

## Notes on Occupational Health, gender, and race in a postgraduate course: experience report

*Apontamentos sobre Saúde do Trabalhador, gênero e raça em disciplina de pós-graduação: relato de experiência*

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DOI: 10.1590/2358-28982023E19198I

**ABSTRACT** The race category is not part of the tradition of scientific production in Occupational Health (OH) in Brazil. In general, studies of ethnic-racial relations and work refer to barriers to accessing the labor/employment market and career advancement, and discriminatory and prejudiced relationships and actions in work environments, most of which come from the field of social sciences. Contributing to this scenario is the fact that health information systems have only recently been concerned with collecting and qualifying racial data. Likewise, race still remains invisible in OH training and *stricto sensu* postgraduate courses. This experience report aims to present a reflection on the recent inclusion of a class on social markers and work in a public health postgraduate program, analyzing significant aspects of teaching practice and the challenges of incorporating race and other axes of power and oppression into the debate in the field of OH. Faced with social inequalities and injustices in a structurally racist society like Brazil, there is no way for OH to disregard racism in the production of knowledge about work and its incorporation in the debate aimed at overcoming capitalism that exploits, sickens, and kills black workers.

**KEYWORDS** Racial groups. Work. Intersectional framework. Education, graduate. Occupational health.

**RESUMO** A categoria raça não faz parte da tradição de produção científica em Saúde do Trabalhador (ST) no Brasil. Em geral, pesquisas enfocando relações étnico-raciais e trabalho referem-se às barreiras de acesso ao mercado de trabalho/emprego e de ascensão na carreira, e a ações discriminatórias e preconceituosas nos ambientes de trabalho, a maioria oriunda do campo das ciências sociais. O fato de que os sistemas de informação em saúde só mais recentemente têm tido a preocupação de coletar e qualificar o dado racial contribui para esse cenário. Do mesmo modo, a raça ainda permanece invisibilizada na formação em ST e nos cursos de pós-graduação *stricto sensu*. Este relato de experiência visa apresentar reflexão sobre a inclusão recente de disciplina sobre marcadores sociais e trabalho em programa de saúde pública, analisando aspectos significativos da prática docente e os desafios da incorporação da raça e outros eixos de poder e opressão no debate da área de ST. Diante das desigualdades sociais e injustiças em uma sociedade estruturalmente racista como a brasileira, não há como a ST desconsiderar o racismo na produção de conhecimento sobre o trabalho e sua incorporação no debate, visando à superação do capitalismo que explora, adocece e mata trabalhadoras(es) negras(os).

**PALAVRAS-CHAVE** Grupos raciais. Trabalho. Enquadramento interseccional. Educação de pós-graduação. Saúde ocupacional.

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## Introduction

Race is a category that historically expresses inequalities in Brazil, reflecting the perpetuation of injustices in a structurally racist society<sup>1</sup>. According to Quijano<sup>2</sup>, the notion of race has its origins in the constitution of America and the consolidation of modern Eurocentric capitalism as a new standard of global power, with race being a way of conferring legitimacy on colonial relations of domination. Under capitalism, the new historical identities produced based on the idea of race were associated with the nature of roles and places in the new structure of global labor control. Thus, both ‘race’ and ‘division of labor’, although not necessarily dependent, remained structurally associated and mutually reinforcing.

The Continuous National Household Sample Survey (Continuous PNAD)<sup>3</sup> demonstrated that, when black people find employment, the conditions for insertion in the Brazilian labor market are generally precarious, with almost half (46%) of black people occupying unprotected jobs. Among non-blacks, this proportion was 34%. Continuing the trend over time, it is also observed that black people have greater difficulties in professional advancement: black people occupy 34% of direction and management positions although they represent more than 50% of the Brazilian population of working age. Black people earned 39% less than non-black people; on average and across all occupation positions, the average income of black people is lower than the population average. Among the unemployed, 65% were black, and the unemployment rate for black women was 12% while the unemployment rate for non-blacks was around 6%. One in every six employed black women worked as a domestic worker<sup>3</sup>.

Despite black people currently representing 55% of the Brazilian population, racial issues have not been central to the production of scientific knowledge in the area of Occupational Health (OH), traditionally characterized by

studies focusing on occupation, social class and gender. To this day, it is observed that research in the area does not usually prioritize the analysis of ethnic-racial data. Contributing to this scenario is the fact that health information systems have only recently been concerned with collecting and qualifying racial data<sup>4,5</sup>.

In Brazil, collecting data on race/color became mandatory for the Live Birth Information System (SINASC) and the Mortality Information System (SIM) in the 1990s. In 2005, the race/color variable was inserted in the information systems of the National STD/AIDS Program<sup>6</sup>. Ordinance No. 344/2017 of the Ministry of Health (MS)<sup>7</sup> made it mandatory for professionals working in health services to fill in the race/color item on information systems forms, in order to respect the user’s self-declaration criteria. However, despite the item being mandatory in health forms since 2017, during the Covid-19 pandemic, only from April 2020, and thanks to the actions of black movements, notifications began to inform about this variable in the surveillance system of the MS, two months after the first case registered in the country<sup>8,9</sup>.

According to a research of articles in English, Portuguese, French and Spanish carried out on Google Scholar, from 2018 to 2023, using the search strategy “(raça) AND (trabalho)” and “(raça) AND (trabalho) AND (saúde ocupacional)”, Brazilian scientific production was observed to be aimed mainly at access barriers for black workers to the labor/employment market and discriminatory and prejudiced relationships and actions in work environments, with the majority coming from the areas of social sciences and humanities. The same search carried out in the Lilacs and SciELO Public Health databases did not identify any publications, indicating that race has not been the focus of Brazilian studies in OH. The lack of registration of this variable in public health information systems is one of the aspects that have hampered the production of

data with an emphasis on ethnic-racial relations. However, it's not just about that either. Discussions around race and intersectionality in the OH area are still incipient.

This article presents an experience report on the offering of a discipline in a *stricto sensu* postgraduate program in public health that addresses the themes of health, work and social markers of difference from an intersectional perspective and discusses the importance of including race in the scientific debate and production and training in OH.

## Contextualization and background of the academic experience

The OH area has its origins in Latin American social medicine and the Italian Workers' Movement, and is the result of the heritage of several movements within collective health. Its history is marked especially by the Health Reform and the holding of events such as the 8th National Health Conference and the 1st National Workers' Health Conference in 1986 and, later, by the promulgation of the Citizen Constitution of 1988 and the creation of the Unified Health System (SUS).

OH studies the relationship between health and disease with reference to the work process, a Marxist concept recovered in the 1970s, in contrast to still hegemonic conceptions of uni- or multi-causality in occupational medicine and occupational health that disregard the historical and social dimensions of work in the health-disease process<sup>10-12</sup>.

Workers' health is configured as a field of interdisciplinary practices and strategic knowledge – technical, social, political, human –, multi-professional and inter-institutional, aimed at analyzing and intervening in work relationships that cause illnesses and injuries. Its reference frameworks are those of Public Health, that is, promotion, prevention and surveillance<sup>12(1964)</sup>.

In terms of scientific production in OH, a study by Bezerra and Neves<sup>13</sup> found the concentration in the Southeast region and that the most frequent objects of study were conceptual discussions of health-environment-work relationships, mental health and musculoskeletal injuries. The most used method was quantitative, and the most studied population was health professionals, reproducing the same trend observed years earlier by Santana<sup>14</sup> in a study on postgraduate research. A more recent study on OH in nursing theses and dissertations pointed out that the most frequent themes were work accidents with biological material, resistance and inadequate use of personal protective equipment and work overload<sup>15</sup>. No recent review studies on scientific production in the field of OH were identified.

Today, the platformization, intensification and precariousness of work characterized by long hours, low wages, job insecurity and loss of labor rights create a new profile of morbidity and mortality for workers and new challenges for the field. According to a report from the World Health Organization (WHO)<sup>16</sup> on the analysis of 19 occupational risk factors, 81% of deaths were due to chronic obstructive pulmonary disease, stroke and ischemic heart disease. The WHO<sup>16</sup> considered exposure to long working hours, air pollution, carcinogenic substances, ergonomic risks and noise to be relevant. Long working hours, the main risk, were associated with around 750,000 deaths; workplace exposure to air pollution (particles, gases and fumes) caused 450 thousand; and work accidents, 360 thousand (19% of deaths). The report highlighted that the total burden of work-related illnesses will likely be much greater in the future, as health losses caused by several other occupational risk factors will have to be quantified, in addition to measuring the effects of the COVID-19 pandemic.

In recent times, we have faced a global health crisis which, in the case of Brazil,

in the course of an ethical and political crisis, resulted in more than 700 thousand Brazilians dying according to official statistics<sup>17</sup>. Two facts marked the first impressions regarding the pandemic in the country: the first case confirmed in February 2020 was a 61-year-old man, from the city of São Paulo, who had arrived from Italy and was treated at the private hospital that notified the suspected case. The patient presented mild symptoms, was treated, observed and monitored at home, without the need for hospitalization<sup>18</sup>. Another notable fact was the first death that occurred in the state of Rio de Janeiro in March 2020: a 63-year-old domestic worker who had contact with her employer who had been in Italy and contracted the disease<sup>19</sup>.

According to information from family members, the worker used to take three buses to and from work, two buses and a train, and therefore spent the week at her employer's house, leaving home on Sunday and returning on Thursday. The oldest of nine children, she worked as a domestic worker from a young age to help support her family. Even though she was an elderly woman with obesity, diabetes and high blood pressure, she was not retired because she did not have minimal contribution time. She traveled 120 km weekly from her simple house in the city of Miguel Pereira, in the south of the state, to the apartment where she had worked for more than 10 years in the Leblon neighborhood, in the south zone of Rio, the most valued square meter in the country<sup>19</sup>.

The first cases of COVID-19 identified affecting people with high purchasing power who became infected after traveling abroad and who survived the pandemic contrasted with the exposure of workers who were unable to undergo isolation, such as the employee who was not dismissed by the 'boss' to go to her home and, so, acquired the infection that resulted in death. In the news, there was no mention of race, but it is known that 67% of Brazilian domestic workers are

black<sup>20</sup> and that risk factors such as high blood pressure and obesity affect the black population more, especially women<sup>21-24</sup>. The facts outlined in real life the conditions of the relationships between health, illness and work and unequivocally expressed the social determination of the health-disease process in which race, gender and social class intersect, determining the outcome.

Starting from this discomfort that clearly outlined the relationships between work, the social determination of health and social inequalities, the idea of a discipline that put my own concerns into focus emerged. It should be noted that there was a need for a period of literature review on the topic and intensive prior preparation with the reading of basic works, mainly by anti-racist and counter-hegemonic intellectuals, from the Global South, black and intersectional feminism. This process of searching and selecting texts and thinkers was fundamental to understanding theoretical, conceptual and methodological assumptions, as well as new research perspectives that today have guided my choices in approaching research objects and student guidance.

Thus, it can be said that the discipline was created out of personal concern about the lack of inclusion of race and the intersectional perspective in OH discussions. Furthermore, it was also possible to observe gaps in my own academic training, which was entirely centered on scientific productions from Europe and the United States of America, the vast majority of which were produced by white men, and on Brazilian productions that were also male, colonized and whitened<sup>25,26</sup>. Ultimately, coloniality, cis-heteropatriarchy and racism have and continue to permeate my academic career and my own existence<sup>27-29</sup>. Without disregarding the importance, contributions and history of the authors who forged my training in OH/public health, I became aware of my own ignorance and how epistemicide also operated within me<sup>30</sup>.

## The subject Readings in Health, Work and Social Markers

In the midst of the crisis generated by the advent of the pandemic in educational and training strategies, research professors were challenged to create and maintain the offer of disciplines in *stricto sensu* postgraduate courses. After a period of intense search and study of bibliography relevant to the topic, the discipline was offered remotely through a digital platform for master's and doctoral students in a postgraduate program in public health in 2021. Its objective was to promote critical reflection and debate on theoretical elements necessary to understand the relationships between health, work and social markers of inequalities from an intersectional perspective.

By considering the category of work as central to human sociability and the search for emancipation, the course aimed to discuss the relationships between health, work and social markers in the context of ways of life and work, including social relations of production/reproduction/consumption in capitalism. Social markers are a field of study in the social sciences that attempts to explain how inequalities and hierarchies between people and groups are socially constituted, forming major axes of differentiation and power<sup>31-33</sup>. The expressions of exploitation/domination/oppression over social groups based on race/ethnicity, gender, social class, sexuality, capacity, generation, territorialization and other axes of oppression are constructed by society, however, considered as if they were 'natural'.

With an emphasis on race, gender and social class, from the perspective of intersectionality, the aim was to go beyond the simple recognition of the different systems of subordination that reinforce prejudice and discrimination against certain social groups, postulating the interaction of these social markers in the production and in the reproduction of

inequalities that result in social injustices<sup>34,35</sup>. Intersectionality as a theoretical framework can be used to understand how structural and systemic social inequality occurs on a complex, multidimensional basis and power relations. It is necessary not only to reflect on how these differences are constructed and perpetuated over time, their socio-historical determinations, but also how they interconnect, intertwine, interacting on multiple and often simultaneous levels, generating injustices<sup>36,37</sup>.

The subject focused on three main axes: race, gender and social class. It intended, through guided readings, to promote reflection and debate issues such as health and precarious work, structural racism and gender relations, racial and sexual division of labor, race, gender and the job market, among others. It was important to reflect and critically analyze how intersectional power relations in capitalism influence both social relations marked by diversity and the everyday experiences of the class-that-lives-from-work<sup>38</sup> and their repercussions on health. The bibliography indicated came almost entirely from the social sciences, which, in itself, is already significant. In the first two years, classes were remote, and in the third, the discipline returned to being in person.

In the first edition of the subject, the bibliographical references were centered on the historical recovery of the concept of intersectionality and authors of North American and Brazilian black feminism, such as bell hooks, Audre Lorde and Lélia Gonzalez, in the reflections of the COVID-19 pandemic in the work force and on topics such as capitalism and racism. There was also the showing of videos and debates based on 'performances' by Portuguese author Grada Kilomba. Articles by Hirata as one of the precursors in Brazil of reflection on gender relations and the sexual division of labor were also included. Based on previous experience, some texts were maintained, but part of the bibliography was updated with the inclusion of authors such as Sueli Carneiro, Silvia Federici and Oyèrónké

Oyewúmi, in addition to the inclusion of themes of domestic work and the queer perspective in the labor world. In the third year of offering the discipline, some of the references were updated again, and I realized the need to introduce texts on the different waves of feminism, racial democracy, and authors such as Bhattacharya, to discuss the theory of social reproduction.

The 36-hour course was organized around prior reading of texts available on the internet and open access articles. With the exception of an expository class on social markers, the others were carried out based on readings and the presentation of seminars by students that functioned as devices for reflection and debate, aiming at a loving, dialogical, problematizing and liberating approach<sup>39-42</sup>. Every year, at the end of each offer, an evaluation of the subject, teaching-learning strategies, teaching performance and student participation was carried out. The students mainly praised the bibliography, which most were unaware of, and the dynamic presentation and discussion of texts and videos. Among the criticisms, the little time available for advance reading of all the recommended texts stood out.

## **What we have learned and what we need to learn about discussions of health, work, gender and race**

This report sought to describe the experience of offering disciplines at the *stricto sensu* postgraduate level, having as its guide critical reflection regarding the social markers of difference, in an intersectional perspective, based on the assumption that, unlike other axes such as social class and gender, race is still tangentially addressed in the OH area.

Given the relevance of the theme of raciality and coloniality in a society with a history of slavery, in which enslaved African people and their descendants contributed decisively

to the expansion of the process of primitive accumulation and the European world-economy, and the transition from the mercantile economy to the capitalism, we also need to create, in the field of health knowledge production, spaces for reflection and strategies for overcoming a logic of thought that makes knowledge invisible and that does not problematize the exploitation and oppression of the black workforce. Although capitalist social production and reproduction are supported by the work of black women and men, this dehumanization has been naturalized and has been perpetuated for centuries.

Some experiences involving pedagogical strategies have been reported, especially in healthcare undergraduate courses, to encourage debate on topics related to diversity, intersectionality and power relations, in dialogue with racism, sexism, ableism and their influences on professional practice<sup>43,44</sup>. These issues, often invisible in training and continuing education, continue to be present in health practices in which discourses that often legitimize and naturalize inequalities still prevail, demonstrating the importance of this discussion in the training of professionals.

Affirmative action policies and the National Policy for Comprehensive Health of the Black Population (PNSIPN) point out that the training of health professionals is a strategic field of intervention for the transformation of this situation<sup>45</sup>. According to the authors, in addition to investigating general and singular characteristics related to the implementation of the PNSIPN, for example, its guidelines must also be applied in everyday academic life, covering aspects inherent to the formation and development of anti-racist educational practices, which implies change of our own theoretical references and the study and inclusion of new authors and new theoretical-conceptual and applied perspectives.

The intersectional approach in OH should not rule out a blunt critique of capitalism. Capitalist society operates dynamic discriminatory systems that generate inequalities

and injustices such as deaths, accidents, illnesses, violence and environmental destruction. Racism and patriarchy are structured as systems of subordination that oppress people and groups in a capitalist society that expropriates nature, exploits, sickens and kills workers. As Vergès<sup>46</sup> states, the processes of racialization, the control of women's bodies and capitalist hyper-exploitation challenge the civilizing, republican and universalist image of Western feminism.

In training and educational practices, coloniality and racism operate leaving marks and decreeing the erasure of histories, wild thoughts and the epistemicide of non-hegemonic knowledge. We know that the colonial wound remains open<sup>47</sup>, as Kilomba tells us, and there is no longer any way to ignore the “trauma linked to racism and colonial history”<sup>47</sup> as central to the daily lives of the class-that-lives-from-work. This wound continues to bleed. Therefore, postgraduate pedagogical projects, as in undergraduate studies, should not delay in incorporating into their programs the

dimensions of biological, subjective, ethnic-racial, class, gender, sexual orientation, political, environmental, cultural, ethical diversity and other aspects that make up the spectrum of human diversity that makes each person or each social group singular<sup>48</sup>.

It becomes essential to build or rethink teaching-learning proposals that seek to contemplate racial relations and contribute to social transformation, moving away from abstract, non-interventionist academicism, overcoming this place in which certain narratives are disregarded by modernity with the exclusion or invisibilization of struggles for the re-existence of black political bodies. As stated by Santana<sup>49(227)</sup>, we start from the premise that “knowledge is linked to power, in addition to asserting that race is a structuring principle for problematizing the modern/colonial world system”. When the coloniality

of power takes on new facets, it is necessary to fight to decolonize bodies, minds and spaces, contributing to the epistemological rupture towards a new civilizational pact, including the space of science.

The almost-white Brazilian universities after affirmative action policies become colorful and, from this, have a direct impact on research aimed at the production of knowledge arising from personal experiences - in which the different forms of life and political-social organization cause tensions in the hegemonic pole of Brazilian society and in the field of knowledge<sup>49(228)</sup>.

This tension arises in the classroom as new political actors take a seat on the academic benches. Returning to the theme of gender, raciality and OH, some lessons learned and new uncertainties and challenges are present in the reflection on the experience of offering disciplines from the perspective of training and critical thinking in health. The OH, as a strategic area of knowledge in collective health and as a field of political struggle for workers for better living and working conditions, cannot remain apart from this debate, both in activism and in the formation and production of knowledge. Society has changed, our students have changed, and there is no way to remain indifferent to this.

## Final considerations

Without intending to exhaust the reflection or to close the debate, some important findings could be made from this experience. The first is that OH needs to update and incorporate new themes into its agenda and increase scientific production on the intersectional relations of race, gender and class, as well as other axes of oppression, such as sexual orientation and gender identity, age, ability and displacements/territoriality, just to name a few.

Decades ago, Souza-Lobo<sup>50</sup> stated that the working class had two sexes, drawing attention to the sexual division of labor and unequal gender relations, contributing to the breakdown of paradigms. Today, we must say that the working class or those who make a living from work is made up of men and women in all their diversity. I believe that, at a good time, the image of the ‘universal white male worker’ should be problematized and the focus on diversity and power relations in capitalism should be strengthened. Just as OH moved its gaze, in the 1990s, outside the factory in the face of a new world of work with the expansion of the service sector, cybernetics and computerized processes, today we must recover the history since the African diaspora and the of enslaved labor force that created the foundations of capitalist accumulation and the construction of racist and unequal Brazilian society, as well as considering that injustice and epistemicide also crossed this area of intervention and knowledge.

Black people are those who perform the most unhealthy and dangerous activities and those who fall ill and die most as a result of work in Brazil. It is also known that around 60% of the informal workforce is made up of black people and that, for the most part, the children and adolescents forced to enter the job market early are black. Black people face the biggest obstacles to getting a job; and, when they do, they receive around 30% less than white women. It is black people who suffer the most violence in the workplace and are most exposed to urban violence and accidents. It is clear, then, that, to transform this reality, it is necessary to shed light on these themes and reinforce the extent to which Brazilian workers, in addition to gender, have race.

## Collaborator

Hennington EA (0000-0001-5280-8827)\* is responsible for drawing up the manuscript. ■

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## References

1. Almeida SL. Racismo estrutural. São Paulo: Sueli Carneiro/Pólen; 2019.
2. Quijano A. Colonialidad del poder, eurocentrismo y América Latina. In: Lander E, compilador. La colonialidad del saber: eurocentrismo y ciencias sociales. Perspectivas latinoamericanas. Buenos Aires: Clacso; 2005. p. 122-151.
3. Departamento Intersindical de Estatística e Estudos Socioeconômicos. As dificuldades da população negra no mercado de trabalho. [www.dieese.org.br](http://www.dieese.org.br). São Paulo: Dieese; 2023. [acesso em 2023 dez 3]. Disponível em: <https://www.dieese.org.br/boletimespecial/2023/conscienciaNegra2023.html>.
4. Silva Júnior H, Bento MAS, Silva MR. Políticas públicas de promoção da igualdade racial. São Paulo: CEERT; 2010. [acesso em 2023 dez 3]. Disponível em: <http://www.bibliotecadigital.abong.org.br/bitstream/11465/628/1/1682.pdf>.
5. Brasil. Fundação Nacional de Saúde. Saúde da população negra no Brasil: contribuições para a promoção da equidade. Brasília, DF: Funasa; 2005.
6. Braz RM, Oliveira PTR, Reis AT, et al. Avaliação da completude da variável raça/cor nos sistemas nacionais de informação em saúde para aferição da equidade étnico-racial em indicadores usados pelo Índice de Desempenho do Sistema Único de Saúde. Saúde debate. 2013; 37(99):554-562.
7. Brasil. Ministério da Saúde, Gabinete do Ministro. Portaria nº 344, de 1º de fevereiro de 2017. Dispõe sobre o preenchimento do quesito raça/cor nos formulários dos sistemas de informação em saúde. Diário Oficial da União. 2 Feb 2017.
8. Milanezi J. “Eu não vou parar por causa de uma raça”: a coleta da raça/cor no SUS. Blog Dados. 2020 jun 4. [acesso em 2023 dez 3]. Disponível em: <http://dados.iesp.uerj.br/coleta-da-raca-cor-no-sus/>.
9. Pinheiro ML. Pandemia, saúde e informações étnico-raciais no Brasil. Plural Antropologías desde América Latina y el Caribe. 2022; 5(10):139-166.
10. Lacaz FAC. O campo Saúde do Trabalhador: resgatando conhecimentos e práticas sobre as relações trabalho-saúde. Cad. Saúde Pública. 2007; 23(4):757-766.
11. Gomez CM, Machado JMH, Pena PGL. Saúde do trabalhador na sociedade Brasileira contemporânea. Rio de Janeiro: Editora Fiocruz; 2011.
12. Gomez CM, Vasconcellos LCF, Machado JMH. Saúde do trabalhador: aspectos históricos, avanços e desafios no Sistema Único de Saúde. Ciênc. saúde coletiva. 2018; 23(6):1963-1970.
13. Bezerra MLS, Neves EB. Perfil da produção científica em saúde do trabalhador. Saúde e Soc. 2010; 19(2):384-394.
14. Santana VS. Saúde do trabalhador no Brasil: pesquisa na pós-graduação. Rev. Saúde Pública. 2006; 40(esp):101-111.
15. Gurgel SDS, Matias ÉO, Bezerra MIC, et al. Produção científica brasileira acerca da saúde do trabalhador nas teses e dissertações de enfermagem. Rev. Enferm. Atenção Saúde. 2017; 6(1):130-139.
16. World Health Organization, International Labor Office. WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury, 2000–2016. Geneva: WHO, ILO; 2021. [acesso em 2023 jan 6]. Disponível em: <https://www.who.int/publications/i/item/9789240034945>.
17. Oliveira J. Brasil chega à marca de 700 mil mortes por Covid-19. Gov.br. 2023 mar 28. [acesso em 2023 nov 6]. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/noticias/2023/marco/brasil-chega-a-marca-de-700-mil-mortes-por-covid-19>.

18. Organização Pan-americana da Saúde. Brasil confirma primeiro caso de infecção pelo novo coronavírus. Opas. 2020 fev 26. [acesso em 2023 dez 3]. Disponível em: <https://www.paho.org/pt/node/69303>.
19. Melo ML. Primeira vítima do RJ era doméstica e pegou coronavírus da patroa no Leblon. UOL Notícias. 2020 mar 19. [acesso em 2023 dez 3]. Disponível em: <https://noticias.uol.com.br/saude/ultimas-noticias/redacao/2020/03/19/primeira-vitima-do-rj-era-domestica-e-pegou-coronavirus-da-patroa.htm>.
20. Departamento Intersindical de Estatística e Estudos Socioeconômicos. O trabalho doméstico 10 anos após a PEC das Domésticas. São Paulo: Dieese; 2023. [acesso em 2023 dez 3]. Disponível em: <https://www.dieese.org.br/estudosepesquisas/2023/estPesq106trab-Domestico.pdf>.
21. Abebe F, Schneider M, Asrat B, et al. Multimorbidity of chronic non-communicable diseases in low- and middle-income countries: A scoping review. *J. Comorb.* 2020; 10:2235042X2096191.
22. Oliveira FEG, Griep RH, Chor D, et al. Racial inequalities in multimorbidity: baseline of the Brazilian Longitudinal Study of Adult Health (ELSA-Brasil). *BMC Public Health.* 2022; 22(1):1319.
23. Oraka CS, Faustino DM, Oliveira E, et al. Raça e obesidade na população feminina negra: uma revisão de escopo. *Saúde Soc.* 2020; 29(3):e191003.
24. Machado AV, Camelo LV, Menezes ST, et al. Racial discrimination predicts the increase in body weight and BMI in Black individuals from ELSA-Brasil cohort. *Ciênc. saúde coletiva.* 2023; 28(6):1655-1662.
25. Mendoza B, Silva LP, Silva Filho SO. A colonialidade do gênero e poder: da pós-colonialidade à decolonialidade. *Revista X.* 2021; 16(1):290-318.
26. Miñoso YE, Correal DMG, Muñoz KO. Tejiendo de otro modo: feminismo, epistemología y apuestas descoloniales en Abya Yala. Popayán: Editorial Universidad del Cauca; 2014.
27. Bernardino-Costa J, Maldonado-Torres N, Grosfoguel R. Decolonialidade e pensamento afrodiaspórico. Belo Horizonte: Autêntica; 2018.
28. Kilomba G. Memórias da plantação: episódios de racismo cotidiano. Rio de Janeiro: Cobogó; 2020.
29. Akotirene C. Interseccionalidade. São Paulo: Pólen Produção Editorial LTDA; 2019.
30. Carneiro S. Dispositivo de racialidade: a construção do outro como não ser como fundamento do ser. Rio de Janeiro: Zahar; 2023.
31. Nascimento B, Gonzalez L, Carneiro S. Interseccionalidades: pioneiras do feminismo negro brasileiro. Rio de Janeiro: Bazar do Tempo; 2020.
32. Hirano LFK, Acuña M, Machado BF. Marcadores sociais das diferenças: fluxos, trânsitos e interseções. Goiânia: Imprensa Universitária; 2019.
33. Oliveira DR, Breder D, Filpo KL. Relações étnico-raciais e outros marcadores sociais da diferença: diálogos interdisciplinares. Paraná: Appris; 2020.
34. Crenshaw K. Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.* 1991; 43(6):1241-1299.
35. Collins PH, Bilge S. Interseccionalidade. São Paulo: Boitempo Editorial; 2021.
36. Crenshaw K. Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics [1989]. In: Bartlett KT, Kennedy R, editors. *Feminist Legal Theory: readings in law and gender.* New York, London: Routledge; 2018 [acesso em 2023 dez 3]. p. 57-80. Disponível em: <http://dx.doi.org/10.4324/9780429500480-5>.

37. Biroli F, Miguel LF. Gênero, raça, classe: opressões cruzadas e convergências na reprodução das desigualdades. *Mediações – Rev. Ciên. Soc.* 2015; 20(2):27-55.
38. Antunes R. Os sentidos do trabalho: Ensaio sobre a afirmação e a negação do trabalho. São Paulo: Boitempo Editorial; 2015.
39. hooks b. Ensinando a transgredir: A educação como prática da liberdade. São Paulo: WMF Martins Fontes; 2017.
40. hooks b. Tudo sobre o amor: novas perspectivas. São Paulo: Elefante; 2021.
41. Freire P. Pedagogia do oprimido. Rio de Janeiro: Paz e Terra; 2014.
42. Freire P. Pedagogia da libertação em Paulo Freire. Rio de Janeiro: Paz e Terra; 2018.
43. Almeida AMB, França LC, Melo AKS. Diversidade humana e interseccionalidade: problematização na formação de profissionais da saúde. *Interface (Botucatu)*. 2021; 25:e200697.
44. Santos TQ, Santana RCS, Barbosa RSS, et al. Discussões de gênero na formação de pesquisadores em saúde: um relato de experiência. *Interface (Botucatu)*. 2021; 25:e200529.
45. Monteiro RB, Santos MPA, Araujo EM. Saúde, currículo, formação: experiências sobre raça, etnia e gênero. *Interface (Botucatu)*. 2021; 25:e200697.
46. Vergès F. Um feminismo decolonial. São Paulo: Ubu Editora; 2020.
47. Bento H. “O colonialismo é uma ferida que nunca foi tratada. Dói sempre, por vezes infeta, e outras vezes sangra”. Entrevista com Grada Kilomba. Geledés Instituto da Mulher Negra. 2019 maio 30. [acesso em 2023 dez 3]. Disponível em: <https://www.geledes.org.br/o-colonialismo-e-uma-ferida-que-nunca-foi-tratada-doi-sempre-por-vezes-infeta-e-outras-vezes-sangra/>.
48. Brasil. Ministério da Educação. Resolução CNE/CES nº 3, de 20 de junho de 2014. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina e dá outras providências. *Diário Oficial da União*. 23 Jun 2014. [acesso em 2023 abr 13]. Disponível em: [https://www.gov.br/saude/pt-br/acesso-a-informacao/acoes-e-programas/pnsp/legislacao/resolucoes/rces003\\_14.pdf/view](https://www.gov.br/saude/pt-br/acesso-a-informacao/acoes-e-programas/pnsp/legislacao/resolucoes/rces003_14.pdf/view).
49. Santana TO. Lutas políticas de reexistência dos corpos políticos negros. *FRCH – ANPUHSC*. 2019; (34):227-232.
50. Souza-Lobo E. A classe operária tem dois sexos: trabalho, dominação e resistência. São Paulo: Fundação Perseu Abramo; 2011.

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Received on 12/23/2023

Approved on 12/30/2023

Conflict of interests: non-existent

Financial support: non-existent

**Responsible editor:** Vania Reis Girianelli