



## Life narratives of women in rural settlements during the Covid-19 pandemic

*Narrativas de vida de mulheres assentadas rurais durante a pandemia de Covid-19*

*Narrativas de vida de las mujeres de asentamientos rurales durante la pandemia de Covid-19*

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### ABSTRACT

**Objective:** to reflect on the ethnographic material produced on the basis of the narratives of 19 women living in rural settlements during the Covid-19 pandemic, using the qualitative life story method. **Content:** analysis of the material obtained from field diary records provided food for thought on various aspects of the vulnerability of women in settlements. Their health care and health maintenance solutions included mutual help, as well as using both traditional and popular knowledge, and the health facilities in the towns where they lived. **Final considerations:** digital communication tools made it possible to conduct interviews at a distance, bypassing the social distancing imposed by the pandemic. Understanding their life stories and care experiences in the pandemic revealed this group's social vulnerability and the need for nursing care services to be more receptive to their demands in the healthcare system.

**Descriptors:** Pandemics; COVID-19; Public Health; Rural Nursing; Health Vulnerability.

### RESUMO

**Objetivo:** refletir sobre a produção de material etnográfico, a partir de narrativas de 19 mulheres de assentamentos rurais, durante a pandemia de Covid-19, utilizando o método qualitativo narrativa de vida. **Conteúdo:** o material obtido nos registros do diário de campo propiciou, em sua análise, a reflexão sobre os diferentes aspectos de vulnerabilidade das mulheres assentadas. As soluções para o cuidado e manutenção da saúde, incluem ajuda mútua, utilização de conhecimentos tradicionais e populares e utilização dos equipamentos de saúde dos municípios onde vivem. **Considerações finais:** a utilização de recursos tecnológicos para conduzir as entrevistas com as participantes permitiu contornar o distanciamento social imposto pela pandemia. A compreensão das histórias de vida e experiências de cuidado na pandemia revelou a vulnerabilidade social desse grupo e a necessidade de maior acolhimento da enfermagem às suas demandas na rede de atenção à saúde.

**Descritores:** Pandemias; COVID-19; Saúde Pública; Enfermagem Rural; Vulnerabilidade em Saúde.

### RESUMEN

**Objetivo:** reflexionar sobre la producción de material etnográfico, desde narrativas de 19 mujeres de asentamientos rurales, durante la pandemia Covid-19, utilizando el método cualitativo de los relatos de vida. **Contenido:** el material obtenido de los registros del diario de campo propició, en su análisis, la reflexión sobre diferentes aspectos de vulnerabilidad de las mujeres asentadas. Las soluciones para el cuidado y el mantenimiento de la salud incluyen ayuda mutua, uso de conocimientos tradicionales y populares y utilización de equipos de salud en los municipios donde habitan. **Consideraciones finales:** el uso de recursos tecnológicos para la realización de entrevistas junto a las participantes permitió superar la distancia social impuesta por la pandemia. La comprensión de las historias de vida y de las experiencias de cuidado en la pandemia reveló la vulnerabilidad social de este grupo y la necesidad de un acogimiento de enfermería más receptivo a sus demandas en la red de atención a la salud.

**Descriptor:** Pandemias; COVID-19; Salud Pública; Enfermería Rural; Vulnerabilidad en Salud.

## INTRODUCTION

This article derives from the analysis of the field diary produced during the interview phase of the Master's Degree research entitled "Life narratives of women from Movimento dos Trabalhadores Rurais sem Terra (MST): Contributions to Collective Health Nursing", whose researcher was the first author of this article. The objective of this manuscript is to reflect on the limits and tactics for carrying out fieldwork during the COVID-19 pandemic and to discuss the production of ethnographic material from the life narratives of women living in three settlements of the Landless Workers' Movement in the state of Rio de Janeiro (*Movimento dos Trabalhadores Rurais sem Terra*, MST-RJ), located in *Baixada Fluminense* and in the North Fluminense region, in relation to the ways of caring for health.

The research protocol was approved by the Institution's Research Ethics Committee on 2021 February 23, according to the terms of the Resolutions of the National Health Council (CNS) that provide for the guidelines and norms that regulate research involving human beings<sup>1</sup>.

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This was a qualitative study of an ethnographic nature, aimed at understanding a specific social reality, using the “life narrative” method<sup>2</sup>. The ethnosociological perspective arises from the production of life narratives through interviews; in this sense, the approach results from the combination of empirical observation (of ethnographic tradition) and sociological research<sup>3</sup>. Ethnosociology finds a fertile field in the narratives of subjects who are made invisible and seeks to understand the internal working dynamics of the object under study, in order to then elaborate a set of plausible hypotheses<sup>2,3</sup>.

In the interviews, there is an opportunity to know the perspective of others. It is important to consider that an interview is not a mere conversation. The relationship of trust that is established facilitates the exchange, the approach to a situation experienced by someone else. It is not merely about collecting data, but rather about extracting the results of an interactive process between the researcher and the participants<sup>4</sup>. Therefore, data are built from this subjective relationship. Based on this understanding, in this paper, the term *data production* was chosen, instead of *data collection*, to designate the material generated by the interview.

Regarding the scenarios defined for data production, three rural settlements of the MST-RJ were chosen, based on our interest in knowing the production of health among women, with local protagonism, living in these settlements. As an inclusion criterion, “women who lived in one of these places for a period equal to or greater than five years” were established, and, as an exclusion criterion, “women who presented some cognitive impairment that made it impossible for them to narrate their life stories”.

The advent of the pandemic scenario presented a major challenge for fieldwork: to carry out an ethnographic research study in an environment of restricted mobility and social distancing<sup>7</sup>. Due to its very nature, the ethnographic approach presupposes a considerable degree of immersion by the researcher within the environment under study<sup>3</sup>. The limits imposed by the pandemic interfered not only in the health care practices, but also in the speeches, in the subsistence strategies, in actions in the territories and in the relationships with the MST health and production sectors. Consequently, the researcher and the participants needed to establish and agree upon different interaction means from the conventional, adapted to the new circumstances.

Thus, it was necessary to achieve, without prejudice to quality, in this period of restrictions, the objective established in the research project: “to analyze the ways of taking care of health developed by women from the *Movimento dos Trabalhadores Rurais Sem Terra* who live in rural settlements in the State of Rio de Janeiro and the interface with the health services network”. As will be seen later, it was necessary, not only for the main researcher, but also for the others involved in the research, to make use of specific tactics<sup>6</sup>, and one of the most relevant resources, in this context, was the use of technological tools of communication through digital<sup>6</sup>.

## CONTENT

### Production of knowledge and the field diary

The advent of the pandemic scenario presented a major challenge for fieldwork: to carry out an ethnographic research study in an environment of restricted mobility and social distancing<sup>7</sup>. Consequently, the researcher and the participants needed to establish and agree upon different interaction means from the conventional, adapted to the new circumstances.

It was found that the use of Internet-connected cell phones, already incorporated into the routine of most of the MST members, became even more present in the pandemic period. The resource is used as an engagement tool in various activities – meetings, study and participation in support networks, valuing new ways of socialization, relationships, social developments, work and consumption modes<sup>5</sup>. By associating mobility and communication, it becomes possible to establish contact with the other at every moment, and the subjects get used to acting with this agency<sup>6</sup>.

At the beginning of the work performed, the researcher held the meetings virtually, with real-time image and audio recording of the speeches, using digital communication tools such as WhatsApp®, favoring retrieval of that moment when intersubjectivity was present<sup>6,8</sup>. The creative use not only of this application, but also of others, such as Zoom Meetings®, was fundamental to access the women in the settlements and explain the study objectives to them; request their voluntary participation in order to complete the research proposal; plan the fieldwork itinerary; conduct data production; send and receive documents and images; and resolve any doubts arising in the transcription phase of the interviews.

With regard to the virtual meetings, it was possible to overcome the distance barriers, as there was no appropriate time for them to occur, since they could be held from our homes at anytime<sup>6,7</sup>. In this way, the ethnographic method

itself is transformed from the space-time references, creating new possibilities to conduct investigation and research activities<sup>8</sup>.

However, the difficulties connecting via the Internet were challenging in the *Baixada Fluminense* settlement, due to oscillation of the signal on the settlers' cell phones, which made it impossible to continue remote work, and made us opt for face-to-face meetings in the settlement through previously scheduled visits and confirmed with the person responsible for the local health sector, respecting the sanitary measures.

These interviews provided *in loco* understanding of the daily lives of those women, translated from their life narratives. During data production, it was possible to “see” and “feel” their life contexts and better understand the challenges imposed by the territory<sup>9-11</sup>. In this process, the details of the preparations for the interviews, the description of the environments, the characteristics of each interviewee, their emotions and the silences in the face of some memories were recorded in the field diary.

Both the virtual and face-to-face meetings were documented in the field diary, which contains records of sensations and circumstances that could be forgotten, such as tiredness during displacements between the land plots under intense heat, crossing mudflats in a horse-drawn cart (with the help from women in the settlement); and the collaboration modality of the person responsible for the local health sector, who organized the meetings.

Thus, the field diary was the methodological instrument that assisted in the apprehension of details and subtleties such as gestural and emotional expressions, interruptions, pauses and silences, being an essential element for the research, given its ethnosociological aspect, in addition to being constituted as an important aid during transcription and analysis of the narratives, proving to be an essential tool for understanding the operating social reality.<sup>9-11</sup>

In the field diary, recurrences of daily life in the settlements were also documented, corroborating the several authors' conclusion about the preponderance of beliefs, values and norms that attribute to women the responsibilities for housework, health care and child rearing<sup>12-15</sup>. This showed the reproduction, in research scenarios, of the patriarchal model that naturalizes the sexual division of labor, including these responsibilities within the “woman's role”. This dynamics is often unconsciously incorporated by the woman herself, a finding inferred from the narratives. Patriarchy is still deeply rooted in rural areas and disqualifies the recognition of female farmers as political subjects, whose work in the fields – many times underqualified as “help” – perpetuates the inequality between female and male labor<sup>12-15</sup>.

### **Narratives of women living in settlements**

Among the difficulties imposed by the pandemic, social isolation stands out. For rural settlers, this has translated into greater isolation from the population of each settlement as a whole; in some circumstances, it would be more appropriate to use the term *community isolation* rather than *social isolation*. Mobility problems, which were already significant before the pandemic, were aggravated by the need for social distancing measures and by the reduced availability of public transportation, especially at the beginning of the pandemic period. Movements to enter the settlements became more restricted. The settled community itself established sanitary control measures, denoting significant awareness about the importance of measures to curb viral contamination. For example, entry of non-residents was only allowed in extraordinary situations, such as for the production flow. This environment of mobility difficulties made the use of bicycles for long-distance travel recurrent. In many cases, long walks were also needed to solve everyday problems.

The narratives pointed out that, even before the pandemic, there were no Community Health Agents in any of the three settlements. Nurses were rarely referenced, sometimes identified as professionals who work in the Family Health units, especially for prenatal care, collection of cervical-uterine material and in educational activities on arterial hypertension control.

Geographic isolation, as a result of the scarcity of public transport lines that traveled close to the settlements, was another complicating element in the lives of the settlers<sup>13,16</sup>. As they depended on this scarce and irregular transport to get to cities or places where they needed to solve day-to-day problems – including demands for health care –, they took long walks back and forth, a fact that further reduced access to these services. In addition, to supplement family income, some participants took on other activities in nearby cities, whether for selling their agricultural production or for other functions related to the provision of services such as cleaning women and caregivers, which could increase the risk of transmission of Covid-19 in rural areas.

### **Health care experiences within MST-RJ settlements**

Participants narrated that they cultivated plants and herbs, or “bushes”, to take care of their health, family members and neighbors<sup>12,14</sup>. These alternatives were the most frequent practices for treating diseases or health

problems<sup>12-14</sup>. When they needed care from the formal health network, they sought primary services, such as the Basic or Family Health Unit, for procedures such as vaccination, prenatal consultations and monitoring of arterial hypertension<sup>13,16</sup>.

Rural women experienced conditions of vulnerability in health, as they are exposed to a hard-working day, significant gender inequalities, lower education when compared to urban women and face more difficulties in accessing the formal health system, in part due to the poor conditions of the roads<sup>12,13,17</sup>.

With the advent of the pandemic context, the impact on the rural population was significant, because, despite having precarious transport, the cost could be high, since the price of tickets is a factor that influences the search for professional care. Added to the existing problems, there was a decrease in attendance at health units, a situation that discouraged and discredited this population as to the certainty of obtaining care.

Furthermore, even when they were able to obtain consultations and/or care from professionals in the Primary Care Services, all reported difficulties in accessing Secondary Health Care<sup>18,19</sup>. Some interviewees reported seeking private services for specialized care, such as ophthalmology, psychiatry, neurology and pulmonology and, consequently, spending financial resources to pay for consultations. Not infrequently, they reported the purchase of medication, as, according to them, it is common for the prescribed medication not to be available at the health unit where they received care. Drugs for continuous use, in particular, are usually purchased, avoiding returning to the unit, which would mean spending time and expenses with transport, in addition to uncertainty about the availability of the drug on site

## FINAL CONSIDERATIONS

It was possible to develop fieldwork, of an ethnographic nature, and to produce 19 narratives with women in three MST rural settlements in Rio de Janeiro, even in pandemic times. Technological mediation and Internet support were essential, in many situations, to enable the “encounter” with the women, sometimes with changes in the time-space references, due to the very nature of communication in the virtual world.

The fieldwork provided a broader understanding of the processes involved in health care; in this case, women's relationships with health and production sectors and the insufficiency of public policies that meet the legitimate and urgent demands and needs of the rural population.

The notes contained in the field diary, recording in real-time details of the experience of the work studied and that could be lost in memory, were essential for greater knowledge of the settlements, to broaden understanding of the transcripts when considering their circumstantial elements and, finally, to better subsidize the data analysis activities. More than merely recording details of occurrences in the research work, by contributing details that would sometimes have little significance if treated in isolation – but which prove to be relevant if added to other information – the field diary proves to be a valuable instrument when used integrated with the subsequent work stages.

The pandemic scenario aggravated the difficulties in mobility and access to the already existing formal health network, in addition to exerting a negative impact on income production and acquisition. However, this same scenario opened space for solutions of a tactical nature, and the exercise of health practices based on popular and generational knowledge, enriched and locally transformed, was one of its main elements, conducted primarily by the settled women. Such facts showed the female leadership and strength in facing the crisis.

Settled women proved to be the protagonists of the daily health care practices. The rural woman who emerged from the research is the one who provides first aid when someone has an accident with a hoe, prepares teas and syrups for her feverish husband, comforts and assists her neighbor in deep depression, and takes the children to the health unit for vaccination. Thus, through the practice of therapeutic and preventive care, this woman proves to be an essential health promotion agent within the settlements.

Remaining in these territories during the pandemic period can also be understood as a resistance and perpetuation movement of a traditional care culture that alleviates, cures and saves, even in circumstances where access to technological resources in health is restricted.

The chronic situation of lack of assistance experienced by the settlers in the health area is still a challenge for health managers and professionals. Nursing can contribute and assume a vanguard role to mitigate this reality, approaching territories and interacting with the secular health care practices, developed by women under conditions of social vulnerability.

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