



Aging, old ages and intersectionalities

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The discussion about the aging process and its interfaces with health is not new. However, with regard to the different old ages, it is still incipient despite the evidence that is already accumulating. Permeating these concepts and debates, intersectionalities have emerged in the literature and, especially, in the still incipient field of health and public policies. And this year, at the ninth Social and Human Sciences Congress, for the first time in the history of these events, a thematic collective on aging was included in the program, which proposed decoloniality, intersectionalities, and the need for emancipation and reparation.

The concept of intersectionality is not new, nor is the debate surrounding its meaning. Historically, the discussion about intersectionality is based on the American black feminist movement, around the 1970s, when a black feminist collective in Boston published a manifesto that brings ideas contained in intersectionality, but only postulated in the late 80s by jurist Kimberlé Crenshaw¹.

The manifesto points out that several axes of oppression determine women's life experiences and that there is no hierarchy between them, that is, intersectionalities. These axes are gender, race, social class and sexual orientation². Following the manifesto, important authors from the black feminist movement, such as Angela Davis, Audre Lorde, Bell Hooks and, in Brazil, Lélia Gonzalez brought ideas related to intersectionalities in understanding the historical oppressions of black women and the political need to confront them. In this sense, we defend the need not to attribute the concept of intersectionalities to a specific author, but rather to attribute it to the black feminist movement². However, as Sanchez² points out, in all the works of the black American feminist movement the inclusion of other aspects of social oppression is not observed, namely, age, territory, religion, nationality, sexual orientation and disability.

According to Crenshaw, who coined the term in 1989, "intersectionality is a conceptualization of the problem that seeks to capture the structural and dynamic consequences of the interaction between two or more axes of subordination"³. In this sense, thinking about aging and old age, in addition to thinking about the axis of oppression corresponding to age and, consequently, the right to age and dignified old age and citizenship, is to reflect on the other axes of social oppression that prevent many collectives from reaching 60 years of age. This is the defining age of aging according to the United Nations and, among us, according to the Statute of the Older Adult. We must go beyond discussing the right to quality lives for people who surpass the chronological stage of old age.

Discussing aging and old age is bringing into debate the discourse of the oppressors who define them. Often, such discourse is reproduced by older adults, and is related to social markers of inequalities, namely

race, gender, sexuality, territory, disability and religion. In this debate, it is necessary to question why many people are unable to age and many social groups, territorialized or not, do not reach 60. To question why white, upper-class older adults have the right to care (as a rule provided by black women) and to a pain-free old age and the others survive without rights and with deep physical and social pain. How can we carry out the reparation and historical reconstruction of aging and old age that are constituted and have been constituted under multiple discriminations?

Let's give Angela what's Angela's, let's give Audre what's Audre's, give Lélia what's Lélia's, give Bell what's Bell's and take away from "Caesar" what we have always been told is Caesar's, the oppression that makes people sick, destroys lives and prevents them from aging with dignity.

In this sense, thinking about dignified aging in the light of Social and Human Sciences in the field of Public Health presupposes emancipatory public policies that need to recognize social inequities, the colonization of living, aging and confronting ageism.

Aging is, therefore, a right to be guaranteed in equitable social protection policies, and which demands inclusive and democratic health and social systems for the production of care in territories for all people who age, with social participation, in the production of visibilities of old ages. Increasingly, it is necessary to advance a political agenda that recognizes intersectionalities and guarantees the right to aging and care.

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