Introduction

Several decades have passed since the conclusion of what the United Nations addressed as the "Decade for Woman" (1975-1985). In many regions of the world patriarchal relationships between men and women have been toned down, and hierarchies in gender roles have become less rigid. What did these changes mean for women in Latin America? Although Latin America today is not as it was 30 years ago, the remnants of a rigid patriarchal order still shape people's lives. A focus on women and health will serve as a prism to gain insights into some of the characteristics of Latin American gender systems and into the options and obligations assigned to women.

Latin American Life Experiences

Since Latin American women are hardly a homogenous group, understanding their diversity is a first step. Women's experiences in the Americas are shaped not only by class and gender, but also by ethnic identities and the differences between urban and rural lives. Diverse groups of people experience different challenges when attempting to live healthy lives: urban women of the middle sectors often find it easier to protect their health than women in isolated highland communities in the Andes, or rural women who cannot rely on the proximity of medical facilities. Cultural differences are important markers as well: indigenous communities are often disconnected from "modern" approaches to health care not only by geographical factors, but also by a cultural and ethnic divide. Gender, ethnicity or race, class, age, and geography are all among the factors that shape human options in coping with the multiple obstacles on the path to health in the modern world.

Few women in the region could attain roles of leadership like Eva Perón in Argentina or Rigoberta Menchú in Guatemala. Eva Perón's, Evita, made a transformation from a poor suburban illegitimate child into to the most famous First Lady in Argentine history. Evita's role in politics helped women gain the right to vote in Argentina—but by the time of her death in 1952, gender equality had not improved beyond suffrage. A Noble Prize winner and Quiché Indian peasant woman, Rigoberta Menchú became a ceaseless advocate for the human rights of the indigenous populations in the Americas. Her work showed that Indian women and men have suffered disproportionately in the civil wars and political tensions that were the legacies of Colonial rule on the region.

The different life experiences of Latin American women serve as constant reminders that everyday life in the region is still shaped by the systems of stratification that survived the formal end of Spanish colonialism in the 19th century. Interaction among Americans, Europeans, and Africans in the colonial worlds led to the creation of new racial identities, differentiated social classes, and to re-defined relations between men and women. The consolidation of colonial rule and the longevity of the system relied on the introduction of patriarchal family systems and on race- and gender-based mechanisms of establishing political hierarchies that last well into the 21st century. Due to ethnic prejudice, for example, indigenous women confront different challenges than women who claim Spanish descent. Concepts of health and disease in this historical context depend on specific notions about gender that are connected to the formation of nation-states in formerly colonial territory.

Defining Health: Old Concepts and New Meanings

In 1948, the World Health Organization (WHO) adopted a definition of "health" that has not been amended since: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1] The WHO broadened the traditional understanding of health, ready to acknowledge a more holistic understanding of wellbeing that went beyond mere physical evidence of illness. The definition opened the door to new options for preventing disease—yet, as a global designation it could hardly address the multitude of factors that define health on national, regional, and local levels.

National and international forums provided activists spaces where they could emphasize that optimal health throughout the life cycle needed to be connected to gender equality in the household and the "public" sphere where political decisions are made. All approaches to health, they confirmed, needed to be placed within the context of gender equality and human rights, including the sharing of family responsibilities, economic development and a peaceful political setting. In short, health depends on gender equality in social, political and economic relationships—and, in turn, women's empowerment and their ability to secure gender equality depend on their health as a basic prerequisite.

While global definitions of health have not accounted for much regional and local diversity, they have addressed a number of health issues particularly relevant to women. Reproductive health is one of these issues. At the Conference of Human Rights in Teheran in 1968, the focus on health as a basic human right was made explicit. The conference defined reproductive health as the "complete state of physical, mental and social well-being—not only the absence of disease—on all levels related to the reproductive system and its functioning and processes."[2]

At the 1974 World Population Conference in Bucharest, 136 countries approved a World Population Plan of Action (WPPA), stating that "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information and means to do so..."[3] Within these definitions, reproductive rights were explicitly recognized. However, while in theory reproductive rights are defined as the rights of women and men, the reproductive health and rights of women have been disproportionately limited due to a variety of cultural, political and socio-economic factors.

Health and Gender: Analytical Approaches

Considering gender as a category of historical analysis illuminates the differences between the health challenges women and men may confront in the course of their life cycles. The study of women's health concerns more than childbirth and reproductive health, and extends beyond biological differences between the sexes. Approaches that treated "Women's Health" as mainly an obstetrical term relied on an understanding of the female life-cycle that wrongly assumed the centrality of reproduction to women's lives. Fertility does mark women's lives, but the

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[1] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

[2] *Definition of Reproductive Health* (New York: World Health Organization, Office at the United Nations, 1994).

[3] Marsha Freeman, *Women's Rights and Reproduction: Capacity and Choice* (Minnesota: Humphrey Institute of Public Affairs, 1991), p.2

understanding of women's health should not be confined to it. Economic status, the nature of the national health system she relies on, as well as a woman's role in the family or community affect her health. Clearly, the relation between medical, social, cultural, political, and economic issues alike are critical to understanding the varied needs of women.

Historical documents on Latin American life in the 20th century are marked by an absence of women's voices—and a presence of the more powerful to speak for, or, on behalf of women. Our focus on Gender and Health adds an additional challenge to the search for women's voices in historical documents, as health, for many, is rather personal and not easily discussed in public. The voices that remain absent from public debates on health are often the voices of the least powerful, so one must consider the primary sources in that light.

First, legal debates concerning women's bodies are an important factor in understanding women's challenges. Laws and legal decrees passed by mostly male policy makers not only set the legal margins in women's lives, but also give insights into dominant gender roles. Second, testimonial accounts by women offer very private insights and provide invaluable information about less powerful communities. Third, texts written as fiction provide informative source material. We can learn to read between the lines of poetry and novels to discover women's views in spaces that are less censored and controlled than the official realm of politics.

From Historical Roots to Contemporary Challenges: Women's Lives

Contemporary experiences of Latin American women, testimonial accounts, and descriptions of women's activism illustrate the variety of challenges different groups of women have to confront. Their accounts reveal desperation, anger, poverty, and the inability to control their lives—but they also demonstrate creativity in addressing problems, courage in challenging oppressive and painful systems, and the desire to act and engage in activities that improve their lives. Rural isolation, urban poverty, and the widespread lack of access to political channels and power encourages admirable and surprising ways women find to resist. After all, it is important to keep in mind that the topics of gender and health are closely connected to contemporary real-life experiences, to women who experience the ups and downs of modernity. The study of the historical roots of gender- and health-systems offers learning experiences that can be moved beyond the realm of academics to guide future thought and action.