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THE PROTAGONISM OF WOMEN OF THE LANDLESS WORKERS' MOVEMENT IN THE VALE DO RIO DOCE – MG: A QUALITATIVE APPROACH TO POPULAR HEALTH PRACTICES

O PROTAGONISMO DAS MULHERES DO MOVIMENTO SEM TERRA NO VALE DO RIO DOCE – MG: UMA ABORDAGEM QUALITATIVA SOBRE AS PRÁTICAS POPULARES DE SAÚDE

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Abstract: Intending to work on the theme of women's health, this article aims to understand and analyze the narratives about the popular health practices of seven women settlers and campers of the Vale do Rio Doce, based on interviews conducted between 2021 and 2022. The concept of care is discussed, related to the political role women develop in the struggle for land. The work relies on the qualitative methodology, allied to discussions in oral history, women's history, and participant research. As a result, it was possible to ascertain that, besides being necessary health care for militants, popular health becomes a form of political action in which women become protagonists, taking on front-line tasks within the movement.

Keywords: Qualitative research; Protagonism of rural women; Popular health practices; MST; Care.

Resumo: Com vistas a trabalhar a temática da saúde das mulheres, este artigo tem por objetivo, compreender e analisar as narrativas sobre as práticas populares de saúde de sete mulheres assentadas e acampadas do Vale do Rio Doce, a partir de entrevistas realizadas entre os anos de 2021 e 2022.Tal temática, pouco explorada na literatura sobre mulheres rurais, atravessa a discussão sobre a ocupação e permanência na terra e seus processos históricos. Associado a isso, discute-se o conceito de cuidado, relacionado ao papel político que as mulheres desenvolvem na luta pela terra. O trabalho conta com a metodologia qualitativa, aliada às discussões nos campos da história oral, história das mulheres e pesquisa participante. Como resultado foi possível apurar, que a saúde popular, além de ser um cuidado necessário à saúde da militância, torna-se uma forma do fazer político, em que, as mulheres tornam-se protagonistas assumindo tarefas de frente dentro do movimento.

Palavras-chave: Pesquisa qualitativa; Protagonismo das mulheres do campo; Práticas populares de saúde; MST; Cuidado.

1 Introduction

This article emphasizes the importance of popular health practices in rural areas, especially in the communities of settlers and campers of agrarian reform in the Vale do

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Rio Doce in Minas Gerais. The reflection undertaken here is based on the development of ongoing[4] doctoral research called *Women of the Landless Workers' Movement in the Vale do Rio Doce – Popular Health as a Practice of Freedom: Weaving Memories and Expanding Knowledge,* which aims to understand and analyze the narratives about the popular health practices of 7 (seven) women settled and camped in the Vale do Rio Doce, based on Oral History interviews conducted between 2021 and 2022, to reconstitute memories, mapping the knowledge, and health practices exercised by them in their territories.

Besides working on the relevance of popular practices as a form of health care for the rural population, the research seeks to uncover issues related to the daily lives of rural women, who so often struggle for land without family support and who generally choose to break the fences of the latifundium to take their livelihood and their family from the land. These are stories of resistance, existence, and care for the other. This is because, in the universe of the struggle for land, women play a significant role in the health and organization of the occupation, facing great obstacles:

> The organized countryside workers were building a trajectory in which the elements – women, land, and struggle - mix and constitute synonyms for a radicality that educates. In the countryside, they are among the most precarious, in a universe of historically precarious and impoverished workers. The sexual division of labor makes women's work invisible, and at the same time favors it; the main occupations of rural women are related to the care of the family, the home, the yard, and self-consumption, reproductive activities without remuneration, but of fundamental economic importance, a condition for reproducing capital (MAFORT, 2019, p. 78).

Thus, we seek to problematize who are these women of the Vale do Rio Doce who carefully appropriate their popular health knowledge to take care of the community?

This question goes through the perspective of care, which is in solidarity with the health of the settlers and camped, but which also interferes with the transformation of women and the deconstruction of the oppressions that affect the body and making women. Thus, we understand the care practiced by women camped and settled as a form of political action.

The rural woman is at the center of the debate and, with her, health, land care, militancy, and the meanings of being a rural woman in an eminently sexist structure.

To address these issues, the article was divided into two sessions. The first explains the methodological path of the research. In the second, there are discussions and

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analyses of the results achieved so far. *The last section is subdivided into four parts: 1) Health in the Brazilian rural context, marked by a brief history of health in* Brazil, with emphasis on the Brazilian Health Reform of 1980/1990; 2) *Popular Health Practices as a strategy in the rural environment, which aims to characterize popular health practices in* the countryside; 3) *The protagonism of rural women in the context of rural health, to unveil* the role of peasant women in the struggle for health, land, education, art, culture, and female emancipation, and 4) *Care and the political body as a category of analysis*, which seeks to bring new contours about the role of female care.

We hope that, at the end of the article, the reader, be they student, layman, militant or not, can understand the dimensions of non-hegemonic health practices in the rural context and, in particular, the work of rural women as central to the strengthening of struggles and tensions still present in rural areas.

2 Methodological Route

In methodological terms, this qualitative research aims to respond, as Minayo (2019, p. 20-21) notes, "to very particular questions, which can hardly be translated into numbers". It is worth noting, as the author also points out, that qualitative research has the role, within the social sciences, of "translating the universe of meanings, motives, aspirations, beliefs, and values of human attitudes" (MINAYO, 2019, p. 20). This understanding gives meaning to the methodological choice of our work, which had the participation of seven (07) women, settled and camped of the Landless Workers' Movement (MST), distributed in five municipalities of the Vale do Rio Doce (MG): Governador Valadares, Tumiritinga, Jampruca, Matias Lobato, and Campanaro.

For various reasons, including the floods that occurred at the time of the field research, which made it difficult to access the areas, the interviews took place in the municipalities of Governador Valadares, where three women settled and one camped, in spaces indicated by the interviewees in the settlement Oziel Alves Pereira. In Tumiritinga, three women from the Primeiro de Junho settlement were heard. In this settlement, interviews were conducted in their own homes. Thus, 7 (seven) interviews were conducted, in person, with meetings recorded on a cell phone for approximately 90 minutes. All the women were only heard once. After transcribing the interviews, the feedback was sent via WhatsApp and delivered in person. The interviewees approved the transcribed content returning with their opinions between June and September 2022.

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It is important to note that the choice of these women was made on the snowball methodology since this method is defined by the identification of the research participants and the recruitment of these subjects - true social actors recognized by their peers as a result of their leadership role in the communities studied (BIERNACKI; WALDORF, 1981).

The interviews conducted in Governador Valadares indicated a curious aspect since only one of the four women heard in the Oziel Alves Pereira settlement resided in the municipality; the others were there for activities promoted by the health sector of the Movement. The activities took place on three occasions, in different events with the presence of "earth therapists", ready to attend to possible health emergencies.

It was a year of comings, stays, and goings, dedicated to listening, observation, and participation in the daily lives of these women in which it was possible to interact with the works of popular health, whether in the notes, in the reception, in the dance circle, in the photographic record, the harvesting/recognition of plants, or other activities. Thus, it was realized that the theme is not exhausted, and the universe of popular health practices linked to the role of peasant women is only the beginning. Thus, it is not possible to say of saturation of data, but rather of an open door to new doubts and questions of a complex theme in which the debate is constantly under construction. Also, we cannot say it was only research work, starting from methods, questions, and hypotheses. After all, it also allowed an encounter by which dreams were planted and bonds were created, which projected in perspectives of effective work, unveiling realities of health in the countryside and establishing friendships. Bosi (1979), expresses these feelings of commitment and subjectivity, stating that:

> Research is an affective commitment, a work shoulder to shoulder with the research subject. And it will be all the more valid if the observer does not make saltuary excursions in the situation of the observed party, but participates in his life. (...) Sympathy (easy feeling) for the object of the research is not enough, it is necessary that a settled understanding is born in common work, in coexistence, in very similar living conditions (BOSI, 1979, p. 2).

Allied with the qualitative methodology, we also resort to Oral History and participant observation, methodological paths that contribute to the wide use of information collected in the field. Oral History is a methodology widely used in qualitative research since it is an effective instrument in listening and rescuing orality, especially of historically invisible subjects. As Tedeschi (2014, p. 9) considers, "it opened up as a promising field to the task of discovering "new" subjects, their action, and interpretation of the present, supported by their awareness of the past".

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Moreover, Oral History seeks to be glimpsed with other sciences, such as "anthropology and social sciences, as part of a process of individual and collective construction, the result of a shared and participatory work of the subjects – protagonists of a given reality" (TEDESCHI, 2014, p. 9). It is important to emphasize that the dialogue between oral history and other areas allows its direction to the health area, especially public health, case of this work. From the speech, listening, and subjectivity contained and collected in each testimony, it is possible to identify elements that exceed the search for research results, contributing to a possible intervention in the environment investigated, either by proposing projects or by indicating public policies that can contribute to/for the collective well-being.

We also use the precepts of Women's History, a historiographical tradition that gained strength in the late 1980s, explaining the need to situate women in history, given their erasure as an essential part of society and its "concrete history and its singular history" (VENÂNCIO, 2008, p. 284). Perrot (1995), a French historian dedicated to the challenge of situating women in historiography, points out that:

> Writing a history of women is a relatively new undertaking and reveals a profound transformation: it is closely linked to the conception that women have a history and not only destined for reproduction, that they are historical agents and have a historicity of relations between the sexes. To write such a story means to take it seriously, to want to overcome the thorny problem of the sources (one knows nothing of women, one says in an apologetic tone). It also means criticizing the very structure of a report presented as universal, in the very words that constitute it, not only to explain the voids and missing links, but to suggest another possible reading (PERROT, 1995, p. 9).

The author not only criticizes the intellectual stance that guides the absence of solid historical production on women, but also opens ways for this story to be told, including all women. After the 1980s, it is clear that the historiographical production about women starts to conquer more space, albeit timidly. Oral History thus becomes an allied methodology, allowing us to hear and tell women's narratives. For Rovai (2017), the oral history of women is

> A political commitment to attentive, ethical, and respectful listening for voices that insist on being heard, opening gaps, and producing questions about socially constructed feelings and behaviors and about the production of a unique story. There was not and is not, by women, any silence, but the fight against silencing (ROVAI 2017, p. 12).

In turn, Salvatici (2005, p. 32) draws attention to the fact that the oral history of women "initially" developed a much more cautious insistence on the cultural diversity of gender differences and necessity before making grandiose propositions consider plurality". This is explained by

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> The concept of plurality highlighted the possibility of fundamental differences in gender structures, between social classes, ethnic groups, occupations, religions, regions, or nations. What was considered the "voice of women" became plural: female narratives seemed like a chorus of multiple voices, and, consequently, gender identity was complicated by class, religion, and nationality identities (SALVATICI, 2005, p. 32).

Considering the plurality of women's experiences in the countryside, the life trajectories of the settlers and campers, as well as their knowledge and health practices, allows, on the one hand, to demonstrate how political history changes the trajectories of the subjects. On the other hand, it also allows us to inquire about what life stories and oral traditions say about collective history, revealing questions about the social role of women in the production of scientific knowledge and transit through public and private spaces. Here, we seek to reveal how the presence and performance of these women occur in the universe of health in the camps and settlements of the Vale do Rio Doce, evidencing what Bosi (1994) calls the *social dimension of memory*[5].

With regard to participant observation, this method provides the researcher with direct interaction with the research subjects, enabling the construction of the narrative through coexistence in the environments where it proposes to investigate. Conducting an ethnographic study is more than going to the field, collecting information, recording perceptions in the field notebook, and performing data analysis. Ethnographing the field means participating in and understanding the reality in which one researches. Participant observation is, in this sense,

> A process by which the researcher poses as an observer of a social situation to conduct a scientific investigation. In this case, the observer is in direct relationship with his interlocutors in the person's social space, as far as possible, participating in their social life, in their cultural scenario, but to collect data and understand the research context. Therefore, the observer is part of the context under his observation and, undoubtedly, modifies this context, as it interferes with it and is personally modified (MINAYO, 2019, p. 64).

Thus, thinking about an ethnography of the women of Vale Rio Doce and their health practices permeates the deconstruction of hegemonic science, proposing a break with the positivist paradigm, which, according to Schimidt (2006),

> The practice of participant research can agglutinate around both the epistemological reflection that interests the rupture with the positivist paradigm and the critical apprehension of the ethical and political dimensions of field research, configuring methodologies that promote a relationship with the other close to the idea of interpretive communities (SCHIMIDT, 2006 p. 13).

[5]The author calls for the social dimension of memory as a record of what "was chosen to perpetuate in the history of her life" (BOSI, 1979, p. 1).

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Thus, the option to insert participant observation, aligned with Oral History and Women's History, starts from the assumption that living in such communities is a way of learning and apprehending their ways of life, which enables us to build a collective knowledge aimed at the elaboration of a knowledge in which women speak and allow us to translate the uniqueness of belonging to a movement of the struggle for land. Hence, the researcher had the opportunity to participate in several moments of women's daily lives since they remained for several weeks and in activities distributed between 2021 to 2023 in the areas of study.

Finally, it should be noted that the research project, as well as the free and informed consent forms, authorization for the use of image and voice, and the interview script, were approved by the Human Research Ethics Committee of Fiocruz MG, under opinion No. 4.000.974, CAAE: 29105720.8.0000.5091, on April 30, 2020 (Annex IV).

3 Results and discussions

3.1 Health in the Brazilian rural context

The discussion about the peasantry in Brazil is not recent. On the contrary, this is an ancient and thorny theme, which has as its *sui generis* characteristic the history of the invasion of lands, "which was born at that very moment when the Portuguese realized that they were in a land without fences, where they found everything very available" (MORISSAWA, 2001, p. 55). The history of agrarian reform in Brazil was therefore intertwined with the process and the capitalist mode of production in the countryside. This route was also anchored in historical milestones, such as the colonial period, characterized by hereditary captaincies and sesmarias; the Empire, with the land law of 1850, which established the obligation to purchase land via cash payment, making it difficult for the low-income population or without social/financial prestige to access; or even Brazilian Republic, in which remnants of previous periods were updated, increased by intense agricultural modernization, followed by grants of land credits to lords of the countryside (Machado, 2020). These processes hindered access to land by a good part of the Brazilian population, a situation that drags on to the present day.

From the colonial period to the present time, few advances have been seen in the Brazilian land agenda, given the concentration of land and the interests of the oligarchy, which acted and act together to stop the distribution of land, as Cosme emphasizes:

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> The land monopoly, mainly through land-grabbing and violence, central constituents of private capitalist land ownership in the country, is the starting point from which the Brazilian-landlord bourgeois class rises to control and destructively exploit the labor force and other natural common goods of the national territory (COSME, 2020, p. 306).

Hence, a problem becomes evident: agrarian reform in Brazil has not been consolidated, and little has been done under incipient molds.

However, concerning socio-political issues, small advances could be perceived between 1980-1990, a period in which the desire for a new Brazilian society flourished. In this context, there is the right to land, protected in Article 184 of the Federal Constitution of 1988:

> The Union has the power to expropriate, on account of social interest, for purposes of agrarian reform, the rural property which is not performing its social function, against prior and fair compensation in agrarian debt bonds with a clause providing for the maintenance of the real value, redeemable within a period of up to twenty years computed from the second year of issue, and the use of which shall be defined in the law. (BRASIL, 2016, p. 113).

Such a constitutional guarantee of democratic bias, although small – given the size of the historical debt that the country carries to the distribution of land – constitutes a significant achievement since the struggle for land has become legitimized and, with it, boosts the right to claim for decent housing, food, health, education, culture, leisure, and art and an entire structure necessary for the promotion of the social well-being of the Brazilian population.

Health, in this context, is interrelated with the Brazilian Health Reform (RSB), a term that appeared in Brazil in 1970, based on the origins of preventive medicine and that takes shape, still in that decade, from the creation of the Brazilian Center for Health Studies (CEBES), and consequent creation of the journal Saúde em Debate, which advocated health as *a right of each and all Brazilians* (PAIM; ALMEIDA FILHO, 2014, p. 203).

In the 1980s, the RSB became an instrument of political reform for the benefit of health that included all social segments, having as its founding element the participation of civil society, including intellectuals, social and popular movements, political representatives, women, and a whole class of people interested in contributing to Brazilian redemocratization. The 8th National Health Conference in 1986 proved fundamental for the Unified Health System (SUS) to materialize, reaching space in the Brazilian Constitution as a common system accessible to all citizens. Among the pillars that guided such defense, we can mention:

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- Universality, which calls for health as a right of all and a duty of the State, without distinctions of race, sex, class, and other social and/or personal differences;
- Equity, which has as its main characteristic the reduction of social inequalities, so present in our society;
- Comprehensiveness, which aims to observe the person as a whole, meeting their needs;
- Decentralization, which aims to provide qualified health services to the population, with the municipalities being responsible for offering services "autonomously";
- Popular participation, in which society participates and supervises the actions of the health system (BRASIL, 2000, p. 30-34).

SUS has thus been established as a comprehensive and inclusive social "instrument", which, over the years, has reconfigured, among advances and limitations, in the face of social and political transformations.

In the scope of this work, it is important to highlight the principle of comprehensiveness, perceptibly limited, within SUS, about the rural population. Comprehensiveness is defined by the participation of the community. This comprehensive care is anchored in several conceptions, as, for example, Fontoura and Mayer (2003, p. 533) warn: "its foundation is in the quality of the care provided to the user, involving issues such as care, reception, expanded vision, among others".

Defined in this way, comprehensiveness has become a constant agenda of the movements of the struggle for land since health in the countryside continues to face difficulties in accessing basic services, widely hurting not only this principle but also that of universality. Therefore, an insufficient supply of health policy consolidated according to the agrarian reform policy, that is, slow, gradual, and incomplete.

Pontes, Rigotto, and Silva, indicate that

> The need for SUS to act relative to the health of peasants arises from problems found in access to health services, in basic, specialized, and hospital care, in the surveillance and promotion of health, and in the prevention of diseases and injuries that affect this population. The extent and magnitude of these problems expose that the discrepancy between SUS propositions and their execution is even greater in the countryside than in the city (PONTES; RIGOTTO; SILVA, 2019, p. 1382).

Santos, Arruda, and Gerhart (2018, p. 169) point out that a "broad understanding of what the social rights of the citizen mean and that access to health and the importance of health and other policies in the daily life of the rural environment go beyond work, but also life". Thus, it is interpreted that the ways of doing health and doing health in the country[6] cease to be a hospital-centric and biomedical issue to give way to the health of

[6]The making of health in the countryside, in the conception of the MST, crosses the meaning of the place of life, and not only the place of production "which is not defined only from the antagonism of the city".

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the human being in its entirety, stimulating and developing a "rescue of the popular wisdom present in the communities, in a dynamic movement of articulation between the different knowledge and practices in the production of health actions to populations" (GERMANI, 2020, p. 66).

Given the identification of the limits in the services offered by SUS, and bearing in mind the specificities of the demands of the populations not only of the countryside but also of the waters and the forest, the establishment of new dialogues on a proper health policy, capable of meeting the demands of these groups, proved necessary. In a collective and participatory effort, which had the collaboration of members of popular movements linked to the countryside and the forest, as well as members of civil society and universities (such as Fiocruz of Brasília and Universidade Federal de Brasília), the National Policy for Comprehensive Health of the Peoples of the Countryside and the Forest, which became part of the Ministry of Health, was approved in 2011[7].

Recognizing that "the populations of the countryside and the forest are characterized by peoples and communities that have their way of life, production, and social reproduction predominantly related to the land" (BRASIL, 2014, p. 8), this policy represents a significant achievement for the rural environment, allowing "to think about this location in its plurality beyond an agrarian, productive space, the demographic framework, and the distribution of diseases" (GERHARDT; LOPES, 2017, p. 7).

Research such as that of Magalhães *et al*. (2022) indicates that the quality of health in rural areas, although it has leaped improvement in the aspects of prevention and promotion, is still precarious since,

> Investments in the rural health sector are still inadequate to significantly improve and reach the population. Among the problems that cooperate to difficulties in the quality of health are, besides the low investment, the large extension of the territory and the population dispersion. This scenario contributes to the low number of FHS in the countryside, making them insufficient to meet citizens' demands (MAGALHÃES *et al*., 2022, p. 3).

Thus, the simple implementation of public policies is not enough, making it necessary for such policies to recognize the real demands of the rural population,

Silva and Prada (2019), emphasize that the MST has reflected on health and claimed, in addition to medical care with priority to promotion and prevention, respect for cultural differences and the strengthening of unconventional health practices.

[7]The peoples of the waters, because they understand that their health also adds particular factors, claimed the insertion of their grouping in politics. Thus, in 2014, under Ordinance No. 2311/2014 of the Ministry of Health (MS), the policy was renamed the National Policy for the Comprehensive Health of Rural, Forest, and Water Populations (PNSIPCFA).

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incorporating their agendas and specificities, to advance in solving problems related to the health of this population.

Considering the distances between the public policies proposed for the health area and the reality experienced by the rural population, we intend to raise some alternatives accessed by this group to reduce the effects of lack of access to public health. Furthermore, we will try to show how women play a leading role in care from the knowledge of popular health practices.

3.2 Popular health practices as health promotion strategies and more quality of life in the countryside

To the World Health Organization (WHO), health is "a state of complete physical, mental and social well-being and not only the absence of diseases and infirmities" (SILVA; SCHRAIBER; MOTA, 2019, p.2). In the discourse of Western medicine, the lack of health that affects a human being must be treated based on (hegemonic) science, based on biomedical and hospital-centered models, making other forms of knowledge and cultures insignificant in the aid and treatment of diseases. The concept of hegemony, closely linked to the relations of power, domination, class, oppression, and other aspects, guides the definition of health established by the WHO. Over the years, however, this hegemonic knowledge has received criticism from scholars, who warn about the breadth and plurality that anchors the health theme.

In this regard, Pereira and Almeida argue that

> From the moment that this scientific knowledge reached hegemony in the narrative of existence, the understanding of what is considered "health" was no longer guided by other values raised by life understood as socio-psychic and cultural totality since, in the eyes of capitalism, in the same way, that reason is an instrument, life is only a means of production, accumulation of wealth, and expansion of power (PEREIRA; ALMEIDA, 2005 p. 93).

The excerpt above reinforces that the hegemonic concept of health is fixed in models that generate profit for the economic system, combining the sophistication of diagnostic technology with the economic power of the pharmaceutical industry, which, under its scientific patents, is chosen according to the interests of the biomedical model, profit on the population that sensibly becomes dependent on synthetic drugs. Barros, in turn, points out:

> At the very moment when chemosynthesis is established in a capitalist context of production, medicines assume the connotation of a commodity with the implicit need to be consumed in increasing quantity and quality. Hence, the drug assumes an important and double role in satisfying at the same time the

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> interest of capital and the doctor. The widespread diffusion of the idea of the drug as a solution allows the doctor, when prescribing it, to satisfy the patient's expectations to their own. For both, in fact the most important moment of the consultation became that of the prescription, on the one hand to the detriment or sometimes occupying a place in the anamnesis and/or diagnosis, on the other hand, increasingly replacing therapeutic alternatives that at least, for specific clinical conditions, were dominant in the past (BARROS, 1983, p. 378).

This affirms the economic role played by the pharmaceutical industry and hegemonic medical knowledge in the health sphere, understanding it not only as a form of power, but also as a factor reinforcing social inequality since access is not equal for all. In the case of Brazil, as already explained, although there are many advances in SUS and its programs, health services still do not insert the entire population on the same horizon, practicing verticalized care.

Given this scenario, we are interested in discussing popular health as complementary to conventional and hegemonic health practices. Here, it is crucial to keep in mind that the idea of working with popular health practices is not intended to empty the scientific and medical importance of the conventional health system. Differently, what is intended is to work possible and accessible health concepts to the rural population, considering these meanings as historical practices that dialogue with the rural way of life. For Fleischer (2013 p. 8), popular health is "a health that happens in unofficial spaces", and warns that

> The popular ways to achieve the reestablishment of health, are made by almost invisible lines, but that insistently grope the healing spaces without necessarily obeying the law of the place. Tactics, to recover welfare states can produce results not always openly perceptible or classifiable by biomedical criteria (FLEISCHER, 2013, p. 9).

Rocha and Aquilante (2020, p. 29) understand popular health practices (PHP) as "a form of cultural manifestation, present in the daily lives of those who seek treatment beyond biomedical knowledge".

Such definitions fit what we found in the research on popular health conducted in the Vale do Rio Doce. Given the absence of basic health units within the occupied, camped, and settled areas, they develop therapeutic practices for prevention or palliative relief of pain, suffering, or illness. These practices are diverse, encompassing Reiki, massage therapy, and homeopathy, among others, and are mostly practiced by women, popular therapists who do not have fixed spaces to exercise the profession. Generally, they go to the patient, representing a work driven by solidarity and the struggle for the land.

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For Lúcia Martins Ferreira[8], resident in the Ulisses de Oliveira settlement, in Jampruca (MG), since 2004 and activist in the health sector for more than 20 years, "popular health practices relate to the land, to medicinal plants, to everything that has to do with nature, because it is from the land that we have the energy of life". Dilma Edna Pereira[9], camped in the area called Maria da Penha, in Matias Lobato (MG), states that "popular health for me is life, it is joy. If there is a meeting or a popular health event, I forget all the problems and the excitement comes quickly".

Therefore, the health experiences conducted in the settlements and camps of agrarian reform have as a priority to work on all health aspects of the Movement members since the struggle for land does not end with its conquest. This milestone is only the beginning. As Knierim (2016) indicates:

> Since the first camps, health teams have been responsible for caring for the sick militants. This care was imbued with an ethics, according to which it was necessary to protect, watch over the companions who were in struggle (KNIERIM, 2016, p. 58).

One can see that, as camped militants, popular health practices play a fundamental role since, in times of occupation and negotiation for permanence on land, the clash is violent, resulting in various physical, emotional, and mental illnesses.

In such a context, popular health is also configured as a political act, a clash against mercantilist policies and resistance to the right to be. Again, as Knierim (2019) points out:

> The centrality of the care process was the disease and the production of inputs that reestablishes them for the struggle. However, the mediations of this process expressed human relations based on values of solidarity, companionship, cooperation, fraternity, knowledge, and popular knowledge about health care and the relationship of nature, which was proper to these workers (KNIERIM, 2016, p. 58).

Popular health contributes, therefore, to the path of the conquest of the land, strengthening the struggle for equal rights and respect for the modes of production of life, which "are determined by the socioeconomic, political, and cultural conditions of society" (KNIERIM, 2016, p. 59) and re-signify the art of living from/and for the land.

[8]Interview granted by Lúcia Martins Ferreira, in July 2022, at the settlement Oziel Alves Pereira - MST, located in the municipality of Governador Valadares – Vale do Rio Doce – Minas Gerais.
[9]Interview granted by Dilma Edna Pereira, in March 2022, at the settlement Oziel Alves Pereira - MST, located in the municipality of Governador Valadares – Vale do Rio Doce – Minas Gerais.

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3.3 The role of rural women in the context of rural health

> *"We are women, we are warriors, we will not be shipwrecked, we will be a sea of flags"* (MST, 2020).

In 2020, in Brasília, the[10] MST gender sector gathered approximately 3,500 Movement activists at the 1st MST Women's Meeting to discuss and guide the situation of women in the countryside. Such an event represented a turning point in these women's lives, as "it was intended to conduct a diagnosis and make a projection on how women participate in the struggle for Agrarian Reform in Brazil"[11] (MST, 2020).

In this meeting, the strength of the women settled and camped relative to the human and political commitment with which they see the Movement was explained. For them, being part of this process is no longer just a struggle for survival but represents a new social and collective "role". This is because, interwoven only in the dependencies of the man or husband, they would not have the opportunity to see new worlds and possibilities. Valenciano and Júnior observe that

> When women enter the political struggle, they become class conscious and assume an "identity," belonging to a group that shares the same values, symbols, discourses, etc. This new conformation brings to the study of these women new elements since in given the intrinsic subjectivity in these relationships, we will have a series of transformations that seek to some extent to overcome the archaic conception of what it is to be a woman and what is attributed to her (VALENCIANO; JÚNIOR, 2011, p. 2).

Thus, the MST women begin to attribute value to every task imputed to them, with health being a front of great human and political importance, as Farias highlights:

> The health sector has been the space for women to enter the process of organizing the family nuclei. Still, there is a lot of invisibility in studies on the struggles fought for access to land and the role of women in this conquest. Nevertheless, there is still a need to research the relationship between women's interventions in spaces of struggle and changes from the production of politics in public spaces in the daily life of settlements and camps concerning gender (FARIAS, 2016, p. 304).

[10]The MST gender sector arises from the need to discuss agendas that involve the role of women in society and, especially, within the eminently sexist Movement. Thus, the MST understands that "bringing the gender discussion to the MST as a whole and seeking to show the importance of establishing new gender relations to advance the class struggle, is an extremely important bridge for the realization of agrarian reform and the construction of a new society". (MST, 2000, p. 147)

[11]Learn more about agendas and claims of the 1st National Meeting of MST Women held in March 2020 at https://mst.org.br/2020/03/05/mais-de-35-mil-sem-terra-ocupam-brasilia-no-1o-encontro-nacional-de-mulheres-do-mst/

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In Minas Gerais, women integrate the health segment in an organized way. The state health sector, since 2008, acts promptly on the fronts where it is requested and, similarly to the national sector, is mostly composed of women:

> In Minas Gerais, the construction of the MST health sector represents the history of struggle and participation of women in the health care of rural populations throughout the period. Numerous women were at the forefront of people's health care in all territories of camps and settlements in the state (ESCOLA DE SAÚDE PÚBLICA, 2018, p. 21).

This statement was also reinforced by the fieldwork conducted. As the first results, we observed that, during any event, whether celebrating or fighting, the health sector is always present in the trenches to guarantee the well-being of the militancy of the struggle for land. Thus,

> The dedication and willingness that people had, and have to take care of each other and cooperate for the recovery of the sick, is also a mark of the Health Sector of Minas Gerais. The healthcare staff at each camp and settlement spare no effort to provide care to families. The concepts and practices of care developed by women in the Health Sector are also taken to neighboring rural communities. Caregivers leave their homes to care for families in small communities near the camp or settlement (ESCOLA DE SAÚDE PÚBLICA, 2018, p. 21).

The illustrations below demonstrate some of the care provided by the health sector in Minas Gerais:

Figure 1: State Festival of Agrarian Reform

Figure 2: Pátria Livre Camp (MG)

Figure 3: MAB seminar

Source: Personal Archive

The three moments exposed in the images raise the dimension of care exercised by the members of the Movement. Figure 1 presents a poster inviting the public, external or not, to the Movement to access the care space set up at the State Festival of Agrarian Reform, held in Belo Horizonte (MG) in May 2022. According to data from the

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organization (MST, 2022), the event moved approximately 30,000 people in four days of activities. With offers of health practices such as Reiki, foot baths, massages, auriculotherapy, and free care sought to ensure the health of people who went through the festival.

Similarly, the other two illustrations follow the logic of care. Figure 2 represents a health space set up in a camp to serve the flood victims that affected some Minas Gerais municipalities in 2022. In turn, the third image portrays a service conducted in a seminar with those affected by mining dams. The event, which took place at the Francisca Veras Training Center, located in the Oziel Alves Pereira settlement, moved 300 militants from the Movement of People Affected by Dams (MAB) and the MST. Therefore, the last two illustrations represent events that have in common the loss of material goods and psychological and mental impairment, the result of traumas experienced in unexpected disasters.

It is also essential to highlight the resilience of these women when performing their care. Its practices are not always well regarded by society for various reasons, such as the maintenance of medical-hospital-centric hegemony and religion, which historically oppose the realization of popular health practices, acting in favor of the maintenance of "established domination between classes" (GIFFONI, *et al., s.p.*). In this course, part of the historiography was dedicated to reporting cases of injury and persecution against women who practiced cures with medicinal plants and other insertions, which can be attested by the reports in the courts of the Inquisition,[12] which are intertwined with testimonies heard in this research.

Despite this, in many moments, when there were no doctors to meet the demands of the population, it was these same women who took the place of medicinal practices, as Priore indicates:

> Deprived of medical resources to combat everyday diseases, women resorted to informal cures, thus perpetrating a subversion: instead of doctors, they were the ones who, through ancestral gestural and oral formulas, rescued health. The conception of the disease as resulting from a supernatural action and the magical vision of the body introduced them to an immense constellation of knowledge about using plants, minerals, and animals, with which they manufactured medicines that served the therapeutic care they administered. Besides this knowledge, there was knowledge from Africa, based on the use of

[12]In the medieval period, the Roman Catholic Court was established, known as the "Court of the Holy Office" or "Court of Inquisition", with the sacred mission of combating heretics and those who practiced witchcraft. The persecution of the group of women named as witches has endured for centuries, from the wicked torture sessions and death of thousands of women at the bonfires. "But the most remarkable fact is that more than 80% of the people tried and executed in Europe in the 16th and 17th centuries for the crime of witchcraft were women" (FEDERICI, 2017, p. 328).

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> talismans, amulets, and fetishes, and indigenous healing ceremonies, supported by intimacy with the Brazilian medicinal flora (PRIORE, 2018, p. 88).

Persecution, ironically, dialogues with the necessary presence and activity of the "land therapists." Lúcia Martins, an already mentioned interviewee, states that the MST women have already suffered persecution, although they are also sought:

> I remember the time we lived in Frei Inocêncio, we managed to close a pharmacy, because people believed so much in plants and returned so much to medicinal plants to learn, that decreased the purchase of medicines, right? We were threatened with death, some people threw cars at us, disqualified the work, said that we would kill someone with our practices. Then there was persecution (Lúcia Martins Pereira, 2022).

The activist also states: "before there was even a doctor who referred us. Oh, you go there in the tea girls who treat this kidney of yours, because I will not give you medicine" (Lúcia Martins Pereira, 2022).

Thus, it does not seem that such practices have been annulled over the centuries[13]. On the contrary, they have been transformed. And today, they take shape, gaining strength in the public health scenario, even enabling public policies that contemplate a health vision based on ancestral, popular, and oriental knowledge, such as the National Policy of Integrative and Complementary Practices and the National Program of Medicinal and Herbal Plants, in force since 2008. This policy recommends the use of medicinal plants to promote health and, above all, values those who know this knowledge, clarifying that:

> Brazil is recognized for its biodiversity. This biological richness becomes even more important because it is allied to a sociodiversity involving various peoples and communities with their visions, knowledge, and cultural practices. Concerning the therapeutic use of plants, these knowledge and practices are intrinsically related to the territories and their natural resources, as an integral part of the sociocultural and economic reproduction of these peoples and communities. Hence, it is essential to promote the rescue, recognition, and appreciation of traditional and popular medicinal plants and home remedies practices as elements for health promotion, as recommended by the World Health Organization (MINISTÉRIO DA SAÚDE, 2009, p. 47).

In the MST context, it is essential to emphasize the importance of rural women who fight for agrarian reform, even because this struggle is far from being ended with the conquest of the land. On the contrary, having conquered the land, there is still much to do. Among the many meanings applicable to the struggle is the search for a quality health supply that respects the ways of life and the relationship with the land. This is explained

[13]It is important to consider that there is no linearity in these processes, but different studies elucidate the theme, addressing their appearances in different historical periods. This article, however, does not contemplate this historicity, and aims only to highlight the long tradition of popular healing practices and the role of women in this process.

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by the perception that there is usually a garden of medicinal herbs in every yard or settled or camped area. Maria Medeiros, who lives in the Primeiro de Junho settlement in the municipality of Tumiritinga, corroborates this point:

> Those who lived in Aruega learned a lot, the first experiences of plants, of the first gardens, and they tell about it with the greatest pleasure. Aninha is one of the oldest people who went through Aruega, her yard is full of plants; she has all kinds of plants and uses it! She is our healer too. In addition to using it, we took the students there, took her experience, there was this exchange of learning, it was very enriching, right, the boys seeing her using in practice the amount of plant she had, to this day she preserves that[14] (Maria Medeiros, 2021).

For the women who make up the MST health sector in the Vale do Rio Doce, popular health practices are increasingly present and stronger amid militancy. Marlene Rocha, a popular therapist of the Movement in Minas Gerais, explains this when asked about which health practices are resorted to in her care:

> So today, we have several types of popular practices. I work a lot with radiesthesia, which is the pendulum, right? Where I will make the record of the person at a distance or in person, I will ask for the pendulum according to the complaint that the person makes me, I will look at what herb I will make the tea, or if it is tea, or if it is clay, or if it is coal, or if it is baths, foot baths, prayers, blessings, all this I consult with my pendulum, it will tell me it is such a plant, what the person needs... or if it is Reiki, suddenly the person needs 15 sessions of Reiki, suddenly the person needs to be harmonized for 7 days of the week, the person needs clay, so I use this medium with the pendulum and also the prayers at dawn[15] (Marlene Rocha, 2021).

The examples above reinforce the importance of this type of treatment for people who live in the countryside, who, for various reasons, choose to be there: taking care of themselves with a companion who traced the same path of struggle for survival. These women, that is to say, studied, practiced, and were prepared to continue treating, having their feet in ancestry, which translates into the successive generations that pass – and receive – their knowledge, from mother to daughter, and so on.

3.4. The rural woman of the Vale do Rio Doce, care, and the political body as a category of analysis

The health field, especially that of collective health, over the years, has promoted the discussion about care as a theme dear to human development, and, not by chance,

[14]Interview granted by Maria Medeiros, in December 2021, in the settlement Primeiro de Junho - MST, located in the municipality of Tumiritinga – Vale do Rio Doce – Minas Gerais.
[15]Interview granted by Marlene Rocha, in December 2021, in the settlement Oziel Alves Pereira, located in the municipality of Governador Valadares – Vale do Rio Doce – Minas Gerais.

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transits through several areas of knowledge, such as the social and human sciences, feminist studies and medicine, more broadly, to re-signify relations in contexts in which hospital-centric power spaces cancel the *human presence* in health treatments. Thus, for Anéas and Ayres (2011, p. 654), the ontological dimension of care unfolds in the thesis that, even with all the challenges, "man always takes care. Even in relations of contempt and carelessness, man always takes care". In turn, Souza and Mendonça (2017) say that care is

> A component of the complex universe of human activities, that is, it is a particularity of social praxis (the set of sensitive human activities, in which objectivity and subjectivity are inseparable, although the first is the predominant determination) (SOUZA; MENDONÇA, 2017 p.543).

Despite this understanding, the care concept is not simple to classify, given its breadth and various tensions. As Bustamante indicates, "care is a problematic category insofar as there are too narrow or too broad definitions becoming an empirical category that to be studied requires being related to theoretical categories" (THOMAS *apud* BUSTAMANTE; MCCALLUM, 2014, p. 674). For Collective Health, care is a;

> Way of doing in everyday life characterized by attention, responsibility, zeal, and care for people and things in places and times different from their fulfillment. And that, the importance of daily life in the production of care is in the offer of multiple specific questions that circulate in the space of social life and in the historical contents they carry" (PINHEIRO, 2009, p. 110-111).

Our work approaches this perspective by considering that health is closely linked to the historical contents humans produce and carry in their life trajectories. Thus, it becomes significant to shed light on the history of these rural women, who make caring for the settled and camped population a social and political substance in the face of the challenges posed by the struggle:

> The work performed by peasant women procedurally takes place and articulates the formation, organization, struggles, and construction of health promotion experiences, constituting forms of popular resistance in the countryside. This process produces women's awareness, their construction as an active subject, in which women transform life and relationships, permeated by a liberating and feminist mystique, interwoven in the gender, class, and popular project axis (DARON, 2009, p. 390).

Women's work in the countryside is hardly recognized as a function that drives the rural economy. However, when I assume the role of the protagonist, inside and outside the Movement, the silence that makes them invisible changes, becoming a flag of struggle. According to Valenciano and Júnior,

> It seems very clear to us that when women enter the political struggle, they become class conscious and assume an "identity", that is, the idea of belonging to a group that shares the same values, symbols, discourses, etc. This new

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> conformation brings to the study of these women new elements since in given the intrinsic subjectivity in these relationships, we will have a series of transformations that seek to some extent to overcome the archaic conception of what it is to be a woman, and what is attributed to her. These subjects undergo the influence of discourse, practices, and values daily, which build their identities, arranging, and disarranging their social places, their way of being, thinking, acting in society, in short, their sociability (VALENCIANO; JÚNIOR, 2002, p. 2).

In health, this transformation is present, strengthening the discussion about care as an action that goes beyond the sense of zealous and supportive care, already imbued in the symbolism of the struggle, and assumes a leading role in political care. The woman who cares also puts her body on the streets in search of equity and social justice. It is also the extension of the home to collective care, either through access to conventional health or its unconventional forms.

The interviewee Terezinha Sabino de Souza, 67, resident of the settlement Oziel Alves Pereira in Governador Valadares (MG), reports that:

> Here in the Vale do Rio Doce region, I consider that we have a well-structured health sector with several popular practices such as suction cup, Reiki, energy application, hand imposition, the making of medicine, right, floral, coal, syrups, dyes. It is then that we, from our collective participation of the movement, in the struggles we have been learning a lot and we, these practices we develop in all instances of the movement as in the spaces, march spaces, encounter space, meeting space, national, state, regional, because our sector it articulates in all struggles, in the struggle for land, in the countryside, in the city, so we are developing there as a therapist, leader, member of the landless workers' movement, MST militant, and most of us in the sector here in the region and also from other places are women, and I so very much imagine that women already have this... she already has this mystique of care, right... I understand that we have this mystique of care imposed by the capitalist system, which is the woman who has to take care , who is the woman who has to clean the house... who has to do everything, right, but I also look this way to another look, with the look that we are sensitive to the workers cause and the people's health cause is the human cause, so I feel very comfortable in this care, I feel very good, I do not have health problems, even because when we take care of people, we also take care of us, so you do not develop major health problems when you are providing this act of solidarity[16] (Terezinha Sabino de Souza, 2021).

Thus, based on popular health practices, an increasingly available and accessible resource to the reality of the settled and camped population, care reinforces the concern with militancy and gives life to this set of political articulations and internal mobilizations, which, as Teixeira and Oliveira (2014, p. 1347) point out, "are responsible for everyone to have dignified and healthy lives".

Daron qualifies these peasant women as having

[16]Interview granted by Terezinha Sabino, in December 2021, in the settlement Oziel Alves Pereira, located in the municipality of Governador Valadares – Vale do Rio Doce – Minas Gerais.

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> A way of taking care of life and health expressed in the popular care practices they develop, articulated with the struggle to guarantee a public and universal health system and a new way of living in the countryside. This singular mode of care and promotion of life, health, and citizenship can be identified as an educational-therapeutic process (DARON, 2009 p. 391).

As the author points out, the promotion of life and citizenship is perceived in the speeches of the women interviewed. For them, care, in addition to representing a way of putting themselves ahead of the struggle, is an opportunity to transform a previously invisible space into a base of support for the Movement since popular health practices are ready to be applied in moments of conflict or not.

Terezinha Sabino reinforces that the health sector is very strong and is linked to a significant demand, which is women themselves. The activist also points out that, in addition to women who work in the health sector within the Movement, other groups of women prepare herbal medicines for the care of militancy. Such actions reveal the importance of these women in the MST political context. Maria Medeiros, a resident of the 1º de Junho settlement in Tumiritinga (MG), accompanied from the beginning of the first occupation of land in the Vale do Rio Doce, emphasizes that, without the performance of the health sector and women along the occupation process, certainly the difficulties would become more pronounced: "there is always a school, and a pharmacy when a camp is raised" (Maria Medeiros, 2021).

Dilma Edna, camped in the municipality of Matias Lobato, also in Minas Gerais, emphasizes that health, within the scope of the Movement, is female. In her words:

> It is very hard to see a man facing health. So, they are still very sexist on that point. I remember when we took the course here, we trained 67 therapists. If I am not mistaken, if there were four or five men around, it was a lot. Our plenary was a woman (2022). So I think, that health was really in the hands of women. There is still this sexism, right, that making tea is a woman's thing[17] (Dilma Edna, March 2022).

It is possible to perceive, in the collected testimonies, that the care category is closely linked to the woman's figure, either in the settlements and camps, or in the struggle for the land as a whole. However, more than perceiving the dimension of structural, cultural, and rooted sexism in society, it is necessary to have sensitivity to note the subjective way women receive and respond to these demands. It seems to us, therefore, that from the moment women establish themselves on earth, engaging in this

[17]Interview granted by Dilma, in March 2021, at the settlement Oziel Alves Pereira - MST, located in the municipality of Govenador Valadares – Vale do Rio Doce – Minas Gerais.

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permanent field of struggle, new possibilities of life re-signify their dreams and their worldview.

Finally, It is important to remember that the intention to use the interviews conducted in the field does not seek to generalize answers. Nor does it intend to speak for all the women camped and settled in Brazil because we know that reality and subjectivities belong to each individual. It is important to highlight that peasant women create the habit of becoming politically aware of themselves and the collectives where they are inserted. In formative spaces and study groups, collectives promote and enable debate on the issue of gender and, in particular, on the role of women. Thus, these women gain strength in all instances of the Movement, and the act of caring, as worked in this article, assumes a role beyond zeal, solidarity, confrontations, challenges, and resilience.

4 Final considerations

In light of qualitative research and the themes of health, popular health, and women settled and camped, this study sought to problematize the gender context given the difficulties imposed on the rural environment, which still refers to negative concepts of delay and forgetfulness. In this sense, we seek to demystify this foundation since, historically, agrarian occupations demonstrate that the rural population has made advances in the struggle for land. However, there is still much to do to achieve equity and social justice.

It was also reflected on gender issues related to popular health and care to verify that women are the protagonists of health care of the population in the struggle for land. Also, according to the literature consulted, supported by the interviews, this care is constituted under consistent pillars as part of the struggle and, mainly, as political action. Therefore, care ceases to be only solidarity and goes from the house to the street, to mobilizations, the search and defense of rights.

The popular health practices exercised by these women also move from a place of existence based on the lack and difficulty of access to conventional services, becoming practices of resistance to the hegemonic health care model. In addition to SUS, a system widely defended by the Movement, popular health practices occupy the unofficial place and lead care in the most adverse situations experienced by militants. We note that the presence of women in the world of the struggle for land grows stronger every day. Across the health, gender, education, and training sectors, they organize in pursuit of their rights.

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There is no longer the reclusive and obedient woman in the movements of the struggle for land, especially in the MST, central to this study. The parity between the roles of direction, coordination, and subcoordination is present in the statute of the Movement, which strengthens the struggle of women for gender equity – which is not configured as a dispute between *men x women*, but rather as a step toward gender equality in a still sexist society.

Finally, this study aimed to make the rural woman and her health knowledge visible, which, for a considerable time, were forgotten and erased by order of the current system. Therefore, we close with the "voice" of Lúcia Martins Pereira when reporting that:

> This knowledge needs to be shared, it needs to be written, so I respond with great joy to your research, which I know will not only stay with me and not only with you, but that other people will also start to be part of this universe, to observe nature, to observe plants, to observe birds, to leave a fruit in the yard because if the bird comes to eat, it will bring a seed that will serve me (Lúcia Martins Pereira, 2022).

With this feeling found and lived in the countryside, of responsibility with qualitative research and orality, with listening and respect for subjectivity, we shed light on the discussions intended here, armed with the desire that the invisibilities and social silences imposed on some groups may give way to voices that contribute to the permanent construction and historical transformation of Brazil, bearing in mind that all knowledge has its value.

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