

Work, health and vulnerabilities of riverside women in the brazilian amazon in COVID-19 pandemic

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Keywords— Work. Health. Vulnerabilities. Women. COVID-19.

Abstract — Objective: This study aimed to describe aspects related to work, health and vulnerabilities of riverside women in the Brazilian Amazon during the COVID-19 pandemic. **Method:** This is a narrative review through the search for articles in scientific databases, published from January 2020 to October 2021. Five complete original articles were selected that answer the central question of the research and were organized according to the content of their evidence, divided into three categories: 1) The work of riverside women in the context of COVID-19; 2) The impact of work on the health of riparian women in the face of the pandemic; 3) Vulnerabilities of riverine women and coping strategies in the pandemic. **Results:** The analysis of the literature highlights important points in the sense of alerting society to the vulnerabilities to which women are exposed due to the social isolation imposed by the pandemic, such as the loss of income with a direct impact on the families' food and quality of life, violence domestic, mental disorders, among others. **Conclusion:** It is concluded that this review opens paths and perspectives for a better understanding of the problem and planning of public policies aimed at the needs of riverside women in the Amazon.

I. INTRODUCTION

Currently, the world is facing one of the most complex health crises of contemporaneity, characterized by the Sars-Cov-2 virus, which causes COVID-19 [1]. The advance of the pandemic has had several repercussions for the multiple faces of society, and the work that makes up one of these faces has been highlighted due to the impacts that have only grown in the course of the health crisis. Organizations such as the ILO (International Labor Organization) estimate that around 1.6 billion workers in the informal economy (almost half of the global workforce) are at imminent risk of being left without their livelihoods. In this context, Latin America is one of the regions most affected by the pandemic. [2]

The tendency is for the context of the worker to be even more challenging in the midst of the global economic recession, especially with regard to guaranteeing informal workers, who are already vulnerable in terms of working conditions and access to income, due to measures of social distancing. [2]

It is noteworthy that the groups most likely to lose their jobs during the pandemic are women and young people, with relevant differences in color and education. The proportion of blacks and browns who lose their jobs is always above average and reached 18% at the beginning of the crisis. [3]

In this context, it is necessary to understand the concept of gender, which arises precisely to break the biological

determinism in the attribution of social roles, consolidating itself as an important analytical instrument to give visibility to the historical and sociocultural character of male and female roles and spaces by revealing the material and symbolic bases of inequalities between men and women. [4]

Silva and Steward (2019) point to gender as essential to understand the dynamics of development in all its dimensions, as it reveals basic aspects of the organization and distribution of production and work. [4]

Therefore, it is necessary to have a careful and thorough look at the impacts of the COVID-19 pandemic on some specific populations, such as the peoples of the Amazon, which are represented by a strong symbolism, whether cultural, social or work. Land and water are constitutive elements of this culture. Waters are dominant in the life of riverside dwellers and in the Amazonian landscape, characterized by flowing rivers and tributaries. [5] The identity of riverside dwellers is a product of what they are in the present, and contrasts with what they were in the recent past. [6]

These populations gather and develop specific forms of knowledge and practices acting on the various agro-ecosystems, accumulating different knowledge and skills about the complex swidden-forest-river-igarapé-backyard. In several communities in the Amazon floodplain, fishing and agricultural activities that govern the local economy predominate. [7]

The daily experience of Amazonian women in agroextractive production activities provides us with important information on how they daily reinvent ways of taking care of life. [7] The extraction of açaí and palm hearts, for example, is a practice of riverside life, which, combined with the extraction of cocoa, açaí, rubber, nuts, fish and shrimp, among other cultures, in addition to animal husbandry, form the identity of riverside dwellers. [5]

Regarding the work of riverside women, the research by Amaral (2016) carried out on the islands of Abaetetuba found that handicrafts made from gourds and shallows are women's tasks. The process of making the gourds starts from the youngest girls passed by the oldest and the weaving of the shallow ones requires knowledge and techniques that the women learn from each other, such as baskets, sieves, baskets. [7] Rodrigues et al. (2015) add that they have a unique "know-how", built, above all, from the establishment of a relationship with nature, based on oral and family tradition. [8]

Fechine (2008) explains that the invisibility condition of female work in riverside communities has been causing problems for women's access to public policies, such as the difficulty of recognition as a rural worker, when it comes to women who are not politically organized. [9]

Furthermore, the non-recognition of the mode of domestic production, in a consumption-oriented economy in rural areas, contributes to the 'invisibility' of women's work in family farming. [10] Recognizing the participation of rural women in the composition of family income means valuing their work, performed inside and outside the family unit and as active agents in the economy.

In order to understand work relationships, it is understood the activities performed by women that go beyond domestic spaces such as farms, handicrafts, extractivism, animal husbandry, cultivation of medicinal plants, among others. However, women are still only associated with domestic activities and men are responsible for productive and extractive activities. In reality, rural women's domestic work is not recognized as a contributing factor in the composition of family income.

Silva and Portella (2004) described that "women's agricultural work is conceived as "help" because it is considered outside their own attribution, which are domestic activities, [11] but because it is carried out daily, it is associated and almost confused with these, characterizing a double work shift for women, as even if they carry out agricultural or non-agricultural activities, housework will still be their responsibility, even if some tasks are shared by another family member. [12]

Knowing and giving visibility to the current health and work situation of riverine women in the Amazon becomes

imperative, as a way of enabling the planning of intersectoral actions.

In the meantime, Primary Health Care (PHC) is recognized as a key component of health systems and is based on evidence of its impact on the health and development of the population in countries that have adopted it as the basis for their health systems: better health indicators, greater efficiency in the flow of users within the system, more effective treatment of chronic conditions, greater efficiency of care, greater use of preventive practices, greater user satisfaction and a reduction in inequities in access to services and the general state of health. [13]

Within this composition is structured the proposal of the Family Health Strategy (FHS), which aims to focus health care on the family, characterized from its physical and social space. Professionals establish contact with the health and living conditions of social groups, and may have a comprehensive understanding aimed at the health-disease process, as well as the intervention needs, not only performing curative practices. [13]

When the FHS provides greater attention to families, it performs two attributes of the PHC: cultural competence and family community orientation, broadly recognizing family needs, inherent to the physical, cultural and economic context. This aspect is particularly important when this health care refers to special populations, in this case, riverside communities and women, described as populations living on the banks of rivers, far from general culture. [13]

This study is justified, therefore, by the need to deepen the knowledge about the reality experienced by women workers during the COVID-19 pandemic, in particular because they reside in vulnerable regions of the Brazilian Amazon, which historically suffer from social inequalities.

Thus, the present study aimed to describe aspects related to work, health and vulnerabilities of riverine women in the Brazilian Amazon during the COVID-19 pandemic.

II. METHOD

The research is a narrative review, qualitative in nature. The narrative review is intended to describe the state of the art of a particular subject and allows for an expanded discussion.

The searches were based on the research question: What are the available scientific productions on aspects related to work, health and the vulnerabilities of riverine women in the Brazilian Amazon during the COVID-19 pandemic?

Next, the descriptors validated in DeCS/MeSH were used: "Work", "Health", "Women", "Amazon" and "COVID-19", using the Boolean operators AND or OR, published in January 2020 to October 2021.

The survey of bibliographic studies took place during the month of November 2021, in which original articles, literature review and opinion articles, published in national and international journals, published in Portuguese and English, available free of charge, were included in the study full text, in electronic format, in the Virtual Health Library (BVS), Scientific Electronic Library Online (SciELO), PubMed and Google Scholar databases.

Other types of studies such as conference abstracts, dissertations, theses, etc., and articles not published in full were excluded.

III. RESULTS AND DISCUSSION

In this narrative review, five original scientific articles were selected that strictly met the previously established sample selection and showed similarities with the object of this study. The findings were organized into three categories that address: 1) The work of riverside women in the context of COVID-19; 2) The impact of work on the health of riparian women in the face of the pandemic; 3) Vulnerabilities of riverine women and coping strategies in the pandemic.

The work of riverside women in the COVID-19 context

This category brings reflections on the consequences of COVID-19 on the work of riverside women in the Amazon. According to data from the National Household Sample Survey, [14] the highest rates of informality in the labor market among women occur in domestic service activities (73.1%) and in agriculture and livestock (74.6%). These activities are characterized by high informality due to the dynamics of hiring (seasonality, contract work, greater sensitivity to conjunctural factors, etc.). Regarding the cut by race/color, it indicates that the participation of the black and brown working population in informal occupations is significantly higher (47.3%) when compared to white workers (34.6%). [15]

One of the groups strongly affected by social isolation was the artisanal riverside fisherwomen, who, historically and even today, struggle to be recognized as fishermen both in terms of rights and in the social sphere. Many artisanal fishers call themselves 'shellfish gatherers', because the fishing that, in most cases, is given to women from the inland sea, estuaries, rivers and mangroves. In general, women have historically been directed to collecting fisheries, which are of shorter duration and which are geographically close to the house. [16]

The focus of the problem in question according to the feminine is important because the pandemic impacts the different working hours for women: as a fisherman and as a mother/wife. In this sense, women face the pandemic and social isolation on three scales: the community, the home and the body, which will be discussed one by one below. [2]

At the community scale, the issue of the woman's work as a fisherman is more evident, after all, the community is the base institution of fishing: the more family and kinship relationships are neighborly. The fishing carried out by the women is communal, because, in almost all cases, the fisherwomen fish in groups together with their neighbors, who may or may not have kinship ties. Although the collection is individual, the work is collective from leaving home until the search for better areas for collecting shellfish, crabs, etc. [2]

Work, for fisherwomen, is synonymous with sociability, freedom and autonomy, as it is the time when they are far from domestic activities and from their husbands and close to their co-workers. For women, fishing work is living, because the pandemic, through social isolation, made the situation unsustainable. Fishing, therefore, is a refuge, because of the benefits it brings to physical and mental health. Social isolation confines not only women, but much of the world in times of COVID-19. For women it is even more impactful because it is at home where their other workday takes place, as a mother and wife. Without fishing, the house becomes the center of attention. [2]

In times of daily normality, the woman spends much less time at home with her partner, who is almost always a fisherman and has long working hours at sea, and sometimes even with her son, as he studies and she has his other working day in fishing. With this new world imposed by the pandemic, the husband is included in the work and care of the house. [2]

This scenario demonstrates an important dimension of unpaid female work, which is often implied, that the woman is responsible for the house, and even more, for maintaining the well-being and control of everything that goes on in this space, as well as of the people who are and/or live there. [2]

The impact of work on the health of riverside women in the face of the pandemic

This category discusses the importance of women's health care provided in the Basic Health Units of the Riverine during the COVID-19 pandemic period.

This entire context of the pandemic supports the understanding of how the female body absorbs and feels this scenario of social isolation and are at the forefront of this issue. With confinement and, consequently, with the

increase in time indoors, there was a substantial increase in cases of domestic violence around the world, including the target population of this study. [2]

In artisanal fishing, the possible effects of confinement for women, such as depression and loneliness in the absence of fishing activity in their daily lives, many female bodies are subjected to domestic violence, which makes the period of isolation and issues related to the psychological more difficult. Working as a fisherman is a refuge for some of the fisherwomen who face this problem, as it confers freedom, autonomy and distance from the aggressors. [2]

Reflections on the importance of health, health care and problem detection becomes explicit, that health care is important to maintain the health state they want to have, including early detection for those who consider themselves healthy. The constructions of their perceptions are explained taking into account a whole context that really does not dissociate when thinking about quality healthcare with universal access. [13]

PHC is seen as the structural axis of the Brazilian Unified Health System (UHS) policy, which brings together individual and collective health actions, covering not only health promotion and protection, but also the prevention of injuries, diagnosis, treatment, rehabilitation and its maintenance. Seeking to expand coverage for universal service and promoting equity in health in Brazil, ensuring that individuals remain healthy and have the possibility of accessing care needs. [13]

The primary purpose of the FHS is to act as the main entry into the UHS, having as fundamental guidelines: to allow universal access to health, regardless of race, sex, religion, socioeconomic level and comprehensive care, considering the integration of all levels in a holistic way. In this way, the planning of health policies has been directing its strategies considering the premise that health care must address the peculiar needs of people and social groups, especially minorities, such as riverine women, which constitutes a dynamic challenge and permanent. [13]

This audience is unaware of existing public policies that ensure health rights based on strategies and practices in response to the needs of the population. It is important that riverside dwellers appropriate this knowledge about the policies, both of the PHC and of the ESF, being aware of their rights and duties. It is understood that the assistance of the multidisciplinary team in the transfer of knowledge is important in the collective context. [13]

The longitudinality of care requires a professional practice with an important degree of communication, interpretation, negotiation and shared responsibilities, stimulating the bond and expanding the access of riverside

populations and the professionals' perceptions about their cultural singularities and care needs. [17]

In the dimension of clinical care, the conception of the quality of health care is still based on meeting their needs for curative practices, structural issues and shortage of human resources such as absence or irregularity in the transport of teams, lack of medical specialties, dentists and medicines.

The health care offered to the riverside population must consider their sociocultural peculiarities. In this context, the guidelines offered by health professionals are consistent with their way of life and culture, especially regarding the use of "home remedies", guiding them to reconcile the use of allopathic medicines with cultural practices. [13]

The islands around Belém, Pará, Brasil, have a different reality from the urban area, as despite being close to a metropolis, their way of life is based on the culture rooted in their daily lives, their customs, which influence their health-disease process and how they deal with these aspects. Popular knowledge considers the particularities of religiosity, food, territoriality, forms of interpersonal relationships and culture, influencing the therapy used, such as native herbal teas. [18]

Therefore, it is essential that the practices of professionals are in line with cultural issues inherent to the riverside population and that they have an attentive and differentiated look at the health needs of women, in order to promote holistic care. Therefore, this knowledge on the part of professionals focused on the knowledge and practices carried out by riverside dwellers enables better quality of health care. [13]

Despite the COVID-19 pandemic, it was found that women are unequally impacted, mainly by the growth in the number of cases of domestic violence and also by the increase in working hours, whose social isolation meant that women had to reorganize their routines daily resulting in mental and physical exhaustion represented by the excess of assignments. According to a report by the United Nations (UN) Women, released at the end of March 2020, women are among the groups most affected by the pandemic. [19]

Faced with this sad scenario, the UN (2020), to combat gender-based violence during the pandemic, recommends countries to increase online services, in the structure of judicial systems so that offenders are properly prosecuted, that emergency systems are created in locations such as pharmacies and markets, allowing easy access to support measures without alerting your attackers. [19] In Brazil, the Ministry of Women, Family and Human Rights stated that the confinement resulted in an increase in the number of

calls to 180, which handles allegations of violence against women. [20]

From the perspective of thoughts on gender equity, much has been said about the changes from generation to generation, with regard to the role of women in the social, family and professional context. We still live in a society with a patriarchal context, where the female figure is still often perceived by behavioral rules established by the archaic conservative culture. [21]

Twenty-first century women are linked to multiple functions, and in addition, they constantly struggle for their rights, which should be intrinsic. Usually the woman has already been reconciling long working hours, reconciling profession, housework and motherhood. In times of pandemic and social isolation, everything intensified and the current context proved to be challenging given the difficulties of quarantine. [21]

The remote work system, known as Home Office, through technologies, seems to have taken over most of the work, which has benefited many women, even amidst the difficulties of reconciling work with the routine at home. However, the work of the traditional riverside population is, in short, menial, and thus cannot comply with the norms of social isolation, and as a consequence, becomes more exposed to illness by COVID-19. [21]

Vulnerabilities of riparian women and coping strategies in the pandemic

In this category, the main factors that characterize the vulnerabilities that riverine women in the Amazon are exposed to were analyzed, in order to contribute to the reflection on the COVID-19 pandemic in the face of the asymmetries that such a global health emergency has been producing in contexts of inequalities in the Brazil. It is known that social inequalities place populations in more precarious situations of illness and death, the impact being different according to the place occupied by population groups in the social structure. [15]

It should be added that the place occupied by the segments in society has to do with historical issues, with the political and economic context and the social disparities produced according to social class, gender and race. The conditions in which people live, learn, work and play contribute to their health. These conditions, over time, lead to different levels of risks, needs and health outcomes. [22]

One of the determining factors, according to data from Brazilian Institute of Geography and Statistics, [23] is with regard to skin color, whose data indicate that the black population represents a significant portion of traditional communities, quilombolas, riverside communities, artisanal fishermen, those living on the streets, of people deprived of

liberty, of those who live in extreme poverty and in households that do not meet the standards of habitability, that do not have water supply and/or sanitation as in the slums, of those who have lower incomes or who survive informally; those who depend on garbage of a recyclable nature or not, those who are in a situation of food insecurity; who have difficulties in accessing health, social assistance and education services and equipment. [23]

Health differences between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities than among whites. In public health emergencies, these conditions can also isolate people from the resources they need to prepare for and respond to outbreaks. [24]

In order to reverse the advance of COVID-19, scientific evidence points to the need for a paradigm shift in the implementation of actions for the prevention and control of the pandemic from the recognition of the moment of economic, political, ideological and moral crisis transversalized by racism. The consequences of the COVID-19 pandemic in a society structured by racism penalize vulnerable groups, especially among black people. This situation influences and directs political decisions and the development of social protection strategies, such as public policies in the social and health area. [15]

With regard to the different strategies for reducing the social vulnerability of black communities, there is a need for intersectoral articulation to guarantee the right to life in all its dimensions and to combat racism. Furthermore, community emergency actions can help meet basic needs, such as food and reducing food insecurity, improving housing conditions, hygiene and basic sanitation conditions in households, access to education and qualified information via the internet, occupation and income generation. All these aspects are directly related to access and accessibility to health services. [15]

When thinking about the pandemic from a gender perspective, important differences can be seen. Even though for some scholars COVID-19 can reach men and women indiscriminately, its effects widen unequal gender relations. Some studies have pointed out that infection and death rates are higher among men, without even greater biological explanations for the effect of the virus in the male body. It is debated that such data could be explained by the fact that men are more exposed on the streets and, historically, take care less of their health when compared to women. [25]

However, when we analyze the effects of the pandemic in the country more broadly, it is possible to see that women are the ones occupying the leaky side of the boat. With the population confined to homes, studies show an increase in violence against women in several Brazilian

states. [26] In addition, by delimiting the space of the house, women were responsible for taking care of household chores, children and work (teleworking or not). [25]

When analyzing the lower social classes, gender issues do not arise, as 40% of families are single-parent, headed by women. Thus, what is observed in the media are women in queues to withdraw emergency aid, on the streets and in public transport. [25]

Campaigns to combat violence or that encourage mutual cooperation between men and women have not been built considering race, ethnicity, sexuality and, especially, territorialization. As an example, we cite riverside women in Amazonas, who often head the families, need to move to urban centers to sell what they cultivate and live in stilt houses, with many residents, without space and without sanitation, in addition to living in societies where patriarchy is more deeply rooted. These are precisely the women who reside in the most remote regions, in the most precarious and needy conditions and who need more attention in public policies at this pandemic moment. [27]

Thus, at first, it is observed that the distancing measures, teleworking, contagion prevention information, social assistance alternatives, and contingency plan strategies, discussed so far, while aiming at protect a certain segment of society, leave others completely unprotected. These are people who will continue working, will remain very close to each other, will not wash their hands and, even if they get sick, they will probably continue in the same situation, since in the informal market there is no protection. The moment is crucial for us to rethink life in society and how the concept of collectivity has been incorporated in our environment. [27]

IV. FINAL CONSIDERATIONS

From this study, it was possible to discuss some of the priority aspects related to the work and health of riverine women in the Amazon in the outbreak of the COVID-19 pandemic.

The scientific evidence reported in this review does not answer all the questions, but open paths and perspectives for a better understanding of the problem, in the sense of alerting society to the vulnerabilities to which women are exposed due to the social isolation imposed by the pandemic, example of loss of income with a direct impact on families' food and quality of life, domestic violence, mental disorders, among others. It is concluded that this review opens paths and perspectives for a better understanding of the problem and planning of public policies aimed at the needs of riverside women in the Amazon.

Furthermore, it is recommended, as a proposal, new studies in the area, mainly field and observational studies, in order to know the reality and experiences of women belonging to the Amazon region and other regions of Brazil.

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