University of New Mexico UNM Digital Repository

English

Latin American Social Medicine

4-15-2008

Cultural, Social and Political Dilemmas in Social Movement Participation in Health Councils

F.L. Guizardi

Follow this and additional works at: https://digitalrepository.unm.edu/lasm_cucs_en

Recommended Citation

Guizardi, F.L.. "Cultural, Social and Political Dilemmas in Social Movement Participation in Health Councils." (2008). https://digitalrepository.unm.edu/lasm_cucs_en/35

This Article is brought to you for free and open access by the Latin American Social Medicine at UNM Digital Repository. It has been accepted for inclusion in English by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.

Documento CUCS # 12A

Guizard2006

Guizardi FL. Dilemas culturais, sociais e politicos da participação dos monimentos sociais nos Conselhos de Saúde. [Cultural, Social and Political Dilemmas in Social Movement Participation in Health Councils]. (Rio de Janeiro, Brazil) *Ciência & Saúde Colectiva* 2006; 11(3):797-805. **Objectives**: The goal of this study is to analyze the practices of political participation and popular movements of Health Councils and their relationship with the federal executive branch.

Methodology: The experience of the Pastoral Health Archdiocese in the municipalities of Vitória and Villa Velha in Espírito Santo state, Brazil, constituted this case study. The methodology was qualitative and the principal methods for gathering data included participant observation, semistructured interviews conducted with key informants, and focus group interviews held with pastoral agents.

Results: The author emphasized that the uses and effects of technical-scientific arguments involve silencing the popular experience and discrediting their representatives. This process creates an asymmetrical power relationship, in which the forums of political discussion are inaccessible. The Councils are bureaucratically limited to an information-giving function, and it is unlikely that they could participate in determining public policy. The institutional setting conditions participation and reinforces the probability that the decisions remain in the hands of the administrative sectors.

Conclusions: This study made evident the need for critical discussion of institutional representation. At the same time, it identified the potential of these forums for democratizing health care.