Oral history of rural women's lives: work, health and resilience

História oral de vida de mulheres rurais: trabalho, saúde e resiliência

Historia oral de vida de las mujeres rurales: trabajo, salud y resiliencia

RESUMO

Objetivo: explorar a história de vida de mulheres rurais sobre saúde, trabalho e resiliência. Método: estudo qualitativo ancorado no referencial teórico-metodológico da história oral, realizado no município de Nazarezinho, Paraíba. Os dados foram produzidos por entrevistas, sendo analisados mediante a análise temática indutiva. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da UFRN sob parecer 3.950.023. Resultados: a história de vida das mulheres foi marcada por vulnerabilidades e iniquidades, que atravessaram suas condições de vida e de saúde, refletindo até a atualidade em sua qualidade de vida. Quanto à resiliência, diversos fatores de proteção que contribuem para o seu desenvolvimento foram observados nas narrativas de vida, dentre os quais se encontram os sentimentos de esperança, as redes de apoio social e a espiritualidade. Considerações finais: Nessa perspectiva, intervenções individuais e comunitárias podem ser traçadas visando fortalecer a resiliência das mulheres rurais e promover sua saúde.

DESCRITORES: Saúde da população rural; Mulheres trabalhadoras; Resiliência psicológica.

ABSTRACT

Objective: to explore the life stories of rural women regarding health, work, and resilience. Method: a qualitative study anchored in the theoretical-methodological framework of oral history, conducted in the municipality of Nazarezinho, Paraíba. Data were produced through interviews and analyzed using inductive thematic analysis. The study was approved by the Research Ethics Committee of UFRN under opinion 3.950.023. Results: the life stories of the women were marked by vulnerabilities and inequities, which affected their living and health conditions, reflecting on their quality of life to this day. Regarding resilience, several protective factors that contribute to its development were observed in the life narratives, among which are feelings of hope, social support networks, and spirituality. Conclusion: From this perspective, individual and community interventions can be designed to strengthen the resilience of rural women and promote their health.

DESCRIPTORS: Rural population health; Working women; Psychological resilience.

RESUMEN

Objetivo: explorar las historias de vida de mujeres rurales sobre salud, trabajo y resiliencia. Método: estudio cualitativo anclado en el marco teórico-metodológico de la historia oral, realizado en el municipio de Nazarezinho, Paraíba. Los datos fueron producidos a través de entrevistas y analizados mediante análisis temático inductivo. El estudio fue aprobado por el Comité de Ética en Investigación de la UFRN bajo dictamen 3.950.023. Resultados: la historia de vida de las mujeres estuvo marcada por vulnerabilidades e inequidades, que permearon sus condiciones de vida y de salud, reflejando su calidad de vida hasta el día de hoy. En cuanto a la resiliencia, se observaron varios factores protectores que contribuyen a su desarrollo en las narrativas de vida, incluidos los sentimientos de esperanza, las redes sociales de apoyo y la espiritualidad. Consideraciones finales: Desde esta perspectiva, se pueden diseñar intervenciones individuales y comunitarias para fortalecer la resiliencia de las mujeres rurales y promover su salud.

PALABRAS CLAVE: Salud de la población rural; Mujeres trabajadoras; Resiliencia psicológica.

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INTRODUCTION

Despite the advances, in rural areas, women have their uniqueness marked by the social, economic, behavioral and health difficulties they face. Domestic violence and gender inequalities, patriarchy, and the sexual division of labor are examples of the inequities faced by rural women. 1-2

It is from this perspective that women's work in rural areas is marked by a process of invisibilization of their productive activities, which assigns men to productive roles and places women in the reproductive sphere, reiterating social roles established in the socially constituted gender identity and preventing them from enjoying their social recognition as workers. 3,4

Historically, the sociocultural processes that characterized, and that, to a certain extent, still characterize the Brazilian rural environment attribute different roles to women and men, with women being considered as mere helpers to their fathers or husbands in agricultural or income-generating activities, but fundamental in reproductive and domestic activities to maintain the family. 5

The recognition of rural women's status as workers, their access to land and public policies related to family farming, as well as the right to unionization and retirement, are affected by such invisibility, which was strengthened by the patriarchal construction of the fragile and victimized woman, who would not have the strength to carry out tasks considered "heavy", assigned to men, even though they perform practically all the work performed by men. 12

In this area, it is necessary to portray and analyze women's work, whether in the fields, at home, in agribusiness, or as day laborers in planting and harvesting, characterizing it as a determinant of health and illness and giving visibility to the subjective and objective processes of different places of their work. 7

In this context, rural women have lives that are strongly influenced by the environment in which they live, and their health is directly related to their living and working conditions, which produce risks such as illnesses and injuries. The gender issue is an intervening factor, including in more negative conditions for the quality of life of rural women. 8

Given that work is one of the aspects that characterize quality of life, its lower values in rural women may be associated with the fact that they are the most affected by exploitation and domination in the countryside 4, that permeate their lifestyles and have repercussions on their personal and family trajectories, life and work, as well as on their future prospects, political action and their health and illness process. 2

As a construct that strengthens these women in the face of these conditions, the concept of resilience emerges, broadly defined as the capacity of a dynamic system to successfully promote its adaptation in the face of disturbances that threaten its function, development and viability, and this concept can be applied to various types of systems at various levels of interaction, such as a microorganism, a person, a family, a forest, an economy or the global climate. 9

Considering the various social inequalities faced by rural women, resilience becomes a fundamental process in their life context, as it allows them to overcome adverse, critical or stressful situations, also providing the possibility for women to find new meanings for the adversities they experience and be strengthened by them. 10

From this perspective, portraying the working, health and resilience conditions of rural women can contribute to designing psychosocial health interventions to enhance their adaptive processes and contribute to their psychosocial health, without denying, however, the recognition that the characteristics of rural women's work promote their vulnerability. The objective of this study was to explore rural women's conceptions of health, work and resilience.

METHOD

This is a qualitative study, anchored in the theoretical-methodological framework of oral history, in the full oral history modality. (11) Oral life history was chosen as the guiding thread of the present study.

Oral history refers to a set of procedures that begin with the development of a

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project, continue with the definition of a group of subjects to be interviewed, and include the planning and production of recordings, their transcription and verification, as well as authorization for their use, archiving, and publication of the results, only after their return to the group that generated the interviews. Oral life history, more specifically, represents, for the author, the narrative of the collection of life experiences of a subject. (11)

The study was conducted in August and November 2020 in the municipality of Nazarezinho, Paraíba, Brazil, more specifically in an area under the jurisdiction of a rural Family Health Strategy Unit. Free interviews were conducted, and participants' responses were recorded using an MP3 recorder. The average duration was approximately 38 minutes. The interviews took place in the rural women's own homes, respecting their own choice. The following initial stimulus was used: "Tell me your story in the rural area", and, based on the narratives that emerged, other stimuli were used, such as "tell me more about that", to encourage the participants' oral skills and guide the interview.

Regarding the selection criteria, rural women over 18 years of age, living in rural areas and who carried out or had carried out activities related to agriculture and/or extractivism during their lives were included in the study. Women who had lived in rural areas for less than six months or those who, despite living in these areas, did not have lifestyles related to them were excluded. To select the participants, the concepts of destination community (rural women from the municipality of Nazarezinho in Paraíba), colony (rural women from the municipality of Nazarezinho accompanied by a rural ESF in a given micro-area), network and zero point (initial interview that guides the formation of the network of study collaborators) were used to select the participants. (12)

The starting point for this study was a rural woman indicated by the community health agent who provided coverage for the micro-area, as she believed that, due to her experience accumulated over more than 20 years of work in the community, she understood aspects of rurality and resilience that permeate the daily lives of rural women, and would be able to make the recommendation. After the initial interview, each collaborator indicated another who could be interviewed.

The selection of participants was completed when the life stories responded to the study's concerns, as recommended by the adopted framework. (11) That said, the network of collaborators was made up of seven rural women.

After the data collection was completed, the data were transcribed, textualized and transcreated. Transcription is the transition from oral to written form, while textualization is the stage in which the text is presented in a coherent, clean and concise manner, the questions asked by the interviewer are removed and incorporated into the collaborators' answers, grammatical errors, sounds and noises are eliminated, words without semantic weight are repaired and the vital tone is extracted, a narrative axis, summarized in a concise, explanatory sentence, capable of attributing meaning to the messages uttered by the narrator individually, which serves as the backbone of the interview, and requalifying it according to its own essence. (13)

Transcreation corresponds to the process of textual reinvention of the interview, in order to allow the integration of oral, gestural, forbidden codes and performative manifestations in general, such as pauses for reflection, silences, gestures, crying, among other elements of speech that are not always expressed, and part of the insufficiency of the said transcript literally, as it incorporates fictional resources within the text that are experienced during the course of the interview. (13) Once the transcreation was complete, the life stories were returned to the original collaborators for review and legitimization. All transcreations were approved by the collaborators, without any corrections or additions to the content.

After the presentation of the transcribed narratives, the thematic analysis method was used for their analysis (14), which consists of a method for identifying, analyzing and reporting patterns (themes) within the data set, allowing them to be organized and described in great detail. It should be noted that a theme is something that allows us to capture something relevant about the data in relation to the research question, and has a certain degree of standardized response or meaning within the data set.

Thematic analysis involves the steps of familiarization with the results, generation of initial codes, search for themes, review, definition and naming of themes and production of the report. The thematic analysis perspective adopted was inductive, in which coding does not presuppose a preconceived theoretical framework, so that the analysis is guided by the data itself. (14)

After completing the aforementioned steps, three empirical thematic axes were delimited, analyzed and discussed from the perspective of the concept of rurality, explored based on the analysis of the relevant literature.

It is important to note that this study complied with all ethical principles guided by Resolutions 466/2012 and 510/2016 of the National Health Council. The research was approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte through opinion number 3,950,023 and CAAE registration 29253420.3.0000.5537. Codenames were used to identify the study collaborators when their statements were mentioned, listing common names of rural women in the studied scenario, followed by the term "Margarida", a tribute to Margarida Maria Alves, a rural woman murdered due to her activism for the rights of rural populations, whose struggle inspired the creation of the Marcha das Margaridas, a political movement led by rural women from the countryside, forests and waters in search of sustainable development with autonomy, freedom, equality and justice.

RESULTS

In the analysis of the research corpus, 15 codes were identified, of which five were grouped into a first general theme, six into a second theme, and four codes into a third

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general theme. Subsequently, these themes were refined, with some of them being unified and recoded.

During the analysis process, the identified themes were compared with the coded extracts and with the data set in general, to assess whether they were consistent. At this stage, the final main themes were identified, and the thematic map was constructed. The analysis continued with the final review and definition of the specificities of each theme, seeking to highlight the general story told by the analysis. Finally, the themes were named and constituted three empirical thematic axes.

Initially, before presenting the thematic axes, Table 1 presents the characteristics of the collaborators who made up the sample, together with the vital tone extracted from each interview.

Table 01. Characteristics of the network of collaborators who made up the study and the vital tone of each interview conducted. Nazarezinho, Paraíba, 2020.

COLLABORATOR	AGE	MARITAL STATUS	RACE / COLOR	EDUCATION	VITAL TONE OF THE INTERVIEW
Severina Margarida	72 y/o	Married	White	Incomplete elementary education	"That's the decency of life"
Francisca Margarida	85 y/o	Widow	White	Illiterate	"Our fun was working in the fields."
Raimunda Margarida	54 y/o	Married	Brown	Incomplete elementary education	"Because it's pretty"
Tereza Margarida	61 y/o	Married	Black	Complete elementary education	"I am all about overcoming, because all this happened, and I kept going"
Sebastiana Margarida	60 y/o	Divorced	White	Incomplete elementary education	"When I see the wet earth, even nowadays, I feel like going to the fields"
Josefa Margarida	68 y/o	Married	White	Incomplete elementary education	"The hope we had only came from God and from working"
Joaquina Margarida	69 y/o	Married	White	Incomplete elementary education	"Hope comes from our minds, from our will, from our hearts"

**self-declared*
Source: data research, 2020.

The stories of the collaborators were marked by social inequalities and inequities, among which we can mention child labor and the difficulty of accessing education and consumer goods. The following excerpts portray these inequalities experienced.

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Back then, things were different from now, children went to the fields, I was already working when I was about eight or ten years old (Severina Margarida).
[...] at that time I was raised without anything, in our house there wasn't even a chair to sit on, so everything we had was fine for me, and I thought it was impossible, I thought that only rich people could have a refrigerator, a stove, those things. (Tereza Margarida).

In the work carried out by rural women, activities that require the expenditure of enormous strength and physical resistance stand out, and were the same as those carried out by the men who made up the families, with the exception of soil preparation (drilling), which involved clearing, felling and burning for later planting, as illustrated in the following extracts.

We planted, we did everything, the only thing I didn't do was drilling, but even then I still pulled up stumps, you see, I even pulled up stumps, cut rice, pounded rice, pounded it in a mortar [...] I ground corn to make cornmeal, pounded corn to make mungunzá (Sebastiana Margarida).

I did everything on the fields, except for drilling, but the rest... clearing the bushes, cutting carnauba straw, picking beans and cotton, cracking corn (Josefa Margarida).

Despite this work being considered physically demanding, the collaborators mentioned a preference for working in the fields rather than domestic work, which was considered more repetitive. Rural work was also surrounded by concepts related to the presence of the father, as can be seen in the following excerpts

[...] I thought it was very good (the work). I think it's better than at home, where you have to do and undo, and on the fields it's just one job, it's very good, even when it's hard, it's better to work on the fields (Joaquina Margarida).

I always lived off the fields, until I retired. I started when I was about eight years old, my father taught me, I used to go with him to the fields [...] (Josefa Margarida).

In addition to work in agriculture, which was seen as women helping men (even though they performed the same activities), women were responsible, due to their gender, for domestic work, which highlights their double work shift.

[...] I always worked in the fields, I was a housewife and I worked in the fields (Severina Margarida).
I got married when I was 15, so I became a housewife, but I always helped my husband during the dry season in agriculture [...] (Tereza Margarida).

In terms of health, the existing inequities were highlighted by narratives about the lack of services and professionals available, and access to health for diagnosing illnesses or even for recovery, prevention and health promotion actions, occurring later in the women's life trajectory, as highlighted in the following statements by the collaborators.

At that time, when someone got sick, any health problem was always cured at home, people always tried to solve it at home, with medicine from the countryside. The medicines were tea, tea, and prayers were also used, which were women who prayed for people when they got sick [...] things were so different that when I turned 22, it was the first injection I ever had in my life (Severina Margarida).

Rural women's conceptions of health and quality of life

It was learned that rural women understand health sometimes as a sense of well-being within themselves, sometimes as an attribute of personal wealth, sometimes as a characteristic of being strong, of overcoming difficulties, as highlighted in the excerpts below.

For me, being healthy doesn't mean not feeling anything. I think people sometimes think they're healthy because they don't feel anything, and sometimes it's not even like that. Sometimes people have serious problems and don't know it. I believe that's what living healthy is all about, thinking that everything is fine [...] (Severina Margarida).

Health, for me, is everything good that a person has in life. Look, lucky for those who are healthy, because there are a lot of people who complain about this and that and are healthy (Francisca Margarida).

Perceptions about health are also influenced by magical-religious concepts, which even help to address the comorbidities that exist among women, as highlighted in the following excerpts

My health is terrible, but I pretend it's not so bad, because when I have problems, I give them to God and ask him for strength to help me get through it (Tereza Margarida).

[...] people had faith... and waited for God's will and cured their health problems with tea, a prayer, something like that, and to this day we still have faith in these

Other cultural aspects are also associated with rural women's health concepts, including representations of eating habits and the use of pesticides. The following excerpts illustrate these perceptions.

[...] people ate a lot of rapadura

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with bread, and there it was strong, it had a lot of substance, look, when I worked in the fields, there were days when I ate a piece of brown sugar with a piece of cornbread, and then I drank a glass of water, and spent the whole afternoon picking cotton and I didn't even feel hungry (Sebastiana Margarida).

There was also no such thing as poisons that were put in vegetables... they didn't use toxics, everyone was very healthy, they didn't eat much meat either (Sebastiana Margarida)

Rural work, although understood as heavy by women, was mentioned by them as a source of health and quality of life.

[...] you can see that people who worked, like me, are strong, they don't fall easily (Francisca Margarida).

[...] even today, I see people who have never been to the farm and whose health is worse than mine. Working makes people stronger. You see, even the oldest people worked on the farm, every day, and often retired and continued working (Josefa Margarida).

However, even though rural women develop perceptions that rural work is a source of courage, vigor, and vitality, narratives of illness resulting from carrying out this same work stand out, including due to its early onset, as discussed in the following excerpts.

[...] I can't work like I used to because I have back problems, I had a herniated disc and had to stop working (Raimunda Margarida).

[...] to this day, I still feel like going to the farm [smile]... it's because I can't, because of the pain in my bones and head, and even this problem I have with my eye, because I was picking oiticica berries in the farm (Sebastiana Margarida).

Rurality, resilience and quality of life: interfaces promoting protective factors

In this thematic axis, it was evident that the concepts originating from the rural social imaginary corroborate the development of protective factors that culminate in the development of resilience processes and contribute to women's QoL.

From these perceptions, feelings such as belonging and enchantment with the environment and rural work could be identified, as illustrated in the excerpts below.

[...] I've always liked the fields... because it's good! You see everything... you see, you plant, you harvest... you harvest the fruit you worked for, it's a pleasure to this day [...] you see it sprouting, those plants... it's very rewarding! I think it's a gift! We have to like it... and I have this gift, I like it! [...] this contact I had with nature makes you a different person, makes you stronger to face things [...] (Tereza Margarida).

I think this desire to work comes from us, those who are used to, those who grow up working in the countryside don't want to leave it when they're old [...]. I don't know why there's this attachment, I think it's because we think it's good to work, it can only be that (Joaquina Margarida)

In addition to these feelings, spirituality appears in women's discourse as another strong protective factor for the development of resilience, as can be seen below.

[...] I am strong, I don't give up like that... even when I'm sick, I don't give up easily, we have to hold our heads up high, when we have a problem, we have to see both sides, and we usually find a way out: God. Having faith in God, he shows us the right path to face it! [...] (Raimunda Margarida).

[...] when I have problems, I hand them over to God and ask Him for strength so I can get through it, but I don't just hand them over to Him and leave them there, no! I say: "Lord, give me strength so I can get through this, because it's hard for me, but not for You". And so, I always found a way out of problems [...] (Teresa Margarida)

Related to spirituality, another protective factor observed in the statements was the feeling of hope for better days, and rural women reported that this feeling came from faith and from the work in the fields itself, as can be inferred from the statements below.

The people had a lot of faith in God, too, they had a lot of faith, they prayed a lot, they had more faith than they do now, so the hope we had only came from God and from working, there was nothing else to cling to because things were too difficult, but that's how it is [...] (Josefa Margarida).

[...] when we worked and there was no rain, the people got discouraged, they got sad, seeing the vegetables disappear, drying up in the fields [...], we didn't lose hope because we prayed, we just prayed to God, to see if God would send rain so we could get the vegetables and fill the house. We had a lot of faith [...] (Sebastiana Margarida).

In the rural context, women also highlighted that the links established between families and the community functioned as very important support networks for fostering resilient processes, constituting yet another protective factor, as can be seen in the following excerpts

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[...] on the farm there is peace and quiet, there is trust in people we know, people help each other with precision [...] (Francisca Margarida).

Right here in the community, when someone needs help, I myself have never left anyone in the lurch, whenever I arrive at someone's house and they are struggling, in distress, I get my hands dirty and help, people can count on me. Sometimes I want to help more, but it's because I really can't (Raimunda Margarida).

DISCUSSION

Rural women have their lives strongly marked by the characteristics of the spaces in which they exist and resist, which makes reflection on their health situation, directly associated with their working and living conditions, which produce extremely challenging vulnerabilities. (8)

All the work that rural women do, such as production, planting, harvesting, crafts, property maintenance, family care and social actions, is marked by vulnerabilities, being contextually and widely invisible, due to several reasons, including their gender. They also face problems such as violence and male domination in the countryside, difficulty in accessing information and resources, lack of knowledge of their rights, and the incipience of public policies aimed at them. (15)

Another aspect related to work mentioned by rural women was their preference for rural work over domestic work. Although this preference for rural work may also be related to the subjectivity and feelings of rural women towards their parents, it is worth mentioning that rural women have patriarchal ideology strongly internalized in their behavior. (16) It should be said that the patriarchal family model endorses the invisibility of rural women's work, allowing men to have greater participation in political and social life, and to enjoy social interaction, while women are forced to take care of household chores and children. (17)

Regarding the health of women working in the countryside, researchers argue that the literature is limited, and point out a lack of attention from researchers regarding the health of rural women. (18) However, the production of knowledge is fundamental, as it allows us to identify situations that negatively affect these women and enables the development of policies capable of contributing to improving their health status. (8)

In this area, the concepts of health developed by rural women reflect the understanding of health as the ability to perform daily activities, and health needs are generally secondary to work needs. In the study in question, it was found that health was also represented as the ability to overcome adversity, relating to the very concept of resilience. (19)

Regarding perceptions about the negative impact of the use of pesticides on health, this is a representation that appears in the social imagination of rural workers in general (20), and whose harmful effects are tangible and documented in several studies. (21)

Conceptions about health were also surrounded by cultural specificities, among which care supported by religious practices stands out, which are seen as something sacred that connects rural subjects to a divinity that performs curative care. (22) Representations about healing practices related to the use of medicinal plants, for example, were also verified in another study. (23) This, in addition to representing a palliative method, is intertwined with subjectivity, being passed down between generations of rural women as a way of curing various illnesses. (24)

Despite the obstacles experienced by rural women, evidenced both in the narratives of this study and in relation to gender relations in the countryside, it is clear that rural women develop protective factors (factors that promote resilient processes) that facilitate the development of resilience processes in the face of adversity. (25)

In this context, the application of knowledge about resilience in the field of workers' health, in this case, rural workers, can, as researchers state (26), contribute to their better understanding of the environment in which they live, helping to maintain or recover their health, and resulting in quality of life.

Furthermore, the implementation of public health programs that aim to improve the quality of life of the rural population is urgent, given that it represents an indicator that generates information that can be used to track and identify the health needs of the population. (8) Therefore, it is necessary for public bodies to implement specific programs for rural workers, aiming to promote their comprehensive health. (27)

Among these factors, the formation of social support networks stands out, reaffirmed in the collaborators' statements. It is reinforced that these networks contribute to the establishment of resilient processes, a fact already evidenced by authors (28) in studies with rural elderly people. Social support works as a protective factor for subjects when facing the adversities they experience, focusing on interpersonal relationships and their skills to help in adverse situations, and also provides opportunities for venting and expressing emotions, as well as for dialoguing and discussing ways to solve a given problem. (29)

Another protective factor highlighted in the present study was religious beliefs and spirituality, which are corroborated in studies with women in different areas, such as women victims of violence (30), for example.

Among rural women, in a grounded theory study developed by Harvey (31), which sought to explore the meaning and how health and well-being are achieved by women living in remote areas of inland Australia, spirituality was identified as one of the individual factors that made up the theoretical model developed, which implied the "flourishing" (ability to achieve a possible and ideal state of well-being) of these women.

Spirituality, in general terms, develops social and individual skills, as well as integration with the community that enhances resilient attitudes, especially among

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women. Researchers (32) add that human beings are always looking for improved solutions to their existential contradictions, and this search emerges as a stimulus that enhances their activities towards themselves and others, with spirituality being part of this process.

The feeling of hope in the work carried out was also identified as protective factors developed by rural women, as already noted by researchers (33), and the enchantment with rural work, which is summarized by a life and work project that values the knowledge and customs of farmers in their development process, and encourages the dream of being able to live in freedom, the desire to be a farmer with one's own land, to master one's work and to live with dignity with one's family in rural areas. (34)

The concept of belonging to one's social context was also an identified protective factor, and represents a feeling that is surrounded by the establishment of closer ties with the community around them. This feeling is strongly linked to the identity of rural women, and has already been confirmed by other researchers, such as (35).

In rural communities, individuals identify themselves through mutual belonging, which involves feelings of sharing and social cohesion, with traditions and values taught from generation to generation, which strengthens the bonds of belonging to a group with which they identify and recognize themselves, since the community represents for the rural individual a group united by common objectives and traditions, characterized, in addition to the customs and traditions that are perpetuated, by a close connection with the place and the land. The main characteristic of this union is identity, similar or equal sharing of life perspectives. (36)

It is important to emphasize that, although they highlight several setbacks and adversities, rural women consider working in the fields a source of pleasure and strength to overcome these adversities, which translates into an initial resilient attitude to achieve this overcoming, which, when achieved, corroborates with a greater promotion of resilience, as inferred from the narratives.

However, it is worth highlighting, as researchers (33), point out, when observing results similar to those of the present study in relation to overcoming difficulties and satisfaction with work, that it is known that most rural women do not have a choice in relation to the work they will perform, and are immersed, since childhood, in the context of agricultural activity. Thus, the enchantment with the work that despoils them can be romanticized in life stories.

In this sense, rural women find meaning and enchantment in this work, and do not consider its completion or its beginning in childhood as a social inequality. According to researchers (37), the symbolic value attributed to work comes from the social imaginary of insertion in the production chain and of feeling useful to society, providing status. Another study (33) attributes this meaning to the fact that women associate work in the field with autonomy and freedom, demonstrating satisfaction at not being subject to urban molds and standards, valuing and being governed by nature and the perspective of transforming their environment.

Furthermore, rural women's perceptions of the adversities they experienced in their life trajectories and the strenuous work they performed were understood as protective factors that predispose to resilient processes, which feed back into their health. This reinforces that these women find meaning in their work, and this fact has an impact on their quality of life. (38)

CONSIDERAÇÕES FINAIS

The oral history of rural women's lives is marked by vulnerabilities and inequities, which have affected their living and health conditions and are still reflected today. Although they see work as a source of pleasure and resilience, the romanticization of this work stands out, which often exploits these women and negatively impacts their quality of life.

Regarding resilience, several protective factors that contribute to its development were observed in life narratives, among which are feelings of hope, enchantment with rural work and belonging to this environment, social support networks, spirituality and overcoming adversity.

From this perspective, individual and community interventions can be designed with a view to strengthening these protective factors, with a consequent increase in the resilience of rural women and promotion of their health, since resilience is related to the health and quality of life of these women.

The Family Health Strategy, as a care model inserted in the territory of rural women, has the potential to develop these interventions, rescuing protective factors based on reception devices and active and qualified listening of its users, as well as by establishing links with its associated clientele.

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