive state influence' and giving a certain amount of support to the expressions of discord, although they were reluctant to abandon altogether their direct relations with the state apparatus, or the principle of conservative authoritarianism, (ibid.) in that they:

"(...) actively opposed (...) the authoritarian regime's "nationalization" of the economy. (...) the anti-nationalization campaign and support for a "free market economy" should be understood not so much in literal terms as the defense of thwarted economic interests, but rather as a (...) sort of political discourse whose aim was to make openings in the authoritarian state system", (Cardoso, 1986:141),

while still keeping their presence at that level.

Moving the focus away from popular consumption as a source of support for the government made economic policy less predictable. That move was a result of the brief period of deepening of the economy during the military regime, discussed above. It was also a consequence of the decline of industrial consumption, along with growing inflation and a major change in the patterns of investment. This considerably increased the conflict of interests among the different sectors of the bourgeoisie, including those that were internationalized or directly international, and the directors of state enterprises. As Serra describes:

"Moreover, what remained important (in the mid-1970's) - in terms of its implications for the ideological weakness of the regime - was the fact that it
was not always possible to find some 'guilty' party that was responsible for the economic problems. These problems arose and worsened, even though all the conditions that the ideologues of the right claimed as necessary and sufficient for sustained economic growth were met: the absence of an effective organized labor movement, of free and direct elections, and of any trace of national populist (i.e., nationalist and distributive) tendencies at the core of the government; an absolute guarantee and all manner of stimuli and incentives for the so-called business community, national as well as international". (Serra, 1979:143)

These expressions of discord already included some unions, particularly in the greater São Paulo area. For the first time since the military coup they expressed political views which opposed government attitudes and they directed a strike-based campaign for wage restoration (Velasco e Cruz and Martins, 1983). However, despite the important accomplishments of a few sectors of the industrial labour force, these stirrings of the unions were insufficient to produce a break with the old state-controlled union structure which had been established by the populist government of Getulio Vargas in the 1930's. Furthermore, the new forces in this area were still too much linked to opposition parties to be seen as independent alternatives for change (de Almeida, 1983). This also made it difficult for them to serve as channels for popular demands from outside the sphere of production. Nevertheless, though to a much lesser extent in the case of the union movement, the Brazilian population did engage in a process of reorganization and articulation as the military slowly relaxed its control. As Cardoso states:

"Without government tutelage people started to create mechanisms of communication with government offices, challenging them". (Cardoso, 1983a:229)
Hence, two basic dynamic processes took place at this point in Brazil: on the one hand there were negotiations and alliance-building moves led by the elites. On the other there were growing pressures and demands from society. The actions of political organizations and urban movements 'bring these two logics together' (Diniz, 1988). Thus, the process of political relaxation in Brazil in the mid-1970's can be interpreted as resulting from the conflict between the project of change nurtured by the elites and the 'political will' of the forces opposing this project (ibid.). In terms of formal politics, the first results of this conflict came to light in the November 1974 Congressional elections. These were won by the MDB, the only opposition party at the time, in spite of government efforts to manipulate the polls - a victory which could be seen as a 'no' to the dictatorship. In the city of São Paulo, MDB won nearly 79 per cent of the vote (Brant et al., 1989:189).

Win or lose, the military government still dominated the political sphere and kept the initiative, even though within ever narrower limits. Since it had been successful in suppressing the radical opposition, the regime could afford at low risk to introduce policies which had a more 'open' content and conveyed an image of liberalism. It made the most of it in political terms (Viola and Mainwaring, 1985). Among these more open policies there were the gradual reduction of controls over freedom of speech and a partial amnesty for political prisoners and those exiled abroad. However, the most significant institutional manoeuvre was the abolition of the two-party system it had previously created, and the reinstatement of a multi-party one. This made it possible for parties such as the opposition ones as the 'Partido dos
Trabalhadores' or 'PT' (Workers Party), the 'Partido do Movimento Democrático Brasileiro' or 'PMDB' (Brazilian Democratic Movement Party), and the government party, the 'Partido Democrático Social' or 'PDS' (Social Democratic Party) to appear on the political scene. Up until this point, both the political parties installed in 1964 had in fact played a crucial role in supporting the elite in power and legitimizing the status quo, going along with the government's game, but they also channelled the electorate's true wishes: dissenting sectors of the dominant classes had found a voice through Arena, the previously government party, whilst to a lesser extent the MDB had fulfilled the same function for civil society. The MDB, although institutionally weak, became in fact basically a vast opposition front facing the military regime and aiming at its demise. It united all dissenting political views of civil society. As the regime relaxed, and especially after the introduction of the multi-party system, it became evident that this front could not hold together. The strategy of introducing a multi-party system, thus ultimately had the effect of weakening the opposition front that had been united under the umbrella of the old MDB. Moreover that strategy aimed at neutralizing the mobilization potential of the popular vote, especially in the urban centres. However, this gradually proved unsuccessful. The front as such was not able to hold as the regime had anticipated, but the popular appeal of the new opposition parties grew to a quite unexpected degree.

General Figueiredo became the fifth military president since the military coup (March 1978 to February 1985) and gave continuity to the process of change and liberalisation initiated by Geisel. Nonetheless, the military continued to produce authoritarian laws like the 'Estado de Emergência' (Situation of Emergency) which
provided the president with the power to cancel all individual liberties, directly to intervene in unions and to judge in military courts those detained when the law was in force. However, the tendency to change was established and the overall outcome was one of disintegration of the authoritarian order, though not total military retreat. The strategy of conceding space to democratizing forces while preserving the regime proved to be unfeasible.

Overall the standard of living had not improved substantially, with or without new opposition parties. On the contrary, throughout this process of change, the standard of living of the low-income population consistently worsened. Between 1979 and 1983 the country suffered the most severe economic recession of its contemporary history, with a particularly strong impact in São Paulo (Brant et al., 1989:47). The number of those earning more than one minimum wage was reduced in 1979 (Lagoa, 1985:57) whereas the number of those unemployed increased. In São Paulo the industrial sector employed 2.1 million people in 1980, a figure which was reduced to 1.6 million in 1983 (Betto, 1984:11). In the course of these two years some 500,000 workers were out of work (ibid.:12). The price of consumer goods rose 155 per cent from 1982 to 1983 in contrast to a 112 per cent increase in wages (ibid.). A worker on the minimum wage had to work 32 minutes to purchase a kilogram of beans in 1950, but three hours and twenty minutes in 1983 (ibid.), so he was six times worse off. It is important to add that between 1976 and 1986, the level of female participation in the labour force was inversely proportional to the wages paid, i.e. they tended to be more numerous in the worse paid activities (Brant et al., 1989:53). In this context, political parties (ie institutionalised politics) were by no means the only
instruments used by civil society to organise, as is shown in the next section.

3.4 The evolution of urban movements:

At the non-institutionalized level of politics, urban movements sprung up side by side with changes at the institutional level, but (for the reasons put forward above in relation to unions and political parties) remained largely independently from them. All these popular expressions of dissent which started in the mid-1970's had to deal with the fact that in the immediate past, Brazilian society had seen the complete destruction of any form of organized popular expression on whose support they could now count. All that was left at this political level were small groups such as mothers' clubs, local associations and grassroots communities of the Catholic Church. From the second half of the 1970's onwards, the country witnessed an upsurge of workers' and urban movements, local groups, professional associations of all kinds and the 'Comunidades de Base' (grassroots communities) supported by the Catholic Church. Although the literature on Brazilian urban movements is vast, there are few works that actually include in their analysis the fact that women formed the majority of the participants. The role of women is treated in a rather superficial manner, despite the fact that it is clear from a study of the literature that women have been fundamental in the organization and development of urban movements (see Singer, 1980; Brant, 1981; Brant et al., 1989).

Urban movements, especially in the larger centres, had started around issues
of consumption in general, especially those relating directly to their own
neighbourhoods. These included infrastructure and services such as nurseries (Gohn,
1985; Jacobi, 1983), health care (Jacobi and Nunes, 1981; Corcoran-Nantes, 1988),
better transport (Telles and Caccua-Bava, 1981), slum upgrading (dos Santos, 1981;
Castro, 1983; Diniz, 1983) and land tenure (Jacobi, 1983). These urban movements
then extended their concerns to cover issues which transcended the immediate
neighbourhood (Brasileiro, 1982), such as the movement against the rise in the cost
of living (Evers, 1982), the Slumdwellers’ Movement (Corcoran-Nantes, 1988; Boran,
1989), the unemployed movement (Corcoran-Nantes, 1988). Several more
spontaneous movements also took place, such as the riots for better transport (Nunes,
1982), looting of supermarkets (Barreira and Stroh, 1983), and riots by construction
workers on the building site of the underground in Rio (Valladares, 1981).

In São Paulo, the history of urban movements at this local level of political
participation has had two crucial phases. The first begins with the formation of the
Sociedades Amigos de Bairros, (SABs; Neighbourhood Friends Societies) particularly
in the 1950’s. They originated largely from the Sociedade Amigos da Cidade, (SAC;
City’s Friends Society) created in 1934, which was concerned with the already fast
pace of urbanization in the area. It was soon after the 1953 election campaign for
mayor of São Paulo, led by Jânio Quadros (the future president of Brazil from 1961)
that many of his electoral committees in the periphery of the city became SABs, in
large measure encouraged by Jânio Quadros himself in order to consolidate his
electoral base. They were centres for the collection of demands and direct contact
with the lower-income sectors of the population. They provided a link between people
on low-incomes and the public authorities, as well as a nucleus of solidarity, and a focus for self-help actions that were independent of official help. Basically, it represented an exchange of concrete replies to the demands for votes. In 1970 there were about 800 SABs in the Greater São Paulo area (Singer, 1981b:87), nearly 90 percent of which appeared between 1955 and 1970 (ibid.:88). Their crisis started when internal conflicts of identity and strategy sprung up. These originated from their very nature as ‘inside’ and ‘outside’ institutions, depending either on their own members for help or on the state. The crisis started due to the ability of middle class members with strong links with politicians to control and lead these associations. Soon they became alienated from and boycotted by the people whose interests they were originally intended to serve (ibid.). It is not possible to affirm that the political emptiness created inside the SABs led straightaway to the formation of alternative associations. However, the fact that they were no longer seen as channels for the expression of popular demands left open a space which was soon occupied by other forms of organized participation. Most of these came about through the CEBs, Comunidades Eclesiais de Base (Ecclesiastic Base Communities), the second moment of the history of popular mobilizations. Barroso defines them thus:

"The CEBs are small groups of Christians organized around the local parish by the initiative of clerical or lay people. The first started around 1960 (...) and by 1980 they numbered 80,000 - involving around 1,500,000 people across the country." (Barroso, 1982:154)"^{11}

These groups were formed under the influence of the Popular Church, as it is known today in Brazil. This more politically radical wing of Catholicism had
emerged at a point when mainstream Catholicism was facing competition from new religious forms like Kardecism (an offshoot of Catholicism specifically concerned with spiritualism) and the Pentecostal Church. These were growing and achieving greater support among the population, particularly low-income population. At this stage, relations between the main body of the Catholic Church and the community had also been somewhat damaged by the support given by the Church to the military coup for fear of the advancement of Communism. The leadership of the Church had appeared to collude with the new regime, or at best, had been lukewarm in its condemnation of its oppression. However, a number of bishops did stand out in opposition to the 1964 military coup, and expressed political opinions which were far removed from the official position of the Brazilian Catholic Church’s leadership. Their opposition became stronger and more radical as a result of the violence of the new regime against human rights, the stringent living conditions forced upon the low-income sectors of the Brazilian population, the curtailment of any legal forms of popular organization and the repression of the Church itself. Their opposition initially crystallised at the Second Vatican Council in 1965. On this occasion there was a gathering of Brazilian bishops in Rome, who met to approve measures to encourage a rapprochement between the Catholic Church and large sectors of the people. These included moves to attract lay people to work with the church close to the community, and out of this the Popular Church was born.

This movement within the Catholic Church gained momentum from Latin American Bishops Conference (CELAM) at Medellin, Colombia in 1968 when a clear and official commitment was made to bring to the Latin American poor not only the
Gospel, but also a message of support for the struggle for social justice. This transformed the face of the Church in the continent, and in Brazil. The Medellin conference set the tone for future developments within ecclesiastical thought in Brazil, by defining clearly the new line of action the Church should follow, through a process of strengthening the local base communities. Documents from Medellin specified that the Church should have as its objectives:

"To defend, according to the Gospel the rights of the poor and oppressed (...). To encourage and favour all people's endeavours to create and develop their own base community, for the demands and consolidation of their rights and search for true justice. (...) The Christian base community is the first and fundamental ecclesiastic core which has on its own level to assume responsibility for the richness and expansion of faith as well as for the cult which is its expression. It is therefore the initial cell of ecclesiastic structuring and focus of evangelization and presently the primary factor of human promotion and development". (Conclusions from Medellin, 1968:2,10,15,22 and 27, quoted in de Camargo, de Souza and Pierucci, 1981:66)

Hence, the development of the first Ecclesiastic Base Communities which possessed from the start most of the characteristics that they have today, provided a focus for radical thought within the church that sometimes transformed entire dioceses (Mainwaring, 1986).

In the archdiocese of São Paulo, this process was delayed until 1970, when the conservative archbishop was replaced by a progressive one, called D. Paulo Arns. Many progressive nuns and priests had been working close to the working class and they were now able to establish a stronger channel of political activity with the
approval of the new leader of the Church in São Paulo. They had been engaged in
the organization of evangelization courses in accordance with the objectives laid down
by the Second Vatican Council. These aimed at developing a critical awareness
among the participants, along with an ability to share in solving common problems.
This work, to which the new archbishop made a major contribution, laid the
foundations for the work of the ecclesiastic base communities within low-income
communities, in the last instance negating the competitive character of capitalism (de

"Under his (D. Paulo's) leadership, the base communities, the defence of
human rights and the rights of the poor became archdiocesan priorities".
(ibid.: 105)

The significance of Church support gains weight when placed against the
oppression and silence imposed on Brazilian society after 1964 and especially in São
Paulo during the early 1970's. It was here that left-wing groups, some of which were
engaged in armed struggle, were most active and organized and it was here that
repression was at its strongest. Without a legal or committed channel to convey their
demands and aspirations, the people of São Paulo, like most of the lower income
groups within the Brazilian population, found in sectors of the Church the most
structured opposition there was to the regime throughout the 1970's (Lopes, 1980).
As Mainwaring emphasises, the church, and particularly the ecclesiastic base
communities, had a unique position in relation to urban movements:
"It was the only institution that could criticize the economic model and the repression, defend human rights and organize the popular classes. In this sense the political vacuum encouraged the transformation of the Church. (...) By linking human rights to the worsening plight of the poor, the São Paulo Church identified the issue around which the bishops as a collective body first reached consensus in their criticism of the government". (Mainwaring, 1986:105/108)

The ecclesiastic base communities were generally grassroots organizations that counted on the support of the clergy; they came into existence from the institutional Church. They played a crucial part in the process of innovation of the Brazilian Catholic Church (Mainwaring, 1986). The action and initiative of progressive nuns and priests and the participation of lay people in grassroots organizations from the mid-1960’s, became increasingly more political and affected in several ways the growing process of popular reaction. They particularly affected urban movements and labour movements throughout the 1970’s, mainly through conscience raising and by providing a focus for the struggles. The impact of the CEBs on these popular movements also illustrates the very crucial difference between them and the old SABs. Unlike the SAB’s, the CEBs did not attribute the problems of impoverished peripheral neighbourhoods to specific governments or their current policies. Instead, they attributed them to the capitalist social organization, which fostered individualistic and restricted interests without any concern for solidarity. Through this perspective, the CEB’s widened the concerns of those taking part in their works and activities, and increased the value of the communal participation in the life of their communities. This is what characterized the Popular Church and its CEBs. It should be noted, however, that although the CEBs were crucial at a particular historical moment in
Brazil, the popular church was not a uniform or consistent influence on the development urban movements. In fact in many cases a crucial feature in this development may also have been the decision by these movements to distance themselves from the work of the ecclesiastic base communities. These movements had evolved their work beyond the first phase of conscious recognition of the wants of the people and their focus was now on the economic system to which most of the CEB's were exclusively dedicated (Lesbaupin, 1980). This was the case in the area of Jardim Nordeste as seen in chapter 4 ahead.

There was however, still another factor contributing to the process of change in Brazilian society during the 1970's, particularly in relation to the political participation of low-income women, and that was the Feminist Movement. The Feminist Movement in Brazil always aimed to mobilize low-income women around issues such as wages, working conditions and maternity leave. However, the movement was composed mainly of middle-class women who tended to meet at times when it was difficult for low-income women to attend, and in fact few ever did (Schmink, 1981; Cardoso, 1983b). Furthermore, the Feminist Movement in Brazil historically tended to direct itself to broader political questions which were somewhat remote from specific 'women's' issues. These were actually relegated to a secondary position (Schmink, 1981), where they were acknowledged as relevant to a feminist struggle, but only in so far as this helped to mobilize women in their claims for reform rather than revolution (ibid.). Alvarez (1990) describes Brazilian feminism in the 1970's as rather undefined, and largely restricted to 'established' Marxist categories of analysis: the main concern of those involved in organizing women in
relation to discrimination was thus the link between women's struggle and class struggle. This author also states that in general, women's 'specific' needs were seen as secondary to the need for 'general social transformation', so that the particular would wait until 'after the revolution'. This was also the trend elsewhere in Latin America (see Jaquette, 1989). The international year of women promoted by the United Nations in 1975 gave a major impulse to women's groups in Brazil, some of which, like the Centre for the Development of the Brazilian Women, counted on the participation of unions, political parties, sectors of the Church and women's groups (ibid.).

There is some disagreement as to the more recent work of feminist groups. According to Schmink (1981), only a few feminist groups emerged with the notion that neighbourhood issues and women's issues were different and specific, whilst most groups continued to propose a unified view of citizens' issues as a whole. Barroso (1982), on the other hand states that one of the main characteristics of this moment in feminist organization was its increasing emphasis on issues affecting women more directly and specifically. After the Second Women's Congress in São Paulo in 1980, there appeared a distinct feminist political identity within the overall movement, which confronted the traditional approach of the Brazilian Left which had in practice subsumed the demands of women's groups to the wider class struggle. So, the 'generic' earlier activities gave way to more 'genderic' ones (Alvarez, 1990).

The fact seems to be that especially from the mid-1970's, the Feminist
Movement played a significant part in the process of popular reorganization going on at the time. It was able to legitimize the participation of women in urban movements (Caldeira, 1987), by stimulating women to deal with women’s problems in ways which redefined public and private spaces and gender roles. Women’s low-income neighbourhood groups received direct help from feminist groups, particularly in discussing questions such as family planning, working rights, everyday sexual violence and maternal health (Barroso, 1982).

This was especially the case in São Paulo, where feminists organised three women’s congresses whose participants were drawn from all over the state. These congresses included women from church groups, mothers’ clubs from the periphery of the city and groups of women unionists who supported feminist demands in their journals and meetings. There was an emphasis on women’s issues, and discussions ranged over subjects like the maintenance of crêches, neighbourhood demands, the emancipation of women from domestic work and the transformation of such work into specialized activities in the division of labour.

Two groups in particular had preeminence in São Paulo. The first was called "Nós Mulheres" (We Women) which published a journal with the same name, and the other was the group called "Brasil Mulher" (Brazil Woman) which also published a periodical under the same name (Barroso, 1982; Alvarez, 1985, Singer, 1981). Barroso (1982) suggests that the representation of feminist groups in São Paulo was stronger than in any other part of the country. This was possibly due to the greater numbers of female wage-earners there as a result of the higher level of capitalist
development, and an increase in the number of women being incorporated in the salaried work force, and also because of the work developed by feminist groups themselves particularly among low-income women. By 1981 though, a number of relationship problems had built up, which related to differences in priorities. These severely damaged the unity of feminist groups and women's groups and it became impossible to continue with joint actions (Sarti, 1989).

"It was precisely the fundamentally 'political' character of the women's movement to the detriment of issues relating specifically to women as such, that was the motive for the growing discontent of that strand which identified with feminism as a struggle against sexual oppression". (ibid.:84)

Despite these problems, the overall concepts and propositions of the Feminist Movement achieved wide currency in São Paulo, even though this movement was not directly active in every district (Caldeira, 1987). In this context, it is important to distinguish the Feminist Movement itself, comprising the several feminist groups in Brazil, from the overarching ideology which in various forms, and with various emphases, was promoted by these groups. The fundamental and far reaching common point was that women had the same right to participate in the neighbourhood as men had.

The influence of both the CEBs and the Feminist Movement upon urban movements was crucial mainly as far as the inside organisational work is concerned. This is because the 'outside' work, the activities by the movements themselves, has been a derivation of the former. Thus the objective of the movement came to be
posed in terms of *demands for 'rights'* rather than an attempt to obtain privileges or donations through mediation and bargaining with the authorities.

Within these movements, there has in fact always been a preference for self-help whenever possible, with appeals to the authorities only when particular problems reached unsurmountable proportions. There remains an understanding, however, that at the wider level of the municipality or metropolitan region, the community will never be able to achieve control over its conditions of existence unless it is able to participate autonomously within the institutions that make decisions affecting the entire region. Indeed, in some important cases it is understood that there is a two-way relationship between administration and mobilization, whereby one legitimizes the other. The more institutionalized the movement, the greater its access to the authorities and the greater its credibility among the population directly interested in its action. However, this institutional situation embodies a vicious circle that has not yet been broken in the area of urban movements in Brazil. The movements tend to favour and support the politicians who are able to support them in return even with the alternation in power of distinct political forces. This can of course be interpreted as a pragmatic and even necessary attitude on the part of the movements. However, the point refers to their dependence on these channels vis-a-vis the problem of direct participation in the decision-making process of administrations put forward above. In any case, it is in this *'alternation'* and in the conflicting politicization of most of the movements in Brazil, and especially in São Paulo, that the potential for the democratization of the society there rests.
Furthermore, it is from the analysis of the inside structure and organization of the movements that it is possible to understand the fluctuations of their fortunes, and their ability to articulate with other social forces during the struggle. Its results are not established and defined beforehand, stipulated by analytical categories which only wrap their agents into a pre-defined story. A curious aspect here is that however comprehensive movements are, they basically do little more than bring together the most motivated of those interested in the solution to particular problems. The daily participation in the tasks of the mobilization process requires a sacrifice of time and energy which falls on the shoulders of a restricted number of members. It is only through a detailed inside analysis of the particular movements that their organization and structure, and most of all, their effectiveness can be explained and understood. This does not imply an exclusive focus on the movements themselves, without regard to external factors and agents, such as governments, political parties, professionals working in areas closely linked to their demands or other bodies such as feminist groups. These are integral parts of the movements and their demand-making processes. At certain stages, they can have a critical influence on the everyday struggle, and they too must therefore be analysed if one is to understand the paths taken by the movements concerned.

The Health Movement of the Jardim Nordeste area is a very relevant example in this debate. Its particular combination of social actors makes it a very likely site for the development of a long term, strong women's movement. It has reached an institutionalized level that guarantees a long and consistent interchange with the authorities, administration after administration, establishing a two-way relationship
with politicians with whom they sympathise. However, it has preserved a degree of autonomy which among other things does not provide their party of preference with a safe conduct inside the movement. These aspects will be approached in greater detail in the chapters that follow.

3.5 Conclusion and Summary

There were two main reasons behind the process of reorganization of the Brazilian population in the 1970's and early 1980's. Firstly the fact that as a result of the income concentration policy adopted by the new military regime in 1964, the vast majority of the Brazilian people, particularly those in the lowest income levels of the spectrum were squeezed out from the benefits of the unprecedented economic growth that the country witnessed in the period. The income concentration policy was implemented through the impulse to big firms concentrated in terms of investment and concentrating incomes and populations. A process of urban plunder crystallised. Behind this notion there is the understanding that the form of capitalist expansion carried on after 1964 reorganised social relations of exploitation making use of the control of urban land and infrastructural resources of cities, turning them into powerful instruments of social spoliation. This constituted an incentive for popular reaction. However, this was not enough to explain what took place later in the form of organized struggle.

Hence, the second reason which contributed decisively to that response was the
repressive strategy adopted by the new government to enforce its economic programme upon the people and to eliminate any active opposition. This led people to find new channels of expression for their discontent. They found mutual support in popular organizations and exiting groups, many springing up from the work of the institutionalized Catholic Church through some of the more progressive priests and nuns. The Catholic Church, specially in São Paulo from the 1970's onwards, as a direct consequence of its internal restructuring, provided the low-income population with vital support in the context of an absolute political vacuum. It constituted one of the two crucial parallel factors of support to the change taking place in the country. The second was the feminist movement which, particularly in the case of women's participation, legitimised it and was instrumental in the process of raising to consciousness the needs of low-income women.

In this sense, Brazil, particularly São Paulo, gives a clear example of the potential for change that can be realized within a profoundly adverse context. It is a privileged setting for the study of popular reactions, and, more important perhaps, for understanding the dynamics behind the maintenance or failure of movements following the first fundamental step. Poverty and worsening living conditions alone cannot explain urban movements coming to the fore of urban politics. It is not enough just to enumerate and even discuss factors helping the emergence and more importantly the continuity of these reactions. Furthermore, movements do not congregate the totality of the community at all times, and in certain cases they do not ever do so. Hence, both the dynamics of the social actors directly involved in a movement, and the movement’s relationships with outside actors, are crucial to establish the
movement’s continuity.

Notes:

1. For an explanation of the Popular Church, see below in section 4.2.1.

2. For the antecedents to and the first years of the 1964 military coup in Brazil see Branco, 1975 and 1976 respectively.

3. Minas Gerais and Guanabara. The latter is now part of the State of Rio de Janeiro.

4. The monthly minimum wage, which was formally established in 1940 in Brazil was defined as "(...)the minimum income owed to every adult worker, with no distinction of sex, for a normal day’s work, able to satisfy at a certain point in time and in a certain region of the country the normal food, housing, clothing, hygiene and transport needs of that worker". (Saboia, 1985:2)

The minimum wage was established at different levels for different regions of the country and did not include expenses relating to education and leisure, nor did its law include any reference to gains of productivity of work. In May 1984 the minimum wage was unified for the country as a whole (Departamento Intersindical de Estatística e Estudos Sócio-Economicos, 1984).

5. Data from Emplasa, 1985:78. The Metropolitan Region of São Paulo is a conurbation made up of 37 municipalities including the City of São Paulo. See chapter 3 below.

6. The minimum wage instituted as law in 1940 was part of a package of labour laws designed by the Getúlio Vargas administration between 1930 and 1945. Most of it was kept until the mid-1980's in its original form. They had the fundamental purpose of regulating the absorption of labour force by a 'new' dominant sector of the economy in plain development, after the collapse of coffee production in 1929: urban manufacturing industry. It aimed at levelling, reducing rather than incrementing, the cost of labour. It matched labour costs taking the bottom of the ladder as its reference in order to allow for the bridging of pre-capitalist sectors of the labour force (in agriculture and subsistence) and capitalist ones (in the emerging manufacturing industries), since to keep the difference between these two might have meant a threat to the viability of the latter (de Oliveira, 1987).

Effectively, if wage levels were to be higher than those of free bargaining in a free market, raising excessively and artificially the remuneration of labour in the distribution of income in relation to 'balanced conditions of the market' as some liberalists would believe (see Macedo
and Garcia, 1978) then the system would collapse because of absolute inability to accumulate (ibid.). And accumulate it did as is shown by Cano (1981). After 1964, with the new industrial labour market fully constituted, the law of minimum wages was used to increase productivity in order to face the economic crisis inherited by the new regime.

7. This regime lasted until February 1978, and was the fourth military government since the military coup.

8. The Unions’ Law, another of the package of labour laws edited during the Vargas administration, linked them inexorably to the state through the newly installed Ministry of Labour, and was also geared to placing the components of the workforce of the emerging manufacturing sector of the economy at a similar level in terms of income and political rights. It allowed the state to control the organization of workers by dealing directly with the finances of unions and forbidding political activities in them, destroying any possibility of establishing a concrete autonomy in the administration of the institutions managing the interests of the workers and their demands (Gonçalves, 1984). Unions were turned into instruments institutionalizing workers’ pressures, transforming them from a marginalized social category from which any sudden autonomous political intervention might be ‘dangerous’, into a controllable sector in the social forces’ game. It was the integration of workers through union tutelage that made it possible for their presence to be felt politically (Martins, 1976). Ever since the early 1930’s, unions had provided a means of state intervention in struggles geared to reaching harmony in industrial relations; this control became more evident in the 1937 constitution, establishing the basis for union activities for over 40 years (Fausto, 1982; Leite, 1985).

Up to the early-1960’s, the state interfered in the division of labour at the level of economy and society as a whole, as the tool for the adaptation and adjustment of the ‘archaic’ agro-exporter sector and the ‘new’ urban industry in the structuration of the new mode of accumulation (Weffort, 1966). After 1964 though, its technocratic bureaucracy affected the division of labour at the level of the state itself. The transition to a ‘new market’ had already taken place and it was not in it but in the action and organization of the state itself, ever more present in the economy then as regulator of national and foreign interests, in the production needs of accumulation that intervention was necessary (de Oliveira, 1987). In this context of a fully established new mode of accumulation, the working class stay excluded from the new structure of power through the control of their political action.

9. Henceforth in this Thesis, the Workers Party and the Brazilian Democratic Movement Party will be referred to as ‘PT’ and ‘PMDB’ respectively.

10. For a detailed study of the Brazilian military regime see Flynn, 1979; Velasco e Cruz and Martins, 1983.

11. See also de Camargo, de Souza and Pierucci, 1981; Betto, 1981.

12. For an example of a relationship between the Catholic Church and a labour movement see Vink, 1985.

14. For a revision of the literature on the role of the Catholic Church in Brazil in urban movements see Duarte and Yasbeck, 1982.

15. For early feminist struggles in Brazil see Saffioti, 1978; Alves, 1980; Singer, 1981b.
CHAPTER 4

HISTORICAL EVOLUTION AND SOCIO-ECONOMIC CHARACTERIZATION OF THE AREA OF JARDIM NORDESTE AND ITS SURROUNDINGS, AND EMERGENCE OF THE HEALTH MOVEMENT OF THE JARDIM NORDESTE AREA
4.0 Introduction

This chapter is divided into two parts. The first deals with the historical evolution of the area around Jardim Nordeste, as well as providing the socio-economic background against which to place the emergence of the Health Movement of the area. This elaborates the situation outlined in Chapter 3, with particular reference to the specific context within which this particular movement emerged. The second part is then dedicated to the emergence of the Health Movement of the Jardim Nordeste area, including the life history of the women who started the movement, the reasons why these women did so and the social actors which contributed to its emergence. The assertion of this chapter is that it was not only the national context discussed in the previous chapter, and the specific one presented below, that explain the emergence of the Health Movement of the Jardim Nordeste area. Different actors contributed to it coming about: the women in Jardim Nordeste, the Catholic Church, the medical doctors who came to the district in 1976, the state and the Feminist Movement in Brazil.
4.1 Historical evolution and socio-economic characterization of the area of Jardim Nordeste and its surroundings

Jardim Nordeste is a district within the Eastern Zone of São Paulo. It is neither a political nor an administrative municipal unit and has no autonomy in terms of the management of health care or any other type of service provision in the area. Developed from 1821, at the same time as its neighbouring district, Cidade A.E.Carvalho, (Langenbuch, 1971:185), Jardim Nordeste and its encircling area (see map no. 2, at the end of this chapter) have witnessed a pattern of development very similar to the other regions of the city. Its historical evolution is then examined within the context of the evolution of São Paulo as a whole, followed by a more detailed section on its socio-economic situation in the 1970’s and the first half of the 1980’s.

4.1.1 Historical evolution of São Paulo and Jardim Nordeste area:

In view of its rapid urbanization, particularly in the second half of this century, the expansion of São Paulo has been ‘radiocentric’ and has ‘overflowed’ its political-administrative limits. These limits were an inheritance of its pre-metropolitan period characterized in large measure by being static. The geographical expansion of São Paulo took place in two ways: through ‘agglutination’, a continuous horizontal growth of the central parts of the city which has found no important geographical obstacle in its way, as well as through ‘unfolding’, the proliferation of small nuclei around its
perimeter which have been gradually annexed and included into the urban limits. The lack of long term planning referred to in Chapter 3 is really rooted in the inability of the administrative powers to follow the pace and adapt to this uninterrupted geographical growth. Of course in that chapter the criticism was directed to the apparent unwillingness of the military government installed in 1964 to produce mechanisms to control the consequences of the economic growth engendered by its economic policies and strategy. This happened when the urban limits of the city had already reached almost the proportions of a 'metropolis'. Administrative annexations were no longer unpredictable and did not take place in such an abrupt fashion. Furthermore, there was already an awareness by the local public administration that co-ordination of services and public institutions was essential to deal with the ever growing urban problems faced by São Paulo, in particular in its peripheral areas.

The formation of São Paulo was closely related to the fact that at the end of last century all provincial roads led to it as an entrepôt between the agricultural production in the interior of the State and the harbour of Santos. Together with Rio de Janeiro, it was already one of the main export outlets of the country. The traffic provoked by this affected the periphery of the city as well, in that most transport at that time was by donkey, and this required several stoppages. The urban development that arose from this need made up one of the most important geographical features of the area. Some of the agglomerations that grew up were a direct result of this traffic, and most functioned as centres for the provision of related services. All of these were, and still are, the consequence of the polarizing character of São Paulo.
At the end of last century the country witnessed the advent of the railways. These rapidly replaced donkeys as the main means of transportation. Just as the centres above were generated by the metamorphosis of the expanding city, so the railways became the new factor determining the spatial organization. This was the case with the Central do Brasil railway, going to the North towards Rio de Janeiro (see map no. 3, at the end of this chapter). This runs along the borders of Jardim Nordeste and touches most of the main agglomerations in that line, former stopping points on the donkey convoys' northward route in that direction. The development of these centres benefited in great measure from the new railways. During this period the old roads were not totally forgotten, but most lost their importance until well into the second half of the 20th century. This was the case, for example, with the old road linking São Paulo and Rio de Janeiro, the old Dutra highway (see map no. 3, at the end of this chapter), which follows approximately the route of the railway.

The development of the railways had several major consequences. First, wherever they passed or crossed the former stopping points on the old donkey routes, these tended to be transformed into centres of commerce in their own right - as was the case of Itaquera and Guaianazes, (formerly Lajeado), which are centres bordering the area of Jardim Nordeste (Langenbuch, 1971:104). Initially, these two areas and their surroundings had been mainly centres of agro-subsistence, quarrying and forestry. They were also to some extent residential centres, though this was of less importance at the time. By this stage one could already observe the process whereby families with modest incomes were being driven out of the expensive central areas of São Paulo (ibid.:114 and 136).
A second consequence of the development of the railways was the expansion of the urban area of São Paulo along their routes. Although the process of 'metropolitanization' as such only starts during and after the 1920's, at this moment of São Paulo's development, the centrifugal expansion of the city provoked by the railways sparked off a process of gradual urbanization in that direction. The city was quite scattered at this point, and new areas of land parcelling started to link the various areas more closely. After the 1920's, all these areas started to become more distinctly residential, with the continuous expansion of land parcelling, as in the important instances of Itaim, former Vila Silva Telles, and the two mentioned above, all of which surround the area of Jardim Nordeste (ibid.:136). It is also at this time that some of the old roads, such as the São Paulo-Rio de Janeiro highway mentioned above, regained some of their previous importance due to the advent of the motor car - a trend which developed more fully in the late 1950's and early 1960's with the installation of the motor industry in Brazil. In the 1920's and 1930's these roads may have been of relatively minor importance, but they were still perceived as competition by the railway administration. The frequency of train services increased, and as a result the areas concerned became increasingly attractive for occupation and development.

The process of metropolitanization of São Paulo was then irreversibly under way, as its surrounding areas became urbanised and built up - a process which would only slow down in the 1970's. The population in the area of Jardim Nordeste was only about 4,700 people in 1920, but by 1940 it had grown to about 18,500. The same trend characterises all the peripheral areas of São Paulo, whose populations
almost doubled during this period, to make up more than half the total growth in the
'metropolitan' region of the city (ibid.:170-171).

An interesting aspect of this development is the fact that some areas also
developed industrially, leading to the installation of infrastructure like water and
power. This, however, was not the case in the area around Jardim Nordeste.
Fundamentally residential and working class, it had only a modest area of commerce
and services, near to the railway station. Indeed, the further one went from the
railway station, so the proportion of commercial buildings rapidly declined, giving
way to exclusively residential development (ibid.:151). Ermelino Matarazzo, (formerly
Comendador Ermelino), which makes up the area of Jardim Nordeste, started to
industrialize from the 1940’s onwards. The infrastructural development which derived
from this was very modest, however, and restricted to the area around the small
factories that had sprung up (ibid.:181). In any case, it was really at this point that
the area of Jardim Nordeste started to attract the suburban population, expanding away
from the nearby train station of Artur Alvin towards the centre of Ermelino Matarazzo.
In terms of urban design, this expansion was parallel and transverse to the railway line
(ibid.:185).

The years from 1940 onwards also saw an acceleration of the urbanization of
the city of São Paulo. Its total population leapt from about 580 thousand in 1920 to
about 1.3 million in 1940, and then to about 2.1 million in 1950 and around 3.7
million in 1960. An important factor was the Central do Brasil mainline railway
within the metropolitan region of São Paulo, which today extends about thirty miles,
the first 18 of which are inside the Eastern Zone of the city. This attracted a surrounding population of more than 54,000 people in 1940, 171,000 in 1950, 280,000 in 1960 and 400,000 in 1965 (ibid.: 170, 178 and 190). Langenbuch (1971) explains this process in the following way:

"As it grows, the city engulfs the closer suburban areas in the expansion of its built-up area and provokes the development of the farther suburbs within its periphery". (ibid.:178)

It was around 1940 that the railways first became unable to meet the pace of urbanization and satisfy demand. The roads then started to acquire greater importance, with an increase in both bus and car traffic, the latter being used particularly by the middle classes. At this point, the old highway from São Paulo to Rio de Janeiro, mentioned above, which runs not far away from the railway line, became a mere street linking all the suburban areas in the route. The area surrounding the Central do Brasil railway remains to this day a predominantly working class residential area. Its population has been forced to make use of crowded and in many cases unsafe trains and buses, which have been unable to match the growing demand to and from the centre of São Paulo and, in the case of the latter away from the train stations (ibid.:193).

In any case, the railway was fundamental for the establishment of the suburban areas which grew up along its line and the road was crucial to link them, causing them finally to be incorporated into the built-up metropolitan area. This area was over 700
km² in 1961 and 1,700 km² in 1989 (Rolnik, 1989:77-78). In other directions from the centre of São Paulo, railways and roads linked all the surrounding built-up suburbs and municipalities, the latter counting 37 in all, in what is today called the Metropolitan Region of São Paulo (ibid.:327).

4.1.2 The Jardim Nordeste area in the 1970’s and the first half of the 1980’s:

A socio-economic picture for the area of Jardim Nordeste can be drawn from two basic data sources, which differ in terms of their area of coverage. First, at a general level, there are data for the whole of the Eastern Zone of São Paulo, of which the Jardim Nordeste area is part. Secondly, and in more detail, there are data for the area of Jardim Nordeste itself. Together these give enough information to shed light on the situation faced by the inhabitants of the area and to allow one to construct some idea of the backdrop to the origins of the Health Movement there.

The Eastern Zone of São Paulo, one of five zones in all, has been one of the two poorest in the city (the other being the Southern, specifically its southernmost half). In São Paulo generally, anything up to five times the legal minimum wage can be regarded as "low income". In 1984, forty percent of the economically active population of the Eastern Zone fell into this category, (earning anything up to about US$265 or £225), as compared with only thirty five percent in São Paulo as a whole. Equally, around thirty percent of the population of this zone earned less than half this
amount - a monthly income of no more than twice the minimum wage (about US$106 or £90) - as compared with only twenty five percent in São Paulo as a whole⁵. The total population in 1984 was nearly 2.5 million people (Grupo the Educação Popular/PUC-SP, 1984:28), making it the largest Zone in demographic terms, with about 25 per cent of the total population of the city (Empresa Metropolitana de Planejamento da Grande São Paulo, 1985:62). Some of its districts had some of the highest growth rates in the country, growing by more than 400 per cent in the two decades preceding the 1980’s (Grupo de Educação Popular, 1984:29).

In the 1970’s the area of Jardim Nordeste achieved a annual growth in its population of about 4 per cent (Rolnik, 1989:43). It had a total population of about 71,900 people in 1960, about 152,100 in 1970 and around 242,000 people in 1980 (Empresa Metropolitana de Planejamento da Grande São Paulo, 1982:57). Of this 242,000, around 184,000 were aged ten or over (Empresa Metropolitana de Planejamento da Grande São Paulo, 1985:127), and only 40 per cent of these were economically active. Even taking into consideration the sizeable number of children aged 10 to 17 years who were attending school, (about 11 per cent [Empresa Metropolitana de Planejamento da Grande São Paulo, 1982:530-531]), and with optimistic estimates for the so-called informal activities which of course existed, this figure reveals a high rate of unemployment or at least very low and irregular incomes.

Of the 40 per cent who were employed, 67 per cent were men, 56 per cent of whom were in the low-income bracket of the local population (up to 5 minimum
monthly wages - US$440 or £190"). Women made up 33 per cent of the economically active population, 56 percent of whom were also in these wage brackets (data calculated from information in Empresa Metropolitana de Planejamento da Grande São Paulo, 1985:127-133). Moreover, on average, men’s incomes in the Metropolitan Region of São Paulo between 1978 and 1986 were on average rather more than twice those of women (Brant et al., 1989:51). No separate data on incomes is available for the specific area of Jardim Nordeste, but the literature gives no reason to believe that the situation there would be significantly different.

As for occupational sectors, between 1977 and 1987, about 14 per cent of the economically active population were employed in industry, and most of the rest in commerce and services. This followed a general trend of service sector expansion, which occurred throughout this period of expansion in the whole of the Metropolitan Region of São Paulo (Brant et al., 1989:45). (The area no longer had any agricultural or quarrying industries by this point [Rolnik, 1989:144-145]). No sex-specific occupational data are available for the area of Jardim Nordeste. However, the general trend for the whole of the Metropolitan Region of São Paulo is for a steady increase in female employment. Between 1976 and 1986, the proportion of women earning income rose from 32.6 per cent to 39.6 per cent. These made up the largest proportion (about two thirds) of the low-income population. Women’s participation in employment has been inversely proportional to their level of income during this period, and their economic ‘inferiority’ has continued (ibid.:53).

Moreover, for the Metropolitan Region, in 1982, the middle of the period
considered above, about 77 per cent of those employed in industry were men and around 22 per cent were women, whereas in commerce and services these figures were 52 per cent and 48 per cent respectively (Fundação Sistema Estadual de Análise de Dados, 1984:343). Again, although there are no separate data for the area of Jardim Nordeste, the literature gives no reason to believe that the situation would have been any different there. Notwithstanding this, although the overall level of income was rising between 1977 and 1987, the area of Jardim Nordeste continued to have a concentration of low incomes. In 1977, about 70 per cent received low incomes and in 1987, as in 1980, about 56 per cent did so (Rolnik, 1989:65). This meant a reduction of those earning low incomes of about 13 per cent in three years followed by a period of stabilization.

In terms of legal status, the area of Jardim Nordeste was originally comprised of settlements that were illegal in terms of both the civil and the criminal law. Irregularities in relation to the norms laid down by the municipal authority and illegal declaration of ownership of the plot of land to be parcelled were the rule. However, by the mid-1980’s practically the whole area had achieved legal status, with only insignificant exceptions. Furthermore, there were by then very few slums and ‘cortiços’ (slum-dwellings inside permanent structures) (Rolnik, 1989:100-103). In fact, there are very few spots of absolute poverty in the area.

The expansion of the built-up area has been characterized exclusively by ‘horizontalization’ with most buildings constructed of masonry or other permanent materials, usually through self-help or mutual-help (ibid.:135), on small plots, with a
low coefficient of land use. If 0 and 3 are taken as the extremes of built-up area per plot in São Paulo, the area of Jardim Nordeste has a rating of less than 1, revealing the predominance of small structures (ibid.:116-117). These totalled about 55,600 in 1980, ie 2.7 per cent of the total number of small structures in the city of São Paulo (Empresa Metropolitana de Planejamento da Grande São Paulo, 1982:465-466). Local population density in the mid-1980’s was about 200 people per hectare. The average for the whole of São Paulo was rather lower, at about 160 people per hectare (Rolnik, 1989:112-113).

As far as infrastructure goes, accurate information about water supply and sewerage network is only available from 1990. Due to the conditions of development of the Metropolitan Region and the Eastern Zone of São Paulo it could not have been any better before. In 1990, about 80 per cent of dwellings in the Jardim Nordeste area were connected to water, whereas only 12 percent of them had mains drainage. Most of the rest used cesspools (Rolnik, 1989:67). It is important to note though that at the end of the 1980’s, the water supply was extremely unreliable, being interrupted for about 20 per cent of the time in the Jardim Nordeste area, and as much as 33 per cent of the time for the Eastern Zone overall (ibid.:167-170). As for electricity supply, about 82 per cent of buildings appear to have been connected in 1983, although this number may be slightly underestimated due to clandestine connections. This meant an increase of about 57 per cent since 1976, with an increase of 85 per cent in consumption since then (Empresa Metropolitana de Planejamento da Grande São Paulo, 1985:375-376 and 365). Of these buildings, 84 per cent were residential (consuming 93 per cent of total power supply), 12 per cent were commercial units.
(consuming 6 per cent of total power supply) and 4 per cent were industrial outlets (consuming about 1 per cent of total power supply) (ibid.: 368 and 380).

Public health provision for the Eastern Zone of São Paulo was appalling. In the 1970’s and 1980’s the area had only partial provision of piped water and almost no sewerage collection. In 1984 for every 1,000 children born alive 110 died before one year of life (Grupo de Educação Popular/PUC-SP, 1984:29). This situation was aggravated by the lack of hospitals - there was just one for the entire area. The city centre of São Paulo boasted an average of 12 beds per 1,000 inhabitants. In the Eastern Zone, by contrast, this figure collapsed to just half a bed per 1,000 inhabitants, representing less than 1 per cent of the total number of beds in the city of São Paulo (Empresa Metropolitana de Planejamento da Grande São Paulo, 1985:298). At this point the World Health Organization was recommending at least four to six beds per 1,000 people as a basic minimum (Grupo de Educação Popular/PUC-SP, 1984:29). According to medical staff working in the Eastern Zone in 1980, the area was in need of 70 more health centres to add to the existing stock of 24 (Grupo de Educação Popular/PUC-SP, 1984:29). About 25 per cent of the city’s population lived in the Eastern Zone, but it had only 4 per cent of the city’s clinics and first aid centres (Empresa Metropolitana de Planejamento da Grande São Paulo, 1985:300). Overall, the infrastructure of health care in 1983 was capable of attending to about 25 per cent of the general needs of the local population, and in this particular year, levels of clinic attendance by mothers and children reached only 27 per cent of the target determined by the State Department of Health, a figure which is reduced to a mere 2 per cent for adults overall (Jacobi, 1983:156).
The specific situation in the Jardim Nordeste area was in no way better. On the contrary, the area had no hospital, no clinics, no health centres and no doctors - not even private ones. The first to appear was Jardim Nordeste’s local health centre which was in 1979. Until the early 1980’s this was the only medical assistance centre in the area, and it had to attend to a population of about 242,000 (Fundação Sistema Estadual de Análise de Dados, 1984:106). There were no health centres or clinics in the surrounding districts either, and the inhabitants of the area had to travel an average of 6 to 8 miles to get access to medical care (Grupo de Educação Popular/PUC-SP, 1984:35). It was only in 1983 that 7 first aid clinics started to operate in the area, on top of the existing local health centre. This represented about 0.7 percent of the total for the municipality of São Paulo, for a population that was then about 2.5 per cent of the total of the municipality (Empresa Metropolitana de Planejamento da Grande São Paulo, 1985:300). There was also a correlation between the poor water and sewerage provisions on the one hand, and infant mortality on the other, of which the local rate was about 65 in a thousand in 1980 (Rolnik, 1989:60).

This, then, is the overall view of the Jardim Nordeste area. It gives a picture of a predominantly residential zone with a low level of quality of provision of basic infrastructure and low incomes. It typifies some of the facets of the socio-economic inequality in the largest city in South America, arising from the economic model based on extreme income concentration and urban plunder that was established in the mid-1960’s: the processes of pauperization and spoliation (plunder) that it shows constitute without doubt the most blatant expression of the negation of basic rights. It was in this overall context that the Health Movement came into being in the mid-1970’s.
4.2 The emergence of the Health Movement of the Jardim Nordeste area

This section examines the role played by five social actors in the emergence of the Health Movement. It begins with the life histories of the women who started the Health Movement, and discusses the reasons why these women did so. It goes on to look in turn at each of the other four actors that also contributed to this development.

4.2.1 Social actors which contributed to the emergence of the Health Movement of the Jardim Nordeste area:

Before addressing the main topic of this section, it is enlightening to look into the women’s life histories. This will also help to gain a fuller understanding of women’s motives to start organizing in their neighbourhood, as discussed in the next sub-section.

Zilda says:

"I was born on the 4th October 1933 in Marilia, in the interior of the State of São Paulo. My parents were both industrial workers. We all moved to São Paulo in 1938 when I was still a small girl because my parents came in search of better jobs. We went to live in Vila Matilde, a district of the Eastern Zone. I studied up to the fourth grade in primary school. While I was single I worked in the Matarazzo industries. After I got married, I worked in a textile industry, as dressmaker in a workshop. We went to live in Agua Rasa, another district of the Eastern Zone. I moved to Jardim Nordeste in 1959 after we
bought our house here. My husband at the time was a taxi driver and later he worked as a warehouseman, and then he studied economics and graduated in 1983. He now works in a firm. I have had four children. After my first daughter was born I stopped working outside and started with piece-work at home. I sewed for some workshops, glued envelopes and cut sandals. After my youngest daughter was born handicapped I stopped doing any work because she needed a lot of attention. After she died when she was two, I started to take part in local parish activities, such as the mothers' club, couples' meetings, and so on. From then on, I never worked again because we felt that my husband's wage was enough to support the family. I went to the parish in order to do something outside my home, for I needed to fulfil an emptiness. I then had the opportunity to meet some women who decided with me to organize the Health Movement. This led me to participate in the Health Movement, and I have been doing this since it began. The Health Movement was the most fulfilling activity in my life and I consider it to be my job today."

As for Zelia:

"I am 61 years old. I come from Recife, capital of the Northeastern State of Pernambuco where I was born in 1924. I studied up to the second grade of primary school. I had never worked, not even while I was married. I married in Recife when I was sixteen years old. I had seven children. My husband had a small bar. We decided to come to São Paulo in order to improve our standard of living, because it was very difficult to find a job up there. He came three months ahead of us. We went to live at Cidade Patriarca, a district of the Eastern Zone, my husband and I and all the seven children. The eldest was seven years old and the youngest was three months old. My husband found a job in a garage. Soon after we arrived, my husband bought a plot of land in Jardim Nordeste and we built a shack because we could not build a proper house at once. We moved in and started to build a house. I got here when I was thirty and became a widow at thirty three! Then I had to start working. I always worked in family homes as a daily maid. My eldest daughter, at this time thirteen, also started working in an office to help me. I also had a small pension from my husband. The house was not finished when my husband died. I gradually finished it. As my children grew up and began working too, I slowed down my own working activities, until I
completely stopped well before the Health Movement started. I started to take part in the local parish's activities, in the mothers' club where I met other women who came to start the movement. I later opted to participate in the Health Movement, which I have done since its beginnings.
The last woman of the first three who started the movement is Monica:

"I came to São Paulo in 1958 when I was thirty two years old. I was born in Campina Grande, the second city of the Northeastern State of Paraíba. I worked in agriculture growing beans for my family’s consumption. My father had a stall in an open vegetable market. I studied up to the second grade of primary school. Before marrying I worked in the kitchen of a hospital. I came to São Paulo soon after I married because my husband already lived and worked here. When I arrived we went to live in Artur Alvim, a district near Jardim Nordeste. After two years there we moved to Jardim Nordeste where we bought a plot and a small house and where I have lived for the past twenty five years. When I arrived in São Paulo everything was weird, different. I didn't even know how to speak. It was like I had arrived in a foreign country. There was a difference in the way people spoke. My husband worked as assistant bricklayer in a building site. After he became ill he worked shining shoes. But I didn’t work outside. Inside the house I have always done piece-rate work, knitting, cutting underwear, sewing pieces of clothing, sewing children’s clothes for the neighbours, cutting rubber sandals. I have had four girls and they always helped me with my work. You know, I have worked so hard! Do you think these girls had much time to play? Only one of them, the youngest, rode bicycles and could afford to be naughty. for the others, it was just work. When the youngest was six, I went to work as cleaner at the sanitation company of São Paulo’s Public Works Department. It was then that I was told I had diabetes and high blood pressure, but I did not believe it! I did not follow the doctor's treatment. After two years in this job, I had an accident at work due to my illness and had to retire but did not stop working. First, I looked after an old lady near my house until she died. Then I looked after some children because the mother had a serious illness. I started washing clothes and finally, because I could not go on myself due to my illness, I carried on only with piece-rate work at home. I started taking part in the parish’s activities because I liked the handicrafts that we used to make in the mothers’ club. After the division in the mothers’ club I decided to go with the other women, and later we started the Health Movement".

From these life histories, some common points can be drawn. All three women were born outside the city of São Paulo. When they first moved to São Paulo, they
went to another district of the Eastern Zone, and later moved to Jardim Nordeste where they bought houses along with their husbands. By the time they started to mobilize and to organize the Health Movement they had already been in the neighbourhood for quite a long time. Zilda and Monica had each been living there for 16 years, and Zelia for 20. All of them had worked at some point in their lives. All of them had children. Zilda and Monica each had four, and Zelia had seven. When they started the Health Movement their children were no longer small or in need of constant attention. Zilda’s youngest child was eight, Zelia’s was twenty and Monica’s was ten. Their level of education was low, with none of the three having gone further than primary school. Zilda got as far as the fourth grade, whilst neither Monica nor Zelia got further than the second. They are all from working class families. When the idea of a struggle for health first emerged, none of them was working on a regular basis. Zilda and Zelia were not working at all, whereas Monica knitted every now and then at home for clients in the neighbourhood.

Together, these women constitute the first and most obvious social actor affecting the emergence of the Health Movement of the Jardim Nordeste area - the other obvious and directly involved actor being the medical students. The second actor with which the women related was external: the Catholic Church. Due to the level of political repression in Brazil during the late 1960’s and early 1970’s, one of the only options open to women of participation in life outside the home was in the Catholic Church, usually in mothers’ clubs. The involvement of women from the neighbourhood in the Catholic Church was gradual. The common feature of their participation was the desire to be active outside their homes. Their work in the local
parish started as manual work such as cleaning the floors of the building and washing the priest's clothes. It later evolved into more of a 'relief' type of work, directed to helping the poorer inhabitants of the neighbourhood.

"At the time we were devotees, always went to the mass. We started washing the priest's clothes. Then we went on to wash linen and other fabrics and ornaments of the parish, and to clean the parish itself, all for free. From taking care of the physical things of the parish, we moved on to take care of the people who attended the parish. Especially those of the nearby slum, who we thought were the most in need. We, the good housewives, the good ladies, saintly ladies, started to work for charity". (Zilda)

This last phrase, said in a mocking tone, demonstrates the growing distance that these women felt from their earlier self-image as churchgoers and charity workers. They came up with the idea of a mothers' club, which would meet every week in one of the parish rooms. They proposed to discuss issues involving children, women, marital relations and everyday problems - a proposal that had the acceptance and support of the priest. Nevertheless, the relief work continued. One of the charity works which they volunteered to help was a municipal government project aimed at helping people in financial difficulties, such as those who might lose their land because of non payment of the purchase instalments, or people who had opened a credit line in a shop and then could not pay for it. Through the mothers' club, these people were then referred to social workers, who would include them in the programme.

Around 1967, four progressive nuns came to Jardim Nordeste, one of whom
did some work with the mothers’ club. She was particularly important in helping with the organization of the meetings, and in the debates, which up until that time had only addressed everyday issues and problems. After the nun’s arrival, the women continued to choose the themes, but the nun would direct the debate so as to bring out the more political perspective, as Zilda explains:

"We were going through a very difficult time, when almost nothing could be said openly. And we knew hardly anything anyway. I did not know anything, nothing. Every Wednesday we met and we discussed. We chose the themes. We discussed education for children, marital problems - our own daily problems. The nun helped us to understand what was going on with our lives”.

Zelia complemented this idea by stressing the contribution of the nun to the group:

"She had a different understanding of problems, so much so that she was always in conflict with the other nuns and with the priests. We discussed our rights, the freedom of women, that women should not be their husbands’ slaves, that women were not supposed to just stay at home washing, cleaning. We had to look around, see what was happening and talk more to people in our neighbourhoods. We did not discuss abortion or contraceptives”.

One of the formative experiences of that period was that the nun helped them in the debates by encouraging them to read and to think about what they read. She brought some books for them to read, most of them novels. Each person at the mothers’ club would then choose one book they wished to read and at the meeting in the following week they had to introduce the contents and name the author to the
others. It was not just books that the nun encouraged them to read, but also magazines and newspapers, and she encouraged them to listen to the radio and watch television - not indiscriminately, but choosing what to read, what to listen to and what to watch. "She helped us to think politically". (Zilda)

Meanwhile, the women continued with their charity work which was their "(...) own initiative, one thing leading to another" (ibid.) mainly with the people of the slum. The women helped the slum dwellers in lots of different ways: the organization of ‘goods exchange’ days, sewing classes, instruction in basic hygiene, and even helping to find jobs and taking food provisions to them. These provisions were gathered both through novenas, for which all those taking part would buy a kilogram of any staple food, and fund-raising jumble sales, which also gave the local population a chance to buy cheaper clothing.

Monica commented on the charitable work they did at the time:

"We asked everybody to help. We asked for old clothes at people’s houses. At the novenas all who came brought food, but not hand outs. We took the food and clothes to those in need. Children did not have milk. Once we came to one house and the people were eating weeds from the ground! In one family I found a job as cleaner for the man, but he was weak and ill and died. There was another where I took the woman to work as cleaner. Today she is retired. They brought sick children to Zilda to give them money to take the children to the health centre at Tatuape (a district in the Eastern Zone closer to the centre of town). I helped, guided them, passed the food bag around, but I couldn’t help them with money because I too was in need. But Zilda did".

So, another way of helping the slum dwellers, particularly in Zilda’s case, was
giving financial assistance to those who needed to travel to the Tatuapé first-aid centre, about 6 miles away, or to the equally remote health centre of Vila Ré, in order to have their children inoculated or just to see the doctors.

"As my house was always a little better than the others in the neighbourhood, and people knew I was better off because my husband got a better wage than the other husbands, they would come to my house to ask for money so they could take their children to the Tatuapé first aid centre. In the neighbourhood there was no type of medical assistance; there was nothing. It was expensive for them to take their children to be inoculated". (Zilda)

But all this effort did not yield any substantive effect in the lives of the people living in the slum. Gradually, the women became aware that what they were engaged in was merely a palliative exercise, with no chance of changing the lives of the slum dwellers in the long term. These were measures for crisis periods, but not for substantial change. The same problems kept repeating themselves again and again.

"We could not do anything to change their situation. I was getting more and more depressed. Every time I went to the slum, I came back depressed and thinking about what I was doing. I was always tired but it led nowhere. Then one day I talked to Monica 'We work hard, buy food with the money we raise, but they never have enough food and they never have enough money to take their children to the first aid centre'". (Zilda)

These feelings were shared by Monica:

"Neither charity nor the money raised helped them".

As a consequence, these women started to question the nature of the charitable
work they were doing. They talked amongst themselves in order to find out a more effective way of actually changing the situation.

"We were always asking ourselves what we could do because we did not have the obligation to help them in that way. They did not need charity, they needed justice". (Zilda) "(...)it was not that we did not want them to come to our house to ask for help. We knew that what we were doing had no effect on their lives". (Monica)

Before this though, the nuns had finished their period in the neighbourhood and moved out, and so had the priest who was then replaced by another one. The women were still meeting in the mothers' club and carrying on their discussions. However, after the nuns and the priest left a conflict became apparent, for the women started having differences as to how to run and organize the mothers' club. Some time later the situation reached a crisis and there was a split in the mothers' club. This was due to the fact that some women only wanted to knit and crochet, whereas the others, including the five women who later started the Health Movement of the Jardim Nordeste area, wanted to have a more political form of discussion.

"We wanted to have a more political discussion and they wanted to carry on with crochet. They did not even want to discuss the minimum wage! One day I proposed to discuss it. Some women then said they did not want to, because they did not live on a minimum wage and so did not have any interest in discussing the subject. They realized we wanted to do political work. They had the mentality that says women should be at home taking care of the house and the children, and that political work was men's business". (Zilda)

As a result of this disaffection, the women who were keenest to take up a more
political line of work decided to leave the activities in the parish, whilst those who were more interested in keeping to the traditional roles of mothers and wives stayed. From then on another group came into being. The mothers’ club continued to meet in the parish but only to knit, to crochet, and to work on charity. As Zilda commented:

"They were only interested in solving their own small problems; they just wanted to fill their time with leisure activities. What we wanted to do didn’t concern them; it didn’t affect them in any way".

The other group, which met in the women’s own houses, opted for a more political kind of work, aiming at finding more effective ways to solve the concrete problems which affected the neighbourhood.

"Once we left the group, we carried on developing the work we wanted to do, which we could no longer do in the mothers’ club. We started to think it was the state which had the responsibility to provide what was the population’s right". (Zilda)

At this time, in the mid-1970’s, the Catholic Church also started to accelerate the organization of the Ecclesiastic Base Communities (CEBs). These groups met in people’s houses and discussed the content of the leaflets the Catholic Church had provided, like the one from the Fraternity Campaign organized annually by the Catholic Church. This campaign was concerned with helping the poor through donations. Everything came ready, on a top-down basis, for the participants to discuss. The leaflets told a story about the problems of the poor. After the discussion
there were talks about the Gospel.

The perception of the usefulness of the groups in Jardim Nordeste varied. Some people saw the group as simply a useful opportunity to make friends with other people in their street. They would celebrate birthdays together, for example, and share the costs of the party. For others, by contrast, it was an opportunity for political discussion. The participation of the women in the parish helped them to develop a critical capacity, directed at making choices about changing the society they lived in. In their own words, it helped them to evolve from an ‘individualistic’ to a ‘community’ approach. This had the potential of facilitating their political organization by starting to question the authoritarian structures prevailing in the country and participating in urban movements (Mainwaring, 1986). In the case of the women in Jardim Nordeste, it led them to question their participation in the parish itself.

So, the contribution of the parish in Jardim Nordeste was first of all to provide a space where the women could meet each other to talk and discuss personal problems away from their domestic responsibilities. They could count on the fundamental help and encouragement of the nuns and priests at a time when such support was particularly difficult to find. Additionally, this was one of the only opportunities for low-income women to meet without fear of political persecution, after the destruction or submission of movements which existed before 1964. It took place in a context in which there was an extremely strict surveillance on the part of the government in order to avoid the upsurge of new popular organizations (Brant, 1981:13). Zilda was
"That was a good time for us, the ‘nuns’ women’ as people called us. I think it was then that we started to go outside our homes, to learn to participate in something and to enjoy meeting and discussing”.

Some time later, when the women had already moved from the relief work they were doing to readiness for a more political kind of work, a third social actor moved into the scene. It was in September, 1976, when a group of students from the Pinheiros Medical School of the University of São Paulo arrived in the neighbourhood with one of their teachers. They constitute the other internal actor. Together with the women they were directly involved in the organization of the movement.

They became involved in the neighbourhood rather by chance. It so happened that in one of the parish rooms in Jardim Nordeste there were some free sample medicines that needed to be organized and distributed to the population, and some doctors were required to do the job. The medical students heard about this through a doctor who worked and lived in the Eastern Zone of São Paulo and who introduced them to the priest of Jardim Nordeste. The motivations that took these students to the area were first the wish to know better the reality of health in the periphery of São Paulo, and second the wish to develop political work in the area of health care.

"We were at the end of the basic part of our course at the university, and starting to get involved with the clinical part of it, which included a direct contact with the Hospital das Clínicas. This contact frustrated us very much because the Hospital offered a very biased view of the reality of the health
situation since it concentrates most on the rare clinical cases. We then had
contact with one of our teachers, with whom we had the idea of going out to
the periphery of the city to have a closer look at its health reality. The other
motivation was linked to political participation. At that time we participated
in the students' movement which had several weaknesses. It was in crisis; a
crisis of option, of praxis and also in terms of the future. We realised that if
we carried on in the students' movement in that way, we would not be able to
continue to defend our principles as professionals. Thus, we thought we had
to look for alternatives both at the professional and at the political levels".
(Dr. Rogerio)

Dr. Ciro added:

"Due to our involvement in students' debates about economic and political
issues in the country at the university, we felt the need to understand what
importance what we were learning there would have for the population from
the point of view of medical and clinical knowledge. Also, we started to
understand the importance of health for the mobilization of people to change
their realities. So we looked for a district in the periphery of São Paulo where
we could work. It coincided with the fact that Jardim Nordeste was in need
of doctors".

The work went as follows. First they started to organize and select the
medicines intending to open a small drug store, with the help of the youth group of
the parish. Having finished with that they started to give medical advice to people on
Sunday mornings. From then on they stayed in the neighbourhood during the
afternoon to have greater contact with the local people. The priest organized a rota
so that they could have lunch in different houses. This contact with the community
helped them to understand better the social and economic problems of the area and
paved the way for them to develop the type of work they had in mind, organizing the
community with the help of the local parish. They were introduced by the priest and
a nun to several people in the neighbourhood, including the women who would later start the Health Movement of the Jardim Nordeste area.

Their contact with the parish was not without conflict. Sometimes the priest tried to direct them towards making contact with the slum, because it wanted them to discuss the issues involving health there, with the intention of fomenting popular participation. After several contacts with the slum dwellers the medical students realized it would not be feasible to develop that type of work there, since its population was too small, too mobile and lacking a tradition of struggle. On the other hand, the priest wanted the medical students to keep in contact with the middle class of the area as well, even though it was a minority. The medical students saw that this group would not be receptive to their work and ideas, for it embodied the ideology of the elite; it mobilized all resources at hand to guarantee itself some privileges.

It wanted to guarantee a

"(...) social position so to speak, and one of the institutions it always mobilized in its favour was the Church. The local 'middle class' has always dominated the parish in Jardim Nordeste. And this is independent of the priest. Whatever priest arrives here and wishes to develop a more progressive type of work feels some immediate obstacles, a strong resistance". (Dr. Rogerio)

According to the medical students, the Church as an institution in Jardim Nordeste was not interested in differences between the social groups in the area and their different potential for organization. After a while in the settlement, the medical students concluded that the group most likely to accept their ideas was the one they
named as 'workers' families', an intermediate majority group between the slum dwellers and the 'middle class'. This group was considered to be more capable of thinking in terms of collective work. The contact between the medical students and the group of women who later started the movement was fundamental to the development of this work. It was the women themselves who had criticized their own relief work, (which basically involved the distribution of medicines and a few consultations at the weekends) and had asked the medical students for a more effective way to change the local health situation. This opened the door for the medical students to develop the work they had originally set out to do. They started to meet with the women to discuss health related subjects, such as the nature of preventive medical care, and the different functions of hospitals, first aid centres and health centres. They showed slides about certain diseases, how the diseases were transmitted, and how they linked to sanitary conditions, and the relationship between malnutrition and the greater incidence of diseases.

"We showed them some slides about intestinal worms and sanitary conditions. They thought about children playing all day long in that water, but had no idea of how polluted it was and of the fact that it was a 'vehicle' for diseases. They knew about intestinal worms, but had no notion of the millions of eggs being deposited in that water. They did not know how diseases were transmitted from one person to another and the difference between a healthy organism and an unhealthy one. So we tried to widen their horizons in terms of health". (Dr. Carlos)

This work certainly had a profound effect on the women. The women had first hand contact with specific aspects of health. They started to comprehend the relation
between living conditions and the spread of diseases.

"I liked the meetings with the medical students. It was very nice to see the slides, though very annoying. I could understand how intestinal worms were transmitted. I was so concerned to see all those children playing in the mud! I knew what intestinal worms were, but I had no idea of how they were carried from stagnant water to the human body". (Monica)

Zilda did not mince matters here:

"Then we became really desperate. It was clear that preventive medical care was a necessity and that the district did not have any medical facilities. We saw the need for a health centre".

As soon as they grasped the framework of health care and the functions of the facilities described by the medical students, the women decided to struggle for a health centre. They were all quite clear in their minds that although a health centre would by no means solve all problems faced by the local population, it was certainly a start. From then on, the women started to meet in their houses to talk about getting a health centre for the area. The struggle started with five women. They invited neighbours, who in turn invited other neighbours, and at one stage the group came to have about 15 members. However, the medical students continued to play an important part in the development of the struggle, in that they were able to get crucial information from the State Department of Health.

"We discovered that a petition for a health centre for Jardim Nordeste had already been sent to the Department of Health probably by someone in the parish but it has never become clear who really sent it. We also came across
the fact that the health centre for Jardim Nordeste had already been analysed and considered to be a priority, but was only a plan. The mobilization then started to grow. It was decided that we would continue to provide medical assistance, but that it would stop as soon as the district had its health centre". (Dr. Rogerio)

The medical students also provided expert information on the different levels of administration inside the Department of Health, and the different types of health care provided. Without this help, it would no doubt have been quite difficult for the women on their own to acquire this knowledge. For these women rarely left the neighbourhood, and would not have known where to turn to for specialised information, since there was no health centre in the district, nor even a doctor whom they could have asked for help. They knew a petition for a health centre for the district had already been sent to the Department of Health, but at this stage of their organization they would have found it very intimidating to go to the Department of Health to ask about health facilities. Furthermore, not all the information they needed was available to the general public; some was restricted to experts in the area of health care administration. Thus, the help of the medical students made the process much easier for the women and gave them reassurance, for with very little formal education the women felt insecure at the beginning of the process of mobilization. Zilda expressed this feeling as follows:

"Their participation was important because we were never going to be able to do things without expert knowledge. How are we going to know anything about this if we do not have access to a University, books, documents. In this way, they provided the expertise knowledge and we came in with the praxis.".
Zelia put forward her feelings as well:

"At the beginning, as we did not have much instruction and formal education, we did not know how to get to the Department of Health. We wanted to know how it was, what were its laws. As the medical students had contact with the workers of the Department because it is next door to their university, they knew about it all and they told us".

Besides the provision of expert information, the medical students saw another side to their intervention in Jardim Nordeste: helping in the women’s political discussions on health care, hoping to broaden the issues:

"We tried to widen their understanding of health care, from individual health problems to collective health; from medical assistance to the issue of health care as a whole" (Dr. Ciro).

The collaboration between medical students and the women focused on building an understanding of how socio-economic and political conditions determined the health of the community. Thus an important factor in the emergence of the Health Movement of the Jardim Nordeste area was a change in the women’s perception of the health conditions of their area, which led them to decide to struggle for the installation of the health centre. The women’s growing awareness started with the slides which had been shown by the medical doctors. The poor situation of health provision in the area reached a climax in 1976 when there was an epidemic of measles and several children in the nearby slum died as a consequence. It is likely that there had been other such outbreaks in the past, but against the background of the influence of the nuns and the work of the medical students, this event proved a catalyst. The
women in Jardim Nordeste saw clearly the urgent need for some form of health facility for the area, and that the "charitable" work which they had undertaken up till this point was simply inappropriate. The important factor is that they were able to acknowledge their need, and so decide to assure themselves of their rightful health care. They wanted an urban service which was in fact their right and not something that should be given to them as charity.

The health infrastructure in the area of Jardim Nordeste had been virtually non-existent for years. The need for such infrastructure was not new. What was new at this point was the determination of these women to organize in order to fight off the unbearably hazardous conditions of health that they lived in. First came the awareness of the fact itself, of the complete lack of health infrastructure in the area. As Durham (1984) stresses, what leads to organization is not so much the situation of poverty itself as the development of people's awareness of their poverty. This conclusion is based on recent studies in the 1980's which noted a change in low-income people's opinions. From feeling that their standards of living had been improving since the end of the 1950's, they had come to a perception of the negative effects on their lives of the economic crisis during the early 1980's.

Following the recognition of their poor living conditions came the realisation that the same conditions were affecting everybody, and finally and most importantly that they had the right of access to health care which they were being denied. The next step was the connection of these notions with the solution to the problems. It was then that the fourth, also external, social actor came to be involved in the process
of emergence of the Health Movement: the state. The state’s influence came to bear on this process when it was already well under way. It happened as a consequence of the women’s growing recognition, at a stage when their organization was already advanced, that it must be the state’s responsibility to provide the facilities demanded.

There are two sides to the necessity for state action. The first is the fact that there was no health infrastructure in the area. When the medical students went to the area and started explaining the most common illnesses faced by the Brazilian working class, and when the epidemic of measles struck, this conjunction of factors gave the women a chance to develop a more political kind of work than the purely relief work they had done in the past. Through their earlier charitable work they had already reached an understanding that the slum dwellers - and they themselves for that matter - did not need charity, but justice. From this recognition it was just a small step to the conclusion that it was the state that should provide what was the population’s right, since privately it could not be obtained. When demands for consumer benefits such as health care are thus addressed to the state, as a matter of social rights, the issues become political rather than merely private. These consumer benefits come to be regarded as part of the necessary social infrastructure, and thus as a political responsibility. This is what happened in the Jardim Nordeste area. Having established this basic expectation, the failure of the state to provide these services is then bound to provoke a reaction on the part of the population, either on an individual or on a collective basis.
The second aspect is the fact that the women had come across, through the medical students, the information that the health centre for Jardim Nordeste had already been considered a priority and had already been planned, but had not advanced from the paper stage. When the women came to know this fact, they realised that they stood a good chance of having their demand attended to. A petition had been widely circulated in the past, though not as a result of a process of mobilization of the population, and had already been sent to the authorities. Later, as a result in effect of the realisation that the state was responsible for the provision of the facility, and that the state had not provided any type of health care infrastructure despite the fact that the health centre for the area had already been considered a priority, the local women came to a decision to organize and demand this facility from the state. So, the state appears as an important social actor when it provokes a crisis in the provision of collective means of consumption. In Castells' words this crisis is likely to develop into an urban social movement. Though not an urban social movement as such, this is certainly an aspect of the struggle in the Jardim Nordeste area.

The question raised was how to channel demands to the state. This might have been done through political parties or through unions. As already examined in Chapter 3, unions were (as they still are to a great extent) locked into a structure designed to control their action and to limit the extent of their political power. They neither have programmes for encouraging the participation of women nor do they discuss or carry motions on specific issues affecting women directly. In any case, the
work of unions focuses on the sphere of production and the problems that affect it on a daily basis, and not on issues of consumption in the household and the neighbourhood. In 1976, 81.9 per cent of all members of urban unions in the whole country were men, whereas just 18.1 per cent were women (Barroso, 1982:160). Barroso (1982) goes further:

"The bureaucratization of the Brazilian Union Movement does not allow for work on the mobilization of the masses, especially those less politicized and informed. Hence, the work of women either remains marginalized in the union or is vertically established, reproducing the vices of a non-legitimized union structure. (Besides), the incidence of sexual discrimination on women workers, as it is expressed in the opposition between home and factory, creates the need for forms of organization and mobilization capable of acknowledging this opposition in order to overcome it. In this sense, the traditional forms of participation are not adequate". (ibid.:162)

As for political parties, in 1976, there were still only two parties in the country, ARENA and MDB, and it was difficult to organise demands or actions in either of them. Neither party had any policy for increasing participation by low income women in their ranks, let alone programmes directly concerned with women's issues. Besides, political parties were (and to a great extent remain) organized hierarchically, with little if any consultation with those at the base. This was unlike the more egalitarian parish in Jardim Nordeste, where everybody could participate without conditions of hierarchy.

These difficulties certainly made women in Jardim Nordeste look for alternative channels of participation. The parish at the beginning was the alternative.
But the crucial move was to turn their organization into an alternative channel in its own right. As the possibilities for expression were blocked in political parties and unions, and those for action were clearly reduced within the local parish, the women took the initiative and seized the opportunity to create a means for conveying their demands directly to the state. As far as the state was concerned, the crucial factor at this stage was that a direct relationship was established between itself and the movement. The state actually replied to the movement’s call and ended up - whether willingly or otherwise - by opening a door for communication with the population. This is examined in more detail in the next chapter.

The fifth and last social actor which indirectly contributed to the women’s decision mobilise for a local health centre was also an external one: the Feminist Movement in Brazil. As will be seen later, this actor, although important, played a role only at this stage of the Health Movement. Certainly, the Feminist Movement was the least definitely and directly related of all the actors which influenced the emergence of the Health Movement of the Jardim Nordeste area. This is because what was active there was not the organizations making up this movement as such, but its ideology. This makes it difficult to demonstrate the precise nature of its influence. There is no concrete evidence to demonstrate a link between the two movements, but this certainly does not mean that it was not one of the actors which influenced the action of women demanding the health centre for Jardim Nordeste. The Feminist Movement per se may not have penetrated the neighbourhood under study, but its ideology and formulations had. The set of ideas generated by the Feminist Movement were by no means confined to its adherents. On the contrary, they were
broadcast by the media and soon stopped being "a property" of that movement. Some of these ideas even found fertile ground among the progressive clergy in the Ecclesiastic Base Communities (CEBs) and in the mothers' clubs. In order for the Catholic Church to attract these women, it had to assure them that they had the same rights as men in participating in the neighbourhood. As will be discussed below, the Catholic Church was not prepared to go as far as the women of the Health Movement needed, but it did begin to create a notion of citizenship and social equality among women (Chiriac and Padilha, 1982; Corcoran-Nantes, 1988).

"We discussed our rights, that the women were not supposed to be their husbands' slaves. We are not supposed to be only at home washing. We had to go out, talk to our neighbours, exchange ideas" (Zelia) and "We discussed our lives, our problems. Problems with our husbands, with our children. We learned to think politically". (Zilda)

This is not to say that all the ideology of the Feminist Movement was discussed and accepted in the Catholic Church groups. The Catholic Church developed a gender-specific strategy based on equality in order to be able to enlist women in its religious role in the neighbourhood (Alvarez, 1990). This strategy was behind the organization of mothers' clubs and even the CEBs. However, the activities of women in these organisations were linked to the traditional women's role in society so that their image as 'pillars of the family' was preserved. Topics such as abortion, contraception, family structure and women's subordination to men due to their position in the division of labour along lines of gender, were not touched upon at all. The Catholic Church did not advocate structural change in social organization, and
maintained that women should still be responsible for the maintenance and care of the home. What it promoted was a call for women to be more active in neighbourhood organization so as to work alongside men for the improvement of living conditions in the area. It clearly considered the domestic role of women and their experience in this sphere as an important asset in that organization. What was significant for the women, however, was that the church did take on board the basic feminist commitment to *equality*, the assertion that women had the same rights as men. The church also stated that women must be respected inside as well as outside their families and in this sense its influence on the development of the political awareness of the women in Jardim Nordeste was significant.

To understand the influence of the Feminist Movement on the women’s decision to start organizing, it is important to understand a particular characteristic of Feminism in Brazil. For the most part, the women who initiated feminist activities had some sympathy for left-wing positions. The struggle for women’s equality was a step towards a society where there should be neither sexual discrimination nor class domination. ...As seen elsewhere in the Thesis, the Latin American feminist ideas were developed by middle-class women, but were directed towards low-income women, with the intention of advancing women’s liberation through raising the consciousness of other women in another class (Cardoso, 1983b). In the three years that followed the International Year of Women in 1975, the feminists broadcast their ideas whilst working side by side with low-income groups such as the mothers’ clubs, female union members and the Association of Housewives in the Eastern Zone of São Paulo. For example, even the SOF (Family Orientation Service), which later worked directly
with the Health Movement of the Eastern Zone of São Paulo, of which the Health Movement of the Jardim Nordeste area later became a part, had the support of feminist militants when editing their bulletin (Barroso, 1982). So, although not directly active in the Jardim Nordeste area, the feminist movement did have direct links with low income women and this experience was spread throughout the Eastern Zone. The women in Jardim Nordeste area did not see themselves as feminists, but they still came to take some of the tenets of this movement for granted, and this affected even the way they saw their work in the local parish. One impact of the spread of Feminist ideology was that it became more acceptable socially for the women to organize collectively to demand what they saw as their rights, whereas their participation in the parish had emphasised only that women should participate actively in their communities. Up till then, to demand and organize collectively was not the traditional role of the mother and wife, but this is what the women in Jardim Nordeste ended up doing, and with the support of the local population.

4.2.2 Reasons why the three women who started to mobilize for improved health conditions in Jardim Nordeste’s area did so:

The first thing that came up in any conversation with the women in Jardim Nordeste when they were asked about the reasons for their beginning to organize, was that there was not a single health facility in Jardim Nordeste or nearby districts at the time they started - not even a private doctor. Hence, it was very difficult for children to be inoculated, or for people to see a doctor. All of them stressed the fact that
children were the first to be affected by this situation and they were very concerned.

"The Health Movement started because here in the district there was nothing in terms of medical and health assistance. Neither private nor from the government. There was nothing. It was an absurd! People here had lots of difficulties in taking children for a simple inoculation. So we started seeing this difficulty". (Zilda)

Monica goes further:

"One day there started a series of children’s deaths caused by pneumonia. Then it was chicken pox, measles, scabies. There was such an epidemic of scabies around here, in this slum down here, in this street...! There were lice, everything! There wasn’t a single house about in which scabies didn’t strike. There wasn’t a single clinic here. Such a big population and not one health centre? (...) At Penha, another district in the Eastern Zone some 8 miles away towards the centre of town, there was a health centre, but they only accepted children up to nine years old. After that they didn’t even see the child. To register the child it had to be up to five years old only. Long ago somebody in the local parish circulated a petition for a health centre, but nothing resulted of that".

At first it could be said that the women’s concern with health sprang directly from their traditional roles. They started organizing because they saw the lives of their families and of the neighbourhood being threatened by the lack of health care facilities in the neighbourhood. They took responsibility for this problem as a consequence of their position within the division of labour along lines of gender, which put them in charge of the domestic sphere. Zilda puts it clearly:

"Women are too attached to the home, to their children, to their families. Almost every woman is like that. Health is a woman’s problem. It is women
who are around every day".

On this same line Zelia adds:

"I don't know if men are not interested in health care. I think the mothers are the ones who worry more because they are every day with their children, aren't they? They are permanently looking after them. Fathers leave in the morning and come back in the evening; it is difficult for them to look after their children. So mothers are there in the day to day lives of the kids, and they see what they need. They worry more with their children's health. It is the mother who has to see if her child is going to be taken care of by a doctor if it falls ill. Take the example of my daughter. She has a baby daughter herself and she worries a lot about her. Anything that happens to my granddaughter she becomes unsettled. So, you can see how a mother worries about the children more".

Monica completes this notion stating that even when a mother is working, the worries are not reduced:

"I had to work at home after I married. But don't you think that this was all I had to do. I had to work and at the same time take care of my children, because my husband worked outside. It is the mother who has to do this job. I was all the time concerned with them, with them getting hurt. I was the one who took them to the doctor when they fell ill".

However, the emphasis on traditional roles can only give a partial understanding of the reasons that led to the participation of these women. There is a need for some caution in order to avoid taking gender stereotypes for real. The participation of (individual) women cannot be seen as merely a mechanical reproduction of gender ideology. At a certain point in their lives these women decided to organize and struggle for health care in their area. Scott (1986) stresses
the active attitude women can take under pressure.

"(...)it is important to realise that women are not passive incumbents of socially ascribed gender roles, but are individuals who make choices in the context of conflicting pressures". (ibid.:23)

The life histories above demonstrate how after the women moved to Jardim Nordeste, their lives were circumscribed by their neighbourhood. All of them at one point or another worked outside their homes, but not for very long periods, and two of them also worked with piece-rate work at home. When they first started taking part in the parish’s activities they did so to be able to get out of their houses for some time, to be able to have an activity outside their homes, to have a break from housework, to be able to meet, to discuss, to exchange ideas.

"I needed to get out of my house. I felt empty and lonely. I had to do something, some activity. Then I decided to intensify my activities in the parish. Then I had many things to do. I had people to meet". (Zilda)

Monica complements this idea put forward by Zilda:

"It is awful to stay at home the whole day long. If I could I would have never stayed one day in. It is nice to meet people and talk".

Then it is Zelia’s turn:

"When I started participating I needn’t work because my children were already grown up, they worked and supported me. Then I wanted to do something".
Getting out of their houses reduced their sense of isolation and alienation. It is necessary to remember that at that time, there were not many options for them to participate outside the home. From the mid-60's to the early 70's, the country was going through the most repressive period in its history. The local parish was one of the few places where they could meet and feel secure enough to talk about their problems. They had by this time acquired, in their own words, 'the taste for participation'.

If all of this is taken into consideration, it is possible to see that one reason why the women decided to struggle for a health centre is that they were waiting for something to participate in; in this sense the demand for this facility was a means towards greater participation in the life of the neighbourhood and not an end in itself. They wanted to have an activity outside the home, but something other than the mothers’ club which no longer satisfied them. They had decided to follow a different line of work, which was more political. At that time, in the mid-1970’s, the country was starting to go through the so called 'loosening up' period, in which the population started to find a bit more room in which to organize.

Another aspect which is very important is that they had decided to participate in something to do with their personal experience; with something that could be seen as an extension of their duties as mothers, and in this sense would be seen as their responsibility, rather than leaping into something totally disconnected. This served to legitimize their participation. They were starting an activity which would not be seen
as threatening by their communities nor by the government, and it was important to be able to justify this activity to their husbands and families, as it was something new. This was the case because the care of children is a mother’s obligation; even if they did not have young children any more they would still worried about the health conditions in which other children in the area lived. They were fighting for a health centre, for a place where the children of the neighbourhood could have their inoculations. By not going too far, the participation of women could be legitimized as not invading men’s space, and this protected women against violence and ridicule, since they were not seen as a threat. With one piece of information that the medical students were able to give them, that the health centre had already been considered a priority, they knew they had a chance of organizing the population to fight for it.

Their participation in the movement can be regarded as akin to their previous participation in the parish, in that they wanted to have an activity outside their homes. But the work in the parish no longer interested them. They still wanted to participate, but now on a different level. They now wanted to fight for their rights, in this instance their right of access to health care. The women were not only struggling to protect the welfare of their families and that of the neighbourhood. They were struggling for the right to participate to be able to fulfil their ascribed role as mothers. However, with this participation, they extended the traditional role of mothers. To be a mother now meant to confront the authorities to demand improved conditions in which to take proper care of their children. In this sense they were politicizing motherhood. They were in fact struggling to enlarge their political space. When
women saw that it was within their rights to make demands of the state, they were saying in practice that their problems were not individual but social, collective ones, and should be understood as such. This demonstrates that even from the outset, urban movements are not apolitical or of secondary importance. They do not only involve issues of consumption. They provide one of the only spaces outside the Catholic Church where there are opportunities for involvement which appeal to many women - particularly low income ones.

The fact that the five women in Jardim Nordeste chose this type of participation as opposed to any form of institutionalized political participation such as political parties or unions, reflects firstly that women's access to them was limited; and secondly that they were in any case not interested in them. Zelia had never worked at jobs where she would be registered and have access to a union: domestic servants did not even have a union at this time. On the other hand, Zilda was registered when working in a textile factory and Monica when working in the sanitation company of São Paulo as a cleaner, but they were still not union members and so it is unlikely that they would ever have taken part in union activities. As discussed above, unions in Brazil have historically neither had programmes for encouraging the participation of women nor discussed or carried motions on specific issues affecting women directly. The case is similar in the case of political parties. In 1976, when there were still only two parties in the country, an opposition one (MDB) and a government one (ARENA), there were no programmes for increased participation by low income women in their ranks, let alone programmes directly concerned with women's issues. Besides, the parties' hierarchical structure has not
made it any easier for women to participate in the parties. Thus it is clear that the participation of women in Jardim Nordeste, which stemmed from a wish to enlarge their sphere of influence into public life, was an option based on their personal experiences, constrained by the general political and industrial situation.

4.3 Conclusion

This chapter set out to describe the historical evolution of the area of Jardim Nordeste, so as to establish the real socio-economic situation of the area in the 1970’s and the first half of the 1980’s. It has shown that the area has been characterized by a type of development that could be termed as peripheral. It was dependent on, and under the influence of, the centre of São Paulo, and modernization occurred in inverse proportion to the distance from the centre. The area was predominantly residential and low-income, with legal land tenure but basically poor services in a context of high density occupation. It was within this situation that the Health Movement of the Jardim Nordeste emerged.

The chapter also set out to examine the role played by different social actors in the emergence of the Health Movement of the Jardim Nordeste area. It has been shown that the national context discussed in chapter 3 was in fact not the only reason behind the upsurge of the Health Movement. A series of social actors and motivations had a part in the process.
None of the five social actors stands up on its own as the most important. The crucial factor is the relationship between them. All of them *taken together* are responsible for the emergence of the Health Movement. Some more directly than others, but all in one way or another, are connected to a constellation of circumstances in which the women in Jardim Nordeste got together to demand improved health care from 1976 onwards. The expression *"We learned to think politically"* defines precisely the crucial role of the Catholic Church. It was instrumental in the process of politicization which led the women to think that it was their right to struggle for the provision of better health care. The medical students provided the women with technical information. This made them contemplate the possibility of demanding a health centre. Also, they helped the women to develop an awareness of how their situation of poverty was evidenced in the diseases they were subject to. As Castells argues, on the other hand, the state also helped to politicize the issue of health, simply by failing to provide the necessary infrastructure. By this failure, it provoked a crisis at the level of consumption, and caused the women to direct their demands to it. Finally, the ideology of the feminist movement, as disseminated through the groups of the Catholic Church, was fundamental in making it acceptable for the women to participate in activities in the neighbourhood. What has been clear is that it is not enough simply to point out the various actors which are involved in some way or another in urban movements. Nor is it enough to establish broad areas for focusing the study of these movements as contextual features, such as the political context of a country, as Pickvance proposes. There is a clear need for more specific focusing on the dynamics of specific experiences and the role of particular actors in them.

One factor which can not be over-stressed was women's willingness to do
something to change. They were more responsive than men to the problems of their
neighbourhood, thanks largely to their roles as mothers, and the relationship this
entailed with the neighbourhood. As unions and political parties had their attention
directed very much elsewhere than towards women’s areas of concern, they did not
provide a real option for participation. The women had to mobilize themselves
without them.

Furthermore, the emergence of the Health Movement tells us something about
the nature of movements for collective benefits. What gave rise to it was not only the
specific context in which it took place. The participation of these women in
mobilizing the neighbourhood did not spring only from a particular demand, but also
from their gendered priorities and politicization, particularly the politicization of
motherhood, the desire for participation that had developed from their experience in
the local parish, their relationship with the neighbourhood and the difficulties there
would have been in other forms of participation. All of these taken together are what
led the women in Jardim Nordeste to organize.
NOTES:

1. Except where otherwise stated, the historical data for this section was drawn from the excellent work by Langenbuch, 1971.

2. Data on level of income produced by the author based on figures from Empresa Metropolitana de Planejamento da Grande São Paulo (1985:127). The monthly minimum wage in São Paulo in December 1984 was about US$53 or £45 (values calculated by the author based on figures from Instituto Brasileiro de Geografia e Estatística, 1985:644 and 701).


4. See chapter 3.

5. The 'Hospital das Clínicas' (Clinics Hospital) is the main public hospital of the State of São Paulo, where all students of the Pinheiros Medical School of the University of São Paulo (to which it is linked) have to work as part of their course.

6. Youth clubs are groups of young people organized by the Catholic Church to develop social and religious activities in the parish and in their neighbourhood.

7. For references to feminist groups in Brazil see Isis International, Women’s Journal No.5, 1986. For a discussion of Feminist Movements in Latin America see Latin American and Caribbean Women’s Collective, 1980. For the case of Asia and the Middle East see Jayawardena, 1986.

8. For an example of a more direct influence of the Feminist Movement on a popular movement see Schmink, 1981; Alvarez, 1985; Caldeira, 1987. They discuss the 'Nursery Movement'.

9. SOF is a "private entity which provides low income women of both the Southern and Eastern Zone of São Paulo with assistance". (Barroso, 1982:164)

10. See in the next chapter in the development of the Health Movement of the Jardim Nordeste area.

MAP 2:
CITY OF SAO PAULO INCLUDING THE EASTERN ZONE AND JARDIM NORDESTE AREA

Source: Empresa Metropolitana de Planejamento da Grande São Paulo, 1982-53
MAP 3: METROPOLITAN REGION OF SAO PAULO - EVOLUTION OF THE URBAN BUILT UP AREA OF SAO PAULO INCLUDING THE CENTRAL DO BRASIL RAILWAY AND THE OLD DUTRA HIGHWAY

Jardim Nordeste Area

City of São Paulo

CHAPTER 5

DEVELOPMENT OF THE HEALTH MOVEMENT OF THE

JARDIM NORDESTE AREA
5.0 Introduction

This chapter is about the development of the Health Movement of the Jardim Nordeste area. It is divided into three parts. The first discusses the evolution of the movement, including the factors affecting its development and the social actors that continued to have a role in this process. The second part is a description of the meetings and everyday organization of the Health Movement. Finally, the third is a presentation of the demands of the movement, demonstrating how they developed and were broadened. The assertion of this chapter is twofold. Firstly, from the several social actors which played a part in the emergence of the Health Movement, only the state and the women themselves developed a permanent role in its continuation. The others gradually moved to the background and took an increasingly secondary position. Secondly, the demands of the movement were slowly, but steadily broadened. There was a process of politicization of these demands in which the women moved from purely consumption-based demands to wider ones. These related to structural issues such as the allocation of financial resources to the area of health care.
5.1 The evolution of the Health Movement of the Jardim Nordeste area and factors affecting its development

As the struggle evolved (see diagram no.1 at the end of this chapter), the movement achieved a significant step forward through the creation of two supportive bodies. First there was the creation of the Health Commission of the Jardim Nordeste area, an informally organized permanent assembly within the Health Movement which was responsible for the overall organization of the movement. Secondly, there was the creation of the Health Council, a watchdog group operating within the local health centre which later became formally recognized by the State Department of Health. Both the Health Commission and then the formalized Health Council were proposed and implemented by the local population itself. The Commission was open to the participation of all interested, and was established in order to channel the mobilization efforts which were already under way. At this time, in 1977, there were about 20 women from several nearby districts (now fully characterizing the movement as being of the 'Jardim Nordeste area') who were taking part in the movement (Grupo de Educação Popular/PUC-SP, 1984:31). The idea proposed was basically that the group should have a name which would both identify it with the mobilization process taking place in the area and secure credit for its victories. In this way, as demands were met, the population would link this achievement to the work the women were undertaking, as opposed to the goodwill of some politician looking for votes. The main objective was to demonstrate that they were organizing a movement with a long term perspective which was struggling for the improvement of health care in the area, and not simply a mobilization for a single demand to be fulfilled. Zilda explains:
"We started to question ourselves: who are we? We needed a name for the population to identify us with, and some were suggested, like group, and commission".

Dr. Rogerio goes further:

"There was the need to have a name so that the population would clearly see that the achievements were the result of collective action, and not of an isolated gesture by a politician or the parish".

At first the name chosen was ‘Group of Health’, soon to be changed to ‘Health Commission’. The function of the Health Commission, which formed the basis of the Health Movement, was to organize the struggle by means of weekly meetings which took place either in the local parish or in the women’s houses in which anyone could take part. Sometimes they did not take place, when they were not particularly necessary. In these meetings the situation of the district and the work of the movement were discussed, including the demands to be made, and the organization of public assemblies and convoys to put pressure on officials at the Department of Health. An important factor in this process was the fact that the Health Commission consistently stated that everybody in the neighbourhood willing to participate was welcome to do so and everybody was equal, without regard to differences of religion, political beliefs, or race. There was no limit to the number of participants and the struggle was common to all in the area who had the same objectives. Zelia makes it clear:

"The Health Commission can be a whole area. As long as the person is willing to help us; to go in convoys to the State Department of Health, distribute leaflets, or publicise the movement, this person is taking part in the Health Commission".

-220-
It is interesting to note that the sense of equality in the Health Movement of the Jardim Nordeste area was very strong. The role of the local parish in developing this sense is then clearly perceived among women as well. Cardoso (1983a) and Durham (1984) state that as in the case of other urban movements in Brazil the most distinct individuals become equals when facing the same deprivations.

The first step taken by the Health Commission was to struggle to install a health centre in the area. It started when the women in the area decided to make a petition for its installation and to deliver it to the authorities. Zilda and the other four women went to the State Department of Health to deliver it, but were not received by the Department’s officials.

"We didn’t know anything. Then we took the petition. I could not go on that day. They laughed at Zilda’s face. They came back very disappointed. The few who went returned with long faces". (Monica)

Later on, discussing the event with the medical students they realized that they had probably not been seen because only a few women went and no appointment had been arranged with the Department of Health. In their meetings, the women then decided to deliver the petition once again, only this time they would hire a bus so that more women could go and put pressure on government officials. As they did not have any money to hire the bus, they decided to organize a raffle, which became a practice for fund raising in the movement. The priest donated a hot water bottle and they also raffled a pressure cooker which was paid for after the raffle itself. Zelia fills in the details:

-221-
"While we were selling the raffle tickets we explained to the people why we were doing it and that they should collaborate with us because it was for an improvement to our area. We asked them whether they would like to have a health centre to take their children to. People in the neighbourhood thought it was a good idea and many of them even helped us to sell the raffle tickets. With the money raised we hired a bus and to fill it we distributed invitations for people to come along. The bus was then filled with about 55 people. Even some retired men, and some men who were on holiday came to make numbers. But the overwhelming majority were women".

Monica and Zilda describe the officials’ reaction:

"The people of the Department of Health were not expecting such a demonstration and were astonished by the number of women". (Monica) "They were really surprised to see so many of us. This time they received us". (Zilda)

Once the women had achieved this, it was then decided that in order to speed up the process of implementation of the health centre, they should go and see Dr. Eduardo Jorge. He was at that time the director of the health centre of Itaquera. He had been the doctor who introduced the medical students of the Pinheiros Medical School of the University of São Paulo to the priest in Jardim Nordeste back in 1976. Zilda explains why they went to him:

"He knew the situation of the health centre of Jardim Nordeste and explained it to us, and where we should go to in order to get the plan implemented. We should go first to the Sanitary District of São Miguel and then to the Sanitary Department of Guarulhos (in that order up the steps of the hierarchy of the State Department of Health) where we would gather more details about what to do. As he was responsible for finding the areas where health centres should be installed, he was going to visit our district as soon as possible".
After Dr. Eduardo came to visit the district, the women started to look for a house to let which fulfilled the State Department of Health's requirements: at least one living room, if possible two, two bedrooms, one kitchen and a bathroom, both of these with tiles covering up the walls. So the search started.

"We went to see many houses. In our district it is very difficult to find a house as big as was required. We thought we were not going to find one because the houses around here are very simple. At last we found one which belonged to somebody we knew, who was moving to another State". (Zilda)

The women contacted Dr. Eduardo who talked to the Sanitary District's director in order to accelerate the process of implementation of the health centre. An engineer came to see the house and some refurbishments had to be made by the owner. After the modifications were completed, the house was rented. The State Department of Health set a date for the inauguration of the health centre, and the Health Commission started to broadcast it to the local population. As there still was no furniture in the building on that particular date, the centre was not actually inaugurated until ten days later, in the presence of about 200 locals, after some pressure from the women, as Zilda explains:

"The furniture arrived a few days later, but was stored in the garage. We carried on pressing the authorities and with a petition of 2,500 signatures threatened to go to the State Department of Health. The Sanitary Department's director then gave us ten days for the health centre to begin work, which in fact took place".

The women were able to show the population that there was a need to put constant pressure on government officials in order to get demands met. No matter what commitment
was made by the government, pressure was always required to guarantee the fulfilment of demands. Skilfully, the women also took advantage of the opportunity to emphasise that pressure was also required for the health centre to work properly, for they knew that in other health centres in other areas the tendency was for them to work on a precarious basis. So, it was clear that the struggle was only just beginning and that they were going to start taking initiatives to assure a satisfactory service from the health centre straight away. The inauguration also served the purpose of broadcasting the work that the Health Commission had done. This information was also promulgated through the distribution of leaflets, which were discussed in the meetings and printed in the printing office of the SOF, or in the neighbourhood in printing offices which were linked to the Catholic Church, many times at a discount.

The inauguration of the local health centre in Jardim Nordeste in 1979 was the starting point for a series of demands to the government from the Health Commission. At the same time, leaflets to inform the neighbourhood about what happened before and after every event became the established channel of communication between the Health Commission and the population with suggestions, communications and proposals for debate (Health Bulletin, No.1, January 1978).

As expected by the Health Commission, the health centre was functioning irregularly, not even following the rules set up by the State Department of Health. Registrations were not made every day and unnecessary documents were being asked for. Only children were being seen and only twice a week by the only doctor, commissioned from another district in
the region. Inoculations were not being given every day, and the most sensitive issue was that milk was not being distributed for children up to one year old, or to breastfeeding mothers, without the fulfilment of requirements such as particular levels of income and numbers of children per family (Health Commission’s leaflet, No.2, June, 1978). The members of the Health Commission though, were finding it very difficult to enter the health centre to deliver their bulletins and publicise the Health Commissions’s work. In order to contact the users of the health centre the members of the Health Commission had to wait for them at street corners nearby. As put by Zilda:

"The employees of the health centre did not accept the Health Commission at first. We were not allowed inside the health centre, and could not cross the entrance gate. It seemed that we were doing something wrong. We realized that the situation could not go on".

They recognised that it was only inside the health centre that the members of the Health Commission would be able to do anything about the poor quality of service being offered there, about the fights between the employees themselves and between them and the population, and about the timetable of the employees. So, there was clearly the need for a supervisory body made up of members of the neighbourhood to work inside the health centre itself. Once again, the Health Commission counted on the help of the medical students, as they brought them the 1968 Technical Principle of the State Department of Health. This document was about the regulation of Health Councils for the whole state, designed to serve for larger and smaller cities alike. Health Councils should be formed of ‘socially respected’ local people like police constables, army members, Rotary and Lyons Club members. This
document was the starting point for the formation of the Health Council in Jardim Nordeste.

However, the people mentioned in the document, in the case of São Paulo at least, did not normally frequent health centres. Furthermore, according to the Health Commission, even if they did so, they were not the only ones representative of the area. So, the Commission decided that the Councils' members should be elected, and should be people who knew the problems faced by the population in the health centre. With this in mind, the first step taken was to go to the State Department of Health to ask the Secretary about setting up some kind of inspectorate for the health centre, which involved direct participation by the community in the affairs of the health centre (Health Commission Bulletin, No.3, September, 1978). In the meeting a petition to this end signed by some 4,000 people was delivered. Instead of asking for a Council, however, they asked for a system of participation by the population in the health centre. The intention was to see the Secretary's reaction to the idea, for the members of the Health Commission did not want the Secretary to know that they already knew about the decree allowing the formation of Councils.

"We thought it was important not to tell the Secretary about it because he would certainly like to know how we were able to get the document. In the struggle we must not say what arms we have. Certain things we keep secret. We pointed out to the Secretary that all those people who the Department would normally consider suitable members of the Council in fact have nothing whatsoever to do with the health centre. They don't even take their children there. We are the ones who have to do with the health centre, for we have children and take them there, and feel its problems closely, and hence should be the members of the Council. He accepted". (a woman participant, quoted in Grupo de Educação Popular/ PUC-SP, 1984:33).
The Secretary suggested the formation of a Council to follow closely the work of the health centre. The Health Council would meet once a month and the meetings would have the presence of authorities like the director of the health centre and the director of the local sanitary district, as well as employees, and councillors who were elected by the population. Furthermore, the Health Council had a registry, which was read at the beginning of each meeting and signed by all present.

There was a clear evolution in the strategy of the movement. The creation of the Health Council established a new channel of participation, broadening the awareness of the population to its own rights. The Council was legitimized by the authorities and represented a major innovation in popular participation at the time, building up links between the community, health centre employees and the state. The Council opened space for the community to gain control over a public service with the result that a far better relationship was achieved between staff and people of the district (Machado, 1988).

Twelve women came forward as candidates for the first elections and twelve others as proxy members, one of whom was a man. These people were mostly from different districts in the area which had no health centre. Some of these people were already part of the existing Health Commission, others took part in convoys and demonstrations and others were new to the movement. Shoe boxes were used as ballot boxes and people in charge of them were sent to schools, open markets, squares, parishes, supermarkets, anywhere known to be much frequented. Only people of 15 years of age or above could vote. The election took place in March, 1979. A total of 8,146 people voted. Taking into consideration the
precariousness of the election process, this is a significant number of votes - around 5 per cent of the total population of 15 years or more\textsuperscript{1}. All candidates were elected. One message from the movement was clear: those who would be elected had to bear in mind that they would not be employees of the Department of Health, would not receive any wage from it and would not become its voluntary employees, but would be people elected by the population to defend the population's rights. An important factor was that illiterate people were allowed to vote, although according to the Brazilian Constitution they should not. This is a clear illustration that the women were aware that everybody knew what they wanted and needed. People did not need to have formal education to do so.

One of the first measures of the new council was to fight for a new building for its health centre to cope with the rising demand for services provided by the existing one. It was finally inaugurated in October 1981, in Jardim Coimbra, inside the area of Jardim Nordeste. In order to prevent the authorities from taking control over the inauguration and taking the credit for it, the Health Commission fixed the date, organized the ceremony and sent invitations to the authorities for them to be at their (the Health Commission's) inauguration. Zilda expresses what she felt about their decision on how to inaugurate the new health centre:

"This struggle is the result of our needs. The authorities do not do us any favour in attending to them; on the contrary, it is their duty. They should not even inaugurate the centre, because this would just be political demagogy. We always do it this way. We struggle and then we inaugurate; this is our victory".

-228-
The invitations extended to the authorities to events such as this were a way of establishing a good relationship with them. Such building of links was not at all common before. The connections made previously were mostly limited to those that came from a patronizing attitude in search for votes at election time. The inauguration of the new and larger health centre itself and the fashion in which it was handled was without any doubt a victory for the population of the Jardim Nordeste area. Nonetheless, it did not solve the problem of the poor provision of health care for the population involved in the struggle. Even after its inauguration, the population had to continue struggling to improve the equipment and services offered to them. The work of the Health Commission was also increased because of the forthcoming second election to the Health Council.

The second election for the Health Council took place in October 1981. The area had twenty six candidates, one of whom was a man, and all were elected. Nineteen were elected as representatives, four of whom had been members of the first Health Council, and seven as proxy members with 6,098 votes cast, forty eight annulled votes and eight blank papers. There were less votes than in the first election, about 4 per cent of people aged 15 and over², but these were still significant. The smaller number of votes may be due to the fact that the Health Council was no longer a novelty. Moreover, some demands had already been attended to, which may have softened the impact of the movement on the local population. This experience of struggle had become known in a wider area, to people from other districts, where other health centres had been installed. As a result, people in these districts were influenced and started to organize to form their Health Councils. This was the case with
Berenice who had moved from Jardim Nordeste and started working in Ermelino Matarazzo, a close district inside the Jardim Nordeste area.

"When I arrived there was already a health centre in the district. There were also these pious women who took the Host to the sick. It is good, but does not solve anything. It is assistentialism, not looking beyond immediate needs. Then I thought: 'Why not take these women and join with the experience of Jardim Nordeste?' I even shocked the priest, because I broke the pattern, but in the end they accepted the movement. I brought them here to the meetings in Jardim Nordeste and they were able to see for themselves that their problems were not unique to their district. We then started to unite and organize to inspect the work at the health centre. We are now struggling to have a hospital built there".

Moreover, participants in the Jardim Nordeste area were invited to take their experience to other areas and were asked to talk about it in universities, to participants in other movements, institutions, regions and States. They went and broadcast their experience to help other districts to form their own Health Commissions and Health Councils. They received an extra boost when the Health Councils' statutes were approved by the State Department of Health at the end of 1983. From then on the elections were to take place every two years with ten representatives and ten proxies according to the Health Council statutes. In 1985 the third elections took place, and were more formalized than before. Instead of shoe boxes, two ballot boxes were placed on a table in front of the entrance to the health centre surrounded by placards and banners advertising the elections. It was organized so as to coincide with a national campaign for Polio inoculation. Leaflets and the women themselves concentrated their appeals on women as mothers.
"Mothers, mothers of young children, you are the ones who use the health centre more and because of that you should be health councillors in order to improve the conditions of the health centre". (Zilda)

In this election twenty candidates were elected, ten representatives and ten proxies. It had been very difficult to find the necessary numbers to make up a full Council. Many women just gave their names without even going to the meetings. As will be discussed further in the next chapter, this had been something that had happened in the other two Councils. Five members of this Health Council had been in the previous one. Turnout however, was considered to be low. While Zilda blamed the lack of enough ballot boxes, Laura considered that there had been a lack of enthusiasm on the part of the local population, for the ballot box had been circulated at open markets, schools and so on. Lack of enthusiasm was not the only factor for the low turnout. Bad advertising and organization of the elections were also blamed, for too much effort was concentrated on finding women to be candidates and too little on publicising the elections themselves. Furthermore, some rules had not been followed, and some women signed names and wrote down addresses for others. It was not the happiest of pictures, for the whole year had been almost exclusively dedicated to the elections, and very little to the Health Council itself. However, they made the most of the joint ceremony when the new councillors of the several Health Councils from the whole of the Eastern Zone officially took office at CIFA in September that year, in the presence of health authorities.
As part of the development of the Health Movement, there was also a tentative expansion of its organization. The factors discussed above, affecting the emergence and development of the Health Movement of the Jardim Nordeste area, were also significant here. First there was an unsuccessful attempt at uniting the several organizations of the region into a single broad-based movement. The experience of organizing and inaugurating the health centre in Jardim Nordeste had an effect on the rest of the region. This health centre was one of the first in the area and as such had to attend to people not only from within its perimeter but from adjacent districts too. Its inauguration, along with the creation of the local Health Commission and the Health Council, were all important examples of organization in the region. They had the effect of attracting people to participate in the Health Commission not only from Jardim Nordeste area but also from the adjacent districts outside the area. A Movement for Better Living Conditions was created. This creation aimed at uniting the population to struggle for the improvement of living conditions in the region.

However, by the end of the 1970’s, the Commissions responsible for areas of demand other than health care were already in decline. An irreversible process of de-mobilization was already under way. There were also some misunderstandings within the Commissions, as in the case of street paving. The municipal government had said they would only pave 7 streets, prompting people to fight among themselves to decide which ones would be first. With the divisions that resulted this struggle lost its strength. Another factor which provoked the de-mobilization of the Movement for Better Living Conditions was that some Commissions had their demands met, and there was no way to broaden these demands. In the case of public telephones which were installed, or public transport which was improved, the population
stopped demanding, as opposed to health care demands which were all the time being broadened.

What happened in practice was that the mobilization for better health grew and several Health Commissions sprang up in nearby neighbourhoods. People from nearby districts who took part in the Health Commission of the Jardim Nordeste area left to form their own Health Commissions in order to fight for health centres in their own districts to ease the pressure on Jardim Nordeste. As the Movement for Better Living Conditions weakened, the struggle for better health care was strengthened. The people who formed other Health Commissions then decided to unite all these Commissions and form a Districts Federation. This was not a new idea though as Zilda explains:

"The Districts Federation was something that we had had in mind since the time of the nuns. We always found that instead of a district struggling alone it would be better if the whole region joined forces to fight".

The Districts Federation was formally launched in October 1980. It was a union of Health Commissions and Councils, and has been one of the regions of the overall Health Movement of the Eastern Zone of São Paulo examined below (see diagram no. 1 at the end of this chapter). The objective was for Health Commissions and Councils to help each other. Also, the Districts Federation sends two representatives to the Co-ordination Commission of the Health Movement of the Eastern Zone.
The mobilization for the improvement of health care in the Eastern Zone of São Paulo was by no means restricted to the area of Jardim Nordeste. Although the area of Jardim Nordeste is recorded as one of the first neighbourhoods to organize and form a Health Council, other districts in the Eastern Zone, in the area of São Mateus (see map no.2 at the end of this chapter) were also struggling for the betterment of health care provision back in the late 1970's. All of them at a certain stage started to contact each other, especially during trips to the State Department of Health when participants visited the authorities to put their demands forward. Although they did not take part in each other's assemblies, they approached each other with the help of the medical students and the Catholic Church, with the notion that this would strengthen their struggles.

An initiative to work together in São Paulo was taken by the Districts Federation and the Health Movement of São Mateus during the Health Councils' elections of 1981 (the second in Jardim Nordeste area and the first elsewhere). A proposal to promote joint elections in the whole of the Eastern Zone was approved. The elections took place at the end of that year when 313 councillors were elected for 18 Health Councils with about 95,000 votes (Grupo de Educação Popular/PUC-SP, 1984:41). These elections can be considered the first step towards the unification of the struggles for better health care in the Eastern Zone, after which in fact the statutes of the Health Councils started to be discussed.

The second fundamental step towards unity was a meeting in March 1983, attended by about 150 people from 37 districts of the Health Movement of São Mateus, the Health Movement of the Jardim Nordeste area and the Health Commissions 'forming' the Districts
Federation. This was considered officially to be the moment when the movement was unified and decided formally to join forces to form the Health Movement of the Eastern Zone of São Paulo (the meeting was called "First meeting of the Health Movement of the Eastern Zone of Sao Paulo"). A leaflet produced after this meeting was quite explicit about the objectives behind this union:

"(...) it is by taking part in the Health Commission that members of Health Councils become politically educated. (...) it is now more than ever fundamental that the population keep popular movements organized and free. In order to achieve this, here are some suggestions: first, we should improve and widen our struggle agendas; secondly, we should broaden our organization to reach larger areas and Unions; thirdly, we should integrate with other popular movements and strengthen this union in every region. This unification does not mean that each district must put its own struggle aside in order to assume another people's struggle. On the contrary, it is taking place in order for all common struggles to be strengthened by the participation of all districts, Commissions and Councils".

The organization of the movement included the formation of a general 'Co-ordination Commission' formed by 2 representatives of each region (ten in all in 1985 formed by several districts) taking part in the movement and the formation of a 'Budget Commission'.

At the end of 1983 the movement organized the large demonstration to take place before the beginning of 1986, involving about 3,000 people from 60 districts in the Eastern Zone at the State Department of Health. This demonstration, which became known as the Demonstration of the 3,000, was no more spontaneous than all the others of the movement: it had been organized during a period of 4 months. The demands were sent to the authorities 15 days in advance so that they could examine them and have an answer ready on the day
of the demonstration. A leaflet was produced and distributed which told of the stages in the organization of the demonstration, like the establishment of a 'Spokesman Commission' which should, the leaflet stressed, receive the full support of the community in facing the authorities. It also included an 'Organization Commission' to cope with anyone taken ill or getting lost during the demonstration, a 'Press Commission' to deal with the media and with the production of a document to be distributed to the press and the general public.

By 1985, the Health Movement of the Eastern Zone already brought together eighty-seven districts. The agenda of the movement included discussion of topics like the need to develop awareness and to organize ever greater sectors of the population, thus expanding the Health Movement of the Eastern Zone itself and promoting its integration with other urban movements, freedom movements, unions etc. The main event of the movement between then and the beginning of 1986 was a demonstration against the restriction on the distribution of milk to young children. It took place in front of the municipal Assembly in a year of elections for mayor, to which all candidates were invited. Only the one from PT showed up. The movement aimed at calling the attention of the media in a electoral year, and this it certainly did.
5.1.1 Social actors affecting the development of the Health Movement of the Jardim Nordeste area:

There are five social actors which have a bearing on the development of the Health Movement of the Jardim Nordeste area. The first is still the women who were directly involved within the movement. They continued to have a direct relationship with the other actors and this role is described below. The second actor, still directly involved in the organization of the movement, was the medical students who continued to provide technical advice. They kept the doors of the State Department of Health open to the women as far as technical information was concerned. Furthermore, they helped in discussions about the organization of the movement. Initially, for example, the women opposed the participation of the health centre employees in the Health Council, but after much debate the students persuaded them to accept it as a means of improving their mutual relationship and helping the work in the health centre itself. Nowadays, all of the participants think it is important that health centre employees form part of the Health Council. After all, the employees themselves also had an interest in ameliorating their own working conditions. A health centre employee, who is also a participant in the movement, gives another reason for the participation of health centre employees in the Health Council:

"It is good to have health centre employees participating as health councillors. It helps to take away the image that the Health Movement is against them. That the participants of the Health Movement want to inspect their work. And it is nothing like it. But unfortunately, older employees still mistrust the intentions of the movement". (Rosana)
This example of help from the medical students, considered by many to be from ‘outside’ the movement, is similar to other situations like the involvement of solicitors in land legalization movements. It shows a new space found by professionals to collaborate in the work of urban movements in Brazil. Cardoso (1983a) considers this to be a new phenomenon, and explains:

"This is (...) the result on the one hand of the awareness of the controlling power of knowledge and on the other of the wish to enlarge the presence of popular sectors in politics. Their generalized mistrust of political parties and the valorization of the direct political praxis created among technicians the desire to offer their knowledge to allow the enlargement of the autonomous space of social movements (...) Between charity and militancy, the technicians found their room for action". (ibid.:231)

It would not be accurate to perceive the participation of the medical students as a type of patron-client relationship or to assume that they were trying to co-opt the population for their own ends. Their activity in the movement from the beginning up to the present day demonstrates that they chose this involvement as a way of giving a political meaning to their professional lives. Furthermore, as they decided to live with their families in Jardim Nordeste after they became doctors, they started to share the neighbourhood’s problems. What really defined them as part of the movement, as opposed to being outsiders taking part in the movement, is the fact that they "(...)shared (with the women) the view of certain unfulfilled needs as unjust" (ibid.:231). However, as the movement progressed they increasingly engaged in other activities in other areas of São Paulo, and even started to prepare to become candidates of PT for the State Assembly, thus moving gradually away from the organization of the Health Movement itself.
"I see this as a need to take information to other regions. Our objective is not to work only in a limited place. If we do this we may be giving incentives to the establishment of provincialism. We may even create an ideology that the work in Jardim Nordeste is the best. Hence, we may loose our perspective of struggle" (Dr. Rogerio).

The third (external) actor is the Catholic Church. As was seen in the previous chapter, one of the actors which influenced the formation of the Health Movement was the Catholic Church, through the local parish whose work was very much geared to broadening the political awareness of the local women and developing their sense of equality. With the development of the movement the women who started it had left the parish’s groups, and the contribution provided by the parish was restricted to the allocation of rooms for meetings, or jumble sales, and so on, as well as putting the movement in contact with printing offices which offered discounts. These were particularly important, for the Jardim Nordeste area was basically working class and did not have enough funds to keep up the work on its own. As a result, all financial help, including rent free use of a room, was welcome. Furthermore, the priest referred to the movement in the parish many times during masses, giving notice of meetings or demonstrations that were being organized, and of elections to the Health Council.

"Ever since I arrived in Jardim Nordeste and started to talk to people about the Health Movement of the area I have left the doors open for any type of promotion organized by them. They gather here once a month in our large room. When there are other large movements we make space and they gather in another room which is better for them. In relation to meetings and demonstrations we have been advertising them even in the mass. As to the elections to the Health Council we have been giving the news at the main door and in the main room of the parish; in this sense they have a whole space here, and people understand that this is not a movement of the parish.

-239-
The parish opens space for there is no similar space for them in the area yet, as would certainly be the case with a neighbourhood association that still does not exist. They meet in their homes as well and every time they ask for space we provide not only that, but provide them with the support of our presence”. (Father Caetano)

Even though this type of help was available, it was not without problems. The parish was not only the priest. There were those who frequented it who did not sympathise with the Health Movement. Relations between members of the movement and of the parish were not always smooth, any more than they had been when the movement was emerging. In fact, after an incident during the elections to the third Health Council in 1985, the women decided not to make use of the parish’s premises for their weekly meetings any more. Monica went to a ball organized by the parish in order to collect votes. Some members made fun of her and left her outside the building in the cold on a rainy evening. Zilda, to whom the priest was not very helpful, but at least did not create problems, talked to him about the uncomfortable situation which had been created. Laura thought the priest was friendly with the movement, but was not very committed. Her feeling was that,

"He should have a different attitude, to be clearly on the side of the people. Yesterday in the incident I think he was not there, but if he really supported us...he should have taken a clear stand".

This opinion was shared by other participants in the movement like Consuelo:

"This priest helps, but he is not like the one at the beginning, to whom the medical students were introduced, and who together with the nuns gave the women great help and support".
Difficulties with the members of the parish had also been acknowledged earlier in the year, when the movement planned to ask the priest for a space to build a stall to organize a jumble sale. The veterans pointed out that the priest would not pose any problem, but parish members would. Some participants in the Health Movement explained later that these members thought those from the Health Movement were communists because they took part in the movement. They, on the other hand thought that parish members were "very reactionary" and "very old". "Their only wish is to take part in leisure activities" (Zilda). In all likelihood, the priest, as representative of the parish, felt unable to offer more decisive help because he saw the parish’s main objective as maintaining its congregation. This created a contradiction at times, for although the priest was sympathetic to the Health Movement, his main focus was on the members of his parish, who frequently had a more conservative approach to the work of the Catholic Church. The priest himself was very frank about the question.

"Today the community itself (meaning churchgoers) rejects these people with a more political line of participation...we must have great patience to develop any work". (Father Caetano)

There were cases though in which the parish provided a more incisive support. Both the Catholic Church and the Ecclesiastic Base Communities showed that they were worried by the poor conditions of health and encouraged the direct participation of christians in mobilizations around the issue of health care. In 1981, the Catholic Church chose ‘Health’ as the theme for its Fraternity Campaign. Nevertheless, the women in the movement made it clear that they accepted the help which the priest sometimes gave, without compromising
in any way their autonomy. From 1985 onward, the movement tried to use the parish’s premises less, and conflicts determined that a distance was kept in the relationship between the Health Movement and the local parish. So the Catholic Church also started to assume a more distant position in relation to the development of the Health Movement. This, however, as pointed out by Cardoso (1989), was not just a rupture, but contributed significantly to the construction of the identity of this group as separate from the parish. Even despite this distance from the parish, however, there were moments when the movement approached the parish, requesting the use of its physical space for instance.

The fourth (external) social actor affecting the development of the Health Movement was again the state, at this stage more directly. When an administrative reform in the State Department of Health took place in 1969, the main reason given was the fact that these Department divisions were highly centralized, subordinated to different central sub-departments which had produced a compartmentalized administration, run on a very personalized basis with a total lack of co-ordination, resulting in a waste of resources and an overlapping of measures. In this reform a co-ordinating sub-department was placed between the Secretary himself and lower levels of his Department. Particularly relevant to the purpose of this Thesis, the reform also involved the creation of the new occupations of Sanitary Doctor and Sanitary Inspector "(...) as a decisive working force for the Co-ordination of Community Health" (Sá, 1978:39).

Furthermore, in 1971 the Secretary highlighted the need for a closer look at the ‘policy of personnel’. It included a particular emphasis on the redefinition of the wage policy
especially for sanitary doctors and technicians at the middle level of the institution, as well as on the study of new forms of personnel recruitment. Political difficulties jeopardized part of the planned reform, mainly in terms of the expansion of the network of health centres. These were largely due to misunderstandings between different State government agencies and opposing strategic views. Despite this, the Secretary was able in 1975 to speed up both the process of bringing in new sanitary doctors, the only ones able to be directors of health centres, and their absorption by the network of the Department.

The greatest achievement of the Secretary was the removal of obstacles to the practice of medicine, particularly those involving appointment to jobs according to political or electoral criteria. On the one hand this increased the integration of the work of the Department, especially the contact between the Secretary and the Co-ordination of Community Health. On the other it opened space for the allocation of doctors who were sympathetic to community participation in the area of health care. The Department signed a covenant with the Public Health School of São Paulo to bring in specialized courses for those who would then occupy directors’ posts in the Department’s network of health centres.

Unlike before and unlike other doctors, the sanitary doctors had ample knowledge of the reality of health and the problems faced by the neighbourhood. Their focus was specifically on the population’s health care. The result was the growing involvement of some sanitary doctors in campaigns for the expansion of the health centres network and for better health care. This was clearly the case with the medical students in Jardim Nordeste, who after finishing their medical courses went on become health centre directors. Dr. Ciro did so
in C.A.E. Carvalho, a district of the area of Jardim Nordeste, and Dr. Rogerio did so in Jardim Nordeste itself. As seen above, they helped to open a new space for the community within the administrative sphere of the Department of Health, and contributed decisively to the development of, among others, the Health Movement of the Jardim Nordeste area. This applies also to other areas of the city like São Mateus, which is also in the Eastern Zone (see below).

This shows how the Health Movement of Jardim Nordeste was affected in direct ways by government policies. The reform at the Department of Health was not geared to stimulating the organization of the population in urban movements, but to increase the speed and efficiency of health care provided by this government agency. However, the fact that the sanitary doctors were made responsible for the immediate treatment given to the community, and that their place of work was in the district itself, caused some of them to be more directly involved with the problems faced by this community. They came to understand health care as something wider and more complex than simply inoculations or examinations. Apart from this re-organization of the structure of health administration within the state, this actor remained in the background as far as the running of the Health Movement of the Jardim Nordeste area was concerned.

Besides the social actors discussed above, a new external one, the fifth, came to the scene and helped in the development of the Health Movement of the Jardim Nordeste area. It was a political party, PT. In chapter 3 it was stated that in the mid-1970’s the military government in Brazil faced unprecedented opposition to its rule. This was particularly clear
after the victory of the opposition party, MDB (Brazilian Democratic Movement), within the two-party system of the time, in the general elections of November 1974. Among other measures, the regime allowed the reinstatement of a multi-party system. The creation of PT (Workers Party) was outstanding in this context in view of its political scope, which was very much in line with labour and urban movements.

The general tendency was for people involved in movements to sympathise with the new party and sectors of the new PMDB (Mainwaring, 1986), for their policies were from the outset in favour of any type of urban struggle. This was in sharp contrast with what had happened before, in that the previously existing parties had not expressed a clear interest in developing popular organization in the form of urban movements. The PT helped initially by lending a room in its local headquarters for the meetings of the movement. More importantly, however, the party made space for popular movements at the institutional level, by supporting candidates who were close to the community, as well as openly supporting movements such as the Health Movement. This was not a link of dependency, which might jeopardize the movement’s bargaining power when facing the authorities, or when dealing with the neighbourhood itself. On the contrary, the Health Movement still managed to keep its independence and autonomy while receiving the PT’s help, just as it had received help from the local parish. There was a clear understanding on the part of the women in the movement that although the contact with the party could yield results vis-a-vis the authorities, the movement must keep its space untouched and without outside controls.
This is very much in line with the situation discussed in chapter 3, in which there was the establishment of a two-way relationship, but without an unchangeable commitment which might render the movement a 'hostage' to the party's strategies. There was widespread sympathy for the party in the Jardim Nordeste area, but the participants of the Health Movement stressed that it was not the movement itself that supported the party, but individual participants of the movement. Its role in the overall organization and development of the Health Movement, was secondary, but the fact remains that the creation of PT constituted new breathing space for the movement in a moment of delicate political transition.

5.2 Description of the meetings and everyday organization of the Health Movement of the Jardim Nordeste area

As seen above, the organization of the Health Movement of the Jardim Nordeste area (as indeed of the Health Movement of the Eastern Zone of São Paulo) was very much based on constant meetings (see diagram no.2 at the end of this chapter). In the case of the Health Commission, these were meetings organized in the participants' houses or in the local parish's premises, although after the problems they had had with churchgoers (see above) they avoided using the latter. The meetings would include any inhabitant interested in taking part, and would be conducted by the veteran members. It was possible to notice which participants were new and which had been in the movement longer. The newer participants were often reluctant to speak up and frequently felt embarrassed. When asked, they did not have an established opinion on the issues. Lina once expressed her insecurity and sense of inadequacy. Because she did not know how to read and write well, she felt she was
incompetent to find new candidates for the election of the Health Council in 1985. Zilda replied that she knew Lina was talkative and that was enough for her to find new candidates.

The meetings were focused on an agenda, which included not only the current situation of the area and of the struggle, but also demands, the organization of convoys and public assemblies and demonstrations, and the design of leaflets, the formal means of communication between the Commission and the people of the area.

People were invited personally to these meetings, and were usually friends. The meetings were held in an informal atmosphere, but generally no more than a handful showed up. Before the main body of the meeting, people exchanged personal news, giving the clear impression that the meetings were like friends' parties. After all the invited participants had arrived, it was usually the veterans who proposed a start. It was then that the issues of the meeting were put forward for debate and those who spoke most were again the veterans, it being clear that the newer participants were quieter and more reserved. Generally speaking, whatever was pointed out by the veterans was accepted by the others, but not without invitations by the former for them to speak out their opinions. It has to be pointed out that the veterans always stressed to the others that their greater outspokenness was a result of their practice in the movement itself, for they also had been more reserved and shy at the beginning of their participation. These meetings were not very long, lasting about two hours on average. They were always held on weekday afternoons, which were regarded as the best time for all, since husbands were out working and children were at school. At the end there was always tea or coffee and biscuits, and extra time for other subjects, which included
comments on other people's lives and behaviour, their difficulties in participating, their lack of interest, and so on, as well as current national issues.

Funds for the movement and for transport on demonstration days and visits to the State Department of Health were usually raised through raffles and jumble sales organized in the neighbourhood. In order to sell tickets, women made use of their female network. They helped each other on an everyday basis, establishing a network of support. Most women in the Jardim Nordeste area had come from other parts of the country and so felt very lonely when they first arrived there. Renata provides a good example of this loneliness and of how the female network worked. When she first arrived she felt very lonely and displaced. As she came from the much warmer Northeast of Brazil and the first winter she spent in São Paulo was particularly severe, both Zilda and Maria sent her blankets and winter clothes for her children, as they knew she would not be prepared for the weather. The women of the Health Movement made use of this network when they decided to start mobilizing, by inviting friends and neighbours to join in, as well as when asking for donations for jumble sales, and finding candidates for the Health Councils. March and Taqqu (1986) argue that there appears to be a link between women's 'carisma' and the degree of relationships they acquire in the neighbourhood.

"In general it appears that women's esteem and influence in most communities are closely connected with the extent of their extra-domestic associational ties". (March and Taqqu, 1986:48)¹⁰
The women in the Jardim Nordeste area certainly fit this notion. The more contacts they had outside their homes and the more experience they acquired in this process, the more they were respected and listened to.

As far as the Health Council was concerned, meetings also formed the basis of the organization of activities and took place inside the health centre on weekdays afternoons, for the same reasons as for the Health Commission. They would count on the presence of health officials, like regional directors, health centre employees and the director of the health centre. They had also been held in the local parish’s premises on a few occasions, but, again for the same reasons as for the Health Commission, these sites were generally avoided as venues. The meetings had a president, a deputy president, a secretary and a deputy secretary, all elected in the first meeting of its term, which spanned two years.

Meetings of the Council were supposed to take place on a monthly basis, but were in fact held whenever was felt to be necessary by its members. In fact, one of the Councils went about a year without meetings, in 1984. Minutes of the meetings were taken down and the record of each meeting was signed at the beginning of the following. On average, about a third of the members of the Council (both representatives and proxy) were present at these meetings. Only in the first meeting following the 1985 election were as many as half the members present. The meetings were fundamentally about the work of the health centre, its functioning, equipment and organization. In the health centre, the councilors were also able to have first hand contact with the population’s problems and expectations. In all meetings there was always an attempt to find consensus in order to accommodate diverging views and
interests. Sometimes, however, after consensus had been reached, one of the members, (typically one of the veterans), might contradict it. This was the case, for example, with Zelia, who invited friends for a Council’s meeting, even though it had been decided that people foreign to the Council should not be present in these meetings - instead they might attend those of the Commission, since the Council meetings were more formal and tiring occasions. It also happened with Lina: in August 1985 she took electoral registers away from the polling station which had been ascribed to her and allowed friends to sign them elsewhere - she took them home with her, even though this had not been agreed by the Council. According to Durham (1984), there is a need to maintain agreement all the time, otherwise the movement would not be able to legitimize its negotiations. Although Zelia and Lina broke agreements in those particular situations, the fact remained that as far as outsiders were concerned, an agreement had been reached, and that was what mattered.

The meetings of the Districts Federation were supposed to take place on the last thursday of the month. In fact they only took place when the participants felt there was a need for them. Generally speaking, they were attended by one or two representatives of each Health Commission and/or Health Council. They took place in the house of one of the women, and these venues varied. Discussions were chiefly about the situation of each of the Health Commissions and Health Councils of the Districts Federation. These meetings were also used to pass on information about the broader Health Movement of the Eastern Zone. The atmosphere was the same as in the meetings of the Health Commissions: very informal and relaxed.
Finally, the meetings of the overall Health Movement of the Eastern Zone of São Paulo were held at CIFA on Saturday afternoons, for it was then that officials were invited. Participants were comfortable in these situations and even joked with the officials, in contrast to the beginning when they were more cautious and shy. These were the longest and most formal meetings and as such the most tiresome. They usually had about forty people, some with children, and the discussion went straightaway to the heart of the matter, examining issues relevant to the whole of the movement. They were large meetings open to all, but by and large they counted on the presence of more veteran participants who typically arranged to go together as a way to calm down husbands who worried, and in many cases were jealous, about them going alone. On the other hand, younger participants rarely came. There were a number of reasons for this. For women who worked during the weekend, such as hairdressers, weekends were the busiest time of the week. Others did not want to lose the time they spent with the family. Further still, some simply did not have money for transport to the venue, which, in contrast to those held by Commissions and Councils, were too far away.

5.3 The evolution of demands in the Health Movement of the Jardim Nordeste area

At the beginning of the Health Movement of the Jardim Nordeste area, demands were strictly related to health care infrastructure. The first demand of the Health Movement was for a health centre. Campaigning around this demand yielded good results, for the centre was actually installed in the area in 1977. As soon as this had been achieved, the participants
moved on to make demands specifically related to the health centre itself. Demands related to the functioning of the health centre and its need for resources, ranging from more doctors and health employees, to equipment and more medicines and longer work shifts. Some of these demands were attended to, such those for as medicines, a few more staff and one or another piece of equipment, notably for medical examinations on pregnant women.

The next major demand was for a supervisory body to assess the work of the health centre. The Health Movement was already moving a step further in the ‘gradation’ of demands. Further, the participants of the movement insisted that the Council should be made up of members of the area who actually used the health centre. This Health Council was formally recognized by the State Department of Health in 1978, and was first elected in 1979. Following this, a plaque with the inscription "This health centre was a conquest by the people through their Health Commission" was approved by the Health Secretary and hung at the entrance of the centre.

By 1979, the Health Movement had already started to demand a larger health centre. After two years campaigning, they inaugurated the new one in 1981, even though it was a health centre of a smaller capacity than they had demanded: a CS2 instead of a CS1. Meanwhile, demands continued to include more doctors, health employees, more medicines, equipment and milk for children. Thereafter, these demands were gradually broadened, so as to include issues directly related to the running of the administration of public health care, and the management of public resources for the area of health care, even though the original demands for better health service in the neighbourhood itself continued to be put forward.
They also included calls for the participation of the community in the design of health programmes which affected them directly. They crossed the 'area's border' in that they expanded the level and type of demands. This demonstrates a broader understanding by the local population as to how and where to intervene for improvements in the infrastructure of health care.

From 1983 onwards, the demands of the Health Movement of Jardim Nordeste merged with those of the overall Health Movement of the Eastern Zone. The former had a major say in the latter. In 1983, in the programme of the Health Movement of the Eastern Zone of São Paulo there were several demands: improvement of health centres, construction of public hospitals, first-aid centres and clinics of the INAMPS12 in the region, formalization of Health Councils' statutes, basic infrastructure, establishment of a Health Council at the level of the Regional Department of Health13, the end of health covenants between the state and private firms, establishment of a solidly structured public health system common to all. Some of the demands from the *Demonstration of the '3,000' were met: these included new State and municipal health centres for all districts involved in the demands, about 500 new staff to run them, and half of what had been demanded of milk to children (the full amount was to be achieved in 1984).

In 1984 demands included the improvement of health centres, implementation of INAMPS clinics, the establishment of an integrated health care system (including health centres, clinics, hospitals, maternity units), more funds, moves against 'profit-making' medical
care, and away from the specific area of health, the struggle for direct elections in the country at all levels.

In 1985, besides the continuing calls for community participation in decisions of the State Department of Health which affected them, the main demand from the Health Movement of the Jardim Nordeste area was for more health employees for the health centre. Distribution of milk to children was also high on the agenda and these demands were the motive for a demonstration by the Health Movement of the Eastern Zone in front of the Municipal Assembly in October, for 1985 was a year of municipal elections. Members of the Health Movement of the Jardim Nordeste area reacted angrily to officials’ suggestions that breastfeeding was being hindered by the distribution of milk due to the fact that mothers preferred to give this free milk to their infants rather than breastfeeding them. The reply was that it was not the distribution of milk that jeopardized breastfeeding. Rather it was the shortness of paid maternity leave, lack of nurseries at the place of work, lack of support for women’s health, and bad working conditions. Besides, they stressed that any problems caused by the distribution of milk could easily be alleviated by a health education programme on breastfeeding. Within a few days, probably as a result of the demonstration, new health employees had arrived in the Jardim Nordeste health centre, and medicines were being delivered punctually. Milk continued to be a problem, however. The State Department of Health decided that only undernourished children, determined according to a graph of children’s development, would receive milk, irrespective of the movement’s claims that the nourished of today would be the undernourished of tomorrow. This continued to be a demand from the first day of 1986.
5.4 Conclusion

The Health Movement of the Jardim Nordeste area was not a movement simply concerned with demand-making. It had an organization of its own, and this organization gradually developed with the evolution of the movement: first the creation of the Health Commission which was in charge of setting up convoys, demonstrations, and related activities such as jumble sales to raise funds, conveying complaints and demands to the State Department of Health - and then the formation of a Health Council. This organization meant a new form of participation, in that through the Health Commission, the community was directly involved in the management of mobilized demands, and through the Health Council, the neighbourhood now had an officially recognized voice within a government sponsored service, the health centre.

The social actors affecting the development of the Health Movement gradually faded into the background. In the case of the parish, the distance which developed between it and the movement, meant that it could no longer be counted on as an important source of recruitment in the neighbourhood. The implication of this has been that there has not been much of a renewal process in the ranks of the movement. This was aggravated by the fact that no other such institutional source opened up. In any case, the women who participated assumed a prominent position in the running of the movement. Once again this reinforces the notion that social actors must be examined when studying urban movements. Without proceeding in this fashion in this case, the women and their role would not have been
perceived. As has been demonstrated, their role was central. The movement took the shape it did due to their participation.

Moreover, the creation of the Health Movement of the Eastern Zone of São Paulo was another step forward in the struggle for better health. Each year new districts involved themselves in the struggle, not only increasing the level of pressure on the state, but also coordinating the demand-making process of the districts involved in a more rational manner. At this new level of the Health Movement of the Jardim Nordeste area (within the broader Health Movement of the Eastern Zone in which they had an active participation), new demands were put forward. They crossed the 'districts borders' in that they expanded the level and type of demands. This demonstrates a broader understanding by the local population as to how and where to intervene for improvements in the infrastructure of health care.

Notes:
1. Percentage calculated from population data given in Chapter 4.
2. Ibid.
3. See Appendix 3.
4. CIFA is the 'Centro de Integração da Família' (Centre for Family Integration) of the Catholic Church which provided the Health Movement of the Eastern Zone of São Paulo with a room for regular meetings. This venue was chosen by the movement itself.
5. Patron-client relationships can be defined as: an unequal relation "(...) between a social and economic superior who extends favours, often of a material kind, to a poorer person who gives service and esteem to the patron". (Roberts, 1977:181) For the Brazilian case see Diniz, 1982; Jacobi, 1983.
6. For a debate on the role of the Catholic Church in urban movements see Telles and Bava, 1981; see also Mainwaring, 1986.
7. *Sanitary Doctors* are a new professional medical category of practitioners who are directly responsible for the immediate treatment of the population, having as their place of work the neighbourhood itself. Their professional brief is specified as giving their attention to the socio-economic problems faced by the population to be served and to the relationship between 'living conditions' and certain diseases (Jacobi and Nunes, 1981). They are the only professionals with the credentials to be directors of health centres.

8. See Appendix 2.

9. This is not necessarily always the case. In her work about the Movement for the Defence of Favelados (MDF), Boran (1989) notes that PT started to dominate the movement to a certain extent. The participants of the movement were feeling that this party was in fact beginning to control their movement to an unacceptable degree.

   "A rift was at times dangerously close between the MDF and the PT, but was avoided by self­questioning on both sides". (ibid.:102)


11. See Appendix 2.

12. See Appendix 2.

13. See Appendix 2.
DIAGRAM 1:

DEVELOPMENT OF THE HEALTH MOVEMENT

1978
Health Commission
Jardim Nordeste area

1979
Movement for Better Living Conditions
Including Jardim Nordeste's area
(several struggles aggregate)

1980
Districts Federation
(health struggles aggregate)
Included: J. Nordeste's area, Burgo, Patriarca, Granada, S. Nicolau, Cidade A. E. Carvalho, Artur Alvim and Três Marias

1979
Health Council
Jardim Nordeste's area

1982
Health Councils
(other districts in Jardim Nordeste's area)

1982
Health Councils
(other districts in São Mateus' area)

1983
Health Movement of the Eastern Zone of São Paulo
Regions of the HMEZSP (each has several districts within them):
Districts Federation, Itaquera, Sáopemba, Guaiânaes, Itaim, St. Marcelina, S. Mateus, Ermelino Matarazzo, S. Miguel and Vila Alpina

-258-

DIAGRAM 2:

Health Commission:
Once a week at local parish, participants' homes. Anybody could be a member of the Commission. It was the basis of the organization of the movement.

Health Councils:
Once a month at health centres. Councillors elected by the area's population.

Districts Federation:
Once a month at participants' homes. Counted on the presence of members of Health Commissions and Health Councils.

Health Movement of the Eastern Zone of São Paulo:
Once a month at CIFA usually, or at St. Marcelina Hospital's creche for a special larger meeting. Two members of each region make up the movement's co-ordination and are elected by the participants of the movement. Anybody interested in the movement may take part in the meetings.

Note: 'once a week' and 'once a month' does not mean that the meetings always happened. Particularly the meetings of the Health Commission and that of the Health Council tended to happen when there was a particular need.
CHAPTER 6

CONTINUITY OF AN URBAN MOVEMENT: THE PARTICIPATION OF LOW-INCOME WOMEN IN THE HEALTH MOVEMENT OF THE JARDIM NORDESTE AREA
6.0 Introduction

The present chapter is an examination of the participation of those women who joined the Health Movement of the Jardim Nordeste area at a later stage of its evolution. This examination is important in order to avoid the risks of underestimating the wide range of forms that participation can take, depending on individual participants\(^1\). This discussion follows naturally from the trends found both in the literature on urban movements and on gender and urban movements. It also reflects the implicit (and sometimes explicit) call for a closer and critical analysis of the social actors which are directly involved in urban movements and which affect their development and maintenance, as discussed in chapter 2. The assertion of this chapter is twofold. First, that the participation of women in the Health Movement of the Jardim Nordeste area was subject to different limitations and therefore took diverse shapes, and second, that there has always been a small group of women which has formed the basis of the movement since its beginning.

6.1 Issues linked to the participation of women in the Jardim Nordeste area

There were prolific periods in which a great number of women were directly involved in the movement, and there were times in which it was only those who started the movement, with only a few of those who started later, who actually carried
it on. In fact, after every new election of the Health Council only one or two of the
new councillors would actually remain in the movement on a constant and active
basis. Indeed, the vast majority of the new councillors would step down well before
the end of their period in office. In the following sub-sections, issues relating to the
participation of those who left and issues relating to those who remained are both
discussed. They include factors which made the participation of women easier or
harder, and the ways in which this participation affected the women's lives, their
families and the neighbourhood they live in.

6.2 Who were the women who participated in the Jardim Nordeste area?

The women referred to in this section are those who were members of the three
Health Councils elected up to the beginning of 1986. This is because the Health
Council was the only body of the Health Movement in Jardim Nordeste which by its
nature had to have a minimum number of participants, including proxy members, and
have their names published in the official press after elections. It was a formalized
body which kept organized records, in contrast to the Health Commission which was
an informal body with open membership. From the time of its beginnings back in the
late 1970's, large numbers of women took part in the Health Commission, many of
them for only a short time. By 1985, the present participants of the movement were
only able to remember and trace those who had either been active and regular in the
Health Commission, or else had become a member of the Health Council.
It has been argued that due to the lack of a better description of the women who took part in the Health Movement, the one to be adopted should be 'low-income women'. But in fact, besides referring to them as low income-women, it is necessary to be even more specific. Which women took part in the Health Movement of the Jardim Nordeste area, in terms of their age, marital status, employment situation, income, number of children, and level of education? This is covered below as far as possible, although some data were not available for all Council members, particularly in the case of the first and second Health Councils.

Table 1: Marital Status of participant women in the three Health Councils.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>No Information</th>
<th>Single</th>
<th>Married</th>
<th>Widow</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st HC*</td>
<td>23**</td>
<td>4</td>
<td>1</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>2nd HC</td>
<td>25**</td>
<td>5</td>
<td>2</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>3rd HC</td>
<td>20</td>
<td>=</td>
<td>3</td>
<td>15</td>
<td>2</td>
</tr>
</tbody>
</table>

HC*: Health Council  
**: There were 24 councillors in the first Health Council, one of whom was a man. The 23 women are the people considered here. The situation is the same for the second Health Council.

As can be seen from table 1 above, in all three Health Councils the vast majority of women were married. All the spreading of the work of the Health Movement, particularly in relation to making up the Health Councils, was directed
towards mothers. They were the ones who were emphatically asked to participate in the Health Council.

Table 2: Number of Children of participant women in the three Health Councils.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>No Information</th>
<th>No Children</th>
<th>Children 0-10 years</th>
<th>Children 10- and 10+</th>
<th>Children 10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st HC</td>
<td>23</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>2nd HC</td>
<td>25</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>3rd HC</td>
<td>20</td>
<td>-</td>
<td>3</td>
<td>10</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>

In table 2, it is possible to see that it was only in the first Council that the majority of women had children under 10 years of age. However, the picture changed in the second and third Health Councils where the majority of women had children aged more than 10. This may be explained by the fact that in the first Health Council, when the health centre had just been inaugurated and was working on a precarious basis, the Health Movement directed its appeal to mothers. It stressed that if the health centre worked properly there would be vaccines, milk, medicines for the children. These are services which predominantly benefit young children.
Table 3: Employment situation of participant women in the three Health Councils.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>No information</th>
<th>Work inside home</th>
<th>Work outside home</th>
<th>No work/retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st HC</td>
<td>23</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>2nd HC</td>
<td>25</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>3rd HC</td>
<td>20</td>
<td>-</td>
<td>3</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

From the table above, it can be seen that in all the Councils, only a minority of women were engaged in paid work. In the first two Health Councils there was a large difference between the number of women who worked and who did not work. A major change appears in the third Health Council, when the difference was very much reduced. This can be explained in turn by the fact that from the second Health Council onwards the economic recession in the country forced many women to look for jobs. Of the eight who worked outside their homes, 4 had regular working hours. The other four had more control over their working hours and days. These four, added to those who worked inside their homes and those who did not work, made up the majority of those in the third Health Council. The above are general data on the three Health Councils which were analysed. Of the twenty women who were members of the third and last Council, elected in 1985, seven gave their names and never showed up, and two others went to one or two meetings only. Below, there are more specific data on the remaining 11 women, who participated on a more consistent basis. These details include their life histories, except for the three who started the movement (whose life histories are presented in chapter 4).
Clarinda: "I am 62 years old. I was born in 1923 in the interior of the State of Sao Paulo. When I was nine I moved to the city of Sao Paulo because my mother, a cook, decided to come to find a better paid job. We all came, including my sisters. My father stayed behind because of his job, in a hospital. They didn't split up. It was just a matter of where to find a better job. They continued to meet frequently. I studied up to the third grade of primary school. As soon as I arrived in Sao Paulo I found a job as a domestic servant. Then at the reception of the Clinics Hospital. I got married when I was 23 and continued to work in the hospital until my first daughter was born a little later. After that, I worked ironing at the School of Nurses. I stopped working when my younger daughter was born. I had three children, two girls and one boy. When I married I went to live in Ipiranga, a district in the Southern Zone of Sao Paulo. Then I moved to the Eastern Zone and went to live in Parque Sao Jorge, then Vila Guilherme and finally in Jardim Nordeste. We had to move so much because we rented the places were we stayed. Our contract ended and we had to move. In Jardim Nordeste was different. We have been living here ever since because we bought this house twenty five years ago. My husband worked as waiter and then as taxi driver until he died. I first took part in the group of sisters of the parish and only this year (1985) I joined the movement".

Consuelo: "I was born in Portugal fifty years ago. I moved to Brazil when I was twenty two. I lost my father when I was eleven. There was no other way for me to work so my mother taught me crochet and started to sell what I produced. In Portugal women getting married buy everything made of crochet. I started alone and came to have about twelve people working for me. But I had never had a...how can I put it...a satisfaction. So I came in search of something new. I was anxious to know the world, see things. I had been to school long enough to complete its primary stage. I am the eldest so I came alone. My mother and seven sisters stayed behind. I brought them to Brazil after I married. When I arrived I went to live with my grandmother, my aunt and my uncle. He had a bakery and I went to work with him at the counter. After two years I married. My husband is Portuguese as well. Then I started to make bread at home. All my customers lived in the neighbourhood, in the centre of Sao Paulo around the Se Square where I stayed for thirteen years. Today people don't buy that way any more. I had three kids, two girls and a son. The we decided to buy a bakery in Ermelino Matarazzo and came to live
here. We then sold that one and bought another in Jardim Coimbra, even closer. I have lived in Jardim Nordeste for the last six years. Thirteen in this area if you count Jardim Coimbra. I took part in the mothers’ club of the local parish ever since I moved to Jardim Coimbra, and it was then that I met Zilda. I also met the medical students then. I encouraged my daughter Berenice to take part in the Health Movement. I didn’t take part straight away because I had the bakery which I had to open at four in the morning! It was only after we sold it because I became ill for a while that I started taking part in the movement. It’s been about four years”.

Carla: “I am twenty four years old and I was born here in Jardim Nordeste. I am single. I completed secondary school. It was a technical course for secretaries, but I have never worked in the profession. I worked for a while as a model for painters, then I sold cosmetics and then I went to work in an office as an assistant. I never took part in the parish’s groups. I only participated in the unemployeds movement for a short while. I have started taking part in the Health Movement this year”

Lina: “I will be fifty four next month. I was born in Bodece in the North Eastern State of Pernambuco. I have very little schooling. I completed only the first grade of primary school. I got married when I was nineteen. My husband is from the North East as well. Before I got married I worked in agriculture on my father’s plot of land. After one or two years we decided to come South to the interior of the State of São Paulo, to Ribeirao Lindo. My brother lived there and wished we all came, my father and all. We lived there many years. I worked in agriculture and at home. Then, sixteen years ago we came to this house in Jardim Nordeste. I have worked in a workshop. I have eleven children, nine sons and two daughters. We built this house slowly. Today I do a little crochet. I had never taken part in anything before starting in the Health Movement this year”.

Laura: “I was born in Santa Albertina, in the interior of the State of São Paulo thirty two years ago. I came to São Paulo when I was five. My father worked
in agriculture and thought that by coming to São Paulo he might guarantee us a better future. Better living conditions. He went to work in SENAI (National Service of Industry), an educational institution funded by the industry of the State to prepare industrial workers. I studied up to the sixth grade of the primary school and then stopped in order to work. We first went to Vila Re, then Cidade Patriarca, then Guaianazes, all districts here in the Eastern Zone. After I got married (my husband is a metalworker) we went to live in Itaquera, another district of the Eastern Zone. After two years we went back to Guaianazes and after four years we came to live in this house here in Jardim Nordeste that we had bought. We have been living here for the last eight years. Before I got married I worked in my aunt's residence taking care of my cousin. She was about three at the time and I was eleven. When I was fourteen I went to work in a printing workshop. Shortly before marrying I worked in a fabrics shop, but only for three months. Since I married I never worked again. I have had three children, but lost one very young. Today I have a daughter and a son. I had never taken part in any group, not even in the parish. Only in a school, but it was not a mothers' club. We only discussed about work. I have been in the movement for the last four years".

Renata: "I am thirty one years old. I married when I was seventeen. So I have been married for the last fourteen years. I have five children, three boys and two girls. My husband and I were born in Fortaleza, the capital of the Northeastern State of Ceara. I studied up to the fifth grade of primary school. I arrived in São Paulo from Fortaleza three years ago. My husband came a year and a half before and went to live elsewhere in São Paulo. He decided to come because he was unemployed there for the last six months before he came. A friend of his who was already here offered him a job. His mother was also here. In the end it did not work out and he had to find another job. This is why we took so long to come. Sometimes I work as cleaner on a daily basis, when I need money. I knew of the movement within one month after I got here. I had taken part in a mothers' club in Fortaleza. It has only now been possible for me to take part in the Health Movement".

Rosana: "I was born here twenty seven years ago, and I have lived here ever since. I studied up to the third year of the University of Nurses. My job today
here in Jardim Nordeste’s health centre is health visitor. But as there is a shortage of health employees here I do mostly internal work. I have worked here for the last five years. I began to take in the movement when it was starting, back in 1976. I have helped in all the Health Council’s elections".

Samira: "I was born here in Jardim Nordeste and always lived here. I am twenty three. I have just finished the secondary school and I am looking for a job at the moment. While I studied I worked in two business offices. I never took part in anything. I have always known about the Health Movement. My mother participated in some meetings but had to stop because my father fell ill. I decided to take part this year".

Most of these women came from outside the city of São Paulo, they tended to be in the age bracket of 40 to 65 years old and most had been living in the district for more than 20 years (see tables 4, 5 and 6).

**Table 4:** Place of birth of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>District</th>
<th>São Paulo City</th>
<th>São Paulo state</th>
<th>Another state</th>
<th>Another country</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>
Most of these women were married, with children older than 10 years of age and not working outside their homes. Most of them had not completed a primary level of education and had a household income of up to 3 minimum wages four (see tables 7, 8, 9, 10 and 11).

Table 5: Age of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>20-30</th>
<th>31-40</th>
<th>41-50</th>
<th>51-60</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 6: Time living in the district (years) of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>0-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16-20</th>
<th>21-25</th>
<th>26-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 7: Marital Status of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>Married</th>
<th>Single</th>
<th>Widow</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>6</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 8: Children of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>No children</th>
<th>0-10 years</th>
<th>10+</th>
<th>0-10 &amp; 10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>3</td>
<td>-</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 9: Employment situation of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>No work</th>
<th>work inside home</th>
<th>work outside home</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>6</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 10: Schooling of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>Primary level incomplete</th>
<th>Secondary level incomplete</th>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 11: Household Income by minimum wages of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>1-2</th>
<th>2-3</th>
<th>3-4</th>
<th>4-9</th>
<th>9-10</th>
<th>10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 12: Previous experience of participation of the 11 most consistent participant women in the third Health Council.

<table>
<thead>
<tr>
<th>Total</th>
<th>Parish Groups</th>
<th>Unemployed Movement</th>
<th>PT</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

The information above, relating to the councillors of the three Health Councils up to 1986, does not allow a single profile of the women who took part in the Health Movement of the Jardim Nordeste area to be drawn. However, a few points can be made. Firstly, most of the women had had experience in the parish groups. This has been found by other authors like Evers (1982), Caldeira (1987) and Alvarez (1990) in their work in Brazil. Apparently this has been a trend there. Women who took part in parish groups have had the potential to become participants in urban movements. Secondly, most of the women in the Health Movement were married and had children over 10 years of age. Furthermore, most of them did not work outside their homes at a regular job. However, a gradual change in the picture can be detected, for at the beginning more women had younger children than older. It may be that at the beginning, the main worry was to improve the health centre which was working on a very precarious basis. Another aspect of this is that health centres were mostly used for young children, so there may have been a greater worry on the part of mothers of young children to secure them better health care. This is illustrated by
a meeting before the election of the third Health Council in which the older participants stressed the need to clarify to women that the health centre was not exclusively for attending to young children. Also at the beginning fewer councillors worked outside their homes. This may be due to a deterioration in the standards of living in the country as a whole in the 1980’s. Also, it may be due to a higher level of unemployment which hit the working class hardest at that time, in the case of the Jardim Nordeste area leaving many husbands without jobs. In relation to the 11 participants of the third Health Council who participated on a more consistent basis, most were migrants who had lived in the settlement for a long time. Also, most tended to be married, middle aged and without young children. Moreover, the majority did not work, their schooling level was poor and they had a household income ranging between 1 and 4 minimum wages.

Having discussed who by and large were the women who took part in the Health Councils, it is now possible to turn to the issue of who actually continued to work in the Health Movement.

6.3 Women who continued in the Health Movement of the Jardim Nordeste:

Of all twenty five councillors to the first Health Council, only five carried on in the movement, three of whom were the ones who started the Health Movement, and two who had joined it later. These became councillors again in the second Health Council. From the second Health Council, only five again carried on and joined the
third Health Council, of whom four had also been members of the first Health Council. There was a high turn over of members in the three Councils, which was similar to what took place in the Health Commission. On the other hand, there was a low turn over as far as the most active members are concerned. These in fact tended to be the ones who had been longest in the movement, were generally older, did not have young children, and did not work outside their homes. If they did work at all, they tended to do so on a very irregular basis, like Monica, who knitted occasionally for neighbours and friends.

This makes sense, as seen in the tables of the previous section, for intense commitment required time, as observed in practically all examples in the literature. Those who had employment which demanded rigid time schedules were hardly able to go to meetings in the district in the afternoons. Hence, those women who both worked and took an active part in the movement, tended to work at home on an irregular basis, which made it possible for them to accommodate their tasks both at home and in the movement. The same thing happened with those who had young children and had no one to leave them with, for the provision of creche facilities was very poor in São Paulo5. An alternative would be to take children to meetings. However, according to some women who did so, the children became a nuisance, in that mothers could neither concentrate nor give their children the attention they asked for. It was easier to take children along in convoys or to demonstrations. This may be one of the factors behind women’s greater participation in these activities than in meetings of the Health Council if they became members, or in the Health Commission for that matter. After describing who were the women who took part in the Health
6.4 Participation in the Health Movement of the Jardim Nordeste area:

Before discussing the issue of participation in the Health Movement, it is necessary to note how participation has been defined. As Pearce and Steifel (1979) put forward, it is,

"(...) the organized efforts to increase control over resources and regulative institutions in given social situations on the part of groups and movements of those hitherto excluded from such control". (ibid.:8)

However, it is not possible to assume that everyone has the same stimuli or the same resources with which to participate, or that everybody participates in the same way, or in the same activities. Zilda states that,

"(...) the person takes part in what she can. If she can participate twice a week, she does so twice a week. If she has time, she goes three, four times a week. When she has more time she participates more. This is my case and that of some others. Now we have more time, all the time in fact since our children are grown up and we can go almost every day to the meetings. We carry the movement on because we have greater availability".

Furthermore, says Laura:
"(...) there are people with small children, so the amount of time they dedicate to participating is not important; we do not demand more from them. Each one does whatever is possible for them to do. As long as they do a little to make it easier for the others ...for if all do a bit, there will be only a little for everybody. But if any one does not contribute at all, then it will overload someone else".

It is important to differentiate between participation on a constant and active basis, from participation on a sporadic basis, for otherwise there is the risk of focusing only on the former as the object of study with an implicit assumption that the latter is included without having any specific issues of its own. To persist on this assumption would amount to doing the same as considering latent movements as having fallen. Then certain activities which were fundamental to the survival of the movement, performed by those who had less available time or a weaker stimulus, would be neglected. In chapter 5 a range of different activities which were necessary for the continuation of the movement were described. These were obvious ways of participating, like organizing raffles and jumble sales, convoys and demonstrations, and elections to the Health Council. Those who did these things were seen to be taking an active part in the movement. On the other hand, there were some less apparent forms of participation such as the distribution of leaflets, the preparation of banners and posters for demonstrations and convoys, and the gathering of contributions for jumble sales and bazaars, which were no less vital.
6.4.1 Participation on a sporadic basis:

It would not be an exaggeration to state that most adults in the Jardim Nordeste area, especially women, had at least on one occasion in some way taken part in the Health Movement. When raffles and jumble sales were organized in order to raise funds for convoys and demonstrations, even those who bought tickets were participating in a way. By the same token, on occasions women from the movement asked friends, relatives, and neighbours whether they had something they could spare, and those who asked for jumble were in this way also participating, as indeed were those who contributed and those who actually bought something at the event itself. Moreover, there were those who signed petitions and voted for the Health Council at election times. All these are examples of participation in a rather indirect manner. A more direct form on the other hand, was the printing and the distribution of leaflets. There were printers who offered a discount on the final price because they were explicitly leaflets for the Health Movement. Some of the printers had direct links with the Catholic Church and the Service of Family Advice (SOF). Moreover, on election days there were those who stayed half or an entire day at the entrance of the health centre collecting signatures, for example Renata’s brother. Furthermore, fixing notices on the board of the health centre or helping in the preparation of convoys and demonstrations by drawing up banners and posters were also forms of participation, as well as actually taking part in them when there was time. Maria went to demonstrations with her children whenever there was one. It was a way of "(...) having fun for me and them (…)". But as they grew up, it became impossible for her to find time to take part. In a similar vein, there were those who usually went to
assemblies, convoys and demonstrations whenever there was a need to have as many people as possible present in order to put pressure on the authorities. On the whole, on these occasions, women who due to various reasons were unable to take part regularly, took their children with them. This was the case with several women from the Jardim Nordeste area and elsewhere in the Eastern Zone as well, in a demonstration for milk in May 1985 at the State Department of Health.

Sporadic participation does not only apply to people who were not formally part of the movement, but to people who were formally part of the movement as well. These took part in the Health Council and/or the Health Commission. In some cases, women decided to participate but as time went by it became difficult for them to do so. As a consequence, they managed to come to these special occasions though no longer to the regular meetings and activities. So, they did not stop completely. This was in fact very common. Many of those women who were part of the Health Council or the Health Commission had to stop for lack of time or health reasons, like Monica who stopped for one year and was not able to take part in the second Health Council, but still came to the assemblies. Similarly, Maria had to stop attending the meetings of the Health Commission because all her children, six in all, were attending school. The younger ones went in the morning and the older ones in the afternoon. So there was no one else to prepare lunch for the younger among them and stay with them in the afternoon. One option would have been to leave them playing in the streets, but her husband was not at all keen on that for, as she said, they were 'very naughty' and could get involved in fights if not supervised.
"Slowly I gradually stopped. First I could go to the meeting, then I could not go to the next one. It was then that I decided to stop. (However) I continued to take part in giving and buying clothes at the jumble sales". (Maria)

This also seemed to be the case with some retired men who went to assemblies and demonstrations, although the number of women tended to be far greater than that of men on such occasions. All of these activities were generally performed by people close to the more committed participants: a brother, a daughter. Sometimes it would be the husband, like Laura’s, who painted banners for the election of the Health Council in 1985, or sometimes a neighbour who for a series of reasons could not participate on a more regular basis. The request for help was in fact usually spread among friends, neighbours and the family. Hence, in many cases, people who at first sight did not seem to participate actually did so in several ways. Sidney testifies to this, saying that,

"We are in contact. We hear things. We talk to Zilda. We know when there is something that we can do to help".

6.4.2 Participation on a regular basis:

In chapter 5, the ‘formal’ ways by means of which women participated in the Health Movement were examined, first in the Health Commission and then in the Health Council or in both. By and large, the most active participants in the Health Commission also tried to be members of the Council and take part in its meetings.
Regular and extraordinary meetings of the Districts Federation and meetings of the Health Movement of the Eastern Zone of São Paulo were other regular activities of participants in the area (see diagram 2 at the end of chapter 5). So too were meetings to share the experience of the Health Movement of the Jardim Nordeste area with people from other areas and regions. Zilda for instance took part in the IIIrd. Meeting of the Latin American and Caribbean Feminists in August 1985, in the State of São Paulo. Her intention in this meeting was to broadcast news of the Health Movement of the Jardim Nordeste area without going into detail. On the other hand, in a nearby district of the Eastern Zone in July 1985, her objective was to present the experience of the Jardim Nordeste area, especially its Health Council, to the local population, and to discuss it with them, in order to help them to organize their own struggles for better health care. Laura on the other hand, participated in every activity in the district, but did not go to the meetings at CIFA on Saturdays, for her weekends were reserved for the family. She went only when there was a strong need for her presence in some activity near her home during that period for she did not wish to compromise on her family arrangements. She explains:

"If it is once in a while I do not mind doing something at weekends. But not always and as long as it is not far away. I work the whole week and then we stay together for a while in the evenings, but without much time to talk and certainly without time to dedicate to the children. If I am not there to go out with the family on weekends, nobody goes out. My husband does not mind, but if it was every Saturday and Sunday I do not think he would like it. I am not sure that he would not create problems as a result".

Besides these activities - meetings - participants were involved in convoys,
assemblies, demonstrations. Obviously not all the women who actually participated on a regular basis took part in all or even most of the activities, but some did. Most of the regular participants took part in the weekly meetings of the Health Commission and monthly meetings of the Health Council if they were members. The other way round could also be the case, when women elected for the Health Council started taking part in the Health Commission. In the end, the most active in the one were also the most active in the other. Laura was a good example. At the time of the elections to the second Health Council, she was invited by a friend to a meeting in her house to discuss health care. She tells that,

"Zilda, Zelia and Dr. Ciro were there. They talked about diseases, which ones were most responsible for children's deaths in our district, why they decided to struggle for better health care for the area, and why they demanded a new health centre. It was then that I came to know that there was a health centre nearby, for before I had been taking my children to be inoculated elsewhere. It was then too that I was asked to stand as a candidate in the forthcoming election of the Health Council".

Ever since then she had been an active participant both in the Health Council and on the Health Commission. This was the case with one or two members at every new election. It was in fact a very small group of women who carried the movement on. The group at the beginning of the organization, by the time of the formation of the Health Commission, came to have between 15 and 20 women of whom only three remained. In 1985 the basis of the organization consisted of about six women, of whom four were the most active, but these women always called on previous participants in both the Health Commission and the Health Council to help in
6.4.3 Factors which made the participation of women in the Jardim Nordeste area less or more likely:

The participation of women was affected by what happened in their personal lives. For example, there may have been a change in the daily routine of the household, as in the case of one of the participants, whose children were initially able and willing to prepare her husband’s meal so as to allow her to go to meetings in the afternoons. As soon as they got married and it was no longer possible for them to carry on cooking, she had to abandon the meetings of the movement. Then there was the need to work, as in the case of Consuelo:

"I could not participate. I had a bakery. I had to open it at 4:00 a.m. and closed at midnight. I worked the whole day".

It was only after she sold the bakery that she was able to start taking part. Furthermore, health problems, such as the one which prevented Monica from taking part in the second Health Council; or marriage and moving out of the district, or simply moving out of the neighbourhood, or even pregnancy, could all affect the level of participation. Heading the list of motives which caused people to leave the movement in general or the meetings of the Health Council and/or Health Commission in particular was the financial need that geared people towards finding jobs outside.
their homes, or an increased workload in already existing jobs such as cleaning on a irregular basis. A domestic servant who worked a few days during the week, had to work more frequently in 1982 and ended up with all her week days taken. A variation of this motive for leaving was the case of older women who had to look after their grandchildren in order for their daughters to be able to work.

Another motive high on the list was certainly having to cope with young children. A mother had twins in 1985 and wished to take part in the third Health Council, in order to be involved in some activity outside the home. After the elections when she was elected as a member of the Council, she went without her children to the meetings. As feeding time approached she started to express her anxiety, well before the end of the meetings. She waited for as long as she could, but had eventually to give up and leave. To take the twins to the meeting would have been too difficult because of the disturbances they would cause to her and to others there. Another motive still was pressure from husbands.

There was no mention of physical violence by husbands towards women who participated in the Health Movement in the Jardim Nordeste area. Rows and arguments however, seemed to be part of the lives of these women, creating a tense mood at home. As Zilda was a central character in the movement, she tended constantly to have people in her house and to receive many telephone calls at home, which at times angered her husband. In 1985 they had a row which erupted while she was on the phone talking to someone from the movement. She explains that,
"At the beginning of my involvement in the movement we even considered the possibility of separating. Slowly, after a lot of talking, he came to understand my participation in the movement and changed his attitude".

Pressure may have had other expressions as well, like disguised emotional pressure, as with Renata who describes her situation:

"He was angry that I went to a meeting on a Saturday. I had asked him if he was going out and I told him that I was too. I told him I was going to a meeting of the movement. I told him 'When you arrive back, everything will be ready, your sandals, your pyjamas, everything in place'. He told me it was all right, only to arrive at 3:00 a.m. the next day! In fact, I arrived back at 6:00 p.m. the previous day. Later he told me he was with his friends. I did not mind that he went out with his friends. I only wished he understood when I wanted to go out as well, that I was not going to do anything wrong. Husbands only think we go out to do something wrong".

Generally speaking, husbands tended to support women's participation up to the point when activities of the movement conflicted with household organization, or more importantly, with the husbands' feelings. Jealousy was in the forefront as far as feelings go, especially among the husbands of younger participants, although it also happened with older ones. This was the case of Clarinda:

"My husband was jealous of me because he thought every man in Jardim Nordeste was my lover. I could not take part in anything".

Sometimes they became highly insecure with their wives's involvement in the movement, afraid that the women would learn more than the husbands knew. Renata
again produces a good example:

"He does not appreciate that I go to meetings. I think he is afraid I will get to know more than him, for he thinks he is the person who knows best at home".

Sometimes women who took part in the movement were exposed to verbal aggression and humiliation, as was Monica when in the third election of the Health Council she was forced to stay outside in the rain by the more conservative members of the parish. The women were also called communists, a title which acquired an extremely pejorative meaning during the military years, by those who were not sympathetic to the movement. One man replied so rudely when asked to cast a vote during the elections for the third Health Council that even his wife asked him to be more polite. Finally, some women still identified politics as being a male domain. They saw politics as involving personal interests, as not very honest, as opportunistic. If they thought of the movement as political, this might constitute a barrier to their participation.

It follows that what made it easier for women to participate were conditions opposite to those described above, namely, where politics was not regarded as a male domain, and there was not the same pressure on time or from the husband. One factor that contributed actively to the participation of women was the experience of involvement in the mothers’ club of the Catholic Church as in Jardim Nordeste, or in any other association. It helped participants to develop a more critical understanding
of their reality. This, allied to the wish to go out of the home to have a break from
the household chores, to establish a space of their own in order to discuss their own
problems, with availability of time, no pressure to work to complement their income
in a job with a fixed schedule, with at least some support from their husbands, and not
having young children. All these factors increased the possibility of participating in
the activities of the movement. Obviously, there were women who enjoyed these
conditions, but still did not participate. All or at least some of the conditions outlined
in the paragraph above did undoubtedly favour the involvement of women in the
movement. However, the personal motivations of the women would come first.
Gabriela for instance saw it differently from those who took part in the movement:

"Even though I think the Health Movement is important, because children can
have their inoculations here, I do not participate. Not because I have children
though. They are not the problem, for they are no trouble. It is the same
thing if a believer comes to see me and I do not wish to see her: I invent some
excuse, say that I am too busy, that I have too many pieces of clothing to
wash".

Then there were also women who would have liked to participate in some
group or activity and did not enjoy the favourable conditions listed above, but even
if they had, would not necessarily have wanted to participate in the Health Movement,
like Andrea:

"I think I would like to take part in the Workers Party (PT). Inside the
Workers Party there are several struggles. This is the type of awareness I
would like to develop to transmit to other people".

-286-
She could not take part in anything, because her husband was an active participant of PT, did not help at home and she did not have anyone to appeal to. She goes on:

"I always wanted to participate. When my husband started to be involved in PT I wanted to go too. Soon our first son was born. For me to go to a meeting, my husband would have to help me. We went to meetings at the beginning, but as the child cried disturbing the meeting, I was the one who had to leave with the baby. He never left with the baby".

Moreover, even though Maria felt that she had grown as a person through her participation in the Health Movement years before (see section below), she said that if she had the time and conditions in 1985 she would have preferred to go back to the mothers' club of the parish instead.

"I went with my young children to the club. A nun took them downstairs and gave them plasticine to play with. We then had time to paint, crochet. I liked it very much. We enjoyed it because we did not just stay inside here, with the sink, kitchen, cooker. The Health Movement is good, but it requires more responsibility than the mothers' club. There you have to talk. I did when I went there. I liked it, but I liked the mothers' club better".

To summarise, first of all women must have a personal motivation as to whether actually participate or not in the Health Movement, or any other activity or group for that matter. Secondly, they must enjoy the conditions which made it possible for women to participate, if they so wished. What follows are the implications of women's participation in their personal lives, in the community and
6.4.4 How the participation of women in the Health Movement affected their personal lives, their families, and their community:

Among the women who took part in the Health Movement, there was total agreement about the effects this participation had on their personal lives. In order to fully appreciate how the participation influenced them and helped them to develop, it is necessary to examine how they started in the movement. At the beginning they tended to be insecure about expressing their views, so they did not talk much and found it difficult to grasp all that was being said. They had not previously had contact with officials in the administrative apparatus of the state. For most of them, their lives were centred in the district. Renata and Monica put their views forward:

"I am afraid of saying something wrong that I should not have said, but I feel that slowly I am learning". (Renata)

After a while, the women who continued in the movement felt free to talk and put their ideas forward.

"We have come from the movement to value ourselves more. We free ourselves". (Monica)

An aspect which they stressed was that their supply of information expanded, particularly as far as health and health structure are concerned.
"Sometimes, you don't know the causes of a disease, the reasons for it. So, you learn, how to treat it, how to avoid it; we acquire more knowledge. I think it has helped me considerably, because I did not know much and came to know more after I joined the movement. I thought a health centre was for inoculations only. I learned about it later, in the movement". (Laura)

Furthermore, they learned to face the authorities and challenge them. At the beginning, Zelia was intimidated by them.

"I was not able to talk to the authorities. I was terrified by them. But after I became aware that it was our right to talk to them I was no longer afraid. I even once confronted the Health Secretary and told him that it was easy for him to say that he did not have any funds to provide the population with the milk we were demanding, because on his table there was no lack of milk. He was fat and pinkish. He turned to me and said: ‘No jokes! No jokes!’".

This took place in the demonstration of the ‘3,000’. To petition and to demonstrate they had to leave the neighbourhood and go to the centre of the city in convoys and on demonstrations which gave them a self-confidence they lacked before. Maria was clear:

"We even learned to walk! Because of this business of lifts, this and that...This for me was something I had never met! After I started taking part in demonstrations and convoys, I developed quite remarkably".

Moreover, their circle of friends increased substantially to include people they had never met before, who became their partners in the struggle. Laura said that,
"In the meetings of the movement we chat with others. Sometimes we know each other already, sometimes we do not...We make more friends. My circle of friendship has increased a lot".

However, the greatest changes were noticed in those women who had been part of the movement for a long period of time. Commenting on how women developed and grew as persons, Zelia pointed out that at the beginning Zilda was very shy and rarely opened her mouth. This was in sharp contrast to 1985, by which time she had become very outspoken and was frequently chosen to represent the movement in universities, or at conferences. When newcomers expressed worries about their difficulties in talking or meeting with officials, it was the older participants who intervened to give their own example and to transmit confidence. Zilda and Zelia complemented each other on this:

"We acquire a rich political awareness of the situation. We women change. We stop being passive. We learn to argue about everything in our lives; we do not fight, we argue. And we start imposing what we believe. If we believe in something, we become aware of it and then we really fight. We become women fighters". (Zilda)

"I started to see things clearly. I discovered and got to know who were our friends and who were our enemies. Enemies of the people. We grow and see things better, for it is when we engage in dialogue and exchange ideas that we see things better". (Zelia)

Through their participation in the movement, women began to see themselves differently, and to learn to see the world with a wider perspective. They thus acquired
a greater self-confidence and self-respect, which had repercussions both on their families and on their community. The first delicate area was with their husbands. The women no longer accepted things passively without any question, and this provoked tension in the relationship. However, this tended to be worse at the beginning of their participation, and if they were able to continue there could be improvements. Zelia, who was already a widow when she started the movement, believed that her participation would probably have caused problems with her husband had he still been alive.

"He was a bit of a macho man. He was very jealous. And he was just five years older than me! I think he was silly really. He did not let me out on my own; only together with him. He was the type of man who believed that 'a woman's place is in the home', taking care of the children. Perhaps if he were alive today, now older, he might have changed a little. But at that time he would not let me take part in the Movement as I do today".

By the same token, husbands started to respect women more. Obviously, this did not take place overnight, without hitches, as Zilda made clear:

"We have fought quite a lot and sometimes still do. Sometimes I even thought of separation, but we were able to gradually smooth things over. I think we have a better relationship now. We still go on honeymoons! What I try to transmit to people in the movement is that there must be a compromise. I think it is preposterous that these people who are activists in urban movements or in political parties should forget family and children as a result. I think that this is wrong; it involves too much frustration. The ideal is for you to have a balanced life. The man needs the woman and vice versa. Hence, if we achieve balance at home, we do the same outside. I tell him that I think it is good that he sometimes tries to hold me back, since in the enthusiasm of the moment you are overwhelmed and you throw yourself into the work, and forget
everything else. He then holds me back".

In one case, even the husband, Augusto, recognized that his wife had changed.

"She learned a lot. She can read newspapers and understand them. This was something that she could not do before, because she did not understand the meaning. Today she can discuss and analyse things and we can talk".

It was not only the relationship of wife and husband that could improve though. The relationship between a woman and her children could also benefit from her participation in the movement. Rosana explained that,

"My mother changed a lot. She was very backward. She was always hitting us. She was too stupid. Only I know what I suffered at her hands. Now we can talk. Some time ago I got pregnant and I told her. She told me that I was the one who had to decide what to do. I told her I did not have the right conditions to have the child. What else could I do? I was alone. The lad disappeared. And with the wages I received...Then she told me I should have an abortion. She was not against it. She asked me if I had the money in order to help me. She even said to me she was worried that at my age I had never slept with anyone. When I was young she never talked about these things with me".

The literature on gender and urban movements concentrates on the effects of participation on women's lives and on their families. Almost nothing is said of how this same participation affects the neighbourhood. It is important to note that as the participation of women evolved, there were some effects on the neighbourhood as
An important factor as far as the neighbourhood was concerned, is that the participants of the movement engaged in activities aimed at ameliorating the conditions of the daily life of their neighbourhood - not just securing improvements in health care. An illustration of this was their attitude in the early 1980's, at the time when the Brazilian economy started to deteriorate and suffer rising inflation. As a result, many women had to leave the movement in order to find work either as a means of complementing their household’s income or of being the sole provider, if their husbands had lost their jobs.

Some women in the movement then thought it would be a good idea to organize shopping groups which would enable them to purchase staple food in wholesale quantities, at a discount rate. Their idea was that not only did they have to do something to ease the effects of this particular situation, but also that a balanced diet was linked to good health, and this was becoming more and more difficult for the low-income population to secure for themselves. It all started with the women in the movement, who spread the idea throughout the neighbourhood, invited friends and people they knew to hear them explaining the process to those who were interested in joining the scheme (Zilda). Several groups appeared in the area. They were of between 15 and 30 people with a co-ordinator. The procedure was for them to register at the city’s main municipal food depot (CEAGESP), ask for prices by phone on the 8th of every month in the morning and in the evening gather the group to select the products. There were thirteen products on their list, ranging from rice and beans to dried meat, potatoes and eggs. Later to be included were vegetables and fruits. They then calculated individual contributions, placed their orders by phone the
next day, deposited the amount collected to pay for the bill in a bank account opened in the group’s name and 48 hours later a lorry would come to the district with the delivery. The distribution was organized in one of the participants’ houses.

Besides, their struggle brought them up against the state, which they had to confront if they were to provide what was demanded from them by the population. The local population knew, by the way the movement itself was organized, broadcasting its achievements and asking constantly for the population’s help, that it was the organization of women which managed to have a health centre installed in the district and a new one built later. Furthermore, the movement was organized in a fashion which had always encouraged a more active community participation. A good example was of course the election of the Health Council, which was an opportunity for the population to show whether or not it agreed with the work being developed by the movement. Also, although they did not have a direct say on government affairs, the Health Movement provided an opportunity for the population to intervene and have a voice in the ways the country was managed, and to feel it was inside a government service, the health centre.

These findings relating to the effects on the lives of the women are similar to what is recognized in the literature, that family relationships at home are modified (Cockburn, 1977b). Also, the experience of organization exposes women to the nature of the political system, to how government works, and how decisions are taken (Moser, 1987b). They learn how to organize, petition, plan strategies and how to treat the authorities. All this provides them with a new self-confidence and independence.
(Freundenberg and Zaltzberg, 1983). In many cases marital problems arise. By 1986, however, by which time the Movement had gone on for about 10 years, it was clear that even though the this process created difficulties in women’s personal lives and in their families’, it also allowed them to build up better relationships as time passed.

6.5 Women who participated in the Health Movement and institutionalized political participation:

In the literature on the political participation of women in Latin America (Nash and Safa, 1980; Jaquette, 1980; Zabaleta, 1986), the outstanding stereotype is that of women as passive and alienated from formal politics. Though some women did still see formal politics as a male domain, as mentioned by Zilda elsewhere in this Thesis, the situation of those women who took part in the Health Movement of the Jardim Nordeste area does not fit the picture of women in the literature. Even before PT came into being, women in the Health Movement agreed with the ideas expressed by the future national president of the party, Lula (Luís Inácio da Silva). At the time he was a union leader who had gained a major national profile, for his famed leadership of the metalworkers’ strikes of the 1980’s, which were some of the longest and best organized since the right wing military coup of 1964. Laura explained their sympathy:

"We were sympathetic to Lula as a union activist. We knew he was involved in PT and in the 1980 strikes. We thought that his ideas matched ours: matched the people's, matched the workers'. We became more sympathetic to him for what he said. We thought there should be someone to defend us".
By far the majority of those in the movement had been sympathisers of PT ever since it had started and many were actually affiliated to it. These women had identified with the party from the outset, ever since the creation of the multi-party system in Brazil in 1979. As Zilda explains:

"Of all the parties around, PT is the only one whose ideals coincide with ours in urban movements. PT's proposals are to work with the people, with urban movements. So, I see a strong identification of the party with these movements".

The fact that the medical students also sympathised with the party led them to talk about it with the women and to exchange ideas on what was going on in national politics. However, PT was never discussed at the meetings of the movement: indeed, no kind of party politics was ever on the agenda there. It was observed that they did not discuss politics nor ever publicize the party because it was felt this would scare off new participants. It was clear that the party was a personal choice and should not be mixed up with the Health Movement. However, to imply that the women sympathised and became members of the party because of the medical students is to underestimate their independence and the capacity they had to make up their own minds. Monica dismissed that suggestion:

"I did not become a member of PT because Dr. Ciro and Dr. Rogerio became members of the party. It was because I sympathised with it. Because it is something from the people".

The fundamental point, though, is that the women saw PT as a political party
that broke the previous mould, but which did not include support to urban movements
and popular organizations as any specific party programme*. This was certainly how
Zelia saw the matter:

"I am affiliated to PT. I joined it because of the proposals of the party. First
of all the party does not promise as other parties' candidates promise more
than they can afford. PT defend the idea that we are the ones who have to
struggle".

They always supported the party, particularly during elections, as when Dr.
Eduardo Jorge became a candidate for the State Assembly in 1982, and again in 1985
when they supported the candidate of the party for the post of mayor of São Paulo.

"In the case of Dr. Eduardo Jorge (who won a seat for the State Assembly in
1982 for PT), we knew him. Especially those of us from the area of health
who have always fought along with him. People like him and so have helped
him". (Rosana)

The participation in the Health Movement was a political learning process, and
the participation of the women there led them to take part in more formal political
channels like PT. There were examples in other movements in which women not only
affiliated themselves to the party but even became candidates in local elections, as in
the case mentioned by Taube (1986) in Campinas, State of São Paulo. There the
People’s Assembly brought together all the movements of the periphery slum-dwellers.
All the women in the Jardim Nordeste area, however, had their priorities clear in their
minds, and the most important amongst these was participation in the Health
Movement. They defended the party and provided it with support. However, they did not wish to involve themselves too much with the party and did not aspire to become active members of it. The importance of the movement for them was beyond debate. And they stated clearly that their work was first and foremost in the Health Movement. There was a general feeling among the participants of the movement that they could contribute more in this than in PT. Zilda clarified this:

"Most women here are affiliated to PT. However, they do not do the political work of the party. If you work inside the party, you do not have enough breath to work in the Health Movement as well. We have to make a choice. In the party you also have many activities and you will hardly be able to do almost anything in the movement". (Zilda)

Although the women made a decision to commit themselves more to the Health Movement, and this made it impossible for them to develop work on a regular basis within the party, they still tended to discuss formal politics outside the movement’s regular activities. Their participation in the movement led to a greater contact between the women. They travelled together to and from the meetings, and they went to each other’s houses to ask for help in any sort of difficulty. On these occasions they talked about their personal problems and what was going on in the country, what was happening in their district. In the case of any event organized by the party they asked each other whether they were going to attend and even arranged to go together. After the ceremony in which the newly elected Health Councils of the Eastern Zone took office at CIFA in September, 1985, many participants went together to a rally of the PT’s candidate for the forthcoming municipal elections, in Jardim
Nordeste. The fact that the women made a clear choice for the Health Movement may
demonstrate that they knew that it was there that they had the space to deal with the
issues they thought were priorities, health issues. Also, it was there that they had
direct decision-making power which they would not have had in a political party.

6.6 Did the women from the Health Movement in Jardim Nordeste see it as political?:

The fact that the women from the movement supported a political party and
some were even affiliated to it, brings to light a question about the way they saw the
movement itself. The point is that there was no consensus as to whether the
movement was political or not, since this depended on what women understood as
political. Some did not see it as political, for they tended to understand political as
the politics which were distant from the people, and somehow closer to governments.
They saw "politics" as something with a pejorative meaning, or - to put it bluntly -
as the trading off of vested particular interests among those in power. This is the case
of Laura:

"No, I do not think the movement is political. The movement does not have
anything to do with politics. It involves the work of groups. When we get
together we do not discuss politics. Politics is something to do with the
government. We are against the government, for it does not provide what we
need. We know it is the government which does not provide the Health
Secretary with funds. We know funds come from above. But the movement is
not political. We wish to guarantee our rights. That is what we want".
For other women there was a separation between two kinds of 'politics'. First there was the politics of the neighbourhood and secondly there was the politics of political parties. They saw the movement as being political, but in the sense that it was not the politics of politicians, but the politics of the people. Monica was one who saw it this way.

"Of course the movement is political, but it is the politics of the people, it is our politics. There are the politicians who do their politics, in the way we know, always defending their own interests. And we do ours, otherwise we are not going to achieve anything".

Others still saw the movement as political, for the movement had contact with the government; and it fought the state, challenging it. Clarinda and Samira share this view.

"The movement has a bit of politics, because in this business of convoys, to go to the State Governor's home, discuss, struggle to get some improvement, I think this is a type of politics". (Clarinda)

"Politics for me are people who unite to struggle for something. The Health Movement is undoubtedly a political attitude. They are people fighting for something". (Samira)

Until recently, the political system in Brazil excluded popular groups and associations from its sphere. After 1964, spontaneous demonstrations by popular sectors of the Brazilian population were repressed, and the lack of dialogue between
the government and the population created a distance between the two. The
government also allowed corruption to spread within itself, creating a negative image
of state administration and by extension of politics. During this period also, the
government did not consider the needs of the vast majority of the population.

It is no wonder then, that some women saw the Health Movement as either not
being political at all or as being the politics of the people. For these women, the
movement was seen as representing the needs of the population, without disguised
interests, and as being based on neighbourhood politics which had nothing in common
with formal politics. This was really the only political space in which they could
struggle for their priorities, for better health care for their neighbourhood. These ways
of looking at politics can be seen as ways of protecting themselves, both from the
government, in that they would be trying to avoid political retaliation in the form of
repression, and from other women who might want take part in the movement and still
see politics as negative. As for the third group above, the most important aspect for
them was that they were struggling for their rights. For them, everything in their lives
was political. Politics was not confined to political parties or to the government
sphere.

6.7 Leadership in the Health Movement:

Leadership in low-income settlements is generally male dominated, particularly
in the area of housing.
"There are certain characteristics of leadership common to many parts of the world. Leaders are likely to be middle-aged, male, relatively well-educated, and to hold comparatively 'high status' jobs with better than average remuneration. Wealth is often accompanied by high social status. They will probably have good access to resources and contacts; possess certain skills and experience relevant to the community in question; be long-term residents and have charismatic appeal". (Ward and Chant, 1987:83)

However, after an analysis of the processes of organization amongst people living in São Paulo, ever since the late 1970's, it has emerged that it was mainly women who made up the numbers and who led the movements (Caldeira, 1987). Not only that, these women had almost no formal education, and most certainly no better than average remuneration or 'high status' jobs, or even access to resources. This was equally true in the case of the Jardim Nordeste area. Nevertheless, the women there did possess some of the characteristics put forward by Ward and Chant. They were middle-aged or older, had charisma, had been long time residents in the neighbourhood and had experience relevant to the community, which was crucial to running the movement. Due to the nature of the movement one might suggest that there were no leaders carrying it on. Without any obvious leadership hierarchy, and with just a body of representatives, the Health Council, to carry their demands forward, at first glimpse there was never a question of leadership among the women themselves. As seen in chapter 5, all activities of the movement were defined and organized collectively, each member taking part according to her abilities. No one had a monopoly over the activities, decisions or organization of the movement. There were no leaders in the sense of people taking control over the movement. Nevertheless, there were instances in which the women leaders adopted attitudes
which the new participants were not allowed to take, as will be seen below.

However, in contrast to what Corcoran-Nantes (1988) argues, there were leaders, whose life histories are presented above. Zilda, Zelia, Monica and Laura became so in the process of taking part in the movement. In the Jardim Nordeste area, with the exception of Laura who joined in at a later stage, they were the ones who had been taking part in the movement since its beginning. To be precise, it was they who actually started the movement. Due to the high turnover of participants in the movement, in the Health Council and Health Commission, and the fact that they had started it and continued taking part, there was a gap between them and the new participants. Participants who carried on in the movement were following the leaders along the same path. The leaders were the ones who introduced the new participants to the movement, sharing their experience with them. It has been mentioned before in this chapter that participants in the movement might be exposed to verbal and physical abuse from local residents. Monica had a distressing experience when she was taking part in the Streetpaving Commission of the Movement for Better Living Conditions. She had obviously been a target because she was a prominent member of movement.

"One day a man put me against the wall and started shouting. He wanted his street to be paved as if I owned the movement and was the one who would decide which streets were going to be paved. In a threatening manner he said he was going to go to the Municipal Government to demand that his street be paved because he had money to pay for the job".
Women in a position of leadership might also have to face the envy of other participants (see Moser, 1987b). Zilda described her experience in this sense:

"There was a time when I withdrew a little, because I thought it was provoking jealousy within the movement. A person even told me something that offended me, so I asked myself: 'Am I standing out too much?' I was a little worried...".

There were those who distorted the facts, apparently because they envied the position of distinction enjoyed by the women of the movement who were leaders. Despite a constant battle to recruit new candidates for the Health Council every election year, some people in the movement still saw the active participation of leaders as an attempt to cling to power in the Health Movement. Carla held this point of view very strongly:

"The movement has been going on for about 10 years, and practically they are the same people. It has not developed a lot. Then, something is not working as it should. I do not know...maybe they are centralizing power in their own hands. They want other people to participate, but they wish to hold on to power. When they need the help of others, they come and ask us, but they do not step aside. There must be a renewal of all participants. I do not intend to be a councillor for the rest of my life. In the next election, I hope that other people will replace me. If there is a need I will help as much as I can, but I do not want to be a health councillor for ten years".

This feeling was shared by some of the new participants. Although this was almost 'natural', since the leaders of the movement had more experience and and in a way knew more about the movement, in some instances it provoked a feeling of resentment. It was the case for example when one of the new participants did
something she was not supposed to do and was censured by one of the leaders. The incident took place during the 1985 elections for the Health Council, when this participant took the list of signatures home for the whole family to sign. This was not allowed, and she was reprimanded, causing her to be very upset, since one of the leaders had acted in a similar fashion. It was felt that the leaders had the experience and power to take a decision like that, unlike the new participants.

On the other hand, there have been cases when women leaders were co-opted by political parties as in the case of Guayaquil, Ecuador (see Moser, 1987b). Ward and Chant (1987) define co-optation as a situation in which,

"(...) a leader affiliates with a national organization thereby becoming subject to its orthodoxy, procedures, rules and so on. (...) affiliation to an influential political party may be perceived (usually mistakenly) as a pre-requisite for successful demand-making". (ibid.:90)

This was not the case in relation to the Jardim Nordeste area. Women decided to support a political party and some even to affiliate to it, for they believed they had the same ideals and goals. PT was a party in whose formation many people engaged in urban movements took an active part (Keck, 1986). Gay (1988) and Mainwaring (1986) give a clear picture of this party:

"The idea was to create a party of the working class for the working class, that would respond to the initiatives and demands of its political mass base, not to the directives of a political elite". (Gay, 1988:12)
"PT and sectors of PMDB represented a new experience in Brazilian history in that they attempted to develop pedagogically sensitive practices and to support the popular movements". (Mainwaring, 1986:219/220)

The women leaders and the other women participants supported PT because they saw it as a party different from what had existed before 197911. They only supported Dr. Eduardo Jorge in the 1982 elections because they had known him for a long time due to his participation in the Health Movement of São Mateus and because he had helped them to speed up the process of installing their first health centre12. They believed he would be a channel between the population and the state, which in fact happened. In every demonstration he was either present or gave explicit support. As a State deputy he contacted the authorities to make appointments for them to meet the people, and in the State Assembly among other things he struggled for better health care provision. However, no leader in the Jardim Nordeste area accepted the rule of the party over that of the movement as a consequence of her affiliation. They could identify PT as being on the side of the people, but their support for PT would continue only as long as the party continued to work alongside the people, supporting urban movements. This was demonstrated in many instances. The party always came second, behind the movement. It was a symbiotic relationship that would continue for only as long as it was in the interests of both sides. Zilda stated very clearly that,

"The urban movement must be independent, even independent financially, because everything is asked for back. We know this by experience. Women who depend on their husband financially will find him demanding something back. These are strong words, but you have to be completely independent."

-306-
Urban movements will only be totally independent when they have their own physical space for instance. Today we depend on CIFA, the Catholic Church, but what if the pope rules that they cannot provide us with this space?"

Other people in the movement were just as clear about this issue as was Zilda. Zelia was someone who understood that:

"The movement is one thing and PT is quite another. We are not attached to anyone. It is not attached to the Catholic Church, to political parties. Our movement is of the people, but we accept and give support. We support PT at the moment, but if they change their policies away from the interests of the people we withdraw our support".

The fact also seemed to be that there were no other leaders in Jardim Nordeste. These women who supported PT were also the ones who publicised and actually carried the movement forward. The only ones who might cast a doubt on this were the medical students who came to Jardim Nordeste in the mid-1970's. However, after they affiliated to the party and became much more actively engaged in its activities and therefore distanced themselves from the area due to lack of time, the movement carried on as before. Even when they were more present in it, in larger or smaller meetings it was women who challenged them and took decisions.
6.8 What aspects of the Commissions other than the one related to health care did the women not like?

The participation of women in Jardim Nordeste’s area was, for a short while, not restricted to the Health Movement. During the short period of the Movement for Better Living Conditions, some women reduced their participation in the Health Commission of the Jardim Nordeste area to participate in other Commissions. Monica and Zelia went to take part in the Commission for street paving to which they were invited by Dr. Ciro. The medical students suggested that the most active and experienced women should separate off into the different struggles that were going on at the time. Then, they each went to a separate one themselves. Dr. Rogerio would involve himself more in the struggle for better health care and Dr. Ciro would pay more attention to the one for street paving. Besides sharing the experience acquired in the Health Movement, the women decided to participate because they saw a link between paving and improving the health conditions of the population. Monica stated her view:

"I myself was in it because I wanted it all clean and paved; without it children would play in mud and it would be easier for them to be infected by worms. I wanted all children to be healthy".

Very soon, though, problems emerged. The fighting started when the population were told that only some of the streets which needed paving would be paved. The common criticism to the Commission for Street Paving, both from those who took part in it and from those who did not wish to do so, was that it was a highly
'problematic' struggle due to its nature. It would end up dividing the population. It was not identified as a collective struggle. Furthermore, it was a struggle to solve a particular problem, and not to increase participation and enhance the level of awareness of the population. It had a strong individualistic character for the women. Zilda expressed her views in the following fashion:

"After an assessment of the needs of the neighbourhood in this respect, people went to the mayor and were told that he could only pave 7 roads. Everybody wanted his or hers to be done. There was no willingness to give in and compromise as to what roads would have the preference. It was a temporary organization. Besides, many participants who had never taken part in anything before were there simply to get pavement for their streets. We then thought that to insist on something like this was a waste of time. Paving is an individual thing and people started fighting among themselves".

As a result of the allocation of resources, the government proposed a selection of roads to be paved thus causing a division among the participants about which streets should be paved. As a consequence, the effect of the government’s measure was in practice that it divided the struggle and provoked an irreversible process of demobilization. The use of a situation of limited resources and the selection of the area to be attended to by the municipal government’s policy had the end result of diffusing opposition (Burgess, 1982). It was in fact what Castells (1977) refers to as "state integration", or,

"The administrative hierarchy of the territorial collectivities, their subordination to a set of instances ever more dependent on the institutional apparatus, and the isolation of the different communities amongst themselves with a firm limitation of horizontal relations and a preponderance of vertical
The fact that the State Secretary for Health decided to build a smaller CS2 health centre in Jardim Nordeste for instance, at the time of the building of the new health centre there, had the effect of the strengthening the organization for other districts. They decided to organize and form their own Health Commissions, aiming at achieving their own health centres. Another aspect of the question is that in Commissions that had a high percentage of male participation, such as the ones for street paving and regularization of land tenure, meetings tended to be scheduled in the evenings, outside working hours, because men worked during the day. Laura cites her own experience:

"I did not take part in the movement for the regularization of land tenure at that time because my children were very young. Meetings were always in the evenings, for men worked during the day and the only time to hold them was in the evenings. They would go from 8 o'clock to about 11 o'clock. But my husband took part in it".

Only occasionally did meetings take place at weekends, when there was a particular need for them, or during the week when there was a need for people to go to the municipal government, and to these went mostly those women and men who were either retired or did not work outside their homes. The fact that the meetings were at night was a sensitive issue. In the Jardim Nordeste area for instance, people from the Health Movement who had participated more constantly did not like to attend late evening meetings. Some reasons were linked to domestic duties or to women's
obligations towards the family. There was always the dinner to be prepared and served for the husband, and the supervision of the children. Other reasons were linked to the fact that some women who were either widows or did not have children and domestic duties simply did not like to go out in the evenings.

"At night we are always rushing about, preparing supper, there is never any time available. My husband and the children arrive to have dinner or to get their lunch boxes to take to their night shifts. I do not have this problem now, but others that I know have, and prepare dinner in a hurry. Their husband stays out all day and if she does not pay attention to him when he arrives it is not nice". (Consuelo)

Another common complaint was that if husbands came home after work and found their wives were out at a meeting, they got the impression that women were out all the time, and did not stay at home as they should. Consuelo quoted a friend who said that,

"My husband already complains that I go out. If the meetings are going to take place in the evenings, he is going to say that I stay out all day and the whole evening. If we are not at home in the evenings when he is there, then it is assumed that we are not in during the day either".

Zelia completed this idea by saying that,

"It does not work to have meetings in the evenings because many people do not like going out at that time. I myself for one do not like it".
What appealed to women (and not to men) in the Health Movement?

Other movements, such as the one for street paving, were not seen as really being geared to the benefit of the entire population of the neighbourhood. The Health Movement, by contrast, was perceived as something from which the whole population would benefit. Furthermore, people who took part in it did not have any personal gain in sight, and did not aspire to attain a particular benefit for themselves. Thus, it was seen as a collective work for the good of the whole neighbourhood. This was certainly the view held by both Zilda and Zelia.

"The Health Movement is a way to contribute to changing the wrong situation which we live in". (Zilda)

"I joined the movement because I thought it was a good work that had to be done. It is something that will benefit the population". (Zelia)

Because the movement had had demands met through the organization of the population, and because, unlike other movements, it did not stop there but instead kept broadening its demands and broadening its organization, it was generally recognized as an important activity. It resulted among other things in a health centre, and in the improvement of the health conditions of the whole area. Jurema started to take part in the Movement for Better Living Conditions in the Commission for Public Telephones, for in her district there was not a single phone box. When telephones were installed and the Commission de-mobilized, she wished to carry on participating and she saw that health was an area in which she could do so. She joined the Jardim
Nordeste area Health Commission, and later organized a Health Commission in her own area when their demand to have a director for their health centre was being put forward. She was not only a councillor in her health centre, but also in the hospital of Itaquera in the Eastern Zone.

Moreover, the Health Movement provided the whole population with the chance to participate in improving their conditions through the creation of a Health Commission and the election of a Health Council. People were not there just to achieve the betterment of a particular service, but actually to involve themselves in an organized activity. Also, the movement was organized in a very flexible fashion, for people could take part in a range of different activities and still feel they were contributing.

Another factor which appealed to the local women was the timing of the meetings of the movement which were largely arranged around women’s requirements, in the afternoons. Due to the division of labour along lines of gender, women are responsible for the domestic work of their household. In the case of the Jardim Nordeste area, even those women who had been taking part in the Health Movement since its beginning, who tended to be older and more independent, were still responsible for this domestic work, but they got help. The first person to help was usually the daughter.

"When my daughter is not working she helps me with the housework. My sons do not need to help me, for there are already two women inside the house".
If the husband helped, it was always in some sort of peripheral activity such as cleaning the yard or moving a heavier piece of furniture. The preparation of meals, and the care of children were almost exclusively performed by women.

"My husband is an enemy of housework. He helps washing the yard, taking the washing off the line, picks up some paper from the floor, but he never does the washing up, ironing or cooking. No way. He does not even warm up the meals that I leave prepared for him in case I am not in. When this happens, he would rather eat out. The last time this happened he and the children went to have dinner at my mum's place". (Laura)

One of the main characteristics of housework is that it never ends. Another, however, is its flexibility, so that a woman can organize her work according to the requirements of the household (Sarti, 1983). Generally in the mornings women prepare breakfast for the family and, if they are needed, lunch boxes for children to take to school, for some have children starting school both in the morning and in the afternoon. These are also prepared for their husbands to take to work. Afterwards they clean the house, and if they have time they wash some clothes, and round about lunch time they prepare the meal, after which they do the washing up. If they have free time at all, it is typically in the afternoons, which is therefore their preferred time for meetings - even though it is by no means every day that the afternoons are free. Sometimes, for example, they have to take the children to the doctor or do the shopping.
Women in the Jardim Nordeste area clearly preferred meetings on weekday afternoons. The meetings of the Health Movement of the Eastern Zone at the weekends\textsuperscript{16}, were not attended by all participants in the movement, but mainly by the most active ones. There were also Health Commissions that had meetings in the evenings, for the majority of participants, who were women, worked during the day. In the case of the Jardim Nordeste area, since the women who were the most active ones did not work outside their homes, they preferred to have the meetings in the afternoons. This made it more difficult for either women or men who worked outside their homes to take part in meetings of the Health Movement.

6.10 Gender division of organization:

This last case presents an interesting issue, for in organising the work of the movement, the women in the Jardim Nordeste area did not gear themselves to incorporating men in the struggle. This was clear during election campaigns and in the elections themselves, when the main targets for canvassing were women. When the forthcoming elections for the third Health Council created the need to enlist increasing numbers of people to stand as candidates, the women had no qualms about calling on men to stand or about involving them in the council. However, they did not make it any easier for men to come and participate on a more regular basis. They sent invitations through the post, which were about participation in the Health Council and other meetings of the movement, and these were directed solely to women. The case of leaflet distribution is even more overwhelming. Women who were in charge
of their distribution urged loud and clear that other women, particularly mothers, come forward to participate in the activities of the Health Movement. Zilda did this during the election for the Third Council.

"Mothers, mothers of young children, you are the ones who use the health centre most and should be the ones to be health councillors".

As for men, they were simply handed out the leaflets without women taking any time to explain the motives behind their movement. This relates directly to the issue of community management in that there are certain areas for which women are responsible and others which appeal more directly to men. Referring to this fact, Zilda stated that she did not wish to waste time handing out leaflets to men, for they always gave them looks that seemed to say: ‘...don’t you have anything else to do?’.

On the other hand, women saw the lack of male participation as mainly a result of their working outside their homes and not having free time to take part in its activities.

"The problem is this: most men work and do not have time to engage in these things, and those who are old, or retired are already too tired to get involved in the movement. And with all their difficulties, women have more time. Not that they have more time as such, but they make time. When we want to do something that interests us we find the time". (Jussara)

Hence, the problem was not only related to work, but also to lack of interest, and most women thought that men were not really interested in the work of the movement. The Health Council had already had two men as councillors, neither of whom carried on in it further than the first or second meeting. Laura’s feeling was
that if men did not want to take part in the Health Movement, they should at least take part in something for the good of the neighbourhood, since everybody was responsible for helping to improve the situation they lived in.

"I think it is difficult for men to take part. We had men in the Health Council before. It is not that we exclude them, but they did not take part in anything. People have to join to take part, to struggle together. It is not enough to join just to be one more in the group, because in the end the work is left for us to do all the same. It is not that we don't want them. It would be good if there were a few men to help us to demand, prepare banners, and so on, because as it is the hard work is left for us alone".

As an example, Zilda referred to her husband, who did not take part in anything. She affirmed that what she thought was missing was:

"(...)that he should find something that interests him to participate in. It cannot be only work. There are many things that need changing, so much to be done, so everyone has to contribute a bit".

What the women felt, however, was that men were not willing to involve themselves in this type of work. Related to this was the feeling that men did not value women's work in the movement, and instead just saw it as a waste of time. This was a view strongly held by Berenice:

"Men are biased against our work. They think the meetings do not result in anything. They think that for us the movement is just a hobby".

Besides, women felt that men would not get involved in health issues on a
regular basis, as these were not a priority for them. They would relate themselves much more to movements for land ownership, or street paving. The fact that in these predominantly male movements, meetings were scheduled for the evenings, underlines the male participants’ lack of any clear commitment to involving women within these movements. This becomes particularly transparent when one considers the occasions when it was regarded as important to boost up the numbers, for example when there was a need to put greater pressure on officials visiting the neighbourhood: on these occasions only, the meetings were organized at weekends to allow more women to be present. Similarly, when there was the need to go and demonstrate outside some government office, men then called upon women to increase their numbers in the demonstration. Carla thought this preference by men was because,

"Men take part in something they consider vital, like the legalization of plot ownership and obtaining street paving as happened in the Jardim Nordeste area. For them health is not vital. Health for them is only for when they are ill and then they go to the INPS (National Social Security Service), or if they have some financial resources they go to private doctors. They do not think of health as prevention".

In her study of another low-income district in the Eastern Zone of São Paulo, Sarti (1983) points in the same direction in stating that,

"It is women (especially those who do not work) who carry forward the struggle for better living conditions in the districts (street lighting, garbage collection, creche, health centres). The only political issue which involves primarily men is the one related to illegal settlements; this is seen as an extension of their role as family provider responsible for housing and feeding. Above all though this involves private property which is identified as a male
The last reason given for the poor participation of men in the Health Movement was the fact that men did not have much contact with children’s problems such as those related to health, as well as the fact they were not as close as women to the problems that affected the neighbourhood.

"I think mothers worry more because they are with their children daily, is that not so? They are attentive to them. Fathers leave in the morning to work and arrive in the evening and pay almost no attention to them. So mothers are there taking part in the day-to-day lives of their children and are seeing what they need, they look after them. My daughter is exactly the same with her baby. She worries tremendously with the baby. I think they worry more with the health of their children". (Zelia)

Zilda followed on, stressing the fact that usually men already had an activity outside the home:

"Health in the district is considered to be women's concern, for they are there all the time and it is also a form we found we could participate in since we do not work outside our homes as men do".

This last point raised by Zilda is important in that it shows that women wanted to participate in something in order to fill their time, and to have a break from the routines of housework. They then assumed the role of struggling for better health because this was an area that no body or institution was taking care of. It was an area open for them to achieve something in. And the fact that they were closer to the...
problems of the family and the neighbourhood they lived in gave them a sense of 'appropriateness' and also legitimized their participation. One of the main characteristics of the Health Movement, was that within it women felt they had a space of their own. They had some sort of control over it. They were the ones who organized it and carried it through. Besides, when women decided to organize and demand health centres, or creches, or infrastructure, they decided to take over an area of demand (of concern to them) that no other body such as political parties or unions was taking care of. What has been discussed above is related to the fact that men were more linked to the movement for the regularization of land tenure and women to the one for health care. It seems that they were interested in different areas of participation. This reflects how the community was managed. Women were responsible for most struggles affecting life in the neighbourhood and men for those affecting the legal question of land tenure. There is then a division by gender in how the community organizes.

6.11 Conclusion

Fundamentally, the Health Movement of the Jardim Nordeste area has been kept alive by the participation of women, as shown in chapter 4. This chapter has established that these made up a small group who gave the movement continuity and were able to hold it together. These women started to participate in order to do something outside their homes, in some activity directly based on their experience (an extension of their roles as mothers and wives). They were also legitimizing their participation in that it was not in anything which might be considered 'threatening'
to their communities. This minority consisted of those whose participation in all or most activities of the movement was the most constant and regular. Most participants in the movement, took part only in some of the activities and participated on a more sporadic basis. However, it should be noted that the latter were fundamental to carrying the movement on, in that they made up the necessary support to guarantee the movement's weight at times when popular pressure was crucial in facing the authorities, as with the convoys, and on demonstrations. Moreover, some of the women who had been elected to be Health Council members and later left this body (for several reasons), were instrumental in making up the necessary minimum number of candidates for the election of the Council to take place, which was more than they contributed by actually taking part in its work. They did not even go to the meetings. The intention was simply to give a name for the list of candidates. The movement was able to mobilize more people for occasional and irregular activities such as demonstrations, and convoys, than for the day to day life of the Health Movement, in monthly or weekly meetings of the Health Council and Health Commission. All this has been possible due to the work of the four women who led the movement, who commanded respect and were well known in the area.

This small group of women were leaders as a result of their acquired competence and experience in the movement, which were acknowledged and respected by the other participants. As a consequence of their involvement in the struggle for better health in the Jardim Nordeste area, politics became an integral part in the everyday life of their district, their families and themselves.
This chapter has confirmed what was found in chapter 4 about the appeal to women of the Health Movement of the Jardim Nordeste area. It had an organization which prompted women’s participation and attracted them to it, since it constituted a space of their own, in which they had control and a sense of decision-making power which was not felt in any other movement in the area. Women took over an area of demand that had not found room in the political parties nor in the unions. Indeed, even if this area of demands had been given a place in the programmes of such bodies, it is unlikely that women would have been able to organize it as they felt fit. Women wanted to preserve this space as the one in which they could take care of their own specific concerns, related to improving the well-being of their districts.

Moreover, this chapter demonstrated that participation took different forms. There was not only one form of participation, because this was dependent on a series of factors such as the number and age of any children, the need to work, and, in the last resort, commitment and time. The women in the movement recognized and accepted this. They stressed that each one should do what they were able to. Those who actually carried the movement on were older, did not have small children, did not work outside their homes, had a history of participation mainly in the parish groups and had political awareness. It was this group who in fact guaranteed the movement’s continuity.
Notes:

1. Perlman (1976) for instance, in her study of the slums of Rio de Janeiro, although expanding the criteria to evaluate political participation there, in fact ended up by underestimating the political participation of women when she excluded their participation in religious groups. For a critique of Perlman see Taube, 1986.

2. There was only one male councillor both in the first and in the second Health Councils. The two came only for a few meetings at the beginning.

3. For a debate on the issue of the definition of the class of the participants in urban movements, see Cardoso, 1983a; Durham, 1984.

4. See chapter 3, notes 4 and 6 for the definition of Minimum Wage in Brazil. The value of the Brazilian minimum wage in December 1985 was US$57 or £40 per month. Values calculated by the author based on figures from Instituto Brasileiro de Geografia e Estatística (1986:416 and 476).

5. "Data from the General Planning Co-ordination of the Municipal Government of São Paulo (COGEP) in 1979, in a projection made for the period between 1977 and 1985, taking into account the peripheral areas of the Regional Administrations of the Municipal Government (similar to boroughs), indicated a demand for creches for 905,017 children of working mothers between 0 and 6.8 years, whereas the attended demand was for 12,480 children, just 1.4 per cent of which was on a full-time basis". (Jacobi, 1983:153)

6. Many women left the first and the second Health Councils and also the struggle for better health care. It has not been possible to produce a picture of the third Council because the coverage of the Thesis goes only as far as the end of January, 1986. Based on the experience of the previous Councils, it may be inferred that only a few would continue on a regular basis.

7. See chapter 5.


10. See chapter 5.
11. This was a phenomenon in São Paulo. PT found increasing support in other districts of São Paulo. In 1988 a woman from PT was elected mayor of São Paulo, the largest and wealthiest city in the country.

12. See chapter 5.

13. Castells (1977) defines two means by which the state assures class domination, i.e. "State Integration" and "State Repression".

14. See Appendix 2.

15. For a review of housework, see Glazer-Malbin, 1976. For a study of how in a low-income settlement in São Paulo, Brazilian women organize their housework, see Sarti, 1983. For a case in Mexico, see Chant, 1984. For the case of a middle-class settlement in England, see Oakley, 1976, and in the United States, see Lopata, 1971.

16. See chapter 5.
CHAPTER 7

CONCLUSION
This Thesis set out to discuss what processes and implications for the continuity of the Health Movement of the Jardim Nordeste area lie behind the actions that led to women's participation and behind the shape women's participation took. The aim was to demonstrate that gender as a contextual feature must be included in any theory of urban movements if a better understanding of how and why movements emerge, evolve and specially continue, as well as the politics of urban change, is to be grasped.

In the literature on urban movements, it was found that when movements have their demands met or when there are serious delays in attending to them, they tend to die away. Few cases have been documented in which a movement has had the continuity or spread as far as the struggle for health in São Paulo. From what has been examined in this Thesis, the fact that women were all the time present in the organization and development can be picked up as one of the reasons explaining why the Health Movement of the Jardim Nordeste area has remained in existence since 1976.

Why has this movement continued for so many years while others have died away? The reply to this question rests firmly on two basic points. The first is the fact that women have always made up its numbers. Women have been the ones responsible for the care of their families and their neighbourhood in the area. The
area is about fifty years old and had the same health infrastructure for over thirty five
of those years: none. One might argue that women may have been unable to take up
this struggle as much as men before. But why have not men done so now? They
were able to take up struggles related to land tenure (private property) and street
paving, but not health. They have certainly not been the majority of those taking their
children to health centres. This like others in the household itself, has been a task
performed by women. They have been the ones feeling more closely the necessities
of their families and communities. This was found in the literature and was also the
experience in the example of the Jardim Nordeste area.

Secondly, the movement has continued for this long precisely because it
provided a way for women to get out of their homes, to release themselves from their
daily chores. They were unable to take part in political parties or unions and even if
they did they would not have been in a position to do as they felt fit. They have
managed to appropriate a space, feel in control and manage it as they felt consistent
with their necessities. As opposed to the literature on women and formal politics,
women in the Jardim Nordeste area have neither been passive nor alienated, keeping
their independence despite their support for a political party. Some might rightly
argue that possibly a far greater number of women in the area did not have this
experience of participation. But no one would be able to deny the extent of this
movement, its achievements and influence over in the neighbourhood and the channels
it has opened at the level of public administration. Women broadened the demands
of the movement, and did not let the movement be restricted to the Jardim Nordeste
area. It expanded to a region (the Districts Federation) and then to a zone (the Health
Movement of the Eastern Zone). It was not only their demands that were broadened, but also their forms of participation. Participation could be more formal, as in the Health Council, or less so, as in the Health Commission.

All this allowed the movement to continue as a live issue. All this stimulated the strength of the movement. Most of the time the daily routine of the movement was carried on by a few women. Whenever a new demand was put forward, these few women were able to call larger numbers of people from the local population. In moments when numbers were fundamental, like in demonstrations in front of the Department of Health, they were able to mobilize large numbers of women. This comes to show something about the development of urban movements. It is not realistic to imagine that urban movements will permanently be in a continuum of mobilization. In fact, they will have peaks when a new demand is put forward. The example from the Jardim Nordeste area demonstrates that a solid basis is there for when the need arises to mobilize participants.

When arguments are put forward about the fall of movements, they must consider the phases which movements go through. In some cases an apparent decline may not in fact signal the imminent ending of the movement, so much as a period of latency. The fundamental characteristic of the Health Movement of the Jardim Nordeste area at this stage is precisely that the women are capable of forming that solid basis for future mobilisation. So, one factor that guarantees the continuity is the participation of a social actor (in this case, women), which is capable of maintaining the movement when it is not in a peak period. Moreover, this social actor should be
able to mobilize the population when it is necessary, in a moment of effervescence. The area of Jardim Nordeste is well known and respected by the capacity of women to organize, as well as the ascendancy these women have over the local population.

So Castells was right in his criticism of Pickvance. In the Health Movement of the Jardim Nordeste area discussed above, simply to link the national context of Brazil with the characteristics of that movement would be to collude in a methodological error. It is impossible to explain the emergence and continuity of the Health Movement as 'causally' resulting from the particular context in which it has taken place. There can be little doubt that this context has a continuing effect on the terms of its emergence and continuity, but to concentrate on this wider context at the expense of overlooking the specific details is simply to jump to conclusions. Even Castells himself was too preoccupied with linking the general to the specific, in order to demonstrate his point, and even so he concentrated almost exclusively on the end results of movements, thus moving away from specific features of urban movements.

This examination of the dynamics and specificities of the Health Movement of the Jardim Nordeste area has been instrumental in demonstrating how fundamental it is to study social actors in urban movements. The role of women in the Jardim Nordeste area has been central for reasons that can only be explained through a close examination of their position in the division of labour along lines of gender. If the focus of this study had not been placed on the social actors involved in this
movement, specially the one directly involved in its organization, the issue of gender would have not been addressed, and the question involving the continuity of the movement would remain unanswered. The literature on urban movements has indicated that in its 'quest' for a general theory of urban movements there is an undeniable need for some sort of typology, no matter how flexible due to the level of complexity of the field. It has also accepted the importance and significance of women in movements around the world. On the other hand, the literature on gender and urban movements has quite explicitly demonstrated the difficulties in dealing with the issue of organizing at the place of residence without consideration for gender and the role of women in them. At the level of theory of urban movements on the one hand, the present study has confirmed that any typology and any study of movements for that matter must include the issue of gender. At the level of research on the other, without a detailed focus on social actors as part of a systematic methodology, the study of this area may oversee or underestimate through generalization the issue of gender and may produce misunderstandings and mistakes of interpretation.

The example of Castells in 'The City and the Grassroots' could not prove more enlightening, with direct implications for the typology of women's interests developed by Molyneux. Having recognized women's subordination to male supremacy in Western society and their unquestionable significance in urban movements, Castells only proposal, [page 68] was that the task to be faced was to examine whether women were able in any of the cases he studied to break with their situation, to transform their demands into feminist demands. His findings were consistent with the task. The point however, is that due to his limitations of his scope and his understanding of the
issue of gender, he has underestimated the possibilities in the field. Not that he was mistaken in interpreting what he found, but that he limited the possibilities at a theoretical level, closing the doors for alternatives in further studies.

This has also been the case with Molyneux, from whose work a line can be depicted as a continuum from women's interests to feminist interests, from subordination to emancipation. The Health Movement was by no means a secondary struggle leading to the primary one: the feminist struggle. It was a struggle in its own right. If the emphasis is placed on whether women's participation challenges the division of labour along lines of gender, then women's movements are secondary, just a step in the struggle to overcome the subordination of women. If on the other hand it reinforces the division of labour, then women individually are seen as solely responsible for the perpetuation of this division of labour, when in fact this division of labour along lines of gender is a consequence of a social process of which both women and men are part.

Taken to the last instance, either one or the other, the investigation in the Jardim Nordeste area would have already been committed and possibilities for alternatives which help in the understanding of urban movements would have been killed. In the Jardim Nordeste area women may not have become feminists in their discourse. However, if one examines how they grew as persons, how they changed, it is possible to notice a transformation from a passive attitude to a more self-assured, independent behaviour, a step towards emancipation. It is possible to say that they became feminists in their day-to-day lives. In the Health Movement at the place of
residence a substantial change took place. Women developed an identity as mothers that went beyond the realm of the home. In this process there was a politicization of motherhood itself, in that it was clear for them that it was women as mothers who had the right and the responsibility to demand from the state the necessary conditions for them to bring up their children.

Therefore, it is clear that without a close examination of the role and nature of social actors, and the inclusion of gender as a contextual feature, the field of urban movements loses sharpness and focus. At this point it is possible to identify areas of research which need developing. First, in what other ways are women in the process of struggle redefining the role of women, creating a new identity, politicizing the issue of motherhood? This issue must be better examined and discussed in greater length, for although the type of movement examined in this Thesis may not directly challenge the division of labour along lines of gender it is politicizing the issue of reproduction and redefining roles (responsibilities extending beyond the home). The aim would be to have a fuller picture of how gender consciousness is being constructed, a redefinition of what ‘feminist’ means, and the implications this has for the (worldwide) redefinition in public and private spaces. This would shed some light on women’s participation in movements of a similar type (seeking the provision of creches, the provision of schools, and so on), and why they offer a more popular choice for women than movements about legalization of land, street paving, and so on.

Another area which should be covered is movements in which women developed a joint work with feminist groups in order to establish the difficulties of the
process, and thus help to have a better understanding of how class and gender correlate, and what implications this may have for the organization and development for both female and feminist movements. By the same token, the Catholic Church as a social actor should be researched at greater depth in order to help in the understanding of the motivations behind women's participation. Also, it seems appropriate to have studies on the role of men in urban popular movements so that more details can be examined in order to clarify the differences of participation between women and men. The bottom line however is the inclusion of gender as a contextual feature in any general theory of urban movements and a focus on social actors as a research methodology.
SEMI-STRUCTURED INTERVIEW

APPLIED IN THE FIELD WORK:

1. What is the history of the movement?

2. What were the implications of the participation of women for their lives?

3. What were the difficulties and strengths of women’s participation?

4. What are the current issues in the movement?

5. What are the strategies for organization?

6. What is the relationship between the movement and institutionalized politics?

7. What is the relationship between the movement and Feminism?
QUESTIONNAIRE
APPLIED IN THE FIELD WORK:

1. Name

2. Address

3. In which year did you move to this district?

4. Why did you move to this district?

5. In which place(s) did you live before coming to this district?

6. What was the problem of the district that worried you most when you moved in?

7. Is your house:
   a) rented......................................£/month
   b) owned
   c) are you buying it?.........................£/month
8. How many rooms are there?
   a) which?

9. Is your house served by:
   a) electricity
   b) piped water
   c) sewerage

10. Which of the following do you have in the household?
    a) car
    b) cooker
    c) fridge
    d) washing machine
    e) sewing machine
    f) mixer
    g) blender
    h) vacuum cleaner
    i) television
    j) radio
    k) Hi-Fi

11. How many houses are there on the plot?
12. How many people live in each house?

13. Are you:
   a) married
   b) divorced
   c) widowed
   d) single

14. What was your last year in school?
   a) what about your husband?

15. Do you have children?
   a) name  b) marital status  c) age  d) educational level

16. Are you employed?
   a) what job?.................................£/month

17. Do you have any occasional job?..............£/month

18. If no job:
   a) what was your last job?
   b) how long did you work at it?
   c) why did you stop?
19. Do you have any other type of income that is neither from your regular or occasional jobs?

20. Have you ever been affiliated to a union?

21. Does any other member of your household work?
   a) name   b) what job   c) ......................... £/month

22. Does anybody in your household have an occasional job?
   a) name   b) what job   c) ......................... £/month

23. Does anybody in your household have any other type of income?
   a) name   b) what source   c) ......................... £/month

24. Who contributes financially to the maintenance of the household?
   a) name   b) lives in   c) kinship   d) .......... £/month

25. Is there anybody in the household that does not contribute in any way to the maintenance of the household?
   a) name   b) kinship

26. What is the weekly budget of the household?

-339-
27. Who is responsible for the administration of the household money?

28. Who is responsible for the domestic chores?

29. Does anyone help?
   a) name       b) what duty

30. When either you or anyone in the household has any problem, who do you ask for help?
   a) financial problems
   b) supply problems
   c) personal problems
   d) employment problems
   e) health problems
   f) do not ask for help

31. When either you or anyone in the household is ill, where do you go for help? serious: not serious:
   a) drugstore
   b) private doctor
   c) health centre
   d) hospital or first aid centre
   e) friends
   f) solve at home

-340-
32. Do you think your financial situation has:

   a) deteriorated

   b) improved

   c) the same
STRUCTURE OF HEALTH PROVISION IN BRAZIL UP TO THE BEGINNING OF 1986:

Federal Level

Ministry of Health: (Preventive Medicine)

Ministry of Social Welfare: (Curative Medicine)

State Level

State Department of Health

Community Health Co-ordination

DRS: Regional Department of Health

DS: Health District

Hospital Assistance Co-ordination

General and Specialized Hospitals

CS: Health Centre

Mental Health Co-ordination

Psychiatric Hospitals and Mental Health Clinics

Specialized Technical Services Co-ordination

Research Institutes such as for Rabies and Inoculations
The Health Centre is "a complex unit of health care aimed at providing a particular population with medical care, which includes clinics for permanent medical assistance". (Health Ministry, 1977:10)

There are five Regional Departments of Health in the Greater São Paulo area (DRS 1). Jardim Nordeste's health centre is part of DRS 1.3 - Guarulhos. Each Regional Department of Health has its Health Districts, which in turn are responsible for various health centres. Jardim Nordeste's health centre is part of Health District of São Miguel.

In 1981, the State Department of Health reorganized the classification of health centres. Decree No. 16,545 of 26th January 1981 established three types - CS1, CS2 and CS3 - as opposed to five types before. The difference between them lies in the level of complexity of health care provided.

CS1 has the "capacity to carry out all activities established in health and sanitation programmes, including several specialized areas, and to assist all other health centres". CS2 has "capacity to carry out all basic activities established in health and sanitation programmes, and to assist all other health centres in non-specialized activities, but including resources to give assistance in one or two specialities whenever needed". CS3 has the "capacity to carry out all basic activities established in health and sanitation programmes". ("Diario Oficial do Estado de São Paulo", 27th January 1981:3) (underlining mine)
INAMPS is the 'Instituto Nacional de Assistência Medica e Previdência Social' (National Institute of Medical Assistance and Social Welfare) of the Ministry of Social Welfare, which is responsible for the organization of the system of health provision in the country (see scheme above).
HEALTH COUNCIL STATUTES:

I. Aims of Health Councils:

Article 1st: The Health Councils which are referred to in article 6 of the decree number 16,545 dated 26th of January 1981, has as its end to make possible the organized participation of the population in the control and improvement of the quality of services provided by health centres in the areas covered by them.

II. Duties of Health Councils:

Article 2nd: The duties of the Health Council are:

a) To encourage dwellers to use services provided by the health centre.

b) To follow the activities of health centres endeavouring to guarantee their proper functioning.

c) To organize meetings with local dwellers in order to raise complaints and suggestions, as well as to transmit knowledge of the work being carried out by the Council to all.
d) To increase the interest of local dwellers aiming to obtain their active and critical participation in the solution of health problems in the area covered by the health centre.

e) To gather the demands by local dwellers in relation to public health, assessing them in terms of their validity and, together with local dwellers to forward them to the authorities.

f) To take part in decision-taking in relation to the work of the health centre through meetings with authorities in the health centre, with access to areas and documents of the health centre, but not to medical reports on patients.

Additional paragraph: The duties of the Health Council are not:

a) To guarantee privileges for councillors or for others in the health centre.

b) To engage in tasks which are the private duties of staff.

c) To receive any type of income for their work.

III. Composition of Health Councils:

Article 3rd: Anyone who uses the health centre is part of the Health Council; not only those who are enroled in it, but also all those who benefit from the work of the Council.
Paragraph 1st: The members of Health Councils must reside in the area covered by the health centre and must not take part in more than one Health Council.

Paragraph 2nd: Members of staff may only be members of the Council as representatives of local dwellers in so far as they respect article 3rd and paragraph 1st above.

Paragraph 3rd: Councils must have at least 10 (ten) members and their proxies.

Article 4th: The Council may decide to dismiss a member who infringes the norms of the statutes or who is absent for three consecutive regular meetings without valid reason, who will be replaced by the respective proxy in a regular meeting of the Council.

Additional paragraph: A member may request leave of absence when the member's participation is temporarily not possible, which must be agreed in a regular meeting of the Council.

Article 5th: The members of Health Councils must be chosen through direct elections by the dwellers covered by the local Unit of Health, in which all of those older than 15 years may vote, be they illiterate or not.

Paragraph 1st: The period for the inscription of candidates and dates of elections must be broadcast through the most ample possible means by the local Unit of Health.
inside its covered area at least three months in advance.

**Paragraph 2nd:** The composition of the Health Council must obey article 3rd and its paragraphs and will be registered at the State Department of Health.

**Paragraph 3rd:** Ballot boxes and ballot papers must be provided under the direction of health centres and must be placed in public centres during the period of voting together with a staff member specially designated by both the Unit of Health and inspectors of all groups of candidates. There must be a list for the registration of voters.

**Paragraph 4th:** Counting of votes will be by the inspectors of all groups of candidates at a time and place determined by the Unit of Health in agreement with the groups of candidates and in the presence of a specially designated member of staff of the Unit of Health.

**Paragraph 5th:** The winners will be decided by simple majority. The other groups of candidates must have a member in the Health Council for every 10% (ten per cent) of their votes in the elections, chosen according to the order of inscription in their respective groups.

**Paragraph 6th:** The directors of the Unit of Health must prepare and forward a report of the whole process including result and name of those elected to the director of the Sanitary District, who must forward it to be published on the official press.

-350-
Paragraph 7th: The period of office of the Health Council is of two years from taking office.

Paragraph 8th: The members of Health Councils may stand as candidates for re-election in the following elections.

Paragraph 9th: Local dwellers may demand new elections at any time, provided they forward a petition signed by more people than the number of voters in the preceding elections with their names and addresses to the Unit of Health. The latter must then organize new elections following the procedures laid down in the previous paragraphs.

IV. Functioning of Health Councils:

Article 6th: The Health Councils will meet regularly every month and extraordinarily whenever necessary.

Article 7th: The meetings will take place if the simple majority of Council members attend it.

Additional paragraph: In the case of a lack of 'quorum' for the realization of the meeting, after 30 minutes of the designated time for it to start a new meeting may be scheduled for any time decided by the members of the Council present.
Article 8th: Regular meetings of the Councils will take place inside their health centres on days of the month determined during the first meeting of the year.

Article 9th: Extraordinary meetings will take place provided they are requested by a simple majority of members of the Council.

Article 10th: The meetings are open to all local dwellers and members of staff who will all have a say in it, but only members of the Councils have the right to vote.

Article 11th: A secretary and vice-secretary of the Council must be chosen among its members in the first meeting, who may be replaced if necessary by a joint decision of the Council. The co-ordinator of meetings must also be chosen by the Council.

Article 12th: The co-ordinator of the following meeting must be chosen at the end of the preceding regular or extraordinary meeting.

Article 13th: After verification of the legal minimum number of members present at the meeting, the meeting must start by reading and approving the register of the previous meeting which will then be signed by all present members.

Paragraph 1st: The co-ordinator of the meeting must organize the agenda of the meeting after the approval of the register and after gathering suggestions from those present.
Paragraph 2nd: The topics of the agenda will be treated in the order of their presentation except in case of preferences proposed and approved by those present.

Article 14th: Copies of the registry may be forwarded to the director of the health centre and director of the Sanitary District when the Health Council decide that this is necessary for their knowledge and to help in the decision-making process.

Article 15th: The meetings of the Council must be witnessed by the doctor responsible for the management of the health centre as well as technical and general staff, who are assistants of the Council, and who should provide the latter with all information and clarifications needed by it when requested.

Additional paragraph: When exceptionally unavailable for the meeting, the doctor must designate a legal representative for this end.

V. Duties of the members of Health Councils:

Article 16th: The co-ordinator of the meeting has to:

a) Co-ordinate the meetings.

b) Call a meeting designating place, date and time by request of the majority of members.
Article 17th: The secretary of the Council must:

a) Carry out the tasks of the secretary of the Council.

b) Help to call meetings.

c) Write the registry of meetings.

d) Forward copies of the registry to the authorities through the health centre whenever judged necessary by the Health Council.

Article 18th: Members of the Health Council must:

a) Perform activities aiming at following the duties of the Council referred to in article 2nd.

b) Be present at meetings which have been called.

c) Give opinions about the subject under discussion.

d) Report on subjects designated to them by the Council.

e) Vote on the subject under discussion.

f) Present proposals to be discussed by the Council.

g) Decide on the agenda of the meeting.

Article 19th: Doctor responsible for the health centres must:

a) Be present at the meetings.

b) Assist the Council on technical and specialized matters.

c) Inform the Council about the nature and situation of the programmes and
activities of the health centre whenever requested to do so.

d) Act to ensure the realization of the resolutions of the Council.

Article 20th: The Health Council may propose alterations to these statutes approved by an absolute majority of its members, as long as they do not go against these basic principles.
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-384-


-387-


-388-


Periodicals:


**Documents from the Health Movement of the Jardim Nordeste area:**


**Documents from the Movement for Better Living Conditions:**


Documents from the Districts Federation and the Health Movement of São Mateus:


Documents from the Health Movement of the Eastern Zone of São Paulo:


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INTRODUCTION
Along with men, women are involved in mobilisations at the place of residence to struggle over issues involving collective consumption. Residential-level struggles may be understood as a consequence of the failure of the State to provide housing, services and infrastructure for low-income populations. Expressions of these struggles may range from land invasions, to petitions, to direct pressure on the State, or to any other strategy which might achieve what is being demanded (Moser, 1983).

This article is based on research I am currently undertaking on the participation of low-income women in local-level organisations in São Paulo, Brazil, based on one year's field-work carried out in 1985. The object of study is the Health Movement in Jardim Nordeste, which later formed, with other districts, the Health Movement of the Eastern Zone of São Paulo. The main concern of this paper is to examine the ways in which women took part in the development of the movement, since their participation has been particularly important. Even though women's participation in movements around issues of reproduction such as nurseries, crèches, water supply and sewerage is mentioned in the literature, the way in which it takes place is rarely described. In my view, this is a particularly important aspect because it may contribute not only to an understanding of the specific rationale for, and constraints upon, their own participation, but also because it enhances understanding of the development of movements as a whole.

The importance of the Health Movement derives from the fact that it has managed to keep itself very much alive for the last 12 years in the poorest zone of the city and because its influence covers a vast area of São Paulo, whereas other movements around consumption issues tend to have been more short-lived, losing their strength in the face of delays, or dying away once initial demands have been met.

On the other hand, it has been argued that the participation of women may be seen as an extension of their activities in the domestic arena (Cockburn, 1977; Kaplan, 1982; Evers, 1982). Gender roles in most societies determine that women are responsible for the provision of food, child care, and general
involve them in organising within their neighbourhoods. Here, women meet each other, come into contact with the daily life of the community and are therefore closer to the problems that affect it (Evers et al., 1982). If welfare is threatened, the tendency is that women will mobilise, petition or demonstrate, in an attempt to evade or diminish the threat. In this case gender and class are intertwined. Usually, it is poor women who mobilise out of economic necessity. This is what Molyneux (1984) calls mobilisation around 'Practical Gender Interests', i.e. those interests which develop out of the concrete conditions of women's situation in relation to the division of labour along lines of gender.2

There is no doubt that women play a crucial part in the initiation of movements around reproduction and in their organisation and maintenance. Women are important actors and as such should be studied for a better all-round understanding of popular mobilisations.

THE POLITICAL BACKGROUND

Before proceeding to discuss women's participation in the Health Movement in Jardim Nordeste, São Paulo, it is important to sketch in briefly the background of the socio-economic and political situation of Brazil during the period under consideration.

In 1964 the military took power by means of a right-wing coup. The upsurge of the military regime in Brazil was a response to the institutional crisis provoked within the state by political movements and social struggle during the governments of Jânio Quadros (January–August 1961 when he resigned) and João Goulart (October 1961–March 1964) (Cardoso, 1979).

One of the main effects of the economic policy of the military regime was the impoverishment of a great part of the population. Real minimum wages fell.3 This process was called 'arrocho salarial' (wage tightening) and began in the first government of the new regime, extending itself thereafter. The situation worsened with continuous migration from the countryside to the cities where most inmigrants were not absorbed by industry.

The crisis was also exacerbated by the complete or partial absence of urban services necessary for the survival of the working class worsening the effects of the process taking place at the level of the relations of production [this process was termed 'Espoliagção Urbana' by Kowarick (1980)].

In 1970 the richest 20 per cent of the population had 62 per cent of the country's income; by 1976 this figure had grown to 67 per cent. On the other hand, the poorest 50 per cent of the population had 15 per cent of the country's income in 1970 and 12 per cent in 1976 (Kowarick, 1982: 31). 'Despite the volume of income produced in the São Paulo Metropolitan Area (responsible for almost 50 per cent of the country's income), it is possible to detect a large proportion of the population in a very precarious situation from the point of view of their income. In the municipality of São Paulo alone, the minimum wage deteriorated by 55 per cent between 1959 and 1979' (Kowarick, 1982: 32).

This state of affairs, which affected the low-income sectors of the population in particular, created the conditions for the emergence of demonstra-
tions and popular movements around the 'urban question' (see Castells, 1979) such as water, sewerage, transport, cost of living, crèches and so on. Obviously, it is not possible to accept living conditions alone as the motor of spontaneous organization of those within them. ...sometimes it is supposed that the suppression of the institutional channels of expression made the direct and authentic action of the popular sectors of the population easier. Without government tutelage people started to create mechanisms of communication with government offices, challenging them' (Cardoso, 1983a: 229).

Another factor leading to the development of movements around collective consumption is possibly the influence of the feminist movement in Brazil, which particularly from the mid-1970s onwards, played an important role in legitimising the participation of women in popular movements (Caldeira, 1985). The feminist movement in Brazil has always tried to direct itself to the mobilisation of poor women, even though it consists primarily of middle class women (Cardoso, 1983b). The feminist movement influenced the participation of low-income women by encouraging them to treat the problems of women in new terms which redefined public and private spaces and gender roles. This is not to say that the feminist movement has been to all neighbourhoods in person, but its general influence has (Caldeira, 1985).

At the beginning of the Geisel government (March 1974-February 1978, the fourth since 1964), economic crisis erupted and as the regime could no longer exercise a permanent control over everyday life (Cardoso, 1979), several expressions of popular pressure came into being as reactions against the abuses of the military regime, demonstrating its crisis of legitimacy and its isolation from public opinion. It was also the starting point of a struggle for the return of the democratic state (Telles and Bava, 1981; Velasco e Cruz and Martins, 1983; Jacobi, 1983). 'The exacerbation of the revolt itself, against the context of extreme repression created the conditions for various institutions, associations and movements to unite in acts of protest, opening space for an informal alliance between democratic oppositions' (Velasco e Cruz and Martins, 1983: 23).

Even Brazilian industrialists made their dissent known, and the unions showed a new face by intervening in politics for the first time since 1964 and conducting a campaign for wage restitution (Velasco e Cruz and Martins, 1983). The whole population started to rearticulate itself with the relaxation of military control. Workers and popular movements, dwellers and professional associations and the formation of 'comunidades de base' (grassroots communities) with the support of the more liberal sectors of the Catholic Church, all began to spring up at this time. The popular mobilisations in urban areas, particularly the larger ones, took place around the issue of the provision of public services by the state and the betterment of living conditions (Brasileiro, 1982).

Due to the previously high level of repression, the organisation of popular movements had to find support in a series of small groups such as mothers’ groups, local associations and the grassroots communities of the Church. But the result of this mobilisation in terms of institutionalised politics was clearly felt when the opposition party, the MDB, won the Congressional elections in
November 1974 despite all sorts of government manoeuvres as to the electoral regulations.

At the wider political level the military state still controlled the situation, making full political use of the liberal reforms it proposed, such as relaxing its grip on the freedom of speech and conceding a limited amnesty for political prisoners and those exiled abroad. Moreover, it created a multi-party system which allowed, among others, the appearance of the Workers Party (Partido dos Trabalhadores or PT). In 1978 General Figueiredo became president (March 1978–February 1985) and carried on certain measures started by Geisel which were later to be called 'Abertura' (opening up of the regime). However, the regime still produced authoritarian laws such as the 'State of Emergency' which allowed the president himself to suspend all individual liberties, to intervene in unions and to submit to military courts all of those who were arrested during the validity of the law. Direct elections for president were introduced neither in 1984 nor in 1985, despite the desires and demonstrations of the Brazilian population.

The fact remains, though, that the living conditions of lower-income groups continued to worsen. In 1979 the number of those earning more than one minimum wage decreased (Lagoa, 1985:57). Unemployment also rose. In 1980 industry in São Paulo employed 2.1 million workers. Two years later it employed 1.6 million (Betto, 1984:11). During this period alone about 500,000 industrial workers were unemployed. Between 1982 and 1983 basic consumption goods increased by 155 per cent whilst wages increased by only 112 per cent. In 1950 a worker on the minimum wage needed to work 32 minutes to buy a kilogram of beans. In 1983 he needed three hours and 20 minutes to do so (Betto, 1984:12).

HEALTH CONDITIONS IN THE EASTERN ZONE OF SÃO PAULO AND JARDIM NORDESTE

As for health, the situation has also been precarious. Even in São Paulo, the richest city in the country, certain areas of the city such as the Eastern Zone were severely lacking health centres and related facilities.

About three million people lived in the Eastern Zone in 1984 (GEP, 1984:28). It was and still is the poorest zone of the city. Some of its districts like Itaquera grew by more than 400 per cent between 1960 and the late 1970s. There was no sewerage system or piped water in most of the area until very recently. In 1978 for every 1,000 children born alive about 110 died before they reached one year of age. In 1980 there were only four hospitals for the whole area (GEP, 1984:29). Whilst in the centre of the city there were 12 beds for every 1,000 inhabitants, in the Eastern Zone there was half a bed for every 1,000 inhabitants (the World Health Organisation suggests that a minimum of four to six beds for every 1,000 inhabitants is a basic minimum). In 1980 the zone had only 24 health centres and needed about 70 according to calculations done by doctors working in the area (GEP, 1984).

In 1980, about 30 per cent of the economically active population in the Eastern Zone of São Paulo earned only two or less minimum wages and 40 per cent of the population earned less than three minimum wages. In the city as a whole, on the other hand, about 25 per cent of the population earned
two or less minimum wages, and 35 per cent of the population earned less than three minimum wages. Furthermore, in 1983, the health infrastructure in the area was only able to attend to about 25 per cent of the needs of the local population. In that year, health centres offered only 27 per cent of the programmed appointments for mothers and children by the Department of Health and a mere 2 per cent of those required for adults (Jacobi, 1983:156).

Health conditions in Jardim Nordeste, where the movement studied in this article started, were even worse. There were no health centres nor doctors (not even private ones) let alone hospitals to attend to the needs of around 20,000 inhabitants (GEP, 1984: 35). Urban infrastructure was also very poor. There can be no doubt that in the early 1970s (and before) the situation was even worse. It is in this context that mobilisations around the issue of health start to appear in the area.

THE EVOLUTION OF THE MOVEMENT

The Beginning of the Movement and the Health Commission

In September 1976, a group of students and one of their teachers, from the medical school of the University of São Paulo, arrived in Jardim Nordeste with the idea of developing both a clinical and a political project.

We were at the end of the basic part of our course at the University and starting to get involved with the clinical part of it which included contact with the Clinic's Hospital, the main public hospital of the State of São Paulo and where all the students of the medical school of the University of São Paulo to which it is linked have to work as part of their course. This contact frustrated us very much, because the hospital offered a very biased view of the reality of the health situation since it concentrates more on the rare clinical cases. We then contacted one of our teachers with whom we developed the idea of going out to the periphery and poorest part of the city to have a closer look at health. The other motivation was linked to political participation (one of the medical students, now a doctor, 1985).

They went to Jardim Nordeste because there was a need for doctors to organise the distribution of medicines in the area through the local Catholic church. Their first objective was to open a small drugstore. When they completed that, they started attending to patients every Sunday morning.

The church organised a shift so that we could have lunch in a different house each time. This contact with the population helped us to understand better the social and economic problems of the area and paved the way for us to develop the work at the political level around the organization of the population (one of the medical students, now a doctor, 1985).

It was through the Church that the students contacted some women from the district who later played a very active role in the health movement in the area. Before the students arrived, these women used to take part in the mothers' club of the local Catholic church. During this period they had
contact with nuns who helped them to develop their political awareness. One of them in particular '... helped us to think politically' (one of the leaders of the movement, 1985).

Later, the mothers' club split into two factions—one of which wished to remain meeting at church and carrying out their traditional activities such as knitting and crocheting, the other of which wished to branch out into more political concerns. 'One day I proposed to discuss the minimum wage. Some women then said they did not want to do so for they did not live on a minimum wage and did not have any interest in discussing the subject' (one of the leaders from Jardim Nordeste, 1985). The latter group began to meet in the women's own houses and '... started to think it was the State which had the responsibility to provide what was the population's right' (one of the leaders from Jardim Nordeste, 1985).

After these women met the medical students they pressed them to change their line of work from basic welfare towards assistance in popular struggle. This gave a fundamental impetus to the beginning of the movement in the district. They started to meet to discuss subjects related to health such as medical care, the meaning of hospitals, health centres, and so on. The women had it clear in their minds that there was a need for some kind of preventive medical assistance in the area. They then decided to demand a health centre for the area from the State Department of Health.6

The medical students obtained a piece of information from the State Department of Health which was fundamental for the development of the struggle. 'We discovered that a petition for a health centre for Jardim Nordeste had already been sent to the Department of Health, probably by the church but it never became clear who sent it. We also came across the fact that the health centre for Jardim Nordeste had already been analysed and considered to be a priority, but was only a plan. The mobilisation then started to grow. It was decided that we would continue to provide medical assistance, but it would stop as soon as the district had its health centre' (one of the medical students, now a doctor, 1985).

This shows that the role of the medical students and later doctors was fundamental in providing the movement with vital technical information and advice deriving from their access to the Department of Health. Later, as doctors, they decided to continue to work in the health centres of the area, continued to provide technical information and always broadcasted the movement to the community, explaining its relevance and the importance of popular participation to the people who used the health centre. They are still involved in the movement to this day.

The campaign for the health centre began at the end of 1976. A petition was prepared for delivery by four of the women in the movement to the Department of Health, although they were not in the first instance received by the officials. Later, after discussions in the district they decided to organise a convoy (a demonstration using buses) to deliver the petition to the State Department of Health. This procedure was intended to put pressure on the authorities. They organised a raffle (which later became a common way to raise funds, together with jumble sales, parties, bazaars, and so on) to pay for transport for the trip which took 55 people, including some retired men. On
this second occasion they were successful, being told by the secretary at the conclusion of their meeting to look for an appropriate rental property in which to install the health centre.

At this time, the women began to call themselves the ‘Health Commission’ and decided that everybody in the community should be able to take part in it and to attend its weekly meetings. Its function was to organise and convey demands for better health services to the authorities.

The Inauguration of the Health Centre

After some delay, the health centre was finally inaugurated in March 1977 and represented the starting point for a long process of community demand-making. Within a very short space of time for example, the Commission decided to prepare and circulate a petition demanding the improvement of the health centre.

In order to advertise the movement, the Commission, with the help of the medical students, started to produce and distribute leaflets in the neighbourhood. In fact, ever since then every demonstration, meeting, convoy, government response or subject pertinent to the movement has been advertised in leaflets. The Commission first broadcasted dates, places, times and subjects of gatherings, or the meaning of a particular government decision and its possible effects on the community. Later, after the event or after the subject had been discussed in the Commission, they produced a further leaflet pinpointing the main issues at stake and suggesting that the community organise debates and participate in the movement. The content of the leaflets was decided in the meetings of the Health Commission.

Soon after its inception the Commission expressed concern over various irregularities committed in the centre. For example it found that the centre was registering people only after they had produced documents such as an electricity bill, a birth certificate or the professional card of the husband, when theoretically every person had the right to be registered at the health centre with or without documents, on any day of the week. Furthermore, doctors were attending irregularly and were not meeting the demand.

These comments from the Health Commission inevitably caused discontent among the health centre’s staff with the result that it became difficult for the Commission to get inside the centre to deliver bulletins to advertise its work. ‘The employees of the health centre did not accept the Health Commission at first. We were not allowed inside the building, and could not cross the entrance gate’ (one of the leaders in Jardim Nordeste, 1985). In order to contact the users of the health centre the members of the Commission thus had to wait for them at nearby street corners. ‘It seemed we were doing something wrong. We realised that the situation could not go on’ (ibid.).

The need to get inside the health centre became a critical issue for the movement. They had to have direct access to the employees and doctors in order that the work being developed by them would be more efficient.

The First Health Council

In order to assist the community, the medical students drew their attention to the 1968 ‘Technical Principle’ which provided for the establishment of
Health Councils, which permitted people to become involved in health in their areas. With this in mind, the Commission planned to ask the State Secretary of Health for some sort of direct participation of the community in the affairs of the health centre.

In a meeting with the Secretary in October 1978, the participants of the movement started by demanding more employees, more medicines, more doctors and more medical equipment for the health centre. They also delivered a petition signed by 4,000 people demanding the overall improvement of the health centre. They then demanded a system of participation for the local population in the health centre. The intention was to see the secretary's reaction to the idea, for the members of the Commission did not want him to know that they already knew of the decree allowing the formation of Councils. 'We thought it was important not to tell the secretary about it because he would have certainly liked to know how we were able to get hold of the document. In the struggle we must not say which arms we have. Certain things we keep secret' (one of the leaders of Jardim Nordeste quoted in GEP, 1984: 33).

The Secretary told them formally about the Council system and suggested that they should organise one to monitor the work of the health centre. At the end of the meeting the women told him that they would form one and then go back to the Department for him to confirm it. The Secretary agreed to the arrangement. 'We showed the Secretary that we mothers were the ones who were always in the centres with our children, and who should be the members of the Councils. He accepted' (one of the leaders of Jardim Nordeste quoted in GEP, 1984: 33).

The Commission later explained to the community that the Health Council was supposed to defend the population's rights in the health centre and that it would have the prerogative to take part in the decisions relating to the functioning of the health centre. The Health Council would meet once a month and would be formed by one elected representative from each of the districts using the health centre of Jardim Nordeste. Everyone who was interested in being a candidate was invited to come forward.

The next step then was the election of the Council. The members of the Health Commission started to organise meetings to discuss nominations and elections. They started to ask the women who used the health centre if they wanted to have a meeting. They would then organise street meetings with up to 20 women at a time. Two or three members of the Health Commission would direct one meeting while others would direct another one in a different street. The level of organisation was high and visible. The intention was to reach as many women as possible. In the meetings they explained what the Health Council was, why they thought it was necessary and the type of work that would be needed to run it.

Twelve women came forward as candidates. Some were already part of the existing Health Commission, some had taken part in the convoys to the Department of Health and demonstrations and some were new to the movement. The most obvious way to help, the Commission suggested, was to inform families, neighbours and friends that the election was going to take place. At election time, in March 1979, shoe boxes were used as ballot boxes
and people in charge of them were sent to schools, open markets, squares, churches, supermarkets, and anywhere known to have many people around. Everybody, men and women, 15 years old or over could vote. A large number of votes were gathered and twelve women were elected.

After the elections, it was emphasised by the Commission that the women elected were not paid or voluntary employees of the State Department of Health, but instead had been elected to defend the population’s rights. It was explained that it was necessary to have the signature of the Secretary of Health on the election’s report to legalise the existence of the Health Council.

The Commission arranged a meeting with the Secretary for that purpose but was not received by him directly. Instead, his advisers received the twelve women who went to the Department and promised they would forward the document to the secretary. In order to make sure this would actually happen, the members of the Commission arranged another meeting at the same place. This time the relevant signature was obtained and nine months later the Health Council was fully legitimised with the names of those elected published in the official press.

The Council members decided to record the details of all its meetings in a register. The front page was signed by a Mr Hayashida, director of the area’s Sanitary District (intermediary structures of the Department of Health, created to closely monitor the activities of the health centres in their technical and administrative aspects), in April 1979. The first meeting of the Council was widely covered by the media. Photos were taken and interviews taped stressing the novelty of this type of initiative.

Institutionalised Political Participation

Parallel with the inauguration of the Health Council were a series of political reforms in the country as a whole which allowed new political parties to come into being. One of them was the Workers Party (PT). These developments began to influence the participants of the Jardim Nordeste Health Movement.

For example, they began to discuss the new political structure and ended up supporting PT because, as they said, they felt it was organised on a bottom-up basis. Besides, one of the leaders said: ‘...we need its support, as long as the party lets people participate and does not do the work for the people. For if PT cannot count on people’s participation it will be a party like the others’. Another leader echoed this idea saying ‘...we have been talking quite a lot about the need to have the support of a political party. We neither want that of the Government party (PDS), nor that of the main opposition party (PMDB) ... we will fight for PT because it is a political party with great national importance’ (GEP, 1984: 43).

In the 1982 parliamentary elections, the women of the movement supported Dr Eduardo Jorge, a candidate for the State Parliament and an active member of the movement himself. They campaigned for him and participated actively on the day of the elections by engaging in ‘boca de urna’ (talking to people near polling stations about him and his work). Eventually he was successful.

This, however, did not mean that the movement became dependent upon
the party. The participants of the movement stated clearly that it was not the aim of the community to become engaged in party politics, in the same way as it was not its place to organise religious ceremonies. The movement made it plain that it must be independent from all parties, churches or any other institutions, although members from these could and should take part in the movement, because it believed that the more institutions took part in it the better.

The Movement for Better Living Conditions—Later Districts’ Federation

Aside from their contact with party politics, the people from Jardim Nordeste also began to mobilise around issues other than health. For example, one issue involved the creation of a cinema club with the objective of creating the basis for cultural activity and a magazine to discuss the problems which the neighbourhood’s inhabitants faced in relation to a wide number of services including not only health care, but also housing, transport, schooling. Every group that started some type of organisation referred to the experience of the Health Commission of Jardim Nordeste (Brasil em Recortes, no. 1, 1979).

The effect of the experience of the Health Commission in Jardim Nordeste was therefore acknowledged in the Movement for Better Living Conditions. It also helped to widen the support base beyond the boundaries of the immediate neighbourhood. Because the health centre in Jardim Nordeste had been one of the first in the area to be achieved through popular demand-making and had therefore involved contact with people from outside neighbourhoods, a precedent was set for collaboration and similar initiatives. For example, some people started to lay the foundations for the establishment of Health Commissions in their own districts.

At the same time, it was felt that if the population from different areas affected by the same common problems united to confront the authorities they would stand a better chance of getting their demands met.

Thus, in July 1979, several people from different neighbourhoods met to discuss the problems they were facing. They found that the main problems were the lack of sewerage that affected everyone’s health and particularly that of the children, the lack of a First Aid Centre in the area since the only ones available were in far away districts, the fact that the health centre in Jardim Nordeste was not functioning properly, the lack of public telephones in comparison to the healthy districts which had one for every block, the lack of efficient public transport, the need to have better street lighting and paving in many areas of those districts and the need for playgrounds and crèches. In that meeting, the Movement for Better Living Conditions was created, in which the Health Commission from Jardim Nordeste played a key role. This wider movement—which later became the Districts’ Federation—aimed to unite the population to struggle for the improvement of the living conditions in the region. To organise the movement, commissions were set up for each sector.

For example, an organisation commission was set up to plan the work of the other commissions and of the movement in general and to collect funds to meet expenses for paper needed for leaflets, ink and other items. It is very
It was clearly stated that everybody had the right to speak his or her mind and vote. No single person was in control of the movement, it was stressed, and the majority of the participants should direct it. The need to get together to fight for the population’s right to have more dignified living conditions was stated very clearly. It was everybody’s duty to take part in the struggle. As usual, parties and raffles were organised to raise funds to pay for paper, ink, a loudspeaker, an amplifier, a projector for the cinema club, paint and brushes for banners and so on.

The first leaflet of the Districts’ Movement was published in July 1979 in which some aspects of the social and economic reality of the country were discussed. ‘We pay our taxes and social welfare. Our foreign debt’, it said, ‘our inflation, infant mortality and work accident rates are among the highest in the world’. It was time, it added, for the Brazilian people to unite and fight at home and at the workplace to gain back what had been lost during many years. ‘We must fight for the revenue collected here to be spent here. That is our objective’.

At a time when the military were still very much in power and democracy was (as it still is) yet to be a reality in Brazil, this sort of organisation, clarity of objectives and level of articulation reached by the community is no doubt an achievement, especially given that the Jardim Nordeste movement itself was only four years old. Moreover, the importance of the participation of women in the organisation of these movements (in Jardim Nordeste and the one for better living conditions) was made very explicit. One of the leaflets of the Movement for Better Living Conditions for instance read: ‘You mothers, that need the health centre, be present at meetings’.

The fact, however, is that the population of all districts involved did not have sufficient organisational capacity to sustain both the health movement—which was growing all the time—and all the other struggles as well. Furthermore, another problem stemmed from the fact that enthusiasm waned in the face of persistent failure to obtain certain types of services such as sewerage which were extremely difficult to introduce in unplanned settlements. The result was that the Districts Federation eventually abandoned its attempt to become involved in a wider range of issues and ended up confining its struggles once more to demands for better health care in the region.

The Health Movement Carries On

The important aspect for the purpose of this article though, is that the health movement carried on with the same determination as before. At the end of 1979, the Health Commission from Jardim Nordeste proposed to hang a plaque on the wall of the health centre which read ‘This health centre is a conquest of the people through their Health Commission’. This was particularly important because it showed the degree of awareness of the women involved. The proposition was voted and approved and the Commission
informed the Secretary of Health about it, who gave his approval to the initiative.

Evidence of continued commitment is provided by the case of the Council’s attempts to maintain a high quality of service. In a meeting later the same month, the members of the Council complained to the health centre’s new doctor (who was not one of the medical students who took part in the movement) that he was not only holding extremely short surgery hours, but on some days was not turning up at all, so they wanted to know which days of the week he was planning to come and which he was not. The doctor replied that he would go to the health centre, see anybody who was there waiting to be seen by him and would then go away to his other job. The councillors then noted down in their register that the doctor was not coming every day and was not attending to patients satisfactorily. The meeting ended with the Council’s resolution that an assembly would take place with the presence of the Health Secretary himself, at which they were going to demand an additional doctor, the publication of the names of the members of the Health Council in the official press (which took place soon afterwards) and the construction of a bigger health centre.

The plaque approved by the Health Secretary earlier that month was hung at the entrance of the health centre on the same day as the fourth meeting of the Health Council took place. The register was passed round for inspection and for the doctor to sign it. As soon as he read that the councillors had recorded that he was not performing his duties satisfactorily he refused point blank to sign the register. A row then erupted with the councillors arguing that it was just a complaint they had made in the previous meeting. The doctor then replied saying he would sue them for libel. The councillors in turn replied that he was in his rights to do this, but that it was also their right to note down the topics and discussions of meetings with the staff. The doctor became very angry to the point of threatening to beat the women up (Health Council’s Register, 1979).

At this moment his superior arrived to participate in the meeting—after which the doctor changed his attitude completely. Although she confirmed that in fact the doctor had the right to sue them, the record of his conduct in the register prevented him from following up the case.

Afterwards, commenting on the event, one of the leaders in Jardim Nordeste said: ‘... the health centre is the same thing as his (the doctor’s) surgery. If he attends well there, why is it that in the centre he cheats us? If he does not earn much it is not our problem. He should fight with his union in order to get a better wage. In the health centre he is paid with our money, money from taxes. Therefore, he has to attend in the same way he does in his surgery’ (GEP, 1984: 38). This type of attitude on the part of the women has been consistent throughout the period of organisation of the health movement. It demonstrates their degree of awareness and organisation, and that they were not intimidated by threats.

There is no doubt that the women who first had the idea of mobilising to demand better health care in the area, who established a Health Commission to deal with the problem and then a Health Council to inspect the work of their health centre, had considerable ability to negotiate and organise. They
gradually made their voice heard and consolidated a level of organisation and communication with the authorities which was unprecedented in the area.

In fact, it was not long before they received a guarantee from the Secretary of Health that the new health centre the community had been struggling for since 1979 would be built in the area, and in a meeting in August 1980 plans were discussed. This is not to say that all demands were attended to. However, it is a fact that the Health Commission established itself solidly in the arena of popular movements in Brazil.

The Second Election of the Health Council and the Inauguration of the New Health Centre

The inauguration of a new health centre in 1981 coincided with the second election of its Health Council. All 26 candidates (including one man who was present at the first meeting of the new council and never appeared again) were elected, 19 as councillors and seven as proxy members. As the first elections for the Council in Jardim Nordeste had influenced other districts, this time 18 of those of the Eastern Zone of the city had candidates and organised their elections. They all took office in a joint ceremony in the presence of a representative of the State Secretary of Health. The determination of the women of the council in Jardim Nordeste was again stressed in their first meeting when it was affirmed that ‘... we are not going to stop fighting for our rights. If we do not get more employees for the health centre, we are going to go back to the State Department of Health with more people to demand it’ (Health Council’s Register, 1982: 18).

Soon afterwards, the districts’ Councils started discussing the statutes regulating the Health Councils, which were finally handed over to the State Secretary of Health in May 1982 and officially recognised at the beginning of 1983 after a demonstration in front of the State Department of Health.

It was in that year too, in a March meeting with about 150 people from 37 districts, that the Health Movement of the Eastern Zone of São Paulo—as the merger between the Health Movement of São Mateus and the Health Movement of Jardim Nordeste and nearby districts (Districts Federation)—was created. ‘We must unify all health movements of the Eastern Zone of São Paulo. We must make sure that all districts form their Health Commissions and that they all meet periodically to exchange experiences. Furthermore, working groups such as that for statutes, the one for first aid centres and hospitals and for the functioning of health centres should be set up for each specific struggle. A newspaper to inform all movements of the zone of our struggle and advance should also be created’ (Leaflet produced after the first meeting of the creation of the Health Movement of the Eastern Zone of São Paulo).

Instead, however, it was decided later that a coordinating commission should be formed. It was to be made up of two members of each region—comprising several districts each—who would meet periodically.

The aims of the movement have involved the promotion of the articulation of the health movement with other popular movements such as those for freedom, the autonomy of unions and direct elections for national president. Furthermore, in a document which appeared in March 1985 the movement
established explicitly its objectives. Among them is one which recommends participants to press for government assurance of the right to have comprehensive health care in the community and the participation of Health Council members in decisions at all levels affecting their own health centres. Another concerns participation in the elaboration of public budgets and expenditure at the municipal, State and Federal levels. Participation in the struggle of the health workers for better wages, the struggle against 'medicine for profit', the struggle against administrative centralisation and plans for the strengthening of the national pharmaceutical industry are also clearly recommended.

The participation of the leaders of the Jardim Nordeste Health Commission, all of whom are women and have been in the movement since it started, was—together with other women leaders in the zone—crucial in the organisation in August 1983 of the first and largest demonstration of the new movement to date, when 3,000 people from about 60 districts of the Eastern Zone of São Paulo gathered at the State Department of Health to demand better health care and hospitals. It was organised by them during four months and several sub-committees, such as one for the press, another for lost children and one for the movement's speakers, were set up (O Estado de São Paulo, 26 August 1983).

The Third Election of the Health Council

In August 1985, the third election of the Health Council of Jardim Nordeste (where 20 councillors—10 councillors and 10 proxy members—were elected) and the second of the districts participating in the Health Movement of the Eastern Zone of São Paulo took place. Once again the role of women was emphasised. Announcement of the election was made at the health centre on a day when the State government mounted an inoculation campaign in order that as many people as possible would get to know about it. Members of the Health Council also approached women to encourage them, as mothers, to become candidates. It is interesting to note that even though in some cases it was the father who took his children to be inoculated, women from the movement observed that women were the ones who in fact habitually used the health centre.

Mothers of young children are the ones who use the health centre more often and therefore should be the ones to take part in the Health Council in order to struggle for the improvement of health care in the centre (dialogue between one of the leaders from Jardim Nordeste and a member of the community, 1985).

CONCLUSION

I have tried to demonstrate in this article how the women of Jardim Nordeste have participated in the organisation of the Health Movement of the Eastern Zone of São Paulo in a number of ways.

Women not only initiated the idea to demand a health centre, but had to find financial support for their movement, to develop new channels of communication with community residents and to sensitize people to the need for improving health care in their neighbourhood. Women also had to adapt
to new requirements put to them by the development of the struggle itself. They soon realised that although petitions, demonstrations and convoys were important to put pressure on government officials, this strategy alone was not adequate to improve the work developed by the Health Commission; in particular they needed access to health centre premises to deliver leaflets and disseminate their work. They achieved this by setting up a Council legitimised by the authorities which represented a major innovation in popular participation at the time, building up links between the community, health centre employees and the State. The Council opened space for the community to gain control over a public service with the result that a far better relationship between staff and people of the district was achieved.

The examples of the Commission and the Council of Jardim Nordeste provided incentives for the population to form other Commissions to obtain improved street lighting, better transport and so on. These Commissions united to form the Movement for Better Living Conditions—which then became the Districts’ Federation. For several reasons, the other Commissions lost their momentum and the Health Commission alone carried on the struggle exclusively around health issues.

The health movement was able to keep going not only because of the determination of the women involved in it, but also because they sustained and diversified their demands in accordance with perceived community needs. As these demands developed, an important step was taken by uniting with other districts to increase their influence. The construction of a larger health centre in Jardim Nordeste itself and other health centres in the region testify to the success of their strategy.

Furthermore, women in Jardim Nordeste involved themselves in the 1982 elections, providing support for Dr Eduardo Jorge, a Worker’s Party’s candidate, who they saw as somebody they could trust in the State Parliament, where he eventually won a seat.

The women in Jardim Nordeste have participated in the Health Commission, in the Health Council, in the meetings of the Districts’ Federation and the meetings of the Health Movement of the Eastern Zone of São Paulo, they have also taken part in all the other activities related to fund raising and elections of Councils. Although not all women in the movement in Jardim Nordeste take part in all events, the most active do. The most dedicated happen to be those who started the movement in the area although everyone has tended to contribute as much as possible.

The participation of women in the health movement created and broadened participation practices and established a dialogue with the authorities in the form of a direct channel of communication. Undoubtedly other factors contributed to the development of the movement, such as the presence of the medical students, the role of the Church and also the political ‘Abertura’ process going on in the country at the time along with State policies to provide better health care for the population. However, above all, the success of the movement must be attributed to the dedication and determination of women—as seen in the ways their participation took place—to satisfy their demands for better health care and to get the State to recognise that intervention in this area and basic infrastructure should continue to
involve beneficiaries closely in the processes of design, organisation and evaluation.

NOTES

1. This paper was first given at the annual conference of the Society of Latin American Studies in April 1987. Since then it has been revised in the light of referees' and editors' suggestions. The author wishes to thank both for their detailed and constructive comments, as well as Ronaldo Ramírez for his perceptive criticisms on an earlier version of the article. Thanks must also go to the author's supervisor, Caroline Moser for her constant help.

2. Although the term 'sexual division of labour' is constantly found in gender-focused literature, it nonetheless has inaccurate biological implications. Sex, is a term with biological implications while gender has psychological and cultural ones. 'Common sense suggests that they are merely two ways of looking at the same division and that someone who belongs to, say, the female sex will automatically belong to the corresponding (feminine) gender. In reality this is not the case. To be a man or a woman,. . .is as much a function of dress, gesture, occupation, social network and personality as it is of possessing a particular set of genitals' (Oakley, 1972: 158). Feminine or masculine characteristics of one culture are not necessarily the same in another. '... important characteristics of women in one culture are often those of men in another' (Rogers, 1980: 13). Thus, a more appropriate term for sexual division of labour would be 'Division of labour along lines of gender' (Mackintosh, 1981).

3. The monthly minimum wage, which was formally established in 1940 in Brazil was defined as '... the minimum income owed to every adult worker, with no distinction of sex, for a normal day's work, able to satisfy at a certain point in time and in a certain region of the country the normal food, housing, clothing, hygiene and transport needs of that worker' (Saboia, 1985: 2). Thus, a minimum wage was established at different levels for different regions of the country and did not include expenses relating to education and leisure. In May 1984 however, the minimum wage was unified for the country as a whole (DIEESE, 1984).


6. All demands were forwarded to the State Department of Health. This may be understood as a consequence of the fact that the State always provided more health centres and infrastructure than the Municipal Department of Health and Hygiene. In fact, all the health centres in the region were provided by the State.

7. Quotations from Portuguese have been translated by the author, except for Cardoso, F. H. (1979).

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