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Life and health condition of rural working women

ABSTRACT | Objective: To get to know the life and health of working women from the rural area of a city of the West region of Paraná State. Method: Descriptive and exploratory field research, with qualitative analysis. The data collection was carried out from January to June of 2018, with 29 women. Results: The maximum age was 68 years old and the minimum was 21, an average of 43,5 years old. 15 (51,72%) women took the last Pap Smear test with the nurse and 25 (86,20%) women told their vaccine schedule was complete. As for the referred diseases, the first cause is the circulatory system diseases, followed by genitourinary system, endocrine, nutritional and metabolic diseases. Conclusion: Women are acquiring their space in the rural environment, but they not always have the access to health services that they need to take care of their life and health.

Keywords: Working women; Work; Health Conditions.

RESUMEN | Objetivo: Conocer las condiciones de vida y salud de las trabajadoras en una zona rural de un ayuntamiento en el oeste de Paraná. Método: Investigación de campo, descriptiva, exploratoria, con análisis cuantitativo. La recopilación de datos tuvo lugar entre los meses de enero a junio de 2018 con 29 mujeres. Resultados: la edad máxima fue de 68 años y la mínima de 21 años, un promedio de 43,5 años. 15 (51,72%) mujeres se sometieron a la última recolección de Papanicolau con la enfermera y 25 (86,20%) mujeres dijeron que tenían el calendario completo de vacunación. En cuanto a las enfermedades mencionadas, la primera causa son las enfermedades del sistema circulatorio, seguidas de las enfermedades del sistema genitourinario, las enfermedades endocrinas, nutricionales y metabólicas. Conclusión: las mujeres están conquistando su espacio en las zonas rurales, pero no siempre tienen acceso a los servicios de salud, que necesitan para la vida y salud.

Palavras claves: Mujeres trabajadoras; Trabajo; Condiciones de salud.

RESUMO | Objetivo: Conhecer as condições de vida e saúde de mulheres trabalhadoras em área rural de um município da região oeste do Paraná. Método: Pesquisa de campo, descritiva, exploratória, com análise quantitativa. A coleta de dados ocorreu de janeiro a junho de 2018 com 29 mulheres. Resultados: A idade máxima foi de 68 anos e a mínima 21, média de 43,5 anos. 15 (51,72%) mulheres realizaram a última coleta do exame Papanicolau com a enfermeira e 25 (86,20%) mulheres disseram estar com o esquema de vacinas completo. Quanto as doenças referidas a primeira causa são as doenças do aparelho circulatório, seguido pelas doenças do aparelho geniturinário, endócrinas, nutricionais e metabólicas. Conclusão: As mulheres estão conquistando seu espaço no meio rural, porém nem sempre tem acesso aos serviços de saúde, dos quais necessitam para os cuidados de vida e saúde.

Palavras-chaves: Mulheres Trabalhadoras; Trabalho; Condições de Saúde.

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INTRODUCTION

Access to health can be considered one of the determinants of quality of life and socioeconomic development. Access to health influences, among other aspects of social life, demographic dynamics, with impacts on mortality, lethality, morbidity, and life expectancy¹. Health policies in rural areas are oriented towards understanding and reducing the effects of inequalities in health conditions, ensuring universal and comprehensive access to the system².

The rural activity is carried out mainly by men, as it demands physical strength and its focus is always focused exclusively on this doing. Women also do this; however, they take care of the family, the house and its surroundings, exercising double or triple working hours. According

to data from the Brazilian Institute of Geography and Statistics, in 2017 in Brazil, the number of men in the field stood at 4.1 million, while women remain 945.4 thousand.^{3,4}

This relationship between the number of female and male inhabitants in rural areas is also reproduced in an approximate way in the state of Paraná. In this state, according to the 2010 Population Census, the population was about 10 million inhabitants, and, as in the country, 15% lived in the countryside. Of these 15%, which correspond to an approximate value of 1,520,000 inhabitants, 720,000 were women, equivalent to 47%, and 800,000 men, corresponding to around 52%.⁵

In the municipality of Cascavel, located in the Western Region of the State of Paraná, where this research was conducted, according to the 2010 Population Census, there were

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approximately 285,000 inhabitants, with 6% of this total, that is, approximately 16 thousand inhabitants, resided in households in rural areas. This rural population is made up of about 7,200 females and 9,000 males and is spread across eight districts. In 2019 the estimated population was 328,454 inhabitants according to IBGE data. A large part of this population engaged in agriculture is allocated to activities related to family farming.^{5,3}

To justify the research on the exposed problem, the following question arose: what are the living and health conditions of working women in a rural area of a municipality in western Paraná? To this end, this study aimed to know the living and health conditions of working women in a rural area of a municipality in western Paraná.

METHODOLOGY

This is a descriptive, exploratory study with quantitative analysis, carried out in Family Health Units (FHS) in the rural area of a municipality in the western region of the State of Paraná, the data collection occurred from January to June 2018, 29 rural women workers participated in the study. The study municipality has 45 Health Units, of these, 22 Family Health Units (FHU)⁶. The study's FHUs were selected because they are in the rural area and, after contacting their coordinators, agreed to participate in the study.

As a data collection instrument, a semi-structured interview was elaborated, composed of 21 variables, seeking to know the living conditions and health of rural women. The interview was conducted by the researchers, which were recorded and later transcribed, with a day and time scheduled with the participants for the interviews. The instrument went

through a validation phase, which afterwards went through adjustments, contemplating the object of the study.

The procedures followed the ethical standards stipulated by Resolution 466 of 2012⁷. Access to FHUs occurred after authorization from the Municipal Health Secretariat of the study municipality. The subjects who agreed to participate in the research were given the Free and Informed Consent Term (ICF), after all clarifications, the signature was signed, respecting the women who chose not to participate in the study.

This study is an excerpt from the research project on the Perception of rural women workers on the health-disease process and its relationship with work in family farming according to Universal Call MCTI/CNPq No. 01/2016, it was approved by the Ethics Committee in Research at the State University of Western Paraná (CEP/Unioeste), according to opinion number 2,356,516 and CAAE 78560217.0.0000.0107.

The data were organized in an electronic spreadsheet of the Microsoft Office Excel software, version 2016 and analyzed in a quantitative way, using the calculation of the absolute (n) and relative (%) frequency of the different variables.

RESULTS

In the municipality studied, 29 women rural workers were inter-

viewed from January to June 2018, who were attended at Basic Family Health Units in a municipality in the western region of Paraná. The maximum age recorded was 68 years old and the lowest was 21 years old, making up the average age of 43.5 years old, according to the table 1.

Regarding health plans, five (17.24%) women have a health plan and 24 (82.75%) do not have a private health plan, yet, regarding the reason that the woman sought the FHU, six (20.68 %) to carry out a medical consultation, one (3.44%) to accompany a family member, one (3.44%) to accompany another person, one (3.44%) for dental care and 15 (51.72%) do not attend. applies, among the reasons are waiting to talk to the social worker, registration for handicraft courses and information on the care provided at the FHU.

Taking into account the fact that it was asked "do you care for someone who is sick or dependent in the family and who you care for", 24 (82.75%) answered that they do not care for someone who is sick or dependent in the family and five (7.24%) care for a sick relative, and when asked who they care for, 24 (82.75%) do not care for anyone, three (10.34%) care for the mother, one (3.44%) takes care of the daughter and one (3.44%) of the mother-in-law. As for patients, three (10.34%) have neoplasia, one (3.44%) has a mental disorder and one (3.44%) is dependent elderly.

Table 1: Distribution of female rural workers according to age group. Municipality of the Western Region of Paraná, 2019.

Idade	Número	Percentual (%)
20 a 29	5	17.24
30 a 39	6	20.69
40 a 49	8	27.59
50 a 59	5	17.24
60 a 69	5	17.24

Source: Researchers database/2018

Table 2 shows the distribution of the cause group for the occurrence of diseases in the rural women workers surveyed. It is noteworthy that it exceeds the total sample, as some study participants, the author mentioned more than one health problem.

It is pertinent if the woman received any health treatment in the private network or if she is under treatment, 19 (65.51%) women said yes, three (10.34%) who did not receive and are not under any treatment and seven (24.13%) does not apply.

Regarding whether women had consulted with any FHS professional in the last year, 22 (75.86%) did, three (10.34%) did not consult with any of the professionals and four (13.79%) did not apply.

Regarding the professional who performed the collection of the last preventive gynecological examination, 15 (51.72%) women performed the Pap smear collection with the nurse, five (17.24%) with the doctor, five (17.24%) do not remember and four (13.79%) underwent other services and as for the time of the

last collection of the preventive, five (17.24%) underwent the exam less than a year ago, 15 (51.72%) among one to two years, four (13.79%) three to four years, two (6.89%) five to six years and three (10.34%) do not remember.

Still, if the woman was referred for a mammogram, 17 (58.62%) were referred for a mammogram, seven (24.13%) were not and for five (17.24%) it is not applicable. Regarding the use of some contraceptive method, eight (27.58%) use oral contraceptives, four (13.79%) are lacquered, five (17.24) do not use any method, 11 (37.93%) are in menopause and one (3.44%) said to use another method, regarding access to the contraceptive method for 20 (68.96%) does not apply, six (20.68%) buy at the pharmacy and three (10.34%) buy in the FHU.

For the vaccine status, 25 (86.20%) self-reported having the complete vaccination schedule and four (13.79%) were unable to inform. Regarding the time spent to reach the FHU, for 26 (89.65%) less than thirty minutes and three (10.34%) need an hour and more, regar-

ding the means of transport used to reach the FHS, 26 (89 , 65%) use their own car, three (10.34%) on foot and the distance between home and FHU, 15 (51.72%) between five to 13 km, seven (24.13%) from six to 10 km and nine (31.03%) more than 10 km.

DISCUSSION

The Family Health Strategy is part of Primary Health Care and follows the principles and guidelines of the National Policy for Primary Care, of the Ministry of Health. The age group of the study participants ranged from 21 to 68 years old, with a predominance of the age group of 40 to 49 years old, with 8 (27.59%), followed by 30 to 39 years old, with 6 (20.69%).

Regarding health plans, the demand for public health service, that is, the FHS was more frequent 24 (82.75%) among those who did not have a health plan than among those who had 5 (17,24 %). It is noteworthy that even women who had private health plans used the Unified Health System (SUS), in a smaller proportion.

Supplementary health in the country has evolved with the increase in the number of beneficiaries, given the scarcity in the provision of public health services and the deficit of effective public policies in the area, the citizen is forced to make choices. Rationality gives citizens the possibility to choose between what seems best, of the highest quality, speed, and efficiency. With the growth of the supplementary health sector, a large part of the population chooses to contract a private health insurance⁸.

Taking into account the care of someone who is sick or dependent in the family and who cares, five women take care of a sick relative, of these, three take care of the mother, one of the daughter and one of the mother-in-law. As for the pathologies, which predominated were neoplasms, mental disorder and is elderly dependent.

Table 2: Distribution of diseases found in women rural workers, by cause group (CID 10). Municipality of the Western Region of Paraná, 2019.

Grupo de causas	Número (N°)	Percentual (%)
Algumas doenças infecciosas e parasitárias (I)	1	3.03
Neoplasias (tumores) (II)	2	6.06
Doenças do sangue e dos órgãos hematopoéticos e alguns transtornos imunitários (III)	1	3.03
Doenças Endócrinas, nutricionais e metabólicas (IV)	3	9.09
Doenças do sistema nervoso (VI)	1	3.03
Doenças do aparelho circulatório (IX)	8	24.25
Doenças do aparelho respiratório (X)	1	3.03
Doenças do aparelho digestivo (XI)	2	6.06
Doenças do sistema osteomuscular e do tecido conjuntivo (XIII)	2	6.06
Doenças do aparelho geniturinário (XIV)	4	12.12
Lesões, envenenamentos e algumas outras consequências de causas externas (XIX)	1	3.03
Causas externas de morbidade e de mortalidade (XX)	2	6.06
Não referiu doença	5	15.15

Source: Researchers database/2018

The caregiver is the person who provides care to another person who is in need, for being bedridden, with physical or mental limitations, with or without remuneration. Care is characterized by proximity/kinship, and they take care of the mother, daughter, and mother-in-law. Remembering that the time of care, hours per day and days of the week of dedication to continuous care generates physical and emotional wear, not to mention the material and financial and if you cannot count on the help of others, care becomes exhausting⁹.

The family takes care of their loved ones, not only to provide and or restore health, but takes care of life and for life. Care in its various ways and places of happening, with proper care, within the family, or through the networks that support and support it¹⁰. The average age of the participants was 43.5 years. This predominance allows us to relate that in this stage of adult life, human beings require greater biological, psychological, and social attention, which is not always an easy situation for caregivers, who may have complications with self-care. The care provided requires exclusive and almost always full dedication, which often leads the caregiver to the installation of a new dynamic of life, based on the needs of the person being cared for.

Table 1 highlights the first three causes of diseases, the first being Circulatory System Diseases (IX), namely, hypertension and varicose veins were responsible for the largest number of diseases that most affected women, followed by Diseases of the apparatus genitourinary (XIV), being, leukorrhea and endometriosis and Endocrine, nutritional and metabolic Diseases (IV), being in this group diabetes and obesity.

In relation to the professional who performed the collection of the last preventive gynecological exam, there was a predominance of women who performed the collection of the Pap smear with the nurse and as for the time of the last collection of the preventive, two women

who performed the collection between five years ago stand out six years and three don't remember.

The theme of women's health is addressed in the Family Health Strategies as preventive and health promotion actions. Among these actions, there is the offer of preventive examination of the cervix.

In a survey conducted with 15 women attending a Basic Health Unit (BHU) in the interior of Rio Grande do Sul, it was observed that women seek the health unit to perform the preventive mainly because they are experiencing some discomfort, especially pain. Note that the concept of curative medicine still prevails. The search for the health unit occurs only when there are symptoms and not for the preventive purpose of diseases¹¹. Therefore, it is emphasized that the result obtained in the present study is positive, since the demand is preventive and not curative, as evidenced in other studies.

The early detection of cervical cancer in asymptomatic women by screening, through cytopathological examination, allows the detection of precursor lesions and diseases in the early stages even before the appearance of symptoms. It has one of the highest potentials for prevention and cure, reaching close to 100% when diagnosed early and being able to be treated on an outpatient basis in about 80% of cases¹².

The Ministry of Health recommends that every woman, from 25 to 59 years old, who has or has had sexual life should undergo periodic preventive examination. After two consecutive exams, with negative results for dysplasia or neoplasia, a three-year periodicity is recommended, since after that, the cumulative risk of developing the aforementioned pathology, becomes quite reduced, remaining reduced and with damage reduction for the next ones. subsequent five years¹³.

Relevant if the woman received any health treatment in the private network or if she is undergoing treatment, 19 women said "yes" and 22 women had consulted

with an FHS health professional in the last year. There was a predominance of calls in the public service.

In the variable that shows whether the woman was referred for a mammogram, 17 (58.62%) were referred for the diagnosis of images, seven (24.13%) were not and for five (17.24%) were not applies. Regarding reproductive planning with the use of some contraceptive method, eight (27.58%) use oral contraceptives, four (13.79%) are lacquered, five (17.24) do not use any method, 11 (37.93%) are in menopause and one (3.44%) said to use another method, regarding access to the contraceptive method for 20 (68.96%) does not apply, six (20.68%) buy at the pharmacy and three (10, 34%) acquire from the FHU.

Breast cancer stands out as the main cause of death, since 60% of deaths occur due to late diagnosis, in addition to its progressive incidence, it generates human suffering and high cost to public health. With regard to the prevention and early diagnosis of breast cancer, it is worth remembering that the cancer care network aims to ensure full and humanized access to women with the provision of qualified and resolving services, both in the diagnostic phase, as well as appropriate referrals and treatments in a timely manner.

Even with the increase in specialized sectors for mammography, it is known that professional training is lacking in terms of incentives and equitable access, given that not all women in the target population aged between 50 and 59 are benefited and that every professional should assess the need for image diagnosis for women outside this recommended age range. In this study it is noticed that there were few referrals for women aged 40 or over¹⁴.

About reproductive health with access to reproductive planning and its contraceptive methods, the results showed that most of the women studied use oral contraceptives or have undergone salpingectomy (uterine tube ligation), with no

other methods mentioned. It is important to highlight, according to the Federal Constitution, in its Paragraph 7, Art. 226, that everyone has the right to have a safe and satisfying sex life.

It must have autonomy and empowerment to decide how many children it wants to have, and services and professionals are responsible for guiding and offering efficient, effective, safe, and acceptable methods according to the needs of each one. Thus, reproductive planning in Brazil, even though it is the responsibility of all levels of health care, it is up to primary care to assume it as a priority, through a joint effort between community and health professionals and other sectors and services¹⁵.

As this is a study with rural women, regarding the participation of men in decisions about reproductive planning, there was no data on. This is in line with an integrative review with 11 studies on male participation, only 4 studies addressed men, one of which focused on vasectomy as a contraceptive method, reinforcing

the importance of guiding, informing and training that sexual and reproductive rights should be the responsibility of both men and women¹⁶.

For the vaccination status, 25 women said they had the complete vaccination schedule, for the Tetanus, Hepatitis B and Yellow Fever vaccine, and, regarding the time taken to reach the FHU, for most of the study participants the time spent is less thirty minutes. The means of transport most used by the participants was the car itself and the longest distance between the residence and the FHU was 15 km.

Health promotion is a process that allows people and the community to maintain their state of well-being, contributes to the improvement of living conditions, which presupposes access to education, health, housing, income, sustainable resources, among others¹⁷.

CONCLUSION

Women are conquering their space

and taking leadership in rural areas, in recent years they have achieved social advances, which reinforce the role and empowerment of women. These achievements in the national scenario are part of the changes that, little by little, were happening in families, communities, states, and municipalities.

One-off preventive actions, such as vaccination and gynecological preventive examinations, refer to a long road traveled by public policies and actions to publicize and raise awareness of prevention.

User confidence in the safety of the vaccines offered is a condition for successful vaccination. The action to check the vaccination status of women should be carried out at least once a year to work on health promotion and disease prevention actions, especially those preventable by vaccines. These actions, when carried out with the support of health and education professionals, strengthen bonds, and allow the maintenance of quality of life, as they generate a commitment on the part of all those involved. 🌱

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