

# FISHERY WOMEN'S HEALTH: A LIGHTHOUSE FOR THE FAMILY HEALTH STRATEGY

*SAÚDE DAS MULHERES DA PESCA: UM FAROL PARA A ESTRATÉGIA SAÚDE DA FAMÍLIA*

*SALUD DE LAS MUJERES DE LA PESCA: UN FARO PARA LA ESTRATEGIA SALUD DE LA FAMILIA*

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## ABSTRACT

Fisherwomen have historically dealt with the lack of recognition of their activities, which has socioeconomic and health implications. The objective of the research was to understand the health-disease process, describe the sociodemographic profile, social conditions, the main health problems and access to services in Primary Health Care. Descriptive, exploratory and qualitative research. The research period was between June and September 2022. Six fisherwomen participated, over 18 years old, linked to Basic Health Units, through the focus group technique, the reports were recorded, transcribed and categorized. The data point to the vulnerabilities present in everyday life, from the issuance of the professional registration, to the reception in the Basic Health Units, as well as access to basic medicines. We found that there is much to be done through public policies and intersectoral interventions to address the vulnerabilities of this population.

**Descriptors:** *Primary Health Care; Women's Health; Access to Health Services; Family Health Strategy.*

## RESUMO

As mulheres pescadoras lidam historicamente com a falta de reconhecimento de suas atividades, o que tem implicações socioeconômicas e de saúde. O objetivo da pesquisa foi compreender o processo saúde-doença, descrever o perfil sociodemográfico, os condicionantes sociais, os principais agravos à saúde e o acesso aos serviços na Atenção Primária em Saúde. Pesquisa de caráter descritivo, exploratório e de natureza qualitativa. O período da pesquisa foi entre os meses de junho e setembro de 2022. Participaram seis pescadoras, maiores de 18 anos, vinculadas em Unidades Básicas de Saúde (UBS), através da técnica de grupo focal, os relatos foram gravados, transcritos e categorizados. Os dados apontam as vulnerabilidades presentes no cotidiano, desde a emissão do registro profissional, ao acolhimento nas UBS, bem como o acesso à medicamentos básicos. Constatamos, que há muito a ser realizado, através de políticas públicas e intervenções intersetoriais de enfrentamento às vulnerabilidades dessa população.


**Descritores:** *Atenção Primária em Saúde; Saúde da Mulher; Acesso a Serviços de Saúde; Estratégia Saúde da Família.*

## RESUMEN

Las pescadoras han enfrentado históricamente la falta de reconocimiento de sus actividades, lo que tiene implicaciones socioeconómicas y de salud. La investigación tuvo como objetivo comprender el proceso salud-enfermedad, describir el perfil sociodemográfico, las condiciones sociales, los principales problemas de salud y el acceso en la Atención Primaria de Salud. Investigación descriptiva, exploratoria y cualitativa. El período de investigación fue entre junio y septiembre de 2022. Participaron seis pescadoras, mayores de 18 años, vinculadas a las Unidades Básicas de Salud (UBS), a través de la técnica de grupos focales, los relatos fueron grabados, transcritos y categorizados. Los datos apuntan a las vulnerabilidades presentes en el cotidiano, desde la emisión del registro profesional, hasta la recepción en las (UBS), así como el acceso a los medicamentos básicos. Encontramos que hay mucho por hacer a través de políticas públicas e intervenciones intersectoriales para atender las vulnerabilidades de esta población.

**Descriptorios:** *Atención Primaria de Salud; La Salud de la Mujer; Acceso a los Servicios de Salud; Estrategia de Salud de la Familia.*

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## INTRODUCTION

Women constitute the majority of the Brazilian population and are the main users of the Unified Health System (SUS). A fundamental social segment for health policies, especially because the historical inequalities of power between women and men imply a strong impact on women's health conditions<sup>1</sup>.

In Brazil, the main causes of death of the female population are cardiovascular diseases, especially acute myocardial infarction and stroke. Among the neoplasms, breast, lung and cervical cancer stand out. As for diseases of the respiratory system, notably pneumonia (which can cover up cases of HIV/AIDS - Acquired Immunodeficiency Syndrome - not diagnosed). Endocrine, nutritional and metabolic diseases, especially diabetes and external causes also deserve attention<sup>1</sup>. Associated with other social issues, they deepen gender inequalities, demanding from the SUS more and more a look at this public.

Artisanal fishing is a work focused on the capture of various types of fish. Seafishing, common in mangroves, is an important work activity of women fishermen, responsible for the extraction of shellfish, shrimp, crab and whelks, among other types of crustaceans, an occupation described in the Brazilian Code of Occupations<sup>2</sup>.

Although the occupation is recognized by the Ministry of Labor, Goes and Cordeiro<sup>3</sup> describe that there is a strong sexual division of labor in the fishing sector, with men being the most socially valued activities and with greater monetary gain. Women have been working in this sector since childhood and participate in the entire fish production chain: species capture, processing and marketing. However, because of the social relations of sex, women are primarily destined to the activities that must be carried out in association with domestic work, characterizing the invisibility and the feeling of lack of professional recognition of fishing workers and shellfish gatherers.

According to an action survey conducted in Ceará<sup>4</sup>, women fishermen have low schooling and income. They face precarious working conditions in an inhospitable environment (mangroves). They report falls, fractures, injuries, drownings and symptoms of work-related musculoskeletal disorders, but do not consider that they are exposed to risks. These accidents are seen by them as inherent to the productive process and the health problems are not perceived as resulting from work. They also do not identify health promotion actions directed to them<sup>4</sup>.

The encounter with the object of study started from the observation during the territorialization in the health services, as a Pharmacist of the Integrated and Multiprofessional Residency Program in Family and Community Health, by the School of Public Health of Ceará (ESP-CE), in partnership with the municipality of Camocim - CE, perceiving the distancing of women fishing workers in the Basic Family Health Units (UBASFs) of the municipality. During the territorialization, we perceived, in all the areas assigned to the Units, important conditioning factors in the health-disease process of the population, such as the lack of basic sanitation with the incomplete sewage network, lack of selective waste collection, among others.

The relevance of the study is justified in the perception that coastal fishing communities, within urban areas and populous coastal cities, are in a social process that excludes them. Women fishermen have historically dealt with the lack of recognition of their activities, which has socioeconomic and health implications, such as the recognition of their occupational diseases<sup>5</sup>. In this study we aim to understand the health-disease process, describe the sociodemographic profile, the social conditioning factors that involve life, the main health problems and access to services in Primary Health Care (PHC), evidence that can contribute to the formulation of priority and specific public health actions and policies aimed at women fishermen and shellfish gatherers.

## METHODS

A descriptive, exploratory and qualitative study was carried out. Qualitative research is concerned with the deep and comprehensive understanding of a universe of meanings, beliefs and values that cannot be

quantified through the operationalization of variables<sup>6</sup>. The scenario of the study was the municipality of Camocim – CE, founded on September 29, 1879, located 357 km from the capital Fortaleza, which has about 64 km of coastal zone, being the municipality with the largest coastline of the State of Ceará. It has an estimated population of 64,147 inhabitants, according to the IBGE (2021)<sup>7</sup>.

The PHC of the municipality of Camocim currently has 21 UBASFS, 08 in the Rural Zone and 13 in the Urban Zone (headquarters), a Health Center, a CAPS II, a CAPS AD (Center for Psychosocial Care Alcohol and Other Drugs) and an Expanded Center for Family Health and Primary Care (NASF-AB), with a population coverage of 90%<sup>8</sup>. The participants were invited by the community health agents of two units chosen to carry out the study, the UBASF Dr. João Colares Filho, located in the Coqueiros neighborhood, with 2,498 enrolled in the territory and the UBASF José Farias, located in the Praia neighborhood, with 2,213 people registered<sup>8</sup>, because they are close to the place of fishing landing in the seat of the municipality and because they are located in the territories where the fisherwomen and families who live from fishing reside.

The participants of this study were six women fishing workers and shellfish gatherers of fresh or salt water in the municipality. The inclusion criteria were: age, from 18 years old, and registration or adscription in the UBASF's that represent the study scenario. Regarding the exclusion criteria, women who did not accept to participate in the study and did not sign the Free and Informed Consent Form (ICF) were not part of the study.

Data collection was conducted between June and July 2022, using a semi-structured script, through focus group interviews, with the fishing workers and shellfish gatherers, consisting of two parts. The first with questions that aim to characterize the individual socioeconomically (age, marital status, number of children, schooling, income, etc.) and the second presenting open questions, being highlighted: the perception about health-disease, access to health services of the public network and the main health problems faced by shellfish gatherers.

The period for data analysis was in August and September 2022. According to the analysis method, initially the recorded reports were transcribed and later analyzed in thematic categories, following the theoretical framework of Flick<sup>9</sup>. According to this author, the transcriptions should be analyzed from a thorough and exhaustive reading of each account, in order to understand the discourses, in the search to identify the meaning of the whole. Thus, it follows with the thematic extractions, with subsequent categorization.

The study was approved by the Research Ethics Committee of ESP/CE, with opinion No. 5,392,470 and CAAE 56321522.5.0000.5037, following the ethical criteria, based on Resolution No. 466/2012 of the National Health Council – CNS, considering the assumptions of bioethics configured in its resolution: autonomy, non-maleficence, beneficence and justice<sup>10</sup>.

## RESULTS

The presentation of the results was carried out according to the steps present in the interview with a semi-structured script. First, with the part containing the sociodemographic profile data, knowing the characteristics of the study participants. Subsequently, the thematic categories that emerged from the group approach were worked on. The research had the participation of six women from artisanal fishing.

The ages of the participants ranged from 49 to 62 years (mean: 55.5 years); most have between three and four children; 83.3% of the participants declared themselves mulatto; in relation to marital status, 50% are related through a stable union; and in relation to schooling, 50% of the participants were not literate or have functional literacy.

It was found that the monthly income ranged from less than one salary to a maximum of two minimum wages. They also reported producing handicrafts, as well as collecting aluminum cans for recycling and selling food to help with their monthly income. Regarding the benefits, 50.00% reported not having them.

One of the participants reported that she still works for subsistence or commercial purposes, but managed with the help of a lawyer to retire as a shellfish gatherer. As for the Professional Fisherwoman Registry (RGP), none was able to issue it, as they declare fragilidades and difficulties in the issuance. It also reports that they have tried in the fishermen's union in the Z-1 Fishermen's Colony of Camocim, but without success in the municipality.

## DISCUSSION

After analyzing the transcribed journals, three thematic categories emerged: Health Perception; The vision of self-care. When they get sick, what do they do? Access to Health Services: how does care happen at UBASF?

### 1. THE PERCEPTION OF HEALTH

In this category, the participants were asked what health care they were to have, when we evidenced the following statements:

*"Health for me is being able to bathe on the beach" (P1)*

*"Health is everything for us" (P2)*

*"Without health you have nothing" (P3)*

*"When I feel like the flu, it is four o'clock in the morning and I go to the beach to get sea water, because it helps, it heals the evil eye" (P4)*

*"That's when the stress comes out and the illnesses come out..." (P5)*

In this category, the report of the interviewed participants is observed. According to their perceptions, health is considered very important for life and has a strong relationship with the culture of the sea. Being healthy is being able to access your work in the midst of nature and in the environment possible, especially in the Northeast, where there is a favorable climate. It is where they seek peace, tranquility and relaxation, through sea baths, helping to reduce stress and anxiety. In addition, a spiritual relationship of protection.

As corroborated by Andrade et al.<sup>11</sup>, when describing thalassotherapy in a therapeutic modality that combines bathing in seawater, marine climate and solar radiation. And balneotherapy, which consists of a treatment by means of baths of any origin, which can be with sea water, not necessarily inserted in the marine environment, but with preservation of the potential therapeutic principles of sea water. They are therapeutic modalities used for several years in other regions of the world, in the preservation and treatment of various diseases, including rheumatic diseases, contributing to the reduction of pain and other symptoms, improving the quality of life of patients.

### 2. THE VISION OF SELF-CARE. WHEN THEY GET SICK, WHAT DO THEY DO?

In this category, participants were asked about when they get sick, what do they do and where do they seek care? As described in the statements below:

*"I look for the post" (P2).*

*"I also look for the post, but first I try home remedies" (P1).*

*"I'll tell you what I do: I take the sesame and the eucalyptus leaf, hit the blender. When it's morning, I grab the beets, orange water, plus a free-range egg and whisk it all in a blender and go straight to the glass. The most difficult thing is for me to go to the post" (P4).*

A Folk phytotherapy is the tradition of domestic and community use of medicinal plants, transmitted orally in each local reality, from generation to generation. Every territory or health unit can easily identify, in the ascribed community, those people who have family knowledge about the treatments with medicinal plants and some of their homemade derivatives. This popular wisdom, in addition to being a strategic source of "clues" of the efficacy or toxicity of medicinal plants, inspires subsequent scientific

studies, which then multiply in universities and in the pharmaceutical market. Thus, it constitutes, more than anything, an important cultural and political contribution, as an affirmation of self-care, whether it is a choice or the only option<sup>12</sup>.

Popular culture and the consumption of medicinal plants play an important role in maintaining health and preventing disease among fisherwomen, offering an accessible, effective and low-cost source to take care of their health, as well as an important means of preserving and transmitting knowledge about health and well-being. According to the authors Pinheiro and Martins<sup>13</sup>, who conducted interviews with fishermen also on the coast of Ceará, the search for alternative treatment measures is common in fishing communities. Initially, they seek traditional knowledge, such as teas and also pharmacists in pharmacies. Penalties even seek medical attention when they assess that the situation is more serious. Thus, the search for health services occurs when there is an unbearable r or when there is the impossibility of working, thus, when diseases are chronic and perpetuate in their daily lives.

### 3. ACCESS TO HEALTH SERVICES: HOW DOES THE SERVICE HAPPEN AT THE UBASF?

In this category, the study participants were asked whether, when they seek the health unit, their needs are met, as well as their opinion about the end they receive at the UBASF, at which point the following statements emerged:

*"Let's start with the health agent, because the health agent, so I'm not against her no, but I think she needed to stay longer in the neighborhood, look for more patients to know how she is, she goes more to our house to ask if she has already taken the vaccine (Covid), because she always sees me on the dock fishing, but it is not such an absent person, yes for health" (P6)*

The Family Health Strategy (FHS) is the main policy of comprehensive care for the vulnerable population<sup>14</sup>. The most basic modality of the FHS is formed by teams with nurses, doctors, nursing technicians or auxiliaries and community health agents (CHA). The oral health teams and the NASF-AB, which is composed of multidisciplinary professionals, such as pharmacists, physiotherapists, psychologists, social workers, among others, can also integrate the FHS. The FHS is the result of the administrative decentralization and the conquests of rights evoked in the 1988 Constitution and, since the mid-1990s, has presented a trajectory of expansion, covering today, although not integrally, all Brazilian municipalities<sup>14</sup>.

The CHWs are workers hired to work in the FHS teams. They should preferably live in the communities where they operate. They are responsible for monitoring and accompanying about 200 families in a particular micro-region. The CHAs are key pieces for the success of the FHS policy, considering the knowledge they have of the territory, the ability to connect families to the SUS and the greater proximity to users<sup>14</sup>.

*"We will get medicine at the station, there is only one, or two, then the others have to buy, because the pharmacy does not provide. But my pressure is normal, because every day I take it" (P5)*

When it comes to medicines intended for the treatment of chronic diseases, access through the SUS is around 45%, increasing for specific chronic diseases, such as hypertension and diabetes, reaching 69% for medicines for hypertension and 75% for diabetes, without accounting for access via the Popular Pharmacy of Brazil (copayment). The greater access to medicines for hypertension and diabetes is mainly due to the increasing prevalence of these diseases in the Brazilian population<sup>15</sup>. This scenario led the Ministry of Health to create programs such as HiperDia, with a view to reorganizing care to the population segments with hypertension and diabetes, with the encouragement of the free distribution of antihypertensive drugs and antidiabetics, through the Popular Pharmacy Program and the Health Program is priceless. However, it is necessary to accommodate this demand, but also to encourage health promotion policies, the prevention

of chronic non-communicable diseases (NCDs) and their risk factors, as well as guidance on a healthier lifestyle, in order to minimize risks, morbidity and disabilities caused by NCDs.

*"There was a time when I came to consult myself here and went to look for my medical record and did not find, as if you work in a post and lose a patient's medical record, then I do not like it, I am realistic, I do not like these things like this" (P6).*

Recording patient information on paper charts has been and has been used for a long time in many health care facilities. However, these records are susceptible to loss, damage or misplacement, which results in important information about the patient's health history not being available when needed. During the period of the study's focus group, in June 2022, the municipality was still in the implementation phase of the Citizen's Electronic Record (PEC). Some units were already in use, others are still awaiting equipment. It is worth mentioning that the pharmacies of the health units still do not have the equipment and system to record the dispensation of basic medicines.

The PEC, known as the SUS electronic medical record, became mandatory in UBASFs throughout the country in 2017. In addition to digitizing patient information and facilitating the transmission of data to the Federal Government, it is a potential tool to optimize the management of Public Health in its health units in order to minimize problems such as duplicity, perda, lack of physical space and paper medical records. Thus, through the PEC, provide better services, reduce risks for users and professionals, provide effective services and improve the quality of health care<sup>16</sup>.

In this context, the FHS, especially in this territory, needs to create links with the culture of fisherwomen and shellfish gatherers, to meet its fundamental principles. The Lighthouse described here refers to a warning sign and a challenge for health professionals and managers who make up the health teams, just as it is for sailors when they approach the coast, in addition to representing a light of hope for these women. It is necessary to know the way of life of these workers, to formally recognize them as fishermen, as masters of popular culture, including them in health promotion actions in the UBASFs, with the necessary welcoming and literacy.

## CONCLUSION

The shellfish gatherers interviewed in this study, in relation to the main health problems, report musculoskeletal pain, cuts, injuries and slips in the workplace, an environment with stones and NCDs, such as diabetes, hypertension and hypercholesterolemia

The major findings of the study show that these women do not attend the BHU when they need it and go in search of popular wisdom, constituting an important contribution of self-care through the culture of the sea.

It was perceived the need to develop new studies that can support new effective public policies and intersectoral interventions to face the vulnerabilities, reception and health literacy of these women, valuing traditional wisdom and encouraging the inclusion of the social participation of the traditional peoples who live in the region. coast in the construction and elaboration of these public policies.

It is necessary that the health teams of territories close to the seas, rivers and lagoons elaborate strategies that bring this public closer to the health services, to promote the bond and trust, through conversation circles, self-care groups, home visits, as well as health actions in workplaces of the fishing sector.

With regard to the limitation of the scope of the study, it is important to gather women from fishing, who do not attend the UBS, because they work on the seashore, which hindered the active search made by the community health agent at home.

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