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### **Gender, a useful category (to guide policies)?**

Gênero, uma categoria útil  
(para orientar políticas)?

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To discuss the ideas of Márcia Thereza Couto and Romeu Gomes with regard to public policies for male health is an honor and a pleasure. Apart from the topicality of the theme, the piece touches on points which deal both with contemporary social theory and with political reality. According to the authors, the persistence among men of higher illness and mortality rates through preventable causes, in contrast to their greater social power in relation to women, demands to be faced and understood through the use of the category of gender, both on an explanatory level and in guiding public health policies.

In seeking to reflect with Couto and Gomes on the gaps which open up when a concept is translated into concrete action and with socio-historical limitations, we took the article as a kind of call to action, which has produced in us further queries, in so far as the text affected us and led in an indirect way to more general questions.

1. A first query concerns the broad use, by public policies and studies in the field of health, of the concept of gender formulated by Joan W. Scott<sup>1</sup> in

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her article *Gender: a useful category of historical analysis*, of 1986, in which gender is defined as “a constituent element in social relationships based on the perceived differences between the sexes.” This broad use ignores the later work of the author who, in 2010, uneasy with the way in which her thesis had been appropriated, questioned it in the article: *Gender: still a useful category of historical analysis?* Her criticism refers to the use of gender as a reinvented synonym for woman, sex, sexual roles and to its use as a reply or label, rather than in a questioning mode. The domestication of the potentially critical nature of the concept is also found in the reification of the binary character of gender, despite the warning of Scott<sup>2</sup> that gender is not reducible to awareness of a supposed male or female. In the same way, the term “perceived differences” is frequently taken as a fact of human life, obscuring the fact that the radical nature of gender consists in showing that the standards by which beings are perceived are, equally, ways by which gender is produced. The difference therefore is not a fact on which perception is based, because such perception operates within discursive regimes which organize bodies into dimorphic binary concepts. It is therefore right that we should reflect on the freezing and petrification of the concept of gender and seek to break with a grammar which operates in a binary manner, reducing the diverse forms of production of differences and inequalities and their interpositions. However, would it be possible for public policies to follow another grammar? Would not the terms “men’s health” or “women’s health,” which give their names to policies, be indicating an assumed universality of subjects to anchor policies of a universalizing nature, without translating the complex power relationships which grow up among the various subjects on the basis of social class, race/ethnic identity, sexual orientation and corporal performance, as Couto and Gomes suggest, explicitly and in refusing, throughout the text, to use the terms “man” and “woman” in the singular? Although recognizing the need for stable, albeit provisory, concepts in order to be able to operate, would not public policies, in making use of a binary and hetero-normative grammar, themselves be ways of regulating and controlling the subjects towards whom they are directed?

2. The category of gender arose during discussions on women as historical subjects, in the search to question the universality attributed to men. Considered on the basis of social relationships based on the perceived differences between the sexes which commenced within power relationships, the interpretation of the relationship between sex

and gender presupposed the priority of sex, classifying it as a pre-discursive element, and it was not long before this approach led to criticisms by feminist authors. The recognition of the historical character of sex permitted the claim that sex is a discursive result and that gender constituted sex. Gender does not bear the same relationship to culture as sex does to nature, and it would be necessary to dispute any conceptions which suggested some sort of stability for gender. This theoretical perspective led Judith Butler<sup>3</sup> to define gender as performance, a set of corporal practices and habits which place the subject within a given relationship. The performative nature of gender is an effect of the discourse – sex consists in an effect of gender. The discursive rules of normative heterosexuality produce gender performances, and the actual sexualization of bodies derives from such performances. So that neither gender nor sex are permanent substances.

When Butler<sup>3,4</sup> redefined gender as performance and performativity, she questioned the production and reproduction of the normative and binary system of sex/gender, concluding that, just as sex and sexuality are not an expression of self or of an identity, but effects of a discourse with regard to sex, gender is also not an expression of sex. If femininity is not necessarily and naturally a cultural construction by a female body; if masculinity is not necessarily and naturally a cultural construction by a male body; if masculinity is not glued to men nor a privilege of those biologically defined as such, it is because sex does not limit gender, and gender may exceed the limits of female/male binarism. In abolishing the immediate link between men and masculinity, the question arises as to what is masculinity and what is a man, and the reason for the persistent link between the two terms. However, how are policies to be formulated without a presumption of masculinity and femininity defined by a grammar revolving around hetero-normative meanings? Is it possible to speak of “gender equality” without embracing the multiplicity of bodies and desires? And if it is in terms of hetero-normative grammar that “male domination” arose, is it possible to speak of “gender equality” within such a grammar?

3. In the case of policies for male health, the debate the argument with regard to genderized relationships seems unanswerable, given that such relationships are thought of as intimately related to questions of gender, “the explanatory matrix of the determining factors in the health-sickness process and healthcare for men.” Put another way, hegemonic masculinity, linked to homophobic and heterosexual ideas of virility which construct and

underpin identity and male domination, prove resistant to biomedical prescription, to the promotion of health and self-care. Now that “certain models of masculinity can involve commitments to male health,” it is necessary to have health strategies which take into account the genderized ways of acting and relating on the part of these individuals. Thus health policies have concentrated on showing the vulnerability of men, attempting to make them conscious of this vulnerability, so as to then medicalize it – thereby promoting standardization. The assumption that hegemonic masculinity, despite presenting itself as universal or neutral, could potentially be pathological, brings us to another line of questioning: is it possible to talk of “men’s health” without it representing a form of medicalization? To what extent does the use of a standardized and fossilized conception of gender act as a device for controlling male bodies? What is being left out with a policy which defines “men” on the basis of a naturalized and reductive conception of gender? If the forms of male domination which cause harm to men and women are linked to an ideal of virility, to heterosexuality and to homophobia, how is it possible to posit a public policy which challenges these values when this very policy is established on the basis of the same grammar of gender, the same hetero-normative assumptions which underpin hegemonic masculinity?

4. “What concerns me is when the definitions take gender as a familiar methodology, instead of a form of questioning,” said Scott<sup>1,2</sup>. But, **when gender is an open question, it is then a useful category**, she concludes, stressing, therefore, the questioning and the need for gender to be an opening. Only in this way can gender be useful and not a form of standardization. It is here perhaps that we find the key to taking the dialogue forward with regard to the problems and dilemmas dealt with in the text proposed for debate. To refine our understanding of the different forms of oppression and exclusion, so as to identify them even in proposals for health-care, if the concepts which guide them have been absorbed, instead of being “forms of questioning.” Here, perhaps, is an alternative, not in answer to the questions that the text raises, but in order to formulate new questions. Without being prescriptive, perhaps we can continue to question and identify problems, maintaining the opening proposed for gender – as seems to be indicated by Scott<sup>1,2</sup>, and by Couto and Gomes, whom we once more thank for the opportunity to join in the dialogue.

## References

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