

# The path taken by social sciences within health in Latin America: review of scientific production

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## ABSTRACT

An analysis was made of the path taken by social sciences within health in Latin America, on the basis of scientific production achieved, especially in Brazil. The work is divided into the following sections: introduction; notes on the origins of the field; scientific reviews; the 1990s and studies on scientific production; previous review articles; and final comments. This study recounts the historical path taken by scientific production, using extensive documentation: bibliographic surveys, bibliographic studies and review articles. The topics surveyed within this field and some data on the professionals who work in these activities are highlighted. In the conclusions, emphasis is given to the great vitality of the field, which in just a few decades has attained importance within the scientific scene.

**KEYWORDS:** Publications, history. Social sciences, history. Review literature. Public health. Social medicine.

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## INTRODUCTION

The social sciences within health originated little more than five decades ago, yet they have developed in distinctly different ways, with regard to the conditions that allowed them to emerge and develop in European countries, the United States, Canada and Latin America. Their origins have determined the different topics covered and also their alignment with a wide diversity of theoretical-conceptual reference points. The objective of the present study was to describe some features that are pertinent to scientific production within this field in Latin America, particularly Brazilian production.

## ORIGIN OF THE SOCIAL SCIENCES WITHIN HEALTH

In analyzing the origins of the social sciences within health internationally, authors have been unanimous in affirming that this field began to take shape following the end of the Second World War.

Although important antecedents exist, the concerns regarding the social sphere were expressed in the light of the problems faced by European countries and the United States during the economic, political and social reconstruction. This time, which was crucial in delineating the social sciences, was analyzed in a precise manner by the Gulbenkian Commission for the Restructuring of the Social Sciences (1996).<sup>35</sup> Three developments that profoundly affected the structure of the social sciences after 1945 were highlighted: changes in the world's political and economic structure with the strengthening of the United States and its relations with the Soviet Union; expansion of production and population (from 1945 to 1970); and expansion of the university system.

Within this panorama, health emerged as a prominent sociological topic when significant funds were allocated to sociomedical research. With regard to the United States, some events deserve highlighting: in 1951, Parsons published his work on medical practice; in 1954, the first doctoral-level course was created, at Yale; and in 1960, medical sociology was accepted as one of the sections of the American Sociological Association. From that time onwards, the social sciences took on an important role, as shown by the increasing numbers of new courses opening and journals, books and articles being published. A space formed by a web of relationships between institutions and researchers was thus set up, which has extended until today (Nunes,<sup>28</sup> 1999).

In European countries and in the United States, the role of social sciences was crucial in delineating a

field of investigations that included the development of health-related topics, while in Latin American countries, health was brought into the social sciences later on.

The social sciences, and particularly sociology, gained currency in Latin America between the 1930s and 1950s, a time when foretokens of a concern regarding health were seen, although this developed separately. In Brazil, the creation of the *Escola de Sociologia e Política* (School of Sociology and Politics) in 1933, and the *Faculdade de Filosofia, Ciências e Letras* (School of Philosophy, Sciences and Literature) of *Universidade de São Paulo*, in 1934, were mileposts in the development of social thinking and research, albeit without taking on the question of health as a topic for a long time. Thus, delineation of the scientific production within the social sciences allows distinct periods to be identified.

For Latin America the divisions adopted are: from 1880 to 1930, characterized by bacteriological and parasitological research connected with the problems of agricultural export production; from 1930 to 1950, when basic and clinical research linked to hospital development was conducted, in parallel with a large boost to the process of industrialization; from 1960 to 1970, when a renaissance in tropical medicine related to agricultural and livestock production was seen, along with the beginning of studies on health services addressing the need to rationalize and reduce the expenditure in this sector by Brazilian states (García,<sup>17</sup> 1981). It was only in the 1970s that a more systematic development of social studies within health could be observed.

There were precursors, such as Nogueira,<sup>27</sup> the author of the first sociological study on disease, in this case tuberculosis, which was published in 1950. Some anthropologists, such as Charles Wagley (1913-1991) and Kalervo Oberg (1901-1973), arrived in Brazil at the end of the 1930s and became associated with projects in the field of health in the 1950s. Wagley came to this country by invitation from the National Museum and, in 1939, took charge of the Sanitary Education Division of the *Serviço Especial de Saúde Pública* (SESP - Special Public Health Service).

In 1933, Castro\* conducted a survey on the living conditions of the working classes in Recife, which was the first study in this topic in Brazil. However, as has occurred with the classical studies within sociology, the classical Brazilian studies did not adopt medicine and health as specific research topics.

In the 1960s, Freyre<sup>15</sup> (1967) dealt with the sociology

\*Castro, J. Condições de Vida das Classes Operárias do Recife, Departamento de Saúde Pública, Recife, 1935. (research report)

of medicine, and biocultural discussions were common in his work, as evaluated by Bertolli Filho (2003).<sup>4</sup>

Thus, starting with scattered contributions that appeared over the course of the 1950s and 1960s, the social sciences encountered propitious ground for more systematic development that followed pedagogical trends, and also through the research activities of the first social scientists and their first publications in this field. During this period, in Central American countries, projects related to nutrition were incorporating anthropologists and sociologists.

The situation was totally different in the United States, which at the end of the 1960s had more than a thousand investigation projects underway and more than two thousand researchers in the fields of the economics and sociology of health. In parallel, in Latin America, the reorganization of economic and social policies in the 1960s gave rise to the utilization of social sciences as an analytical tool in formulating development plans.

## REVIEWS OF THE SCIENTIFIC PRODUCTION

In Latin America, the first analyses of the scientific production within the social sciences date from the end of the 1960s, when the first survey of such production was made.

Badgley & Schulte<sup>2</sup> (1966) identified concerns about questions of social science teaching and educational development in 41 publications; research on socialization and family organization in 33 references; the term “social epidemiology” in 33 studies; 24 demographic studies; and around 22 studies on community and social change. These authors drew attention to the fact that the studies identified were limited to investigations of the relevance or application of concepts and techniques from behavioral sciences, to studies on health and disease and on medical teaching.

Thus, over the course of the 1960s, with regard to health, the Pan-American Health Organization (PAHO) and some foundations in the United States turned towards analyses of the economic presuppositions that could interfere in the adoption of public health measures and in the formulation of methodologies for health planning. It was from this time that the single-cause theory was perceived to be incapable of explaining the complex relationships between the population's living conditions and its diseases, and multiple-cause explanations started to be sought. Approaches from social psychology were also brought in during this period, especially in relation to the problems of training and educating human resources.

During the second half of the 1970s, studies advanced in their understanding of the health-disease process, through the utilization of a reference point that went beyond the multiple-cause explanation: the social causes of diseases.

In the other hand, studies sought to understand medical education as a process related to broader social processes, for example in the study by García<sup>16</sup> on medical education at the end of the 1960s, which was published in 1972 within a Marxist approach.

The 1970s was also marked by studies on important topics such as the organization of health practices and the health-disease process, taking social science approaches as their basis. Some authors like Mercer (1986)<sup>24</sup> pointed out a characteristic common to doctors and social scientists: the need to report, understand and contribute towards solving the medical-social problems.

According to Mercer<sup>24</sup> (1986, p. 24): “Overwhelming social causes made distortion and concealment useless and placed any analysis within a dimension in which individual or group behavior would be insufficient as an observational and explanatory criterion”. To establish such a criterion, criticism of functionalist paradigms and the natural history model of disease that were considered to be hegemonic in investigations in the social-medical field were constructed.

This was the era of the student protest movements and the university reforms. This criticism also sought to gain an understanding of the growing inadequacy of medical care and comprehend the social and economic conditions that constituted this state of need and inequality in health.

In 1972, a meeting sponsored by PAHO with participation by a small group of social scientists and doctors, which was held in Cuenca (Ecuador), brought the need for an alternative model for social medicine into the debate. A model that would take into consideration an analysis of the change and allow research on the real situation in terms of its internal contradictions and structural levels and their interrelations was sought. The proposal to study the social organization of health practices and the health-disease process as historical processes was the great feature of the first postgraduate courses. Even today, the production from this research, which was conducted within carefully constructed theoretical propositions, forms a strong reference point for the social sciences within health. As pointed out by Carvalho<sup>12</sup> (1997, p. 60): “It was finally in the 1970s that the social variables and macrostructural approaches took over in the

analyses on the health-disease process, thereby requiring reconfiguration of the technical-scientific agenda for health professionals”.

Thus, the process of institutionalizing the social sciences within health was interlinked with the institutionalization process within the field of public health via postgraduate courses and projects. This took place with support from the *Financiadora de Estudos e Projetos* (FINEP - Funding Agency for Studies and Projects), especially in the 1980s.

Between 1986 and 1987, 136 investigative projects relating to social sciences within health were funded by FINEP and by the *Conselho Nacional de Pesquisas Científicas e Tecnológicas*, (CNPq - National Council for Scientific and Technological Research), within the public health program that was created in 1982 (Teixeira,<sup>33</sup> 1988). In an analysis of these projects, Viacava et al<sup>34</sup> (1992) identified that 74% of the projects (1987-1988) were in federal and state universities located in Southeastern Brazil and that 61% of the researchers had training in public health, while 17% had graduated in human sciences. This was because at the end of the 1980s there was a drastic reduction in the resources destined for investigations (Guimarães,<sup>20</sup> 1993).

Badgley et al<sup>3</sup> (1980) presented 1,671 references from the period 1950-1979, which were subsequently complemented with a further 1,086 publications up to 1985 by Nunes<sup>29</sup> (1985). In these reviews, the data were grouped into four categories and various subcategories, with the aim of verifying the movement in topics in this field. Thus, over this 35-year period, the category of traditional medicine, an important field in Latin America, represented around 18.4% of all the production. It had a marked presence in the 1950s and 1960s, while diminishing in the subsequent decades. The category of health services represented 36.3% of the references, the health-disease process 32.2% and human resources training 13%. Starting in the 1970s, analyses of health practices showed that the structural markers were coming closer together, thereby seeking to go beyond their internal determinations, i.e. their historical structural bases. This perspective was instrumental in accomplishing studies on preventive medicine, community medicine, health policies, relations with the State and health service organization. An emphasis on the work market and health professions emerged after 1980, as did the start of concerns regarding social security and the pharmaceutical industry. It can be highlighted that, in relation to the health-disease process, original work from a theoretical-methodological point of view was produced, thereby marking the beginning of postgraduate courses in Mexico and Brazil. None-

theless, studies continued to be produced with a more conventional formulation regarding the relationship between morbid processes and social and economic variables, taken alone.

According to Donnangelo<sup>14</sup> (1983; p. 31), from the second half of the 1970s, the social sphere no longer appeared in the scientific production relating to public health in Brazil in the form of a variable added to the list of factors causing diseases. Instead, it appeared as a structured field within which the disease acquired a specific social significance. Furthermore, the importance of work categories was highlighted in the 1980s, through the study of certain professional categories, women's work, work procedures, tiredness among workers and work accidents. In the category of human resources, emphasis was given to analyses of study plans, medical training and medical students.

During the First Brazilian Meeting for Social Sciences within Health, in 1993, a workshop was held on the topic “The contribution of social scientists towards constructing the field of health”. Out of the group of 15 participants, 12 presented studies directed towards “thinking out the field”, including questions of a conceptual nature (Nunes,<sup>30</sup> 1995, p. 36). This was reflective analysis of epistemic nature that showed the wide-ranging possibilities for sociological analysis: the contribution of social sciences towards evaluating the risks in chemicals; social movements and health; health professions; gender studies; and health policies and health systems. These studies furnished a view of how the field had been taking shape over the years along theoretical trends that enriched the field such that it became positioned at the same level as other fields of interest relating to sociology, anthropology and political science. A debate arose in the light of the crisis in the models providing all-embracing explanations, and this led to the need to study detailed social characteristics, subjectivity and the construction of collective identities, through the utilization of concepts that allowed mediation between structure and social action. The restrictive nature of analyses on the relationships between the State and health policies that were based on structural-functionalist perspectives of Marxist nature was also confirmed. The discussions turned towards the need to link the macro and micro dimensions, together with restoring the collective players. On the other hand, symbolic aspects of diseases started to be studied through narratives relating to the sick individuals. Professional pathways added studies of the health professions to the field, especially regarding doctors, thus completing the historical-social matters investigated previously, in a trend of qualitative research (Nunes,<sup>30</sup> 1995).

## THE 1990s AND STUDIES ON SCIENTIFIC PRODUCTION

It was only at the end of the 1990s that another study (Canesqui,<sup>11</sup> 1998) was published on the scientific production relating to the social sciences within health. This study was based on the topics and disciplines of interest of 158 professionals and gave a total of 196 items. The topics highlighted were: health policies and institutions (29.0%); health and society (11.5%); human resources (8.0%); planning, management and assessment of health services (6.6%); social movements and health (5.6%); education and communication in health (4.0%); reproductive health, sexuality and gender (4.0%); theory and methodology of research (3.7%); therapeutic systems or alternative cures (3.7%); and violence and health (3.0%).

As in previous decades, it was seen that the social sciences were structured in close relationship with the principal socioeconomic problems and health policies. Canesqui<sup>11</sup> (p. 141) showed that, at that time, there was “a tendency towards specialization in the sphere of social sciences within health, either around specific objectives or through attempts to demarcate fields of disciplines that were, in turn formed by specific topics carrying distinct epistemological and methodological perspectives and distinct traditions”. With regard to the disciplines of interest, 5.0% of the respondents indicated the history of diseases and public health; 4.5% sociology of health or disease; and 3.7% medical or health anthropology.

The 1990s was a period of consolidation in the research relating to social sciences, including new topics and an increasing move towards research outside of the field of research conducted within the sphere of postgraduate courses in public health/collective health. Gomes & Goldenberg<sup>19</sup> (2003), in a review on the meetings and congresses relating to the social sciences within health that were held in 1993, 1995 and 1999, indicated that the topics and focuses were divided into three areas:

1. anthropology, in which the continuation of topics linked to traditional practices was highlighted, and specifically, the rationales embedded in these practices and in relation to official medicine. The traditional practices that were designated the “traditional systems” started to be referred to as “alternative practices” (p. 260);
2. within the scope of sociology, topics relating to decentralization, counseling, participation, good citizenship and social movements that covered the period from 1993 to 1999 were highlighted, including the family health programs;
3. with regard to epidemiology, more than one-third

of the studies presented related to the health-disease topic with different approaches, highlighting the question of the risk permeating the fields of social science and epidemiology, at varying levels of complexity according to the field considered.

Another important point in analyzing the scientific production relating to the social sciences emerged when the focus went from the courses in the field of health to the field of social and human sciences related to health. Among the few studies on this production, the one by Marsiglia et al<sup>23</sup> (2003) can be highlighted, which presented a survey of the material available in the libraries of the *Universidade de São Paulo* (USP), *Universidade Estadual de Campinas* (Unicamp), *Pontifícia Universidade Católica de São Paulo* (PUC-SP) and the *Escola de Administração de Empresas* (Business Administration School) of *Fundação Getúlio Vargas*, São Paulo (FGV-SP). A total of 258 doctoral theses and master's dissertations produced between 1990 and 2001 were classified, and the supervisors of this work were interviewed. The authors of this study considered that the production of dissertations and theses during the 1990s was “reasonable” and the origins of this work were: PUC-SP, 38%; USP, 36%; FGV-SP, 15%; and Unicamp, 11%. These work were produced within courses in the fields of: administration, 19%; psychology, 18.2%; social services, 11.6%; education, 11.2%; anthropology, politics and sociology together, 20.5%; history, around 6%; law, around 5%; economics, around 5%; and geography, 3.1%.

The topics of policies, institutions and service administration were the subject of investigation in 31.4% of the studies; 27.9% were on the health-disease process; 16.7% on human resources training relating to health; and the emerging topics of health and work, quality of life and environment appeared in 17.4%. Social movements were the topic dealt with least. The authors established a parallel with the study by Minayo<sup>25</sup> (2000) on the production relating to the social sciences within health in the field of public health, and found the same topics in the fields of public health and social and human sciences: health policies and the health-disease process. Although in third place in both situations, human resources were dealt with proportionally more in social and human sciences by the postgraduate students in administration.

With regard to the interviews held with the supervisors, the authors concluded: “the teachers who guided this work had had contact with health questions in the field of public or collective health or in preventive medicine departments shortly before entering teaching and research institutions for social and human sciences, or when they were already teachers in these in-

**Table** - Distribution of the researchers according to topics. Data from the evaluation by Nunes et al\* (2005).

Topic	Percentage of researchers
Rationales and practices in medicine and health	33.8%
Social studies in science and technology	46.1%
Gender and health	29.2%
Public policies and health	38.4%
Evaluation of policies and programs in health promotion and social development	26.1%
Subjectivity and culture	30.7%
Communication and information networks in health	12.3%
Violence and health	13.8%
Social construction of health and disease	27.6%
Others	35.3%

\*Nunes ED, Barros NF, Nascimento JL, Montagner MI. Os profissionais em ciências sociais e humanas em saúde. Relatório de Pesquisa; 2005.

stitutions. Some, however, had made their careers in public/collective health and only later on had they started to give courses in teaching and research institutions for social and human sciences, particularly those in the field of administration” (Minayo,<sup>25</sup> p. 283). The authors also recalled that, in the fields of psychology and anthropology, the interest in health and mental health already dated back some time. Alves<sup>1</sup> (1999) and Canesqui<sup>10</sup> (2003) have published detailed reviews on the production relation to anthropology.

These works cited offer an overview relating to the scientific production up to very recent dates. However, over the last decade there has been a great diversification of topics, thus indicating the need for an updated evaluation of this field.

Nunes et al\* (2005) began a more detailed evaluation of the professionals in this field, with the aim of outlining their profile and indicating the topics on which they were working. They presented the interim data from this evaluation, obtained from 68 interviews.

- with regard to gender and age, 67.6% were male and 32.4% were female, with ages ranging from 31 to 84 years old: 16.2% in the range 30-39 years; 32.2%, 40-49 years; 32.8%, 50-59 years; 14.7%, 60-69 years; and 2.9%, 70 years or over;
- with regard to institutions, the professionals belonged to the *Escola Nacional de Saúde Pública* (ENSP - National Public Health School / Fiocruz) (11.8%); *Faculdade de Saúde Pública* of the Universidade de São Paulo (FSP/USP) (11.8%); Universidade Estadual do Rio de Janeiro (UERJ) (13.2%); and another 25 institutions in small proportions;
- the respondents' undergraduate courses were important data: 33.8% graduated in social sciences, a percentage that went up to 36.7% when three professionals with training in sociology were taken into consideration; 27.9% graduated in medicine; 7.4% in psychology; and 5.9% in social services. Other courses, such as economic sciences, law, sanitary education, nursing, pharmacy, philosophy,

history, nutrition, dentistry and pedagogy, appeared in proportions between 1.5% and 3.0%;

- out of the 65 responses obtained, 32.3% graduated in the 1980s, 29.2 in the 1970s, 16.9% in the 1960s, 15.4% in the 1990s, 3.3% in 2000 and 1.5% in the 1940s and 1950s;
- with regard to specialization courses, the following were prominent: public health, 17.8%; medical residence, 17.8%; psychiatry, 6.7%; and education, 8.9%;
- among the interviewees, 62 had attended a master's course, as follows: collective health, 24.2%; public health, 22.6%; social sciences, 11.3%; anthropology, 9.7%; and sociology, 6.5%. The master's title was obtained predominantly in the 1990s (48.3%);
- among the 54 interviewees with a doctorate, it had been obtained in the following: public health, 28.3%; collective health, 20.0%; sociology (10.0%); and anthropology (8.3%). The title was obtained in 2000 or more recently (22 individuals; 40.7%), in the 1990s (18; 33.3%) and in the 1970s and 1980s (14; 26.0%);
- with regard to teaching activities, 92.6% of the interviewees were doing this at undergraduate, postgraduate and/or specialization level.

Among the 95.6% who were conducting research, it was observed that the researchers were dedicating themselves to more than one topic. The distribution of the 65 researchers among the thematic areas is presented in the Table.

## REVIEWING THE COMPILATIONS

The principal compilations and some studies that offer an overview of the field were reviewed. There were two prominent compilations during the 1980s. One of them, organized by Nunes<sup>31</sup> (1983), brought together important articles from the literature: a text on the origins of medicine; a classical article on health in cities and the first movements within public health; a text giving critical coverage of the currents within social

thinking on health; another text on the health-disease process as a social process; a discussion on the relationship between alienation in work, stress and coronary disease; and a compilation on primary medical care, which was a very current topic at that time.

The second compilation, organized by Nunes<sup>29</sup> (1985) was product of the Seminar on Social Sciences within Health that was held in Cuenca (Ecuador) in 1983. This compilation includes: the last work by García on the origins of the social sciences in Latin America; a detailed review of the literature on the social sciences within health produced in Latin America up to that date; the path taken by national development of the social sciences in Brazil, Ecuador, Mexico and Venezuela; the disciplines within the field: anthropology, economics, social psychology and sociology; the topics that these are divided into: socioepidemiological studies, health services, education and personnel training; and a section on epistemology.

The publication of some important compilations started in the 1990s, in substitution for the annals of the Latin American congresses on social sciences within health, which were often limited to summaries of the studies presented. These compilations present most of these studies in their entirety.

The first of these<sup>32</sup> resulted from the congress held on Santiago, Chile, in 1991. It brought together contributions on various topics, including teaching, health care and bioethics, among others.

The texts from the second congress,<sup>22</sup> which was held in Córdoba, Argentina, in 1993, were published in 1994. This event was marked by a change in the topics presented, which consisted of qualitative studies and macro-analyses on health policies, thus showing that the qualitative and quantitative methodologies were drawing closer together.

In 1994, a meeting of the International Forum for Social Sciences and Health (IFSSH) was held. The texts from this were published by Briceño-León<sup>5</sup> (1999), with theoretical and methodological backup, perspectives of the disciplines within the alliance between the social sciences and health, and bringing information from Mexico, Venezuela, Peru, Guatemala, Paraguay, Brazil, Jamaica and Cuba. These texts analyze the relationships between psychology and mental health; transmittable diseases; and social participation and exclusion

The third congress, which was held in 1995 in Atibaia, Brazil, brought together production on the following topics (some of them had had little previ-

ous representation): ethics and reproductive health; gender and women's health; the man's role in reproductive health; integration of the work between social scientists and other health professionals; domestic violence; environmental questions; and the role of the media within health.

In the 1990s, the contribution of Brazilian authors resulted from the Workshop on Social Sciences within Health, which was held in Rio de Janeiro in 1995. Canesqui<sup>9</sup> (1995) brought this material together in a compilation that highlighted two strands: the place of social sciences within the field of health, especially their institutionalization; and theoretical-methodological questions.

The fourth congress was held in Coyooc, Mexico, in 1997, and its studies were published in 1999.<sup>7</sup> The five main strands showed the paths that the social sciences were taking at the end of that decade: methodology and ethics in research; social inequality; gender relations and health policies in the context of social policies; health care and practical alternatives; and health and disease problems such as AIDS, aging, medications, violence and workers' health.

The fifth congress was held in 1999, on Isla Margarita, Venezuela, with the publication of the compilation of the studies in 2000.<sup>6</sup> Previous topics were reinforced, and the researchers' interest centered on equality and the dilemmas of health research, in the light of observed great inequalities: around the world, 90% of the resources were being allocated for investigating problems that affected 10% of the population. The introductory texts marked out and developed the topic of health as a question that was very characteristic of that moment, to which contributions were made by poverty, lifestyles of abundance and scarcity, and violence. Analytical and critical studies on medical rationales and alternative practices, and also the subjective prospects for health, marked the production at this end of the century.

In 2003, the publication resulting from the Second Brazilian Congress on Social Sciences within Health,<sup>18</sup> which had been held in São Paulo in 1999, became the paradigm for that moment. Through mapping out the texts, the organizers signaled that the social sciences within the field of health could be characterized from a perspective that indicated an eclectic panorama. Special emphasis was given to two important questions: society's rethinking in terms of exclusion and inclusion, and the tensions between the global and local dynamics. With regard to health, the importance of the historical and intellectual traditions of the social sciences was highlighted, as was also the presence of analyses that oscillate between macro and micro per-

spectives. Thus, the organization of topics and methodological diversity opened the field to the relationships between culture and subjectivity, in the search for headings within health. Studies illustrated the analyses on the inequalities within health; the social-historical perspective present; public and private relationships; solidarity as an organizing element for social relations within health; and the erosion of quality of life by violence and work.

Within a scenario in which old social, economic and sanitary problems continue to be present, in association with new challenges such as the aging of the population, the chronic nature of diseases and a quality of life that is increasingly deteriorating within urban spaces, the social sciences are entering the twenty-first century thinking about their role as critical analysts of situations, through methodologies that are better drawn up, especially with regard to qualitative research, but without abandoning quantitative research.

The material from the sixth Latin American Congress on Social Sciences within Health, which was held in Santa Clara, Peru, in 2001,<sup>8</sup> presented a mass of topics divided into 12 large groups: health; citizenship and rights; social movements and health; masculinity and gender perspectives within health; sexual identity, differences and citizenship; AIDS – health/disease, vulnerability and agency; violence, gender and health; mental health and structural violence; ethnomedical models, traditional medicine and practical alternative; investigation methods; new contributions; bioethics; reform, economics and globalization; and the relationship between social sciences and public health in the light of the challenges of exclusion. As can be seen, the agenda has become broader as new topics and players have entered the debate and, at the same time, new theoretical and methodological challenges have arisen.

The questions signaled earlier were consolidated at the seventh congress, which was held in Angra dos Reis, Brazil, in 2003. The social sciences have, through reaching full maturity, opened up to the challenges of incorporating into their discussion new fields of knowledge within the humanities that have been in dialog with the social sciences for a long time. Thus, the textbook produced from this congress rightly received the title “Críticas e atuantes: ciências sociais e humanas em saúde na América Latina” (Critics and players: social sciences within health in Latin America).<sup>26</sup> The book reflects the state of the art within this field, by means of theoretical approaches and approaches through the disciplines regarding anthropological, historical, educational, informational and communication questions. The book also brings analyses of

health policies and State reforms, and studies on social problems with an impact on health. These studies portray the development and improvement of the field in the incessant search for updating the debate on health, without losing the vocation for science.

In 2003, reflecting the power of the field in Latin America, the journal *Revista Ciência e Saúde Coletiva*<sup>13</sup> organized a thematic issue dedicated to the social sciences. It was organized by Nunes, 20 years after the Cuenca Seminar, and this publication reflected on how this field conceptualized health questions, by seeking to describe, comprehend and interpret them and thus to find secure grounds in the theories of the social sciences. The texts dealt with the relationships between State and society, the construction of this field in the United States, England and France, and specific topics. Among the topics that stand out are the discussions on the relationship between social sciences and epidemiology; the situation regarding anthropological research in Brazil; environmental problems; relationships between social sciences, communication and health; healthcare/disease; teaching; institutional analysis; and scientific production from the social science institutes. This study has redeemed the attempts that in the 1980s sought to present and analyze a field of knowledge that had become indispensable for the field of health.

## FINAL COMMENTS

The data presented show that, over the years, a representative field of scientific activities has been formed, in which the social sciences have taken up the topic of health. The production from this has experienced influences from the social, political and institutional situations.

It has been seen that the field presents a great variety of topics, to which new topics have been added, such as medical rationales, gender relations, the specificity of studies in the field of health policies, historical-social studies on diseases, and the sociological perspective on health assessment studies. Added to this is the importance that is being given to studies of epistemological nature.

In addition to this observation, it is perceived that there is an open field for studies on scientific construction in the field of social sciences in health. This is being accomplished by means of studies that have sought grounding in the formulations of the sociology, history and philosophy of science. Through this, deeper analysis of the scientific production beyond solely quantitative data is allowed.



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