

When the feminine becomes an issue for health services

Producing health and treating illnesses are different practices. The production of health is directly associated with how people enter the world and experience their daily lives. Inadequate processes of producing health often result in illness. Therefore, an adequate treatment requires understanding the disease as a simultaneously social, cultural, emotional, and pathophysiological complex event. Bodies that get sick have unique histories, affections, and affectations; illness is a unique event for those who experience it. Knowing some processes that hinder the production of health is essential for the implementation of preventive and therapeutic practices.

In the case of women, understanding these inadequacies implies recognizing the contradiction between the social importance of their reproductive-biological and cultural function and the subordination that collectively marks the female subject¹. Each woman builds her life and health trajectory at the intersection of different social markers of inequality-social condition, skin color/ethnicity, sexual orientation, age, and others, and the practices that sustain and reproduce gender inequalities, which include specific forms of violence and violations of their bodies and rights.

White, black, indigenous or mestizo, lesbian or heterosexual, cis or trans women, poor or not, educated or not, young or old, differ from each other beyond their characteristics. The meaning socially assigned to each of these characteristics or their sum defines their access to different opportunities and health².

In this context, the feminine becomes an issue, as this cannot be considered a defining characteristic of women. On the contrary, women reconstruct the feminine every day as something fluid and in constant transformation in their diversity.

Each woman demands health service from her place in the world, and the moment she is living. By seeking listening and dialogue, she breaks the asymmetric relationship between professionals and users; she urges professionals forged in a patriarchal and racist culture to rethink their prejudice and technical repertoires.

The expanded coverage of essential health services in the country has been an essential strategy for reconsidering the female issue in the Unified Health System. Access to services for a wide diversity of women and the geographic and cultural proximity between users and workers (where the Family Health Strategy is implemented) has offered creative solutions to some upcoming challenges³.

However, there is still a lot to be done. The practices that sustain gender inequalities are reproduced daily in different ways, marking the subjectivities of female users and professionals. Many forms of violence and violations of women's rights are naturalized and not perceived as such. Sexism, homophobia, and transphobia produce unnecessary suffering and hinder the realization of happiness projects of many people.

The papers gathered in this volume show different aspects of the female issue, which directly or indirectly impact women's health and the practice of health professionals and services, from the approach of proposals that aim to align medical technologies with humanized attitudes to the identification of social factors involved in specific illnesses, to the unveiling of subtle forms of violence against girls and women. We hope that reading them will encourage health professionals and researchers to reflect on and transform practices in a space populated by subjects in constant transformation.

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