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FEMALE WORK AND HEALTH IN THE PERSPECTIVE OF WOMEN RECYCLABLE WASTE COLLECTORS

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ABSTRACT

Objective: to analyze the relation between female work and health in the perspective of women collectors of recyclable materials and carry out an educational activity directed towards their empowerment.

Method: a qualitative study based on the Convergent-Care Research. The participants consisted of 11 women collectors from a recyclable materials cooperative. Data were produced between April and June 2015 through participant non-systematic participant observation, semi-structured interviews and convergence group. The analysis followed the steps established by the methodological reference (apprehension, synthesis, theorization and transference).

Results: two thematic categories emerged from the analysis that point to life experiences marked by economic, family and social difficulties, such as the experience of child labor, exclusion from the labor market, difficulties imposed by motherhood and marriage, as well as racial prejudice. The collector's point of view in relation to the work in the woman's life is also highlighted, evidencing elements such as sexual discrimination, the division of labor and the relation between work and family. The educational group activity directed towards empowerment had a positive outcome and helped the collectors to rekindle feelings of confidence in their abilities.

Conclusion: women's work is a relevant factor for women's health. Thus, educational nursing actions that stimulate empowerment as an element for health can be effective together with singular groups, such as recyclable waste collectors.

DESCRIPTORS: Nursing. Occupational health. Women, working. Gender and health. Solid waste segregators. Community-based participatory research. Qualitative research.

TRABALHO FEMININO E SAÚDE NA VOZ DE CATADORAS DE MATERIAIS RECICLÁVEIS

RESUMO

Objetivo: analisar a interface trabalho feminino e saúde na perspectiva de mulheres catadoras de materiais recicláveis e realizar uma atividade educativa em direção ao seu empoderamento.

Método: estudo qualitativo realizado com base na Pesquisa Convergente-Assistencial. As participantes foram 11 mulheres catadoras de uma cooperativa de materiais recicláveis. Os dados foram produzidos entre abril e junho de 2015 por intermédio da observação não sistemática participante, entrevistas semiestruturadas e grupo de convergência. A análise seguiu os passos estabelecidos pelo referencial metodológico (apreensão, síntese, teorização e transferência).

Resultados: da análise emergiram duas categorias temáticas que apontam para trajetórias de vida marcadas por fragilidades econômicas, familiares e sociais, tais como a vivência do trabalho infantil, exclusão do mercado de trabalho, dificuldades impostas pela maternidade e casamento, bem como o preconceito racial. Apontam, ainda, a visão das catadoras acerca do trabalho na vida da mulher, evidenciando-se elementos como o machismo, a divisão sexual do trabalho e a interface entre trabalho e família. A atividade educativa em grupo em direção ao empoderamento se mostrou positiva e ajudou as catadoras a reavivar os sentimentos de confiança em suas capacidades.

Conclusão: o trabalho feminino é um fator relevante para a saúde da mulher. Nesse sentido, ações educativas de enfermagem que estimulem o empoderamento como elemento para a saúde podem ser eficazes junto a grupos singulares, como as catadoras de materiais recicláveis.

DESCRIPTORIOS: Enfermagem. Saúde do trabalhador. Trabalho feminino. Gênero e saúde. Catadores. Pesquisa participativa baseada na comunidade. Pesquisa qualitativa.

TRABAJO FEMENINO Y SALUD EN LA VOZ DE RECOLECTORAS DE MATERIALES RECICLABLES

RESUMEN

Objetivo: analizar la interfaz de trabajo femenino y salud en la perspectiva de las mujeres que recolectan materiales reciclables y realizar una actividad educativa hacia su empoderamiento.

Método: estudio cualitativo realizado con base en la Investigación Convergente-Asistencial. Las participantes fueron 11 mujeres recolectoras de una cooperativa de materiales reciclables. Los datos fueron producidos entre abril y septiembre de 2015 a través de la observación no sistemática participante, entrevistas semiestructuradas y grupo de convergencia. El análisis siguió los pasos establecidos por el referencial metodológico (aprehensión, síntesis, teorización y transferencia).

Resultados: del análisis surgieron dos categorías temáticas que apuntan a trayectorias de vida marcadas por fragilidades económicas, familiares y sociales, tales como la vivencia del trabajo infantil, exclusión del mercado de trabajo, dificultades impuestas por la maternidad y el matrimonio, así como el prejuicio racial. La visión de las recolectoras acerca del trabajo en la vida de la mujer, evidenciando elementos como el machismo, la división sexual del trabajo y la interfaz entre trabajo y familia. La actividad educativa en grupo hacia el empoderamiento se mostró positiva y ayudó a las recolectoras a reavivar los sentimientos de confianza en sus capacidades.

Conclusión: el trabajo femenino es un factor relevante para la salud de la mujer. En este sentido, acciones educativas de enfermería que estimulan el empoderamiento como elemento para la salud pueden ser eficaces junto a grupos singulares, como las recolectoras de materiales reciclables.

DESCRIPTORES: Enfermería. Salud del trabajador. Trabajo femenino. Género y salud. Recolectores. Investigación participativa basada en la comunidad. Investigación cualitativa.

INTRODUCTION

On a global scale, women's health and quality of life are considered to be elements linked to the status given to them by the society in which they live. Women experience discrimination, violence, deprivation of their rights, risks to their health and they experience aggravation of their physical and social vulnerability. Although progress has been made with regard to the living conditions of women in the world, especially to those without access to education, it is noted that they are below the male population in regards to secondary education, access to employment and equal pay. It is recognized that women around the world are less protected in their workplaces with regard to their work conditions.¹

Contributing to the precariousness of women's work, the inequalities present in the division of domestic responsibilities between men and women are highlighted which, despite the migration of women from the domesticity to working life. Another aspect which should be highlighted is that women are absent from work due to illness more often than men, according to the recent research.²

This context corresponds to the reality of women collectors of recyclable materials. In the context of women's work, the woman collector is placed in a scenario of labor, social, economic and health vulnerability, as she suffers from the overlapping of tasks that involve responsibilities arising from work, home and motherhood, as well as being immersed in a profession marked by precariousness, informality and risk.³

In addition to proposing the expansion of knowledge about the experiences of women col-

lectors regarding the women's work, this study proposes an educational nursing action towards the empowerment of women. The relevance of this proposal is linked to recent research published in the field of workers' health in nursing journals, which point to the need to promote participatory and interventional studies among workers⁴⁻⁷ and that nurses are committed to the health of people in their experiences with work.⁸

In addition, the study of the reality of women collecting recyclable materials in the context of women's work is fundamental for nursing in order to understand their life and health needs. This is due to the fact that work is a potent health mediator when it involves experiences of pleasure or suffering and illness, and can interfere in the subjectivity of those who work through exclusion and injustice.⁹

The theme of women's work and health is anchored in the perspective that the experiences of women in the world of work are permeated by gender issues, which can interfere in the establishment of fair and equal relationships in their life in society. Deepening these questions from the perspective of nursing practice converges towards the consolidation of an expanded concept of health related to the physical, psychic and social well-being of the people. In nursing practice, it must be recognized that these factors are important for the health and well-being of individuals and, therefore, must be articulated in the establishment of care.

Working women often seek the health services where the nursing professionals work. These

women refer to complaints that, in addition to referring to the biological dimension, have their origin in the conflicts generated in the articulation between multiple superimposed social roles – domestic life, motherhood and employment.¹⁰ Therefore, it is essential to view female work as an important factor in the health of the worker, promoting reflection and education in this scenario. Empowerment represents a central objective in this process, as it consists in the deconstruction of the subordination of women through their protagonism.¹¹

Based on these considerations, this study questions: what is the relation between women's work and health in the perspective of women collectors of recyclable materials and what possible educational actions emerge which are directed towards their empowerment?

These issues culminated in the production of this study, whose objectives were: to analyze the relation between female work and health from the perspective of women collectors of recyclable materials, and to carry out an educational activity towards their empowerment.

METHOD

A qualitative study, developed from the Convergent-Care Research (PCA) methodological framework. PCA proposes a meeting between care practice and scientific research. Firstly, the research must emerge from the professional practice of the researcher, being in the interest of the people involved and focusing on solving a problem that emerges from the practice of health care.¹²

This research was developed between April and June 2015 and the scenario was a recyclable materials collecting cooperative located in a municipality in the central region of Rio Grande do Sul, Brazil. The women's population of the cooperative composed the study sample, with a sample of 11 workers. For the development of the research, we met the PCA criteria, which values the triangulation of data; therefore, three instruments were used: the non-systematic participant observation, the semi-structured interview and the convergence group technique.

Non-systematic participant observation¹³ was performed in the recycling shed for eight days, for a total of 36 hours. The work context of the collectors, their interpersonal dynamics and their work routine were observed. The observation facilitated the interview-conversation, characterized by non-systematized casual dialogues whose content aggregates data for research.¹² Thus, through this approach of

movement and encounter connections were formed that favored the apprehension of unique information regarding the participants. A field diary was used for registration purposes, whose content was composed of the *corpus* of the analysis. The fragments extracted from this were identified by the acronym ON (Observation Notes), followed by the day on which the observation occurred.

The semi structured interviews were carried out in the cooperative's office and a script previously prepared was used by the researchers. The interviews began with the collection of socio-labor data and were guided by guiding questions, which sought to generate preliminary information regarding the study object and which led to the planning of the convergence group. The duration of the interviews varied between 15 and 20 minutes, due to the fact that the collectors felt uncomfortable with the digital recorder, as well as the fact that they were not familiar with research activities. However, relevant data were obtained in the interviews and the gaps that remained at the end of the interviews were fulfilled in the convergence group.

The convergence group allowed exploration of research concomitant with nursing care, which is usually found in the form of health education actions.¹⁴ The same was planned based on some principles of the problematization method, i.e., reflection and appreciation of the opinions and personal experiences of the participants. The workers were invited to the debate using phrases written on paper cards which were distributed to the group's volunteer representatives, and were read aloud, then they showed their agreement or disagreement with what they had read.

A meeting which lasted one hour, was held for the objectives of this study. The meeting took place in the workers' locker room, the place chosen by them. The space was big enough to accommodate the group and provided security and privacy. Empowerment was discussed based on the prior knowledge and personal experiences of the participants. Throughout the collective construction, the researcher questioned and informed the participants about women's' rights

Both the interviews and the convergence group were recorded using a digital device and transcribed in full through the Microsoft Word 2010 Program, in order to compose the *corpus* of the analysis. The analysis followed the steps of the PCA: apprehension, synthesis, theorization and transference.¹²

The apprehension phase corresponds to the organization and codification of information.¹² Raw data were fragmented and coded according to representative key units: life history; genre; conceptions about women's work; double workload, empowerment; and race issues. The fragments attached to these codes were cut and pasted into a poster. Notes and associations were put on the

collages which lead to pre-categorization.

In the synthesis phase, the researcher is able to "gather different, concrete or abstract elements, and fuse them into a coherent whole."^{12:55} A conceptual map was constructed through the free online program *CmapTools 6.01.0* in order for the systematization of the synthesis of results and establishment of coherent associations, as shown in figure 1

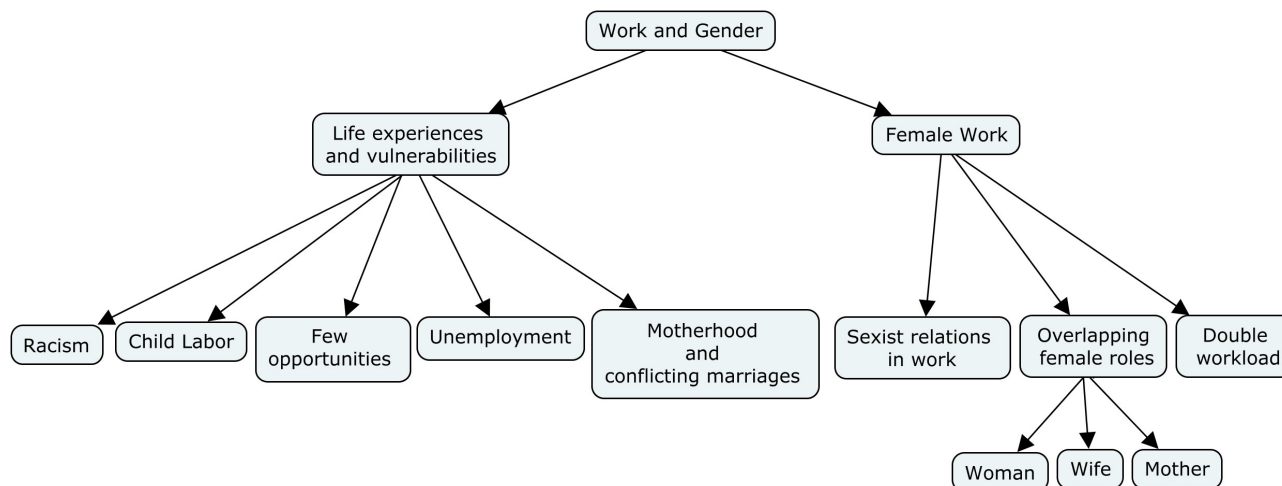


Figure 1 - Conceptual map built during the synthesis phase. Santa Maria - RS, Brazil. 2015

In the theorization phase, the researcher searches for the values and meanings in the evidence, composing assumptions and theories.¹² At that time, the theoretical references were resumed for re-signification and discussion of the results. In the transference phase, the researchers discussed the applicability of the results to the nursing professional practice, as well as possible applications to other scenarios.¹²

In the presentation of the results, the workers were identified by the letter T ("worker"), followed by the number corresponding to the order of the interview (i.e., T1, T2, T3 ... T11); The statements are marked with the identifier E, when coming from interview, or GC, when coming from the convergence group.

This research was in compliance with Resolution n. 466/12 of the National Health Council, and all participants signed the Term of Free and Informed Consent. The research was approved by the Research Ethics Committee of the Federal University of Santa Maria (CEP / UFSM) under the Presentation Certificate for Ethical Appreciation number (CAAE) 40072614.9.0000.5346.

RESULTS

With regard to socio-labor data, the female workers who were between 22 and 55 years of age; six self-identified as white and five women self-identified as black or brown. Most of them had companions and children and, previously had jobs such as: working in a juice factory; domestic worker; cleaning assistant; nanny; salespeople; general services; carer for the elderly; and maid. The workers mainly worked in the recycling shed and were responsible for receiving, separating and storing the material. At the time of the study, one woman worked as a truck driver.

The data which emerged from the analysis is organized into two categories: Life experiences and economic, family and social difficulties; and Gender and work in the perspective of women.

Life experiences and the economic, family and social difficulties

The reports from women collectors of recyclable materials highlight life experiences marked by economic, family and social difficulties. These difficulties were predominantly associated with

their life histories, and are common to many of the participants. Some statements relate to child labor, few opportunities to study, unemployment and motherhood as a limiting factor for a professional life:

I always worked. I started working when I was eight. I did not make any money, I made a kilo of rice, and a kilo of beans a week. I used to help at home too. [...] (T5, E).

[...] the government, nobody helped us. My mother was a washerwoman, she washed for the mafia. My mother had to buy my books and sometimes we didn't eat because of the books [crying]. [...] so, it hurts.. And it hurts a lot because I wanted to study. So, I think I wasn't sad because of our life, but with the lost opportunities [...] (T5, E).

[...] I was unemployed for two year. Because I had my little baby and then I got pregnant again, so I stopped working because I was pregnant [...]. Then he was born and I had no one to leave him with while I worked. So, I was unemployed, I could not get a job [...] (T9, E).

Marriage is another element cited by women and is presented in the statements regarding the problems they faced throughout their lives. Some women attribute marriage to the interruption of their studies and the occurrence of family problems which, at times, culminated in physical and psychological illness *[...] when I got married, my husband did not let me study anymore [...]. The only good thing that resulted from my marriage, was my children [...]* (T5, E).

[...] I had depression because of my ex-husband. I ended up getting sick and quit the job, I couldn't work [...]. Only I know what I suffered, eight years with that man drinking. I think I stayed for one month. And the bills were accumulating.. It was just me, alone [...] (T8, E).

[...] she told me about problems with her ex-husband and about how she believed that it had compromised her health [...]. She told me that despite her young age, she had suffered seven strokes (CVAs). One of them, the most serious one, had caused her to be hospitalized for more than seventy days, with many of the days being in an Intensive Care Unit. She told me that the doctors couldn't believe her recovery. I questioned her about the cause of these CVAs and she attributed them "to her nerves" [...]. (ON, 04/22/2015, interview-conversation with T10).

It is noticed that the women collectors are immersed in a life context marked by difficulties, sufferings and limitations. In addition to problems related to poverty and the family, the issue of racism was also present as women workers reported how segregation occurred in society and in their lives: *[...] people say they are not prejudiced, but they*

are hypocrites. We begin to talk and begin to see that people say they are not prejudiced to be well accepted in an argument, but behind all that they are prejudiced, yes. People are prejudiced against color, they are prejudiced because they are women, they are prejudiced against age [...] (T11, GC).

There is a lot of prejudice. There were some three hundred, four hundred people where I worked at the time, but I could count on the fingers how many black people there were there, two, or three. The majority were just white [...] (T1, GC).

[...] we spent many years cleaning up the colonial estate [...]. For many years we have been cleaning the bathrooms [...]. Why did not we get the badge for people to put their names on? Why did we only wash the toilet and unclog the toilet? [...] (T11, GC). Thus, the data in this category show that recyclable waste collectors are confronted with social and family difficulties, many of which are common to each other and often influence their health and work. This points to the relevance of these elements in the understanding of the context of female work, especially in this particular group of workers.

Gender and work in the perspective of women

Throughout the interviews and the convergence group, women collectors of recyclable materials identified concepts related to women's work. They were encouraged to express their opinions and ideas based on their perceptions and experiences. Some reports converge the idea that, due to the use of physical force in the performance of their work, the workers consider themselves to be equivalent to the men and deny the differences in capabilities, as evidenced by the statements:

based on what we do, there is no man's work and woman's work. We do it together. There is no way to be feminine inside [...]. Seriously, sometimes we do not even look like a girl (T11, GC).

we do it together, men and women. The only thing we did not do is drive a truck (T3, GC).

however, the workers identified the presence of sexism in the work environment, as well as some of the ways in which it manifests itself. What exists, is sexism. There are things that we do not do because we think that the man has to do it [...]. The crazy thing is that we think that only the men can drive the truck, because he is a man ... That is a difficulty [...]. Woman's salary is different from the men's salary. Not only here, but in companies. We see women saying they do the same job as men, they produce the same amount, but the men's salary is greater than hers. So, there's that [...] (T11, GC).

[...] *there are men who think we will not do it and we that we don't have the ability to do it* (T8, GC).

Sexist behaviors were identified not only in the workplace but also in the context of family relations. In addition, women reported working double the amount of hours, which caused an overload and provided examples of sexual and behavioral obligations in marriage, pointing to the overlapping of socially feminine roles, as the statements show: [...] *we do everything. And what's worse: we do everything here and when you get home you have to do laundry, clean the house, make the food. And we have to do it all with a smile on our face. Because if you look ugly ...* (T11, GC).

[...] *and you have to be in a good mood too. Well rested ...* (T3, GC).

it is difficult to find a man who will put clothes on the clothes line. Some men do, but it's rare (T6, GC).

you can count the amount of men who do this [domestic service] on your fingers. Most come home, take a bath, lie on the couch, and want everything ready. 'Is dinner ready yet? It's taking too long!' (T9, GC).

Given this data, we sought to use the reality shown by the collectors to discuss the implications of these elements on the health of working women, highlighting the importance of rethinking these problems. From the reality unveiled by the group, the researcher raised reflections about the importance of denaturalizing the problems and considering their health implications:

[...] *women have become ill at work because of it. Women have had more problems with depression, anxiety, muscle aches, various health problems due to work overload [...]. This is something that we should discuss between men and women [...]* [Speaks to the researcher to stimulate reflection].

A discussion on the concept of empowerment was promoted. Women collectively constructed a concept based on their prior knowledge and understanding of the word "power." The constructed concept corresponded to the capacity of women to know and to fight for their rights. The collective concept was complemented by the researcher; the researcher raised situations and questions that had not arisen from the group before in order to strengthen the educational activity.

In an attempt to promote didactic action which could involve women workers, phrases were written on cards and were read out and discussed by the women, in a debate carried out among themselves. The phrases that led the debate were: "women should take care of the housekeep-

ing alone", "we are stronger together, we need to talk and help each other", "many women get sick because they are overloaded with work outside the home and domestic work", "Women are very emotional, so they cannot hold leadership positions," and "women are too fragile for hard work." The debate among women proved to be productive, mainly because they were able to give examples which were present in their lives.

The debate seemed to arise feelings of empowerment and confidence in the women: [...] *today women can do anything. I have a friend who drives a truck [...] we will have more difficulties, but we can do it and often do better than a man [...] women can do anything, the proof of that can be seen in the women who are here* (T11, GC). [Name of company] *has a woman-only, construction firm. They say that they lay bricks beautifully, only women work at this firm. But we look at it like this and do not say, it's women who have nice hair and painted nails [...]* (T2, GC).

It can be noted that, on their own initiative, the workers invited their male colleagues to attend the meeting. One of these accompanied the debate, maintaining a listening position for most of the time. He sometimes contributed with his opinions, which converged with the collective construction.

DISCUSSION

Initially, the presented data showed some facets that are in common with their relationship with personal life experiences. The life experiences point to a set of conditions that culminated in the restriction of the opportunities and the suffering of the workers throughout their life. Many of these elements, as they are common to several of them, may indicate their relationship with the conduction of women to informal and precarious work.

The feminization of work is accompanied by precariousness and in this sense, the activity of collecting recyclable materials appears as an alternative for women facing unemployment and exclusion from the formal labor market. Therefore, the lack of opportunities and professional qualification has led men and, in greater numbers, women to work with solid waste, representing a possibility to provide support for the family.¹⁵

Most recyclable materials collectors suffer from social and economic exclusion, are marginalized and are subject to health impacts resulting from situations of poverty.¹⁶ A survey performed with collectors evidenced that their childhood and adolescence were affected due to material and affec-

tive deficiencies, low schooling and starting work and an early age. The study also showed life stories marked by situations of suffering, abandonment, search for survival and intense work.¹⁷

Relevant data evidenced in this category refer to motherhood as a limiting factor for the access to employment. Authors note that although pregnancy is a natural event in the life of a woman, it can marginalize poor women who do not have a supportive family network, implying loss of power, dependence on others and worsening of the financial situation.¹⁸ Similarly, the family environment was also a relevant element, especially marriage.

The statements of the workers point to losses in the continuity of schooling, as well as occurrences of physical and psychic illness related to family problems and power relations in the domestic environment. Regarding this, a study carried out in Nicaragua with recyclable material collectors showed that participants who reported having a harmonious marital, family and affective relationships had stereotypes about themselves that were less stigmatizing and more positive about the others. The study considered that marital ties and affective relationships external to the work environment were related to positive feelings of self-esteem of the collectors, favoring processes of social inclusion.¹⁹ This indicates that the family networks may represent an important basis in the definition of the life experiences of the collector, and can influence both the positive construction of her subjectivity, and leading them to situations of social exclusion.

In relation to the first category, the reference to race and the experiences of prejudice related to it were highlighted. In this regard, gender and race are variables that interact in the sense of producing different realities for different subjects, resulting in unequal opportunities. Race and gender make their mark on different social experiences and consolidate not only socioeconomic inequalities, but also symbolic and cultural inequalities.²⁰

In general, Brazilian women are more educated that compared to men, but their jobs and incomes fall short. In the case of white men and black women, there is an abyss between the occupations and incomes of both, leaving the black woman in situations of obvious disadvantage. However, when compared to white women and black men, it is evident that this situation is reversed. In view of these aspects, it is understood that the possibilities of access to financial and intellectual resources are linked to gender and race, as well as to the way these variables interact within and outside the labor market.²⁰

The second category refers to the ideas that recyclable materials collectors have about women's work, the existence of gender issues in the work environment and double working hours. Women workers recognized that there are differences in recognition and salary when compared to men, which highlights the fact that the participants recognize the existence of gender issues at work. Regarding this, a survey conducted with Brazilian recyclable waste collectors showed that they identified unequal gender relations in the work environment as a relevant element in the experiences of dissatisfaction.¹⁶ This reinforces the idea that this perception may be common to women waste collectors in different areas and realities.

The double working day was mentioned by the collectors, highlighting the lack of support from their companion in the division of the domestic tasks and requirements related to the fulfillment of the obligations of the home. A qualitative study carried out in Sweden with men and women evidenced the existence of family inequalities related to the division of household tasks. According to the authors, the processes of sexual division of domestic work may be related to stereotyped conceptions about male and female roles in the family context, which often restrict the possibilities for women to implement change. The study also suggests the relationship between the female being overloaded with domestic tasks and the occurrence of stress.²¹

Therefore, the sexual division of labor reaffirms itself as a phenomenon linked to gender issues and related to the possibility of work overload and illness, due to overlapping roles and responsibilities assumed daily by women. In the same respect, a quantitative study with Swedish women showed that, in family contexts where there is an uneven division of household responsibilities, women presented more significant levels of self-perceived stress, fatigue, physical and psychosomatic symptoms and family conflicts, and work relationships.²

Given the data obtained from women collectors of recyclable materials, the educational health action was performed centered on highlighting the problem of women's work and its implication in the health and illness of women, as well as in the concept of empowerment,²² discussed together in the group.

The process of empowerment begins when women become aware of their knowledge and of the knowledge of their abilities of self-defense, achievements, advances and overcoming adversities and obstacles. Empowerment is present when women

feel competent, when they know the importance of their participation, when they have the freedom of expression at the expense of feelings of constraints and limitations. It also concerns the movement to become active subjects of their existence, whether in the context of egalitarian relations in the domestic sphere, in the search for a place in the labor market, in the treatment or prevention of diseases, reporting mistreatment, in the relation to themselves and their own sexuality, among other numerous situations. However, it is not enough that the awakening of empowerment has its trigger in the subjective scope of the woman, since the interactions with the environment in which it is registered are fundamental.

The intersection of the concepts of women's health and work is concentrated in their concentration on precarious jobs in which they experience, among other negative experiences, undervaluation and exposure to risks. The work overload suffered by women caused by the need to meet the demands of productive and reproductive work, which constantly endangers their health should also be noted. Thus, the gap between public health policies and the reality in which poor families live in, is evident.²³

Therefore, it is considered that in order to discuss the health of women in their subjective and social scope, one must take into account their experience with work and all the historical and cultural elements that surround it. The question of gender permeates women's experiences with their work and understanding this factor must permeate the formulation of public health policies.²⁴ Thus, carrying out health actions in the workplace, discussing experiences with work, are important strategies which can allow the unique health demands of these participants to be met.

It should be noted that the invitation of the male colleague to participate in the discussions shows that the working woman does not only wants to recognize her obstacles and possibilities, but feels the need to dialogue with the man in order create joint actions. The movement started at this meeting may represent initial steps to strengthen the fair and collaborative relations in the scenario where the research was conducted.

Nursing as an area of knowledge committed to life and health in its most diverse spheres and meanings must be focused on the breakdown of work alienation, on the struggle against social inequalities and injustices, and on the search for consolidated knowledge in scientific research and return to the formulation of public health policies aimed at people in situations of suffering and ex-

clusion. Therefore, it is considered that studies that align with educational actions contribute to these demands and promote care activities concomitantly, creating support for isolated actions to be replicated in other realities, in the sense of transforming life and reality of other individuals.

CONCLUSION

The results of this study contributed to the explanation of important elements that permeate the universe of women's work, especially with regard to empowerment. The statements of the women collectors of recyclable materials highlight the fact that women's work remains precarious and that women still face a series of family, cultural and social difficulties.

It should also be noted that work overload is closely related to the sexual division of labor and the social roles assigned to women in the domestic domain. In this perspective, the collective activity promoted around the discussion of the concept of empowerment, using the experiences reported by the participants themselves as a starting point, proved to be relevant for the promotion of protagonism, self-awareness, their abilities and possibilities and showing ways to achieve good health and a full life.

Therefore, nursing actions supported by empowerment as an element of health can be effective together with unique groups, such as collectors of recyclable materials. The results reinforce the importance of nursing care in the health care and education of women and women in situations of vulnerability, regardless of where the nurse works in the health care network.

In this respect, the study presents a differentiated proposal for nursing research and practice insofar as, distancing itself from the biomedical assumptions of normality and pathology, it approaches an ideal of health articulated to the experience of well-being and enjoyment at work. Therefore, it shows that the discussion about the female work is important so that the nursing reinforces the effectiveness of its actions.

As a limitation for this research, we highlight the lack of discussions published in national and international nursing journals on women's work and gender relations in the world of work, making the relationships in this study difficult with the production of knowledge in nursing. As a result, it was necessary to search for references from other areas of knowledge, such as sociology and psychol-

ogy, which limited the discussion of data regarding nursing knowledge.

With this in view, the need to carry out new studies on this subject that turn to nursing care practice is highlighted. Participatory studies, such as action research and other methods, are innovative and which have the goal of optimizing the impact of qualitative research on the health of different populations.

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