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The Health of Women Living in Rural Settlements: The Women of the Mandacaru Settlement

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Abstract

The health of women living in rural settlements in Brazil goes through a diversity of situations that requires intensity and dedication, as it goes through the struggle for land, housing, survival. These women struggle for space, autonomy, work, and their health care practices are strongly aligned with these processes. Thus, the objective of this research was to understand how these women live in the Mandacaru Settlement and the relationship between their experiences and life experiences and health. This is a qualitative research with ethnographic approach through immersion in the field and using the technique of participant observation. The analyses were performed from the interpretative analysis. These women seek to carry out their care practices within a logic that permeates work, the struggle for land and autonomy as women farmers and rural workers.

Keywords: Rural Settlement; Rural Women's Health; Health Care

Abbreviations: INCRA: National Institute of Colonization and Agrarian Reform; FNDE: National Fund for the Development of Education.

Introduction

Of the entire Brazilian population, 84.72% live in the urban area and 15.28% in the rural area, with the Northeast Region having the highest percentage of inhabitants in rural areas with 26.88% IBGE. Among this rural population, Brazil has more than nine thousand settlements with more than 960 thousand settled families, according to the National Institute of Colonization and Agrarian Reform [1].

In the state of Pernambuco alone, 615 settlements are established, subdivided into two Regional Superintendencies (SR), with a total of approximately 34,000 families settled. SR 03 Pernambuco/Recife has 346 settlement projects with 22,706 families already officially settled, while SR 29 Pernambuco/Medio Sao Francisco has 276 rural settlement projects and 10,875 settled [1].

The benefits that the creation of settlements brings to the lives of these landless farmers go beyond land tenure. It benefits the whole region, the surroundings, trade, education, peasant women. The study by Marques and Marques historically describes the process of struggle of the rural population and agrarian reform and states that it is a necessary process considering that family agriculture is the one that produces the most and generates the most jobs in the Brazilian agricultural sector. For a better understanding of the context of settled women, it is important to address some of the key public policies that benefit them.

Several policies and social programs are part of the life history of this population and it is important to discuss

them understanding that it was these that brought several opportunities, a sense of security, support and direction not only for these women, but for the families living in the Mandacaru Settlement. The agrarian question goes through a long historical process and, in this context, we try to describe chronologically those most cited during the research by women.

Development

To meet the needs of family farmers and farmers, as well as rural workers, who live in camps and rural settlements, a plan was created soon after the redemocratization that aims to improve the distribution of land to meet the principles of social justice, sustainable rural development and increased production, thus emerged the I National Plan for Agrarian Reform PNRA, MDS.

According to INCRA [2], Agrarian Reform aims to promote social justice, sustainable rural development and increased production. In 2003, the II PNRA was presented during the Earth Conference that was built more broadly, collectively and with the involvement of social movements and academic reflection [2]. The II PNRA sought to improve the distribution of land, to meet the principles of social justice, sustainable rural development, increased production and leverage the agrarian reform process in the country.

In 2006, Law No. 11,326 was created, which establishes the guidelines for the National Policy of Family Agriculture and Rural Family Enterprises, which considers a family farmer and rural family entrepreneur to be one who practices activities in the rural environment and is a very common activity in the Mandacaru Settlement [3]. This Law favors foresters, fish farmers, extractivists, fishermen, indigenous and quilombola communities.

Other very important programs, and much cited by the women of the settlement were the National Program for the Strengthening of Family Agriculture (PRONAF), the Women's Support Credit, the Food Acquisition Program (PAA), the National School Feeding Program (PNAE), as well as the crop guarantee. PRONAF, through Decree No. 1,946/1996 was created by the Ministry of Agriculture and Supply in order to finance the implementation, expansion or modernization of the structure of production, processing, industrialization and services in rural establishments or in nearby rural community areas to generate income and improve the use of family labor.

Within PRONAF there is the PRONAF Mulher aimed at farmers who are members of a family production unit that fits the program and can be benefited, regardless of marital status. The women of Mandacaru feel benefited by PRONAF Mulher for having obtained funding to expand the agricultural work they are involved in, as well as the Women's Support Credit.

There are several studies that strengthen the importance of these rural credits for the rural population, considering that they serve as complementary aid for farmers, especially for women. Sousa, Jota and Almeida state that through credits like these women have possibilities, financially increase their activities, increase their production and expand their participation in public spaces.

There is also Law No. 12,188/2010 that established the National Policy of Technical Assistance and Rural Extension for Family Agriculture and Agrarian Reform (PNATER) and the National Program for Technical Assistance and Rural Extension in Family Agriculture and Agrarian Reform.

This allows the realization of non-formal continuing education in the rural environment promoting management, production, processing and commercialization of agricultural and non-agricultural activities and services, including agro-extractive, forestry and artisanal activities.

It is also important to note that it is not only about the existence of public credit policies for the population of rural settlements. For this group it is even more important to have to whom to supply their products. Thus, the PAA and PNAE are fundamental in the life of these communities.

The PAA was established through Law No. 10,696/2003, under the Zero Hunger Program, and amended by Law No. 12,512/201 [4] regulating several decrees, among them, Decree No. 7,775/2012 that regulates the PAA. The PAA is one of the actions of the federal government for the Rural Productive Inclusion of the poorest families and is part of the National System of Food and Nutrition Security (SISAN). According to the Special Secretariat for Social Development [5], its purposes are: to promote access to food and encourage family farming through the purchase of its products. It is a program that does not require bidding and the products are intended for people in situations of food and nutritional insecurity and those served by the social assistance network, that is, both in the philanthropic public network, such as nursing homes, shelters, nursing homes, and in educational institutions [6].

The PNAE was established from Law No. 11,947/2009 and, through the National Fund for the Development of Education (FNDE), must buy foodstuffs directly from family agriculture and rural family entrepreneurs or organizations, prioritizing agrarian reform settlements. The program aims to offer school meals and educational and nutritional actions to students of all levels of public basic education [2].

The study by Machado, et al. shows that such programs are fundamental in strengthening and continuing the production of family agriculture and, throughout Brazil, 78% of the products purchased by the PNAE come from family farming, while in Pernambuco, this number reaches 67.7%.

There is also the Crop Guarantee, which consists of a social benefit created in 2002, through Law No. 10,420/2002, to guarantee the family farmer an aid, for a certain time, if he loses at least 50% of the crop due to drought or water excess. It is linked to the Special Secretariat of Family Agriculture and Agrarian Development (SEAD) and its area of operation includes the municipalities of the Northeast region, the States of Minas Gerais and Espírito Santo. The resources come from contributions from farmers through membership fees, municipalities, states and the Union forming the Crop Guarantee Fund (FGS) and is administered by Caixa Econômica Federal since 2003.

In the year 2019, the Ministry of Agriculture, Livestock and Supply (MAPA) authorized the payment of benefits in a sum of R $ 25.2 million that were paid from the month of September to farmers in the north of Minas Gerais and the Northeast. The population of the Mandacaru Settlement is one of the beneficiaries, considering that it is a semi-arid region, with very low rainfall.

The group deals with these benefits with a positive view, because at the moment of helplessness, they become indispensable and, in this process of struggle for land and for the production of healthy food, there is a large number of women living precariously, without adequate assistance from health services, making it relevant to understand how they have been performing their health care practices and the construction of meanings about their body considering the difficulty in access and in the identification of the reality of these women through the scientific literature.

Settled Rural Women's Health

A large part of this settled population is composed of women, but the scientific literature in the health area has been slowly developing studies on this population that lives in the rural area. Even though this area has been undergoing changes over the years, technological and socioeconomic evolutions and new rhythms, while seeking to maintain its culture and tradition.

There are several public policies that cover women's health, such as the National Policy of Integral Attention to Women's Health (PNAISM) being a great milestone in the assistance to Brazilian women with its principles and guidelines aimed at a humanized service, knowing that they are the largest users of the Unified Health System (SUS) and that, from the women are accompanied children and other relatives who are cared for by them, Brazil Law [3]. In 2011, the Women's Health Care Policy drafted a document that incorporates, in a gender approach: "Integrality and health promotion as guiding principles and seeks to consolidate advances in the field of sexual and reproductive rights, with emphasis on improving obstetric care, family planning, care for unsafe abortion and combating domestic and sexual violence. It also includes the prevention and treatment of women living with HIV/AIDS and those with chronic non-communicable diseases and gynecological cancer. In addition, it expands actions to groups historically excluded from public policies, in their specificities and needs".

The objective of the Women's Health Care Policy is to reach women in all life cycles, safeguarding the specificities of different age groups and different population groups. That is, it should cover black women, indigenous, living in urban and rural areas, living in places of difficult access, at risk, prisoners, with disabilities, among others.

There are many programs aimed at the prevention of diseases such as cervical and breast cancer, reproductive health, prenatal care, sexually transmitted infections, gender-based violence, among others, that support Brazilian women. However, studies are insufficient to show how much of this assistance is available to settled women.

By understanding the heterogeneity and that the rural population experiences a peculiarity and very specific needs, the Ministry of Health created in 2013 the National Policy for Integral Health of Rural and Forest Populations (PNSIPCF). The policy recognizes the conditions and social determinants of the countryside and the forest in the health-disease process of these populations and seeks to improve the level of health through initiatives considering their specificities.

One of the main objectives of the PNSIPCF is to improve the level of health of rural and forest populations, through actions and initiatives that recognize the specificities of gender, generation, race/color, ethnicity and sexual orientation in the search to ensure access to health services. But also, in order to reduce health risks arising from work processes and agricultural technological innovations and improvement in health and quality of life indicators.

However, the greatest challenge is to materialize the purposes set forth in order to reduce inequalities in access to SUS services for these populations. Petrolina is a municipality with a population 52% female and the spheres of government have been concerned in recent years with a monitoring directed to women's health leading to the opening of various types of assistance points. Petrolina has the Dom Malan Hospital, which is the main place for gynecological,

obstetric and pediatric care in the region, in addition to the services performed in the Basic Health Units (UBS) such as prenatal care, cytopathological examinations, follow-up of chronic diseases and various health care.

One of the services most sought by women is obstetrics through prenatal care and, in 2015, for example, there were 11,399 pregnant women in the municipality, of which 4,287 were pregnant women accompanied by family health teams from the rural area [7] and these women, both from the urban and rural areas, resort to the Dom Malam Hospital, generally. In August 2020, the Women's Health Reference Center was inaugurated, focused on several specialties that work in the care of women such as obstetric gynecology, mastologist, pathologist, in addition to the availability of tests such as: colposcopy, biopsies, ultrasounds, implantation of intrauterine device and collection of laboratory tests.

In relation to the settled women who use the health services, little is known about the itineraries traveled, as well as about their bodily experiences and their experiences. Brasil states that in the most restricted conceptions "the woman's body is seen only in its reproductive function and maternity", that there is a limited view when the woman's body is attributed only to maternal health or absence of disease. Reflecting on the specificities of these women and, after several researches in the scientific literature, it was possible to perceive the need to understand health care practices through another look and their meanings within a context in which they are inserted, such as settlement.

In this research, it is discussed, through an anthropological look at the body, health and care, the way in which settled women construct their meanings and guide their practices within the context in which they are inserted. Good presupposes that the relationship between health and disease are realities symbolically constructed, both by physical conditions and biological coordinates and by social and cultural relations. This socially constructed relationship brings to these settled women meanings that are unique to them and, to understand them, it was important to think of a research that would bring visibility to the context in which they live and their historicity.

What would be involved in this process of building health care practices for these women? How do they understand their own bodies in the midst of these practices? How do they benefit from these various health policies and programs made available by health systems?.

Discussing the health of a population that is female, rural and settled is a process that requires dynamism, a look stripped of pre-conceptualizations and full of sensitivity to understand the bases that build this health, because these women experience diverse struggles in their daily lives. Savassi understand that there is a need to discuss the particularities of rural health in order to build public policies aimed at this group. This understanding of the knowledge and needs of the women of the settlement, based on ethnography, becomes a starting point for thinking about ways to develop care directed to these groups in the future.

When it comes to the health of rural women, we reflect on the processes they face in relation to access to health services, what supports are available in this care and how they develop their own daily practices in the exercise of health care. Rural women, according to, are represented by: "Family farmers, settlers of agrarian reform, settlers of land credit, extractive women, riverside dwellers, fisherwomen, indigenous, quilombolas, coconut breakers, geraizeiras [7] faxinalenses, caiçaras, pantaneiras, belonging to the populations of bottom and closure of pasture, mangaba pickers, gypsies, pomeranas and retireiras of the Araguaia".

The body goes through this process, because it is in it that everything happens [8] evidences that the relationship with the world is built through activities, expressions, feelings, techniques and they happen on the body Silva, et al. cite that the body "is the vehicle of being in the world and essence of the subject".

Therefore, the search to understand the meanings about the body and health care practices of women living in a rural settlement was the main objective of this research. Understanding the different forms of organization of these settled women, as well as their codes and symbols became essential to accompany these changes and their constructions in this sociocultural context in which they are inserted.

From the investigation of the daily life of these women and their relationship with the body and health care practices, important meanings were identified in the logics of care that guide their relations with the body and health care practices.

The women of the Mandacaru Settlement constitute a solid group with their characteristics and peculiarities constituted from their corporeal practices that experience a cultural universe of their own, with their customs, belief system, relations with nature and with the other that give a deep meaning to their ways of life.

References

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6. (2020) Caicaras-caicaras the traditional inhabitants of the coast of the South and Southeast regions formed from the miscegenation between Indians, whites and blacks and have in their culture artisanal fishing, agriculture, hunting, plant extractivism, handicrafts and, more recently, ecotourism.

7. (2018) Gerazeiras – traditional populations that have wisely adapted to the characteristics of the biome and its production possibilities. Thus, they guarantee family and community subsistence throughout the year through the planting of diversified crops such as corn, beans, cassava, fruits and vegetables.

8. (2012) Livestock and Supply. Agroecology. Islands: CEPLAC/CENEX, Ministry of Agriculture pp: 44.