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INTEGRATIVE REVIEW ARTICLE

PRODUCTION ABOUT GENDER IN NURSING DOCTORATES IN BRAZIL PRODUÇÃO ACERCA DE GÊNERO NOS DOUTORADOS EM ENFERMAGEM NO BRASIL PRODUCCIÓN ACERCA DE GÉNERO EN LOS DOCTORES EN ENFERMERÍA EN BRASIL

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ABSTRACT

Objective: to analyze the production of knowledge about the gender category in the doctoral theses of the Post-graduate Programs in Nursing in Brazil. **Method:** it is an integrative review, referring to the period from January 2001 to December 2017, in which the thesis databases of Nursing Post-Graduation in Brazil were used, with the criteria Capes ≥ 4 ; title, abstract or keywords gender or gender and health and availability online and in full in the thesis banks of the Post-graduate Programs. **Results:** 28 doctoral theses that met the inclusion criteria were analyzed. According to the results, 15 theses (53.57%) were published in the Southeast region, nine (32.14%) in the Northeast region and four (14.28%) in the South region. The subjects discussed included gender and chronic illness, with eight productions (28.57%); gender and health demands, with eight (28.57%) and vulnerability and gender, with 12 (42.85%). **Conclusion:** the thesis analyzed in this study reveals the importance of Nursing knowledge about the issues associated with the gender category and its related health implications, cooperating for the quality of care. **Descritores:** Nursing; Genre; Program; Postgraduate studies; Knowledge; Brazil.

RESUMO

Objetivo: analisar a produção de conhecimento acerca da categoria de gênero nas teses de doutorado dos Programas de Pós-Graduação em Enfermagem no Brasil. **Método:** trata-se de revisão integrativa, referente ao período de janeiro/2001 a dezembro/2017, na qual foram utilizados os bancos de teses de Pós-Graduação em Enfermagem do Brasil, com os critérios nota Capes ≥ 4 ; título, resumo ou palavras-chave gênero ou gênero e saúde e disponibilidade *on-line* e na íntegra nos bancos de teses dos Programas de Pós-Graduação. **Resultados:** analisaram-se 28 teses de doutorado que atenderam aos critérios de inclusão. De acordo com os resultados e considerando a região onde funcionam os Programas de Pós-Graduação em Enfermagem que discutem gênero, 15 teses (53,57%) foram publicadas na região Sudeste, nove (32,14%) na região Nordeste e quatro (14,28%) na região Sul. As temáticas discutidas englobaram gênero e adoecimento crônico, com oito produções (28,57%); gênero e demandas de saúde, com oito (28,57%) e vulnerabilidade e gênero, com 12 (42,85%). **Conclusão:** revela-se, pelas teses analisadas neste estudo, a importância do conhecimento de Enfermagem acerca das questões associadas à categoria de gênero e suas devidas implicações à saúde cooperando para a qualidade do cuidado. **Descritores:** Enfermagem; Gênero; Programa; Pós-Graduação; Conhecimento; Brasil.

RESUMEN

Objetivo: analizar la producción de conocimiento acerca de la categoría de género en las tesis de doctorado de los Programas de Post-Graduación en Enfermería en Brasil. **Método:** se trata de una revisión integrativa, referente al período de enero / 2001 a diciembre / 2017, en la cual se utilizaron los bancos de tesis de Postgrado en Enfermería de Brasil, con los criterios nota Capes ≥ 4 ; título, resumen o palabras clave género o género y salud y disponibilidad en línea y en su totalidad en los bancos de tesis de los Programas de Postgrado. **Resultados:** se analizaron 28 tesis de doctorado que atendieron a los criterios de inclusión. De acuerdo con los resultados y considerando la región donde funcionan los Programas de Post-Graduación en Enfermería que discuten género, 15 tesis (53,57%) fueron publicadas en la región Sudeste, nueve (32,14%) en la región Nordeste y cuatro (14,28%) en la región Sur. Las temáticas discutidas englobaron género y enfermedad crónica, con ocho producciones (28,57%); género y demandas de salud, con ocho (28,57%) y vulnerabilidad y género, con 12 (42,85%). **Conclusión:** se revela, por las tesis analizadas en este estudio, la importancia del conocimiento de Enfermería acerca de las cuestiones asociadas a la categoría de género y sus debidas implicaciones a la salud cooperando para la calidad del cuidado. **Descritores:** Enfermería; género; Programa; Posgraduación; Conocimiento; Brasil.

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INTRODUCTION

Nursing was recognized in many countries, among them, Brazil, with Florence Nightingale, from the 19th century, giving an important meaning to the care process, the characterization of the environment and the evolution of Nursing care. It is emphasized that this process was defined by the systematized construction of Nursing knowledge through guidelines for its practice.¹

It is reported that the First Doctorate in Nursing Course in Brazil and Latin America, Interunidades Program of USP, appeared in 1982, through a joint work of teachers from the Nursing Schools of USP of São Paulo and Ribeirão Preto. It is observed in the Doctorate Programs in Nursing, that there have been significant contributions to advances in the sciences, so that the theses produced have ensured leadership and quality in health care.²

The objective of the Post-graduate Program is to train new Nursing professionals who can develop quality care and be able to produce knowledge, for the excellence of care practices and the management of scenarios and care modalities, in the search for recognition of the market requirements. In the process of systematizing knowledge and training of new professionals, we have included analytical categories to better understand the demands of the assisted population and to rethink the practices to be implemented. Among these, the gender category is a useful tool to analyze the social relations of power between people.³⁻⁴

The term "gender" was first applied by American feminists for the purpose of demonstrating social character and differences between the sexes. It is considered that understanding the gender relation in history is respecting the sexual differences produced by cultures and societies in the relations between men and women. These relations are constituted from the difference of dominance built between both sexes throughout history.⁵

In the last decades, the term gender is discussed in Brazil as a category of critical and central analysis of inequalities that point out the experiences of women in diverse situations, contributing to new perspectives of approach to the subject. It is nowadays perceived that, in a more intense way, gender research is the object of analysis, resulting in important contributions to society and health, as well as to broaden and instrumentalize the

discussions about gender relations in different disciplinary areas.⁶

OBJECTIVE

- To analyze the production of knowledge about the gender category in the doctoral theses of the Post-graduate Programs in Nursing in Brazil.

METHOD

This is an integrative review of the literature about the scientific production of the Doctorate Courses of Nursing Post-graduate Programs in Brazil, with emphasis on the production of theses, whose central object is gender as a category of analysis.

Through the integrative review, the findings of the studies are analyzed, focusing on the rigor and systematization, examining the methods and strategies used, appreciating the sources and synthesizing the results to obtain the conclusions drawn from several studies. In this way, the researchers are able to respond to the needs of care and analyze the production of knowledge in Nursing.⁷

Data collection was carried out between March / 2017 and August / 2017, in the online databases of the Sucupira platform, following the steps for an integrative review: selection of the guiding question; search and selection of literature in electronic databases based on exclusion and inclusion criteria; preparation of an instrument that includes the relevant information extracted from the samples; critical analysis of selected studies; interpretation of the data and presentation of the results evidenced.⁷

The following guiding question of the study was defined: What is the production of knowledge about the gender category in the theses developed in the Post-graduate Programs in Nursing in Brazil?

In the electronic research, the following inclusion criteria were adopted: Post-graduate Program in Nursing in Brazil, PhD level, recognized by Capes and with a score ≥ 4 ; theses whose descriptor "gender" or "gender and health" appears in the title, abstract and / or in the keywords / descriptors; productions available online and in full in the Portuguese language (Brazil).

The platforms of the Higher Education Institutions (HEI), with Post-Graduation Programs in Nursing, at the doctoral level, linked to CAPES in the period between January 2001 and December 2017.

The abstract was read out, among the 210 productions found, as the first screening of the content, excluding those that did not deal

with the object of the study, adding, in the end, 28 PhD theses.

After the selection, an instrument was prepared that included the following information: title of the thesis; CAPES note of the Post-Graduation Program of thesis linkage; nature of the study and year of defense. In the critical analysis of the studies, the theses were read in full for the identification of the nuclei of meaning and definition of the categories related to the different approaches on the subject studied.⁸ The theses were numbered according to the year of production and identified by the letter T (thesis) and a

sequential number initiated by a (T1, T2, T3 ...).

Attention to the ethical issues provided for in Resolutions No. 466/2012 and No. 510/2016 of the National Health Council (NHC), involving research on human beings and sciences Social and Human, respectively. It is emphasized that all the information described is of public domain productions, not requiring confidentiality and anonymity.

RESULTS

The study is composed by 28 doctoral theses, according to table 1.

Table 1. Distribution of doctoral theses produced in the Post-graduate Programs in Nursing in Brazil. Santo Antônio de Jesus (BA), Brazil, 2017.

Regions	Universities	Thesis
Northeast (NE)	UFBA (Federal university of Bahia)	07
	UFC (Federal University of Ceará)	02
Southwest (SE)	USP (University of Sao Paulo)	11
	UERJ (University of the State of Rio de Janeiro)	04
South (S)	UFPR (Federal University of Paraná)	01
	UFSC (Federal University of Santa Catarina)	03
Total		28

It should be noted that the Brazilian Nursing Post-graduate Programs that produced theses about the gender category had a CAPES grade between five and six points in the 2017 quadrennium, with a larger quantitative grade for grade five (23-82.14%). As to the nature of the studies, 24 (85.71%) are qualitative and

only four (14.28%), of a mixed nature. Theses that used only quantitative data were not found. The selected theses were produced between 2002 and 2017, with the highest number of publications in 2005 (six - 21.42%) and 2013 (five - 17.85%), according to figure 1.

Nu m	TITLE	HEI ¹ /CN ²	NS ³	YEAR
T01	Women and health: dialyzing outpatient nursing work.	USP/5	QL ⁴	2002
T02	Gestation in adolescence: a milestone in the construction of the life of being a woman.	UFSC/6	QL ⁴	2003
T03	Nursing care for women in the puerperal period: an analysis of needs as subsidies for the construction of gender indicators.	USP/5	QL ⁴	2005
T04	Between dream and reality: teenage pregnancy from the perspective of a group of women from the periphery of Maceió-AL.	USP/5	QL ⁴	2005
T05	Between desire and fear: workshops as a space for reflection and empowerment of adolescents.	USP/5	QL ⁴	2005
T06	Sexuality of couples who experienced breast cancer.	USP/5	QL ⁴	2005
T07	Paternity in adolescence: meanings in the eyes of men who have experienced it.	USP/5	QL ⁴	2005
T08	The male view of power relations in the heterosexual couple as subsidies for health education in the prevention of STDs-AIDS.	UFSC/6	QL ⁴	2005
T09	Gender and mental health in primary care for women as the focus of research.	UFC/6	QL ⁴	2008
T10	Marital violence on the gender perspective.	UFC/6	QL ⁴	2008
T11	Family health teams and domestic violence against women: a gender perspective.	USP/5	M ⁵	2009
T12	Living sexuality with the injured body: representation of women and men.	UFBA/5	M ⁵	2010
T13	Gender violence and health needs: limits and potential of the practices of the family health program.	USP/5	QL ⁴	2011
T14	Sexuality and social vulnerability of people with mental disorders treated in public mental health services in Brazil.	UFMG/5	QL ⁴	2011
T15	Sexuality and body image of women with breast cancer.	USP/5	QL ⁴	2012
T16	Exposing yourself consciously: living and characterizing relationship in the time of AIDS.	UERJ/5	QL ⁴	2012

T17	Intimate partner violence and severe maternal morbidity.	USP/5	QL ⁴	2012
T18	Social representation of women submitted to myocardial revascularization on their body: repercussions for sexuality.	UFBA/5	M ⁵	2013
T19	Experiences of sexuality: social representations of people who are seropositive for HTLV.	UFBA/5	M ⁵	2013
T20	Gender and conflict between work and family: relationship with adult physical and mental health in Brazil.	UFBA/5	QL ⁴	2013
T21	Experience of the sickness of women and men with sickle cell disease.	UFBA/5	QL ⁴	2013
T22	Domestic violence against women: an evaluation using indicators of gender subordination in the family.	USP/5	QL ⁴	2013
T23	The process of disaffiliation within the family and the social representation of the adolescent in a street situation: in search of prevention.	UERJ/5	QL ⁴	2014
T24	Social representations of nurses and physicians in the field of sexual and reproductive health on lesbian women.	UERJ/5	QL ⁴	2015
T25	Social representations of family members about gender violence.	UFBA/5	QL ⁴	2015
T26	Social representations on conjugal violence by men accused in the context of the Maria da Penha Law.	UFPR/5	QL ⁴	2016
T27	Marital violence and the experienced legal-police experience of men in the process.	UFBA/5	QL ⁴	2016
T28	Life histories and social representations of sex, body, gender and sexuality among transsexual people in Brazil, Canada and Costa Rica.	UFSC/6	QL	2016

Figure 1. Characterization of the doctoral theses of the study. Santo Antônio de Jesus (BA), Brazil, 2017.

¹HEI (Higher Education Institution); ²CN (capes note); ³NS (nature of the study); ⁴QL / ⁵M (qualitative/mixed).

The content of the doctoral theses included in the study was analyzed, giving rise to three analytical categories: Gender and chronic illness (eight theses); Gender and health demands (nine theses) and Vulnerability and gender (11 theses).

DISCUSSION

The following three thematic categories of the study are presented as a result of the findings of this integrative review. It should be emphasized that the number of theses that use gender as an analytical category in the Southeast and Northeast regions is justified by the existence and history of research groups focused on the discussion of this subject, starting in the 1980s, through teaching, research Gender, Health and Nursing, founded in 1989 at the University of São Paulo School of Nursing and the Center for Studies and Research on Women, Gender, Health and Nursing - GEM, founded in 1987 at the Escola de Nursing of UFBA.⁹

It is known that the inexistence of theses using gender in the North and Central-West regions of the country is due to the absence of post-graduate courses in Nursing at the doctoral level until the moment of this scientific production.¹⁰

♦ **Category 1 - Gender and chronic illness**

In this category, eight theses of the study addressing chronic illness related to the following diseases / disorders are included:

sickle cell anemia, STI / HIV / HTLV, cutaneous lesion and surgical scars, and breast cancer.

In the thesis 21, gender issues related to women who experience sickle cell anemia are presented, whose main conclusions revolve around how they experience the experience of illness through different means, the recognition and overcoming of limits, as well as a greater significance of life from the care.

They are involved, due to the process of illness caused by genetic disease, chronic and degenerative, changes in the way of life altering the daily life, mainly, for demanding continuous and prolonged care to different complications that arise. It is considered in this context, there is a struggle marked by the continuity of life and by the search, in living environments, for a support.¹¹

In the thesis 21, the racial discrimination experienced by black women with sickle cell anemia in health services was also discussed. For them, illness prevents the process of socialization for a long time, since, since childhood and adolescence, in experiences in the home and hospital environment, there is the report of the feeling of confinement, able to mark them by the difficulty of empathy with the others, whose affective roles and exchanges occur in an acceptable manner due to the absence of the disease. It is emphasized that discrimination appears as a transversal issue that marks their experiences in the various moments of life.¹²

It is observed that the person who lives with sickle-cell anemia undergoes great changes in his / her own daily life and family, social relations and interactions, marital and family relationships, education and employment. Health professionals should understand their needs not only clinical and pathological, but emotional, affective, social and family, without discrimination.¹³

Other chronic conditions were emphasized in four theses selected for the study, focusing on breast cancer, myocardial revascularization and the presence of lesions and body scars. In theses six and 15, it was evidenced that breast cancer does not affect the sexual life of the couple, despite the concern of women with physical appearance, being necessary to the health team a preparation to understand demands of this nature in the services.

In contrast, the sexuality of women who develop breast cancer, due to the feminine symbolic meaning and the erotic function of the breasts for the sexual life, are described in turn, generating conjugal conflicts after the diagnosis of the disease, with impacts treatment and adverse physical and psychological.¹⁴

In theses 12 and 18, the different views between women and men who experienced a chronic injury, body scar and self-image were discussed. It is reported that many women report not being attracted to cutaneous injury or the presence of surgical scars, emotional and psychological damage, and affect body image. It is observed that some men do not feel apt to work by linking to the commitment of male strength and self-image.

It is understood that body image is a personal opinion that people have of their body. It represents a construction of physical appearance in relation to self and the other, so its elaboration affects emotions, thoughts, and, above all, how they relate to one another, especially when there is an implication for self-image.¹⁵

It is added that in theses 08, 16 and 19, there was an approach to vulnerability to STI, HIV and HTLV, with reference to women who report living a stable relationship, but with the recognition that they are in a situation of greater vulnerability for not adopting preventive sexual measures.

It is necessary to make, in a stable relationship, an analysis about the sexual behavior of the people. Sexual initiation, with an increased risk of HIV infection among heterosexual couples, according to the theses approach, is occurring more and more frequently, even though they are considered

stable and faithful. It is known that preventive actions are not always applied under the justification of being uncomfortable or by the false guarantee of safe sexual intercourse.¹⁶

♦ Category 2 - Gender and health demands

In this category, the gender question is presented in the different health demands. In theses three and 17, there is a description about the importance of knowing the needs of women in joint housing, for the improvement of care and management of Nursing care, through the construction of gender indicators.

It is understood that the care provided by the health professional to women in joint housing requires an understanding of their life context and gender issues, such as the relationship between men and women, thus recognizing the different conditions in women's lives such as the inequality of power that happens, more often, in domestic space violence.¹⁷

It contributes to the thesis one, to the nurses, about issues involving being a woman and the profession, referring to respect for gender as a way of qualifying care for the population. It should be stressed that gender inequality among women remains, however, there is a progressive process of female empowerment and autonomy, be it in the professional, family and / or social relations, which generates greater autonomy over the body, besides the reflection on social determinism and being a woman caring for women through professional care.¹⁸

It was pointed out that the social representation of nurses and physicians in the field of sexual and reproductive health of lesbian women in the Family Health Strategy (FHS) by thesis 24 showing the symbolic violence in the care that contributes to the exclusion of this group. Male lesbians are found to be rooted in a network of meanings with a strong negative connotation, whereas female lesbians are less criticized insofar as they break social norms less.

In Brazil, the health knowledge of the homosexual population is still scarce, revealed by the low demand for available services and marked by limitations in attending to this clientele, which reiterates the need to strengthen and qualify professionals through inclusive health policies.¹⁹

Thesis 28 focuses on sexuality among transgender people and the invisibility of their needs, among them, the urgent implementation of more inclusive public policies, because they are insufficient in the

field of sexuality in terms of health, beliefs, values and tradition of the collective imagination.²⁰

In theses two, four, five, seven and 23, representations of sexual initiation of adolescents, highlighting the importance of consequences in the family and social spheres; of positive paternal repercussions; of psychosocial difficulties resulting from pregnancy in adolescence due to the infeasibility of experiences proper to the chronological phase of life; the relevance of non-judgment of health professionals and family support, revealed by marital problems and separations, arising or aggravated by teenage pregnancy.

The choice of motherhood and paternity in adolescence is cited as a generative action of social and family recognition, reinforcing ideals of masculinity, whose regulation of fecundity involves the cultural inheritance. It is said that, paternity is a transition between the adolescent and the adult, because it takes responsibility, occupies new spaces, has new roles in society and new experiences.²¹

Health professionals should understand the change that occurs with pregnant adolescents so that they exercise a differentiated care and attend to their needs and to better understand the ongoing changes.²²

Category 3 - Vulnerabilities and gender

It is a gender associated with mental health in theses nine, 14 and 20 revealing the lack of articulation between mental health services and women's health. It is seen that there is a greater vulnerability of women monitored in CAPS-AD, in relation to STI, due to social exclusion and risk behaviors based on gender conceptions.

Another perspective related to the mental health of women is associated to the lack of time and leisure with overweight, obesity and alcohol use, due to the need to escape the emotional problems generated by the discrimination and violence suffered. It has been shown that alcoholism in women has repercussions on a daily basis because it affects the role they play in the family and society. They are stigmatized even though they do not understand alcoholism as an illness.²³

In Theses 10, 11, 13, 17, 22 and 25, the limits and possibilities of evaluations of the Family Health Strategy (FHS), regarding the recognition / coping of health needs of women experiencing gender violence, and the monitoring of cases of violence in potentially threatening conditions of maternal life. It is also reported that health professionals should

establish a relationship of trust with the victims, starting with the dialogue, clarifying about the care, as well as the continuity and referrals to other services.

It can be seen that women and health professionals, by not recognizing domestic violence, contribute to not addressing the problem in the health services. Thus, it is important to highlight that the professional performance in face of the situations of gender violence in families enrolled in the FHS and the way the position of the servers face the problems contribute or not to their occurrence. It is the responsibility of the FHS teams to identify and know the victims of intrafamily violence in their area.²⁴⁻⁵

It should be noted that health professionals are the first to have contact with women in situations of violence, since they generally seek care for the injuries resulting from the aggressions, the need for detection, reception and social assistance.²⁶

Theses 26 and 27 refer to male analysis in the prison situation, related only to physical violence to women, proven by means of visible body marks and legally confirmed showing gender object. Violence among intimate partners spreads the gender relationship in which there is a man's desire to dominate and control women. It stands out that, once, the argument of the man prevailed predominated the honor, therefore, was justified the violence practiced against the woman, being the homicides without the due judgment.²⁷

CONCLUSION

In this integrative review study, we analyzed the production of knowledge of PhD theses in Nursing linked to Postgraduate Programs in Brazil about the category of gender.

The value of Nursing knowledge about gender issues and the health implications of cooperating for a broader view of women's care and autonomy is revealed by the theses that composed the study.

It is worth noting that the field of study about gender production in the Nursing Postgraduate Programs in Brazil is promising and indicates the continuity of the elaboration of research that contributes to the broad understanding of the gender and health perspective.

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