Interseções

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Health, territories and mobilities: what do academic studies tell us about contemporary rural areas?

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Abstract

Our aim here is to understand how studies of rural areas have approached issues relating to access to healthcare, problematizing two main descriptors, mobilities and territories, in academic production and in the denounced social inequalities. We understand ruralities as diverse forms of life, work and practices developed in the particularities of rural areas in constant dialogue with urban spaces, moving beyond their reduction to agricultural activities. We conducted an integrative review of the academic literature in May and June 2024 on four different platforms. The research protocol resulted in 60 papers for analysis. This integrative review indicated that studies of rural areas analyse access to health from three perspectives: the territorialization of health services; territorial policy; and mobility, in terms of the journeys made. We conclude that the territorialization of health appears as a demand in the majority of the studies analysed on the rural context, highlighting the difficulties in access to services and adequate transport infrastructures. We question who can access healthcare services at the intersection of gender, class, ethnic-racial, territorial and mobility inequalities.

Keywords

integrative review; ruralities; health territorialization.

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Saúde, territórios e mobilidades: o que dizem as pesquisas sobre o rural contemporâneo?

Resumo

Nosso foco é compreender como os estudos sobre o rural têm abordado as questões relativas ao acesso à saúde, problematizando dois principais descritores, mobilidades e territórios, na produção acadêmica e nas desigualdades sociais denunciadas. Entendemos as ruralidades como diversas formas de vida, de trabalho e de práticas desenvolvidas nas particularidades do rural em constante diálogo com o urbano, para além do seu reducionismo à realização de atividades agropecuárias. Realizamos uma revisão integrativa da literatura durante os meses de maio e junho de 2024 em quatro plataformas distintas e o protocolo de pesquisa resultou em 60 trabalhos analisados. A revisão integrativa indicou que os estudos sobre o rural analisam o acesso à saúde a partir de três perspectivas: a territorialização do serviço de saúde, a política territorial e as mobilidades, no que se referem aos deslocamentos realizados. Concluímos que a territorialização da saúde aparece como demanda na maioria das pesquisas analisadas sobre o contexto rural, colocando em evidência as dificuldades do acesso aos serviços e as condições dos deslocamentos. Quem pode acessar os serviços de saúde é o que colocamos em questionamento na intersecção entre as desigualdades de gênero, de classe, étnico-raciais, territoriais e de mobilidades.

Palavras-chave

revisão integrativa; ruralidades; territorialização da saúde.

Introduction

This article sets out to analyse the development of the field of rural studies in relation to access to healthcare, encompassing the dialogue between rural and urban contexts and the territorial specificities and mobilities involved. Our research is situated within the framework of a project currently under way in several regions of Brazil, called "Access to healthcare for rural populations: an analysis of socioterritorial, ethnic-racial and gender inequalities" (Public Call No. 21/2023 – Transdisciplinary Studies in Collective Health), funded by the National Council for Scientific and Technological Development (CNPq) and the Brazilian Ministry of Health, and coordinated by Professor Lorena Lima de Moraes.

We understand *ruralities* as the multiple forms assumed by a space usually conceived as rural, but referring to the diverse ways of life, activities and practices developed in specific contexts, even while remaining in constant dialogue with urban spaces. This conception aims to avoids the binary opposition that defines the rural as merely the antithesis of the urban, while simultaneously acknowledging its specificities, expanding the notion of a rural–urban continuum as a source of identity and distinction, popularised through representations of rural life and its deep-rooted connection to

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nature (Bell, 1996). Hence, comprehending the rural from the perspective of ruralities entails perceiving this space not merely as a site of agricultural production but as a 'lived space' – a space constituted by social relations in all their specificities, local dynamics and histories, along with the collective identities configured through the interaction with Brazilian society as a whole (Wanderley, 2009, p. 232).

In this sense, studies of ruralities have highlighted the singularity of rural life in all its diversity, the multiplicity of labour forms and its distinctive social relations, no longer seen in opposition to the urban, but increasingly sharing similarities with living conditions of/in the city. At the same time, the rural world is shaped by social actors who (re)define, act and fight in their defence (Wanderley, 2013). These subjects are no longer isolated in rural space but are social actors who transit between spaces, even while situated within territories across every region of the country, and are understood in their specific political, economic, cultural and environmental contexts. Territory is thus conceived here as something in constant motion – a relational and dialectical process (Saquet, 2013).

People circulate through and remain within their territories due to a series of factors: "their ownership regime, their affective ties with a specific territory, the history of its occupation held in collective memory, the social uses attributed to the territory, and the ways in which it is defended" (Little, 2004, p. 254). This involves a shift to understanding the territory as a multidimensional, multiscalar and relational product of its territorialities, enabling the construction of new territories that differ in accordance with power relations, the formation of networks, and the emergence of identities through the interplay between space and time in their historical and social processes (Saquet, 2008). Within this movement, processes of territorialization, deterritorialization, and reterritorialization (TDR) unfold, encompassing mobilities, changes and continuities, entering a field of dispute between the notions of space and territory, which are constantly immersed in dynamics of rupture and continuity (Santos, 2006; Haesbaert, 2011). While territorialization refers to the social, cultural, political and economic rooting of a space, deterritorialization is consolidated through social, cultural and economic distancing, as well as the resulting disassemblage of social connections and the weakening of power relations within the territory in question (Raffestin, 1993; Santos, 2006).

Our understanding of territorialities is informed by the diverse ways in which rural territories are appropriated, organized and experienced (Little, 2004). Seen from this perspective, the territory is conceived not just as geographical space but as a locus of collective forms of appropriation of natural resources, public infrastructures and spaces used by the local population. These are structured through a set of formal and informal rules and values based on relations of reciprocity, community, kinship and *compadrio* (co-parenthood).

Beyond these spatial and territorial questions, studies of mobilities invite us to reflect on the notion of movement not only in its physical dimension, historically

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associated with classical mechanics, but also in terms of the other forms of expression, limitations and modes of accessibility involved in movement, including not just individual desires, motivations and hopes, but also places, ways of life and broader economic, political, scientific and technological conditions (Balbim, 2016). Mobilities thus simultaneously influence and are influenced by hierarchies of power and territorial, ethno-racial, gendered and other forms of discrimination, all of which intersect in the reproduction of inequalities.

Power must be perceived beyond the sphere of the state and its institutions as a phenomenon experienced within the micro-spheres of society (Foucault, 2008). In this sense, power is constituted within social relations, spreading arborescently throughout society rather than being rooted in any one domain or specific sphere. The inequalities experienced by populations in accessing healthcare, for example, are enacted and reproduced within the very fabric of social relations, rather than being imposed by a power wholly external to or remote from society itself.

Biopower operates within social relations as a set of mechanisms capable of influencing life itself, regulating populations, managing bodies and shifting the focus of sovereignty towards control of the biological conditions of existence (Foucault, 2008). In Brazil, as Sueli Carneiro (2019; 2023, p. 61) has demonstrated in research inspired by Foucault, the "make live and let die" practiced by the state and its public policies demand the recognition of racial, gender and ethnic markers that develop within social inequalities and differential social accessibilities. These appear not only in the field of healthcare, but also in other spheres of politics and society, including education, the market, labour, land, technology and housing. This means that, despite transformations in Brazilian public policies, these still maintain the logic of rendering the "(in)attention to the health" of Black women invisible, as a sexist and racist strategy (Carneiro, 2023, p. 78).

Recognizing how biopower is manifested in Brazil, we draw on feminist and intersectional epistemologies to analyse how displacements and mobilities across territories are unequal, thus reproducing disparities in access to healthcare, the central focus of our present article. Moreover, the relationship between the public and private emerges as a key element for understanding healthcare in Brazil.

According to Telma Menicucci (2007), the creation of the Unified Health System (SUS) was influenced by a (neo)institutionalism based on the 1988 Constitution, drafted during the country's process of re-democratization. This constitutional framework enshrined the right to health, its putative universalization and the expansion of citizenship. However, the population was already embedded in a market-oriented private healthcare system, leading to a dual and coexisting process of governmental regulation, which would be carried forward into subsequent administrations, operating independently and distinctly, despite its historical path dependence,[4] capable of

[4] Path dependence is a concept from the social sciences that describes how decisions and choices made at an initial moment condition and limit future possibilities for action.

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incorporating private care and the rights of consumers with privileged access to healthcare and governance (Menicucci, 2007). In this sense, the social inequalities that have taken root in the country result from a complex and interdependent system of oppression that simultaneously articulates race, ethnicity, class, gender and places of residence, with the objective of distancing certain groups from centres of power and privilege (Collins, 2022).

Access to public health facilities that secure people's quality of life has neither been fully implemented nor democratically maintained in Brazil, since services for the treatment of complex diseases, for example, are concentrated in the country's major urban centres. Reflecting on the access of rural populations to treatment for diseases, especially the severest, entails making visible the realities of rural peoples, traditional and black populations from the most remote corners of Brazil, and of women, who, when not themselves afflicted by highly complex diseases, are burdened as the primary caregivers for sick family members (Borsa & Nunes, 2011; Orozco, 2012; Silva et al., 2022; UN Woman, 2023).

However, our focus here is to understand how rural studies have explored issues relating to access to healthcare, problematizing the theme of rural–urban mobility and territorial inequalities, as well as the production of academic knowledge. It is important to clarify that we set out from the following question: how have rural studies approached the issues relating to access to healthcare by rural populations? To respond to this question, the article is divided into three parts following this introduction: the first part presents the methodological procedures; the second discusses the analyses of the results found in the selected articles. Finally, we conclude with our considerations on how this integrative review of the literature can help us understand the access of rural populations to public healthcare in Brazil, including the specificities of the rural in relation to the urban and the contemporary challenges faced.

Methodological procedures

Integrative reviews aim to produce knowledge in an integrated form, combining theoretical and empirical research that enables the understanding of diverse types of studies, theories, concepts and methodologies on a given subject developed by previous research (Souza, Silva & Carvalho, 2010). Our focus is on access to healthcare for rural populations. In this context, the descriptors 'rural,' 'territory' and 'mobility' will help us comprehend the relationship between rural and urban areas in the healthcare sphere, drawing from what has already been produced scientifically by other researchers on the construction of strategies for access to public healthcare for rural residents.

According to Cahú et al. (2011), the integrative review method allows previously conducted scientific research to be analysed in a comprehensive and systematic manner, enabling these studies to be characterized and disseminated. Along the same lines, Sonaglio et al. (2019, p. 3) argue that it is through integrative review that researchers can

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"summarise the results of a set of studies on the same topic, aiming to establish generalizations or develop more comprehensive explanations of a specific phenomenon, based on a synthesis or analysis of the findings."

Although our focus is on health, we dialogue with various categories that intersect with the study of contemporary ruralities, such as territories, territorialities, and mobilities. Given the breadth of these issues and the need for comprehensive analyses, we draw on the work of Souza, Silva and Carvalho (2010, p. 103), who argue that integrative reviews tend to be broader than other types of reviews, since they encompass experimental and non-experimental analyses, as well as theoretical and empirical approaches.

As a means to ensure methodological rigour in our own review, therefore, the first stage consisted of creating a research protocol. This protocol established the search platforms, indexing terms, Boolean terms specific to each platform, the publication time period and the type of document to be sought. These protocol definitions are systematized in Table 1 below:

Table 1 - Research protocol

Platform	Indexing term[5]	Boolean term	Time period	Document type
Scielo Brasil	Mobilidade – território – rural	AND	2014 to 2024	Article
	Mobilidade – rural			
	Território – rural - saúde			
CAPES Periodicals	Mobilidade – rural	AND	2014 to 2024	Article
	Território – rural – mobilidade			
	Território – rural – saúde			
CAPES thesis and dissertation database	Território – rural – saúde	+	2014 to 2024	Thesis
	Mobilidade – rural			
	Território – rural – saúde			Dissertation
Persée – journal *Santé, Société et Solidarité*	Territoire – rurale – mobilité – santé	+	2002 to 2010	Article

Source: prepared by the authors

The research was conducted during May and June 2024. The Scielo Brasil and CAPES Journal Portal platforms were chosen as they represent the main platforms for scientific research in Brazil. The CAPES Theses and Dissertations Database was selected as the largest repository of theses and dissertations produced by postgraduate programmes affiliated with the Coordination for the Improvement of Higher Education Personnel (CAPES).

[5] All the indexing terms were searched in the title of the documents.

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The selection of the journal *Santé, Société et Solidarité* is justified by the aim of incorporating international references in this integrative review. As the journal ceased publication in 2010, the temporal scope in this database was adjusted to include all its years of publication: from 2002 to 2010.

After these definitions, the search yielded a total of 650 articles. Of these, 55 were excluded as duplicates, 324 were excluded since they were outside the scope of the project and its understanding of the indexing terms, 43 were excluded for not presenting the indexing terms in either the title or the abstract, and, finally, 21 were excluded because their dissemination was not authorized, making access to them impossible. In this second stage, therefore, 225 abstracts were selected for reading and data analysis.

The third stage involved reading the abstracts and part of the selected articles as a strategy to identify their relation to studies on access to healthcare by the rural population. This generated a new selection of works to be analysed, totalling 60 academic works.

The fourth stage involved the systematization of these 60 studies within a theoretical framework developed from the contributions of the works read and analysed through the theoretical lens of rural studies.

Academic representations of the contemporary rural world in the thematic areas of territory and mobility in relation to healthcare

In the field of rural studies, how have research projects on territorialities and mobilities investigated access to healthcare by the rural population? The indexing terms used – 'rural,' 'territory,' 'mobility' and 'health' – highlighted the representativeness of works published under the descriptor "territory" through the combination of the terms 'territory and rural and health,' which accounted for the majority of works analysed (66%). The indexers 'territory and rural' accounted for 18% of the works, 'mobility and rural' for 12%, while 'territoire+rurale+mobilité+santé' accounted for 4% of the works analysed.

The territorial debate has gained prominence in academia, especially within the field of geography, but also extending to the social sciences and anthropology, among other disciplines, highlighting tensions of interests and disputes between areas of knowledge. The notion of territory is constructed as a relational, historical and dialectical field in constant flux, constituted by different types of actors, goods, services and social groups in interaction, circulation and power relations (Saquet, 2008, 2013). Power relations that define a territory possess, above all, a political dimension, although we should not ignore the other dimensions that encompass it dialogically, such as the economic, environmental and cultural (Souza, 2008).

In this sense, thinking about territories from the viewpoint of people's access to healthcare also implies, as the analysed studies have shown us, observing the processes involved in the territorialization of healthcare, including not only the reach and

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distribution of the services provided, but also recognition of the distinct specificities and cultures existing in these multiple territories. It involves understanding issues relating to the mobility of the population between rural and urban spaces in order to actually access public healthcare services.

Thus, we understand that studies of ruralities, mobilities and territorialities seek to perceive health through territories and processes involving the territorialization of healthcare, setting out from the recognition of the identities of the different peoples who live in rural areas. However, the issue of mobility and the movement of populations from these spaces, above all those most distant from urban centres, still poses a challenge to ensuring adequate healthcare, especially within the public health sector. The analyses we conducted and the conclusions reached by these studies are presented in the following section.

Territorialization of health: the challenges of Brazilian public health

The trajectory of public health in Brazil and the establishment of the Unified Health System (SUS) have been marked by the actions of civil society, the state and the private sector, which founded the first private clinics in the nineteenth century. Between the nineteenth and twentieth centuries, two approaches to healthcare coexisted: the liberal approach, focused on individual assistance, and the sanitarist approach, which emerged in response to the sanitary crisis affecting the population. Some of the prominent actors to emerge in this context included the Sanitarist Party, the medical movement of the Bahian Tropicalist School, the Serotherapy Institute of Rio de Janeiro, the universities of Bahia, Minas Gerais, Rio de Janeiro, São Paulo and Paraíba, as well as university and charitable hospitals (*santas casas*) (Bulcão & Santini, 2024).

In the twentieth century, various universities like the Faculty of Medicine of Rio de Janeiro (UFRJ), the National School of Public Health and the Faculty of Medicine of Brasília would revise their curricula, contributing to the debate on public health, although still largely focused on the training of liberal doctors and a reductionist conception of health as synonymous with illness. The partnership with the United States Agency for International Development (USAID) reinforced the expansion of medical schools, many of them privatized, especially in Brazil's southeast, provoking reactions among medical residents, most of whom were affiliated to the Brazilian Communist Party (PCB) and trade union movements (Bulcão & Santini, 2024).

At the legislative level, the Eloy Chaves Law (1923) marked the origins of social security in Brazil, establishing the Retirement and Pension Funds (*Caixas de Aposentadoria e Pensões*: CAP) and the Retirement and Pension Institutes (*Institutos de Aposentadoria e Pensões*: IAPs), aimed at distinct categories of workers (Bulcão & Santini, 2024). In 1966, the military regime centralized these institutions into the National Social Security Institute (*Instituto Nacional de Previdência Social*: INPS), whose attempts at privatization led, in 1977, to the creation of the National Institute of Medical Assistance of Social

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Security (*Instituto Nacional de Assistência Médica da Previdência Social*: INAMPS), criticized for its clientelist practices, corruption and racism (Bulcão & Santini, 2024, p. 65).

This historical trajectory has given Brazil's public health system with a hybrid institutional dynamic between public and private sectors. In the 1970s, the Montes Claros Project (PMC) emerged as a sanitarist initiative to reorganize health services. In 1976, it expanded with the Programme for the Interior Expansion of Health and Sanitation Actions (*Programa de Interiorização de Ações de Saúde e Saneamento*: PIASS), based on community medicine and focusing on the country's northeast, where services were scarce. PIASS represented the entry of Social Security into public health, strengthening the Ministry of Health and intensifying criticism of the INAMPS model (Menicucci, 2007).

The proposals of the sanitarist movement began to be incorporated by INAMPS itself, driven by the courses in Preventive, Social and Community Medicine, the creation of the Advisory Council of Social Security Health Administration (*Conselho Consultivo da Administração de Saúde Previdenciária*: CONASP), and the Integrated Health Actions (*Ações Integradas de Saúde*: AIS) in 1982–1983 (Bulcão & Santini, 2024). The CONASP Plan was created as a regulatory body and critic of the private sector, prioritizing outpatient care and reducing hospital admissions. It functioned as a unified network through agreements between the Ministry of Health, the Ministry of Social Security and state and municipal governments via the AIS, which consolidated the foundations of the SUS (Menicucci, 2007).

Health reform gained prominence on the public agenda through participatory forums during Brazil's period of redemocratization in the 1980s, especially at the VIII National Health Conference (1986), which included popular participation. The final report served as the basis for the 1988 Constitution, enshrining health as a right for all and a duty of the state. The National Health Reform Commission, with parity between government and civil society, advanced the unification of the health system through the creation of the Unified and Decentralised Health Systems (*Sistemas Unificados e Descentralizados de Saúde*: SUDS) in 1987, promoting decentralization and the transfer of INAMPS and private sector responsibilities to states and municipalities.

In this context, Congress became consolidated as the decision-making locus for the demands of civil society, especially on the Subcommittee on Health, Social Security and the Environment, marked by disputes between public and privatising factions, reflecting the historical tensions within the health system (Menicucci, 2007, p. 189). With the dismantling of INAMPS and the weakening of the Ministry of Social Security (MPAS), despite facing diverse forms of resistance, conflicts and mobilizations, the proposal of the sanitarist movement ultimately prevailed, resulting in a constituent consensus that enshrined health as a universal social right, decentralized, articulated across all levels of government and structured in the Unified Health System (SUS).

This complex trajectory of Brazilian healthcare can be understood through processes of territorialization and deterritorialization that are not reducible to simply a

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spatial substrate, but instead encompass the power relations and disputes that emerge in the defence or conquest of territories (and of concepts) by individuals, groups and identities, implying their access to or deprivation from resources (Souza, 2008). According to Souza, the projections of these power relations extend into spaces or 'places' as material referents of belonging (without being limited to them, embracing an understanding of the intangible and immaterial) – and of boundaries – within lived spatialities that are not free from conflict and coercion. Territory thus comes to be understood as a field of forces that depends on a spatial support, although it is neither reducible to nor synonymous with it.

In the field of healthcare, processes of territorialisation are identified in terms of their relationship to public services and policies, particularly with respect to the SUS, the Family Health Strategies (*Estratégias de Saúde da Família*: ESF), and Primary Health Care (*Atenção Primária à Saúde*: APS) in rural areas (Carvalho, Caçador & Brito, 2023; Franco, Giovanella & Bousquat, 2023).

Healthcare delivery processes in rural areas demand professional action that is attentive to agrarian issues, considering the specificities related to land use, possession and ownership, which have historically generated situations of conflict, expulsions, contamination and pollution, labour exploitation, violence and repression (Silva, Farias & Lopes, 2023). In this context, according to the latter authors, processes of territorialization of healthcare encounter scenarios permeated by conflict and social inequalities, related to the multiplicity of situations that impact the health of the population and are frequently overlooked by professionals working in these areas.

Table 2 demonstrates how academic publications have approached the theme of territoriality in the exploration of rural healthcare, ranging from the identification of therapeutic itineraries, as shown by Carvalho, Caçador and Brito (2023), whose health services were affected by the Covid-19 pandemic, to studies on mental health (Pastorio, 2020; Cirilo Neto & Dimenstein, 2017) and oral health (Paredes Forte & Dias, 2024).

Table 2 - Analysed studies on the territorialization of public health

Indexing Term	Document type	Periodical/ Postgraduate Programme	Authors	Year	Title (translated)
Territory and rural	Article	*Cadernos Brasileiros de Terapia Ocupacional*	Mateus Francisco da Silva; Magno Nunes Farias; Roseli Esquerdo Lopes.	2023	Occupational therapy and the rural environment: a scoping review
	Article	*Saúde e Sociedade*	Amandia Sousa; Fernanda Fonseca; Aylene Bousquat	2023	Invisibility of Amazonian singularities in the organisation and provision of Primary Health Care (PHC) services: a case study in the rural riverine area of Manaus (AM)

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Indexing Term	Document type	Periodical/ Postgraduate Programme	Authors	Year	Title (translated)
Territory and rural and health	Thesis	Postgraduate course in sustainable rural development	Inês Terezinha Pastório	2020	Mental health, territory and public health services: interactions of rights and conditions of access, life and work in rural areas
	Article	*Psicologia: Ciência e Profissão*	Maurício Cirilo Neto; Magda Dimenstein.	2017	Mental health in rural contexts: psychosocial work under analysis
	Article	*Interface - Comunicação, Saúde, Educação*	Bianca Ruckert; Daisy Moreira Cunha; Celina Maria Modena.	2018	Knowledge and care practices in rural population health: an integrative review of the literature
	Article	*Athenea Digital*	Candida Maria Bezerra Dantas; Magda Dimenstein; Jáder Ferreira Leite; João Paulo Macedo; Victor Hugo Belarmino	2020	Territory and social determination of mental health in rural contexts: comprehensive care for rural populations
	Article	*Cadernos de Saúde Pública*	Rackynelly Alves Sarmento Soares; Ronei Marcos de Moraes; Rodrigo Pinheiro de Toledo Vianna.	2020	Infant mortality in the context of rural Brazil: a proposal to overcome epidemiological and demographic invisibility
	Article	*Interface: comunicação, saúde, educação*	Hayda Alves; Maria Raimunda Penha Soares; Rute Ramos da Silva Costa; Suenya Santos da Cruz; Vanessa Schottz	2022	Rural territories against Covid-19: knowledge, practices and reflections in Popular Health Education
	Article	*Ciência & Saúde Coletiva*	Cassiano Mendes Franco; Ligia Giovanella; Aylene Bousquat	2023	The role of medics in primary healthcare in remote rural municipalities: where is the territory?
	Article	*Revista Brasileira de Saúde Ocupacional*	Morgana Pordeus do Nascimento Forte; Andrezza Graziella Veríssimo Pontes; Vanira Matos Pessoa.	2023	Work and health in rural and waterside territories: perspectives in the decolonization of Family Health Strategy practices

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Territory and rural and health	Article	*Saúde e Sociedade*	Natália Ana de Carvalho; Beatriz Santana Caçador; Maria José Menezes Brito.	2023	On the path of the Family Health Strategy: the therapeutic itinerary of rural female workers during the Covid-19 pandemic
	Article	*Cadernos de Saúde Pública*	Simone Schenkman; Aylene Emilia Moraes Bousquat; Luiz Augusto Facchini; Célia Regina Rodrigues Gil; Lígia Giovanella.	2023	Performance patterns of primary healthcare in the face of Covid-19 in Brazil: characteristics and contrasts.
	Dissertation	Postgraduate course in collective health	Alex Duarte de Araújo.	2023	Covid-19, women and rural territories: practices, knowledge and the search for healthcare in Sobral – CE
	Article	*Saúde em debate*	Suyene de Oliveira Paredes; Franklin Delano Soares Forte; Maria Socorro de Araújo Dias	2024	Oral Health Promotion at work in rural areas: echoes of rural dentists and dental surgeons

Source: prepared by the authors, based on research data

Territorialization thus emerges as a public health demand, whether in securing resources and developing public policies, or in the activities of professionals as part of the workforce (Cirilo Neto & Dimenstein, 2017; Dantas et al., 2020; Franco, Giovanella & Bousquat, 2023). The literature focuses on the specificities and vulnerabilities of rural areas, such as the limited availability of public transport, the distance to health and social assistance services, as well as the lack of social support networks and cases of domestic violence, which predominantly affect women (Dantas et al., 2020).[6]

Based on these studies, the main causes of mental illness among the rural population are exposure to pesticides, long working hours under precarious conditions, exposure to extreme weather conditions and low government investment in social policies. A lack of understanding of the territorialization of services ends up becoming a structural problem for access to healthcare among Brazil's rural populations, highlighting difficulties with public transport, the high cost of private transport and the challenges faced in retaining specialized doctors within the SUS. This disconnects the health system from the realities and modes of life of rural areas, especially in the most

[6] For in-depth analyses of the data on violence against women, see Cerqueira and Bueno (2024) and Brasil (2015, 2025).

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remote locations. These absences also directly impact other health approaches and specialties, such as the National Oral Health Plan (*Plano Nacional de Saúde Bucal*: PNSB), which confronts similar difficulties in terms of access by rural inhabitants (Paredes, Forte & Dias, 2024).

In this context, studies have also highlighted the need to territorialize care so that people can recognize the locality where they live as a necessary strategy in the construction of healthcare policies capable of reshaping the training and availability of health professionals (Cirilo Neto & Dimenstein, 2017), acknowledging the collective practices existing in the territories in a pedagogical, humanized and holistic form (Ruckert, Cunha & Modena, 2018).

Recently, the National Care Policy was instituted as a duty of the state, shared with families, the private sector and civil society, through Law 15,069 of 23 December 2024. This regulation guarantees care as a right both for care givers and care receivers, grounded in social co-responsibility and the integrality of care. It considers the multiple inequalities existing in Brazil when it comes to defining priority groups and formulating public policies. The policy has a transversal and intersectoral design and has been consolidated by the creation of the National Care Plan, which expands the territorialization of care, integrating actions in the field of health and dialoguing with various spheres of society and governance, addressing the numerous challenges in territorial policies and public services. The plan foresees articulation between the public and private sectors and civil society to reconcile paid work and family responsibilities, recognizing unpaid care work as a right to be valued, redistributed and supported by the provision of services for carers and those receiving care, ensuring access to care across all spheres and territories (Brasil, 2024).

Although the family health policy was conceived territorially, enabling the mobility of multidisciplinary teams to ensure care provision, in general, doctors are the least likely to travel to health posts, hospitals and primary care units. They generally live in other municipalities, take no part in local meetings and act indiscriminately across the territories where they work (Franco, Giovanella & Bousquat, 2023). It is community health agents and nursing professionals who most effectively work within the territories, providing healthcare and disease prevention.

Thus, diagnostic and medication-based actions end up being prioritised over preventive actions in the Family Health Strategy (ESF), which remain restricted to nursing care, largely due to the difficulties of travel and the limited availability of services and medical professionals (Franco, Giovanella & Bousquat, 2023). This empirical data leads us to reflect on how the complexity of the political dynamics shaping the concept of health is reproduced through what Menicucci (2007, p. 57) calls the 'private/public mix' in the history of healthcare provision, whether stemming from a trajectory intertwined with social security policies, or through contracts and agreements with private sectors and medical companies, present in the country since the late nineteenth century, resulting in a market logic that, according to the most recent

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research, is still expressed today in the of minimizing of expenditure on doctors, favouring nursing work instead, especially in rural areas (Franco, Giovanella & Bousquat, 2023).

According to the studies analysed, when the Family Health Strategy is implemented, it views rural populations as "needy, ignorant, poor, illiterate and incapable of caring for their own health" (Forte et al, 2023, p. 6), especially in remote rural territories such as those of Amazonia (Sousa, Fonseca & Bousquat, 2023). Furthermore, community actions and telehealth services aimed at rural areas are still incipient (Silva, Farias & Lopes, 2023), although advances were made in these services during the Covid-19 pandemic. The spread of Covid-19 directly affected access to health services, intensifying the need for rapid responses from ESF teams working in rural spaces (Carvalho, Caçador & Brito, 2023), demanding new communication strategies based on popular education (Alves et al, 2022), collective awareness and recognition of traditional knowledge about healthcare (Araújo, 2023).

The research by Schenkman et al. (2023) showed that rural municipalities with a full provision of ESF services and multiprofessional teams were less affected than urban municipalities with a larger physical structure of hospitals, greater number of professionals and individualized care.

The analysed studies mobilize the notion of territory when foregrounding the need to recognize local specificities and the diversity of territories, pointing to the emergence of new professionals to work in primary healthcare and valuing the role of community health agents and nurses in rural areas. Thus, the territorialization of health policy emerges more as a demand than as an effectively implemented policy, highlighting the difficulties in accessing services and the challenges posed by the transport infrastructure.

Territorial reference in health within the scope of public policies in rural Brazil

Territorial reference began to be addressed by public health policies in Brazil in 2003 when the Secretariat of Territorial Development (*Secretaria de Desenvolvimento Territorial*: SDT) was created, linked to the Ministry of Agrarian Development (*Ministério do Desenvolvimento Agrário*: MDA). In this context, the implementation of the Sustainable Development Programme of Rural Territories (*Programa de Desenvolvimento Sustentável dos Territórios Rurais*: PRONAT) in 2004 and the Citizenship Territories Programme (*Programa Territórios da Cidadania*: PTC) in 2008 stands out, establishing an institutional framework capable of expanding civil society participation in public spaces through the Territorial Development Committees (*Colegiados de Desenvolvimento Territorial*: CODETER) and the Territorial Forums (Leite & Wesz Júnior, 2012; Leite, 2020). The territorial approach also guided other government programmes through institutional arrangements, including Zero Hunger (*Fome Zero*), the Brazil Without Poverty Plan (*Plano Brasil Sem Miséria*) and the Growth Acceleration Programme (*Programa de Aceleração do Crescimento*: PAC) in an intersectoral endeavour (Lotta & Favareto, 2016).

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In this scenario, the debate on sustainable development can also be highlighted, with the creation of the National Plan for Sustainable Rural Development (*Plano Nacional de Desenvolvimento Rural Sustentável*: PNDRS) by the National Council for Rural and Sustainable Development (*Conselho Nacional de Desenvolvimento Rural e Sustentável*: CNDRS), later renamed the National Council for Sustainable Rural Development (*Conselho Nacional de Desenvolvimento Rural Sustentável*: CONDRAF), where the rural world began to be oriented by public policies within the framework of sustainability.

Although various concepts of territory are presented in the literature,[7] the concept proposed by the Ministry of Agrarian Development (MDA) in the creation of its public policies is based on a "combination of social, economic, political and cultural approaches, with a special emphasis on valuing traditions," seeking to encompass a multi- dimensional view of society (Silva, 2014, p. 22). Setting out from this conception, the MDA proposed collective actions characterised by notions such as cooperation and solidarity, privileging wide-ranging popular participation within the territories. The contradiction, however, is that this perspective drew on strategies used by the European Union's LEADER programme for application in Brazil (Fávaro, 2014), while maintaining policy management within the administrative structure of municipalities. As a result, bureaucratic decisions continued to be made in a top-down manner, heavily shaped by the partisan political negotiations of municipal governments (Silva, 2014).

These analyses have demonstrated the predominance of a process of juxtaposition of territorial policies in detriment to their integration, making the concept of territory mobilized a repository for the implementation of public policies and investments, without distinguishing the particularities of small inland urban clusters and the rural areas of metropolitan regions, as well as the conditions of regions affected by precariousness and isolation, undermining the effectiveness of the policies (Lotta & Favareto, 2016).

Despite the challenges faced under both the Lula and Dilma governments and following the country's political, health, economic and environmental crises, territorial development policies ceased to be a government focus, especially after the congressional coup that ousted Dilma Rousseff in 2016 (Antunes Junior, Borsatto & Souza Esquerdo, 2021), only to return to the political agenda in 2022, through the Ministry of Agrarian Development and Family Farming (*Ministério do Desenvolvimento Agrário e Agricultura Familiar*: MDA) and the Secretariat of Territorial and Socio-Environmental Development, which signed a memorandum of understanding for the National Strategy for Territorial Development. This initiative revived the Territorial Development Policy and the Territories of Citizenship programme, envisioning the creation of spaces for rural and urban political participation of rural, riverine and forest populations in Territorial Committees. Table 3 below presents a summary of the reviewed studies dedicated to analysing health in the context of public policies with a territorial focus.

[7] We acknowledge the importance of the debate on territory and its conceptual deepening; however, due to space limitations, we suggest reading Cleusa Maria da Silva's thesis in full (2014).

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Table 3 - Studies analysed within the scope of territorial public policies

Indexing term	Document type	Periodical/ Postgraduate Programme	Authors	Year	Title
Territory and rural	Thesis	Postgraduate course in Geography	Jorge Luiz Fávaro	2014	Geography of rural territorial development policy: actors, institutionalities, participation and conflicts in the Paraná Citizenship Territory Centre
	Thesis	Postgraduate course in Postgraduate course in public policies, strategies and development	Cleusa Maria da Silva	2014	Sustainable rural territorial development: the Estrada de Ferro and Vale do Rio Vermelho territories
	Article	Geographic studies: *Revista Eletrônica de Geografia*	Lucélia Maria Gonzaga Bernardes Ferrari; Adão Francisco de Oliveira	2019	Territorial policies for rural development: the Citizenship Territories Programme

Source: prepared by the authors, based on research data

These studies point to how territorial development policies intersected with the allocation of resources for public health services, specifically in the states of Tocantins, Goiás and Paraná. Health services were benefited by territorial policies over the years of their implementation (2009 to 2014), receiving investments in the order of 19 to 34% of the annual budgets allocated to the territories in the state of Tocantins. Nevertheless, the populations remain without access to conditions for survival and citizenship (Ferrari & Oliveira, 2019).

In this sense, although the advances achieved through territorial policy are highlighted in the analysed studies, its challenges are also evident, particularly in the rural areas of the state of Goiás, which saw a reduction in the number of hospitals and the absence of Intensive Care Units (ICUs) and high-complexity treatments, forcing the populations to travel to the state capital, Goiânia (Silva, 2014). If we understand the territorialization of health structures as a strategy to universalise access, it is essential to recognize that the availability of these structures, especially high-complexity ones, only in state capitals exacerbates inequalities, as it distances and decontextualizes public health from the territories (Barata, 2009). The deterritorialization of health services ends up being a consequence, increasing the difficulties faced by users in obtaining care, as well as affecting social and power relations within the territories.

In Paraná, Fávaro (2014) identified that five municipalities of one rural territory do not possess any healthcare facilities, hospital beds or medical professionals to serve the population, raising questions about the implementation of the Territorial Plan for Sustainable Rural Development (*Plano Territorial de Desenvolvimento Rural Sustentável*:

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PTDRS) in the state. The prioritization of resource allocation for agricultural investments has developed to the detriment of health services, which become exploited by politicians and large landowners as a bargaining tool for granting rights in exchange for partisan political support, as in the case of using public vehicles for medical emergencies (Fávaro, 2014).

What emerges as a lesson from the territorial experience developed by Brazil is the need to improve the articulation between federal entities, as well as making spaces for social participation more effective, especially in the relationship between rural and urban areas with regard to health services.

Access to public health based on the study of mobilities between rural and urban areas

Although the concept of 'mobility' was influenced by classical mechanics, as Balbim (2016) observes, and is often associated primarily with transportation, it has evolved in academic studies to encompass more than just physical movement and now includes temporalities, movements and flows, whether material or immaterial, virtual or informational (Urry, 2000; Hannam, Sheller & Urry, 2006). This understanding has gained prominence within the social sciences, aspiring to a "new twenty-first century paradigm," distancing itself from a linear conception of time and temporality to embrace different types of spaces and global networks that encompass the concept of mobilities in the plural, also considering their immobilities (Hannam, Sheller & Urry, 2006). The Covid-19 pandemic is the most recent example illustrating the plurality of this concept, highlighting not only the flow and restrictions of physical movement but also the need to expand virtual mobility, due to the global and widespread contagion that exposed worldwide vulnerability (Hannam, Sheller & Urry, 2006).

Table 4 - Analysed studies on mobilities, territories and health in rural contexts

Indexing term	Document type	Periodical/ Postgraduate program	Authors	Year	Title
Territory and rural	Article	*Saúde e Sociedade*	Amandia Sousa; Fernanda Fonseca; Aylene Bousquat.	2023	Invisibility of Amazonian singularities in the organization and provision of Primary Health Care (PHC) services: a case study in the riverine rural area of Manaus (AM)
Mobility and rural	Thesis	Postgraduate course in civil engineering	Maria Victoria Leal de Almeida Nascimento	2020	Transport and mobility as support for socioeconomic development in small rural municipalities in the Brazilian northeast: the case of Santa Maria do Cambucá (PE)

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Indexing term	Document type	Periodical/ Postgraduate program	Authors	Year	Title
Mobility and rural	Article	*Revista Cidade, Comunidades e Territórios*	Cristiana Carvalho; Catarina Sales Oliveira	2017	A gender-based reading of mobility and accessibility in rural areas
	Article	*Psico-USF*	Magda Dimenstein; João Paulo Sales Macedo; Jader Leite; Candida Dantas; Monique Pfeifer Rodrigues da Silva	2017	Social inequities and mental health in rural areas
	Article	*RA'E GA: O espaço geográfico em análise*	Nayhara Freitas Martins Gomes; Ana Louise Carvalho Fiúza; Neide Maria Almeida Pinto; Paula Cristina Almeida Cadima Remoaldo	2018	Rural populations and the city: the sociospatial mobility of rural inhabitants in small municipalities based on the agricultural economy
	Article	*Revista NERA*	Elenice Aparecida Coutinho; Ana Louise de Carvalho Fiúza	2019	Everyday rural-urban mobility in Cajuri and Coimbra/MG
	Article	*Ciência & Saúde Coletiva*	Jessica Pronestino de Lima Moreira; José Rodrigo de Moraes; Ronir Raggio Luiz	2011	Use of medical consultations and systemic arterial hypertension in urban and rural Brazil, based on PNAD 2008 data
	Article	*Caderno Saúde Pública*	Amanda Marinho da Silva; Márcia Cristina Rodrigues Fausto; Maria Jacirema Ferreira Gonçalves	2023	Accessibility and availability of primary healthcare for hypertensive patients in in a remote rural municipality, Amazonas, Brazil, 2019
	Article	*Caminhos de Geografia*	Maria Victoria Leal de Almeida Nascimento; Mauricio Oliveira de Andrade	2023	Transport and mobility as support for socioeconomic development in small rural-profile municipalities in northeastern Brazil
Territory and rural and health	Article	*Cadernos Saúde Coletiva*	Marta Gislene Pignatti	2015	On the path to environmental protection: actions for human health and the environment among the rural population of the Mato Grosso Pantanal, Brazil
	Article	*Cadernos de Saúde Pública*	Larissa Adna Neves Silva; Bruno Pereira Nunes; Juliana Gagno Lima; Elaine Tomasi; Luiz Augusto Facchini	2023	Contextual characteristics and the use of health services among Brazilian adolescents: National Health Survey, 2019
	Article	*Interface: comunicação, saúde, educação*	Michele Rocha El Kadri; Júlio Cesar Schweickardt; Carlos Machado de Freitas	2022	Healthcare practices in riverine Amazonia

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Indexing term	Document type	Periodical/ Postgraduate program	Authors	Year	Title
Territory and rural and health	Article	*Cadernos de Saúde Pública*	Juliana Gagno Lima; Lígia Giovanella; Márcia Cristina Rodrigues Fausto; Patty Fidelis de Almeida	2021	The work process of community health agents: contributions to care in remote rural territories in Brazilian Amazonia
	Article	*Ciência e Saúde Coletiva*	Rodrigo Tobias de Sousa Lima; Tiótrefis Gomes Fernandes; Paulo Jorge Alves Martins Júnior; Cleudecir Siqueira Portela; James Dean Oliveira dos Santos Junior; Júlio Cesar Schweickardt	2021	Health in view: an analysis of primary healthcare in riverine and rural Amazonian areas
	Dissertation	Postgraduate course in environmental sciences and sustainability in Amazonia	Izi Caterini Paiva Alves	2020	The 'Pulse of the Waters' and access to the network of urgent and emergency care for the riverine population of the Lower Amazon region (AM)
	Article	*Saúde em debate*	Suyene de Oliveira Paredes; Franklin Delano Soares Forte; Maria Socorro de Araújo Dias	2024	Oral health promotion at work in rural areas: echoes of rural dentists and dental surgeons
	Article	*Saúde em debate*	Michele Rocha El Kadri, Claudio Pontes Ferreira, Carlos Machado de Freitas	2024	Health in the Middle Solimões region in the state of Amazonas: the central role of Tefé Amazonas
	Article	*Interface – Comunicação, Saúde, Educação*	Ana Elizabeth Sousa Reis, Julio Cesar Schweickardt, Thalita Renata Oliveira das Neves Guedes, Izi Caterini Paiva Alves Martinelli dos Santos, Sheila Giardini Murta	2024	Navigating the 'river of life': the production of care in urgent and emergency situations in an Amazonian territory
	Article	*Trabalho, Educação e Saúde*	Mariana Baldoino; Fernando Herkrath; Bernardo Horta; Luiza Garnelo.	2023	Lifestyles and work organization of community health agents in riverine units in Amazonia
	Article	*Ciência & Saúde Coletiva*	Margarita Gaviria Mejía; Eduardo Périco; Laura Barbieri Oliveira	2015	The role of cultural identities and public health services in the process of municipalization in small localities in Rio Grande do Sul, Brazil, over recent decades

Source: prepared by the authors, based on research data

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As we have shown, the theme of mobility does not appear to be prominent within the field of health, remaining limited to the debate on physical movement (Carvalho & Oliveira, 2017; Coutinho & Fiúza, 2019; Dimenstein et al., 2017; Silva, Fausto & Gonçalves, 2023; Moreira, Moraes & Luiz, 2011). According to the studies analysed, the principal motives for rural populations to travel to urban areas are personal or household shopping and access to health services (Coutinho & Fiúza, 2019; Gomes et al., 2018). In rural contexts, mobility seems to be associated with accessibility and with difficulties in locomotion and transportation, especially among populations with lower incomes (Moreira, Moraes & Luiz, 2011; Paredes, Forte & Dias, 2024).

The debate on rural-urban mobility, beyond physical displacement, is associated with social, cultural, scientific, political, economic, technological and environmental conditions and people's access to rights, public policies, goods and services. It takes into account the specificities of each territory, the organization of time and work, and conditions related to gender, age, ethnic-racial relations and class, in their multiple ruralities (Mejia, Périco & Oliveira, 2015; Pignatti, 2015; Balbim, 2016; Silva et al., 2023).

Along these lines, studies of rural-urban mobility have explored the debates on gender, generation and class within the health field, identifying limitations in accessibility, particularly among the population over 60 years of age and rural women (Coutinho & Fiúza, 2019; Gomes et al., 2018). Men tend to travel greater distances to access health services in other cities, mostly using their own or informal means of transportation (Gomes et al., 2018; Nascimento, 2020; Nascimento & Andrade, 2023). Although acknowledging the heterogeneity of the category 'women' in rural areas,[8] the studies indicate that women tend to frequent health posts within their own communities or municipalities, especially older women (Coutinho & Fiúza, 2019). Furthermore, travel to other towns and cities is more frequent among families with greater financial resources and who access private health services. Cases where families must pay for private drivers from basic health units to travel to other cities are commonplace in regions of the Mato Grosso Pantanal (Pignatti, 2015).

According to Nascimento and Andrade (2023), the issue of mobility becomes even more evident in small municipalities, particularly due to the lack of a mandatory requirement to implement a mobility plan within their municipal master plans. The National Urban Mobility Policy (*Política Nacional de Mobilidade Urbana*: PNMU) – Law No. 12,587, issued 3 January 2012 – seeks to contribute to the accessibility and mobility of people by integrating different modes of transportation, thereby promoting "universal access to the city" through its integration with the National Urban Mobility System (Brasil, 2012).

In municipalities with a predominance of urbanized areas, access to healthcare for rural populations has become an increasingly invisible limitation. As Sousa, Fonseca and Bousquat (2023) observe, these populations are often classified as urban, which ignores

[8] It is important to deepen studies that analyse the intersectionality of gender relations in rural contexts, recognizing the heterogeneity of women involved in multiple rural activities.

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their specificities, the distances they must travel and the need for adequate transportation, among other factors that must be considered in the regionalization of health services. In the Middle Amazon region, for example, the distances travelled by rural inhabitants do not match the availability of healthcare services, forcing them to seek basic healthcare in other municipalities (El Kadri, Ferreira & Freitas, 2024).

Beyond considering territorialization in rural or Amazonian territories, it is essential to recognize the existence of 'liquid territories,' mostly found in the rural areas of Brazil's northern region. These territories demand a health infrastructure based on multiprofessional teams that includes specific roles such as boatmen, speedboat pilots and paramedics, as well as specialized transport structures like *ambulanchas* (ambulance boats) and fishing nets (frequently used as stretchers to transport injured individuals). Also crucial is knowledge of the water flows and cycles, which vary in accordance with the seasonal and climatic conditions of each region (Alves, 2020). Health policies need to acknowledge these specificities to advance social justice and equity in access to primary healthcare, recognizing the necessity to adapt working regulations accordingly (Reis et al., 2024; Baldoino, et al., 2023; El Kadri, Schweickardt & Freitas, 2022; Lima et al., 2021; Alves, 2020).

According to Maria Victória Nascimento and Mauricio Oliveira Andrade (2023), the populations living in these small towns are overlooked by public policies, preventing their access to rights and the most basic everyday activities that rely on public transport. In this regard, rural populations are disproportionately affected, left dependent on informal and private transport, extremely poor road conditions, delays in public transport, prohibitive costs, insecurity, discomfort and overcrowding.

Finally, we can observe that studies of mobilities have understood access to health primarily in terms of the process of travelling, whether by land or water. The profile of those who move tends to be young and male, indicating generational and gender inequalities in accessing health services available only outside the rural communities. Income inequality emerges as another differential factor, heavily determining who can travel, since rural inhabitants usually have to cover transportation costs to ensure access to healthcare. Consequently, investigating who effectively accesses healthcare becomes an issue where gender, generation, territory, mobility and ethnoracial dimensions intersect – an issue permeated by racism and disproportionately affecting Black populations, as Brito et al. (2021) highlight.

Institutional and environmental racism significantly impacts the access of Black populations to healthcare, since it creates barriers that hinder access to quality health services, revealed through discriminatory actions in the provision of care, as well as conditions related to access to land, adequate nutrition, housing and basic sanitation. All of these factors are fundamental for understanding the health-illness-care process and health inequities (Brito et al., 2021). Moreover, such recognition challenges the reductive health-disease dichotomy by highlighting that health is influenced by multiple factors inherent to human life (Meirelles & Erdmann, 2005; Carpes, 2012).

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Final remarks

The decision to undertake an integrative review provided us with central elements for examining studies on access to healthcare in contemporary contexts, especially those related to rural settings, through the generative themes of 'territories' and 'mobilities,' used here as descriptors. The final analysis of the 60 selected works responds to our initial questions: How have studies on access to healthcare approached contemporary rural Brazil and the relationship between rural and urban areas? How have the themes of 'territories' and 'mobilities' been explored in these studies? How do they help our understanding of access to healthcare?

Our research takes a sociological and interdisciplinary approach to the analysis of health studies, dialoguing with themes that draw from diverse fields of knowledge, including the social sciences, anthropology, geography and demography, among others. Rather than merely presenting a review of how studies have mobilized themes pertaining to rural contexts, we have sought to make visible the possible intersections of health, which are, by their very nature, integrative.

The notion of territory is mobilized in the studies to reflect on family health policies, focusing especially on the role of community health agents and nursing professionals, the primary actors in Brazilian territories. Research highlights a national shortage of medical professionals in rural areas and a limited emphasis on primary care. The territorialization of health thus emerges as a demand in most of the studies analysed concerning the rural world, revealing the problems in service accessibility and transport conditions. In contrast, deterritorialization appears as one possible outcome of the need for long-distance travel to receive high-complexity health treatments.

In this context of research on access to healthcare by rural populations, territorialization intersects with mobility, associating it not only with physical travel and the conditions of Brazil's transport systems and roads, but also with the question of time. However, the mobilities paradigm, as outlined by Hannam, Sheller and Urry (2006), enables a shift towards a more complex understanding of possible movements and flows – whether material or immaterial, virtual or informational – territorializing in non-places that elude the more physical spatialities of the rural or urban, or even the continuum between them. Exploring the highly elaborated intersections of mobilities within contemporary globalization, and even immobilities, and their relations to technology and temporalities, these theories have helped us perceive the accessibility of health services in the complex relationship between the rural and the urban.

New technologies are creators of new temporalities. However, the extent to which they enable new forms of access and mobilities needs to be questioned, particularly in relation to access to healthcare, which remains at the mercy of the availability of services, whether public or private, and their restrictions, since this concerns a very specific temporality: the temporality of living and, above all, for living.

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The absence of a legal requirement for municipalities with fewer than 20,000 inhabitants to institute a municipal mobility policy means that a substantial proportion of Brazil's remote rural municipalities lack any guarantee of logistical infrastructure for transportation to health services. Health professionals are similarly unable to reach rural communities easily to provide care, except through private transport.

The situation becomes even more complex when we turn to the reality of the 'liquid territories' of the Amazon and the Pantanal, where logistical infrastructures depend on specifically adapted transportation and equipment, longer travel times, climatic conditions and river flows. This is just one example of how the rural is often perceived as a space in opposition to the urban, primarily because the structuring of the Family Health Strategy (ESF) organizes territories in this manner. It is not a recent observation that the specialized literature on rural areas and ruralities has been denouncing the imposed stereotype of the rural world as a place of backwardness and inferiority compared to the urban. According to our review, the perspectives of municipal public managers reproduce this predetermined place for the rural, whether through the distancing of health infrastructures from urban centres or through urban policies and services disconnected from local realities.

The territorialization of health possesses both an empirical sense – concerning how health studies have addressed questions of accessibility, considering the multiple inequalities that Brazil has historically experienced, whether of gender, generation, class, ethno-racial or territorial – and an academic sense – focused on how health studies have been directed in their publications, highlighting the challenges of health territorialization, particularly in rural contexts and municipalities, and the possible dialogues with other fields of knowledge on contemporary ruralities and their interactions with the urban.

In this sense, the invisibility of the rural is doubly constituted by the instances of power and knowledge, made clear when we think about the most painful life experiences – particularly in accessing high-complexity public health services – which ultimately call life itself into question. Whose life?! This is our final question, which we leave open for reflection in this article.

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