



Possibilities and challenges for women's empowerment: perspectives of women in social vulnerability

Possibilidades e desafios para o empoderamento feminino: perspectivas de mulheres em vulnerabilidade social

Posibilidades y desafíos para el empoderamiento de las mujeres: perspectivas de mujeres en vulnerabilidad social

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ABSTRACT

Objective: to investigate the possibilities and challenges for the empowerment of socially vulnerable women living in the outskirts of a municipality located in the southern region of Brazil. **Method:** a qualitative research, of participant action type, carried out through the Itinerary of Paulo Freire. It was operationalized in six Culture Circles, with the participation of twelve women between 18 and 79 years old, in a Basic Health Unit (BHU) of a municipality in southern Brazil, in the months of May to July 2019. **Results:** In the first stage, 45 generating themes were identified, which were codified, decoded, and unveiled through dialogical action. Three themes were selected by the participants for discussion in the study: Facing the problem; Way of being; Caring for others. **Final considerations and implications for practice:** the need for women to re-signify their lives was strengthened by proactive attitudes of change to face the adversities of everyday life. This study, based on Paulo Freire's assumptions, strengthened the empowerment and autonomy of these women, generating possibilities of transformations in their lives and in the spaces where they live.

Keywords: Women's Health; Health Promotion; Personal Autonomy; Social Vulnerability; Empowerment.

RESUMO

Objetivo: investigar as possibilidades e desafios para o empoderamento de mulheres em vulnerabilidade social, residentes na periferia de um município localizado na região sul - Brasil. **Método:** pesquisa qualitativa, do tipo ação participante, realizada por meio do Itinerário de Paulo Freire. Foi operacionalizada em seis Círculos de Cultura, com a participação de doze mulheres entre 18 e 79 anos, em uma Unidade Básica de Saúde (UBS) de um município do Sul do Brasil, nos meses de maio a julho de 2019. **Resultados:** na primeira etapa identificaram-se 45 temas geradores, os quais foram codificados, decodificados e desvelados, mediante ação dialógica. Três temas foram selecionados pelas participantes para a discussão no estudo: Enfrentamento do problema; Jeito de Ser; Cuidado com o outro. **Considerações finais e implicações para a prática:** a necessidade das mulheres ressignificarem suas vidas foi fortalecida por atitudes proativas de mudança para o enfrentamento das adversidades do dia a dia. Este estudo, embasado nos pressupostos de Paulo Freire, fortaleceu o empoderamento e a autonomia dessas mulheres, gerando possibilidades de transformações em suas vidas e nos espaços em que convivem.

Palavras-chave: Saúde da Mulher; Promoção da Saúde; Autonomia Pessoal; Vulnerabilidade Social; Empoderamento.

RESUMEN

Objetivo: investigar las posibilidades y desafíos para el empoderamiento de mujeres en vulnerabilidad social, residentes en las afueras de un municipio ubicado en el sur-Brasil. **Método:** investigación cualitativa, del tipo acción participante articulada al Itinerario de Paulo Freire. Se operó en seis Círculos Culturales, con la participación de doce mujeres entre 18 y 79 años, en una Unidad Básica de Salud (UBS) en un municipio del sur de Brasil, de mayo a julio de 2019. **Resultados:** en la primera etapa se identificaron 45 temas generadores, que fueron codificados, decodificados y desvelados, a través de la acción dialógica. Los participantes seleccionaron tres temas para debatir en el estudio: Enfrentando el problema; Manera de Ser; Cuidado con el otro. **Consideraciones finales e implicaciones para la práctica:** la necesidad de las mujeres de replantear sus vidas fue fortalecida por actitudes proactivas de cambio para el enfrentamiento de las adversidades del día a día. Este estudio, basado en los presupuestos de Paulo Freire, fortaleció el empoderamiento y la autonomía de estas mujeres, generando posibilidades de transformaciones en sus vidas y en los espacios en que conviven.

Palabras clave: Salud de la Mujer; Promoción de la Salud; Autonomía Personal; Vulnerabilidad social; Empoderamiento.

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INTRODUCTION

The female population, throughout history, reveals victims of violence, exposed to situations of social vulnerability. Their rights were strengthened with the creation of UN Women, by the United Nations (UN) in 2010, in order to empower and promote gender equity in all social activities, improve quality of life, strengthen sustainable development and human rights. It has core strategies: leadership and political participation, empowerment, combating violence against women, peace, security, humanitarian emergencies, governance, planning, and global and regional standards.¹

The right of women came late and originated inferior generations, susceptible to risks and situations of vulnerability, whose result causes the pattern of male domination, creating barriers for personal autonomy and propitiating inequality. In this scenario, we consider the concept of vulnerability as unmet basic needs, multidimensional poverty, and human development.²

In this context, the experience of insecurity in relation to gender fits into what refers to social vulnerability being related to a non-linear concept. The person who experiences this condition does not always have the perception of the vulnerability situation, and may have limited access to goods and services such as education, health, safety, and health-promoting strategies. In addition, one can consider the weakening of affective bonds, as well as age, ethnic, gender, or disability discrimination.³

In Brazil, the Ministry of Education instituted the Thousand Women Program, in partnership with the Canadian government, between 2007 and 2011, in order to assist women in situations of social vulnerability, promoting professional and technological education, providing improvement in the quality of life of all those involved in the process of empowerment of the women assisted. This is an important initiative to sensitize the community about this issue; however, it is not enough.⁴

There is an eminent need to insert debates about social vulnerability related to gender on the agenda of public policies, associated with an egalitarian, non-patriarchal educational process that discusses gender standards, thus expanding the spaces for discussion with the right to speak to the public in question, so that they can feel safe and empowered.⁵

For several decades, women in their daily spaces had their attributions restricted to be the maintainers of order, becoming responsible for reproduction/ rearing, children's education, home care, and obedience to the husband. This domestic division of labor in the family environment means that there are unequal power relations that generate a place of exploitation and deep social inequality. The conditions of inferiority experienced by women have been transformed into routine practices of subordination, and their empowerment should enable them to fight against gender inequality (sexism), contributing to the emersion of instruments that make rights possible.⁶

The concept of gender in place of the category sex rejects the imposition of biological determinism on what it would be "to be a woman" and "to be a man". By using the concept gender,

it highlights the social character and the position of women in society or, more than that, it problematizes "being a woman"⁷.

In this, it is essential to work health promotion as a concept that aims to enable and empower individuals and communities to act to improve their quality of life. This reveals itself as a strategy to promote health, strengthening the emancipation of people, in the political and cultural spheres, thriving from individual to collective activities, driving changes in living conditions. It is articulated to several principles: life, health, solidarity, equity, democracy, citizenship, development, participation, and joint action.⁸ And it is linked to a set of actions: healthy public policies; creation of favorable environments; reinforcement of community action; development of personal skills and reorientation of health services.^{9,10}

Through this idea of health promotion, empowerment provides people and communities with knowledge that enables them to lead a healthy existence in the different life cycles and to face the possible challenges related to the health and disease process.^{11,12} It occurs through the development of priorities and promotes decision making, as it provides the exercise of autonomy of the population, with a view to improving health conditions. Therefore, it demands full and permanent access to information, learning opportunities, as well as adequate financial support.¹³

As a way to promote the empowerment of populations, the educational action allows stimulating critical awareness and autonomy that requires attentive listening and dialogical communication, involving action, reflection, and action. The educational practice, empowers people to face adversities and seek to deal with vivid situations, stimulating them to a new understanding of reality.¹⁴

In this context, the following question arose: what are the possibilities and challenges for the empowerment of women in social vulnerability? The fact is that valuing knowledge and sensitizing people to change their daily lives, enabling them to participate critically in health care, and also to evolve as a human being, are competencies of nurses and other professionals.¹⁵ In view of the above, the objective of this study was to investigate the possibilities and challenges to the empowerment of socially vulnerable women living in the outskirts of a municipality located in southern Santa Catarina, Brazil.

METHOD

This is a qualitative study, of the participatory action research type, based on the theoretical framework of Health Promotion and supported by Paulo Freire's Research Itinerary, developed in three moments: Thematic Investigation, Coding and Decoding, and Critical Unveiling.

The study was developed in a Basic Health Unit (BHU), with Family Health Strategy (FHS), of a municipality of the Santa Catarina coast, Brazil, in the months of May to July 2019. It had twelve women as participants who, invited at the time of the Nursing consultation, accepted to participate in the Circles of Culture. Over the three months, the steps of the Freirean Itinerary were developed, addressed in six Culture Circles and held in the auditorium of the BHU. The Circles, previously scheduled, took

place 15 days apart, with an average duration of two hours each. As inclusion criteria, socially vulnerable women who sought the BHU for a nursing consultation were invited. Exclusion criteria were: age under eighteen and not belonging to the area covered by the BHU.

The environment of the Culture Circle was arranged in order to favor dialogue between the participants and research mediators. The meetings were conducted under the mediation of a nurse, researcher, with experience in conducting this type of methodological approach.

To start the Culture Circle, the participants were introduced to each other by mentioning an adjective in which they could identify themselves and triggering a dialogue in the group, giving the mediators the opportunity to present the study, as well as the investigation of the generating themes. These terms are words extracted from the participants' vocabulary universe, according to their daily lives and from the limit situations, that is, the obstacles that stand in the way of a crisis.¹⁶

In the Thematic Investigation stage, through dialogue, a group dynamic was promoted for the presentation, relaxation, and approximation of the participants. This way, the dialogical "start" was given and provided the researchers with the presentation of the research proposal, as well as the initial investigation of the Generator Themes linked to the reality of the group.

In this stage, 45 Themes were raised, which were discussed and, concomitantly, unveiled. Cards were used with the description of the Generator Themes to be visualized by all the participants of the Culture Circle. From the 45 Themes reflected upon, they were later reduced to 23, according to the group's interest. These themes were dialogued and, concomitantly, unveiled in the Culture Circles. In the process of coding and decoding, the 23 Generator Themes resulted in three main themes of interest to the group: Facing the Problem; Way of Being; Caring for Others.

Next, the phase of Encoding and Decoding of the Research Itinerary was initiated. The Codification is fundamental, since it organizes the themes evidenced in the investigation, expressing the meanings at the moment it modifies the naive look for a critical view of reality. This action allows us to visualize the listed themes and enables the participants to talk about reality and reveal its contradictions. From this new look at reality, the reflection of daily life is amplified and exalted, enabling them to face limiting situations.^{8,16}

The mediator presented the researched generating themes, asking the participants to codify and decode the main themes to be worked on in the next Culture Circles. Faced with the imminence of dialogical moments and based on Paulo Freire's pedagogical proposal,¹³ all the meetings were carried out in a participative, horizontal, humanized, and respectful way, seeking in the experience the possibility of breaking with certain processes of domestication and daily alienation. Thus, as the Generator Themes emerged, they were decoded and unveiled according to the interest of the women involved.

It is from the existential situation, from thinking about everyday life, that reality is faced. In this way, in the Critical Unveiling phase, awareness is raised about the Generator Themes investigated,

through dialogue, and a movement towards transformation of the reality experienced becomes more concrete.^{8,16} This unveiling happened in the last two Culture Circles, and contributed to the action and reflection process of the Generator Themes.

Each participant received a flower and these were of different colors, representing their specificities, potentialities and different qualities, which allowed the unveiling of the woman's autonomy in all the spaces of her daily life, reinforcing the feminine empowerment as a possibility to face the constant roles of social vulnerability perpetuated in the several contexts in which the woman transits.

The stage of Critical Unveiling was anchored in the conceptions of health promotion linked to the precepts of Paulo Freire, enabling a critical perception of reality, reinforcing the principles of coexistence, respect for the other, responsibility/commitment to oneself, as well as generosity and solidarity with the other. These structural values are in line with the conceptions advocated by Freire, which underlie Health Promotion. It is in this phase that the reflection (and action) of the participants is stimulated, seeking the problematization and the passage from naive consciousness to critical consciousness.¹⁶

The Unveiling of the Themes occurred concomitantly with the Thematic Investigation with all participants involved in the study, as suggested by the Freirean approach, when providing for thematic analysis.⁷ This moment, traditionally known as data analysis, in Paulo Freire's Itinerary, is a constant action-reflection-action process during the Culture Circles, through careful reading, reflection and analysis of the relevant themes.

To record the themes we used a field notebook and an audio recorder during the Culture Circle, which were allowed by the participants.

The research followed the ethical precepts of Resolution 466 of 2012 and the informed consent form was signed by the women. To preserve anonymity, the participants were identified with codenames representing key words taken from Paulo Freire's Pedagogy of Autonomy.¹⁷ The study began only after approval by the Ethics Committee for Research with Human Beings, under opinion number 2.878.505 and CAAE 95490518.8.0000.0121.

RESULTS

Twelve women participated in the Culture Circles, married or single, aged between 18 and 79, with low schooling levels, occupations such as housewife, student, hairdresser, saleswoman, caregiver, and retired, residents of a suburban neighborhood of a city in Santa Catarina. The themes that were the main interests of the group to be debated were: Facing the problem; Way of being; Caring for others.

It is noteworthy that the themes generated represent the reality of the women participating in this study and bring to light some needs and conceptions of their daily lives and thus enable new reflections on their life stories. The research question was guided to discussions in the Circles of Culture, so that the participants could express the practices of empowerment.

When coding and decoding the first Generator Theme, "Facing the problem", it was noticed, in the unleashing of the testimonies,

issues related to daily life, which were repeated at different times, allowing the verbalization of individual sufferings. At this moment the needs raised by the group were emphasized and a strength related to the courage of women to face difficult moments was identified, the constant attempt to maintain control of the most complex situations of their daily lives, as well as their ability to overcome.

This act of confrontation requires the ability to act appropriately with courage:

[...]These days I was on a bus and a man got on and immediately said: "Excuse me, I want to sit down. Then I grabbed my crutch and went to get up because he was very rude, then the conductor in the back shouted: No, you will stay there ...- Sir, there is a seat back here. She is in her right, she is in her seat. He said: I didn't see that she was crippled. - You're a cripple in the head for not having any education and saying something like that. He kept quiet there.... It's a lot of discrimination, people look at me funny, I keep hearing [...]" (Criticality)

The women demonstrated an ability to cope with their problems and stressful situations:

My husband was illiterate, I, every eleven months, I would get a child, I would wash out. I would what? Cry? Beg for alms? Ask a neighbor for something?? (Criticality)

It also revealed itself as a way to face daily problems related to financial issues, marital and family relationships:

I started working when I separated; I was forced to start working. (Curiosity)

They also highlighted how they act when faced with situations of health and illness:

I don't give myself up. Do you think I'm going to give myself up because I have a sore knee? Not me! There's a little ointment, I'll take a shower, massage. (Commitment)

During the dialogues, we tried to reflect together with the participants on the importance of women's empowerment in their daily lives, valuing their strengths and potentials as a tool to overcome their weaknesses.

When coding and decoding the Generator Theme, "way of being", it was dialogued about the personal characteristics attributed by the women, which are perceptible forms of self-care in search of health and quality of life:

I think we have to love and enjoy ourselves. (Sensitivity)

The participants of the study pointed out that they face their daily routine with love, care and patience:

My work I do with love, with care, I have patience. (Commitment).

Besides the reports about feelings such as neediness, low self-esteem and depression, the women manage to be happy in their daily lives. This can be seen in the following statement:

I am always cheerful. Because if I get down, if I were to give myself away, today I was depressed, I was at the bottom of a bed. Happy, I make myself happy.... I have no sadness. (Commitment)

This theme was experienced by most of the group and to work on it, the participants revealed testimonies focused on the attention to their daily activities, connecting the care of the self to the unveiling of weaknesses and facing daily life. By taking care of themselves, they talked about their disabilities related to economic, social, and family situations that can promote their quality of life.

The third Generator Theme, "Caring for the other", proved to be relevant in the participants' speeches, through coding and decoding. They highlight, mainly, the role of caregiver that women assume, whether in their homes or in the different spaces in which they relate and live, and the importance of the social role of being a mother, wife, friend, sister, neighbor, among others.

The reports demonstrated the maternal side of the participants:

I really like to take care of the elderly and children. So, on my street, everybody comes to me, when they are sick, in a wheelchair, I go there to change diapers, I give them their medication. (Listens)

Or when it reinforces:

[...]she is my only daughter, I did everything I could, I tried to get her off drugs, I looked for the juvenile court, because you can't just go after your son, you have to see his rights. (Listens)

From this, the participants started to link such reflections to their life realities, as suggested by the following speech:

[...]it is I myself who make happiness.... When I have a child and he is in a bad situation, I gather him together and we take away his difficulties. (Commitment)

During the dialogues, the empowerment of the participants was evidenced which, when strengthened, promotes the care of the self and the care of the other:

People, when you have problems, you put your feet on the ground, you put your mind to it; but never let yourselves get down. Always up! (Sensitivity).

The culture circles enabled the participants to reflect, contributing to the care of themselves and of others. Through this methodology, the women were stimulated to rethink their daily lives and encouraged to critically confront their reality of life.

DISCUSSION

To identify and understand the women's life situations and stimulate empowerment, attentive listening is urgently needed, with valorization in health care, seeking to establish a link with nurses and other health professionals.¹⁸

In this space, when health professionals listen and talk, they share knowledge and understand the context of women's lives, considering their rights and encouraging them to face their problems with determination and courage. Many times, they guide their actions so that women become aware of the problem.¹⁹

From this perspective, information and dialogue go beyond the physical well-being, interfering in the construction of this new knowledge that results in the empowerment of women over their decision making in their lives and in their health.¹⁹ These structural values are in line with the conceptions advocated by Freire, which underlie Health Promotion. It is in this phase that the reflection (and action) of the participants is stimulated, seeking the problematization and the passage from naive consciousness to critical consciousness.¹⁶

For this there are ways to increase people's empowerment. One not-so-widely publicized means is personal, internal transformation of beliefs and thoughts. Empowerment, in this sense, implies the attainment of freedom, advancement, and overcoming of the state of subordination.²⁰

Thus, health care should be transformed beyond body care, resulting in the emancipation and autonomy of women about their lives. Autonomy refers to the woman as the protagonist of her actions and praxis, stimulating her encouragement, being necessary the insertion of gender issues in public policies and in the work process of health professionals.¹⁸

The challenges presented by life stimulate human beings to look again for different ways of thinking. By changing the way one sees the world and his relationship with others, it becomes possible to improve coping skills, which contributes to self-care. However, in the face of challenges, some people experience the possibility of going beyond themselves, fostering new fields of experience and empowerment.²¹

The empowerment of women through information plays a key role in the process of self-transformation of the person, aims at strengthening self-care and facing reality allowing the creation of self-care strategies and partnerships that contribute to their autonomy and emancipation with transformation of the social reality.^{18,20}

The participants perceive that spirituality can support them in overcoming the adversities of the health-disease process, giving them strength to live, strengthening interpersonal bonds, the meaning of life and facing death. Spirituality, through faith, helps in the understanding of illness, by allowing comfort, acceptance, and strength to follow the path of being born, living, and dying.²²

Results of a study conducted with women aged 20 to 59 years old, pointed out that there is a prevalence of depressive cases in women who are in a situation of social vulnerability.²³ Thus, attention to women's health is fundamental in providing care for themselves so that the caregiver is not overburdened with work, making them ill.

The participants of this study emphasized that it is inherent in their reality to care for the other, showing care for the family, revealing that women do not disconnect from being-with and from their "us", since the 'other' belongs to their being. The others belong to the surrounding world, in such a way that, in essence, she is always being-with.²⁴

From this perspective, caring is synonymous with attitude, responsibility, care, and affection for others. The practice of caring permeates human life since birth and accompanies vital cycles. Women are culturally recognized as caregivers, being intrinsic while being a woman, even economically maintaining the home, remains as a caregiver.^{18,25}

In this way, women understand that "being a woman" is synonymous with various forms of care. Therefore, to become a "being of care", they must first have experienced care and empowered themselves to develop the capacity to care.²⁶

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

The women in social vulnerability, who participated in the research, need to redefine their lives in order to develop empowerment practices. One possibility is to face their problems, being strengthened by proactive attitudes in search of their well-being, considering their way of being, with the development of self-care and care for the other.

The participants develop the ability to confront, with critical awareness of their way of acting and their role in society, taking care of themselves and others. In this context, the Culture Circles made dialogue and empowerment possible, strengthening the confrontation and overcoming of the different forms of exclusion of women in society, questioning themselves about the hierarchies established between men and women and that define positions in the social environment. Paulo Freire's assumptions have strengthened women's empowerment and autonomy by generating transformations in their lived reality. Thus, Freirean conceptions allowed the critical unveiling of life conditions with a new look at the challenges in their daily lives.

It is worth mentioning that the Cultural Circles made possible spaces for sharing experiences, where women in situations of social vulnerability felt welcomed and had a voice to express and reflect about their experiences. Therefore, it is recommended that Culture Circles be held beyond research in Nursing and Health, so that vulnerable populations, who lack spaces to be heard, have in the practice of primary health care the opportunity to develop their empowerment with autonomy, in search of "being more", as advocated by Paulo Freire.

As a limitation of the study, it is cited the fact that it was not questioned about the possibilities of the health sector to instigate empowerment in the perceptions of women in social vulnerability, which could bring new opportunities for practical actions. It is recommended the continuity of research that portrays the relevance of these for the improvement of public policies in the sector and the awareness of health professionals. The empowerment of women should not be seen as trivial and trivialized. It urges collective attitudes and constructions of confrontation with criticality, reinforcing historical perspectives of feminism and the social vulnerability to which it is linked.

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