

HEALTH, MIGRATION AND THE CITY: AN EXAMINATION OF URBANIZATION, WOMEN AND HEALTH CARE IN BRAZIL AND CANADA

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1. Brief Introduction

For many years, women have been struggling and resisting their disadvantaged position in different parts of the world. In this context women have always been active and creative. Different discourses and practices have made women's conditions invisible. The processes of globalization and migration have been discussed without a gender analysis for so long that it makes the reconstruction of this history our challenge as researchers, scholars, activists, women, mothers and so on. In this paper, these issues will be analyzed through the interrelations of health, migration, cities and women's daily lives. The research is embedded in, and articulated through, life course changes such as migration and urbanization.

The fieldwork has been done in Brazil and Canada, based on an ethnographic study of a primary health care unit in northeast Brazil, of the community served by the unit and of the families we visited with the Community Health Workers; and in the Catholic Centre for Immigrants, which is a non-profit organization for immigration service for refugees in Canada.

This paper also aims to study the life course changes and policy implications in Brazil and Canada. This topic has been the link between ethnographic research in two different fieldwork contexts, but with similarities when thinking about women's health and the practices of everyday life. The idea of '*ladainha*', which we can translated to English as '*litany*' is the main linked idea merged through the fieldwork practices and social relations as the way to think about social configurations among health, women, migration and environment.

The everyday practices are constantly changing and being reinvented through the strategies and tactics to construct a web of care and survival circuits. The other important link with the fieldwork is the comparison between the ways in which care within the health facilities tries to take account of the life circumstances of the women and their families in

both countries. The research fieldwork in Brazil and Canada will be discussed in this paper as well as the contributions of the literature to thinking about women's health issues in the contexts of migration and urbanization.

2. The Notion of Litany and Everyday Practices

This essay aims to study women's everyday practices related to migration processes, health and environment through the notion of litany. The notion of litany appeared during the fieldwork in Brazil and Canada.

First it is important to explain this notion of litany, how it appeared and how it is important to think about everyday practices. The notion of litany serves in this research as a way to think about everyday life and the practices of resistance seen during the fieldwork process. The notion of litany that has been used in this paper is useful to us to think about women's everyday life.

Litany came from religious traditions where people pray together to achieve a grace or cure. It is about faith and about collective action. The litany is done with a group where one prays and the others respond all together, one example is the litany of Virgin Mary from the Catholic Church. Also, litany is presented in some other cultural rituals of dance and prayers, such as *capoeira* and healers. The *capoeira* combines dance, music, game and martial art. It is always done in a circle and in a group, where every two "capoeiristas" (people who plays *capoeira*) start the ritual of this mix of performances that involves martial arts techniques, strength, and swing. The music and the instruments are played from some participants; the group and everyone else accompany the rhythm with claps while the two dancers are playing. *Capoeira* is a very strong cultural activity in the Northeast of Brazil.

The interesting thing about this idea of litany is that it is the same but different. It is based on repetition, but not necessarily always in the same way. It is reinvented every time, related to the goals and necessities of the group. That is why the idea of litany emerged to think about the practices of the research and to think about the practices of everyday life that composes our rhythm and our activities.

The first intuition about this notion of litany appeared during fieldwork research, visiting families with the Community Health Workers in the Northeast of Brazil. During this research processes many contacts with women's were made inside of the Health Unit and in the families' homes. After a long period of research fieldwork, some ideas began to

emerge related to these women's everyday practices, especially with those who were mothers. During the visits, we could see more women at home, taking care of the services needed in the home and with the kids, but after talking a little bit more and getting more involved, we entered into another women's world that cannot be easily seen, and this is their litany of life. The women's everyday life is far from being just within domestic activities. Through women's daily lives, it is possible to map a web, which constitutes the social relations composing, in this way, the "*Quotidian*".

As we study these everyday practices, little by little it will show its own way of happening. The strategies and tactics (CERTEAU, 1984) of these women to reinvent their lives every day is far from being the same, passive, and victimized. During this research experience, the idea of 'vulnerability' and 'victimization' of women has changed significantly because of this understanding. Instead of reproducing a discourse saying that those women are extremely dependent socially and economically, the fieldwork experience showed that these women are strong and resistant, capable to creating and reinventing their lives every day, both strategically and cleverly.

Throughout our visits, we saw women dealing with different kind of issues. One day a woman said: "this life is a litany... I have to do so many things that I do not know how I get my things done". This statement will be taken as the main inspiration for the ideas in this paper. The life situations of poverty and low paid work allow these women to reinvent their lives everyday in different ways because it is difficult to make long term plans when dealing with poverty and with the imponderables of life.

The fieldwork was not only based on home visits, but also included walking around the neighborhood, having lunch in familiar restaurants, participating in some religious ceremonies, or having conversations while walking down the streets. These characteristics of the fieldwork gave us a perspective about the function of everyday life and the web of social relations that build the connections in the *quotidian*.

In Canada, the research was developed in the Catholic Centre for Immigrants in Ottawa. This included participation in medical interviews and visits to the Wellness Center, attending meetings of the Ottawa Local Immigrant Partnership (OLIP) as well as participating in cultural and sports activities. These contacts gave opportunity to experience some the processes of the refugee police and interventions.

The connections with women's everyday life were present in both experiences, which make this the object of this study. Research fieldwork was constituted by the two experiences in different places that help to think about life changes and practices as being

possible to create in any kind of place. This means that the practices of women in Areia Branca, Brazil and the practices of women refugees in Ottawa, Canada have been connected in a certain way through everyday practices. Women's everyday life could be reflected upon and studied in any kind of place, time and epoch. Nowadays women have been changing their life trajectories as well as increasing their resistance against violence and economic dependence.

The stay-at-home space in Paris in the nineteenth century, studied by Perrot (2006, p.213), developed practices that constitute "a major and majority character." Majority because it was the condition of the greatest number of women living with husbands, and major because "the housewife in fact has many powers because of the different nature of men." The accepted way of life requires the woman to be "at home", which does not mean, according to Perrot, being necessarily 'within the home. "

In this case, there was a strong working class resistance to the external work of married women. According to the same author, the housewife was invested with all kinds of functions, which were not always socially recognized. First is its condition of giving birth and raising children, following them everywhere; The second function would be the maintenance of the family, domestic work, which includes food, heating, conservation of the house and clothes, etc; and the third function would be to bring monetary resources into the family.

However, we are not trying to product a generalizable way of thinking of women's everyday practice nor trying to radically criticize it. In this perspective, we are thinking about a different type of consumer (as a producer, De Certeau, 1984) and user of these spaces and of life circumstances. Our consumer is one who makes use of her "disadvantaged" situations. This notion of consumers contradicts the idea of a passive consumer, who is easily manipulated by the advertisements and sales.

The purpose of this work is to make explicit the systems of operational combination (*les combinaisons d'opérations*) which also compose a "culture", and to bring to light the models of action characteristic of users whose status as the dominated element in society (a status that does not mean that they are either passive or docile) is concealed by the euphemistic term "consumers". Everyday life invents itself by *poaching* in countless ways on the property of others. (De CERTEAU, 1984, p. xi)

The consumer analyzed by Michel De Certeau (1984) brings another notion of consumer; a consumer who is astute and who make use of tactics to manipulate the power and the "other" to its own privilege. They subvert them (order, laws, practices and representations that were imposed on them by force or by fascination) from within. "...By many ways of using them in the service of rules, customs or convictions foreign to the

colonization they could not escape. They metaphorized the dominant order: they made it function in another register ... they diverted it without leaving it” (CERTEAU, 1984, p. 32)

This consumer is astute and creative by resisting the ‘vulnerability’ that is imposed on them; they reinvent other ways to ‘keep going’. For most of the time this attitude is invisible and there are therefore no resonances to greater changes in their lives, but it is an alternative. With this, the idea of passivity is de-mystified. People reinvent their lives everyday and not necessarily in the same way. We learn how to deal with the imponderables of life but the only difference is that we never really take account of them. It is interesting to think, for example, of comparing that with the situation of starting a traditional scientific research. The first procedure would be to clean up all the imponderability, the errors, the ordinary, and develop practices to measure and control the social process as if it were possible to do this.

In the “Storyteller”, Walter Benjamin (1994) makes an interesting point about the relations between experience and writing. The narrative changes the focus and silences what has been experienced. For example, Benjamin poses a complex question: “What was not noticed at the end of the war [First World War] was that men returned from the battlefield silent – not richer, but poorer in communicable experience?” The author explains that after all, the books about war were about everything but not the experience that goes mouth to mouth. In his words, “For never had experience been contradicted more thoroughly than strategic experience by tactical warfare, economic experience by inflation, bodily experience by mechanical warfare, moral experience by those in power.” (BENJAMIN 1994, p.197)

The reason for introducing Benjamin as relevant to our argument is that helps us to think about research processes; what we have been producing as ‘true’ and how the scientific approaches have been used. In other words, it allows us to try to bring experience back to its rightful place, as composing the narrative and not as a thing that has to be silenced.

In this way, we will emphasize the practices. Although it is not necessarily an easy way to drive our analysis, the practices of everyday life are the basis of our analysis. Thinking of women as practitioners of their own life, their own place and their own city turns the conceptual movement in a different direction –away from seeing women as consumers as in the often portrayed vulnerable and incapable stereotyping of women as those who suffer discrimination and poverty.

3. Methodological Perspectives

This research is considered to be qualitative in the universe of the social sciences. For Richardson, qualitative research is justified as a more appropriate way to understand social phenomena. The same author points out that the nature or level of insights determines the choice of method (RICHARDSON 1999, p.79). In this perspective, the object of study is constructed in a relationship with the fieldwork and with the experiences gained through the research processes which were themselves guided by the initial intentions and the problems encountered. .

The method of research could vary depending on the relations and involvement during the process. Using different techniques as interviews, documental analysis and meetings, the researcher needs to develop a kind of relationship mature enough to see what is happening in the research as it relates to the objective and intents. At the same time, it is important to be open and be able to develop a 'panoramic view' to visualize the social, economic, historical and cultural contexts in which the object of research has been constructed.

Ethnographic perspectives have inspired this research. Nandine Gunewardena and Ann Kingsolver (2007 p. 15) emphasize that "the proliferation of the ethnographic method into others disciplinary domains speaks to its powerful capacity to capture the complex dynamics of social relations". As we are taking account of the everyday practices as an instrument of analysis to think about social relations among health, environment and city, the ethnographic perspective makes the links to these topics possible. Each methodological procedure requires a certain level of rigor. In the ethnographic perspective however, this rigor deals with the unpredictable, which is present in most kinds of research. Also, this perspective contributes to the dialogue among different types of procedures and methodological approaches such as interviews, group meetings, observation and participation in the social relations.

4. Some stories, same litany

For this paper we are taking two particularly interesting stories of women, one in Brazil and other in Canada to show how this notion of litany can be important to describe these women's context. The stories will help us to think about the relations of health, migration and city with everyday life.

The stories of Ana and Martha are briefly mentioned here to emphasize the minutiae in the everyday practices that could seem unimportant. However these practices are intricate components of the social web of care, specifically here women's care circuit, which includes motherhood.

Ana lives in northeast of Brazil, in a small town close to the capital of Sergipe. She is a mother of a three-year-old daughter and, in addition, she was seven months pregnant. Ana used to work for a family as a domestic employee, in the Capital. She had to travel almost an hour every day by bus to arrive at her job. She stated that now she had no job because of the pregnancy. The family dismissed her from the job position when they knew that she was pregnant. Ana said that now it is going to be difficult to find any other job, "nobody wants to have a pregnant women to work for them...." Ana is married and her husband works as a doorman in a house condominium. She goes frequently to the Health Unit (as primary health care in Brazil) to have medical support as part of the pre-natal process. With less income Ana is concerned about bills to pay and about what she could do to help with the family expenses.

Martha lives in Canada, had arrived from the Congo in Africa. She is in Canada for less than a year as a refugee with her four children and her niece. Martha lost contact with her sister and has no information about her. Martha was living in Rwanda for five years. Her house in the Congo was broken into and her husband murdered. She suffered many kinds of war violence, including rape, and had to escape with her kids. She feels relief, despite all the new challenges ahead they now feel safer than before. With these new life changes in a different country and culture they are going through 'an adaptation process', finding a place to live, work, go to school and learn English.

This is a very short version of the stories but enough to give us the tools to re-think women's trajectories and life course changes. What do the women in the Northeast of Brazil have to do with the refugee women in Canada? What are the connections between these apparently different stories and contexts? Why introduce ordinary life to think about health, city and migration processes?

These stories have been repeated in many ways through the construction of history. Michelle Perrot writes in "*La Femme Populaire Rebelle*" about the construction of history and the silenced actions of women. Women have been making and transforming history, however the great challenge is still to make it visible, "what matters to rediscover are the women in action, innovating their practices, women endowed with life, ... creating themselves in the movement of history". (PERROT, 2010, p. 187). Perrot defends an

interesting version of the construction of history relating to a panoramic view of the 'history of women', not in a general way, but rather by emphasizing the array of components involved in social relations.

In this perspective Mary Del Priori (2009) in the "*Histórias das Mulheres no Brasil*" states, "...History of women is not only theirs, is also the family, the child, work, the media, literature. It is the history of your body, your sexuality, the practiced and suffered violence, their insanity, their loves, their feelings" (PRIORI, 2009, p.07). Here, we are proposing to think of women's everyday practices in a perspective of history that counts on the participation of women as *practitioners* in a social context even though it is sometimes in a silenced way.

Holly Wardlow (2006), in "*Wayward Women: sexuality and Agency in the New Guinea society*" brings in the notion of *agency* to explain the practices of Huli Women in their social and cultural context. She makes an interesting link between agency and gender. Even though we are not emphasizing the notion of gender in this paper, Wardlow calls attention to this statement, which is important and can be related to the notion of practice and litany,

Moreover, gender itself has come to be seen as a kind of agency or practice – the act of doing or performing maleness or femaleness. Since gender is a kind of doing – an action, not an essence; a process, not a category – then there is always at least the possibility that one could "do" or "perform" otherwise, again making gender seem provisional and unstable – not fixed enough to engender its own habitual modes of action (WARDLOW 2006, p.10)

Rather than see women as dependent, totally vulnerable, victims and passive, these authors contribute to underlining our thesis in this paper, which is to think about women and their trajectories in a different way, bringing their resistance and intelligence to the focus. These women's experiences of life show their ability to survive and astutely search for a better life, not only in the economic and social spheres but also including their passions and desires.

In the context of the stories of Ana and Martha how possible is it to be a 'good mother', to take care of others, look after their health, find a place to live and work, and still be passionate about something? That is why the notion of *litany* contributes to thinking about everyday practices. Without passion, fearful women would be giving up their lives much easier and becoming erased from history. Women are still fighting against so many injuries, violence and discrimination for such a long time and as the stories and experiences of life show, they are far from giving up dealing with those constraints.

With this concept of everyday life related to the notion of litany to explain women's conditions we will discuss health and its relation to environment and migration processes. The environmental degradation caused by the disorganized urbanization processes and the migration process related to the movement of searching for another place to live instead of staying in undesirable conditions have a special relationship to health care. In this case, women are expected to demonstrate a different type of care, which is "to be a mother".

Historically and culturally mothers participate in the "web of care" in the family, the neighborhood and the health system. In each of them, it is expected that women will play an important role. In most families women take care of health, practicing different kinds of care such as healing, preparing food, preparing treatments, going to doctor's office and so on.

Health practices go beyond the action of visiting a doctor's office and taking medicine, it is also about care, reciprocity, tenderness, and traditional and cultural knowledge. Parin Dossa and Isabel Dyck (2011), in their article about "*Place, Health and Home*", study gender and migration in constituting a health space and in exploring how these women's everyday health promoting and healing activities are involved in the production of a 'health space' in a large, culturally diverse city. They explore the "tension between the political economy framing of the materialities of the women's lives and their everyday carving out of room for agency as they attempt to create health homes in diaspora space". (DOSSA; DYCK, 2011, p. 240) Their work on migration and the production of a health space deals with a health concept that goes beyond the state of 'being sick' – "women commonly share knowledge of remedies with friends and acquaintances, and knowledge of traditional healing approaches is widespread in the community". The perspective taken by these writings about migration to Canada and the practices of a healthy life, allows the authors to articulate an interesting way to think about health,

It is within the various constitutive spaces of home, the material, social, and symbolic qualities of which span their adopted country and home of origin, that women interpret health and its management. To be healthy involves not only the physical body but also the ability to participate in Canadian society as an "appropriate" cultural body. For both groups access to social and material resources, including housing, work, and social networks frames the specificity of their health practices (DOSSA; DYCK, 2011, p. 253)

This concept of health could be extended, particularly nowadays with the construction of urbanized cities and increased private spaces, to present the practices of health as strategies to deal with what can make us 'sick'; feeling unhappy, lost in a

'globalized world' and more isolated than before the 'connectivity' promoted in this century. This would entail taking care of health changes over time related to the life styles, place, social and economic conditions, culture and traditional believes.

When the concepts of health are related to the urbanization and migration processes we need to consider the immense social configurations that are embedded in these concepts. The urbanization and migration process will differently affect women in Areia Branca in the Northeast of Brazil, who are living in a transitional space of disorganized and unequal urbanized space, changing activities in terms of fishing, work, house and neighborhood style from women in Canada who are experiencing another kind of migration process, involving borders and boundaries which separate culture and countries.

5. Conclusion and perspectives

While women in Areia Branca are struggling with migration processes involving moving to other houses and neighborhoods, changing their work routine, being in a migration process without crossing into any other country, the women in Ottawa who are arriving from other countries and searching for a better life, are struggling with other kinds of migration processes and breaking other kinds of boundaries. What could these two different contexts have in common? How can these women in Ottawa have something in common with women in Areia Branca? In our analysis of everyday practices to think about health care, women's conditions have the potential to better visualize the connections and importance of the determinants of health and to better problematized health care practices in different kinds of social contexts. In other words, health care is directly related to everyday life independent of the specific place, and the economic and cultural contexts. This would contribute to the variations of health care and always be related to *practices of care*.

Every place, culture, family tradition and religion, create, historically, ways to deal with sickness and uncomfortable feelings, which are related to the social, environmental, economic and cultural conditions. There is also 'medical health', which is supported and proved by scientific research. Among these health care situations, the scientific approaches have the 'legitimacy' and power to control the bodies, enemies and to prevent some kinds of disease. Health has been considered, as we could say, the 'new gold' of our times. Health care is a coveted economic investment and considered a very important part

in political policy issues. This is a very important dimension in the research and will be explored in greater detail in future analyses. How does the health care system, in Brazil and Canada, take account of the everyday life circumstances? What are the points of friction between a model of health care and the diversity and imponderables of everyday life? For now, the objective of this paper is to introduce the subject and promote dialogue with other kinds of perspectives.

This perspective gives us possibility to think that Canada, for example, has been built up by strong people instead of weak and vulnerable people. Women pass through a victimization process but the migration and their 'litany' shows already the strategies and tactics to change this trajectory and build a better life. The fact that a woman with four children can migrate and became a refugee in Canada or that the women in Areia Branca can deal with urbanization and environmental degradation processes shows the importance of everyday life analysis.

The notion of *litany* gives the possibility to expand this topic to think about the intricate micropolitics present in everyday practices, which are important to social transformations and give potentiality to the actions of the 'ordinary' life. In this case, to think about health, city and migration process through women's everyday life in these social, cultural and transitional contexts give us tools to make visible and loud the powers of women.

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