



Conceptions of the women in a rural settlement concerning education in health*

Concepções de mulheres de um assentamento rural acerca da educação em saúde

Concepciones de mujeres de un asentamiento rural acerca de la educación en salud

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This study aimed at understanding the conceptions of women in a rural settlement concerning education in health, focusing on the health of women, in the pursuit of apprehending matters of gender. This is a qualitative study of exploratory and descriptive type, made in a rural settlement of the Workers Without Land Movement in Southern Brazil. Data collection occurred from March to May 2011, through semi-structured interviews with nine women between 35 and 60 years of age residents in the settlement. The thematic analysis was used for the data. There is a multiplicity of opinions, beliefs, feelings, once the concepts of education in health of the settled workers are based on the value of more sensitive educational practices and their needs that transcend the reproductive dimension. Therefore, the peculiarities and diversities around the world of the settled workers must be considered in planning actions of health.

Descriptors: Health Education; Women, Working; Gender and Health.

Objetivou-se compreender as concepções de mulheres assentadas em relação à educação em saúde, com foco na saúde da mulher, procurando apreender questões de gênero. Pesquisa qualitativa, do tipo exploratória e descritiva, realizada em um Assentamento do Movimento dos Trabalhadores Sem-Terra no Sul do Brasil. A coleta de dados ocorreu em 2011, por meio de entrevista semiestruturada, com nove mulheres, entre 35 e 60 anos residentes do assentamento. Para o tratamento dos dados, utilizou-se a análise temática. Existe uma multiplicidade de opiniões, crenças, sentimentos, uma vez que as concepções de educação em saúde das assentadas estão pautadas na valorização de práticas educativas mais sensíveis as suas necessidades e que transcendam a dimensão reprodutiva. Portanto, as particularidades e diversidades que rodeia o mundo das assentadas precisam ser consideradas no planejamento das ações em saúde.

Descritores: Educação em Saúde; Trabalho Feminino; Gênero e Saúde.

El objetivo fue comprender las concepciones de mujeres asentadas cuanto a la educación en salud, centrándose en la salud de la mujer, tratando comprender cuestiones de género. Investigación cualitativa, del tipo exploratorio y descriptiva, llevada a cabo en un agrupamiento del Movimiento de los Trabajadores Sin Tierra en el sur del Brasil. La recolección de datos ocurrió entre marzo y mayo de 2011, a través de entrevista semiestructurada, con nueve mujeres, entre 35 y 60 residentes del asentamiento. Para el tratamiento de los datos, se utilizó el análisis temático. Hay multiplicidad de opiniones, creencias, sentimientos, una vez que los conceptos de educación en salud de las asentadas se basan en la valoración de las prácticas educativas más sensibles a sus necesidades y que trascienden la dimensión reproductiva. Por lo tanto, las particularidades y diversidades del mundo de las asentadas deben ser consideradas en la planificación de las acciones de salud.

Descritores: Educación en Salud; Trabajo de Mujeres; Género y Salud.

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Introduction

Historically, it is known that the health of the woman in the first decade of the 20th century was centered specifically in the actions related to the demands caused by the pregnancy and delivery. The mother and child programs, organized in the decades of 30, 50 e 70, showed restricted look on the woman, thus legitimizing her condition as a housewife and a mother⁽¹⁾.

Oposing this vision, the Program of Total Assistance to the Health of the Woman emerged in 1984, as the result of the feminist struggle which elaborated, along the time, conceptions of health which go beyond the reproductive specificities, breaking with the biological perspective and the mother child focus⁽²⁾.

Currently the National Policy of Total Assistance to the Health of the Woman is in the pursuit of rescuing the principles of the Unified Health System, emphasizing the approach of gender and the integrality as guidelines of the practices of care to the health of the woman, identifying the need of actions which contemplate the rural, negro, indigenous, imprisoned, lesbian women, among other pluralities⁽¹⁾.

Under this perspective, the attention to the health of the woman requires, from the services of health, the assistance the women needs in all the phases of their lives, through educative and assistance actions which value the link, as to the different knowledge of the women⁽³⁾. However, it is perceived in the practice a care founded in the technical model, which emphatically values the scientific and technological.

It is believed that educative action must be valued as a practice which enables the subject to manage the information, feels sensitive concerning it and act aiming at the quality of life. The education in health is an action which strengthens the elaboration of knowledge through the dialog and the stimulus to the reflection and to the effective and active participation of the subjects concerning their practices

of health. For such, it is also necessary that the people are heard; once, only the educator who listens to the other and speaks with him learns the difficult lesson of transforming his speech⁽⁴⁾.

From then on, it is needed to enhance the theoretical reflexive possibilities, through problematic approaches which instigate innovative and transforming practices, able to open ways for the social and organized production of the processes of work in health, proposing actions which go beyond the biological ones⁽⁵⁾.

Under this focus, the matters of gender enable a deep coverage of the human being, demystifying the emphasis to the biologism, directing the look on the subject far beyond the gender differences, but from their social, cultural and linguistic experiences, transcending from the biological (sex) to the gender (social)⁽⁶⁾. The matter of gender, as an analytic category contributed for the comprehension of the context which involves the health disease process, configures a challenging path to be traced, especially in the sense to show that gender is not only referring the women, but the social relations which place the women in disadvantage and expose them to vulnerabilities⁽⁷⁾.

Therefore, gender is presented as an opportune tool which can 'read' beyond what is put, as a need of health care, transcending the biological. Biology is no denied, but deliberately emphasized, the social and historical elaboration produced on the biological characteristics⁽⁸⁾.

From those considerations and also for understanding that the rural settlement is formed by different 'ways of being', composed by subjects that live in the same context, guided by the same ideal, but they are 'different people' in cultural terms, this diversity needs to be highlighted, especially regarding the woman and her health. Once the Movimento dos Trabalhadores Sem Terra (the workers without land) is a domain of fight for equality, where the participation of the woman must be respected and stimulated, so that, in this domain, truly equitable relations can be constructed.

In this context, the idea of gender appears as a proposition of the 'new' policy of health, meaning the offer of actions to the women and all the phases of life and their recognition as co-responsible for their bodies, their lives and their health⁽⁷⁾.

For that, 'it is necessary to go into the world of the other, to know their everyday practices in order to develop the abilities for an effective exchange, in the pursuit of the insertion of the subject in the collectivity, mediated by educative actions which search for the autonomy in thinking^(9:478).

These reflections open ways to establish the indispensable relation between gender and education in health, from the presupposition that an alternative model of education in health, involving the women, especially those who experience the reality of a rural settlement, can enable opportune domains to the enhancing of the capacity of self-comprehension. The participation of these women and the decrease of unilateral and vertical practices converge to promote the emancipation of the involved subjects.

Therefore, one of the pillars of this study is education in health, directed to the health of the woman and grounded to the matters of gender. It is believed that studies of this nature can unleash an emancipatory process, in which the room for the debate, as well as the access to information and knowledge can provoke changes in the relations of these women with themselves and with the others.

So, this work aims at knowing the conceptions of the women in rural settlements concerning the education in health, focused on the health of the woman, trying to learn the questions of gender present in these conceptions.

Method

It is a descriptive, exploratory and qualitative research, made in a rural settlement in the Midwestern region of the State of Rio Grande do Sul, Brazil. The subjects of the research were nine women who had the following criteria of inclusion: to be eighteen years

old or older and living for more than three years in the rural settlement under study. So, the following women were excluded: the adolescents, the ones who had been in the rural settlement for less than three years and the ones who refused to participate in the study.

The period of data collection was from the first days of March until the end of May of the year 2011. It should be highlighted that during the month of February 2011, several visits were made, accompanied with the Health Communitarian Agent, to practically all the women of the rural settlement, with the objective to know the reality, to promote approximation, as well as to establish and strengthen the links of the researcher with the subjects under study. Soon afterwards the subjects were invited to participate in the research.

For the collection of the information semi-structure interviews were used, aiming at delimiting the dialog between the interviewed women and the researchers, and those interviews were recorded and totally transcript. In this type of interview, the interviewer can make interventions aiming at opening the domain of explanation of the interviewee or deepening the level of information or opinions⁽¹⁰⁾.

The script of the data collection was elaborated with open questions. The interviews were made in the domicile of the participants according to the availability of schedule. The definition of the number of participants was established through the saturation of the data. So, the interviews were made up to the moment in which the data began to be redundant. The saturation must be understood as the period in which the pursuit of new subjects does not add any new datum to the investigation⁽¹¹⁾.

Interviews with nine participants were made, several questions concerning the health of women were approached, of all the questions the following ones are highlighted: 'tell me about the actions in health which are developed in the rural settlement'; 'tell me, in a general way about your expectations and/or suggestions concerning the action in health related to the health of the woman'.

The empiric material obtained from the

interviews was submitted to the thematic analysis⁽¹⁰⁾, the organization was made, as well as the reading, rereading and construction of groups of reports around the 'ideas' – on the themes under reflection – which are closer, enabling the comprehension of the problem which links the researcher to the object of analysis. These reports enabled the construction of categories that ordinated the analysis; however, in this article we will present only one of the categories of analysis.

In order to guarantee anonymity, the reports were identified by the letter E, followed by numeric indicators which show the sequence of the interviews (example: E1, E2 – interviewee number 1...).

In this study the determinations of Resolution no. 466, as of December 12, 2012 of the National Counsel of Health were respected. It was approved by the Committee of Ethics of the Universidade Regional do Noroeste do Estado do Rio Grande do Sul, under research protocol no. 0110/2009. The subjects researched were asked to sign an Informed Consent Form, containing the objectives, the methodology and elucidation on the free participation and preservation on the anonymity.

Results

For the presentation of the results of this study, at first there was a slight delineation of the characterization of the venue and the profile of the interviewees, afterwards the conceptions of the women on education in health focused on the health of the woman was presented.

Characterization of the venue and of the interviewees

The study was developed in a rural settlement of the Workers Without Land Movement, in a county in the southern region of Brazil, 470 kilometers from Porto Alegre, RS. The rural settlement is placed approximately 15 kilometers from the county

town, with around 100 families divided in lots of approximately 16 hectares. The production is based especially in activities such as milk production, and the cultivation of grains such as soy, maize and wheat. Concerning the access to the program of health it is worth highlighting that in the county under study, there is a complete team of Family Health Strategy. In that unit there are practically all the programs of the Health Department and of the State Health Department.

The subject of this research were mainly women in the age range of thirty-five (35) to sixty (60) years; from different regions of the State of Rio Grande do Sul, especially from the northern and northwestern regions.

The stories of constitution of their family are diversified, 40% are mothers and do not live with the partner, 45% live with their spouses, 15% have already experienced situations of separation, starting new family arrangements with other partners. As to schooling, 70% had incomplete grade school. It is worth considering that one of the main reasons in most cases which took them to the Without Land Movement and a life of rural settlement was their social condition.

Education on health focused on the health of the woman: what the women in rural settlement think

When asking the participants about the practices/actions of education in health for the settlement, the women who had been settled report that the health professionals emphasize during the educative activities questions related to the biologic and especially for the feminine reproductive system of the woman, as it can be proved in the following reports: *not only about the cervix, spine, any other problem of the woman... Because it's good for us to know about everything concerning the woman... (E4). And, when they came they could keep on giving lectures, but explaining not always on the same subject changing a little (E7).*

The actions concerning the education in health

developed in the rural settlement of the Workers Without Land Movement, are in general welcome, approaching important themes, but not the only ones within the wide range of thematic to be approached. One of the interviewees elucidates that the educative actions need to be wide, going beyond the 'cervix'. This can be highlighted in the report of E6, when questioned about suggestions of subjects to be debated: *I think that about everything... Because there are many things to be discussed, like... several subjects of the woman..., not only about the uterus and the breast...* (E6).

Concerning the approach of the education in health made for the women who had been settled, they expressed dissatisfaction with the traditional forms of approach of education in health, reporting: *These questions of the health people, they come here to debate more the question of health. But not health as a whole, not repetition...* (E3). *I have a lot of problems with headache; I don't know if it's my nerves or something like that, who knows if a good conversation might help...* (E9).

The reports also showed the need of an entanglement of the health, with the questions of gender during the educative and assistance actions. When questioned on the possible subjects that they would like that they could be approach during the educative actions, the women answered: *I think that in general* (E2). *I think that about everything, from the toe to the head... Because there are many things to discuss, to talk... Several subjects of the health of the woman... not only about the uterus and the breast* (E6). There is still, the following report concerning the gynecological appointment, and she highlights this need: *Health, in some aspects is good, but in others is very bad, because we have one that which is to make the women go to the doctor's appointment, which is very complicated... I think that no woman here likes it; he is very stupid, rude... People go to the appointment and he doesn't have any patience to listen what we have to say... If we say something, he insists that it's not the way we are explaining...* (E5).

Discussion

During the making of the interviews, it was perceived that, from the gestures and the reports of the

women, the multiplicity of opinions, beliefs, feelings and ways of acting. They want actions in health which contemplate the diversity which surrounds the world of the settled woman. The conceptions of education in health of the settled women are based on the valuing of educative practices which are more sensitive to the needs and which transcend reproductive dimension.

The study highlighted that the educative practices must be developed in the settlement, keeping in mind that the women perceive the need and long for obtaining information on the several contexts which involve the health of the woman. From this conjecture, it is indispensable to the incorporation of the perspective of gender in the analysis of the epidemiological profile and in the planning of actions of health, which have as goal the promotion of improving the conditions of life, the equality and the rights of citizenship of the woman⁽¹²⁾.

The reports highlight the wish of the settled woman to debate subjects concerning health, interlinking them with their daily lives and with theoretical reflections. They feel the need to apprehend more information and discuss on what they already know through the exchange experiences between them and the health professionals, through a construction of the shared knowledge. It is necessary to strengthen the encounters and discussions from the specificities of each woman, so that the 'social need of health of these women are valued and assisted, concerning the promotion of quality of life and health'^(13:176).

Thus, the importance of building effectively educative venues, permeate by a dialogical process and with a critical reflection on the reality is corroborated. For such, it is necessary to have a wide comprehension of education in health, that is, the professionals involved must be based in a dialogical and emancipatory model⁽¹⁴⁾.

In the report of E2 it is highlighted that the educative approach refers only to the breast cancer. This leads to observe the need to articulate the questions of gender to the actions, and this finding

goes along the presupposition that the studies of gender offers wide possibilities of enriching the theoretical reflection on health, and it can also be added to other intellectual and political efforts for the comprehension of the health and its determinants in a more enhanced way⁽¹⁵⁾.

Gender, briefly, refers to the fundamentally social character of the distinctions based on the sex⁽¹⁶⁾. This question is reinforced, when one considers that, when thinking on the fundamentally social focus, there is not the pretention of denying that the gender is like bodies or about them, that's is, biology is not denied, but deliberately emphasized the historical construction produced on the biological characteristics⁽⁸⁾.

The reports which illustrate how the attention to health is conducted in the health service reaffirm the inexistence of the dialog in the practice turned to the woman. The will and the anxiety of the woman to be heard are perceived, considering the individual moments as an opportune domain of education in health. In this aspect, the educative practices which are sensitive to the subjective and cultural needs of the users are proposed, as well as the need to abandon information and communication strategies and to establish the adoption of a dialogical communication⁽¹⁷⁾.

This requires, from the professional who works in the area of education in health, a set of knowledge on women, gender, class, agro-ecology and development. Specifically regarding health, it is necessary to know deeply the conceptions and practices the processes of health diseases and of health policies, among others. In the domain of health, although there are several initiatives in order to respect and value the participation and autonomy of the subject in the action related to his welfare, until today the predominance of the model of linear education, of depositary orientation, which is anchored in a model of domination is observed⁽¹⁶⁾.

In this sense, it is understood that the model of domination, can be linked to the biomedical model

still very present in the formation of the health professionals⁽¹⁸⁾. For such, it is urgent to articulate changes and, with that, considerer the need of educators in health to enhance the comprehension of gender adopting them as guiding axes for the educative practices as well as the assistance practices, in order to 'effect care turned to the production of health and not only for the control of diseases'^(19:205).

Final Considerations

From the reports, it was noticed that the settled women would like to receive actions in health which contemplated beyond the reproductive dimension. In this sense, there is the need of the health professional, to rethink the practice of education in health especially concerning the settled woman. As shown by the Health Department itself the conditions of health of this population are determined by the processes of mobility of the camping sights and settlements, low schooling, poverty, relations of work and gender which make these subjects more vulnerable to certain infirmities, according to the reality found.

As to the questions of gender, the datum reviewed a certain frailty regarding the planning of the actions in health, which can reflect in the process health disease, but the questions based on the rights of the citizenship of the woman and in the promotion of autonomy are not taken into consideration. It is indispensable the incorporation of the perspective of gender in the analysis of the epidemiological profile and in the plan of educative actions in order to promote the improvement of the conditions of life, the equality and the rights of the woman. Conceiving health as something bigger than the mere absence of diseases and the education in health as a process of preparation of the subject for the struggle for a healthier life, the central objective of education in health is to make the subject stimulate again to take decisions, to be co-responsible for his own health with autonomy.

The discussion on 'gender' became one of the

focuses of this study, observing that we can no longer operate with closed concepts, classifying the subjects in distinct categories (man-woman), based in visions which privilege the biological aspects to the detriment of all other factors implied in the constitution of the human beings.

Therefore, a question to be strengthened during the formation of educators in health, especially in the area of Nursing, is to introduce emphatically the questions of gender in the discussions, fostering the process of breaking with the vision woman-mother-child and invest in approaches of gender, which understand woman, as a subject, a citizen, a worker and also a mother.

Regarding the conclusion of the present study, we showed limits and probabilities, with the comprehension of the 'unfinished' which permeates the researcher, once the subjects and their actions are in constant construction.

Collaborations

Ebling SBD and Falkemback EMF participated for the conception and elaboration of the project, collection and analysis of the data, writing and critical analysis of the article. Gomes VLO, Silva MM and Silva SO contributed for the making and critical revision of the scientific article.

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